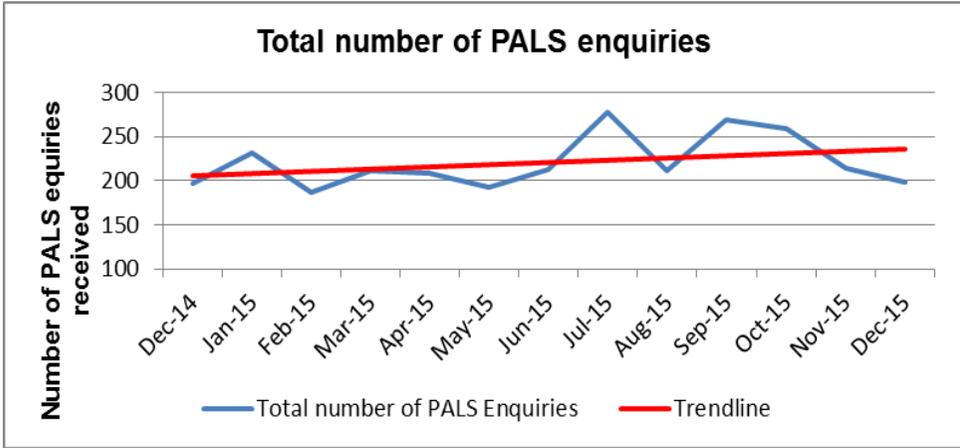


Patient and Carer Experience Q3 report

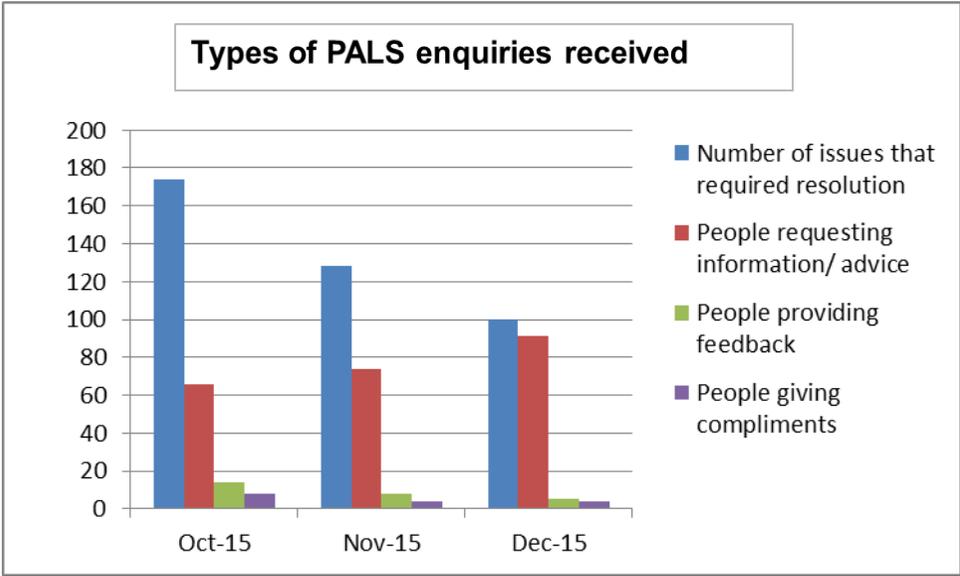
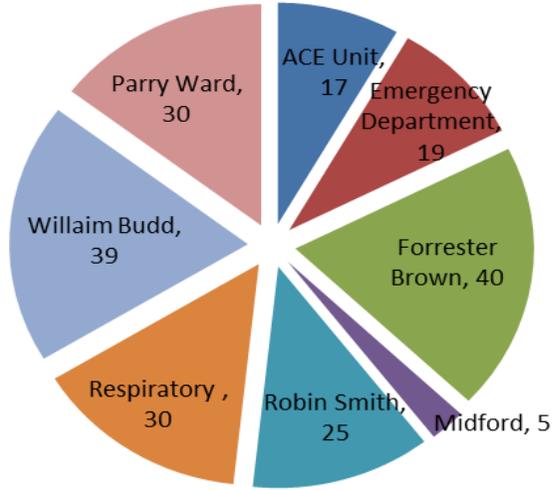
Our aim is that 'the RUH is recognised for delivering the highest quality patient and carer experience - safe, person-centred care, timely, efficient, accessible and fair and evidenced by surveys' - ***RUH Patient and Carer Experience Strategy 2012-2015***

Quarter 3: Patient Advice and Liaison Service (PALS) Report



In quarter 3, last year PALS received 567 enquiries. This has risen to 672 enquiries in quarter 3 this year. The number of issues requiring resolution has also decreased however increasing numbers of patients/carers are requesting information, advice and sign-posting.

Number of compliments received by wards Q3

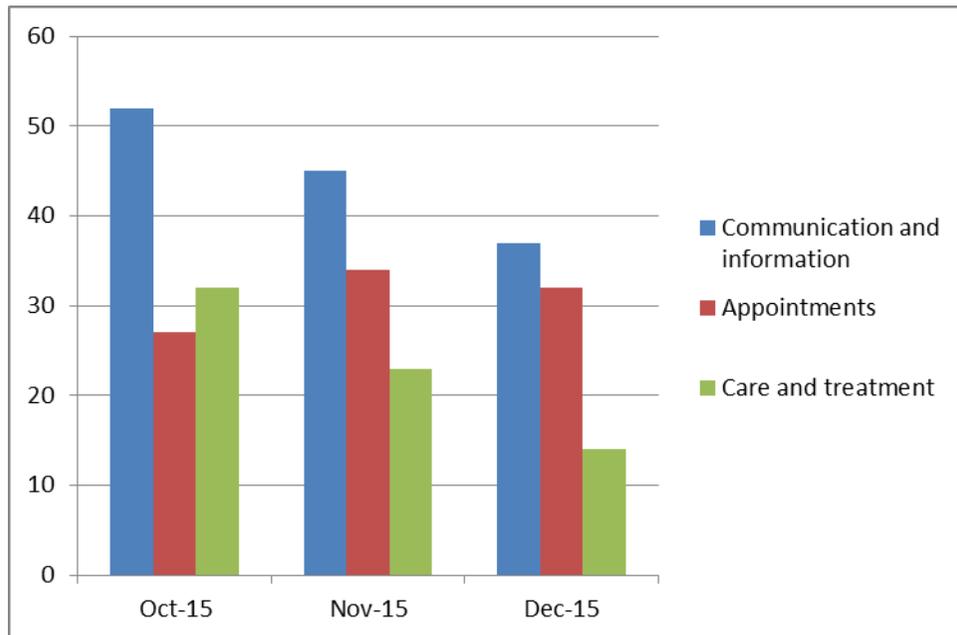


To start to develop this work, at the end of quarter 3 all wards were asked to provide data on the number of compliments that they had received in October, November and December 2015, in the form of cards, notes or letters. The wards who responded are detailed in the pie chart above.

Staff across the hospital receive written compliments, from patients and their carers and families, in the form of letters, cards and notes. Historically these have not been reported. The Patient Experience Team are working with the divisions to improve the identification and recording of all compliments received by the Trust, in order to provide a more accurate and balanced representation of patient and carer experience.

Quarter 3: Patient Advice and Liaison Service (PALS) Report

Top three subjects requiring resolution



Communication and information

Issues regarding communication and information continue to be the top subject requiring resolution across quarter 3.

36 of the 134 contacts (26.8%) about communication and information were in relation to difficulties in accessing Trust outpatient services and appointment offices by telephone. This is a slight increase from quarter 2 which was 42 of 162 contacts (25.9%).

