

# **Patient Experience and Engagement Annual Report 2022/23**

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## 1. Executive Summary

<b>Director:</b>	Phil Brice  Director of Corporate Services
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<b>Purpose of the report:</b>	The report sets out a summary and analysis of the formal complaints and PALS received by the Trust during 2022/23, and a summary of the work undertaken by the Patient Engagement Team.
<b>Summary of the year 2022/23</b>	<p>During 2022/23 the Trust received a total of:</p> <ul style="list-style-type: none"> <li>• 387 complaints (16% increase from 2021/22)</li> <li>• 510 compliments (61% increase from 2021/22)</li> <li>• 2564 PALS enquiries (22% decrease from 2021/22)</li> </ul> <p>Of the 387 complaints investigated, 36 were fully upheld, 283 were partially upheld, and 53 were not upheld. The remaining 15 cases the formal process had started but was withdrawn prior to completion.</p> <p>16 complaints were referred by complainants on to the Parliamentary and Health Service Ombudsman during the year (compared to 6 in 2021/22).</p> <p>The key themes that emerged from complaints and PALS enquiries in the last year were:</p> <ul style="list-style-type: none"> <li>• Communication/information</li> <li>• Staff attitude</li> <li>• General medical treatment.</li> <li>• Access to services.</li> </ul>

## 2. Background

At Somerset NHS Foundation Trust, we have worked to prioritise keeping our patients and colleagues safe whilst continuing to deliver essential services within our mental health, community, outpatients, and acute inpatient settings.

Acting on patient feedback is key to improving the quality of healthcare services and our clinical teams have continued to assist with responding to concerns raised by our service users.

The Patient Experience, Engagement and Involvement function has previously been managed within the Chief Nurse portfolio. As part of the initial readiness to merge work, which included the appointment to a single Executive Board of Directors and the development of corresponding portfolios, the patient experience, engagement, and involvement function transferred to the portfolio of the Director of Corporate Services.

Within the patient experience, engagement, and involvement team there have been several changes to the department and therefore staffing as part of the merger preparations. During the year 2022/23, the total substantive WTE for the patient experience team was **8.6**. The total substantive WTE for the patient engagement and involvement team was **3.9**. At the end of March 2023, the team was carrying a vacancy level of **32%**.

In October 2022, the then Deputy Director of Quality and Governance left the organisation, and this created the opportunity to reshape this role and subsequent portfolio ahead of the merger in readiness of the need to reconfigure the patient experience, engagement, and involvement teams of the legacy organisations. This role was called the Director of Patient Experience and Engagement.

In January 2023, to support the new incoming Director of Patient Experience and Engagement, the Director of Corporate Services made some changes to the senior leadership within the patient experience, engagement, and involvement structure. This temporary change separated the portfolios of work to create two workstreams and interim appointments were made to the roles of Head of Patient Engagement and Involvement and Head of Patient Experience.

## 3. Accountability

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 2022/2023, our complaint process, complaint documentation and complaint reporting all reflect these standards.

The Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive delegated the responsibility for the management of complaints to the Director of Corporate Services who in turn delegated responsibility for the management of complaints to the then Deputy Director Quality Governance and Patient Safety who worked with the then Head of Patient Experience and Engagement to ensure that:

- All complaints are investigated appropriately.

- All complaints receive a comprehensive written response or meeting as requested to address their concerns.
- Complaints are responded to within the set local standard response times (40 working days).
- When a complaint is referred to the Parliamentary & Health Service Ombudsman (PHSO), all enquiries are responded to promptly and openly.

The annual Hospital and Community Health Services Complaints Collection (KO41a) return is provided to NHS Digital which monitors written hospital and community health service complaints received by the NHS and has been accepted by the Standardisation Committee for Care Information (SCCI). It also supports the commitment given in equity and excellence to improve the patient experience by listening to the public voice. To date, information has been submitted quarterly on all complaints investigated across the Trust. However, from 2023 onwards, this data will now be submitted annually.

#### 4. Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service is provided in every NHS Trust in England and has a core set of responsibilities which the team have continued to deliver throughout 2022/23:

- To aid patients and their representatives with concerns and requests for information.
- To act as a liaison between patients and services and offer suggestions for improvements resulting from the patient's experience.
- To raise the profile of PALS throughout the Trust by linking in with wards and departments and representing the service and views of patients on relevant committees.

The Somerset NHS Foundation Trust PALS team aim to:

- Offer on the spot resolution.
- Ensure patients receive appropriate information.
- Resolve patient concerns at an early stage.
- Support patients and carers when they are in receipt of difficult or distressing information.
- Inform and educate staff.
- Monitor concerns and outcomes.
- Be a catalyst for service improvement and change.

