

Cover Sheet

Public Trust Board Meeting: Wednesday 14 July 2021

TB2021.52

Title: Public Engagement, Patient Experience, PALS and Complaints
Annual Report 2020-21

Status: For Information

History: Regular Reporting

Board Lead: Chief Nursing Officer

Author: Posy Bidwell, Public and Patient Engagement Manager, Katie Harris, Complaints and Patient Services Manager, Caroline Heason, Head of Patient Experience, Melanie James, Children's Patient Experience Lead Vivienne Lee, Children's Patient Experience Lead, Ed Jaspers, Patient Information and Interpreting Officer (from May 2020 – January 2021), Naomi Roberts, Patient Information and Interpreting Officer (from January 2021), Ella Reeves, Patient Experience Manager (until February 2021) David Rathbone, Patient Experience Information Analyst, Tommy Snipe, Equality and Diversity Manager

Confidential: No

Key Purpose: Assurance

Executive Summary

1. The purpose of this paper is to provide the annual report of activity for the financial year 2020/21 in relation to patient experience, public engagement, PALS and complaints as well as the opportunities for learning and service change
2. This paper was presented, and approved, at the Trust Management Committee on 10 June 2021.
3. **The Patient Experience Delivery Plan:** Initiated by the Chief Nursing Officer in the autumn of 2018 and was due for completion in May 2021. Due to the pandemic the actions contained within the Patient Experience Delivery Plan were put on hold. The Patient Experience Team will now use the learnings from the Patient Experience Delivery Plan to develop a refreshed 3-year Patient Experience Strategy, which will reflect the post-pandemic environment.
4. **COVID-19 specific activities.** During the pandemic, activities were focused on COVID-19 activities. These have included: Keep in Touch scheme, Support for patients who are unable to wear masks due to hidden disabilities, The Rule of One, Next of Kin communication project, COVID-19 Intensive & Critical Care Safe Staffing Database, understanding provision of healthcare during the pandemic and Friends and Family Test for the COVID Vaccination Clinic.
5. **Friends and Family Test:** The Trust continues to learn from the Friends and Family Test (FFT) each month. The feedback is reviewed and shared through the Trust's reporting systems and provides an opportunity to reflect on themes and identify areas for improvement.
6. **Patient Advice Liaison Service (PALS):** PALS are a first-stop service for patients, their families and carers who have a query or concern about our hospitals or services. The Trust saw a decrease in the number of PALS enquiries recorded in 2020/21, with 789 recorded. This decrease is a direct result of the pandemic.
7. **Complaints:** The number of formal complaints actioned was 757, a decrease of 34% in the number received last year (2019/20). This significant reduction was also as a direct result of the pandemic. Each complaint is managed individually with the complainant and in a manner best suited to resolve the particular concern raised.
8. **Patient Stories:** These stories are developed with patients and staff to promote learning and drive service improvements. The patient stories in 2020/21 were shaped by COVID-19.
9. **National Patient Survey Programme:** The Trust takes part in the Care Quality Commission (CQC) national survey programme. The results of national surveys provide an opportunity for national benchmarking and enable Trust to target the right improvements for patients and services.
10. **Engaging with Diverse Groups:** The Trust strives to ensure that activities are as inclusive as possible for all patients, their families, carers and staff. The Equality, Diversity and Inclusion Steering Group, chaired by the Director for Improvement and

Culture, oversees the patient and staff equality and diversity programme of work and reports to the Trust's Integrated Assurance Committee.

11. **Engaging with patients and the public:** In order to enable the right improvements to our organisation and services, the Trust needs to have the views of people who use them. We have therefore continued to engage with patients and the public in a number of ways, such as through YiPpEe to help the Trust make improvements.
12. **Supporting patients with dementia:** Due to the pandemic, the Dementia café has been suspended. There are plans to restart the Dementia Steering group.
13. **Supporting patients with a learning disability:** This year, 400 hospital passports were uploaded onto electronic patient records (EPR). Passports provide information on communication and additional health needs to enable clinical staff to support people with learning disabilities.
14. **Supporting carers during the pandemic:** The Trust supported carers during the pandemic by facilitating visiting and virtual support meetings.
15. **Advancing multi-faith support:** The COVID-19 pandemic has brought considerable challenges for the chaplaincy team. Lessons were quickly learned to ensure provision of a chaplaincy service both from the hospitals and from home.
16. **NHS Accessible Information Standard (AIS):** This standard applies to all NHS Trusts and requires the Trust to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS provider organisations are required to meet all the five elements within the Standard which include: Asking, Recording, Flagging/Alerting, sharing and Acting. This requirement is specified in the Service Condition 13.2 of the NHS Standard Contract. During the year, EPR has developed the capability to record this within patients' individual records.
17. **Clinical Patient Information Leaflets:** The Trust has a library of over 1,500 leaflets. These Trust-approved leaflets support our patients and their carers with well written and clear information, helping to improve the overall hospital and care experience. The Patient Experience Team is currently in the process of handing over the production of leaflets to the Divisions. This is a complex piece of work and has involved an overview of the Patient Information Policy.
18. **Interpreting and Translation:** The Trust changed the booking process for face to face language interpreters to improve availability and value for money. There has been continual awareness across the Trust about the importance of using interpreters because of patient safety and safeguarding implications. During the COVID pandemic, the emphasis changed to virtual/ digital rather than face to face interpreting.
19. **Notes:** It should be noted that since March 2020 the work undertaken by the Patient Experience Team and the Complaints Team has been affected by the Coronavirus (COVID-19) pandemic. This affected the local collection and national reporting for FFT, and the completion of complaints. Now that the Trust is in the recovery phase, we will ensure that any planned activities are taken forward into the next year's (2021-22) activities.

