## Title
Themes from PALS feedback and complaints, divisional and Trust-wide learning and improvement

<table>
<thead>
<tr>
<th>Status</th>
<th>For approval</th>
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</thead>
<tbody>
<tr>
<td>History</td>
<td>This paper forms part of the Patient Experience Strategy and the Trust’s response to recent national guidance on complaints management</td>
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<table>
<thead>
<tr>
<th>Board Lead(s)</th>
<th>Ms Liz Wright, Acting Chief Nurse</th>
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<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
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Executive Summary

1. The Trust Board has requested an update review of the themes of complaints, the learning and the service improvements from PALS referrals and complaints, to provide assurance to the board that there is an evolving development of wider learning across the Trust from patient feedback and specifically complaints.

2. This paper for Trust Board will include
   - The number of PALS feedback and complaints across the Trust and by Division from Quarters 1 to 3 of the 2013/14 financial year
   - The divisional and Trust wide trends and themes of PALS feedback and complaints with learning and the resultant service improvements made
   - The divisional service improvement projects being undertaken as a result of the analysis of all patient feedback
   - Summary of examples of best practice
   - The status of Trust wide learning from PALS feedback, complaints investigations and patient experience feedback

3. The divisional top themes are triangulated with the other forms of feedback from patients and carers in order to understand trends and specific areas of concern.

4. **Recommendation**
   
The Trust Board is asked to note the contents of the paper and the proposed actions.
1. Purpose
1.1. The purpose of this paper is to present the themes, trends, learning and actions from PALS feedback and complaints between Quarters 1 and 3 during 2013.

2. Background
2.1. The four key reports by Robert Francis, Don Berwick, Bruce Keogh and Ann Clwyd and Trisha Hart have all recommended the focus to be on listening to patients, and the implementation of learning from PALS feedback and complaints as key for patient experience improvements within the NHS.

2.2. The Trust Board have requested a review of the learning from PALS and complaints and the service improvements for Quarter 1-3 of this financial year. The monthly metric reports for April to December 2013 will be used as a basis for this report.

2.3. The divisional top themes are triangulated with other forms of feedback from patients and carers in order to understand trends and specific areas of concern.

3. The number of PALS contacts and complaints across the Trust and by Division from Quarters 1 to 3 of the 2013/14 financial year

3.1. The number of PALS contacts, informal complaints and formal complaints across the Trust and by Division from Quarters 1 to 3 are presented in Table 1 below.

Table 1
Number of formal/informal complaints and PALS queries received

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
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<tbody>
<tr>
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<tr>
<td>NTSS</td>
<td>48</td>
<td>55</td>
<td>13</td>
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<tr>
<td>S &amp; O</td>
<td>54</td>
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<td>8</td>
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<tr>
<td>C &amp; W</td>
<td>34</td>
<td>23</td>
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<td>MARS</td>
<td>12</td>
<td>22</td>
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<tr>
<td>CVT</td>
<td>11</td>
<td>12</td>
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<td>NOTSS</td>
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<tr>
<td>Informal Complaints</td>
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<tr>
<td>EMTA</td>
<td>16</td>
<td>4</td>
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<tr>
<td>NTSS</td>
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<td>3</td>
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<td>1</td>
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<tr>
<td>MRC</td>
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4 The divisional themes and Learning from PALS feedback and complaints.

4.1 Children’s and Women’s Division

Maternity services

4.1.1 The complaints received about the maternity services are generally quite diverse and complex due to the emotive nature of the experience of women and their partners within this specialty. There are emerging themes that link with feedback from staff feedback, patient surveys and information from user representatives; the themes include:

- Issues related to poor communication – this includes information about care provision and specifics related to support services
- The attitude of individual staff
- Delays in the care of women
- Issues related to privacy and dignity
- Issues related to infant feeding support
- Poor perineal care
- Issues related to the tongue tie service

4.1.2 Processes to feedback and engage with staff to develop learning in practice

- There are robust processes in place to investigate the issues surrounding complaints within midwifery services. All complaint responses are quality assured by the Head of Midwifery (HoM) before sign off by the Chief Executive. All members of staff involved in a complaint receive a copy of the complaint and final response for their information as well as to develop actions and to understand and learn, as well as ensure changes take place.
- Complaints are collated on a quarterly basis to provide a brief overview of the themes and a resume of the root causes. This is presented at the Maternity Quality meeting and Women’s Services Clinical Governance meeting
- A complaints, claims and incidents meeting is held monthly for all maternity staff to learn about the feedback received about the service and associated learning is discussed at that time.
• Appropriate information and the changes made as a result of the feedback from women and their families is provided in the Delivery Suite & Observation Area monthly newsletter; this is distributed widely and well read by all staff groups.

