

# Patient Experience and Complaints Annual Report 2015 - 2016



# Patient Feedback:

Feedback from a range of sources is used to improve services

*This report covers:*

- The Friends and Family Test (FFT) Questionnaire
- Feedback and involvement and from Children and Young People
- Patient stories
- The Care Quality Commission (CQC) National Patient Survey Programme
- Dementia Services
- Patient Information and Interpreting and Translation Services
- Equality, Diversity and Inclusion issues
- Patient and Public Involvement
- Patient Advice and Liaison Service (PALS)
- Complaints



# The Friends and Family Test (FFT) - Background

All hospital trusts are required to ask patients the FFT question - “How likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?” - in order to gain feedback on the care and treatment provided.

Results are publicly available on NHS England’s website [here](#)

Response options to the FFT question are:

- \* Extremely likely, Likely (counted as ‘recommending’)
- \* Neither unlikely nor likely
- \* Unlikely, Extremely unlikely (counted as ‘not recommending’)
- \* or Don’t know



Patients are also asked to give a reason for their selection.

# FFT Survey Methods



- \* Methods are: paper questionnaires, text message or telephone calls.
- ✓ Texting was introduced for Emergency Departments (ED), Outpatients and Day Cases and throughout 2015/16 and will be introduced in Inpatients in 2017.
- ✓ Around 350 telephone calls are made each month for those who do not have a mobile phone.
- ✓ Texting method achieves higher response rates of up to 25%, and this increases reliability of results.
- ✓ Texting means that frontline staff do not have to hand out forms.
- ✓ Since introducing texting, the Trust receives approximately 10,000 responses per month.
- \* In 2016/17 the Trust plans to introduce texting to Inpatient Services.



# Results for 2015/16

*The most common feedback theme across services was **‘positive staff attitude’***

## *The Emergency Departments (John Radcliffe and Horton sites)*

- \* The recommend rate varied from 81-90%, which is below the national average, and the not recommend rate varied from 4.7-11.5%.
- \* There were 4213 positive comments compared with 421 negative comments.
- \* The recommend rate is lower than the national average but in line with other trusts who use texting.

## *Outpatients*

- \* The number of responses was low before August 2015 when the Trust introduced the texting for these services.
- \* We now receive around 7000 comments per month
- \* The ‘recommend’ rate is stable at around 93%.



# Results for 2015/16

## ***Maternity Services***

- \* In 2015-16 the 'recommend' rate varied from 91-100%.
- \* The response rate varied with a low of 8% in July 2015 and a high of 27% in March 2016.
- \* To achieve a more consistent response rate the Trust intends to trial contacting women by text or telephone call.

## ***Day Cases and Inpatients***

- \* Overall, 96% said they would recommend their care (the 'recommend rate'), 1% said they would not ('not recommend rate').
- \* Response rates are expected to increase with the introduction of texting to Inpatient Services.

# FFT - Children and Young People



- \* A child-friendly version of the FFT has been offered to children, young people and their families since April 2015.
- \* A Children's Patient Experience Project Lead was appointed in 2015 and response rates have improved steadily across the year (on some wards from 0% to 9%).

Future plans are to:

- \* sustain the volume and quality of feedback gathered;
- \* focus more on feedback from the Horton General Hospital;
- \* support staff to collect feedback in specific areas;
- \* increase feedback gathered electronically ;
- \* create displays with the 'You Said, We Did' format.

# Children and Young People - Involvement Group



## *The Young People's Executive (YiPpEe)*

- \* In 2015 - 16, the 24 YiPpEe members advised on research; discussed health inequalities with the Health Inequalities Commission; assessed the Trust Quality Priorities and attended job interviews for paediatric consultants.

## In 2017 YiPpEe plans to:

- \* monitor how the Trust's Posters for Promises are being kept;
- \* make an information video for children coming to hospital for an operation;
- \* take part in a work experience programme;
- \* help to plan celebrations for the tenth anniversary of the Children's Hospital.
- \* Two members of YiPpEe share the post of Foundation Trust Governor for the constituency of Children and Young People.
- \* In 2017 the Project Lead for YiPpEe is expected to have more input into the handling of PALS and Complaints issues relating to children and young people.



