

QUARTERLY PATIENT EXPERIENCE REPORT

QUARTER 1 (APRIL- JUNE)

2016/7

SOLENT NHS TRUST VALUES



Honesty



Everyone counts



Accountable



Respectful



Teamwork

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1. INTRODUCTION

Patient experience is one of the 3 domains of quality together with patient safety and clinical effectiveness. This is the quarter one (Q1) patient experience report for Solent NHS Trust for the period 1 April 2016 to 30 June 2016. The aim of this quarterly report is to describe the progress made to ensure all forms of patient feedback are used to improve services and the patient's experience of using our services.

Solent NHS Trust has a quality goal for 2016-2019 to:

Focus on what matters to our patients / service users and carers

Information is gathered from a range of methods of feedback, including patient experience activity and complaints, and brought together to demonstrate areas where we are doing well and areas where based on feedback improvements are required. It is recognised that each source of data provides rich information and should not be viewed in isolation but triangulated to determine if there are patterns emerging and enabling the Trust to identify challenges and concerns that need addressing. Where the report highlights areas for improvement the service concerned develops an action plan in order for issues to be addressed effectively and efficiently to ensure the Trust is continually improving.

The Patient Experience report can be viewed on our public website. It is also discussed at the Patient Experience Forum and Board meetings to ensure patient experience is reported and reviewed at the highest level.

At Board level, the Chief Nurse has responsibility for patient experience which includes delivery of the organisation's patient experience strategy for 2015-2018 and demonstrating that we have used patient experience feedback to improve the experience of care.

2. WHAT MATTERS TO OUR SERVICE USERS?

Patient experience is at the heart of the Trust's quality priorities for 2016/7 and is the responsibility of every member of staff. Solent's Patient Experience Strategy 2015-2018 sets out a commitment to improve experience by putting people at the heart of services and listening to people's views, gathering information about their perceptions and personal experience and using that information to further improve care. Solent NHS Trust receives feedback via a number of different methods and although the majority of this feedback is complimentary, we recognise that we do not always get it right and that every comment, concern or complaint that we receive is an opportunity to learn and make improvements. Similarly, compliments and positive free text comments provide the opportunity for us to know what matters to our patients and share with staff to ensure we keep doing what we do well and recognise and acknowledge our staff for the care they provide.

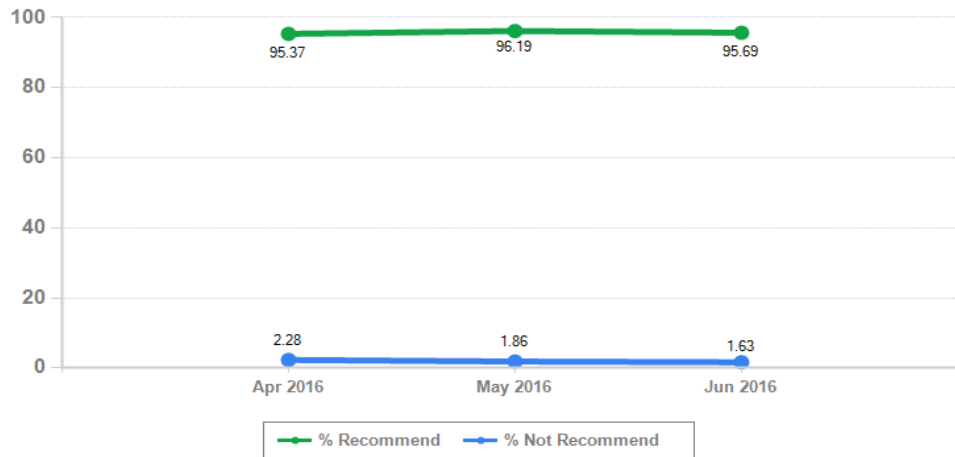
3. FRIENDS AND FAMILY TEST (FFT)

FFT gives patients the opportunity to submit feedback to providers of NHS funded care or treatment, using a simple question which asks how likely, on a scale ranging from extremely likely to extremely unlikely; they are to recommend the service to their friends and family if they needed similar care or treatment. The FFT is intended as a service improvement tool, measuring performance continually

and enabling increased responsiveness to near real time feedback. It is also a mechanism to encourage and motivate staff and reinforce good practice.

In quarter 1 (April 2016- June 2016) Solent received a total of 3755 responses to the FFT across the organisation.