In the year 2022/23, the Trust received **2564** PALS concerns and enquiries with **50** of the **2564** PALS concerns remaining unresolved and which escalated to a formal complaint process for further investigation and resolution, approximately **2%** of the total caseload.

## 5. Formal Complaints

In line with NHS England guidance, the Trust is committed to a timeframe for acknowledging formal complaints within 3 working days of receipt. The Trust Board key performance indicator is that 90% of complaints are responded to within 40 days. For every formal complaint received and logged, there is a full investigation coordinated by the senior leadership team within the relevant directorate. A thorough response is provided to the complainant to address the concerns they have raised which can sometimes involve a meeting with the complainant and key staff involved.

All meetings are followed up with a recording of the meeting (electronic or CD) and a meeting outcome letter summarising what was discussed and any actions to be taken forward is provided. The total number of meetings offered as a first option to achieving a satisfactory resolution remains very small at **3%**.

In 2022/23 the Trust received a total of **387** formal complaints compared with **335** during 2021/22, an increase of **16%**.

Following receipt of their first response, complainants may, for example, have further questions or consider that their complaint has not been fully answered, leading to further investigation and a subsequent response. The number of complaints that do not achieve resolution with the first response is used as a measure for providing a satisfactory resolution. **63** complaints were reopened during 2022/23. There has been an increase from **48** complaints having been reopened in 2021/22 to **63** in 2022/23 however, the percentage increase remains broadly the same as the previous year at **16%**.

SOMERSET NHS FOUNDATION TRUST													
Complainants - Responded to within 40 days													
Directorate	Description	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Clinical Support and Specialist Services Directorate	Total number of complaints closed	1	1	2	2	3	0	4	8	2	4	4	2
	Number inside of 40 days	0	0	1	0	2	0	0	2	0	0	0	1
	% inside of 40 days	0.0%	0.0%	50.0%	0.0%	66.7%		0.0%	25.0%	0.0%	0.0%	0.0%	50.0%
Families Care Directorate	Total number of complaints closed	5	4	7	6	6	3	11	11	2	6	5	3
	Number inside of 40 days	4	2	5	5	5	2	10	9	0	5	5	3
	% inside of 40 days	80.0%	50.0%	71.4%	83.3%	83.3%	66.7%	90.9%	81.8%	0.0%	83.3%	100.0%	100.0%
Integrated and Urgent Care Services Directorate	Total number of complaints closed	11	12	13	12	12	7	15	12	4	5	12	5
	Number inside of 40 days	8	6	7	6	8	3	7	8	3	2	4	2
	% inside of 40 days	72.7%	50.0%	53.8%	50.0%	66.7%	42.9%	46.7%	66.7%	75.0%	40.0%	33.3%	40.0%
Mental Health & Learning Disabilities Directorate	Total number of complaints closed	2	3	5	4	4	4	4	6	11	4	8	5
	Number inside of 40 days	1	2	1	2	1	2	3	1	8	2	6	4
	% inside of 40 days	50.0%	66.7%	20.0%	50.0%	25.0%	50.0%	75.0%	16.7%	72.7%	85.0%	67.5%	78.0%
Primary Care and Neighbourhoods Directorate	Total number of complaints closed	2	1	2	2	4	3	7	2	3	4	1	0
	Number inside of 40 days	1	1	1	1	2	0	5	2	2	3	0	0
	% inside of 40 days	50.0%	100.0%	50.0%	50.0%	50.0%	0.0%	71.4%	100.0%	66.7%	75.0%	0.0%	
Surgical Care Directorate	Total number of complaints closed	11	5	3	7	20	5	11	19	7	10	17	15
	Number inside of 40 days	2	2	2	2	5	3	5	9	2	1	3	7
	% inside of 40 days	18.2%	40.0%	66.7%	28.6%	25.0%	60.0%	45.5%	47.4%	28.6%	10.0%	17.6%	46.7%
Corporate Directorate	Total number of complaints closed				1	1	0	0	2	1	0	1	0
	Number inside of 40 days				1	1	0	0	2	0	0	0	0
	% inside of 40 days				100.0%	100.0%			100.0%	0.0%		0.0%	
Trustwide	Total number of complaints closed	32	26	32	34	50	22	52	60	30	33	48	30
	Number inside of 40 days	16	13	17	17	24	10	30	33	14	13	18	17
	% inside of 40 days	50.0%	50.0%	53.1%	50.0%	48.0%	45.5%	57.7%	55.0%	46.7%	39.4%	37.5%	56.7%

Throughout 2022/23, there have been a combination of factors which have contributed to the challenges of responding within the 40-day timeframe and these have included:

