

Trust Board
28 June 2018

AGENDA ITEM	17.1
TITLE OF PAPER	Patient Experience Annual Report
Confidential	No
Suitable for public access	Yes
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED	
Circulated by copy: Quality and Performance Committee and Patient Experience Monitoring Group.	
STRATEGIC OBJECTIVE(S):	
Quality Of Care	✓
People	✓
Modern Healthcare	✓
Digital	✓
Collaborate	✓
EXECUTIVE SUMMARY	
	<p>High level messages from this statutory annual report are that:</p> <ol style="list-style-type: none"> 1. The Friends and Family Test (FFT) is not providing the Trust with the level of feedback necessary to measure the Trust's strategic vision or to make service-level improvements in the areas which matter most to our patients and community. In June 2018 the Trust Executive Committee agreed that other than at Trust Scorecard level FFT data will not be formally reported. The Patient Experience Monitoring Group is overseeing progress to identify what strategic and service-level feedback the organisation needs and evidence-based co-design will be a key component of this 2018/19 improvement programme. 2. Learning from patient feedback has been strengthened during the year and this will be a focus area for 2018/19 in line with the new Strategy.
RECOMMENDATION:	The Board is asked to receive the report.

SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Y
Patient impact	Y
Employee	Y
Other stakeholder	Y
Equality & diversity	Y
Finance	N
Legal	N
Link to Board Assurance Framework Principle Risk	Y
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PRESENTED BY	Sue Tranka, Chief Nurse
DATE	21 June 2018
BOARD/TEC ACTION	Receive

1.0 Background and scope

This statutory annual report provides an update on the Patient Experience Service over the past year with a particular emphasis on learning and improvement.

2.0 Strategic issues and options

During 2017/18, the patient experience service has been exploring where its focus should lie in light of the new Trust Strategy. On 22 May 2018 the Trust launched its 5 year strategy for 2018 – 2023 which sets out our transformational vision – to provide *outstanding experience and best outcome for patients* and the team. To achieve this vision our Quality of Care pillar is to create a learning organisation and culture of continuous improvement to reduce repeated harms and improve patient experience. Outstanding patient experience is our overarching organisational aim and this means that we must have a clear way forward to embed this aim Trustwide and find appropriate ways of measuring how well we are achieving this Strategy.

It is clear that the Friends and Family Test (FFT) is not providing the Trust with the level of feedback necessary to measure our strategic vision or to make the service-level improvements which matter most to our patients and community. FFT response rates are too low so data is not necessarily representative of the wider population's views. Service and ward level feedback is insufficiently detailed to enable improvement actions to be taken, thematic feedback is limited, and most importantly real-time feedback is absent. In June the Trust Executive Committee has agreed that other than at Trust Scorecard level FFT data will not be monitored. The Patient Experience Monitoring Group is overseeing progress to identify what feedback mechanisms are needed and evidence-based co-design will be key to informing this during 2018/19.

3.0 National developments

National learning from external organisations ensures the Trust remains current with sector best practice and this report includes evidence from 2 sources – the British Social Attitudes (BSA) Survey and the Parliamentary and Health Service Ombudsman (PHSO). The British Social Attitudes Survey provides feedback from the general population, not just those people who have themselves used the NHS recently, so gives the organisation a wider view of stakeholder opinions than FFT. Review of the BSA is one way to reflect the views of potential future service users. The PHSO Annual Report provides benchmark data for the small subset of very complex complaints.

The key message from the BSA Survey (**refer to Appendix 1**) is that the wider public is less satisfied with the NHS than current users of the service, whose feedback is based on FFT. However, there are key common themes when triangulated with the CQC National Inpatient Surveys which are that care quality is paramount and staff attitude and behaviour remains an area the Trust needs to continually strengthen. Long waiting times is also a common feedback theme when triangulated with complaints and PALs concerns, and the Trust is actively working to improve this in surgery currently across the RTT 18 week pathway.

Review of PHSO cases confirms that the Trust's performance of 25% of cases upheld was more favourable than 36% nationally based on latest data. Top 3 complaint themes nationally were clinical care and treatment, poor communication and diagnosis concerns. These themes are common to incidents, claims and complaints learning within ASPH.

Improvement work in 2018/19 is to focus on a cohesive way of triangulating and sharing this learning faster across all areas, in line with our Quality Priority to be a learning organisation. The actions the Trust takes from PHSO cases are in line with PHSO recommendations but more work is needed to assure that actions are resolved in a timely manner and that this can be demonstrated.

