

Patient Experience and Engagement

Annual Report 2023/24



Caroline Walker - Head of Patient Experience

**Krystle Pardon - Head of Patient Engagement
and Involvement**

September 2024

Who We Are



Emma Davey
Director of Patient Experience and Engagement

I am responsible for the oversight, ownership and leadership of the Patient Experience and Engagement function across Somerset NHS Foundation Trust. It is my privilege to lead a team of committed individuals who seek to work in collaboration to fundamentally improve the standards of care and experience for all patients, their carers and those who are important to them. We seek to facilitate and support continuous learning and quality improvement. We proactively support people to share their experiences of care with us and support our colleagues to encourage meaningful patient and public involvement across the organisation to influence the quality of patient care and experience.



Caroline Walker
Head of Patient Experience

I recently joined the Patient Experience and Engagement Team as Head of Patient Experience. My role is to lead and support the Patient Advice and Liaison Service and Formal Complaints teams, ensuring that compassionate engagement with the people raising concerns and those that matter to them is at the forefront of all we do. I liaise directly with the service groups to ensure that concerns raised create optimum learning opportunities and ultimately improve patient experience.



Krystle Pardon
Head of Patient Engagement and Involvement

As part of the Senior Patient Experience and Engagement Team, I am responsible for the leadership, development, and delivery of the patient and public engagement and involvement function that provides specialist support to enable the provision of trust level engagement with our local communities and patient populations.

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1. Executive Summary

Director:	Phil Brice Director of Corporate Services
Authors:	Caroline Walker Head of Patient Experience Krystle Pardon Head of Patient Engagement & Involvement
Purpose of the Report:	<p>The report sets out a summary and analysis of the Formal Complaints and PALS received by the Trust during 2023/24, and a summary of the work undertaken by the Patient Engagement Team.</p>
Summary of the year 2023/24	<p>During 2023/24 the Trust received a total of:</p> <ul style="list-style-type: none"> • 314 Formal complaints (33% decrease from 2022/23) • 4128 Compliments (no statistically significant change from 2022/23) • 4317 PALS enquiries (4% decrease from 2022/23) <p>Of the closed formal complaint cases 5% were fully upheld, 75% were partially upheld, and 20% were not upheld.</p> <p>25 complaints were referred by complainants on to the Parliamentary and Health Service Ombudsman during the year (compared to 19 in 2022/23).</p> <p>The key categories that emerged from formal complaints and PALS enquiries in the last year were:</p> <ul style="list-style-type: none"> • All aspects of clinical treatment • Communication to patients • Communication to relatives • Nursing care

2. Background

At Somerset NHS Foundation Trust, our mission is 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. Our vision is for thriving colleagues, integrated care and healthier people and our 5 clinical aims set out the framework for us to achieve this.

Hearing the voice of our patients and those who matter to them together with listening to, and engaging with our local population is a vital component to enable us to realise our mission and vision.

This report covers the Trust's activities concerning Patient Experience, PALS, formal complaints, Patient Engagement and Involvement and opportunities for learning and service improvement in the 2023/24 period.

The Patient Experience, Engagement and Involvement function is managed under the portfolio of the Director of Patient Experience and Engagement.

In 2023/24, we made significant changes to the Patient Experience and Engagement team. We conducted a formal consultation in July 2023 to restructure the team, which was finalised in October 2023 after extensive collaboration with team members, HR, staff, and relevant stakeholders. National bench-marking data for the patient experience and engagement resource for 2022/23 was also reviewed and identified a need to ensure a parity of resources across both the patient experience and patient engagement and involvement workstreams. The restructure resulted in a merger saving of £129k and an expansion of the total workforce from 16 WTE to 24 WTE. This workforce investment aimed to ensure adequate support for the vision of the new merged Trust, workforce planning and development, and the development of a Patient Experience and Engagement strategy. The strategy aligned with the strategic priorities of the organisation and the wider healthcare system in Somerset.

3. Accountability for Complaints Management within the Trust

The Trust continues to be guided by the standards for NHS complaints handling produced by the Patient Association and the Parliamentary and Health Service Ombudsman (PHSO). During 2023/24, our complaint process, complaint documentation and complaint reporting all reflected these standards.

The Executive Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Director of Patient Experience and Engagement is responsible for overseeing the management of the complaint process and ensuring:

- all complaints are investigated appropriately
- all complaints receive a comprehensive written response or meeting as requested to address the concerns raised
- complaints are responded to within the set local standard response times (40-60 working days)
- when a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

The 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. This data is 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 2023/24. These are:

- To assist 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 and people that matter to them receive appropriate information
- Resolve patient and people that matter to them concerns at an early stage
- Support patients and people that matter to them 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 2023/24, the Trust received 4317 PALS concerns and enquiries. Of these, 25 concerns were not resolvable via the PALS process and were then escalated to the formal complaint process for further investigation and resolution. This accounted for 0.6% of the total PALS caseload.

5. Formal Complaints

In line with recommended national guidance, the Trust is committed to a time frame for acknowledging formal complaints within three working days of receipt. The Trust Board key performance indicator is that 90% of formal complaints are responded to within agreed time frames which fall between 40 and 60 working days and are set in collaboration with the complainant and the relevant service group or team.

