Oxford University Hospitals
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 8 July 2020

TB2020.65

Title	Patient Experience, PALS and Complaints Annual Report 2019-20

Status	Annual Report
History	A summary of the Trust's Patient Experience, PALS and Complaints activity is presented annually to the Trust Management Executive Committee, Quality Committee and Trust Board. Previously presented to IAC on 10th June 2020

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

Executive Summary

Purpose: This report provides the annual report of activity for the financial year 2019/20 in relation to patient experience, public engagement, PALS and complaints as well as the opportunities for learning and service change.
The Patient Experience Delivery Plan: Initiated by the Chief Nursing Officer in the autumn of 2018, the Patient Experience Delivery Plan aims to address patient feedback and improve both patient and staff experience. The Plan comprises 10 focus areas which were informed by complaints and patient feedback. The developments and planned actions established during 2019/20 are detailed in this paper.
Friends and Family Test: The Trust continues to learn from the Friends and Family Test (FFT) each month. The feedback is reviewed and shared through the Trust's reporting systems and provides an opportunity to reflect on themes and identify areas for improvement.
Patient Stories: These stories are developed with patients and staff to promote learning and drive service improvements. The patient stories in 2019/20 are based on the 10 focus areas of the Patient Experience Delivery Plan.
National Patient Survey Programme: The Trust takes part in the Care Quality Commission (CQC) national survey programme. The results of national surveys provide an opportunity for national benchmarking and enable Trust to target the right improvements for patients and services. All the surveys reported indicate that the Trust has several strengths, but also areas for improvement.
Equality and Diversity: The Trust strives to ensure that activities are as inclusive as possible for all patients, their families, carers and staff. The Equality, Diversity and Inclusion Steering Group, chaired by the Director for Improvement and Culture, oversees the patient and staff equality and diversity programme of work and reports to the Trust's Integrated Assurance Committee.
NHS Accessible Information Standard: This standard applies to all NHS Trusts and requires the Trust to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS provider organisations are required to meet all the five elements within the Standard which include: Asking, Recording, Flagging/Alerting, sharing and Acting. This requirement is specified in the Service Condition 13.2 of the NHS Standard Contract. During the year, the Electronic Patient Record system (EPR) has developed the capability to record this within patient's individual records.
Clinical Patient Information Leaflets: The Trust has a library of over 1,500 leaflets. These Trust-approved leaflets support our patients and their carers with well written and clear information, helping to improve the overall hospital and care experience. The Patient Experience Team is currently in the process of handing over the production of leaflets to the Divisions. This is a complex piece of work and has involved an overview of the Patient Information Policy.
Interpreting and Translation: The Trust changed the booking process for face to face language interpreters to improve availability and value for money. Clinical staff members whose first/usual language is the same as the patients are now able to interpret clinical conversations. There has been continual awareness across the Trust about the importance of using interpreters because of patient safety and safeguarding implications.

Engaging with patients and the public: In order to enable the right improvements to our organisation and services, the Trust needs to have the views of people who use them. We have therefore continued to engage with patients and the public in a number of ways, such as through YiPpEe and the public quality meeting to help the Trust make improvements.

Patient Advice Liaison Service (PALS)*:* PALS are a first-stop service for patients, their families and carers who have a query or concern about our hospitals or services. The Trust saw a decrease in the number of PALS enquiries recorded in 2019/20, with 1,720 noted.

Complaints*:* The number of formal complaints actioned was 1139, an increase of 6% in the number received last year (2018/19). All complaints are managed individually with the complainant and in a manner best suited to resolve the particular concern raised.

Notes: It should be noted that since March 2020 the work undertaken by the Patient Experience Team and the Complaints Team has been affected by the Coronavirus (COVID-19) pandemic. This affected the local collection and national reporting for FFT, and the completion of complaints. Now that the Trust is in the recovery phase we will ensure that all planned activities are taken forward into the next year's (2020-21) activities.

Public Engagement, Patient Experience, PALS and Complaints Annual Report 2019-20

1.   Purpose

1.1.   Seeking and acting on patient feedback is key to improving the quality of healthcare services. This paper provides an annual report for 2019/20 of the Trust's activity in relation to patient experience, public engagement, PALS and complaints and the opportunities for learning and service improvement.

2.   Patient Experience Delivery Plan

2.1.   The Patient Experience Delivery Plan (PEDP) was initiated by the Chief Nursing Officer in the autumn of 2018 and was designed to address was designed to address issues about which patients and their families were most worried. It replaces the Patient and Public Involvement Strategy (2016-19).

2.2.   The PEDP comprises 10 focus areas informed by CQC national surveys and complaints. The topics included and is shown in Figure 1, below:

* Delivering Same Sex Accommodation:
* Noise at Night
* Holistic Care plans for people with cancer
* Emergency Department Waiting times
* Delayed or cancelled operations or procedures
* Discharge from hospital
* Car parking on the hospital sites
* Home First: HART.
* End of Life Care.
* Patient Led Assessments of Care Environments (PLACE)

Fig 1: Patient Experience delivery Plan

2.3.   The Teams are due to report on the achievements and the change in practice in January 2021.

2.4.   Please refer to Appendix 1 for detail for each project.

3.   The Complaints Service

3.1.   The manner in which a NHS Trust investigates and learns from complaints is an important part of compassionate care. The Trust takes investigation, learning, timeliness and communication surrounding complaints very seriously. In order to produce reasonable, fair and proportionate resolutions as part of our complaints handling procedures the Trust aims

to adhere to the Principles of Remedy produced by the Parliamentary and Health Service Ombudsman in 2007 and the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This includes:

- Getting it right

- Being customer focused

- Being open and accountable

- Acting fairly and proportionately

- Putting things right

- Seeking continuous improvement

3.2. In the financial year 2019-20 the Trust received 1139 complaints. The main themes of the complaints are related to clinical treatment, appointments, communications, and in relation to the Trust's values and behaviours amongst staff.

3.3. All complaints are managed individually with the complainant and in a manner best suited to resolve the particular concern raised. Each complainant is assigned a named Complaints Co-ordinator, who will, where possible, discuss with the complainant how they wish their complaint to be responded to. Methods of response can include a written response from the Chief Nursing Officer on behalf of the Chief Executive, a face-to-face resolution meeting with relevant staff, and later, potentially if unresolved, an independent review of the care provided.

