

Report to:	Trust Board (Public)	Agenda item:	20
Date of Meeting:	04 April 2019		

Report Title:	Patient Experience Report Q3 2018-19			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Katrina Glaister, Head of Patient Experience			
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):				

Recommendation:
The Board is asked to note this report.

Executive Summary:
<p>This report provides a report of activity for Q3 2018/19 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change. Some key changes are highlighted below:</p> <ul style="list-style-type: none"> • The Customer Care team has been rebranded as PALS (Patient Advice and Liaison Service) • The line manager of members of staff named in negative feedback (via FFT cards) are now given the patient’s comments so that they can follow up with the named member of staff • Compliance with agreed timescales remains challenging but has improved since last quarter. A new compliance report is being compiled and will be shared with the directorates every quarter. A quarterly PALS meeting with all the directorates is being considered. Other Trusts have found this a useful way to share learning from PALS issues. • PALS attendance at all directorate management monthly committee meetings is being actively pursued <p>This report provides assurance that the Trust is responding and acting appropriately to patient feedback.</p>

CLASSIFICATION: UNRESTRICTED

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

Patient Experience Report - Quarter 3

1/10/2018 to 29/12/2018

Purpose of paper

To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrate that learning and actions are taken to improve services in response to feedback.

To provide assurance of patient and public involvement in service co-design and improvement.

Background

Nationally, the scrutiny in relation to compassionate healthcare as well as engaging with the public to understand their voice and feedback is an imperative, including learning from feedback, transparency and honesty when healthcare goes wrong. This report provides some evidence of the patient experience feedback and activities in relation to self-improvement based on that feedback.

1. Patient Advice and Liaison Service

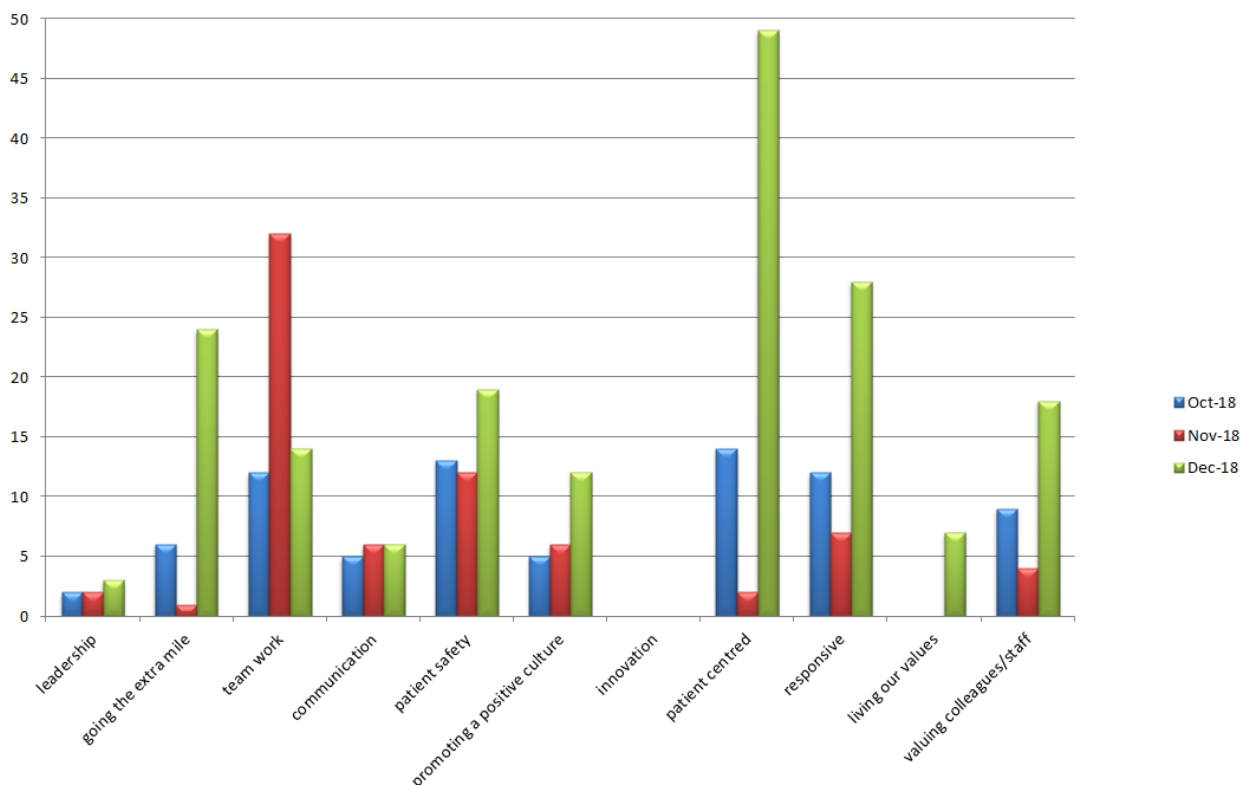
'PALS' is a nationally recognised NHS service providing advice, information and guidance to those wishing to raise a concern or as a way of signposting the enquirer to the relevant service. Because of recognition of the term nationwide, the name of the Customer Care Team has changed to Patient Advice and Liaison Service (PALS). To reduce costs, signposting to the department will change as and when other signage is changed.

To improve access for patients and their visitors a new venue for PALS continues to be sought.

2. Sharing Outstanding Excellence (SOX)

There is growing awareness nationwide that since complaints are a small minority compared to other PALS feedback, learning from what goes well in a Trust is as important as learning from Complaints. In this Trust, a positive report is known as a SOX.