In particular, patients have had difficulty accessing the Pain Clinic by telephone, with 10 patients contacting PALS. Six orthopaedic patients reported difficulties in accessing the department in October and November, however no patients reported difficulties in December. The other contacts reported difficulties in accessing services by telephone were shared across 12 other outpatient departments and two wards.

A member of the Patient Experience Team representative attends the Outpatient Steering Group and takes themes and trends in patient and carer experience to group meetings to inform discussions and identify areas of improvement.

Appointments

The majority of the 93 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 69 contacts regarding care and treatment that can be attributed to a particular hospital service.

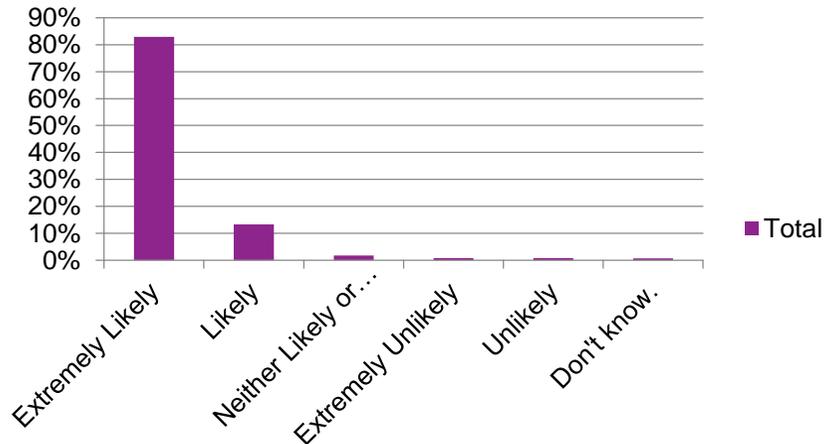
Quarter 3: Friends and Family Test (FFT) responses – Inpatient

Response total for all services

During quarter 3 we received a total of **7024** Friends and Family Test responses, a slight decrease on quarter 2 where the total was **7404**. The distribution for quarter 3 across trust services is as follows:

Inpatient	2955	42%
Emergency Department inc: MAU & SAU	1293	18%
Outpatients	1950	28%
Maternity Services	826	12%

Quarter 3 Trust Response Totals



83% would be Extremely Likely to recommend the Trust to Friends and Family if they needed similar care or treatment. This compares 82% in quarter 2.

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 and sent to the Divisions every month.

Inpatient Experience

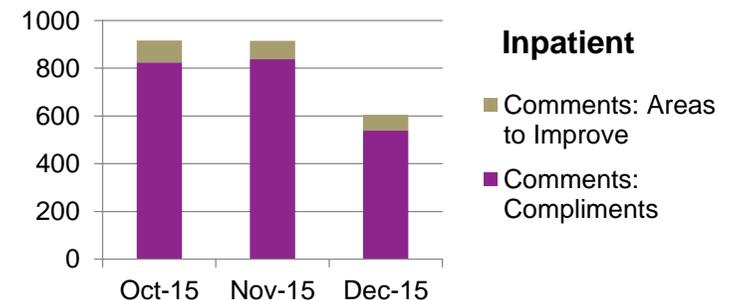
The majority of inpatient comments relate to staff. Analysis of inpatient comments shows the overall theme for **Areas to improve** as - **Staffing levels**

'You can see how busy and overstretched all the staff are. They all work incredibly hard and have done their very best to provide me with the best care possible'

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

'Staff very kind and patient. Nothing was too much trouble, can't fault anything'

'Very caring, kind, compassionate. Not only to patients but relatives too, very professional, in excellent hands! Thank you'



Quarter 3: FFT responses – Emergency Department and Maternity

Emergency Department (inc MAU & SAU) Experience

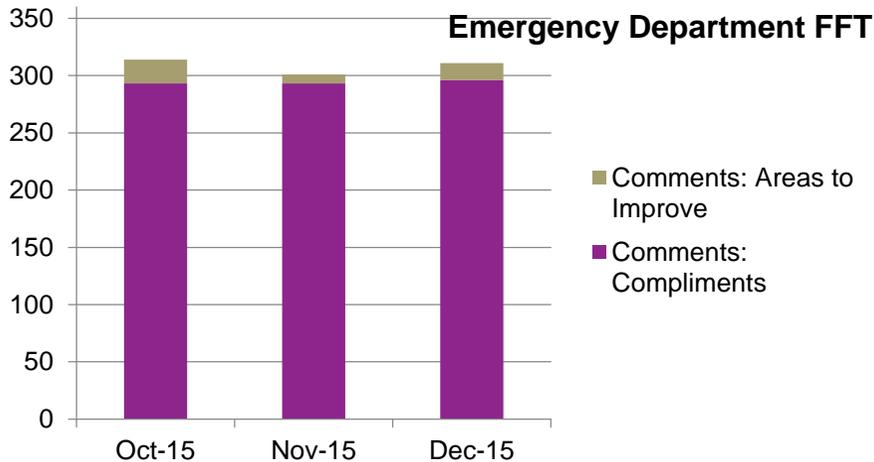
Analysis of ED comments shows the overall themes for **Areas to improve** as - **Waiting times** and **Communication of how long wait will be**, however positive comments e.g. quick and efficient outweigh negative comments overall.

‘It would be good to tell waiting patients that they have NOT been forgotten; good PR practice’

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

‘Speedy, efficient, kind, sympathetic, thorough, friendly and lovely. Thank you for taking such great care of my mother’

‘Prompt and very professional response. Could not fault the level of service and care’



Maternity Services Experience

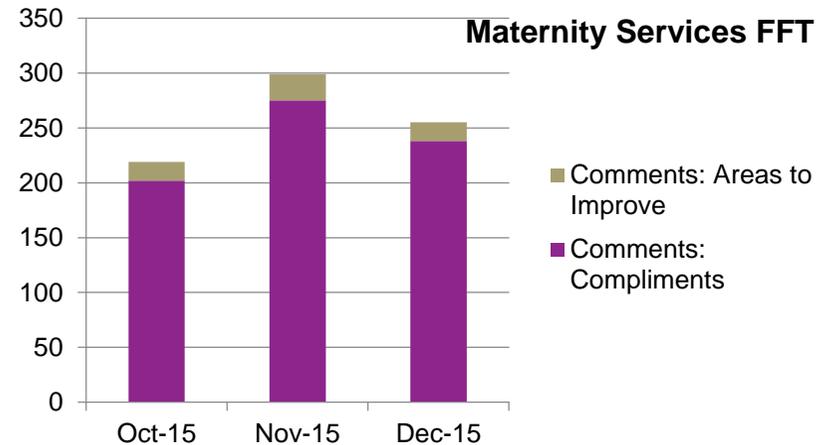
Analysis of comments show the overall theme for **Areas to improve** as - **Difficulty parking for Antenatal Clinic (RUH)**

‘The car park was a disaster! 40 minutes to get in, 45 minutes late for my appointment. Staff very understanding’

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

‘Staff were amazing couldn't have been more helpful’

‘Midwife delivered my baby and it was faultless. She made such a positive difference. The after care and breastfeeding support has also been amazing’



Quarter 3: FFT responses - Outpatients

Outpatient Experience

Analysis of comments show overall themes for **Areas to improve as - Waiting times in clinic areas and Parking (RUH)**

'It was okay, however the waiting time was disappointing and annoying'

The Trust is in the process of procuring screens for outpatient departments that will provide information for patients in waiting areas, including information about delays to clinic appointment times.

