

Patient Experience and Engagement Annual Report 2022/23

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1. Executive Summary

Executive Director:	Phil Brice Director of Corporate Services
Author:	Head of Patient Experience Head of Patient Engagement & Involvement
Purpose of the report:	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
Summary for the year 2022/23:	<p>During 2022/23 the Trust received a total of:</p> <ul style="list-style-type: none"> • 79 complaints (41% increase from 2021/22) • 3533 compliments (37% increase from 2021/22) • 1939 PALS enquiries (4% decrease from 2021/22) <p>Of the 79 complaints investigated, 8 were fully upheld, 42 were partially upheld, and 17 were not upheld. For the remaining 12 cases, the formal complaints process had started but was withdrawn prior to completion.</p> <p>3 complaints were referred on to the Parliamentary and Health Service Ombudsman during the year (compared to 4 the previous year).</p> <p>The key themes that emerged from complaints and PALS enquiries in the last year were:</p> <ul style="list-style-type: none"> • Communication • Clinical treatment • Patient care • Admissions and discharges

2. 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 helping 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. Therefore, we 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 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 issues in a timely way by working collaboratively, 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 however, the team have been able to rise to those challenges whilst continually seeking to improve the service they provide.

Additionally, the team have developed both a teaching role and a role modelling philosophy to encourage all colleagues to provide our patients with the best possible experience.

3. Overview of the year

3.1. Background

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. For

Yeovil District Hospital, it was agreed that the Chief Executive would continue to hold overall executive responsibility until the merger in April 2023 with delegated responsibility to the then Deputy Director of Quality and Governance.

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 **4.15**. 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 **15%**.

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.

3.2. 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 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, delegated responsibility for the management of complaints to the then Deputy Director Quality Governance and Patient Safety who in turn, worked with the then Head of Patient Experience and Engagement. The Head of Patient Experience and Engagement ensured that the Complaints Lead coordinated and collated 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 and 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 and have taken a variety of formats such as face to face meetings, video call meetings or telephone calls.

During the 2022/ 23 financial year, the Chief Nurse and Director of People had responsibility at board level for all complaints. The Trust Board was provided with an overview of trends identified in complaints and PALS cases. There was an active Public and Patient Involvement Group known as the Patient Voice Group, but this has struggled to return to previous levels of activity following 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

