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**NHS**  
North Tees and Hartlepool  
NHS Foundation Trust

# PATIENT EXPERIENCE AND INVOLVEMENT ANNUAL REPORT

2023 | 24

For Quality Assurance Committee



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## 1. Introduction

Welcome to our Patient Experience and Involvement Annual Report. Through this report we will share some of the work that has been undertaken with our staff, patients and carers during 2023-2024 and provide detail in relation to service user feedback such as complaints, compliments, Friends and Family Test, patient surveys and patient stories.

We would like to thank everyone who has worked with us over the past year: the patients and their family members, carers and our volunteers who have shared their insights and challenges to our work, during their experience with the Trust.

Our Patient Quality Strategic Aim is - Putting our Population First – ‘it starts with me’, to help us to create a culture where staff listen to the patient, carer and family needs, then use this valuable experience when developing services. Our Strategic Objective to ‘Deliver patient care that is safe, effective and person-centred’ by:

- Maximising the things that go right, minimising the things that go wrong
- Delivering good outcomes, based on the best available evidence
- Care is shaped by what matters to people

We will proactively seek patient feedback which includes patient stories, compliments, Friends and Family Test returns, complaints and local and national surveys to drive forward changes and improve patient experience. We aim to make our services as accessible as possible and have the ambition to involve people at every stage. Work is ongoing with our patients, public and people with lived experience (PPPLE) to support us to co-design and co-produce our services.

This report is compiled on an annual basis for the Quality Assurance Committee to provide assurance of listening to patients and to demonstrate there is a robust complaint process in place within the Trust. Data is provided from the previous year as a comparison to identify any trends.

The report also identifies improvements the organisation made based upon the findings of a trend analysis of complaint data. Action taken as a result of the analysis of patient feedback can impact by improving the experience and service provided to our patients. The improvements identified support the prevention of further complaints regarding the same or similar issues.

The number of complaints received into the organisation together with trends are discussed during weekly Safety Panel Meetings and Care Group meetings, and actions identified as appropriate. This data was also regularly presented to wider senior forums within the Trust.

The report gives an overview of the outcomes of a complaint process review undertaken during 2023, in line with the Parliamentary Health Service Ombudsman (PHSO) Complaint Standards Framework.

External training opportunities were identified for key personnel in relation to responding to complaints, with three training sessions held during 2023. Online training opportunities for all staff involved in complaints management are available and accessible via the PHSO website.

## Engaging patients and understanding their experience

The Trust is on a journey of involvement and engagement with patients, public, and people with lived experience (PPPLE). The aim is working towards co-design and co-production of continuous service improvements, which are based on lived experiences of the local population we support.

Our PPPLE agenda has developed significantly since September 2023, with supporting staff in understanding how we can collaborate, involve and work with patients, carers and service users, to identify opportunities to involve them in co-design and co-production of services, ultimately improving patient experience and patient safety. Likewise, working with our diverse community groups and local population, enabling them and providing opportunities for involvement, engagement and co-production to help shape service meet their needs.

Our PPPLE involvement priorities are to ensure we are listening to the population we support and partnering with them to deliver patient-centred care – [‘it starts with me’](#):

Inform	Share information about proposed changes and service improvements so that people feel informed and are aware
Insight and Involve	Understand issues and ask for people's opinions on ideas for change
Improve (co-design and co-produce):	Design and work together with people incorporating their ideas into the final approach

## PPPLE Steering Group

A PPPLE Working Group was introduced in 2022 to ensure that PPPLE's voices are systematically at the heart of our decision making, co-producing and co-creating as equal partners with people that use our services. An engagement and consultation session was held to identify what our service users need from us and their feedback informed the objectives below.

<p><b>Objectives</b></p> <p><b>Inform:</b></p> <p>Share information about proposed changes and service improvements so that people feel informed and are aware</p>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>• Develop a process and proforma so that staff can easily inform patients of service improvements and developments, and have this communicated via relevant channels.</li> </ul>
<p><b>Insight and Involve (consult and engage):</b></p> <p>Understand issues and ask for people's opinions on ideas for change</p>	<ul style="list-style-type: none"> <li>• Develop a system of collating and analysing patient feedback from multiple sources (FFT, surveys, complaints, suggestion boxes, community forums, inpatient digital survey) as ongoing feedback to help inform service changes.</li> <li>• Create an information pack for teams to have a standard approach for involving PPPLE.</li> <li>• Develop a central register of already established community groups and people that could contribute in providing insight into our services.</li> </ul>
<p><b>Improve (co-design and co-produce):</b></p> <p>Design and work together with people incorporating their ideas into the final approach</p>	<ul style="list-style-type: none"> <li>• By providing services that are accessible and inclusive for all through collaboration with key stakeholders.</li> <li>• Develop a working with people policy (including assurance mechanisms).</li> <li>• Develop a training programme so our staff understand how/when to work with people to get the best from the interactions.</li> <li>• Collate evidence of improvement work that has been co-designed/co-produced</li> </ul>

The introduction of a Co-production and Lived Experience Lead in September 2023 ensures the delivery and achievement of the above objectives.

## Our Journey So Far of PPPLE Involvement and Engagement

The Trust engaged a Co-production and Lived Experience Lead in September 2023 to lead the implementation and foster the actualisation of our PPPLE's goals and objectives. The Lived Experience Lead collaborates with managers and clinical teams within the organisation to ensure that there is a collective understanding of the importance of partnering with our PPPLE to co-design and co-produce services, with the aim to ensure they meet the needs of our local population and deliver the best healthcare possible. They will also liaise, communicate, influence, and engages effectively and sensitively: building relationships with

varied groups of people to ensure inclusivity, diversity, equality and outstanding health and care for all.

The Lived Experience Lead works collaboratively with our local authorities, the voluntary sector, Commissioners, local and regional Trust networks across the ICB and national networks, to support the Trust to embed best practice and a strong culture of co-production, whilst empowering people who use services. The engagement of a Co-production and Lived Experience Lead has enabled us to achieve the following in our journey of PPPLE involvement and engagement:

<p><b>PPPLE Objectives</b></p> <p><b>Inform:</b></p> <p>Share information about proposed changes and service improvements so that people feel informed and are aware</p>	<p><b>Journey So Far</b></p> <ul style="list-style-type: none"> <li>• We developed a proforma for staff to easily inform the Lived Experience Lead of service improvements and developments that were carried out with PPPLE to ensure it is communicated via relevant channels. Likewise, working with Communications to keep PPPLE informed of service changes and improvements.</li> <li>• We developed a Lived Experience web page to promote our PPPLE work and recruitment to our Trust Involvement Bank</li> </ul>
<p><b>Insight and Involve (consult and engage):</b></p> <p>Understand issues and ask for people's opinions on ideas for change</p>	<ul style="list-style-type: none"> <li>• We collate and analyse patient feedback from multiple sources (FFT, surveys, complaints, community forums and consultations). We seek to explore the use of suggestion boxes, inpatient digital surveys among others to collate patient feedback to help inform service changes.</li> <li>• Created an information pack in draft for teams to have a standard approach for involving PPPLE.</li> <li>• Carried out a mapping and holds a central register of community groups and VCSE organisation that could contribute in providing insight into our services.</li> <li>• Launched recruitment of PPPLE into our Trust involvement bank and link people with lived experience in with services and staff to promote lived experience involvement and engagement.</li> <li>• Recruited two Patient Involvement Partners who would attend meetings to uphold patient voices across board and provide peer support to members of the Trust Involvement Bank</li> </ul>
<p><b>Improve (co-design and co-produce):</b></p> <p>Design and work together with people incorporating their ideas into the final approach</p>	<ul style="list-style-type: none"> <li>• Developed a training programme so our staff understand how to work in partnership with people and communities to get the best from the interactions.</li> <li>• Continuous promotion of collating evidence of improvement work that has been co-designed/co-produced.</li> </ul>

### Healthcare User Group (HUG) now part of the involvement bank

We have worked closely with our HUG members who regularly attend a wide variety of Councils and Groups in the Trust. This provides the opportunity for service user involvement in decision making. The Group have continued to visit areas within the Trust via Patient Led Assessment of the Care Environment (PLACE-lite) to carry out assessments of the environment and to gain valuable feedback.

This work will continue into 2024-25 with HUG members (now involvement bank members), working alongside Patient Experience Partners and key co-production and involvement stakeholders.