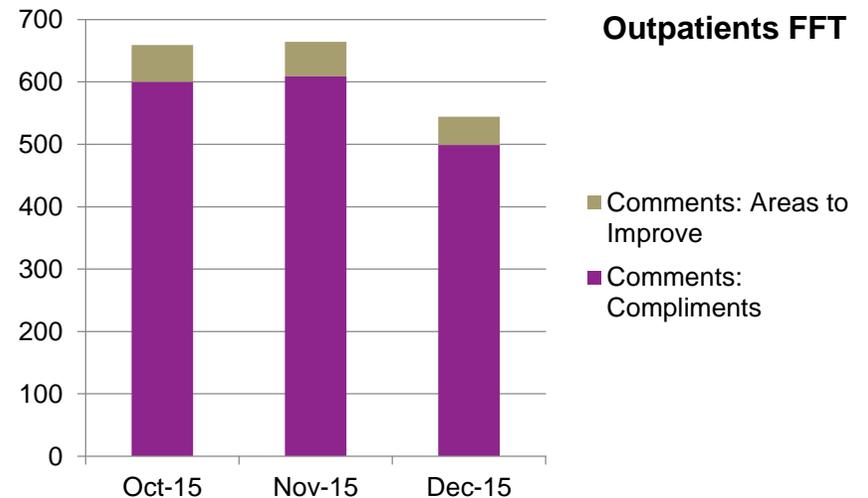
'I would like to complain about the lack of parking/spaces. It took me 25 minutes to find a space and I was late for the appointment. Worst car park ever been to. Disgusting'

The largest proportion of **compliments** refer to staff attitudes and behaviour e.g. **caring, kind, polite** and **helpful**.

'I accompany my elderly Mother each time - the staff in outpatients are amazing. Very compassionate and so kind and caring in such a very busy clinic'

'All staff were pleasant and helpful, polite and very professional. They put me at ease during my tests'

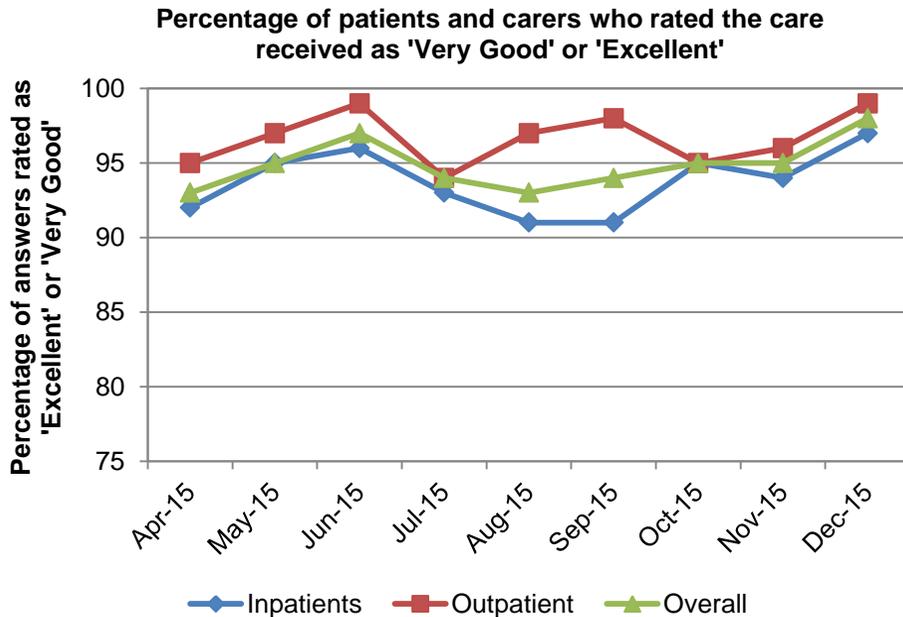
'Very friendly staff, helpful and understanding and took the time to listen to concerns'



Re-launch Friends and Family Test (FFT)

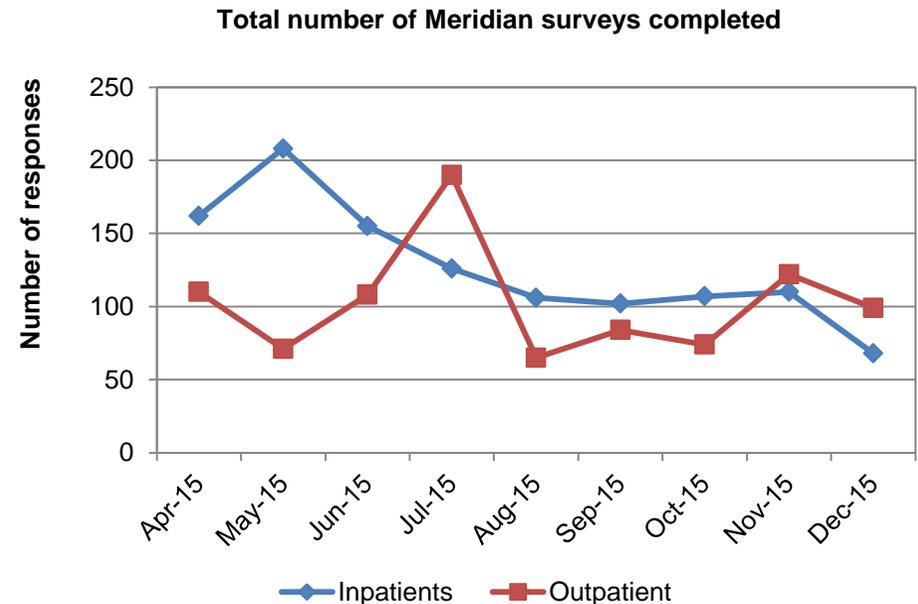
The number of FFT responses received remains lower than the target levels (40% for inpatients and 20% for ED/MAU/SAU). In order to promote FFT and increase the number of responses the Patient Experience Team are in the process of planning to re-launch FFT across the Trust; in conjunction with national **FFT spot-light week (14-18 March 2016)** and the implementation of eQuest (which will support the collection of FFT data). This will incorporate targeted and trust-wide communication and promotion regarding FFT, an FFT stand outside the Lansdown restaurant and a patient experience award for staff or ward areas achieving their target response rates or achieving the most positive responses from patients and carers.

Quarter 3: Meridian Surveys – Inpatient and Outpatient



The overall percentage of patients that rated their care as 'Very Good' or 'Excellent' for quarter 3 was 96%. This has increased from 94% in quarter 2.

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 3 was 295. The total number of inpatient and inpatient carer surveys completed in quarter 3 was 285.

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 area. To support this work the Patient Experience Team are increasing the number of volunteers trained to visit wards and outpatient areas and undertake feedback surveys.

Quarter 3: Meridian Surveys – Performance Maps

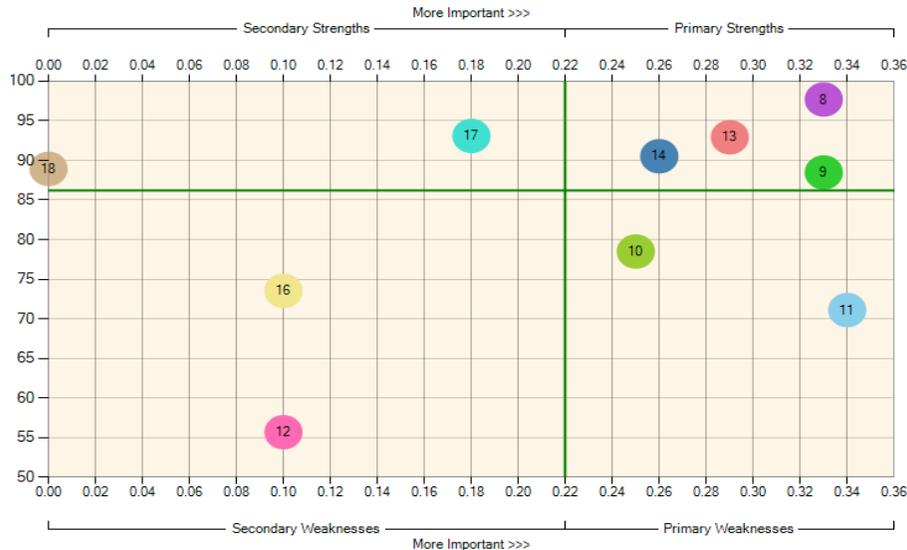
Performance Maps

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?”