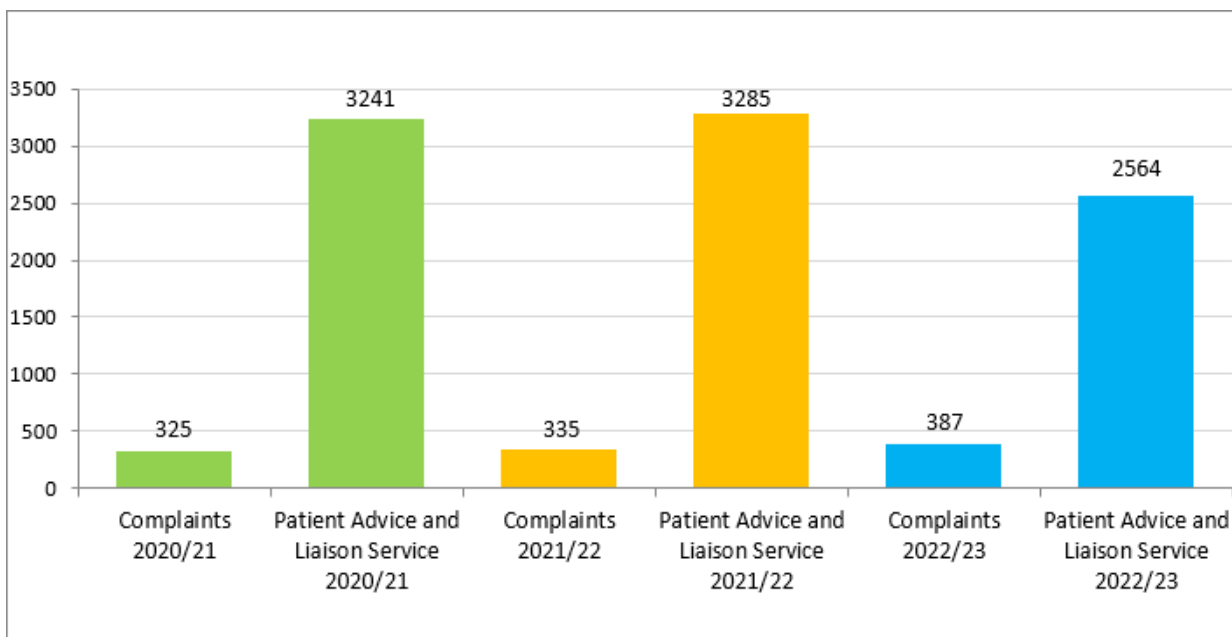
- Ongoing challenges for staff to investigate and respond to complex complaints which can involve multiple teams and directorates, with continued extreme pressures across all services.

- A backlog of patients continuing to await surgery, so time pressures on Consultants and Clinical Service Managers has led to delayed responses.
- The availability of paper medical records when multiple teams are involved across service groups.

