

Understanding what really matters most

Experience of Care Annual Report

July 2019 – July 2020

“With special thanks to you all. At the start of the teams involvement, I had a target I wanted to reach, by the time the team had completed their time with me, I could wash myself, make my bed, wash my dishes, everyday tasks became easier, now at last, I go to Sainsburys, and do my own shopping once again. My Target reached!”

Patient of Adults Southampton Services

Sarah Balchin
Associate Director – Community Engagement and Experience
August 2020

1. Introduction

Understanding what matters most to people who use our services, their families and carers rather than what we think matters most, is key to what we do. By working with local people, we are able to hear people's stories of the great care they have received, *and* when we have got things wrong, both a valuable source of learning for us. We want to ensure that every person can have their say in a way and a place that suits them. This report shares the first year of our ambitious journey to **really understanding what matters most**.

- About **25,000 people** who used our services provided us with the gift of feedback over the last year.
- **96% of people shared a positive experience of care**, with many people telling us about the kindness, friendliness and caring shown by our teams.
- **1% told us about things we could improve**, including waiting times, booking appointments and poor attitude.

The pandemic has disrupted both the way we provide services, and the experience of those receiving them. National experience of care programmes were suspended from March, but building on the foundations we set in 2019, we have worked in partnership with our patients, their families and members of our local community, to respond and adapt to this new environment. We have taken our learning not only from what people have told us about their experience of using our services during this time, but also from the stories they have told us about their lives during COVID, to change the way we do things. We have been privileged to form new and trusting relationships with local people and groups, helping us understand what really matters most to people about their local community and mental health provider, and helping us recognise the truly amazing capability of communities to get things done!

We believe by understanding what really matters most to people who use our services, their families and carers we can provide great care to local people. By listening, hearing and acting on the stories people share, we can continuously learn and improve.

This report provides a summary of:

- Our ambitions, our achievements for 2019 – 2020
- How do people feedback about their experience of care?
- Who shared their story (and most importantly who didn't)?
- What did people tell us?
- Our ambitions for 2020 – 2021

2. Our ambitions, our achievements 2019 – 2020

In July 2019 we said we wanted to improve our understanding of people's experience and described a number of key intentions which would help us do that.

1. Establish *who* provides feedback, when and how, to identify who we seldom hear. Then increase the number and type of feedback opportunities we offer, enabling *more* people from a *wider range* of our local community to share their story in a way that suits them.

What did we find?

- We receive over 25,000 pieces of feedback a year but that feedback is not truly representative of our local community.
- We receive far less feedback from people from the BAME, learning disabled, mental health communities and men of a working age than we would expect.
- We now know our current ways of gathering feedback favour people with English as their first language, those with no additional communication needs e.g. a learning disability or visual impairment, individuals from cultural backgrounds who cherish oral story telling.
- We have been told the questions we ask are not always the things that are important to local people.

What did we do?

- A service user led experience of care measures group has been established, to lead the development of a set of measures which measure what really matters, in a way that is more accessible including when we seek feedback.
 - We have introduced "community conversations", working with people from our local community we host small groups conversations, in a very informal and unstructured way. This has helped us hear and understand people's stories.
 - A new experience of care system has been purchased and is much more accessible, providing easy read and translated web based surveys, and the capability of analysing and reporting spoken words.
2. To evaluate and improve our use of *established national feedback* systems including the national experience of care survey programme, Patient Opinion and NHS (Choices).

What did we find?

- We established we were using 4 of the 9 available platforms and potentially missing some valuable opportunities to learn from people's experience of using our services. Local people were unaware of the alternatives to Solent based feedback systems and very few stories have been recorded on these platforms.
- We had no Trust wide mechanism by which to share and act on the results of national experience of care surveys, which resulted in a lack of sharing of best practice and support for improvement.

What did we do?

- We have increased our use of national platforms from available to us, to 8 out of 9 and are working to implement a way we can share across organisations. We shall integrate this data with local collected information to provide a more rounded view of people's experience of care.
 - We have shared with some of our community groups, the national systems they can use to share their experience but use remains low. One person said, the systems "lack a heart".
 - The national Community Mental Health Survey 2018 was reported in 2019 and identified significant improvements in the provision of a meeting to discuss how care is going, medicines review and deciding which therapies to use. Improvements required in provision of feedback opportunities are being addressed by the Trust wide programme to improve accessibility to feedback.
3. Develop in partnership with local people, a set of experience of care measures which, in the words of local people "*start measuring what matters, not what's easy!*"

What did we find?