Graph 1: Trust Overall Percentage of Patients who would and would not recommend Solent services (April- June 2016 responses)



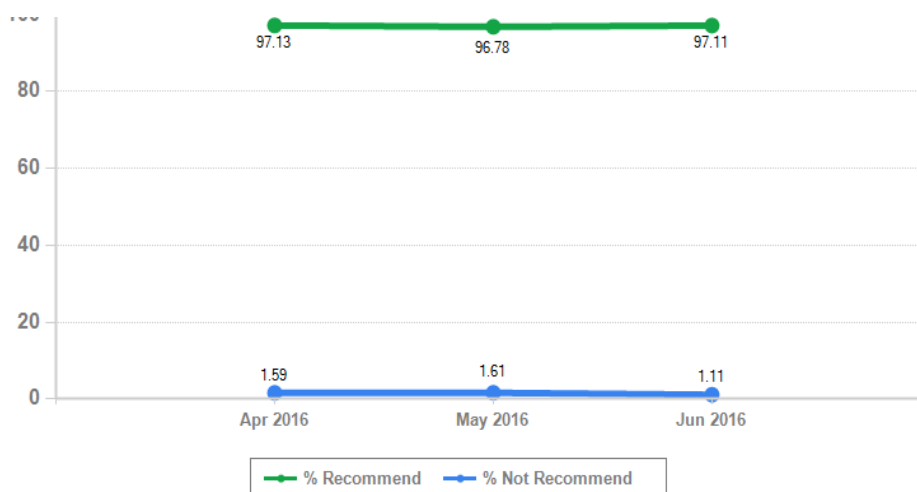
The FFT results show an encouraging and consistent high level of satisfaction throughout the quarter for the organisation overall.

Solent results in comparison to national FFT results: At the time of writing this report national FFT results for April 2016 are the only national results available for Q1. These results are presented for community services and mental health services separately.

In April 2016, for community services the national proportion of responses that would recommend or not recommend these services to a friend or family member was 95% and 1% respectively.

Comparing the national results to Solent's results (graph 2) in Q1 shows that Solent's community services have consistently exceeded the national results for those who would recommend community services.

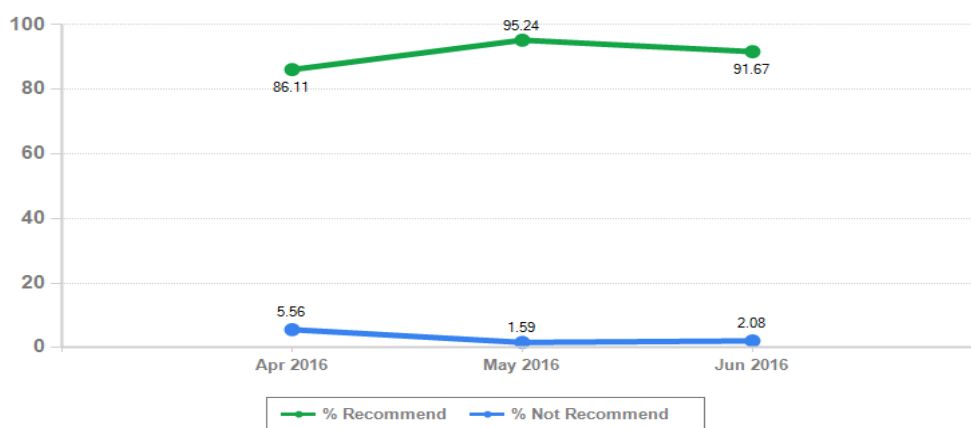
Graph 2: Solent Community results by month in Q1



In April 2016, for mental health services the national proportions of responses that would or would not recommend these services to a friend or family member were 88% and 4% respectively.

Comparing the national results to Solent’s results (graph 3) for mental health services in Q1 shows that Solent mental health services have consistently exceeded the national results on both FFT measures (recommend and not recommend).

Graph 3: Solent Mental Health Results by Month in Q1



Service Line Level Results for Q1

The FFT feedback can be reviewed at service level providing a more granular view of patient experience. The results are accessible to the services direct from the technology platform used. In addition, on a monthly basis the Patient Experience team extract the results and the free text comments and distribute to the services enabling as near real time feedback as possible and action planning and learning.

Table1: FFT Results by Service Line for Quarter 1 (aggregated April - June results)

Area	Recommend	Not Recommend	Total Responses
Adult Mental Health	89.18%	4.12%	194
Adult Services Portsmouth	98.80%	0.00%	334
Adult Services Southampton	96.88%	1.07%	1026
Children and Families	96.51%	0.73%	545
Dental	100.00%	0.00%	199
Primary Care and Long Term Conditions	94.79%	2.71%	922
Sexual Health	93.08%	4.67%	535
Summary	95.71%	1.94%	3755

4. TRUST SURVEY CORE QUESTIONS

In quarter 1, one of our commissioners have requested monthly reporting on the results of the core questions on the trust full survey or the abridged 'I' statement survey. The core questions are those that the research evidence has shown matters most to people who use our services, based on the findings of the Warwick Patient Experience Framework, (2014) and agreed locally with the Patient Experience Forum. The number of responses and percentage results for each question are detailed in table 2. There is variance in returns across the service lines as the method of survey feedback varies and in some clinical settings the FFT postcard which asks the FFT question alone is used. The decision on the most suitable survey is made by the clinical service.

