

Quality and Safety Committee – July 2019

Title of document	Patient Experience Report 2018/19 End of Year Report
Expected outcomes	The Quality and Safety Committee is assured that CSH Surrey is recognising the importance of listening and responding to the voice of the people using its services
Recommendation	Note the content of this report and highlight any areas of concern or required action

Executive Summary

This report provides the Quality and Safety Committee with an end of year summary of implementation of the CSH patient and carer involvement and experience strategy and associated work plan activity undertaken. In June 2018 the Patient Experience Forum (PEF) identified six specific measures, based upon local and corporate analysis of recent feedback data. These measures reflected the most notable themes and learning from feedback received at that time namely: Accessible information, service information, Patient involvement within care planning, care co-ordination and increased accessibility to feedback opportunities. These objectives underpinned the CSH patient experience workplan

Good progress has been made. A summary of the current status of these objectives is included within the appendix. The CSH patient experience work plan will be revised by the patient experience forum in July when refreshed objectives for the coming year will be proposed. It is anticipated these will include ongoing standardisation of the core content of patient information leaflets, increased triangulation of learning from feedback and complaints with incidents and safeguarding data, Implementation of a centralised assurance system to monitor the effectiveness of actions taken in response to feedback and greater emphasis on publicising sharing patient feedback themes and ‘you said we did’ activity.

Key patient experience activity undertaken during quarter four includes:

- Feedback February campaign in The Buzz, including an introduction to the Patient Experience Team and information to increase co-owner awareness of team roles and how to contact.
- A schedule of face to face patient experience surveys in our bedded units.
- Patient experience ‘roadshows’ including promotion of the Patient Advice and Liaison Service.
- Further consolidation of FFT systems with a view to improving the quantity and quality of feedback responses.
- Increased involvement with the Equality, Diversity and Inclusion Steering Group activity
- Continuous review and improvement of information captured through Datix module
- Completion of complaints audit.

Authors	Hilary Venn, Head of Governance, Carol Gibson, Patient Experience Lead, Graham Tibble, Customer Liaison, Complaints and Claims Officer
Lead	Hilary Venn, Head of Governance
Lead Executive	Denise Thiruchelvam, Director of Nursing and Quality
Produced for	Quality and Safety Committee

1 Introduction

This report provides the Quality and Safety Committee with a summary of patient experience work undertaken during quarter four 2018/19 and an overview of activity during the year.

The activity set out in this report demonstrates CSH's commitment to maintaining standards and accountability in relation to listening to patient and carer experiences and responding to feedback. The report shows how CSH strives to integrate learning from patient experiences within on-going quality improvement plans and identified themes from patient experience feedback. .

The report includes details on a variety of patient experience activities including complaints, compliments, the Patient Advice and Liaison Service (PALS) and the Friends and Family Test (FFT) feedback and claims.

2 Strategy, Policy and Work Plans

In June 2018 the Patient Experience Forum (PEF) identified six specific measures, based upon local and corporate analysis of recent feedback data, to be achieved by the end of 2018/19. These measures were:

1. **Improved patient information & communication systems:** Establish a comprehensive accessible and accurate directory of CSH services on the intranet.
2. **Improved patient information & communication systems:** Establish an accessible internal co-owner directory of services on the Intranet, enhancing efficient and effective communications across the organisation.
3. **Improved patient information & communication systems:** Standardise patient leaflet templates that mandate the minimum required data sets together with establishing a centralised 'library' of available CSH patient information leaflets accessible via website/intranet.
4. **Personalised Care** Establish benchmark across CSH Surrey in regards to (a) level of patient involvement in their care planning (b) patient perceptions of the level of communication and care co-ordination between all professionals involved in their care.
5. **Effective and responsive:** Increased availability of digital options for collating patient feedback with the intention of increasing overall response rates and broader participation.
6. **Effective and responsive:** Increased access to the PALS and patient experience service by providing regular PALS surgeries within clinical areas.

The CSH Surrey patient experience work plan 2018/19 (Appendix One) was designed to support delivery of the above objectives and also support the implementation of the Improving Patient Carer Experience Strategy (2018-2021). It remains CSH's ambition that the work carried out this year will provide the foundations for more ambitious co-production initiatives over 2019-21. Delivery of the plan is driven by the Patient Experience Forum and

overseen by the Quality and Clinical Governance Group. Progress against the work plan is shared in the appendices.

CSH patient experience tracker is divided into three sections

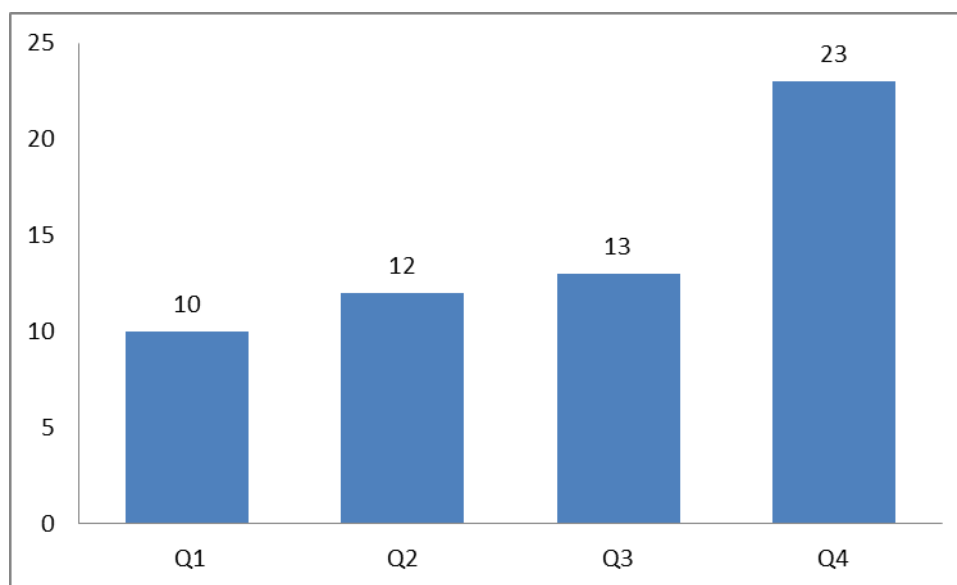
- (a) Formal Complaints
- (b) Informal complaints/Concerns
- (c) PALs service enquiries

The following sections of this report summarise analysis of the contents of these sections and associated activity taken in response.

3. Complaints

23 formal complaints were received in quarter four, this is a significant increase on previous quarters with a notable increase specifically in January, 90% of which related to the Surrey Downs area. Four of the January complaints related to inpatient therapy provision at Epsom Hospital. The sudden increase may correlate with communications with Epsom and St Helier Complaints team in early January 2019 when it was highlighted joint complaints involving CSH services needed to come via the CSH Patient Experience Team for central coordination rather than requesting the information directly with service managers which had resulted in bypass of the usual CSH process. The five other Surrey Downs complaints, showed no specific trend and related to MSK Physiotherapy, Wheelchair services and District Nursing Services. Table One below shows the total number of complaints received per quarter during 2018/19.

Table 1: Complaints Comparison with Previous Quarters



Source: Patient Experience Tracker / Datix April 2019

3.1 Complaint Response Times

Acknowledgment: The NHS complaints procedure requires providers to acknowledge complaints within three working days of receiving the complaint. During quarter four the CSH Surrey Patient Experience Team achieved 96% compliance in acknowledging 22 of 23 complaints within the three working days target.