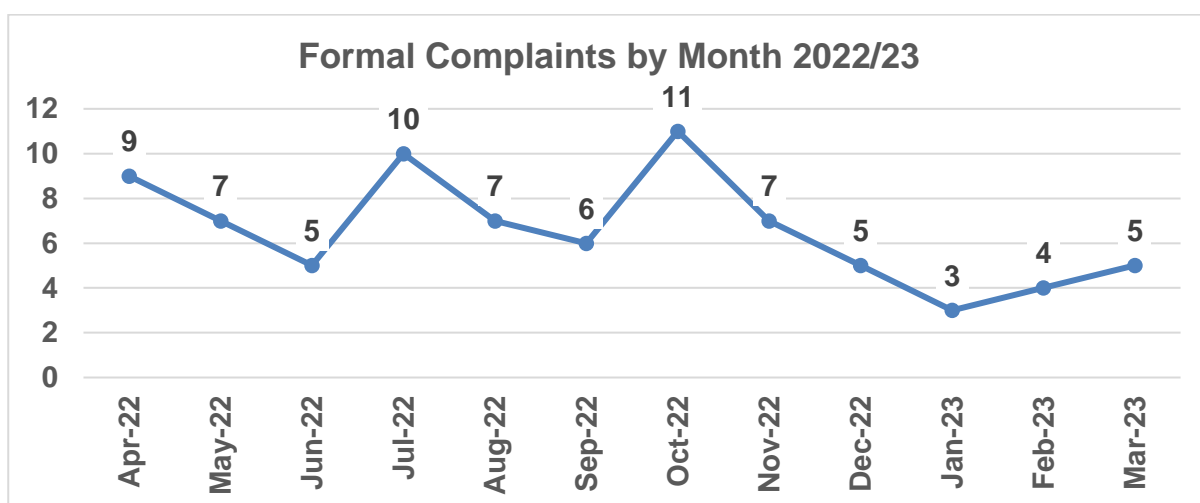
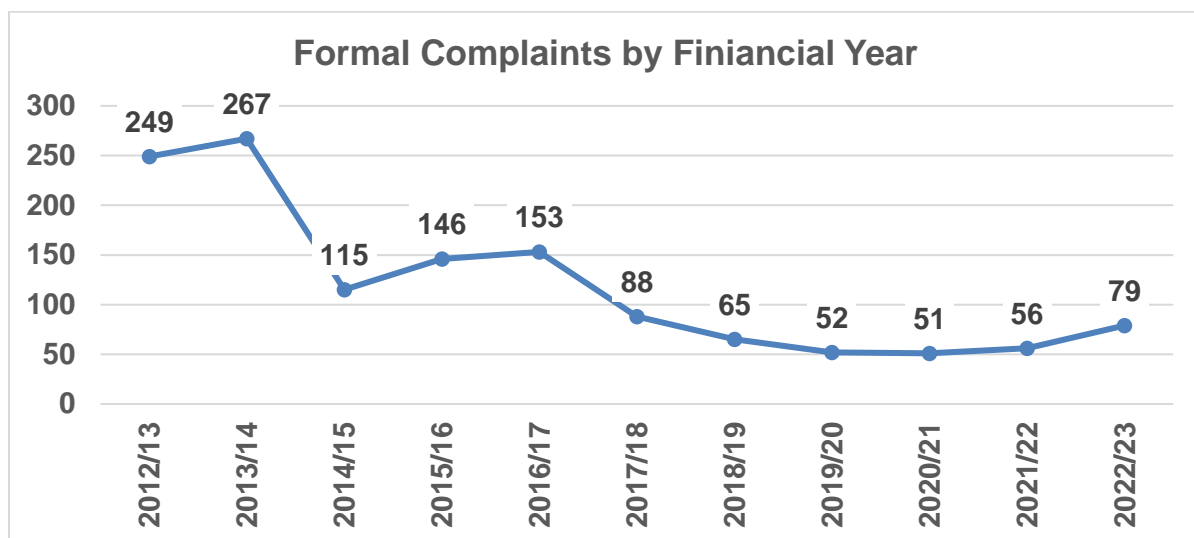
that learning from Complaints is discussed throughout the Trust, at meetings such as business unit Governance meeting. In addition, Matrons manage any relevant actions as a result of the identification of learning from complaints.

External monitoring occurs through the Care Quality Commission and other external agencies such as our commissioners, who use the complaints data as part of their performance measures. The Trust is a member of the countywide Complaints Network and continues to work collaboratively across organisational boundaries in taking a joint approach to complaints that may involve several organisations.

The annual KO41 return is provided to NHS Digital which monitors written hospital and community health service complaints received by the NHS.

3.3. Formal complaints

During 2022/23 there were **79** formal complaints received which demonstrates a **41%** increase from the previous year.



During 2022/23 the team continued to use the online function of the Ulysses Risk Management System for managing complaints and all complaints were acknowledged within three working days. The Complaints Advisor continues to telephone the complainants ahead

of sending the formal acknowledgement letter, to introduce themselves and discuss the concerns raised, the complaints process and the timeframes involved, along with offering early intervention meetings.

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 **75%** of cases during 2022/23, which was a slight decrease from **78%** in 2021/22. The reason for the decrease has been due to the increasing complexity of the complaints raised, changes within the Trust due to the impending merger and the recent introduction of a more robust quality assurance process before the final response is sent out.

All complaint letters continue to include a paragraph explaining whether the complaint is fully upheld, partially upheld, or not upheld. Of the **79** cases, **8** were upheld, **42** partially upheld and **17** not upheld. For the remaining **12** cases, the process had started but was withdrawn prior to completion. 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. **11** complaints (**14%**) have since been reopened, which is commensurate with the previous year.

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)** Clinical treatment
- c)** Patient care
- d)** Admissions / Discharges

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 and national surveys.

