



**QUARTERLY PATIENT EXPERIENCE
REPORT**
QUARTER 2
(JULY- SEPTEMBER)
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 two (Q2) patient experience report for Solent NHS Trust for the period 1 July 2016 to 30 September 2016. The aim of this quarterly report is to bring together a range of ways in which we receive feedback from our patients and their families and to review this feedback to give us insight into patient experience. This insight helps us to know what we are doing well and where we may need to make improvements.

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

Focus on what matters to service users and carers

Information is gathered from a range of methods of feedback, including patient experience activity and complaints. Each source of data provides rich information and is viewed comparatively in this report to determine if there are patterns emerging, 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.

For the purpose of this report, the term patient will be used to encompass the alternative terms of client or service user.

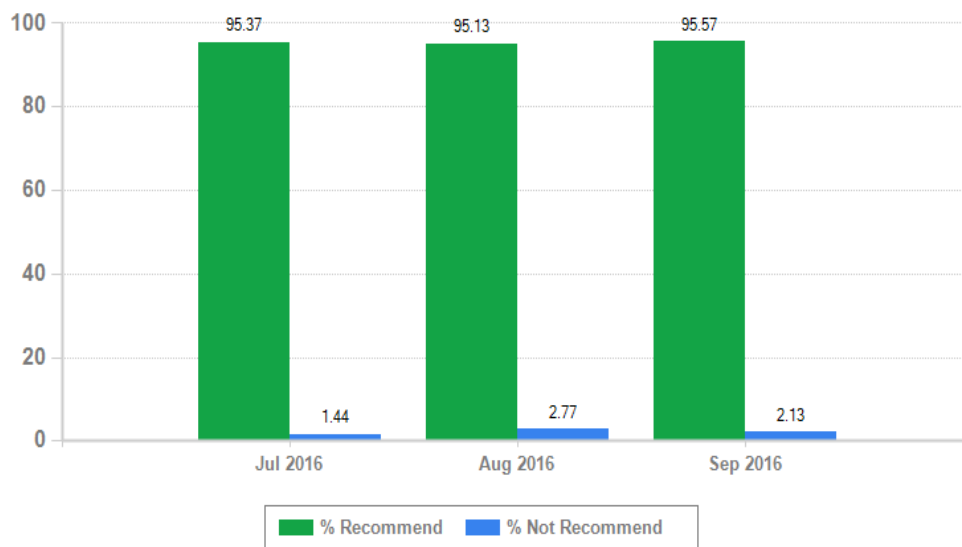
2. WHAT MATTERS TO OUR SERVICE USERS?

Patient experience is at the heart of the Trust's quality goals for 2016- 2019 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 centre, 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. ANALYSIS OF THE METHODS OF PATIENT FEEDBACK

3.1 FRIENDS AND FAMILY TEST (FFT) - The 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.

Bar Chart 1: Trust Overall Percentage of Patients who would and would not recommend Solent services (July - Sept 2016 responses)

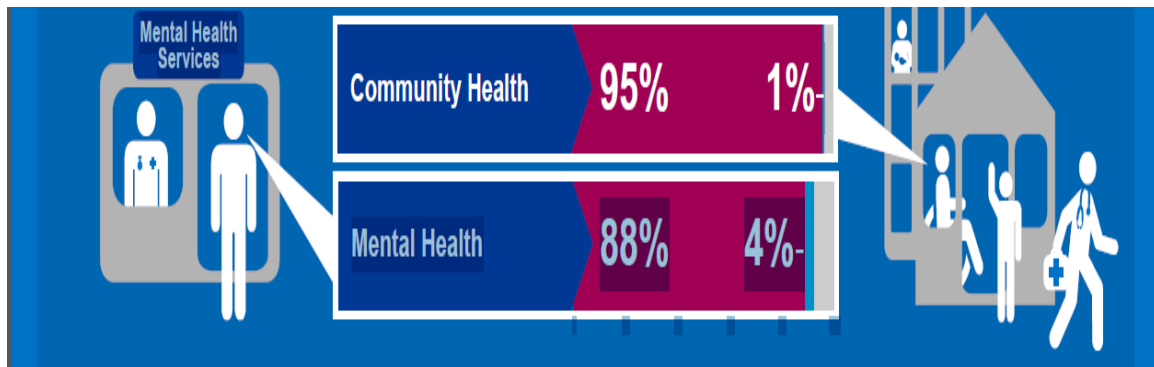


The FFT results show an encouraging and consistently high level of satisfaction throughout the quarter for the organisation overall. In both Q1 and Q2 the proportion of patients who have responded that they would recommend Solent services has been maintained at the Trust internal target of 95%.

In Q2 Solent received a total of 3231 responses to the FFT across the organisation. This is a slight reduction in comparison to Q1 when 3755 responses were received and is related to lower response rates during the summer months of July and August. In Q2 3082 people responded they would be extremely likely or likely to recommend Solent services, 65 responded they would not recommend Solent services and 84 responded either they did not know or would be neither likely nor unlikely to recommend.

