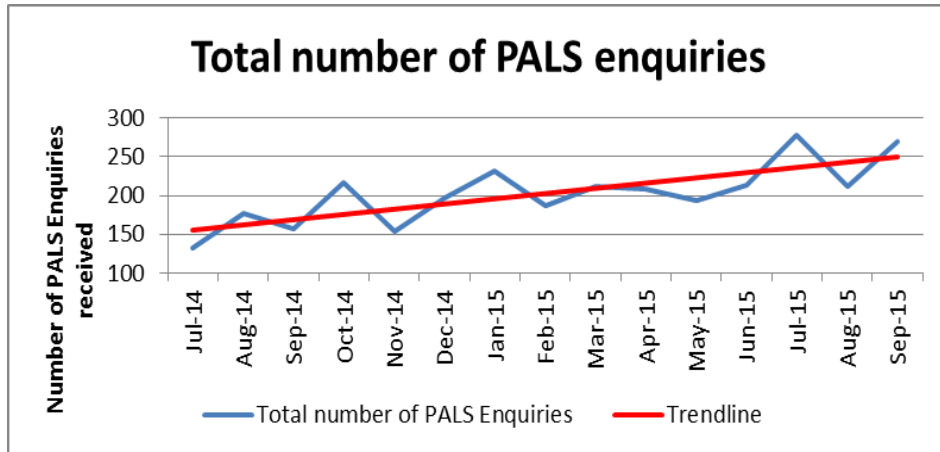


Patient and Carer Experience Q2 report

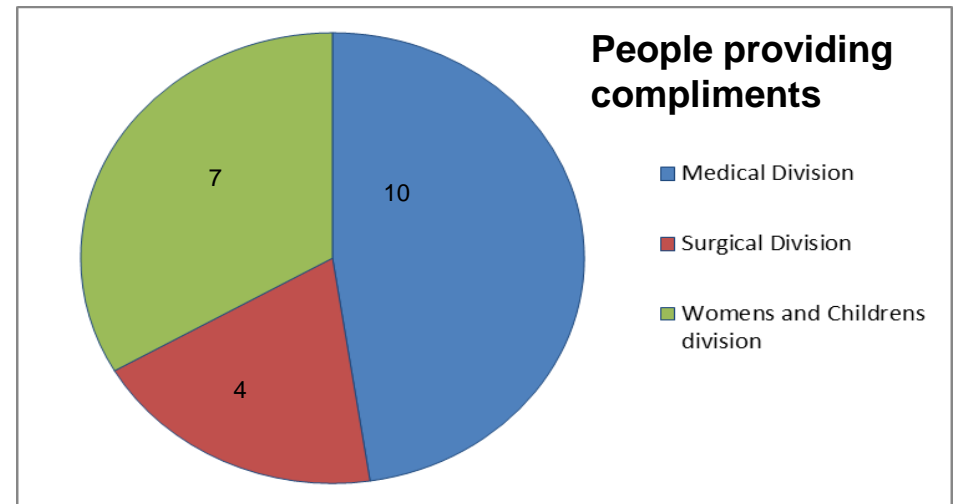
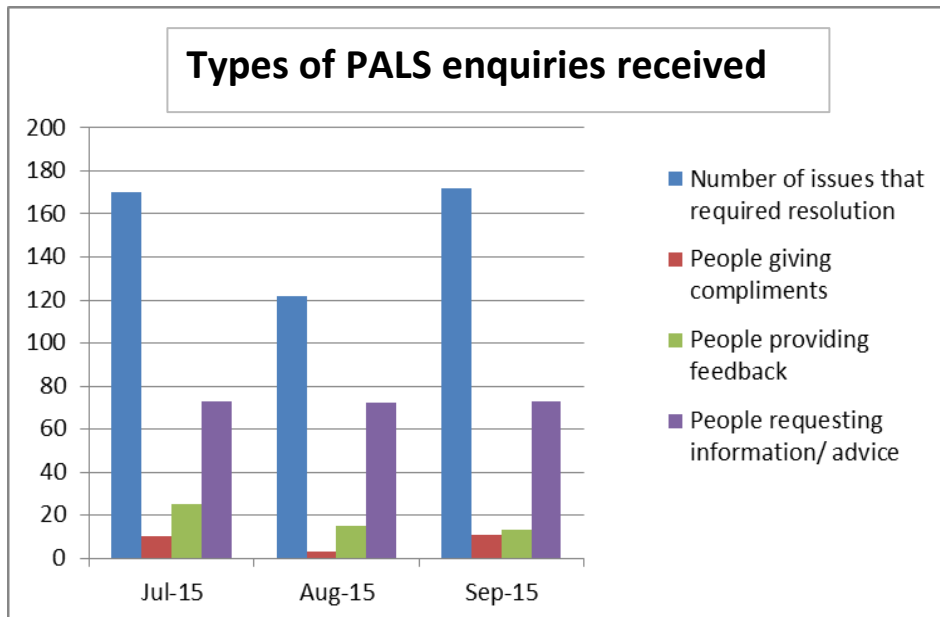
Our aim is that 'the RUH is recognised for delivering the highest quality patient and carer experience - safe, person-centred care, timely, efficient, accessible and fair and evidenced by surveys' - ***RUH Patient and Carer Experience Strategy 2012-2015***

Part One – Patient Advice and Liaison Service (PALS) report

PALS enquiries



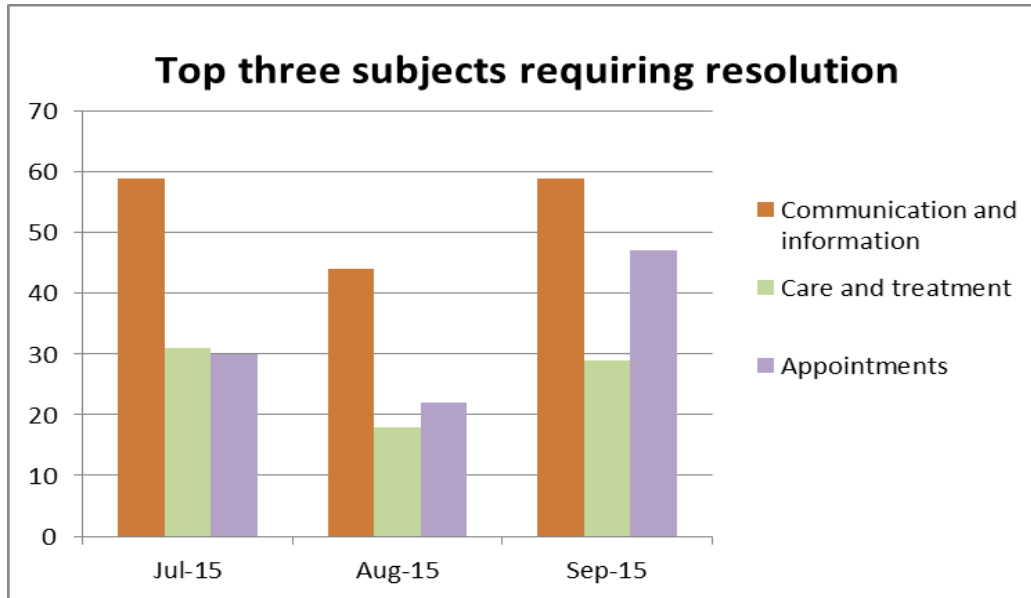
In Quarter 2 last year PALS received 465 enquiries. This has risen to 759 enquiries in Quarter 2 this year. This is in-line with the Trust's aim to resolve concerns more quickly. In addition, in 2014/15 there was a 13% increase in activity on the previous year. This includes inpatient, outpatient and Emergency Department visits. The acquisition of the RNHRD on 1st February 2015 and maternity services in June 2014 has also had an impact.



The compliments received through PALS relate to staff at the RUH and the majority of these compliments are categorised by caring and kind staff and staff attitude and behaviour.