4.1.3 Learning to date and future developments

• **Communication** – discussions occur with staff at meetings and other fora to emphasise the quality of patient contact and ensure that they listen to women about their clinical concerns and provide the necessary information about their care as well as involving them in the decision making process.

• **Attitude and behaviour of staff** – this is managed on an individual basis and appropriate action taken. For instance individuals about whom a complaint has been made meet with the HoM with their supervisor and the outline of the complaint is discussed and the individual and their supervisor are required to formulate personal actions and a development plan which they present back to the HoM thirty minutes later. Complaints concerning the attitude of staff have been an issue in particular departments and this has been actively managed, and as a result there has been only one further complaint.

• **Delays in care** – this is an on-going issue and mainly relates to delays in women being transferred to theatre, usually as a result of pressure on staff levels and the demand of the activity in the unit. Elective work (Induction of Labour and Caesarean Section) is often delayed for the same reasons and causes women to become anxious and distressed. The service has suggested some changes which would include the development of a business case for an Induction of Labour suite, which will improve the timeliness of the pathway for women in labour.

• **Infant Feeding** – a number of changes have been introduced in the last 12 months to include the appointment of an infant feeding specialist midwife. A breastfeeding strategy has been agreed and a task and finish group established to work towards improved quality of infant feeding and achieving the Baby Friendly Award. Maternity Support Worker training has been implemented and this has been evaluated positively, with improvements in the quality of care to women. An e-learning package will be implemented for midwives during 2014.

• **Perineal care** – issues related to women’s perineal care at the time of labour have been identified by community midwives and a small number of complaints. As a result a working group was established, changes in practice were implemented and there has been a reduction in the rate of 3/4th degree tears. Work is on-going and a national training programme (PEARLS) will be implemented in 2014 across the maternity service to ensure best and consistent practice.

• **Tongue Tie service** – currently this is provided by the Paediatric service but the waiting times are prolonged. The Head of Midwifery is reviewing the literature and working with colleagues across the region to review the extended role of midwives trained in the skill of frenulotomy.
Children’s services.

4.1.4 The nature of complaints surrounding children and young people can also be complex and diverse. There are emerging themes although some may only be evident on infrequent occasions. The themes include:

- Communication misunderstandings related to patient’s specific treatment plans
- Safeguarding, when there has been a disagreement with clinicians who are following policy and procedure
- Delays or the cancellation of surgery
- Nursing care
  - one complaint about pain assessment
- Prolonged Fasting

4.1.5 Processes to communicate with staff and ensure learning.

- A robust process is in place to investigate and learn from complaints. All complaint responses are quality assured by the Divisional Nurse before sign off by the Chief Executive
- The divisional complaints are discussed at the weekly divisional team meeting, monthly consultants’ meeting, monthly Quality and Governance Committees, monthly divisional Quality & Performance meeting and the quarterly divisional Quality Committee
- The complaints relating to individual consultants are discussed with the relevant clinician and those concerning nursing care are discussed with the individuals and ward concerned.
- The complaints regarding patients/parents having a misunderstanding concerning the condition of the patient are discussed at the division’s Mortality and Morbidity Committee.

4.1.6 Learning to date and future developments

- There is on-going work with the Neurosciences, Orthopaedics, Trauma and Specialist Surgery Division to manage the children’s spinal pathway. This is a national problem; however the Trust’s appointment of an additional spinal surgeon is anticipated to improve the management of children on this pathway.
- There has been a merger of the Paediatric Intensive Care Unit and Paediatric High Dependency Unit and this has led to an increase in the flexible use of beds and will reduce the cancellations due to lack of capacity in children’s critical care beds.
- It is envisaged that the development of a Clinical Decision Unit will increase capacity in the children’s hospital.
- The improvements in the children’s pain assessment and management is a current quality priority for the Trust, and this will continue into 2014/15 with regard to education and implementation.
- An Advanced Nurse Practitioner has been appointed to examine and improve the children’s plastics pathways and enable a consistent
approach to following the care of these patients through their pathway. The management of prolonged fasting is also a quality priority, and the fasting policy has been revised, an audit has been undertaken and this work will continue into 2014/15 with regard to education and embedding implementation.