4.0 Local developments, challenges and achievements

Local developments in patient experience have focussed on strengthening our volunteers service, expanding corporate improvement projects, and most significantly improving governance surrounding learning from complaints. PEMG Divisional reports are now emphasising the learning and improvement from complaints and a method of sharing this learning more widely is to be taken forward next year. Our challenges have been described in Section 2.0 and recommendations are in Section 7.0.

4.1 Achievements

Whilst PES has had its share of achievements this year, it is evident that there is a need for a much more cohesive way of bringing our patient experience developments together in a joined-up way going forward. The general trend has been for a number of profile patient experience projects to have been implemented each year, many of which have been very successful indeed, however these have not always been joined together with a clear sense of strategic alignment which means that resource allocation is not always directed at our most priority Trustwide improvement areas. Section 5.0 below describes how we will be taking forward these challenges next year.

Outlined below are some of our achievements in 2017/18:

Adopt a Grandparent - Our Patient Experience Service had particular success this year when the 'Adopt a Grandparent' scheme received the Academy of Fabulous NHS Stuff (FAB) Tiny Noticeable Things Award in November 2017. Participating staff give half an hour each week to spend time chatting with senior adult patients which remains a greatly valued commitment to our patients' wellbeing.

The Volunteers service has grown by 6.5% this year to 474 volunteers with 2 new joiners in an average month. Specially trained volunteers for our dementia patients are now on the Wards and this has been particularly well received. We recognise the importance of improving the environment for patients with specific needs, such as those with dementia, and as part of the King's Fund Self-Assessment Audit 2017 we created a 'Forget-me-Not' dementia friendly area within Ashford Hospital Outpatients. Feedback from carers of dementia patients was a vital part of involving service users in the co-design of this improvement project. Outpatient clinicians have created 10 practical tips to help them communicate more clearly with patients who suffer from dementia. The feasibility of rolling out a similar model of specially trained volunteers for patients on the Senior Adult Medical Services Ward is being explored currently and 2 new volunteers are now on Swift and Cherry Wards.

Investing in technology to improve our service – a business case for the latest Datix complaints module, Datix Cloud, is being formulated and this will provide better reporting

and complaints handling experiences for staff, which will improve the ability to give timely updates to patients about the status of their complaint.

5.0 Learning and improvement from patient feedback

Trustwide learning from complaints has been greatly strengthened this year and we will continue this as a priority area next year. Examples of significant learning are outlined below.

5.1 Complaints and PALS¹ learning

Working with community partners reviewing the care and experience of vulnerable patients – A very complex complaint reviewing care for vulnerable patients with learning disabilities with a focus on discharge was led by the Trust with support from Surrey County Council and the CCG. The key learning was that discharge processes could be more simply described to aid training and embedding of what is a complex system pathway and a joint improvement programme is being joined-up with a Trustwide discharge improvement group.

Experience of the complaints handling pathway – service users are not currently receiving a sufficiently timely complaint response letter and an improvement programme is underway which will include evidence based co-design with service users being given a chance to tell us what matters most to them. A style guide and complaints investigation and training programme is being rolled out currently.

Missed fractures – this is a common theme across complaints, serious incidents and claims. Learning is that some fractures can be delayed and require a range of views and repeat clinical re-assessment when the patient's ongoing pain persists but no clear fracture may have been visible on initial imaging.

Consenting for procedures – ongoing refinements to how uncommon adverse effects from procedures are consented for is actively under review in several areas. Balancing using internal consent forms, or national standard forms, can be difficult when uncommon adverse effects are not included on external standard forms. The importance of documenting explanations to patients in all cases is being reiterated.

PALS concerns are most often about Outpatient matters such as appointments, delays, or cancellations accounting for approximately 37%². The iMSK Integrated Musculo-skeletal service had several months with high levels of appointment booking issues which is now resolved following process improvement. Communication issues at 38% also related mainly to Outpatients. Improving communication has been a recurrent theme nationally and locally and the new Trust Strategy has clear goals about how patients will be involved in their care planning so that they understand this.

Detailed analysis of learning from feedback from surveys, complaints and PALS cases is available on request from the Patient Experience Monitoring Group reports and minutes and a summary leaflet is available linked to Quality Priorities.

¹ PALS – Patient Advice and Liaison Service

² Q4 data

6.0 Operational and thematic data

Appendix 2 provides more detailed analyses of the 420 complaints and 1,872 PALS enquiries received in 2017/18 and high level trends are outlined below.

PALS volumes by year are generally increasing across time although over the past 4 years the level is fluctuating around an average of 1900 cases per year. New formal complaints are decreasing across time despite initiatives encouraging service users to use the formal complaints process as necessary. Efforts are continually being made to resolve concerns informally via the PALS service where this is acceptable to patients and families.