The Patient Experience Team are working with the Divisions to improve the identification and recording of all compliments received by the Trust.

PALS issues requiring resolution



Communication and information

Issues regarding communication and information are consistently the top subject requiring resolution across quarter 2. 42 of the 162 contacts about communication and information were in relation to difficulties in accessing Trust outpatient services and appointment offices by telephone. In particular, audiology, orthodontics and oral surgery, and the RNHRD site have had difficulties during quarter 2. However, these areas have worked to improve their response to patient calls.

Appointments

The majority of the 99 contacts about appointments were queries regarding outpatient appointments, for example forgotten dates or wanting to change appointment dates or queries regarding waiting times for appointments.

Care and treatment

There are no themes in the 78 contacts regarding care and treatment that can be attributed to a particular hospital service.

Learning and service improvement from PALS

Learning and service improvement

Difficulties in accessing the Trust by telephone

It is important to note PALS have reported all cases where people have contacted them regarding access difficulties as related to the service however in some cases it has been identified that the person was trying contact the booking team (821821) to make a new appointment. In future PALS will identify the telephone number and report specifically on this.

Orthodontics and Oral Surgery

The problems correlate to staff retiring in June 2015. All posts were recruited into, however there have been delays in start dates. All PALS contacts regarding the service are highlighted to the Specialty Manager.

Audiology

In May 2015 PALS received 20 contacts regarding difficulties in accessing Audiology by telephone. As a result the department increased the number of staff available to receive phone calls, appointed a co-ordinator to help with line management and the scheduling of administration tasks. The department will be purchasing a 'net call' phone management system which will allow patients to direct their own calls to either the booking office or the service, as required. The system will also let patients know what the waiting time for their call to be answered will be. It is anticipated that this will be in place by December 2015. Since the improvements in Q2 PALS received no calls about audiology in October 2015.

RNHRD

In September 2015 the RNHRD site introduced the Millennium system which initially slowed down the process for staff booking appointments. There was also a vacancy in the appointment office team. This had an impact on patients being able to get through on the telephone to find out about their appointment. Training on the new system and putting in post additional staff has eased the situation. However, the Trust is reviewing relocating part of the appointments administration to the RUH site.

Part Two – Friends and Family Test (FFT) and Meridian Surveys

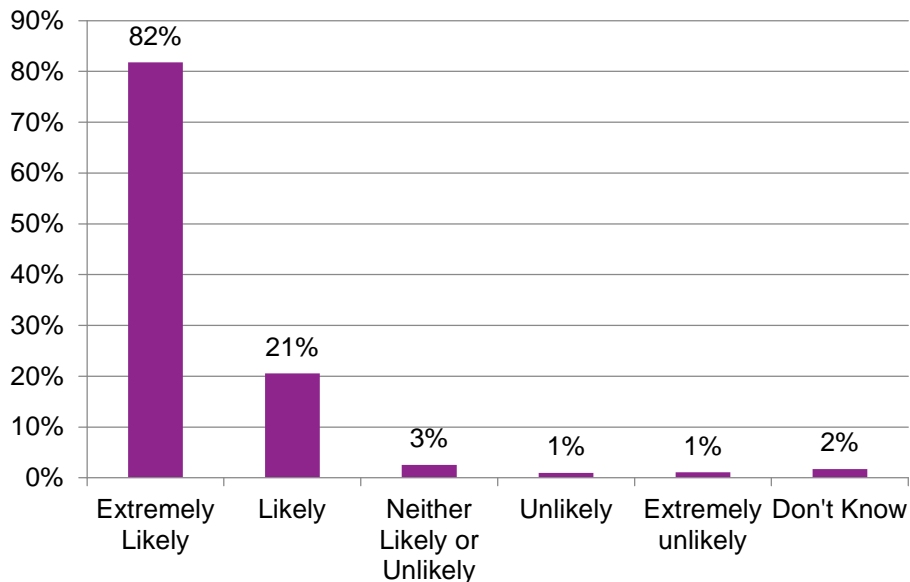
FFT responses – Inpatient

Response total for all services

During quarter 2 we received a total of **7404** Friends and Family Test responses, a decrease on quarter 1 where the total was **8615**. The distribution for quarter 2 across trust services is as follows:

- Inpatient 3356
- Emergency Department 1025
- Outpatient 2135
- Maternity Services 888

Quarter 2 Trust Response Totals



82% would be Extremely Likely to recommend the Trust to Friends and family if they needed similar care of treatment.

Free text comments

Respondents also provided more detailed information about their experiences in the form of written comments, these are categorised into compliments and areas to improve.

Inpatient Experience (including MAU & SAU)

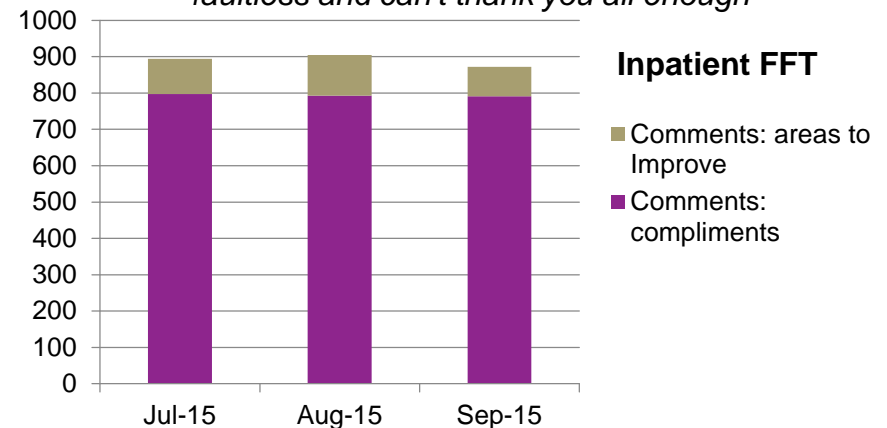
The majority of inpatient comments relate to ward and support staff. Analysis of inpatient comments shows the overall theme for **Areas to improve as - Staffing levels**

'Staff were excellent, but overworked and unable to give full and timely care to all patients on my ward'

The largest proportion of **compliments** refer to ward staff e.g. **care, excellent, friendly** and **helpful**.

'The staff without exception are professional, dedicated and kind. Every day they go beyond their call of duty to ensure patient's stays are as comfortable as possible. I have been overwhelmed!'

'Outstanding level of care from every member of staff. Absolutely faultless and can't thank you all enough'



FFT responses – Emergency department and Maternity

Emergency Department (ED) Experience

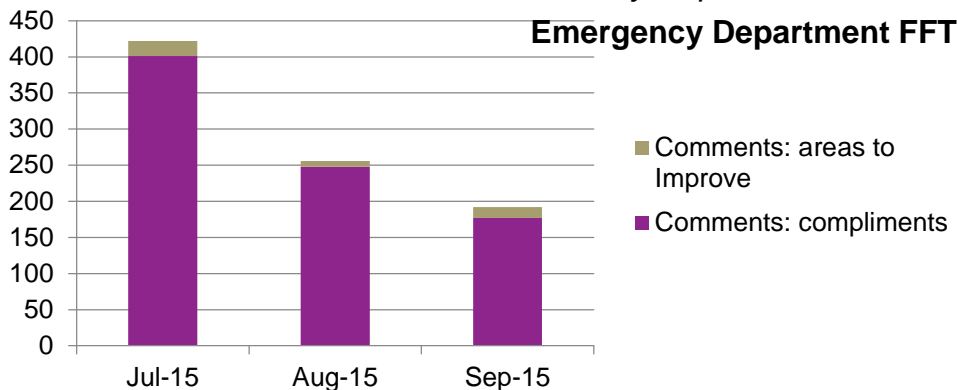
The majority of ED patient comments relate to staff working within ED. Analysis of ED comments shows the overall themes for **Areas to improve** as - **Waiting times** and **Communication of how long wait will be**.

