### Title

| Title | Public Engagement, Patient Experience, PALS and Complaints Annual Report 2016-17 |

### Status

| Status | Annual Report |

### History

| History | A summary of the Trust's Complaints is annually presented to The Quality Committee and Trust Board. |

### Board Lead(s)

| Board Lead(s) | Sam Foster, Chief Nurse |

### Key purpose

| Key purpose | Strategy | Assurance | Policy | Performance |
# Executive Summary

1. **Purpose:** This report provides the annual report of activity for 2016/17 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change.

2. **Friends and Family Test (FFT):** The average 2016-17 response rate for inpatients and day cases (17.3%) increased since 2015-16 (13.7%), but is below the national average (24.7%). The 2016-17 response rates for the Emergency Departments (22.6%) is significantly above the national average (12.7%).

3. **Patient Stories:** These have the most impact when they are produced collaboratively with all parties, and include action plans for improvements. The stories during this year covered a range of topics including cancer treatment, dementia care, the bereavement of a Muslim patient, and staff perspectives on racism from patients and being treated as a patient themselves.

4. **National Patient Survey Programme:** The survey cohort for the National Inpatient Survey 2016 was increased (as it was in 2015) to enable more detailed analysis at ward level. The Trust achieved an average score of 79.9% which is about the same as 2015 (79.3%). The focus for 2016/17 is reducing noise at night by staff and improving responsiveness to call bells.

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), the Accessible Information Standard, 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 Friends & Family Test (FFT), and supporting the Young People’s Executive (YiPpEe) and Young Person’s Governors.

7. **Patient Partnership and Engagement:** The Trust has 16 Public Partnership Groups (PPGs). A new Maternity Voices Public Partnership Group (PPG) was established in 2016 and members are involved in service developments, improvements and public engagement events. The Patient Experience Team engages with a range of groups on different projects.

8. **PALS:** PALS continue to see an overall increase in the number of enquiries and contacts, but face ongoing challenges in the limited team managing the workload. Steps are being put in place to support the team more effectively over the coming weeks.

9. **Complaints:** The complaints team have also seen an increase in the number of formal complaints received about the Trust, although this mirrors the national picture. Steps are being taken to improve the learning from complaints to aid improvements in the organisation.

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

1.1. This report provides an annual report for 2016/17 of the Trust’s activity in relation to patient experience, complaints, public engagement and the opportunities for learning and service improvement.

2. **Background**

2.1. Nationally, the scrutiny in relation to compassionate health care as well as engaging with the public to understand their voice and feedback is an imperative, including learning from feedback, transparency and honesty when health care goes wrong. This report provides some evidence of the patient experience feedback and activities in relation to self-improvement based on that feedback.

3. **Friends and Family Test**

3.1. Response rates

3.1.1. High response rates are important because it makes the data more reliable and valid in terms of the volume of data feedback from more people. The Trust continues to focus on increasing the response rate.

3.1.2. The average 2016-17 response rate for inpatients and day cases (17.3%) has increased since 2015-16 (13.7%), but is below the national average (24.7%) (Appendix 1, Figure 1). The Trust will introduce the automated survey for inpatients during 2017/18. This will include text messaging and a trial of automated phone calls, subject to agreeing funding. The system for automated phone calls has improved since the Trust last trialled it, enabling patients to leave voice messages with their feedback. The Trust will ensure that the system settings minimise the intrusions from automated phone calls.

3.1.3. The 2016-17 response rate for Emergency Departments (22.6%) is well above the national average (12.7%) (Appendix 1, Figure 1). The Emergency Departments use text messaging as the main survey method.

3.1.4. The 2016-17 response rate for Maternity services was 12.5%, below the national average of 23.3%. Maternity services struggled to maintain a consistent response rate, as shown in the range: the highest response rate was 28.7% in December, and the lowest was 4.3% in January (Appendix 1, Figure 1). The Head of Midwifery is working with NHS England to review the way friends and family test feedback is sought from women using Maternity services, with the aim of producing more meaningful and reliable feedback.

3.2. Recommend rates and not recommend rates

3.2.1. The inpatient recommend rate was steady with a 2016-17 average of 96.1%, and the not recommend rate was consistent at 1.6%. These were in line with 2015-16 and the national average.