Table 2: Core Question survey results for Q1

Branch	Returns	Listening	Enough time	Involving	Confidence in care	Who to contact
Adult Mental Health	21	95.05%	96.53%	91.26%	94.74%	91.70%
Adult Services Portsmouth	321	95.22%	94.01%	92.56%	92.06%	91.70%
Adult Services Southampton	118	94.36%	92.66%	91.74%	93.27%	90.61%
Children and Families	140	99.29%	98.66%	98.33%	96.15%	94.93%
Dental	57	96.46%	96.07%	95.29%	92.93%	93.15%
Primary Care and Long Term Conditions	440	98.58%	98.35%	98.10%	96.68%	95.45%
Sexual Health	39	89.85%	90.69%	91.54%	90.83%	91.75%
Total	1136	96.81%	96.23%	95.50%	94.63%	93.48%

The results show a high level of satisfaction in relation to these key questions, meeting or exceeding the trust target of 90%. The survey gives respondents the opportunity to provide free text comments and it is from these that specific actions and learning is implemented.

5. THEMES FROM FREE TEXT COMMENTS AND IMPROVEMENT PLANS

Although the quantitative FFT and survey results are encouraging, and the overwhelming flavour of the feedback the trust receives is positive, it is the free text comments from patients that provide the richest source of information. All free text comments are examined as even when quantitative results are positive and complimentary; the comments may include suggestions of small changes that can be implemented to improve the experience of our patients. Examples of complimentary free text comments and comments that have required improvements to be implemented follow:

6. Examples of Complimentary comments received in Q1 by each service line:



7. Examples of 'YOU SAID - WE DID' learning/ actions from FFT for quarter 1

You said: 'Slightly less formal setting. I felt analysed, which is the purpose but would prefer less big questions, more specific' (Adult Mental Health)

We did: We would like all our service users to feel comfortable our rooms are not large. This person may have been seen in a meeting room I will ask all staff to avoid this where ever practical. One room has now been made as friendly as possible

You said, we did

This display shows improvements that have been in response to patient feedback received during Q1 April – June 2016.

You said: The doors from the treatment/sluice room disturbed them in the mornings as they banged. (Adults Southampton)

We did: Doors to G32 & G26 have been repaired with slow down closures to reduce noise.

You said: The letter we received wasn't clear where to find the centre or where to park. Caused confusion. (Children's and Families)

We did: In response to this comment we have ensured that all letters have road and postcode documented on the invite letter so clients can check via internet map where centre is.

You said: We had to wait for too long for appointment (5 months for a referral and 3 months for treatment for a 5 year old child) unacceptable. (Specialist Dental Service)

We did: New Dental Officer has been appointed and this should reduce waiting times.

You Said: Booking an appointment is extremely difficult, phone cuts you off - when you finally get through, you are told to call back the next day (Primary Care)

We did: A triage system has been put in place for 'on the day' requests. A GP or Nurse will telephone everyone who asks to be seen on the day.

The friends and family test Solent NHS Trust

Name of service: Same day clinic PSM

We would like you to think about your recent experience of our service. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
😊				☹️	?

Thinking about your response to this question. Please tell us why you feel this way.

I Really like the Same day Appointment. Don't have to wait long.

Is there anything that would have made your experience better?

You Said: Very slow service, not enough staff (Sexual Health)

We did: The access model is to be reviewed across the whole locality. (June positive feedback received has demonstrated there is now an improved experience)

8. COMMUNICATING TO OUR PATIENTS THE ACTIONS TAKEN BASED ON THEIR FEEDBACK

Actions taken as a result of patient feedback are communicated to both staff and patients by a variety of channels:

- Direct to the patient, e.g. via complaints letters
- ‘You said, we did’ noticeboards at ward and outpatient clinic waiting areas
- Newsletters to staff
- Quarterly reports including this report
- Trust website and intranet
- At the patient experience forum

9. PATIENT STORIES

At the start of Board seminar meetings, a patient story is presented which articulates the experience of a patient or their carer. Patient stories are obtained from patients through either the complaints process or via the services having asked patients directly. A patient story was taken to Board in May by the Children’s and Families service in relation to concerns raised about transfer of care arrangements. As a consequence an updated procedure on transitioning of care processes is being prepared and will be implemented across all services in the organisation.

10. CARERS

Solent’s carers pledge:

‘We pledge to promote a culture where the value, contribution and rights of carers are recognised and respected by our staff’.

