**Trust Board Meeting in Public: Wednesday 9 November 2016**

**TB2016.102**

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<th>Title</th>
<th>Public Engagement, Patient Experience, PALS and Complaints Annual Report 2015-16</th>
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<td>Status</td>
<td>Annual Report</td>
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<td>History</td>
<td>A summary of the Trust's Complaints is annually presented to Trust Board.</td>
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Executive Summary

1. **Purpose:** This report provides an opportunity to share the Trust’s activity in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change.

2. **Friends and Family Test (FFT):** The ‘recommend’ rates: The rates for Inpatients and Day Cases were stable at approximately 96%. Emergency Departments’ rates varied between 81%-90%; generally below the national average. The rates for Maternity varied between 91% and 100%. The rate for Outpatients varied before the introduction of SMS texting and then stabilised at approximately 93%.

3. **Patient Stories:** These have the most impact when they are produced collaboratively with all parties, and include action plans for improvements. Stories covered a range of topics including cancer treatment, Motor Neurone Disease (MND), diabetes, hip operation, end of life care, sepsis, and a young person who was involved in a traumatic road incident. Stories have been told by young people, the elderly, adults and family members.

4. **National Patient Survey Programme:** The survey cohort for the National Inpatient Survey was increased this year to enable more detailed analysis. There was a small improvement in call bell responsiveness over the year. The focus for 2016/17 is the reducing noise at night via projects such as the ‘SleepSure’ Programme.

5. **Equality and Diversity:** This forms a major focus of the team's work, and includes: patient information; Dementia; carers support work; the Equality Delivery System 2 (EDS2) and interpreting and translation services.

6. **Children and Young People:** This work ensures the Trust is meeting Article 12 of the United Nations Convention on the Rights of the Child (1989). The work involves managing FFT, and supporting the Young People’s Executive (YiPPEe) and Young Person’s Governors.

7. **Patient Partnership and Engagement:** The Trust has 15 Public Partnership Groups (PPGs); members are involved in service developments, improvements public engagement events. The Patient Experience Team engages with a range of groups on different projects, for example the Privacy and Dignity Policy.

8. **PALS:** In 2015/16 there were 4267 PALS contacts recorded; of these, 33% related to appointments and admissions. The team has been under considerable pressure due to recruitment difficulties. As it is important that PALS is accessible, the team will be a quality priority for the coming year.

9. **Complaints:** The Trust received 1041 formal complaints in 2015/16; an increase of 2.9% on the previous year. The national KO41a data confirms a decline of 3.8% in written complaints for Hospital and Community Health Services (HCHS). Although Trust complaints do not follow this national trend in decreasing numbers, the increase is smaller than the incline in 2014-15.

10. **Recommendation**

    The Trust Board is asked to note the contents of the report.
1. **Purpose**

1.1. This report provides an opportunity to share the Trust’s activity in relation to patient experience, complaints, public engagement and the opportunities for learning and service change.

2. **Background**

2.1. Nationally, the NHS is under considerable scrutiny in terms of efficient and compassionate health care, engaging with the public to have a clearer idea of how they want their NHS to run, learning from feedback and when health care goes wrong.

3. **Friends and Family Test**

3.1. Inpatients and Day Cases:

3.1.1. The Trust’s ‘recommend’ and ‘not recommend’ rates have been fairly stable at approximately 96% and 1% respectively during 2015-16 (Appendix 1, Figure 1 and Figure 2).

3.1.2. The response rate increased during 2015/16 following the introduction of text messaging in Day Case areas on the 24th August 2015 (Appendix 1, Figure 3).

3.1.3. High response rates are important as we can be more confident that the responses received are an accurate reflection of the views of patients who experienced the care provided by the Trust, reducing non-response bias.

3.1.4. The Trust plans to introduce text messaging for Inpatients, in 2016/17, to further increase overall response rates.

3.1.5. Inpatient themes: the most common comment theme is ‘positive staff attitude’, followed by ‘high quality of care’ and ‘nursing care’ (Appendix 2, Figure 4).

3.1.6. Day Case themes: the most common theme is ‘positive staff attitude’, followed by ‘implementation of care’ and ‘clinical treatment’ (Appendix 2, Figure 5).

3.1.7. The themes are coded in different ways as the Trust currently uses different survey providers. Thematic coding for inpatients and maternity is carried out by a staff member at one of the Trust’s patient survey providers. Thematic coding for day cases, outpatients, and ED are carried out using ‘sentiment analysis’, the process of computationally identifying and categorising opinions expressed in a piece of text, especially in order to determine whether the writer’s attitude towards a particular topic is positive, negative, or neutral. This coding process is 75% accurate. Comments are coded according to the many themes that may be raised by one person. Therefore, there will be more themes than individual responses.

3.2. **Emergency Departments**

3.2.1. The recommend rate has varied over the year (within the range of 81%-90%). The recommend rate is generally below the national average, and follows a similar downward trend over the year (Appendix 1, Figure 1).

3.2.2. Similarly, the not recommend rate has varied over the year (within the range of 4.7% to 11.5%); following an upward trend that mirrors the national average (Appendix 1, Figure 2).

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1 Thematic coding for inpatients and maternity is carried out by a staff member at one of the Trust’s patient survey providers. Thematic coding for day cases, outpatients, and ED are carried out using ‘sentiment analysis’, the process of computationally identifying and categorising opinions expressed in a piece of text, especially in order to determine whether the writer’s attitude towards a particular topic is positive, negative, or neutral. This coding process is 75% accurate. Comments are coded according to the many themes that may be raised by one person. Therefore, there will be more themes than individual responses.
3.2.3. However, the Trust uses Short Message Service (SMS) as the main feedback method, which reduces bias in responses. There is evidence that Trusts who use SMS, as a main survey method, have a lower recommend rate than trusts using methods that rely on staff administering the survey (Appendix 3).

3.2.4. The many changes to response rate during the year related to the introduction of SMS as the main feedback method (Appendix 4).

3.2.5. The most common comment is ‘positive staff attitude’, followed by ‘implementation of care’. The third most common theme is ‘waiting time’, but encouragingly, the majority of comments are positive with 4213:421 comments positive to negative (Appendix 2, Figure 6).

3.3. Maternity services

3.3.1. The percentage recommend has varied between 91% and 100% (Appendix 1, Figure 1) and the percentage not recommend has varied between 2.9% to 0% (Appendix 1, Figure 2).

3.3.2. The response rate also has a wide range, with a high of 27%, in March 2016, and a low of 8%, in July 2015 (Appendix 1, Figure 3).

3.3.3. The Trust is looking at ways to achieve a more consistent response rate. For example, contacting women by text message or phone call.

3.3.4. The most common theme was ‘positive staff attitude’, followed by positive comments about ‘information giving’. The third most common theme was ‘waiting and delays’. A high proportion of women had concerns about the length of time waiting for an antenatal appointment date and the wait in clinics (Appendix 2, Figure 7).

3.4. Outpatients

3.4.1. The trend was unstable during the first months of the year, as there were low numbers of responses initially, when the Trust used paper surveys which were administered by staff.2,3 The Trust introduced SMS and Interactive Voice Messaging (IVM) during August 2015. The Trust stopped using IVM in October 2015 due to complaints of the phone calls being invasive and the automated instructions were complicated to follow. The Trust received a very low number of comments via this method. After this, the recommend rate and the not recommend rate stabilised at approximately 93%.

3.4.2. The most common theme is ‘positive staff attitude’, followed by ‘implementation of care’ and ‘clinical treatment’ (Appendix 2, Figure 8).

3.5. Learning:

3.5.1. Feedback methods which do not require frontline staff to administer the survey are associated with higher response rates. In addition, there are fewer opportunities for bias in the recommend and not recommend rates.

