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| TITLE AND DATE <i>(of meeting at which report to be presented)</i> | Executive Management Board – 24th May 2023 |
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|--|---|--|-----------|---|-----------|---|--------|--|---|
| AGENDA ITEM NO. | | | | | | | | | |
| TITLE OF REPORT | Patient Experience Annual Report | | | | | | | | |
| AUTHOR NAME AND ROLE | Tracey Pettit – Head of Complaints and PALS Matt Robinson – Head of Patient Experience | | | | | | | | |
| ACCOUNTABLE EXECUTIVE DIRECTOR | Robert Bleasdale – Chief Nursing Officer | | | | | | | | |
| PURPOSE OF REPORT <table><tr><td>Decision/Approval</td><td></td></tr><tr><td>Assurance</td><td>X</td></tr><tr><td>Info Only</td><td>X</td></tr><tr><td>Advice</td><td></td></tr></table> <p>Please tick above and then describe the requirement in the opposite column</p> | Decision/Approval | | Assurance | X | Info Only | X | Advice | | Annual patient experience report for the financial year 2022-23 |
| Decision/Approval | | | | | | | | | |
| Assurance | X | | | | | | | | |
| Info Only | X | | | | | | | | |
| Advice | | | | | | | | | |

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|---|
| EXECUTIVE SUMMARY AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND: <ul style="list-style-type: none">During 2022-23, the Trust received a total of 481 complaints which equates to an average of 9 complaints per week. This is an increase of 7% against the number of complaints received during 2021-22 (449).The PALS and Complaints Team has not consistently met the target of 95% of responses being sent within 25 working days of receipt of the complaint. We are refocusing our efforts on achieving this from April 2023 onwards.477 out of the 481 complaints received and investigated during 2022-23 were completed at the time of this report.During the year, we received contact from the PHSO regarding 15 complaints they assessed during 2022-23. We received a decision on one cases they have investigated: which was partly upheld for EIC Division. As at 1st April 2023, there was one open complaint with them for investigation for the Women's Division.During 2022-23, the PALS team logged and resolved 921 concerns, this is an decrease of 35% from 2022-23 (1412).The PALS team logged a total of 602 compliments on Datix during the year 2022-23, a decrease from 632 the previous year.For the year 2022-23 the Trust's Friends and Family Test (FFT) average positive score was 87% and response rate was 9% - both were 2% increases from the previous yearWithin our acute collaborative, the Trust scores favourably for both the positive score and response rate for most of the FFT surveys (A&E, Inpatient, Maternity, Outpatients), with the exception of the Outpatient response rate which is 20% less than the acute collaborative average.There continues to be a lack of consistency for how services promote, capture and use patient feedback across the Trust. |
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- The 2022 National Maternity Survey showed we were one of the top 5 London Trusts for patient experience, with key positives seen in both the antenatal and labour aspects of the journey. The areas in which the Trust scored poorly on was the immediate post-natal care on the ward. These results have been used with the maternity services in action planning exercises.
- A process for managing public domain feedback, specifically on Google Reviews and CareOpinion, has been introduced to give the Trust better insight into the experiences of patients. This feedback is being shared with services alongside other feedback.
- Despite progress being made with divisions updating their patient information, approximately 70% of patient leaflets available on the Trust website remain out of date.
- The Patient and Public Engagement and Experience Group (remains) continues to be a meaningful forum to discuss all patient experience matters and have good external engagement.

Key Risk arising from this report:

Reputational risk associated with not meeting quality priorities, Trust targets or NWL acute collaborative/national targets.

Safety and experience risk with not having up to date patient information available.

Risk of not addressing health inequalities when patient groups are not being given accessible opportunities to give feedback.

STRATEGIC PRIORITIES THIS PAPER SUPPORTS

| | |
|---|-----|
| Deliver high quality patient centred care | YES |
|---|-----|

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

| | |
|--|---|
| Equality And Diversity | √ |
| Quality | √ |
| People (Workforce or Patients/Families/Carers) | √ |
| Operational Performance | √ |
| Finance | |
| Public Consultation | |
| Council of Governors | |

please mark Y/N – where Y is indicated please explain the implications in the opposite column

Annual Report

Patient Experience

2022-23

1. Introduction

Chelsea and Westminster NHS Foundation Trust comprise two acute hospital sites; West Middlesex University Hospital and Chelsea and Westminster Hospital. Both sites deliver specialist and general hospital care to our patients, have major A&E departments and the Trust also provides the second largest maternity service in England.

Our specialist hospital care includes the burns service for London and the South East, children's inpatient and outpatient services, cardiology intervention services and specialist HIV care. We also manage a range of community-based services, including our award winning sexual health clinics, which extend to outer London areas.

The Trust serves a catchment area in excess of one million people and employs over 6,000 staff. The Trust's main health commissioning and social care partnership is the North West London Integrated Care System which covers the following areas:

- West London CCG
- Hounslow CCG
- Hammersmith and Fulham CCG
- Central London CCG
- Ealing CCG
- Richmond CCG
- Wandsworth CCG
- NHS England (NHSE) for Specialised Services Commissioning

The Trust values are firmly embedded across the organisation and demonstrate the standard of care and experience our patients and members of the public should expect from any of our services.

They are:

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop

This report summarises the activity in relation to informal concerns and formal complaints for Chelsea and Westminster NHS Foundation Trust during 2022-23.

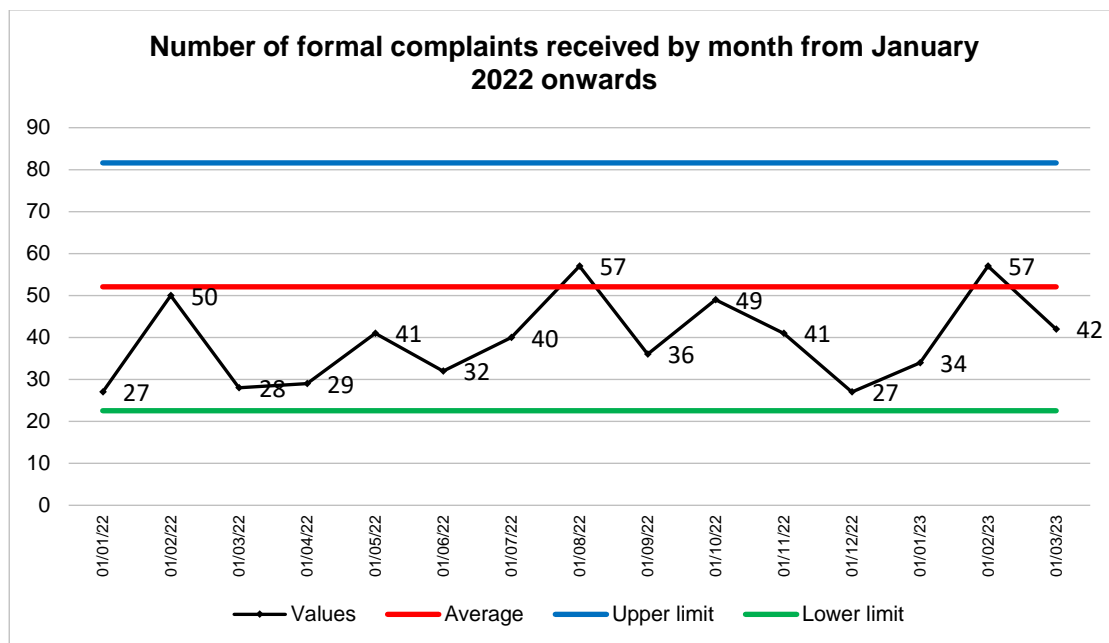
2. Definitions

Informal concerns relate to those issues raised to the Patient Advice and Liaison Service (PALS) which aims to resolve issues quickly and at source and where this is not possible to resolve the issue within 5 working days.

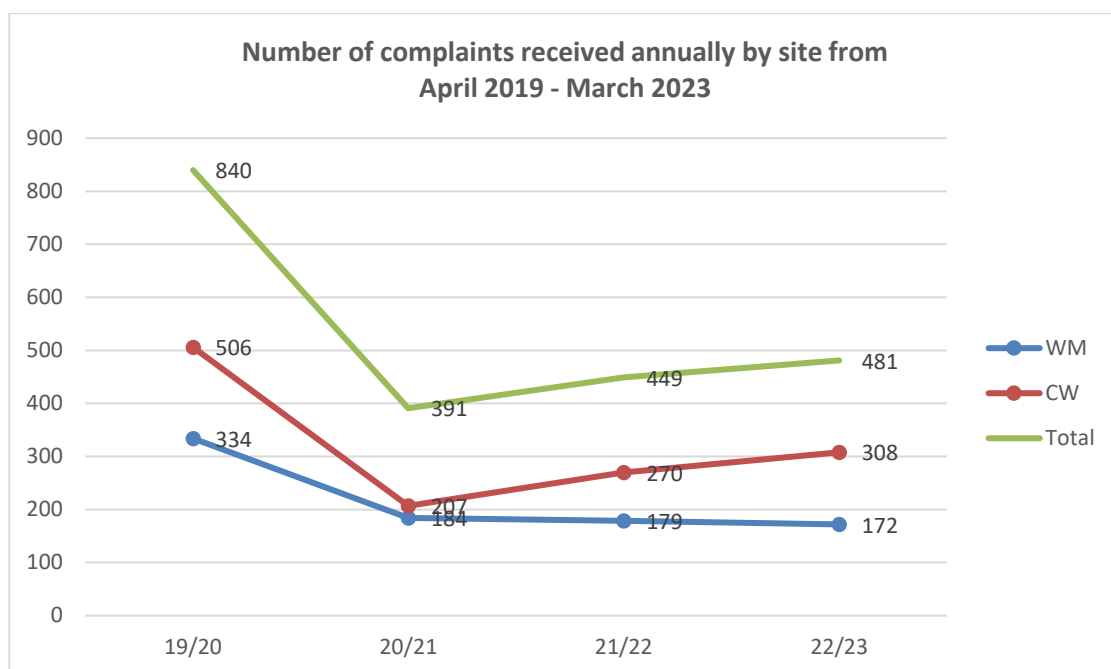
Formal complaints relate to concerns raised through the formal Trust process. Complaints are acknowledged within 2 working days, assigned to the appropriate division and investigated and responded to within 25 working days.

3. Complaints received during 2022/23

During 2022-23, the Trust received a total of **481** complaints which equates to an average of 9 complaints per week. This is an increase of 7% against the number of complaints received during 2022-23 (449).



The line graph below shows the number of complaints received in total and by site for the past three years. After a drop in the number of complaints received this has levelled off during the past couple of years.



The graph below shows the complaints rate as at Q4 21/22 (Chelsea and Westminster NHS Foundation Trust is the black line) across all NHS Trusts. The Trust was ranked 32 out of 78 Acute and Community Trusts on its complaints rate.



