



Patient Experience and Engagement Annual Report 2021/22

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Introduction

Yeovil District Hospital NHS Foundation Trust has an ever developing and expanding commitment to provide a high quality patient, carer and relative experience. We welcome feedback from our patients, their representatives and healthcare professional colleagues which we carefully consider to help us improve service delivery and patient experience, and from which we aim to learn lessons. The Patient Experience and engagement team provides the following services:

- Formal Complaints
- Patient Advice and Liaison Service (PALS)
- Bereavement/Medical Examiner Officer
- Patient Engagement
- Front of House Service
- Health and Wellbeing hub in partnership with Macmillan

The purpose and aspirations of the team remains as follows:-

- By asking for, monitoring, and acting upon patient feedback, we are able to make improvements in the areas that patients say matter most to them.
- To efficiently resolve as many PALS enquiries as possible by relationship building and resolving issues at the point of enquiry. With an aim to resolve as many concerns and enquires within the agreed timescales, and to see a decrease in formal complaints.

The Trust's vision is to care for our patients as if they are one of our own family. However, we acknowledge that there are times when this experience falls short of the standard that we strive for. We therefore, welcome all feedback provided by the public as this helps us to learn and improve the services we offer to others.

It is vital that we have a team of staff who listen carefully to what patients and relatives tell us, that we are open, honest and transparent when responding to concerns or complaints. We aim to resolve all of these issues in a timely way by working collaboratively and listening and acting upon the feedback we are given. These are the key values in achieving patient, relative and carer resolution. The team continues to develop and respond to the needs of the organisation and the feedback received. The demands continue to broaden and increase but the team have been able to rise to those challenges whilst continually seeking to improve the service they provide.

In addition the team have developed both a teaching role and a role modelling philosophy to encourage all Trust staff to provide our patients with the best possible experience.

Overview of the year

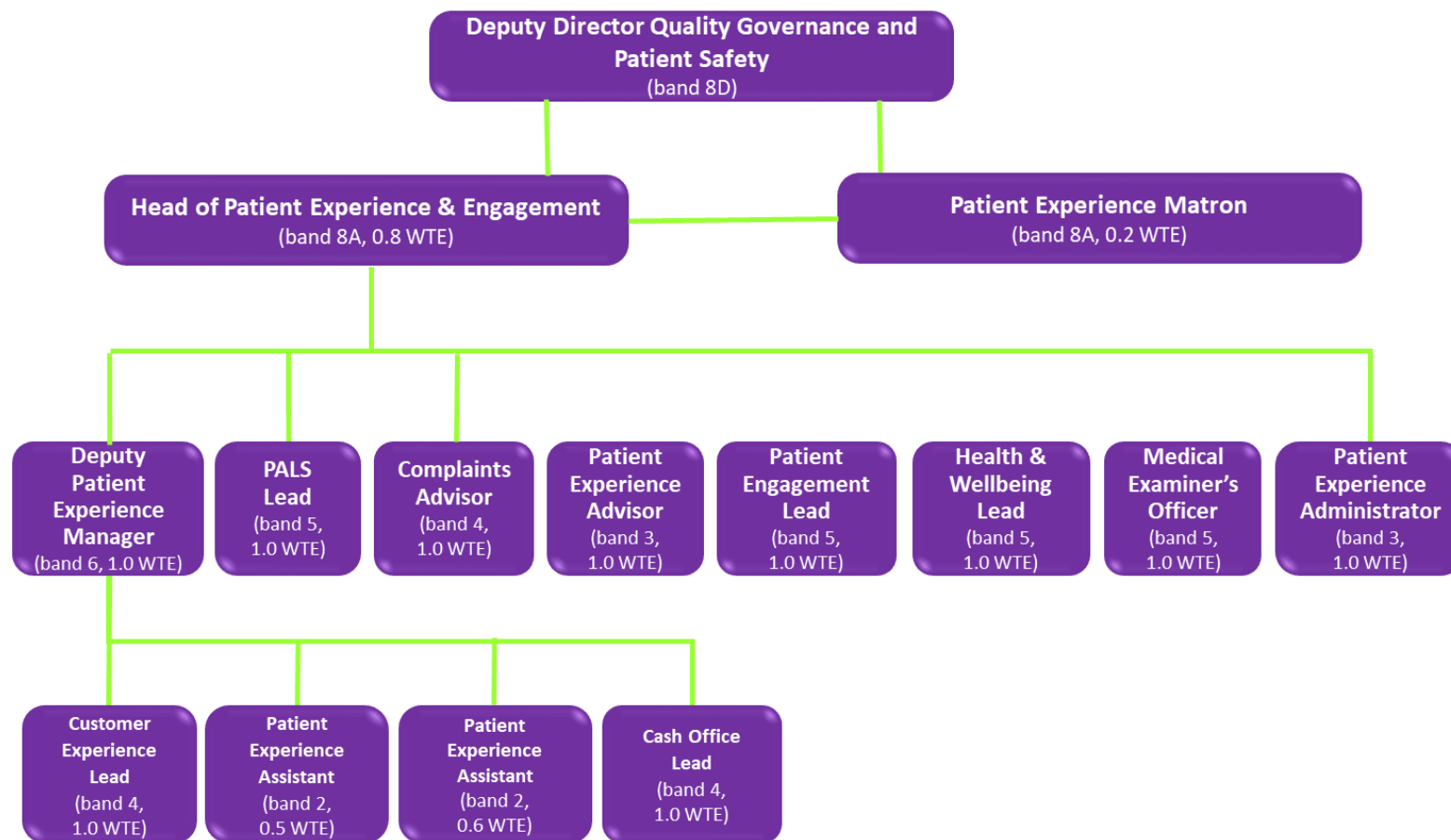
Staffing

Throughout the year there have been several changes to the department and therefore staffing.