Carer’s week

A range of promotional events took place across the organisation during Carers week in June. This included supporting Carers in Southampton with the national campaign theme to promote carer friendly communities. Throughout the week our Patient Experience Co-ordinator visited our services raising awareness for carers, and signposting staff and members of the public to the further help and support that is available to carers. This included handing out flowers at Solent GP surgeries, wards and out-patient areas as well as to Solent staff with details of the free services available to unpaid carers across the city. The Carers week information stand was also hosted at St Mary’s Community Health Campus in Portsmouth where signposting information to the Carers Centre in Portsmouth was promoted.





Carers week was also promoted by Southampton Admiral Nurses who hosted a Tea Dance for carers and the people they care for.

The various promotional activities in Carers week were promoted via staff news and on Solent's public website as well as via Solent twitter throughout the week. Twelve tweets were posted resulting in 5,842 twitter feeds and 160 engagements.

11. SOLENT CARER PLEDGES

During Carers week, Solent staff who made pledges during November Carers Rights day were invited to report on progress and outcomes from their pledges. Examples are:

I can confirm that I have been promoting a culture of compassion, and I have had two members of staff in the last 4 months, who have needed some flexibility and support at work in order to care for loved ones and I have been able to provide this for them. **Alex Whitfield Chief Operating Officer**

I have asked for information on the number of carers to be included in our reporting to board. This is complicated due to the move to TPP but we are working on getting a solution to this. I have also linked with Admiral Nursing and produced this case study for them. **Elizabeth Hale Associate Director of Performance**

I have identified the need to develop guidance for staff on co-production in service design and care planning to ensure that patients/service users/carers are involved and their contribution included in care delivery. **Mandy Rayani Chief Nurse**

12. NATIONAL SURVEYS

The Community Mental Health Survey has been open during Q1. The survey is conducted by the Care Quality Commission (CQC) and helps to give a representative national picture of the quality of care provided by mental health services from the point of view of service users. People aged 18 and over are eligible for the survey if they received specialist care or treatment for a mental health

condition and had been seen by the trust between 1 September 2015 and 30 November 2015, and meet the eligibility criteria for the survey. The results will be reported in a subsequent report when available.

13. CONCERNS AND COMPLAINTS

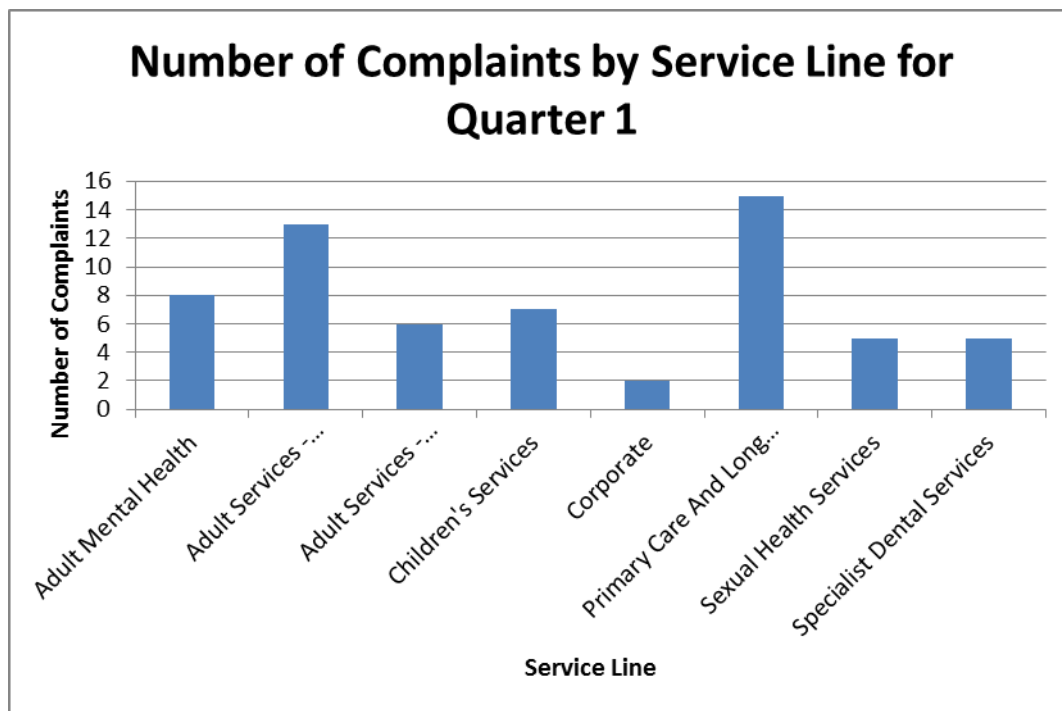
Everyone counts. We take all negative feedback very seriously. Our Chief Executive is notified of all complaints when they arrive in the Trust and reviews all responses personally before they are issued. Complaints handling and any trends or themes identified from them are shared and discussed regularly by the Executive Team and the Board. Concerns and complaints are also reviewed within each of the service lines at their monthly governance meetings.