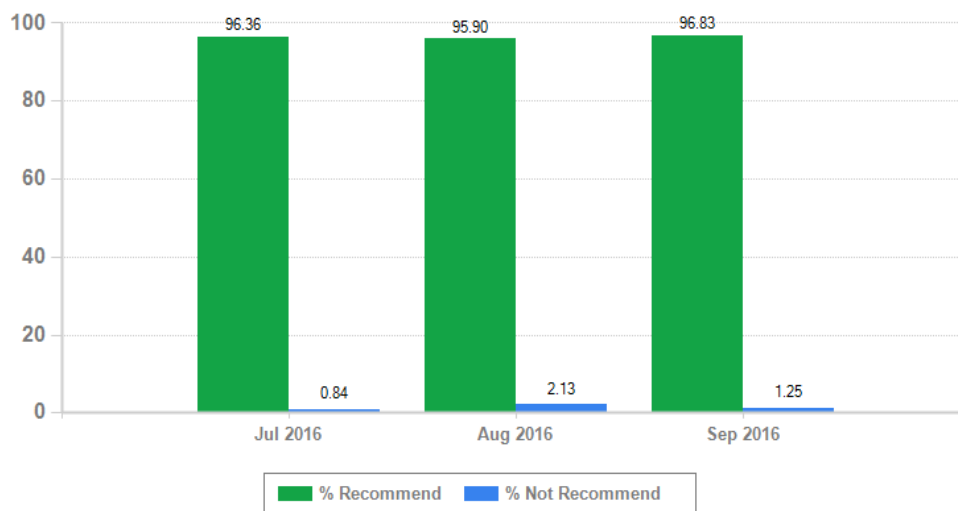
Solent results in comparison to national FFT results: At the time of writing this report national FFT results for July 2016 are the most recent national results available to compare with Solent's Q2 results. National results are presented for community services and mental health services separately.

Info graphic data for Q2 National FFT Results for Community and Mental Health Services for July 2016:



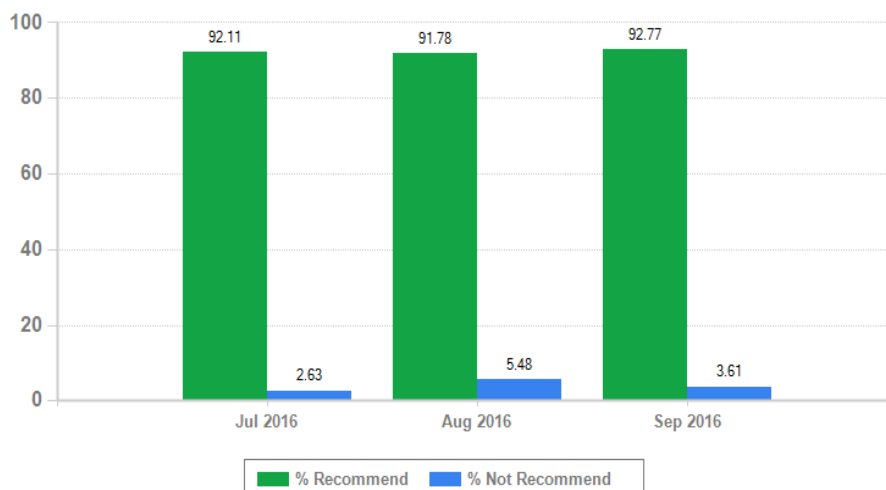
N.B Mental Health data results include Child and Mental Health Services (CAHMS).

Bar Chart 2: Solent Community Results for Q2



Comparing the national results to Solent’s Q2 community results (Bar chart 2) shows that Solent’s community services compare favourably with the national results on the measure for those who would recommend community services.

Bar Chart 3: Solent Mental Health Results for Q2



The mental health services results, which include CAHMS and older person mental health services, for Q2 show that Solent mental health services overall have consistently exceeded the national July results on the measure for those who would recommend Solent’s mental health services.

Service Line Level Results for Q2

The FFT feedback is reviewed at service level to provide more detailed understanding of patient experience and the results are accessible to 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, action planning and learning.

Table1: FFT Results by Service Line for Quarter 2 (aggregated July - Sept results)

Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Adult Mental Health	91.98%	2.95%	237	152	66	9	2	5	3
Adult Services Portsmouth	97.53%	0.27%	365	275	81	7	1	0	1
Adult Services Southampton	97.72%	0.38%	527	418	97	3	1	1	7
Children and Families	97.13%	1.11%	628	511	99	8	2	5	3
Dental	95.23%	1.26%	398	302	77	8	1	4	6
Primary Care and Long Term Conditions	94.98%	2.96%	777	591	147	15	8	15	1
Sexual Health	88.96%	6.69%	299	185	81	12	7	13	1
Summary	95.39%	2.01%	3231	2434	648	62	22	43	22

Comparing Q1 and Q2 results, there has been an increase in responses within the Adult Mental Health (AMH) service and this service has also had a slight increase in the proportion of those who would recommend the service. Adults Southampton have had a decrease in responses (527 in Q2 compared to 1029 in Q1) and the reasons for this are being reviewed by the service. However the proportion of those who would recommend Adult Southampton services has remained consistently high across both quarters. The Sexual Health Service has also had a reduction in the number of responses (540 in Q1) and also a reduction in the proportion of those who would recommend the service. The free text comments provide the detail from which to gain insight into patients experience and this is discussed at a later section of this report.

Children’s services introduced the Monkey survey in Q2. This is an inclusive version of FFT which empowers very young people to be able to give their own feedback, rather than solely relying on the feedback of parents or guardians. In this format the FFT question is adapted and free text ‘comments’ can be gathered by the young person in a drawn format in place of writing enabling the sentiment of their experience to be interpreted. This has resulted in an encouraging increase in responses in Q2 and more responses from young people themselves.



3.2 TRUST SURVEY CORE QUESTIONS

In quarter 1, one of our commissioners requested we commence monthly reporting on the results of the core questions on the trust full survey or the abridged '1' 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.