Recommendations

20. The Public Trust Board is asked to:

- Note the content of this paper
- Share good practice

Contents

Cover Sheet	1
Executive Summary.....	2
1. Purpose	6
2. Patient Experience Delivery Plan	6
3. COVID-19 Specific activities.....	7
4. Friends and Family Test (FFT)	8
5. Patient Advice and Liaison Service (PALS).....	10
6. Complaints.....	10
7. COVID-19 and Complaints	11
8. Patient Stories	12
9. Care Quality Commission (CQC) National Patient Survey Programme.....	12
10. Engaging with diverse groups.....	14
11. Patient Participation Groups (PPG) and Patient Forums.....	14
12. Supporting patients with dementia.....	15
13. Supporting Carer's during the pandemic	15
14. Clinical patient information leaflets	16
15. NHS England Accessible Information Standard	16
16. Interpreting and translation services	17
17. Conclusion.....	17
18. Recommendation	18
Appendix 1: Complaints Dashboard 2020-2021	19
Appendix 2: Friends and Family data	20
Appendix 3: Friends and Family Test (FFT) Charts.....	24

1. Purpose

- 1.1. Seeking and acting on patient feedback is key to improving the quality of healthcare services. This paper provides an annual report for 2020/21 of the Trust's activity in relation to patient experience, public engagement, PALS and complaints and the opportunities for learning and service improvement.

2. Patient Experience Delivery Plan

- 2.1. The Patient Experience Delivery Plan (PEDP) was initiated by the Chief Nursing Officer in the autumn of 2018 and was designed to address issues about which patients and their families were most worried. It replaced the Patient and Public Involvement Strategy (2016-19).

- 2.2. The PEDP comprises 10 focus areas informed by CQC national surveys and complaints. The topics included and is shown in Figure 1, below:

- Delivering Same Sex Accommodation:
- Noise at Night
- Holistic Care plans for people with cancer
- Emergency Department Waiting times
- Delayed or cancelled operations or procedures
- Discharge from hospital
- Car parking on the hospital sites
- Home First: HART
- End of Life Care
- Patient Led Assessments of Care Environments (PLACE)

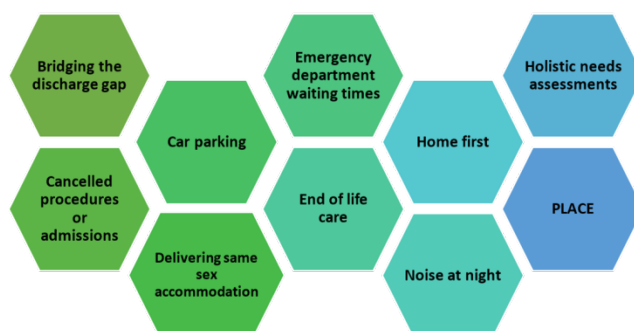


Fig 1: Patient Experience delivery Plan

- 2.3. Feedback on the PEDP activities up until March 2020 were detailed in last year's Patient Services Annual Report (2019-2020), which was submitted to TME on 25 June 2020.
- 2.4. Due to the pandemic the actions contained within the PEDP were put on hold. A refresh of patient experience activities in a post-pandemic landscape.

2.5. This rescoping of patient experience will also feed into the KMPG recommendations, which are to implement a Patient Experience Strategy and Patient Experience Steering Group.

3. COVID-19 Specific activities

- 3.1. **Keep in Touch (KIT) Scheme:** The Keep in Touch Scheme was set up in May 2020 to enable family and friends to write to inpatients at the Trust. It was a much-needed opportunity for families to keep in touch when inpatient visiting was restricted. Feedback for this service has been heartfelt. At its peak, the scheme received approximately 20 letters a day. The scheme is still operational and receives approximately 5 letters a day.
- 3.2. **Support for patients who are unable to wear masks due to hidden disabilities:** A need was identified to help support patients who have hidden disabilities and are unable to wear mask. The sunflower lanyard has been rolled out nationally, however, comes at a cost and so the Trust's Social Distancing Group developed a single-use sticker to be given on arrival. The sticker was approved by Carers Oxfordshire. The scheme was supported by clear communications to advertise the appropriate use of the stickers alongside the key messages of hand washing, social distance and mask wearing (for those who can).
- 3.3. **The Rule of One:** The Trust introduced restricted inpatient visiting, using the 'Rule of One'¹ from June 2020 until the second wave in December 2020. This was in response to the distress caused to patients and families when they were not able to see their loved ones.
- 3.4. **Next of Kin (NoK) communication project:** The Patient Experience Team worked with the Complex Medical Unit (CMU) to implement an enhanced NoK communication quality improvement project. The Patient Experience Team looked at the communication data and spoke with NoKs to explore whether they were happy with the communication from the ward. During the second wave the project became the family liaison project which was run by the PALS and Complaints Team.
- 3.5. **COVID-19 Intensive & Critical Care Safe Staffing:** An Intensive and Critical Care Safe Staffing (ICC) database was developed with the NOTSSCaN (Neurosciences, Orthopaedic, Trauma, Specialist Surgery, Childrens and Neonates) and CSS (Clinical Support Services) Divisional Directors of Nursing. The database records and tracks bed occupancy, staffing levels and redeployments between intensive and critical care units. It facilitates the twice-daily discussions among critical care leads to determine where staff need to be redeployed to enhance patient safety, as well as to provide an audit trail of these staff movements which may be interrogated later to enhance staff planning.

A modified version of this database was developed to assist MRC wards with COVID-19 patients in side rooms. Based on the existing ICC database, this version tracks the ratio of registered nurses and nursing assistants to patients of varying levels of

¹ One visit, for one hour, per patient every day.

dependency, and to provide a single point of access records about side-room COVID-19 occupancy and the nursing staff required to meet these patient's needs.

3.6. **Survey to understand access to healthcare during COVID-19.** Two Trust-wide patient questionnaires to explore experience of receiving health services during the pandemic were developed. These are:

- Experiences of remote outpatient appointments (telephone/video).
- Experiences of face-to-face appointments/day case treatment

Early findings show that patients have had a positive experience of remote outpatients and would like, where appropriate, for these continue as they alleviate some stresses, for instance transport, that can be associated with coming into hospital.

4. Friends and Family Test (FFT)

4.1. The Friends and Family Test (FFT) is one of the mechanisms for the Trust to seek feedback from patients, their friends and family and act on it. All patients can provide feedback through different channels: text, agent call, paper, online and QR codes.