## National work

### Parliamentary and Health Service Ombudsman (PHSO) Complaint Standards Framework

The Trust completed a full and extensive review of the Trust's complaint process, in line with National guidance in relation to Complaint Standards from the PHSO, during 2023. The Standards set out a single vision for complaint handling that make complaining a consistent and positive experience. They provide an ongoing process to make improvements in complaint handling.

The Dealing with Complaints Policy was reviewed and published on the Trust Sharepoint site in April 2024.

Some key improvements include:

- Increasing the robustness of the triage process for complaints. For each complaint, the questions for response are sent to the complainant to reduce ambiguity with regards to the issues the Trust are able to respond to.
- The Trust now respond in writing to all complaints raised (Stage 1, Stage 2 and Stage 3), other than verbal complaints resolved to the satisfaction of the complainant by the next working day, on which the complaint was made.
- In order to retain the option of a quick response to a non-complex complaint, the Trust has retained Stage 1 which are now classed as Stage 1/early resolution complaints rather than concerns. Once resolved, this is followed up by way of an early resolution form signed by the investigator.
- The meeting notes and accompanying cover letter for Stage 2 resolution meetings for complainants who prefer a face to face meeting, are reviewed and signed by the person with delegated authority to sign complaint responses.
- Stage 3 complaints now include a Senior QC (Quality Control) Lead who is able to support the investigator during the complaint investigation and approve the response. The Care Group Director must also review and approve the complaint response prior to executive sign off.

### National Patient Safety and Incident Response Framework (PSIRF)

The Trust transitioned to the Patient Safety Incident Response Framework in Q4 2023/24. The new approach is being embedded alongside the new policy, plan and associated processes, and the newly implemented local risk management system (InPhase). Overall, there is a more

proportionate approach to investigation with fewer formal lengthy investigations, and more rapid and intermediate reviews inclusive of all those involved alongside safety and improvement colleagues. Resources are targeted at identifying the learning and implementing improvements.

The Trust has commissioned four work streams for additional focused work during 2024/25, the work streams have been identified from triangulated data, including patient feedback, and should include relevant stakeholders including patient representation. The impact will be monitored through a variety of data, including patient feedback.

## Local collaboration

We continue to enhance collaborative working with local organisations, which include:

<b>Hartlepool Borough Council</b>	Contribute to a regular joint meeting led by Hartlepool Borough Council and attended by local stakeholders (Hi-Vis, Hartlepool Carers, Healthwatch, Hartlepool Vision Support, Hartlepool Deaf Centre) to improve the experience of people who have a sensory loss or are Deaf and reside in Hartlepool.
<b>South Tees Hospitals</b>	Collaborative work around the PHSO Complaint Standards. Increased collaboration in line with the NHS University Hospitals Tees Group Model during 2024/25
<b>Accessibility Partners</b>	Involvement and collaborative working with our community partners which include Healthwatch Stockton, Healthwatch Hartlepool, North East Independent Complaints Advocacy Services, Hartlepool Deaf Centre, Hi-Viz UK and the Trust's interpreting and translation contracted supplier Everyday Language Solutions.
<b>Regional Complaint Managers Forum</b>	Closer working and collaboration, shared processes and policies. Led by North East Ambulance Service to share experience, discuss issues and work together to share good practice.

## Training – Responding to complaints

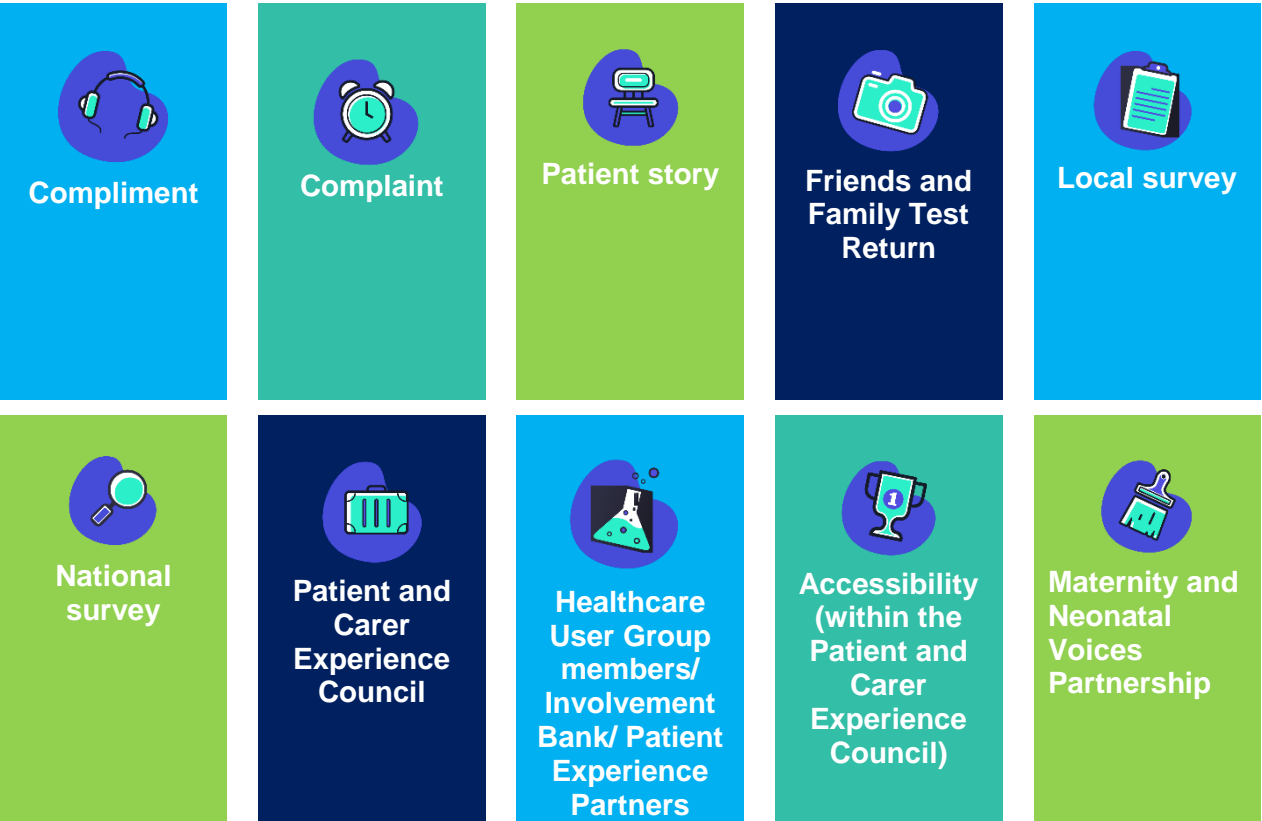
The Trust engaged the services of Bond Solon Training to deliver two bespoke training sessions to key members of staff responsible for complaint management. Additionally, a training session was delivered to the Trust Board for their awareness.

The training complimented the Trust complaints standards review, highlighting the requirement for a more robust triage, streamlining of processes and the acceptance of acknowledging with complainants when the Trust has exhausted the complaint process,

enabling earlier referral to the PHSO to request an independent investigation when appropriate.

### From Ward to Board

We continue to remove communication barriers to make it easier for patients to contact us. There is a variety of ways they are able to provide feedback:



The Trust website is fully in line with Accessible Standards.

#### Patient Story

A patient story is presented during Board meetings, this is usually attendance in person by a patient, supported by a staff member who was part of their patient journey or by a video recording. The patient shares their story and the improvements made as a result of their experience. An example is **Appendix A** in this report.

#### Maternity and Neonatal Voice Partnership

North Tees and Hartlepool Maternity and Neonatal Voice Partnership (MNVP) remains a growing team open to everyone, particularly service users, service user representatives, voluntary sector representatives, midwives, maternity staff, neonatal staff, nurses, doctors and commissioners, all working to review and contribute to the development of local maternity and neonatal services.

We prioritise hearing from women, birthing people, babies and families who are most at risk of experiencing health inequalities, including but not limited to: Black, Asian, Minority Ethnic

Groups, Refugees, Asylum Seekers, and those living in the most deprived areas. Building relationships with and collaborating with the voluntary sector organisations that work hard to support all these local families is key to this work. We also value the team going into the community to offer a listening ear where families feel comfortable and safe so that we can amplify their voice. Feedback is obtained in person, at groups or on the wards, in addition to via social media pages, an online questionnaire, paper questionnaires at in-person events and formal MNVP meetings, and there is work being undertaken to ensure that these are available in multiple languages and formats.