- Most of what we ask in the NHS is based on what we want to know rather than what is important to local people, and they see little value in it.
- A review of current methods of gathering feedback identified a bias towards traditional survey methods.
- There is a lack of transparency in how we use feedback and what actual change it leads to.
- People are suffering from "feedback fatigue" with every aspect of their lives being affected from online shopping orders, to local council surveys.

What did we do?

- The Experience of Care Measures Group has been formed led by services users, advocates, family members and those who support family carers.
 - Community conversations with local people were piloted and introduced during COVID and are now an established method of gathering feedback.
4. Work with *local family carers* and teams from other health and social care providers in Portsmouth, pilot ways in which we can improve the support we, as a system, provide for carers.

What did we find?

- Local carers had little confidence in our ability to listen and genuinely hear from them. Previous experience led them to believe we would go in with some preconceived ideas and influence the outcomes. But they were very supportive of the combined approach.

What did we do?

- A partnership approach with local carers, Portsmouth City Council Social Care, Portsmouth Hospitals NHS Trust and Portsmouth Carers Centre was commenced in October 2019.
 - Together we agreed to use a set of discovery principles; meaning we started our conversations based on a blank sheet of paper, and a few questions around what mattered most to them.
 - A series of local events with local carers were provided to start to capture what great support looks like for carers, with key issues identified as ease of access to support, recognition of the complex needs of people supporting others with additional mental health needs, enabling carers to retain a sense of self.
 - The programme was suspended from March to August but has now recommenced and virtual workshops have now restarted.
5. Start a fundamental shift from a focus on gathering feedback to learning from feedback.

What did we find, what did we do?

- A review of our approach to learning from feedback identified we had been focussed on ensuring the process was right which was correct at the time. Now is the time for next steps.
- A proposal for the Learning from Experience Panel was made and accepted in March 2020 and the first panel held in May 2020, chaired by the Chief Nurse. The panel includes service users, patient advocate, Healthwatch and commissioning representatives and Solent team members. The aim is to now move the leadership and membership to predominantly service users.
- To support the more integrated approach to learning across all aspects of quality, a joint appointment for an Experience of Care Lead is to be piloted, the aim being to increase our ability to use the information we gather to inform improvements.