Quarter 3: Meridian Inpatient Survey Performance Map



Primary Strengths – upper right quadrant

Q8. On the whole, are the staff kind and friendly?

Of the 217 inpatients that completed the survey **95.39% responded ‘yes definitely.’** This continues to be the highest scoring primary strength and is important to patients.

“They are hardworking, friendly, cooperative and confidence giving”

“All the staff without exception have been caring and shown a great deal of professionalism and care. I have been very impressed”

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

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

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

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

Primary Weaknesses – lower right quadrant

Q11. How would you rate the hospital food?

The responses to this question have been identified as an area of primary weakness - **34.1% rated the food as very good, 35.02% rated the food as good, 12.44% rated the food as fair and 5.07% rated the food as poor** (13.36% responded that they did not have food – nil by mouth, etc).

The Nutrition and Hydration Steering Group review all patient feedback on food and have made significant changes to the quality and variety of food served.

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

Secondary Weaknesses – lower left quadrant

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

79.72% responded ‘I do not need help to eat my meals’, 10.14% responded ‘Yes, always’, 2.30% responded ‘Yes, sometimes’, 7.83% responded No

The mealtime observation tool used by ward managers provides assurance that patients who need help with eating are given it.

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

Quarter 3: Meridian Outpatient Survey Performance Map



Primary Strengths - upper right quadrant

As in quarter 2, Q16 and Q17 continue to be the primary strengths in quarter 3.

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

Of the 295 outpatients that completed the Survey **90.17% responded 'Yes definitely'**

'Any questions I had were answered promptly when I first came in'

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

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

Secondary Strengths – upper left quadrant

Q8. Have you had any issues with telephone contact with the RUH for this appointment? (*chemotherapy, urology, rheumatology*)

Q10. Do you feel you were given enough notice 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 continues to be a primary weakness from quarter 2.

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

2.71% (equivalent to 8 surveys) responded 'Yes', and I was not happy about it, **37.63% responded Yes, but I did not mind'** and **26.1% responded No, others could not overhear** (33.56% responded that they did not know).

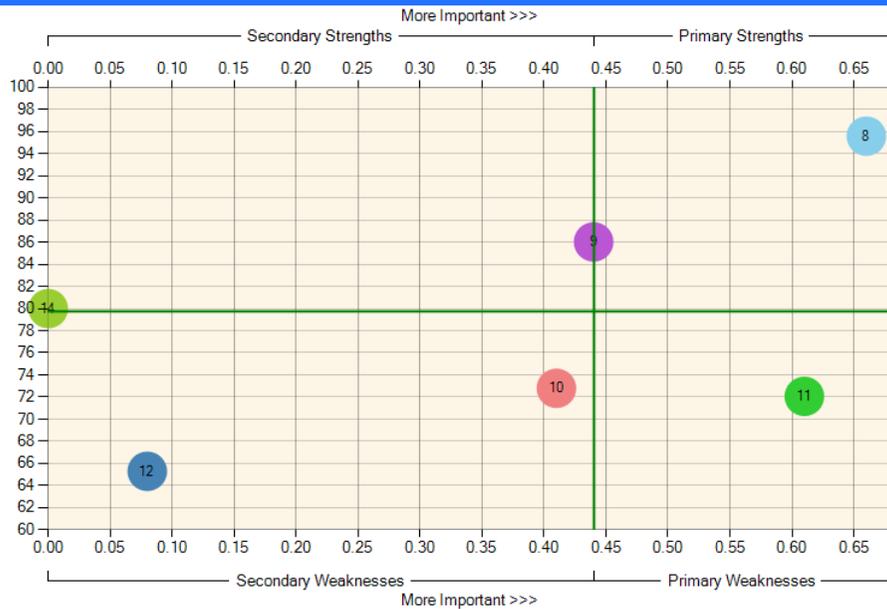
Secondary Weaknesses – lower left quadrant

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.

Q9. Were you given a choice of appointment times?

Quarter 3: Meridian Inpatient Carer Survey Performance Map



Primary Strength – upper right quadrant

As in quarter 2, Q8 continues to be the primary strength in quarter 3.

Q8. Have the staff made you feel welcome on the ward?

Of the 68 carers that completed the survey **92.65% responded Yes definitely**, they had been made to feel welcome.

‘Very friendly’

Secondary Strength – upper left quadrant

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

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

Primary Weaknesses – lower right quadrant

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

17.65% carers responded ‘No’, they were not proactively approached, 82.35% responded yes (**20.59% responded - Yes, to some extent** and **61.76% responded - Yes, definitely**).

Q11 continues to be a primary weakness. In quarter 2, 20.43% of carers said that they had not been ‘pro-actively approached as a carer’. Quarter 3 shows a slight reduction in the percentage. This may be due to the availability and visibility of the Carer Hub. Plans to raise carer awareness and take a more proactive approach is detailed in this report on pages 14 and 15.

Secondary Weakness – lower left quadrant

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

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

Involving patients and carers in the discharge planning process is included in the Discharge Project and with the development of the Discharge Passport.

Quarter 3: Patient and Carer Experience Report – 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 156 ratings for this hospital

During quarter 3, 11 patients provided feedback about RUH services, received during October, November and December, through NHS Choices reviews and ratings:

Five of the 11, who rated the hospital using the star system, rated it as the top five stars – of these four were in regard to **staff attitude and behaviour** - two in Ophthalmology, and one positive review in regard to each of the following – Orthopaedics, Dermatology and A&E.

“I had excellent care from the staff, the receptionist through to the nurses on duty.” A&E patient comment

“... I found all staff to be friendly, reassuring and efficient.” Dermatology patient comment.

“[Staff] were helpful, polite and friendly.” Ophthalmology patient comment

Also noted through these comments was the excellent care provided on the Children’s Ward.

Another aspect of the positive comments received is around communication from and information provided by staff:

“... they explained everything clearly to me ...” Orthopaedics patient comment

“They also had the time to explain anything you weren’t sure about.” Ophthalmology patient comment

Of the five patients who rated the Trust below five stars:

- One noted negative comments regarding the attitude and behaviour of surgeons and one the attitude and behaviour of a consultant.
- One stated that they had waited too long in clinic for a procedure in Orthopaedics.
- One detailed the inappropriate discharge of an elderly patient from A&E.

Action taken to improve the Trust’s response to patient and carer experience feedback through NHS Choices – On taking responsibility for the management of the NHS patient experience comments on NHS Choices the website the Patient Experience Team have shared comments with the services and divisions and co-ordinated a timely response on NHS Choices to all comments posted during quarter 3.

Quarter 3: Learning and service improvement – review of the PALS service

PALS Review - Improving PALS to provide a service that meets patient and carer requirements.

In October 2015 a questionnaire was sent out to the RUH membership by email requesting their views of the RUH Patient Advice and Liaison Service (PALS).

The reasons for this review are:

- Patients and carers have fed back to the PALS team that they would like a more accessible service,
- Over the past eighteen months the number of PALS contacts has increased by on average 80 per month - during 2015/16 the team have received an average of 237 contacts each month from patients and their carers and families. We wanted to know whether this had impacted on the service provided.