The Complaints Advisor returned part time from maternity leave in January 2022 and the person who had been back filling the role remained in post, in order to provide consistent cover across the working week, as well as adding additional support to the service.

The band 3 PALS Advisor who was recruited in January 2021 to backfill the member of staff who has stepped up to be the full time band 4 Complaints Advisor covering maternity leave, has remained part of the team, working part time to support the PALS service.

The current structure for Patient Experience and Engagement:



Complaints/Concerns management

The Trust continues to be guided by the standards for NHS complaints handling produced by the Patient Association and the Parliamentary Health Service Ombudsman (PHSO). During 2021/2022, our complaint process, our complaint documentation and our complaint reporting all reflect these standards.

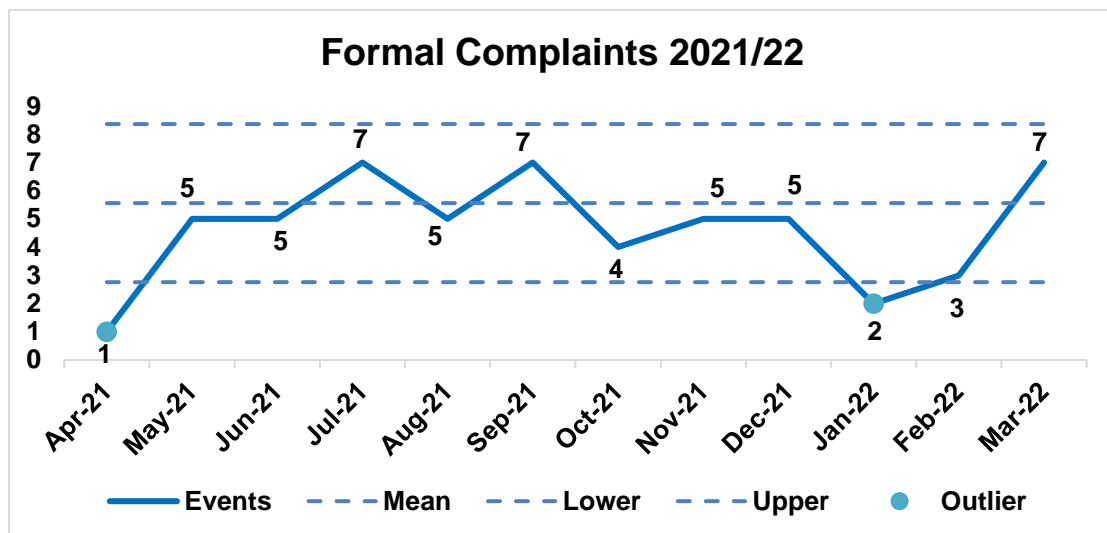
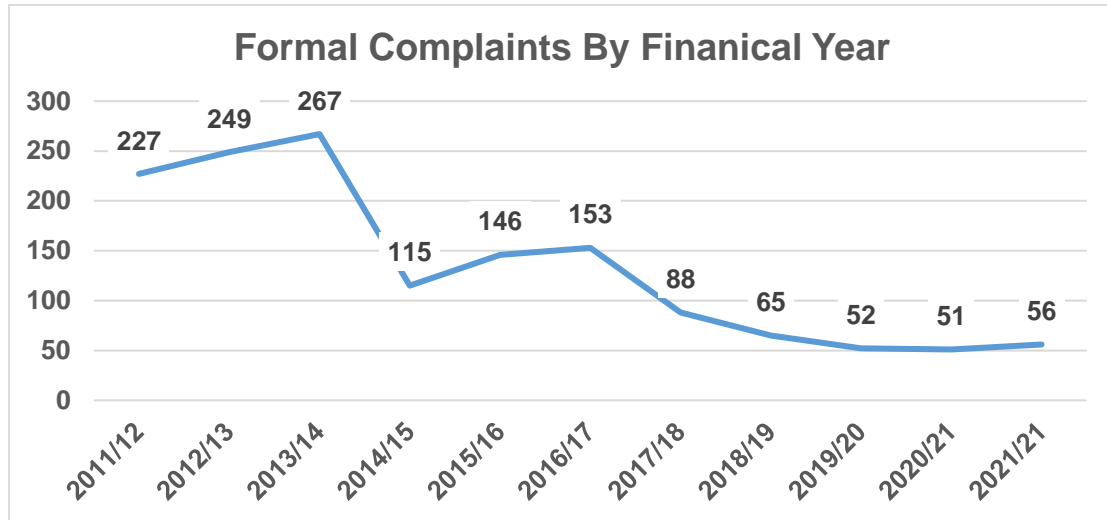
The Board of Directors have corporate responsibility for quality of care, including the management and monitoring of complaints and improvements resulting from complaints. The Chief Executive, as Accountable Officer, delegates responsibility for the management of complaints to Deputy Director Quality Governance and Patient Safety who in turn, works with the Head of Patient Experience and Engagement. The Head of Patient Experience and Engagement ensures that the Complaints Lead coordinates and collates the required information to inform each investigation, with comprehensive written responses provided from the Chief Executive. Complaints are resolved within a timescale agreed with each complainant at the start of the process. Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant. Conciliation meetings with the complainant can be offered throughout the complaint process, although during the COVID-19 pandemic, face to face meetings ceased, so patients and relatives were offered video call meetings or telephone calls. Co-operation and openness is essential when complainants request a review at a higher level from the Parliamentary Health Service Ombudsman (PHSO).