‘Very long waiting time with no-one informing us how long we would be waiting. Very friendly staff’

The largest proportion of **compliments** refer to staff in ED e.g. **care, friendly, efficient** and **professional**.

‘Staff all very friendly, polite and efficient. Couldn't have had a more positive experience’

‘Every member of the medical and nursing staff was gentle, kindly and expert, in what they said and in the medical attention. I have never before experienced their expertise and thoughtfulness on previous occasions in a hospital. they were wonderful, may I add that the clerical staff were also very helpful’



Maternity Services Experience

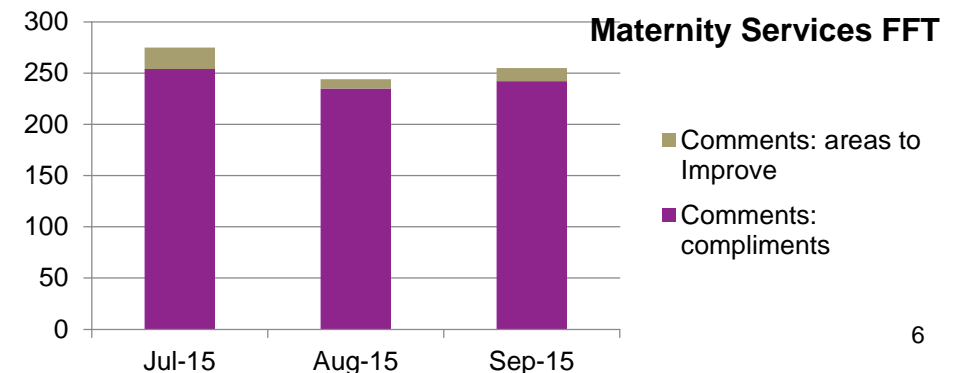
The majority of Maternity service comments refer to staff working across the service - Antenatal Departments, Labour wards/Birthing Centres, Postnatal Wards and Postnatal Community support. Analysis of comments shows the overall theme for **Areas to improve** as - **Left too long/ not checked often enough**.

‘Generally good. We sometimes felt that we should have been checked on more. Probably due to us being second time parents, although the extra attention would have been appreciated. (We appreciate time constraints though)’

The largest proportion of **compliments** refer to staff in Maternity Services e.g. **friendly, helpful, support, care**.

‘Great service provided. Friendly, approachable midwives. Experienced, knowledgeable staff, willing to answer any questions, very reassuring’

‘The team were amazing, supportive, caring and kind. We could not have asked for more. Thank you’



FFT responses - Outpatients

Outpatient Experience

The majority of Outpatient comments refer to staff working within outpatient departments across the trust. Analysis of comments show overall themes for **Areas to improve as - Waiting times in clinic areas and Communication**

'Had to wait 40 mins for appointment'

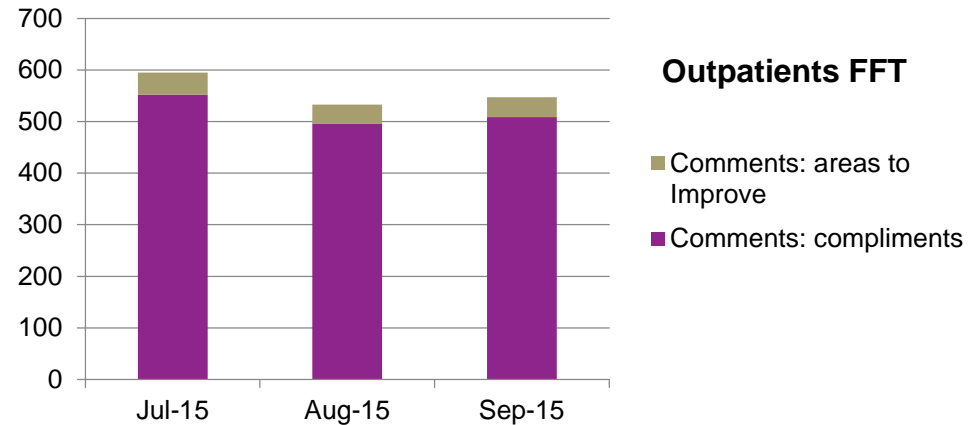
'Wrong address on appointment letter was confusing as I first went to the RUH, then was told wrong place and had to find this location without directions, only told to park in Charlotte Street car park' (Min Patient)

The largest proportion of **compliments** refer to staff e.g. **friendly, helpful, good, care.**

'Very good, excellent care from Consultant'

'Everyone was really helpful, everyone was caring and gave me good advice, I also felt that the staff were sensitive to my needs'

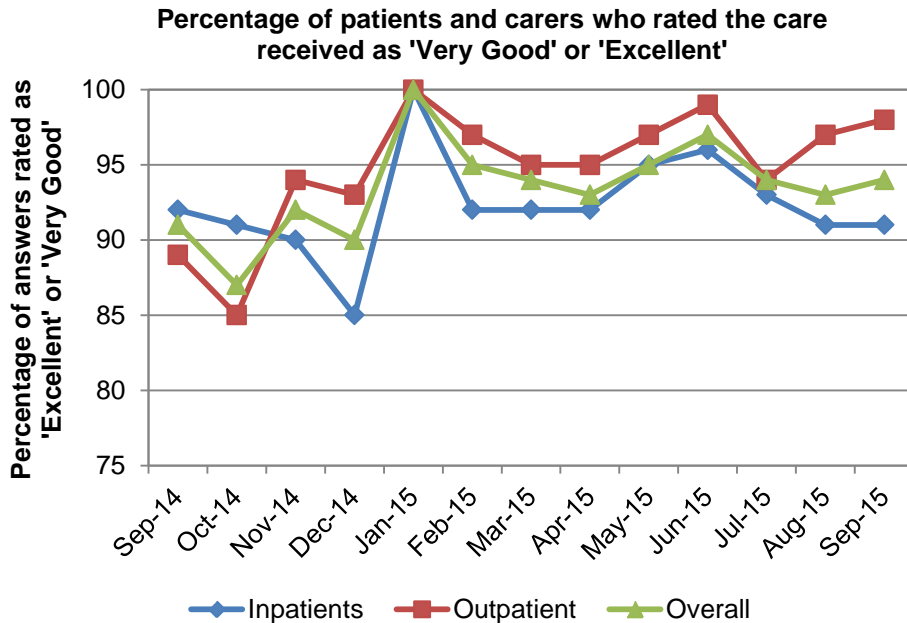
'Excellent support from all the staff'



The Patient Experience Team provides a detailed monthly breakdown of Friends and Family Test results to the Divisions.

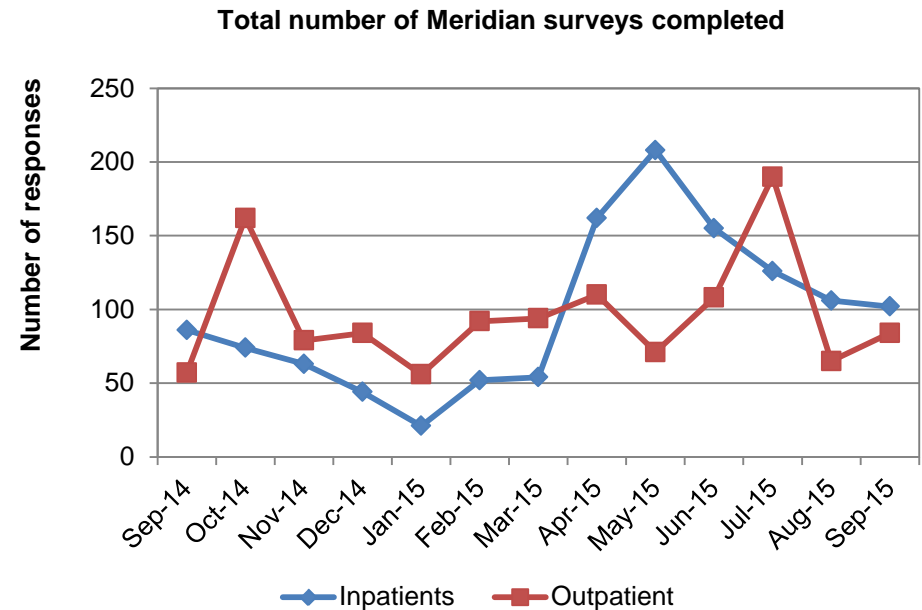
Patient comments are shared across the Trust to celebrate good practice and to inform continuous improvement of service delivery.