Themes from the SOX excellence reports for Q3 are shown here:

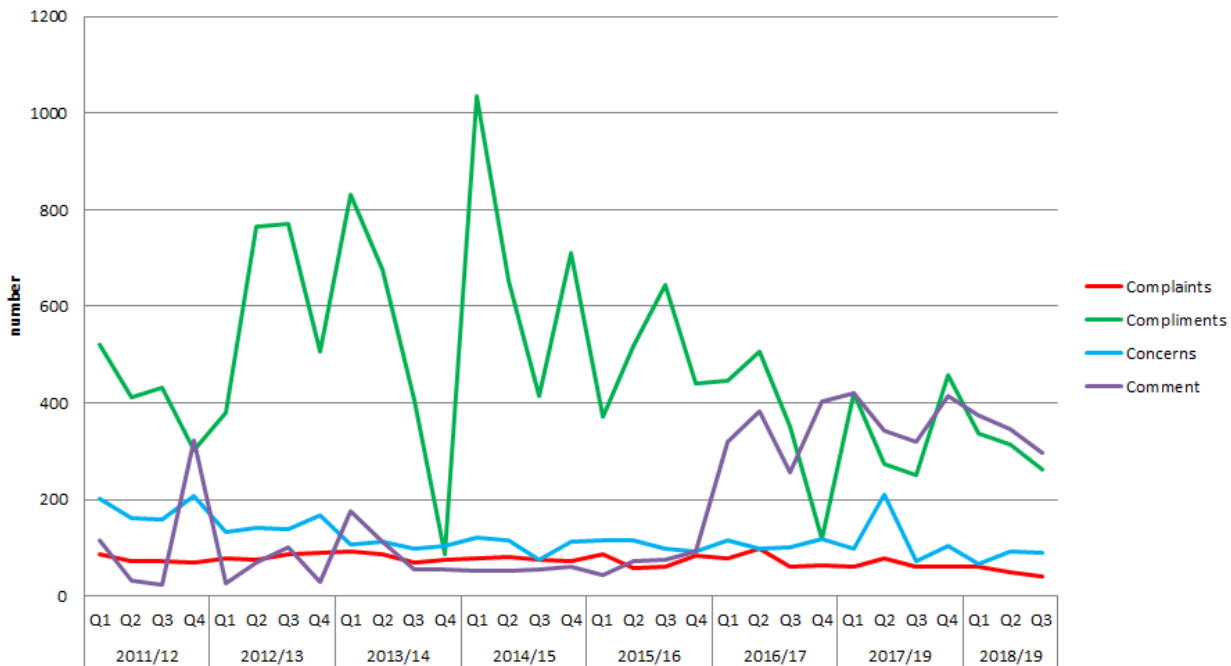


3. Complaints

The graph overleaf shows the numbers of complaints, compliments, concerns and comments over time. Complaints show a slight reduction over time. There is more variation in concerns and comments and the PALS team are working to clarify what constitutes a comment vs what constitutes a concern, as whilst

concerns can be themed, comments cannot be and it is important that key themes are not missed.

Complaints, Compliments, Concerns and Comments



Actions taken since last report

- PALS attendance at all directorate management monthly committee meetings is being actively pursued
- A new complaints compliance report is being pulled together and will be sent to the directorates each quarter.
- A quarterly PALS meeting with all the directorates is being considered. Other Trusts have found this a useful way to share learning from PALS issues.
- The line manager for members of staff named in negative feedback (via FFT cards) are now forwarded the patient’s comments so that they can follow up the issue with the named member of staff
- Compliments for staff mentioned by name in patient feedback is sent out in a SOX (Sharing Outstanding Excellence form).

Complaint themes

The K041 categories are used to theme complaints. The main themes this quarter are:

- Patient care (including nutrition and hydration) (n = 16) and
- Clinical treatment (n = 8).

There were 90 concerns in Q3. The main issues from concerns are:

- Patient care (including nutrition and hydration) (n = 21), with half of these in the Medicine Directorate.
- Appointments including delays and cancellations (n =18).
- Communication (n = 15).

40 complaints were received in Q3. A breakdown of numbers and themes from complaints according to the K041 subject code is listed below by directorate:

	CSFS	Finance and Procurement	Medicine	MSK	Surgery	Total
Access to treatment or drugs	0	0	0	1	1	2
Admissions, discharge and transfers	0	0	1	0	2	3

Appointments	0	0	0	0	2	2
Clinical Treatment	3	0	2	2	1	8
Communications	0	0	1	0	0	1
Consent to treatment	0	0	0	0	1	1
End of Life Care	0	0	1	0	0	1
Patient Care including Nutrition / Hydration	1	0	8	6	1	16
Prescribing errors	0	0	0	1	0	1
Privacy, Dignity and Wellbeing	0	0	0	0	1	1
Trust Administration	0	1	0	0	0	1
Values and behaviours	1	0	0	0	2	3
Totals:	5	1	13	10	11	40

In Q3 the Trust treated 17,863 people as inpatients, day cases and regular day attendees. Another 16,751 were seen in the Emergency Department (includes the walk-in clinic) and 30,450 as outpatients. 40 complaints were received which is 0.06% of the number of patients treated.

263 compliments were received across the Trust in Q3. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named. Where individual staff members are named in a compliment the PALS team now complete a SOX which is sent to the individual and their line manager.

Timeliness of response

100% of complaints were acknowledged within 3 working days.

Two complaints (1 each in MSK and CSFS) were re-opened in Q3; both were unhappy with the response received.

The total number of enquiries, comments, concerns and complaints received by the team in Q3 was 446. Of these 76.7% were dealt with within 10 days (47.5% were dealt with on the same day).