Response: The NHS gives no set timeframe for organisations to provide a response to a complainant. However, the NHS requires a discussion to be had with the complainant concerning the expected response period at the start of an investigation. In addition, if a response has not been provided within six months of receipt of the complaint a clear rationale should be given to the complainant for the cause of the delay.

The CSH Surrey response target is to provide a written response to all complainants within 25 working days. During quarter four the CSH Surrey Patient Experience Team achieved 89% compliance by responding to 17 of 19 complaints due for closure within this timeframe. Although not fully compliant with response timeframes during quarter four, there has been a sustained improvement of timely closure through 2018/2019.

The rationale for the two responses not meeting target timeframe in quarter four is provided in Table two below. Both complainants were kept informed of the status of their investigation throughout the period.

Table 2: Rationale for complaints closed outside 25 day target timeframe

Datix Ref	Area	Opened	Closed	Rationale
517	SDCCG	04/01/2019	12/02/2019	Response breached by two working days due to a change to administrative processes.
520	SDCCG	04/01/2019	05/3/2019	Response breached by 17 working days due to further points requested by the complainant to be investigated and challenges accessing shared medical records

3.2 Complaint Themes quarter four

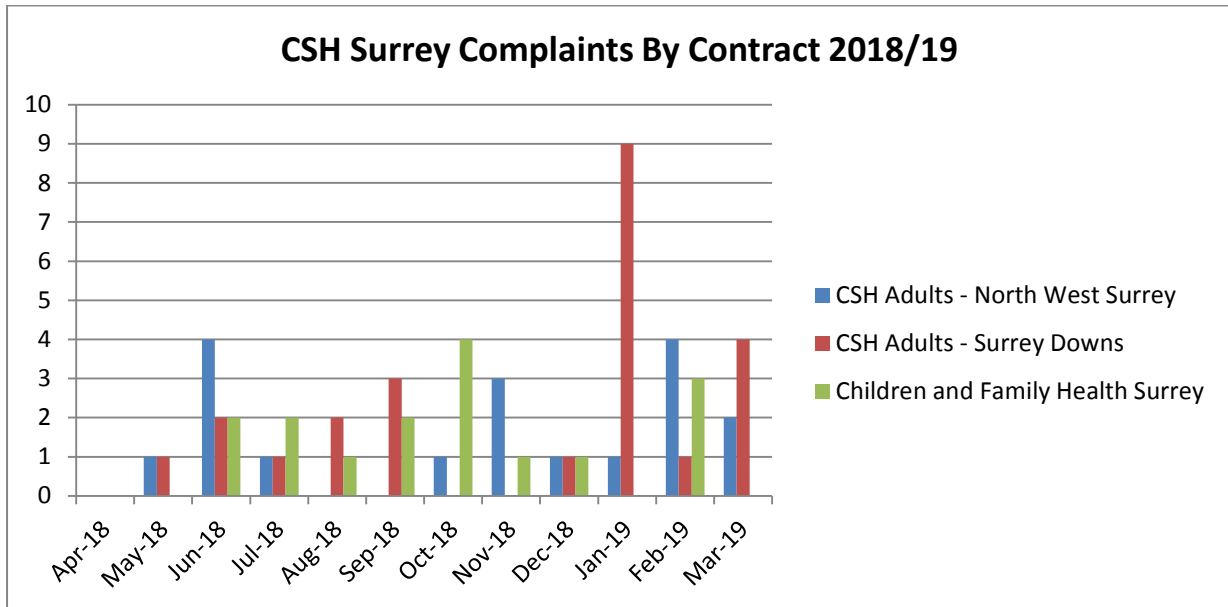
Themes of complaints received during quarter four included access to care, waiting times to be seen, communication with patients or their families while they are waiting to be seen and the expectation of what will be provided. These themes relate to both adult and children's services.

3.3 Formal complaints 2018/19 end of year analysis

A total of 58 complaints were received centrally by the CSH Surrey Patient Experience Team during 2018/19. The team is responsible for coordinating management of formal complaints

in accordance with CSH Policy requirements. All complaints are investigated by an independent appropriate senior lead. Table three below shows the 58 complaints received in 2018/19 by contract area.

Table 3: Complaints by contract 2018/19



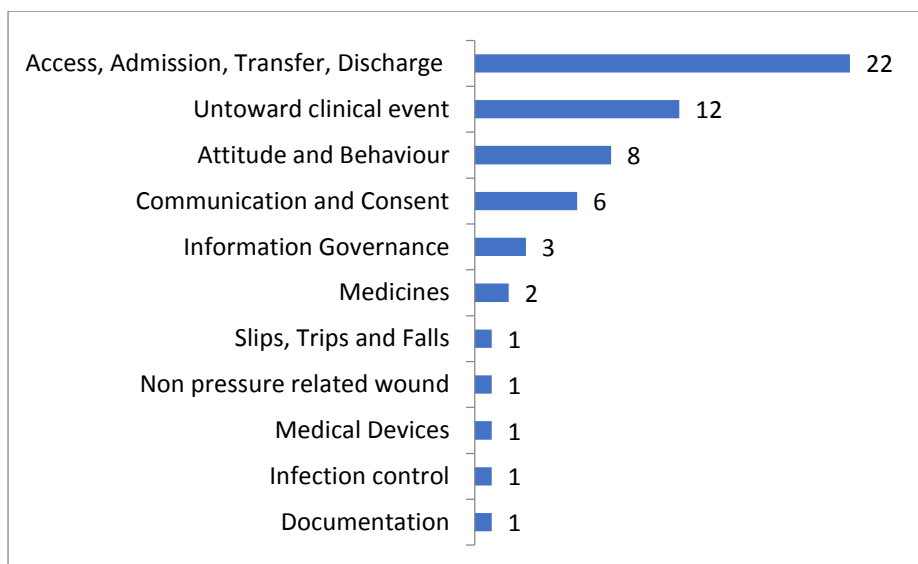
(Source: Patient Experience Tracker/Datix 16/04/2019)

There has been a notable reduction in the overall number of formal complaints received compared to 166 received the previous year (2017/18). Rationales for this reduction include increased systems of triage, access to Patient Advice and Liaison Service (PALS) service and high levels of local resolution.

3.4 Complaint Themes – 2018/19

The following table five shows total complaints by category, CSH Surrey’s complaint category codes now align with national reporting. The top three National NHS complaint categories during 2017/18 were communication 20.5%, patient care 16% (including nutrition/hydration and staff values and behaviours 13.8% (*source NHS Digital*)).

Table 5: Complaint themes 2018/19



(Source: Patient Experience Tracker/Datix 16/04/2019)

The patient experience team has continued to publicise complaints processes and engage at service level to ensure both services and patients are aware of the support available to them. A number of patient experience ‘road shows’ were undertaken at our bedded units during the year which proved popular and informative for services as well as patients, visitors and the public. The team also continue to promote policy and procedures requirements to employees via corporate induction, team and service meetings and bespoke trainings to ensure ongoing organisation wide awareness.

3.5 Complaints Process Audit

CSH Surrey carried out an internal audit of their complaints process in January, which was supported by members of the North West Surrey Clinical Commissioning Group (NWSCCG) Quality team. Six months of complaints data was reviewed across both adult and childrens services.

Overall the audit outcomes showed good levels of policy compliance. Recommendations for improvements included establishing more robust systems for tracking actions taken in response to learning identified through complaint investigations, enhanced communication of actions taken as a result and greater promotion of positive feedback and compliments. These are being taken forward via the patient experience work plan 2019/20.