Meridian Surveys – Inpatient and Outpatient



The overall percentage of patients that rated their care as 'Very Good' or 'Excellent' for quarter 2 was 94%.

The percentage displayed on the chart for Inpatients, is a combined score for inpatient and inpatient carer surveys.



The total number of outpatient surveys completed in quarter 2 is 339, the total number of inpatient surveys completed is 334 this is a combined total for inpatient/ inpatient carer surveys.

The Patient Experience team continues to work with the Heads of Nursing and Matrons to ensure feedback surveys are undertaken, with targets agreed for Matrons of five surveys per week for each inpatient area.

Meridian Surveys – Performance Maps

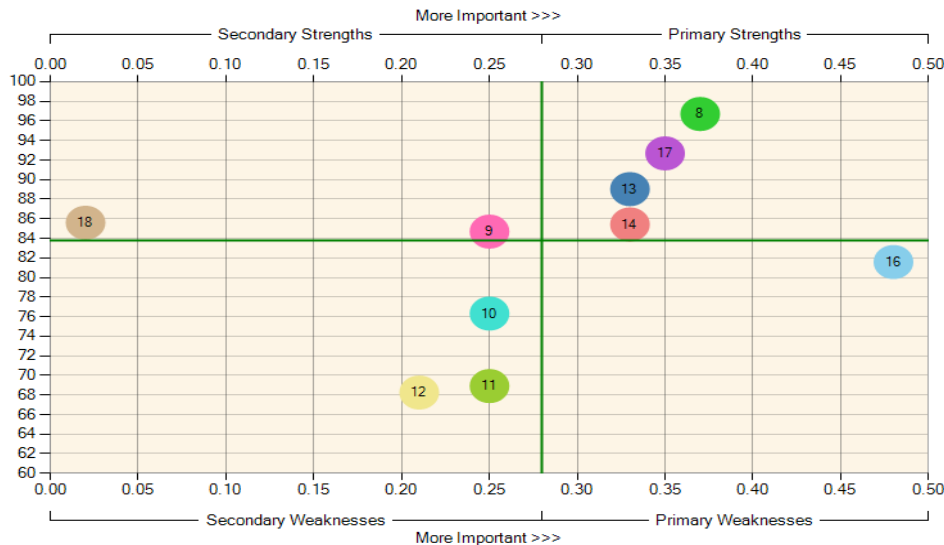
Performance Maps

Each point plotted on the map represents an individual question, it shows the relative importance and rating of each question to the inpatients/ carers/outpatients that completed a survey in Quarter 2 and a relative measure of the Trust's strong and weak performance against those questions.

The importance rating is a score between 0 and 1 with zero meaning least important and 1 meaning most important. In general terms, the further to the right a point is, the more important it is to the service user. Those points towards the left of the chart are less important. The vertical axis gives the score for the point so the higher the point, the higher the score.

- Points shown in the top right quadrant are very important to service users and the trust is scoring well on these
- Points in the bottom right quadrant are important to service users, but the trust is not scoring as well on them – these are key areas to focus on
- Points in the top left quadrant are less important and the trust is scoring well
- Points in the bottom left quadrant are less important to service users but the trust is not scoring well – these should be secondary areas to focus on
- The Meridian Performance Map uses a recognised statistical tool (Regression Analysis) to compare the results for selected scoring questions in each questionnaire to the overall level of satisfaction in the questionnaire.
- Each questionnaire requires a 'seed' or 'key' question, which is a general question providing a benchmark for the overall level of satisfaction in the questionnaire. Examples of 'seed' or 'key' questions would be:
“Overall, how would you rate the care you received?”

Meridian Inpatient Survey Performance Map



Primary Strengths – upper right quadrant

Q8. On the whole, are the staff kind and friendly?
Of the 243 inpatients that completed the survey **93.83% responded ‘yes definitely.’** This is the highest scoring primary strength and is important to patients.

‘All staff have been kind and courteous’

‘The staff were absolute angels and have been very sociable’

Q17. Were you told who to contact if you were worried about your condition after you left hospital?

Q13. In your opinion, how clean is the hospital room or ward you are in?

Q14. How clean are the toilets and bathrooms that you use in this ward?

Secondary Strengths – upper left quadrant

Q9. Did you find someone on the hospital staff to talk to about your worries and fears?

Q18. During this most recent hospital stay on this ward, have you shared a sleeping area with patients of the opposite sex?

Primary Weakness – lower right quadrant

Q16. If you have been given your medication to take home were you told about medication side effects to watch for?

Whilst the responses to this question have been identified as an area of primary weakness this is only linked to 3 surveys. (1.23%)

Secondary Weaknesses – lower left quadrant

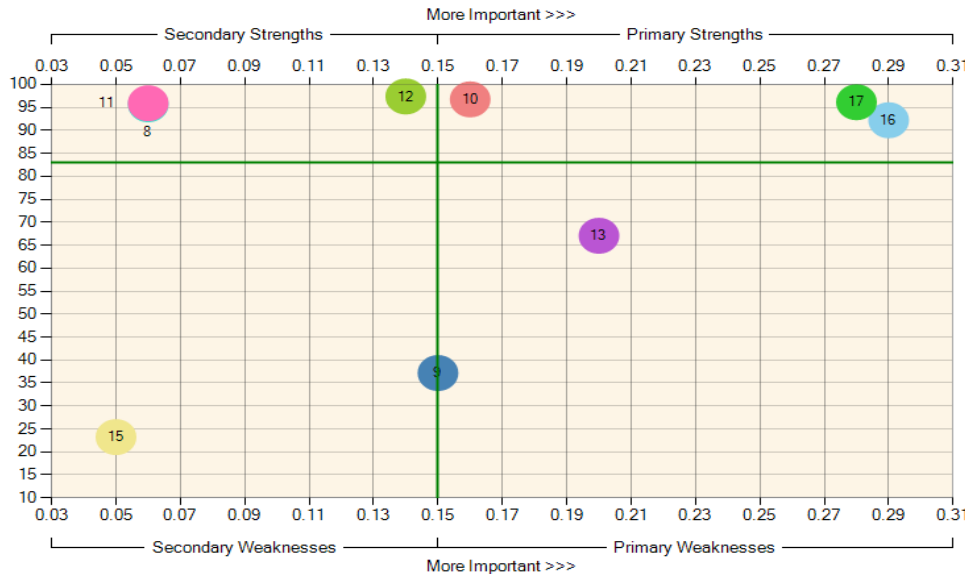
Q10. Were you involved in decisions about your care and treatment?

Q11. How would you rate the hospital food?

Q12. Did you get enough help from staff to eat your meals?

We will continue to monitor responses to these questions. The Nutrition and Hydration Steering Group review all patient feedback on food and the mealtime observation tool used by wards will identify any ward issues where patients have asked for help to eat their meals.

Meridian Outpatient Survey Performance Map



Primary Strengths - upper right quadrant

Q17. Do you feel you were given enough time during this appointment to discuss your queries or concerns?

Of the 339 outpatients that completed the Survey **91.55% responded 'Yes definitely'**

*'Ample time to discuss any issues and positively encouraged to do so.
The friendly approach of the staff aided this considerably'*

Q16. In your opinion, how clean is this waiting room/treatment area?