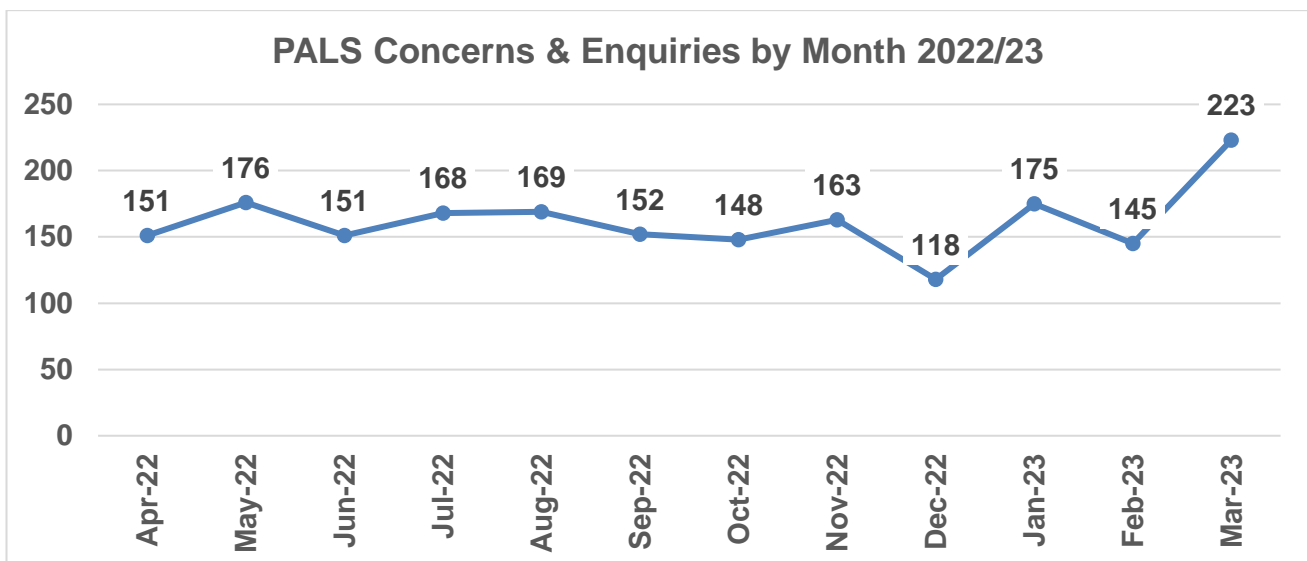
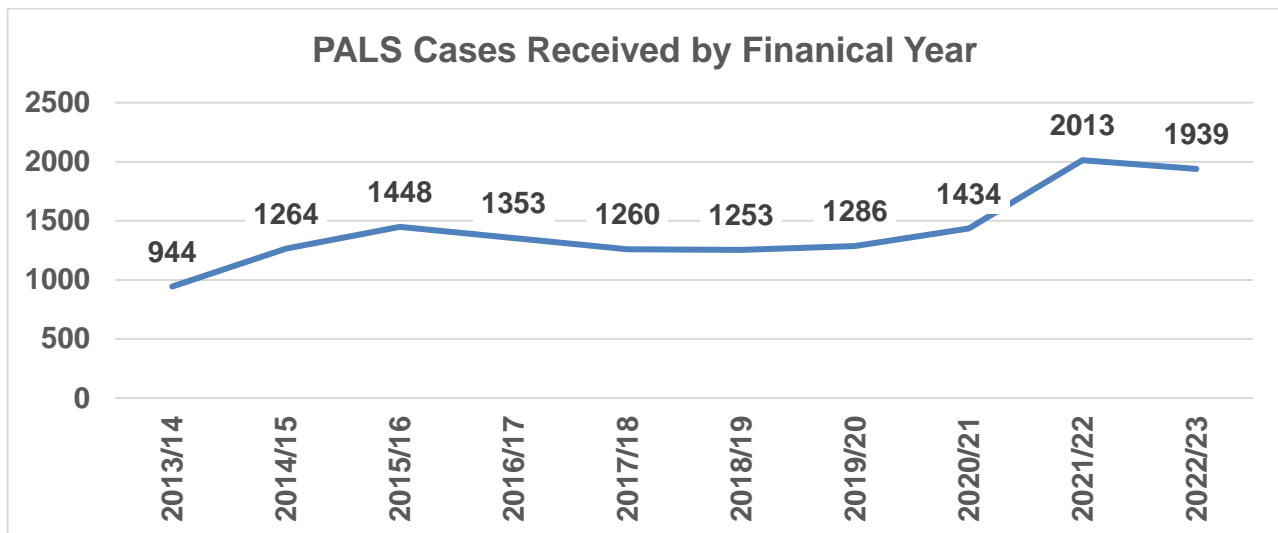
3.3.1. Parliamentary Health Service Ombudsman (PHSO)