3.4. In 2019-2020, the Trust had no complaints upheld following investigation by the Parliamentary and Health Service Ombudsman (PHSO). This is the second consecutive year where the PHSO have not upheld any complaint investigated regarding the Trust.

3.5. Work with the Divisions has continued in 2019/20 to improve the response timescales to complaints. The Complaints Co-ordinators will continue to liaise with individual Directorates/Divisions to increase the responses rates to meet the KPI of 95% of complaints responded to in 25 working days plus no more than one extension of 15 working days.

3.6. Appendix 2 shows the Complaints dashboard for the year.

3.7. During March 2020 and as a result of the COVID 19 pandemic, the number of new complaints started to drop.

3.8. In terms of thematic reviews, clinical treatment (n=322 and 28%) received the highest proportion of complaints throughout the year. This correlates with the findings of complaints received nationally according to the KO41a data.[1]

3.9. **Divisional review**

3.10. Neurosciences, Orthopaedics, Trauma and Specialist Surgery, Childrens and Neonates (NOTSSCaN) received the most complaints during the year at 431 complaints. It is important to note that NOTSSCaN 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

---

[1] 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. NHS England suspended the KO41a collection during the COVID-19 pandemic, so data for Q4 is not available.

throughout the year were clinical treatment, cancelled appointments/appointment availability, communications and values and behaviours of staff.

3.11. Surgery Womens and Oncology (SuWOn) received 288 complaints during the year. The Transplant, Renal and Urology directorate received the most complaints in the division. Over the year 106 of the complaints related to clinical treatment.

3.12. Medicine, Rehabilitation, and Cardiac (MRC) division received 251 complaints during the year. The directorate with the most complaints was the Acute Medicine and Rehabilitation Directorate. The national pressures on the country's emergency departments were well documented throughout the year and this was locally reflected in the 95 complaints received. The division's complaints mainly involved clinical care, communications and patient care.

3.13. Clinical Support Services (CSS) received 74 complaints throughout the year. Radiology & Imaging received the most complaints at a directorate level with 47 received. Across the Division the complaints were mainly about clinical treatment and values and behaviours.

3.14. The Corporate division received 96 complaints throughout the year. Complaints for the corporate division predominantly relate to car parking, appointments and smoking.

3.15. **Learning from Complaints**

3.16. This year the learning from complaints has been incorporated in to the patient Experience Delivery Plan.

3.17. Four of the 10 initiatives were recommended because of previous patient complaints; these were car parking, waiting times in Emergency department (ED), cancelled appointments and procedures and discharge.

3.18. The analysis of complaints also featured in every patient story presented to Trust Board and Quality Committee during the year.

3.19. **Patient Advice and Liaison Service (PALS**) are a first-stop service for patients, their families and carers who have a query or concern about our hospitals or services. The team provides an impartial and confidential service and aims to help resolve issues by addressing them as quickly as possible.

3.20. The majority of contacts with PALS relate to requests for information about hospital processes or putting people in touch with the correct department or individual who can help them. The service also collates comments, suggestions and concerns made either directly to the service or through the patient experience feedback mechanisms available throughout the hospitals.

3.21. PALS are an integral part of the Complaints Team and works closely with the Patient Experience Team to provide a comprehensive service to patients and their   families. During 2019-2020 PALS had 1,720 recorded requests, compliments and concerns. The main categories related to communications, appointments, values and behaviour and clinical treatment. There were also compliments to various staff and departments.

4.   Friends and Family Test (FFT)

4.1. The Friends and Family Test (FFT) is one of the mechanisms for the Trust to seek feedback from patients, their friends and family and act on it. All patients can provide feedback through different channels: text, agent call, paper and online. The FFT asks patients whether they would recommend the service to friends and family and provides an opportunity to comment on the reason for their answer.

4.2. The FFT changed from April 2020 onwards. The COVID 19 pandemic meant there was limited implementation[2].

4.3. Feedback and response rates are reviewed monthly and shared with divisional leads. This allows an opportunity reflect on themes and identify areas for improvement. 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 Patient Experience Team continues to focus on increasing the response rate through awareness and use of the alternative methods of data collection. Please refer to Appendices 3 and 4.

4.4. Table 2, below shows the FFT results for 1 April 2019 to 31 March 2020. Please note that the requirement to submit monthly data to NHS England and Improvement was paused in March 2020 due to COVID-19. The response rates therefore are for up until February 2020[3].

Service area	Number of replies (n)	% patients who would recommend the service		Response rates *		Main method for data collection
		OUH	National Average	OUH	National Average	
Emergency Department	16,830	86.7	85.1	20.1	12.4	SMS
Inpatients and Day cases ^	30,400	95.8	96.0	19.5	24.7	Paper questionnaires
Maternity	937	96.6	96.5	18.3	20.1	Paper questionnaires
Outpatients	73,577	94.2	93.8	19.5	24.7	SMS

Table 2: Friends and Family Results: 1 April 2019 to 31 March 2020

4.5. The common themes found in the feedback are grouped as positive or negative. Positive themes include: Kind and helpful staff, personalised care and efficient service. Negative themes include: Waiting times, discharge and communication. These issues align with complaints and the Trust's operational pressures identified in the Corporate and Divisional risk registers. These risks all have mitigation plans in place to improve the clinical service to patients.

5. Patient Stories

5.1. The Chief Nursing Officer continues to present a written case study and associated learning alternately to the Trust's bi-monthly public Board meetings and Integrated Assurance Committee meetings. These stories, volunteered by patients, relatives and staff, are presented together with a response from the clinical teams to share what has been learned from the experience.

---

[2] The 'recommend question' has been revised to patients being asked to rate their experience of care on a scale of 1 – 5 (where 1 is "very good" and 5 "very poor").

[3] This includes adults and children. The Trust disaggregates adults and children for local reporting. The 2019-20 recommend rate specifically for children was 98.6% and the response rate was 5.1%. A SMS trial was * For April 2019 – February 2020 only

5.2. Patient Stories during the year have focussed on the priority areas of the Patient Experience Delivery Plan. They have included:

- HART was the focus in November 2019 in order to explore the lessons learnt from one patient's experience of using the service. The story also gave details of the complaints raised by HART users and presented the results of the HART patient survey. The story included the service improvement plans which have been put in place in response to feedback.

- Holistic Needs Assessments were the focus for December 2019. The story noted that these are helpful in assessing patients' needs, so that advice or support can be offered. It concluded that a considerable amount of work is being undertaken to improve the number of patients being offered an HNA and subsequent care plan.