4.2. The FFT asks patients to rate their experience care on a five-point scale ranging from "very good" to "very poor" and provides them the opportunity to comment on the reason for their given rating.

4.3. Feedback and response rates are reviewed and reported in several cycles

4.3.1. Weekly: Common themes (or topics) are reported weekly, to determine patient satisfaction, or dissatisfaction. This analysis is distributed to the ICCSIS (Incidents, Complaints, Claims, Safeguarding, Inquests Scrutiny) triangulation group, as well as to divisional and corporate leads.

4.3.2. Monthly: A similar theme analysis is distributed each month as part of the IPR (Integrated Performance Report).

- A summary of each treatment locations' responses aggregated by rating (with response rates where calculable) is distributed to an extensive list of internal stakeholders on a monthly basis. This summary also aggregates response counts for each clinical directorate and division to provide a higher-level summary for relevant leaders.
- A similar summary of response counts by rating, grouped by service category, is submitted to NHS Digital on a monthly basis (hereafter referred to as "Unify returns".)

4.3.3. Annually: Results are quantified annually and presented in the Trust's Annual Report, Quality account and here, in Appendices 3 and 4.

4.4. Over the previous twelve months, the disruption caused by the COVID-19 pandemic has instigated several projects designed to improve the quality, amount, and specificity of feedback available through the FFT and to streamline processes. These projects include:

- A pilot scheme to explore digital survey collection techniques to improve response rates in inpatient wards still exclusively reliant on paper forms.
- Bringing the online version of the FFT survey in-house utilising Microsoft Forms, permitting:
- Feedback to be gathered specifically about radiology services, even where radiology departments were visited in the context of broader treatment.
- Specific questions about topics of importance to the Trust not normally included on the FFT, such as perceptions about the Trust's COVID response.
- Faster onboarding of wards/ departments after a change in physical location and EPR code.
- A redesign of the templates used to process FFT data allowing significantly faster turnaround on monthly reporting processes.

4.5. The Patient Experience Team continues to pursue projects to improve FFT response rates and develop more transparent, accessible, and information-rich reporting.

4.6. Table 2 shows the FFT results for 1 April 2020 to 31 March 2021. Please note that the requirement to submit monthly data to NHS Digital was paused in March 2020 due to COVID-19. Data submission resumed in January 2021, with data from December 2020.

4.7. Whereas in previous years we were able to provide national averages, these are not available due to the suspension of data submission to NHS Digital. Similarly, for this reason, we can only report response rates for a four-month period December 2020 – March 2021.

Service area	Number of replies (n)	% patients who had a positive experience ²	Response rates *	Main method for data collection
Emergency Department	12,648	87.3	27.8%	SMS
Inpatients and Day cases	23,845	95.5	25.7%	Paper questionnaires SMS and online
Maternity	491	95.8	0.2%	Paper questionnaires and online
Outpatients	67,477	94.0	n/a	SMS and online
Total Trustwide	104,461	93.4	n/a	

Table 2: Friends and Family results 1 April 2020 to 31 March 2021

4.8. The common themes found in the feedback are grouped as positive or negative.

² Positive experience is based on a response of 'very good' or 'good'

- 4.9. Positive themes include: Kind and helpful staff, personalised care and efficient service.
- 4.10. Negative themes include: Waiting times, discharge and communication. These issues align with complaints and the Trust's operational pressures identified in the Corporate and Divisional risk registers. These risks all have mitigation plans in place to improve the clinical service to patients.

5. Patient Advice and Liaison Service (PALS)

- 5.1 PALS provide patients, service users, relatives and carers with an impartial and confidential service aiming to help resolve issues by addressing them as quickly as possible. If PALS is unable to help with the query, for example if it is an issue that requires a formal investigation, the enquirer is directed to a more appropriate service (such as the Complaints team) or organisation.
- 5.2 The majority of contacts received by PALS relate to requests for information about hospital processes or putting people in touch with the correct department or individual who can help them. The service also collates comments, suggestions and concerns made either directly to the service or through the patient experience feedback mechanisms available throughout the hospitals.
- 5.3 PALS is an integral part of the Complaints Team and works closely with clinical and non-clinical teams to provide a comprehensive service to patients and their families.
- 5.4 In 2020-21 PALS dealt with 789 recorded requests, compliments and informal concerns, which is a significant decrease from the number of enquiries recorded in 2019-2020 (n = 1720). This decrease is a result of the COVID-19 pandemic.
- 5.5 As a result of the COVID-19 pandemic, the PALS team were unable to see people face to face during the national lockdowns. However, the service very much remained 'open' with the PALS Officers taking enquiries over the telephone and via email.

6. Complaints

- 6.1 The Trust's Complaints Policy, which was updated in 2020, provides a framework for complaint handling to support the Trust to meet the requirements of the National Health Service Complaints (England) Regulations Act (2009) and is in accordance with the requirements of the NHS Constitution and the Duty of Candour (2014). It also reflects the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009). The policy also takes account of the principles of 'My Expectations for Raising Concerns and Complaints' (2014), published jointly by the Local Government Ombudsman, Healthwatch and the Parliamentary and Health Service Ombudsman.