The Chief Nurse and Director of People has responsibility at board level for all complaints. The Trust Board is provided with an overview of trends identified in complaints and PALS cases. There is also an active Public and Patient Involvement Group known as the Patient Voice Group, but unfortunately they have not been able to work during the last year due to the pandemic. The Complaints service, alongside PALS is aligned with Clinical Governance which supports integrated intelligence and learning at an operational level at the Incident, Investigation and Learning Group. It is also expected that learning from Complaints are discussed throughout the Trust, at meetings such as business unit Governance meeting. In addition, Matrons manage any relevant actions as a result of the identification of learning from complaints.

External monitoring occurs through the Care Quality Commission and other external agencies such as our commissioners, Somerset NHS clinical commissioning group who use the complaints data as part of their performance measures. Every quarter a KO41 return is provided to NHS Digital which monitors written hospital and community health service complaints received by the NHS. It also supports the commitment given in Equity and Excellence (July 2020) to improve the patient experience by listening to the public voice. A Patient Experience report will also be submitted to the Somerset Clinical Commissioning Group Quarterly Contract Review meeting.

Formal complaints

During 2021/22 there were 56 formal complaints which increased by five from the previous year. Below is a chart showing complaints received by year from 2012/13 until 2021/22.



During 2021/22 the team continued to use the online function of the Ulysses Risk Management System for managing complaints. In the previous year the Complaints Advisor was supported by the Deputy Patient Experience Manager which enabled more face to face meetings with clinicians to aid the complaint investigation and timelier responses. Unfortunately, due to the global pandemic, only essential meetings have taken place this year.

Complaints continued to be acknowledged in writing within 3 working days. In addition to this, the Complaints Advisor has been telephoning the complainants ahead of sending the formal acknowledgement letter, to introduce themselves and discuss the concerns raised, the complaints process and the timeframes involved. Unfortunately, early intervention meetings have had to be limited due to the pandemic. Each complaint was sent out to a lead investigator for each

area, with a response requested within five working days. The agreed response date was achieved for 78% of cases during 2021/22, which was a decrease from 84% the year previous. The reason for the decrease has been due to the increasing complexity of the complaints raised, pandemic pressures and the introduction of a more robust quality assurance process, that now includes four rounds of senior sign off before being signed off, in two cases there have been significant delays due to trying to obtain responses from external organisations and the availability of staff during the pandemic. Of the 56 complaints received, 11 complaints have since been reopened in comparison to nine the previous year.