The Trust received notification from the PHSO that three complainants wished to have their complaint independently reviewed by them. Although their requests were recorded with the PHSO in 2022/23, some of the complaints were received by the Trust in 2021/22. Of the three PHSO cases raised during this financial year, two have been closed, one resulting in the Trust providing an additional letter of apology, along with a financial compensation payment to the

complainant at the request of the PHSO and the other received a further letter of apology. The remaining case continues to be under review with the PHSO.

3.4. PALS

2022/23 demonstrates a slight decrease in PALS cases however, this is still the second highest number of cases received in any given year over the last decade.



During 2022/23 the team continued to refer cases within 24 hours to department managers to contact the enquirers. Where concerns were more complex or involved multiple areas, the PALS Team facilitated a response to the enquirer, either via letter, email, or telephone enabling the team to close cases more quickly thereby affording a more efficient and timely resolution to our patients and relatives. Despite the high number of cases and their complexity, the PALS Team have managed to maintain an average of between 15 to 25 cases open at any one time.

In 2022/23, **23%** 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. This compared to **27%** for the period of 2021/22. During 2022/23, **96%** of all cases were resolved within our ten working days timescale, in comparison to **95%** during 2021/22. Of the 1939 PALS cases logged in 2022/23, **17** were escalated to a formal complaint, which is less than **1%** of the total caseload.

Below is a breakdown of the themes of the concerns and enquires raised via PALS:

Category Type	Total
Communications	273
Appointments	237
Trust Admin/Policies/Procedures	210
Patient Care	134
Admissions & Discharges	110
Clinical Treatment	107
Other (lost property)	93
Values and Behaviours (Staff)	80
Facilities	38
Waiting Times	24
Access To Treatment or Drugs	18
Privacy, Dignity & Wellbeing (PDW)	14
Prescribing	13
Non Clinical	6
End of Life Care	5
Consent	2
Transport (Ambulances)	2
Commissioning	1

3.4.1. Patient Story:

The below demonstrates how a positive outcome and satisfactory resolution was achieved through a collaborative and compassionate approach facilitated by the formal complaints team between the complainant and the clinical team.

A formal complaint was raised by the parents of a patient who had sadly taken his own life and they believed that the Trust had missed opportunities to have stopped this happening, as he had visited the Emergency Department on three separate occasions.

Following the investigation into the concerns raised, the family received an initial written response, however, there were some points that the family wished to have further clarity on. The Senior Management Team for the department involved met with the family and were able to address the outstanding issues by demonstrating the changes that had been made to the triage process and the information provided to patients at this point. Further changes had been made in relation to the process of referring patients to the Psychiatric Liaison Service and their availability to support staff with patients suffering with conditions similar to the patient in question. A more robust training programme had been implemented for staff to assist with

their skills in assessing and dealing with patients who are struggling with mental health issues and an audit would also be undertaken to measure improvement.

As a result of the work undertaken following the complaint being raised, the family were grateful for the work which had been undertaken, felt that their concerns had really been listened to and that overall, this had allowed for demonstrable change and leaning to take place.

Patient story - Working collaboratively and compassionately with a patient following a concern raised:

This case study has also been used as part of the service review of our PALS and complaints team to ensure that we continue to put our patients and their loved ones at the centre of all we do and to compassionately and collaboratively engage with those who have been affected by their experiences of our services.

