

Trust Board Meeting in Public: Wednesday 12 September 2018

TB2018.81

Title	Public Engagement, Patient Experience, PALS and Complaints Annual Report 2017-18
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Status	Annual Report
History	A summary of the Trust's Complaints is annually presented to the Trust Management Executive Committee, Quality Committee and Trust Board. – This report has been presented to both TME and Quality Committee.

Board Lead(s)	Sam Foster, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

<p>1. Purpose: This report provides the annual report of activity for 2017/18 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change.</p>
<p>2. Friends and Family Test (FFT): The Trust introduced a new method of reporting and learning from FFT feedback, whereby there is a focus on one area with feedback for improvement and one department with excellent feedback. Departments with feedback for improvement are asked what changes they will make, and departments with excellent feedback are asked what they do that contributes to their excellent feedback.</p>
<p>3. Patient Stories: The Trust continues to produce these stories with the patients/staff involved, which helps generate ideas for improvements. The stories during 2017/18 covered cancer treatment, independence and mobility, views of carers, positive news stories, and the experience of new medical staff.</p>
<p>4. National Patient Survey Programme:</p> <p>The National Adult Inpatient Survey 2017 had a response rate of 43% and performed better than other trusts on three questions.</p> <p>The National Children's Inpatient and Day Case Survey received a response rate that was one of the highest in the country at 37%; and the Trust performed better than other trusts on 15 questions.</p> <p>The National Maternity Survey 2017 had a response rate of 51.5%; much higher than the national average of 37%. The Trust performed better than other trusts on two questions.</p>
<p>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 (AIS), and interpreting and translation services.</p>
<p>6. NHS Accessible Information standard (AIS):</p> <p>This standard applies to all NHS Trusts and requires us to make sure that people with a disability or sensory loss are given information in a way they can understand.</p>
<p>7. Clinical Patient Information Leaflets</p> <p>The Trust has a comprehensive and extensive library of clinical information leaflets for patients, parents and carers and young people. There is a Trust policy and set process for the review and production of all patient information (including non-clinical).</p>
<p>8. Interpreting and Translation</p> <p>The Trust provides language interpreters (face to face and over the telephone), as well as British Sign Language interpreters for patients, parents and carers. There is a Trust policy and comprehensive intranet guidance for the appropriate use of interpreters.</p>
<p>9. Children and Young People: The Young People's Executive (YiPpEe) have been involved in a number of projects and activities, including co-producing a film, leading a seminar on service user involvement and attending an annual meeting of NHS Youth Forums. This work ensures the Trust is meeting Article 12 of the United Nations Convention on the Rights of the Child (1989).</p>

10. Patient Partnership and Engagement: The Trust continues to support 16 Public Partnership Groups (PPGs). Public events on the Trust's quality priorities were held in May 2017 and January 2018.

11. PALS: PALS relocated back to the Hospitals in September after a period of significant staff shortages.

12. Complaints: The Trust received 989 complaints during the year, a 10% drop from the previous year. The Trust rated five complaints as red. These are identified as the most serious complaints; all of which were investigated as a serious incident requiring investigation (SIRI)¹.

13. Recommendation

The results of the CQC National Survey has been previously discussed at the Trust board – the Quality Committee have requested that a revised improvement plan is developed in response to the key themes outlined in this report and that patient stories consider these themes and give the Trust Board assurance of the associated improvements. The Trust Board is asked to note the contents of the report.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf>

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. Friends and Family Test

2.1. Response rates

2.1.1. High response rates are important because they make 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.

2.1.2. The average 2017-18 response rate for inpatients and day cases (21.1%) improved since 2016-17 (17.3%) but is below the 2017-18 national average (24.6%) (Appendix 1). The patient experience team focussed on one division per month and reported their response rates and improvement plans or successful ways of working in the Trust Board Quality Report, which contributed to the improvements in response rates over the year.

2.1.3. The 2017-18 response rate for Emergency Departments (21.0%) remains well above the national average (12.7%) (Appendix 1). The Emergency Departments use text messaging as the main survey method.

2.1.4. The 2017-18 response rate for Maternity services (15.0%) increased since 2016-17 (12.5%), but remains below the national average of 22.7%. The Head of Midwifery has reviewed the methodology of FFT with NHS England, with the aim of producing more meaningful and reliable feedback.

