

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>9</b>
<b>Date of Meeting:</b>	<b>28 September 2016</b>		

<b>Title of Report:</b>	<b>Quarterly Patient and Carer Experience Report</b>
<b>Status:</b>	<b>For information</b>
<b>Board Sponsor:</b>	<b>Helen Blanchard, Director of Nursing and Midwifery</b>
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<b>Appendices</b>	<b>None</b>

**1. Executive Summary of the Report**

The Patient and Carer Experience report for **Quarter 1 (April to June 2016)** provides an update on patient and carer experience. The key themes are:

- 1. Patient Advice and Liaison Service (PALS)** - there were 865 contacts with the PALS service this quarter. This is an increase of 29% in Q1 last year. The type of PALS contact that has increased in the last year is the request for advice/information. The number of issues requiring resolution remains stable. The Trust is also encouraging staff to record compliments. The main subject requiring resolution is communication and information in particular in relation to outpatient appointments.
- 2. Friends and Family Test (FFT)** – 8564 responses were received in Q1. This is an 11% improvement on Q4. 84% of those who completed an FFT card said that they would be ‘extremely likely’ to recommend the Trust to family and friends if they needed similar treatment. The majority of comments for all services are positive and refer to the attitudes and behaviour of staff. The largest proportion of negative comments from inpatients refers to ‘noise at night’ from equipment, other patients and staff. Car parking for maternity patients and outpatients continues to be a negative theme. Timeliness of medication and waiting in outpatients were also identified as areas for improvement as well as staffing levels on the wards.
- 3. Patient Experience survey results (from e-Quest)** – 276 inpatient and inpatient carer surveys were completed in Q1 and 67 outpatient surveys. The surveys are completed using the newly developed Trust feedback system ‘E-quest.’ 96% of patients rated their care as ‘very good’ or ‘excellent’. A small number (17) of patients said that they were not told about medication side effects and who to contact if they were worried after they left hospital. This includes carers.

**4. Complaints received** – 56 formal complaints were received in Q1. This is a 15% reduction on the number received in Q4. The majority of complaints relate to issues with inappropriate clinical care and treatment. 12 complaints related to outpatient services where the length of wait for an outpatient appointment was the area of concern. Plans are in place to improve the timeliness of responses to patients who complain. In Q1, 31% of responses were completed in 25 working days. 74% were completed in 40 working days. 9 complaints were re-opened in Q1, in 4 of these cases; the family requested further information or a meeting with staff following the final response. Learning and service improvement as a result of patient feedback is included in the report. Of the cases referred to the Parliamentary Health Service Ombudsman (PHSO), 4 were closed in Q1. 3 of these were not upheld and 1 was partially upheld.

28 complaint surveys were sent out in Q1 and 8 were returned. Whilst patients/carers knew they had a right to complain, some of the responses highlighted that they were not aware of the advocacy support available and that not all their questions had been answered.

**5. Patient and Carer Experience activities across the Trust** – this includes the development of guidelines and toolkits for staff leading patient experience activities to support the new Patient and Carer Strategy 2015-17 to be launched in Q3. With the development of e-Quest (the Trust system for collecting patient feedback), the Patient Experience staff have worked with the Divisions to develop a programme of survey question linked to the National Inpatient Survey. The Patient and Carer Experience group continues to visit areas of the hospital and share their findings with hospital staff. This quarter, their focus was information available for carers on Waterhouse, Combe and Respiratory ward.

A team of 'quality checkers' who have a learning disability assessed the Trust services this quarter. They have identified good practice together with areas for improvement. A report will be provided to the Board of Directors in October. During Q1, 26 patients provided feedback on the hospital through the NHS Choices website. 21 of the 26 rated the hospital as '5 stars'. 4 patients/carers were less satisfied and highlighted issues regarding staff behaviour and attitude.

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
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To note progress to improve patient and carer experience at the RUH.	
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<b>3.</b>	<b>Legal / Regulatory Implications</b>
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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	
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<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
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A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.	
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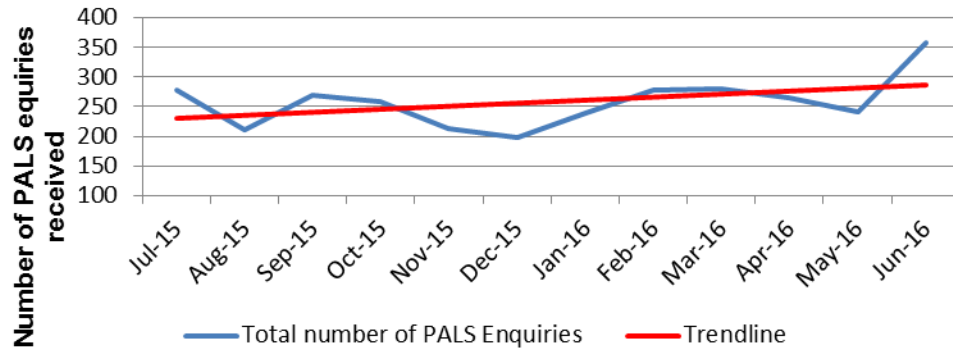
<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
Improving patient and carer experience is dependent on meeting the agreed nurse staffing levels across the Trust and sufficient IT resource to continue to develop and refine e-Quest – the Trust’s patient feedback system.	
<b>6.</b>	<b>Equality and Diversity</b>
Ensures compliance with the Equality Delivery System (EDS).	
<b>7.</b>	<b>References to previous reports</b>
Monthly Quality Reports to Management Board and the Board of Directors and the Patient Experience Quarterly reports to Management Board and the Board of Directors.	
<b>8.</b>	<b>Freedom of Information</b>
Public.	

# Patient and Carer Experience report

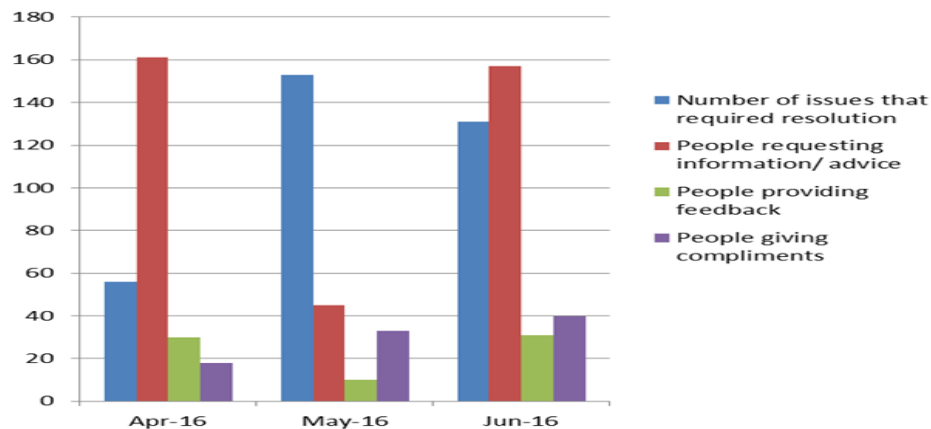
**Quarter 1 – April to June 2016**

## Quarter 1: Patient Advice and Liaison Service (PALS) Report

Total number of PALS enquiries



Types of PALS enquiries received



In quarter 1, PALS received 865 enquiries. This is a notable increase from the same quarter last year when 615 enquiries were received and 2014/15 where 455 enquiries were received in the same quarter.

However, in quarter 1 this year the Trust received 340 **issues for resolution**, this remains steady and similar to 2015/16 quarter 1, where 310 were recorded. This reflects Trust culture where staff deal with patient concerns at the point of contact and rather than urging patients to seek resolution through the PALS service.

The type of PALS enquiry that has increased over the past year is people **requesting information and advice** about Trust services. There is increasing requests for wait time information across all specialties. A review of the Trust's website information for patients and GPs is taking place to see how this information can be communicated.

Another type of PALS enquiry that is increasing is the number of **compliments** received through the PALS service. In quarter 1 we received 91 compliments which is an increase from 31 received in quarter 1, 2015/16.