Raising awareness of the MNVP is still a top priority for 2024, as well as building the team, with a new emphasis on incorporating Neonatal Voices. The other key topics for work this year are induction of labour, informed consent, mental health, pelvic health, infant feeding, and bereavement care. It is important that we listen and reflect the views and experiences of everyone in the local community, to keep those voices at the heart of Trust and LMNS decision-making.

### Performance reporting

The Trust senior management teams, Board and Council of Governors receive regular data regarding Trust performance, including the number of complaints received (Stages 1, 2 and 3) and compliment numbers.

## 2. Complaint Definitions

 <b>Stage 1</b>	Local/early resolution, staff in the ward or department are requested to contact the complainant to resolve the complaint. The target is 7-working days, either face-to-face or via the telephone. This is followed by a written 'Complaint Resolution Form' to the complainant as the Trust's complaint response, digitally signed by the person with delegated authority to sign complaint responses.
 <b>Stage 2</b>	Following an investigation by the Care Group responsible to resolve the complaint, a meeting with senior staff is arranged. The meeting is arranged by the Care Group and can be face-to-face or virtual. Meeting notes and a cover letter are sent to the complainant as the Trust's written complaint response, signed by the person with delegated authority to sign.
 <b>Stage 3</b>	An investigation is undertaken and an executive letter of response is provided by the Care Group to be reviewed and approved by the Joint Chief Executive or responsible person for the Trust with delegated authority to sign.

### 3. Complaints received by year and by Stage

Stage	April 2022 to March 2023	April 2023 to March 2024
Stage 1	1277	1283
Stage 2	114	122
Stage 3	125	89
<b>Total</b>	<b>1516</b>	<b>1494</b>

The advantage of resolution at Stage 1/Early resolution means that concerns are addressed by the ward or department at the time the concern is raised or within a short period of time. The Trust resolved 84% of Stage 1 concerns in 2022-23 and 86% in 2023-24.

### 4. Top four themes by Stage (all sub-subjects)

*Sub subjects will differ for Quarter 1 to 3 compared with Quarter 4 as they were aligned on 1 January 2024 in line with national KO41 complaint data submission subjects*

#### Stage 1

<b>1 April 2023 – 31 December 2023</b>  <b>1 January 2024 – 31 March 2024</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Attitude of staff</li> <li>• Care and compassion</li> <li>• Length of time to be given an appointment</li> </ul> <ul style="list-style-type: none"> <li>• Communication with patient</li> <li>• Appointment delay (inc length of wait)</li> <li>• Care needs not adequately met</li> <li>• Communication with relatives/carer</li> </ul>
<b>2022 – 2023</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Attitude of staff</li> <li>• Length of time to be given an appointment</li> <li>• Treatment and procedure delays</li> </ul>
<b>2021 – 2022</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Attitude of staff</li> <li>• Care and compassion</li> <li>• Treatment and procedure delays</li> </ul>

## Stage 2

<b>1 April 2023 – 31 December 2023</b>	<ul style="list-style-type: none"><li>• Communication</li><li>• Care and compassion</li><li>• Failure to monitor</li><li>• Delay to diagnose</li></ul>
<b>1 January 2024 – 31 March 2024</b>	<ul style="list-style-type: none"><li>• Communication with relatives/carers</li><li>• Care needs not adequately met</li><li>• Communication with patient</li><li>• Failure to provide adequate care</li></ul>
<b>2022 – 2023</b>	<ul style="list-style-type: none"><li>• Communication</li><li>• Care and compassion</li><li>• Failure to monitor</li><li>• Treatment and procedure delays</li></ul>
<b>2021 – 2022</b>	<ul style="list-style-type: none"><li>• Communication</li><li>• Attitude of staff</li><li>• Care and compassion</li><li>• Treatment and procedure delays</li></ul>

## Stage 3

<b>1 April 2023 – 31 December 2023</b>	<ul style="list-style-type: none"><li>• Communication</li><li>• Failure to monitor</li><li>• Care and compassion</li><li>• Delay to diagnose</li></ul>
<b>1 January 2024 – 31 March 2024</b>	<ul style="list-style-type: none"><li>• Communication with relatives/carers</li><li>• Failure to monitor</li><li>• Appointment delay (inc length of wait)</li><li>• Patient left in dirty/soiled clothing</li></ul>
<b>2022 – 2023</b>	<ul style="list-style-type: none"><li>• Communication</li><li>• Competence of staff member</li><li>• Timeliness of discharge</li><li>• Treatment and procedure delay</li></ul>
<b>2021 – 2022</b>	<ul style="list-style-type: none"><li>• Communication</li><li>• Attitude of staff member</li><li>• Treatment and procedure delay</li><li>• Care and compassion</li></ul>

Complaint themes are closely monitored and discussed during weekly safety panel meetings and patient safety meetings within Care Groups. Where a trend is identified, actions are agreed and support is offered.

5. Response to the complainant provided within agreed timeframes

The data highlights that the percentage of complaints responded to within agreed timeframes is significantly lower than the previous year. From 88% 2022-23 to 30% in 2023-24.

During this time there was realignment of some of the responsibilities within the revised processes which took time to embed. However, the data for quarter 4 indicates that the response rate, since the completion of the complaint process review (31 December 2023) and implementation of InPhase, has improved significantly:

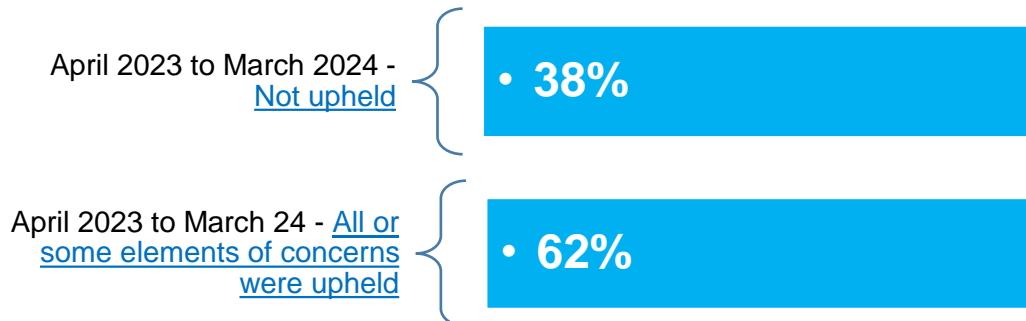
Quarter 2023-24	Percentage replied to within agreed timeframe
Quarter 1-3	24%
Quarter 4	60%

There was limited monitoring data following the introduction of InPhase on 1 January 2024, however reports were introduced in May 2024 which now allow robust monitoring of KPIs by the Care Groups and Patient Experience Team. This is closely monitored and it is anticipated the response rate will continue to improve.



## 6. Outcome classification of Stage 3 complaints

All stage 3 complaints are reviewed following investigation to identify the outcome, i.e. if the concerns were upheld, partially upheld or not upheld. Of the complaints closed at the time of reporting (May 2024):



There has been a decrease in complaints partially or fully upheld when compared with the previous financial year (2022-23, 73%).

*For the next annual report 2024-25, all complaints (Stages 1, 2 and 3) outcome classification will be included in the report.*

## 7. Actions and Improvements undertaken 2023-24

### Trust wide

#### Patient Experience Team led initiatives

##### Review of the Trust complaint process:

A review of the Trust's complaint process in line with the PHSO Complaint Standards Framework was completed in Quarter 3. The PSHO framework incorporates key Regulations in complaint management. It ensures there are one set of Standards for NHS organisations to follow. Evaluation has been positive and is ongoing. The new process ensures all complainants receive a written response to the issues they raise.

The Complaint Improvement Working Group, comprising of Associate Directors, Patient Safety Teams, members of the Patient Experience Team and a PMIO which was set up to review the complaint process, will continue to meet on a quarterly basis. This will allow a forum for continuing evaluation and discussion around any process barriers. Weekly complaint meetings between Patient Safety Teams and the Patient Experience Team will also continue. The introduction of the meeting has led to increased collaborative working across Care Groups.

##### Patient stories:

In person or digital stories continue to be presented at various forums including the Trust Board to share learning and actions taken by the Trust to improve our services.

CQC National Survey Action Plans:

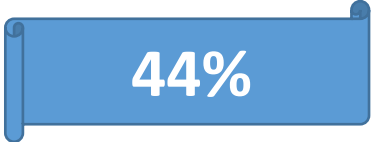
The process to ensure the development of adequate action plans following CQC National Surveys has been improved, with surveys presented at the Patient & Carer Experience Council and a timescale agreed for Care Groups to present actions plans. This provides assurance of learning and improvement as well as an overview and scrutiny by internal and external council members.