This survey includes the FFT as the initial question and is followed by the 5 '1 statements' which ask for a response of either strongly agree, agree, don't know, strongly disagree or disagree. 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 Q2

Results						
Branch	Returns	Listening	Enough time	Involving	Confidence in care	Who to contact
Adult Mental Health	29	86.83%	84.53%	88.21%	81.07%	85.35%
Adult Services Portsmouth	361	95.73%	94.31%	91.26%	91.63%	91.24%
Adult Services Southampton	128	93.18%	92.55%	89.87%	95.21%	88.07%
Children and Families	112	96.10%	94.04%	95.74%	93.40%	92.69%
Dental	268	97.70%	96.54%	95.42%	95.28%	94.23%
Primary Care and Long Term Conditions	347	97.81%	97.62%	97.19%	95.23%	94.01%
Sexual Health	58	92.03%	91.47%	92.03%	92.03%	92.47%
Total	1303	96.11%	95.20%	93.98%	93.77%	92.33%
Benchmark	-					

The responses to these questions from the patients in the AMH service who completed this survey are below the Trusts standard 90% target on all questions. This is disappointing but also reflects the national findings on FFT where Mental Health services have a lower proportion of those who would recommend.

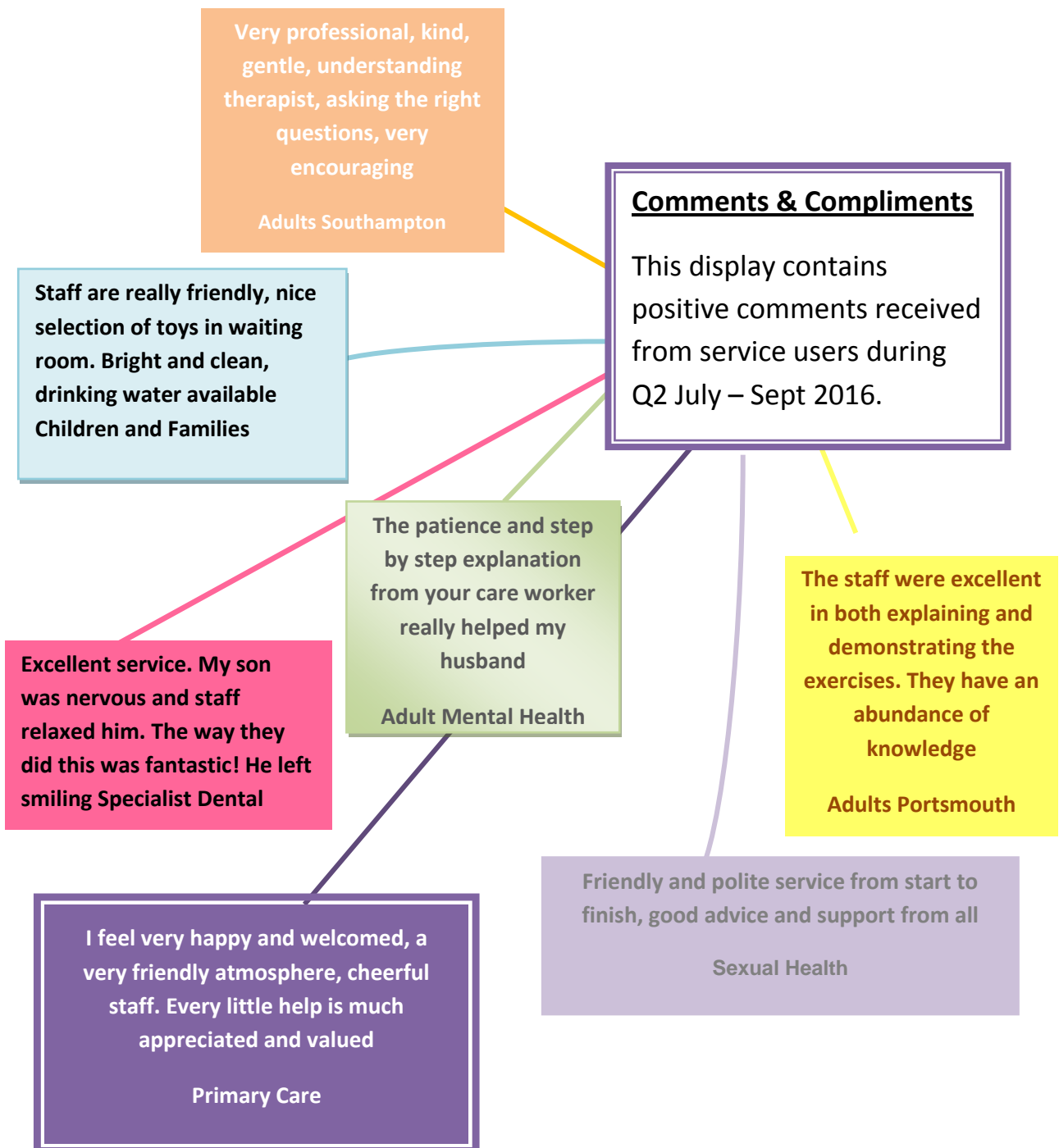
The results from all other service lines show an overall high level of satisfaction in relation to these key questions, meeting or exceeding the trust target of 90% on most questions. However, these are combined results of all teams in each service line and more detailed analysis is necessary to gain detailed insight alongside the free text comments received. This information is shared with teams via

the monthly reports provided by the Patient Experience team. Of the 25 teams who provided patients with the opportunity to respond to this survey the response rates ranged from 1 to 244. In response to each 'I statement' 5 team's scores were below the trust target on the statement regarding '*I know who to contact if I have any concerns or questions regarding my care*'; 6 teams had scores below the trust target regarding '*I had confidence in the members of staff who were involved in my care*'; 6 teams were below the target on the statement '*I was involved in the decisions regarding my care.*' The results of this survey demonstrate how the FFT alone is not sufficient to give the level of detail to gain insight to patient's experience.