3.6 Complaint Outcomes

The outcomes from complaint investigations are summarised under three categories; upheld, partially upheld and not upheld. Table six below shows a breakdown of the outcome of complaint investigations in comparison to national data.

Table 6: Outcome of complaint investigations 2018/19

Area	Not upheld %	Partially %	Upheld %
North West Surrey 18/19	21%	47%	32%
Surrey Downs 18/19	52%	29%	19%
Children Services 18/19	12%	53%	35%
CSH Average 2018/19	28.3%	43%	29%
National 2017/18	35.9%	30.4%	33.7%
CSH Average 2017/18	3%	9.2%	86.8%

(Source: Patient Experience Tracker/Datix 16/04/2019 & NHS E data 2017/18)

This data shows CSH Surrey aligning more consistently with national data, compared to 2017/18 when CSH was a considerable outlier. CSH Integrated Governance Committee discussions have resulted in CSH review of its approach to outcome analysis. Although guidance is available there is no standardised rating method. Historically within CSH decision relating to outcome has been confirmed by the investigator, and complaints manager. In 2019/20 further steps are being introduced to include the CEO / or nominated Director confirming the agreed outcome at sign off.

Increased benchmarking and comparison with other community providers/national data and an increase in the oversight and scrutiny of complaints outcomes will continue through 2019/20.

3.7 Actions taken in response to complaints

CSH Surrey strives to make the best use of all feedback received including learning from complaints with the intention of continually improving care and services. The following are examples of some of the actions CSH Surrey has taken / is taking in response to this.

- **NW Surrey - District Nurse Service** – To help improve communication systems the clinical service has developed an email template for responding to email enquiries which now ensures contact details and hours of service are routinely included.
- **NW Surrey – Woking Hospital Alexander Ward Team** – The ward team are reviewing their discharge information packs/documentation to help ensure patients and their families have clear expectations of services that they can expect post discharge.
- **NW Surrey - Woking Community Nursing Team** – The community nursing services are updating their service leaflet with the aim of improved communication with regards to how the service operates including the scheduling of visits.
- **Surrey Downs - Molesey Community Hospital, Inpatients** - The hospital is relaunching its use of ‘Shared Care’ document tool to help enhanced reflection of patient

views, reflect patient choice and ensure communication with patients and their families has been openly recorded.

- **NW Surrey - Rapid Response Team** – The team are reflecting on their systems of communication examples of which include increased emphasis on adapting their communication methods to the individual needs of each person and reminding staff through team meetings and clinical supervision that they need to ensure they clearly identify themselves at the beginning of a telephone call.
- **CFHS - Vaccination Team** – The team are revising their approach to obtaining parental consent by adding two questions to the parental consent form to reflect learning and from a recent incident and service user feedback.
- **CFHS - Administrative support** – The team is exploring the use of patient information systems to help prepopulate letters with the address details held on the system, avoiding errors and improving processes.
- **Epsom General Hospital Inpatient Therapies** – The therapy team is working closely with the ward nursing staff to support improved uptake of PEG feed training compliance.
- **CFHS – Continence provision** – The team is developing an information leaflet for parents and service users to ensure they are provided with clearer information relating to the provision of continence aids.
- **NW Surrey – District Nursing Service** – The service is updating the current catheter care leaflet to inform staff about the role of the District Nurses and the pathway options for indwelling catheter management.

The patient experience work plan 2019/20 will include implementation of a centralised assurance system to formally monitor the effectiveness of actions taken in response to feedback and greater emphasis on publicising sharing patient feedback themes and 'you said we did' activity.

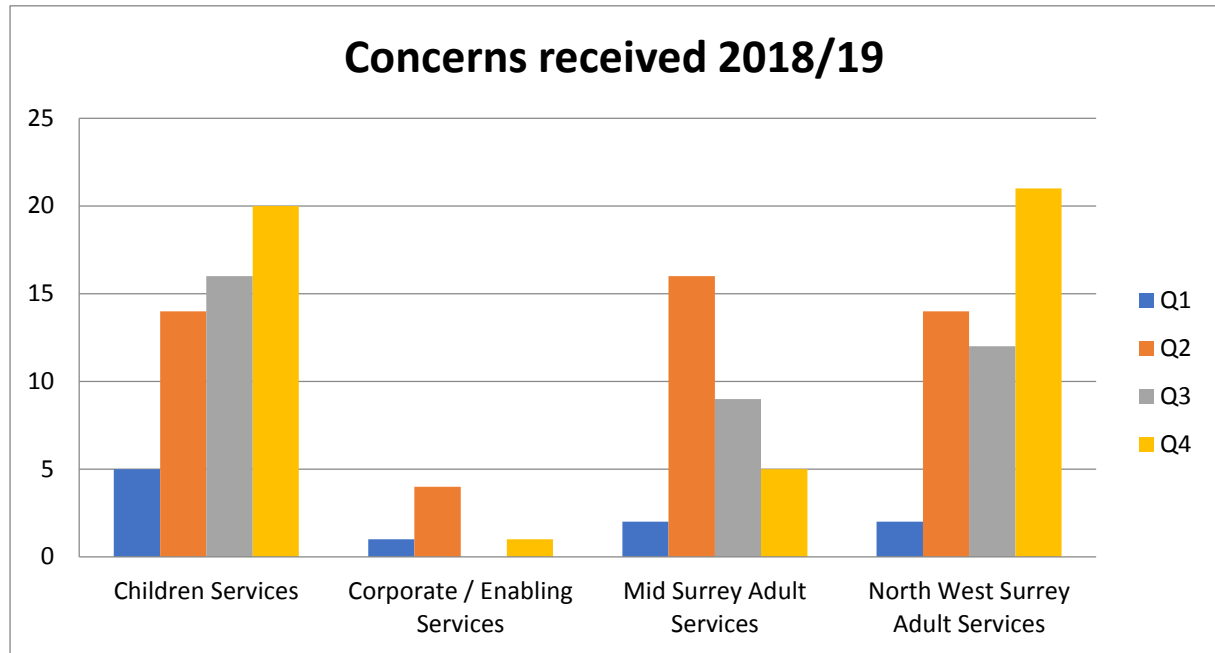
3.8 Parliamentary & Health Service Ombudsman (PHSO)

The PHSO provides an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK Government departments. The role of the PHSO is to provide the second stage of the complaint process under the National Health Service Complaints Regulations 2009. No complaints were referred to the PHSO during quarter four of 2018/2019; however we are in contact with the PHSO regarding one complaint referred to them in December 2018. This complaint was being investigated under CSH Surrey's Serious Incident process, the reporting of this contact with the PHSO was inadvertently not highlighted by the complaints manager at the time. This is not a full investigation by the PHSO, more monitoring by them as the complainant had referred their complaint to them during the complaints process. The PHSO normally become formally involved once the complaints process has been completed should they consider it necessary.

4. Patient Advice and Liaison Service (PALS)

Table 7 below shows the number of informal concerns raised with the Patient Experience Team/Patient Advice and Liaison Service and resolved locally with CSH during 2018/19. The increase in concerns raised through this route corresponds with the reduction in formal complaints received over the same period and on the whole people are happy to have their concerns dealt with quickly and directly, in the here and now, rather than pursuing a formal complaint.

Table 7: Informal complaints/concerns by service area



A further breakdown of the concerns received by subject and team for each area during this period is provided in the following three tables for children's services (table 8), North West Surrey adults' services (table 9) and Mid Surrey adults' services (table 10).