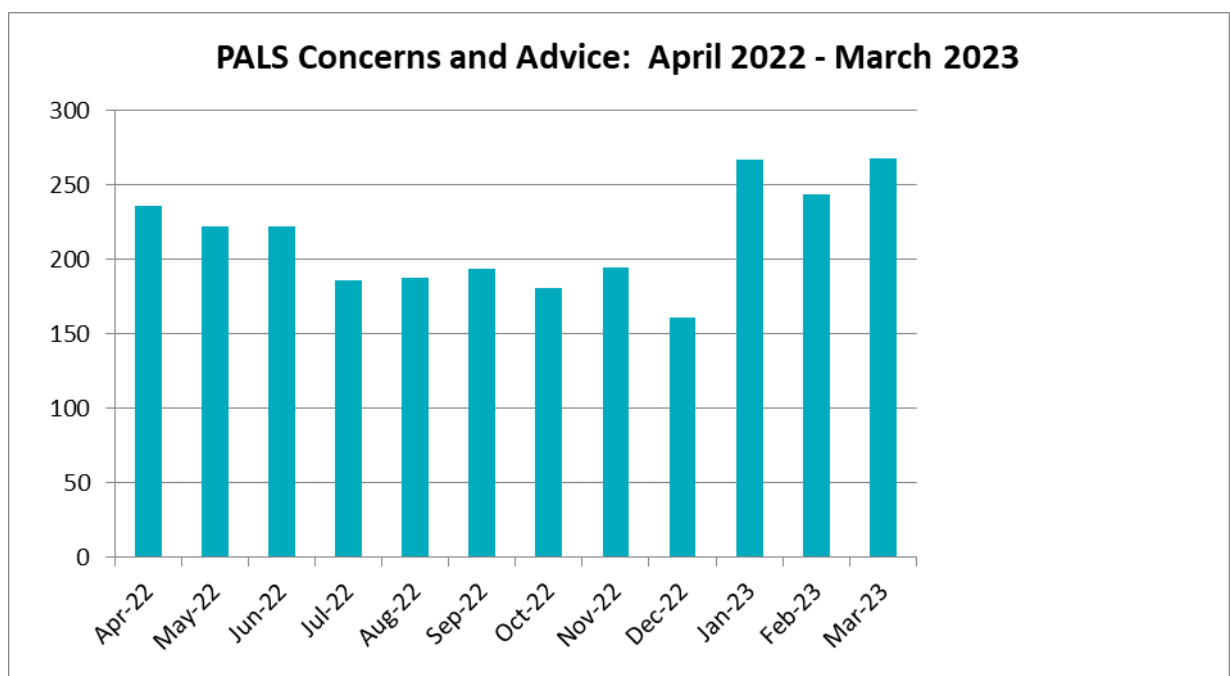
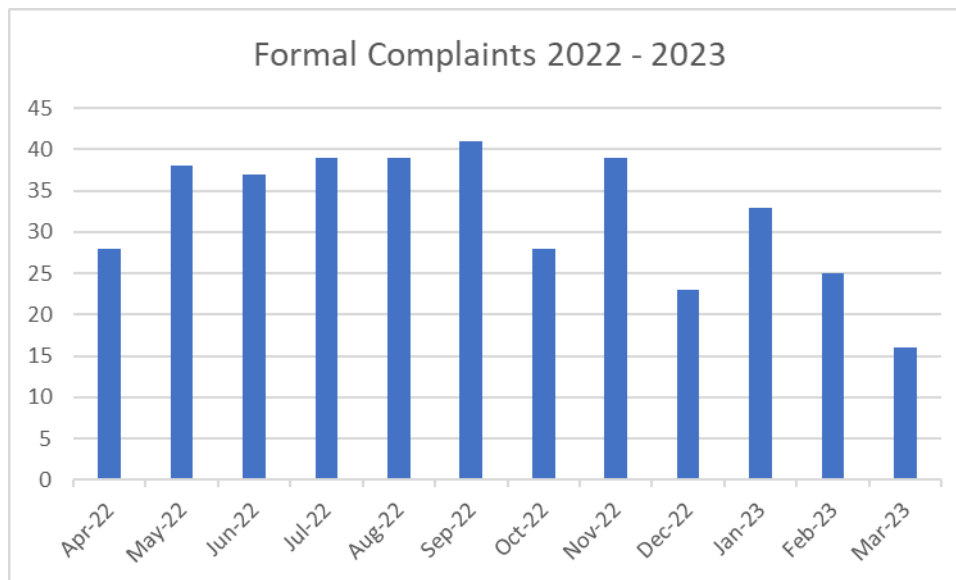
**5.1. Actions taken.**

- Associate Directors of Patient Care and Governance Coordinators regularly meet with the Complaints team.
- Monthly reports outlining current complaints and outstanding responses are provided to each service group for discussion at governance meetings.
- Contact is maintained with complainants to manage expectation of timeframe for response and to provide a single point of contact.
- A high of 60 final complaint responses were sent out to complainants in November 2022 reflecting the high workload across the service groups.

**5.2. Complaints and PALS enquiries – April 2020 to March 2023**



The graph shows a significant decrease of **22%** in the number of PALS concerns received over the last financial year. We are not able to fully ascertain the reason for this but given the overall **16%** increase in the number of formal complaints received in the same timeframe, we have considered whether this could be linked. This will be an area of focus for the coming year of 2023/24 with a focus on promoting the role and function of an effective PALS provision.



When comparing the above two graphs, it is noted that for the **Q4** period, there was a notable reduction of formal complaints received alongside a commensurate increase in the number of PALS concerns and enquiries raised.

### **5.3. Parliamentary and Health Service Ombudsman (PHSO)**

Complainants can contact the PHSO if they believe the Trust have not managed the formal complaints process appropriately or if in their opinion, they feel that a satisfactory resolution has not been provided. If the PHSO decide that the Trust has not managed the complaint appropriately and that this has had a negative effect on the service user, they can review the complaint and where required recommend action(s) to be taken.

In 2022/23 the Trust received notification from the PHSO that **16** complainants wished to have their complaints independently reviewed.



Of these:

- 1 case was investigated, and the complaint was not upheld.
- 10 cases were submitted to us, we provided documentation to the PHSO, and all 10 cases were not pursued.
- 5 cases were submitted; these cases are under investigation.

## **6. Key themes**

The Department of Health classifies complaints in to 18 distinct categories by the subject of the complaint. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints by subject, it allows us to identify whether any trends are developing.

Every complaint is reviewed to identify the issues raised by the complainant to ensure that we can learn and continuously improve. The categorisation of issues identified for all complaints is recorded and reviewed to allow wider learning and identification of trends.