All, but three, compliments were about kind and caring staff across 24 service areas. Examples of compliments received:

*'My son was looked after by a lovely 3<sup>rd</sup> year student [nurse] on the unit, it was great to see such enthusiasm and compassion she had with all her patients.'* (Oral Surgery)

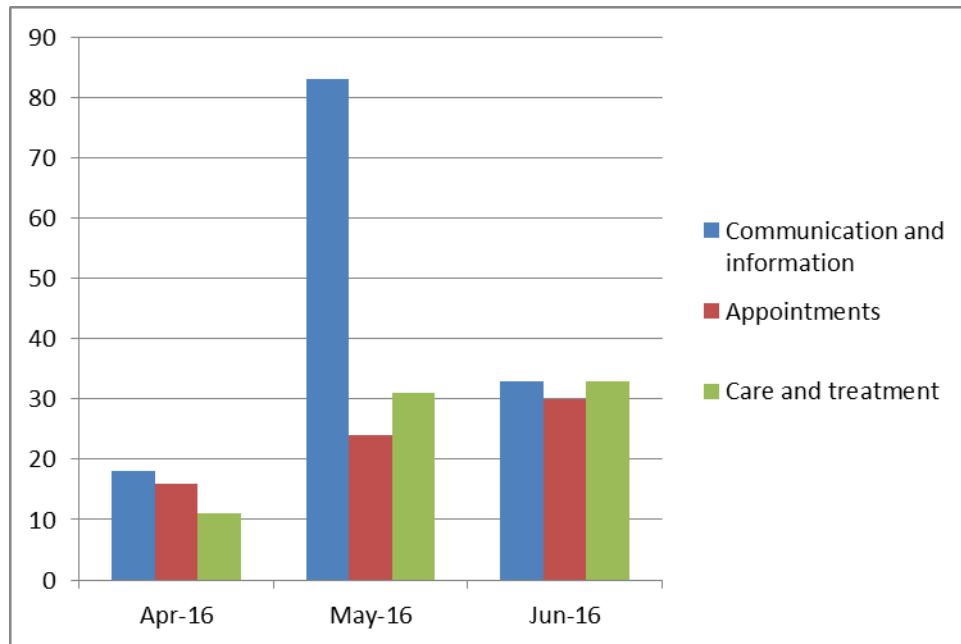
*[Our] positive experience was not limited to one or two people or one department, absolutely everybody we came into contact with during our pregnancy were absolutely amazing and gave us the highest level of care we could have hoped for.'*

Staff changes in the PALS and complaints services has caused irregularities around how case types are recorded. There is now a guide to assist new staff when recording PALS cases on DATIX.

## Quarter 1: Patient Advice and Liaison Service (PALS) Report

PALS role is developing into a central customer services point, with a larger number of patients and carers who are contacting PALS requesting PALS to resolve issues and to signpost enquiries.

### Top three subjects requiring resolution



### Communication and information

Issues regarding communication and information continue to be the main subject requiring resolution this quarter.

There were 133 contacts (15%) about communication and information with no trends or themes in relation to these contacts they were attributed 25 specialties across the Trust.

### Care and treatment

There are no themes in the 75 contacts (9%) regarding care and treatment that can be attributed to a particular hospital service.

### Appointments

Of the 70 contacts (8%) about appointments 40 (28%) were regarding delays in follow-up and new outpatient appointments, none can be attributed to a particular hospital service. The other contacts were regarding patients who had forgotten appointment dates or wanting to change appointment dates.

It is becoming more difficult to identify a trend in the enquiries received by PALS due to the wide variety of questions asked by patients and their carers and families. As above, those requiring resolution are not identifying trends in themes or in hospital areas however PALS share the detailed breakdown of all cases with divisional leads, matrons, etc., every month.

## Quarter 1: Patient and Carer Experience activities across the Trust

### Guidelines and toolkits for staff conducting patient experience activities

The Patient and Carer Empowerment Programme work streams are developing guidelines and toolkits for staff to use when involving patients and their carers in patient experience activities – focusing on surveys, focus groups, semi-structured interviews, patient observations and patient diaries and how the information gained from these activities will support decisions to improve services. These are to be launched with the Patient and Carer Experience strategy in September.



### In-house survey focusing on what is important to patients and carers

Patient Experience Team have worked with Matrons to develop a rota of in-house surveys that focus on what is important to patients and carers as identified through the Picker survey results. Subject specific surveys are aligned to the responses received through the national Inpatient Survey areas of improvement. The first survey being used during quarter 2 is focused on Communication and Information and will be reported on in the quarter 2 Patient and Carer Experience Report.



### Learning Disability Checkers visits

Bath and North East Somerset Clinical Commissioning Group and “Your Say” advocacy service have developed the quality check programme. The quality checkers, comprising of people with learning disabilities, have assessed RUH services. A report will be presented to the Board of Directors identifying good practice and areas for improvement for people with learning disabilities using RUH services.



### Service questionnaires to gain patient and carer experience feedback

The Patient Experience team continue to work with specialties to develop bespoke questionnaires to gather patient/carers feedback and use this to improve experiences. This includes ITU, Gynaecology Emergency Assessment Clinic, and Mary Ward women’s experience.

### PCEG visits

Patient and Carer Experience Group (PCEG) continue to visit areas of the hospital and the information they collect is shared with wards to inform improvements. In May they visited Waterhouse Ward, Combe Ward and Respiratory Ward to talk to carers about their experience. PCEG monitor the completion of actions from their recommendations:



**Recommendation:** To raise awareness on the wards of the support and information available for carers.

#### Actions in progress:

- Trolley dashes to wards
- Marketing team including carers focus group to review marketing and design new materials/strapline
- Producing Carer Hub specific marketing tools
- New role description for Hub Volunteers to incorporate visits to wards at visiting times and outpatient depts. To actively engage with the public.



### New patient experience matters intranet and website pages

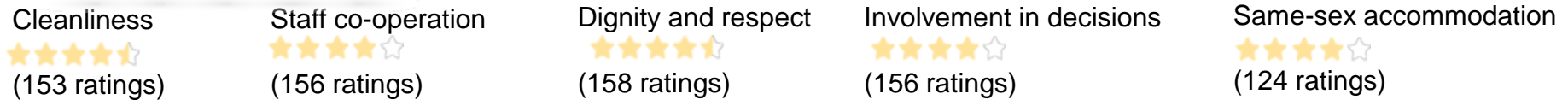
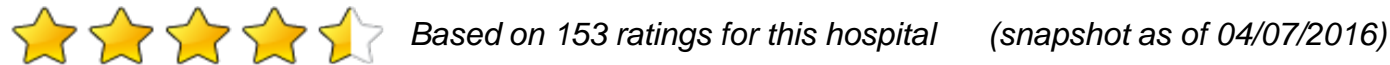
Intranet patient experience matters pages have been written to support staff:

- What to do if a patient has a concern
- How to obtain patient and carer experience feedback
- What patients and carers are telling us – including patient stories
- Examples of case studies – learning and improving from patient and carer feedback
- What to do if patients have a special communication requirement
- How to create written patient information (including providing information to patients with visual impairments and learning disabilities in line with the Accessible Information Standard)

The Webteam are now designing the patient experience matters pages – to be launched in September.

## Quarter 1: 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)**



During quarter 1, 26 patients provided feedback about RUH services, received during April, May and June 2016, through NHS Choices reviews and ratings:

21 of the 26, who rated the hospital using the star system, rated it as the top five stars – of these five were in reference to the **Emergency Department** (ED), three in reference to the **Ankylosing Spondylitis (AS) course at the RNHRD**, and two for **Philip Yeoman Ward, Breast Unit, and Oncology**. One positive comment each for the Children’s Ward, Day Surgery, ENT, Stroke Services, Trauma and Orthopaedics Clinic, Ophthalmology, Pulteney Ward, and Neurology.

Of the 21 five star rated comments 16 were regarding staff attitude and behaviour, four about the care and treatment provided and one about timeliness of an appointment. Examples of the comments:

***“All of the staff on Phillip Yeoman should be very proud of what they achieve every day on this ward. Myself (and everyone else) on the ward were treated with great nursing care, kindness and good humour by all of the staff. I would recommend the whole team on Phillip Yeoman ward to anyone needing elective orthopaedic surgery. Well done you lovely people!”***

***“They gave me options for how to handle the situation and treated me with respect even though they have probably done the procedure hundreds of time and in hindsight it really wasn’t a big deal. Highly professional and humane - they made all the difference. Thank you!”***

***“Mum went there feeling very anxious but left with a smile on her face. Brilliant treatment. Big thanks to the RUH.”***

Of the five ratings below five stars: one rated ED three stars and four rated hospital services with one star. Of these one was regarding the number of staff in ED and remaining were about staff attitude and behaviour , but there are no trends across these comments regarding the service area or topic/ theme.