3.2.2. The 2016-17 ED recommend rate was 84.8%, in line with the national average of 86.2%. The recommend rate varied considerably over the year, with a dip to 77.8% in October 2016 and with subsequent improvements, reaching 90.7% in January 2017. The not recommend rate experienced a similar pattern, with the highest at 15.1% in October and the lowest at 5.7% in January. The not recommend rate for the year (9.3%) was slightly higher than the national average (7.4%).

3.2.3. The Maternity recommend rate was consistent with a 2016-17 average of 96.5%, which was an improvement from last year (94.8%), and in line with the national average. The not recommend rate (0.6%) has improved from 2015-16 (1.2%).
but below the national average (1.2%). However, the low response rate means the results may be affected by non-response bias.

3.2.4. The 2016-17 outpatient recommend rate (94.1%) is slightly above 2015-16 (93.3%) and consistently above the national average (92.8%), while the not recommend rate (3.1%) is in line with 2015-16 (3.3%) and the national average (3.0%).

3.3. Themes within FFT Comments

3.3.1. The most common themes in all areas were positive staff attitude and implementation of care (Appendix 2).

3.4. Developments

3.4.1. The Patient Experience Team is trialling texting on inpatient wards, and working with day case areas and other teams in the Trust to improve response rates by improving data quality on EPR.

3.5. Children’s Friends and Family Test

3.5.1. The number of children, and their parents/carers, recommending their care was 98.2% for 2016/17. During the year, patient feedback displays were installed on the Children’s Hospital wards and departments. There was also an increase in focus to capture feedback from the Horton General Hospital, and the Trust’s three children’s outpatient departments. This has helped to increase the number of FFT responses from children, and their parents or carers, from 889 in 2015/16 to 2,601 in 2016/17. This includes an increase in the response rate from 3% to 6% for inpatients and day cases.

4. Patient Stories

4.1. In 2016/17, patient stories involved patients and carers with a range of experiences, conditions and circumstances. Stories from April 2016 to September 2016 included: a staff member who experienced racism from a patient, a patient’s perspective on the Liaison Hub, the support given to a child with Autism and his parent, a staff member who was admitted to the Emergency Department, and evidence of a resolved complaint. Stories from October 2016 to March 2017 included: cancer treatment, dementia, newly qualified registered nurse, a Muslim family’s bereavement of a loved one in hospital. Stories have been told by young people, the elderly, adults and family members.

4.2. Several powerful films have been made for staff training. A new intranet site hosts recent patient stories and films.

5. CQC National Patient Survey Programme

5.1. The National Inpatient Survey 2016

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 2016. Patients were asked 76 questions in total. The response rate for the mandatory sample of 1250 patients was 46.4%.

5.1.2. The Trust commissioned an additional sample of approximately 4500 patients in order to get ward level data which could be shared with sisters and charge nurses.
5.1.3. The Trust achieved an average score of 79.9% which is about the same as 2015 (79.3%).

5.1.4. The Trust performed better than most Trusts on one question: ‘Did you have confidence and trust in the doctors treating you?’ The Trust did not perform worse than other Trusts on any of the 76 questions.

5.1.5. The Trust continues to focus on the chosen priorities for 2015 (based on the 2014 results): improving responsiveness to patient needs as measured via call bells. The additional focus of reducing noise at night by staff was selected following the results from 2015 and this improvement work continues. The Trust was rated as worse than other Trusts on noise at night from staff in 2015. For 2016 the Trust has scored ‘about the same’ as other trusts.

5.2. The National Emergency Department Survey 2016

5.2.1. The sample size was 1250 and included patients discharged from either Emergency Department at the Horton General Hospital or John Radcliffe Hospital in September 2016. 1212 eligible patients were identified and the final response rate was 28.2%.

5.2.2. There were significant improvements (an increase of 5 or more percentage points) since the 2014 survey on 21 questions. These are listed in Appendix 3. There was a significant decline in the score for the question ‘Overall, how long did your visit to the emergency department last?’

5.2.3. The CQC will publish the National results in Quarter 2 of 2017/18.

5.3. The National Survey Programme 2017/18

5.3.1. The Children and Young People’s Inpatient and Day Case Survey 2017; sample taken in September 2016, results received under embargo in Quarter 2 2017/18.

5.3.2. The National Adult Inpatient Survey; sample taken in July 2017 with results anticipated under embargo in Quarter 4 2017/18.

5.3.3. The National Maternity Department Survey; sample taken in February 2017 and results expected in Quarter 2 2017/18.

6. Equality and Diversity

6.1. The Trust has undertaken the following to support patients with dementia, their carers, and their families:

6.1.1. The Dementia education programme for staff has been revised and the number of staff receiving each tier of training is monitored.