Table 8: Concerns by subject children services

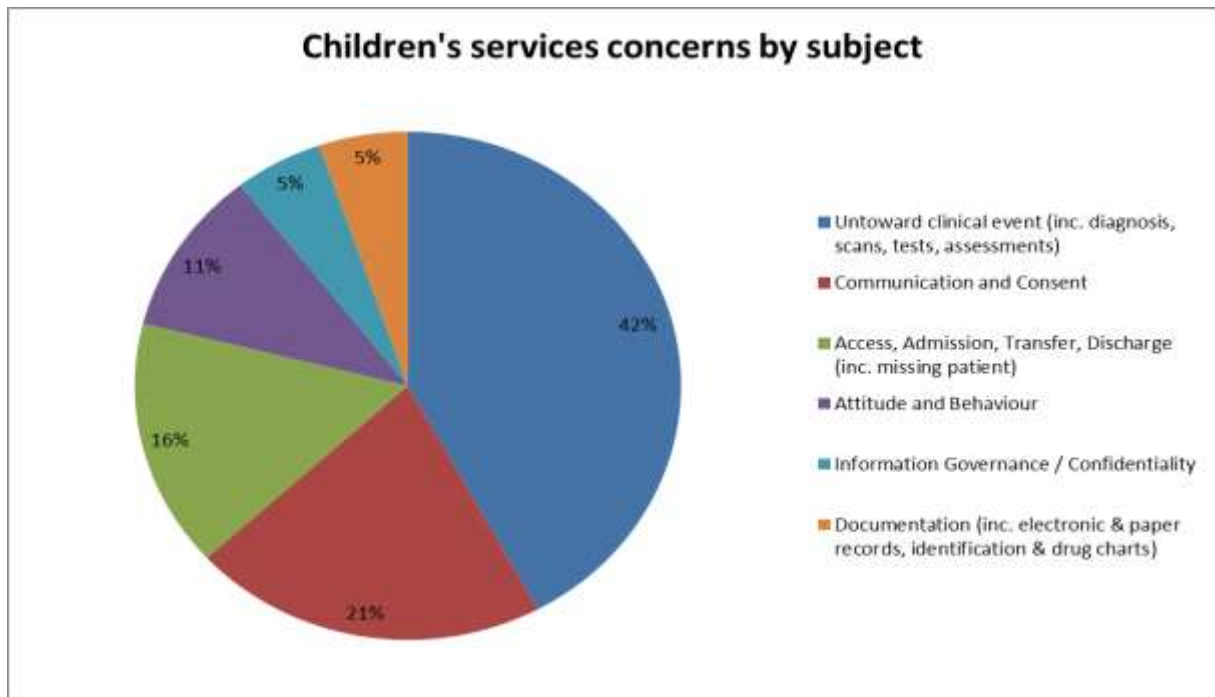


Table 9: Concerns by subject North West Surrey

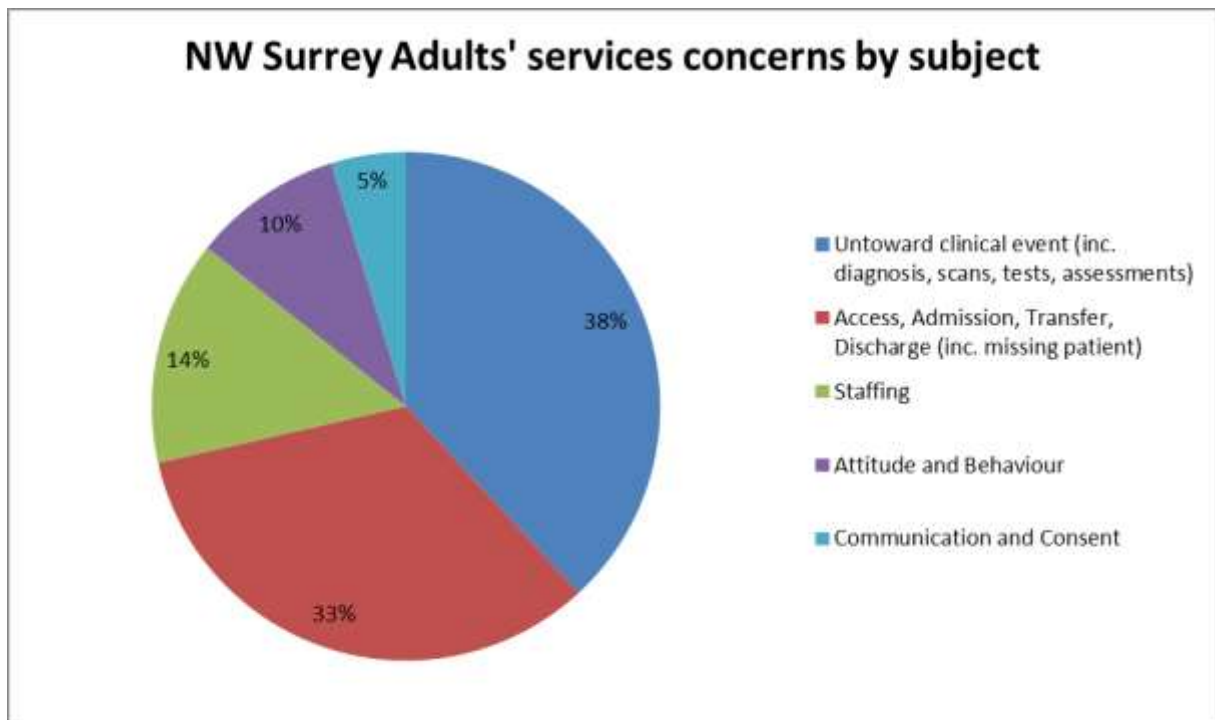
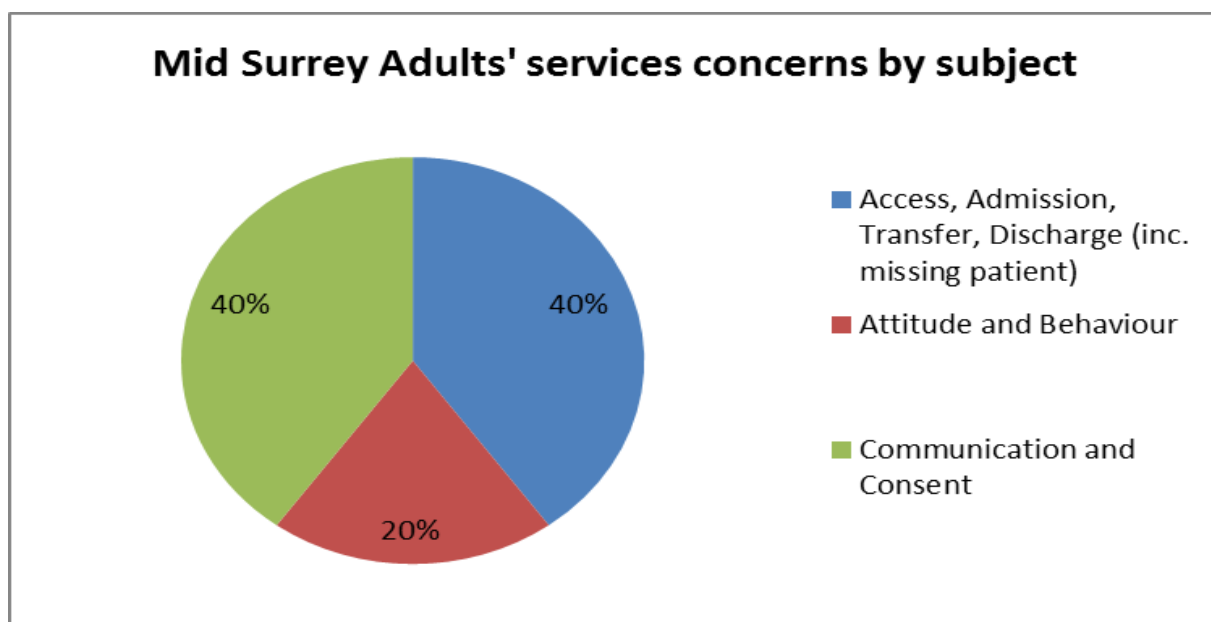