3.3. 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 are:

3.4. Examples of Complimentary comments received in Q2 by each service line:



3.5 Examples of 'YOU SAID - WE DID' learning/ actions from FFT for quarter 2

You said: *'Communication towards the end was disappointing. An important blood test was not done...'*

We did: Feedback about communication and professional behaviour has been shared with staff at team meetings and the responsibility for all staff to communicate effectively and be polite and considerate emphasised. Where staff have been named in positive comments from patients this has also been shared. Adults Portsmouth

You said, we did

This display shows improvements that have been in response to patient feedback received during Q2 July – Sept 2016.

You said: *Lack of signage, couldn't find way in*

We did: We are approaching the clinic site manager again to ask for signage to be put in place. We are asking our Estates team to support with this concern

Sexual Health

You said: *The group therapy Speech and Language Therapy sessions were really engaging and helped your child to be more aware of the sounds they make. You described the groups as being relaxed interesting, very informative and fun for the children.*

We are: Developing the group sessions within our service for children and families.

Children's and Families

You Said: *'Impossible to get through during the day, answering machine always clicks in'.*

We did: We displayed a poster apologising and explaining why there had been a problem with our phone network and that this has been resolved. We thanked our patients for their understanding. Primary Care

You said: *There was no receptionist today; I had to walk to main reception to find someone to help me. My son has a disability. This is not very good enough*

We did: We will ensure there is a notice at the reception informing patients when the reception is unmanned.

Specialist Dental Service

You Said: *You would like to receive a particular form of physiotherapy treatment*

We did: We sent a physiotherapist on the training for this therapy approach and we are now purchasing the equipment needed. We will run future therapy sessions using the principles of this treatment approach.

Adults Southampton

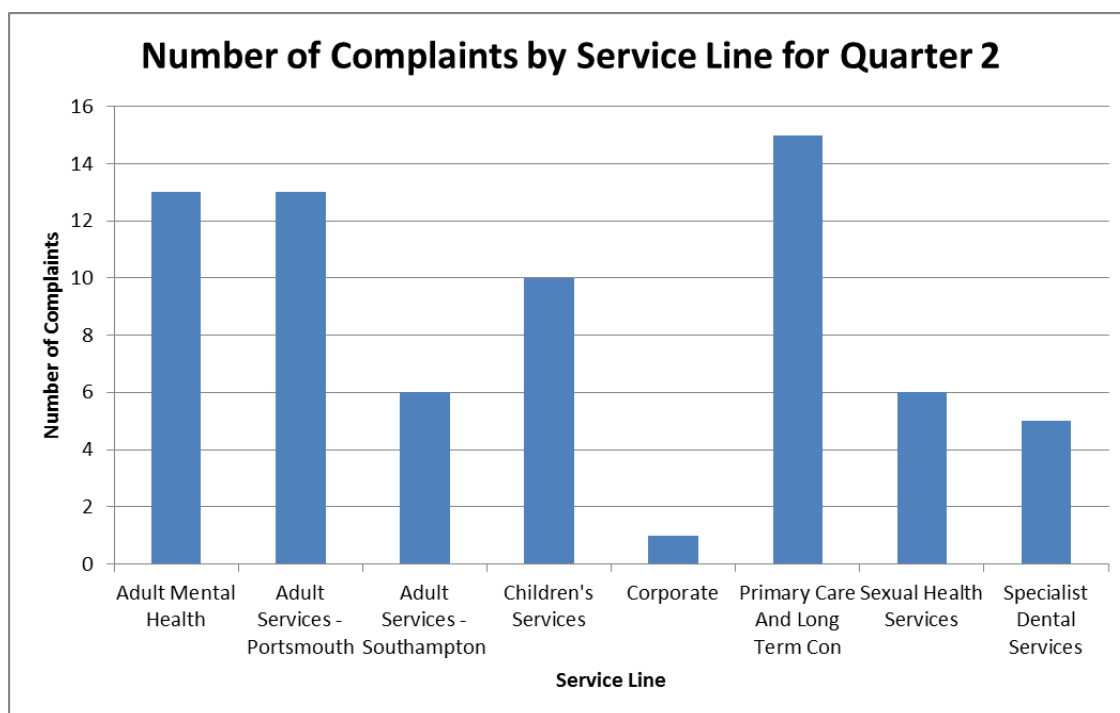
4. CONCERNS AND COMPLAINTS

Everyone counts. We take all negative feedback very seriously. Our Chief Executive is notified of all complaints when they arrive in the Trust and reads 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 July and the end of September 2016 the Patient Advice and Liaison Service (PALS) and Complaints Team received a total of 69 new complaints (which includes professional feedback and 1 MP query) and 50 service concerns. This compares to 61 new complaints and 54 service concerns in Quarter 1 (April - June 2016). The figure for service concerns recorded in Quarter 1 is higher than that provided in the previous report (51). The reason for this is that additional concerns that had been received and resolved by the services in Quarter 1 were notified to the Complaints team after the end of Quarter 1. The figures show a fairly consistent pattern of concerns and complaints being raised across the quarters. It is important to recognise that any reduction in the number of complaints and service concerns would 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 are required to advise the PALS and Complaints team of all concerns they receive and the outcomes so that they are recorded centrally. Although some service concerns are later escalated to formal complaints, either because the person who has complained 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, only one concern escalated to a complaint in Q2.

