

Patient Experience and Engagement Annual Report 1 April 2021 – 31 March 2022

SOMERSET NHS FOUNDATION TRUST

Patient Experience and Engagement Annual Report

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1. Background and purpose

The year continued to see challenges to the health service due to the aftermath of the COVID-19 pandemic. At Somerset Foundation Trust, we have worked under extreme pressure, prioritising the need to keep our patients and staff safe whilst continuing to deliver essential services within our mental health, community, outpatients, and acute inpatient settings.

Acting on patient feedback is key to improving the quality of healthcare services, however, pressures on our clinical teams continued when also trying to respond to concerns raised by our service users.

This paper provides an annual report for 2021/22 of the Trust's activity in relation to patient experience, PALS and complaints and the opportunities for learning and service improvement.

2. Accountability for complaints management within the Trust

The Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive delegated the responsibility for the management of complaints to the Chief Nurse; in early 2022 this responsibility was transferred to the Director of Corporate Services. The Head of Patient Experience and Engagement is responsible for the management of the complaint process and ensuring:

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

3. PALS and complaints process

Following the introduction of the RADAR reporting system, the process for receiving, acknowledging, and responding to PALS concerns and formal complaints was reviewed and aligned during 2021/22. The purpose was to clarify the process for clinical colleagues and ensure that the process was in line with complaints legislation.

The concerns and complaints policy was also updated during this year, aligning the Somerset Partnership Policy and the Taunton & Somerset NHS Foundation Trust policies (work which has since been completed).

4. Patient Advice and Liaison Service (PALS)

The PALS team provided the following:

- assistance to patients and their representatives with concerns and requests for information. Some examples of recurring enquiries are patients being unable to contact outpatient departments, patients concerned about waiting times for an operation, carers and loved ones not being kept informed of the patients progress and treatment and repeated cancellations for surgery;
- liaison between patients and services and offer suggestions for improvements drawing on the patient experience;
- raise the profile of PALS throughout the Trust by linking in with wards and departments and representing the service and views of patients on relevant committees;
- provide accessible information to patients, relatives, visitors and staff on the intranet and internet.

The PALS team aim to:

- offer on the spot resolution
- ensure patients receive appropriate information
- resolve patient concerns at an early stage
- support patients and carers when they are in receipt of difficult or distressing information
- provide a seamless service
- inform and educate staff
- monitor concerns and outcomes
- be a catalyst for service improvement and change.

In the year 2021/22 the Trust received **3285** PALS concerns.

Each concern is recorded, and action taken with individuals and teams to resolve in a timely manner. Concerns addressed locally will result in a better outcome for the patient and their family, the issue can be dealt with in real time rather than retrospectively. The PALS service aims to prevent a situation deteriorating and thereby potentially causing the patient and their family further harm or distress. The PALS team is also a source of information and guidance when a patient may not be able to find that information from an alternative source.

95% of PALS concerns are resolved without the need for them to be escalated to a formal complaint.

5. Formal Complaints

Every complaint is fully investigated and a thorough response is provided to the complainant. This can sometimes involve a meeting with the complainant and key staff involved. Experience has shown that patients are generally more satisfied with outcomes in the form of meetings, so it is important to deal with each complaint on an individual basis.