March 2018 complaints performance against timescale agreed with the complainant reflects improved grade 3 and 4 performance of 56% up from 33% in December 2017. Grade 1 and 2 performance of 72% has improved from 50% in December 2017. Target performance for 2018/19 is that 95% complaints will be responded to within internal number of days per grade by September 2018.

By theme clinical decision making and communicating with patients are the most common categories. Clinical decision making in areas of significant harm is also a claims theme and the Get It Right First Time programme is one way we are taking forward improvement actions. Better communication is a priority area in the Emergency Department and arrangements for follow-up care is an area of current focus.

7.0 Recommended improvement action areas for 2018/19

Key recommended improvement areas for 2018/19 are shown below.

Future improvement areas for 2018/19	
Clinical governance and risk management	
Operational improvement	The Patient Experience Service will develop a service charter, and measure performance against that charter. The PES improvement programme will continue and a system for recording positive feedback such as compliments is to be implemented.
Assurance over PHSO actions	A review needs to be undertaken to ensure there is a process for ensuring that all actions recommended by the PHSO have been taken, and that this is evidenced.
Strategic risk	
Patient feedback methods	The Patient Experience Service will identify new ways of measuring patient feedback to drive service improvement and assure the Strategy is being achieved.
Improvement actions will be overseen at the Patient Experience Monitoring Group.	

8.0 Stakeholder engagement activities

Existing engagement programmes with Healthwatch Surrey, Patient Experience Group of the Council of Governors and with patients and other service users through evidence-based co-design in the PES improvement programme will continue.

Appendix 1 – National developments

British Social Attitudes Survey on satisfaction with the NHS

In February 2018 the Kings' Fund sponsored "British Social Attitudes Survey on Public Satisfaction with the NHS and Social Care in 2017 (2017 BSA Survey)" was published using data collected from 3,004 adults between July to October 2017.

This survey has been in place for 35 years since 1983 and asks the question 'how satisfied are you with the way the NHS runs nowadays?' and had the following key findings. Being satisfied was the combined measure of 'very and quite.'

- Public satisfaction with the NHS overall in 2017 was 57%, 6% lower than 2016.
- Dissatisfaction with the NHS overall in 2017 was 29%, 7% worse than 2016 and this reflected the greatest dissatisfaction since 2007.
- Senior adults were relatively more satisfied than younger adults. 64% of people aged 65+ were satisfied, compared with 55% of people aged 18 – 64 years.
- The 4 greatest reasons for being satisfied were: care quality, free service, staff attitudes and behaviour and range of services and treatment.
- The 4 main reasons for being dissatisfied were: staff shortages, long waiting times, funding shortages, and government reforms.
- Satisfaction with Outpatients was 65%, in line with 2016.
- Satisfaction with Inpatients was 55%, 5% lower than 2016.
- Satisfaction with Emergency Departments was 52%, in line with 2016.

What the BSA Survey tells us is that the wider public is less satisfied with the NHS than current users of the service, whose feedback is based on FFT. However, there are key common themes when triangulated with the CQC National Inpatient Surveys which is that care quality is paramount and staff attitude and behaviour remains an area we need to continually strengthen. Long waiting times is also a common feedback theme when triangulated with complaints and PALs concerns, and the Trust is actively working to improve this in surgery currently across the RTT 18 week pathway.

Parliamentary and Health Service Ombudsman's³ Annual Report 2017

The PHSO sets out the national position regarding redress for patients who have had a *poor experience* using health services. One good area of practice identified from that organisation was that the Office of the Ombudsman has recently introduced its own Service Charter as part of their service-led culture. Our Patient Experience Service (PES) does not work to a Service Charter and that is practical learning the Trust can take forward next year as part of our current complaints and patient experience service improvement programme.

³ PHSO: Parliamentary and Health Service Ombudsman

The PES does not currently measure itself against a clear set of service criteria either and that must be rectified going forward so that the service aligns with the Trust Strategy.

Our Patient Experience Service throughout the Trust needs to modernise and focus on the things that patients and families tell us matter the most, and this too is part of our ongoing PES improvement programme with evidence based co-design workshops planned for Q1/Q2 2018/19.

Benchmarking data on PHSO notifications in a given year tells the Trust whether broadly service users' satisfaction levels with complaints handling, and complaints outcomes, is similar at ASPH compared to the national picture for these most complex complaints. The below feedback demonstrates that the Trust is not an outlier for case notifications to the PHSO across the past 5 years.