- The division will be improving the engagement with staff regarding the subject matter in complaints, to improve the learning from the issues. Determine how these can be addressed more widely and embedded into practice. Additionally the subject of complaints, outcomes and the resultant learning will become a regular agenda item for Sisters’ meetings.

**Gynaecology**

4.1.7 All complaints are co-ordinated by the matron with medical staff involvement when required. The complaints relating to individual medical staff and consultants are discussed and reviewed with the relevant clinician and with the Clinical Director. All changes of practice are discussed with all medical personnel at the directorate Mortality and Morbidity Meeting.

4.1.8 The themes have been triangulated with staff feedback and surveys

- Supporting women when giving bad news
- The provision of urgent and emergency scans outside office hours.
- Waiting times for clinics and the cancellations of clinics
- Signage for toilets and uncomfortable chairs
- Improved reception cover for busy clinics

4.1.9 Learning to date and actions taken with regard to medical comments and complaints:

- Training sessions were delivered by the Deanery in breaking bad news, following a trend of complaints about insensitive comments made to women suffering a miscarriage. A role play DVD is also being developed as a teaching aid for the junior doctors who have identified a need to improve their skills and confidence in breaking bad news.

- The opening times for the urgent gynaecology clinic will be extended by a further two days a week

- An education programme is planned to train nurses to be competent in performing scans for women experiencing early miscarriage or suspected ectopic pregnancy, out of hours

- The Pre-menopausal and Menopausal cyst pathways have been clearly defined and published and widely disseminated

- GPs with a special interest in gynaecology have been employed to assist in reducing the waiting times experienced by women, both for an appointment to a clinic and also the waiting time when in the department.

- The clinic rota has been reviewed to ensure the administrative staff are briefed regarding the number of doctors working in each clinic.

- The compliance with providing 6 weeks’ notice for annual leave has significantly improved the management of clinics.
4.1.10 Changes made to the environment:

- Signs for toilets have been put in the Diagnostic Suite (female only) and the signage for toilets in the main corridor has been improved
- The chairs in the outpatient department were replaced with a generous donation from the League of Friends
- The Diagnostic Suite has employed a receptionist for busy clinics

4.2 Clinical Support Services

4.2.1 Complaints and PALS feedback is monitored monthly through the division’s quality and performance reports, the directorate, clinical governance and management executive meetings. The Radiology Team will be incorporating further customer engagement/feedback options as a component of the Imaging Services Accreditation Scheme.

4.2.2 The themes from the PALS feedback and complaints are:

- Poor communication is a common theme in all complaints and this is addressed by speaking to individuals concerned and at team meetings. Customer care training has been initiated where required.

**Critical Care Theatres and Anaesthetics:**

- *Pain relief unit* – Extra patient appointments were temporarily implemented by altering the consultant job plans. The newly recruited consultants have enabled and sustained an improved level of patient appointments and access.
- *Bariatric Care* - Communication quality issues, especially in relation to the care of bariatric patients, has been addressed and discussed at audit meetings. The outcomes and shared learning is to use a different technique when discussing suitability for surgery with bariatric patients.
- *Adult Intensive Care Unit* - Slow closing quiet bins have been purchased to reduce the noise levels especially at night.

**Diagnostics:**

- *Communication* – Following complaints about poor communication to patients, written communications have been revised to improve the clarity regarding appointment letters.
- *Customer Care Training* – The relevant radiology staff have undergone customer care training and the Trust’s Radiology team is a pilot site for the Trust wide Customer Care training.
- *Complaints* - Staff meetings have received a dedicated session relating to complaints management and using the feedback received.
- *Level 2 Diagnostics Department, John Radcliffe Hospital* - Following feedback and complaints, this area has been refurbished with improved lighting and facilities. The refurbishment of the department will be completed by April 2014
• *The Ultrasound Suite* is to be relocated to provide patients and staff better facilities. This work will be completed by April 2014.