The Patient Advice and Liaison Service (PALS) were contacted by a patient who was seeking help. The patient, Mrs S, described that she had recently been through a very traumatic surgical procedure at the hospital and in her correspondence with PALS, she was able to describe the very profound impact that her experience had had on her. Not only did Mrs S have several questions about her experience, but she also needed to have further surgical intervention and she was highly anxious about this, to the point that she was unable to consent to the much-needed surgical procedure.

PALS worked swiftly and collaboratively with the clinical teams and Mrs S, gathered a response, and went above and beyond to work with the day surgery team to support Mrs S with her further surgery. Reasonable adjustments were made to enable Mrs S to wait in another area due her trauma response to her first procedure. The surgical team were made aware that Mrs S was highly anxious about coming back into hospital and they were empathetic and understanding, doing all they could to enable Mrs S to have a positive experience.

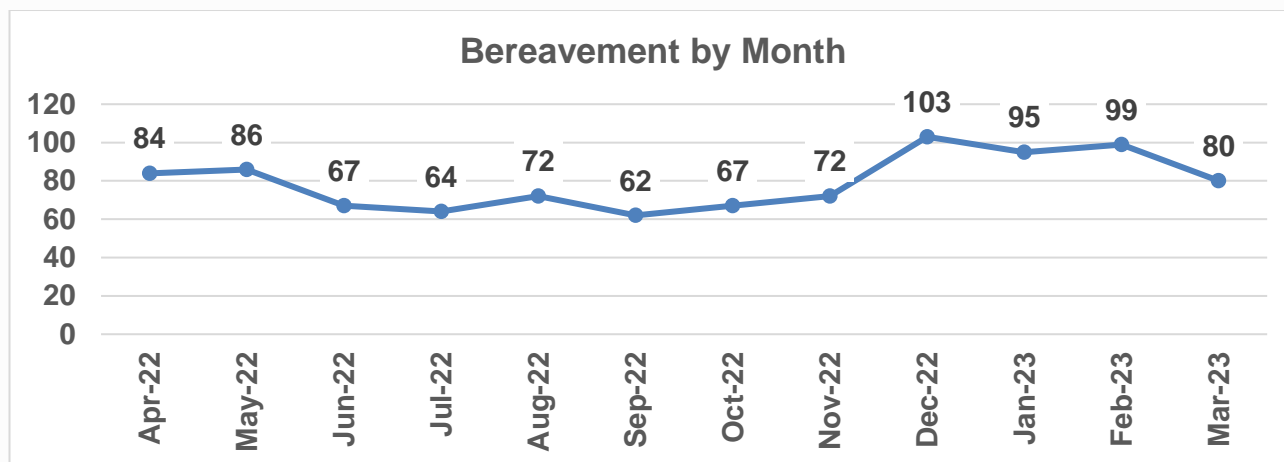
After the procedure, Mrs S came back into hospital with her husband and they both met with the PALS advisor who had worked so diligently to support them. Mrs S gave a thank you card to the PALS advisor, the surgeon and the anaesthetist for their wonderful care and empathy and said she had no worries about coming back in a years' time for her next procedure.

3.5. Bereavement Service

In 2022/23 the Trust expanded 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) was part of the Patient Experience Team and worked alongside the ME to provide administrative assistance to doctors in completing the Medical Certificate Cause of Death (MCCD) for on average **79** deaths per month, which has increased from **74** during the previous year. In 2022/23 there were **951** deaths compared to **889** in 2021/22. With new guidance issued following the global health pandemic, the MCCD does not need to be physically handed over to the family. The information on the MCCD was

therefore explained over the telephone to the family by the MEO, which continued to provide an opportunity for the Patient Experience team to provide support to bereaved families.

As of 1 April 2023, the Bereavement Service will no longer sit under the Patient Experience Service.