The actions as a result of the questionnaire results are:

- 1.The PALS Manager is working alongside specialty managers and service managers when communicating the cancellation of elective procedures and clinics with patients. This enables the PALS team to actively support patients during this time.
- 2.The positive responses regarding the location for the PALS Office have been shared with the Head of Capital Projects in order that this can inform decision-making during the re-design of the Atrium.
- 3.Respondents suggested different names for the service, these will be considered in-line with the expected national rebranding of PALS which is due later in 2016.
- 4.As a trial, for 3-months starting January 2016, the PALS Manager is working until 20:00 one weekday evening every week to extend the office opening hours. This provides an opportunity for PALS to contact service users when they get home from work and to support staff and patients in inpatient wards and the Emergency Department.

Quarter 3: Patient and Carer Experience activities across the Trust

Patient and Carer Experience Group (PCEG)

The PCEG provides an external perspective on the views of patients and carers who receive our care. The group includes patient and carer representatives, members of Healthwatch and a public Governor. Members of the group undertake quarterly visits to ward and outpatient areas. In February a visit is planned for the Emergency Department, Robin Smith Ward, Acute Stroke Unit and Cheselden Ward will take place.

Training front-line staff

Providing training and written guidelines regarding dealing with verbal concerns to front-line employees.

Communicating patient and carer experience to the public

The Patient and Carer Experience team are developing the external website to update the public on patient/carers feedback and to show what improvements have taken place as a result of their feedback.

Implementation of eQuest

As part of ongoing work to integrate data collection and management tools, Meridian will be replaced by a new system called 'eQuest' which has been developed in-house by the RUH Health Informatics Service team. EQuest will be managed by the Patient Experience Team and will be used to record FFT results and to build patient and carer experience questionnaires previously created within Meridian. The system will also be used to create new surveys and will eventually replace a variety of audit databases and spreadsheets in use across the Trust. The new eQuest system will go 'live' in quarter 4, 2015/16. The Patient Experience Team are testing the new system and ipads have been recalled and will be reconfigured ready for the re-launch of patient surveys. A communication and awareness plan is in place and the Business Intelligence Unit are developing the reporting capabilities.

'See it My Way – leaving hospital' – 15th December 2015

83% of staff who listened to the stories and experiences of patients, a carer and a member of staff at this event said that hearing the stories had changed the way that they would work in the future. Over **90% of staff** rated the session as **7 or more out of 10** in terms of increasing their knowledge and understanding of the discharge process.

- *'I spend a lot of my time thinking about discharge in my role, but the afternoon helped me to consider the little things that can make all the difference.'*
- *'Ask more questions, think about whole patient'*
- *'More understanding of worries/frustrations of carers and families'*
- *'Communicate more with relatives on the ward'*

Quarter 3: Learning and service improvement - bereavement survey

End of Life Care for Bereavement Feedback Initiative 2015/16

The RUH End of Life Care working group oversees an annual work plan to support service improvement in end of life care. This includes a Bereavement Feedback Initiative that offers all bereaved carers and families the opportunity to provide feedback on the care that they and the patient received. Actions taken to sustain this ongoing work include:

- Information for bereaved carers and families on how to provide feedback is included within the RUH Bereavement Booklet.
- There is a monthly review of data and feedback collated through Meridian, returned paper questionnaires and telephone contacts looking at whether patients' needs were met, whether information was given in a sensitive and timely manner and whether the family felt involved in decisions and felt supported?
- Learning from information gained through the Feedback Initiative is used to inform education and ongoing learning to improve end of life care.
- Following the low response rates, other options for feedback are being considered. This includes offering telephone contact following bereavement and holding 'In our Shoes' events for bereaved families.

Themes from the returns to the end of quarter 3 are **compassion** and **communication**:

***'Staff in the ED were very kind and caring. They were respectful of an elderly lady in pain and distressed.
On B45 the nursing staff enabled us to stay with Mum overnight.'***

'The care and attention given to us after it all happened was superb.'

'I feel that the attention given to us all by the staff attending my wife was excellent and very supportive.'

'The doctors attending informed both myself and my children regarding all that they were doing for my wife.'

'Medical staff of all grades were open and honest in their dealings with us...'

Quarter 3: Update on the Carer Hub

Carer Hub Volunteers

The Carer Hub opened in September 2015 and is staffed by trained Carer Hub volunteers. The Hub is currently open from 10-12 and 2-4 Monday to Friday. 6 additional volunteers joined the group in January and with increased levels of staffing it is expected that the Hub will be open for longer periods. There is active recruitment of volunteers in place through the League of Friends, Carer Support Wiltshire and BaNES Carer Centre. All volunteers attend 'Carer Awareness' Training and Trust induction. Regular updates and bespoke training is provided through quarterly meetings.

Raising awareness

- Referrals to the Hub from Hospital staff needs to improve
- New marketing aimed at Carers who visit the Wards and Outpatient departments
- Trolley Dashes by Carer Support Team to all Departments on a regular basis
- When 2 Volunteers are on duty, ward visits are undertaken to remind staff the Hub is open
- Regular articles in '@ RUH Bath' and 'In the Week'
- Examples of real case studies are being developed for Carers and staff to recognise the benefits and support available for carers

Numbers of Carers who engaged with a Hub Volunteer in 2015

September	111
October	138
November	118
December	149
Total	516

Quarter 3: Update on the Carer Hub

Carer Hub – next steps

The volunteers working in the hub will be able to refer carers directly to carer services. At present, only information and advice on the Carer Centres is provided to the carer. Direct referral will ensure:

- A seamless service
- We can be sure carers will receive the help they need to continue in their caring role
- Will produce evidence of carer satisfaction, reduced re-admission and delayed discharge
- As a result of direct referral of the Carer to Carer Services we will be able to produce Case Studies for use by the Hospital.
- Feedback collected by the Hub volunteers



I had no idea help existed for people like me



I never think of myself as a Carer



I knew I was a Carer but didn't have time to look into help



Carers Emergency Card is a real eye opener



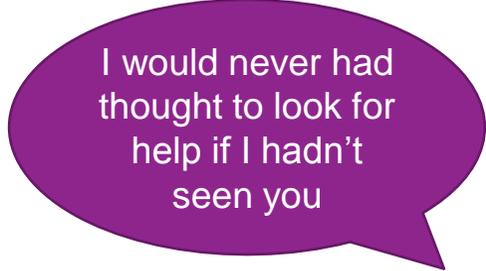
You have given me some hope!



I was feeling desperate until we had this chat



I felt so alone in this, it's a help to know the Carer Centre is there



I would never had thought to look for help if I hadn't seen you

Complaints Report – numbers received

Formal complaints received in Q3, 2015/16

Formal complaints received in Q3 by Division	Number	Percentage
Medical Division	24	44%
Surgical Division	20	36%
Women and Children's Division	11	20%
Total	55	100%

The average per month for the rolling year is 25.