This question was important to outpatients, but did not score as highly as Q17.

Q10. Do you feel you were given enough notice for this appointment?

Secondary Strengths – upper left quadrant

Q12. Do you feel you were greeted promptly and courteously on arrival for this appointment?

Q8. Have you had any issues with telephone contact with the RUH for this appointment?

Q11. Once you arrived at the hospital, was it easy to find your way to this department or clinic?

Primary Weakness – lower right quadrant

Q13. In the reception area, could other patients overhear what you talked about with the receptionist?

Whilst the responses to this question have been identified as an area of primary weakness this is only linked to 5 surveys across 4 different areas. **1.46% responded 'Yes'**, and I was not happy about it, **46.06% responded Yes, but I did not mind'** and **26.82% responded No**, others could not overhear

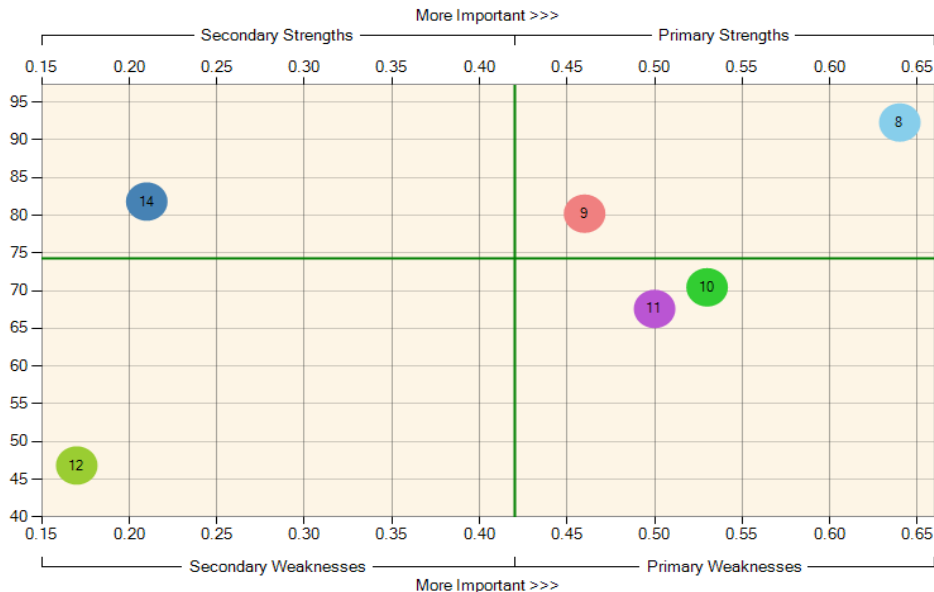
Secondary Weaknesses – lower left quadrant

Q9. Were you given a choice of appointment times?

Q15. If you were kept waiting more than 15 minutes were you made aware of how long you would have to wait to be seen?

Outpatient areas have been reminded about the importance of keeping patients informed if clinics are running late. The installation of screens in waiting areas will improve this. Screens are currently in place in Dermatology and Central Pre-Operative Assessment. 11

Meridian Inpatient Carer Survey Performance Map



Primary Strength – upper right quadrant

Q8. Have the staff made you feel welcome on the ward?
Of the 91 carers that completed the survey **85.71% responded Yes definitely**, they had been made to feel welcome.

‘Always welcomed me’

Q9. Have you been as involved as you would like with the patient's care during their hospital stay?

Secondary Strength – upper left quadrant

Q14. Have the staff talked with you to explain about the patient's medication, including potential side effects?

Primary Weaknesses – lower right quadrant

Q10. Do you feel the doctors take enough time to talk with you about the patient's care?

Of those that completed the survey **14.29% responded ‘No’, felt did not take enough time**, however **53.85% responded ‘Yes definitely’**

Q11. Have the staff on the ward pro-actively approached you to communicate with you as a carer for the patient?

20.88% of carers responded ‘No’, they were not proactively approached, whilst **56.04% responded ‘Yes definitely’**

Secondary Weakness – lower left quadrant

Q12. Have you been involved with discharge planning for when the patient leaves hospital ?

Staff across the Trust have access to the Meridian Survey results and Friends and Family Test results, including the free text comments on Meridian via the Desktop dashboard and through Business Objects.

Patient feedback from NHS Choices and Patient Opinion Websites

NHS Choices website reviews from patients and their carers (Patient Opinion covers the same reviews as posted on NHS Choices)



Based on 163 ratings for this hospital

During quarter 2, 17 patients provided feedback about RUH services through NHS Choices reviews and ratings:

Ten of the 15, who rated the hospital using the star system, rated it as the top five stars – of these five were in regard to the care and treatment received in A&E, two in Orthopaedics, and one positive review in regard to each of the following – Gynaecology, general surgery, and Ophthalmology, Children's & Adolescent Services .

Also noted through these comments are the excellent care and treatment provided on the following wards:
Phillip Yeoman Charlotte Ward Robin Smith Children's Ward

All ten comments are in regard to the excellent service provided by staff, for example:

The consultant is an exceptional consultant, respectfully addressing you as a sentient intelligent fellow human ...

The level of care was excellent, all of the staff were friendly and treated me with respect during what was a bit of a scary and painful time. All treatment was discussed with me and I felt well informed about the whole process.

All staff I had contact with were polite, caring and friendly.

To the Phillip Yeoman ward and the RUH in general, I felt you were 100% perfect, a 5* service, thank you.

Of the five patients who rated the Trust below five stars three stated that they had waited too long for their appointments in outpatient clinic waiting areas.

Action taken to improve the Trust's response to patient and carer experience feedback through NHS Choices – it is noted that the Trust only responded to three of the 17 reviews that have been posted during quarter two, because of this it has been agreed that the Patient Experience Team will be responsible for co-ordinating the responses in conjunction with the divisions and for ensuring a timely response on NHS Choices.

Patient Experience team developments and sharing good practice

Patient Experience Team developments

- **Reviewing and developing the PALS service** to ensure that it meets the needs of patients and carers
- Providing **training and written guidelines for staff** in how to communicate with patients/carers who raise concerns
- Working with service/specialty managers and their teams to facilitate their role in learning and improving care from patient and carer experience through the **Patient Empowerment Programme work** stream.
- Reviewing and developing **Patient and Carer Experience pages on the RUH website** to inform the public what is important to patients and carers, the positive feedback received and the information that this informs learning and improvements to service delivery.
- The Patient Experience team are working with staff in the Divisions to develop tailored **patient and carer surveys**. For example, in Ophthalmology patients are being asked their views about their treatment for macular degeneration (Lucentis) and how they would like their appointments structured. A survey is also underway for carers of patients with Learning Disabilities to ensure that we are meeting the needs of this group of patients.

Sharing good practice

Dermatology and Ophthalmology Services – provide patients with small (credit-card sized) cards with the telephone numbers they will require if they have queries about follow-up appointments, their condition or medical treatment.

The Appointment Centre – uses a mobile phone to communicate by text with patients who are unable to communicate by using the telephone.

Discharge passport – the team trialling the discharge passport are carrying out a survey to capture patients' experience of discharge – the results will inform discharge planning in the future. Results of this survey will be provided in the next patient and carer quarterly report.

Part Three – Complaints Report

Complaints received

Formal complaints received in Q2, 2014/15

In Q2 the Trust received 82 formal complaints:

- 37 (45%) Medical Division
- 24 (29%) Surgical Division
- 19 (23%) Women and Children's Division
- 2 (3%) Finance (Information Technology)

The average per month for the rolling year is 32.