Bar chart 4: Number of complaints received by Service Line



Q2 reflects a similar pattern to Q1. Primary Care received the same number of complaints as in Q1 and the highest number of complaints (15) for quarter two. As outlined in the Q1 Patient Experience

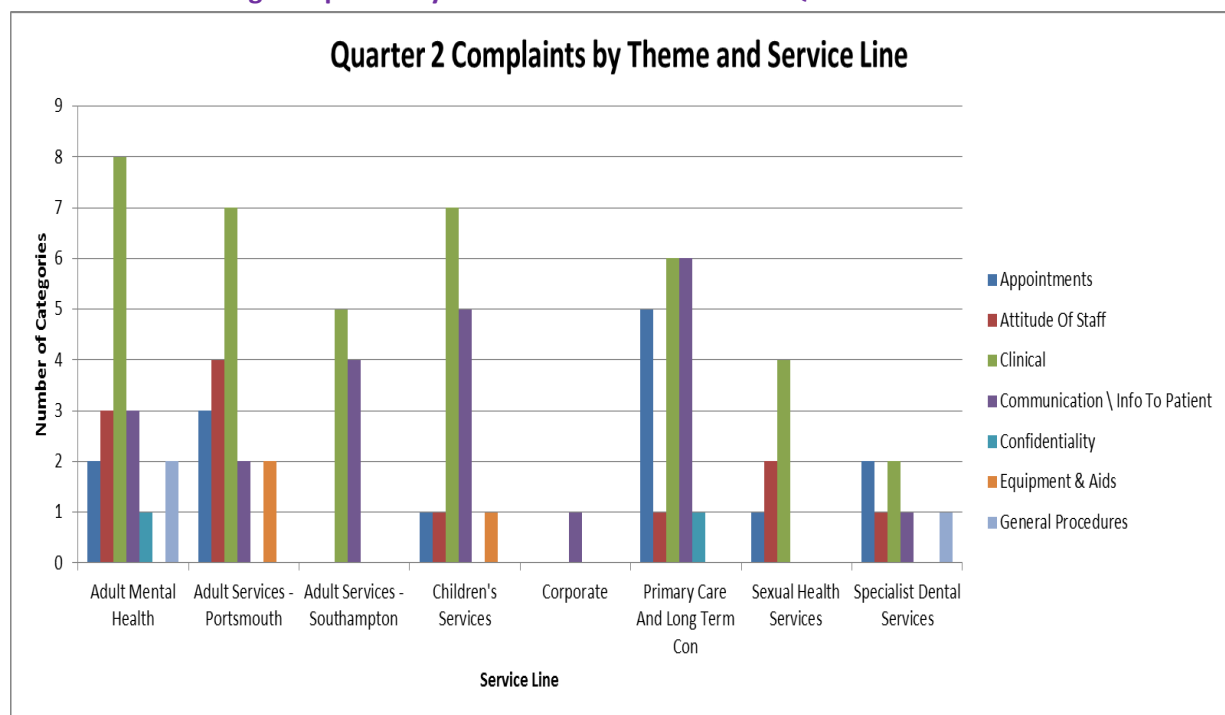
report, this is not an unexpected pattern and reflects that this service line has a high proportion of patient interactions providing musculoskeletal and physiotherapy services in Southampton, Portsmouth and parts of Hampshire, as well as podiatry in these areas, and three GP surgeries in Southampton.

As in Q1, Adults Portsmouth received the next highest number of complaints (13). Twelve of these complaints (five of which were professional feedback) were in relation to the community nursing team and the complaints saw a repetition of previous themes as those recorded in Q1 including sporadic visits, issues related to clinical care and issues related to communication and attitude of staff. The service line is taking action in relation to these repeated themes. The actions being taken include ensuring duty of candour (being open) is a key priority. Staff are also contacting patients as early as possible after a concern or complaint is raised to try to resolve issues for patients as soon as possible to alleviate the anxiety patients and their families may be experiencing in relation to the matters they have raised.

The Adult Mental Health service (AMH) has had an increase in the number of complaints received between Q1 and Q2 (8 and 13 respectively). The themes of complaints from this service generally concern issues related to discharge from an in-patient ward or from the Access to Intervention (A2I) team, and issues related to clinical treatment. A number of the complaints received by the AMH service are made by family members on behalf of patients. Although the complaint will be investigated, the issue of issuing a response to the complainant may be delayed or not possible if the patient has not given their informed consent for this to happen.

Children’s Services also saw an increase in the number of the complaints received between Q1 and Q2 (7 to 10 respectively).

Bar Chart 5: showing Complaints by Theme and Service Line for Q2



Bar chart 2 illustrates the break down in categories across complaints and provides an indicator of emerging themes that may be cause for concern.

The themes arising from complaints reflect a similar pattern to Q1 and involve 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). Some complaints 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 Q2, although 69 complaints are recorded, there are 95 categories.

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 services and Trust overall 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.

4.1 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.

Since 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 Q2 there were seven LRMs as part of the resolution process. Three of these meetings took place following the final response whilst four of them occurred prior to the final response being provided so that additional information could be obtained to aid the investigation of the complaint. However, it is expected that as central reporting of LRMs becomes embedded in practice that the number will increase which will be seen as a positive outcome in our goal to address issues early.

Examples of outcomes and actions following LRMs:

- **Adult Mental Health** - agreed to review a patient and offered a further consultation after the patient had been discharged from the Service.
- **Adults Portsmouth** - a LRM took place following an MP query and feedback from this meeting was that it had been very beneficial and resulted in a greater understanding of the community nursing service and the constraints they have when arranging the night sitting service.

4.2 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 Q2 there were nine instances of professional feedback, an upward trend in comparison to Q1 when three instances of professional feedback were received. This will be monitored going forward to establish if there is any on-going trend.