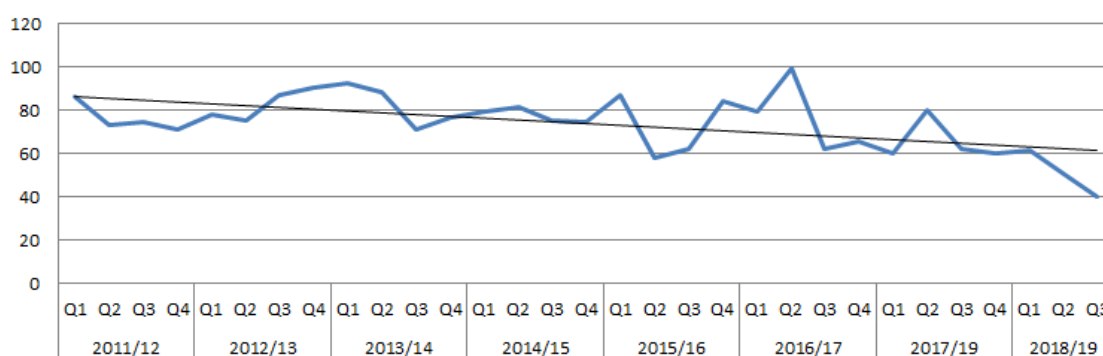
0-10 working days		11-24 working days		25+ working days	
351	78.7%	37	8.3%	45	10.0%

Response timescales for complaint responses going out beyond 25 working days has improved slightly this quarter. However, whilst complainants are kept informed of delays further work within the directorates needs to be done to improve agreed response timescales. See individual directorate reports for the maximum length of time a complainant waited for a response this quarter.

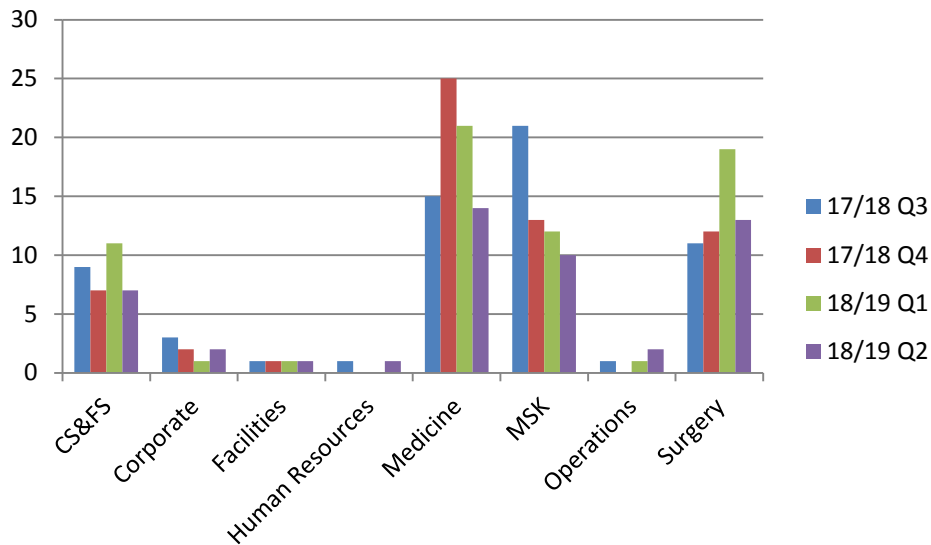
0-10 working days		11-24 working days		25+ working days	
2	5%	7	17.5%%	23	57.5%

4. Complaints by directorate

Numbers of complaints over time



The following graph shows the number of complaints by directorate over the last four quarters.



Clinical Support and Family Services Directorate

	Quarter 3 2017-18	Quarter 2 2018-19	Quarter 3 2018-19
Complaints	9	7	5
Concerns	10	21	13
Compliments	36	93	121
Re-opened complaints	0	2	1
% complaints responded to within agreed timescale	33%	14%	40%

- There were 5 complaints in this quarter. There are no particular themes. One of the complaints was retracted; however the department still followed it up and responded.
- One complaint meeting was held this quarter. Resolution was reached and the complaint was closed.
- There were 2 complaints which were open for 42 days. One was delayed due to the directorate having to contact a third party provider for statements. The other was delayed due to waiting for staff to make statements and further review being needed before sign-off from the CEO.
- 13 concerns were raised in quarter 3. Endoscopy and Radiology received 3 each. The theme for the Endoscopy Department was delays in being seen. There was no particular theme for the Radiology department; concerns included poor attitude of staff and complications during the procedure.
- Response compliance has increased during this quarter. Any delays have been due to waiting for statements from relevant staff.
- The PALS team received 44 comments and enquiries in Quarter 3 which were resolved at the time by the team.
- Total activity within the directorate was 8822 and of this number 0.05% raised a complaint.
- The Complaints Co-ordinator is waiting for responses from CSFS regarding 5 outstanding action plans from closed complaints.

Of the complaints responded to in quarter 3, these are the following outcomes:

Upheld	Partially Upheld	Not Upheld
3		2

Themes and actions

Department/Ward	Topic	Actions
Endoscopy Department	Waiting times or no bed available.	Issues were raised with 18 Week Support who are the insourcing provider. Waiting times were unavoidable due to bed availability.
Radiology Department	Poor attitude of staff and complications during the procedure.	Going forward, Radiology will be providing after care leaflets for all patients who undergo IV injection of contrast. Staff members were spoken to as part of the investigation.

Compliments

121 compliments were received in quarter 3, the breakdown is as follows:

Community Midwives - 11, Endoscopy - 9, Labour ward - 17, NICU - 26, Pathology - 2, Postnatal - 37, Radiology - 3, SALT - 2, Sarum - 14.