Between April and June 2016 the Patient Advice and Liaison Service (PALS) and Complaints Team received a total of 61 new complaints and 51 service concerns. This compares to 77 new complaints and 54 service concerns in quarter 4 (January – March 2016).

The reduction in the number of complaints reported in quarter 1 2016/17 compared to quarter 4 2015/16 illustrates a continuation in the reduction of complaints being received by Solent NHS Trust. The number of service concerns recorded indicates that, although they too have reduced in volume, they are forming an increasingly higher percentage of the concerns received and recorded. Reduction in the number of complaints and service concerns should not, as a single factor, be considered an indicator of improved satisfaction and it is important to ensure that the complaints process is accessible to all our patients.

Services should advise the PALS and Complaints team of all concerns that they receive and the outcomes so that they are recorded centrally and reminders are issued at governance meetings. Although some service concerns are later escalated to formal complaints, either because the complainant is not satisfied with the response provided at the local level or because the service are unable to adhere to the time limit that applies, the number that have been escalated is low; in Q1 four concerns were escalated to a complaint. However, this is the first full period of reporting this process and so an accurate picture will be obtained throughout the year.

Bar chart 1: Number of complaints received by Service Line



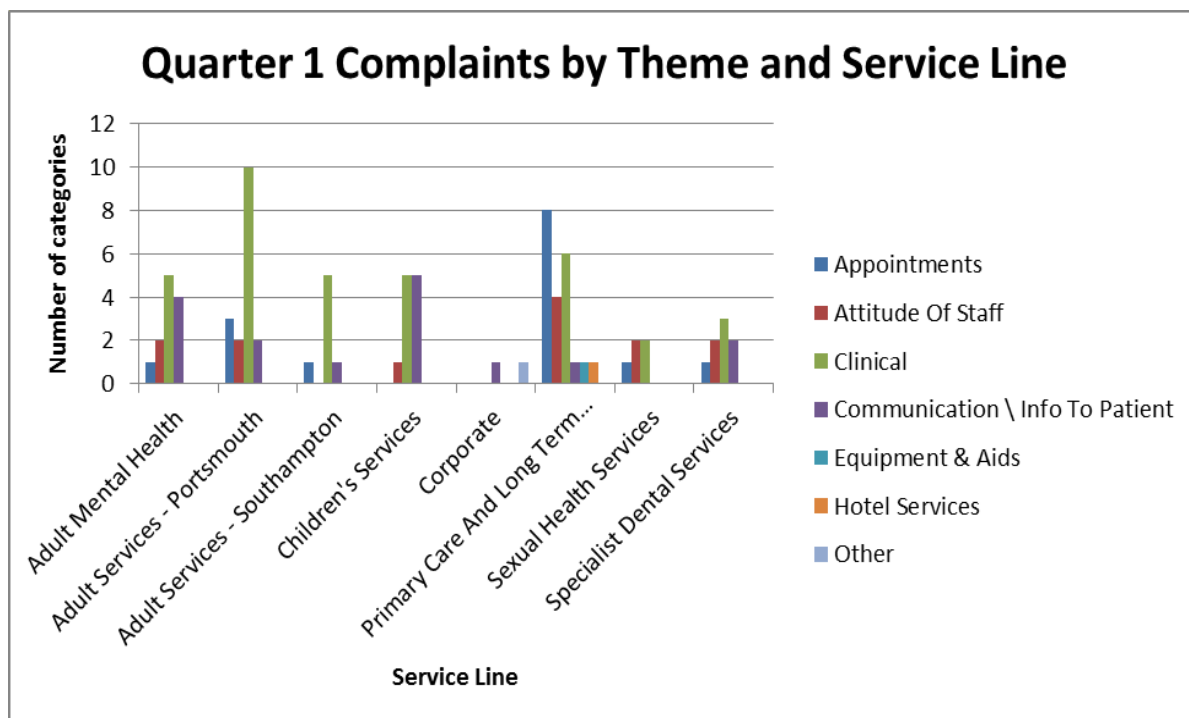
Primary Care received the highest of number of complaints, 15, in quarter one and that is to be expected. They provide musculo skeletal and physiotherapy services in Southampton and Portsmouth, as well as podiatry across Southampton, Portsmouth and parts of Hampshire and three GP surgeries in Southampton. They therefore have a large number of patient interactions providing care to patients who have a range of conditions.

Adults Portsmouth received the next highest at 13, 8 of which related to the community nursing team and with similar themes as those recorded previously being identified i.e. sporadic visits, lack of care and issues with communication and attitude. There does appear to be a repetition of previous issues that had seemingly been resolved which is of concern and will be subject to close monitoring.