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2 Refer to paragraph 3.1.3
3 Response rates are not monitored in outpatients due to many outpatients having regular appointments, as it would not be appropriate to expect a response to the survey on each visit. However, we know that the response rate increased following the introduction of text messaging in outpatients: in July 2015, prior to the introduction of SMS and IVM, the Trust received 653 responses on the FFT survey, while in September 2015, the Trust received 11,076 responses. In October 2015, after IVM was stopped and SMS was the only method of feedback, there were 7026 responses.
3.5.2. IVM is viewed by patients as a poor method of seeking feedback, and yields little qualitative information which can be used for improvement.

3.6. Next steps:
3.6.1. The Trust plans to introduce text messaging for inpatients, to further increase response rates.
3.6.2. The Trust is looking at ways to achieve a more consistent response rate for Maternity Services. For example, contacting women by text message, phone call or postal survey.
3.6.3. The Trust plans to streamline the provision by transferring services delivered by two suppliers to just one.
3.6.4. The Trust continues to monitor recommend rates, response rates, and themes.

4. Patient Stories

4.1. The Trust Board and Quality Committee review a patient story at every meeting. By discussing as the first item of business, the story provides an opportunity for Trust Board and Quality Committee members to firmly establish the patient at the centre of the Board’s or Committee’s business.

4.2. Patient stories give patients and/or carers the opportunity to provide detailed positive and negative feedback directly to the staff involved with their care, and provide staff with the opportunity to have greater insight into a patient’s experience. We have learnt that patient stories provide the most impact when they are produced collaboratively with staff and include action plans for improvements.

4.3. In 2015/16 patient stories involved patients and carers with a range of experiences, conditions and circumstances including cancer treatment, Motor Neurone Disease (MND), diabetes, hip operation, end of life care, sepsis, and a young person who had a traumatic road accident. Stories have been told by young people, the elderly, adults and family members.

4.4. Increasingly, patient stories are influencing practice.

4.4.1. One patient highlighted that noise at night in hospital was a problem in terms of recovering from her hip operation. Evidence from other sources also shows that this was an issue for other patients. Noise at night is now a Trust Priority: please refer to paragraphs 5.2.1 to 5.2.6.

4.4.2. A patient who had respiratory problems as part of his Motor Neurone Disease, helped clinical staff to develop guidance for supporting patients for treatment at home, therefore avoiding hospital admission. He helped to develop an Emergency Respiratory Action Plan which outlines clearly for the patient and carers what can be done to avoid a respiratory deterioration situation escalating and what treatment may be required.

4.4.3. A doctor instigated “relative rounds” after hearing from the relatives of a man who had passed away that clearer and more frequent communication from doctors would have helped them to cope better and feel more informed when their father died in hospital.

4.4.4. A man who was treated for life threatening sepsis made a film with the Trust to help doctors learn about how to identify and treat sepsis.
4.5. Our next steps are to reach out to more seldom heard participants such as refugees, those from minority ethnic groups and homeless people to ensure their voices and experiences of health care are heard.

5. CQC National Patient Survey Programme

5.1. The National Inpatient Survey 2015:

5.1.1. The sample included patients over the age of 16 who were admitted as a planned admission or as an emergency; with more than one overnight stay and were discharged from any of the Trust’s hospitals in July 2015.

5.1.2. The national mandated sample size for this survey was increased from 850 to 1250 to counter the national drop in response, and to allow Trusts to carry undertake further and more useful analysis of data. Only the mandated sample is reported on nationally. The response rate for this sample was 56%, a slight increase on 2014 and higher than the national average of 47%.

5.1.3. The Trust commissioned an additional sample so that wards could have ward-specific feedback: 4742 questionnaires were sent out in total, with a 49% response rate overall.

5.1.4. Respondents were asked 74 questions about their experience and care, plus additional demographic questions. There were three new questions in the 2015 survey, which are presented in Appendix 5, Table 1.

5.1.5. The Trust was ‘about the same’ as the national average on all questions, apart noise at night from staff. There was also a significant decline in the mean rating score on the following question: “did staff tell you who to contact if worried?” (Appendix 5, Table 2).

5.1.6. There were improvements in Mean Rating Scores (MRS) on questions surrounding same sex accommodation, explanations about medications and assistance from staff at mealtimes (Appendix 5, Table 3).

5.1.7. The Trust’s priority from the 2014 survey was to improve responsiveness to patient needs via call bells. There was a small improvement on the MRS for the question, “how many minutes after ringing call bell until you got help”? (59 in 2014 and 62 in 2015). Additionally, there was an improvement in the percentage of call bells answered within two minutes (45% in 2014 and 51% in 2015). The Trust score is now closer to the national average (Appendix 5, Figure 12).

5.2. Trust priority for 2016/17

5.2.1. The Trust has chosen a focus one priority for 2016/17: reducing noise at night from both staff and other patients.

5.2.2. A good night’s sleep in hospital is frequently referred to in the media. Getting good rest can also have a profound impact on the patients’ perceived experience as patients may feel that staff are lacking in compassion when they do not ensure a quiet and peaceful environment at night.

5.2.3. The Trust performed worse than other Trusts on the National Inpatient Survey for the question about being bothered by noise at night from staff (Appendix 5, Figure 13).

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4 This means the Trust was more than two standard deviations lower than the mean.

5 The mean rating score gives a quick indication of the result for each question, with a higher score being a better result and 100% being perfect.
5.2.4. The SleepSure programme is a clinical trial taking place in the Trust between October 2016 and March 2017. The team will be trialling the use of ear plugs and eye masks onwards, with the aim of improving quality of sleep. The team plans to have 400 patients involved across three months. Patients will be surveyed using a one-page questionnaire after enrolment in the study. The study has been approved by the Health Research Authority (HRA) Ethics Committee.

5.2.5. The project is being coordinated on wards by a research nurse from Oxford Institute for Nursing and Allied Health Research (OxINAHR). The project was initiated by junior doctors on rotation in the Oxford Deanery and awarded funding by a consortium of healthcare, management and research organisations across the South East (Challenge 2023).

5.2.6. Wards identified as needing improvement on noise at night, based on survey results, will be put forward for the study. The study team will assess each ward for suitability and unsuitable patients will be excluded, e.g. patients in side rooms, those who lack mental capacity, and those physically unable to wear the ear plugs and eye masks.

5.3. Children’s and Young People Survey 2014 – results published in 2015

5.3.1. This was the first National Children’s survey conducted by the CQC. It represents the experiences of nearly 19,000 children and young people aged between eight and 15 who received inpatient or day case care in 137 acute NHS trusts in 2014. Additional questions were included for parents or carers and where a child was younger than eight, a questionnaire was sent directly to their parent or carer.

5.3.2. The results were published in July 2015. OUH received 191 (29%) responses from 650 eligible patients. The key findings showed:

- When asked to rate their overall patient experience at OUH on a scale of 1-10, the children rated their care as 8.4 out of 10.
- Parents and carers answer the same question with an average rating of 8.6 out of 10.
- When compared to other trusts, the Trust’s rating was about the same in most areas.
- The Trust was rated better than other trusts in involving patients in decisions about their care. This question was asked to 12-15 year olds only.
- There were no areas where the Trust performed below other trusts on average.

5.4. The National Survey Programme 2016

5.4.1. The surveys planned for 2016 are:

- The Children and Young People’s Inpatient and Day Case Survey has anticipated sample of patients discharged in November and December 2016, with fieldwork to commence in January 2017.
- The National Adult Inpatient Survey, has a mandatory national sample of 1250 patients and the same additional sample as in 2015 to allow for ward level data. Questionnaires will be posted in September 2016.

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• The Emergency Department Survey to include 1250 patients attending in September 2016, with survey fieldwork taking place between October 2016 and March 2017.

• The National Cancer Patient Experience Survey, eligible patients will be those receiving day treatment for a cancer diagnosis or those who were an inpatient in April, May and June 2016. Surveys will be mailed in October.