Adults Portsmouth received the greatest number of feedback concerns in Q2 (5) and these relate to the Community Nursing Team. Generally the concerns were raised by General Practitioners who have referred patients to the community nursing team and they have expressed dissatisfaction in the care provided and the inability of the service to attend to patients immediately upon referral due to pressures on the service. In response to this feedback the service specification has been updated to ensure clarity on service provision and case by case reviews have been carried out.

4.3 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 97% in Q2 in relation to the three day target. The reason the target was not fully met was due to a delay in a formal complaint being forwarded to the PALs and Complaints Team by the service.

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 possible to provide the full figures for Q2 in this report as some complaints submitted in that period are still within the 30 working day deadline. However, for July and August this target was achieved for 50% of complaints compared to the annual figure of 40% for 2015/6. However, this is a reduction on the 66% achieved in Q1 and there will be continued focus to improve in Q3.

When the target is not met the PALs and Complaints Team are responsible for ensuring communication with complainants to keep them fully informed that the response will 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 accessing 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 and 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.

4.4 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 Q2 two approaches were received from the PHSO advising that they wanted to investigate, one of these complaints was in respect to the Primary Care Line and the other for Adult Mental Health.

At the close of Q1 2016/17 there was one complaint where the final report was awaited, and one where the recommendations in the final report had been accepted and the response from the service was awaited.

During Q1 the PHSO concluded their investigations into five complaints and three of these were not upheld and the PHSO concluding that the service lines had followed the correct and appropriate clinical pathway. The remaining two complaints identified issues with communication and information. In respect to the PHSO investigation regarding a complaint related to Children's Services, the PHSO concluded that the family should have been advised that a safeguarding concern was being raised. The PHSO investigation concerning an Adult Mental Health patient where a letter had been issued that had incorrect information on it, the PHSO concluded that this caused the patient unnecessary distress. In both instances the PHSO advised that the Services concerned should write and apologise to the patients.

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 further consideration across services and will be monitored via the Complaints Review Panel.

4.5 LEARNING FROM COMPLAINTS

The Trust recognises the opportunity complaints bring to learn and share 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, 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 3: Examples of Complaint themes and actions /learning in Q2

Complaint theme	Actions taken
Clinical wait for treatment	The service concerned are working with staff to be more open about the care that can be delivered via the evidence based pathways and if necessary the reasons for a wait for an intervention. They are also developing the information given to families who are waiting for interventions.

Communication/ staff attitude	The patient who raised the complaint has been invited to join the GP surgery Patient Participation Group to contribute to plans to improve patient experience. Staff cited in complaints related to attitude have reflected on their communication styles in practice.
Appointments	Staff are encouraged to contact a patient immediately a concern is raised with the aim of resolving the issue as soon as possible.
Access to services	The sexual health service is reviewing how their patients prefer to access the service. Questionnaires have been sent out across the service and the feedback from patients will inform future plans.
Waiting times and patient expectations	The Podiatry service has alerted commissioners (CCG) to the concerns about waiting times and patient expectations about care being expressed in complaints. The CCG have worked with the service to revise the specification and access criteria to improve the access to patients who are high risk and give clear guidance to patients and referrers on what is and is not commissioned by the CCG to be provided by the Podiatry service.

4.6 COMPLAINTS REVIEW PANEL

In Q2 we held our first newly formed complaints review panel. This panel is chaired by one of our Non-Executive Directors together with our Chief Nurse. Membership has been extended to our Healthwatch colleagues. The purposes of the panel are to drive quality improvement in relation to managing complaints and to provide a mechanism for cross organisational learning from complaints. At the first panel held in August, 3 randomly selected complaints from the previous quarter were reviewed. The learning that was shared at the panel held included:

- The term 'local resolution meeting' may be too formal and a less formal term may be more appropriate to use when inviting people to these meetings
- Where terms such as 'rare' are used in response letters these need to be quantified
- Written crisis continuity plans should be provided
- Where a piece of clinical documentation has not been completed reasons for this should be documented rather than left 'blank'
- Additional carer link clinicians are being identified in one service to ensure listening and learning and not solely a reliance on referral to the Carers Centre

4.7 COMPLAINANT SATISFACTION SURVEY

All complainants are offered a complainant satisfaction survey at closure of their complaint. This survey 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. However, there has been a slight increase in Q2 with 7 surveys having been returned. The proportion of satisfaction across all questions in the survey was 92.75%. Of these 7 surveys received in Q2 all responded that they:

- Knew they had a right to complain
- Felt confident to speak up
- Felt making their complaint was simple
- Felt listened to and understood
- Were reassured that their concerns were taken seriously the first time they were raised
- Felt their complaint had been handled fairly and that the response was personal to them and the specific nature of their complaint.

However, 2 respondents did not feel the outcome directly addressed their complaint and disappointingly 3 people responded they did not always know what was happening in their case. The PALS and Complaints team will ensure there is improvement in relation to keeping people informed.

4.7. IMPROVEMENTS MADE TO COMPLAINT HANDLING IN Q2

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 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 Q2:

Making a complaint

- A new fact sheet detailing what happens after a complaint has been made has been drafted and is currently under review. This has been developed as an action following an independent review of the way one complaint was handled in Q1.

Staying informed

- Our Chief Executive encourages all services receiving a complaint to make early contact with the person who has complained so we can resolve issues quickly.
- Duty of candour, being open and honest, is a priority in our complaint response letters so people are assured we have taken their concerns seriously.