2.2. Recommend rates and not recommend rates

2.2.1. The inpatient and day case recommend rate average of 95.9% and the not recommend rate of 1.8% were in line with the Trust's 2016-17 scores and the national averages.

2.2.2. The 2017-18 ED recommend rate was 86.1%, in line with the national average of 86.2%, and a slight improvement since 2016-17 (84.8%). The not recommend rate for the year (8.7%) was slightly higher than the national average (7.5%) and lower than 2016-17 (9.3%)

2.2.3. The 2017-18 maternity recommend rate (97.3%) was slightly higher than the 2016-17 average of 96.5%, and the national average (96.5%). The not recommend rate (1.0%) is slightly above the 2016-17 average (0.6%), but below the national average (1.4%). However, these averages are based on small numbers, so it is likely that any differences are due to chance, and the response the low response rate means the results may be affected by non-response bias².

2.2.4. The 2017-18 outpatient recommend rate (94.4%) is in line with 2016-17 (94.1%) and consistently above the national average (93.6%). The not recommend rate (2.9%) is in line with 2016-17 (3.1%) and the national average (2.7%).

2.3. Reporting and learning from FFT feedback

2.3.1. A new approach to analysing FFT feedback (whereby departments with excellent feedback and feedback for improvement are selected for analysis) was introduced at the end of 2016/17 and developed during

² Non-response bias is when the experiences of those who did not respond differ from the experiences of those who did

2017/18. Management teams in each selected departments are asked to put the feedback into context and to ensure appropriate action is taken.³

- 2.3.2. In October 2017, a review of the process of learning from FFT feedback was undertaken.

Excellent feedback

- 2.3.3. Departments that have been selected for their excellent feedback have said that they appreciated the recognition and it has been a morale boost for their staff. One manager said that being selected had “made his year so far”.

- 2.3.4. Common themes in the feedback include:

- Kind and helpful staff.
- Personalised care.
- Efficient service.

- 2.3.5. When staff were asked what helps them to obtain excellent feedback, common themes were:

- Good staff experience.
- Strong team work.
- Time to spend with patients.
- Strong leadership.
- Well supported staff.
- Giving staff of all levels the opportunity to contribute to improvements and the responsibility to make decisions regarding their work area.

- 2.3.6. It is important to recognise the hard work of the Trust’s staff, to maintain a positive environment for staff and patients. One of the Non-Executive Directors has visited many of the departments and congratulated them for their excellent feedback.

Feedback for improvement

- 2.3.7. The Patient Experience Team approached the directorate management teams of the departments with feedback for improvement between January and April 2017. Common themes in the feedback included:

- Waiting times.
- Staff attitude and compassion.
- Communication.
- Uncoordinated care.

- 2.3.8. Other issues:

- It was observed that these departments were some of the Trust’s busiest, and managing high demand within the available capacity was one of the key issues across the highlighted areas.

³ Full details of the process are available in the May Trust Board Quality Report, at: <http://www.ouh.nhs.uk/about/trust-board/2017/may/documents/TB2017.46-board-quality.pdf>

- Some of the department leads needed further support to appreciate the importance of the feedback and to use it in a constructive way for improvement of their services.
- 2.3.9. Of the seven departments with feedback for improvement between January and April 2017, there were improvements in the scores in two departments: Lichfield Day Surgery and NOC main outpatients. The main theme in Lichfield in January was the waiting time for surgery, so the department changed the way day surgery times were scheduled to stagger start times, and asked theatres to bleep Lichfield if there were delays so that patients could be updated. The main theme in NOC main outpatients in April was waiting times, and additional clinics have been run on Saturdays to increase clinic capacity.
- 2.4. Children's Friends and Family Test
- 2.4.1. The percentage of children, and their parents/carers, recommending their care was 99% for 2017/18, with a response rate of 6%. At present feedback is obtained in paper format, as texting is currently not available for children. A plan has been put forward to introduce texting to parents of children under 12 years of age in 2018/19.
- 2.4.2. As part of Takeover Challenge 2017, YiPpEe members were invited to advise the Children's Patient Experience Team on ways to improve FFT response rates on Children's Wards. As a result of this, a pilot was launched on five children's wards, known as 'Feedback Fridays'.
- 2.4.3. After three months of the pilot, FFT response rates on these five wards increased from 7% to 11%. The learning from this will be disseminated across the Children's Directorate during Quarter 1 2018/19.
3. **Patient Stories**
- 3.1. In 2017/18, patient stories involved patients and carers with a range of experiences, conditions and circumstances. Stories from April 2016 to March 2017 included: Views from the perspective of a patient carer and from a young carer; two patients' perspectives on treatment for cancer; the support given to patient with requirements for help with mobility and transport; the experience of a couple who took part in the National Living Donor Kidney Sharing Scheme; the story of a patient diagnosed with Parkinson's disease and subsequent treatment; the experience of a foundation year doctor, the positive feedback from a young patient with leukaemia on their journey with the Trust; the shared experience of peritoneal dialysis between two patients.
- 3.2. Stories are shared with the Trust board for reflection and learning.
4. **CQC National Patient Survey Programme**
- 4.1. The National Inpatient Survey 2017
- 4.1.1. 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 2017. The response rate for the mandatory sample of 1250 patients was 43%.
- 4.1.2. The Trust commissioned an additional sample of approximately 4700 patients in order to get ward level data which could be shared with sisters and charge nurses.