- 6.2 The Policy provides staff with guidance, support and assistance in dealing with complaints and concerns; specifically emphasising the importance of the early resolution of issues. In line with the Regulations the Trust has a responsibility to ensure complaints are dealt with efficiently and all concerns and complaints are registered and dealt with openly, accurately and in a timely manner. The timeframe assigned to a complaint is 25 working days, which can be extended once should the investigation take longer than initially expected.
- 6.3 The Trust is committed to making improvements at all stages of the complaint journey and systems are in place to support the sharing of learning and service improvements that arise from complaints.
- 6.4 In the financial year 2020-21 the Trust received and recorded 757 formal complaints, which is a reduction of 382 from the previous year's total. This is as a direct result of the COVID-19 pandemic, when patients actively requested to withdraw their complaint, or have since contacted the service to submit their complaint about care and treatment that they received at least 12 months ago, citing the reason for the delay in raising their complaint being the pandemic.
- 6.5 All complaints are managed individually with the complainant and in a manner best suited to resolve the particular issues raised. Each complainant is assigned a named Complaints Coordinator, who will, where possible, discuss with the complainant how they wish their complaint to be responded to and the outcome they are seeking. Methods of response can include a written response from the Chief Nursing Officer on behalf of the Chief Executive, a face to face or online resolution meeting with relevant senior staff, and later, potentially if the issues remain unresolved, an independent review of the care provided.
- 6.6 In 2020-2021, the Trust had no complaints fully upheld following investigation by the Parliamentary and Health Service Ombudsman (PHSO). This is the third consecutive year where the PHSO have not upheld any complaint investigated regarding the Trust.
- 6.7 Appendix 1 shows the Complaints dashboard for 2020-2021.

7. COVID-19 and Complaints

As a result of the COVID-19 pandemic, NHS England issued Trusts with guidance which offered them the opportunity to 'pause' the complaints process, to allow clinical staff to focus solely on patient care. However, because of the strong working relationships between the Complaints Team and the clinical teams, the Trust were able to continue to investigate and respond accordingly to all complaints received, with the Complaints Team supporting the investigation aspect.

- 7.1 The first wave of the COVID-19 pandemic saw a large reduction in the number of complaints received, with just 120 complaints recorded in Quarter 1 of 2020/21. This coincided with a number of complainants who withdrew their complaint fully, with complainants stating they did not wish to add to the workload of NHS staff at such a busy time.

- 7.2 The pandemic also saw new issues raised, particularly around social distancing, the wearing of face coverings and infection control measures. Concerns were raised as a result of limited/no visiting of patients as well as delays to treatment.
- 7.3 The second wave of the COVID-19 pandemic saw a joint working initiative set up by the Divisional Director of Nursing for Medicine, Rehabilitation and Cardiac (MRC) and the Complaints and Patient Services Manager, which supported the creation of the Family Liaison Team (FLT). The FLT was staffed by members of the Complaints and PALS team, with support from the Corporate Reception team. The FLT were assigned to specific wards within the MRC Division, and tasked with providing regular updates to the Next of Kins of patients on these wards. This was in direct support of the ward staff, who were unable to answer the volume of calls being made to the wards from concerned relatives. As a result of this project, there were no formal complaints received for these specific wards in relation to communication during this time.

8. Patient Stories

- 8.1. The Chief Nursing Officer continues to present a written case study and associated learning alternately to the Trust's bi-monthly public Board meetings. These stories, volunteered by patients, relatives and staff, are presented together with a response from the clinical teams to share what has been learned from the experience.
- 8.2. This year, COVID-19 has shaped the stories that have been presented. Stories have included Care during the pandemic, a Child and mother's experience of staying in the Children's Hospital, Patient experience of dialysis, Experiences of receiving the COVID-19 vaccine and the Lotus Team (a dedicated team of midwives who provide individualized care to vulnerable women).

9. Care Quality Commission (CQC) National Patient Survey Programme

National Adult Inpatient Survey 2019

- 9.1. This survey includes all acute NHS trusts with patients over the age of 16. Feedback from these surveys allows identification of where the Trust is doing well and where improvements can be made. They also allow national comparisons, as well as trends over time as the survey is conducted annually.
- 9.2. The mandatory number of patients that trusts must attempt to contact for the National Inpatient Survey is 1,250. The Trust has surveyed an additional sample of approximately 3,400 patients for four consecutive years. The additional sample means there are enough responses to access ward-level results, which helps drive local improvements.
- 9.3. The response rate was 45.6% for the core sample (an increase from 42.9% in the 2018 survey). There was an improvement on three questions with a reduction in one question.
- 9.4. CQC analysis showed that the Trust performed better than most other trusts on eight questions, about the same as most other trusts on 55 questions and was not worse than other trusts for any questions.

- 9.5. The Trust also received a report with more detailed analysis from our survey supplier, Patient Perspective. The report indicated the Trust scored highly in the following areas, i) Confidence and trust in doctors and nurses, ii) Help, support and information giving by staff and iii) Overall experience of being in hospital.
- 9.6. The Chief Nursing Officer presented detailed results to the Trust Management Executive on 25th June 2020.
- 9.7. The Patient Experience Team held virtual meetings in July 2020 with divisions and Patient Perspective, to discuss the results of the survey, and support divisions to develop robust action plans. Despite considerable clinical pressures during 2020, clinical staff worked hard to act upon the feedback. A common priority was reducing noise at night. Specific analysis of the national survey results was provided to departments, to help to identify sources of noise, which were identified through patient comments.
- 9.8. The 2020 National Inpatient Survey methods are different from previous years. The sampling period changed from July to November. Instead of sending postal reminders to patients to complete the survey, SMS reminders were sent. Changes to survey methods are likely to affect survey scores. It is important to consider this when interpreting the 2020 national inpatient survey results.
- 9.9. Embargoed results are expected from Patient Perspective in May or June 2021. The CQC official reports are expected in November 2021.

The National Children and Young People's Inpatient and Day Case Survey (2020)

- 9.10. The survey has been running since 2014 and is undertaken every two years.
- 9.11. The 2020 survey will invite children and young people (under 16 years) who have attended the Trust for inpatient or day case treatments during November 2020-January 2021. The survey also looks at the experiences of their and their parents and carers.
- 9.12. Questionnaires will be sent during the period March – July 2021.
- 9.13. Embargoed results are expected from Patient Perspectives in August 2021. The CQC official results are expected in November 2021.

The Under 16 Cancer Patient Experience Survey (2020)

- 9.14. All children aged 16 years and under at the time of their care, with a confirmed primary diagnosis of cancer or a non-malignant brain, other central nervous system or intracranial tumour are invited to take part in this survey.
- 9.15. The 2020 survey will invite those who have been discharged from hospital as inpatients for cancer related care or treatment between January and December 2020.
- 9.16. Questionnaires will be sent during the period March – May 2021.
- 9.17. Results are expected in the summer 2021.