In 2023/24 the Trust received a total of 314 formal complaints compared with 466 during 2022/23, a decrease of 33%.

For every formal complaint received and logged, there is a full review coordinated by the senior leadership team within the relevant service group. A thorough response is provided to the complainant to address the concerns they have raised, which can include a meeting with the complainant and key staff involved. The alternative is a written response, addressing specific questions raised by the complainant.

All meetings are followed up with a recording of the meeting (sent electronically) and a meeting outcome letter summarising the discussion and any actions to be taken forward. The total number of meetings conducted as a first option to achieving a satisfactory resolution has increased from 3% in 2022/23 to 17% in 2023/24.

After receiving their initial response, complainants may have further questions or feel that their formal complaint has not been fully addressed. This could lead to an additional review and a follow-up response. The number of formal complaints that are not resolved with the first response is used as a measure for providing a satisfactory resolution.

In the 2023/24 period, 48 formal complaints were reopened, which is a decrease from the 63 reopened in 2022/23.

The reduction in reopened formal complaints may be attributable to changes in the formal complaints process. There is now early engagement and collaboration between the complainant and the complaints coordinator to identify specific questions to pose to the service group, arising from their concerns. This reduces any ambiguity around the concerns that are addressed by the service group when formulating their response. This additional clarity also ensures that both the complainant and the Trust are clear on what concerns will be covered in the formal complaint response, increasing overall satisfaction with the process.

Due to the change in process for collating and recording the reopening of formal complaints, it is one of our priorities for the next year to truly understand the impact of this change in process. The outcome measures for this will be the number of reopened formal complaints alongside developing a tool to enable us to capture detailed feedback from both service users and colleagues about their experience of the formal complaints process.

Table showing number of formal complaints closed each month by service group.

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
CSCS	Total number of complaints closed	2	3	5	0	3	1	0	0	1	1	2	0
	Number within agreed timeframe	2	2	3	0	1	1	0	0	0	1	0	0
	% within agreed timeframe	100%	67%	60%	N/A	33%	100%	N/A	N/A	0%	100%	0%	N/A
Families	Total number of complaints closed	2	4	4	3	3	3	5	2	2	1	1	4
	Number within agreed timeframe	1	2	1	1	3	3	4	0	1	1	0	1
	% within agreed timeframe	50%	50%	25%	33%	100%	100%	80%	0%	50%	100%	0%	25%
Medicine	Total number of complaints closed	7	6	5	3	4	4	6	10	7	6	14	12
	Number within agreed timeframe	5	2	3	2	0	1	2	5	4	2	8	6
	% within agreed timeframe	71%	33%	60%	67%	0%	25%	33%	50%	57%	33%	57%	50%
Mental Health	Total number of complaints closed	8	5	5	12	7	2	4	1	0	4	9	6
	Number within agreed timeframe	6	4	2	12	3	2	3	0	0	0	5	3
	% within agreed timeframe	75%	80%	40%	100%	43%	100%	75%	0%	N/A	0%	56%	50%
Neighbourhoods	Total number of complaints closed	2	0	0	1	1	0	1	0	3	1	1	3
	Number within agreed timeframe	0	0	0	1	1	0	1	0	1	0	0	3
	% within agreed timeframe	0%	N/A	N/A	100%	100%	N/A	100%	N/A	33%	0%	0%	100%
Surgical	Total number of complaints closed	6	9	9	4	6	6	6	2	1	2	7	7
	Number within agreed timeframe	3	7	6	2	2	3	2	1	0	1	2	3
	% within agreed timeframe	50%	78%	67%	50%	33%	50%	33%	50%	0%	50%	29%	43%
Corporate	Total number of complaints closed	0	2	1	0	1	0	1	1	0	1	2	1
	Number within agreed timeframe	0	1	0	0	1	0	1	1	0	0	0	0
	% within agreed timeframe	N/A	50%	0%	N/A	100%	N/A	100%	100%	N/A	0%	0%	0%
Operational	Total number of complaints closed	0	1	1	1	0	0	0	0	0	1	0	0
	Number within agreed timeframe	0	1	1	1	0	0	0	0	0	1	0	0
	% within agreed timeframe	N/A	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Trustwide	Total number of complaints closed	27	30	30	24	25	16	23	16	14	17	36	33
	Number within agreed timeframe	17	19	16	19	11	10	13	7	6	6	15	16
	% within agreed timeframe	63%	63%	53%	79%	44%	63%	57%	44%	43%	35%	42%	48%