- 4.1.3. The Trust achieved an average score of 78, which is about the same as 2016.⁴
- 4.1.4. The Trust performed better than most Trusts on three questions:
- While you were in the A&E Department, how much information about your condition or treatment was given to you? – score of 90.
 - Did the hospital staff explain the reasons for being moved in a way you could understand? – score of 85.
 - Were you given clear written or printed information about your medicines? – score of 86.
- 4.1.5. The Trust improved on one question since 2016:
- While you were in the A&E Department, how much information about your condition or treatment was given to you?
- 4.1.6. The Patient Experience Team continues to work closely with divisional teams to make use of the results, to provide guidance on how to interpret them and to support the development of action plans to be monitored by divisional management.
- 4.1.7. The Trust will continue to focus on the priorities of improving responsiveness to patient needs, measured via call bells; and reducing noise at night from staff.
- 4.2. The National Children and Young People's Inpatient and Day Case Survey 2016
- 4.2.1. The sample included patients who were admitted as a planned admission or as an emergency, and were discharged from any of the Trust's hospitals in November and December 2016. The results were published in November 2017.
- 4.2.2. The sample size was 1250, split between three age groups; 0-7 years old (450), 8-11 years old (400) and 12-15 years old (400). The Trust received 462 responses, the most received by any of the 132 trusts participating in the survey, giving a response rate of 37%.
- 4.2.3. Overall, the Trust's results were extremely positive, performing better than most other Trusts on 15 questions, including overall patient experience (please refer to Appendix 2 for the list of questions). The results have been shared with a wide range of staff and stakeholder groups.
- 4.3. The National Maternity Survey 2017
- 4.3.1. The Trust's sample included 539 women who gave birth during February 2017; with the results published in January 2018.
- 4.3.2. The Trust response rate for the survey was 51.5%; much higher than the national average of 37%.
- 4.3.3. The Trust achieved an average score of 81.
- 4.3.4. The Trust performed better than most other Trusts on two question groups. The remaining scores were 'about the same' as other Trusts.
- Moving during labour - being able to move around and choose the most comfortable position during labour. CQC score: 88

⁴ The scores range from 0 to 100. Higher scores are better.

- Staff introduction - staff introducing themselves before examination or treatment. CQC score: 95
- 4.3.5. Significant improvements were made on the following questions in the 2017 survey:
- During your antenatal check-ups, did a midwife ask you how you were feeling emotionally? 2015: 80; 2017: 88
 - Thinking about your stay in hospital, how clean was the hospital room or ward you were in? 2015: 74; 2017: 90
 - During your antenatal check-ups, did the midwives listen to you? 2015: 89; 2017: 94

5. Equality and Diversity

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

- The Dementia education programme for Tier 1 and Tier 2 training has been revised and the number of staff receiving each tier of training is monitored as well as the different disciplines of staff. This is reported to HEE quarterly.
- The monthly Dementia Information Café has provided support and information to carers amongst the public as well as staff who are carers. It has been relocated to near the League of Friends Café on level 2 JR to provide more visibility and accessibility. It continues to be supported by the relevant charities locally.
- There is ongoing negotiation with the new catering providers to provide finger foods for patients with dementia.
- The Trust has improved access for carers of people with dementia in the hospital, through the endorsement of John's Campaign.⁵ The Trust is in the process of implementing 'Open Visiting' which will further support access for carers to support patients.