Bar chart 2 illustrates the break down in categories across complaints. Although this may present a confusing picture, it is a good indicator of emerging themes that may be cause for concern and these issues can be raised with the relevant service lead, should they not be immediately aware.

The majority of themes arising from complaints involved clinical issues (e.g. dissatisfied with medication or diagnosis); appointments (availability of); communication (e.g. lack of guidance, failure to inform about cancelled appointments and failure to follow up); and attitude of staff (e.g. they are perceived as being rude or disinterested in the patient's condition). It should be noted that some complaints can include more than one theme, for example a complaint may be about a patient's discharge from the service and the way this was communicated. It is for this reason that in Quarter 1, although 61 complaints were recorded, there were 83 categories.

Bar Chart 2: showing Complaints by Theme and Service Line for Q1



Complaints are recorded and categorised to help the Trust identify themes and trends and identify improvement and actions in response to the findings. A monthly complaints report and tracker is produced to enable the Trust to monitor the categories of complaints and concerns so that issues can be addressed at both Trust wide level and service level in a timely way.

14. LOCAL RESOLUTION MEETINGS (LRM)

As part of the complaints process a local resolution meeting (LRM) is offered to people who have reason to complain. This will either form part of the initial complaints process to enable additional information to be obtained from the complainant in relation to what they would like investigating or, alternatively, it may form part of the final resolution process when the complainant wants to discuss the formal response they have received.

Solent NHS Trust values the opportunity to meet with people at a LRM as we believe this provides the opportunity for people to meet and discuss their concerns direct with the service and wherever possible receive an early answer to the issues of concern rather than waiting for a formal response. However, this is the choice of the individual and we recognise that in some circumstances people prefer to pursue the formal complaints process and receive a response from our Chief Executive.

In June a new method of data recording of LRMs has been implemented to ensure accurate information is available on the number and outcomes of LRMs to monitor their effectiveness going forward. In Q1 the PALs and Complaints Service attended eight LRMs as part of the final resolution process after the final response had been sent. As a result of one of these the complainant advised that had they known how useful the meeting process would be they would not have proceeded with the formal complaint as they were satisfied with the answers that were provided at the meeting.

Examples of outcomes and actions following LRMs:

- **Sexual Health Service** - have agreed to review and revise the paperwork and information provided to patients having contraceptive implants.
- **Primary Care** - a patient, who had been discharged, has been offered a further clinical appointment.

15. PROFESSIONAL FEEDBACK

It is important for other clinicians and agencies to be able to provide professional feedback in relation to Solent NHS Trust Services. They, or one of their patients, may have had an unsatisfactory interaction with a service or they may be unfamiliar with processes and require clarification about a particular Service. Professional feedback is also an important way for receiving suggestions on how services can improve.

In Q1 there were three instances of professional feedback, which compares to four on the previous quarter.

Issues which have been raised during Q1 include the post-operative treatment provided by the District Nurses to breast cancer patients. The concern was raised by the nursing team at Portsmouth Hospital Trust and following discussions about procedures and processes, these have been revised and new arrangements have been put in place to alleviate pressure from the District Nursing team. This should ensure that in future post-operative patients should not miss any of their planned care.

16. PERFORMANCE TARGETS

The only nationally prescribed target applies to formal complaints which should **be acknowledged within three working days**. Although this does not include service concerns, MP queries or feedback, the PALs and Complaints team aim to meet this target across all complaints raised as they may be escalated at any point. At the time of reporting, the Trust achieved a rate of 100% in Q1 in relation to the three day target.

Responses

There is no nationally set time frame for responding to a complaint. Solent NHS Trust has set itself a deadline of **30 working days** to investigate and respond to the complainant. It is not yet possible to provide the full figures for Q1 as some complaints submitted in that period are still within the 30 working day deadline. However, for April and May this target was achieved for 66% of complaints compared to the annual figure of 40% for 2015/6. This is an encouraging improvement but a continued focus on increasing performance on this target is needed to further improve. This improvement is as a result of on-going review of the handling processes within the Complaints Team and a reduction in the overall number of outstanding complaints.

When the target has not been met the PALs and Complaints Team have ensured communication with complainants to keep them fully informed that the response would breach the deadline. Breaches occur for a number of reasons including that the complaint is in depth and requires a more detailed investigation, the complaint due to its severity may be subject to the Significant Incident Requiring Investigation (SIRI) process, there may be delays in access to all the information required for the investigation of the complaint or delays related to staffing issues. In addition complaints may involve more than one organisation which makes achieving the response target more complex as each provider may have differing response targets. Solent NHS Trust is part of the NHS England

Wessex Area Complaints Manager Forum and the protocol for managing joint responses is currently under review.