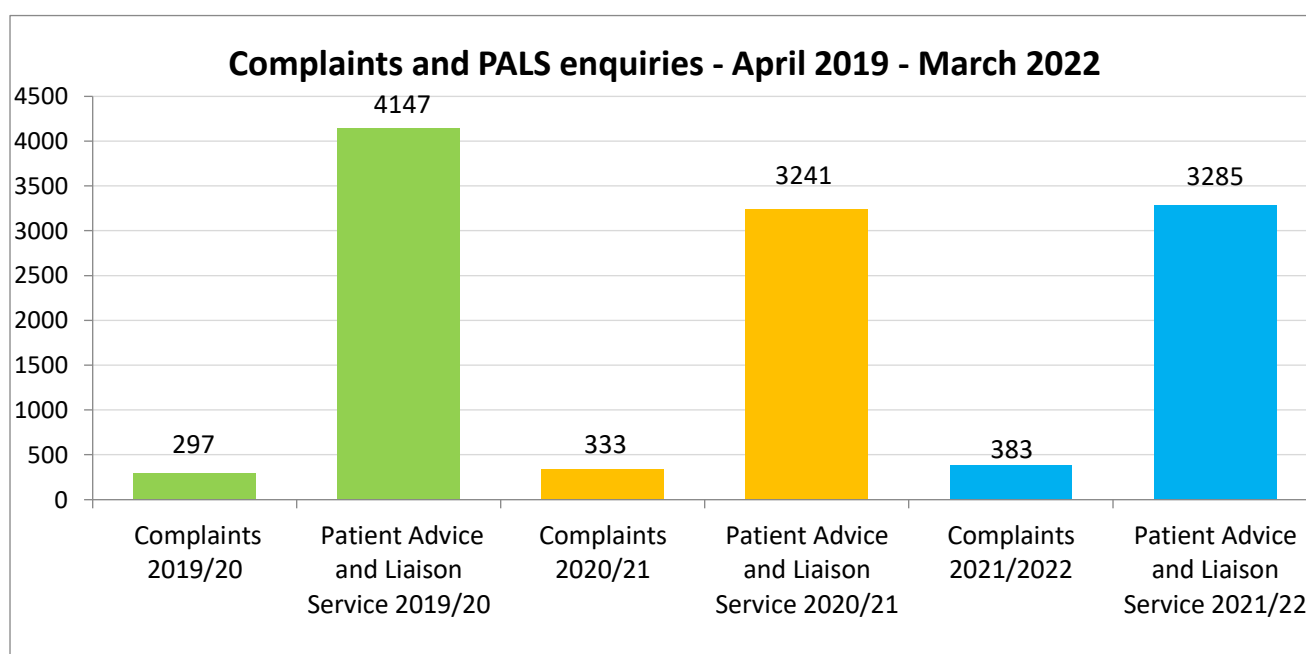
All meetings are followed up with a recording of the meeting on CD and a meeting outcome letter summarising what was discussed and any actions to be taken forward.

Complaint responses that have not been accepted by the complainant and require further investigation are logged as second letters or meetings are arranged, and the process starts again.

In 2021/22 the Trust received **383** formal complaints (including second letters and meeting offers accepted).

5.1 Trends in Number of PALS Concerns and Complaints received

The graph below shows the number of PALS and formal complaints received each year.



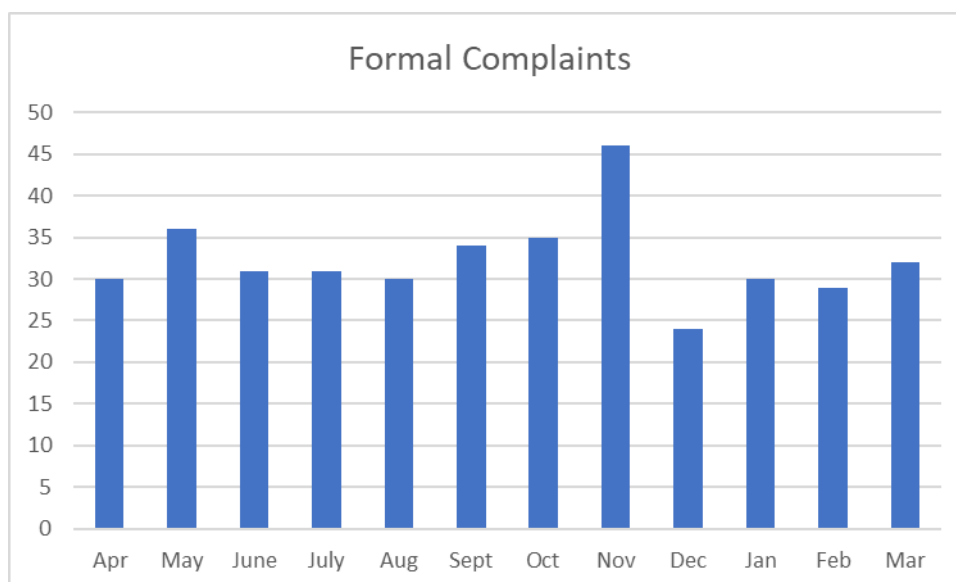
The graph shows a small increase in the number of PALS concerns received over the last year. This increase could be a direct result of the impact that the pandemic has had across the Trust particularly following the end of the lock downs, although the team was not able to conduct ward visits and did not accept walk-ins, these decisions were relaxed on some occasions and then re-introduced on others.

The number of formal complaints increased by 17%.

Both PALS concerns and formal complaints have become more complex over recent years although convolution of complaints is subjective. The subject itself may not be complex, however, it can be the softer aspects of the complaint such as differences in perceptions, personality clashes, overt or covert prejudice, realistic versus unrealistic expectations of health outcomes and sometimes the reaction to distressing news that require skilful management and advanced communication skills.

Other factors such as multiple trust services or inter-dependence on other agencies being involved in care can also add complexity. As the first integrated trust in the country of this kind, benchmarking against other organisations is difficult.