Medicine Directorate

	Quarter 3 2017-18	Quarter 2 2018-19	Quarter 3 2018-19
Complaints	15	14	13
Concerns	19	25	28
Compliments	102	116	258
Re-opened complaints	4	2	0
% complaints responded to within agreed timescale	40%	35%	53%

- Total activity within the Directorate was 30756 and of this number 0.04% raised a complaint
- Farley ward received the most complaints (n= 5). There were no particular themes for these complaints. The issues raised were regarding EOL care, neglect in care and treatment given and lack of communication.
- 1 complaint meeting and 1 concern meeting was held this quarter and both reached resolution and they were closed.
 - There is still one complaint open which was raised on the 20th November 2018. Several chases have been sent to the investigating manager but no reason has been given for the delay.
- Response compliance has increased from quarter 2 and other quarters however the reason for some delays are due to complaint meeting being held in March 2019.
- There were 28 concerns raised in Quarter 3. The Emergency Department received the most with 6.
 - The themes for the Emergency Department were attitude of staff and unsatisfactory clinical treatment. Pitton ward received 5 concerns regarding unsatisfactory treatment and discharge procedures.
- The PALS Team received 65 comments and enquiries in Quarter 3 which were resolved at the time by the team.
- The Complaints Co-ordinator is waiting for 15 outstanding action plans from Medicine's closed complaints (since 1st April 2018).

Of the complaints responded to in Quarter 3, these are the following outcomes:

Upheld	Partially Upheld	Not upheld
1	8	1

Themes and actions

Department/Ward	Topic	Actions
Farley Ward	Unsatisfactory care and treatment including EOL care on the ward. Communication concerns.	Ongoing feedback for teams to improve communication when dealing with EOL issues. Encouraging the need to repeat explanations allowing time for families/NOK to take information on board. Highlighting to individuals the importance of timely communication.
Emergency Department	Unsatisfactory Clinical treatment and attitude of staff.	Continued feedback to individuals about the impact of negative communication to patients. Specific focus on recording of cannulation and improvement plan in place.
Pitton Ward	Unsatisfactory treatment and discharge procedures.	Individual feedback to staff to acknowledge the importance of clear and timely communication. Setting up of clear communication expectations for both family and staff.

Compliments

258 compliments were received in Quarter 3, the breakdown is as follows:

AMU - 52, Cardiology - 8, Durrington - 7, Emergency Department - 58, Endocrinology - 2, Farley ward - 51, Hospice - 10, Neurophysiology - 1, Pembroke ward - 1, Pitton ward - 7, Redlynch ward - 22, Spire ward - 8, SSEU - 1, Tisbury ward - 16, Whiteparish - 20.

Musculo-Skeletal Directorate

	Quarter 3 2017-2018	Q2 2018-2019	Quarter 3 2018-2019
Complaints	21	10	10
Concerns	13	27	28
Compliments	51	42	48
Re-opened complaints	4	4	1
% Complaints responded to within agreed timescale	29%	30%	20%

- The total activity in the Directorate was 14,791 and of this number 0.07% raised a complaint
- There has been one re-opened complaint, which is now being dealt with by the Chairman.
- The largest number of complaints received were for Odstock Ward, Orthopaedics and Tamar Ward with 2 complaints each.
 - The main theme for complaints was nursing care (3 complaints) and clinical treatment (2 complaints)
 - The longest time a complaint (8002) was open for this quarter was 86 working days. The updates given said that they were waiting for a response from a clinician. A meeting has been arranged with the complainant (to be held March 21st 2019).
- The highest number of concerns received were for Orthopaedics (7 concerns) and Amesbury Suite (4 concerns).
 - The main themes for concerns were the delay in receiving treatment (n = 4) and a delay in receiving appointments (n = 3).
- There were no complaint/concern meetings held in this quarter.

- The PALS department received 53 comments and enquiries in Quarter 3 which have been resolved by the team.
- The MSK directorate has one action plan outstanding (complaints 7987) from closed complaints since 1st January 2018

Upheld	Partially Upheld	Not upheld
1	6	2

Themes and actions

Department/Ward	Topic	Actions
Odstock Ward, Orthopaedics, Tamar	Nursing Care	<ul style="list-style-type: none"> • Actively recruiting staff to reduce vacancies • Study days with consultant support to upskill junior staff to expected level • Review incidents with ward leads in a timely manner • Poor performance by agency staff to be challenged and reported back to agencies.
Orthopaedics & Plastics	Clinical Treatment	No themes of treatment or individual clinician so individual actions relating to complaint taken to resolve issues.
Cross Directorate	Delays in receiving treatments and appointments	<ul style="list-style-type: none"> • Continue to review long waiters • Increase capacity in specialities through additional sessions • Informatics support to provide accurate waiting list information • Active waiting list validation by specialty to reduce waiting list times

Compliments

In total 48 compliments have been received across the Directorate with the breakdown as: Chilmark Suite = 26, Orthopaedics = 12, Avon and Tamar = 3, Plastic surgery = 3, Orthopaedic O/P = 2, Max Fax = 1, Oral surgery = 1

Surgical Directorate

	Quarter 3 2017-18	Quarter 2 2018-2019	Quarter 3 2018-19
Complaints	11	13	11
Concerns	27	18	18
Compliments	52	50	171
Re-opened complaints	3	1	1
% complaints responded to within agreed timescale	36%	0%	9%

- Total inpatient and outpatient activity within the Directorate was 10,695 and of this number 0.10% raised a complaint.
 - There are 4 complaints still open.
 - There have been 4 complaint meetings held for this quarter.
 - The Audiology Department, Downton Ward and General Surgery all had 2 complaints each.

- The oldest complaint open is 8021 which was due out on 17th December 2018. PALS were told on 27th December 2018 that the Directorate Manager was going to telephone the patient to discuss his issues as the consultant has already written to the patient and feels the complaint has been fully answered. Further reminders have been sent but we are awaiting confirmation that this telephone call has taken place. A further letter was received from the complainant on 12th February 2019 which has been forwarded to the Directorate team. The response has since been chased by the PALS team.
- The most common theme for complaints and concerns was for appointments being postponed (4 complaints/concerns), insensitive communication (3 complaints/concerns), clinical treatment (3 complaints/concerns) and appointment system – procedures (3 complaints/concerns).
- The highest number of concerns were for both the Central Booking Department and Urology with 5 concerns. Ophthalmology had 3 concerns.
- The PALS office have received 59 enquiries and comments which were resolved by the PALS team.
- Surgery have two action plans outstanding – 8036 and 8024.