Many of the complaints received include all the key themes outlined below and highlight the need for ongoing learning and improvement in these areas:

- a) Communication / information to patients (written and oral)
- b) Staff attitude
- c) General medical treatment
- d) Diagnosis problems

This information is considered as an opportunity to identify learning and development opportunities for teams alongside other patient experience information such as incidents and feedback from other sources such as the Friends and Family test survey, Care Opinion postings and national surveys.

## **7. Listening and Learning**

During the year, learning from complaints has been shared across the hospital in several ways. These include the use of patient stories so that we hear directly from our patients and their relatives about their experience. Feedback is given to the individual colleague and/or teams concerned in a manner to be constructive for learning.

The Trust has used learning gained from complaints to inform staff training and to influence improvement projects and most importantly the care we provide to our patients.

Patients and carers frequently have the assumption that things will not change because of a complaint as they see staff working under pressure or the subject of their complaint has led them to lose faith in the organisation.

Assurance that the learning from a complaint has been taken forward is provided using complaint action plans when learning has been identified. The responsibility for, and ownership of, the action plan sits within the individual directorate with the support of the patient experience team.

### 7.1. *Example 1.*

**Formal Complaint:** poor communication with families has been a consistent theme in formal complaints.

For example, a relative complained regarding a lack of communication between staff, their mother (the patient) and her family.

**Learning:** because of these concerns being raised, and a full investigation being undertaken, a new ward governance meeting was introduced to assist learning from complaints. Also, ongoing work was introduced around discharge from hospital with the patient safety team regarding communication and the discharge process.

### 7.2. *Example 2.*

**Formal Complaint:** there were several examples of complaints regarding diagnosis.

A patient complained that when she received the distressing news that a tumour had been identified on x-ray, she was told that it had been present on previous imaging, but an earlier diagnosis had not been made.

**Learning:** the incident was reviewed through the Radiology Education and Learning Meeting (REALM) and learning points were identified:

- Whilst the stomach is an organ that is poorly assessed with CT, this should be a review area when reporting imaging.
- Template reporting can help to identify review areas and ensure that all anatomical structures are fully assessed.
- The potential for bias from clinical history provided by the referrer and the importance of reviewing all areas of a study were acknowledged.

## 8. Patient Engagement and Feedback

The total substantive WTE for the Patient Engagement and Involvement Team was **3.9** with only **1.9** WTE in post for the majority of 2022/23 due to ongoing vacancies which had not been successfully recruited in to. Despite the small team resource, the team have continued to prioritise and support the need to keep our patients and colleagues safe whilst continuing to deliver essential services within our mental health, community, outpatients, and acute inpatient settings.

We recognise the importance of supporting our frontline staff during these challenges to ensure patient feedback is heard and acted upon to continually support service improvement. It is vitally important to continuously seek out and actively engage with a diverse group of people who have experience of the services delivered by Somerset NHS Foundation Trust.