17. COMPLAINTS REFERRED TO THE PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

The PHSO is the second and final stage in the complaints process. In 2013/4 the PHSO released a 5 year plan with a focus in 2014/5 on increasing the number of complaints investigated. In view of this we recognise that our contact with the PHSO will increase. In Q1 one approach was received from the PHSO advising that they wanted to investigate one new complaint in respect to the Adults Portsmouth Service Line.

Of those complaints that were outstanding at the end of Quarter 4 2015/16, two final reports have been received from the PHSO, both of which were partially upheld. The information provided to patients was an issue in the recommendations made by the PHSO in relation to both of these complaints. One was a joint investigation involving Solent and the Local Authority and there was a recommendation for compensation. Two draft reports from the PHSO have been received with one complaint being partially upheld and the other not upheld. The partially upheld complaint is in relation to clinical treatment and the service concerned has been asked to write a letter apologising for an error in communication.

PHSO recommendations in relation to improving the information provided by services to patients and their families is noted as a theme from an internal review of 2015/6 complaints investigated by the PHSO and it is recognised that this is an issue that requires in depth consideration across services.

18. LEARNING FROM COMPLAINTS

The Trust values the opportunity complaints bring to learn and share this learning across the organisation to effect improvement for the benefit of our service users and staff. During 2015/6 we have introduced a new complaints tracker to ensure monitoring and completion of actions agreed as a consequence of learning from complaints. This tracker is shared on a weekly basis with the Chief Executive Officer, the Chief Operating Officers, the Medical Director, Chief Nurse and the Clinical and Operational Directors of each service line and Clinical Governance Leads. In addition, the tracker is reviewed on a monthly basis at the Quality Improvement and Risk Group and at monthly service line governance groups. We strive to demonstrate the changes that have been made as a result of the learning from complaints and to sustain the changes for long term improvement. The table below provides examples of themes that have arisen in complaints and the action and learning that has taken place as a consequence:

Table 4: Examples of Complaint themes and actions /learning in Q1

Complaint theme	Actions taken
Clinical information provided to patients	The sexual health service is revising the information provided on leaflets given to patients who are either having an implant fitted or removed.
Clinical – choice regarding end of life care	In partnership with acute trust and continuing care, new fast track pathway agreed and implementation of joint assessments.

Missed appointments	New procedures put in place in District Nursing to improve post – operative planned care appointment processes.
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19.COMPLAINANT SATISFACTION SURVEY

All complainants are offered a complainant satisfaction survey at closure of their complaint. In Q1 a new survey has been introduced which reflects the sentiments of 'My Expectations for raising concerns and complaints' PHSO, NHS England, LGO (2014). Historically there has been a low response to complainant satisfaction surveys and in Q1 the organisation received only 2 responses.

In Quarter 2, to address the low level of responses to Surveys the PALs and Complaints Service have agreed with Children's Services to trial a scheme of semi structured telephone interviews with consenting complainants. Should the trial be successful then discussions will take place with other Service Lines.

Of the 2 surveys received in Q1. Both surveys showed the complaint respondents were satisfied in relation to all measures questioned in relation to the process apart from: - one felt the response did not directly address their complaint. The second said they did not always know what was happening in their case. In quarter 2 the pilot semi structured interviews following closure of complaints will address these issues to allow more detailed learning. In addition, this feedback will be used in the planning of the complaints report writing training.

20.IMPROVEMENTS PLANNED FOR TRUST WIDE COMPLAINT HANDLING 2016/7

The statements of expectations outlined in the user-led vision for raising concerns and complaints in health and social care developed by the PHSO, Healthwatch England and the Local Government Ombudsman will provide the framework for our improvement work.

Diagram 1: A user-led vision for raising concerns and complaints in health and social care 'My expectations for raising concerns and complaints' PHSO, NHS England, LGO (2014)



Improvement activity in Q1:

Making a complaint

- An independent review of the way one complaint has been handled was carried out in Q1. This has identified improvements that can be made to the complaints handling process and an action plan is being drawn up to address the areas where improvements are needed.