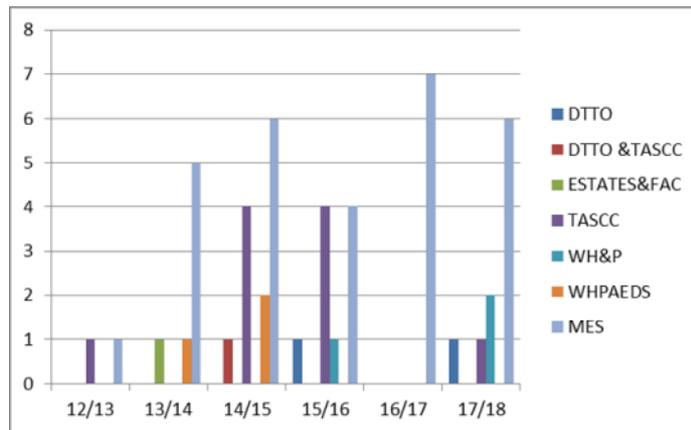
The Ombudsman nationally upheld 36% of the complaints they investigated in 2016/17. ASPH had 2 out of 8 (25%) complaints notified to PHSO partially upheld which is more favourable than the national picture. Of the remaining 6 cases 3 were withdrawn or not upheld, and 1 is under review.

The Trust had a 30% drop in PHSO cases notified between 2015/16 (10 cases) to 2016/17 (7 cases) which was more favourable than the national benchmark of an 8% increase in caseload across 2016/17.

On average between 2013/14 to 2017/18 the Trust had 9.4 PHSO cases notifications per year, which is a 34% increase on our internal benchmarked year of 2013/14 with 7 cases. Data for prior years is not readily available. The Trust caseload is broadly comparable to the 31% increase reported by the PHSO across the prior 5 years.

For the year ended 2017/18 10 complaints were notified to the PHSO of which 1 was closed, 2 were partly upheld and 7 cases are under consideration.

Table 1 – PHSO cases notified by year



The PHSO provides details of what actions they recommend organisations should take following an upheld complaint investigation, and this is a useful source of learning for ASPH as we can consider earlier in the complaints process what we can do better in complex complaints handling.

Table 2 PHSO recommendations nationally from upheld complaints

Recommendations made by the PHSO from upheld complaints	
Apology	38.5%
Changes to practice/service improvements	26.7%
Other actions to put things right	10.5%
Payments for financial loss or impact of what went wrong	24.3%

In 2016/17 the PHSO identified that the top 3 complaint themes nationally were clinical care and treatment, poor communication, and diagnosis concerns. These themes are common to incidents, claims and complaints learning within ASPH. Improvement work next year is to focus on a cohesive way of triangulating and sharing this learning much faster across all areas, in line with our Quality Priority to be a learning organisation.

The actions the Trust takes from PHSO cases are in line with the recommendations above. However, more work is needed to assure that actions are resolved in a timely manner and that this can be demonstrated.

Appendix 2 – Analysis of PALS and complaints data

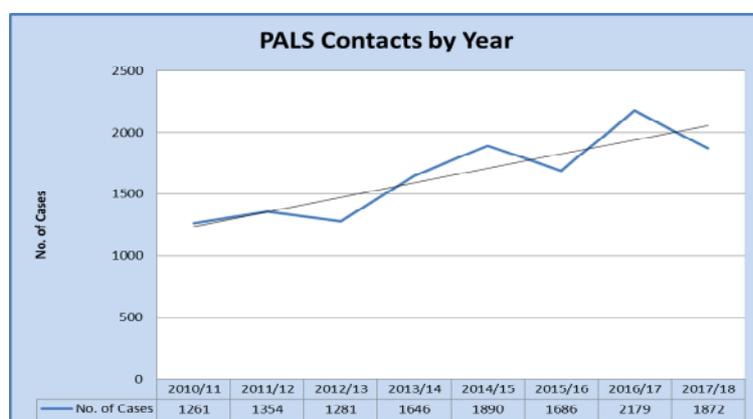
This section outlines PALS and complaints volumes and themes.

Table 3 PALS volumes by Division 2017/18

PALS Cases	17/18
Medicine and Emergency Department	599
Women's Health & Paediatrics	135
Trauma, Orthopaedics, Diagnostics & Therapies	421
Theatres, Anaesthetics, Surgery and Critical Care	607
Facilities	18
Information Services	6
Other*	86
Total	1,872

PALS case volumes by year

PALS volumes by year are generally increasing across time although over the past 4 years the level is fluctuating around 1900 cases on average.