5.2. The Trust held the last Equality Delivery System II (EDS2) in 2016. Although the recommendation is to hold the panels only every four years, the Trust decided to hold an interim assessment in 2018 looking only at the two patient related goals. The purpose of these interim panels was to further embed equality and diversity within the Trust and raise awareness of the 2016 process.

5.3. During 2017/18 the Equality and Diversity lead worked with divisional leads to collect evidence on the way people from the nine protected characteristics are supported by the Trust. Internal and external grading assessment panels were then held in the first quarter of 2018/19.

5.4. Equality Impact Assessments (EIAs): The Trust EIA guidance has been refreshed and been through internal consultation. Throughout the year the Equality and Diversity lead has been working with and supporting staff in writing EIAs and increasing access to demographic information.

5.5. 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.

⁵ John's Campaign promotes the collaboration of carers and staff in supporting people with dementia; <http://johnscampaign.org.uk/>

- 5.6. Oxfordshire's Commitment to Carers been developed which is on the internet and displayed around the Trust. This was led by the Trust and involved over a 100 carers and a range of statutory and voluntary partners across Oxfordshire,
- 5.7. The Carers Policy was reviewed in collaboration with staff and carers and was approved in November 2017.

6. NHS Accessible Information standard (AIS)

- 6.1. The Trust-wide Accessible Information Standard Implementation Group has been working on plans to trial changes to the Electronic Patient Record (EPR) to enable patients' communication requirements to be recorded, including details of additional equipment/adaptation required for that patient. This will include review of the current SNOMED⁶ codes, which are used to generate 'flags' on patient accounts. These flags alert staff to additional information about the patient.
- 6.2. Subsequent work from this trial will include mapping out how staff then obtain information for their patients, based on their communication needs. This includes an additional survey, which will be carried out to gain insight into how areas currently collect information and provide information in other formats.
- 6.3. The Trust continues to benchmark its work plan and share learning with other Trusts.

7. Clinical Patient Information Leaflets

- 7.1. The library of clinical patient information continues to grow. The Trust now has over 1,500 titles available, compared to 1,300 in 2016-2017 and 1,100 in 2015-2016.
- 7.2. The Digital Print Store leaflet library and ordering system (developed by Oxford Medical Illustration (OMI)) continues to be rolled out across the Trust, as staff place new orders for leaflets. This resource allows staff to access the entire library of patient information.
- 7.3. As data is collated by the Digital Print Store, the Patient Information and Interpreting Officer will start to analyse the use of all leaflets, allowing for redundant (unprinted) leaflets to be archived and leaflets past review date to be highlighted.
- 7.4. This year, the Trust's Print Room has produced up to 55,000 leaflets a month, to supply all Trust sites as well as satellite units, compared to 52,000 in 2016/17 and 47,000 in 2015/16.
- 7.5. The Trust continues to share patient information with other Trusts, charities and information providers nationally and internationally and has received positive feedback on the quality and usability of the leaflets.

8. Interpreting and Translation

- 8.1. At the end of 2017, the Patient Information and Interpreting Officer carried out walk rounds of all departments at each OUH hospital site, to review the use of interpreters. Following this, the vetting service was introduced in May 2017 to check all requests for face to face (F2F) language interpreters, as it was found they were being used inappropriately. This has resulted in an overall average reduction

⁶ SNOMED CT is a structured clinical vocabulary for use in an electronic health record. It is the most comprehensive and precise clinical health terminology product in the world.

<https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>

in the use of F2F language interpreters of 57%, with the emphasis on using telephone interpreters instead (where appropriate).

8.2. Clear guidance for ordering suitable phones for telephone interpreting have been mapped out with the Telecommunications team and are detailed on the Interpreting and Translation⁷ pages on the Trust's staff intranet.

8.3. Clear guidance on the appropriate use of interpreters (as well as further details on the use of clinical staff as interpreters) is within the Interpreting and Translation pages of the Trust's staff intranet. Through walk rounds, trust-wide messages, and discussions with staff, the Patient Information and Interpreting Officer has been reinforcing the message that friends and family members cannot be used to interpret, due to the associated safeguarding risks. Only Trust approved interpreters or clinical staff who speak the same language should be used.