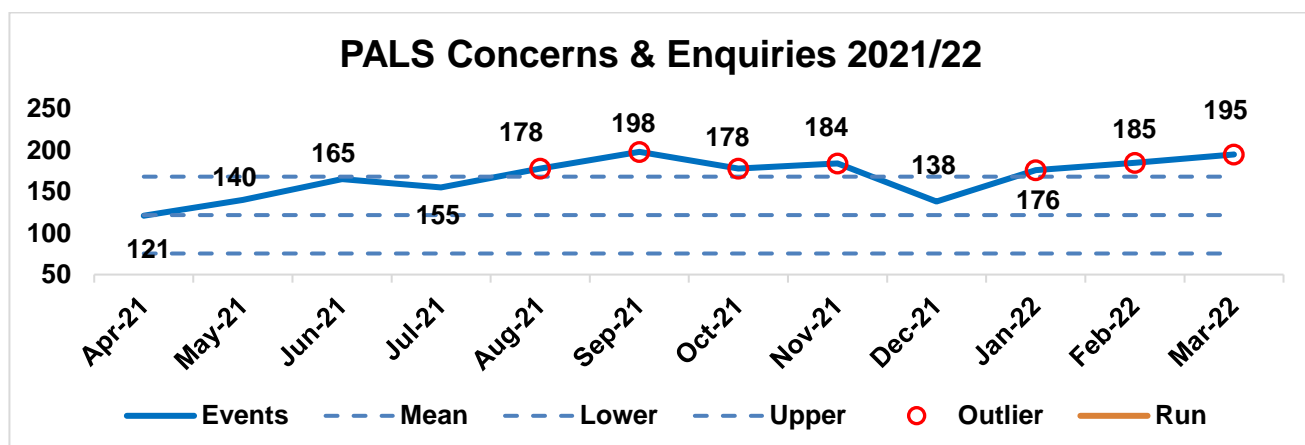
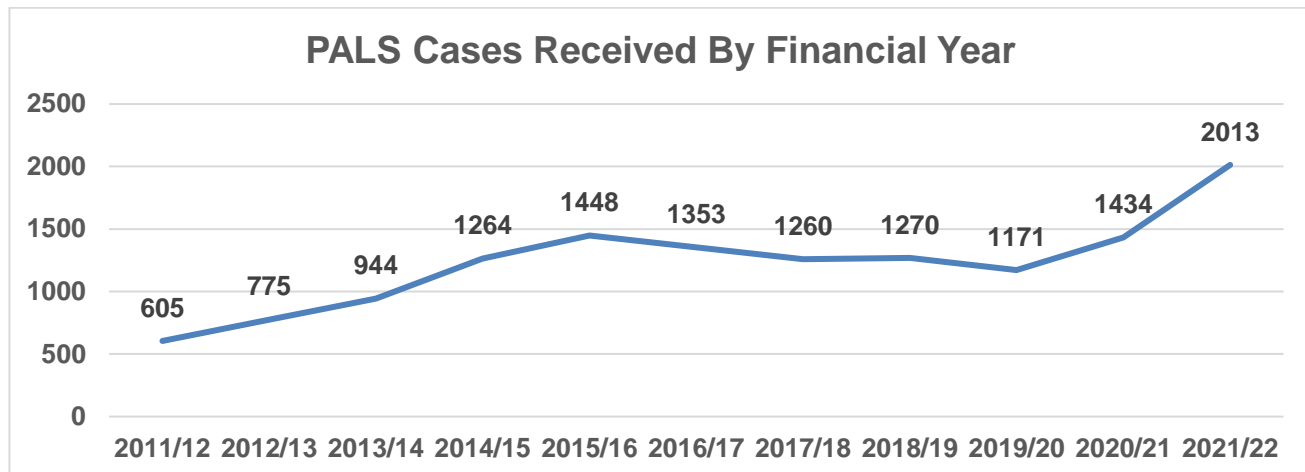
All complaint letters continue to include a paragraph regarding the complaint being fully upheld, partially upheld or not upheld. For all complaints that are partially upheld or upheld, the complainant is advised if there is reflection and learning found and this is added as part of the Trust's risk management system and our expectation is that the Senior Management team for the department will be responsible for the implementation and review. Where measurable actions or learning is identified, an action plan is developed. The table below provides details of some of the actions identified in 2022/22 by core service.

Examples of actions arising from complaints:

Division	Issue	Action Details
Trustwide	Staff Training to improve information/communication to relatives or carers	Staff Training to improve effective information/communication
Elective Care	Insufficient Pain Relief	To share patient's experience at Surgical Clinical Governance to aid learning
Elective Care	Clear communication with patients and their families.	Staff to be reminded of the importance of accurate and adequate information being provided in letters as for a number of reasons, patients may not remember conversations at the time of consultation. Staff should also use voice recognition to help prevent any errors in letters. To share complaint at our clinical governance meeting to aid learning.
Urgent Care	Emergency Department protocol for discussing eye presentation and measurements with specialist service out of hours.	The Emergency Department to review and update the Standard Operating Procedure to include the IOP measurement of the patient and pass this information on to the Bristol Royal Infirmary (BRI). Although not applicable in this case, it could provide alert to a possibility of suprachoroidal haemorrhage earlier.
Urgent Care	Ultrasound scan before Caesarean section for breech	Local guideline amended as per national guideline, circulated to all staff via email / Pre-operative theatre checklist is being updated to include scan prior to breech C-section.
Urgent Care	New insulin regime (subcutaneous insulin plan for antenatal steroids for lung maturation) for Mums having steroid injections for fetal lung maturity- Staff education	Guideline updated and confirmed, teaching session on Diabetes in pregnancy and updates given.
Elective Care	Consultants to ensure that scans are reviewed and signed off in the clinical notes including any additional information added by the Radiologist	To share the complaint at the next Clinical Governance meeting with the whole surgical team.

PALS

During 2021/22 there was a significant increase in PALS cases compared to the previous year and the highest number of cases received in a year over the last decade. Below is a table showing the PALS cases received each financial year for the last 11 years.



During 2021/22 the team continued to refer cases within 24 hours to Department Managers to make contact with the enquirers. When concerns were more complex or involved multiple areas, the PALS team facilitated a response to the enquirer, either via letter, email or telephone. This remains an effective way of working. The team closed cases quicker offering a more efficient service to our patients and relatives. Despite the increase in the number of cases and their complexity, the PALS team have managed to maintain on average, only having between 15-25 cases open at any one time.