Upheld	Partially Upheld	Not upheld
2	1	1

Themes and actions

Department/Ward	Topic	Actions
Central Booking	Netcall telephone system, failure to record automated cancellations.	Redesign IBR to remove automated voice notes – to be carried out in April 2019

Compliments

In total 171 compliments have been received across the Directorate with the breakdown as:

Britford Ward = 75, Downton Ward = 43, Ophthalmology O/P = 11, ENT = 10, Radnor Ward = 7, Urology = 6, Breamore Ward = 6, Ophthalmology = 3, Breast Service = 2, DSU = 2, Anaesthetics = 1, Audiology = 1, Breast reconstruction = 1, General Surgery = 1, Main theatres = 1, Vascular = 1

5. Trustwide feedback

The top areas for improvement from inpatient real time feedback, the Friends and Family Test and complaints are:

Feedback area	Theme	Actions
Complaints	Patient care	<ul style="list-style-type: none"> ● Ward leaders are incorporating themes into their improvement plans. Individual staff are managed by the ward leaders on a case-by-case basis. Continue recruitment and retention work. ● Staff attitudes have been raised with the Ward Leads and particular concerns have been raised with identified staff and managed through appropriate HR processes. Identified staff are being closely monitored in their areas and supported to ensure behaviours are not repeated. ● No themes of treatment or individual clinician so individual actions relating to complaint taken to resolve issues.
	Values and behaviours	
	Clinical treatment	
Inpatient, Maternity, Paediatrics and Spinal RTF	Noise	<ul style="list-style-type: none"> ● Wards review progress on their action plans and 'You Said – We Did' information should be displayed on the Customer Care boards. ● Limited action can be taken as noise in certain ward
	Food and nutrition on the ward (this is also one of the highest areas reported)	

	positively)	areas is due to location and deliveries to the Laundry. These areas are offering earplugs to aid sleep.
	Toys and entertainment	
	Call bells	• Trialling mobile call bell system to reduce noise in Spinal.
	Weekends	• Food and in particular temperature, is checked regularly. Trialling food service on a course by course basis to see if this improves the patient experience.
	Communication	
FFT	Numbers too low to theme	• Wards reviewed progress on their action plans.

Patients surveyed

A total of 4,536 patients provided feedback during the quarter through national patient surveys, real-time feedback and the Friends and Family Test. This is in line with the previous two quarters.

The total number of patients providing feedback in the quarter does not include those responding through the Perfect Ward App as this information is not currently available. We are checking with the suppliers to see whether this can be provided in the future.

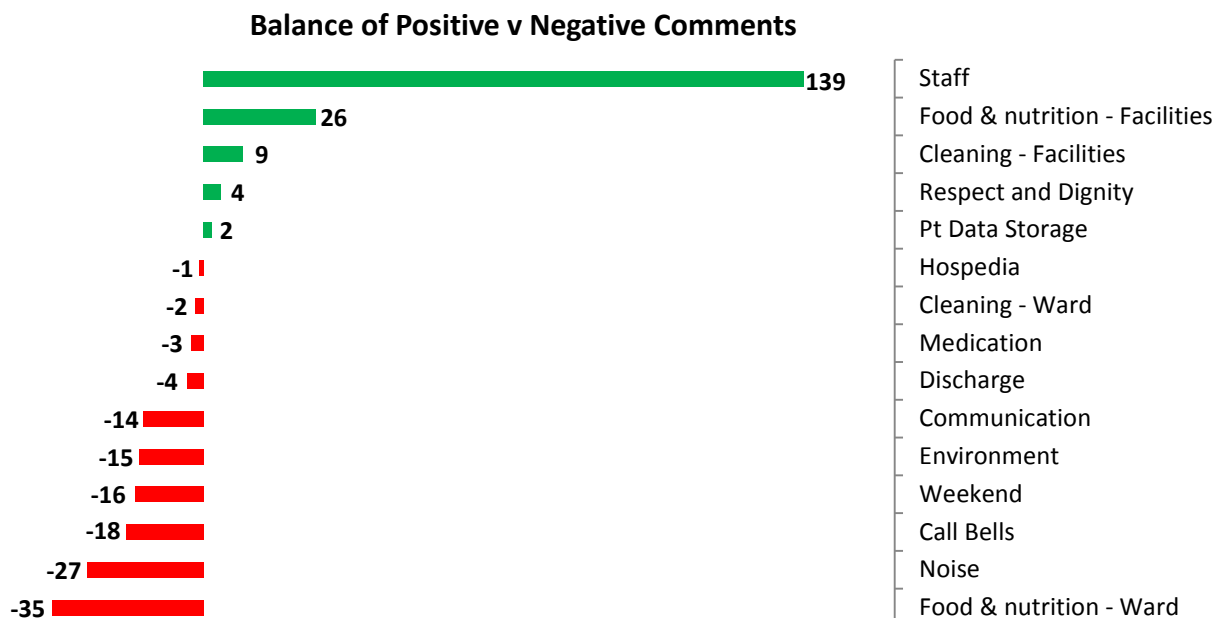
The line manager of members of staff named in negative feedback (via FFT cards) are now given the patient's comments so that they can follow up the feedback with the named member of staff

2 negative comments were received in January and February (when this initiative started). One was for endoscopy (staff attitude) and the other for dermatology (poor consent process).