Formal complaints received per month over the year were as follows:



This chart shows a spike in the number of formal complaints received in November. However, this was balanced out by a reduction in December and settling at around 30 complaints received per month in quarter 4 (Jan, Feb, Mar).



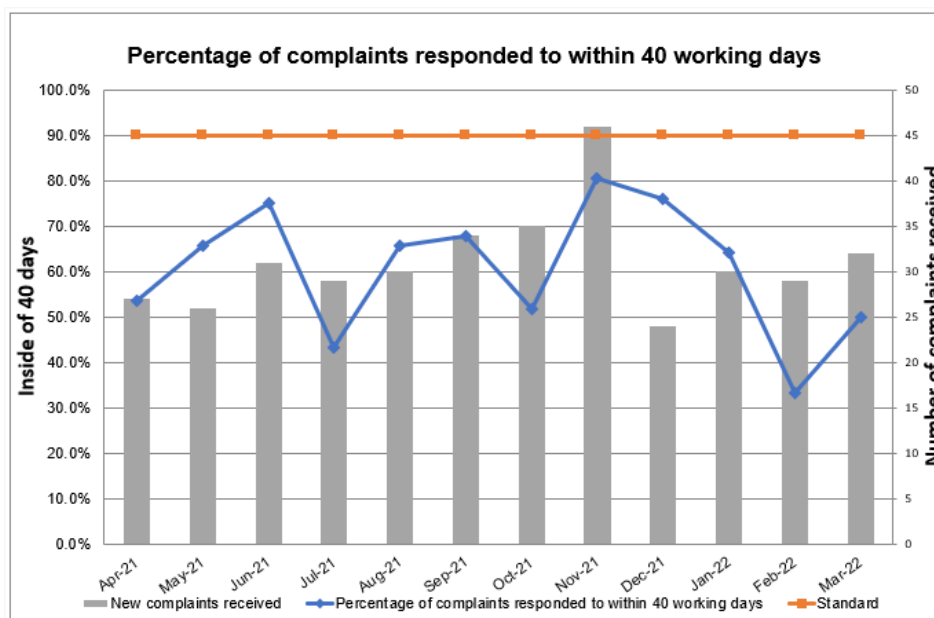
PALS numbers remained relatively consistent throughout the year.

5.2 Timeframe

The Trust is committed to a timeframe for acknowledging and responding to formal complaints in line with NHS England guidance. The aim is that formal complaints are

acknowledged by the Complaints team within 3 working days of receipt. The complainant receives a telephone consultation to discuss the complaint and identify the key points for investigation followed by a letter of acknowledgement.

The key performance indicator is that 90% of complaints are responded to in 40 days:



Percentage of responses sent out within 40-day time frame by directorate:

SOMERSET NHS FOUNDATION TRUST													
Complaints - Responded to within 40 days													
Directorate	Description	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Clinical Support and Specialist Services	Total number of complaints closed	2	3	0	1	1	1	2	4	2	2	0	1
	Number inside of 40 days	1	2	0	1	1	0	1	3	2	2	0	0
	% inside of 40 days	50.0%	66.7%		100.0%	100.0%	0.0%	50.0%	75.0%	100.0%	100.0%		0.0%
Families Care Directorate	Total number of complaints closed	6	7	5	1	1	5	7	8	11	0	1	6
	Number inside of 40 days	4	4	4	0	1	4	3	7	9	0	1	5
	% inside of 40 days	66.7%	57.1%	80.0%	0.0%	100.0%	80.0%	42.9%	87.5%	81.8%	0.0%	100.0%	83.3%
Integrated and Urgent Care Services	Total number of complaints closed	7	7	8	10	3	8	13	8	12	13	4	5
	Number inside of 40 days	4	6	7	7	3	7	6	5	10	10	1	4
	% inside of 40 days	57.1%	85.7%	87.5%	70.0%	100.0%	87.5%	46.2%	62.5%	83.3%	76.9%	25.0%	80.0%
Mental Health & Learning Disabilities Directorate	Total number of complaints closed	5	1	3	4	9	4	3	9	12	4	2	9
	Number inside of 40 days	3	1	3	1	4	4	2	8	10	1	1	7
	% inside of 40 days	60.0%	100.0%	100.0%	25.0%	44.4%	100.0%	66.7%	88.9%	83.3%	25.0%	50.0%	77.8%
Primary Care and Neighbourhoods Directorate	Total number of complaints closed	2	4	3	1	3	2	2	1	0	1	0	2
	Number inside of 40 days	2	4	2	1	3	1	2	1	0	1	0	1
	% inside of 40 days	100.0%	100.0%	66.7%	100.0%	100.0%	50.0%	100.0%	100.0%	0.0%	100.0%	0.0%	50.0%
Surgical Care Directorate	Total number of complaints closed	6	10	5	20	14	6	2	6	9	5	2	11
	Number inside of 40 days	1	4	2	6	8	3	1	5	4	2	0	0
	% inside of 40 days	16.7%	40.0%	40.0%	30.0%	57.1%	50.0%	50.0%	83.3%	44.4%	40.0%	0.0%	0.0%
Corporate Directorate	Total number of complaints closed					1	2						
	Number inside of 40 days					0	0						
	% inside of 40 days					0.0%	0.0%						
Trustwide	Total number of complaints closed	28	32	24	37	32	28	29	36	46	25	9	34
	Number inside of 40 days	15	21	18	16	21	19	15	29	35	16	3	17
	% inside of 40 days	53.6%	65.6%	75.0%	43.2%	65.6%	67.9%	51.7%	80.6%	76.1%	64.0%	33.3%	50.0%