6.1.2. The monthly Dementia Information Café provided support and information for 37 members of the public, patients and staff during the financial year 2015/16.

6.1.3. People with dementia who have been given ‘finger food’ boxes as a pilot with the standard main meal. The Dementia Steering Group plans to implement this more widely working collaboratively with the Trust’s catering suppliers.

6.1.4. Activity Coordinators were appointed across three wards at the John Radcliffe Hospital to help embed the use of a range of activities to support people with Dementia and other cognitive impairments.

6.1.5. The Trust has increased access for carers of people with dementia in the hospital, through the endorsement of John’s Campaign².
6.2. A new Transition from Children’s to Adult’s Services Policy has been developed, consulted on and ratified by the Clinical Policy Group.

6.3. Work is underway with Oxford Health NHS Foundation Trust, the Trust’s Safeguarding and Learning Disability team to deliver Acute Liaison Services for people with complex physical health needs, and Profound Learning and Multiple Disabilities.

6.4. In March 2017, Autism Oxford provided training to 30 members of staff on how to support people with autism and their carers. Feedback was very positive and staff felt more confident in their knowledge and abilities after the session.

6.5. The Trust has been collaborating with public health colleagues and local partners to undertake a gap analysis identifying health and wellbeing inequalities across the Oxfordshire County. This is an emerging area of work relating to protected characteristics as referred to in the Equality Act 2010.

6.6. Trends in the equality information from the Datix reports are being explored in order to investigate incidents related to patients with protected characteristics and inform service improvements.

6.7. Bespoke training sessions have been given to staff who are developing policies on how best to undertake Equality Impact Assessments.

6.8. Accessible Information Standard (AIS)

6.8.1. A Trust-wide Accessible Information Standard Implementation Group has been established in order to ensure the standard is effectively rolled-out. As part of this a detailed programme of work has been developed to inform improvements to addressing the information and communication support needs of patients with a disability, impairment and sensory loss. Current work includes hearing from patients about their experience through focus groups and a survey to inform improvements. The Trust is benchmarking its work plan with other Trusts in complex organisations.

6.9. Clinical Patient Information

6.9.1. The library of clinical patient information continues to grow. The Trust now has over 1,300 titles available, compared to 1,100 in 2015-2016.

6.9.2. The Digital Print Store leaflet library and ordering system (developed by Oxford Medical Illustration (OMI)) has been launched. It is being gradually rolled out across the Trust, as people place new orders for leaflets. This is already proving to be an extremely useful resource for all staff, allowing the entire library to be viewed page by page.

6.9.3. This year, the Trust's Print Room has produced up to 52,000 leaflets a month, to supply all Trust sites, as well as satellite units, compared to 47,000 in the previous year.

6.9.4. We are continuing to share our information with other Trusts across the country, as well as in other countries around the world, with commendations received on the quality and usability of our leaflets.

6.10. Interpreting and Translation

6.10.1. Reminders and updates about the interpreting service have been sent out to all email users and posted as announcements on the intranet. There will be regular reminders and updates every year, to promote good practice.

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2 John’s Campaign promotes the collaboration of carers and staff in supporting people with dementia; http://johnscampaign.org.uk/
6.10.2. Project plans have started to look at the use of face to face language interpreters, to ensure they are being used appropriately, and reducing the overall cost of interpreting to the Trust, by increasing staff awareness of the telephone language interpreting service and clarifying when the use of face to face language interpreters is appropriate. This may involve vetting of requests for face to face language interpreters, as well as the option of video language/BSL interpreting.

6.10.3. Top five most frequently used languages for telephone interpreting: Arabic, Polish, Urdu, Portuguese, and Mandarin.

- Total telephone calls for language interpreting: 753
- Total minutes: 13,024
- The Trust uses up to 28 different languages each month

6.10.4. Top five most frequently used language for face to face interpreting: Polish, Arabic, Portuguese, Urdu, and Cantonese.