6. Real time feedback

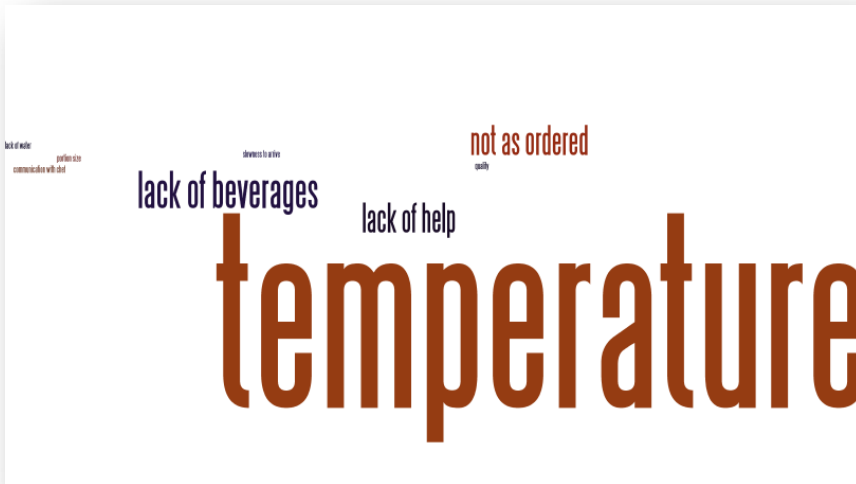
Inpatients

A total of 246 inpatients were surveyed in the quarter. They made 260 positive comments and shared 217 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



Food and nutrition on the ward

Three positive and 38 negative comments were received regarding food and nutrition on the ward. The negative comments are shown in the word cloud below. Please note that word clouds give greater prominence to words that appear more frequently in the source text.



Temperature was cited most on Amesbury Ward (n=10)

Noise

A total of 12 positive and 39 negative comments were received regarding noise. The negative comments are shown in the word cloud below.



Noise is an issue Trust-wide.

There is no one specific area that receives negative comments about noise.

Call bells

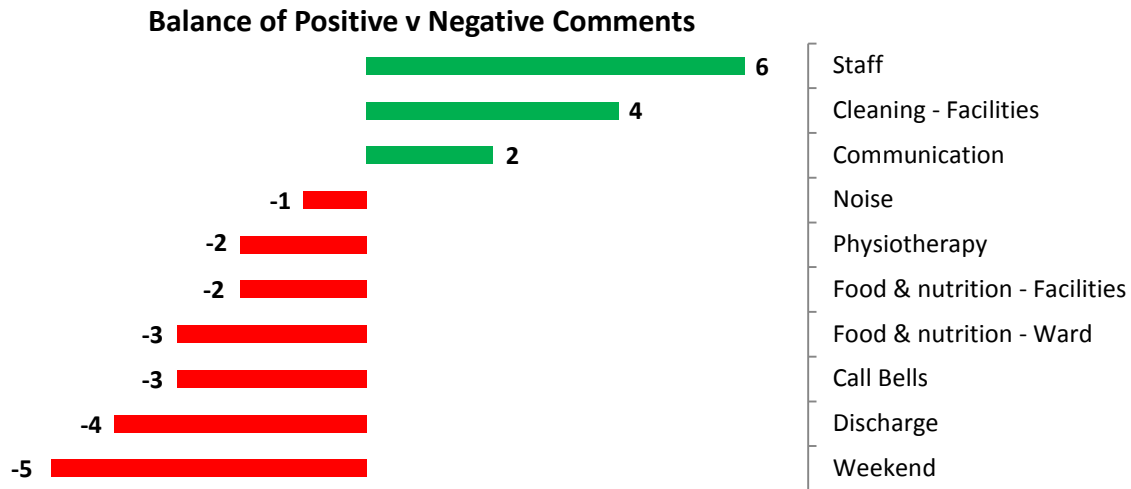
Five positive and 23 negative comments were received regarding patients getting attention at the time they needed it. The wards where the negative comments were made are:-

Whiteparish (6)	Amesbury (2)	Breamore (1)	Farley (1)
Chilmark (3)	Durrington (2)	Britford (1)	Pitton (1)
Redlynch (3)	Spire (2)	Downton (1)	

Spinal

A total of 16 patients were surveyed in the quarter. They made 21 positive comments and shared 30 suggestions of areas where services could be improved.

These have been categorised and the balance of positive to negative comments is shown in the graph below.



Lack of services at the weekend

- One patient was concerned that the gym was not available at the weekend. Another stated that when it was open, it could get busy resulting in a wait for equipment.
- Another patient said they would like physiotherapy at the weekend to stop them seizing up and another said that they needed to be turned on Sunday but kept being put off resulting in a skin problem developing.
- Another patient wanted to speak to someone at the weekend regarding their discharge

Discharge

- A patient was due to be discharged within a few weeks but did not know what the care package would be when they left.
- Another patient was concerned that they were not getting clear information about their discharge so could not ask questions.
- Another had not had any conversations with Trust staff about discharge, only a social worker. The patient had no idea what community support was available.
- A patient reported on community and social difficulties surrounding discharge. The patient was concerned that no physiotherapy was being provided and they classed themselves as a bed-blocker.