6. **Equality and Diversity**

6.1. **Seldom Heard People Project**

6.1.1. Carers’ Project: This is part of the Seldom Heard Groups project funded by HETV. The group’s initial work, including a feedback questionnaire concluded that carers needed a source of help and advice. A Carers Oxfordshire Outreach Worker has worked within the Trust, since November 2015 providing support to carers on the Stoke Unit and the Gerontology Wards; with 93 carers receiving support and the establishment of close working relationships with the Social Work team and Age UK Care Navigators.

6.1.2. Next steps: The two surgeries will continue and the Outreach Worker will attend the Dementia Information Café when possible. The team will administer a survey for staff to establish gaps are in the knowledge of how to identify and support informal carers. This will be used to inform project developments, the development of a Carers Policy and Charter and training materials/courses for staff.

6.1.3. Dementia Reminiscence Therapy

• In May 2015, Dementia Reminiscence Machines (DRMs) funded by Health Education Thames Valley (HETV) were introduced to seven wards in the Trust. These machines are pre-loaded, touch screen, computers designed for use with patients with dementia or cognitive impairment.

• It was envisaged that the therapy available on the machines would improve the patient experience particularly in relation to calming and entertaining patients who were prone to agitation, wandering or falls for those patients with dementia or cognitive impairment. Overall, feedback from clinicians has been that while the DRMs have proved useful and beneficial for certain patients, staff members do not have sufficient time to spend using the machines with patients.

• In 2016/17 a collaborative pilot research project will establish the impact of three Activities Coordinators to improve the experience of those patients with dementia, cognitive impairment and delirium. Part of their role will be to monitor usage of the DRMs, encourage staff to use them, and to integrate them into any activities carried out on the ward.

6.1.4. Dementia Café

• The monthly Dementia Information Café was re-launched at the Trust on Tuesday 3rd November, in the Welcome Centre John Radcliffe Hospital, a more visible and accessible location. In five months, 23 people attended. They were a mixture of staff members and members of the public all carers or relatives of someone with dementia. The support from Alzheimer’s Society volunteers, Carers Oxfordshire, Age
UK Circles of Support and Dementia Clinical Champions at the dementia cafés is invaluable.

6.1.5. Clinical Patient Information

- The library of clinical patient information continues to grow. The Trust now has over 1,100 titles available.
- The Digital Store Front leaflet library and ordering system being developed by Oxford Medical Illustration (OMI) has been populated with leaflets and is being tested prior to a staggered launch across the Trust. This will be an extremely useful resource for all staff.
- This year, the Trust’s Print Room has produced up to 47,000 leaflets a month, to supply all Trust sites, as well as satellite units.
- Several of our leaflets were entered into the BMA Patient Information Awards (January) 2016, with the Cardiac Rehabilitation leaflet with planner booklet being named as a ‘Highly Commended’ resource.
- OMI, working with the Allied Health Services Network (AHSN), of which the Trust is a member, have produced two new videos: ‘having an MRI scan’ and ‘having a PET-CT scan’. The leaflets and appointment letters for these videos have also been updated.
- The Patient Information Policy was written, agreed and launched. This gives clear guidance to staff on how to produce high quality patient information.

6.1.6. Interpreting and Translation

- The change of language interpreter provider prompted a revision of the staff guidance on the intranet. This was combined with a smooth transition over to the new suppliers, with new booking codes being rolled out across the entire Trust.
- Several reminders of the need to use interpreters and how to arrange them have been sent out to all users and posted as announcements on the intranet. There will be regular reminders every year, to promote good practice.
- Staff awareness of the need to use qualified interpreters continues to grow. This has been reflected in the increasing activity and spend on British Sign Language and language interpreters during this period.
- There have been several requests for translation of leaflets and patient notes. Maternity are leading the way with plans for their top ten leaflets required in other languages to be translated.
7. **Equality, Diversity and Inclusion**

7.1. **Equality Delivery System (EDS2) Local Application and Grading Panels**

7.1.1. A key priority was the review of the Trust’s equality and diversity objectives, using public grading panels. Originally launched in 2011, and now referred to as EDS2, it forms part of the 2015/16 Standard NHS Contract and supports the NHS to comply with the legal requirements of the PSED (Public Sector Equality Duty).

7.1.2. The previous EDS2 patient experience and workforce self-assessment and public grading was undertaken in 2012, resulting in the 2012-2016 equality objectives.

7.1.3. This year’s grading panels were held on 25th February and 5th May 2016 chaired by the Chief Nurse and attended by 40 members of the public, patients, and Foundation Trust members and Governors. There was significant learning, which will be acted upon for the next panels in 2020.

7.1.4. The 2016-2020 objectives with the Equality, Diversity and Inclusion Monitoring and Action Plan have been signed off by the Trust Board. These are outlined below:

- To ensure that equality and diversity improvements align with and are informed by the Trust’s Quality Priorities.
- To improve access for under-represented individuals and communities to patient involvement and engagement opportunities.
- To improve workforce diversity, ensure equality at all levels.
- To reduce workforce bullying, harassment, abuse and victimisation.
- To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

7.2. The Equality and Diversity Steering Group have focussed on EDS2, the Seldom Heard Project, gathering intelligence on equality, diversity and inclusion for patients and staff in the Trust and the WRES (Workforce Race Equality Strategy). The priorities for 2016-2017 are completion of EDS2 and associated objectives, implementation of the Accessible Information Standard and expansion of the group’s membership to include patient representatives.

8. **Seldom Heard Project and Patient and Public Involvement Strategy, 2016-2019**

8.1. Patients are keen to be more involved in decisions for planning their healthcare, for their own benefit, and to ensure that others in the same position benefit. This mirrors the development of a strong ‘patient voice’ and leadership.

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7 OUH Trust Patient feedback from the Seldom Heard Groups Meeting (June 2015), which was attended by 20 individuals from seldom heard and community groups. Over 50 groups were contacted by phone, email and face to face for informative conversations.

8 Patient voice and leadership
- National Voices, People Shaping Health and Social Care (organisation) [http://www.nationalvoices.org.uk/engagementprogramme](http://www.nationalvoices.org.uk/engagementprogramme)
- Patient Opinion - [https://www.patientopinion.org.uk/](https://www.patientopinion.org.uk/)
8.2. The Patient and Public Involvement (PPI) Strategy, 2016-2019 and the Seldom Heard Project were developed in tandem. They have a shared action plan to ensure that seldom heard people and those with the nine protected characteristics (Equality Act 2010) are involved in the co-design and co-production of the Trust’s services. These pieces of work were funded by HETV. A public consultation was held for six weeks during October and November 2015 on the Strategy. The comments received were constructive and included in the final strategy. The resulting six objectives are aligned to the Trust’s Quality Priorities.9

8.3. The outcomes of the PPI Strategy will be that:

8.3.1. Patients and the public are involved in decisions about planning, developing and improving the Trust’s services. This includes individuals from seldom heard communities including carers and those who have one of the nine protected characteristics.

8.3.2. Easy access to training information, advice and guidance is available to staff, the public and patients who are seeking and offering opportunities for involvement in clinical and non-clinical work.

8.3.3. Adequate funding, resources and training are available for participants who would otherwise not be able to be involved.

8.3.4. Involvement is embedded across the Trust’s five divisions and appropriate corporate projects.

8.3.5. The processes for public involvement are transparent, open to scrutiny and monitored and evaluated regularly.

9. Children and Young People (CYP)

9.1. This work ensures that the Trust is meeting Article 12 of the United Nations Convention on the Rights of the Child (1989), which states that children; ‘have the right to give their opinion and for adults to listen and take it seriously’.10 The Project Lead for this post has been funded by HETV.