Number of complaints by Quarter/Year

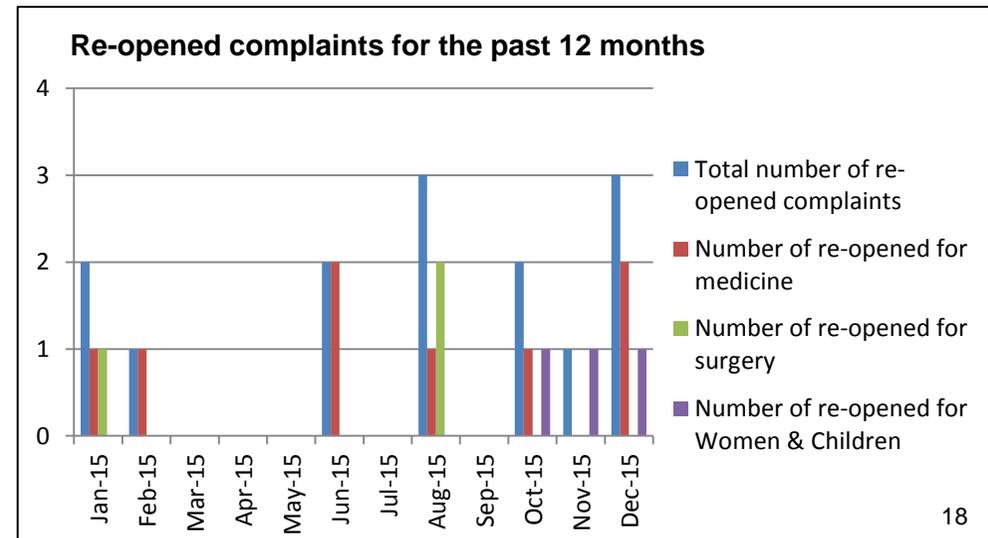
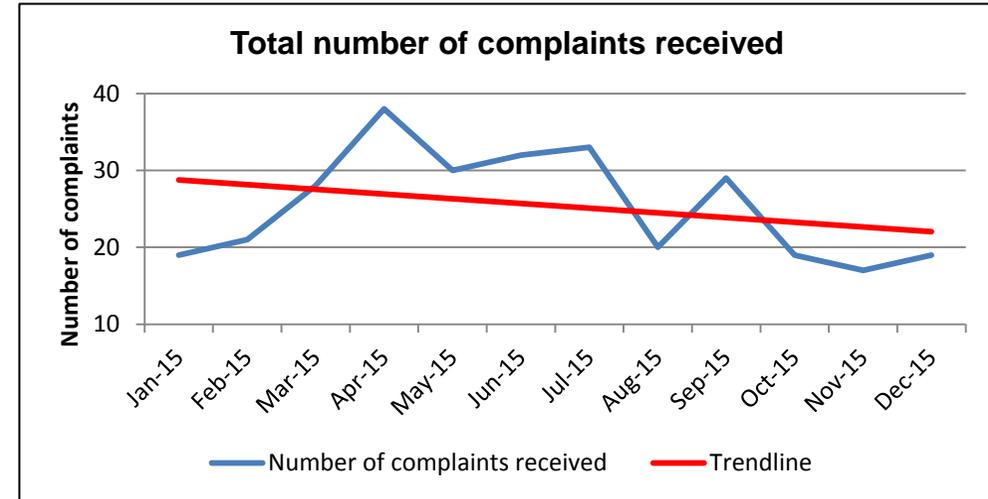
Year	Q1	Q2	Q3	Q4	Total
2012/13	87	74	91	120	372
2013/14	110	117	97	61	385
2014/15	86	81	75	68	310
2015/16	100	82	55		

The table above shows a marked reduction in the number of formal complaints received in Q3 compared to the same quarter in 2014/15.

Reopened complaints in Q3 2015/16

Six complaints were reopened in Q3 2015/16; 3 for the Medical Division and 3 for the Women and Children's Division. The table below shows the number of reopened complaints by quarter.

	Q1	Q2	Q3	Q4
2014/15	2	3	5	3
2015/16	2	2	6	



Complaint by subject

Complaint subject (K041a) Top 5

The table below illustrates the top 5 subjects for formal complaints in Q3.

1. Complaints- Subjects (K041a) Q3	Number
All aspects of clinical treatment	31
Attitude of staff	8
Admissions, discharge and transfer arrangements	5
Communication/information to patients (written and oral)	5
Appointments, delay/cancellation (out-patient)	3
Total	53

The following tables highlight the sub subject of the top 5 subjects received in Q3

All aspects of clinical treatment Q3	Number
Inappropriate care and treatment	9
Quality/concerns regarding Medical Care	8
General Concerns - Clinical Care	5
Competence/knowledge of staff	1
Co-ordination of medical treatment	1
Error in performing a procedure on patient	1
Inappropriate/unsafe Discharge	1
Medication error/timing/availability	1
Quality of aftercare	1
Unhelpful	1
Wait for Treatment	1
Wrong diagnosis	1
Total	31

Examples of clinical treatment complaints include: A procedure being carried out and family are concerned if the result was successful. A patient was treated for initial presentation of complaint but was later given a different diagnosis by a different Trust.

Attitude of staff Q3	Number
Disinterested/uncaring	1
Inappropriate/Insensitive communication/attitude	1
Inappropriate/insensitive information/diagnosis	1
Rough handling of patient	1
Staff attitude	4
Total	8

Admissions, Discharge and Transfer arrangements Q3	Number
Availability of suitable ward/specific bed (HDU, Bariatric)	1
Inappropriate/unsafe Discharge	2
Relatives/Carers not informed/involved in discharge	1
Wait for Treatment	1
Total	5

Communication/information to patients (written and oral)	Number
General - Communication	3
Inappropriate/inaccurate/incomplete correspondence	1
Patient not kept informed/updated (discharged/outpatient)	1
Total	5

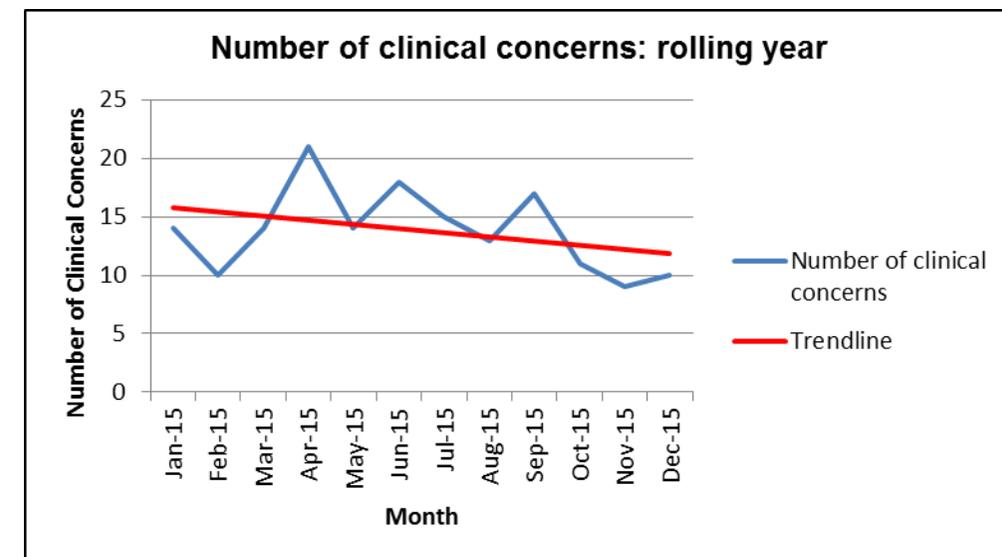
Complaints Report – Complaint by subject and Response rate

Complaint by subject continued:-

Appointments, delay/cancellation (out-patient)	Number
Appointment change by patient	1
Cancellation of appointment	1
Inappropriate/Insensitive communication/attitude	1
Total	3

Clinical Concerns

In Q3 2014/15 there were 40 complaints where 'Clinical care and concerns featured in the subject of the complaint. In Q3 2015/16 there were 30. A reduction of 25%.