8.4. Service specifications for the retendering of the Trust's interpreting providers are being developed by Procurement. The service specifications will include video interpreting, mainly for British Sign Language. This would be extremely useful in emergency settings, such as ED, SEU, EAU and Maternity.

8.5. The top five most frequently used languages for telephone interpreting are: Arabic and Polish, followed by Portuguese, then Romanian and Mandarin (compared to Arabic, Polish, Urdu, Portuguese, and Mandarin in 2016/17)

- Total telephone calls for language interpreting: 1,588 (compared to 753 in 2016/17)
- Total minutes: 28,310 (compared to 13,024 in 2016/17)
- Up to 31 different languages used each month (compared to 26 in 2016/17)
- Top five most frequently used languages for face to face interpreting: Polish, Arabic, Urdu/Punjabi, Romanian and Cantonese (compared to Polish, Arabic, Portuguese, Urdu, and Cantonese in 2016/17).
- Total number of interpreters used: 1,098 (compared to 1,915 in 2016/17)
- Up to 28 different languages used each month (compared to 31 in 2016/17)
- Number of British Sign Language interpreters used: 580 (compared to 555 in 25016/17)

8.6. Children and Young People (CYP)

8.6.1. The Young People's Executive (YiPpEe) is the Trust's Patient Partnership Group (PPG) for CYP. During 2017/18, 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. This will be released in Quarter 1 2018/19.
- Delivering a seminar to Children's Nursing students at Oxford Brookes University on service user involvement. During the seminar YiPpEe had the opportunity to talk to students about involving CYP in decision-making regarding their care and treatment.
- Attending 'The Big Youth Forum Meet Up', where YiPpEe members had an opportunity to meet other NHS Youth Forums from across the

⁷ <http://orh.oxnet.nhs.uk/interpreting/pages/default.aspx>

UK, with the mutual aim of advocating young people's needs in the way hospital services are run.

- Electing two new Young People's Governors to represent CYP on the Trust's Council of Governors

8.6.2. The OUH Children's Patient Experience Team remains a management partner, with Oxfordshire County Council and Oxfordshire Youth, to develop the Voice of Oxfordshire's Youth (VOXY) with VOXY. One aim of VOXY is to increase engagement of CYP across Oxfordshire. YiPpEe members are involved in the VOXY Council

9. Patient Partnership Groups

9.1. 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.

9.2. The Maternity Voice Partnership continues to progress its work in the local community. In January 2018, recent maternity service users were trained to gather feedback from other parents they know at local groups. The wider community can also provide feedback directly on the Maternity Voice Partnership website, which is run by service users.

9.3. The Oxford Eye Hospital Project was a key project in 2017/18 and involved a range of internal and external partners. A patient experience survey was sent to 594 patients and returned by over 200. Following which a new job description for volunteers was written. The Patient Experience Team continues to work with the Oxford Eye Hospital to make improvements to patients' experiences.

10. Public Engagement Events in 2017-18

10.1. A Patient and Public Forum has been set up with two meetings held – in June and November 2017, each attended by over 30 people, including voluntary organisation, carers, patients, governors and members of the public identified two areas of focus for improvement. Two Patient and Public Reference Groups were established in Quarter 2 to monitor and inform progress against the two priorities; 'bridging the gap' between clinical care and help at home, and communication. A further Patient Forum was held in December 2017 to progress this work.

10.2. The Trust held events in May 2017 and January 2018 about the Trust's Quality Priorities. These events 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. Complaints and PALS

11.1. This section provides a summary of the formal patient complaints and PALS contacts received by the Trust in the financial year; 2017/18, 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.

11.2. Patient Advice and Liaison Service (PALS)

11.2.1. 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. PALS Officers are based on all four hospital sites.

11.2.2. In 2017/18 there were 10,414 PALS contacts, 7296 of these contacts were by telephone, 824 in person and 2294 by email. PALS relocated back to the Hospitals in January 2018 after a period of significant staff shortages. This was welcomed by members of the public, who had previously expressed concerns regarding the difficulty in accessing PALS.