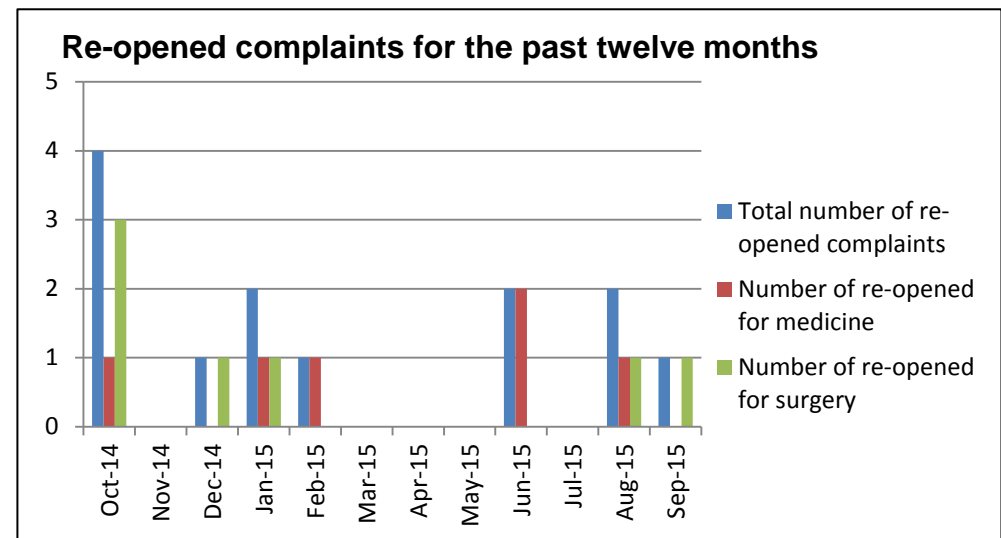
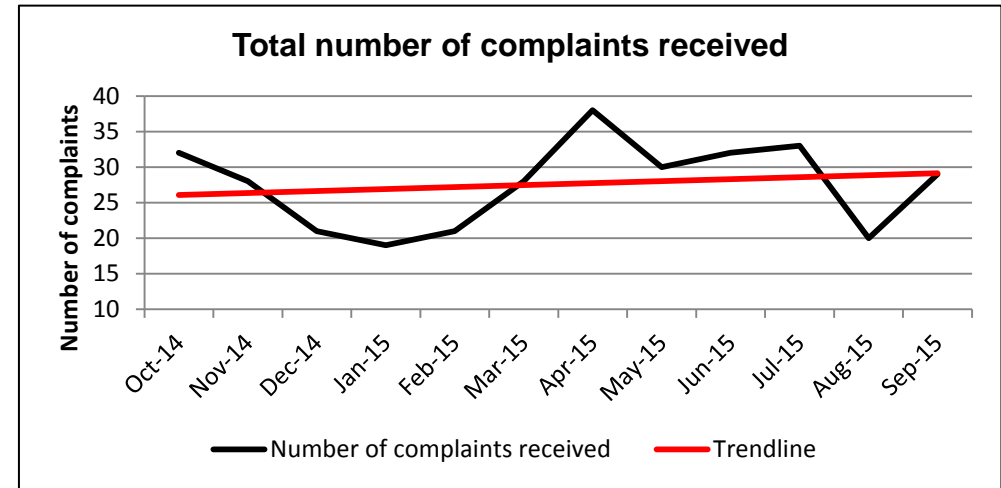
Number of complaints by Quarter/Year

Year	Q1	Q2	Q3	Q4	Total
2012/13	87	74	91	120	372
2013/14	110	117	97	61	385
2014/15	86	81	75	68	310
2015/16	100	82			

The table above shows a stable position in the number of formal complaints received in Q2 compared to the same quarter in 2014/15.

Reopened complaints in Q2 2015/16

Three complaints were reopened in Q2 2015/16; One for the Medical Division and two for the Surgical Division.



Complaints received by category and response times

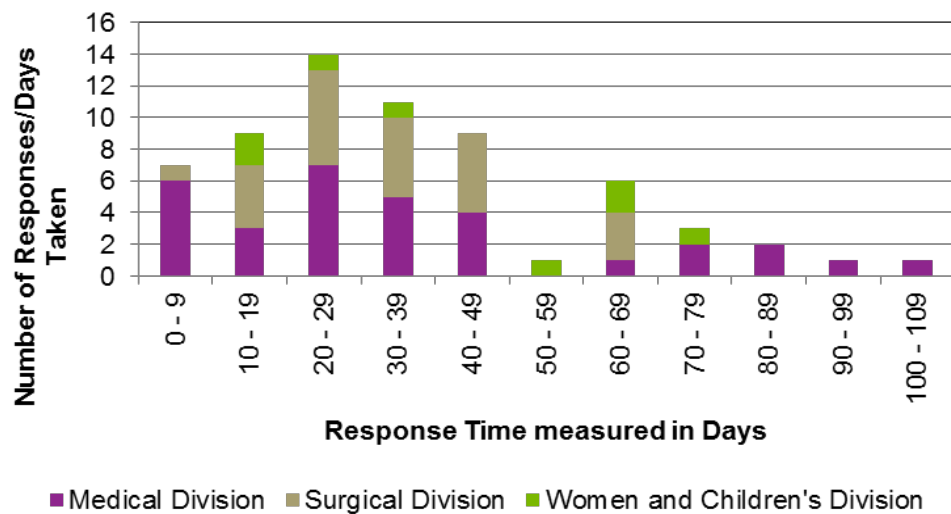
Top 10 complaint sub categories for Q2

The top 10 sub categories account for 77% (62) of the complaints in Q2 of which 34 relate to inpatient contacts, 21 to outpatient settings 6 to the Emergency Department and 1 other.

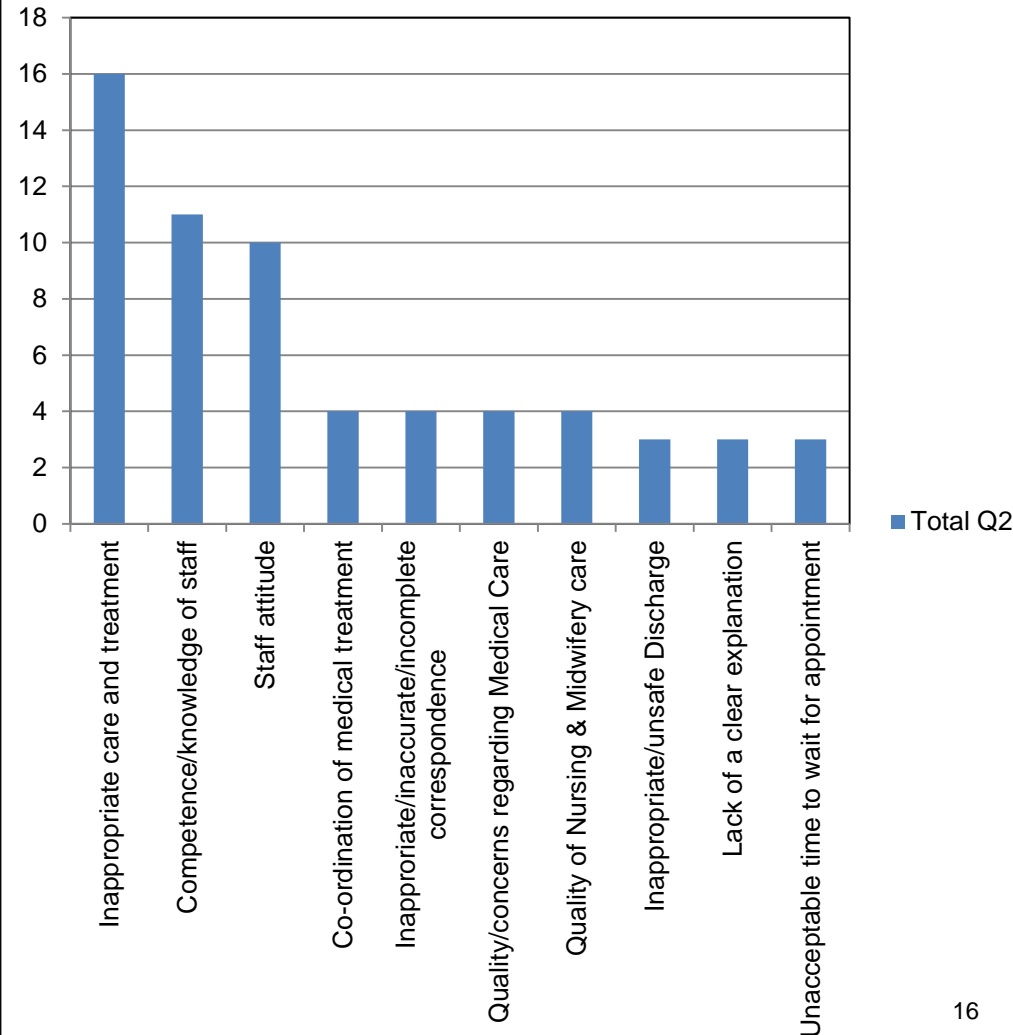
Inappropriate care and treatment and competence and knowledge of staff account for 33% (27) of the 82 complaints received in Q2.