The graph below shows the number of complaints received by Division and site during April 2022-March 2023:

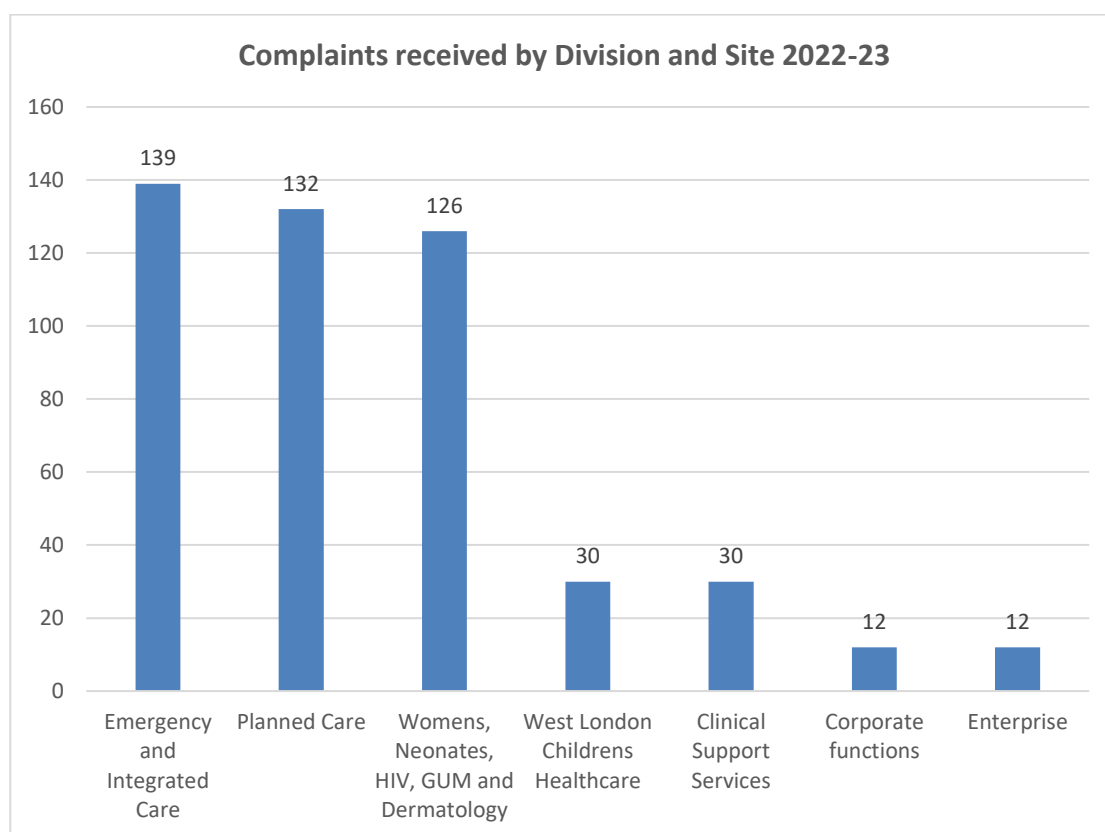


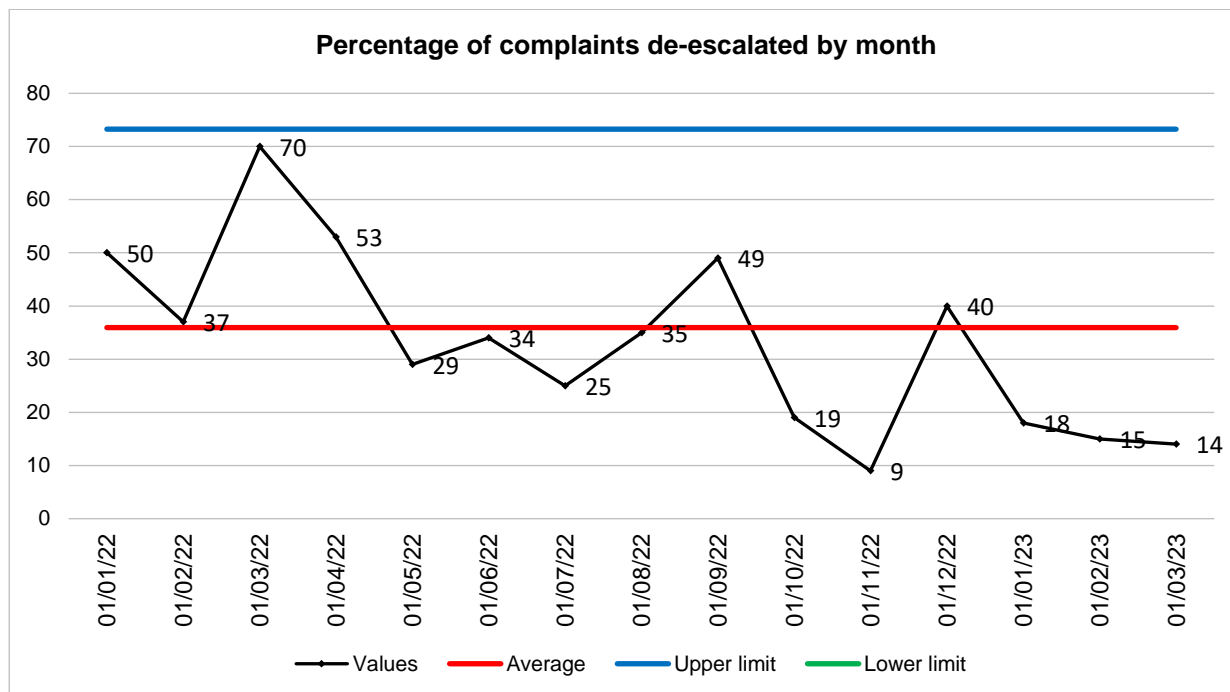
Table 1 below shows the number of logged complaints and concerns received by Division compared with the previous year.

| Division | De-escalated concerns and complaints | Complaints 2022/23 | Concerns 2022/23 | Divisional Total 2022/23 | De-escalated concerns and complaints | Complaints 2021/22 | Concerns 2021/22 | Divisional Total 2021/22 |
|-----------------------------------|--------------------------------------|--------------------|------------------|--------------------------|--------------------------------------|--------------------|------------------|--------------------------|
| Corporate | 34 | 12 | 15 | 61 | 138 | 5 | 12 | 17 |
| Emergency and Integrated Care | 634 | 139 | 189 | 962 | 540 | 183 | 270 | 453 |
| Planned Care | 590 | 132 | 379 | 1101 | 714 | 124 | 354 | 478 |
| Clinical Support Service | 792 | 30 | 145 | 967 | 816 | 33 | 490 | 523 |
| Womens Division/ Enterprise | 655 | 138 | 141 | 934 | 605 | 104 | 287 | 391 |
| West London Children's Healthcare | (see above) | 30 | 52 | 82 | - | - | - | - |
| TOTAL | 2705 | 481 | 921 | 4107 | 2813 | 449 | 1413 | 1862 |

There has been a continued increase in the number of complaints and PALS concerns received across the board after the COVID-19 pandemic. The PALS and Complaints Team have actively de-

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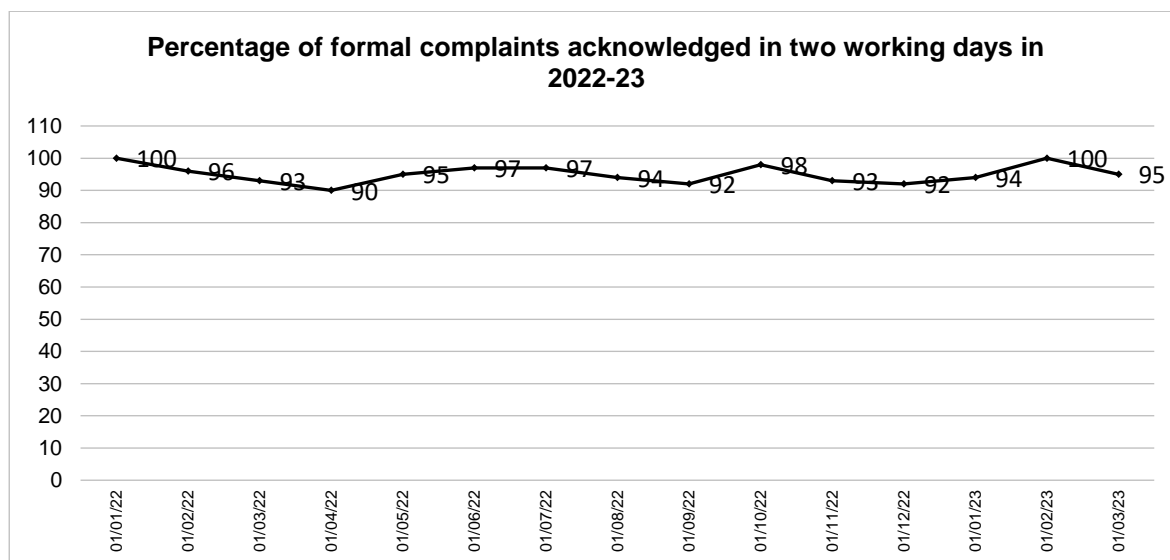
escalated complaints where possible in order to provide instant resolution for the patient and their representative. Below is a chart showing percentages of complaints de-escalated and/or those that are immediately resolved.