Table 10: Concerns by subject Mid Surrey



4.1 Patient experience Audit

The PALs officer is currently concluding a 'secret shopper' audit of various CSH clinical services. This audit involves checking how easy it is to establish service contact details, establishing how quickly it takes to get through to the service and then standards of reply to enquiry calls. The results of this audit will be shared in quarter one 2019/20.

5. Compliments

Compliments are defined as any unsolicited positive feedback about care provided. This includes written feedback such as thank you cards, letters or emails, and any positive comments given in person or by telephone. Services are asked to log any compliments they receive using the Datix form so that they can be captured and recorded centrally.

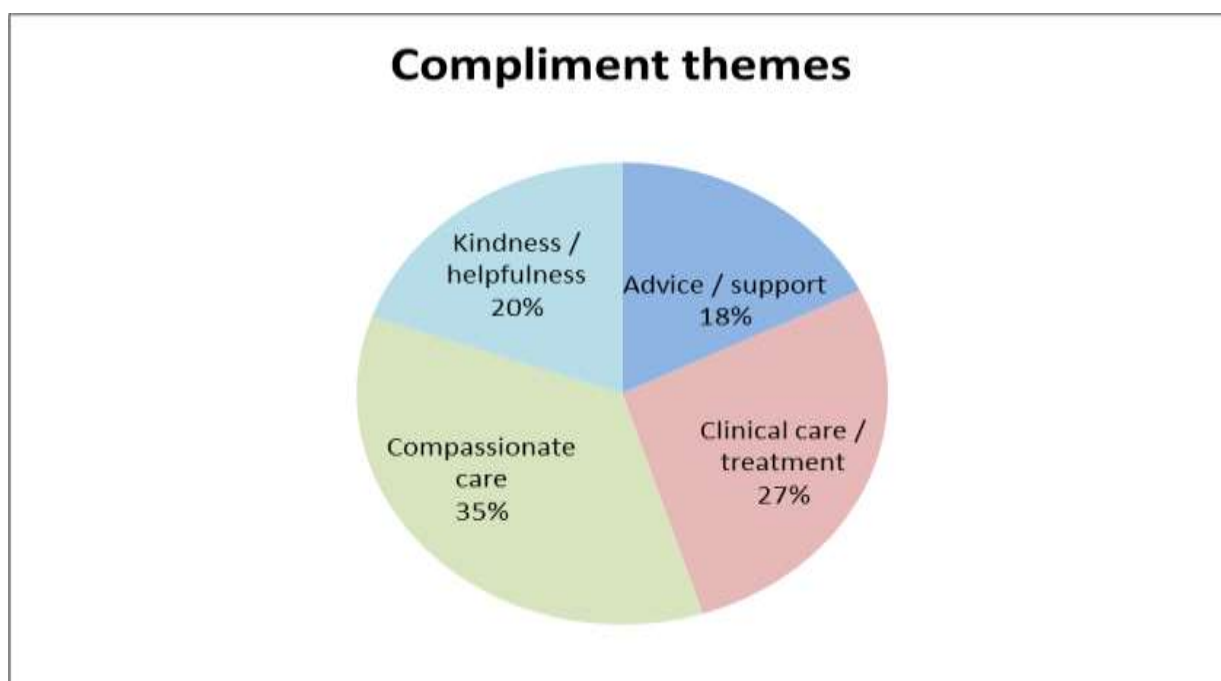
During quarter three CSH established the ability to capture compliments on Datix as from assurance visits, Friends and Family Test (FFT) outcomes and support reviews it was clearly evident services are regularly receiving positive feedback.

Fifty one compliments were logged centrally on Datix in Quarter 4, an increase from thirty in the previous quarter. This increase will be partially due to increased awareness of how to log compliments. It is still considered significantly more compliments are received by services than these figures indicate, and there will be continued communications to encourage teams to log their compliments within Datix. The Datix form has recently been updated to make this process easier for co-owners.

Table 11: Quarter four compliments by service area

Contract	Total	Team	Total
Children Services	12	Children's Continuing Healthcare Team	5
		Children's Health Visiting Team - North East	4
		Developmental Paediatrics Team	1
		Family Nursing Team	1
		School Nursing Team - North East	1
Mid Surrey Adult Services	27	Admin Team - Banstead, Epsom & Ewell	1
		Admin Team - Leatherhead and Dorking	1
		Banstead and Tattenham Community Matrons	1
		Banstead and Tattenham District Nurses	1
		Continance Team - Mid Surrey	1
		Dorking District Nurses	2
		End Of Life Care Team	9
		Epsom and Ewell District Nurses	4
		Leatherhead District Nurses	4
		Mid Surrey East Podiatry Team	1
		Parkinson's Nurses Team	1
		Tissue Viability Team	1
North West Surrey Adult Services	12	Adults Podiatry Team - NWS	2
		Out of Hours Team - NWS	1
		Radiology Team - NWS	5
		Respiratory Team - NWS	3
		Spelthorne Community Nursing Team	1