9.2. The Friends and Family Test (FFT): from April 2015, providers were required to offer FFT to CYP and their families. Using the paper surveys designed by Monkey Wellbeing11, the Project Lead has achieved a steady improved response rate (Appendix 6, Figure 14 and Figure 15). Increasing staff awareness of the value of feedback for NMC12 revalidation and appraisal has facilitated staff taking more responsibility for collecting feedback.

9.3. The next steps are to:

9.3.1. Sustain the volume and quality of feedback. This is particularly important given the proposed changes to children’s services over the next three years and the implementation of NICE Guidance on Transition of CYP from Children’ to Adult Services.13 There will be a shift in focus to capturing feedback from the Horton General Hospital and other clinical areas where CYP are treated.

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9 Refreshed Quality Strategy, January 2015
10 www.unicef.org.uk/UNICEFs-Work/UN-Convention/
11 www.monkeywellbeing.com/resources/friends-and-family-test/
12 http://revalidation.nmc.org.uk/download-resources
13 NICE guidelines [NG43] - Transition from children’s to adults’ services for young people using health or social care services
9.3.2. Create ‘patient feedback’ displays following the ‘You Said, We Did’ format; thus ‘closing the loop’.

9.3.3. Initially ‘Fabio the Frog’\textsuperscript{14} tablet software was purchased to capture feedback electronically. The pilot demonstrated there was some benefit but the use of the tablets was slow (Appendix 6, Table 4). The contract was terminated in favour of Monkey Wellbeing. The Trust’s current FFT data provider\textsuperscript{15} has since converted the Monkey Wellbeing paper surveys into an electronic version.

9.3.4. Clinical Area Feedback: there have been an increasing number of requests to help with gaining feedback from CYP in specific clinical areas or patient groups e.g. Children’s Clinical Decision Unit, Oxford Craniofacial Unit and Children’s Critical Care.

9.3.5. The Young People’s Executive (YiPpEe) is the Trust’s youth forum, and is the voice of children and young people using the services. It was revitalised in November 2015 by the Project Lead and the Safeguarding Children’s and Patient Experience Lead at an event which was held to coincide with the Children’s Commissioner’s ‘Takeover Challenge’. This was attended by eight young people who visited different areas of the Children’s Hospital and by March 2016 the membership had increased to 24 CYP. YiPpEe have been involved in:

- advising on a surgical research study;
- discussing health inequalities and the impact on CYP on with a representative from the Health Inequalities Commission;
- the Trust’s ‘Quality Conversation’ with the young person’s Governor; his allowed members to assess the quality priorities set by the Trust from the perspective of CYP;
- interviewing for a paediatric consultant post. To increase their confidence, the members attended an interview skills workshop delivered by the Organisational Development Team.

9.3.6. In the next year, YiPpEe will focus on the following projects:

- **Keeping the ‘Promises’** – Evaluating the children’s ‘Posters for Promises’ and monitoring how they are being kept.
- **‘My Operation’ information video.**
- **Work experience programme** – set up exclusively for YiPpEe members to give them the opportunity to understand the organisation and how they can contribute to. It will also act as a reward for the commitment individuals make to the group.
- **Children’s Hospital 10th Birthday 2017** – YiPpEe will be key participants in planning the celebrations.

9.4. The Constitution of OUH NHSFT provides for the nomination of a governor by YiPpEe in order to increase the voice of young people in informing decision making at Council of Governors meetings. Two young people job share the role, which was supported and approved by the Council. The young person’s Governor is supported by the Project Lead. Both Governors are using their experience to form their Extended Project Qualification (EPQ).

\textsuperscript{14} Using software licensed by Orovia Group Limited

\textsuperscript{15} Healthcare Communications Limited
9.5. In the coming year, the team plan to explore how the project lead role can provide support to PALS, and have a greater involvement in the management of complaints, in relation to CYP experience and concerns.

10. **Patient Partnership Groups**

10.1. The Trust has 15 Public Partnership Groups (PPGs) (Appendix 7). These groups meet regularly during the year to discuss particular issues faced by patients and service users. Members of these groups are involved in service developments and improvements and are frequent attendees at public engagement events. PPGs are often asked for their input when the Trust is making changes.

10.2. Each group is concerned with a specific service or specialty, such as the Cardio-Thoracic Patient Involvement Panel (CTPIP). The groups are organised and facilitated by members of Trust staff and patient/public members; they are partnership groups, working together to improve services and the patient experience.

10.3. A ‘Toolkit’ is being developed to support PPGs in managing groups and ensuring that each group facilitates learning and improvement. It is envisaged that this will be finished by the end of December 2016.

10.4. Some key PPG achievements include:

- Being involved in Outpatient area redesign for maximum patient comfort. For example, CTPIP members were involved in the development and design of the Heart Centre’s new waiting room.
- Reviewing leaflets, increasing readability and content.
- Development of the ‘priority seating areas’ in the Eye Hospital Outpatient Department.
- Assisting with designing patient surveys.
- Guidance on hearing aid queue in the Ear Nose and Throat outpatient panel.
- Developing ward walk-around guidance.
- Helping with display areas.

10.5. **Partnership Working**

10.5.1. The Patient Experience and Engagement Team engages with a range of groups on a range of projects, such as developing the Privacy and Dignity Policy which was co-produced with Age UK, Carers Oxfordshire, Unlimited (Physical disability organisation), HealthWatch, Guideposts Trust, Alzheimer’s Society and Oxfordshire County Council.

10.5.2. The Team has worked with Carers Oxfordshire and Carers Voice to develop support for carers of all ages at the Trust, with a base at the John Radcliffe site.

10.5.3. Over the next year the Team is developing co-production with the CCG, Oxford health, OCC and other partners.

10.5.4. In December 2015, the Head of Engagement at Oxfordshire County Council was approached by the Trust Safeguarding Children and Patient Experience Lead, to look at joint working across Oxfordshire. This has led to the forming a countywide Youth Voice
The aim of the forum will be to bring together all the different groups that run youth engagement schemes across Oxfordshire. An initial meeting was held in January 2016 with representatives from OUH, Oxford Health NHS Foundation Trust, Oxfordshire County Council, Oxford City Council and HealthWatch Oxfordshire. There was also a representative from British Youth Council present to provide expertise and facilitate discussion. This enthusiasm from this meeting highlighted both the need and support for further development of the countywide youth voice forum idea. It was agreed that a further meeting would be held in April 2016 with young people from Oxfordshire, along with other organisations considered key to be involved, including Thames Valley Police, Oxfordshire Fire and Rescue Service and Young Carers.

10.6. HealthWatch Quality Group:

10.6.1. The Head of Patient Experience met with HealthWatch throughout the year, along with partner Patient Experience leads (from the Clinical Commissioning Group, Oxford Health NHS Foundation Trust, and Oxfordshire County Council) to discuss issues to do with improving patient experience, particularly in relation to feedback received from service users by HealthWatch. Key projects worked on throughout this partnership were the Privacy and Dignity Report and the Discharge Report.

11. Public Engagement Events

11.1. Events in 2015-16

11.1.1. The Trust held an event on the 4th June 2015 about the Trust’s Quality Priorities for 2015-16. These events are held annually and are jointly coordinated on behalf of the Medical Director’s Office and the Chief Nurse’s Office by the Patient Experience Team and the Clinical Governance Team.

11.1.2. Although this event was being held later than usual in the financial year (usually the events are held at the beginning of the financial year), the Trust has engaged much more productively and regularly with members of the public throughout the year. Additionally, considerable effort was invested in increasing the representative audience for the Quality Event.

11.1.3. In total there were 53 attendees, of whom 24 were members of the public, four were governors, and 25 were OUH staff.

11.1.4. The Trust held its annual Public Partnership Groups (PPGs) Meeting in November 2015, which was attended by representatives of the PPGs. The event focussed on the PPG Toolkit and allowed public consultation on the Trust’s PPI Strategy.