Maternity

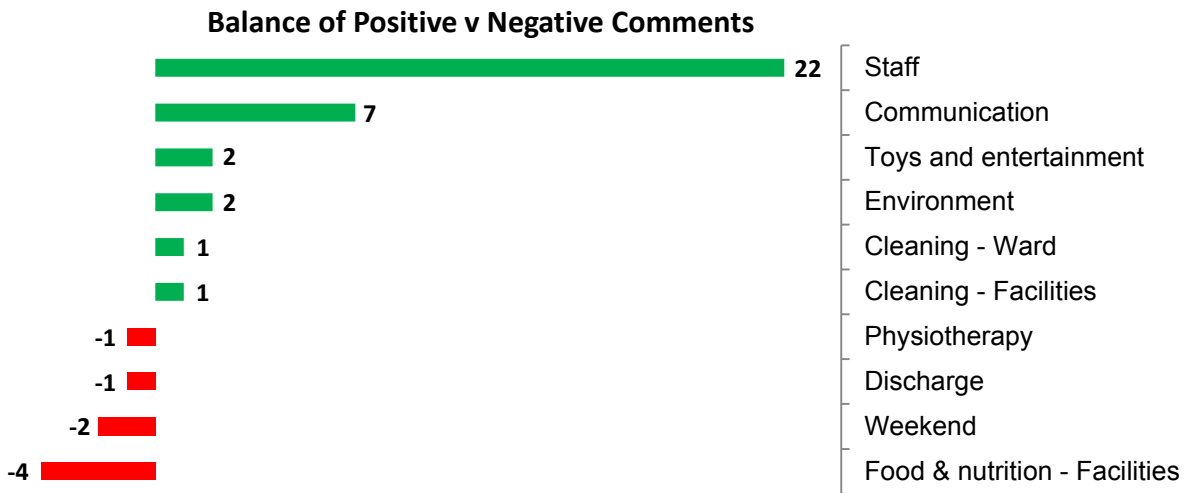
A total of 18 new mothers were surveyed in the quarter. They made 19 positive comments and shared 9 suggestions of areas where services could be improved.

Five of the concerns related to the quality of information. Two were concerns about the bathrooms. One related to inconvenient visiting times for her partner and one new mother had a delivery which was different to her birth plan.

Paediatrics

A total of 13 adults or carers and 7 children were surveyed during the period. They made 44 positive comments and shared 21 suggestions of areas where services could be improved.

These have been categorised and the balance of positive to negative comments is shown in the graph below.



Food and nutrition - Facilities

Two positive and six negative comments were received.

Three of the negative comments related to poor food options. Two were concerning the opening hours of the restaurant, particularly at weekends and one related to the timing of meals.

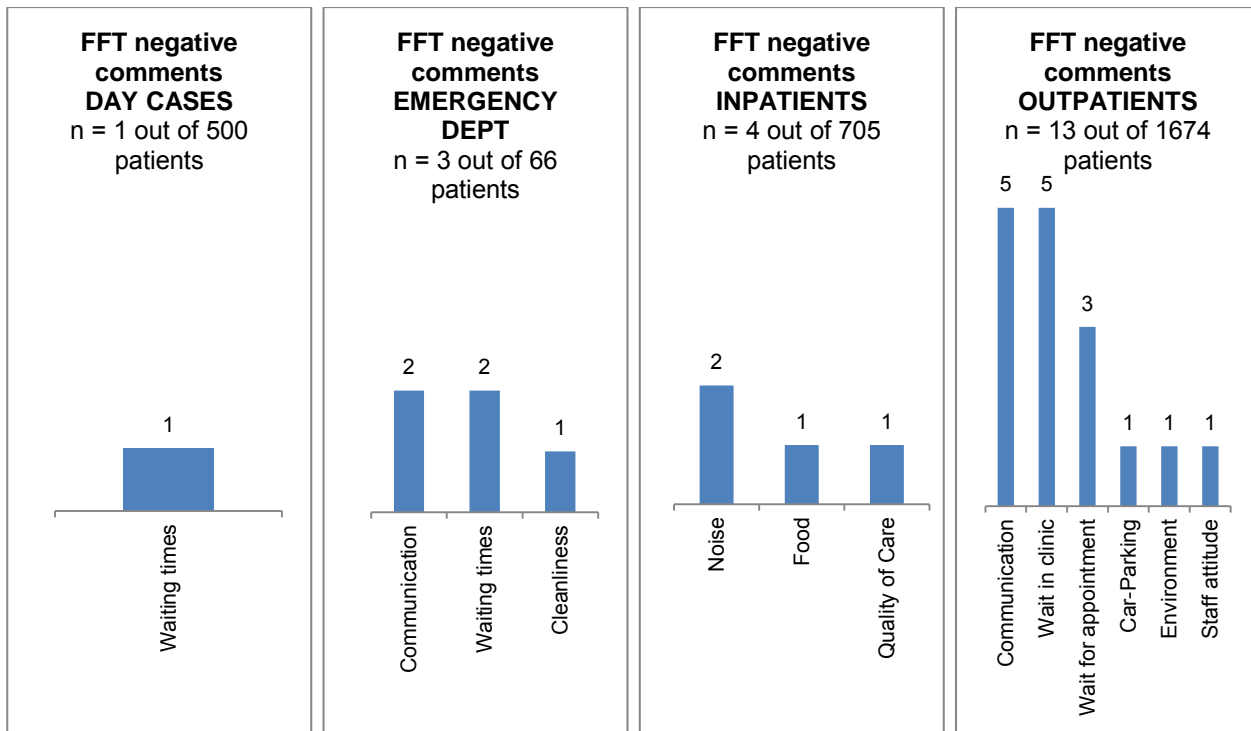
Friends and Family Test

Responses for the period were as follows:-

	Total Responses Received	Rating				
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely
Day Case	500	476 95%	21 4%	2 0.4%	0	1 0.2%
Emergency Dept	66	57 86%	2 3%	3 4.5%	3 4.5%	0
Inpatients	705	641 91%	44 6%	16 2%	3 0.5%	1 0.1%
Maternity	77	73 95%	4 5%	0	0	0
Outpatients	1674	1527 91%	111 7%	21 1%	7 0.5%	6 0.5%

* Shortfall between combined totals in rating columns and overall totals above equates to those who responded "don't know".

Comments made by those patients who stated they would be unlikely or extremely unlikely to recommend the hospital have been categorised as set out in the graphs below.



Please note, the numbers of negative comments are very low and it is difficult therefore to generalise from the themes.