**Pharmacy:**

• Themes in Pharmacy related to PALS feedback or complaints, e.g. delays with prescriptions or incorrect items that have been dispensed, the processes have been reviewed and changes implemented to improve the safety checks. Staff are reminded of any deviation from standard procedure is a serious issue and has been highlighted through feedback/complaints.
• Complaints and PALS feedback relating to delays in prescriptions are often perceived to be a pharmacy issue, whereas the processes are multi-disciplinary and do not solely involve Pharmacy. Work is underway through the Discharge Assurance Oversight Group to highlight the importance of writing discharge prescriptions in a timely manner.
• The Pharmacy Dept. are working with the Trust Human Factors/Ergonomics training experts to review the work flow patterns. This is in order to reduce the likelihood of errors occurring and to speed up processes, in particular on the JR site where a new robot has been recently been installed.

**Surgery and Oncology**

4.15 The processes in place regarding the analysis and monitoring of PALS feedback include

4.16 A monthly and quarterly ‘Patient Experience Report’ is produced and sent to Matrons for comments in the division. The report provides an analysis of trends for incidents, complaints and PALS feedback that occurred in the directorates.

4.17 The Clinical Governance, Complaints & PALS teams meet weekly with the Divisional Nurse to discuss the incidents, complaints and PALS feedback with lessons to be learnt.

4.18 A monthly Clinical Governance meeting is held during which the list of incidents, complaints and patient experience issues are discussed with lessons learnt.

4.19 The division proactively addresses trends in order to reduce the number of complaints and PALS referrals in Surgery and Oncology.

4.20 Themes identified and being acted upon are:

• *Incorrect and inconsistent communication.* Staff are being provided with training to reinforce the importance of accurate information. A review of the flow of patient centred information throughout the patient pathway is underway.

• *Review of perceived staff shortages* and inadequacies in clinical treatment are examined in detail. As well as specific action plans regarding personalised and compassionate care following complaint investigation.
There are implementation plans in place to increase the level medical staff supervision, provide additional training, clarification of roles and plans to link aftercare and include it in the Electronic Patient Record (EPR) in order to improve continuity of care.

- **Outpatient appointment cancellations** and waiting times are reviewed. An external review of appointment systems is being undertaken and a reorganisation of the outpatients department appointment system is in progress. The possibility of nurse-led clinics is being assessed. The outpatient departments have also made improvements to communication systems with patients when appointments are cancelled.

- **Waiting times** (to see a doctor, be transferred, wait for a bed or wait for referral) is under review. There is work planned to reduce waiting times and improve communication about waiting times.

- **Uncaring attitude of clinical staff**, for example, lack of personalised care, not meeting expectations and lack of explanations. This has been addressed through encouraging staff to attend reflective lunchtime sessions to review complex cases, have clinical supervision and understand the patient’s perception. Additionally, complaints are discussed with staff to develop an understanding against action plans that enable delivery of personalised compassionate care, and unprofessional or uncaring attitudes are challenged and dealt with at the time of the complaint.

**Medicine, Rehabilitation and Cardiology**

4.3 Processes to communicate with staff and ensure learning.

- Since the Trust-wide Divisional re-structure, the Medicine, Rehabilitation and Cardiac Division are reviewing the way in which a thematic analysis of formal complaints and PALS feedback is undertaken and presented for the dissemination of shared learning.

- Currently the division has a robust process, whereby an action plan is completed and returned with a signed response to the Complaints Coordinator and Quality Assurance Coordinator. This process is overseen by the Divisional Nurse. The actions identified in the action plan are then input onto the Datix Risk Management system, and followed up with the relevant clinical areas in a timely manner. Evidence of completed actions are then uploaded onto the system upon receipt, and the action plan updated accordingly.

- Complaints are a standing agenda item on the monthly Divisional Clinical Governance meeting agenda, as a forum to discuss both individual complaints and the wider patient experience agenda.

- Following the re-structure, the division have introduced weekly meetings from January 2014 with the Divisional Nurse, Clinical Governance team and Complaints Coordinator in order to review complaints and PALS feedback themes alongside Datix incidents and other patient experience metrics. It is expected that these dedicated meetings will further align complaints as part of the governance processes within the Division, with an emphasis upon shared learning.
4.4 Themes identified and being acted upon are:

- **Nursing care.** As a result of feedback through complaints and PALS, a number of actions were identified to increase the completeness, accuracy and timeliness of documentation relating to patient safety, specifically falls, the Pressure Ulcers scoring system (PSPS) and intentional rounding (regular nurse rounds to address patients’ needs proactively i.e. fluids, turning and need for the toilet). These issues were highlighted to staff through ward and CSU meetings, and actions validated through local audit. The FallSafe (a robust clinical assessment and review process to prevent falls) initiative has also been implemented across wards in Acute General Medicine. The nursing issues relating to communication and staff attitude are detailed in the themes below.