4. Performance in responding to complaints

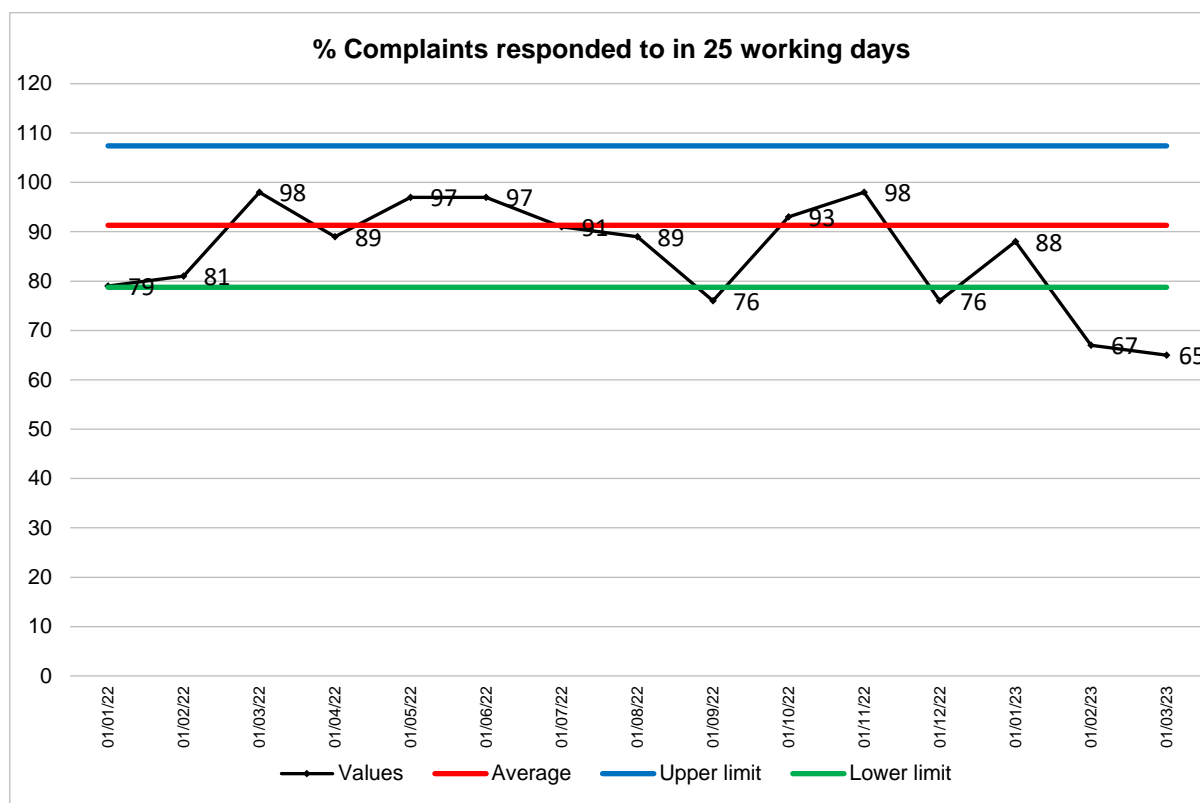
In addition to monitoring the number of complaints received by our Trust we also monitor our performance against locally set timescales. These are to ensure that we meet the KPIs of acknowledging 95% of complaints within two working days and that we respond to 95% of complaints within 25 working days.

The chart below shows the percentage of complaints acknowledged within two working days:



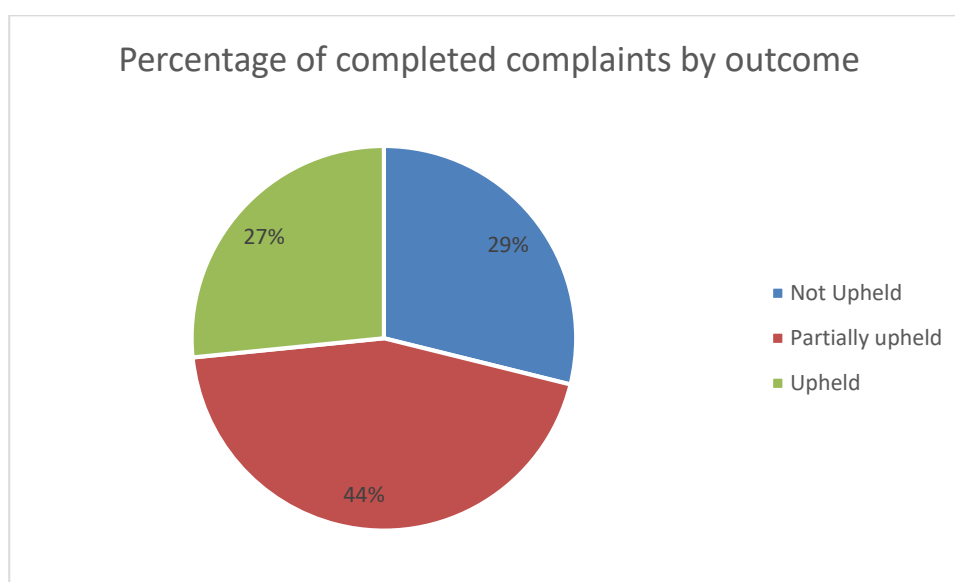
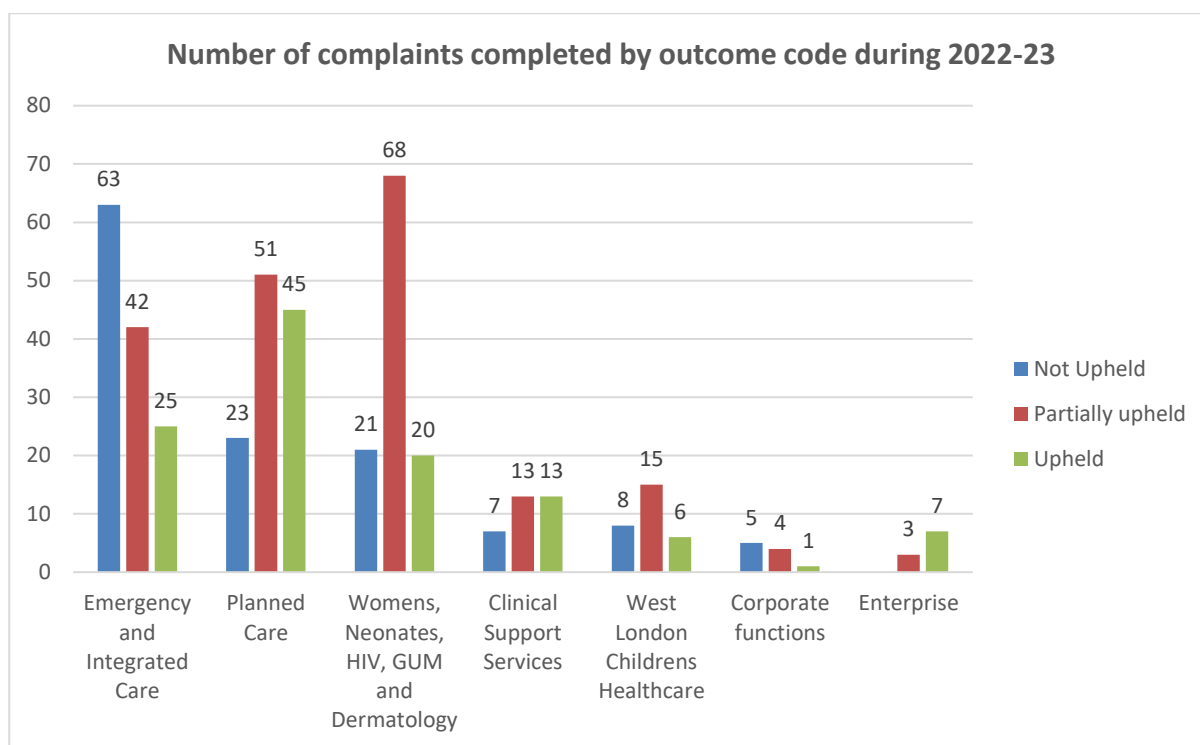
There were some months where this KPI wasn't achieved, due to unplanned leave and vacancies within the team during a restructure. However this position has recovered and the team are working to ensure our patients receive a timely acknowledgement.

The chart below tracks our progress with achieving the 25 day response rate for the past year.



The PALS and Complaints Team has not consistently met the target of 95% of responses being sent within 25 working days of receipt of the complaint during the past year. There are a number of reasons for this, including the impact of a transition to a new structure within the PALS and Complaints team after multiple vacancies occurring in the past year, availability of staff to complete investigations and the team not receiving the outcome of an investigation in a timely way. The restructure is now complete and all posts are filled and there is urgent work being undertaken with Divisional Directors of Nursing to recover and sustain the position with responding to complaints in a timely way. With this recovered position and working proactively with the Divisions to complete investigations this has built confidence in achieving the KPI consistently in the coming year.

The chart below shows the outcomes from each of the complaints completed by Division, 71% of complaints investigated were either fully or partially upheld, we use this terminology to describe the outcome of complaints where we provided an explanation and apology for a shortfall in care. This outcome is determined by the investigator and recorded in Datix:



5. Complaint themes

The Trust categorises complaints using K041 criteria set by the Department of Health for reporting purposes. A complaint may involve more than one issue, however the main issue of the complaint will determine the subject it is logged under and this is determined by the PALS and Complaints Manager who will confirm with the DDN if unsure.

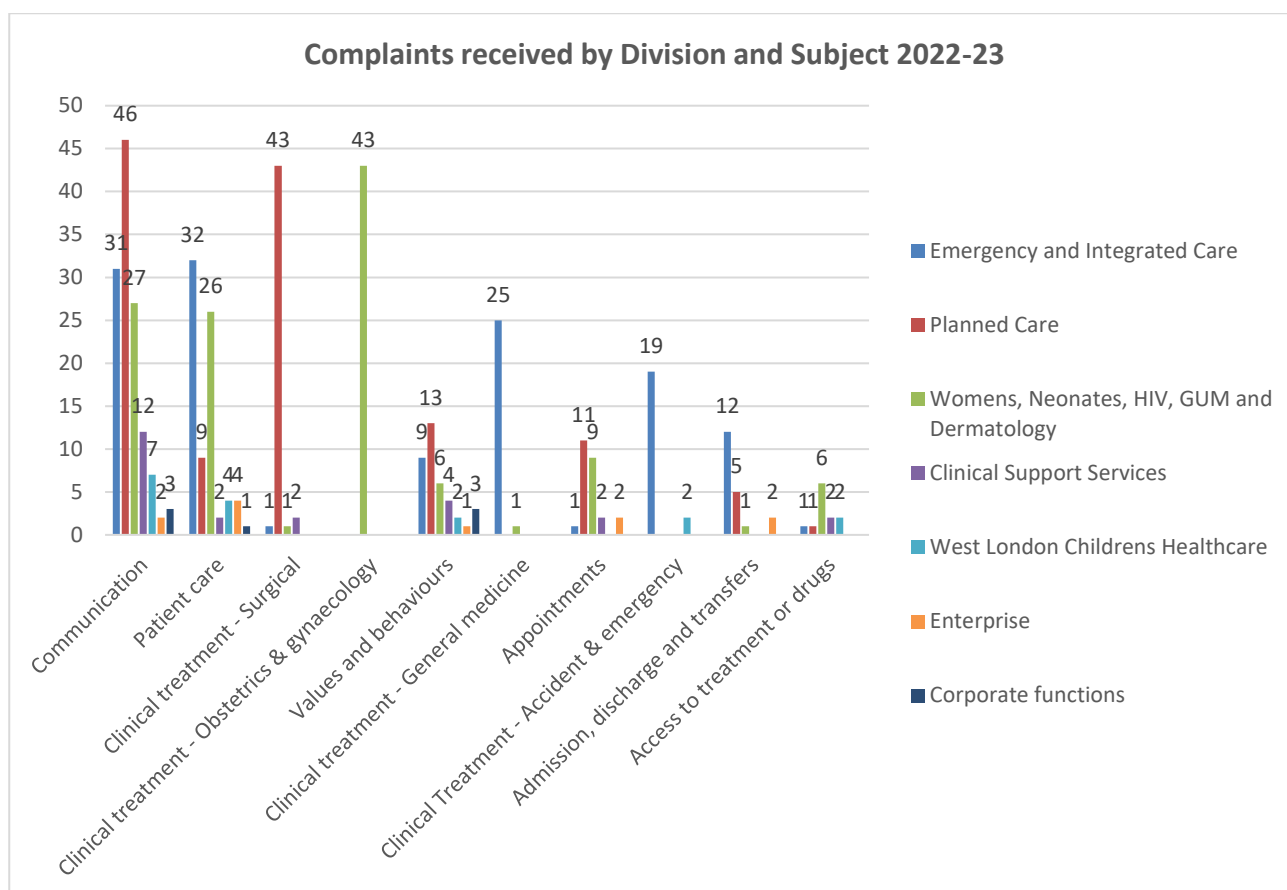
The table below identifies the themes and trends from complaints and highlights whether there has been an increase or decrease.