There are a combination of factors contributing to the failure to respond within the timeframe:

- ongoing challenges for staff to investigate and respond to complex complaints which can involve multiple teams and directorates, with continued effects associated with the pandemic and extreme pressures across all services;
- a backlog of patients continue to await surgery, so time pressures on consultants and Clinical Service Managers lead to delayed responses;
- The availability of paper medical notes when multiple teams are involved across directorates;
- a high of 46 complaint responses were sent out in December reflecting the high workload for directorates;
- quality of complaint responses, requiring multiple amendments.

Actions taken:

- breaches are closely monitored and Associate Directors of Patient Care and Governance Coordinators regularly meet with the Complaints team (bi-weekly);
- monthly reports outlining current complaints and outstanding responses are provided to each directorate for discussion at governance meetings;
- contact maintained with complainants to manage expectation of timeframe for response;
- resolution meetings are offered when appropriate.

5.3 Key themes

The Department of Health (DoH) classifies complaints in to 18 distinct categories by the subject of the complaint. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints by subject, it allows us to identify whether any trends are developing.

Every complaint is reviewed to identify the issues raised by the complainant to ensure that we can learn and continuously improve. The categorisation of issues identified for all complaints is recorded and reviewed to allow wider learning and identification of trends.

A majority of the complaints received include all of the key themes and highlight the need for ongoing learning and improvement in these areas:

1. communication / information to patients (written and oral)
2. general medical treatment
4. staff attitude
5. investigation and results

This information is considered as an opportunity to identify learning and development opportunities for teams alongside other patient experience information such as incidents and feedback from other sources such as the Friends and Family test survey, Care Opinion postings and national surveys.

The themes of complaints have not altered significantly with the spread of themes and trends consistent with previous years. However, there was a clear pattern of complaints

related to the challenges resulting from visiting restrictions and maintaining effective communication with families, particularly around discharge.

5.4 Parliamentary and Health Service Ombudsman

Patients or their relatives can complain to the Parliamentary and Health Service Ombudsman (PHSO) if they believe we have not acted properly or fairly or given our patients, service users or their relative a poor service and not put things right. If the PHSO decide that we got things wrong which had a negative effect on the service user, they can recommend action(s) we should take.

In 2021/22 the Trust received notification from the Parliamentary and Health Service Ombudsman (PHSO) that 6 complainants wished to have their complaints independently reviewed.

Of these:

- One case was submitted and assessed by the PHSO and required no further investigation.
- Two cases were submitted and were still being assessed by the PHSO at the end of the period to which this report relates.
- One case was the subject of a proposal on the part of the PHSO to engage the Early Dispute Resolution procedure, which the Trust declined on the basis that it was not appropriate.
- One case was investigated and the complaint not upheld.
- One case was still being investigated at the end of the period to which this report relates.

In addition, an investigation into one case which began before the period to which this annual report relates (in December 2020) was still awaited at the end of that period.

5.5 KO41a

The Hospital and Community Health Services Complaints Collection (KO41a) has been accepted by the Standardisation Committee for Care Information (SCCI).

The information obtained from the KO41a collection monitors written hospital and community health service complaints received by the NHS. It also supports the commitment given in equity and excellence to improve the patient experience by listening to the public voice. Information is submitted quarterly on all complaints investigated across the Trust.

5.6 Matters of importance arising from Complaints: Listening and Learning

During the year, learning from complaints has been shared across the hospital in a number of ways.