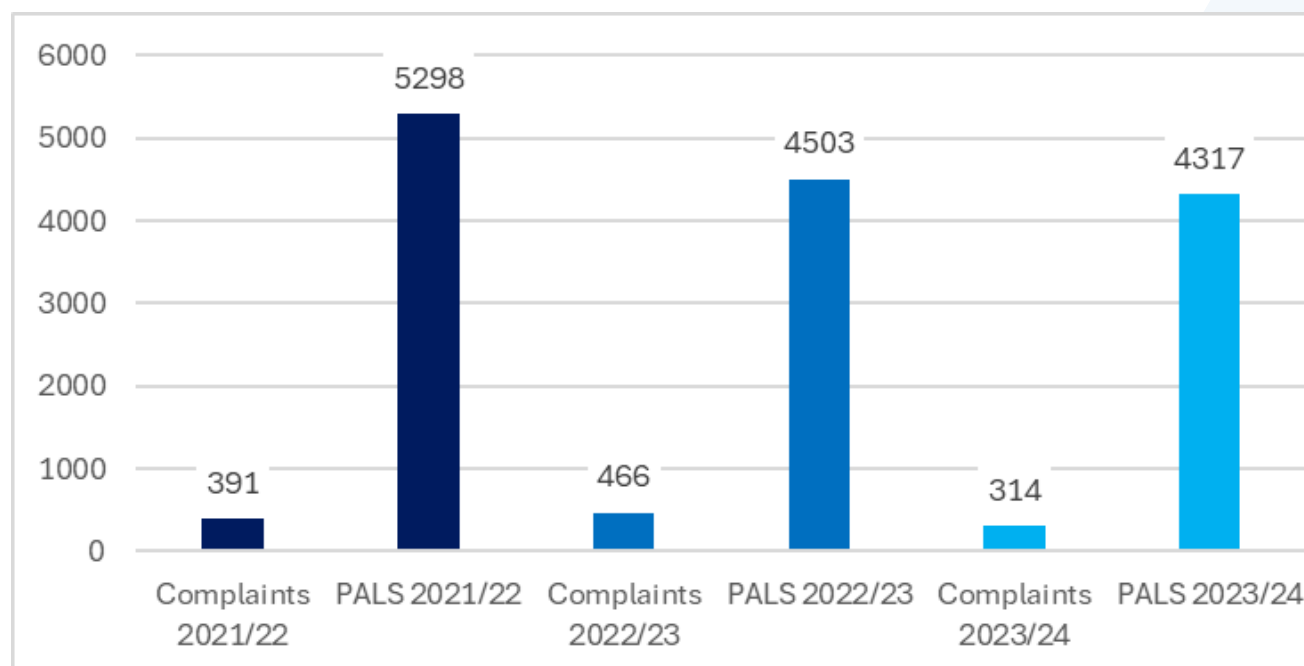
Throughout 2023/24, there have been a combination of factors which have contributed to the challenges of responding to formal complaints within the agreed time frame and these include:

- Ongoing challenges for colleagues to review and respond to complex formal complaints which can involve multiple teams and service groups, with continued extreme pressures across all services
- Challenges with arranging formal complaint resolution meetings within the agreed time frame due to capacity and clinician availability
- A backlog of patients continuing to await surgery, therefore 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, compounded by the need to access paper medical records across sites

5.1. Actions taken

- The governance coordinators from all six service groups meet weekly with the dedicated complaint coordinator for their specific service group, to discuss the progress of formal complaints and current estimated time frame for a response
- Monthly reports outlining current formal complaints and outstanding responses are provided to each service group for discussion at governance meetings
- Contact is maintained with complainants from the Patient Experience team to manage expectation of time frame for responses and to provide a single point of contact
- A weekly meeting between all complaints coordinators and the Director of Patient Experience and Engagement is conducted to enable escalation of formal complaints that may potentially breach the agreed time frame
- The Director of Patient Experience and Engagement has dedicated time allocated for the formal quality assurance of response letters to ensure no delay to the process occurs within the Patient Experience team itself