| Complaint theme | Total complaints 2019-20 | Total complaints 2020/21 | Total complaints 2021-22 | Total complaints 2022-23 |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | |

| | | | | |
|---|-----|-----|-----|-----|
| Access to treatment or drugs | 20 | 3 | 15 | 12 |
| Admissions, discharges and transfers | 45 | 25 | 18 | 20 |
| Appointments | 77 | 13 | 10 | 25 |
| Clinical treatment (across all specialties) | 215 | 119 | 137 | 156 |
| Communication | 121 | 121 | 132 | 128 |
| Consent to treatment | - | 2 | 0 | 3 |
| End of life care | 2 | 0 | 1 | 4 |
| Patient care | 187 | 49 | 79 | 78 |
| Prescribing errors | 10 | 1 | 2 | 0 |
| Privacy, dignity and wellbeing | 4 | 5 | 5 | 6 |
| Trust administration | 20 | 5 | 4 | 2 |
| Values and behaviours | 120 | 43 | 40 | 38 |
| Waiting times | 7 | 0 | 1 | 3 |
| Other | 7 | 4 | 2 | 2 |

The top three themes for complaints that have recurred during the past three years have been about communication, patient care (nursing care) and clinical treatment (across all specialties). Breaking this down further, communication with the patient about their care and treatment, a patient's care needs not being adequately met, a delay or failure to act in a professional manner and inadequate support provided are the top sub-themes logged for complaints. Looking at this by site, similar numbers of complaints about communication received by Chelsea and Westminster Hospital are substantially higher (90 – 21% of all complaints received) compared with West Middlesex Hospital (37 – 8% of all complaints received). However both hospitals received a similar number of complaints about patient care and clinical treatment.

There has been a decrease in the number of complaints about values and behaviours, however the number of complaints received about appointments has more than doubled. Overall, numbers of complaints received for other themes remain low.



6. Learning from complaints

To address the themes above, here are some examples of changes to our services arising from the complaints we have received:

- Patient property is correctly documented during the patient journey
- Additional training provided to the nursing team after medication was left on a patient's table.
- Nursing team trained to ensure they understand how to correctly use mouth care kit.
- Nursing team trained on procedures for the removal of different drains.
- Ward teams have received support from the discharge team to ensure families are kept informed of discharge plans.
- The process for cancelling appointments and communication to women after experiencing a miscarriage is being reviewed.
- Maternity helpline at Chelsea and Westminster Hospital has been reviewed and re-sited to ensure correct environment to speak to patients.
- Leaflet with information and contact details for parents regarding measles is now provided to parents.
- Patient Access teams are regularly checking junk email boxes for generic email addresses to ensure emails aren't missed.

7. Reopened complaints

In 2021/22 we received 449 complaints and 43 (9.5%) of these were subsequently reopened:

| Division | Clinical Support Services | EIC | PC | WCH/Corp |
|-----------------|---------------------------|-----|-----|----------|
| Number received | 33 | 184 | 124 | 106 |
| Number reopened | 3 | 17 | 20 | 3 |
| % reopened | 9% | 9% | 16% | 3% |

For this financial year of the 481 received, 34 (7%) have been reopened:

| Division | Clinical Support Services | EIC | PC | WCH/Corp/Enterprise | West London Children's Healthcare* |
|-----------------|---------------------------|-----|-----|---------------------|------------------------------------|
| Number received | 30 | 139 | 132 | 150 | 30 |
| Number reopened | 1 | 13 | 5 | 13 | 2 |
| % reopened | 3% | 9% | 4% | 9% | 7% |

* New division created in 2022/23

8. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO published a Standards Framework in December 2022 which sets out its expectations for NHS Trusts and their handling of complaints. Head of PALS and Complaints has been tasked to provide assurance that our complaint handling meets these standards.

During the year, we received contact from the PHSO in connection with 15 complaints they assessed during 2022-23. We received a decision on one case they have investigated, for EIC Division which was partly upheld. We were asked to pay £200 compensation to a patient as we had breached the 18 week wait for surgery.

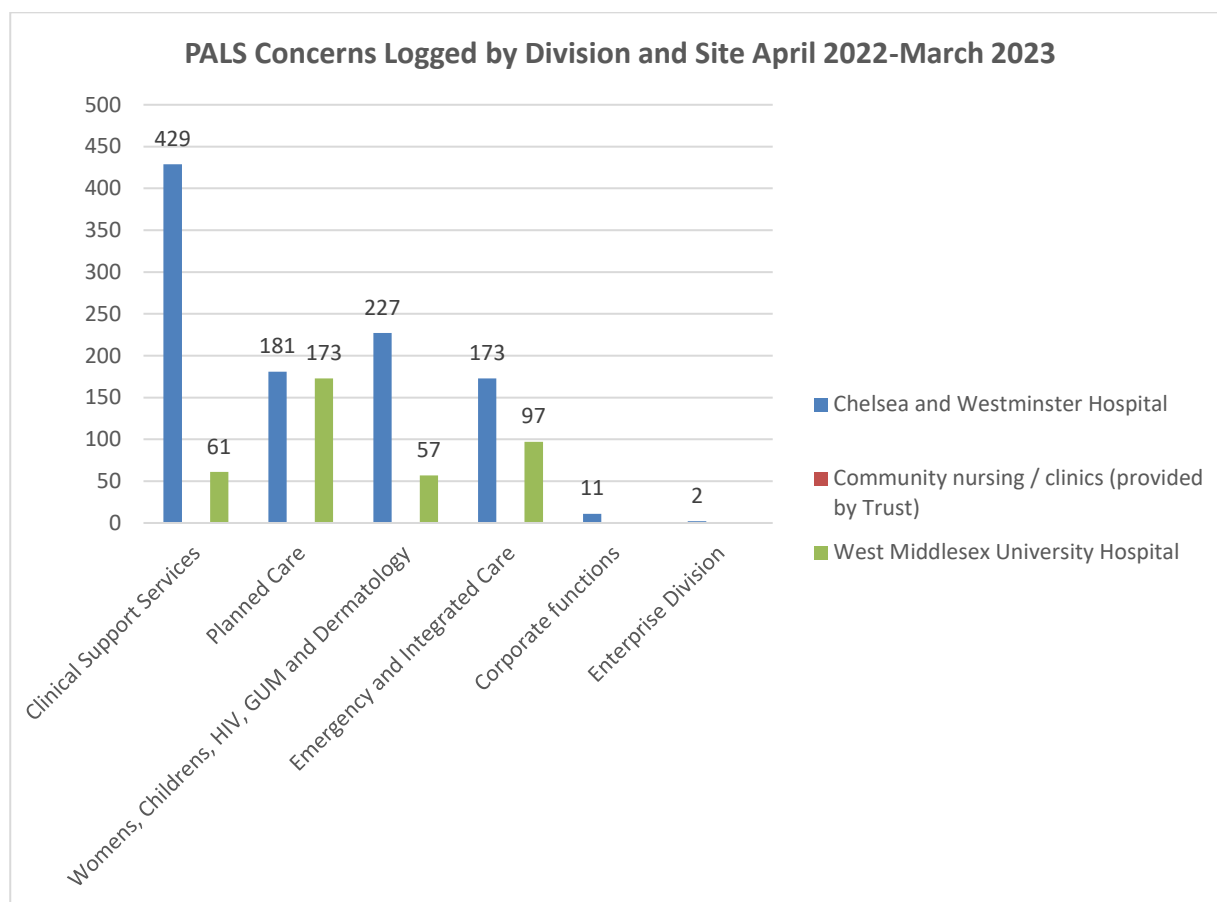
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---------------------------------------|---------------------------|---------|---------|---------|
| Contacts from PHSO | Information not available | 11 | 13 | 15 |
| Complaints taken on for investigation | 3 | 3 | 4 | 1 |
| Complaints fully or partially upheld | 1 | 5 | 2 | 1 |
| Complaints not upheld | 1 | 0 | 2 | 0 |

The numbers above reflect that an investigation may have been opened by the PHSO during one financial year and completed in the next.

As at 1st April 2023, there was one open complaint for investigation with the PHSO for Women's Division.