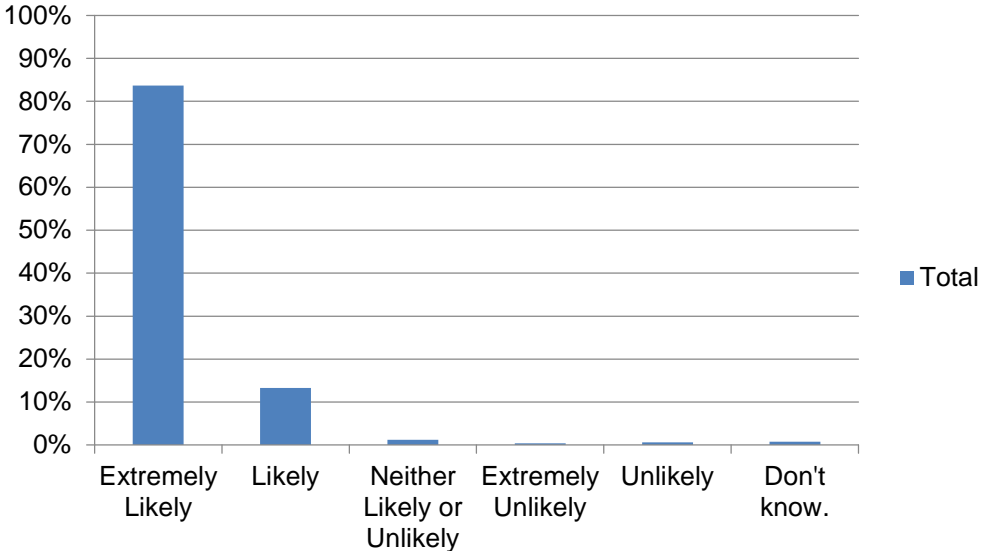
## Quarter 1: Friends and Family Test (FFT) Responses

### Response total for all services

During quarter 1 we received a total of **8564** Friends and Family Test responses. This has increased from quarter 4 where the total was **7625**. The distribution for quarter 1 across Trust services is shown in the table below. The target response rate for the Emergency Department (to include SAU and MAU) is 20% and 40% for inpatient and daycase areas.

Service	Quarter 1 Response Totals	Increase/Decrease in Responses from Quarter 4	Quarter 1 Response Totals
Emergency Department	1614	↑ 349	19%
Inpatient / Day Case	3186	↑ 211	37%
Maternity services	781	↑ 124	9%
Outpatients	2956	↑ 228	35%

### Distribution of Recommendation Responses



84% (7,163) would be Extremely Likely to recommend the Trust to Friends and Family if they needed similar care or treatment. This has improved on quarter 4 by 1%.

The Patient Experience Team continue to work with the Health Informatics team to enhance the functionality of the eQuest system. The Business Intelligence Unit are continuing to develop the reporting capabilities of patient experience to wards and departments through the ward dashboard.

## Quarter 1: Friends and Family Test (FFT) Responses – Inpatient

### Inpatient Experience

The majority of inpatient comments relate to the attitudes and behaviour of ward and support staff. The largest proportion of **Compliments** refer to the **Attitudes and Behaviour of ward and support staff** e.g.

*‘Caring and professional from start to finish’*

*‘My consultant was open, honest and very approachable. He kept me informed every step of the way, excellent man! The standard of nursing care in this unit is the best I have ever experienced. Nothing was too much trouble, one felt in safe hands’*

### Resources e.g. staff

*‘Amazing staff who treat not only with medication, but also with love. You are all angels’*

### Care and Treatment

*‘Second stay this year! Exceptional care and professionalism - thank you to everyone - 5 star hotel with smiles’*

*‘All excellent. Not only marvellous medical care but emotional care too. Impossible not to say: FULL MARKS!’*

Analysis of inpatient comments shows the overall theme for **Areas to Improve** as **Facilities**, The largest proportion of the comments refer to **noise**, particularly at night (**doors, bins, equipment, staff and other patients**) e.g.

*‘Difficult to sleep on a night, noise at night dreadful, hand washing and towel dispenser right by bed, furniture moved (chairs dragged) when new patients arrive in the night’*

This is closely followed by comments regarding the **lack of T.V’s and radio, cost of TV and poor Wi-Fi**

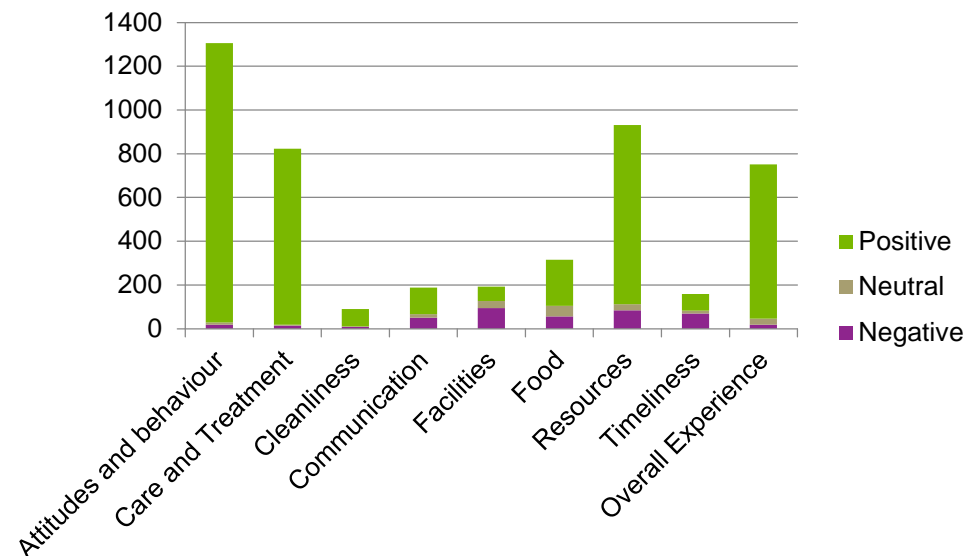
**Resources and Timeliness** are the next significant **Areas to Improve**, the largest proportion of comments within resources refer to **staffing levels** across the hospital, e.g.

*‘Nurses and staff were lovely, just a shame at times it was short staffed which meant delays in medicine and some care’*

**Timeliness** waiting for meds/TTA’s/Pharmacy/discharge

*‘Availability of meds was so slow that I waited hours for meds to go home with’*

**Inpatient FFT Theme Totals**



# Quarter 1: Friends and Family Test (FFT) Responses – Emergency Department and Maternity

## Emergency Department (inc MAU & SAU) Experience

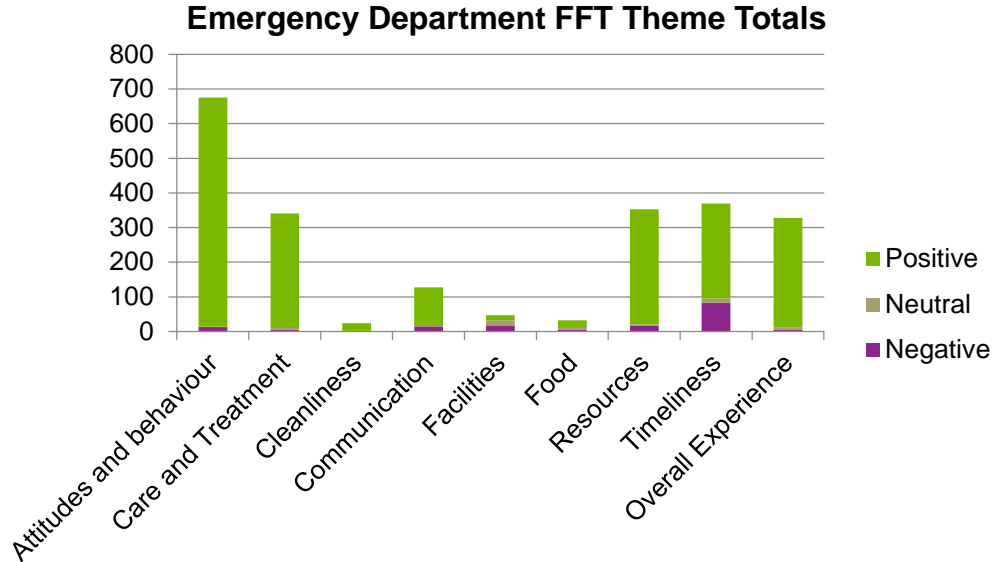
The majority of ED patient comments relate to the attitudes and behaviour of staff working within ED. The largest proportion of **Compliments** refer to the **Attitudes and Behaviour of staff** e.g.