11.3. The Complaints Service

11.3.1. The purpose of the Complaints Team is to implement the 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.

11.3.2. The Trust received 989 formal complaints in 2017/18. This compared to 1089 in 2016/17, 1041 in 2016/17 and 1012 complaints in 2014/15. It represents a 10% drop and has reversed the trend over the previous four years. This also mirrors the national picture.

11.3.3. The Trust rated five complaints as red. These are identified as the most serious complaints; all of which were investigated as a serious incident requiring investigation (SIRI)⁸.

11.3.4. 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)

11.4. Thematic Review:

11.4.1. Clinical treatment (n=305 and 30%) received the highest proportion of complaints throughout the year. This correlates with the findings of complaints received nationally according to the KO41a data.⁹

11.4.2. During the year the PALS and Complaints team identified 11 areas of concern which were reported to Quality Committee and Trust Board. These were reported because, whilst these concerns have been resolved for individual patients, the problems within the system have remained, meaning patients and relatives continue to raise issues of a similar nature. These concerns are shown in Table 1, below. The monthly PALS and Complaints update report for Trust Board and Quality Committee has been changed from April 2018 to reflect the request for a focus on the practical concerns expressed by patients. The complaints section for the quarterly report will also follow this format from Quarter 1 2018/19.

Table 1: Issues raised at Trust Board and Quality Committee

Month	Clinical or Trust Service area	Issue
December 2017	Child and adult ENT service	Capacity and delays in appointments
	Radiology	Issues with appointments, delay in receiving the results, difficulty in being able to contact the

⁸ <https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf>

⁹ The KO41a submission is a national analysis of NHS complaints across primary, secondary and tertiary care and mental health services. It is collected on a quarterly basis and facilitates national benchmarking in relation to the number of complaints, and reasons for them, with the professionals named. <https://digital.nhs.uk/catalogue/PUB24086>

		department by telephone
	Smoking on Trust sites	Smoking and smoking litter on the hospital sites
January 2018	Gynaecology	Delays in complaint being investigated and responded to within the required timescales. Eight month wait for appointments
	Car parking	Values and behaviours of staff
February 2018	Maternity	Requested for caesarean sections
	Neurosciences	Delays in complaint being investigated and responded to within the required timescales.
March 2018	Dementia care	Incorrect diagnosis of dementia
	Facilities	Delays in complaint being investigated and responded to within the required timescales.
	Completion of Complaints	The completion of complaints within 25 days or agreed timescales
April	Rheumatology	Increase in referrals due to the introduction of Healthshare ¹⁰ , who currently do not have a Rheumatology Specialist to triage.
	Radiology	The timely reporting of scans/x-rays and timely scan dates.

11.4.3. Concerns regarding the timely resolution and conclusion of complaints were highlighted to Quality Committee and Trust on three occasions during the year. The timely completion of complaints is an important factor in the governance of complaints investigation and the humane approach to the complainant. In the March Board Quality Report, the Chief Nurse reported that the Complaints closure Key Performance Indicator (KPI) dropped from 95% (Q4 2016/7- Q2 2017/18) to 92% in Q3 2017/18.

11.4.4. Learning from complaints and linking with Patient Experience: The Complaints and PALS team have seen an increase in the number of complaints being raised in relation to the attitude of staff caring for patients who are potentially suffering from an early miscarriage. These patients are presenting to either the Emergency Departments or the Gynaecology service. A common theme from these complaints is the patients feel there is a lack of compassion and understanding from staff. Since November 2017, there have been 6 formal complaints received highlighting concerns of this nature. As a result of these complaints, work has been done to raise awareness of the importance for patients to be cared for in a kind and caring manner, in line with the Trust's core values. Additionally, the Trust recognise the importance of women being treated in the most appropriate environment during early pregnancy and have opened the Early Pregnancy Assessment Unit in the Rose Hill Community Centre to ensure care can be provided in a calm and less medicalised environment. The patient story presented at Quality Committee tells the story of a woman who presented at ED and who was in the early stages of miscarrying.