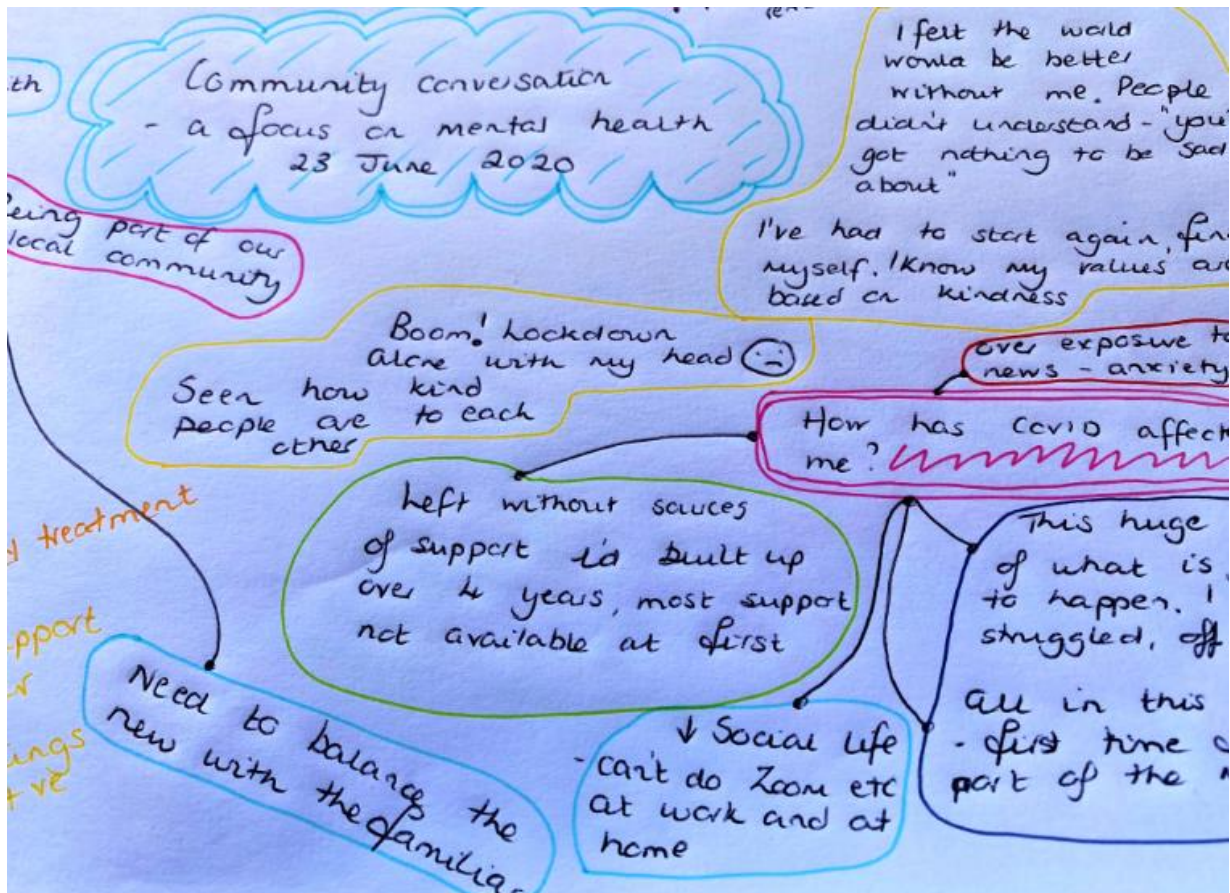
3. How do people share their experience of care?

To understand peoples' experiences we need to hear their stories. Using multiple sources of feedback is essential to enabling as many people as possible to tell us how we are doing.

In 2019 we identified two things we wanted to change:

1. The use of already established national platforms which enable people to share their experience anonymously
2. To increase the number, type and accessibility of feedback opportunities for local people, supporting our ambition to hear from all.

We have increased our use of the national platforms (see App 1) and introduced local "community conversations".



Our community conversations are based on the principle of story telling, encouraging and enabling individuals and groups to share their experience. We use some simple prompts, which are often not needed as the conversations flow naturally. These bring a richness giving us a greater understanding of what is important to local people when using our services.