The National Maternity Survey (2021)

- 9.18. This survey is undertaken annually, however was not undertaken in 2020, due to the pandemic.

- 9.19. The 2021 sample will include all women aged 16 and over, who gave birth in February 2021.
- 9.20. Questionnaires will be sent during the period May – July 2021.
- 9.21. Embargoed results are expected from Patient Perspectives in September 2021. The CQC official results are expected in January 2022.

10. Engaging with diverse groups

- 10.1. The Trust seeks to engage its diverse patient population to ensure that activity it undertakes meets the needs of everyone and that it undertakes work to mitigate any issues faced by particular communities.
- 10.2. To increase its ability to reach these communities, the Trust has been developing relationships with partners in the local healthcare system, as well as other organisations such as HealthWatch and the Academic Health Science Network (AHSN) so that a coordinated approach can be taken to engagement across the system.
- 10.3. The Trust is also developing a Patient Inclusion Network to provide opportunity for patients to feed into the Trust's Equality, Diversity and Inclusion (EDI) Strategy.
- 10.4. Within the last year, an EDI Peer Review tool has been developed and piloted to develop our understanding of EDI at a service level for both staff and patients. This will enable improvements to be made and good practice to be shared. This tool is aligned to both the Care Quality Commission (CQC) domains, as well as the NHS Equality Delivery System (EDS2). When fully implemented, the EDI peer review tool will support in developing assurance and driving improvement.
- 10.5. The Trust's Bereavement Service continues to offer a supportive service to the four regional Islamic funeral directors and the communities in general. The Trust has implemented a procedure for the Time Critical release of bodies to enable funerals to take place quickly in line with the requirements of some faiths.

11. Patient Participation Groups (PPG) and Patient Forums

- 11.1. The COVID-19 pandemic created challenges for engagement activities with the discontinuation of face-to-face activities.
- 11.2. In May 2021 a mapping exercise was conducted of the PPGs within the Trust to determine how many are still operational and where the gaps are.
- 11.3. Collaboration has started with NIHR Oxford Biomedical Research Centre to see whether there is scope for OUH PPGs to combine with their Patient and Public Involvement (PPI) Groups to enhance activities and reach a wider audience.
- 11.4. The Trust has continued engagement with local and national health and social care partners and the emphasis on understanding the lived experience of receiving services has influenced the development of the following services and reviews: Home First and particularly HART, the new 111 and use of ED, The Oxfordshire

Homelessness Safeguarding Adult Review (SAR) and The Learning from Learning Disability Deaths programme (LEDER).

11.5. The Patient Experience Team is also part of the HoPE (Heads of Patient Experience) which is a national wide forum, chaired by NHS-England and NHS-Improvement. This ensures that we have a national presence with patient experience activities.

11.6. The Trust is particularly proud of the work to include children. Young People's Executive (YiPpEe) is the Trust's Public Partnership Group for children and young people, aged 11-18 years.

11.7. YiPpEe currently has 15 members. The group's activities have been limited due to the pandemic; however, they have met virtually every 6-8 weeks. The group's activities over the year, include:

- Working with the Royal College of Paediatrics and Child Health (RCPCH); voting on the top issues relating to children and young people that they would like the UN and UK government to focus improvements on.
- Meeting with the Trust Chair, engaging in a Q&A type session, discussing the Track and Trace system and also talking about 'Always Events'. The group said there should be 'always talk to me' environment, providing an opportunity to talk and be able to participate but to feel it's ok if they don't want to.
- In October 2020 Oxford City Council installed a new wheelchair swing in the playground next to the JR, the first of its kind in Oxford. It can be used by patients and public. The YiPpEe group were involved in commissioning this device and it was endorsed by our Young Peoples Executive Chair. This activity was chosen by RCPCH to be featured in their online Annual Conference poster gallery. This will be accessed by delegates at the 2021 conference both during the 3-day event, and for the following month, giving delegates lots of opportunities to read about and be inspired by your project.

12. Supporting patients with dementia

12.1. Due to the COVID-19 pandemic the pop-up Dementia Café was suspended in March 2020. Restarting it will depend on the Trust policy with respect to gatherings involving members of the public. There are plans to restart the Dementia Steering group meanwhile the Trust has good links with Dementia Oxfordshire and Careers Oxfordshire.

12.2. 'Twiddlemuffs' and 'knitted octopuses' continue to be donated by volunteers. These are provided to inpatients. They are knitted muffs with items attached and provide visual, tactile and sensory stimulation and keeps hands warm at the same time.

13. Supporting Carer's during the pandemic

13.1. The Trust supported carers during the year by:

- Carers were able to visit or accompany patients throughout the pandemic; especially carers of relatives with learning disability, who would have found an inpatient admission, emergency presentation almost impossible without.
- Zoom meetings were held with Oxford Family Support Network and Carers Oxfordshire and clinicians to enable families and carers to ask direct questions about the care their relative could expect and the role carers could play in their care. This was especially important for carers supporting relatives with learning disabilities.
- The Family Liaison service was run by clinicians in the first wave and by the Complaints and PALS Team during the second wave. This service ensured families were updated on the wellbeing of their relative in hospital. This was especially important for families who were not able to visit or keep in touch by video calls.

14. Clinical patient information leaflets

- 14.1. The Trust's library of clinical patient information leaflets continues to grow with 1,425 controlled and branded patient information leaflets (PILs) available for use. These Trust-approved PILs support our patients and their carers with well-written and clear information, helping to improve their overall hospital and care experience. They also help patients (and/or their carers) to make choices about treatment, including information about safety, risks, benefits and alternatives.
- 14.2. The Trust shares the content of many of our leaflets with other trusts and healthcare providers around the world. We also receive regular positive feedback on the quality of our leaflets, both from patients, carers and other healthcare providers.
- 14.3. This year, a de-centralised process has been introduced at the Trust, whereby the Divisions are now responsible for production and review of their leaflets. The Patient Experience Team have helped to guide this process and to coordinate a recovery programme for leaflets which have passed their review date.