- Total number of interpreters used: 1,915
- The Trust uses up to 31 different languages each month

6.10.5. Number of British Sign Language interpreters used: 555

6.11. Children and Young People (CYP)

6.11.1. The Young People’s Executive (YiPpEe) is the Trust’s Patient Partnership Group for young people aged 11-18. During 2016/17, YiPpEe members have been involved in a number of projects and activities on a Trust, county and national level, including:

- Co-producing an information film with OMI, following a child patient having an operation in the Children’s Hospital
- Giving input into the Trust’s Transition from Children's to Adult Services policy, by providing patient perspective on what good transition would look like
- Working with Oxfordshire CCG to launch a social media campaign, #GenerationNHS, with the aim of getting more children and young people involved in health care changes being planned across Oxfordshire
- Being part of CQC’s National Children’s Survey 2016 (NCYP16) advisory group, to help ensure the questionnaires were suitable for children, young people and parents
- One member, within their role as a Young People’s Governor, produced a report titled ‘To what extent can young people influence the NHS?’

7. Patient Partnership Groups

7.1. Ten lay partners within the Trust received training to learn how to increase their impact in health and social care developments as Patient Leaders. This was delivered by the Academic Health Sciences Network (AHSN). Further training will be held in July 2017 for people new to patient and public involvement.

7.2. The Maternity Voices Public Partnership Group (PPG) was established in 2016 and has developed a strategy for involvement which has undergone internal and external consultation.
7.3. A Public Partnership Group (PPG) meeting was held in December 2016 during which representatives from the groups discussed support and how to share learning, impact and best practice. Each PPG provided a summary of the work they had achieved over the past year which they shared with the Chief Nurse. Members covered a range of demographics and included those of different ages, genders and with disabilities.

7.4. A programme of work supporting the Trust’s 16 Public Partnership Groups is underway in order to build capacity and increase representation within these groups.

8. Public Engagement Events in 2016-17

8.1. The Trust held events in April 2016 and January 2017 about the Trust’s Quality Priorities for the coming year. These events will now be held 3 times per year 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.

9. Complaints and PALS

9.1. This section provides a summary of the formal patient complaints and PALS contacts received by the Trust in the financial year; 2016/17, 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 during the year.

9.2. Patient Advice and Liaison Service (PALS)

9.2.1. ‘PALS’ is a nationally recognised NHS 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.

9.2.2. In 2016/17 there were 3127 PALS contacts recorded using the Trust’s Datix system. In addition, between January 1st and March 31st 2017, the PALS team recorded 3908 quick enquiries they received which did not warrant recording on DATIX, which is time consuming and disproportionate to the issues and level of the enquiry. This is the first year PALS contacts have been recorded in this way; and represents recognition of the breadth of PALS activity, from straightforward signposting to supporting the resolution of a complex health concern. This process will be ongoing to record the enquiries through this means rather than DATIX.

9.2.3. PALS continue to be under significant pressure 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 in accessing PALS. Actions have been taken to support the team as well as to improve the timeliness of access. As part of the drive to improve patient experience and understand the potential difficulties experienced by patients and members of the public, PALS joined the Trust’s Eye Hospital project. It is anticipated that the project group will help to identify practical ways of making PALS more accessible to those who need their assistance.

9.3. The Complaints Service

9.3.1. The purpose of the Complaints Team is to implement a complaints procedure according to the NHS Complaints Regulations 2009. The Complaints Team are based at OUH@Cowley, with each Complaints Coordinator working within the divisional teams at least once a week.

9.3.2. The Trust received 1089 formal complaints in 2016/17. This compared to 1041 in 2016/17 and 1012 complaints in 2014/15.
9.3.3. The Trust has two agreed key performance indicators (KPI) with the Clinical Commissioning Group (CCG).

- 95% of all formal complaints should be acknowledged within three working days (either by telephone, email or letter)
- 95% of all formal complaints within 25 working days (or an agreed extension with the complainant)

9.3.4. The main challenge is the completion of the complaints investigation within the 25 day period.

9.4. Complaints by Service Area

9.4.1. The largest number of complaints related to Outpatient Services at 50.5% in 2016/17 and 51% in 2015/16, followed by Inpatient Services at 35.1%. The Trust has not followed the national trend with inpatient services receiving more complaints than outpatients or Emergency Departments. This trend is expected due to the large number of complaints related to appointments (12.7%) and communications (14.9%).

9.4.2. Complaints relating to Emergency Care in 2016/17 account for 7.6%. This is in comparison to 6.44% of the Trust’s complaints in 2015-16 and was similar to the national average which was 6.6%. Complaints relating to Maternity accounted for 4.2% of the Trust’s complaints in 2016/17. This is in line with the national average of less than 5%.