- Emergency Department Waiting times were the focus for August 2019. The story was provided by a patient who had complained. This lead to a review of the way that 'streaming' (a process to direct patients to the most appropriate pathway) was used. It also led for plans to improve communication with patients to manage expectations.

- Bridging the Discharge Gap was the focus for January 2020 focused on improving discharge within the Trust. The story presented the experience of a patient helped by the Early Supported Discharge Service for stroke. The support of the service enabled the patient to be discharged home sooner, so he could be closer to his family. This freed a bed so the hospital could admit another patient for treatment.

6. Care Quality Commission (CQC) National Patient Survey Programme

6.1. **National Adult Inpatient Survey 2019** includes all acute NHS trusts with patients over the age of 16. Feedback from these surveys allows identification of where the Trust is doing well and where improvements can be made. They also allow national comparisons, as well as trends over time as the survey is conducted annually.

6.2. The mandatory number of patients that trusts must attempt to contact for the National Inpatient Survey is 1,250. We have surveyed an additional sample of approximately 3,400 patients for four consecutive years. The additional sample means there are enough responses that it is possible to access ward-level results reports, which helps to drive improvements.

6.3. The CQC will publish the results of the 2019 survey in June or July 2020, however the Trust has received the embargoed results. These have been shared in confidence with the clinical divisional teams and a group of Public Governors.

6.4. In summary, 550 surveys were completed (response rate of 46%). The results are positive. The Trust scored an average score of 78.2% which was higher than in 2018. The Trust scored in the top 20% of Trusts on 33 questions and the bottom 20% of Trusts on 1 question. Strengths of the Trust were: Confidence and trust in doctors and nurses, Help, support and information giving by staff and Overall experience of being in hospital. The Trust scored less well for cancelled procedures or admissions, discharge process, food and noise at night.

6.5. The Patient Experience Team continues to work closely with divisional teams to use the results to help support the development of action plans.

6.6. **The National Children and Young People's Inpatient and Day Case Survey (2018)** is conducted every two years. The 2018 survey was conducted in November and December 2018 and the findings were reported in June 2019. A total of 1,215 questionnaires were

distributed. Participants completed one of three questionnaires, dependent on the patient's age at time of discharge. The age groups are: 0-7, 8-11 and 12-15 years.

6.7. Overall 401 questionnaires were returned and most questionnaires (n=149) were returned from the 12-15 age group. The overall response rate of 33% was 4% lower than 2016, however was higher than the national rate of 25%. The Trust results were similar to those seen nationally.

6.8. The Trust scored highly for: 1) Offering a choice of admission dates, 2) Cleanliness, 3) Wi-Fi access, 3) Confidence and trust in healthcare professionals, 4) Staff awareness of medical history, 5) Staff approachability and friendliness, 6) Overall care provision, 7) Privacy and 8) Advice on self-care given when discharged. Areas for improvement included: 1) Changing admission dates, 2) Staff communicating with children in a way they could understand, 3) Food and 4) Noise at night.

6.9. **The National Maternity Survey (2019)** is undertaken annually. In 209 a total of 520 questionnaires were distributed to women who gave birth in February 2019. Of these 246 were completed (response rate of 47%, compared to 36.5% nationally).

6.10. Of the women surveyed who used the Trust's services, 18% had not given birth before, 79% had given birth to 1 or 2 babies and 2% to 3 or more. In terms of birth place, 49% of births took place in a consultant led unit, 45% in a midwife led unit or birth centre, and 5% were at home (1% chose don't know/can't remember).

6.11. Overall the survey results give a very positive view of services at the Trust. Analysis showed that the average score across all questions was one percentage point higher in 2019 than in 2018. The Trust scored highly for: Choices for place of birth, Antenatal care – information and communication, Involvement in decisions and Respect and dignity. There was only one poorly scoring question which was around the opportunity to ask questions after the birth.

6.12. Based on the results from the 2019 survey, the Director of Midwifery and the Senior Midwifery Team are prioritising the following:

- Improving the opportunities to ask questions after birth.

- Continuing improvements to postnatal care.

- A review of access to maternity care when women are in labour. The issue relating to access to the service while in labour

7. Engaging with diverse groups

7.1. The Trust seeks to engage its diverse patient population to ensure that activity it undertakes meets the needs of everyone and that is undertakes work to mitigate any issues faced by particular communities.

7.2. To increase its ability to reach these communities, the Trust has been developing relationships with partners in the local healthcare system, as well as other organisations such HealthWatch and the Academic Health Science Network (AHSN) so that a coordinated approach can be taken to engagement across the system.

7.3. There have also been specific engagement activities undertaken such as attending Oxford Pride to engage with the local LGBT+ community and working with Oxford Council of Faiths.

7.4. The Trust's Bereavement Service continues to offer a supportive service to the four regional Islamic funeral directors and the communities in general. The Trust has implemented a

procedure for the Time Critical release of bodies to enable funerals to take place quickly in line with the requirements of some faiths.

8. Patient Participation Groups and Patient Forums

8.1. The Trust has several Patient Participation Groups (PPGs) led by staff to encourage patients to share their experiences and to provide feedback for service improvements. They also act as support groups to each other, especially for those with long-term conditions and needing follow-up care - for instance, dialysis patients and patients who have been admitted to the Intensive Care Unit and the Stroke Unit.

8.2. The Trust is particularly proud of the work to include children. Young People's Executive (YiPpEe) is the Trust's Public Partnership Group for children and young people. The group's activities over 2019, included:

- Following feedback from families for FFT we have implemented cups with screw top lids provided by the Oxford Hospitals Charity which have been well received in the children's hospital.

- Child Safety Week (3rd to 9th June 2019) campaign, run nationally by the Child Accident Prevention Trust was actively promoted with an information table outside the Paediatric Critical Care ward with teaching sessions to Children's nurses, Nurse Associate Trainees, and on the induction programme.

- An invitation to the Royal College of Paediatrics and Child Health to feedback on the state of Children's Health, indoor air pollution and children's rights

- A visit to the Ronald Macdonald House prior to this opening in spring.

- Feedback to health professionals on: health passports, healthy eating and use of virtual reality headsets for procedural distress

- Work experience for two members.

- Feedback to children's nursing students at Oxford Brookes University on patient information.

- Yippee reviewed the Trust website with support from the Media and Communications team updated the Yippee page.

- Two members of YiPpEe were elected to represent children and young people on the Trust's Council of Governors. Two of them presented an overview of the year to the Trust.