9. Informal concerns (Patient Advice and Liaison Service)

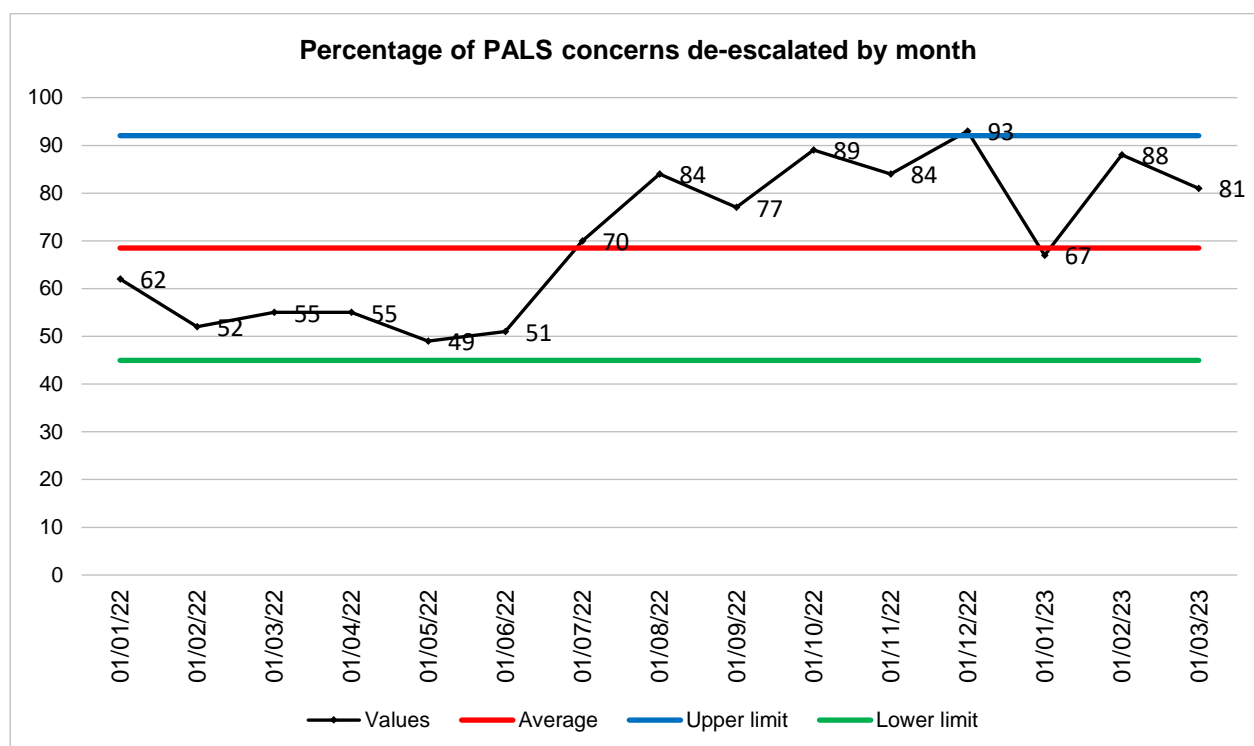
During 2022-23, the PALS team resolved **921** concerns, this is a decrease of 35% from 2021-22 (1412).



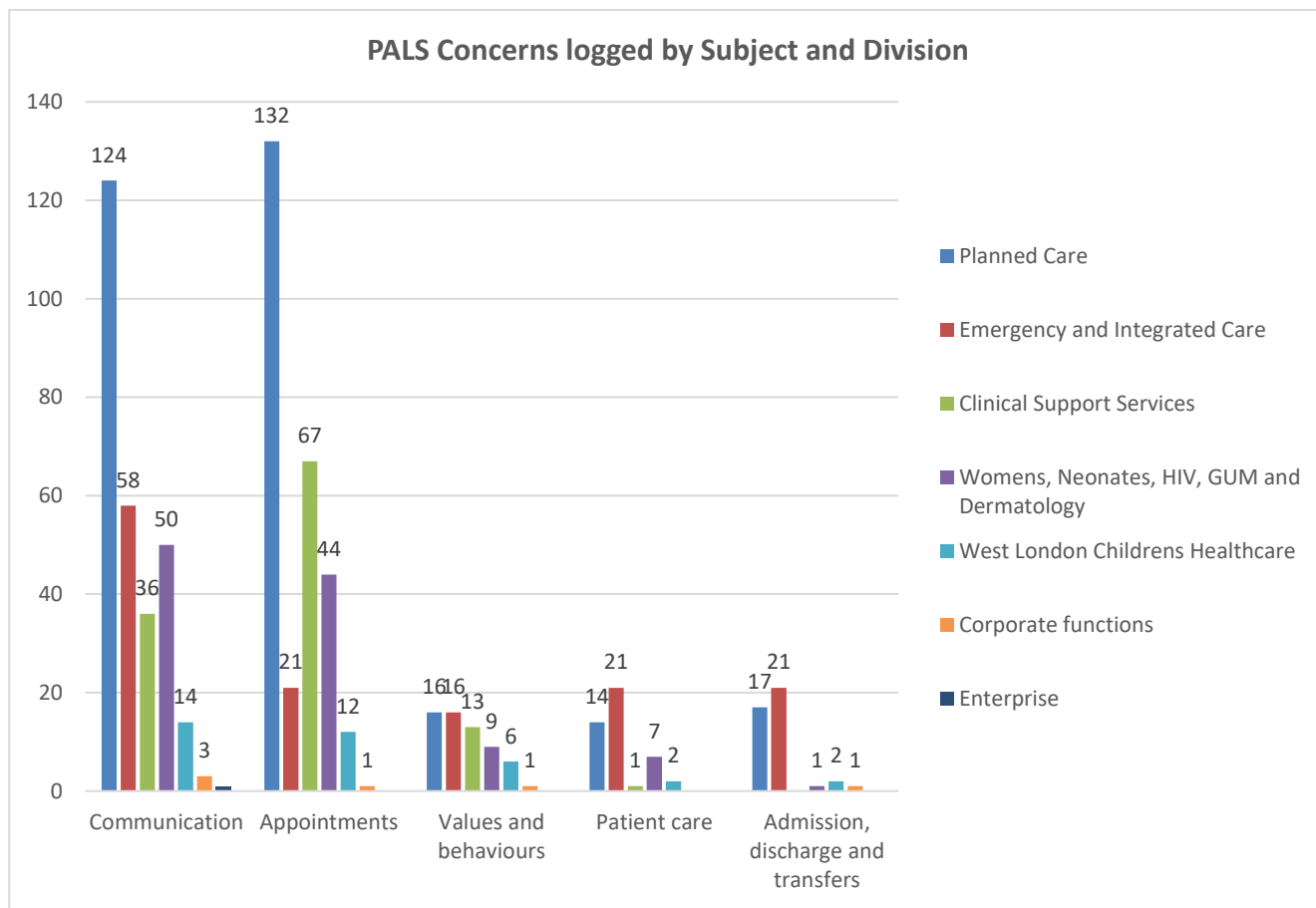
| Subject | 2021/22 | 2022/23 |
|---|---------|---------|
| Appointments | 614 | 277 |
| Communication | 375 | 286 |
| Values and behaviours | 84 | 61 |
| Admission, discharge and transfers | 80 | 42 |
| Patient care | 63 | 45 |
| Clinical treatment - Surgical | 34 | 35 |
| Trust administration (Admin, Policies, record man.) | 28 | 7 |
| Waiting times | 26 | 32 |
| Clinical Treatment - Accident & emergency | 26 | 22 |
| Clinical treatment - Obstetrics & gynaecology | 18 | 15 |
| Access to treatment or drugs | 15 | 37 |
| Clinical treatment - Paediatric | 13 | 11 |
| Privacy, dignity and wellbeing | 7 | 4 |
| Prescribing errors | 7 | 5 |
| Clinical treatment - General medicine | 6 | 22 |
| Clinical treatment - Radiology | 4 | 6 |

| | | |
|--|------|-----|
| Other | 4 | 4 |
| Facilities Services | 3 | 4 |
| Staffing numbers | 2 | - |
| Clinical treatment - Dental | 2 | - |
| Clinical treatment - Clinical oncology | 1 | 1 |
| Grand Total | 1412 | 921 |

These figures do not include any concerns raised at ward or service level that were immediately resolved or concerns received by the PALS and Complaints team that were immediately resolved. We continue to see a trend for 50% or more concerns received being de-escalated and resolved immediately:



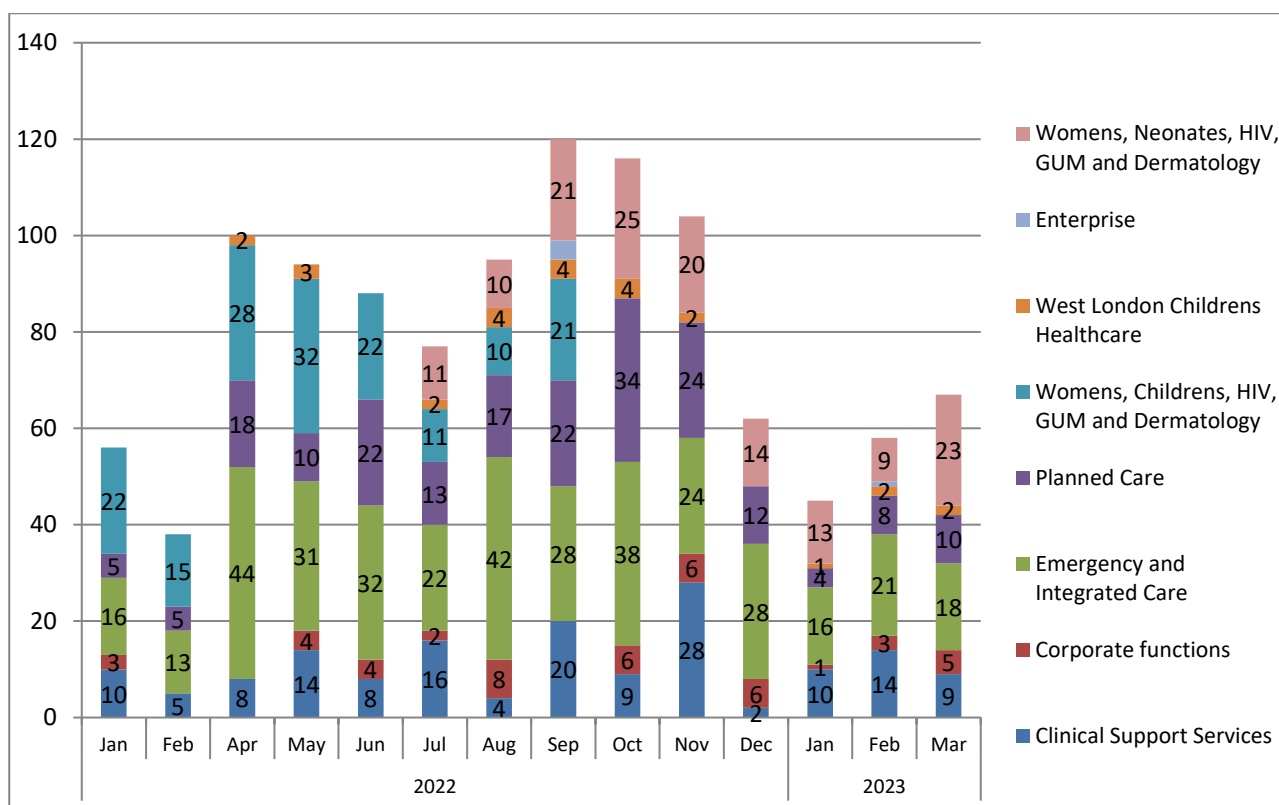
The top five subjects of PALS concerns are demonstrated in the chart below.



The principle reason for contacting PALS has changed slightly from problems with appointments to issues with communication and further analysis reveals that communication between the team and the patient (181) and communication with relatives/carers (31) are the most reported concern. Appointment concerns continue to be raised, with cancellations (111) and problems with availability being the most reported.

9. Compliments

The PALS team logged a total of **602** compliments on Datix during the year 2022-23, a slight decrease from 632 the previous year. Please see the table below for a breakdown of the compliments received by Division:



10. Service Improvements

The PALS and Complaints team has worked hard to respond to concerns and complaints that they receive and are reliant on good working relationships with their operational and clinical colleagues to achieve this.