Response within agreed deadlines

Of the complaints opened in Q1 & Q2, 65 complaints were closed. Of these 38% (25) were closed within 25 working days. 72% (43) were closed within 40 working days. Of the 14 responses that took over 50 working days this was as a result of delays in resolving the concerns, old cases where information was not readily available and very complex cases covering multiple specialties. Closer weekly monitoring of complaint responses will take place.



Top 10 Complaint categories received for Q2 2015/16



Complaint received by subject

Complaint subject in Q2, 2014/15

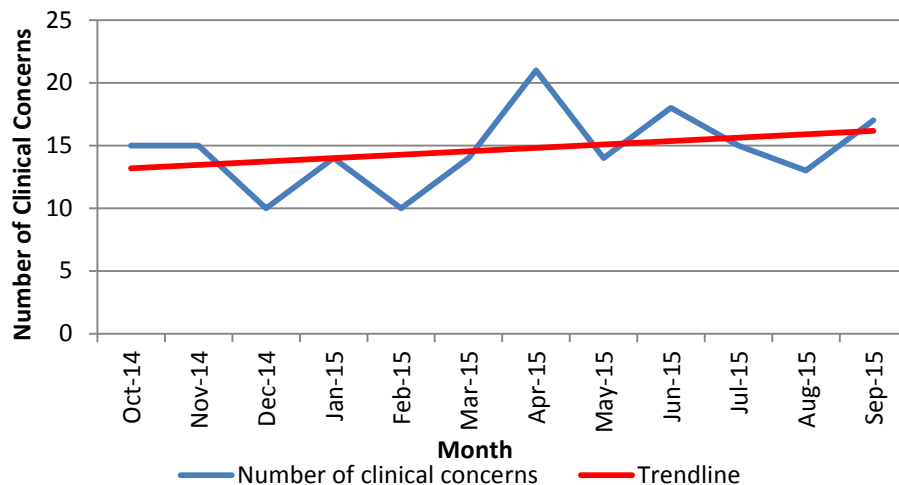
In Q2, the highest number of complaints received were recorded on Datix as 'clinical care and concerns' (45 out of 82, 55%). The table 'clinical care and concerns' shows a further breakdown of this category.

Since October 2014, there have been 176 complaints with 'clinical care and concerns' as the subject. The average is 15 per month. This has shown an increase over the year.

Complaint Subject Q2	Total number of complaints Q2
Clinical Care and Concerns	45
Communication and Information	13
Staff Attitude and Behaviour	10
Appointments	8
Admissions/transfers/discharge procedure (In Patients/ED)	3
Admission (Pre-admission)	2
Transport	1
Grand Total	82

Clinical care and concerns sub-categories	Number
Inappropriate care and treatment	16
Competence/knowledge of staff	11
Co-ordination of medical treatment	4
Quality/concerns regarding Medical Care	4
General Enquiry - Clinical Care	2
Quality of Midwifery care	2
Quality of Nursing care	2
Test results not acted upon	1
Treatment cancelled	1
Waiting for scans	1
Wrong diagnosis	1
Total of sub category	45

Number of clinical concerns: rolling year



Complaints by ward area/outpatients

Q2 Complaints by ward / area

The table opposite shows the ward areas for the complaints received in Q2. It should be noted that the complaint is allocated to the location of the patient at the time of the incident. 24 of the 82 complaint Complaints in Q2 were ward based. The remaining 58 relate to the Birthing Centres, Outpatient departments, administration and facilities such as car parks.

Outpatient service complaints

38% (31) of the complaints received in Q2 relate to outpatient services. The number of complaints has remained stable, similar to that seen in Q1 2015/16. 45% (14) related to the Surgical Division, 39% (12) related to the Medicine Division and 10% (3) related to Women and children's Division and 6% (2) to administrative services.

Top Subjects of Outpatient complaints

The top three subjects (28 complaints in total) for Outpatient complaints across all Divisions remains the same as the last quarter :clinical care and concerns, communication and information and appointments.

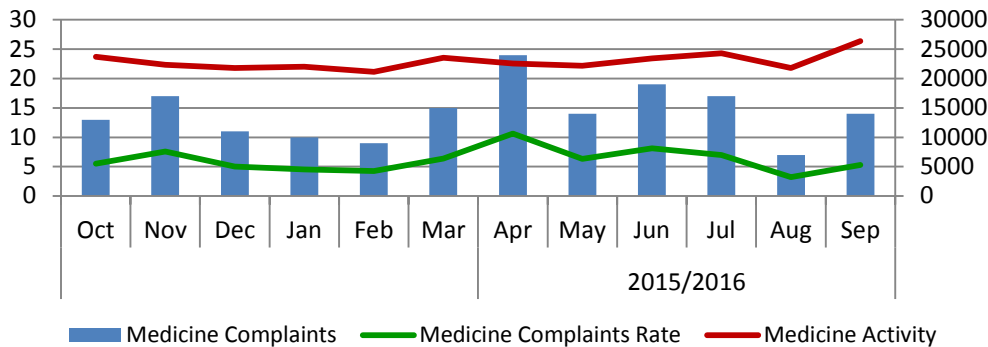
Further detailed analysis of the complaints shows that 13 (42%) of the 31 complaints received for outpatient services concern general administration such as scheduling of appointments, cancellation of appointments, correspondence and telephone answering. This is also reflected in contacts with the PALS service.

Complaints about outpatient clinical care relate to perceived misdiagnosis, patients unhappy with clinical decision, and decision that does not support patients own preferred choice. This information is shared with the Outpatients Steering Group led by the Deputy Divisional Manager for Surgery.