- Voice of Oxfordshire Youth (VOXY): Yippee is a member of VOXY. A climate event was held to consider the threats to the environment, transport and infrastructure. This will help inform the Oxfordshire Plan 2050 which one of the commitments made by the six Oxfordshire authorities as part of the £215 million Housing and Growth Deal delivering new homes, including affordable and social housing, and infrastructure to the county.

9. Supporting patients with dementia

9.1. The pop up Dementia Café takes place on the first Tuesday of each month between 2.00pm and 3.00pm in the League of Friends Café on Level 2 of the John Radcliffe Hospital. The Trust's Specialist Memory Nurse, Patient Experience team and a Carer Support Worker (from Action for Carers Oxfordshire) run the café which signposts carers, staff and patients with dementia towards support organisations and support services. A wide range of

attendees (patients, relatives and staff) have benefitted from information and the opportunity to speak about their personal circumstances.

9.2. 'Twiddlemuffs' are donated by volunteers. These are knitted muffs with items attached and provide visual, tactile and sensory stimulation and keeps hands warm at the same time.

10. Clinical patient information leaflets

10.1. The Trust's library of clinical patient information leaflets continues to grow with 1,425 controlled and branded patient information leaflets (PILs) available for use. These Trust-approved PILs support our patients and their carers with well-written and clear information, helping to improve their overall hospital and care experience. They also help patients (and/or their carers) to make choices about treatment, including information about safety, risks, benefits and alternatives.

10.2. The Trust makes patient information available in other media formats, including videos on the OUH YouTube channel. The channel has had over a million hits, with videos such as 'Anaesthetic procedure for elective caesarean section (C section)' which has gained 380,205 views (since 2017) and winning a prestigious British Medical Association patient information award.

10.3. The Trust shares the content of many of our leaflets with other trusts and healthcare providers around the world. We also receive regular positive feedback on the quality of our leaflets, both from patients, carers and other healthcare providers.

11. NHS England Accessible Information Standard

11.1. The Accessible Information Standard (AIS) is a requirement for health and social care providers to meet the information and communication support needs of patients with a disability, impairment or sensory loss[4]. NHS provider organisations are required to meet all of the five elements (Asking, Recording, Flagging/Alerting, Sharing, and Acting) within the Standard.

11.2. The Electronic Patient Record (EPR) system is being developed to capture patient communication needs; enabling staff to recognize when patients may need information in other formats, and plan how to meet their needs in advance. The Trust is also updating and streamlining processes to ensure that resources are available to meet a variety of patient communication needs.

12. Interpreting and translation services

12.1. Improvements for availability of interpreters and particularly access to interpreters for urgent appointments continue to be made. Clinical staff members whose first/native language is the same as that of the patient can now interpret clinical conversations and this has helped provide additional capability for ensuring patients are provided for if they require an interpreter.

12.2. It has been challenging to provide interpreters for extremely rare languages, such as Tetum and Fataluku this year and there are currently no identified qualified interpreters of Tetum or Fataluku within the UK. The Oxfordshire interpreting consortium is undertaking a project increase transition options for people of all languages.

12.3. Communication cards are also available for patients to use to convey their needs if they have either limited communication capability or limited English (they are available in 28 different languages). The Trust has produced leaflets in other languages, as well as translating patient letters and notes both to and from English.

12.4. The use of video interpreting sessions for British Sign Language (BSL) interpreting will be introduced in 2020. This will enable D/deaf patients/carers to call the Trust via a BSL

---

[4] Section 13.2 of the NHS Standard Contract

interpreter, instead of having to rely on a third party to communicate for them, write or email in, or travel to the hospital to discuss their request or query. Video interpreting will be useful in situations where BSL interpreters are needed urgently, so cannot be pre-booked (such as in Emergency Departments or Maternity). It may also be able to be used for short appointments, helping to increase the availability of interpreters for those appointments where they need to be present.

Mrs Sam Foster, Chief Nursing Officer

Authors:

Posy Bidwell

Olivia Galloway

Katie Harris

Caroline Heason

Melanie James

Ed Jaspers

Vivienne Lee

David Rathbone

Naomi Roberts

Tommy Snipe

Tracy Toohey

10th June 2020

Appendix 1: Detailed feedback for the Patient Experience Delivery Plan.

Bridging the discharge gap

The Trust aims to improve discharge experiences in the following key areas:

- Reducing delays on the day of discharge.

- Reducing length of hospital stays to help get patients to a more suitable environment for rehabilitation.

- Improving information about discharge, to improve safety for patients.

- Better communication with patients, their carers' and family members about discharge plans.

- Ensuring community support is appropriate so that there is follow up support from the hospital and/or local health and social services.

In order to do this, the following has been done:

- A Bridging the Discharge Gap Group (BGG) is been established. It is chaired by the Deputy Director of Urgent Care and one of the Trust's Public Governors. The BGG has representation from Action for Carers Oxfordshire, Healthwatch and OUH Occupational Therapy. The group has met three times this year (June 2019, September 2019 and January 2020). The meeting scheduled for April 2020 did not take place due to COVID-19.

- Information on the internet, intranet and patient letters has been revised and reference to 'home for lunch has been removed. This is in order to manage expectations about the time of discharge.

- The BGG has proposed that a poster and leaflet are developed to provide clear information about the discharge process, including any potential delays. This is currently in development.

Cancelled procedures or admissions

Patients' concerns relating to cancelled procedures and admissions were expressed in the National Inpatient Survey for three years in a row (2017, 2018 and 2019). Results of these surveys showed that 89.8% of respondents had their admission date changed by the Trust in 2018 and this increased to 88.6% in 2019. Both results placed the Trust in the bottom 20% nationwide.

During the Quality Conversation public event in January 2020 it was proposed that cancelled patients should be one of the quality priorities for 2020/21. Following an exploration of areas for improvement within this area three action points were proposed:

i. 100% of patients who have a procedure cancelled for non-clinical reasons, will be given a date for re-admission within 28 days of the cancelled date.

ii. All staff that deliver news about cancelled procedures are trained to do so appropriately.

iii. Reasons for 'patients declining treatment on the day' will be explored with the aim of halving the monthly average of 6 (2019-20).