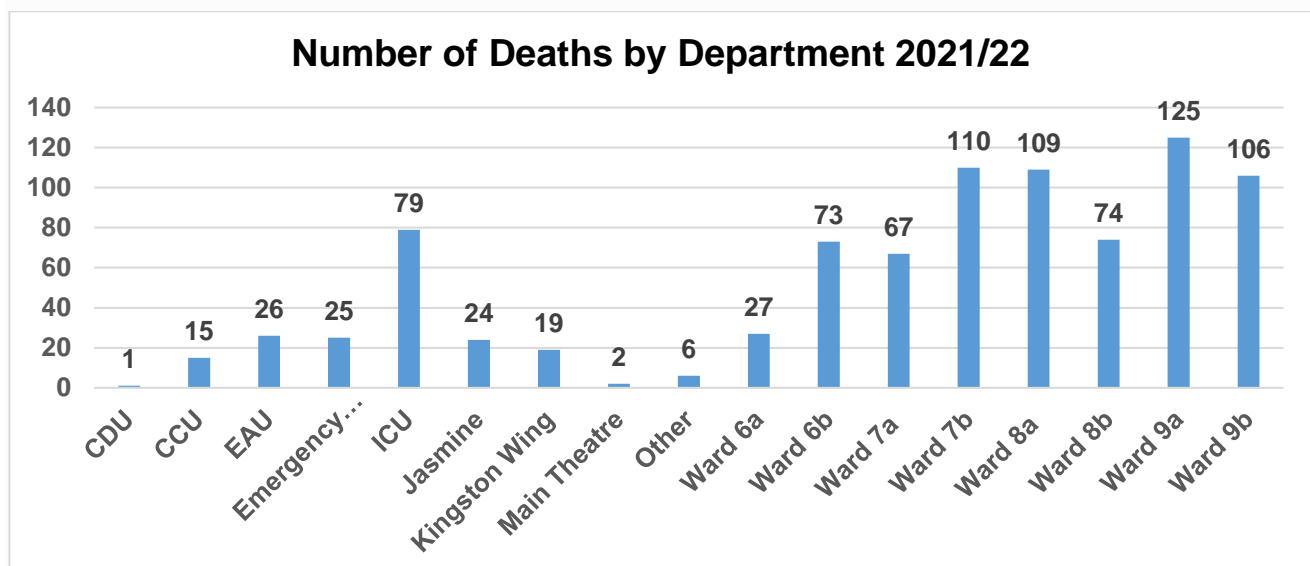
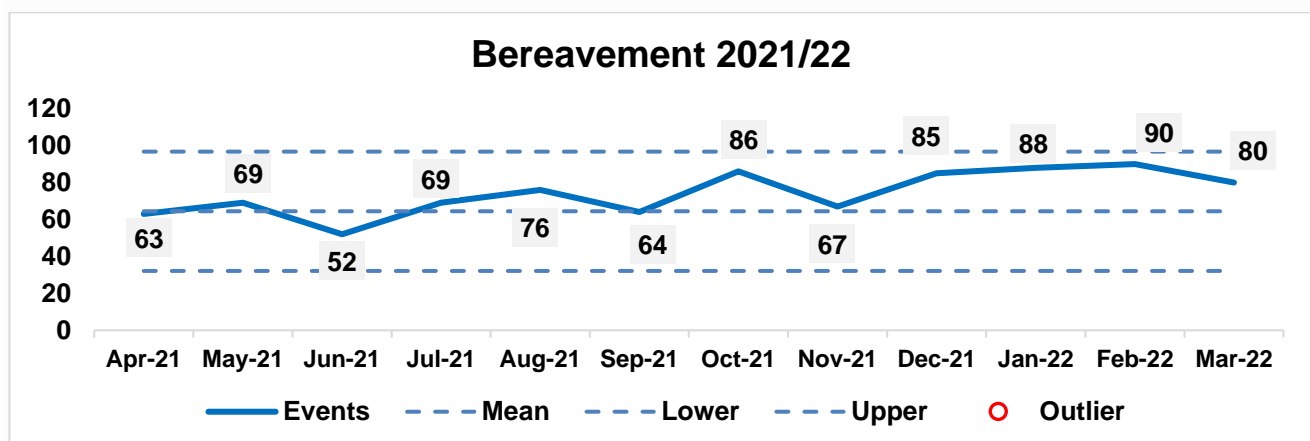
In 2021/22, 27% of cases were logged as a PALS concern, which can involve multiple departments being involved or external factors such as the requirement to obtain information from other Trusts to aid our response. During 2021/22, 95% of all cases were resolved within our 10 working days timescale, in comparison to 82% during 2020/21.