*‘The staff are extremely kind, helpful and treat everyone with the greatest respect’*

The next largest areas of compliments are **Resources, Care and Treatment** e.g. *‘Staff were brilliant’*

*‘Superb treatment. I felt extremely well looked after and any questions I had were answered immediately’*

Analysis of ED comments shows the overall theme for **Areas to Improve** as **‘Timeliness’ - waiting time to be seen**, this continues from quarter 4; however as in quarter 4, positive comments outweigh negative comments e.g. *‘Fast, prompt and well informed at all points of care. Overall a great service’*



## Maternity Services Experience

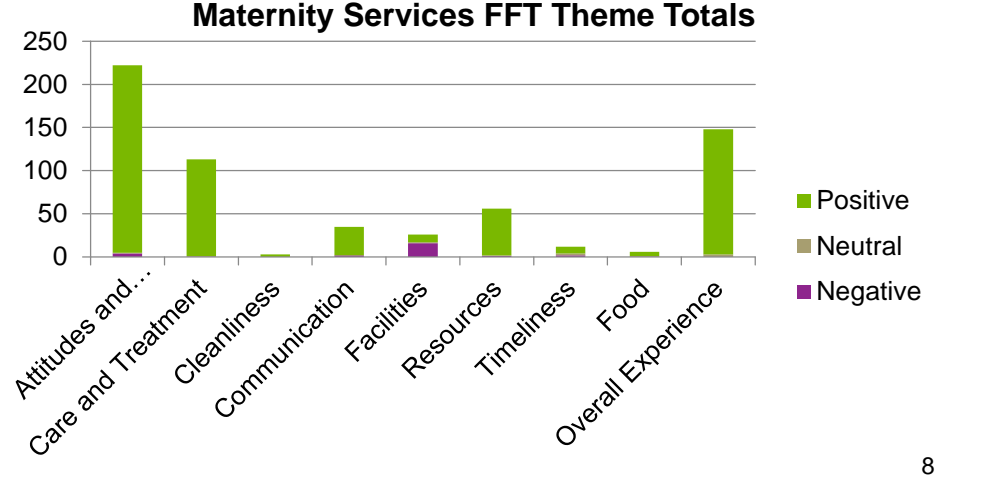
The majority of Maternity service comments refer to the attitudes and behaviour of staff working across the service – Antenatal, Labour wards/Birthing Centres, Postnatal Wards and Postnatal Community Teams. The largest proportion of **Compliments** refer to the **Attitudes and Behaviour of staff** e.g.

*‘The most wonderful, kindest of staff! Thank God for my midwives! One for the amazing delivery and the other for teaching me how to breastfeed when I wanted to give up!’*

**Overall experience** is the next largest area of **Compliments** e.g. *‘The Bath postnatal service exceeded my expectations’*

Analysis of comments show the overall theme for **Areas to Improve** as **Facilities - parking (RUH) continues from quarter 4** e.g.

*‘I came to the RUH last week and today. Both times the parking was very stressful, time consuming and confusing. It is disgraceful to have such an experience at such an institution’*



## Quarter 1: Friends and Family Test (FFT) responses - Outpatients

### Outpatient Experience

The majority of **Outpatient** comments refer to the **Attitudes and Behaviour** of staff working within outpatient departments across the Trust.

The largest proportion of **Compliments** refer to **Attitudes and Behaviour of staff** e.g.

*'The consultant and attending nurse were perfectly courteous and helpful in every way'*

*'Wonderful, kind and very informative staff'*

**Overall experience** is the next largest area of compliments e.g.

*'Excellent in every way, thank you'*

Analysis of comments shows the overall themes for **Areas to Improve** are **Timeliness - Waiting times for an appointment** and **waiting in clinic areas**, e.g.

*'It took a very long time to get my appointment, but was treated then and there very efficiently when I did get one. Thank you'*

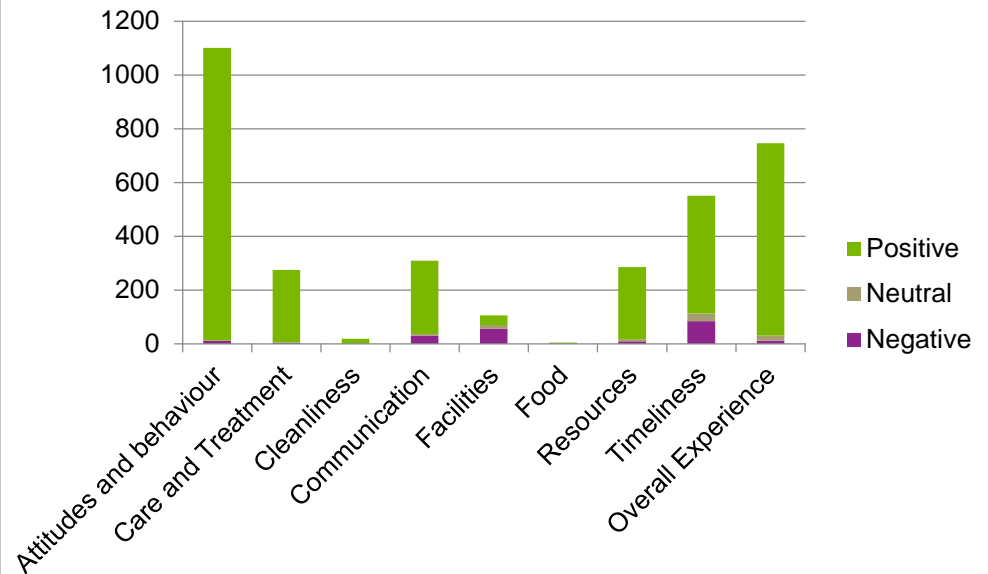
*'Long delay to be seen - waited well over 2 hours'*

The next largest area for improvement is **Facilities - Difficulty Parking**, e.g.

*'Please do something about parking!!! I arrived at the hospital twenty minutes before my appointment but had to drive around and ended up a mile away. Consequently I was fifteen minutes late'*

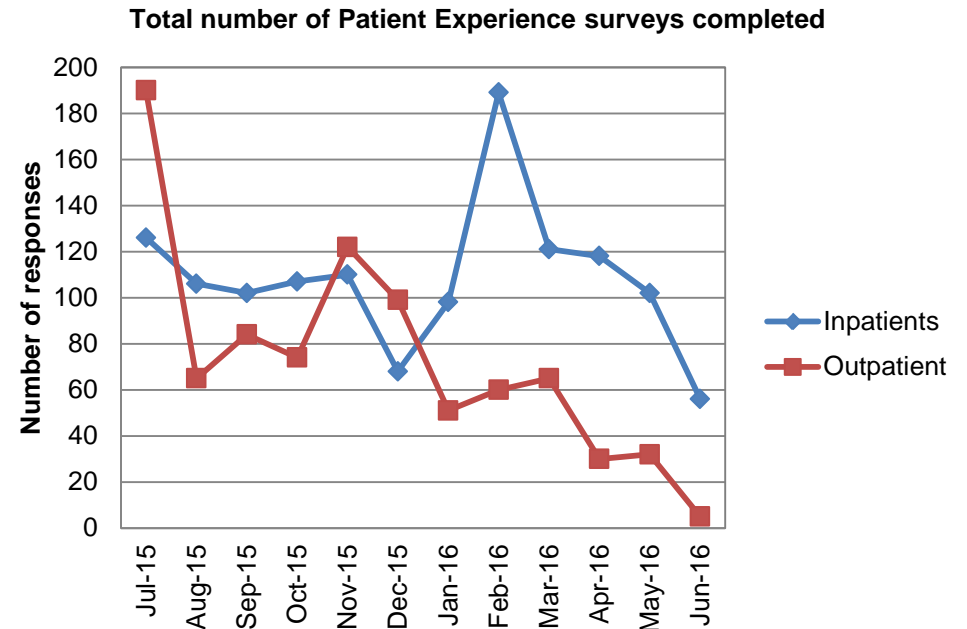
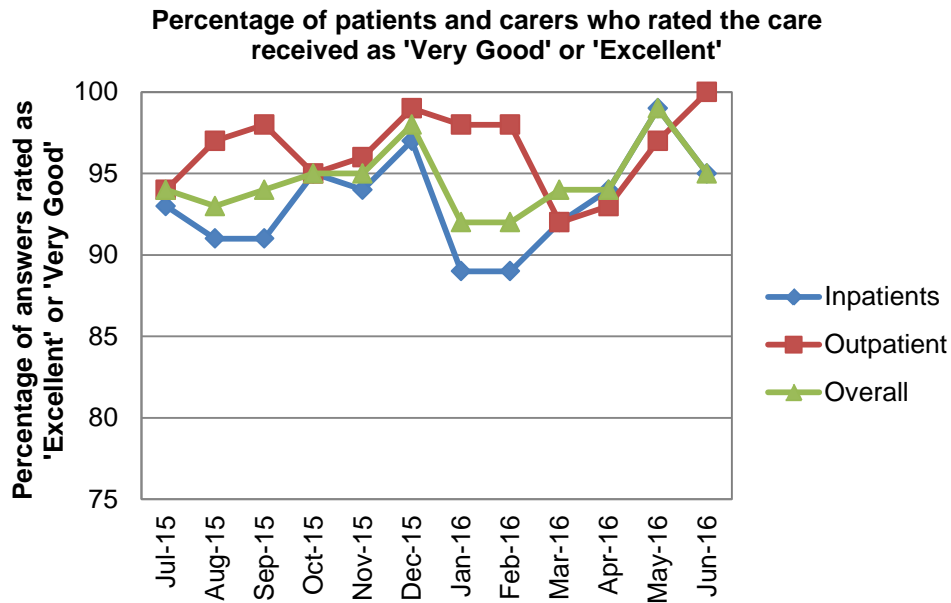
These themes continue from quarter 4.