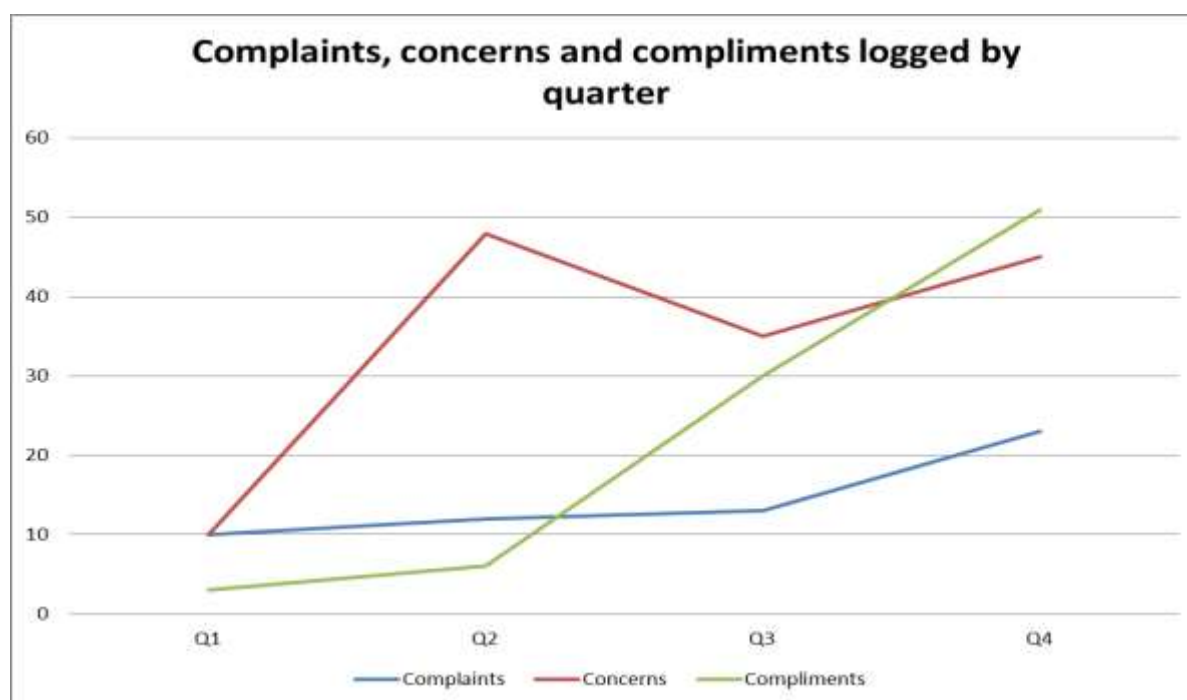
Table 12: Quarter 4 compliment themes



Year-end summary of complaints, concerns and compliments activity during 2018-19

Table 13 below gives an overview of the total number of complaints, concerns and compliments logged by quarter during the year. This shows an increase in the number of compliments being logged on Datix by services. It also captures the increase in dealing with concerns through the PALS process, which enables concerns to be resolved quickly at a local level.

Table 13: Complaints, concerns and compliments per quarter 2018/19



6. Patient Reported Experience Measures (PREMs) and Friends and Family Test (FFT) Feedback

NHS England have made it clear that the FFT response rate figure should not be used to compare the number of responses received across organisations as there will be variation in the way in which organisations record and collect the data. Instead NHS England recommends organisations establish target figures which best represents their activity (p.24, FAQs for the Friends and Family Test – updated 24/02/2017, Publications Gateway Ref No. 06488).

NHS England is currently reviewing their guidance concerning FFT systems and processes (ref. NHS England FFT Development Project 2018-19). This work has been completed and the conclusions and recommendations are currently under consideration. Once a decision has been made any changes and a timetable for publication of any revised guidance and its implementation will be shared with providers and commissioners.

The guidance is being reviewed with the following aims:

- To identify a more effective FFT question;

- To make it easier for NHS organisations to manage the FFT;
- To make it easier for patients to give feedback when they want to;
- To make FFT more useful as a tool to support improvements for patients and users of services.

NHS England identifies the use of the free text feedback rather than the FFT score as a more effective method to service improvement as this allows:

- Focus on using feedback rather than the minutiae of the collection guidance and chasing high numbers of responses.
- Commissioners and regulators to understand how teams are listening to their patients, not just meeting a response rate.

6.1 CSH FFT Feedback and Response Rates

There was an overall improvement in the number of FFT responses received in Q4 compared with previous quarters.

Unfortunately there has been a decreased in Q4 in the percentage of reviewers who would be likely or extremely likely to recommend CSH to friends and family (see run charts below). Analysis of the feedback has not identified any negative themes and the majority of respondents have either not answered or replied ‘don’t know’ or have given a neutral response (neither likely nor unlikely to recommend) rather than saying they would not recommend CSH.

During 2018/2019, the average rating of people who responded to the Friends and Family Test (FFT) who said they were ‘likely’ or ‘extremely likely’ to recommend CSH Surrey services to friends and family should they need similar care or treatment was 95%. This is in keeping with the national average for other community providers. Table 14 below shows the number of FFT responses CSH received over the past year. Table 15 shows the overall ‘likely to recommend’ rate.

Table 14: FFT Response levels 2018/19

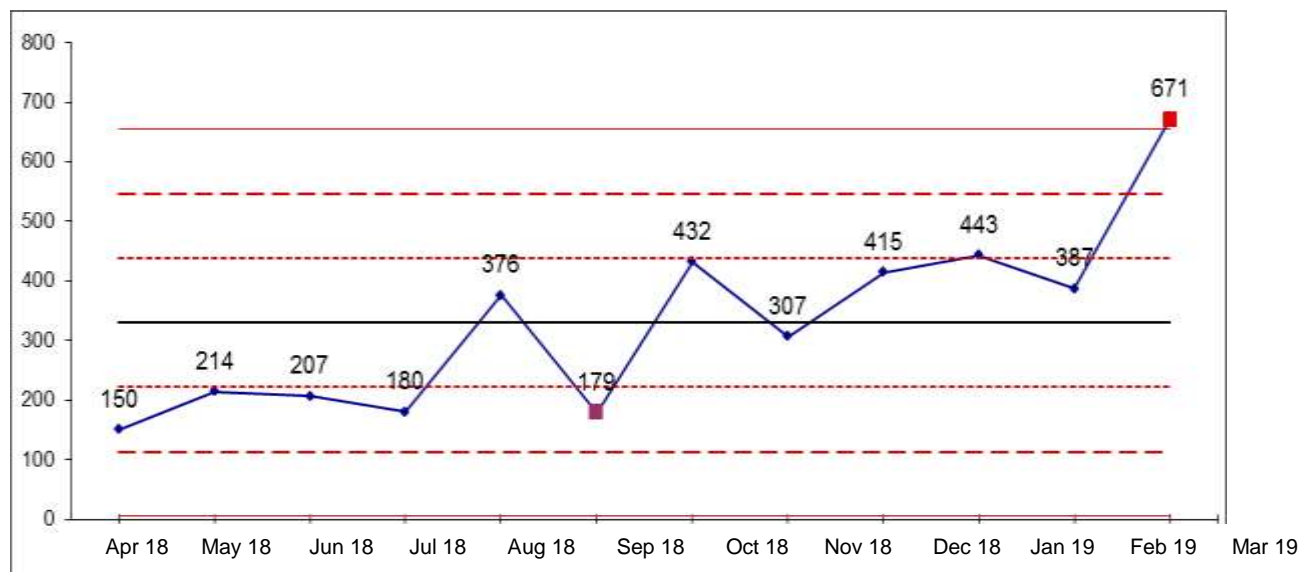
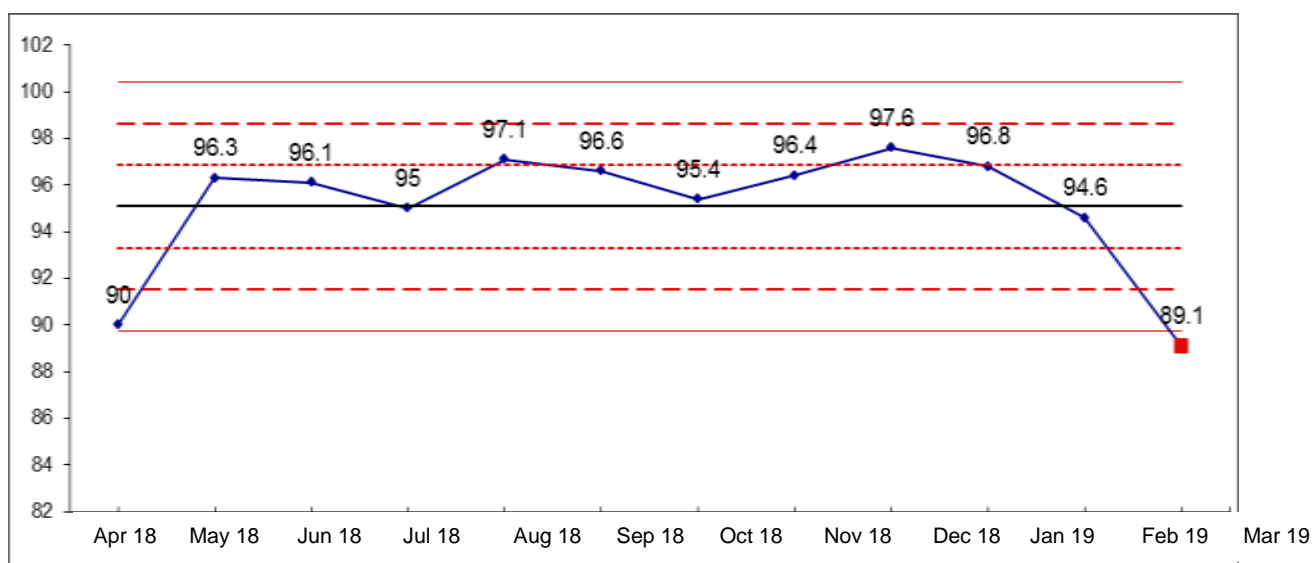