4. Who tells us their story?

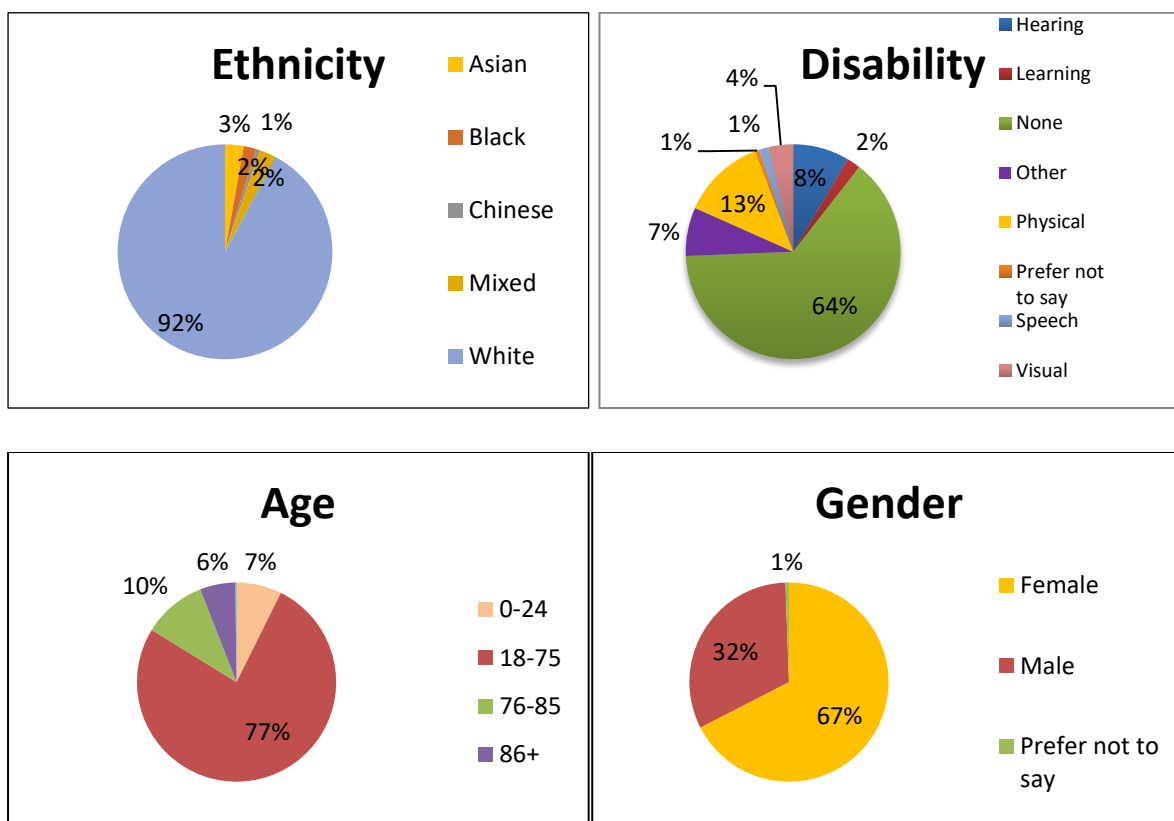
The feedback we receive is, in the main, very positive. But a review of the range of people who provide that feedback told us that we rarely hear from some individuals and groups from groups considered to be in the minority. For example, the community we serve across Portsmouth and Southampton, includes about 20% of people from a non-white background but we only hear from less than 10%.

To understand why, we spoke to local people from those communities we seldom hear, and asked their advice on what we could do differently. This included faith groups, carers groups, people with long term health conditions, people living with severe mental ill health, families of young people with autism, people who support refugees and asylum seekers and more. Our key challenge was to access men of a working age which we have not yet achieved. But working with both Portsmouth and Southampton Football Clubs, we hope to address that this coming year.

The people we met told us three things were key:

1. **Come to us** – face to face visits to them in their community would be welcomed
2. **Hear our story** – conversations trump surveys everytime
3. **Do something with what we tell you** – commit to action and follow through

We now must commit to continuing with the development of our conversations but also to ensure that we act on that people take the time to tell us, and tell them what the impact has been.



5. What are people telling us?

“I’ve been attending this clinic for many, many years now, different buildings, venues and consultants, but never have I been dissatisfied with the service or treatment I have received. Superb staff, service I cannot praise any higher.”