Outpatient FFT Theme Totals



The Patient Experience Team and Patient Experience Volunteers continue to support the completion of Friends and Family Test cards across the Trust. The Team is aiming to increase this support and is advertising through the RUH volunteers office for dedicated Patient Experience Volunteers who will work across wards and outpatient departments collecting patient and carer experience through FFT and local patient and carer surveys.

## Quarter 1: Patient Experience Surveys – Inpatient and Outpatient



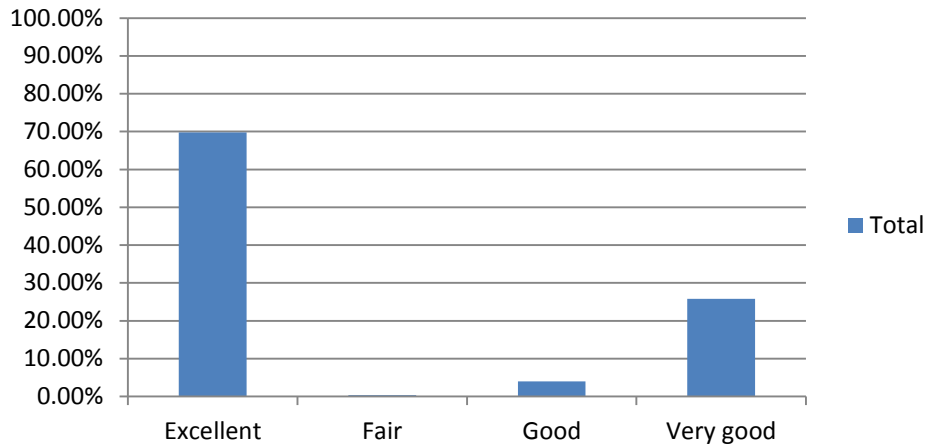
The total number of **outpatient surveys** completed in quarter 1 was **67**. This was too few to draw any conclusions on trends. The total number of **inpatient and inpatient carer surveys** completed in quarter 1 was **276**.

Of the 343 responses the overall percentage of patients that rated their care as **'Very Good' or 'Excellent' in quarter 1 was 96% (=329)**. This has increased slightly from 93% in quarter 4. *The percentage displayed on the chart for Inpatients, is a combined score for inpatient and inpatient carer surveys.*

During quarter 1 the implementation of new Wi-Fi has restricted the ability to use patient experience iPads effectively therefore reducing the number of surveys completed for quarter 1. The patient experience team are working with matrons to support the completion of the new inpatient and outpatient Communication and Information surveys.

## Quarter 1: Inpatient Survey based on 248 Surveys

**Response Distribution  
Overall Rating of Care Received**



### Strengths

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

Of the **248** inpatients that completed the survey **95.56%** (237) responded **'Yes, definitely'**.

*'Staff have all been lovely, nothing is too much trouble'*

*'Staff kind and caring, always smiling regardless of pressures of work'*

Question 8 continues to be a strength in quarter 1, showing an increase in 'Yes, definitely' responses of **3.21%**, the results are also reflected by the inpatient and day case Friends and Family Test.

The next highest scoring question is –

Q13. In your opinion, how clean is the hospital room or ward you are in? **70.97%** (176) responded –**'Very clean'** *'Clean and tidy'*

### Weaknesses

There are no significantly high negative response scores, however **6.85 %** (17) inpatients responded **'No'** to the following questions:

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

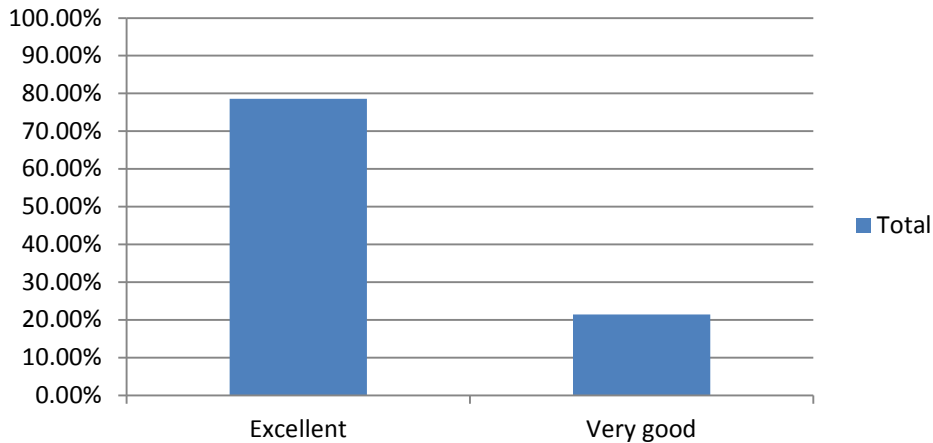
Yes, completely	Yes, to some extent	No	I did not need an explanation	Have not been given medication yet
2.02%	1.21%	6.85%	4.44%	85.48%

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

Yes	No	Haven't been told yet
12.10%	6.85%	81.05%

# Quarter 1: Inpatient Carer Survey – Based on 28 Surveys

**Response Distribution  
Overall Rating of Care Received**



Strengths

Q8 continues to be a strength in quarter 1.

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

**100%** (28) of Carers that completed the survey responded **‘Yes, definitely’**

*‘100% excellent, polite, courteous and respectful’*

Q9. Have you been involved as you would like with the patient’s care during their hospital stay? **89.29%** (25) responded **‘Yes, definitely’**

*‘Absolutely feel they respect me as a carer’*

Weaknesses

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

8 carers stated the patient’s medication had not been explained to them.

Yes, completely	Yes, to some extent	No	Don't Know	Not Applicable
32.14%	7.14%	28.57%	7.14%	25.00%

There are no comments to support the ‘No’ responses and it is uncertain whether it indicates that the carer has not been talked to yet or if the carer has selected this response instead of not applicable.

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

Yes, definitely	Yes, to some extent	No	Not Applicable
39.29%	7.14%	17.86%	35.71%

Some of the respondents that selected ‘No’ entered comments such as ‘Haven’t needed to’ ‘Not yet’ rather than selecting not applicable.

## Quarter 1 Complaints Report – numbers received

### Formal complaints received in Q1, 2016/17

In Q1 the Trust received 56 formal complaints:

- 27 (48%) Medical Division
- 16 (29%) Surgical Division
- 12 (21%) Women and Children's Division
- 1 (2%) Corporate

### Number of complaints by Quarter/Year

The average per month for the rolling year is 22.