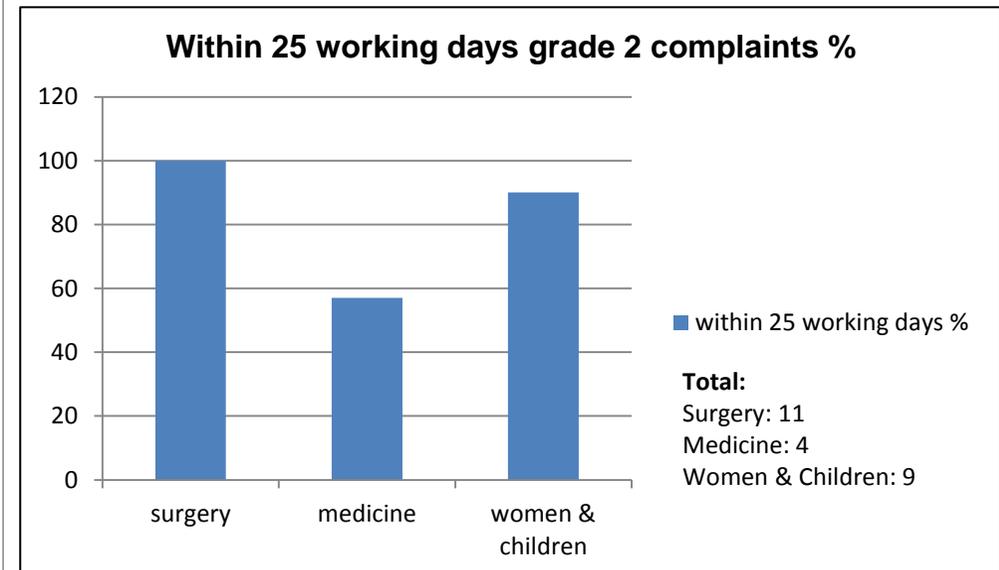


Response within agreed deadlines Q3

56 complaints were closed in Q3.

28 were classified as grade 2 : 7 from the Medical Division, 11 from Surgical Division and 10 from the Women and Children's Division.

Grade 2 complaints are subject to a local target response of 25 working days. Complaints where the response is delayed due to waiting for information from other organisations are excluded. In Q3 4 complaint delays were out of Trust control.



The Medical Division breached the target on 3 occasions and the Women and Children's Division on 1 occasion.

Examples of actions and learning from complaints

Issue/complaint	Division	Lessons learnt
Concern regarding the quality of ophthalmology care provided in the Emergency Department	Medicine	Clinical review of care undertaken. Member of staff concerned provided with refresher training and given objectives for 6 months.
Patient consented to and underwent surgery. A review found that this could have been avoided as key information was lost in translation. The patient's first language was not English and the family had translated.	Surgery	The case highlighted the need to use official interpreting services even when relatives say that they are able to translate. A revised language and interpretation policy is now available on the intranet and across the Trust.
Patient taken to previous address by transport in discharge due to incorrect address on transport request.	Surgery	Staff have been reminded to check that the correct destination address is picked up from the system. Staff now print transport booking details to confirm address does not revert to previous address.
Relative was unhappy and felt that patient's discharge was unsafe. Issue related to multiple family members in contact.	Medicine	Family involved multiple staff contacts and therefore information was 'scattered'. Family members were advised of discharge plans, but not all members were aware. Allocation of a single point of contact proved beneficial. Staff have been reminded to ensure that there is a single point of contact for family communication.
Patient felt if she had been scanned earlier she would not have miscarried. Received communication re forthcoming delivery after she had miscarried.	Women & Children	A earlier scan would not have been clinically appropriate however the patient did not understand this. Changes to team working have been made to ensure that they work to the same policies and protocols in terms of communication. The patient pathway has been strengthened to avoid reoccurrence.
Patient felt experience in the recovery room after giving birth was poor. No hand rails for safety in shower area.	Women & Children	Experience shared with the team responsible for developing a new recovery room pathway which will lead to improvements. Handrails to be installed in the shower room.

Complaints Report Q3 – Complaint subject

Quarter 3 Complaints by ward/area

The table opposite shows the ward areas for the complaints received in Q3. It should be noted that the complaint is allocated to the location of the patient at the time of the incident and may not be specifically about the care given in that area.

25 of the 55 complaint Complaints in Q3 were complaints regarding 'ward' based stays. 13 of these related to medical staff contacts such as unclear diagnosis, clinical prioritisation.

Main themes are lack of understanding from staff, staff failed to listen or show concern and poor/lack of communication.

Outpatient service complaints

29% (16) of the complaints received in Q3 relate to outpatient services. The number of complaints has remained stable, similar to that seen from Q1 2015/16.

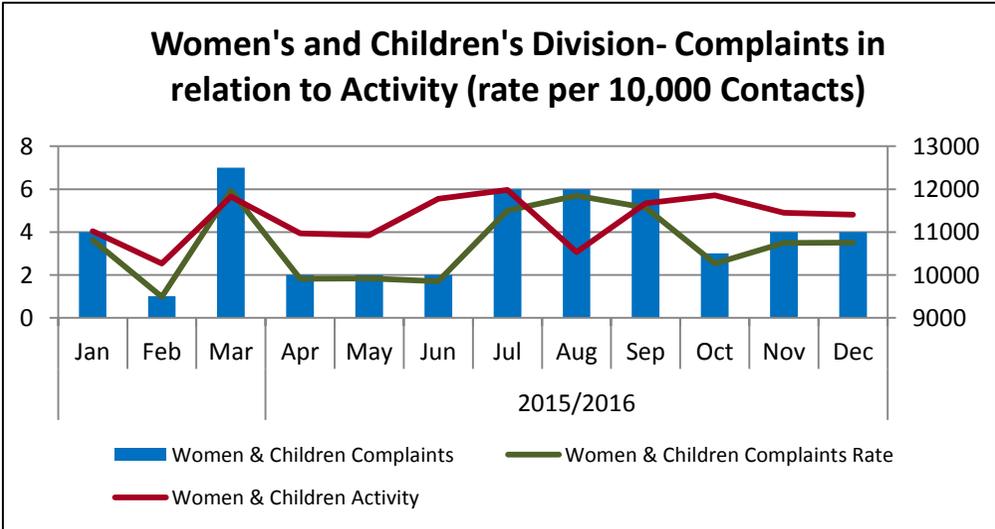
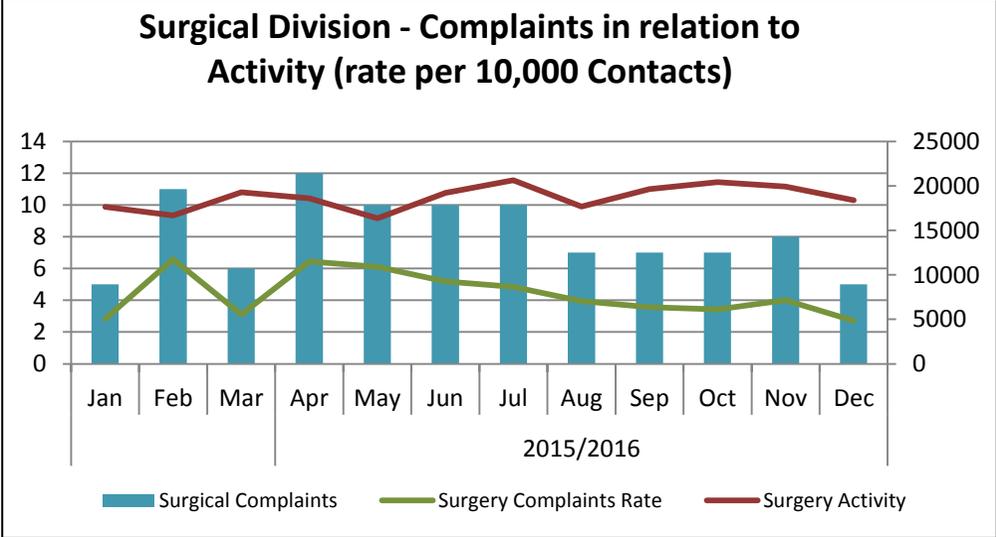
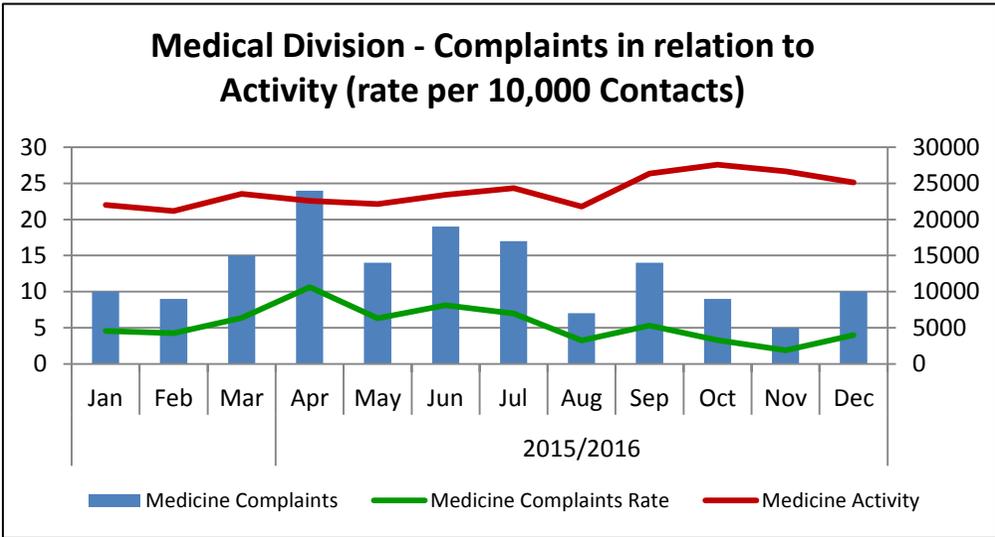
38% (6) related to the Medical Division, 44% (7) related to the Surgical Division and 18% (3) related to Women and children's Division.