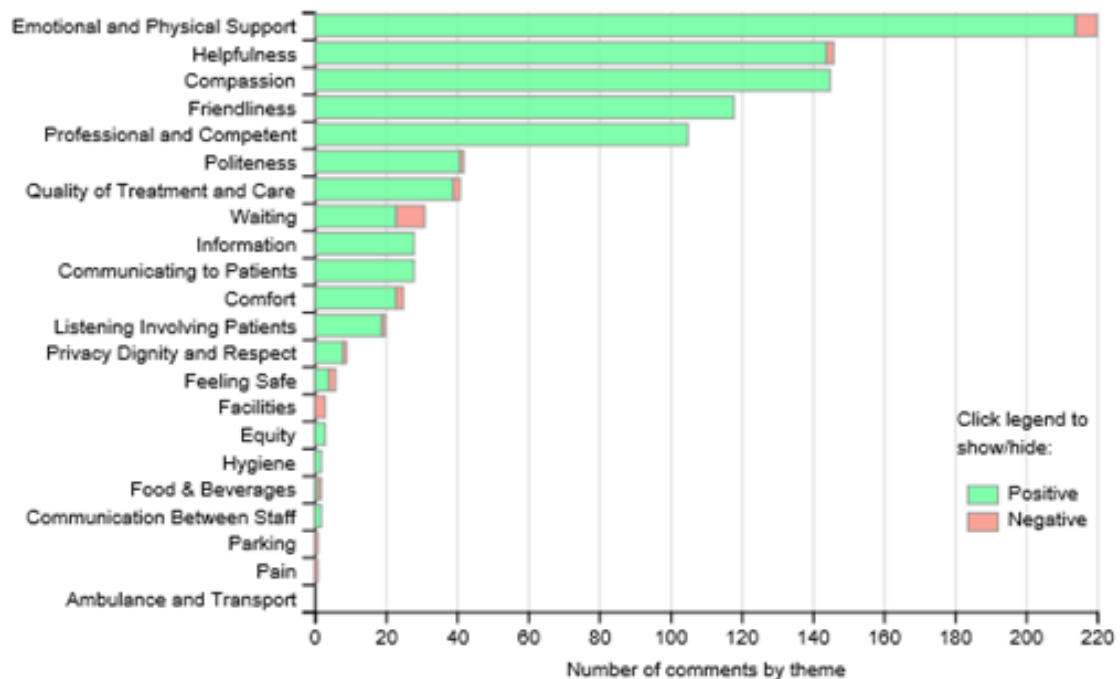
Sexual Health Services

About 25,000 people have shared their experience of care when using our services in the last year. They told us using the national Friends and Family Test, our local I Statement Survey, our PALS and Complaints team and our new “community conversations”.



96% shared a positive experience of care, with many people telling us about the kindness, friendliness and caring shown by our teams. We are proud that most people tell us that they are well supported both emotionally and

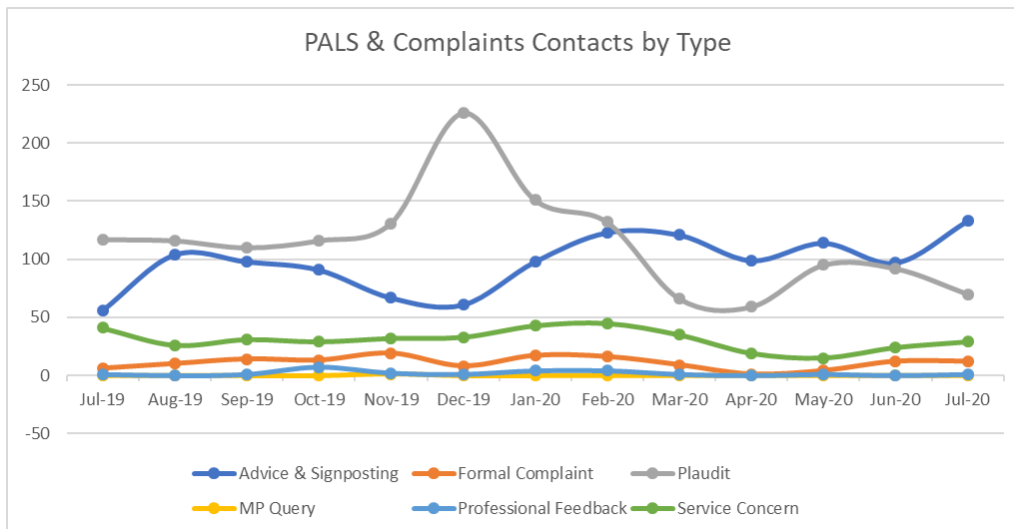
physically, treated with compassion by professional and competent members of the team. Our new experience of care system helps us analyse the written comments provided by people using the surveys as well as the score, please see below. Over the next year we shall be using the system to analyse our developing feedback methods including community conversations and stories.



About 1% of people however told us about things we could improve. The key things included waiting times, booking appointments and poor attitude. Some people have shared their poor experience about those things most say is great, so we will not be complacent in our aim to provide great care every time.

Patient Advice and Liaison Service (PALS) and Complaints

Our PALS and complaints team provide support to people who are seeking advice and information, wish to share a plaudit, raise an informal concern which they would like resolved quickly or wish to make a complaint. This year they have seen a further increase in activity, from 3213 contacts in 2018-19 to 3310 in 2019-20.