9.4.3. Complaints received during 2016-17 are also recorded by profession. This is also compared with the complaints received in 2014-15 and 2015-16. The issues linked to the Medical profession as a category received the highest number of complaints in relation to Trust activity. The medical profession category accounted for 49% of the Trust’s complaints in 2016-17, which is comparable to the figure recorded in 2015/16. This was higher than complaints related to Administration (21.4%) and Nursing and Midwifery (12.5%) in 2016-17. This is also reflected nationally by the NHS Digital data, which demonstrates that the Medical profession had the highest percentage of written complaints at 40.7%; this was followed by Nursing at 22%.

9.4.4. The high number of Administration complaints within the Trust could account for the large number of complaints identified as ‘appointment’ and ‘communication’ related.

9.5. Complaints by Subject

9.5.1. The key issues highlighted by subject areas within complaints in the Trust, have been identified as; Clinical Treatment, Communication, Appointments, Patient Care and Values and Behaviours. These are consistent with the themes identified in 2015-16 with the exception of Patient Care, which replaces Admission and Discharge.

9.5.2. 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.

9.5.3. At the time of writing, the annual NHS digital Complaints Report has not been published and therefore it is not possible to draw any national comparisons.

9.6. Complaints grading:
9.6.1. All formal complaints are graded using the Department of Health Matrix System. The system assesses the seriousness of the complaint versus the likelihood of recurrence which equals the category of risk. Seven complaints were initially graded as red (extreme) during the year; all of these complaints were investigated as Serious Incidents Requiring Investigation (SIRI) through the divisional governance processes, with actions implemented and monitored, and wider learning facilitated and shared. 170 complaints were initially graded as orange (high), 769 complaints were initially graded as yellow (moderate) and 143 complaints were initially graded as green (low).

9.7. Complaints by Division. Each Division has summarised their priorities to improve patient experience following the analysis of PALS and Complaints during the year.

9.7.1. Neurosciences, Orthopaedics, Trauma and Specialist Surgery (NOTSS): The NOTSS Division received the highest number of complaints (N=377) by a single Division during the year. Of these, 97 related to Clinical Treatment, 77 related to appointments and 69 related to communications. 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 experience and care.

9.7.2. Medicine, Rehabilitation and Cardiac (MRC): The Division received 257 complaints during the year. The highest proportion of complaints relate to Clinical Treatment (n=76), followed by Patient Care (n=39) and Communication (n=35). Acute General Medicine accounted for the largest percentage of the MRC complaints with 68% followed by Specialist Medicine 17%. The division recognises the importance of complaints and PALS contacts in improving patient experience and they have/are taking a number of actions to improve their services.

9.7.3. Clinical Support Services (CSS): The Division received 62 complaints across the year. The highest proportion of these complaints relate to Clinical Treatment (n=19) and appointments (n=13) followed by communication (n=12). The largest proportion of the complaints relate to Radiology and Imaging (n=26).

9.7.4. Surgery and Oncology (S&O): The Division received 170 complaints across the year. The highest proportion of these complaints relate to Clinical Treatment (N=55), followed by communication (n=35) and patient care (n=25). The division is working on a number of actions to improve patient experience, including ways to improve communication.

9.7.5. Children’s and Women’s (C&W): The Division received 165 complaints across the year. The highest proportion of these complaints relates to Clinical Treatment (n=66); a large proportion of these clinical treatment complaints relate to a delay or failure in treatment/procedure. The division recognises 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:

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

9.8.1. The Parliamentary and Health Service Ombudsman’s annual report has not yet been published. The PHSO accepted 10 of the Trust’s complaints for investigation. This is on a par with the number accepted for investigation in 2015/16 (n=11). Five complaints have been upheld or partially upheld by the PHSO during the year and one complaint was not upheld. The rest remain under investigation at this time.
9.9. The next steps: Learning from Complaints and particularly Communication and Access to Treatment will be Quality Priority for 2017/18. There is much to learn from members of the public and staff perception of these two issues and so members of the public, Foundation Trust Members, staff and Trust Governors will be involved in this work.

10. Conclusion

10.1. The Trust continues to increase levels of feedback from its patient population and its patient and public partners through the Friends and Family Test, patient stories, and Public Participation Groups, and public engagement events. The Patient Experience Team employs a range of methods to engage including surveys, interviews, focus groups and online surveys.

10.2. The 2016-17 response rate for Emergency Departments (22.6%) was significantly above the national average (12.7%), and the response rates for inpatients, day cases and maternity were below the national average. The Patient Experience Team is working with survey providers and divisional teams to increase the response rate and, in turn, the validity of the data received. The most common themes in all areas were ‘positive staff attitude’ and ‘implementation of care’.