PPPLE:

Our PPPLE agenda has developed significantly during 2023-24. A few key areas of focus - there has been a promotion campaign to raise awareness around the agenda, a proforma for staff to complete to engage PPPLE to co-produce services and a training package has been designed to help staff to understanding how we can collaborate, involve and work with patients, carers and service users to involve them in co-design and co-production of services.

Friends and Family Test:

During 2023-24 the Trust received 28,943 Friends and Family returns compared to 20,465 during 2022-23. This is an increased return rate of:



Responses are available via the Yellowfin Dashboard. (Further data for Friends and Family return rates can be found on pages 34 and 35 of this report).

Patients receive a text message the day following an appointment or discharge from the organisation asking for feedback. The Trust also provide paper based forms to increase accessibility in providing feedback.

Following a successful pilot in 2022-23 in the Emergency Department, Trust Volunteers continue to be present in the department to encourage and support completion of feedback forms with patients. The table below shows the significant improvement:

Accident and Emergency FFT Returns	April 2022 to March 2023	April 2023 to March 2024
Total	848	2148

Works is ongoing to recruit additional volunteers to assist in other wards and departments.

Accessibility of our services:

Our Accessibility journey continues to ensure our patients receive equal access to and equal experience of our services. Patients and carers who use our services may require reasonable adjustments because of hearing impairment, visual impairment, learning disabilities, autism, Mental Health issues, sensory impairment, physical impairment, progressive condition or because their first language is not English.

Accessibility is an integral part of the Patient and Carer Experience Council where the Council receives feedback in relation to good practice around accessibility. The Accessibility

Champions are in place to work within our services to promote awareness of accessibility and provide guidance to staff. Work will continue into 2024-24 to develop this role further.

The Disability Discrimination Act audit undertaken in 2022-23 identified areas for improvement. Each issue was risk assessed and categorised with all high risk items listed within the report address during 2023-24. The Trust will be identifying any significant risk items to target the key prioritise to undertake first.

The Trust's external website was reviewed and updated to ensure compliance with the Accessible Information Standard regulations.

The Trust's first Reasonable Adjustments Policy was published. This provides guidance for staff which includes the definition of a reasonable adjustment and examples.

#### Live Digital Survey:

Work continues to develop a live digital survey for inpatients to complete whilst on site just prior to their discharge. This will give a wealth of information by asking if the communication during a patient's experience was sufficient, were staff friendly and understanding, was the patient involved in decisions around their discharge and how they rate their stay overall.

#### Family Liaison Officers (FLO):

25 FLO's are in place and have been a key support to patients, families and carers during serious incident and some complex complaint investigations. The aim of the FLO is to be the main point of contact throughout the investigation, ensuring that families are supported sensitively, compassionately, giving them a chance to ask questions. FLOs work closely with the investigating team to share timely and accurate information with openness and transparency. Training is ongoing to increase the number of FLO's.

#### Care Group 1- Healthy Lives

##### Out of Hospital Services:

- Early mobilisation post hip fracture – improved from 40% to 70% of patients mobilised in the first 24 hours.
- Managing Heart failure at home – providing heart failure patients with a digital based solution to enable greater oversight and improved management of their condition. Excellent patient feedback and remote monitoring has allowed average face to face appointments for a 12 week new medication titration period to reduce from 11 to 4.
- Tobacco dependency – Vape pilot – increased engagement with the service.
- New Tees Valley combined paediatric orthopaedic spinal Multi-Disciplinary Team (MDT) clinic – improved management of patients requiring input from a Paediatric Spinal Orthopaedic Consultant.
- Review of Community Nursing insulin administration processes – developed into a project aiming to reduce the number of insulin related medication errors. Patient safety events related to insulin medication errors were reduced by 50%.
- Self-care resources for musculoskeletal conditions – to support patients on or pre-referral/whilst awaiting their appointment – Patient information leaflets (PIL) developed which can be sent to patients at referral or prior to referral via iMSKAA or FCP.
- Patient uploaded photographs – to reduce unnecessary appointments in the Hand and Wrist service.
- SMS for normal results – reducing appointments for communicating normal results. Patients can still access an appointment if they wish.

- Asthma Discharge Bundle – improved number of patients having a completed bundle prior to discharge in order to improve outcomes and patient experience.
- Discharge PIL.

#### Women and Children's Services:

- Supporting women on admission to quit smoking in pregnancy. There has been positive feedback and an increase in access to the service.
- Implemented mechanical induction of labour to improve patient experience in May 2024.
- Working collaboratively across the care groups to improve the Child not Brought to Appointment Policy, is ongoing and a Trust priority under PSERP.
- Supported women who deliver pre-term to give expressed breast milk within 24 hours to improve outcomes. An audit has been undertaken within the Trust (preterm birth audit – regional and UNICEF Framework).
- Review of Cancer of unknown primary elective surgery pathways - MDTs are held cross site with James Cook University Hospital to review patient care. Cancer breach reviews have been reinstated.
- Implemented a Paediatric Mental Health Champion.
- Reduced waiting times for epilepsy, allergy and general paediatrics.
- Reviewed the paediatric streaming standard operating procedure (SOP).
- Implemented patient initiated follow up (PIFU).
- Reviewed paediatric ward rounds and handovers to improve the safety of ward handovers. This has seen month on month improved and is now at 95%.
- Adopted NICE guidance regarding UTI management for children and young people (CYP) reducing investigations and follow up needs for CYP.

#### Care Group 2- Responsive Care

- Participated in the review of the Trust's complaint process. Responsive Care's QI Lead attended Stage 2 complaint meetings to identify themes and co-ordinate improvement. In addition, areas involved in a complaint are now producing 'Pearls of Wisdom' presentations to embed shared learning and improve feedback to staff.
- Continued development of our leaders by continuing support for existing and newly appointed Matrons and Ward Sisters to attend Matron Handbook Engagement Days.
- Improved the FFT return rate by engaging with patients in relation to feedback once identified as ready for discharge.
- Supported staff in attending FLO training and updates – currently have 6 trained in the Care Group including 3 members of staff from the Responsive Care Patient Safety Team.
- Reduced wait times for patients requiring initial consultations, therefore receiving treatment sooner, promoting a more efficient service and patient journey. Improvements can be seen in supporting development of a reminder service for some patients who have missed previous outpatient appointments, decreasing their wait to be seen. In addition we have introduced a hybrid of telephone and face to face consultations in appropriate specialities. Created additional Lipid clinics.
- Implementation of the co-located Integrated Coordination Centre and discharge team has successfully improved coordination of patient discharges and flow.
- Re-introduced Ward Matron drop in sessions to allow relatives/carers to ask questions and discuss any concerns/issues.
- Introduced bay nursing on Ward 42 to increase staff visibility for the patients and reduce falls.

- Purchased equipment to support uninterrupted HFo2 during the transfer of patients from the Emergency Assessment Unit (EAU) to the Respiratory wards with a Respiratory Nurse to accompany the patient on transfer.
- Received accreditation from Myeloma UK.
- The Haematology Specialist Nursing Team has facilitated a call/visit to patients, 1 week after diagnosis to support with any questions.
- Implemented a 5 day midline service to support timely discharge of patients requiring intravenous antibiotics.
- Supported a weekly Thoracoscopy list to manage symptom control and avoid hospital admissions.
- Expanded Liver Specialist Nurse Service and secured funding for the Alcohol Specialist Nurse.
- Successful in receiving PUMP funding resulting in appointment of a second Parkinson Nurse.
- Implemented 'Call for Concern' in areas which has been developed from Martha's Law.
- Established process for audit and oversight of inpatient nurse admission documentation.
- Ward 36, 40 and 41 participated within Trust skin integrity collaborative, evidencing reduction in harms.
- Established 'EAU Leaders' meeting which has attendance from all staff banding who work within the area.
- Senior members' attendance at 4 day Patient Safety Incident Review Framework (PSIRF) training.