The Patient Experience Team are collaborating with the Theatre Task Group to develop strategies to deliver the above action points *(Please note, that in the light of the impact of COVID-19 the action point for re-booking patients within 28 days was removed in May 2020 as it is not feasible).*

Car Parking

Improved car parking was chosen as a priority due to the high volume of complaints received from patients and visitors about difficulty parking at the Trust. The current parking situation causes high levels of stress as well as delayed and missed appointments. It also does not meet the needs for disabled visitors. The main challenge for improving car parking is that demand exceeds capacity and there is an expectation from the City and County Council to use other methods of transport.

In order to address this priority area the following has been done:

- A number of surveys took place at the John Radcliffe in Q3 2019/20. The survey aimed to explore reasons for coming onto site, if people had experienced delays finding a parking space and whether they had considered alternative transport options.

- A Travel and Transport Steering Group has been established to provide strategic direction for the development of travel and transport strategy, and improving accessibility to all four hospitals within the Trust. The group includes representation from the City and County Council, Staff Governors, Clinicians, the University of Oxford, and various local groups. Patient representation is being sought. Whilst the strategy is being finalised, the plans for Automatic Number Plate Recognition (ANPR) at the John Radcliffe and Churchill sites have been put on hold.

- The Travel and Transport Manager is working on a number of initiatives to improve the flow of traffic at the John Radcliffe and Churchill sites. This includes the introduction of a one-way system at the John Radcliffe and increasing the number of free-of-charge disabled spaces at the Churchill by 18. Additional signs explaining the legal restrictions applicable to Trust car parks are also being installed.

- The Trust provided Oxford City Council with a detailed response to its consultation on 'Connecting Oxford' and will continue to contribute proactively to the City Council's plans.

- The Travel and Transport team is working with the University of Oxford to improve bicycle accessibility. Plans include more bicycle shelters, and clear lane markings.

Delivering Same Sex Accommodation

NHS England and NHS Improvement published new guidance on Delivering Same-Sex Accommodation (DSSA) in September 2019. The guidance clarified what constitutes a breach and which circumstances count as justified or unjustified breaches. The reporting needs were also clarified. National reporting requirements have been suspended until further notice due to COVID-19.

The following actions were taken this year by the Trust within this priority area:

- A new reporting tool has been developed and launched – this is an excel spreadsheet designed by the Informatics and Patient Experience teams, in collaboration with the Clinical Commissioning Group.

- The Trust's DSSA Policy has been revised, reviewed and approved by the Clinical Policy Group.

- An edited version of the Friends and Family Test will be made available for patients to experience mixed sex accommodation. However, due to COVID-19 this data is not being collected.

Emergency Department waiting times

As part of the focus to manage waiting times in Emergency Department (ED) for patients not arriving by ambulance, the ED team have established the 'Bridge Service' which enables patients to be seen by a specialist nurse when they arrive in ED. The specialist nurses assesses and provides treatment as required or makes referrals for appropriate treatment or services, including the patient's GP. This service improvement relieves pressure on admissions to the ED department and subsequently has a positive impact on waiting times for patients and those accompanying them.

To explore patients' views on waiting times and a signposting around the department, a detailed survey was administered via Survey Monkey to patients who attended the ED departments at the John Radcliffe or Horton between 31 December 2019 and 28 February 2020.[5]

---

[5] Patients who responded with feedback to the Friends and Family Test survey via SMS were subsequently sent the survey link.

A total of 271 patients responded, with an age range of 18-84 years (see Table 1). The majority of respondents (65%) attended the John Radcliffe ED department. 60% were female, 38% were male and 2% were either non-binary or did not wish to disclose their gender.

Table 1 – Age of respondents

Age group	Respondents (n)	Percentage of total
18 – 24	23	9%
25 – 34	38	15%
35 - 44	38	15%
45 - 54	44	17%
55 - 64	58	22%
65 - 74	43	17%
75 - 84	16	6%
Total	**260 ^**	**100%**

^ 11 respondents did not provide their age

The results have been shared with the department Matrons and Deputy Matrons. The plan was to use the results in the ED extension project at the JR, however, due to COVID-19 this is on hold. The main findings of the survey were:

- Results were positive. On average patients rated their overall experience as 8.3 out of 10 and 85% said they were treated with respect and dignity 'all the time' during their visit.

- The majority of visits were between two and four hours in length.

- Communication around waiting times was an issue (66% of respondents were not told how long they would have to wait to be examined). Waiting times in general were highlighted as an area for improvement within the comments.

- Of those who experienced a delay in their discharge (42 patients), 17 had to wait for medication.

- To improve navigation around the department, 40% of respondents indicated that a map of the department (on the wall in reception) could have helped them navigate the department and 44% chose the option of colour-coded signs.

- Half (142) of respondents indicated that they had one or more of the listed conditions (e.g. asthma, blindness or partial sight, mental health conditions) and 88 stated that their ability to carry out everyday activities is affected by their condition/s.

- Responses were received from a range of ethnic backgrounds, including those from Black, Asian and multiple ethnic groups.

End of Life Care

The End of Life Care Annual Report was presented by the Chief Medical Officer to the Trust Management Executive in January 2020.

Key points from the report were:

- The Trust is providing better care than the national average in 7 out of 8 domains (this data is from the National Audit for Care at the End of Life 2019). This has been a significant improvement in the documented care of the dying since the last audit in 2016.

- The Trust Board supported a business case for on-going funding for an expanded adult specialist palliative care service in the Hospitals (from September 2019). This had been by funded by Sobell House Hospice Charity for an initial three years.

The Patient Experience Team has supported the End of Life Care Clinical Lead with the development of the Bereavement Survey. This survey is offered to everyone who collects a medical death certificate to understand their experiences of the care that their relative received at the end of their life. There are only a few responses (n = 81 in 2018/19), but those gathered do provide valuable insight and 92.4% of those 81 respondents felt that, on balance, their relative died in the right place.

In the feedback report compiled by the Clinical Lead, it was reported that 20 of the completed surveys indicated areas for improvement and action plans have been developed around these.

These include:

- Improved recognition of end of life and communicating this with families

- A review of the Bereavement Survey to make it more user friendly and in line with the National Audit of Care.

- 'What to expect when someone is dying' leaflet to support relatives with information and guidance.

Other activities in this priority area include:

- In June 2019 the End of Life Care Clinical Lead, along with colleagues from Sobell House, hosted a stall at the Oxford Pride event to engage with the LGBTQIA+ community.[6]

- The End of Life Care Strategy Group has grown in attendance in 2019/20, with membership representation from the Children's Emergency Department and increased numbers of ward sisters.