The Trust has used learning gained from complaints to inform staff training and to influence improvement projects and most importantly the care we provide to our patients.

Patients and carers frequently have the assumption that things will not change because of a complaint as they see staff working under pressure or the subject of their complaint has led them to lose faith in the organisation.

Assurance that the learning from a complaint has been taken forward is provided through complaint action plans which are completed by the team on completion of the complaint process if learning has been identified.

The responsibility for, and ownership of, the action plan sits with directorates with the support of the patient experience team.

Example 1 – Formal Complaint: poor communication with families has been a consistent theme in formal complaints during 2021/22 and has been exacerbated by the pandemic.

For example, a patient complained regarding a lack of support from the community midwifery team when she planned to have a home birth.

Learning: as a result of these concerns being raised, and a full investigation being undertaken, a new guideline was written to improve communication between community midwifery teams with the aim that this would not happen again.

Example 2 – Formal Complaint: there were examples of patient care on the wards being more challenging due to staff sickness (pandemic related).

The daughter of a patient was unhappy with the care and medication management of her mother on a ward.

Learning: an Action Plan was produced to improve the concerns raised, for example, training rolled out to all staff regarding a new system for care planning, allowing for a more personalised approach to care planning with patient and family involvement at the forefront.

5.7 Reopened Complaints

The number of complaints that do not achieve resolution with the first response is used as a proxy measure for the quality of the complaint response. A complainant who does not feel the Trust has listened to them is unlikely to be satisfied with their response. 48 complaints were reopened during 2021/22 (36 x 2nd Letters and 12 x Meeting Offers Accepted); these second letters and meetings can create as much work as the first response.

Date	Formal Complaints	2 nd Letter / Meeting Offer Accepted	Total	% increase 2nd Let / Mtgs
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1 Apr 2019 to 31 Mar 2020	270 +	27 =	297	10%
1 April 2020 to 31 Mar 2021	302 +	31 =	333	10%
1 April 2021 to 31 Mar 2022	335 +	48 =	383	14%

There has been an increase in the number of second letters and meeting offers accepted on the previous year from 10% to 14%.

5.8. How did we do in 2021/22 against what we said we would do?

Aim for 2021/22: A comprehensive thematic review of complaints, concerns and feedback received by the Trust during the COVID-19 pandemic to inform learning and future planning.

The review revealed themes around communication and discharge and resulted in the development of the discharge communication improvement project.

Aim for 2021/22: Process mapping and review of concerns and complaints. Simplify the process to ensure accessibility for patients and staff.

Netcall was put in place, new leaflets for PALS and Complaints were shared across the organisation.

Aim for 2021/22: Each directorate will be allocated a PALS/Complaints and an Involvement team member as a link to support with complaint management, oversight and assurance that learning is embedded. The links will attend governance meetings, proactively seek out patient and carer feedback and undertake bespoke surveys when issues are identified. The aim will be that the clinical staff and complaints team work collaboratively to understand what patients are telling us and to act on that feedback effectively. It will also support teams to improve the performance on the 40 day response commitment.

The PALS and Complaints Teams have set up regular meetings with each directorate ADPC/Governance Coordinator to work collaboratively on all open PALS and complaint cases.

Aim for 2021/22: Support leaders and managers who are undertaking investigations and providing responses to develop their skills through training and development opportunities. Complaints workshops and Management Essentials training.

Complaint workshops were held and support provided to staff as requested. Complaints, PALS and patient involvement continues as part of the management essentials training.

Aim for 2021/22: Development of a Patient and Family Centered Care Committee. The Committee will ensure that an effective patient experience strategy is developed, delivered and embedded across the Trust and develop a trust-wide

approach to patient experience which continually reviews intelligence and drives improvements. Terms of reference in development.

PAFCC Committee established in January 2021 on a quarterly basis but was put on hold due to a lack of staff attendance from the directorates.

Aim for 2021/22: To strengthen the assurance process for learning from complaints the Trust will include a summary of the actions to be taken in the complaint response letter to support the monitoring and delivery of the improvement actions.

When appropriate, complaint responses include descriptions of the actions to be taken. Also, when complaints are closed final emails (together with final response letters attached) are sent to the directorate ADPC and Governance Coordinator which highlights any learning to take forward and/or Action Plans.

Aim for 2021/22: The Trust will also develop a complaints satisfaction survey with a view to increasing our feedback to facilitate further improvement where indicated.