11.1.5. The Trust held a ‘Seldom Heard Groups’ engagement meeting, in June 2015 attended by 20 individuals from seldom heard and community groups. Additionally, over 50 groups were contacted by phone, via email and face to face for informative conversations.

11.2. Plan for 2016-17

11.2.1. The Trust held an event about the Trust’s priorities for 2016-17 on the 19th April 2016.

11.2.2. The Trust has decided to plan three events per financial year in future: one in quarter 1, to discuss the plan for the priorities in the coming year, one in quarter 3 to provide an update on progress with the priorities, and
one in quarter 4, for the public to suggest and input on the Trust’s priorities for the following year.

12. **Complaints and PALS**

12.1. This section provides a summary of the formal patient complaints and PALS contacts received by the Trust in the financial year; 2015/16, compared with those received nationally. This includes details of the numbers of formal complaints and PALS contacts and compliance performance in responding to complaints. In addition, this section also presents the learning identified from the Complaints and PALS contacts we have received.

12.2. **National Context**

12.2.1. Five national reports were published during 2015 in relation to NHS complaints. These reports focused on the quality of complaint investigations and the current barriers that stop patients from raising complaints. They focus on the importance of consistent, reliable and good investigations, and the need to identify and investigate serious incidents and complaints.

12.2.2. The quarterly KO41a data is a count of written complaints made by, or on behalf of, patients. Data is collected via the KO41a form regarding complaints about NHS Hospital and Community Health Services in England. This is the first year that the KO41a data has been collected and published quarterly (which was produced annually prior to 2015-16). The data is used by NHS Trusts and other agencies to benchmark and comment on the trends and themes within the NHS Plan to improve patient experience.

12.2.3. This report is based upon the report published by the Health and Social Care Information Centre (HSCIC) in September 2016; “Data on written Complaints in the NHS 2015-16”.

12.3. **Patient Advice and Liaison Service (PALS)**

12.3.1. PALS is an NHS-recognised service providing advice, information and guidance to those wishing to raise a concern or as a way of signposting the enquirer to the relevant service. The PALS Officers are based on all four hospital sites.

12.3.2. In 2015/16 there were 4267 PALS contacts recorded for the Trust. These are presented by Division in Appendix 8, Table 5. Table 5 also compares the PALS contacts received in 2014-15 with those received in 2015-16; this demonstrates an increase in PALS activity by 28%. An increase in the numbers of PALS contacts could suggest that patients have had more reason to contact the service with queries/dissatisfaction with their treatment. However, other factors may influence the number of PALS contacts received, including additional promotional work, for example, training with newly appointed nurses and midwives as part of the foundation programme.

12.3.3. The majority of the PALS contacts relate to the NOTSS Division (37% of the total PALS contacts received by the Trust in 2015/16); of these contacts, 45% (728 contacts) related to appointments and admission.

This followed the same trend in 2014-15, with NOTSS receiving 39% of the Trust’s PALS contacts.

12.3.4. The PALS contacts for the Children’s and Women’s Division has doubled since the previous financial year. A large percentage (33%) of these contacts relate to appointments and admissions. 30% of the PALS contacts received for the Children’s and Women’s Service relate to Gynaecology and 26.2% relate to Obstetrics and Midwifery. The PALS Team have seen an increase in the number of contacts related to admissions within the Gynaecology Service.

12.3.5. PALS have been under considerable pressure during the year due to difficulties in recruiting to vacant posts. Consequently members of the public, HealthWatch, Patient Voice and the Locality GP fora have expressed concerns regarding the difficulty of accessing PALS. It is very important that PALS is easily accessible to members of the public and to this end PALS will be a quality priority for 2016/17.

12.4. The Complaints Service

12.4.1. The purpose of the Complaints Team is to implement a complaints procedure according to the NHS Complaints Regulations 2009. The Complaints Team are currently based at the John Radcliffe Hospital, but will be moving to the Unipart site by the end of 2016. Each division is currently supported by at least one Complaints Co-ordinator, who works closely with the Division’s Clinical Governance Team and Management Team. This ensures that complainants receive a comprehensive investigation and an appropriate response at divisional level. This will continue when the Complaints Team move to the Unipart site.

12.4.2. The Trust received 1041 formal complaints in 2015/16. This compared to 1012 complaints in 2014/15 and is an increase of 2.9%. This increase has been compared against the difference in Trust activity between 2014-15 and 2015-16 (Appendix 8, Figure 16). When compared with Trust activity, the increase in complaints between the two financial years is comparably smaller at 0.00018%.

12.4.3. The national KO41a data confirms that there has been a decline of 3.8% in written complaints from the previous year for Hospital and Community Health Services (HCHS). This is the first fall in numbers since 2010-11. Although the Trust’s complaints do not follow this national trend in decreasing numbers, the increase is smaller than the incline in complaints in 2014-15.

12.4.4. The Trust’s first agreed key performance indicator (KPI) states that 95% of all formal complaints should be acknowledged within three working days (either by telephone, email or letter). The compliance with this KPI is reported quarterly to the Oxfordshire Clinical Commissioning Group (OCCG). The acknowledgement timescales are presented in Appendix 8, Figure 17. All of the target acknowledgements have been reached, with the exception of May 2015. A team administrator has been appointed since this time, to ensure that all complaint letters are entered onto the system and with the correct Complaints Coordinator within the 3 working day timeframe.

12.4.5. The second KPI reported quarterly to OCCG requires the Trust to respond to 95% of all formal complaints within 25 working days (or an agreed extension with the complainant). The Trust met this KPI for the last three quarters of 2015-16 but not in the first quarter, and is presented in Appendix 8, Figure 18. The main reasons for not meeting the KPI in quarter 1 is a combination of delays in the Division returning their draft responses to the Complaints Team in a timely manner, alongside staffing issues within the Complaints Team. The Complaints Team will be reporting the delays to draft responses with the Divisions, so that this can monitored. This has been trialled in the NOTSS Division, where the delays were reported in the Divisional Quarterly Governance Meeting.

12.4.6. The NOTSS Division received the highest number of complaints across the Trust in 2015-16 accounting for 33% of the total complaints for the year. This is clearly identified in Appendix 8, Figure 19, which shows the number of complaints received per 1,000,000 FCE. There is a small decrease in the number of NOTSS complaints in 2015-16 compared to the previous financial year. This could be partly attributed to the amount of work that has taken place in the Division to resolve administration and communication related complaints, including the implementation of ‘Net Call’ across Specialist Surgery. This is discussed in further detail during the Divisional Review.

12.4.7. The Children’s and Women’s Division and the Medicine, Rehabilitation and Cardiac (MRC) Division are the only two divisions to see an increase in complaints from 2014-15 to 2015-16. The Children’s and Women’s Division saw an increase of 19 complaints, which when compared with the Trust’s increase in activity is 0.01%. The Medicine, Rehabilitation and Cardiac Division saw an increase of 55 complaints. However, when compared with the increase in activity, the increase is proportionally smaller at less than <0.01%.

12.5. Complaints by Service Area

12.5.1. The total number of formal complaints received by the Trust has been broken down by Service Area in Appendix 8, Figure 20. The largest number of complaints related to Outpatient Services at 50.5%, followed by Inpatient Services at 35.1%. This was contrary to the national trend, which showed that the highest number of complaints received by Service Area in England in 2015-16 was Inpatient Services at 28.9%, followed by Outpatient Services at 23%.

12.5.2. However, a similar trend was identified in the Trust’s data in 2014-15, which also showed that Outpatient Services had the highest number of complaints at 51%. This trend is expected due to the large number of complaints related to appointments (12.7%) and communications (14.9%).

12.5.3. There is a small increase of 13 complaints relating to Outpatient Services from 2013-14 to 2015-16. There is a decrease of 55 complaints for Inpatient Services between the financial years.