5.2. Formal complaints and PALS enquiries – April 2021 to March 2024

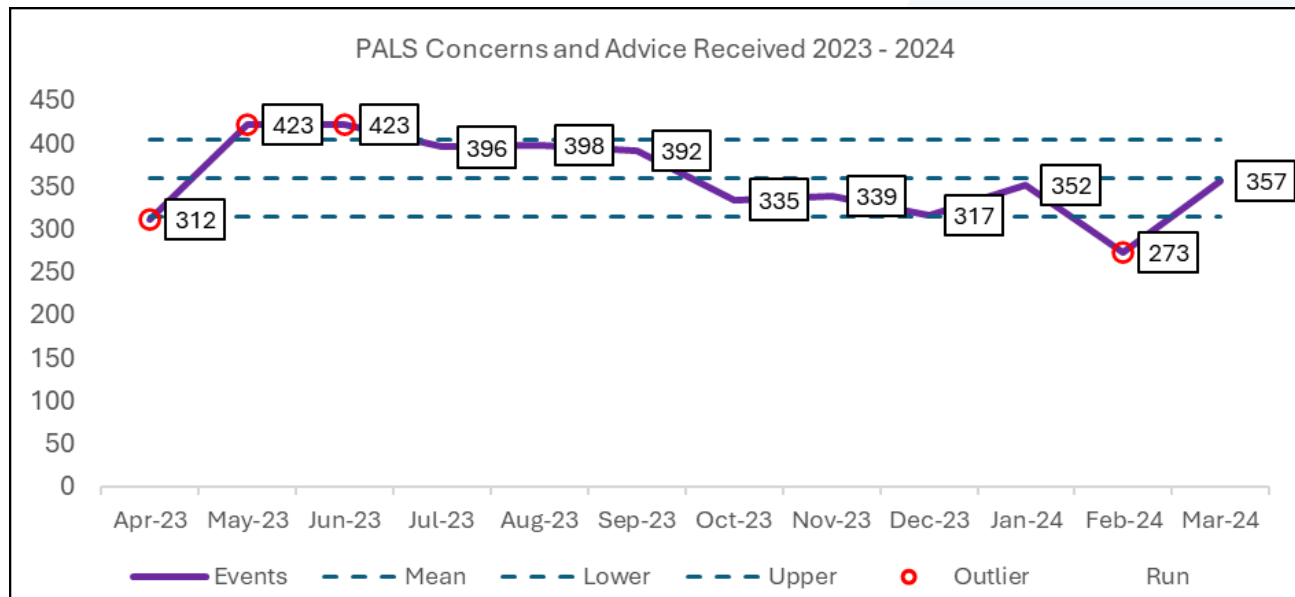
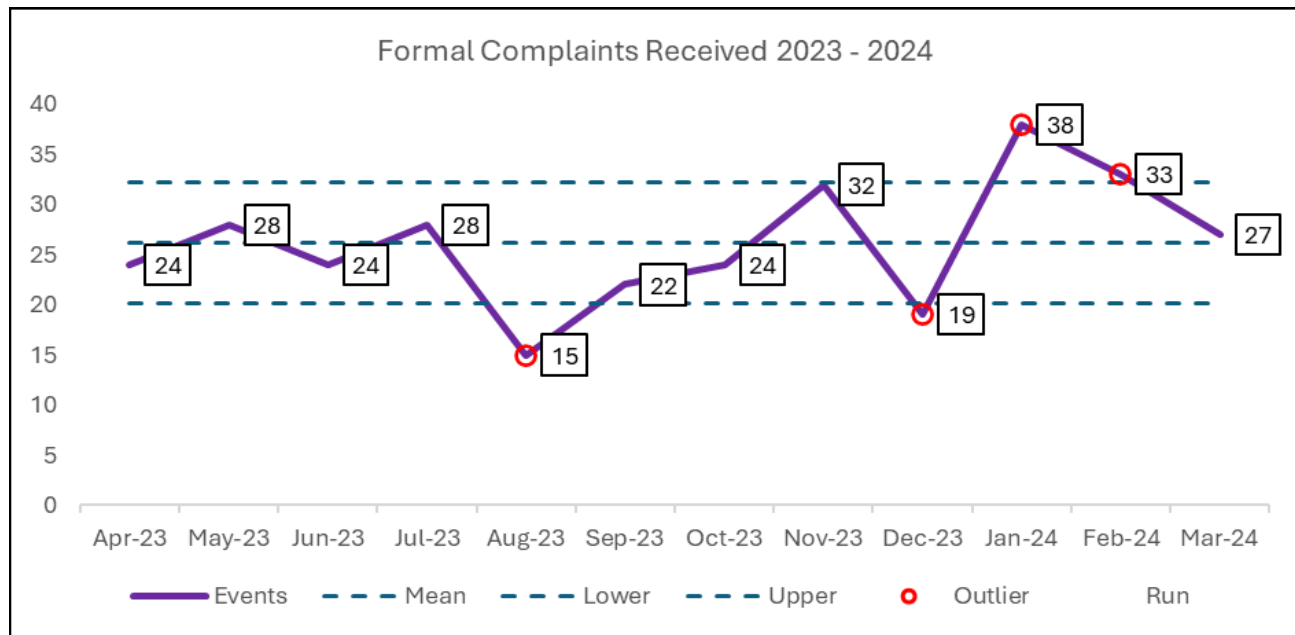


The above chart covers formal complaint and PALS activity numbers from April 2021 to March 2024.

The graph shows a decrease of 4% in the number of PALS enquiries received over the last financial year. This decrease does not appear significant from the previous year, however it is a 19% decrease from the number received in 2021/22. An analysis of the raw data shows a significant decrease in the number of PALS received at the YDH site of SFT between these time periods, which has had a significant impact on the overall decrease in PALS across both sites. Since the merger there is now a shared process for recording and responding to PALS, and therefore in future years it is expected that this number will not continue to fall. The team will continue to collate the information for the individual Trust sites at this point, because although the process for PALS is aligned, site-specific information can be beneficial for more focused work that may be necessary.

The number of categories used by the PALS team in 2023/24 almost doubled compared to the previous financial year, suggesting a significant variation in the types of enquiries they received. It was noted that there were substantial year-on-year increases in information-only requests, requests which are managed solely by the PALS team.

The graphs below show the number of formal complaints and PALS enquiries received in 2023/24



It is noted that there was a reduction of formal complaints in August and December 2023, which is not unexpected as it coincides with key holiday periods. The highest number of formal complaints was logged in Q4, although there was no variation in the top three categorisations of formal complaints across all four quarters. These remained as all aspects of clinical treatment, communication/info and attitude of staff. The increase in formal complaints during Q4 may be attributable to the seasonal increase in clinical pressure during Q3 and Q4, and the inevitable effect on patient satisfaction as a consequence.