Complaints

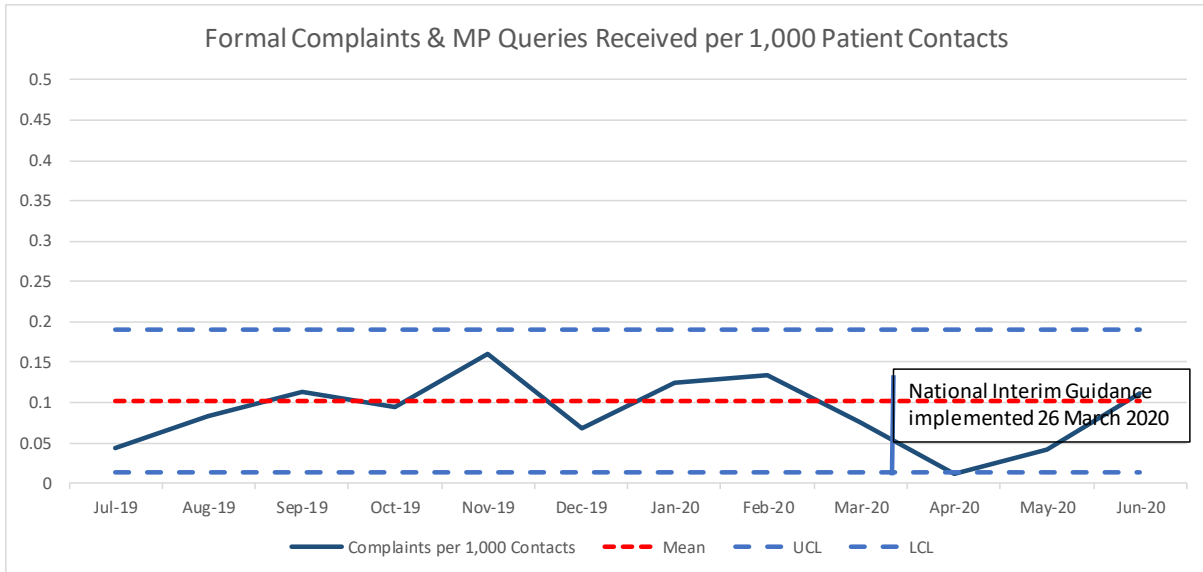
We know that sometimes things go wrong and people are unhappy with the care or services we provide. We want to hear from people who wish to raise a concern, and we offer several ways for people to do that. They can speak directly to the people providing the care at the time, but we know that can be hard to do. People can provide anonymous feedback using one of our experience of care surveys. Our PALS team offer a rapid resolution for issues which could and should be resolved quickly. And we provide a complaints service who wish to have their concern formally investigated.

We want people to feel confident that we do want to hear their concerns and we will work them to resolve them. People who use our services can expect to:

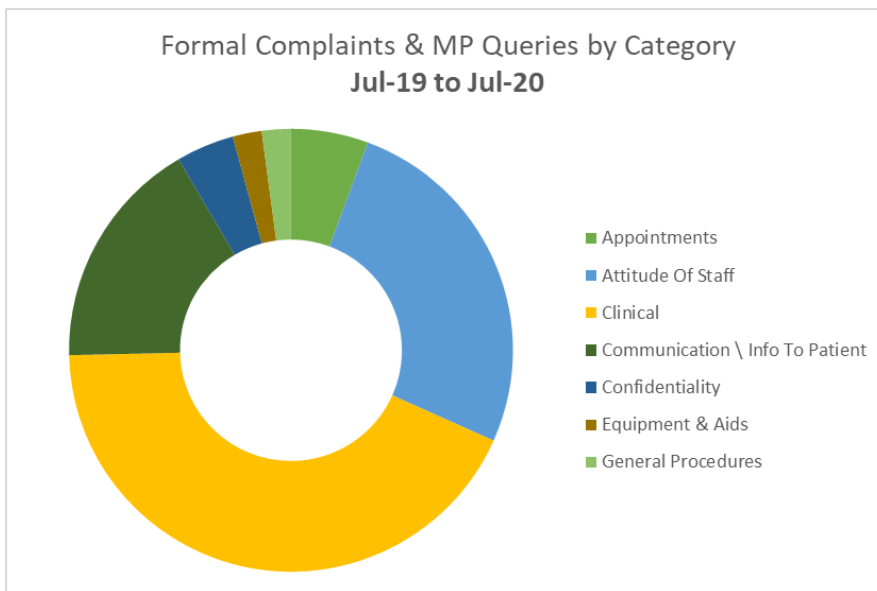
- have their complaint acknowledged and properly looked into
- be kept informed of progress and told the outcome
- be treated fairly, politely and with respect
- be sure that their care and treatment will not be affected as a result of making a complaint
- be offered the opportunity to discuss the complaint with a member of the complaints team, a member of the team providing the service or another senior member of Solent NHS Trust staff.
- Have appropriate action to be taken following their complaint

Over the last year 142 people raised a complaint¹. 142 people felt that we had not treated them in the way they would wish to be treated. Whilst this was a decrease from the previous year in from 173, a significant number of people experienced things going wrong.