The following objectives have been achieved in the past year:

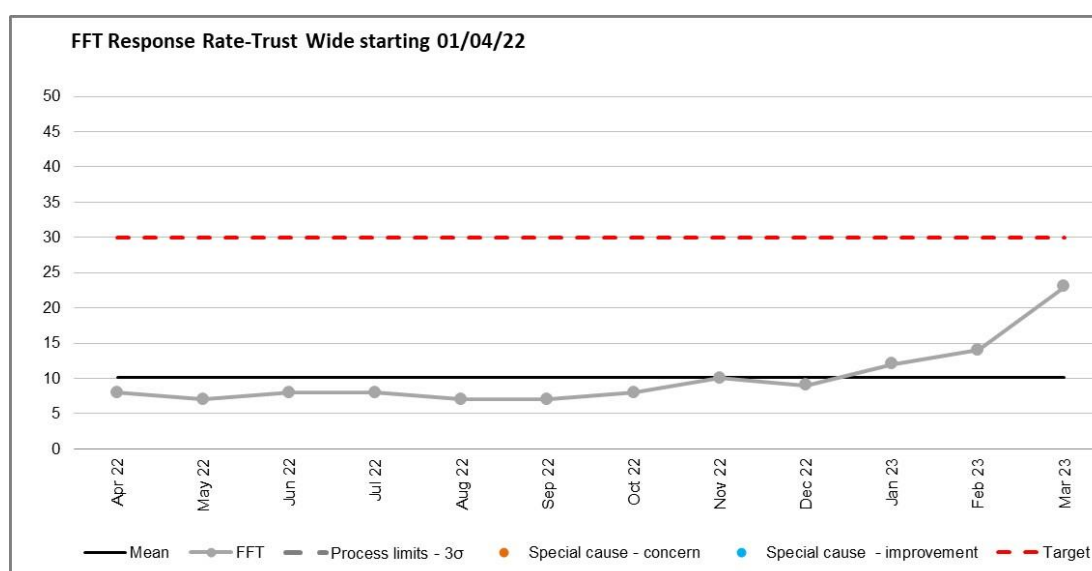
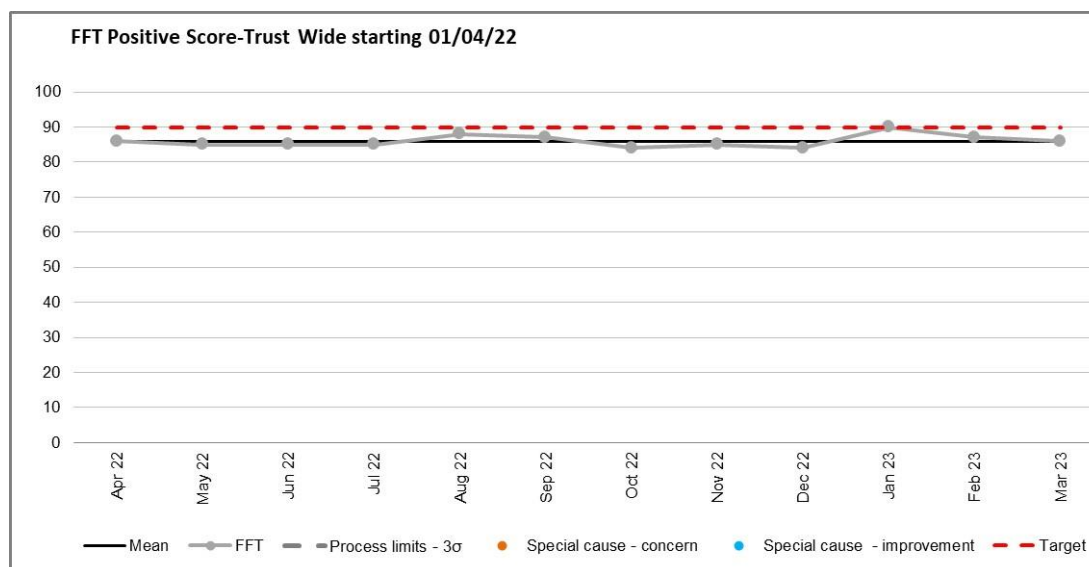
- The team has been restructured to support the resolution of PALS concerns and complaints, recruitment is complete and staff are in post as at and of March 2023.
- There has been a continued focus on de-escalation and instant resolution of concerns and complaints where possible.
- Our systems and processes remain in place to ensure that learning and improvements from complaints and concerns is captured for all complaints on Datix and followed up during our weekly tracker meetings. Actions and learning are also featured in divisional quality governance meetings.
- We have continued to work with colleagues in the Legal Services Department as we are seeing an increasing number of complaints with a legal aspect to them.
- We continue to support our investigators by providing training on the complaints investigation process.

For the PALS and Complaints team's focus will be to embed as a team and to improve our performance in ensuring our patients receive responses to their complaints in a timely

11. Friends and Family Test (FFT) – Trust

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks people to rate their experience and give a commentary to support their rating.

For 2022-23 period, the Trust's average positive rating was 87% which was a 2% improvement from 2021-22. The response rate also increased in the same time period from 7% to 9%. These results show that, as a Trust, patients are happier with the service and care they receive, and we are giving more patients the opportunity to give feedback.



There has been an upward trajectory in the Trust response rate since December 2022, which can be attributed to the reintroduction of text messaging in Outpatients, nudge messaging in A&E, increase patient experience presence in areas with low response rates and re-educating staff.

12. Friends and Family Test (FFT) – North West London Acute Collaborative and National 2022-23 Comparison

Accident & Emergency

| Trust Name | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Chelsea and Westminster Hospital | 84% | 81% | 78% | 81% | 78% | 79% | 79% | 82% | 80% | 78% | 78% | 75% | 85% | 80% |
| Imperial College Healthcare | 84% | 86% | 83% | 81% | 80% | 79% | 80% | 81% | 83% | 82% | 82% | 82% | 87% | 83% |
| London North West Healthcare | 97% | 99% | 100% | 98% | 97% | 100% | 97% | 96% | 76% | 62% | 61% | 59% | 70% | 68% |
| The Hillingdon Hospitals | 79% | 80% | 70% | 71% | 69% | 71% | 71% | 75% | 71% | 75% | 69% | 69% | 83% | 72% |

The table below shows the National and London average in comparison to CWFT:

| | |
|-----------------------------------|--|
| Positivity Rate >90% | Response Rate >30% |
| National positive average: 76% | National response rate average: 10% |
| London positive average: 73% | London response rate average: 10% |
| NWL positive average: 79% | NWL response rate average: 12% |
| CWFT positive average: 80% | CWFT response rate average: 21% |

As a Trust, our patients have on average rated their experience as 8/10 for A&E and where there have been decreases, specifically October – December 2022, this has been attributed to themes of increased waiting times, communication with patients and discharge planning. Chelsea & Westminster NHS Foundation Trust (CWFT) is typically one of the top 7 performing London Trust's for A&E FFT positive score, with Guys and St Thomas, University College London Hospital and Imperial College Healthcare being the top performers in this category. However it is important to note that throughout the 2022-23, CWFT have consistently outperformed all other London Trusts with regards to the response rate and total response numbers, meaning we have created the most opportunities for patient feedback in this area. This should be celebrated .

Maternity (Birth)

| Trust Name | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Chelsea and Westminster Hospital | 93% | 100% | 94% | 96% | 90% | 94% | 98% | 86% | 100% | 96% |
| Imperial College Healthcare | 95% | 92% | 86% | 84% | 90% | 98% | 90% | 89% | 96% | 95% |
| London North West Healthcare | 98% | 100% | 100% | 0% | 0% | 92% | 84% | 85% | 98% | 94% |
| The Hillingdon Hospitals | 94% | 92% | 84% | 63% | 94% | 83% | 98% | 86% | 94% | 88% |

The table below shows the National and London average in comparison to CWFT:

| | |
|-----------------------------------|--|
| Positivity Rate >90% | Response Rate >30% |
| National positive average: 93% | National response rate average: 12% |
| London positive average: 92% | London response rate average: 15% |
| NWL positive average: 92% | NWL response rate average: 16% |
| CWFT positive average: 94% | CWFT response rate average: 38% |

Whilst there have been drops in maternity patient's experience across the year, we are the top performing Trust within the NWL acute collaborative for maternity FFT positive score. The positive themes in this data relate to patients feeling generally cared for throughout their maternity journey. When there were dips in the experiences of patients, specifically September and December 2022, this was attributed predominantly to post-natal care, specifically lack of attentiveness to patient needs, medication management, communication and the environment. Similar to A&E, as a Trust we have typically been one of the top 7 performing London Trust's for maternity FFT positive and response rates.

Inpatient

| Trust Name | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Chelsea and Westminster Hospital | 96.95% | 95.04% | 95.04% | 96.17% | 97.97% | 95.29% | 96.34% | 93.87% | 94.98% | 95.69% | 95.63% | 93.59% | 95.48% | 95.08% |
| Imperial College Healthcare | 95.28% | 96.23% | 95.63% | 96.07% | 95.92% | 95.14% | 95.46% | 97.17% | 95.46% | 95.92% | 95.61% | 96.12% | 97.26% | 96.31% |
| London North West Healthcare | 99.63% | 99.52% | 99.47% | 98.99% | 99.17% | 98.52% | 99.24% | 99.06% | 98.91% | 97.97% | 97.83% | 97.96% | 96.37% | 95.93% |
| The Hillingdon Hospitals | 92.85% | 94.63% | 94.80% | 95.47% | 94.89% | 93.85% | 96.22% | 94.92% | 94.58% | 95.02% | 94.00% | 95.72% | 95.08% | 95.35% |

The table below shows the National and London average in comparison to CWFT:

| Positivity Rate >90% | Response Rate >30% |
|-----------------------------------|--|
| National positive average: 94% | National response rate average: 19% |
| London positive average: 94% | London response rate average: 25% |
| NWL positive average: 96% | NWL response rate average: 28% |
| CWFT positive average: 96% | CWFT response rate average: 42% |

There have been irregular dips in the experience of our admitted patients across the 2022-23 year, specifically seen in August, September and December 2022. These dips have been attributed to specific departments at the time, for example in August 2022 Rainsford Mowlem positive score dropped to 80% due to patients reporting sleeping issues and a lack of attentiveness/kindness from staff. Across the 2022-23 year, the Trust typically ranks between 10th and 15th out of 17 London Trusts for the FFT positive score.