Table 15: Likely to recommend rate 2018/19



Quarter four FFT analysis

Table 16 shows in quarter four 1,143 responses indicated they were extremely likely to recommend CSH with 13 extremely unlikely to recommend. Table 17 shows a breakdown of the quarter four FFT scores by contract area.

Table 16

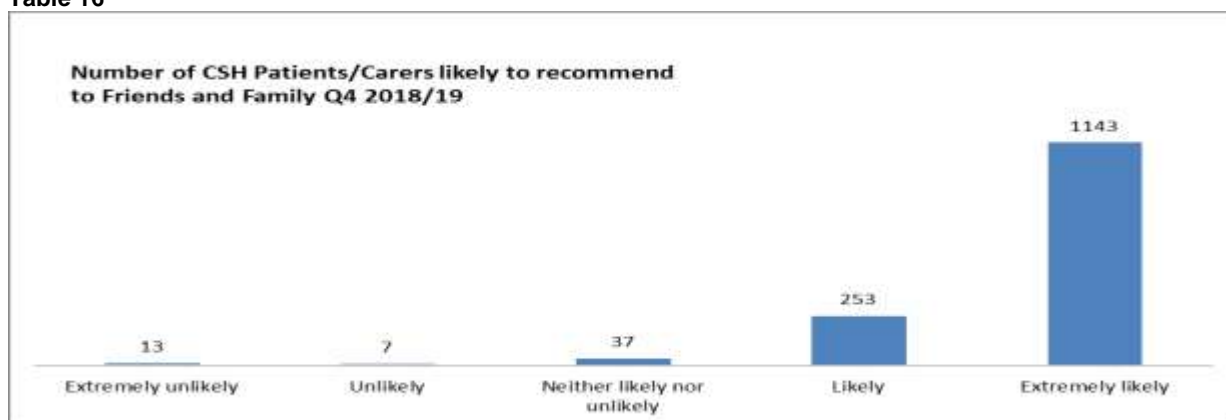


Table 17

Q4 2018/19 Jan-Mar 2019	Av. Score (All Qs/ 5)	Recommended (5 star scores)	% Likely to Recommend CSH	% Unlikely to Recommend CSH	No. of Reviews
CSH Overall	4.80	4.72	92.8	1.3	1501
NW Surrey (Adult Services)	4.81	4.73	94.3	2.4	424
Surrey Downs (Adult services)	4.84	4.86	97.1	0.2	447
CFHS (Guildford and Waverley)	4.75	4.61	87.6	1.5	549

Table 18 shows those services with ten or more FFT responses in Q4. The Patient Experience Team continues to work with all services to support an increase in the quantity of FFT and PREMS responses, as well as continuing to work on demonstrable improvement in the overall response to narrative feedback.

Table 18: FFT Responses received – Services with 10 or more reviews Q4 Jan-Mar 2019

No of FFT responses by service name	Total no.
X-ray: Woking & Walton Community Hospital	289
MSK - Outpatient Physiotherapy: Banstead Clinic, Bourne Hall Health Centre, Cobham Community Hospital, Dorking Community Hospital, Emberbrook Community Clinic for Health, Molesey Hospital, Poplars	173
Immunisations Secondary School, South West	115
Immunisations Secondary School, North East	93
Immunisations Primary School, South East	61
Immunisations Secondary School, North East (guessed)	59
Health Visitor Guildford	57
Immunisations Secondary School, North West	48
Leatherhead Community Hospital Reception	47
Podiatry: Banstead Clinic, Bourne Hall Health Centre, Goldsworth Park Health Centre, Leatherhead Clinic, Woking Community Hospital	44
MSK Hands Therapy - Rowan	37
Community Respiratory: Ashford Clinic, Leatherhead Hospital	36
Speech and Language Therapy, North West	36
Health Visitor Spelthorne	34
Inpatient Services - Community Hospitals: Molesey Hospital, New Epsom and Ewell Community Hospital	34
Inpatient Services - Oatlands Ward, Walton Community Hospital	30
Integrated Rehabilitation Services (IRS)	29
Falls Service (SD)	23
Unknown	22
Assessment and Treatment Unit - The Bedser Hub	18
Special School Nursing Clifton Hill	17
Special School Nursing Woodlands	16
Inpatient Services - Alexandra Ward, Woking Community Hospital	15
Physiotherapy, South West	15
Proactive Clinic - Epsom HUB	15
Special School Nursing Manor Mead School	13
Ashford Community Hub (Spelthorne Matrons)	12
Inpatient Services - Hersham Ward	11
Community Children's Nursing Team West	10

6.2 Positive FFT Reviews

There were 1,178 narrative comments made between January and March 2019 associated with high FFT scores. Most comments were thanking staff for being kind and friendly, for keeping people informed about what was happening, and the positive effect of their clinical or therapeutic treatment. The most commonly occurring words and phrases are included as a word cloud below.



6.3 Negative FFT Reviews

CSH analyses all feedback and comments received to identify any quality improvement themes or areas of potential concern. Service leads can access their own feedback to read the narrative in detail in order to ascertain themes for their particular service area and take local action as required. This is the most meaningful way this information can be used as it provides real time feedback about the service, enabling managers to identify issues of concern and improvements can often be made locally and promptly.

Analysing larger quantities of data doesn't always give meaningful information, and reviews often give a positive FFT score but include a negative comment, and vice versa.