Bereavement Service

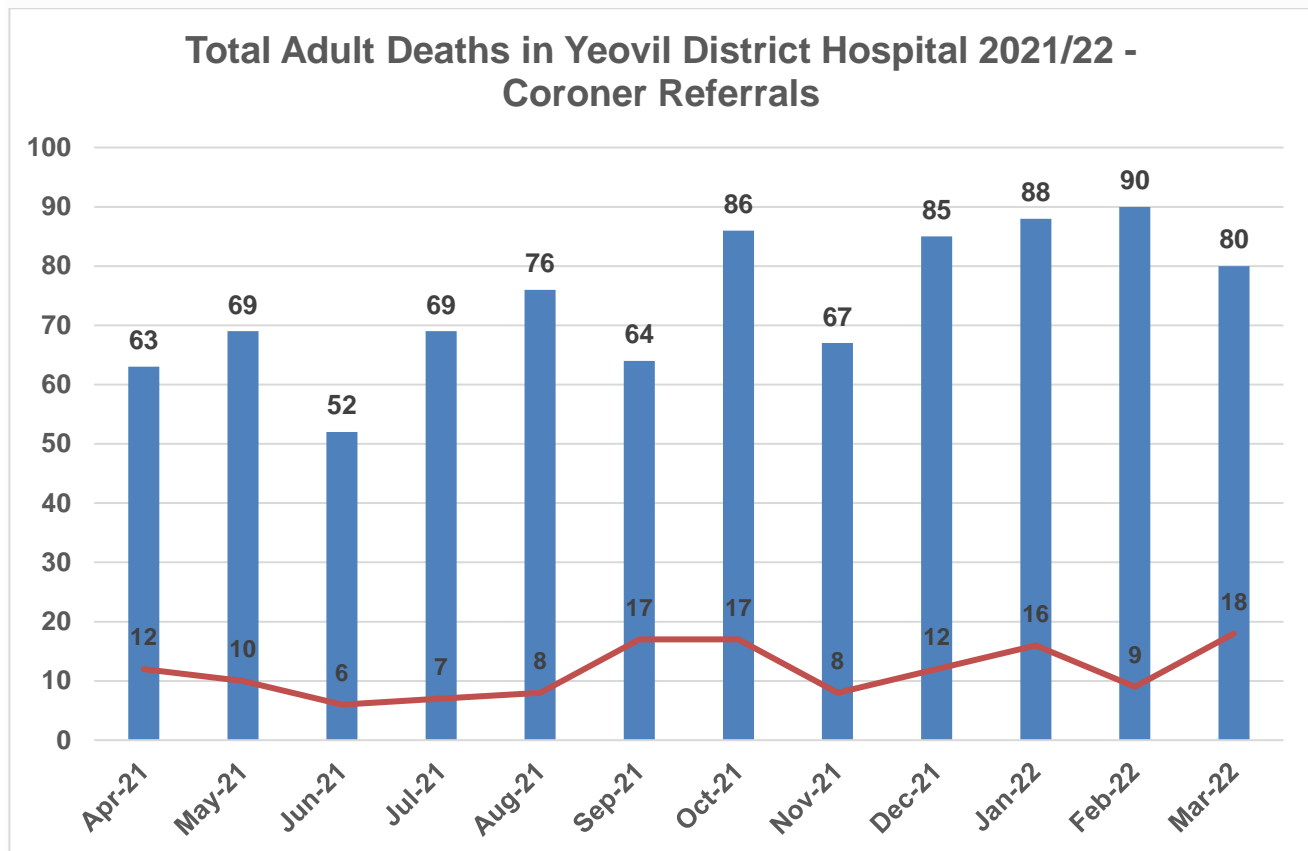
In 2021/22 the Trust embedded the role of the Medical Examiner (ME). The role of the ME is to scrutinise inpatient deaths to ascertain the cause of death and whether a referral to the

coroner is required. They also discuss the cause of death with the doctors involved and when required, they speak to the family of the bereaved about any questions or concerns they may have. The Medical Examiner’s Officer (MEO) who is part of the Patient Experience Team, works alongside the ME to provide administrative assistance to doctors in completing the Medical Certificate Cause of Death (MCCD) for on average 74 deaths per month, which has increased from 63 during the previous year. In 2021/22 there were 889 deaths compared to 754 in 2020/21. With new guidance issued following the global health pandemic the MCCD does not need to be physically handed over to the family, therefore, the information on the MCCD was explained over the telephone to the family by the MEO, this still provides an opportunity for the Patient Experience team to provide any support to bereaved families.

The below graphs show deaths by month and deaths by department:



This next chart shows the number of adult deaths in hospital in blue and the line chart shows the number of referrals made to the coroner.



Patient Engagement and feedback

Our Patient Experience Team have continued to engage with patients and partner organisations in the local community to gain insight and feedback from the local population since the COVID-19 pandemic. The team ensures representation at the County wide Complaints Managers Meeting, Somerset Engagement and Advisory Group, and continues to develop an ever increasing network, although engagement opportunities were reduced due to the COVID-19 pandemic, however, our Engagement Lead has now been able to start to increase the program of work that the service is undertaking.

Patient surveys have been undertaken for Nutrition and Diabetics Outpatients, Endoscopy Pre-assessment, Breast Care, Ward 10 Rainbow Survey, Epilepsy Service Ward 10, Dietitian Input for Food Allergy Management, Colorectal Cancer Patient Survey, Patient Voice Communication Survey, Breast Patient information and Colorectal Patient Information. Results are sent to the departments on request. Some of these findings can assist departments in writing business cases for additional staff or resource to improve services.

The Patient Experience and Engagement Lead manages the process for national surveys. Once the Trust receives the results, an action plan is developed with the department managers, to identify where improvements are required to make a plan for change. We also share positive results at relevant committees and governance meetings to celebrate our successes. The National Survey work has started for Inpatients 2022, the Emergency Department 2022 and Maternity and Children & Young Adults 2022. The CQC results for

Inpatients 2021 have been released but are at present embargoed. These have been sent to the relevant people involved. We are aware that discharge has been identified as an area for improvement and are working to resolve any current issues.