12.5.4. The Emergency Department related complaints accounted for 6.44% of the Trust’s complaints in 2015-16. This was similar to the national average which was 6.6%. Complaints relating to Maternity accounted for 3.94% of the Trust’s complaints. This is in line with the national average of less than 5%.
12.5.5. Complaints received during 2015-16 are also recorded by profession. Appendix 8, Figure 21 shows the number of complaints by profession per 1,000,000 FCE. This is also compared between the complaints received in 2014-15 and 2015-16. The Medical profession received the highest number of complaints when compared with Trust activity. The Medical profession accounted for 49% of the Trust’s complaints in 2015-16. This was considerably higher than complaints related to Administration (18.9%) and Nursing and Midwifery (16.5%) in 2015-16. This is also reflected nationally by the HSCIC data, which shows that the Medical profession had the highest percentage of written complaints at 40.7%; this was followed by Nursing at 22%.

12.5.6. The high number of Administration complaints within the Trust could account for the large number of complaints identified as ‘appointment’ and ‘communication’ related. This can be seen in Figure 21 and Figure 22. This is discussed in further detail in the analysis of complaints by Subject below.

12.6. Complaints by Subject

12.6.1. The key issues facing the Trust have been identified as Clinical Treatment, Communication, appointments, admission and discharge, and values and behaviours. These are presented in Appendix 1, Figure 22. These are consistent with the themes identified in 2014-15. However, we are unable to compare the subjects between the two financial years due to the change in the reporting of complaint subjects to the Hospital and Community Health Services Complaints Collection (KO41a). There is now a reduction of 18 fixed subjects, with a further sub-subject category for ‘Clinical Treatment’. This took place in April 2015.

12.6.2. The top three sub-subjects identified in the Trust’s complaints relating to Clinical Treatment include; delay or failure in treatment or procedures, delay or failure in treatment of infection, and delay or failure to diagnose. The top two sub-subjects in Communication include; communication with patient, and communication with relatives/carer. The top two sub-subjects for Appointment related complaints include; delay to appointment and cancellation of appointment.

12.6.3. Nationally that the largest proportion of complaints relate to Clinical Treatment (51%). This is mirrored in the Trust’s complaints, where Clinical Treatment also accounts for the largest percentage of complaints. However, the proportions between the Trust complaints and those identified nationally differ quite significantly, as presented in Appendix 8, Figure 22 and Figure 23. Values and behaviours do not feature in the top five complaint themes nationally. However, this is identified in the Trust’s top five complaint themes.

12.7. Seasonal trends in complaints

12.7.1. The numbers of complaints received by the Trust has fluctuated throughout the year. This is presented in Appendix 8, Table 6. In December, the Trust received 68 formal complaints; this is traditionally a ‘quiet’ month for complaints nationally. The Trust received 84 complaints in April 2015 and this had increased to 101 by March 2016. This is comparable with the national, gradual increase in complaints across the financial year, as reported in the HSCIC Quarter 4 report, with 30,782 new complaints being received in quarter four. There was
also a significant increase in complaints in September (N=96); a large proportion of the complaints in September related to Clinical Treatment and Communication but the increase was not attributed to one particular department/division.

12.8. Complaints grading:

12.8.1. All formal complaints are graded using the Department of Health Matrix System displayed in Appendix 8, Table 7. The system assesses the seriousness of the complaint versus the likelihood of recurrence which equals the category of risk. Two complaints were initially graded as red (extreme) in 2015/16; one was for the NOTSS Division and one was for MRC. Both complaints were investigated as Serious Incidents Requiring Investigation (SIRI) through the divisional governance processes and actions implemented and monitored and wider learning facilitated and shared. 258 complaints were initially graded as orange (high), 640 complaints were initially graded as yellow (moderate) and 141 complaints were initially graded as green (low).

12.9. Complaints by Division 2015-16. Each Division has summarized their priorities to improve patient experience following the analysis of PALS and Complaints during the year.

12.9.1. Neurosciences, Orthopaedics, Trauma and Specialist Surgery (NOTSS): The number of complaints for NOTSS by month is presented in Appendix 9, Figure 24. The NOTSS Division received the highest number of complaints (N=343) by a single Division in 2015-16. Of the 343 complaints received, 87 related to Clinical Treatment (25.4%), 63 related to appointments (18.4%) and 53 related to communications (15.5%). Historically, the complaints for NOTSS related to appointments and communications and the division have implemented actions to improve this aspect of patient experience. In addition, NOTSS have been undertaking other work to improve aspects of patient care.

- The Oxford Eye Hospital implemented a new telephone communication system, called ‘Net Call’ in June 2015. This was implemented in response to the complaints surrounding communication with the department. The Net Call system allows the division to monitor and manage the telephone calls to the directorate, including how promptly the telephone calls are answered. This is being rolled across the whole of Specialist Surgery, including Oral Maxillo Facial Surgery and the Ear Nose Throat department. We will be able to report on the impact of this, when reviewing the number of communication complaints relating to the division later in the year.

- Appointment cancellations and delays continue to be a large theme amongst specialist surgery, 22 of the complaints relating to appointments were for Ophthalmology. The Oxford Eye Hospital Project is currently in the process of creating an appropriate feedback mechanism to help better understand the frustrations that patients encounter in this busy department.

- Work has been ongoing in the Neurosurgery Department to improve communication with patients, which is the most common complaint theme within the directorate; this includes the implementation of Net Call. A Service Manager was also embedded into the Spinal Surgery Service to manage access and performance in the service.
A quality summit was held to identify and support the concerns for Ward 6a. There has been targeted work and support and at a review summit in August there was clear evidence of positive improvements in patient safety. The ward has implemented the use of Sister’s daily walk-round, and safety huddles two-hourly throughout the shift. There have been further actions with the Ward Team, such as shift buddy system, creation of bay coordinators and clear definition of shift coordinator’s role and the Nurse in-charge’s role.

12.9.2. Medicine, Rehabilitation and Cardiac (MRC): The complaints for MRC are displayed in the dashboard presented in Appendix 9, Figure 25. The Division received 235 complaints during the year. The highest proportion of complaints relate to Clinical Treatment (n=67, 28.5%), followed by Communication (n=39, 16.5%). Emergency Medicine accounted for the largest percentage of the MRC complaints (N=77, 32.7%), followed by acute general medicine (N=65, 27%). The division recognizes the importance of complaints and PALS contacts in improving patient experience and they have/are taking a number of actions to improve their services. These include:

- Patient property brought into the Emergency Department (ED), when the patient has passed away, will be kept for relative to take home if they wish.
- The triage process in the Children’s ED has been adapted so that all children are reviewed as soon as practically possible following arrival.
- Work is being done to strengthen the advice given to patients before they leave the Emergency Department.
- Best practice for taking bloods in the busy ED is to label the tube in front of the patient, detailing the area in which the bloods are taken. The division have now asked the Deputy Operational Services Manager in charge of Information Technology to provide and install the appropriate printers to the mobile technology within the department, to enable them to perform this function according to best practice.
- Ongoing work continues to improve customer care for all patients as they arrive in ED.
- A review of the appointment system is taking place in Clinical Genetics.

12.9.3. Clinical Support Services (CSS): The number of formal complains for CSS by month are displayed in Appendix 9, Figure 26. The Division received 78 complaints across the year. The highest proportion of these complaints relate to Clinical Treatment (N=17, 21.8%) and appointments (N=17, 21.8%), followed by communication (N=15, 19%). The largest proportion of the complaints relate to Radiology and Imaging at 44.8%.

12.9.4. Surgery and Oncology (S&O): The complaints for Surgery and Oncology by month are displayed in Appendix 9, Figure 27. The Division received 167 complaints across the year. The highest proportion of these complaints relate to Clinical Treatment (N=50, 29.9%), followed by admission and discharge (N=27, 16%) and communication (N=27, 16%). The division is working on a number of actions to improve patient experience, including ways to improve communication.
The Renal, Transplant and Urology directorate implemented Net Call to monitor the communication within the directorate.