15. NHS England Accessible Information Standard

- 15.1. 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 loss³. NHS provider organisations are required to meet all the five elements (Asking, Recording, Flagging/Alerting, Sharing, Acting) within the Standard.
- 15.2. The Electronic Patient Record (EPR) system has been developed to capture patient communication needs; enabling staff to recognize when patients may need information in other formats, and plan how to meet their needs in advance. This

³ Section 13.2 of the NHS Standard Contract

system is currently being piloted to ensure that it is fit-for-purpose prior to implementing it more widely.

15.3. The Trust is also updating and streamlining processes to ensure that resources are available to meet a variety of patient communication needs.

16. Interpreting and translation services

16.1. Improvements for availability of interpreters and particularly access to interpreters for urgent appointments continue to be made. Emphasis continues to be made on the importance of using professional interpreters.

16.2. It has been challenging to provide interpreters for extremely rare languages, such as Tetum and Fataluku this year and the Trust's new face-to-face supplier, Absolute Interpreting Services, has been able to provide interpreters for these languages. The Oxfordshire interpreting consortium is undertaking a project increase transition options for people of all languages.

16.3. The use of video interpreting sessions for interpreting has been vital during the pandemic. This has enabled greater access to face-to-face interpreters, by increasing availability at short notice through negating the need to come into the Trust

16.4. The use of video interpreting sessions for British Sign Language (BSL) interpreting was introduced in 2020. This will enable D/deaf patients/carers to call the Trust via a BSL interpreter, instead of having to rely on a third party to communicate for them, write or email in, or travel to the hospital to discuss their request or query. Video interpreting will be useful in situations where BSL interpreters are needed urgently, so cannot be pre-booked (such as in Emergency Departments or Maternity). It may also be able to be used for short appointments, helping to increase the availability of interpreters for those appointments where they need to be present.

17. Conclusion

17.1. The Patient Experience and Complaints Teams ensure that patients and relatives voices are heard, particularly those from disadvantaged groups and those who wish to complain.

17.2. The Trust continues to increase levels of feedback from its patients and the public through the Friends and Family Test, complaints, PALS, National Surveys and Patient Stories. This feedback is used across the Trust to drive improvements for patients at the Trust.

17.3. The Trust also receives a great deal of positive feedback from patients and relatives relating to individual patient care. This positive feedback means a considerable amount to the Trust and staff and it is important that this feedback is celebrated and disseminated across the Trust.

- 17.4. The Trusts Complaints Team manages each complaint by combining the thorough investigation with the additional emphasis on good working relationships with both the complainant and the investigators. This approach has been key in achieving local resolution and has been commended by the Parliamentary and Health Service Ombudsman (PHSO).
- 17.5. The national surveys identify good practice, as well as areas for improvement. When the results for this year's surveys are received, the Patient Experience Team will work with the Divisions to implement action plans.
- 17.6. The provision of excellent patient information and interpreting and translation services are key to ensuring that everybody can access information and understand their care pathway. The Patient Experience Team is working hard to improve the development of patient information and to identify areas for improvement within the interpreting and translation services. Part of this is staff awareness about the importance of this service and we will continue to do this.
- 17.7. A new, Patient Experience Steering Group will be launched in July 2021. Their role will be to receive, review, scrutinise, challenge and respond to, or escalate data and information across the clinical activities of the organisation. This is to drive, deliver and demonstrate Trust wide measurable improvement and continuous learning in outcomes, delivery, performance, sustainability and transformation in Patient Experience.
- 17.8. A new, Patient Experience Strategy, will be presented at the Inaugural Patient Experience Steering Group. This Strategy will reflect the post-pandemic environment that focuses on putting patients at the heart of everything that we do. The Trust is fully committed to creating a 'Patient Revolution', a customer service culture that provides timely, equitable and compassionate access to our services, care and treatment.

18. Recommendation

- 18.1. The Public Trust Board is asked
- Note the content of this report
 - Share good practice.

Appendix 2: Friends and Family data

The below tables track monthly responses by rating for each of the four main service categories: inpatients and day cases, emergency department, outpatients and maternity.

Due to the suspension of data to NHS-Digital, due to the pandemic, response rates are only available for the period December 2020 – March 2021.

Inpatients and day cases

Month	1 Very Good	2 Good	3 Neither Good nor Poor	4 Poor	5 Very Poor	6 Unknown	Eligible	Total responses	Response rate (%)	Positive (%)	Negative (%)
April	1,095	122	21	5	5	8	0	1,256	n/a	96.9	0.8
May	1,289	149	18	13	17	2	0	1,488	n/a	96.6	2.0
June	1,500	173	41	16	13	6	0	1,749	n/a	95.7	1.7
July	2,020	227	53	31	32	8	0	2,371	n/a	94.8	2.7
August	2,013	254	42	23	31	11	0	2,374	n/a	95.5	2.3
September	1,985	224	50	25	22	12	0	2,318	n/a	95.3	2.0
October	2,368	314	70	34	22	5	0	2,813	n/a	95.3	2.0
November	2,676	314	67	29	31	8	0	3,125	n/a	95.7	1.9
December	2,127	244	51	31	30	5	11,171	2,488	22.3	95.3	2.5
January	2,184	246	51	20	23	5	8,664	2,529	29.2	96.1	1.7
February	2,011	226	53	26	35	7	9,202	2,358	25.6	94.9	2.6
March	2,577	310	53	43	32	8	12,028	3,023	25.1	95.5	2.5
Total	23,845	2,803	570	296	293	85	41,065	27,892	25.7	95.5	2.1