There was an increase in PALS enquiries towards the end of Q1 and throughout Q2. This increase occurred at the same time as lower levels of formal complaints, and therefore a small percentage may be reflective of the pathway chosen to manage the concern. This does not fully explain why there was an increase in PALS enquiries during this time and the team will continue to monitor and analyse this data for the coming year.

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 determines that the Trust did not manage the complaint appropriately and this affected the service user negatively, they can review the complaint and recommend actions to be taken.

In 2023/24 the Trust received notification from the PHSO that 25 complainants wished to have their complaints independently reviewed, which was an increase from 19 in the previous year.

Of these:

- 3 cases were investigated, and the complaint was not upheld
- 2 cases were investigated, and the complaint was upheld
- 15 cases were submitted, but once documentation was provided to the PHSO they were not pursued
- 5 cases remain under investigation

6. Key Themes

The Department of Health classifies complaints into 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 categorising complaints by subject, it allows the identification of overall trends and themes.

The top three categories of formal complaints have remained consistent across the the year as outlined below:

- All aspects of clinical treatment
- Communication/Info
- Attitude of staff

This information is provided to service groups and is a valuable opportunity for them to identify learning and development opportunities. This information is utilised alongside other patient experience data such as excellence reporting and incident reports, Friends and Family Test survey, Care Opinion postings and national survey responses.

7. Listening and Learning

During the year, learning from patient experience has been shared across the organisation in several ways. This includes the use of patient stories; hearing directly from patients and the people who matter to them, about their experience of care within the Trust. These stories are shared with the teams involved to encourage ideas for learning and improvement.

The Trust has used information gained directly from patient experience to inform colleague training and to influence quality improvement projects, focusing on an improvement to systems and processes.

Patients and carers have historically voiced concerns that despite them raising a concerns, things will not improve and no learning will take place for the organisation. The individual service groups are responsible for completing an action plan as part of the formal complaints process if learning is identified. The responsibility for ensuring actions within the action plan are completed in a timely manner sits with the individual service groups.

Example 1.

Formal Complaint: End Of Life care concerns.

A relative complained about the lack of palliative care provision over the weekends and the lack of knowledge around End Of Life (EOL) care by staff on the ward.

Learning:

- A business case was developed by the Palliative Care team to provide a seven day per week inpatient service. The team are awaiting the outcome of this business case.
- A training package regarding EOL care is being developed. The training will include communication skills.
- A quality improvement project has commenced to improve the provision of side rooms for anyone experiencing EOL care.

Example 2.

Formal Complaint: Process issues around reviewing test results.

A patient raised concerns regarding an error where their urine culture was discarded at 24 hours although the quickest expected report on a urine culture is 48 hours.

Learning:

- A change in automated culture system was thought to be responsible for the error. The new system went live throughout September-November 2023 starting with urine samples. The new system has a very different user interface and staff were still familiarising themselves with the new system in October 2023 when this error occurred. This system is now embedded, and as staff are familiar with using it there is an expectation that there will be a reduction in this kind of error occurring.
- To explore whether a logic rule could be set up on the new system to provide an alert if concerns are identified e.g. Pseudomonas is isolated. An alert would ensure that consultant microbiologists are informed as soon as an isolate is identified and able to provide the ward doctor with an early notification of the requirement for intravenous (IV) antibiotics to be commenced.
- There is a reminder on the ward safety brief (read out twice daily in handover) for staff to take any samples collected overnight to the laboratory. The nurse in charge should allocate a member of staff to complete this task. Work was undertaken to educate staff around the use of red top sample bottles and to inform staff members that these can be taken to the laboratory at any time.

8. Patient Engagement and Feedback

The total funded establishment for the Patient Engagement and Involvement team is 10 WTE with 8.1 WTE in post for the majority of 2023/24 due to ongoing vacancies.

The Patient Engagement and Involvement team have continued to support the service groups to ensure the voices of patients and those that matter to them are heard and acted upon. The team ensure service improvement that is made as a consequence of this is shared publicly. The team have recognised the importance of reaching out to diverse groups of people, ensuring work to drive forward service improvement is undertaken in partnership with the people in our community.

8.1. Friends and Family Test

The Friends and Family Test (FFT) is one of the resources we use to listen to our patients and the people who matter to them. FFT is a national measure that gives patients and those that matter to them an opportunity to provide feedback and teams are encouraged to offer digital/online means to facilitate this. The results give wards and departments feedback on their service provision 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 the environment, parking charges, food e.g., being served cold or given no choice. Questback and SNAP are the survey platforms used to collect FFT feedback via tablets, Quick Response (QR) codes, and paper forms. The team is continuing to explore text-based options to make feedback easier to provide.

The graph below shows the percentage of people surveyed would recommend the care and treatment they received from the Trust.



We received a total of 35627 responses to the Friends and Family Test survey between April 2023 and March 2024.