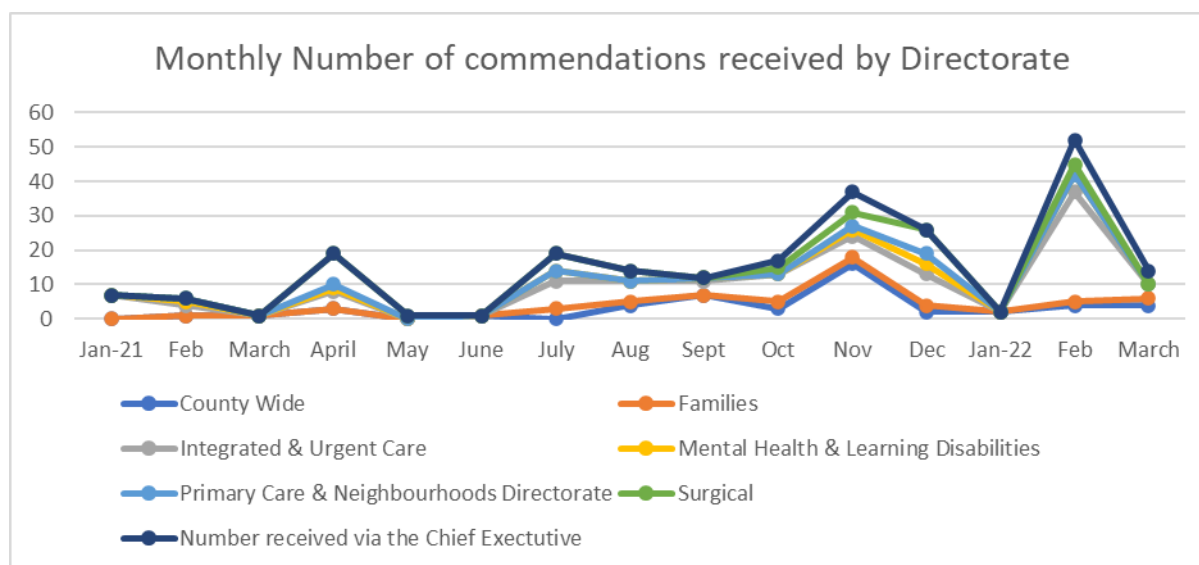
Due to capacity, the pandemic, staff shortages and an increase in the number of PALS and complaints received, the PALS and Complaints satisfaction surveys were postponed.

6.0 What Matters to Patients, Carers, and Relatives

This year has been a challenging time due to the COVID-19 pandemic as we prioritise the need to keep our patients and staff safe whilst continuing to deliver essential services within our mental health, community, outpatients, and acute inpatient settings. We recognise the importance of supporting our frontline staff during these challenges and also ensure patient feedback is heard, and acted upon to continually support service improvement. It is vitally important to seek out and actively engage with a diverse group of people who have experience of the services delivered by Somerset NHS Foundation Trust.

6.1 Commendations

We are aware a high number of commendations are sent directly to wards and departments. The graph is a presentation of those received directly into the central office. Copies of commendations received are acknowledged and sent to team managers to cascade to individual teams.



6.2 Departmental Patient Experience Surveys

Across the organisation the Involvement Team have supported departments with a total of **44** departmental/bespoke surveys. The surveys are created on Questback (online platform) which offers the benefits of staff sending our hyperlinks to people to complete the surveys via email, posters and business cards are generated with the link and a QR (quick response) code to offer people varying opportunities to share their views. Surveys can be closed at intervals to enable staff to review feedback, make changes and reopen the survey to see if actions taken have improved services being offered. Also, to celebrate the really positive feedback that we so often receive.

Staff have fed back to us that this is a really quick, simple to use and a valuable method of offering feedback which offers a reporting tool in real-time.

Directorate	Total
Integrated Care	2
Surgical	11
Families	7
Countywide	16
Mental Health	5
Primary	3

6.3 Care Opinion

The Trust has continued its subscription to Care Opinion. There are responders trained and in place at a local level allowing local responses and thus visibility and actions to stories posted. However, with staff moving across ward areas, and new staff joining the organisation, we have identified that some focus needs to be given to train and support

new staff, and raise awareness of Care Opinion. This methodology enables us to be transparent in our approach to patient feedback, and encourage feedback as a source to step into the organisation without needing to complain.

6.4 My voice email contact and messaging service

An email address has been created for patients, families and the public to share their comments, views and feedback about our services. This has been widely used and shared directly with services for action or information.