Top Subjects of Outpatient complaints

The top three subjects (14 complaints in total) for outpatient complaints across all Divisions remains the same as quarter 2 - clinical care and concerns, communication and information and appointments.

Ward Area	Subject	Subject Total
A and E Observation	Staff Attitude and Behaviour	1
Acute Stroke Unit	Admissions/transfers/discharge procedure	1
	Staff Attitude and Behaviour	1
Cardiac	Admissions/transfers/discharge procedure	1
Charlotte	Clinical Care and Concerns	1
	Staff Attitude and Behaviour	1
Combe	Admissions/transfers/discharge procedure	1
Surgical short stay unit	Clinical Care and Concerns	2
Forrester Brown	Clinical Care and Concerns	1
Gynae Acute Early Pregnancy	Clinical Care and Concerns	1
Haygarth	Clinical Care and Concerns	3
Helena	Admissions/transfers/discharge procedure	1
	Clinical Care and Concerns	1
Mary	Clinical Care and Concerns	1
Medical Assessment Unit	Staff Attitude and Behaviour	1
Medical Short Stay	Communication and Information	1
Phillip Yeoman	Clinical Care and Concerns	1
Robin Smith	Clinical Care and Concerns	1
	Communication and Information	1
Surgical Admissions Unit	Admissions/transfers/discharge procedure	1
	Staff Attitude and Behaviour	1
Waterhouse	Clinical Care and Concerns	1
Total		25

Complaints Report Q3 – Complaints in relation to activity



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

The complaint trend for the Surgical Division has decreased in line with activity in quarter 3. The trend for the Medicine Division saw a decrease in the complaint rate compared to 2014/15.

The complaint rate in the Women and Children's Division shows a more stable rate at the end of quarter 3 compared to quarter 2.

The overall complaint rate for the Trust has been at a yearly low in quarter 3.

Complaints Report Q3: Parliamentary Health Service Ombudsman and Patient Survey

Investigations by the Parliamentary and Health Service Ombudsman (PHSO) in Q3, 2015/16

During quarter 3, 1 investigation was not upheld by the PHSO and closed.

1 case that had been partially upheld was closed with the completion of an action plan. 1 new case was opened this quarter.

The Trust received a final decision on one case dating from 2013. This has been partially upheld. The Trust is required to paid £500 compensation and an action plan is to be sent to the PHSO in February 2016.

2 cases are currently open with the PHSO.

Complainant Survey of patients and families who have complained

68 complaint surveys were sent out in quarter 3 to those who made a complaint and had received a final response within this period. 9 responses were received (13%).

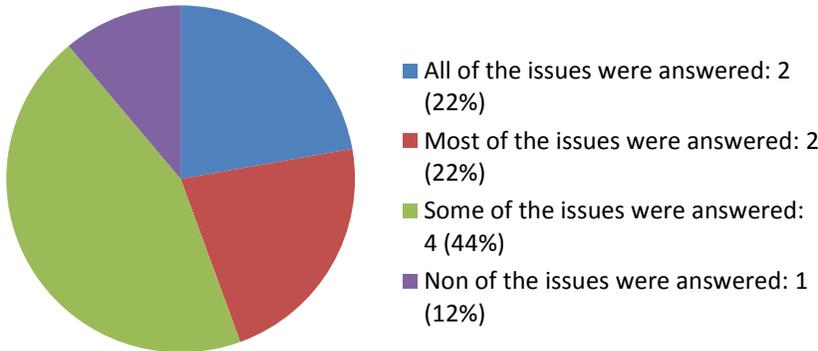
All respondents told us that they knew how to complain, however 55% stated that they were not given advice on the availability of advocacy services. This information is contained within every acknowledgement letter, and all patient experience staff do advise of this support.

44% of respondents said that they felt they could have raised a concern with any of the staff that they were dealing with. A programme of training and information sessions to ensure staff manage concerns effectively is currently being provided by the Patient Experience Team.

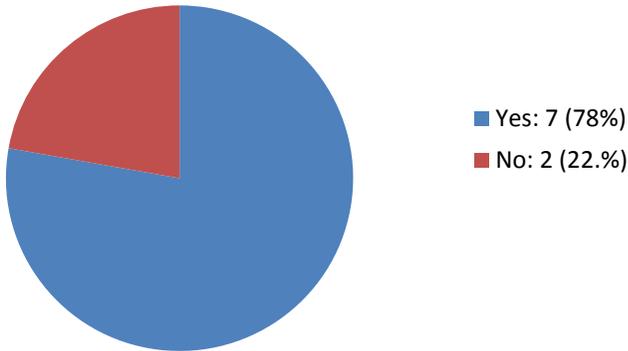
The charts on page 22 are taken from the survey responses. Overall, 66% confirmed that they were either satisfied or more that satisfied with the complaint process.

Complaints Report Q3: Patient Survey

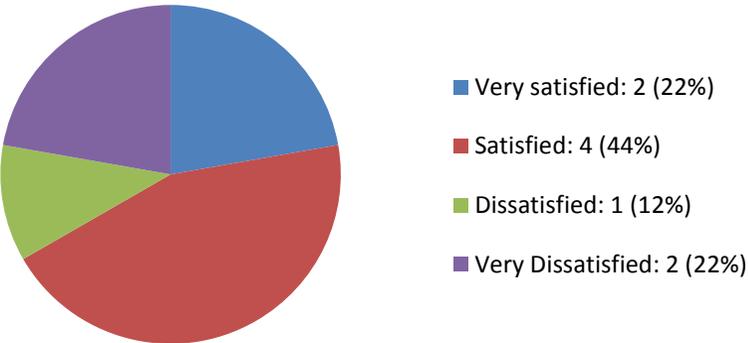
How well did the response answer all the issues you raised?



Do you feel that we responses to your concerns openly and honestly?



Overall, how satisfied were you with the way we handled your complaint?



I received a response within a time period relevant to the complexity of the concerns I raised