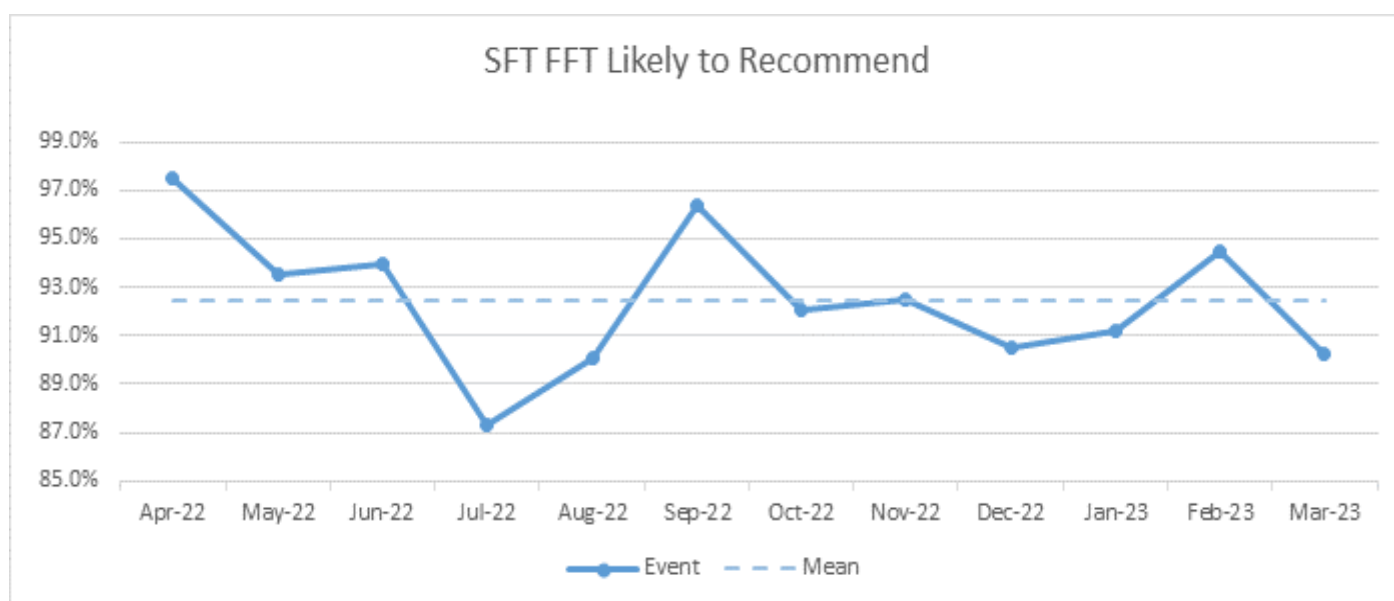
### 8.1. *Friends and Family test*

The Friends and Family Test (FFT) is one of the resources we use to listen to our patients. It is a national measure that gives patients an opportunity to provide feedback.

The results give wards/departments feedback on their care but are also reviewed nationally to understand the Trust's performance alongside other trusts. The number of responses continues to be relatively low, however feedback is generally positive. Negative feedback relates to environment, parking charges, food e.g., being served cold or no choice.

Questback was established as an online reporting platform. This enables different methods of gathering FFT feedback including a link on a tablet, QR code and via paper form. We have supported clinical areas to use the best method for their patients and service users. We are exploring text methods which will enable ease of access for people to provide feedback on their recent experience of the hospital.

We received a total of **12829** responses to the Friends and Family survey between April 2022 and March 2023.



## 8.2. National Surveys

The patient engagement team, work with the governance analyst to manage the process for national surveys. Results are shared at relevant committees and governance meetings to celebrate our successes. The Care Quality Commission (CQC) results for adult's inpatients & the urgent and emergency care survey 2022 are summarised below:

### Adults Inpatient Survey Results - Somewhat worse from 2021

- Were you given enough notice about when you were going to leave hospital?
- To what extent did you understand the information you were given about what you should or should not do after leaving hospital.

For the remainder of the 41 questions, our Trust had no statistically significant change.

### Emergency Department – Results with an improvement from 2021

- While you were in A&E, did staff help you with your communication needs? (e.g., any language needs or communication needs related to a disability, sensory loss, or impairment).
- Were you given enough privacy when being examined or treated?
- Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?
- While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?
- While you were in A&E, how much information about your condition or treatment was given to you?
- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did a member of staff tell you about medication side effects to watch for?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?

For the remainder of the 29 questions, our trust had no statistically significant change.

### 8.3. Trust Patient Surveys

Across the organisation the Involvement Team have supported departments with a total of **54** departmental/bespoke surveys. The surveys are created on Questback which offers the benefits of colleagues sending out hyperlinks to people to complete the surveys via email, posters, and business cards or a QR (quick response) code to offer people varying opportunities to share their views. Colleagues have fed back to us that this is quick and simple to use and a valuable method of offering feedback which offers a reporting tool in real-time.

Surveys can be closed at intervals to enable colleagues to review feedback, make changes and reopen the survey to see if actions taken have improved services being offered and to celebrate the positive feedback that we so often receive.

Directorate	Integrated & Urgent Care	Surgical	Families	CSCS	Mental Health	Primary Care & Neighbourhood
<b>Total</b>	2	12	9	17	10	4

### 8.4. Compliments

We are aware a high number of commendations are sent directly to wards and departments. The table below demonstrates those received directly into the central office. Copies of commendations received are acknowledged and sent to team managers to cascade to individual teams.