Receiving outcomes

- The weekly complaints action tracker which is circulated to each service line on a Monday has been amended to include details of learning and evidence of improvements made based on feedback.
- Investigation training has an increased emphasis on applying root cause analysis principles when investigating complaints.
- The Complaints review panel has been implemented to ensure learning from complaints is shared across services and implemented.
- Complaints report writing training was provided in Q2 for a number of senior staff.

Reflecting on experience

- The introduction of the new complaints handling feedback survey is resulting in a small increase in the numbers of responses received. The feedback received is helping us know where we need to make improvements to the complaints process.

5. 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. During Q2, 230 plaudits were received, a slight increase on Q1, and these were spread across all service lines.

Examples of plaudits received in quarter 2 include the following:

Children's Services: received a thank you from the head teacher of a school for the support, help and guidance provided by them over the past year.

Adults Portsmouth: pulmonary rehabilitation team received thanks from a patient for the help and support given. In particular there was one member of staff who they thanked for treating them for six weeks. *'It's been a pleasure. You are a credit to your profession. Hope to see you again one day!'*

Adults Southampton: *'During my recent month or so in Bay x of xxx ward, I received such treatment and consideration as never before. In my opinion, each and every one of you and your colleagues deserve the very highest commendation'*

Specialist Dental Services *'She goes above and beyond to make sure they constantly have a smile of their face throughout the visit and know exactly what is happening and as many know this is very important to a child who has autism and extra needs'.*

Sexual Health Service: *Thank you so much for your kindness. You took a heartfelt interest, because you could see how distressed I was. You got me in for another blood test before your working day began, and you called me with the result as soon as possible, during your time off, giving me a lovely weekend. I cannot express how much this means to me.'*

Adult Mental Health: *'I feel your service is responsive, caring and effective in helping someone with a mental health difficulty continue in their recovery journey'.*

Primary Care *'Thank you very much; your support is very helpful.'*

6. 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

7. 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.'

A new Carer 'I statement' survey has been introduced to seek the feedback from people who are informal carers (family and friend carers). Carers are also invited to respond to the FFT.

During Q2, 66 carers gave feedback via the FFT. The proportion who would recommend Solent services in this quarter is 93.94% (62 respondents) and those who would not are 3.03% (2 respondents), the remaining 2 responses were don't know or neither likely nor likely. The feedback reflects a similar level of positive sentiment to that of the patient FFT and is overall an encouraging finding.

More detail is asked in the 'Carer I statement' survey. The results in the table below show that overall carers are reporting positively on each question but there are services where the levels of confidence and knowing who to contact needs increased focus. In Q3 there will be a drive to improve responses from carers in order to gain greater insight to their experiences.

Table 4—‘Carer I statement’ responses

Branch	Returns	Listening	Enough time	Involving	Confidence in care	Who to contact
Adult Services Portsmouth	12	91.75%	91.75%	91.00%	86.80%	86.80%
Adult Services Southampton	2	100.00%	100.00%	100.00%	100.00%	100.00%
Children and Families	2	100.00%	100.00%	100.00%	100.00%	-
Dental	17	100.00%	100.00%	100.00%	98.06%	97.25%
Primary Care and Long Term Conditions	1	100.00%	100.00%	100.00%	100.00%	87.00%
Total	34	97.09%	97.09%	97.00%	94.68%	92.08%
Benchmark	-					

The Admiral Nurses in Southampton are using the Road Less Rocky report as a guide in their work with carers who are supporting a family member or friend who has dementia. The Admiral Nursing service also produces a regular newsletter which has a carer focus. This newsletter and is sent to all Solent staff and GPs and is one way in which we are delivering on our pledge to carers.

Examples of the positive comments received by the Admiral Nursing service are:

“I had confidence in the Admiral Nurse because she listened to me, understood how I felt and though”

“I can’t thank you enough, without the Admiral Nurses what would carers do?”

“A valuable and priceless support”

8. ACCESSIBLE INFORMATION (AI)



‘A summer of accessible information training’



Accessible Information or AI is the name given to the process of making information easier for people with communication and/or information needs. Across Solent NHS Trust it is estimated that 10,000 people struggle to access standard spoken and written information, which in turn impacts on all aspects of their healthcare. From June 2016, all health and social care services must comply with the NHS England Accessible Information Standard.

In August our Accessible Information Awareness DVD (Tier 1 training) was rolled out as mandatory training to 3,700 staff across Solent NHS Trust. In addition, since being hosted on the Trust website the DVD has had nearly 1,000 views from across the country.

We have been selected as finalists for the Wessex Shine Awards within the category of 'Hearing the patient voice in education and training'. We are so grateful to Keith (pictured above with Dr Clare Mander, Clinical Lead for Accessible Information) for having the courage to share his story. Hearing Keith's first-hand experience is a powerful way to raise awareness. We are thrilled that his invaluable contribution has been recognised.

The rollout of Tier 1 training coincided with the launch of the new 'Accessible Information Screen' on our clinical record system, SystmOne. This tool will assist staff with the recording requirements outlined in the Accessible Information Standard. This screen will be adapted for the other electronic patient record systems used throughout the Trust.

Plans are underway for a new interactive eLearning platform focused on accessible information. This development will form Tier 2 training and will enable staff to access a range of information and resources to develop their accessible information practice.

Between July and September a programme of enhanced accessible information training (Tier 3 training) was piloted across a range of provider and corporate services. During this period 40 members of staff from 9 services (some pictured below) were trained in the production and delivery of accessible information.



Of the 40 members of staff trained, 20 people signed up to become an accessible information champion for their service and join the new 'Solent Accessible Information Champion Network'. During the next quarter the focus will be on the evaluation and write up of the training to date and the development of both the staff champion network and the patient lead group.