### Care Group 3- Collaborative Care

- To continue to participate in the review of the Trust complaint process to ensure it is in line with the PHSO Complaint Standards Framework and is actively updating the Care Group throughout the process.
- The third Collaborative Care Group Conference went ahead on 7 July 2023 with good attendance, the presentations delivered were:
  - Mitomycin C Prescribing and Administration post TURBT
  - Surgical Site Infection Surveillance
  - Theatre metrics – are we measuring what is meaningful?
  - Using technology for education
  - CareScan+ - an endless possibility of using technology to minimise patient risks
  - Training in the workplace (new opportunities)
  - New perioperative diabetes care pathway
- Getting it Right First Time (GIRFT) visit at the University Hospital of Hartlepool Hub took place and achieved accreditation with the areas of good practice highlighted from the team. The review resulted in being acknowledged as an exemplar site and being asked to present nationally.
- The Care Group have continued to reduce stage 3 written responses and encourage face to face or local resolution with engagement across the teams.
- Implemented the education and training within the Collaborative Care Group as part of the Trust initiatives:
  - FLO training
  - Bond Solon complaint training
  - PSIRF
  - InPhase
- The patient safety training and education has enabled the Care Group to:
  - Give patients and families the opportunity to be involved in investigations and encourage them to share their stories.

- Improve the recording of actions and learning from complaints.
- Support patients, families and staff through the investigation process whilst also considering the use of the FLO.
- The Patient Safety Team has also completed the Healthcare Safety Investigation Branch (HSIB) training 'A systems approach to investigating and learning from patient safety incidents' to further support their understanding and help to develop their expertise in patient safety.
- Continued to run the weekly patient safety meeting with good attendance, altered the information shared following the implementation of InPhase. Monthly information is also shared to show any trends in data and share any learning from events that have been reported.
- The Critical Care Team have implemented 'Call for Concern' in the Trust in response to Martha's Law, allowing inpatients or their loved ones to directly report a decline in their condition that has been reported but not addressed by healthcare staff on the ward.
- Engaged with the PPPLE group to explore lived experience with plans to host an experience based design approach to learning from patients and relatives.
- Completed a breast surgical site infection review after early identification of infections in a group of patients, completed Duty of Candour and provided the report to the individuals to share the review undertaken. No commonalities were identified, however practice improvements were recognised and work has been undertaken to implement improved practices; one of those being increasing decolonisation in these procedures. Reduction in infection rates post review is being completed.
- Work has been undertaken collaboratively across all Care Groups to introduce a 5 day midline service ensuring that patients who need longer term intravenous access are able to have these quickly inserted. Insertion of these lines has lower risk of mechanical or infectious complications. Promoting the use of midlines means more staff are able to insert which can decrease the time waiting for insertion.

## 8. Proposals and continued improvement in 2024/25

### Trust-wide

- Following the introduction of InPhase for feedback, work continues to improve recording of actions and learning from complaints.
- Existing Trust available platforms to introduce digital options to encourage increased patient feedback via FFT and short surveys are to be explored.
- To enhance collaborative working with South Tees in relation to patient feedback and involvement.
- To develop the Patient Involvement Partner role to help support the shaping of services taking into account patient experience and learning from feedback.
- To continue to develop a central register of service users who are willing to engage with Care Groups in service improvements as part of our involvement bank.
- To continue to work with the Trust Volunteer Co-ordinator to continue to identify opportunities for Volunteers to support patient feedback.

### Care Group 1- Healthy Lives

#### Out of Hospital Services:

- GCA pathway – reducing the number of patients requiring a biopsy to confirm diagnosis.

- Virtual ward pathway – Virtual ward pathways are in place for frailty and respiratory. Work in the next year will focus on building the guidance for a Heart Failure Virtual Ward.
- North East Ambulance Service dispatch stack work – good progress throughout 2023 with further work being planned for 2024/25 working with South Tees to move towards a Tees Valley Hospitals approach.
- E-referral for upper limb orthopedic acute to outpatients – reducing the number of events where referrals are missed or delayed following upper limb surgery.
- Recognition of the palliative heart failure patient – in order to give timely and effective care and planning in the later stages of life for patients with heart failure.
- Amputee information leaflet – providing information in one place along with useful resources and contact details. This work is being supported by patient/service user input from the Trust Amputee Group.
- Specialist Diabetes support for care homes – to reduce hospital admissions and insulin errors in nursing homes.
- Self-referral into iMSK.
- Ward 42 therapy group sessions for patients – increasing functional therapy and patient experience with the aim of improving outcomes and reducing support required on discharge.
- iMSK podiatry and paediatric physiotherapy – ability to book and cancel appointments online, patients are able to choose an appointment date and time that suits them with reduced time spent calling the Administration Team.
- Seating Matters – to provide patients that require them with more specialized seating during their hospital admission to improve comfort, independence and confidence and reduce deconditioning, pressure sores, pain and falls.
- Improving quality of discharge communication (PSERP priority).

#### Women and Children's Services:

- Review of paediatric safeguarding information provided to families to improve communication
- To update leaflets/information provided for outpatient gynaecology procedures and consent.
- To review pathways for paediatric referrals to ensure the appropriate and timely allocation.
- Patient feedback sessions within the clinical area to monitor patient satisfaction in real time.
- Supporting women on admission to quit smoking during pregnancy will be presented at a Grand Round.
- Aiming for 90% of patients to have mechanical induction of labour.
- Continue to working collaboratively across the Care Groups to improve the Child not Brought to Appointment Policy which is a Trust priority under PSERP.
- There is a QI project ongoing to increase the rates of women who deliver pre-term to give expressed breast milk within 24 hours to 80%, to improve outcomes.

#### Care Group 2 – Responsive Care

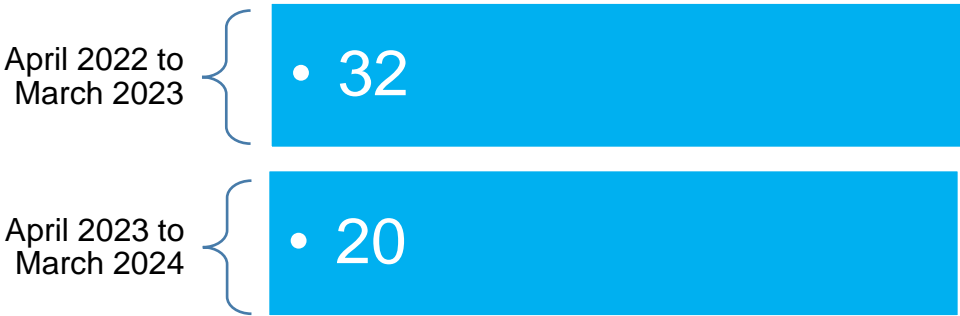
- Monthly Quality and Safety presentations at Senior Management meetings which has been scheduled to be presented at Ward Matron meeting to discuss themes from event and complaints
- Establish 'More before Four' working group to improve patient flow from attending Emergency Care through to discharge, this included creation of 'Delivery Managers' to facilitate the actions and digital progression.

- Collaboration with other care groups to establish new pathways for caring for patient in the right place at the right time.

Care Group 3- Collaborative Care

- To continue to build on the introduction of PSIRF and InPhase to compliment and support a healthy reporting culture in relation to events that occur within the trust. This will allow us to support further learning and understanding from events.
- Continue to develop learning and evidence from complaints ensuring we close the loop on improvements. We will continue to develop involvement from all staff groups to ensure the improvement plans progress and we can measure impact.
- Review the approach to appointments in collaboration with outpatients to ensure we are maximising productivity and efficiency therefore reducing wait times to patients
- Continue to develop the Further Faster work with GIRFT focussing on reducing the 52-week waits
- Continue the development of all staff within the care group in relation to the local approaches to PSIRF ensuring they all are aware of systems approaches and feel comfortable being able to identify learning and implement improvements in practice
- Relaunch the clinical accreditation programme ensuring we maintain quality and safety across the areas.
- Continue to celebrate improvements through the Care Group Conference which is planned for 5 July 2024.
- Continue to train and develop staff in Quality Improvement approaches in line with the strategic plan which will support learning and help to increase safety and quality. This will be achieved through further Bronze QI training, continuing Quality Service Improvement Redesign (QSIR) Foundation and Practitioner programmes.
- Increase patient engagement in improvements

9. Further contacts received following a Stage 2 or 3 complaint response



The number of further contacts following attempted resolution received during 2023-24 has reduced compared to the last financial year.

10. The Parliamentary and Health Service Ombudsman (PHSO)

The Trust’s Dealing with Complaints Policy was updated in 2023-24 (and subsequently ratified and published in Quarter 1, 2024-25). The Policy was reviewed by the Trust’s external legal representatives and deemed compliant with National Guidance and Regulations.

The final stage of the complaint process review went live on 1 January 2024. Work is ongoing to improve performance against agreed timescales, and to ensure a robust monitoring system is in place, which will monitor compliance against the Policy.

## Cases reviewed by the PHSO

For reporting purposes, once the Trust has received the scope of investigation provided by the PHSO, this is classified as a complaint that is under investigation by the PHSO.