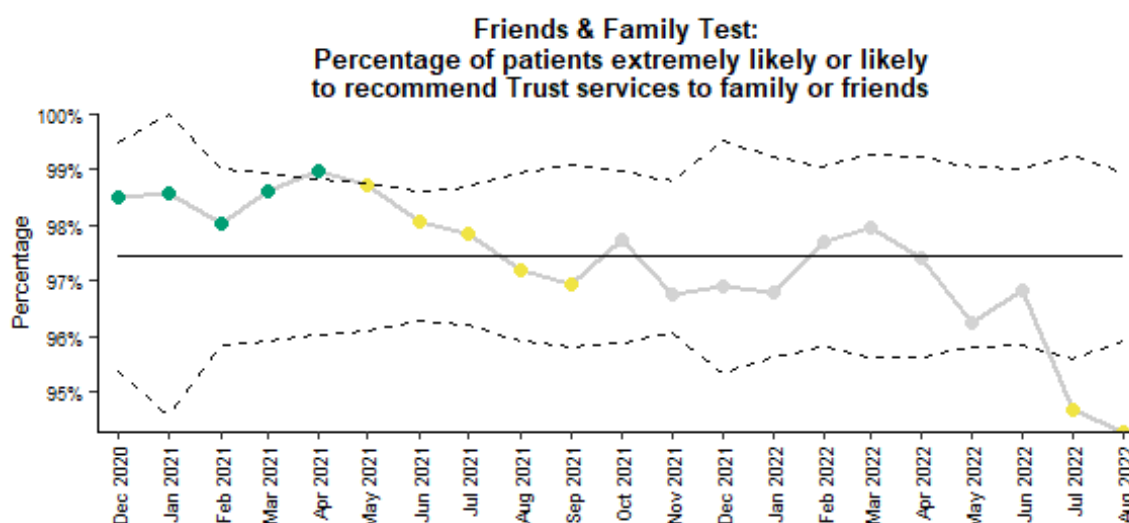
The Involvement team respond directly to the correspondent with the outcome and to acknowledge receipt of the feedback. When appropriate, the feedback is shared with the PALS team with consent. During the pandemic, a messaging service was developed, enabling friends and family to share messages and pictures with patients as well as allowing people to maintain communication. This service has proven beneficial to keep people connected and will continue in the long term.

6.5 Friends and Family test

The Friends and Family Test (FFT) is one of the resources we use to listen to our patients. It is a national measure that gives patients an opportunity to provide feedback. The results give wards/departments feedback on their care but are also reviewed nationally to understand the Trust's performance alongside other trusts.

Reporting to NHSE on Friends and Family Test in line with National Guidance recommenced in January 2021. The number of responses continues to be relatively low.

Questback was established as a reporting tool. This enables different methods of gathering FFT feedback including a link on a tablet, QR code and via paper form. We have supported clinical areas to use the best method for their patients and service users.



6.6 Carers Awareness Project

The carers work is steadily progressing with the Mental Health Carers Teams and our Carer partners, alongside collaboration with Health & Social Care colleagues. The working group meet monthly to retain momentum with this vital project.

Current work underway include:

- Review joint Carers Charter
- Staff awareness training with Dementia Teams
- Digital early identification of unpaid carers
- Attending Talking Cafes to ensure we are hearing from our less heard groups
- Somerset Foundation Trust will be recruiting an Involvement Coordinator (Carers) to support with this work in the next financial year. The co-ordinator will be based at Musgrove Park and will be a presence on the ward to connect with carers and be on hand to facilitate conversations around discharge and offer support and guidance where needed.

6.7 Digital Carers Stories

We are currently exploring a library of Digital Patient Stories (including our Carers) to ensure patients stories are accessible to our staff to aid human connections.

The Community Council for Somerset (CCS) have a weekly stand based at MPH to listen and link with carers and offer support and information. This also provides an opportunity for our partner organisations to learn from patients and their families.

6.8 Family Liaison Team (FLT)

The FLT actively ensure our patients are connected with those who matter to them during visiting restrictions. The service was developed during the COVID-19 pandemic and offered flexibility with support and assistance during restricted visiting times by booking visiting slots for various wards and supporting our frontline colleagues.

The FLT have been able to assist with many queries that have been received via the PALS department which have included communication issues, inaccessibility to wards and staff availability. In these instances, FLT have been able to actively visit wards and facilitate connection with families and those important to patients, and have offered reassurance to those who have been unable to retain contact. Feedback showed us that families are greatly appreciative of this service. In addition, FLT visit wards to offer support in person. The PALS team have been able to transfer calls to the FLT for immediate attention, in a timely manner when communication issues have been highlighted. We aim to establish this service as a permanent fixture.