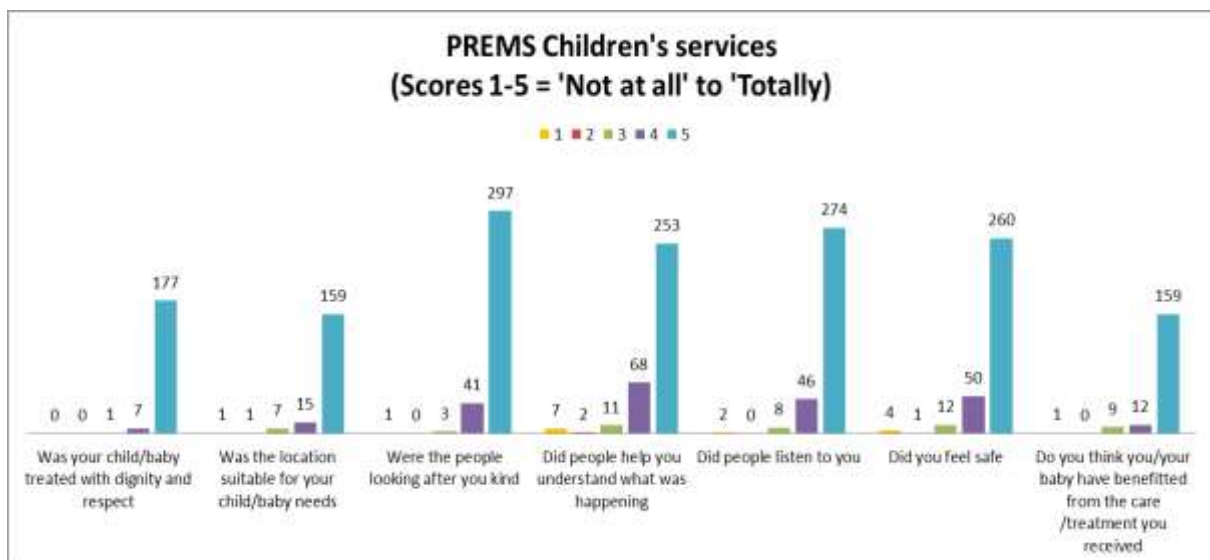
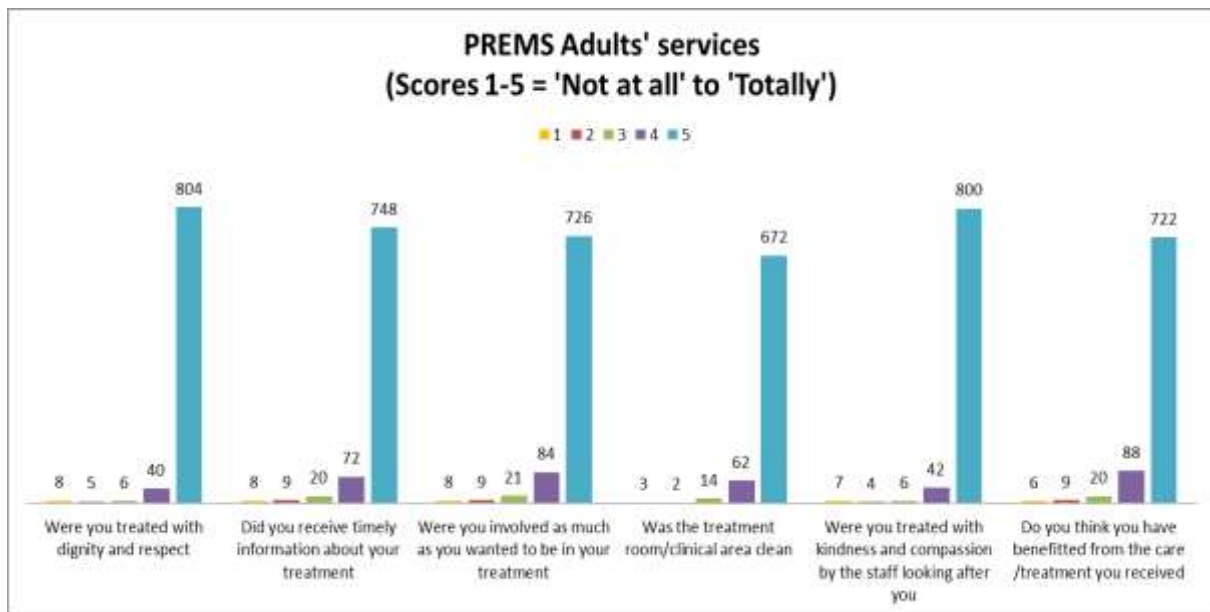
Of the negative comments associated with low or neutral FFT scores in this quarter, themes included

- attitude or behaviour of staff
- lack of sensitivity
- privacy and dignity
- information and communication
- long wait for appointment
- parking issues.

Combined with other sources of feedback, such as patient satisfaction surveys and complaints feedback, priority themes from quarter four analysis will be reviewed at the next Patient Experience Forum and recommendations requested for improvements.

6.4 Patient Reported Experience Measures (PREMs)

Patient Reported Experience Measures (PREMs) captured via FFT process were positive with patients/carers reporting high standards. A summary of the PREMs results for quarter 4 is in the diagrams below.



There were no themes identified from the low PREMS scores for any particular service.

6.5 Patient / Carer Surveys

The Patient Experience Team carried out quarterly patient surveys at Hersham and Oatlands Wards, Walton Community Hospital in February 2019 and at Alexandra Ward, Woking Community Hospital in March 2019. All the issues raised by patients have been fed back to the ward manager and matron. As well as receipt of positive feedback the surveys responses highlighted a number of areas requiring improvement.

Examples of positive feedback included comments about kind and caring staff; good standard of nursing care, effective team working and good quality food with lots of choice.

Examples of areas for improvement included length of wait at times when pressing the assistance buzzer; cleanliness of water glasses, sometimes hard to understand staff, inconsistent care standards, transport issues and a request for Wi-Fi. (CSH Estates and Digital teams are taking forward a trial for Wi-Fi at our bedded units with implementation planned for May 2019). Lack of coordination between staff groups and external partners (e.g. transport), communication, people not always understanding staff, not always feeling they are listened to, occasional noise at night and provision of less sugar and processed food.

A community hospitals table top review involving multi-disciplinary team members alongside enabling and specialist team support has occurred. An associated improvement plan is being implemented which has included consideration of these patient experience improvement areas.

The patient experience team will continue to undertake regular surveys on the bedded unit and is developing a schedule of visits and surveys 2019/20, which will include wider adult and children's community services.

7. Patient Stories

The Patient Experience Team is putting together a schedule of patient stories to report to the Board. The cases will focus on telling the story from the perspective of the individual as much as possible, to provide an opportunity to understand their experience of the care they've received.

APPENDIX 1: Patient Experience – Priority Objectives (updated 01/07/2019)

Patient Experience – Priority Objectives 2018/19 – Status update

Priority Objective	Topic	Achievement Measures – by the end of 2018/19 there will be	Current status
Improved Patient information & communication systems	Service Directory	<ul style="list-style-type: none"> Auditable assurance of a comprehensive accessible and accurate directory of CSH services on the internet 	Services have reviewed their internet pages for accuracy Secret shopper audit in progress
Improved Patient information & communication systems	Co-owner Directory	<ul style="list-style-type: none"> Auditable assurance of an accessible CSH internal co-owner directory of services on the Intranet enabling efficient and effective communications across the organisation 	Company directory established Implementation/roll out in progress
Improved Patient information & communication systems	Leaflets content	<ul style="list-style-type: none"> Standardised Patient Leaflets templates that mandate the minimum required data sets. Centralised 'library' of available patient information leaflets – accessible via website 	Centralised library & standardised templates in place Minimum data set currently under review.
Personalised care	Co-ordinated care	<ul style="list-style-type: none"> Benchmarked evidence across CSH Surrey in regards to (a) level of patient involvement in their care planning (b) Patient perceptions of level of communication and care co-ordination between all professionals involved in their care 	Complete in bedded units Considering Community services patient experience audit Q3 or Q4 2019/20
Effective and Responsive	Increased digital options for collating patient feedback	<ul style="list-style-type: none"> Notable increase in the level of patient feedback received via digital options. 	FFT number of responses has increased.
Effective and Responsive	Increased access to PALS service within clinical services	<ul style="list-style-type: none"> Auditable evidence of regular PALS surgeries within clinical areas 	Schedule of patient experience roadshows has commenced.