11.5. Divisional review

¹⁰ <https://healthshareoxfordshire.org.uk/contact-us>

- 11.5.1. Neurosciences, Orthopaedics, Trauma and Specialist Surgery (NOTSS) received the most complaints during the year at 290 complaints. It is important to note that NOTSS have the highest number of patient episodes across the Trust. Specialist Surgery regularly receives the highest number of complaints which is not unexpected as the directorate have the highest caseload. The issues most complained about throughout the year were clinical treatment, cancelled appointments and values and attitudes of staff.
- 11.5.2. Surgery & Oncology (S&O) received 150 complaints during the year. The Surgery directorate received the most complaints in the division. Over the year a third of the complaints related to clinical treatment.
- 11.5.3. Medicine, Rehabilitation, and Cardiac (MRC) division received 251 complaints during the year. The directorates with the most complaints were the Acute Medicine and Rehabilitation Directorate, and the Cardiology, Cardiac and Thoracic Surgery Directorate. The national pressures on the country's emergency departments were well documented throughout the year and this was locally reflected in the 96 complaints received. The division's complaints mainly surrounded clinical care, admission and discharge and values and behaviours of staff. The division is responsible for most of the Trust's emergency pathways of care, discharge and home care support. Most of the patients supported by the division are over 80 years of age with additional cognitive impairment because of dementia or acute delirium. It is important to note that the division have undergone a substantial reorganisation of services to ensure that patients are supported at home as much as possible and are discharged in a timely manner to prevent unnecessarily long admissions to hospital.
- 11.5.4. Clinical Support Services (CSS) received 52 complaints throughout the year. The complaints were mainly about clinical treatment and appointments.
- 11.5.5. Children and Women's (C&W) received 185 complaints throughout the year with the most complaints received by the women's directorate (n=129). The most common theme was clinical treatment for both directorates.
- 11.5.6. The Corporate division received 61 complaints throughout the year. Complaints for the corporate division often relate to car parking, appointments and smoking.

11.6. Parliamentary and Health Service Ombudsman (PHSO) Investigations:

- 11.6.1. 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.

11.7. Next steps:

- 11.7.1. The focus of the team will be to support the Chief Nurse's drive to ensure complaints are closed within 30 working days with the possibility of one extension for complicated complaints.

12. Conclusion

- 12.1. The Trust continues to increase levels of feedback from its patients and the public through the Friends and Family Test, patient stories, and Public Participation Groups, and public engagement events.
- 12.2. Patient stories have covered a wide range of topics and perspectives and have continued to be effectively coproduced with patients, relatives and staff.
- 12.3. 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 response rates are better than other Trusts and while the Trust is better than other Trusts on two, three and fifteen questions, for the maternity, adult inpatient and children's surveys, the Trust did not score worse than other Trusts on any questions.
- 12.4. The Patient Experience and Equality and Diversity teams have continued to make progress against the statutory requirements and within important at the Trust, including the Equality Delivery System 2 (EDS2). While the statutory requirement is to review progress against the standards every four years, and the last panel was held in 2016, the Trust held a panel to re-grade itself against the patient goals in 2018.
- 12.5. The interpreting project has been a success; helping the Trust to prioritise its use of face-to-face interpreters for patients who need them most, with telephone interpreters offered as the alternative; and ensuring that family and friends are not used as interpreters, due to the safeguarding risks.
- 12.6. The work of the Public Partnership Groups continues to progress.
- 12.7. PALS continue to see an overall increase in the number of enquiries and contacts.
- 12.8. Complaints have seen a decrease in the number of formal complaints received about the Trust, which this mirrors the national picture.