8.2. National Surveys

The Patient Engagement and Involvement team ensure that results from National Surveys are shared with service groups in a timely manner to celebrate successes and ensure the service groups understand where patient experience could have been better. Results are shared at relevant committees and governance meetings. There were two National Surveys during the year 2023/24. The Care Quality Commission (CQC) results for Adult Inpatients and the Community Mental Health National Survey 2023 are summarised below. The CQC provided analysis for both of the acute sites at Somerset NHS Foundation Trust, which provides comparisons to all other trusts.

Adults Inpatient Survey Results 2023

The Trust scored highly on the following question, and as a result had a RAG rating of GREEN.

- How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?

The individual sites scored highly on the following questions, and had a RAG rating of GREEN. This disparity in RAG rating identifies shared learning opportunities across sites.

- Were you ever prevented from sleeping at night by any of the following? I was not prevented from sleeping. MPH
- If you brought medication with you to hospital, were you able to take it when you needed to? YDH
- How would you rate the hospital food? YDH
- To what extent did you understand the information you were given about what you should or should not do after leaving hospital? YDH

In the following area, the whole Trust did not perform as well and was given a RAG rating of RED.

- During your time in hospital, did you get enough to drink?

The individual sites did not score as well in the following areas and were given a RAG rating of RED.

- When you asked nurses questions, did you get answers you could understand? MPH
- Were you given enough privacy when being examined or treated? MPH

Community Mental Health Survey Results 2023

The CQC results show that the Trust did not score highly on any of the questions in the survey, and as a result did not meet the RAG rating of GREEN.

In the following areas, the Trust did not perform as well as the national average and were given a RAG rating of RED:

- Do you have a care plan? This is a plan for any care and treatment you may receive.
- In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working.
- In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Financial advice or benefits.
- In the last 12 months, has your NHS mental health team supported you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?
- Has your NHS mental health team asked if you need support to access your care and treatment?
- Do you feel the support provided meets your needs?
- Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?

8.3. Trust Patient Surveys

Across the organisation, the Patient Engagement and Involvement team have supported departments with a total of 23 departmental/bespoke surveys. The surveys have been created on Questback and Snap Surveys which offers the benefit of colleagues being able to provide hyperlinks to people to enable completion of the surveys via email, posters, business cards or a QR code. This is 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 gaining 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. It also provides the opportunity to celebrate the positive feedback that we receive.

Table showing number of bespoke surveys commenced from April 2023 – March 2024

Service Group	Total
Medicine	7
Surgical	4
Families	2
Clinical Support & Cancer Services	3
Mental Health	0
Neighbourhoods	2
Corporate	5
Operational	0
Total	23

8.4. Compliments

We are aware a high number of compliments are sent directly to wards and departments. The table below demonstrates those received directly into the Patient Engagement and Involvement team. Copies of compliments received are acknowledged and sent to team managers to cascade to individual teams. All compliments received via the Friends and Family Test are now recorded and shared with departments.

Table showing Compliments from April 2023 – March 2024

April 2023	363
May 2023	345
June 2023	160
July 2023	401
August 2023	197
September 2023	393
October 2023	467
November 2023	422
December 2023	223
January 2024	275
February 2024	267
March 2024	615

8.5. Care Opinion

The Trust has continued to use Care Opinion throughout 2023/24. Care Opinion is an independent feedback website, enabling anyone to share their experiences of healthcare services through storytelling. Care Opinion is based on the fundamental belief that by sharing honest experiences of care, both good and not so good, areas for improvement can be identified and change can occur.

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

Care Opinion facilitates trained responders at a local level, to respond to the stories provided. These responses can include any actions taken as a consequence of the experience that has been shared. However, with staff moving across clinical areas, and new staff joining the organisation, we have identified that more focus needs to be given to training and supporting new staff and raising awareness of the benefits of Care Opinion. The Care Opinion methodology enables us to be transparent in our approach and responses to patient feedback. The team encourage feedback via Care Opinion and recognise it as a valuable resource to inform rapid service improvement without the need to raise a formal complaint.

Below 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 improvements can be made):



Feedback from Care Opinion - A story from our Cardiology, Dermatology and Urology Departments

"My fourth visit in recent years to this Department, and the quality of service and expertise remains top notch. My Hearing Aid issues were solved thoroughly to my satisfaction by the young man given our appointment.

Whatever the criticisms appearing in the public media, over the years I've had treatments by virtually every Musgrove section with an 'ology' – Audiology, Urology, Oncology, Dermatology, Cardiology – and they have always been first class. Well done and thank you!"

Response from Emma Davey, Director of Patient Experience and Engagement:

"On behalf of all teams and colleagues you mention in your story, I wanted to say a huge thank you for taking the time to share your experience with us. To hear your lovely feedback and the words you have used to describe your care and treatment make all the difference to us and we are grateful to you for letting us know.

I have shared your story with all the teams you have mentioned who say thank you and wish you all the best."

Feedback from Care Opinion - A story from Paediatric / Acorn Ward

"My son came in for an EEG, which we'd previously been unable to do. My son has various additional needs and finds hospital visits quite traumatic. The nurses/doctors were incredible at listening to me & my partner & the needs of our son. They went out of their way to make things as stress-free, calm & quick as possible.