# The Patient Perspective: Patient Stories



**Patient stories give patients and carers the chance to provide detailed feedback directly to staff. They provide opportunities for reflection and improvement.**

Stories are co-produced with patients, relatives and staff and are presented to member of the Trust Board at monthly meetings.

In 2015/16, they included the following topics:

- ❖ supporting children with autism and their parents;
- ❖ supporting treatment at home for a person with Motor Neurone Disease;
- ❖ communication between staff and relatives, especially in end of life care;
- ❖ the impact of noise at night on post-operative recovery;
- ❖ how to identify and treat sepsis.

Some stories were accompanied by short films which powerful learning tools. You can find links to watch them [here](#)

# The CQC National Patient Survey Programme



## ***The National Adult Inpatient Survey 2015- Results published in 2016***

- \* The survey included patients over 16 years old, discharged after more than one overnight stay in one of the Trust's hospitals in July and August 2015.
- \* All trusts were required to survey approximately 1250 patients
- \* The Trust decided to survey additional patients to allow for more detailed and reliable data, and a total of 4742 questionnaires, with 73 questions, were sent out.
- \* Including the additional sample, the response rate was 49%.

# The CQC National Patient Survey Programme



## ***Survey Results (based on the national sample of 1250 patients)***

- \* The Trust has 'about the same' scores as other trusts on all questions apart from 'noise at night'.
- \* There was a decline in the score on the question 'Did staff tell you who to contact if worried?'
- \* There was improvement in the score on the questions around same-sex accommodation, medication and help from staff at mealtimes.
- The priority from the 2014 survey was to improve response times to patient call bells: there was an improvement in the score in 2015 bringing the Trust close to the national average.
- The priority for 2016 - 17 is to reduce noise at night from staff and other patients; good sleep is beneficial to patients and when staff make noise at night it can be felt that they are lacking in compassion.
- \* Between October 2016 and March 2017 the SleepSure study, led by an on-site Research Nurse, will trial the use of ear plugs and eye masks on wards with 400 patients.

# National Survey Programme - 2016/17



## Surveys planned for 2016/17 are:

- \* The Children's and Young People's Inpatient and Day Case Survey
- \* The National Adult Inpatient Survey
- \* The Emergency Department Survey
- \* The National Cancer Patient Experience Survey

# Dementia Services



## Dementia Reminiscence Therapy

In May 2015, Dementia Reminiscence Machines (DRM) funded by Health Education Thames Valley (HETV) were introduced to seven Trust wards. These touch-screen computers are designed to calm and entertain patients with dementia or cognitive impairment.

Feedback from clinicians has been that, while useful, staff do not have time to use these machines with patients.

In 2016-17, a pilot project will look at the impact of introducing three Activities Coordinators to monitor use of DRM, encourage staff to use them, and integrate them into ward activity.

## Dementia Information Café

This is held monthly in the John Radcliffe Hospital main entrance. It was relaunched in November 2015. Members of the public and members of staff attended; all carers or relatives of someone with dementia.

The café acts as an informal space for visitors to speak to hospital staff, members of volunteer organisations and charities about concerns and queries. Visitors are given advice and signposting to support available

# Carers Project



Feedback has shown that carers need signposting to readily available help and advice. A Carers Oxfordshire ‘Outreach Worker’ has worked at the John Radcliffe since November 2015 supporting carers on the Stroke Unit, Gerontology Wards, at the Dementia Information Café and by referral from staff.

The Patient Experience and Engagement Team has conducted a staff survey to identify gaps in knowledge of how to support informal carers: this will inform the creation of a Carers’ Policy, a ‘Carers’ Charter’ and staff training and resources.

We are working with a range of partners on the Carers’ Charter – including, the Oxfordshire Clinical Commissioning Group, Carers Oxfordshire, Oxford Health, Oxfordshire County Council, Oxfordshire Family Support Network and Oxfordshire Young Carers Service.

# Clinical Patient Information

- \* Over 1,100 clinical patient information leaflets are available in print and online.
- \* Videos are also available for some patient procedures.
- \* The Trust has received British Medical Association (BMA) Patient Information Awards in 2016.
- \* 47,000 leaflets were printed per month.
- \* A Patient Information Policy has now been approved, giving clear guidance to staff on how to produce high quality patient information.