There were 6 scopes of investigation received during 2023-24 and 7 cases closed by the PHSO.

There were 3 cases not upheld by the PHSO and 4 partially upheld during 2023-24.

<b>2023 – 2024</b>	Scope of investigation received = 6	Cases closed by PHSO = 7	Cases upheld or partially upheld by PHSO = 4
<b>2022 – 2023</b>	Scope of investigation received = 6	Cases closed by PHSO = 3	Cases upheld or partially upheld by PHSO = 0

<b>Actions and Improvements following PHSO recommendations:</b>
Development of a Frailty team in the Emergency Department to review elderly and frail patients prior to discharge from the department. Medication to be included within the Comprehensive Geriatric assessment.
Trust to continue to monitor compliance with sepsis guidelines.
Access to the frailty virtual ward is available 24 hours per day.
Patient nurse call systems have been added to all patient toileting facilities
To improve clinical decision making around antibiotic administration, the trust includes the findings of this case in the Antibiotic Stewardship Training to ensure staff are assisted with appropriate decision making.
To complete a video for 'medical bites' To share the incident with all teams across the organisation for awareness and learning. When antibiotics are not used, the documentation must be reflective of the assessment and treatment plan.
To detail the trust's ongoing training and education around the recognition of sepsis and escalation of national early warning score. The introduction of Deteriorating Patient Specialist Nurses.
The digital MUST Screening Tool was introduced in June 2023 and is audited.
Audits undertaken in relation to compliance with dietician referral.

## 11. Patient Satisfaction Surveys

### Local Surveys 2023-24

We regularly carry out local patient surveys where patients, relatives, and carers are asked about the quality of the healthcare we have provided.

A selection of local surveys carried out 2023/24 include:

## Endoscopy Patient Survey 2023

Annual survey that contributes to the unit's annual Joint Advisory Group accreditation.  
Key results:

**89%** of patients were felt that this waiting time was *about right*.

**96%** were given a date and time for their endoscopy that was convenient for them.

**97%** were dealt with promptly and efficiently upon arrival to the unit.

**98%** stated that they had enough privacy during their endoscopy procedure.

**90%** received explanations about the procedure in a way they could understand.

**89%** received an understandable explanation of their results.

**97%** felt they were treated with respect and dignity by unit staff.

**97%** of patients would be extremely likely or likely to recommend the unit to friends and family.

### Improvement plan:

To ensure patients know they are likely to wait for their procedure once they arrive on the unit, and to keep them updated if there are any delays.

### A selection of comments:

*"Treated with kindness and courtesy from all members of staff".*

*"Every single person was amazing. So friendly and professional".*

*"I was treated with respect and kindness. The staff I met were all lovely to me which put me at my ease. Well done to all of them".*

*"I did have to wait for about 1 hour once I was changed. I was last on the list in the morning and the previous procedure had taken longer than expected".*

*"My procedure was for 10.15am but didn't get into the endoscopy room until 12 noon. Anxiety is raised whilst waiting wondering why and keen to get it all over. Being kept up to date would be calming".*

## Breast Screening Survey 2023

Survey to ask patients about the service and care they received from this service. Key results:

**96%** of patients said they did not experience any difficulty in travelling to the Breast Screening Van.

**97%** of patients found it easy to locate the Breast Screening Van.

**97%** of patients received enough privacy and 95% said they were treated with respect and dignity during the screening.

**96%** rated their experience as excellent, very good or good.

### A selection of comments:

*"She taught me life skills I will never forget. It has transformed my life."*

*"Right from the start I felt at ease with Julie, she was so warm and caring and actually listened to me."*

*"I cannot put into words how grateful I am."*

*"I would not have made it through without her."*

*"She helped me to organise how I felt and things I could do to help myself feel differently, also to acknowledge I needed to allow time for this grief. I am very grateful for the time and care I received."*

## Rapid Diagnostic Service Survey 2023

Survey to understand the impact this new service has had on patients. This service is a made up of a specialist team of health professionals who make sure the right diagnostics are rapidly performed for patients presenting with non-specific symptoms.

**90%** of patients were given all the information they needed about their diagnostic tests.

**94%** of patients were given their results in a way they could understand.

**91%** were told what would happen to their care after they received their results.

**95%** were always treated with respect and dignity by the RDS team.

**95%** rated the care they received from the RDS as excellent, very good or good.

**A selection of comments received:** *"I was impressed with the quickness of my treatment was carried out. It truly has the right name 'Rapid Diagnostic Service'! Excellent service from start to finish."*

*"Received a fantastic service from all the team, great communication".*

*"This service is so needed, especially for any unexplained symptoms. I hope this service will continue to be commissioned to help patients in my area. Fantastic and knowledgeable staff!"*

## Tobacco Dependency Survey 2023

Survey to gain understand experience of inpatients who were seen and supported by this service during their stay in hospital.

**96%** of patients were very satisfied or satisfied with the service.

**96%** of patients were satisfied with discussions about the nicotine replacement options and support available.

**89%** of patients felt that the support and treatment received from the service made their stay in hospital more comfortable.

**96%** of patients stated that they would continue with attempting to give up smoking.

### A selection of comments received:

*"I found everything very helpful and the advisor was very helpful also, thank you".*  
*"Excellent service, very nice and polite with good informative information – thanks".*  
*"All the support staff were extremely pleasant and did not sit in judgement at all".*  
*"Excellent service, very nice and polite with good informative information, thanks".*

## National Surveys 2023-24

The Trust take part in the mandatory National Patient Survey Programme which provides a way of measuring patient experience within our organisation, comparing our results over time, as well as assessing our performance with other Trusts. The coloured bars below show how the trust scored.

### National Inpatient Survey 2022 (published September 2023) Key results

The Trust randomly selected adult inpatients discharged during November 2022. We had a 37% response rate with a total of 432 patients responding.

Areas of good practice	Score
How did you feel about the length of time you were on the waiting list before your admission?	8.0/10
Where we could do better (where scores were significantly worse than in 2021)	Score
How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	6.5/10

If you brought medication with you to hospital, were you able to take it when you needed to?	8.1/10
In your opinion, were there enough nurses on duty to care for you in hospital?	6.9/10
Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	7.6/10
Were you able to get a member of staff to help you when you needed attention?	7.9/10
Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.2/10

### A selection of comments:

 <b>Comment 1</b>	Very satisfied with the care and help during my stay in hospital. If anything - thank you NHS!
 <b>Comment 2</b>	Overall I was quite grateful for the care I was given and the staff were very nice and informative and I received all the follow up treatment required in a relatively short period of time. I value the NHS.
 <b>Comment 3</b>	Staff striving to do their best, not easy jobs within this profession, their hard work and efforts are very much appreciated before during and after my operation.
 <b>Comment 4</b>	My stay was unexpectedly extended but the catering department could not provide a meal because it was not ordered at the start of the day.
 <b>Comment 5</b>	I was moved 5 times to different rooms and 3 different wards. My stay was 7 nights.

## National Inpatient Survey 2022 - Key action areas include:

<b>Issue identified</b>	<b>Action</b>
Length of time waiting to get bed on ward after arriving in hospital	Continue to work collaboratively with other services, Patient Flow Facilitators in post.
Explaining the reasons for changing wards during the night in a way patients can understand	Leaflet to be designed to be given to patients on admission overviewing the patient journey identifying moves to other areas.
Receiving enough help from staff to wash or keep clean	"Back to Basics" QI project to be developed within Responsive Care Group.
If patients bring in their own medication, were they able to take it when they needed to.	EAU medication project in situ to enhance use of patient's locker on ward area. QI projects to improve patient with Parkinson's Disease receive medications at the correct time.
Receiving enough and consistent information throughout care and treatment	To continue work commenced in collaboration with ECIST aiming to improve the quality of communication with patients and carers related to their inpatient care by embedding the 'four patient questions' as the foundation of patient handover documentation and ward communication. Selected ward areas to be involved in project to monitor benefits of nurses accompanying the medical wards to improve care and communication patients receive.
To provide information leaflets to patients who have ongoing care needs at discharge.	The Trust together with Tees Valley Collaboration Group has produced a communication strategy to patients, primary care, and all services involved in discharge
Ensuring family and home situation is taken into account when planning for discharge.	Therapy teams to continue to support the ordering of equipment, plans in place for Discharge Flow Facilitators to get access to the ordering system.
Feeling involved in decisions about leaving hospital.	Discharge team divided into pathways so there is dedicated staff group who support each discharge pathway to ensure consistency and the right skills dependant on the complexity of the discharge/patient needs.