The Urology team is now managing booking referral forms electronically to monitor the referrals more closely and ensure there is an audit trail of the referral.

A change of manual handling practice implemented in Radiotherapy in response to the patient’s feedback about the way in which they were moved by the treatment team when being positioned for their treatment.

12.9.5. Children’s and Women’s (C&W): The number of formal complaints for the Children’s and Women’s Division by month are displayed in Appendix 9, Figure 28. The Division received 136 complaints across the year. The highest proportion of these complaints relate to Clinical Treatment (N=60, 44%); a large proportion of these clinical treatment complaints relate to a delay or failure in treatment/procedure. The division recognizes that learning from complaints is an important way of improving services for patients, and as a result of the complaints received the following actions have been implemented:

- There is a three-to-five year plan to develop an ‘early pregnancy service’ to address miscarriages in the first trimester and to bridge the gap between Emergency Departments and Emergency Gynaecology Services.
- Work is ongoing within the Gynaecology Service to develop the emergency gynaecology needs.
- The Children’s Safeguarding Lead will be running a workshop for PALS and Complaints Staff to improve communications and support in difficult/complicated safeguarding child cases.

12.10. The Parliamentary and Health Service Ombudsman (PHSO) Investigations:

12.10.1. The Parliamentary and Health Service Ombudsman’s annual report has not yet been published. However, they have published two reports, one on selected summaries of investigations, and one into unsafe discharges from hospital. The reports focus on a number of case studies from acute trusts around the country. The Oxford University Hospitals NHS Foundation Trust has not been named in either of these reports.

12.10.2. The PHSO accepted 20 of the Trust’s complaints for investigation. This is considerably higher than the previous year, when 11 complaints were accepted for investigation. Four complaints across 2015-16 have been upheld or partially upheld by the PHSO. Eight complaints were not upheld by the PHSO.

12.10.3. It is important to note that the PHSO recorded 800 more enquiries in 2015-16 when compared to 2014-15, which would explain the increase in PHSO investigations.

12.10.4. The Parliamentary and Health Service Ombudsman (PHSO) published eight during the year. This reflects the PHSO drive to improve national learning from NHS complaints. Most notably the reports included investigations into complaints surrounding unsafe discharge,

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18 http://www.ombudsman.org.uk/reports-and-consultations/reports/health
end of life care and care of older frail people. Safe Discharge and End of life Care are both Quality Priorities for the Trust during 2016/17;

- The Medical Director is the executive lead for the Trust’s End of Life Care Group which is coordinating the trust-wide implementation of best practice and patient and family centred care at this sad time in their lives;

- The Trust’s Discharge Oversight Steering Group received a presentation relating to the discharge section of the National CQC 2015 Inpatients Survey and the PHSO report surrounding unsafe discharge. This programme is led by the Deputy Director for Clinical Services and involves representatives from all clinical divisions and Oxford Health NHS Foundation Trust.

13. Conclusion

13.1. The Patient Experience and Engagement Team and the PALS and Complaints Team have developed their knowledge and skills in listening to feedback and analysing concerns. Most importantly the teams have enabled services to access their feedback, which assists services in learning from patient and service user experience in order to make changes.

13.2. The PALS team has been under considerable pressure due to difficulties in recruiting. However, it is expected that the team will return to full staffing capacity before the end of 2016. Improvements in the PALS service forms part of one of the Trust’s quality priorities: more effective care with better patient experience including programmes to improve patient experience throughout the Trust.

13.3. There is more to develop in terms of integrated analysis of feedback with system pressures, staff feedback and incidents. The National Quality Board has instigated this approach which will be implemented by all acute Trusts during the year.

14. Recommendation

14.1. The Trust Board is asked to note the contents of the report.

Catherine Stoddart, Chief Nurse

Report prepared by:
Chloe Bines
Olivia Galloway
Caroline Heason
Scott Lambert
Ella Reeves
Rachel Taylor
Tracy Toohey

Appendix 1: FFT recommend rates, not recommend rates, and response rates

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Figure 1

Figure 2

Figure 3
Appendix 2: Themes from Friends and Family Test Comments

Inpatient Comment Themes 2015-16

Day Case Comment Themes 2015-16

Emergency Department Comment Themes 2015-16

Maternity Comment Themes 2015-16

Outpatient Comment Themes 2015-16
Appendix 3: More information about SMS as the main feedback method

Robust sampling methods in SMS surveys reduce bias in responses, and this means that scores from SMS surveys can be lower than other methods with more opportunity for bias (for example, hand-held devices or paper questionnaires). Figure 9 and Figure 10 show the percentage of patients who would recommend their care and the percentage who would not. The data included in the charts are for Trusts on months during 2015-16 where 90% of their responses (or more) came from SMS. The charts also include the mean average of these Trusts’ scores, and the national average percentage recommend, as benchmarks. Trusts were excluded from the charts if they had a response rate lower than 10%, as non-response bias reduces the reliability and validity of the results. It is only possible to determine the methods Trusts used each month, and not possible to determine how each patient’s response was given. The category for SMS as the feedback method also includes Smart Phone Apps. However, this method results in very low response rate as it relies on staff to encourage patients to take the survey, so it is likely that Trusts using this method have been excluded from the charts. Fifteen trusts were included in the charts.

Figure 9 shows that:

- The average percentage recommend for Trusts using SMS is lower than the national average for all Trusts.
- The Trust is near the middle of the trusts, ranked at the 7th best out of the 15 Trusts
- The Trust’s percentage recommend is higher than the average for trusts using SMS

Figure 10 shows that:

- The average percentage ‘not recommend’ for Trusts using SMS is lower than the national average for all Trusts.
- The Trust is near the middle of the trusts, ranked at the 6th best out of the 15 Trusts.
- The Trust’s percentage not recommend is lower than the average for trusts using SMS.

These data support the theory that trusts using SMS are more likely to have lower recommend rates and higher not recommend rates. SMS is a more reliable survey method than surveys administered by staff (e.g. hand held devices and paper). These surveys can be biased as patients may not be encouraged to respond if they have had a negative experience, and may be encouraged to respond if they have had a positive experience. In addition, many other feedback methods often require patients to provide their feedback before they have left the hospital, and some patients may be uncomfortable providing negative feedback while they are still in hospital. There may also be reduced confidence in the anonymity of responses, as staff may be able to check who has left which response.
Appendix 4: Emergency Department Response Rate Changes

The Trust has increased the response rate in EDs by switching from paper questionnaires to SMS (Figure 11). Key changes are marked on the chart:


B. Response rate post-introduction of SMS, automated telephone call service, and agent calls: 45%. The Trust invested in additional agent calls during March 2015 as there was a national response rate target as part of the Commissioning Quality and Innovation (CQUIN) scheme.

C. SMS and automated phone calls were stopped following an incident. This caused a decline in response rate to 2% in April and May 2015.

D. Partial month of re-introduction of SMS and automated telephone call service, response rate rises to 19% in June 2015.

E. Full month of SMS and automated call service: 32% response rate in August 2015.

F. Automated telephone calls were stopped in October 2015 following feedback from patients. Response rate has been within the range of 22%-26% since.