9. PATIENT LED ASSESSMENTS OF THE CARE ENVIRONMENT

Patient Led Assessments of the Care Environment (PLACE) were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which had been undertaken from 2000-2012. The National Quality Board set out the principles for PLACE. Key to the process is

ensuring genuine patient/ public participation with the aim of putting patients in the forefront of driving continuous improvement.

The aim of PLACE is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on patient experience of care including cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy and dignity; the quality and availability of food and drink.

Table 5: Table of PLACE Results 2016

SITE	CLEAN LINESS	WARD FOOD	PRIVACY, DIGNITY, WELL-BEING	CONDITION, APPEARANCE, MAINTENANCE	DEMENTIA	DISABILITY
Western Community Hospital	100%	98.84%	90.12%	100%	94.96%	98.53%
Royal South Hants Hospital	95.49%	89.62%	92.19%	90.45%	73.13%	82.69%
St Mary's Community Health Campus	99.41%	92.25%	89.29%	94.86%	91.11%	87.11%
Jubilee House	99.50%	100%	89.17%	95.38%	90.83%	90.29%
St James Hospital	96.27%	100%	89.34%	94.84%	86.46%	89.66%

In 2015 PLACE the Disabilities category did not score. However, 2016 is the first time Disabilities were scored and the Dementia scoring was scored with specific questions i.e. in 2015 the questions for Dementia included flooring and clock faces but they did not require specific responses, in 2016 the questions were specific asking for an 18 inch clock face and a specific type of flooring. These changes reflect on the results for this year and mean a direct comparison on previous years score is not possible.

The Disability and Dementia areas noted for improvement include:

- Signage,
- Flooring to meet the requirements specified for people with dementia
- Large clock faces needed in some areas

There were a number of other comments from the Patient Assessors which included:

- Overflowing bins, empty soap and hand gel dispensers in some areas
- Untidy and overgrown gardens
- Access to Hand rails
- Inadequate wheelchair space.

The overall results of the PLACE visit demonstrate that there are high standards in cleanliness, condition, maintenance and food in the ward areas but there is a need for improvement in the disability and dementia scoring categories. A plan of action to keep up the standards between the scheduled PLACE assessments is to re-introduce the Mini PLACE visits. These will begin in September and will include the participation of the Trust's Quality Improvement Facilitator, Infection Control Practitioner and Estates Manager.

10. NEW FACILITIES FOR OUR SPECIAL CARE DENTAL SERVICE

In August, the Lord Mayor of Portsmouth, Councillor David Fuller, cut the ribbon of the official opening of our Somerstown Central Dental Clinic.

The clinic is for people of all ages who require specialised dental care that is not available in a general dental practice e.g. those with a physical, sensory or intellectual disability.

11. YOU SAID WE DID EVENT FOR STAFF AND PUBLIC MEMBERS

In July we held an event for staff and public members of the Trust. Our Patient Experience teams, including the PALS and Complaints team and lead for PLACE, gave a presentation outlining how each team works together on the respective agendas for patient experience. The Trust Governors, who also attended the event, and the staff team have agreed to follow up with another event early next year to report back to the Public Members how we have used their feedback. Some of the members said they would like to have a member of the Executive in attendance too at the next event.

12. CLAIMS

During Q 2, a letter of claim was submitted in respect to one of our prison dental services but this claim was withdrawn.

A letter of claim received in relation to alleged clinical negligence has been referred to the NHSLA who are obtaining an expert opinion.

Two claims were received in relation to personal injury involving members of staff, one of which has been referred to the NHSLA and the other, following preliminary investigations, concerns a member of staff who was not employed by Solent NHS Trust at the time of the injury and this has been referred back to the claimant's solicitor.

13. SUMMARY AND RECOMMENDATIONS

This is the third 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 the many rich sources of information gathered from patients, how we 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.

Overall patients are reporting a positive experience of care but to fully gain insight a deeper level of analysis at team level analysis is required, which is beyond the scope of this report.

There are number specific actions that we identified in Q1 that have been implemented in Q2 including:

- Review information provided to complainants. A new Fact Sheet explaining to patients 'what will happen next' after a complaint has been raised and is being formally investigated has been drafted in Q2 and is being circulated for comment from clinical services and Healthwatch prior to being made available.
- The first phase of the Quality Improvement Programmes have patient and carer representation and involvement in all projects. This phase of programmes will be completed in Q4.
- Training on the complaints handling procedure for clinical staff and specific training on complaint report writing to senior staff who investigate complaints has taken place and will continue in Q3. On 30 September complaints report writing training was provided to 26 senior staff. Complaints process training is offered to services on a rolling programme and from October Healthwatch Portsmouth will be supporting this training by providing information on the role of the Complaints Advocacy service.
- It is recognised we need to continue to strive for further improvement in relation to meeting our internal target of responding to formal complaints within 30 working days. Unfortunately in Q2 we have not made sufficient improvement on this target and this will remain a priority in Q3.
- In Q2 we have set up a new complaints review panel which will meet quarterly and review closed complaints to allow cross organisational learning and ensure that the learning and outcomes from complaints are carried out. Our Healthwatch colleagues are invited to be members of the panel as our critical friends to give an independent perspective.
- During Q2; forty members of staff from 9 services have been trained in the production and delivery of accessible information.

This report has aimed to give as comprehensive a view as possible on what our patients have told us in Q2 and our actions as a consequence. However, inevitably a report cannot capture, nor do justice to, all the ways in which staff strive, on a daily basis, **to provide great care.**

Ann Rice

Head of Patient Experience and Allied Health Professions

11/10/16