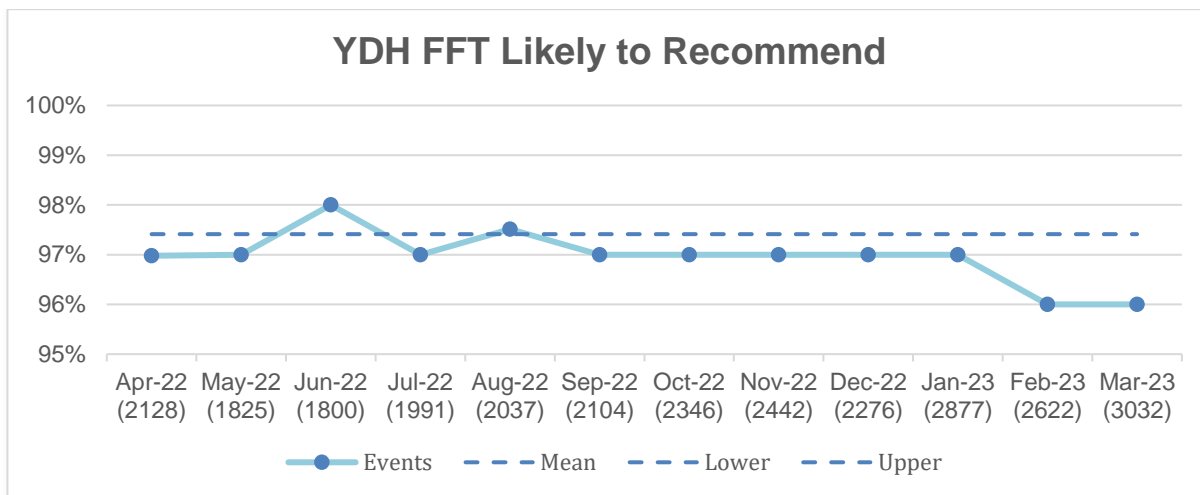
3.6. Patient Engagement and Feedback

The total substantive WTE for the Patient Engagement and Involvement Team was **3.9** with only **1** WTE as a dedicated engagement resource. Despite the small team resource, the team have continued to engage with patients and partner organisations in the local community. The team ensured representation at the county wide, Somerset engagement and advisory group, and the wider Integrated Care System (ICS) and continues to develop an ever-increasing network.

3.7. Friends and Family Test (FFT)

The Trust has continued to use the Snap Survey software as a platform to provide both qualitative and quantitative information for the FFT which can be used by managers to feedback compliments to staff, or to support areas of concern. The team have continued to provide insights and data 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. By utilising the results of the FFT, we complete a 'You said, We did' review which involves contacting the department concerned to discuss making any changes which have been suggested by our patients. Post merger, we are looking into other software and our main priorities are to ensure that the system works in a smart and uncomplicated way, meets the needs of the services across the breadth of the organisation as well as being easy to use.

We received a total of **29,864** responses to the Friends and Family survey between April 2022 and March 2023. These responses have grown following the introduction of the text service to outpatients. Work continues to see this introduced to inpatients as well and we hope to see a continuing growth in the responses and feedback that we receive.



3.7.1. National Surveys

The patient engagement team manages the process for national surveys. On receipt of 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 Care Quality Commission (CQC) results for adults' inpatients & the urgent and emergency care survey 2022 have been released but are at present embargoed. Below is a brief summary of the results:

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 43 questions, our trust scored about the same as the other trusts.

Emergency Department – Results with an excellent improvement from 2021

- How long did you wait before you first spoke to a nurse/doctor?
- Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?
- Overall, how long did your visit to A&E last?
- Did you have enough time to discuss your condition with the doctor or nurse?
- While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?
- Did the doctors and nurses listen to what you had to say?
- If you had an anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
- Did you have confidence and trust in the doctors and nurses examining and treating you?

- If a family member, friend, or carer wanted to talk to a health professional, did they have enough opportunity to do so?
- While you were in A&E, did staff help you with your communication needs?
- Were you given enough privacy when being examined or treated?
- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?
- IF you had contact with care and support services after leaving A&E, did the health and social care staff have information about your visit?
- Overall, did you feel you were treated with respect and dignity while you were in A&E

For the remainder of the 21 questions, our trust scored about the same as the other trusts.