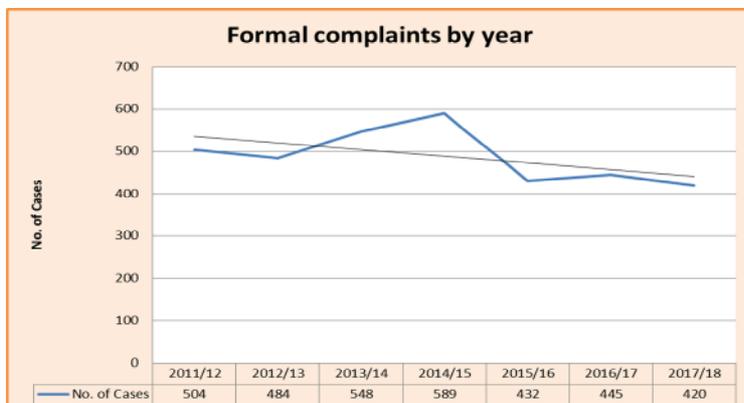
Formal complaints case volumes by year

New formal complaints are decreasing across time despite initiatives encouraging service users to complain. Efforts are continually made to resolve concerns informally via the PALS service where this is acceptable to patients and families, although the extent to which this is occurring is not readily measurable.

Follow-up complaints levels provide an indirect measure of the quality of complaint response letters, however, as this measure has not been consistently calculated over the past 3 years

it is not meaningful to make comparisons across time. This has now been corrected and follow-up complaint levels will be monitored in 2018/19.

March 2018 complaints performance against timescale agreed with the complainant reflects improved grade 3 and 4 performance of 56% up from 33% in December 2017. Grade 1 and 2 performance of 72% has improved from 50% in December 2017. Target performance for 2018/19 is that 95% complaints will be responded to within internal number of days per grade by September 2018.



Complaints received by Division 2017/18

Estates and Facilities	2
Finance & Information	2
Health Informatics	2
Medicine & Emergency Services	156
Quality	6
Theatres, Anaesthetics, Surgery & Critical Care	95
Trauma & Orthopaedics and Diagnostics & Therapies	78
Women's Health & Paediatrics	79
Total new complaints 2017/18	420

The majority of complaints are received in the year during which clinical care was provided. The Trust is not obliged to review complaints more than 1 year old, however, in instances where reviews are practicable they are performed.

Complaints received in 17/18 pertained to care provided in the years below

2013	1
2014	2
2015	4
2016	32
2017	325
2018	56
Total	420

Complaints themes (see analyses which follow) are broadly in line with prior years. A Trustwide learning bulletin was circulated in June 2018 sharing detailed learning by division and clinical area across incidents, complaints, and coroners' cases to support improvement.

Complaints by Division by topic	MES	TASCC	WH&P	DTTO	Quality	Estates	Fin & Info	Total
Admission		9		4				13
Attitude of staff	21	22	15	14				72
Capacity Issues		1			1			2
Communication/information	24	15	11	11	4		3	68
Discharge	17			3				20
Hotel services/environment						2		2
Lost property	1	1						2
Outpatients		4	2	9			1	16
Record keeping	1		2					3
Transport	1							1
Treatment and care	79	38	45	29				191
Waiting time	10	3	4	3				20
Waiting time surgery inpts		2		5				7
Unclassified	2				1			3
Total	156	95	79	78	6	2	2	420

Complaints sub-subjects	MES	TASCC	DTTO	WH&P	Other	Total
Clinical decisions/treatment (medical)	33	28	19	22		102
Medical staff	7	14	2	7		30
Nursing staff	12	5	3			20
Clinical decisions/treatment (nursing)	2	5	2	10		19
Accuracy/completeness	8	5	2		1	16
Clinical competence (medical)	7	2	2	4		15
Missed/wrong diagnosis	11	1		1		13
Verbal communication	4	1	4	3		12
For outpatient appointment	6	2	3			11
Written information	2	2		3	4	11
Unclassified	2	2	5		2	11
Cancellation		6	2			8
Communication between departments		4	2	2		8
Discharge too early	8					8
With family/carers	5			2	1	8
Midwifery staff				7		7
Missed fracture in A&E	5			2		7
Nursing care	5			2		7
Follow up arrangements/care	5		1			6
OPD other			4	1	1	6
Admission process		3	2			5
Allied health professions			5			5
Cancellation of appointment			4	1		5
Failure to notify	2		2	1		5
Reception/admin and clerical	1	2	2			5
Symptom control	4		1			5
Arrangements on the day	2		2			4
Care of the dying/bereaved	3	1				4
Management/administrative staff attitude		1	2	1		4
To see doctor in A&E	2			2		4
Combined smaller categories	20	11	7	8	3	49
Total	156	95	78	79	12	420