Year	Q1	Q2	Q3	Q4	Total
2013/14	110	117	97	61	385
2014/15	86	81	75	68	310
2015/16	100	82	55	66	303
2016/17	56				

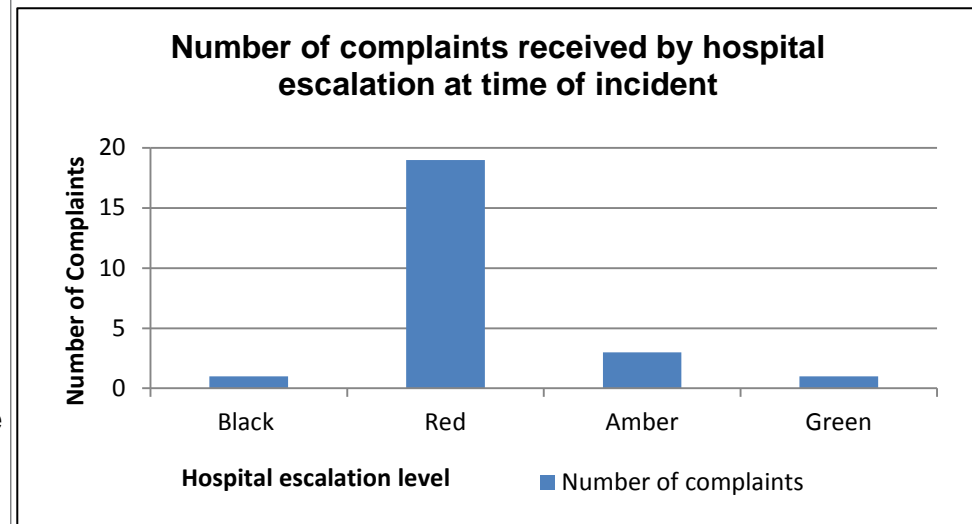
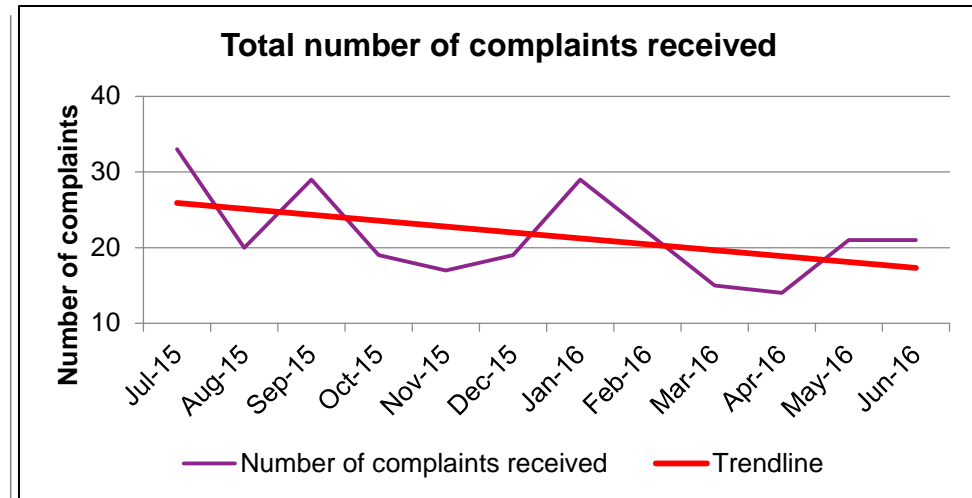
The table above shows there is a significant reduction in the number of formal complaints received in Q1 compared to the same quarter in 2015/16.

The number of complaints in Q3 and Q4 2015/16 remained at a low level and this trend has continued in Q1 of 2016/17.

### Date of incident for complaints in Q1

Of the 56 complaints received in Q1 38 relate to care provided from 1st January 2016 to 30<sup>th</sup> June 2016, 13 to care provided in 2015 and 5 where there was no one specific date identified.

The escalation position on the date that the complaint incident relates to can be seen in the chart opposite.





## Complaint by subject

### Complaints by subject

The table below details the subject of formal complaints in Q1 and the subsequent tables provide a further breakdown of the top 3 complaints by subject.

Complaints- Subjects	Number
All aspects of clinical treatment	27
Appointments, delay/cancellation (out-patient)	7
Attitude of staff	7
Communication/information to patients (written and oral)	5
Admissions, discharge and transfer arrangements	4
Others	3
Consent to treatment	1
Personal records (including medical and/or complaints)	1
Transport (ambulances and other)	1
<b>Total</b>	<b>56</b>

Appointments, Delay/Cancellation (outpatient)	Number
Cancellation of appointment	1
Length of time for follow up appointment	3
Length of time for new appointment	3
<b>Total</b>	<b>7</b>

All aspects of clinical treatment	Number
Inappropriate care and treatment	16
Competence/knowledge of staff	1
End of Life Care Concerns	1
Error in performing a procedure on patient	1
General Enquiry - Clinical Care	1
Inappropriate/Insensitive communication/attitude	1
Patient not kept informed/updated (inpatient)	1
Quality of Nursing care	1
Quality/concerns regarding Medical Care	1
Rough handling of patient	1
Wrong diagnosis	1
Wrong treatment given	1
<b>Grand Total</b>	<b>27</b>

Attitude of Staff	Number
Staff attitude	3
Disinterested/uncaring	1
Inappropriate care and treatment	1
Inappropriate/Insensitive communication/attitude	1
Unhelpful	1
<b>Total</b>	<b>7</b>

## Complaints Report – Complaint by subject and response rate

### Complaint by subject continued

Communication /information to patients (written and oral)	Number
Inappropriate/Insensitive communication/attitude	4
Inappropriate/inaccurate/incomplete correspondence	1
<b>Total</b>	<b>5</b>

Admissions, discharge and transfer arrangements	Number
Inappropriate/Insensitive communication/attitude	2
Delay in/cancellation of admission	1
Inappropriate/unsafe Discharge	1
<b>Total</b>	<b>4</b>

### Responses within agreed deadlines Q1

Grade 2 complaints are subject to a 25 working day target. More complex complaints (Grade 3) and those resolved by meeting complainants are excluded from the target. 35 responses were eligible for the target in Q1.

The table below shows the number of grade 2 complaints eligible for the 25 working day target in Q1 by Division

Division	Number
Medical Division	18
Surgical Division	14
Women and Children	3
<b>Total closed eligible for 25 day target</b>	<b>35</b>

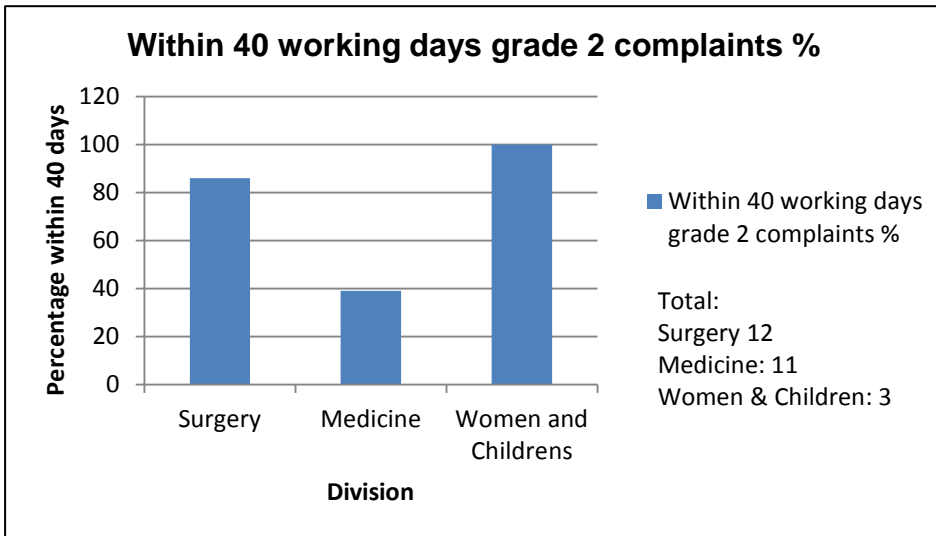
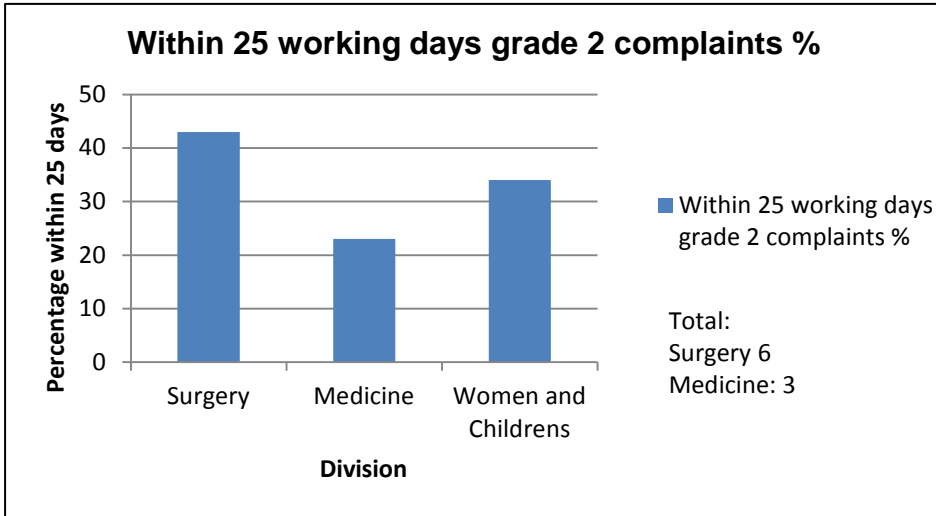
5 (13%) of complaints were responded to within the 25 working day target in Q4 2015/16

Plans were made to improve the response timeliness and in Q1 11(31%) of the 35 complaints were responded to within 25 working days, 26 (74%) were responded to within 40 working days. Work to improve timeliness is ongoing.