3.7.2. Trust Patient Surveys

Patient surveys have been undertaken for breast care, JAG patient survey, dermatology, patient voice communication survey, maternity jaundice survey, nutrition and dietetics, post-operative survey – catheterisation, dietitian input for food allergy management, young person’s survey, MSK physiotherapy, catheter supply survey and cancer support worker survey. Findings can sometimes assist departments in writing business cases for additional staff or resource to improve services.

3.7.3. Compliments

We are continuing to work with ward managers and ward clerks to ensure all compliments are formally recorded so we can share and celebrate the fantastic positive feedback we receive. All the compliments we receive from our Friends and Family Test survey are formally recorded and any individual/s who receive a high number of compliments will receive the monthly ‘shout out to staff member’ award, along with a box of chocolates. The ‘shout out to a staff member’ has been very successful and welcomed by both individual colleagues and teams across the Trust.

Compliments from April 2022 – March 2023

Apr 2022	242
May 2022	316
Jun 2022	355
Jul 2022	295
Aug 2022	385
Sep 2022	289
Oct 2022	225
Nov 2022	239
Dec 2022	401
Jan 2023	293
Feb 2023	189
Mar 2023	304

3.8. Health and Wellbeing

Our health and wellbeing hub service continues to help and support patients, their relatives and carers with their cancer diagnosis or long-term health condition. The health and wellbeing hub and role was initially externally funded by Macmillan for two years, but this is now solely funded through the patient experience and engagement budget which is indicative of the difference it has made.

Many patients and relatives have visited the hub over the last 12 months; we have had more than **480** patient contacts during this time. Visitors to the hub have raised enquiries about mental health advice, testicular cancer, bereavement, drugs and alcohol addiction, dementia, ovarian cancer, rheumatoid arthritis, Parkinson's support group, chemotherapy information, fibromyalgia, healthy eating, hand and wrist pain, pancreatic cancer, heart attacks, patients being discharged from hospital, home care, hospital passport and radiotherapy.

Our swim and relax support group continues to support our patients with long term health condition and their carers. This runs every week on a Friday, and offers a free swim for one hour, followed by a support group which we run. Seated exercise classes for our inpatient wards have continued over the last year. This helps patients to keep moving and get out of bed where possible, whilst they are in hospital. 'Moving more' gym sessions finished halfway through this year. We are waiting for funding to be granted to continue all three wellbeing services, as they were greatly beneficial to our patients. We have received great feedback about every session to help with both physical and mental health. Funding has been requested from Yeovil Hospital Charity.

The team continue to develop their own learning by attending relevant training courses and events online, to be able to offer and provide helpful information. An Engagement and Health and Wellbeing Facebook page continues to be used to 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, we see this as an exciting development, looking to future opportunities to be able to help and support our patients, relatives, and carers.

The Patient Voice group is being developed to increase the number of volunteers who participate to ensure that inpatient voices are being heard so that we can act proactively to ensure patients receive a good experience. New members have been recruited to the team and we will now look to growing this approach trust wide following the merger.

Talking Cafés from Somerset carers have attended wards 6B, 6A and Jasmine and are available to talk to patients, carers, and relatives. This is to offer support to our patients when they are discharged with any help they may need in the community. This work links in with the health and wellbeing hub who can support requests for equipment that will help someone maintain their independence at home.

4. 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 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 demonstrate an increase of **41%** compared to last year, with **28%** received across two peak months of July and October which is significant. We have undertaken a review of these two months and there does not seem to be any correlation to any significant events within the hospital around these times nor specific themes around individual teams or clinical areas, rather they are spread across a number of different services. We have also seen a slight decrease in enquiries dealt with through PALS registered as concerns and this will therefore form part of the focused programme of improvement work we have planned for 2023/24.

We currently receive a very high number of compliments across the organisation which is to be celebrated. Whilst we receive a good amount of patient feedback, we have yet to fully utilise the Care Opinion platform as a means of enabling anyone to share their experiences of healthcare services through storytelling so that we continue to realise the benefits of the telling of stories, both good and not so good, ultimately leading to change.

5. 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.

6. 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 trust wide, 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.

7. 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.