The doctors and nurses who put in the cannula were extremely efficient, no messing about/ fiddling as we've had in previous experiences in different hospitals, and it was done so quickly. I will be requesting to come to Musgrove for all future tests/procedures for my son as a direct result of the incredible treatment we received from particularly Lucy, Cara, the play team and all the friendly nurses on the ward. Thank you!"

Response from Dr Holly Mincher, Paediatric Speciality Doctor in Training:

"What wonderful feedback for our Children's unit to receive! I am so pleased your son's procedure went as smoothly as possible and your experience was a positive one. Our team know the importance of actively listening to our patients and families and ensuring care is tailored to the individual needs of our children, young people and families – I am extremely happy to hear you received all the necessary care to meet the needs of your son and make your stay as least stressful as possible. Everyone will be so appreciative and very happy to hear about your kind comments.

Many thanks again!

Kindest Regards, Dr Holly."

Feedback from Care Opinion - A story from our YDH Accident & Emergency, EAU and Ward 9A.

"My father was brought to A&E with breathing difficulties following lung surgery at a different hospital before Christmas. He was cared for in A&E, the EAU and Ward 9A before he died.

The kindness and care shown by every member of staff at Yeovil was outstanding. The nurses, doctors, consultants, cleaners, porters and canteen staff were, to a person, attentive, patient, considerate and most importantly kind. Not just to our dad but to all the patients we saw them interact with. My sister and I commented on it at the time - it felt like a real culture of kindness and respect exists throughout the hospital.

We never felt rushed, our father was listened to, his wishes were respected, and we were given the time and space we needed to be with him.

He was treated with dignity throughout and made as comfortable as anyone could possibly manage. We were fully informed at all times about what was happening and as a result were able to ensure the right people made it in time to see him before he died.

Thank you to all concerned for making it a truly horrible situation as bearable as it could have been."

Response from Emma Davey, Director of Patient Experience and Engagement

"Firstly, I wanted to pass on my sincere condolences to you and your family on the recent loss of your dad. It is so kind of you to take the time to share your experience with us at this difficult time for you all and we are incredibly grateful to read that we were able to make a difference to you all. I have spoken to the leadership teams for the wards and areas who cared for your dad including our cleaning and catering teams who are often forgotten, and have shared your story with them - they all wanted me to let you know that hearing from you has made all the difference to them and they were pleased to know that at the worst possible time for you as a family, they were able to look after you all.

Thank you for thinking of us by telling your story - we are thinking of you all and send you our very best wishes.

Kind regards, Emma."

The benefits of Care Opinion have been realised within the paediatric unit at Musgrove Park Hospital. 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 care is provided for in the department. The team have seen their feedback grow from **1 story every 3 months to 3 to 4 stories per week.**

8.6. Carers Awareness

The Patient Engagement and Involvement team are working closely with the mental health carers, our carer partners, and health and social care colleagues to ensure compliance with the recommendations developed for Somerset's Commitment to Carers statement (2024); to which Somerset NHS Foundation Trust has signed up. This statement is aligned with the Care Act 2014, recognising the invaluable contribution and challenges faced by unpaid carers. It outlines the values, principles, and actions that Health and Social Care services should adopt to ensure effective support for unpaid carers.

Current work underway includes:

- Updating the Trustwide carer's policy
- Staff awareness training with Dementia teams
- Digital early identification of unpaid carers to the carer support worker who can make contact with the unpaid carer
- Attending Talking Cafes and other carer's groups to ensure 'less heard' voices are heard
- Implementing carers champions on Trust wards
- Plans to build a carers Hub at Musgrove Park Hospital, so that carers have a space they can go to for their own respite, or for help or signposting
- A recommendation for parking and food vouchers for all unpaid carers has been proposed and discussions are underway with the Facilities team

8.7. The Health and Wellbeing Hub

The Health and Wellbeing Hub at Yeovil District Hospital supports patients with long term health conditions including cancer, for which we work in collaboration with Macmillan. Information, support and signposting is given to assist the patient and those that matter to them. Information about the help and support that is available is shared across all of our Trust sites, so that anyone can make contact for help and support. There have been 294 recorded contacts made with the hub this financial year. A summary can be found below.

Cancer:

- Support Needed: Information about cancer treatments, support groups, cold cap for chemotherapy, travel insurance, and benefits
- Specific Requests: Transport for patients, help with chemotherapy side effects, support during hospital stays, and connections with Research teams

Dementia:

- Support: Information on care, support for carers, and access to resources
- Specific Requests: Help for family members, information about dementia, and support groups

Mental Health:

- Issues: Anxiety, depression, substance abuse, and eating disorders
- Support Needed: Counselling sessions, support groups, and mental health resources

Long-Term Health Conditions:

- Conditions: Stroke, Crohn's disease, fibromyalgia, diabetes, and heart problems
- Support Needed: Information, support groups, and transport

Bereavement:

- Support Needed: Information on bereavement counselling and support groups

Carer Support:

- Information: Carer packs, carer allowance, and support for caring responsibilities

Practical Needs:

- Transport: For medical appointments and hospital stays
- Equipment: Wheelchairs, support cushions, and other medical aids

Miscellaneous:

- Housing: Assistance with housing issues
- Fitness and Wellbeing: Information about gyms, swimming groups, and fitness support
- Administrative Assistance: Help with forms, complaints, and hospital-related paperwork

This summary reflects a broad range of support requests and issues encountered, emphasising the need for comprehensive care and information across various health conditions

9. Summary

It has been another busy year for the Patient Experience and Engagement team. 2023/24 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 5 clinical aims and to enable us to fulfil our public involvement duty as outlined in the NHS Act 2006.