We drafted a 3 year strategy for Patient Experience and Engagement in 2017 to ensure we are involving our patients and carers in the decisions and changes we make. We decided to continue into the pandemic with our existing strategy as the following principles remained pertinent:

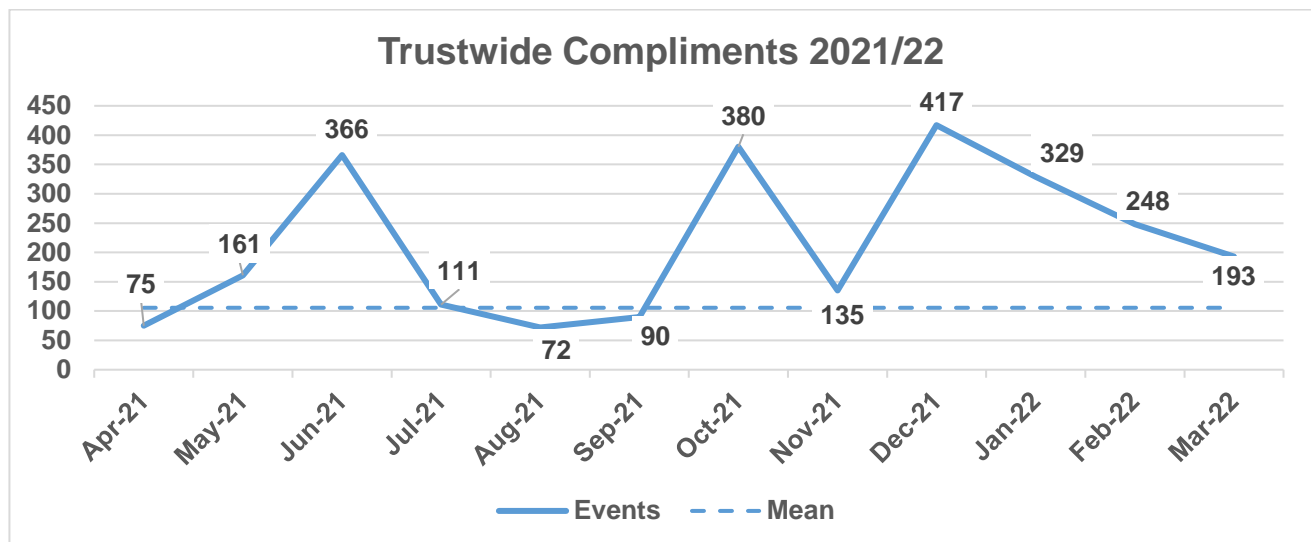
1. Yeovil District Hospital will ensure that our patients, carers and the communities we serve are:
 - at the heart of everything we do
 - supported to proactively engage and contribute to decisions that impact on their care
 - engaged in a dynamic way which reflects the diverse needs of our communities
 - offer support to better understand and access organisational systems to inform and shape our services
 - Are treated fairly, given access to the services and the care they require and are not subjected to discrimination of any kind.

2. Yeovil District Hospital will:
 - Value all feedback received, respect the opinion of others and respond within the culture of learning and improvement
 - develop a culture which proactively takes steps to build collaborative relationships
 - invest in resources to support and develop effective and meaningful patient engagement and involvement
 - share good practice: learning from patients listening and valuing contributions of patients, demonstrating the impact of involvement
 - develop engagement and involvement pathways which are inclusive
 - build collaborative relationships with external partners including Clinical Commissioning Groups (CCGs), Healthwatch and community groups thereby facilitating a voice and feedback mechanism for patients in the community when issues are brought to Trust users groups/forums.
 - uphold the principles of equality, diversity and inclusion by ensuring that those accessing its services are treated with respect, fairness and without discrimination.

Our team have been working closely with the volunteer manager to strengthen our Patient Voice group and increase the number of volunteers who participate. The Patient voice job descriptions were amended, as we plan to empower the volunteers to become part of the ward team to be able to inform staff of issues as they arise, when the volunteer has time to speak with our patients. Work is underway to plan their return and to recruit new members. Links have been made with Health Watch Somerset to work together to understand and review patient feedback to inform regional change.

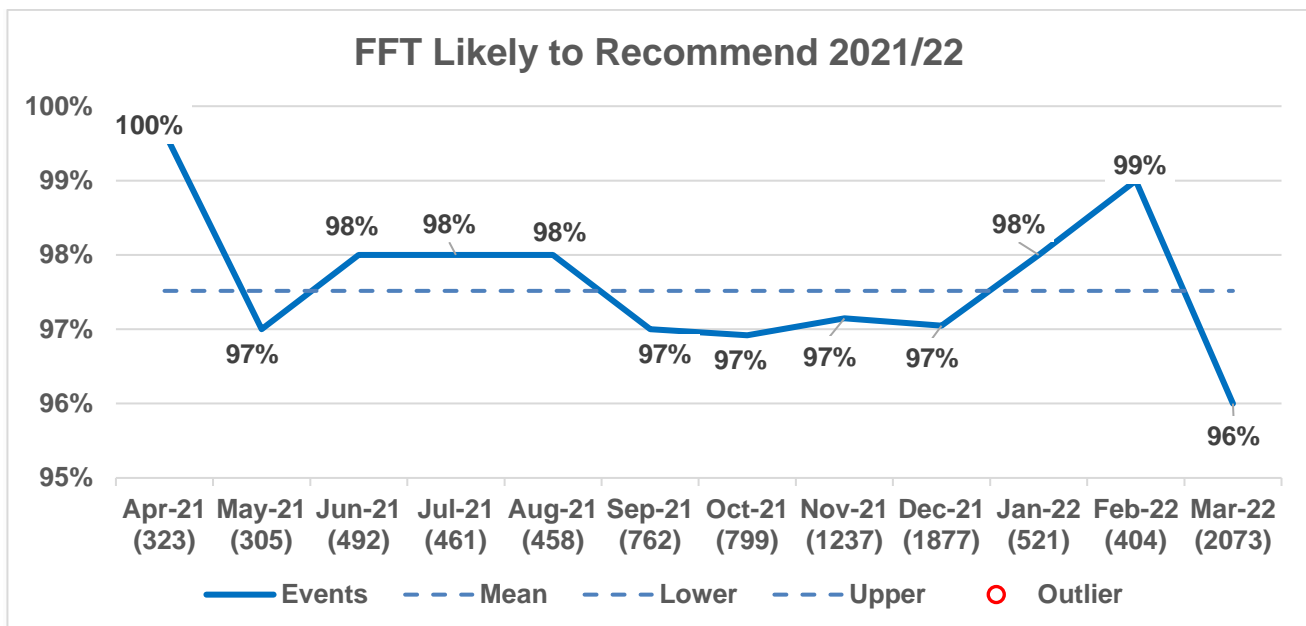
The Patient Experience Team has recently taken responsibility for carers. Work is underway to work collaboratively with neighboring trusts which we aim to strengthen and develop over the coming months.