- **Communication and information.** Written documentation is now routinely audited through the division’s quarterly nursing audit schedule, with emphasis on handover to other providers i.e. district nurses and GPs. The Gerontology and Stroke directorate are currently undertaking a project to improve relationships with community care providers with an intention to improve the standard of handover. There were issues with verbal communication with patients and their relatives and/or carers. These were discussed with the individuals involved as part of the complaint investigation to develop learning and understanding of the patient’s perception. A multi-disciplinary forum such as CSU Clinical Governance meeting provides the opportunity to discuss communication issues between nursing staff and doctors.

- **Staff attitude.** Incidences of poor staff attitude are discussed directly with the individual/s involved as part of a complaint investigation. General discussions regarding staff attitude take place at local ward and CSU meetings to ensure shared learning. Ward leadership across Acute General Medicine has been strengthened with the reconfiguration of senior staff, and staff away days to discuss and identify solutions to current issues, enable ownership for ward sisters and matrons to drive some more dynamic initiatives and share good practice.

- **Appointment, admission and discharge.** There were issues with keeping patients informed with discharge arrangements. There has been a focus on improving communication between doctors, nurses and pharmacy so that patients are provided with accurate information and included in their discharge process, to manage expectations. The importance of communication between these groups has been emphasised in Clinical Governance meetings at various levels. The Ambulatory Directorate have had an increase in complaints relating to administration cover. Recruitment and training of new members of staff has had a positive impact. However, this has been noted on the Directorate Risk Register as a continuing theme, and the Directorate are continuing to proactively implement measures to mitigate the risk.
Neurosciences, Orthopaedics, Trauma and Specialist Surgery

4.5 The complaints received about the NOTSS division tend to be similar across each of the three directorates, with common themes such as delay to treatment/cancellations and communication. The emerging themes identified through staff and patient feedback are:

- Delayed and cancelled operations, particularly with spinal patients
- Noise at night
- Non-urgent trauma patients waiting at home for surgery
- Communication to patients in Neurosciences Ward and across the outpatient areas of Specialist Surgery
- Delayed admission to Neurosciences Ward

4.6 There are processes in place to feedback and engage with staff to develop learning in practice.

4.7 All complaints are investigated and responded to by the Senior Manager responsible for the area concerned before being reviewed and signed off by the Chief Executive. All members of staff involved in the complaint receive a copy of the complaint, are involved in the investigation and the final response is discussed with them. An action plan is identified for each complaint; these are documented by the Complaints Coordinator and monitored by the manager responsible for the clinical area, to ensure learning takes place and actions are implemented.

4.8 Complaint data for each directorate is collated on a monthly basis and sent to each of the directorate Service Managers and Matrons and copied to the Divisional Nurse, to identify any new areas or themes that occur on a regular basis. The complaints are also collated on a quarterly basis to identify the general themes and root causes of the complaints. This report is shared with staff at the Divisional Governance Meeting and discussed.

4.9 Complaints are also discussed on an individual basis at the Directorate Governance and ward meetings to ensure staff are aware of any issues/feedback and this allows group learning.

4.10 Learning to date and future development

- Delays to surgery – key issues relate to the need to recruit anaesthetists, increase bed capacity, reviews of patient flow from admission to discharge including options to establish a local discharge lounge. Two new Spinal Surgeons will be commencing work at the beginning of February, which will significantly reduce the Spinal waiting lists.

- Noise at night – Posters for staff and patients are displayed on the wards to remind staff to minimise the noise at night. The implementations of noise at night champions and the restriction of the use of trolleys will also help to reduce noise. Future actions include improving the environment, e.g. doors and slow closing bin lids.

- Trauma patients waiting at home for surgery – Patient cases are discussed, reviewed and prioritised on a daily basis by the clinical team. The team currently provide patients with a date for surgery and if the prioritisation of emergency cases takes precedence, they are admitted via the Theatre Direct Admissions pathway. The directorate are also exploring capacity at the
Horton Hospital site and a more flexible use the divisions’ bed base to enable admission.

- **Communication** - Listening into Action project has been established to involve staff in making improvements; using role play as a learning tool. The Specialist Surgery ward monitors the response times and quality to telephone calls to ensure good communication remains a priority.