¹ Interim national guidance was published in March as part of the pandemic response which likely reduced the number of complaints.



What did the complaints tell us?



The issues raised by people who needed to complain, continue to reflect the nationally reported concerns, including clinical care, attitude of staff and communication. Whilst each complaint must be considered individually, we do not believe that continued level of concern is acceptable, and are working with local people to better understand what it is we can do differently to make some real changes that stick. We have been successful in reducing the number of complaints related to appointments by services developing a very proactive approach to communication about changes and postponement of appointments during COVID. The challenge is for us now to sustain that and affect further change.

Outcomes of complaint investigations

When a complaints investigation and review is completed, there are three potential local outcomes:

1. Complaint upheld – evidence is found to support the concern raised

2. Complaint partially upheld – most often related to complaints which have a number of different areas of concern, where some but not all are found to have evidence to support.
3. Complaint not upheld – there is no evidence on investigation to support the complaint.

Outcome²	
Upheld	56
Partially Upheld	36
Not Upheld	29

Approximately 30% of complaints received are not upheld but we wish to know more about what we did or did not do, to lead a person to feeling a need to make a complaint. Our new Learning from Experience Panel has a focus on early identification of what we could do differently.

If the person who raised the concern is not satisfied with our local response, they may refer to the Parliamentary Health Service Ombudsman for an independent review.

Parliamentary Health Service Ombudsman (PHSO)

The PHSO makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other organisations. People can complain to the PHSO if an organisation has not acted properly or fairly, has given poor service and not put things right. If they find the organisation got things wrong and this has had a negative effect, they can recommend what it should do about it.

In the last year, five people have cause to take their complaint to the PHSO as we have not been able to resolve locally with them. Four of the five complaints required no further action, and one is currently being reviewed. Whilst we have not been found to need to make local changes, we are keen to understand what it is we have done or not done locally, which has led someone to have a need to complain to the PHSO and have introduced a review process by our Learning from Experience Panel.

4. Summary - Our Ambitions 2020 – 2021

In 2019 we started our ambitious journey to really understand what matters most to people who use our services, their families and carers, and made, in partnership with local people, some changes to do just that. But there is much more to do.

² The outcome of complaints we receive will often require investigation and review which crosses over one or more months. The numbers reported refer to the complaint investigations which were completed in this period only.

Over the next year we will make the changes people who use our services, their families and carers have told us will make the most difference to their experience of care.

- ***Come to us***

We shall introduce a broader and more creative range of face to face feedback opportunities, with a focus on people we seldom hear.

- ***Hear our story***

We shall further develop the concept of community conversations. Increasing the number and scope to enable more people to have their say.

- ***Do something with what we tell you***

We shall implement a system of recording and reporting what services have done with the gift of feedback from people who use our services, whether that be about great care or something we could do better.

And we shall:

1. Continue to support the PHSO development of the national Complaints Standards Framework, as a member of the national working party on accessibility and participate in the national pilot programme.
2. Facilitate a system wide workshop with support from NHSE Experience of Care national team, to better understand our whole approach to gathering and using feedback and improve learning and sharing.
3. Further our ambition to a more integrated way of working across patient safety and experience, by piloting a new experience of care lead role.
4. Develop our commitment to involving local people in everything we do.

Acknowledgement

The pandemic has impacted on each and every one of us. On the way we live our lives, the way we do our work and the way we serve our local community. I want to thank the local people who have helped us through these turbulent times, acting as our critical friends as we strive to understand what really matters most to them and their families. And the members of team Solent who have taken some pretty courageous steps and decisions to ensure we keep people to we care for, and those who care for them, safe. Here's looking forward to our new normal.

Sarah Balchin
Associate Director – Community Engagement and Experience
August 2020