We are continuing to work with ward managers and ward clerks to ensure all compliments are formally recorded so we are able to share and praise the fantastic positive feedback we receive. All of the compliments we receive from our Friends and Family Test survey are formally recorded and named individuals receive a submission for our Trust’s monthly iCARE award, and any individuals that receive a high number of compliments will receive the monthly ‘shout out to staff member award’, along with a box of chocolates.



Friends and Family Test

The Trust has continued to use the Snap Survey software to be able to provide both qualitative and quantitative information for the Friends and Family Test, which can be used by managers to feed back compliments to staff, or to make a plan regarding areas of concern. We have continued to provide insight and understanding which enable managers and clinicians to make rapid changes to care delivery at every level of the organisation. Collection methods include printed paper forms, a dedicated app on the hospital iPads or a web link or a text message link which will give the patient, relative or carer access to the survey.



We received 9712 unique responses in 2021/22 which was a large increase from 3564 the previous year. This is due to the introduction of the text message service in the outpatient areas. The national FFT submission was restarted in December 2020 and the Trust continue to submit monthly data, which is included in the national statistics.

Health and Wellbeing

Our Health and Wellbeing Hub and Service Lead commenced in June 2020. The Health and Wellbeing hub and role were part of a 2 year funded collaboration with Macmillan to provide advice and support to patients, their relatives and carers about their cancer diagnosis or long term health condition. We were pioneers in setting up a hub to engage with both cancer patients and those with longer term health conditions.

Many patients and relatives have visited the hub over the last 12 months. Visitors to the hub have raised enquiries about mental health advice, assistance with moving to suitable accommodation, multiple sclerosis support, Children Adolescent Mental Health Service (CAMHS) and alcohol and substance misuse. People with cancer have asked for support with their diet, prosthetic breasts, wigs and finance concerns. Following the pandemic, we restarted face to face consultations in the hub, but our Lead continued to provide telephone and email support.

Our Lead continues to develop their own learning by attending relevant training courses and events online, to be able to offer and provide helpful information. We have developed an Engagement and Health and Wellbeing Facebook page to help support our local community, providing information about groups and events that may be of interest. The team has received multiple compliments and feedback on the service and we see this as an exciting development, looking to future opportunities to be able to help and support our patients, relatives and carers.

Next Steps

The Head of Patient Experience and Engagement will continue to lead on the following actions to ensure we provide the best service for our patients and to care for them as if there were a member of our own family.

- Work with our colleagues at Somerset Foundation Trust to align our priorities for Patient Experience and Involvement as we merge into one organisation.
- Understand the differences in policies and procedures from Yeovil District Hospital regarding complaints and PALS, and start to plan for one shared operating procedure.
- Form joint working and steering groups/committees to strengthen work plans to inform and improve learning from the feedback we receive.
- Strengthen internal relationships between the Patient Experience Team and Departmental Managers to ensure efficient and timely responses are provided.
- Complaint and PALS action to be monitored through Governance Meetings and the Patient Experience and Engagement Committee. To ensure shared learning is achieved and outstanding actions are escalated to ensure we learn from the feedback we receive.
- Training will continue be provided to appropriate staff, including doctors regarding managing complaints, iCARE, action plans, bereavement etc.
- Use technology in the way we deliver training so we are able to form interactive e-learning for all staff.
- Develop ways of obtaining patient feedback, including the use of Quick Response (QR) codes and by engaging with our community as we merge into one organisation.
- Utilise information and feedback from compliments more effectively so that patients and staff are aware of the great work undertaken in the Trust.
- To strengthen our Patient Voice group, so they have a clear work schedule that can be managed and monitored, and ensure they are embedding within the ward teams.
- Continue to promote and develop the Health and Wellbeing Hub, to provide support to patients and relatives with cancer and/or long term conditions.
- Co-design health and wellbeing engagement events with our patients, to provide information and support to our local community.
- Work collaboratively with neighbouring trusts and carers to develop a carers guide/plan and ensure we are providing sufficient support.