- **Delayed Admission** – Neurosciences are introducing same day theatre admissions; this will reduce the patient’s length of stay on the ward and increase capacity.

5 The Trust wide themes and actions following PALS feedback and complaints investigations.

5.1 These themes have been triangulated with safeguarding alerts and clinical incidents.

- Delays and difficulty in making an appointment.
- Poor and uncoordinated discharge.
- Staff attitude, behaviour and communication

5.2 These themes are Trust wide priorities and are presented in table 2, below.

Table 2 – Trust-wide improvements for patient feedback issues.

<table>
<thead>
<tr>
<th>Key Themes</th>
<th>Outcome needed</th>
<th>Actions</th>
<th>Timeline and milestones for improvement</th>
<th>Trust Lead</th>
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</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>1. All routine outpatient appointments within 6 weeks</td>
<td>Outpatient Re profiling Project</td>
<td>1. New profiles for ENT have gone ‘live’ from 18th November 2013. There is a drive to ensure the back log is cleared &amp; workforce capacity maintained. Rollout to all specialities progressing as per plan.</td>
<td>Deputy Director of Clinical Services</td>
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<td>2. All urgent and 2 week appointments within 2 weeks</td>
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<td>2. Dashboard to measure improvement presented to project Board.</td>
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<td>3. Reduce follow up appointments</td>
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<td>Discharge</td>
<td>1. Coordinated well planned discharge home</td>
<td>1. The Discharge Assurance &amp; Oversight Group has reviewed and improved the discharge policy and procedures across</td>
<td>1. Discharge Assurance Oversight Group lead: group meets monthly Policy lead: Deputy Director of</td>
<td>Deputy Director of Clinical Services</td>
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<td>2. Coordinated well planned transfer of</td>
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<tr>
<td>Key Themes</td>
<td>Outcome needed</td>
<td>Actions</td>
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<td>Improving and increasing patient flow, reduced length of stay and delayed discharges 4. Improve patient experience and safety</td>
<td>care to community hospitals or social care</td>
<td>the entire discharge process within all professional groups. This includes implementing estimated discharge dates on the date of admission and process for ordering medicines to take home (TTOs) and the requirement for doctors to write up prescriptions before estimated date of discharge.</td>
<td>Clinical Services. Policy was reviewed at TME on 12th December 2013.</td>
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<td>2. Improving waiting times for TTOs. Medication dispensing robots have been implemented at the JR and Churchill; the trust is introducing ordering of medications on hand held devices.</td>
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<td>3. The Discharge Liaison Nurse is leading a peer review of discharge processes and improving processes for communication between care providers. Oxford Health NHS Foundation Trust and OUH NHS Trust. This includes a review of PALS enquiries/complaints about discharges involving all services.</td>
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<td>1. Working with and including patients and their families in patient care, including timely information. Improved attitude</td>
<td>Staff attitude and behaviour, communication</td>
<td>1. Working with and including patients and their families in patient care, including timely information. Improved attitude and</td>
<td>1. Good progress according to plan jointly led by the Nursing Directorate and the Workforce Directorate. Terms of reference and first meeting</td>
<td>Safeguarding Adults and Patient Services manager with Head of Organisational Development</td>
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<td>1. The implementation of the Patient Experience Strategy. This includes developing training in customer care, the development of Patient Leaders and strengthening the Patient Story programme across</td>
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Oxford University Hospitals
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<th>Key Themes</th>
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<th>Timeline and milestones for improvement</th>
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<tr>
<td></td>
<td>communication by staff at all levels reflecting the Trust values</td>
<td>the Trust to widen the learning</td>
<td>January 2104</td>
<td>Pilot due to commence 20th January 2014</td>
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<td></td>
<td>2. Proactive support to patients to develop their capability and capacity to be enabled as leaders on patient experience programmes</td>
<td>2. Patient Experience Steering group planned January 2014.</td>
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<td>3. Patient Experience feedback forms produced for the customer care pilot teams in Blue Outpatients, Radiology and an online survey for Patient Contact Centre.</td>
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<td>4. The content of the training will incorporate Trust Values in Action, baseline patient feedback views from staff in the pilot areas, proactive patient and stakeholder direct and indirect feedback with a particular emphasis on vulnerable patients.</td>
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6 A summary of the divisional service improvement projects being undertaken

6.1 The divisional service improvement projects being undertaken as a result of the triangulation and analysis of all patient feedback including NHS Choices, Patient Opinion and the Friends and Family Test is presented below.