Outpatients

| Trust Name | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Chelsea and Westminster Hospital | 98% | 97% | 95% | 98% | 97% | 99% | 97% | 99% | 97% | 95% | 96% | 94% | 94% | 94% |
| Imperial College Healthcare | 88% | 89% | 87% | 89% | 89% | 93% | 94% | 94% | 94% | 90% | 91% | 92% | 91% | 91% |
| London North West Healthcare | 99% | 99% | 99% | 99% | 99% | 98% | 98% | 99% | 93% | 91% | 92% | 92% | 92% | 92% |
| The Hillingdon Hospitals | 90% | 91% | 91% | 90% | 90% | 91% | 91% | 91% | 90% | 91% | 91% | 92% | 92% | 92% |

The table below shows the National and London average in comparison to CWFT:

| Positivity Rate >90% | Response Rate >30% |
|-----------------------------------|---------------------------------------|
| National positive average: 93% | National response rate average: 9% |
| London positive average: 91% | London response rate average: 8% |
| NWL positive average: 94% | NWL response rate average: 9% |
| CWFT positive average: 97% | CWFT response rate average: 3% |

Despite the Outpatient FFT positive score data indicating that we are one of the top 3 performing Trusts in London, context should be given as we are one of the worst performing Trusts for response rates both locally and nationally. Since the reintroduction of text messaging for Outpatient FFT in November at Chelsea site and January for West Middlesex site, in addition to revised FFT posters/QR codes, the response rate has improved from 2% to 12%. However the typical average outpatient response rate across the NWL acute collaborative is 24%. The ask is for outpatient teams to take greater ownership and promotion of patient feedback in their areas across the Trust.

****DISCLAIMER** - The above data has been obtained directly from Public View and NHS Digital. Data was not available for March 2023**

For the 2022-23 year, the patient experience team has:

- Engaged in regular meetings with our data warehouse team and FFT contractor regarding data quality issues. Historically there has been no thorough interrogation of data being submitted.
- Worked closely with service colleagues in helping them access FFT data and ensure areas display any learning through the 'You said, we did' posters.
- Identified themes and trends in FFT data, allowing for more focused investigatory work with patients. This includes implementing regular food inspections in some inpatient areas when there was an increase in negative feedback relating to food quality.

Plans for the 2023-24 year include:

- Patient experience team to work with departments at CWFT and the same departments at other London Trusts, specifically those that are regularly performing better in their FFT data, to identify any collaborative learning opportunities.
- Patient experience to take a more pivotal role in ward accreditations, to ensure there are robust processes in place managing FFT at a local level.
- Explore having the FFT link on our website and potentially in appointment letters.

13. National Patient Surveys

Information from patient experience surveys is one way to understand what service users think about their recent care and treatment. The CQC run a national patient survey programme which is specifically targeted at Inpatients and Maternity patients on a yearly basis and Urgent & Emergency Care and Children & Young People every two years. Over recent years there have been further surveys added to this programme including the Cancer Patient Experience Survey on behalf of NHS England and the National Stroke Survey.

In the year 2022-23, the Trust was in receipt of the Inpatient 2021 survey benchmarking report (these are the views of patients admitted in the month of November 2021) and the Maternity 2022 survey benchmarking report (these are the views of maternity patients from February 2022).

Inpatient 2021 Benchmarking – what we do well vs what we need to improve on



NHS Adult Inpatient Survey 2021

Results for Chelsea and Westminster Hospital NHS Foundation Trust



Where patient experience **is best**

- ✓ Feedback on care: patients being asked to give their views on the quality of their care
- ✓ Noise from staff: patients not being bothered by noise at night from staff
- ✓ Enough nurses: patients feeling there were enough nurses on duty to care for them in hospital
- ✓ Understanding care after leaving hospital: patients being given information about what would happen next with their care
- ✓ Dietary needs or requirements: patients being offered food that met any dietary needs or requirements they had

Where patient experience **could improve**

- Help to wash and keep clean: patients getting enough help to wash and keep clean
- Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- Including patients: patients feeling included in nurses' conversations about their care
- Answers to questions: nurses answering patients questions in a way they could understand

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2021. Between January 2022 and May 2022, a questionnaire was sent to 1250 inpatients at Chelsea and Westminster Hospital NHS Foundation Trust who had attended in late 2021. Responses were received from 417 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

Adult Inpatient Survey 2021 | RQM | Chelsea and Westminster Hospital NHS Foundation Trust



Maternity 2022 Benchmarking – what we do well vs what we need to improve on



NHS Maternity Survey 2022

Results for Chelsea and Westminster Hospital NHS Foundation Trust



Where mothers' experience **is best**

- ✓ Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- ✓ The midwife or midwifery team appearing to be aware of the medical history of the mother and baby during care after birth.
- ✓ Mothers being told who they could contact if they needed advice about any changes they might experience to their mental health after the birth.
- ✓ Mothers being given the help they need when contacting a midwifery or health visiting team after the birth.
- ✓ Mothers being given information about any changes they might experience to their mental health after having their baby.

Where mothers' experience **could improve**

- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- Mothers being able to get a member of staff to help when they needed it while in hospital after the birth.
- During antenatal check-ups, mothers being asked about their mental health by midwives.
- Mothers having the opportunity to ask questions about their labour and the birth after the baby was born.

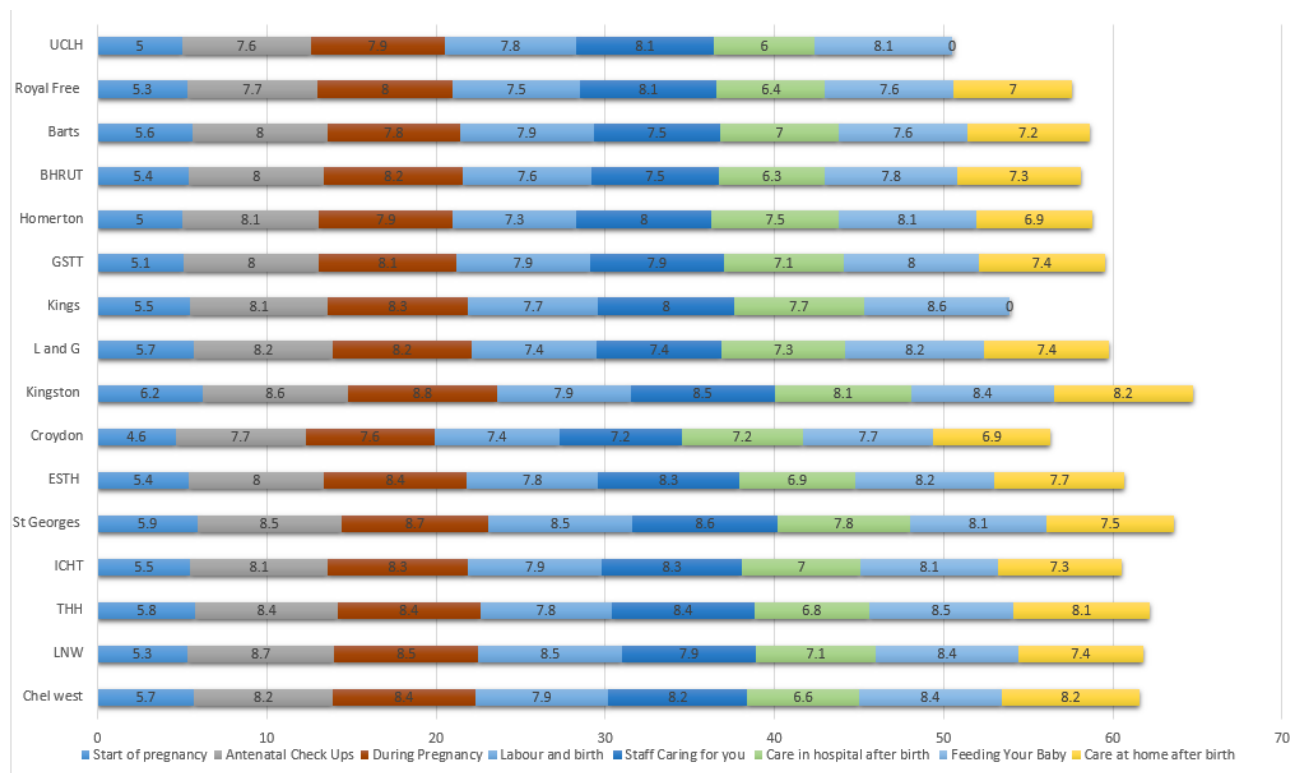
These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where mothers' experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2022 at Chelsea and Westminster Hospital NHS Foundation Trust. Between April 2022 and August 2022 a questionnaire was sent to 618 individuals. Responses were received from 262 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

65 Maternity Services Survey | 2022 | RQM | Chelsea and Westminster Hospital NHS Foundation Trust

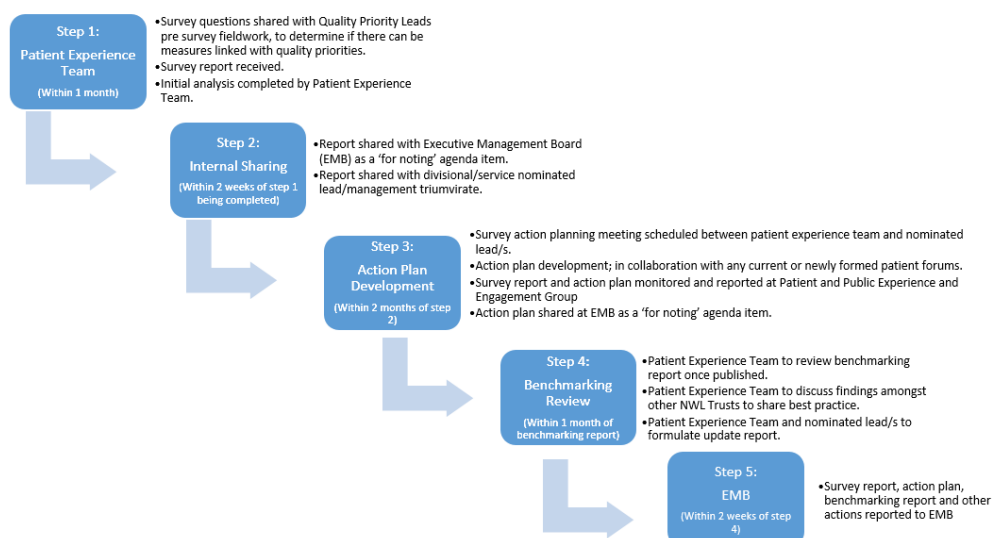


Maternity 2022 London Rankings



The above results show that CWFT are one of the top 5 performing Trusts in London for maternity patient experience, with key positives seen in many aspects of the maternity journey. The Trust does not score positively in comparison with others for immediate post-natal care in the hospital and the London benchmarking has helped support the service in greater collaboration with other providers to share best practice.