## National Maternity Survey 2023 (published in February 2024) Key results

Women aged 16 or over and who had a live birth in February 2023 were invited to take part in this survey. Our response rate was 41%.

<b>Areas of good practice</b>	<b>Score</b>
Were you given enough support for your mental health during your pregnancy?	9.4/10
During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	9.2/10
Did you have confidence and trust in the staff caring for you during your antenatal care?	9.1/10
Thinking about your antenatal care, were you treated with respect and dignity?	9.7/10

At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	9.3/10
During your labour and birth, did your midwives or doctor appear to be aware of your medical history?	8.3/10
Thinking about your care during labour and birth, were you treated with kindness and compassion?	9.5/10

Where we could improve	Score
And before you were induced, were you given appropriate information & advice on the risks associated with induced labour?	5.4/10
Were you involved in the decision to be induced?	7.2/10
During care at home after birth, did the midwife/midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	7.4/10

#### A selection of comments:

 <p><b>Comment 1</b></p>	I had a very positive experience during pregnancy and labour. They made me feel heard and comfortable at all stages.
 <p><b>Comment 2</b></p>	You guys were amazing all the way through. Thank you.
 <p><b>Comment 3</b></p>	The midwives were truly amazing throughout but especially the ladies who helped deliver my baby. What a fantastic team!
 <p><b>Comment 4</b></p>	I only found out that I had low iron and pre-eclampsia when my waters broke at 39 weeks which I wasn't happy about.
 <p><b>Comment 5</b></p>	Antenatal care was excellent however care during labour & induction was detrimentally impacted by staff shortages.

## National Maternity Survey 2023 - key action areas include:

<b>Issue identified</b>	<b>Action</b>
Being given enough information on induction before induction.	Review of leaflet provision in relation to Badgernet Introduction of Outpatient IOL
Being given information and advice on risks associated with induced labour beforehand.	
Given the opportunity to ask questions after baby was born.	Review of Reflections service to provide support following birth.
Discharge delayed for any reason.	Pharmacist available on ward to assess for correct prescriptions ( namely to VTE AND Tinzaparin ) Ensure patients are kept up to date if there any reason in delayed discharge Paediatric allocated for baby checks. Midwives who are qualified to undertake NIPE perform checks.
Attentiveness of staff during stay in hospital.	Staff advised re call system. Patients given a named midwife. MNVP to raise of nurse call system

## National Cancer Patient Experience Survey 2022 (published July 2023)

All adult patients with a confirmed diagnosis of cancer discharged after an inpatient or day case patient attendance for cancer related treatment in the months of April, May and June 2022.

<b>Areas of good practice (where scores were higher than expected)</b>	<b>Score</b>
Patient was told they could have a family member, carer or friend with them when told diagnosis	85%
Patient found it very or quite easy to contact their main contact person	92%
Patient found advice from main contact person was very or quite helpful	98%
Treatment options were explained in a way the patient could completely understand	86%
Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	85%
Patient could get further advice or a second opinion before making decisions about treatment options	60%
Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	83%
Beforehand patient completely had enough understandable information about chemotherapy	91%
Patient completely had enough understandable information about progress with chemotherapy	86%

Patient was always offered practical advice on dealing with any immediate side effects from treatment	75%
Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	65%
Care team gave family, or someone close, all the information needed to help care for the patient at home	67%
Patient has had a review of cancer care by GP practice	26%
After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	47%
Patient was given enough information about the possibility and signs of cancer coming back or spreading	71%

Areas for improvement ( <i>where scores were lower than expected</i> )	Score
Patient was always treated with respect and dignity while in hospital	81%

#### A selection of comments:

 <p><b>Comment 1</b></p>	<p>Thank you so much to all the staff who have been on this journey with me. Special thanks to my breast care nurse and the two consultants who have been involved in my treatment/care.</p>
 <p><b>Comment 2</b></p>	<p>My chemo is at North Tees fabulous all the beautiful nurses spoil me and the carers I cannot get any better than what I'm getting. I love them so much. Thank you thank you thank you.</p>
 <p><b>Comment 3</b></p>	<p>My care has been second to none all nursing staff and my consultants have been marvellous. If things have been today I owe my life to all involved.</p>
 <p><b>Comment 4</b></p>	<p>It was quick and professional and sensitive. My operation was successful and my aftercare warm and friendly and reassuring. The whole process was excellent from diagnosis to recovery. A debt of gratitude to the medical team. Thank you NHS.</p>



### Comment 5

Cancer is physically and psychologically challenging. Professionals are there during treatment but one treatment has finished the support falls off the end leaving cancer patients struggling to deal with the aftermath.



### Comment 6

Administration. From one hospital to another the length of time between finishing chemo and starting radiotherapy (3 months) was a bit too long. No one was in touch and I felt a bit abandoned. It took a phone call from us to get the ball rolling. I did get an apology but the waiting didn't help my nerves.



### Comment 7

Being able to text message for advice would be helpful for those people with hearing problems who don't use the telephone.



### Comment 8

The mix of face to face appointments and telephone appointments was OK, but felt the appointment was more rushed on the telephone appointment.

## National Cancer Patient Experience Survey 2022 - Key action areas include:

Issue identified	Action
Patients not receiving enough information regarding diagnostic tests in advance.	Ensure all relevant information leaflets are offered/given to the patient prior to test, working closely with diagnostic centres to ensure this happens e.g. endoscopy/radiology. Our score has gone up significantly to 94% from 88% of patients who felt they were given sufficient information. Hopefully this will continue to improve now we have cancer pathway navigators in post.
Cancer diagnosis not been explained in a way the patient could completely understand.	Ensure there is a Clinical Nurse Specialist (CNS) present at diagnosis whenever possible and patients are given the Cancer Care Coordinator (CCC) contact details and are made aware of their role. Ensure the CCC are speaking with patients soon after diagnosis, and completing a full HNA. Ensure the patients are offered the right information and support available to them. The CNS will check that the patient has understood all information given at the end of the consultation.
Patients were not able to have a discussion regarding their needs or concerns prior to treatment.	Improve shared decision making at the point of discussion regarding treatment. Ensure a CNS is present at the discussion where possible. The patient will be given the contact details of their CCC.
Patients weren't always able to discuss worries and fears with hospital staff.	Qualified staff oncology/palliative care training day took place in September 2022 and March 2023.

	CNS teams have resumed their pre-covid duties including visiting the wards supporting patients and staff. Improve information available in ward areas for patients and relatives. Update notice boards in ward areas.
The right amount of information and support was given to the patient between their final treatment and follow up appointment	Working with each team to develop the use of treatment summaries, to ensure they are completed with as much information as possible. The CCC will do a HNA at the end of treatment which will give the opportunity to ask questions and for information and support to be given. The patient remains under the care of the coordinator until they are discharged so can contact them at any time. Train staff to deliver the HOPE course and promote referrals to relevant support groups Personalised care workshops for staff to improve existing knowledge on patient centred care and improve patient outcomes. Sage and Thyme training completed by all cancer care coordinator. One CNS has completed the training to be a sage and Thyme facilitator.

### Survey feedback, action planning and review

A robust feedback strategy has been established where survey results are shared with key stakeholders in order to develop meaningful and achievable action plans. National survey results will be formally presented at the Patient and Carer Experience Council by the PET Survey Lead. The Care Groups will then be invited to present their action plans in 3 months for approval and sign off by the Committee. If there are any outstanding actions, the Care Groups will be invited to attend 6 months later to provide updates on the actions and service improvements.

The Patient Experience Team are working to develop a patient satisfaction survey for patients to download via a QR code whilst they are onsite following an attendance or in patient stay.

## 12. Overall Compliment status

InPhase allows the documenting of compliments in one central location (this replaced Greatix).

All staff members are encouraged to record compliments. Compliment data now forms part of patient feedback thematic analysis.

### Total number of compliments received

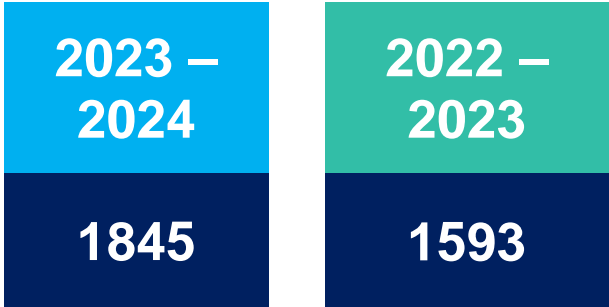
The number of compliments recorded continues to increase. There were 6,013 compliments recorded during 2023-24 (reporting data InPhase, June 2024) across Healthy Lives, Responsive Care and Collaborative Care, which is an increase of 1,388 on the previous year.