Action taken on areas of concern

Wards, the Emergency Department and Maternity Unit, have action plans in place to address their areas of concern.

7. National surveys

No national patient survey benchmark results have been published by the Care Quality Commission within the reporting period.

8. Patient Stories

Patient stories are presented at the public Trust Board 6 times a year. Explicit consent is obtained to share the taped stories and, as soon as the Trust’s Intranet is developed, these will be uploaded along with a structured reflection guide for staff to use for revalidation and personal/team learning.

9. Patient and public involvement (PPI)

In this quarter there have been 4 new projects, 2 completed projects and 2 new national patient surveys commenced.

Clinical Support and Family Services

Completed projects

- Maternity carried out a survey to find out patients views on whether an alongside maternity centre would be welcomed in Salisbury. Over 300 responses were gathered, mainly by utilising the Breastfeeding support Facebook group.

Medicine

New projects

- Head and Neck Cancer services are developing a patient satisfaction questionnaire to use to develop services.
- Data is being collected on an ad hoc basis around patient views on mixed sex bay breaches in AMU. Further discussion is needed.

Musculo-Skeletal Directorate

New projects

- A workshop with patients following 3 clinical pathways in the Wessex Rehabilitation Centre (chronic pain, lower limb rehabilitation and upper limb rehabilitation) was held in January 2019. The team are now working on the feedback and an update will be provided in the Q4 report.

Surgery Directorate

New projects

- A patient satisfaction survey has been developed for the nurse-led prostate follow up clinic with the aim of establishing how effective the nurse-led service is.

Completed projects

- The patient story on the issues surrounding living with an HIV diagnosis went to the December Trust Board to coincide with World AID's Day and was well received.

10. National Patient Surveys

National Maternity Survey 2018

The benchmark results will be published by the CQC on the 29th January 2019. Reports presented to the Clinical Governance Committee and Clinical Management Board in February 2019.

National Inpatients Survey 2018

The current response rate remains at 57% compared with 60% this time last year. Analysis is now being carried out at ward level.

Urgent & Emergency Care 2018

The current response rate is 47% compared with 32% at this stage in 2016. The survey closes 26 March 2019.

Children and Young People 2018

The final version of the questionnaire sent to the Co-ordination Centre for approval. First mailing of questionnaires w/c 11 February 2019.

PPI Projects are shared on the following web page on the

Intranet: <http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/home.asp>

To increase the number of staff taking part in PPI projects work is underway to improve the way that PPI projects are displayed in the Intranet. The PPI Toolkit is also being refreshed.

11. Interpreting and Translation

The annual spend on interpretation and translation has risen year on year. As a result of this, reminders and updates about the interpreting service will be sent out to all email users and updates in Cascade Brief are planned.

The PALS team have started to look at the use of face to face language interpreters, to ensure they are being used appropriately, and reduce the overall cost of interpreting to the Trust. It is hoped that by increasing staff awareness of the telephone language interpreting service and clarifying when the use of face-to-face language interpreters is appropriate, costs can be reduced but an excellent service can still be provided. This may involve vetting of requests for face-to-face language interpreters, as well as the option of video (via iPad) language/BSL interpreting.

This quarter's top five most frequently used language for face-to-face interpreting:

Polish 22.5%	Nepalese 19.4%
Arabic 16%	Hungarian 6.5%
Chinese 6.5%	

Total number of interpreters used: 31. Number of British Sign Language interpreters used: 16

Total costs for interpreting and translation in Q3 - £7,866.70 (of this 61% relates to bookings in the Endoscopy Unit).

12. Patient Information

Patient Information has moved from the Quality Directorate to PALS.

All new patient information is given a sense check by a group of volunteers prior to the information being approved for use in the Trust. The Trust is certified against NHS England's Information Standard. Work is underway to provide all patient information within an app. Currently there are over 800 information sheets available on a wide variety of clinical conditions.

All information leaflets will move to a web-based app over Q1 and Q2 2019/20.

13. Equality and Diversity

The PALS team are working with the recently appointed Equality and Diversity Lead and will undertake additional work under this heading going forwards.

14. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO received no new requests for independent review in Q3.

The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at: <http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts>

15. NHS Choices website

In Q3 there were 8 comments posted on the NHS Choices website relating to 7 different areas. Of the 5 positive comments, one person wrote about his time in the AMU and Tisbury Ward *'The whole experience, although alarming for me and for my wife, was reassuring and positive. And even the food was good - thank you! My treatment was absolutely first class, and I am hugely grateful.'*

Of the 3 negative comments, one person referred to the Trust's systems and process as being *'archaic'* as he/she could not be admitted to the Spinal Centre. Another reported that the ED staff *'couldn't wait to get rid of me'*. There is no department mentioned in the other one.

The NHS Choices feedback has been managed by the Communication Team in the past but is being handed to PALS from April 2019. This will allow faster response and earlier sharing with the named teams.

16. Facebook

Eight comments (3 negative, 5 positive) were posted on our Facebook page in Q3. Clinical care was mentioned in 5 positive and 2 negative comments. Two negative comments highlighted difficulty parking.

17. Summary

This report brings together the themes from patient experience feedback and where improvements can be made.

Actions for the PALS team for Q4:

- Review the PPI toolkit and explore a new website to share projects/improvements across the Trust
- Review the Complaint Handling Policy
- Work with directorate teams to improve compliance against the agreed complaint response timescales
- Compliance Reports to be pulled together and shared with the directorate teams
- Item in Cascade Brief regarding interpreting/translation.
- Ratify the Patient Engagement Strategy and Engaging 'Hard to Reach Groups' paper.

Actions for the PALS team for Q1:

- Attend the Always Event training event (end of April 2019) and use this QI methodology to explore noise at night in more detail
- Start to move all the patient information onto the new app-based portal

18. Recommendations

The Board is asked to note this report and agree the actions going forwards.

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