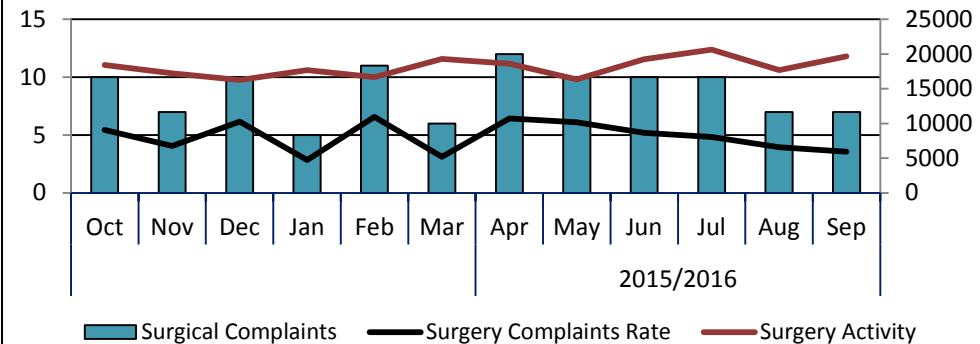
Ward Area	Subject	Subject Total
Charlotte Ward	Clinical Care and Concerns	1
Cheselden Ward	Admissions/transfers/discharge procedure (In Patients/ED)	1
	Staff Attitude and Behaviour	1
Children's Ward	Staff Attitude and Behaviour	1
Combe	Admissions/transfers/discharge procedure (In Patients/ED)	1
Forrester Brown Ward	Staff Attitude and Behaviour	1
Mary Ward	Clinical Care and Concerns	2
	Staff Attitude and Behaviour	1
Medical Assessment Unit	Clinical Care and Concerns	1
	Transport	1
Medical Short Stay	Communication and Information	1
Parry Ward	Staff Attitude and Behaviour	1
Philip Yeoman Ward	Staff Attitude and Behaviour	1
Pulteney	Clinical Care and Concerns	1
	Communication and Information	1
Respiratory Unit	Admissions/transfers/discharge procedure (In Patients/ED)	1
	Clinical Care and Concerns	2
Robin Smith	Clinical Care and Concerns	1
Surgical Admissions Unit	Clinical Care and Concerns	2
Surgical Short Stay	Clinical Care and Concerns	1
William Budd Ward	Clinical Care and Concerns	1
Grand Total		24

Complaints in relation to activity

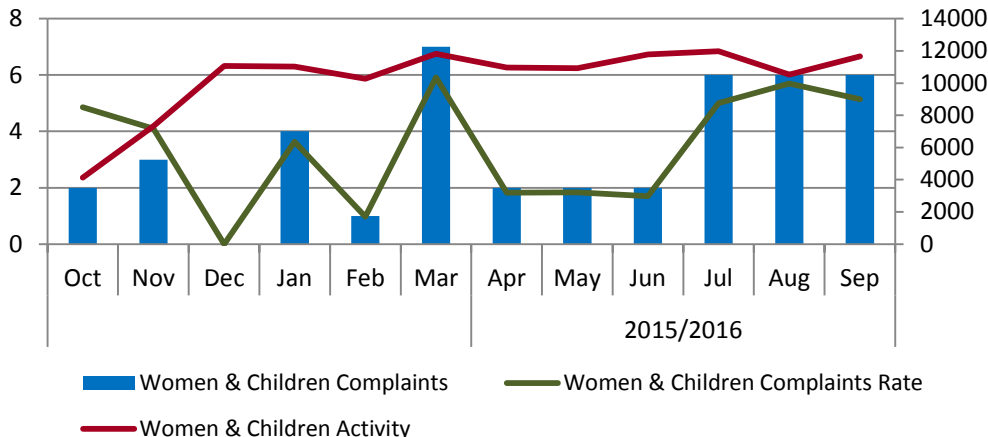
Medical Division - Complaints in relation to Activity (rate per 10,000 Contacts)



Surgical Division - Complaints in relation to Activity (rate per 10,000 Contacts)



Women's and Children's Division- Complaints in relation to Activity (rate per 10,000 Contacts)



These charts show the numbers of complaints in relation to activity per 10,000 contacts.

The complaint trend for the Medical and Surgical Division reflects the change in overall activity in Q2. August saw a decrease overall in all divisions which is an annual pattern.

The complaint rate in the Women and Children's Division has shows a substantial rise in Q2 to a rate above 5.0 per 10,000 contacts from a rate of below 1.8 for Q1. This has been investigated and mainly relates to a combination of attitude, communication and clear explanations from staff and understanding from patients and families if the care plan changes quickly in response to an urgent changing clinical picture, or where a patient's expectations cannot be practically met. The Divisional team are focussed on the number and nature of complaints, ensuring learning is being taken forward across the service.

Examples of actions and learning from complaints

Issue/complaint	Division	Lessons learnt
Communication between medical teams was poor. The family were not kept informed at key decision points.	Surgery	The complaint was shared with the team. Junior staff were reminded to talk directly to colleagues to request a specialist review if it hasn't taken place, rather to assume it will. It has been agreed that the family's experience can be used in training.
A patient did not receive the choice of low-residue diet despite ordering the previous evening.	Surgery	This has been passed to the Nutrition and Hydration group to raise with senior sisters and remind them of the different diet specific menu options available.
Relatives were unhappy with the approach taken by different staff with regard to visiting a seriously ill patient.	Surgery	Critical care services escalation policy to be reviewed and for it to be clear that visiting provision for patients in PACU should be the same for patients nursed in ITU/HDU Staff in PACU to receive training on caring for patients with learning disabilities.
Nurse did not know how to take the blood from a Hickman line and patient's treatment delayed.	Medicine	Identified the need to ensure that nurses in the Emergency Department and Medical Assessment Unit are trained to take bloods and administer medication for patients with Hickman lines.
Client unhappy about the waiting time in outpatients and the attitude of staff.	Medicine	Improve the way we communicate outpatient waiting times in Gastroenterology by using the communication board more effectively and ensure it is regularly updated.
Patient underwent a difficult labour at the RUH and unhappy with the aftercare received and clinical decisions made during the birth.	Women & Children	Increase awareness of non verbal body language through training The Divisional teams are reviewing the pathways for mothers' requiring a caesarean birth
Mother and child attended the emergency department as child was having breathing difficulties. Concern raised about attitude and behaviour of a nurse and a doctor during visit.	Women & Children	Complaint shared with the staff who have reflected on their behaviour and the impact it has on the family when providing care and treatment.

Complainant survey

Complainant Survey

18 complaint surveys were sent out in Q2 to those who have made a complaint and had received a final response within this period. 5 responses were received. Patients told us that they knew how to complain, were able to communicate their concerns to staff. However they told us that they were not always kept informed of the progress with their complaint and this is an area that we need to continue to focus on. Overall, they were satisfied that the response answered their concerns and that the complaint was handled fairly.

'Following my complaint I received a call from the Doctor of the department I am under and therefore my worries and concerns were immediately resolved.'

Investigations by the Parliamentary Health Service Ombudsman (PHSO)

Investigations by the Parliamentary and Health Service Ombudsman (PHSO) in Q2, 2015/16

During Q2 2 investigations were closed by the PHSO. 1 related to RNHRD and was not upheld and the second was a shared complaint with a neighbouring Trust which was upheld. Both Trusts agreed to pay £250 compensation.

This leaves 3 cases going into Q3.

Of the 3 remaining open cases we have received draft decisions on two cases. The PHSO is proposing not to uphold one and partially uphold the other case and is requesting one action in relation to this case. These two cases should be closed early in Q3 leaving 1 outstanding.

Reports from the PHSO – Acute Trusts Complaints 2013/14 (and Q1 and 2 2015/16)

The report lists the number of complaints the PHSO receives for each acute Trust, the number it chose to investigate and the number it upheld.

During Q1 and Q2 the PHSO report they accepted 4 enquiries for investigation about the RUH and they have upheld 1 and not upheld 2 complaints. The last case remains under investigation.

Due to the processes used at the PHSO it is not appropriate to compare upheld rates in isolation across organisations. The chart shows the summary issued by the PHSO for Q1 and Q2 2014-15 for the RUH and local Acute Trusts.

	Enquiries received	Enquiries Investigated	Fully or Partially upheld	Not upheld
RUH	21	4	1	2
Salisbury	12	4	1	2
GWH	24	7	1	2
Taunton	15	1	2	1

PHSO overall themes

The PHSO reported in Q2 that on average nationally they upheld 45% of the complaints that they investigated in Q1.

Looking back on 2014/15 the top 3 reasons nationally for complaints they investigated was poor communication, errors in diagnosis and poor treatment.

Non-medical aspects of patient care are cited as a factor in almost half of all the complaints the PHSO investigated.

Poor communication was a theme in a third of complaints. Staff attitude and behaviour was a factor in 20% cases they investigated.