Table showing compliments from April 2022 – March 2023

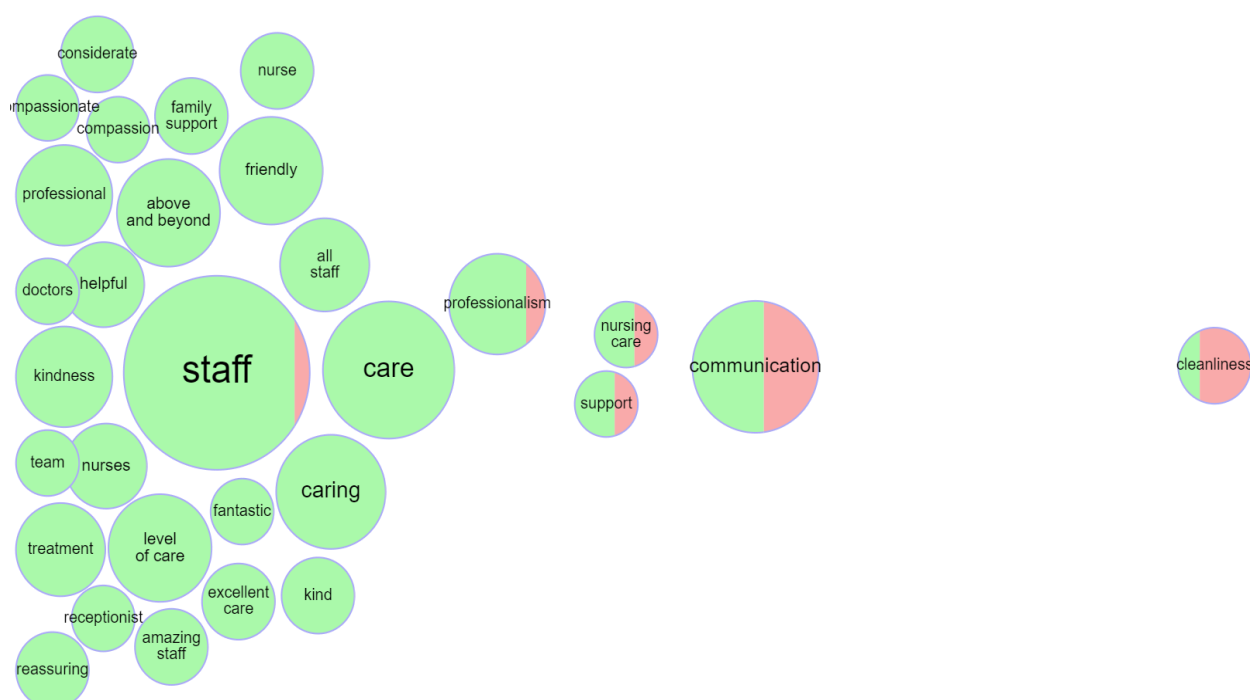
Apr 2022	20
May 2022	30
Jun 2022	36
Jul 2022	32
Aug 2022	27
Sep 2022	61
Oct 2022	34
Nov 2022	41
Dec 2022	73
Jan 2023	99
Feb 2023	37
Mar 2023	20

### 8.5. Care Opinion

The Trust has continued its subscription to Care Opinion. Care Opinion is an independent feedback website, enabling anyone to share their experiences of healthcare services through storytelling with the fundamental belief that by sharing honest experiences of care, we learn to see the world differently and to see how the telling of stories, both good and not so good, are leading to change.

**“Hear the patient voice at every level – even when that voice is a whisper”**  
**Berwick Report, August 2013**

There are responders trained and in place at a local level allowing local responses and thus visibility and actions to stories posted. However, with staff moving across ward areas, and new staff joining the organisation, we have identified that some focus needs to be given to train and support new staff and raise awareness of Care Opinion. This methodology enables us to be transparent in our approach to patient feedback and encourage feedback as a source to step into the organisation without needing to complain.



Above is a word cloud showing what patients, relatives and carers thought were good about their experience (green representing a positive comment and red representing where we need to do better):

### Patient Story/feedback from Care Opinion - A story from our acute children's unit

*I cannot thank all the amazing staff on PAU, Acorn, and Oak enough for all their care. Everyone, without exception, has been unbelievably kind looking after my daughter as well as supporting us as parents and for advocating for her and us.*

*There are so many people to mention and I'm sorry I cannot remember all their names but to nurses Kendal, Mollie, Kristen, Ali, Jo, Magda and many more, Doctors Isi, Holly, and Mary Ann. Sarah and Jane, the play specialists and all the other staff thank you for making a tough couple of weeks so much easier.*

*To the ED team and imaging team who were so efficient and kind.*

*To Dr Pawson and the whole theatre and recovery team, who were so caring and gentle and to Miss Hunt and all your team. Thank you for giving us our happy little girl back so we can enjoy the rest of the summer holidays.*

What started as a creative mission to improve feedback opportunities for patients and families has become far more than just that. One patient story, be it sharing a kind word or encouraging a change for better care, creates a wonderful ripple effect. The positivity it creates grows and expands, touching an individual member of staff, the paediatric department, cross-speciality departments, and colleagues and most importantly the patients and families we care for. The team have seen their feedback grow from **1 story every 3 months to 3 to 4 stories per week.**

### 8.6. Carers Awareness Project

The carers work is steadily progressing with the Mental Health Carers Teams and our Carer partners, alongside collaboration with Health & Social Care colleagues. The working group meet monthly to retain momentum with this vital project.

Current work underway includes:

- Review joint Carers Charter.
- Staff awareness training with Dementia Teams.
- Digital early identification of unpaid carers.
- Attending Talking Cafes to ensure we are hearing from our less heard groups.
- Somerset Foundation Trust will be recruiting an Involvement Coordinator (Carers) to support with this work in the next financial year. The co-ordinator will be based at Musgrove Park and will be a presence on the ward to connect with carers and be on hand to facilitate conversations around discharge and offer support and guidance where needed.