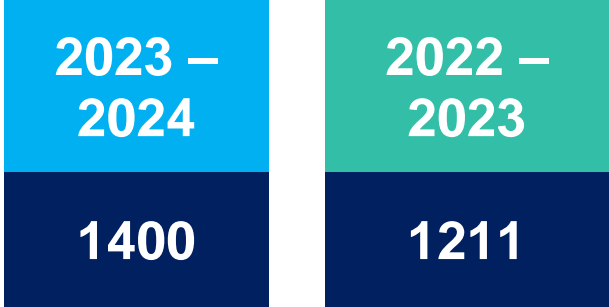
“I have been very anxious and nervous for the past year leading up to this op. Every single member of the team has made me feel very relaxed and comfortable throughout the whole experience. Hopefully I won't see you again but thank you for making this a lot easier.  
You are all amazing and thank you”

Total number of compliments by Care Group

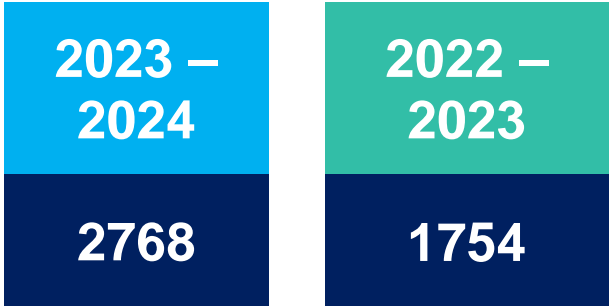
Care Group for Healthy Lives:



Care Group for Responsive Care:



Care Group for Collaborative Care:



“The care my Mum received was second to none, she was treated like a queen by everyone who looked after her”

The Care Group for Collaborative Care has again recorded the highest number of compliments with 2768 recorded during the last financial year, followed by Care Group for Healthy Lives and then Responsive Care.

#### Compliment themes:

<b>2023 – 2024</b>	<ul style="list-style-type: none"> <li>• Care Provided</li> <li>• Staff to Staff</li> <li>• Compassion</li> <li>• Communication</li> <li>• Attitude</li> </ul>
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<b>2022 – 2023</b>	<ul style="list-style-type: none"> <li>• Care Provided</li> <li>• Compassion</li> <li>• Staff to Staff</li> <li>• Attitude</li> <li>• Communication</li> </ul>
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Care provided continues to be the main theme in compliments followed by staff to staff.

I don't think enough thank you will ever be enough to show how grateful I am. I can finally start looking forward and not dread everyday as it comes. It's a huge weight lifted off our shoulders and I couldn't be any more grateful for what you have done for me. A million and more thankyou forever. You're amazing!!!

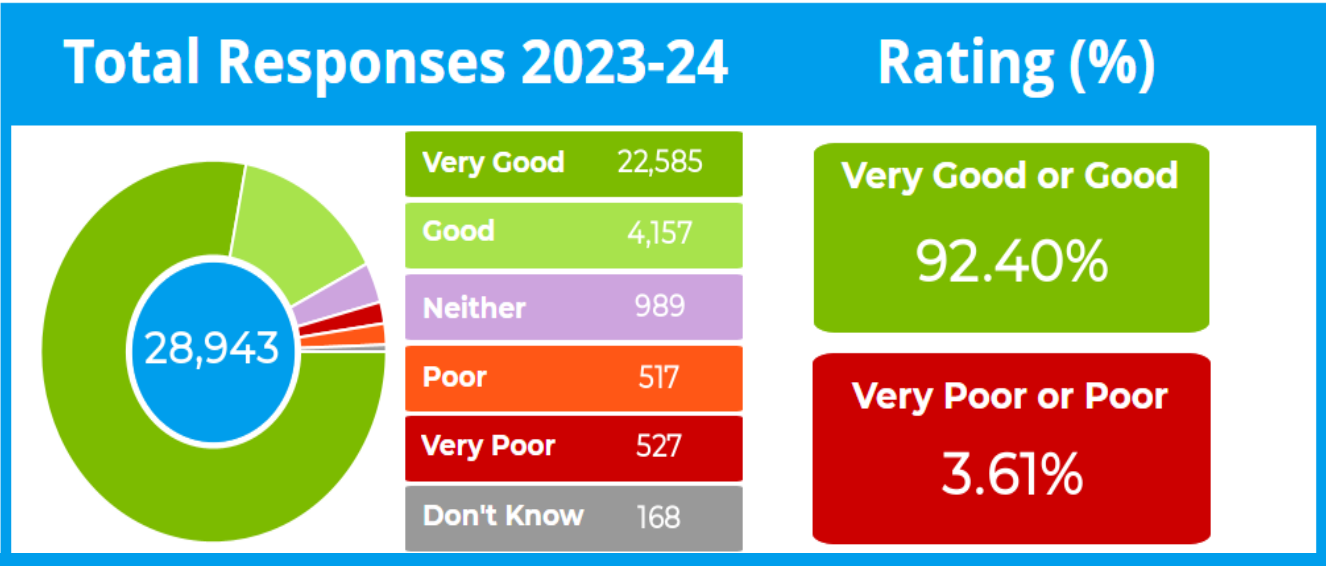
### 13. Friends and Family return rate

The NHS Friends and Family Test (FFT) is a valuable opportunity for patients to provide invited feedback on the care and treatment they receive in order to improve services. FFT asks patients whether they would recommend hospital services to their friends and family, if they required similar care or treatment. This means every patient in these wards and departments is able to give timely feedback on the quality of the care they receive.

The Trust offer paper based forms as well as a text based service to gather FFT feedback.

#### Friends and Family return rates (text based and paper based returns) 2023-24:

Total Responses	Month												
FFT Response	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total
Very Good	1,547	1,779	1,859	1,883	2,104	1,935	2,021	1,964	1,344	2,392	1,947	1,810	22,585
Good	294	342	339	319	361	358	368	360	257	451	384	324	4,157
Neither Good nor Poor	57	73	79	86	81	85	83	82	73	108	100	82	989
Poor	32	46	42	39	32	44	41	52	35	58	57	39	517
Very Poor	35	34	39	51	53	46	42	35	37	52	57	46	527
Don't know	12	10	13	11	13	18	13	9	14	26	15	14	168
Total	1,977	2,284	2,371	2,389	2,644	2,486	2,568	2,502	1,760	3,087	2,560	2,315	28,943



The table above demonstrates that returns indicating Very Good and Good account for over 92% of the FFT response forms returned during the financial year 2023-24, this is a slight decrease of 1% on the previous financial year.

There has been a significant increase of **8,478** returns in 2023-24 compared with 2022-23:

Response returns	2022-23	2023-24
Total returns	20,465	28,943
Percentage rating very good/good	93%	92%
Percentage rating very poor/poor	4%	4%

Work continues to improve the return rate of FFT responses and to develop a digital solution for in and outpatient areas to improve ease of access for patients, families and friends.

# Word Cloud



## Appendix A.

Mrs A provided her contact details to the Learning Disability Specialist Nurse as she wanted to provide feedback about a recent experience she and patient B had on the Day Case Unit at the University Hospital of North Tees.

Mrs A told us that patient B has a learning disability and is non-verbal. Patient B has experienced many episodes of hospital care throughout his life, many of which have not been positive.

The Day Case Team invited Mrs A to attend the week before patient B's procedure, to have a look around the unit and discuss how best the team could meet patient B's complex needs. This visit was invaluable in establishing a plan for care and the procedure.

On the day of the procedure, Mrs A and patient B were invited to attend early, and accessed a service corridor through a back door. This meant that they were away from other patients. They were led into a quiet specialist sensory room which was comfortable and relaxed. This was a very calm room, patient B had access to a sensory lamp and fidget toys.

There was one thing that Mrs A felt could have been improved. Prior to the procedure, the doctor went through the procedure in great detail with Mrs A and patient B. Patient B's care plan clearly stated that communication with patient B must be kept to a minimum, as too much information would panic patient B and could potentially lead to the operation being cancelled. Mrs A felt that everyone should read care plans to ensure they are followed.

Mrs A was very complimentary about the whole team who looked after patient B, from the Learning Disability Specialist to all the team in the Day Case Unit. She has noticed that knowledge around learning disability has certainly grown over the years.