Emergency Department

Month	1 Very Good	2 Good	3 Neither Good nor Poor	4 Poor	5 Very Poor	6 Unknown	Eligible	Total responses	Response rate (%)	Positive (%)	Negative (%)
April	813	157	44	49	54	15	0	1,132	n/a	85.7	9.1
May	1,158	201	51	43	41	4	0	1,498	n/a	90.7	5.6
June	1,129	254	65	39	38	7	0	1,532	n/a	90.3	5.0
July	1,238	250	64	53	63	10	0	1,678	n/a	88.7	6.9
August	1,231	345	96	65	79	17	0	1,833	n/a	86.0	7.9
September	1,120	335	115	65	77	20	0	1,732	n/a	84.0	8.2
October	1,041	262	78	57	48	12	0	1,498	n/a	87.0	7.0
November	960	225	79	41	58	9	0	1,372	n/a	86.4	7.2
December	843	186	58	46	54	7	5,460	1,194	21.9	86.2	8.4
January	1,073	255	63	43	60	11	4,500	1,505	33.4	88.2	6.8
February	940	182	55	38	49	6	4,567	1,270	27.8	88.3	6.9
March	1,102	259	82	47	64	17	5,545	1,571	28.3	86.6	7.1
Total	12,648	2,911	850	586	685	135	20,072	17,815	27.8	87.3	7.1

Outpatients

Response rates are not calculated for outpatients, because of the challenges involved with determining the accurate number of attendances by location

Month	1 Very Good	2 Good	3 Neither Good nor Poor	4 Poor	5 Very Poor	6 Unknown	Total responses	Positive (%)	Negative (%)
April	4,781	562	129	74	131	30	5,707	93.6	3.6
May	1,432	147	46	13	24	16	1,678	94.1	2.2
June	2,889	393	77	33	50	14	3,456	95.0	2.4
July	4,171	569	139	87	69	22	5,057	93.7	3.1
August	4,308	641	162	80	72	28	5,291	93.5	2.9
September	6,937	991	255	147	163	34	8,527	93.0	3.6
October	5,974	858	216	118	115	30	7,311	93.4	3.2
November	5,501	793	178	112	91	21	6,696	94.0	3.0
December	11,658	1,634	391	221	198	56	14,158	93.9	3.0
January	5,698	748	169	76	78	37	6,806	94.7	2.3
February	9,765	1,245	251	135	137	48	11,581	95.1	2.3
March	4,363	596	129	67	76	16	5,247	94.5	2.7
Total	67,477	9,177	2,142	1,163	1,204	352	81,515	94.0	2.9

Maternity

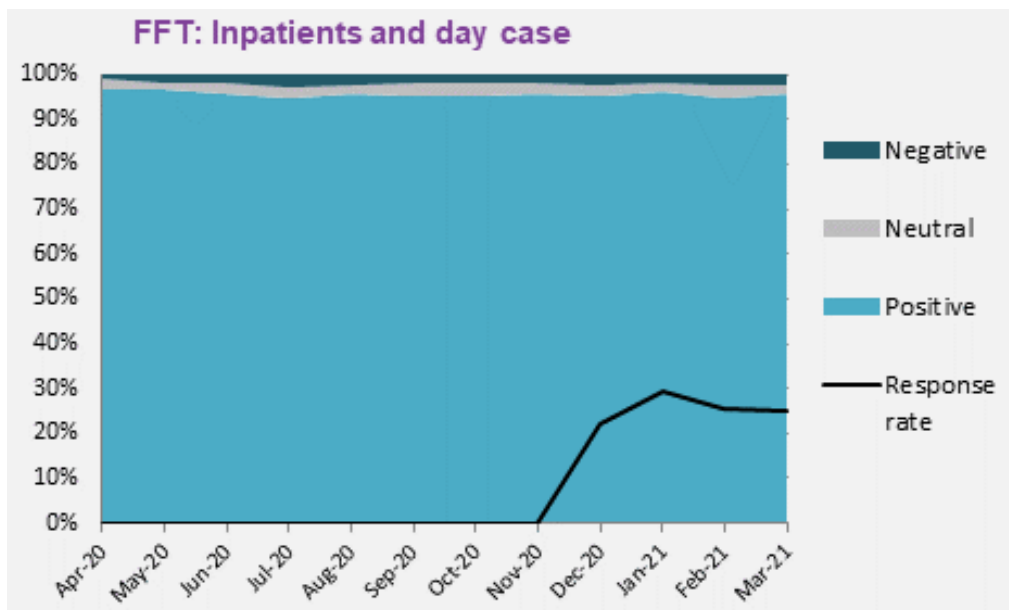
It is not possible to calculate response rate for maternity, due to the fact that maternity FFT can be completed at four encounters, namely: antenatal care, birth, postnatal ward and postnatal community. When response rates are calculated for maternity, this is for labour and birth only.

Month	1 Very Good	2 Good	3 Neither Good nor Poor	4 Poor	5 Very Poor	6 Unknown	Total responses (%)	Positive (%)	Negative (%)
April	179	39	6	2	0	3	229	95.2	0.9
May	15	1	0	0	0	0	16	100.0	0.0
June	5	1	0	0	0	0	6	100.0	0.0
July	140	19	3	1	0	2	165	96.4	0.6
August	136	18	3	1	0	2	160	96.3	0.6
September	5	2	0	0	0	0	7	100.0	0.0
October	0	2	0	0	0	0	2	100.0	0.0
November	7	1	0	0	0	0	8	100.0	0.0
December	1	0	0	0	0	0	1	100.0	0.0
January	2	1	0	0	0	0	3	100.0	0.0
February	0	0	0	0	0	0	0	0.0	0.0
March	1	0	2	0	0	0	3	33.3	0.0
Total	491	84	14	4	0	7	600	95.8	0.7