Staying informed

- Continuing to encourage early contact for each complaint and concern received

Receiving outcomes

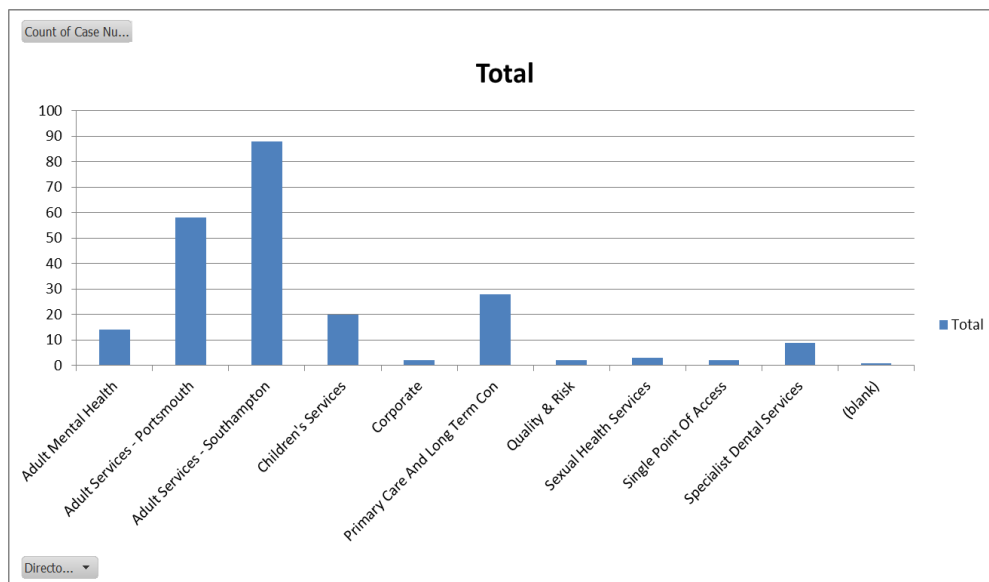
- Responses are being reviewed with the intention of evidencing our 'HEART' values.
- The monthly complaints action tracker has been amended to include details of learning and evidence of improvements made based on feedback. This is an area that requires increased focus.
- Investigation training has an increased emphasis on applying root cause analysis principles when investigating complaints.

Reflecting on experience

- Introduction of the new complaints handling feedback survey

21. PLAUDITS

As part of the PALs function, the team receive and record plaudits and compliments. These may be received from patients, their family, or members of public, to express their thanks and appreciation for the care provided. These are usually made in writing and sent direct to the service where the person receiving the plaudit is based and then sent to the PALs and Complaints Team. During Q1 a total of 227 plaudits were received and these were spread across all service lines.



Examples of plaudits received in quarter 1 include the following:

The Mental Health Recovery team received thanks for their support over the previous year. Without their help, the patient didn't think that they would have got through the months when they lost their father. Their hard work and dedication should be recognized, they are a credit.

Adults Portsmouth, Spinnaker Ward staff received thanks from the bottom of a patient's heart, they were described as wonderful.

Adults Southampton received a thank you card to a staff at the Community Independence Service for helping a patient through the recovery process, making things easy for him with their expertise and making the whole thing happy and carefree.

22. ACCESSIBLE INFORMATION

The trust has appointed to a new clinical leadership role in accessible information to support the development of accessible information practice. Following the launch of the Solent Accessible Information DVD (solent.nhs.uk/AI) in December 2015, plans have been progressed in Q1 to embed the DVD into staff e-learning as a one-off mandatory training for all. In line with the requirements of the NHS England Accessible Information Standard, templates and reminders on our electronic patient record system have been designed and piloted. Both these initiatives will be rolled out at the same time and communicated via staff news and managers briefing. This new leadership role will be pivotal in developing the skills of staff across the organisation to be able to adapt the information provided to our patients to meet their individual needs.

23. CLAIMS

During quarter 1, three claims have been received into the organisation, one concerning a Portsmouth service, one Southampton and one Hampshire. There is no connection between each claim and they are each related to different services. All 3 are being defended by the organisation and are currently open cases.

24. SUMMARY AND RECOMMENDATIONS

This is the second quarter of providing a patient experience report that aims to bring together a range of sources of feedback to enable us to understand what matters to our patients, what we do well and where service improvements are needed. The report evidences how we use and value patient views, how we listen, how we learn and how we act on feedback to improve the experiences of people who use our services.

Although overall patients are reporting a positive experience of care, there are specific actions that we will be addressed as priorities in the coming quarter. These are to:

- Review information provided to complainants regarding 'what will happen next' after a complaint has been raised and is being formally investigated
- Ensure the Quality Improvement programme has patient and carer representation and involvement in all projects.
- Continue to roll out training on the complaints handling procedure for clinical staff and specific training on complaint report writing to senior staff who investigate complaints
- Continue to strive for further improvement in relation to meeting our internal target of responding to formal complaints within 30 working days.
- Ensure the Trust **HEART** values are evidenced in all our complaint responses
- Invite our Healthwatch colleagues in Southampton, Hampshire and Portsmouth to work in partnership with us as critical friends in relation to aspects of our complaints handling process and ensure signposting to advocacy services.

- Continue to ensure we can evidence that we are learning from and acting on patient feedback from complaints, FFT and surveys.
- Continue to improve cross organisational learning from patient experience feedback
- Pilot of semi structured telephone interviews with consenting complainants to gather more in depth feedback of experience of the complaints process and in particular more detail regarding the feedback from the complaints handling survey.
- Roll out of training to staff to up skill on adapting information we provide for our patients to meet accessible information needs.

Ann Rice

Head of Patient Experience and Allied Health Professions

08/07/16