# Interpreting and Translation



- \* The Trust uses interpreters for nearly 50 different languages.
- \* The need for interpreters has grown and there has been increased use of British Sign Language (BSL) and a range of languages.
- \* Staff guidance is in place to ensure qualified interpreters are used.
- \* Patient information leaflets and patient notes can be translated into other languages and Braille.
- \* Maternity Services plan to translate several of their leaflets into the languages used by the women they are most frequently given to.



# Equality, Diversity and Inclusion

The Equality and Diversity Annual Report outlines the process and results in full and is available [here](#)

- Forty members of the public attended [Equality Delivery System \(EDS2\)](#) panels in 2015/16 which were chaired by the Chief Nurse. There was representation from all nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation: Equality Act, 2010).
- \* The 2016 - 20 objectives, along with the Equality, Diversity and Inclusion Monitoring and Action Plan, has been signed off by the Board. The patient objectives are:
  - to ensure equality and diversity improvements align with and are informed by the Trust Quality Priorities;
  - to improve access for under-represented individuals / groups to engagement opportunities.

Three workforce objectives were also set.



# Patient and Public Involvement (PPI) Strategy 2016 - 19



Following wide consultation, the Trust has developed an Patient and [Public Involvement Strategy](#) which has a number of objectives including:

- \* seldom heard people and those with the nine protected characteristics under the Equality Act 2010 are involved in decisions for planning their healthcare, both for their own benefit and for the benefit of others;
- \* patients and the public are involved in decisions about planning / improving Trust services;
- \* staff, patients and the public can access training and advice to get involved in the work of the Trust;
- \* processes for public involvement are transparent, monitored and evaluated.

# Patient Partnership Groups (PPG)



- \* The Trust has 15 Patient Partnership Groups. Each group is concerned with one service or specialty providing a valuable external perspective.
- \* PPG members meet to discuss issues faced by patients and give input when changes are planned to services.

They have been involved with:

- \* redesign of outpatient areas;
- \* review of patient leaflets;
- \* priority seating in Oxford Eye Hospital;
- \* patient surveys;
- \* service improvement in the Ear Nose and Throat Department;
- \* writing ward walk-round guidance;
- \* improving display areas around the hospitals.

# Partnership working and Public Engagement Events



The Patient Experience and Engagement Team works with voluntary and community organisations, Healthwatch, carer groups and social and health care partners, as well as a range of individuals, to improve Trust services.

- \* 24 members of the public attended an event on 4 June 2015 to discuss the Trust's Quality Priorities for 2015-16.
- \* 20 people attended a 'Seldom Heard Groups' meeting, also in June 2015, and over 50 groups were also contacted for their input.
- \* 34+ members of the public attended an event on 19 April 2016 to discuss the OUH Quality Priorities for 2016-17.
- \* 40 members of the public attended the EDS2 panels in 2016.

Public and staff events each year allow input into the existing and future priorities and update on progress against the priorities.

# The Patient Advice and Liaison Service (PALS)

- \* PALS is an NHS service to provide advice and information for patients and assist in raising concerns.
- \* In 2015 - 16 there were **4267** PALS contacts, an increase of 28% from the previous year.
- \* In 2015-16 **37%** of all PALS contacts related to the Division of Neurosciences, Orthopaedics, Trauma and Specialist Surgery (NOTSS), **45%** of which related to **appointments and admission**. In 2014 - 15 39% of all PALS contacts related to NOTSS.
- \* PALS contacts for the Children's and Women's Division have **doubled** in the last financial year.
- \* PALS has had difficulty recruiting in the last year and as a consequence concerns have been raised about the service by members of the public, Healthwatch, and GPs.
- \* Improving access to PALS is to be part of the **Quality Priorities** for 2016 - 17.

# Complaints 2015 - 16



- \* The Complaints team deals with complaints submitted under the NHS Complaints Regulations 2009. Each Division has a Complaints Co-ordinator to ensure an appropriate response to complaints at Divisional level.
- \* In 2015 - 16, there were 1041 formal complaints for the Trust, an increase of 2.9% since 2014-15. When adjusted for the increase in OUH activity over this period, the increase is 0.00018%.
- \* In the NHS nationally, the number of formal complaints is decreasing.
- \* The target to acknowledge formal complaints within three working days was met in all months apart from May 2015. A team administrator has been appointed to ensure that the target is always met.
- \* The target to respond to 95% of formal complaints within 25 working days was met in all but the first quarter of 2015-16. The failure to meet the target in the first quarter was mainly due to Divisions not returning draft responses to the Complaints team early enough, and staffing issues within Complaints.