13. Recommendation

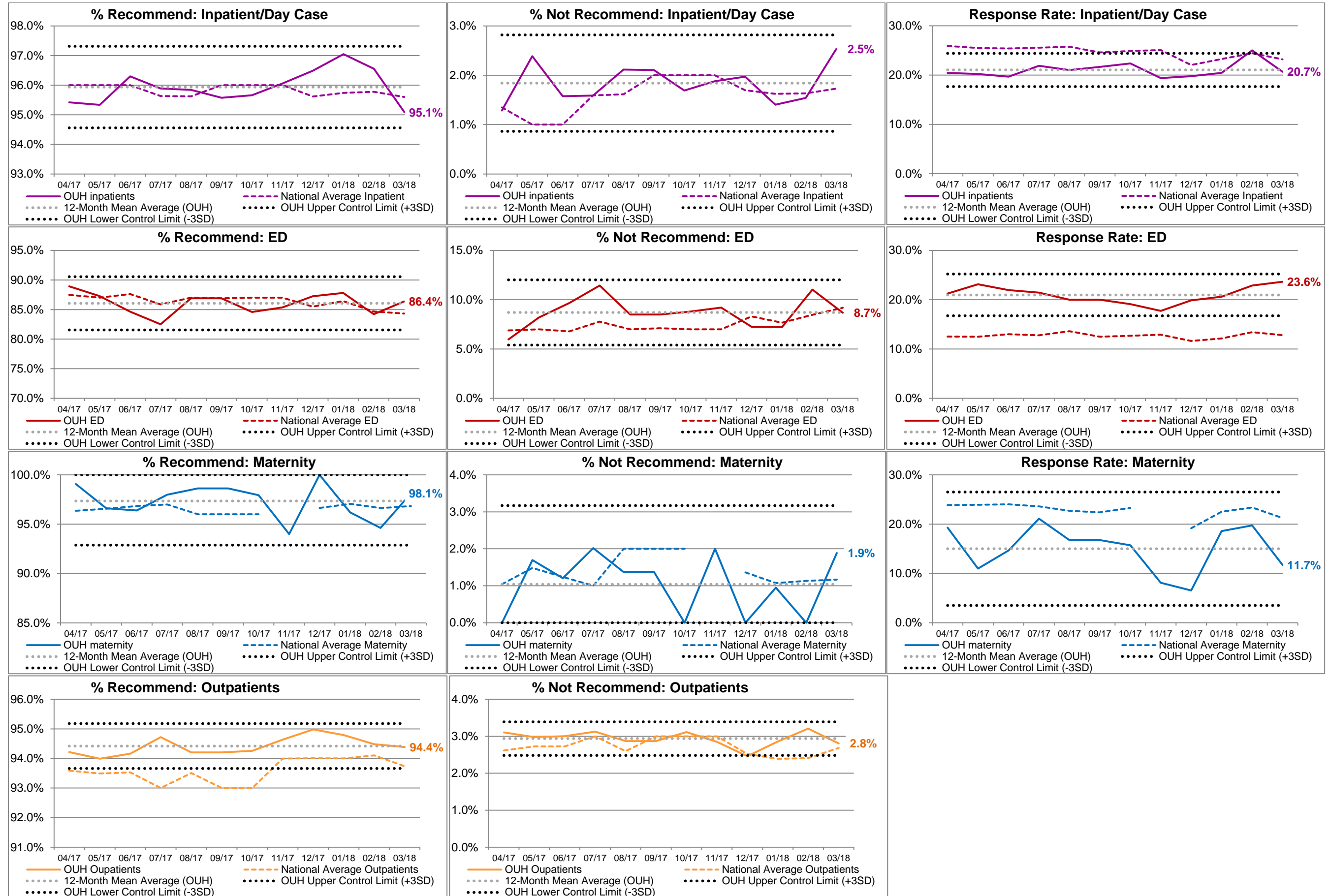
The results of the CQC National Survey has been previously discussed at the Trust board – the Quality Committee have requested that a revised improvement plan is developed in response to the key themes outlined in this report and that patient stories consider these themes and give the Trust Board assurance of the associated improvements. The Trust Board is asked to note the contents of the report.

Sam Foster

Chief Nurse

September 2017

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



Appendix 2: National Children's Inpatient and Day Case Survey, questions with scores significantly better than other Trusts

Feedback received from:	Survey question
CYP 8-15	Did hospital staff talk with you about how they were going to care for you?
CYP 8-15	Did you feel able to ask staff questions?
CYP 8-15	Were you involved in decisions about your care and treatment?
CYP 8-15	If you had any worries, did a member of staff talk with you about them?
CYP 8-15	Before the operations or procedures, did hospital staff explain to you what would be done?
CYP 12-15	If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?
P 0-7	Do you feel that the people looking after your child listened to you?
P 0-7	Do you feel that the people looking after your child were friendly?
P 0-7	Do you feel that your child was well looked after by the hospital staff?
P 0-7	Were you treated with dignity and respect by the people looking after your child?
P 0-15	Were you able to ask staff any questions you had about your child's care?
P 0-15	Did a member of staff agree a plan for your child's care with you?
P 0-15	Were you given enough information to be involved in decisions about your child's care and treatment?
P 0-15	Did you feel that staff looking after your child knew how to care for their individual or special needs?

P 0-15

Overall, how would you rate your care?