- Due to visiting restrictions caused by COVID-19 a 'condolence card' scheme has been introduced by the Bereavement Team, in collaboration with the Head of Patient Experience, the Chaplaincy Team and the Complaints Manager. The card (depicted in Appendix 1) is sent to relatives of those who have lost their lives and also provides information about the support services available.

Home First

Home First focuses on the Home Assessment Reablement Team (HART) service. HART was a quality priority area for 2019-20. In order to understand patient experiences of HART, a survey was developed by the HART Clinical Lead, Head of Therapies, and Operational Service Manager for Acute Medicine and Rehabilitation Directorate with support from the Patient Experience Team.

Feedback is largely complimentary, with positive comments received about staff attitude and communication. However, comments also highlight room for improvement in terms of the timing of visits, confidentiality, staff attitude/communication, patients feeling they are not supported/re-enabled, and the gender of the carer.

These areas for improvement are also highlighted by the five complaints which were upheld or partially upheld for HART between March and September 2019. The themes within the complaints included: Gender of carers, lack of communication with family of patient and lack of explanation about the service.

In order to address this feedback, the following has been done:

- A patient information leaflet was developed (October 2019) to explain what the service involves. This is given to any patient referred to HART.

- Induction programmes are in place for assessors (2-week programme) and for staff (1-day). These programmes emphasise the importance of a person-centred approach to care, and explains the importance of clear communication with patients from the outset, so that preferences are established, and patients know what to expect.

---

[6] LGBTQIA+ = lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies)

- The HART team have developed a staff workbook, which helps to embed a person-centred approach.

- Where patients express a preference on male or female carers, these are recorded on care notes. Preferences on the gender of carers are adhered to wherever possible and where it is not possible to accommodate preferences this is explained to service users and families.

- The Patient Experience Team collaborating with the HART Clinical Lead and Action for Carers Oxfordshire to provide specialist carer support to HART service users.

Noise at night

Noise at night is a priority focus area due to the impact that a lack of quiet rest and recovery whilst staying in hospital can have on a patient's recovery and overall experience. Trust-wide performance for this measure is monitored via the CQC National Patient Survey programme. As shown in Table 2, the results from the 2018 and 2019 National Inpatient Surveys show year on year improvement:[7]

Table 2: **Noise at night mean rating scores**

Question	Score for 2018	Score for 2019
Noise at night from staff	81%	85%
Noise at night from patients	66%	68%

In order to investigate noise at night, in February 2020 the Patient Experience Team conducted investigations on three wards: two from MRC - Acute Stroke Ward 6B and Complex Medicine Unit B and one from NOTSSCaN - Ward 6A. The methodology involved taking Decibel (Db) readings on each ward every hour between 21:00 and 06:00. Three measurements were taken each hour: 1) One near the ward entrance, 2) One near the entrance to a bed bay (same bay to be used each visit) and 3) One by the nurses' station.

The readings averaged at 56.3 dB which is equivalent to a household fridge or a business office.[8] Readings of 75 or above would be of concern but this level was not reached at any point. An ideal situation would be if decibels were below 40.

---

[7] Mean Rating Scores are calculated percentage scores based on the weighting assigned to each possible answer response. 100% is the perfect score.
[8] https://ehs.yale.edu/sites/default/files/files/decibel-level-chart.pdf

Observations were also made at regular intervals. These largely found that the wards were quiet, but that specific things interrupted this e.g. call bells and some doors closing loudly. The loudest time two periods for all three wards were at 09:00pm and 05:00am.

The second trial, on the Bone Infection Unit, has been delayed by COVID-19. Following the completion of all trials, interventions will be introduced to reduce noise as far as possible.

Holistic Needs Assessments (Patient Centred Care Plans)

Holistic needs assessments (HNAs) aim to help cancer patients have a tailored care and support plan which addresses their emotional, physical, spiritual, social and practical needs. The aim of a formal HNA is to identify a patient's unmet needs and for patients to influence their plan of care.

From the 2019 National Cancer Patient Experience Survey (NCPES) it was found that the Trust score for patient's reporting that they have been given a care plan was 36%. This was 1% above the national average. Trust results previously indicated that patients did not feel that they were given a care plan.

In order to continue the improvements in this area the following have been done:

- The Trust's Cancer Leads have increased documentation and communication about HNAs with patients. The aim is to: 1) Make HNA/care plans routine practice, 2) Gaining access to a quiet space to undertake assessment, 3) Explore the feasibility of using telephone appointments for HNAs and 4) Improve patients' awareness and understanding of HNAs and care planning.

Patient Led Assessments of the Care Environment (PLACE)

The 2019 PLACE assessments took place in all four hospitals within the Trust between 28 October and 18 November 2019. This was coordinated the Patient Experience Team. Assessors comprised patients, the Patient Experience Team, the Infection Prevention team and a team of young people from Yippee. The official statistics were published on 30 January 2020. Table 3 shows the score for each domain and the national average.

Table 3: **PLACE results 2019**

Domain	Trust score	National score
Cleanliness	96.6	98.6
Food and hydration	90.1	92.2
Privacy, dignity and wellbeing	74.4	86.1

Condition, appearance and maintenance	93.8	96.4
Dementia	71.0	80.7
Disability	72.2	82.5

Plans to develop action plans to identify areas for improvement need to be developed and built into the Patient Experience Delivery Plan following consultation with stakeholders. This has however, been delayed due to COVID-19.

Complaints reported by month

81 62 76 93 102 94 110 89 79 92 90 100 80 106 88 91 110 91 102 99 71 126 97 70

Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar
Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4
2018/19 | 2019/20

Closed by month

4 56 58 85 88 77 121 92 83 88 90 86 90 77 92 101 75 88 81 91 73 72 79 25

Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar
Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4
2018/19 | 2019/20

Investigation length in days (including open & reopen complaints)

-16-8	9-33	34-58	59-83	84-108	109-133	134-158	159-183	184-208	209-233	234-258	284-308	309-333	334-358
221	1,210	506	114	62	43	16	13	6	4	1	1	1	1

% of complaints closed within 25 workingd days (+ 15 day extenstion) KPI target 95%

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
81.74%	82.70%	80.94%	81.56%	75.18%	75.68%	81.99%	

2018/19 | 2019/20
Yes

Complaints by outcome

Partially upheld	Complaint upheld	Complaint not upheld	Local Resolution	Withdrawn	On hold at clients request	Consent not received
49.6%	26.5%	16.4%	3.4%	1.9%	1.1%	1.1%

Closed in 25 working days (+15 day extension)