- **Medicine, Rehabilitation and Cardiology**
  - Improving patient information leaflets relating to the treatment of pneumonia,
  - Recruitment of volunteers to support patients with Dementia
  - Improving discharge planning and communication including identifying patient’s estimated discharge dates; nurse led discharge, contributing to the Trust wide peer review of discharge processes; improving communication between care providers
  - The appointment of two additional Emergency Assessment Advisors working with patients referred by GPs in order to reduce time spent in the Emergency Department and improve communication
• Neurosciences, Orthopaedics, Trauma and Specialist surgery
  o An external review of appointment scheduling has been completed to reduce the length of waiting times in Trauma. TVs installed in the waiting area to improve communication about waiting times
  o A ‘Listening into Action’ project is being implemented to involve staff in making improvements relating communicating with patients; using role play as a learning tool
  o The increase in bed capacity within Orthopaedics; the review of patient flow from admission to discharge, to pilot a local discharge lounge
  o Increase capacity within the spinal service by appointing two consultants
  o Posters for staff and patients have been produced to remind staff to minimise noise at night; noise at night champions have been identified; the use of trolleys at night has been restricted to facilitate the creation of quiet and calming wards, to enable patients to sleep well

• Surgery and Oncology
  o Training is being delivered to reinforce the importance of accurate information, and the availability of patient centred information throughout the pathway is currently being reviewed
  o An Outpatient project is underway to review patient pathways and practices

• Clinical Support Services
  o The creation of a quiet and calm environment at night has been created by raising staff awareness of the importance of keeping noise levels to a minimum through posters and offering patients ear plugs and eye masks

• Children’s and Women’s Services
  o The development of a training programme to enable staff to better support women whilst breaking bad news
  o The collaboration with national and regional colleagues regarding the improvement in women’s perineal care and the Tongue Tie Service

7 Summary of good practice
  7.1 There is significant evidence of good practice highlighted through the analysis of wider patient feedback.
  • Regular presentation and discussion of trends, themes, examination of root causes and learning from complaints by clinical teams
• The staff who are involved in a complaint receive a copy of the complaint, are involved in the investigation and the response letter concluding the investigation

• The inclusion of staff in the development of the service changes proposed, that are made as a result of complaints

• The production and dissemination of monthly divisional newsletters to share trends, themes and learning form PALS and complaints

• The development through divisional nurse governance leads in the weekly examination of all forms of patient feedback and evolving clinical team culture which embraces the opportunities for:
  - Listening to and acting on the feedback relating to poor patient and carer experience
  - The facilitation and support of clinical teams to openly discuss root causes, themes and learning from concerns and complaints
  - Using the learning to develop further examination and improvement of services

• The triangulation of all patient experience with staff views and experience

• Benchmarking local healthcare experience with national issues to resolve a complex service issue

• The development of quality priorities within complaints and feedback from patients

• The inclusion of patient experience in accreditation schemes

• The development and delivery of training sessions within clinical teams and staff groups, based on the learning from complaints and patient experience feedback

8 The Trust wide learning of PALS, complaints investigations and patient experience feedback

8.1 The Acting Chief Nurse will present the following proposals to the Trusts Management Executive (TME) as part of the Trust’s complaints review to focus on the development of a Trust wide programme and positive culture that supports staff and teams to share and learn from all patient and carer experience.

• The planned visible leadership programme for the senior nursing team.

• The empowerment of sisters and matrons to present and share the learning from patient experience feedback and complaints as well as other quality metrics
• The development and dissemination of a Trust wide ‘At a glance’
to share the root causes and themes, including the learning
from all forms of patient experience and changes in practice
• Clinical supervision to enable non-medical staff to include patient
experience within their learning.
• The alignment of this culture change with the Trust’s Workforce
and Leadership strategies.

9 Conclusion
9.1 This report provides the Trust Board with the trends and themes from
PALS feedback and complaints, and the assurance that the divisions
are using complaints in developing a learning approach to continuous
service improvement.
9.2 The sharing of wider learning across the Trust is not as well
established, and there are engagement plans to develop this further.

10 Recommendation
10.1 The Trust Board is asked to note the contents of the paper and the proposed
actions.

Liz Wright
Acting Chief Nurse

Author

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Safeguarding Adults and Patient Services Manager

January 2014