### 8.7. *Digital Carers Stories*

A digital carers story was developed with a person with Learning Disabilities and his Mum. They shared their step-by-step experience of attending the Hospital for a procedure. The story highlighted what mattered to the patient, and how this was for Mum too as she supported her son through this 'scary' place. The experience highlighted positive interactions with the staff, and the patient felt listened to, and involved with every step. This experience will be used as part of staff induction.

The Community Council for Somerset (CCS) have a weekly stand based at MPH to listen and link with carers and offer support and information. This also provides an opportunity for our partner organisations to learn from patients and their families. The CCS aim to have more regular presence at the MPH site.

## 9. Summary

It has been another busy year for the patient experience, engagement, and involvement team. 2022/23 has seen significant steps taken to fundamentally change not only the structure of the team in terms of roles, but to also lay the foundations for total service reconfiguration to enable the service to support the delivery of the objectives outlined in the Board Assurance Framework (BAF) as well as the Trust's quality strategy and to fulfil our public involvement duty as outlined in the NHS Act 2006.

The Trust receives a comparatively small number of complaints given the significant number of patient contacts that our colleagues have over the year. Patient satisfaction rates from surveys and other sources remain high but the Trust takes very seriously all complaints received and looks to act on areas of concern identified both in individual investigations and where trends or concerns are suggested about services.

The numbers of complaints received are demonstrating a **13%** increase compared to last year. The two directorates receiving the greatest number of complaints were Integrated and Urgent Care and Surgery and this does correlate with the national picture of the reduction in performance within Emergency Departments and the growing numbers of patients on surgical waiting lists and subsequent dissatisfaction. Many complaints are more complex and often involve a range of wards and services, and frequently, more than one directorate. The average number of complaints open at any one time across the organisation remained at **around 100**.

The main themes of formal complaints have remained consistent across the four quarters of the year with the top 3 themes outlined below:

- Communication
- General medical treatment
- Attitude of staff

Although it is to be celebrated that there has been a **61%** increase in the numbers of compliments received compared to 2021/22, this remains incredibly low compared to the size of the organisation and this will be an important development objective within the overall the workplan for the service. This piece of work will need to focus on how we gather data on numbers of complaints received at a ward or team level and how we increase the visibility of this across the whole organisation.

## 10. Priorities for 2023/24

- Formal consultation process to restructure the patient experience, engagement, and involvement team.
- A full service review to include process mapping, systems, data collection, excellence reporting, colleague, and patient engagement.
- Development of a Patient Experience and Engagement Strategy which will support the Trust to deliver on its **mission** to improve the health and wellbeing of everyone in Somerset and to deliver outstanding integrated care by supporting our colleagues and nurturing an inclusive culture of kindness, respect, and teamwork and **vision** of thriving colleagues, integrated care, healthier people.
- To develop a trust wide carers / people who matter strategy which includes a full review of the current systems and processes in place such as Triangle of Care and is aligned to the system wide commitment to carers philosophy.

## 11. Patient Engagement Workstreams for 2023/24

- Continue to form joint working and steering groups/committees to strengthen work plans to inform and improve learning from the feedback we receive.
- Build upon internal relationships between the Patient Engagement Team and Departmental Managers to raise awareness of our statutory guidance regarding working in partnership with people and communities.
- Continue to work with the digital team to improve our training resources to form interactive e-learning for all staff.
- Continue to 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.
- Improve the number of responses and therefore the number of voices we hear to be able to work with colleagues such as the improvement team to improve patient care and experience.
- 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 all the clinical teams.
- Promote the health and wellbeing hub trustwide, to provide support to patients and relatives with cancer and/or long-term conditions.
- Continue our work with the ICS to develop the commitment to carers which will inform our next steps.



- Progress plans for our carer's hub at Musgrove Park Hospital, so carers have a place to relax and make a drink/meal away from the ward.
- Patient Engagement Team will plan a programme for sessions with service groups to raise the profile of Care Opinion and the benefits of real time feedback.
- To work with the service groups to provide a platform to share and celebrate examples of good practice and highlight actions taken in response to feedback.

### **12. Patient Experience Workstreams for 2023/24**

- Integrate computer systems to ensure robust data capture and reporting.
- Ensure stability within the team by putting in place the correct staffing levels and mix are in place for both PALS and formal complaints service.
- Align merged Trust's PALS and formal complaints process, putting the patient at the heart of the process and ensuring that it meets the requirement of both internal and external service users.
- Develop our own internal and external measures (dashboards/score card/user feedback survey) for ensuring the quality and performance of the PALS and formal complaints services and their processes.
- Build upon internal relationships within the Trust to raise the profile of patient experience, therefore, increasing patient experience as a priority for all colleagues.
- Develop a collaborative working partnership with the 6 service groups to implement a robust structure for sharing learning.