Yes	No
1484	388

Complaints by grade

Low	Moderate	High	Extreme
275	1494	426	2

Top 10 reported subjects (primary)

Subject	Value
Communication with Patient	117
Delay or Failure in Treatment or Procedure	115
Attitude of Medical Staff	113
Appointment Cancellations	87
Cancelled/Rescheduled Surgery/Procedure	86
Appointment Delay (inc Length of Wait)	69
Other	60
Injury Sustained During Treatment or Operation	54
Delay or Failure to Diagnose (inc e.g. Missed Fracture)	51
Attitude of Nursing Staff/Midwives	48

Top 10 reported sub-subjects (primary)

Sub-subject	Value
Clinical Treatment	604
Communications	345
Values & Behaviours (Staff)	252
Appointments	251
Admissions & Discharge (Excl Delayed Discharge due to Absence…	198
Patient Care	138
Access to Treatment or Drugs	110
Facilities	102
Trust Admin/Policies/Procedures (Incl Patient Record…	47
Waiting Times	35

Appendix 3: Friends and Family data

The below tables track monthly responses by rating for each of the four main service categories: inpatients and day cases, emergency department, outpatients and maternity.

Outpatients:

| Month	1 Extremely Likely	2 Likely	3 Neither Likely Nor Unlikely	4 Unlikely	5 Extremely Unlikely	6 Unknown	Total responses
April	4949	615	108	78	114	25	5889
May	5636	690	129	103	118	28	6704
June	3590	394	99	55	76	11	4225
July	5408	601	131	69	104	32	6345
August	5340	645	121	78	126	30	6340
September	5346	631	143	77	127	40	6364
October	5606	681	148	85	123	32	6675
November	5579	660	152	84	145	34	6654
December	4795	556	113	70	91	23	5648
January	5593	657	129	62	128	30	6599
February	5593	657	129	62	128	30	6599
March	4781	562	129	74	131	30	5707
Total	**62216**	**7349**	**1531**	**897**	**1411**	**345**	**73749**

Maternity:

Month	1 Extremely Likely	2 Likely	3 Neither Likely nor Unlikely	4 Unlikely	5 Extremely Unlikely	6 Unknown	Total responses
April	178	38	6	2	0	3	227
May	371	69	4	1	3	4	452
June	193	30	4	2	1	2	232
July	167	23	6	2	1	1	200
August	205	32	4	2	0	2	245
September	478	69	6	3	2	3	561
October	155	25	2	0	0	2	184
November	179	39	6	2	0	3	229
December	338	50	6	1	1	6	402
January	211	47	3	0	2	3	266
February	211	47	3	0	2	3	266
March	179	39	6	2	0	3	229
Total	**2865**	**508**	**56**	**17**	**12**	**35**	**3493**

Inpatients and day cases:

Month	1 Extremely Likely	2 Likely	3 Neither Likely Nor Unlikely	4 Unlikely	5 Extremely Unlikely	6 Don't Know	Eligible patients	Total responses
April	1890	204	32	12	30	9	12607	2177
May	2405	253	26	24	32	12	13336	2752
June	2378	262	46	18	40	3	12789	2747
July	2352	219	38	23	27	10	13912	2669
August	2280	210	44	26	45	14	12890	2619
September	2134	211	36	20	31	10	12780	2442
October	2332	237	57	25	42	9	14037	2702
November	2412	296	41	28	43	18	13300	2838
December	2015	176	24	25	37	12	12566	2289
January	2134	203	35	20	25	14	13898	2431
February	2352	230	52	21	39	13	13403	2707
March	2006	214	42	19	26	11	*NA*	2318
Total	**26690**	**2715**	**473**	**261**	**417**	**135**	**145518**	**30691**

Emergency department

| Month	1 Extremely Likely	2 Likely	3 Neither Likely nor Unlikely	4 Unlikely	5 Extremely Unlikely	6 Unknown	Eligible patients	Total responses
April	1024	221	49	46	75	12	6908	1427
May	1073	263	59	57	65	16	7388	1533
June	957	227	50	54	75	8	7049	1371
July	1059	214	56	62	67	13	7415	1471
August	1074	197	68	45	75	10	7121	1469
September	1028	226	64	42	57	16	7391	1433
October	1040	234	71	55	60	13	7391	1473
November	984	253	78	58	75	17	6973	1465
December	1028	214	55	43	59	13	6981	1412
January	966	218	46	26	60	17	6888	1333
February	901	229	53	50	68	10	6678	1311
March	813	157	44	49	54	15	*NA*	1132
Total	**11947**	**2653**	**693**	**587**	**790**	**160**	**78183**	**16830**