The Trust receives a comparatively small number of formal 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 concerns received and looks to act on areas of concern identified both in individual investigations and where trends or concerns are identified about services.

The numbers of formal complaints received demonstrates a 33% decrease compared to last year. Although this reduction should be celebrated, it is essential to consider whether potential complainants are aware of how to raise a concern. As the demographic of the population the Trust supports alters, we need to ensure we are providing a service that is accessible to all.

The two service groups receiving the greatest number of formal complaints were Medicine and Surgery. As the two largest service groups this is not a surprise and also correlates 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 formal complaints are more complex and often involve a range of wards and services, and frequently, more than one service group. The average number of formal complaints open at any one time across the organisation remained at around 100.

The top three categories of formal complaints have remained consistent across the year as outlined below:

- All aspects of clinical treatment
- Communication/info
- Attitude of staff

The total number of compliments received across the merged Trust has risen by 2%, from 4043 in 2022/23 to 4128 in 2023/24.

We continue to reach out to unpaid carers by attending carer's groups and having a presence on the wards to ensure unpaid carers are supported.

The Trust received over 35,000 responses to the Friends and Family Test and reintroduced Care Opinion to encourage patients, carers and relatives to leave feedback. This allows us to respond publicly and detail any changes that occur as a result of feedback.

There was a 50% response rate for the National Inpatient Survey, higher than the national average of 42%. The majority of the questions showed a response similar to other Trusts, and were RAG rated as amber.

There was a 25% response rate for the National Community Mental Health Survey compared to the national average of 20%. Over two-thirds of the questions showed a response similar to other Trusts.

The results of these surveys will be utilised to develop stretch targets and lead to an overall improvement in inpatient and mental health experience.

10. Priorities for 2024/25

- 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
- Complete self-assessment against NICE CG138 Patient Experience of Adult NHS Services
- Complete baseline assessment against the 10 principles outlined in Working in Partnership with People and Communities NHSE publication
- Complete organisational diagnostic regarding patient experience using the NHSI Patient Experience Framework
- Mapping of the team's current status against The NHS Complaints Standards, and using this to develop an action plan to develop the Trust's approach to complaint handling
- Develop a digital system that enables PALS and formal complaints data to be accurately collated
- Each service group to be able to access a central digital system, run reports regarding PALS and formal complaints and utilise these to develop effective service provision and safe compassionate patient care
- 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
- Recruit into the current vacancies within the team
- Develop a risk assessment to identify mitigations to reduce the number of formal complaints breaching the agreed time-frame

11. Patient Experience Workstreams for 2024/25

- Integrate computer systems to ensure robust data capture and reporting
- Ensure stability within the team by recruiting into vacancies
- 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 internal and external measures (dashboards/score card/user feedback survey) to ensure the quality and performance of the PALS and formal complaints services and processes
- Development of methodology for more consistent thematic analysis of PALS enquiries and formal complaints
- Build upon internal relationships within the Trust to raise the profile of patient experience, thereby, increasing patient experience as a priority for all colleagues
- Develop a collaborative working partnership with the six service groups to implement a robust structure for sharing learning
- Align the PALS and formal complaints processes with the principles of the Patient Safety Incident Response Framework (PSIRF)
- Collect demographic data of complainants and alongside the Patient Engagement team, use this information to begin to improve engagement with less heard voices
- Benchmark the Trust's current position against the NHS Complaints Standards (PHSO 2022)

12. Patient Engagement Workstreams for 2024/25

- 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
- Promote the Care Opinion platform with colleagues, patients, carers and the public to improve the number of responses we receive. This will enable us to inform the public about planned changes we make as a result of receiving patient feedback
- 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 following the merger into one organisation
- Continue to research and link in with less heard voices in our community and gather demographic data to ensure we are hearing from everyone who accesses our services
- Develop a standard operating procedure to ensure there is a clear process of recruiting patients, carers and the public into roles enabling working in partnership
- Continue to utilise information and feedback from compliments more effectively so that patients and staff are aware of the great work undertaken in the Trust
- Continue to strengthen our Patient Voice group, so they have a clear work schedule that can be managed and monitored, and ensure they are embedded within all the clinical teams
- Continue to promote the Health and Wellbeing Hub Trustwide, to provide support to patients and relatives with cancer and/or long-term conditions
- Progress plans for our Carers' Hub at Musgrove Park Hospital, so carers have a place to relax and make a drink/meal away from the ward