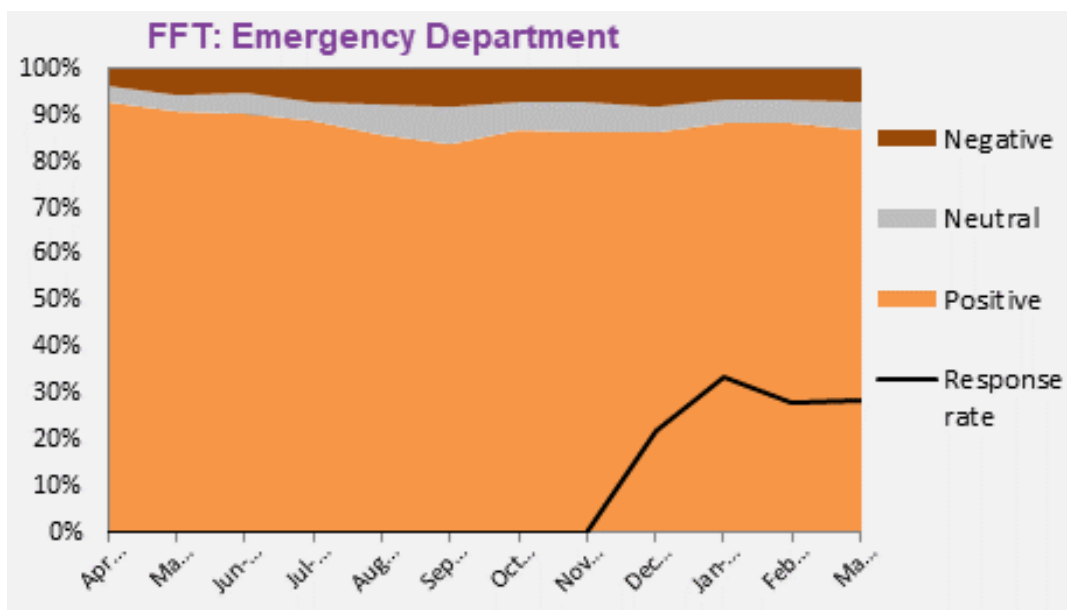
Appendix 3: Friends and Family Test (FFT) Charts

The below charts graphically represent the data made available in Appendix 2, showing the key metrics (recommend rate, not recommend rate, and response rates) as a proportion of all respondents. As already indicated, response rates for April to November 2020 were not recorded due to the suspension of normal reporting processes resulting from the COVID-19 pandemic.

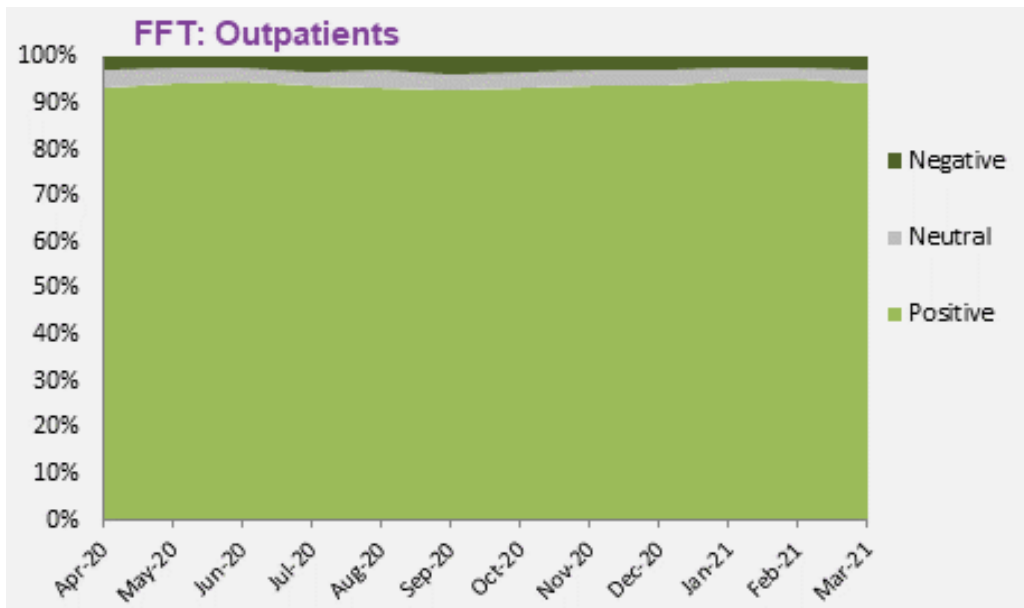
Inpatients and day cases



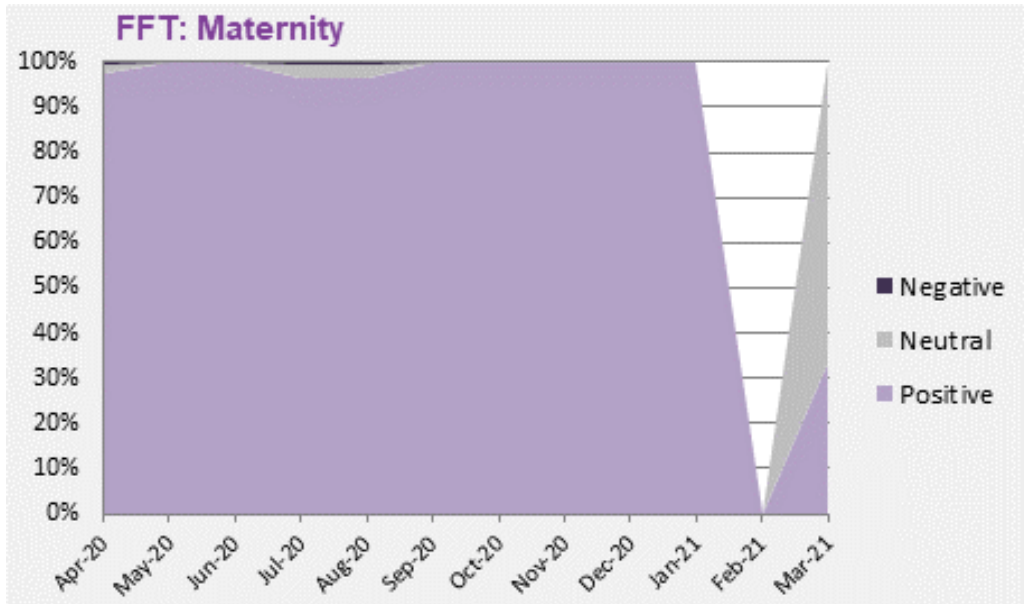
Emergency department



Outpatients



Maternity



N.B. Response rates for maternity are calculated on labour and birth only.