10.3. Patient stories have covered a wide range of topics and perspectives and have continued to be genuinely and effectively coproduced with patients, relatives and staff.

10.4. The Trust continues to use the CQC National Survey Programme for assurance and quality improvement purposes and the Patient Experience Team provides support to divisional teams to use the results to make progress against chosen priorities. The Trust’s average score for the 2016 survey was about the same as the score in 2015. Improvement work continues against chosen priorities.

10.5. The Patient Experience and Equality and Diversity teams have continued to make progress against the statutory requirements and within important projects ongoing at the Trust. Activities Coordinators have been introduced onto three wards at the John Radcliffe to work with cognitively impaired patients in particular. The Patient Experience Team facilitated a training session delivered by Autism Oxford to 30 members of staff. A Trust-wide Accessible Information Standard Implementation Group has been established in order to ensure the standard is effectively rolled-out.

10.6. The involvement of the Young Person’s Executive has increased and members have inputted into the Trust’s ‘Transition from Children’s to Adult Services’. One member, within their role as a Young People’s Governor, produced a report titled ‘To what extent can young people influence the NHS?’

10.7. The Trust now has 16 Public Participation Groups as a new ‘Maternity Voices’ Group was established in 2016. A programme of work supporting the Trust’s 16 Public Partnership Groups is underway in order to build capacity and increase representation within these groups.

10.8. PALS continue to see an overall increase in the number of enquiries and contacts, but face ongoing challenges in the limited team establishment to be able to effectively manage the workload. Steps are being put in place to support the team over the coming weeks.

10.9. Complaints have seen an increase in the number of formal complaints received about the Trust, although this mirrors the national picture. Steps are being taken to improve the learning from complaints to aid improvements in the organisation.

11. Recommendation

11.1. The Trust Board is asked to note the contents of the report.
Sam Foster
Chief Nurse
September 2017

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

![Graph showing FFT recommend rates, not recommend rates, and response rates for OUH and National FFT.](image)

**Figure 1**

**Figure 2**

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

**Inpatient Comment Themes Q4 2016-17**

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<th>Category</th>
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<td>Implementation of care</td>
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Figure 4

**Day case Comment Themes 2016-17**

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Figure 5

**ED Comment Themes 2016-17**

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<td>Implementation of care</td>
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<td>36</td>
</tr>
<tr>
<td>Waiting time</td>
<td>2693</td>
<td>439</td>
</tr>
<tr>
<td>Admission</td>
<td>1537</td>
<td>74</td>
</tr>
<tr>
<td>Clinical treatment</td>
<td>1428</td>
<td>0</td>
</tr>
<tr>
<td>Communication</td>
<td>546</td>
<td>0</td>
</tr>
<tr>
<td>Environment</td>
<td>439</td>
<td>0</td>
</tr>
<tr>
<td>Catering</td>
<td>74</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 6
Figure 7

Birth Comment Themes Q4 2016-17

Figure 8

Outpatient Comment Themes 2016-17
Appendix 3 – Significantly improved results to questions within the National Emergency Department Survey, 2014 to 2016.

- Q7 - Were you given enough privacy when discussing your condition with the receptionist?
- Q12 - Did you have enough time to discuss your health or medical problem with the doctor or nurse?
- Q13 - While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?
- Q15 - If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
- Q16 - Did you have confidence and trust in the doctors and nurses examining and treating you?
- Q18 - If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
- Q21 - If you needed attention, were you able to get a member of medical or nursing staff to help you?
- Q23 - Were you involved as much as you wanted to be in decisions about your care and treatment?
- Q24 - If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?
- Q27 - Before you left the emergency department, did you get the results of your tests?
- Q28 - Did a member of staff explain the results of the tests in a way you could understand?
- Q31 - How many minutes after you requested pain relief medication did it take before you got it?
- Q32 - Do you think the hospital staff did everything they could to help control your pain?
- Q35 - Were you able to get suitable food or drinks when you were in the emergency department?
- Q38 - Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
- Q39 - Did a member of staff tell you about medication side effects to watch for when you went home?
- Q40 - Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?
- Q41 - Did hospital staff take your family or home situation into account when you were leaving the emergency department?
- Q42 - Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?
- Q43 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the emergency department?
- Q44 - Overall, did you feel you were treated with respect and dignity while you were in the emergency department?
Appendix 4 – PALS and Complaints charts

Figure 1

Figure 2

Figure 3