6.9 Somerset FT Patient / Carer Partners

Patient/Carer Partners assist teams to transform and influence service change based on patient experience with fresh eyes. Currently, Somerset Foundation Trust have eight Patient Partners who have consistently been available throughout the COVID-19 pandemic, to be involved with projects to retain patient voice involvement via Microsoft Teams meetings. Regular commitment from our Patients Partners ensures regular patient voice representation is heard. Ongoing involvement meetings and opportunities include:

- Serious Incident Review Group
- Nutrition Steering Group
- Falls Review Group
- Dementia Strategy Group
- The opportunity arose for the patient partners to be involved and shape the way forward with the Community Hospitals. Regular meetings with Dr Knight, including the Patient Partners has ensured that the patient voice is represented at each step as the community hospitals programme develops.
- Interview panels
- Associate Student Nurse – Interviewing & training
- Carer Involvement
- Outpatients Transformation Programme
- Regularly Review leaflets – remotely
- Discharge Review Meetings

6.10 Somerset FT Volunteers

The volunteering workforce has had much disruption during COVID-19 times, however, in January we welcomed back a cohort of **20** Meet & Greet Volunteers to assist with wayfinding a taking people to their desired destination e.g. Outpatient Departments. Individual risk assessments and COVID-19 information around infection, prevention and control measures were put in place.

Our Meet & Greet Volunteers provide us with a rich source of information, acting as our eyes and ears around the organisation. They have highlighted to the Involvement Team issues around parking cost, lack of signage to various departments, access to wheelchairs and no drop off points being available.

As we move forward, departments are stepping forward with requests for volunteers for specific roles to support teams. The Involvement team is working with departments leads to ensure clear volunteer roles are being defined. **3** new requests have been received for volunteer support.

In total Somerset FT have welcomed back in a phased manner, **151** to Musgrove, Frome, South Petherton and Minehead hospitals.

6.11 NHS England Accessible Information Standard

The Accessible Information Standard (AIS) is a requirement for health and social care providers to meet the information and communication support needs of patients with a disability, impairment, or sensory loss. NHS provider organisations are required to meet all the five elements (Asking, Recording, Flagging/Alerting, Sharing, Acting) within the Standard.

There is a current engagement project involving our Deaf Aware Partners to raise awareness of hearing impairments, along with our colleagues in the Emergency Department.

6.12 National surveys

The National Survey Programme provides assurance of broad service coverage within national programmes. The national surveys address the following areas at Somerset NHS Foundation Trust:

- inpatients
- outpatients
- children's inpatient and day cases
- maternity
- cancer patients
- A&E (Emergency Department) patients
- mental health survey

The National Inpatient Survey for 2021 was completed by 43% of patients. The trust's results were about the same as other trusts for **47** questions.

We saw a decrease in satisfaction compared to the previous year for patients awaiting admission to hospital and awaiting a bed. Other slight decreases included noise at night and being assisted to eat a meal. Results will be shared with departments and appropriate action plans put in place where required.

7.0 Focus for the coming year

- Work with our colleagues at Yeovil District Hospital Foundation Trust to align our priorities for Patient Experience and Involvement as we merge into one organisation.
- Understand the differences in policies and procedures from Yeovil District Hospital regarding complaints and PALS, and start to plan for one shared operating procedure.
- Form joint working and steering groups/committees to strengthen work plans to inform and improve learning from the feedback we receive.
- Strengthen internal relationships between the Patient Experience Team and Departmental Managers to ensure efficient and timely responses are provided.
- Work with departmental managers to ensure we are getting the most from our risk management systems. This will allow managers to understand themes and trends within their areas.

- Complaint and PALS actions to be monitored through Governance Meetings and the Patient Experience and Engagement Committee. To ensure shared learning is achieved and outstanding actions are escalated to ensure we learn from the feedback we receive.
- Training will continue be provided to appropriate staff, including doctors regarding managing complaints, iCARE, action plans, bereavement etc.
- Use technology in the way we deliver training so we are able to form interactive e-learning for all staff.
- Develop ways of obtaining patient feedback, including the use of Quick Response (QR) codes and by engaging with our community as we merge into one organisation.
- Utilise information and feedback from compliments more effectively so that patients and staff are aware of the great work undertaken in the Trust.
- To strengthen our Patient Voice group, so they have a clear work schedule that can be managed and monitored, and ensure they are embedding within the ward teams.
- Continue to promote and develop the Health and Wellbeing Hub, to provide support to patients and relatives with cancer and/or long term conditions.
- Co-design health and wellbeing engagement events with our patients, to provide information and support to our local community.
- Work collaboratively with neighbouring trusts and carers to develop a carers guide/plan and ensure we are providing sufficient support.