In 2022-23 the Trust agreed on a new standard operating procedure (SOP) for the management and integration of the national patient surveys (see figure below). The implementation of this SOP has allowed for targeted action plans to be agreed for each specific survey and improvement work undertaken – for example, maternity services have now reintroduced the process for partners to stay on site more, feeding initiatives and debrief sessions with patients.



The patient experience team have now introduced a monthly process in which we speak to specific patients groups and complete a total of 10 national patient survey questions (5 which scored positively and 5 which we scored negatively) as a regular assurance tool to identify areas of concern and monitor effectiveness of improvement initiatives.

The aims for the 2023-24 year are to integrate the national patient survey results and action plans into the established Patient and Public Engagement and Experience Group (PPEEG), where progress of these actions and improvements initiatives can be monitored and triangulated with other feedback.

A selection of questions from each of the national patient surveys will be included in the new relaunch of the ward accreditation, to act as a further assurance tool of patient's experiences throughout the year.

14. Other Feedback

During 2022-23 the patient experience team took ownership of patient feedback left on the following public domains:

- CareOpinion
- Chelsea & Westminster Google Reviews
- West Middlesex Google Reviews

170 reviews were left on Chelsea site's google review and 184 on West Middlesex site's google review platform over the past year. The themes for this mirror that seen in other feedback platforms i.e. FFT, complaints and PALS; however the challenges with google review feedback includes 50% being illegible and having only a star rating. See figure below with thematic breakdown for google reviews:

| | Positive | Negative |
|-------------------------|----------|----------|
| Access to Treatment | 20% | 80% |
| Appointments | 33% | 67% |
| Clinical Treatment | 20% | 80% |
| Communication | 40% | 60% |
| Environment | 61% | 39% |
| Patient Care | 78% | 22% |
| Privacy and Dignity | 0% | 100% |
| Staff Attitude & Values | 50% | 50% |
| Waiting Times | 50% | 50% |

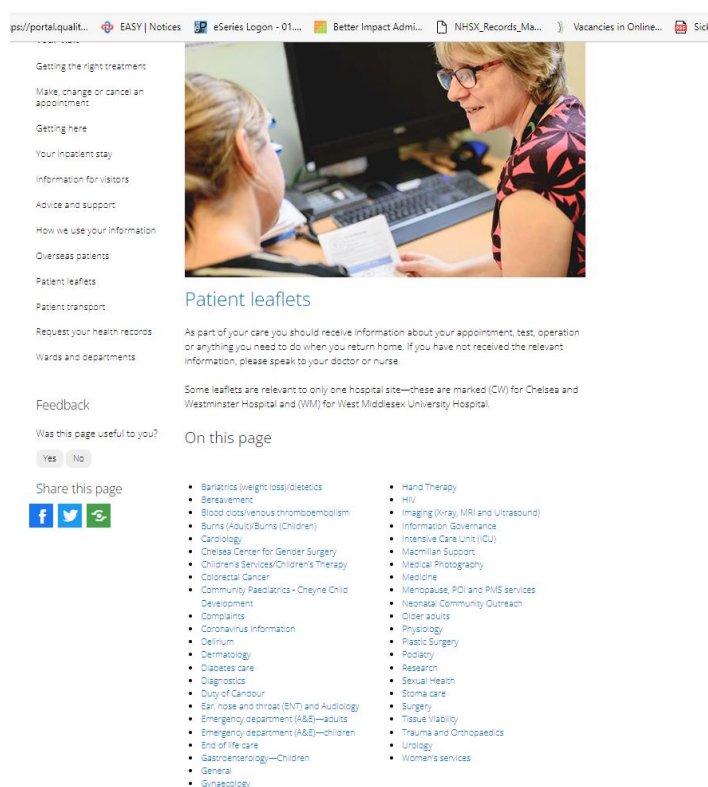
A total of 64 reviews have been left on CareOpinion over the 2022-23 period. Feedback is seen across all four major services – A&E, Inpatients, Maternity and Outpatients. The themes again mirror those seen in other feedback platforms however CareOpinion comments are often more descriptive in nature. Opportunities have been given to all reviewers to discuss their feedback, either positive or negative, further with the patient experience team or PALS. Below is a thematic breakdown for CareOpinion reviews for each site (Chelsea CW and West Middlesex WM). As seen, West Middlesex has more positive feedback on this domain:

| CW | Positive | Negative | WM | Positive | Negative |
|---------------------|----------|----------|---------------------|----------|----------|
| Communication | 33% | 64% | Communication | 46% | 54% |
| Clinical treatment | 50% | 50% | Clinical treatment | 100% | 0% |
| Staff attitude | 45% | 55% | Staff attitude | 69% | 31% |
| Patient care | 40% | 60% | Patient care | 64% | 36% |
| Waiting times | 0% | 100% | Waiting times | 18% | 81% |
| Appointments | 0% | 0% | Appointments | 0% | 100% |
| Privacy and Dignity | 0% | 0% | Privacy and Dignity | 0% | 100% |
| Access to treatment | 14% | 86% | Access to treatment | 57% | 43% |

There is now a process in place for monitoring this feedback and disseminating to relevant departments alongside other feedback data.

15. Patient Information

By the end of 2022-23 year, there were a total of 495 leaflets available on the Trust internet (see below).



The screenshot shows a webpage titled 'Patient leaflets'. On the left is a sidebar with links: 'Getting the right treatment', 'Make, change or cancel an appointment', 'Getting here', 'Your inpatient stay', 'Information for visitors', 'Advice and support', 'How we use your information', 'Overseas patients', 'Patient leaflets', 'Patient transport', 'Request your health records', 'Wards and departments', 'Feedback', 'Was this page useful to you?' (with 'Yes' and 'No' buttons), and 'Share this page' (with social media icons). The main content area has a photo of a patient and a staff member. Below the photo, it says 'Patient leaflets' and 'As part of your care you should receive information about your appointment, test, operation or anything you need to do when you return home. If you have not received the relevant information, please speak to your doctor or nurse.' It also mentions that some leaflets are relevant to only one hospital site—these are marked (CW) for Chelsea and Westminster Hospital and (WM) for West Middlesex University Hospital. At the bottom, there is a section 'On this page' with two columns of links to various leaflets, including: 'Bariatrics (weight loss)/dietetics', 'Bereavement', 'Blood clot/venous thromboembolism', 'Burns (Adults/Burns (Children))', 'Cardiology', 'Chelsea Center for Gender Surgery', 'Children's Services/Children's Therapy', 'Colorectal Cancer', 'Community Paediatrics - Cheyne Child Development', 'Complaints', 'Coronavirus information', 'Dementia', 'Dermatology', 'Diabetes care', 'Diagnostics', 'Drug of Abuse', 'Ear, nose and throat (ENT) and Audiology', 'Emergency department (A&E)—adults', 'Emergency department (A&E)—children', 'End of life care', 'Gastroenterology—Children', 'General', 'Gynaecology', 'Hand Therapy', 'HIV', 'Imaging (X-ray, MRI and Ultrasound)', 'Information Governance', 'Intensive Care Unit (ICU)', 'Macmillan Support', 'Medical Photography', 'Medicine', 'Menopause, PDI and PMS services', 'Neonatal Community Outreach', 'Older adults', 'Physiology', 'Plastic Surgery', 'Podiatry', 'Research', 'Sexual health', 'Soma care', 'Surgery', 'Tissue Viability', 'Trauma and Orthopaedics', 'Urology', and 'Women's services'.

At the start of the year, 8% of these leaflets were up to date. By the end of 2022-23 this increased to 30%. Work continues into 2023-24 with the team working closely with divisional colleagues to ensure there leaflets are up to date. The aim is by the end of 2023-24 for all patient leaflets accessible online to be in date.

Despite the introduction of a new patient information process during 2022-23 to better manage this workstream and to promote patient involvement at the start, there continues to be challenges within services to review their information – these include operational priorities superseding that of leaflet reviews, lack of departmental governance over patient information and lack of clarity over

original leaflet authors. These challenges will be discussed with each division at May's PPEEG to identify solutions and trajectory for completion.

16. Local Surveys

At the end of the 2022-23 year there was a total of 69 'local' patient surveys open on the surveymonkey platform. Local surveys are targetted surveys to help departments further understand their patient's needs and are typically introduced based on the high level themes of other patient feedback i.e. FFT, national surveys. Over 60% of these local surveys date back to 2019/20 and have had less than 40 responses over the course of their lifespan.

Based on the above, the patient experience team have reviewed and revised the local survey programme process for the Trust during the 2022-23 year, to ensure that services have explored other opportunities to engage with their patients to obtain feedback, are upskilled on survey best practice and capture the key improvement initiatives introduced as a result of survey feedback. These actions will be included in future PPEEG reports.

17. Patient Engagement

The Trust has an established patient and public engagement forum – Patient Experience and Engagement Group (PPEEG). This group provides strategic vision for and oversight of all areas patient experience. there has been an averager of 22 attendees to the PPEEG each month over the 2022-23 year, and an average of 20% external attendees including patient representatives, Healthwatch, CW+ or other ad-hoc attendees. There have been quoracy challenges with these meetings, specifically in Q2 and Q3 but since raised with the group, this has improved. 2023-24 plans are for the PPEEG to focus more on the 'so what' element of patient feedback, include updates on patient forums happening within each division and include patient stories as an agenda item.

Other key engagement achievements over 2022-23 year include:

- The Trust participated in the NHS Digital Patient-Led Assessments of the Care Environment (PLACE) following a three year pause due to COVID19. All patient assessors reported they were happy with how the PLACE assessments were undertaken and felt their views were taken on board.
- There continue to be good pockets of patient engagement and involvement across the Trust in the form of patient user forums – this includes Stroke, Learning Disabilities and Dementia forums.
- Integration of patient involvement into the quality improvement registration process and ad-hoc education sessions taking place with project leads.
- Early development of a governance structure for patient/user forums, formnalisation of the patient representative role and exploration of a system to quantify involvement.

18. Future Patient Experience Team Plans

- Patient Experience and Engagement Strategy Year One plan;
 - i) Engagement campaigns to increase patient representative pool and ensure certain patient cohorts are better represented in improvement initiatives for the Trust
 - ii) Greater triangulation of feedback data and more effective usage of this data within services and improvement projects

- iii) Improving the patient experience culture of the organisation through a variety of initiatives, such as a patient experience accreditations, training, educationg and champions
- iv) Work to improve the data quality of patient demographics across the Trust
- Targetted work to improve uptake of surveys for the underpresented patient groups. Often the demographic seen in our survey responses does not match the demographic seen in that service, meaning we are not truly hearing the voices of our patients
- Continued engagement with divisions to review their patient information and ensure it is up to date, and that patients are being offered this information in a variety of accessible formats
- Introduction of patient stories, 'you said we did' and patient forum updates within the PPEEG as a way to monitor experience and engagement.