# Complaints 2015 - 16

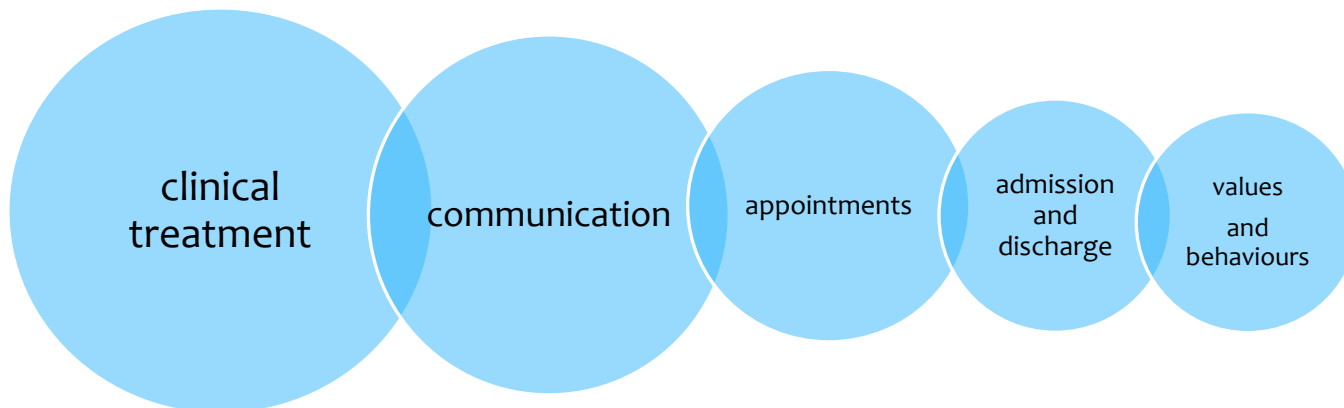


- \* In 2015-16, 33% of all complaints related to the Neurosciences, Orthopaedics, Trauma and Specialist Surgery Division (NOTSS). The Division has taken steps to reduce the number of complaints about administration and communications, including the implementation of the automated telephone system run by Netcall.
- \* From 2014 - 15 to 2015 - 16, the Children's and Women's Division and Medicine, Rehabilitation and Cardiac Division saw an increase in complaints.
- \* The pattern of complaints throughout the year is in line with a national gradual increase in complaints across the financial year.
- \* 50.5% of formal complaints related to Outpatients; this was due to the large number of complaints about appointments and communications.
- \* 6.4% of complaints related to Emergency Services and 3.9% of complaints related to Maternity; both are in line with the national average.

# Complaints by subject



- \* The largest number of complaints related to clinical treatment, in line with the national average.
- \* Divisions are taking individual steps to address issues raised by formal complaints.
- \* Complaints received by the Trust relate to, in order from most to least:





# Parliamentary and Health Service Ombudsman (PHSO)



- \* In 2015 - 16 the PHSO accepted **20** complaints about the Trust for investigation, upheld **four** complaints and did **not** uphold **eight** complaints.
- \* In 2014 - 15 (when the PHSO received 800 fewer enquiries) the number of complaints about OUH accepted for investigation was 11.
- \* Reports published by the PHSO to improve national learning included investigations into complaints around unsafe discharge, end of life care and the care of the frail elderly.

# Conclusion



- \* Our Patient Experience and Engagement, PALS and Complaints teams continue to develop methods of collecting and analysing feedback. They enable services to access feedback from their service users, helping them to learn and improve.
- \* The PALS team has recruited new staff, and improving access to the service is forming part of the Quality Priorities for 2016 - 17.
- \* Over 2016 - 17, the teams will work to integrate the analysis of patient feedback with system pressures, staff feedback and reported incidents. This approach has been instigated by the National Quality Board.