Appendix 4: Friends and Family Test Charts

The below charts graphically represent the data made available in Appendix 2, showing the key metrics (recommend rate, not recommend rate, and response rates) as a proportion of all respondents. Response rates for March are not recorded due to the suspension of normal reporting processes resulting from the COVID-19 pandemic.
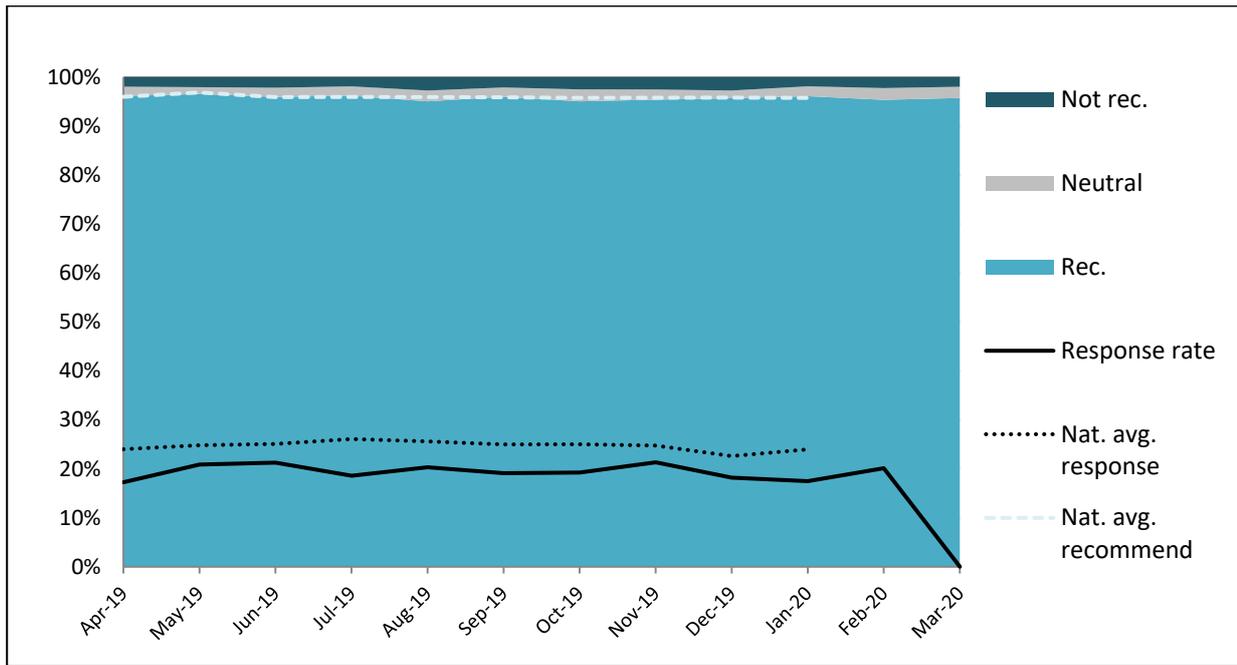
Outpatients
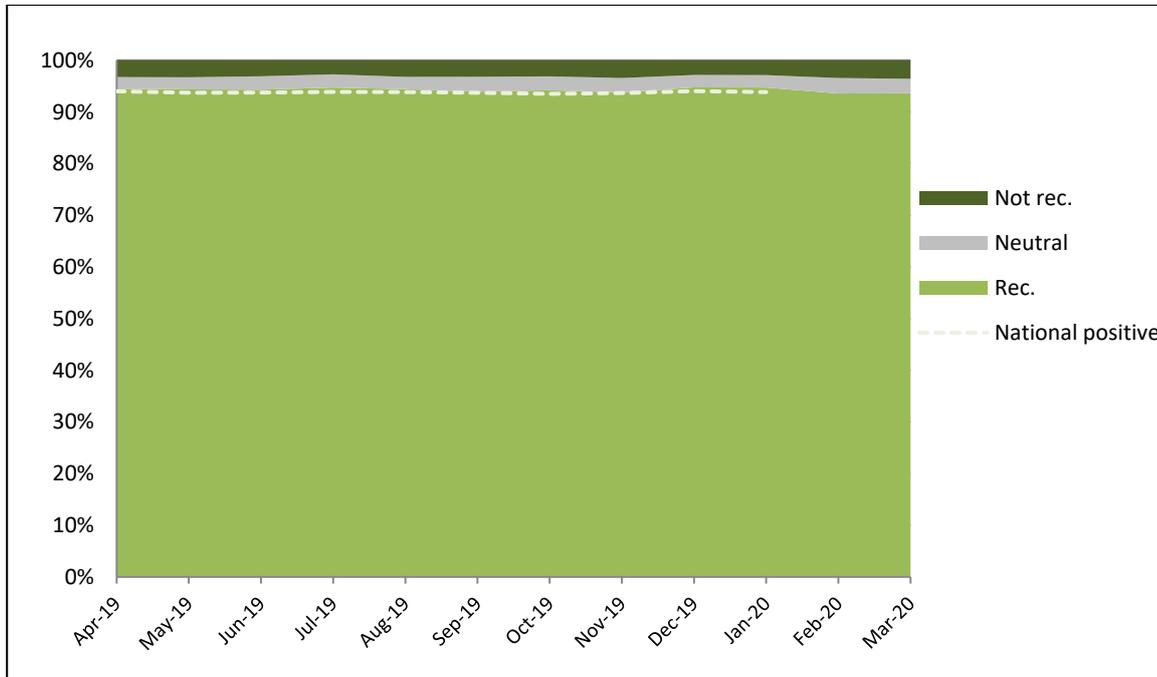
Maternity
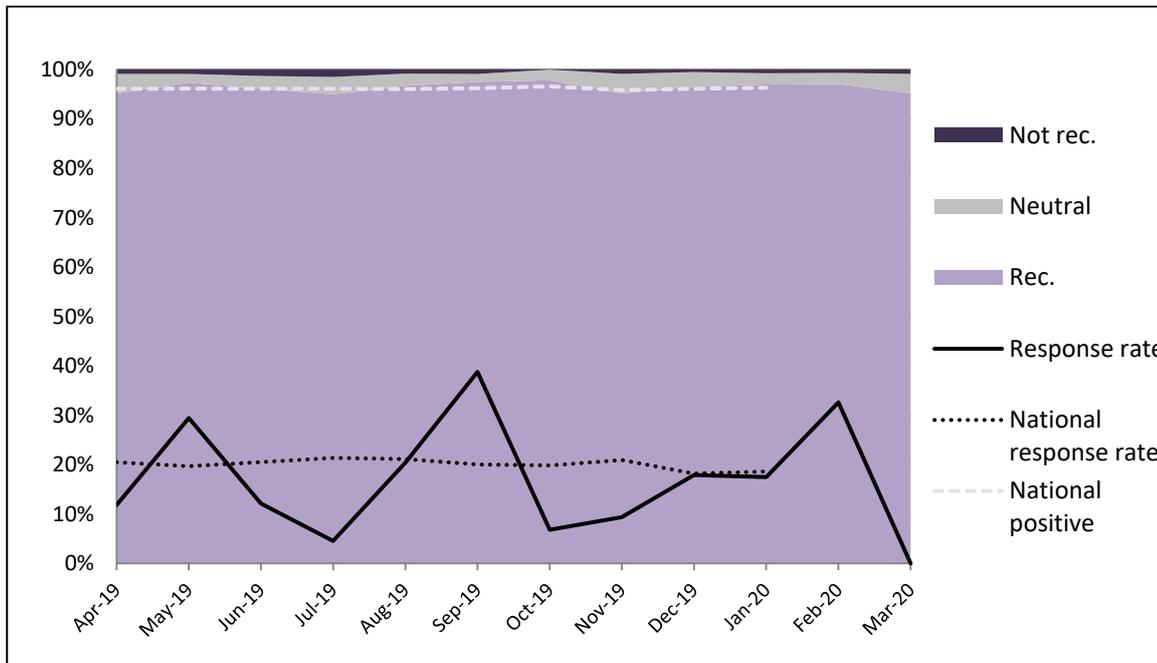
N.B. Response rates for maternity are calculated on labour and birth only.

Inpatients and day cases

Emergency department