The table below shows the number of complaints responded to within 25 working days by Division

Division	Number in 25 days	%
Medical	4	23%
Surgical	6	43%
Women& Children's	1	34%
<b>Total</b>	<b>11</b>	<b>100%</b>

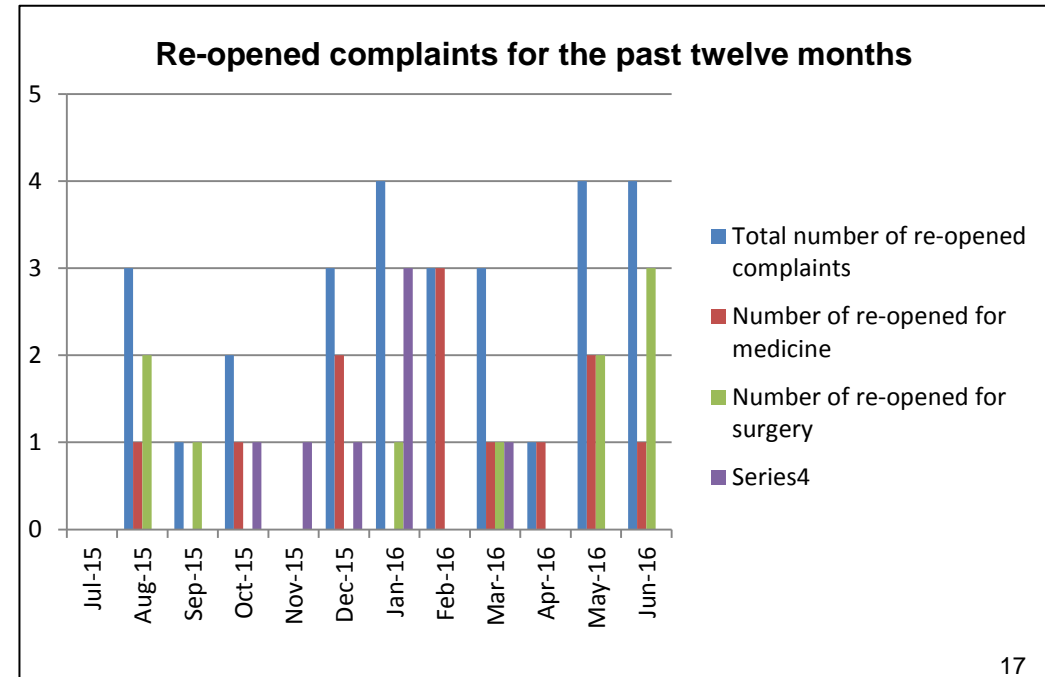
# Complaints Report – Complaint by subject and Response rate



### Reopened complaints in Q4 2016/17

9 complaints were reopened in Q1 2016/17; 4 for the Medical Division and 5 for the Surgical Division.

A review of the cases has identified additional questions were being asked linked to the original concern or they disagreed with the response and requested further clarification. In 4 cases patient and family had received their written response and then accepted the offer to meet with staff to discuss their concerns further.



## Complaints Report Q1 – Complaint subject

### Quarter 1 Complaints by ward/area

The table opposite shows the ward areas for the complaints received in Q1.

### Outpatient service complaints

21% (12) of the complaints received in Q1 relate to outpatient services. 25% (3) related to the Medical Division, 67% (8) related to the Surgical Division and 8% (1) related to Women and Children's Division.

### Top Subjects of Outpatient complaints

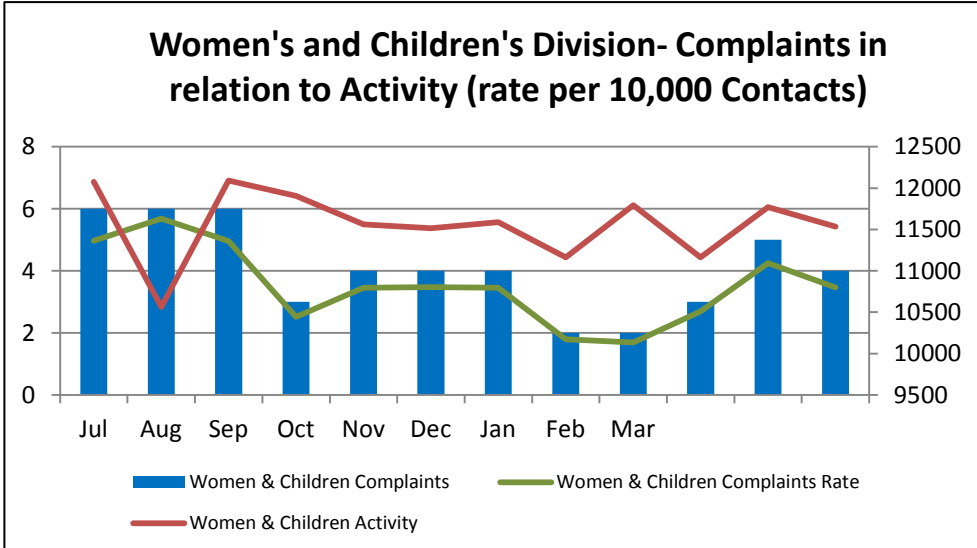
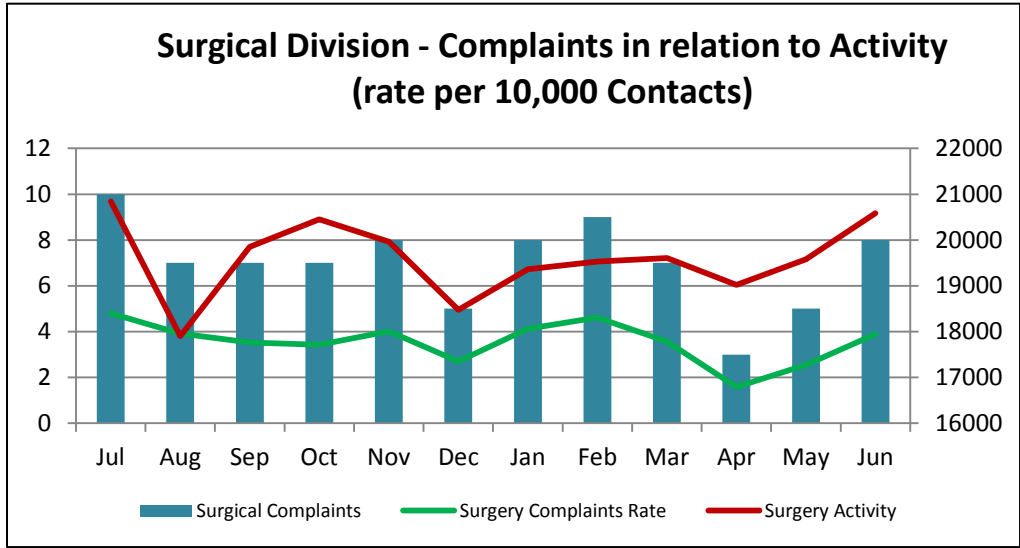
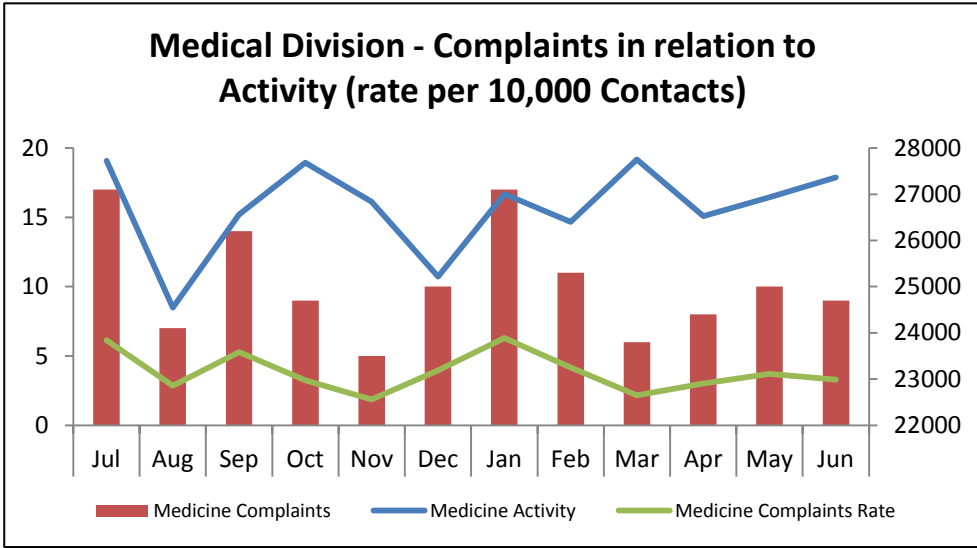
The subjects for outpatient complaints across all Divisions for Q1 are different to those reported in Q4 2015/16 which were clinical care and concerns, communication and information and appointments.