![Figure 11: FFT response rates in the Emergency Departments](image-url)
Appendix 5: CQC National Patient Survey Programme

### Table 1
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<th>Trust Score (standardised CQC score)</th>
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<td>97</td>
</tr>
<tr>
<td>Q57 After leaving, did you get enough support from health/social care professionals to help recover and manage your condition?</td>
<td>69</td>
<td>58</td>
<td>84</td>
</tr>
<tr>
<td>Q58 When transferred to another hospital/nursing home was care plan in place to continue care?</td>
<td>N/A(^3)</td>
<td>61</td>
<td>88</td>
</tr>
</tbody>
</table>

### Table 2
<table>
<thead>
<tr>
<th>Question</th>
<th>MRS in 2014</th>
<th>MRS in 2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q67 Did staff tell you who to contact if worried about condition/treatment once home?</td>
<td>82</td>
<td>77</td>
<td>-5</td>
</tr>
</tbody>
</table>

### Table 3
<table>
<thead>
<tr>
<th>Question</th>
<th>MRS in 2014</th>
<th>MRS in 2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13 After moving ward, was it to a mixed-sex room or bay?</td>
<td>90</td>
<td>95</td>
<td>+5</td>
</tr>
<tr>
<td>Q62 Were you told how to take the medication in an understandable way?</td>
<td>82</td>
<td>88</td>
<td>+6</td>
</tr>
<tr>
<td>Q23 Enough help from staff to eat your meals? (for those who needed assistance)</td>
<td>66</td>
<td>78</td>
<td>+12</td>
</tr>
</tbody>
</table>
Figure 12 Source: CQC National Inpatient Survey national data set.

National Inpatient Survey 2015: Noise at Night

Q15. Were you ever bothered by noise at night from other patients?

Q16. Were you ever bothered by noise at night from hospital staff?

Figure 13 Source: CQC Trust Benchmark Reports 2015
Appendix 6: Children’s Charts

Figure 14

Children's Directorate IP/DC FFT Response Rate

Figure 15

Table 4 Feedback obtained before and with use of a feedback tablet

<table>
<thead>
<tr>
<th>Ward/Department</th>
<th>Complete Surveys</th>
<th>Eligible Patients</th>
<th>Response Rate</th>
<th>Complete Surveys</th>
<th>Eligible Patients</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellhouse Drayson</td>
<td>0</td>
<td>213</td>
<td>0%</td>
<td>34</td>
<td>189</td>
<td>18%</td>
</tr>
<tr>
<td>Children's CDU</td>
<td>0</td>
<td>307</td>
<td>0%</td>
<td>10</td>
<td>316</td>
<td>3%</td>
</tr>
<tr>
<td>Children's Day Care</td>
<td>36</td>
<td>416</td>
<td>9%</td>
<td>42</td>
<td>470</td>
<td>9%</td>
</tr>
<tr>
<td>Kamran's</td>
<td>2</td>
<td>205</td>
<td>1%</td>
<td>11</td>
<td>271</td>
<td>4%</td>
</tr>
<tr>
<td>PICU / PHDU</td>
<td>0</td>
<td>20</td>
<td>0%</td>
<td>1</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>Robin's</td>
<td>0</td>
<td>129</td>
<td>0%</td>
<td>12</td>
<td>139</td>
<td>9%</td>
</tr>
<tr>
<td>Tom's</td>
<td>0</td>
<td>153</td>
<td>0%</td>
<td>13</td>
<td>144</td>
<td>9%</td>
</tr>
<tr>
<td>JR Children's Outpatients</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's ED</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>ENT Outpatients</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>
## Appendix 7: List of PPGs as at August 2016

List of groups as at August 2016

<table>
<thead>
<tr>
<th>Children’s &amp; Women’s (C&amp;W) Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People’s Executive (YiPpEe)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicine, Rehabilitation &amp; Cardiac (MRC) Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-Thoracic Patient Involvement Panel</td>
</tr>
<tr>
<td>Friends of Geratology &amp; Stroke</td>
</tr>
<tr>
<td>OCDEM Patient Participation Forum</td>
</tr>
<tr>
<td>OCDEM User Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurosciences, Orthopaedics, Trauma &amp; Specialist Surgery (NOTSS) Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divisional NOTSS group</td>
</tr>
<tr>
<td>Ear Nose and Throat Patient Panel</td>
</tr>
<tr>
<td>Low Vision Rehabilitation Group</td>
</tr>
<tr>
<td>Oxford Eye Hospital Patient Panel</td>
</tr>
<tr>
<td>Retinitis Pigmentosa Fighting Back Oxfordshire Group</td>
</tr>
<tr>
<td>Rheumatology Public Partnership Group</td>
</tr>
<tr>
<td>Trauma User Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgery &amp; Oncology (S&amp;O) Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care Patient Forum</td>
</tr>
<tr>
<td>Oxfordshire Prostate Cancer Support Group</td>
</tr>
<tr>
<td>Surgery and Oncology Services Patient and Carer Panel</td>
</tr>
</tbody>
</table>
Appendix 8: Complaints and PALS

Table 5 PALS contacts in 2014/15 and 2015/16. Source: OUH Complaints Management System

<table>
<thead>
<tr>
<th>Division</th>
<th>Number of PALS contacts 2014/15</th>
<th>Number of PALS contacts 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosciences, Orthopaedics, Trauma, Specialist Surgery (NOTSS)</td>
<td>1309</td>
<td>1605</td>
</tr>
<tr>
<td>Surgery and Oncology (S&amp;O)</td>
<td>496</td>
<td>688</td>
</tr>
<tr>
<td>Children’s and Women’s (C&amp;W)</td>
<td>205</td>
<td>412</td>
</tr>
<tr>
<td>Medicine, Rehabilitation, Cardiac (MRC)</td>
<td>625</td>
<td>947</td>
</tr>
<tr>
<td>Clinical Support Services (CSS)</td>
<td>160</td>
<td>235</td>
</tr>
<tr>
<td>Corporate</td>
<td>529</td>
<td>329</td>
</tr>
<tr>
<td>Operations and Service Improvements</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3324</strong></td>
<td><strong>4267</strong></td>
</tr>
</tbody>
</table>

Figure 16 Source: OUH NHS Trust Complaints Management System

Figure 17 Source: OUH NHS Trust Complaints Management System

Figure 18
Figure 19 Source OUH NHS Trust Complaints Management System

Figure 20 Source OUH NHS Trust Complaints Management System

Figure 21 Source OUH NHS Trust Complaints Management System
Figure 22. Source OUH NHS Trust Complaints Management System

Table 6: Seasonal Trends in Complaints. Source OUH NHS Trust Complaints Management System

<table>
<thead>
<tr>
<th></th>
<th>01 April to 30 June 2015</th>
<th>01 July to 30 September 2015</th>
<th>01 October to 31 December 2015</th>
<th>01 January to 31 March 2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>277</td>
<td>246</td>
<td>254</td>
<td>264</td>
<td>1041</td>
</tr>
</tbody>
</table>

Table 7: Risk Grading Matrix. Source Department of Health

<table>
<thead>
<tr>
<th>Seriousness</th>
<th>Likelihood of Recurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Rare</td>
</tr>
<tr>
<td></td>
<td>Unlikely</td>
</tr>
<tr>
<td></td>
<td>Possible</td>
</tr>
<tr>
<td></td>
<td>Likely</td>
</tr>
<tr>
<td></td>
<td>Almost Certain</td>
</tr>
<tr>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Extreme</td>
</tr>
</tbody>
</table>
Appendix 9: Divisional Complaints by month

- **Neurosciences, Orthopaedics, Trauma and Specialist Surgery Complaints by month**

  Figure 24. Source OUH NHS Trust Complaints Management System

- **Medicine, Rehabilitation and Cardiac Complaints by month**

  Figure 25. Source OUH NHS Trust Complaints Management System

- **Clinical Support Services Complaints by month**

  Figure 26. Source OUH NHS Trust Complaints Management System

- **Surgery and Oncology Complaints by month**

  Figure 27. Source OUH NHS Trust Complaints Management System

- **Children’s and Women’s Complaints by month**

  Figure 28. Source OUH NHS Trust Complaints Management System

- **Corporate Complaints by month**

  Figure 29. Source OUH NHS Trust Complaints Management System