The subject and sub subject for Q1 2016/17 can be seen in the table below.

Subject	Sub-subject	Number
Appointments	Cancellation of appointment	1
	Length of wait - follow up appointment	3
	Length of wait - new appointment	3
Clinical Care and Concerns	Error in performing a procedure	1
Communication and Information	Inappropriate/Insensitive communication	1
Staff Attitude and Behaviour	Alleged assault	1
	Staff attitude	1
	Unhelpful	1
<b>Total</b>		<b>12</b>

Ward Area	Subject	Number
Children's Ward	Clinical Care and Concerns	3
Charlotte Ward	Clinical Care and Concerns	2
Mary Ward	Clinical Care and Concerns	2
Philip Yeoman Ward	Clinical Care and Concerns	2
Respiratory Ward	Communication and Information	2
Surgical Admissions Unit	Clinical Care and Concerns	2
ACE OPU	Communication and Information	1
Acute Stroke Unit	Clinical Care and Concerns	1
Central Delivery Suite	Staff Attitude and Behaviour	1
Cheselden Ward	Communication and Information	1
Forrester Brown Ward	Clinical Care and Concerns	1
Haygarth	Clinical Care and Concerns	1
Helena Ward	Clinical Care and Concerns	1
	Communication and Information	1
Medical Assessment Unit	Staff Attitude and Behaviour	1
Parry Ward	Clinical Care and Concerns	1
	Communication and Information	1
Pulteney	Clinical Care and Concerns	1
	Staff Attitude and Behaviour	1
Waterhouse Ward	Communication and Information	1
<b>Grand Total</b>		<b>27</b>

# Complaints Report Q1 – 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 increased in line with activity in quarter 1, although overall the rate remains the lowest of the three Divisions. The complaint rate for both the Medical and Women and Children's Division shows a slight decrease.

Division	Apr	May	Jun	Rolling year complaint rate per 10,000 contacts
Medical Division	3	3.7	3.3	6.2
Surgical Division	1.6	2.6	3.9	4.9
Women & Children's Division	2.7	4.2	3.5	5.2

## Complaints Report Q1: Parliamentary Health Service Ombudsman and Patient Survey

### National PHSO Complaints about Acute Trusts Q4 2015/16

In Q4 the PHSO received 2780 new complaints about NHS acute Trusts in England.

In Q4, 685 of the complaints received were passed to stage 3 for formal investigation. 47% of the complaints investigated were upheld in Q4. Comparison of complaint numbers between Trusts should be treated with caution as the activity levels of Trusts have not been taken into account.

The table below shows PHSO investigations for Q4 2015/16 for the RUH and other local Trusts.

Acute Trust	Complaints we received					Complaints we accepted for investigation					Investigations we fully or partly upheld					Investigations we didn't uphold				
	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16
Royal United Hospitals Bath NHS Foundation Trust	4	7	7	6	8	2	1	0	2	7	1	0	1	2	0	0	1	2	0	0
Salisbury NHS Foundation Trust	5	4	3	3	1	1	0	1	0	1	1	1	0	0	0	1	1	1	0	1
Taunton and Somerset NHS Foundation Trust	9	6	2	9	8	2	1	0	2	2	0	0	0	1	0	0	0	1	1	0
Weston Area Health NHS Trust	4	4	4	8	2	2	1	2	0	2	0	1	0	1	1	1	1	0	1	0
Yeovil District Hospital NHS Foundation Trust	3	2	0	4	1	1	0	1	1	0	0	0	0	0	0	0	0	1	0	1

## Complaints Report Q1:Parliamentary Health Service Ombudsman (PHSO) and complaint survey results

### Investigations by the PHSO in Q1

The PHSO confirmed that they had not progressed 1 case to final investigation and that 1 case was closed but we had not received a copy of the closure notification.

4 cases were closed in Q1. 3 were not upheld and 1 was partially upheld.

At the end of Q1 2016/17 4 cases remain open from Q4 2015/16. 1 new cases was opened in Q1 2016/17.

This leave 5 cases open with the PHSO going forward into Q2.

### Complaint Survey of patients and families who have had cause to complain

Twenty eight complaint surveys were sent out in quarter 1 to patients/carers who made a complaint and had received a response within this period. 8 (29%) responses have been received to date.

All respondents reported they knew they had a right to complain.

5 (62%) stated that they were not given information on how to complain and only 2 responded that they were advised of advocacy support available to make a complaint. This information is given by patient experience staff and is on every letter of acknowledgement.

4 (50%) felt that their care would not be compromised as the result of raising a concern.

5 (62%) felt that they could not raise their concerns with any member of staff, and 4 of these felt that their concerns were not taken seriously. The Patient Experience Team will continue to support all staff with complaint handling.

4 (50%) felt that their concern was answered in an appropriate time scale. Work continues to provide timely written responses that address all the concerns raised and that patients/carers are kept informed of any delays to the response date.

5 (62%) felt that some or all of their concerns had been answered however only 4 (50%) were satisfied with the overall outcome.

Although the responses can be used to highlight possible areas for improvement, due to the low numbers of respondents the results may not represent an accurate picture.

## Quarter 1: Learning and service improvement from FFT/PALS feedback

Issue	Division	Lessons learned and service improvements implemented
FFT feedback – inpatients commented on issues with poor Wi-Fi.	Trustwide	Wi-Fi has been installed across the Trust during Q1.
FFT feedback – inpatients commented on the lack of TV and radio on some wards – particularly Cheselden and Pulteney wards.	Trustwide	Director of Facilities and Estates, Deputy Director of Nursing and Midwifery and Lead for Patient and Carer Experience visited Cheselden Ward to look at facilities for patients. A review of the recommendations from the visit is underway. It is likely to include how patients can access a day room with a TV and a space for groups such as lunch clubs, and space for Occupational Therapy Assessment. The toilets/showers were reviewed in terms of their accessibility for wheelchairs/less mobile patients.
FFT feedback – inpatients identified waiting for pharmacy to provide drugs as delaying their discharge.	Trustwide	This information will be provided to the ‘ <i>Medicines to go</i> ’ workstream of the Discharge Project Board.
During 2015/16 PALS received contact from patients and carers about the difficulties in contacting outpatient departments by telephone audiology, pain service, rheumatology, orthodontics and oral surgery.	Outpatient areas	Services have focused their efforts on improving their responses to telephone calls, as a result during quarter 4 PALS did not receive any contact from patients and carers regarding difficulties in access via phone. These departments have also set up an e-mail contact address so that patients/carers can use other means of getting in contact with the hospital.



## Quarter 1: Learning and service improvement from complaints

Issue	Division	Lessons learned
Out of date medication was dispensed	Medical Division	Training sessions are now in place with the Pharmacy Team regarding stock rotation and the importance of checking expiry dates on all medications. An audit of expiry dates on all pharmacy stock has been completed.
A relative complained that their mother was brought into the Emergency Department and the relatives were not informed of her admission and the family were unable to locate her.	Medical Division	The documentation has been reviewed and revised so there is a prompt to ensure communication with relatives has taken place.
An elderly lady who lived alone had a fall and attended the Emergency Department, however was later discharged. The patient's GP requested an X-ray the following day as the patient was unwell and a fracture was diagnosed.	Medical Division	Change of practice has been put in place. It will be routine practice to x-ray patients who have underlying conditions that pre-disposes them to an increase risk of fractures. The case has been used as a training example for staff.
A staff member misinterpreted the results of an investigation. Results from a blood test were not recorded in the patient's notes.	Women & Children's Division	Further supervised training for the member of staff is in place. All staff have been made aware of the importance of correct interpretation of results by way of a safety newsflash via hospital email.
Patient felt the standard of post natal care could have been improved when she experienced a known complications relating to an epidural.	Women & Children's Division	'Catheter passports' are being piloted in the Division to support the use of a catheter and ensure patients are informed about the care and management of their catheter.