

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>8</b>
<b>Date of Meeting:</b>	<b>22 February 2017</b>		

<b>Title of Report:</b>	<b>Patient and Carer Experience Report – Quarter 3</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>Appendix A: Patient and Carer Experience Report – Quarter 3</b>

## 1. Executive Summary of the Report

The Patient and Carer Experience report for **Quarter 3 (October to December 2016)** provides an update on patient and carer experience. The key themes are:

- 1. Friends and Family Test (FFT)** – During quarter 3, the Trust received **8925** Friends and Family Test responses. This has decreased by 10% from quarter 2 when the total was **9948**. In quarter 3 2016, **97%** (8715) of patients who completed an FFT card said that they would be **Extremely Likely/Likely** to recommend the Trust to Friends and Family if they needed similar care or treatment. The majority of comments by inpatients are **compliments referring to the attitudes and behaviour of ward and support staff**. Analysis of inpatient comments shows the overall theme for **Areas to Improve as Facilities**. The largest proportion, refer to noise on the ward/ noise at night and the availability and maintenance of bathrooms/toilets. In the **Emergency Department, the negative comments refer to ‘waiting to be seen’ and ‘parking’**.

Areas for improvement in maternity refer to communication and conflicting information being given. Analysis for the comments for outpatients shows the overall theme for **Areas to Improve as Timeliness - waiting in clinic areas and not being kept informed how long wait will be**. This information has been shared with the Outpatient Steering Group.

- 2. Patient Experience survey results (from e-Quest)** – during quarter 3 we introduced the second of our quarterly surveys. The survey asked inpatients for their views regarding the **food service we provide**. **Positive responses** focus mainly around the meals/ drinks patients had on the wards e.g. *choice, temperature, portion size*. Two of the three **negative responses** are linked to questions regarding *awareness* i.e. information about the availability of fruit or meals for specific dietary requirements. **This information has been shared with the Nutrition and Hydration Group to include in their on-going work plans.**
- 3. NHS Choices** - during quarter 3, 39 patients provided feedback about RUH services. 34 comments included a star rating and of these 25 rated the RUH

with five stars.

4. **An update on Patient Experience activities** to include feedback from ‘**See it My Way – moving on from children’s to adult services**’
5. **Patient Advice and Liaison Service (PALS)** – there were 1168 contacts with the PALS service this quarter. This represents a **30% increase on the number of contacts from the previous quarter** (814 contacts). **750** (64%) of the contacts required resolution; **292** (25%) enquiries requesting advice and information, the largest proportion **188** (64%) relate to communication and information. **192 (26%) contacts refer to Premises / Environment / Parking, 123 (64.06%) referred to parking fees received by patients.**
6. **Complaints received – 50 formal complaints were received in Q3.** This compares to 46 formal complaints in the previous quarter. **The majority of complaints refer to ‘clinical care and concerns (33), communication and information (8) and staff attitude/behaviour (7).** Performance against the 35 day working target response rate is included in the report. Given the low response rate, an improvement trajectory will be agreed with the Divisions for Q4. 9 complaints were re-opened in Q3 2016/2017, 3 for the Medical Division, 4 for the Surgical Division and 2 for Women's and Children's Division. Learning and service improvement as a result of patient feedback is also included in the report.

**Three cases were investigated by the Parliamentary Health Service Ombudsman in Q2. One was not upheld and two were partially upheld.**  
**This needs updating.**

<b>2. 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. Legal / Regulatory Implications</b>
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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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<b>4. 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. Resources Implications (Financial / staffing)</b>
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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.
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<b>6. Equality and Diversity</b>
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Ensures compliance with the Equality Delivery System (EDS).
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<b>7.</b>	<b>References to previous reports</b>
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Monthly Quality Reports to Management Board and the Board of Directors and the Patient Experience Quarterly reports to Quality Board and the Board of Directors.
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<b>8.</b>	<b>Freedom of Information</b>
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Public.
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# Patient and Carer Experience report

**Quarter 3 – October - December 2016**

**Everyone**  
Matters  
Working  
**Together**  
Making a  
**Difference**

## Quarter 3: Friends and Family Test (FFT) Responses

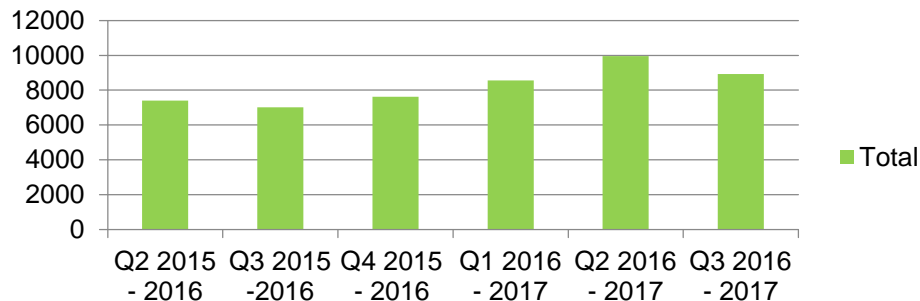
### Response total for all services

During quarter 3, the Trust received **8925** Friends and Family Test responses. This represents a decrease of 10% (1023 responses) from quarter 2 where the total was **9948**.

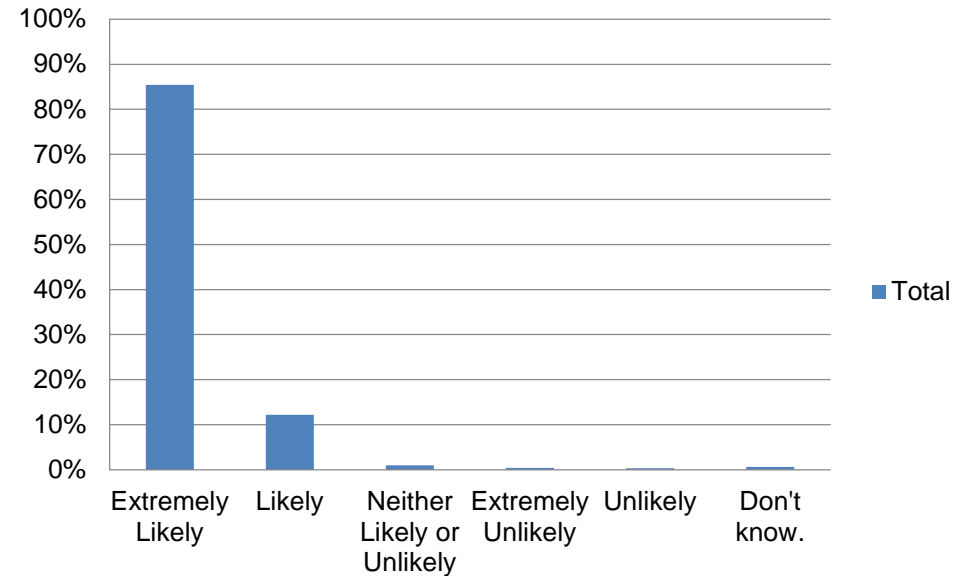
### Distribution for Quarter 3 across Trust services

Service	Quarter 3 Response Totals	Increase/Decrease in Responses from Quarter 2	Distribution of Quarter 3 Trust Response Total
Emergency Department	2525	↓ 453	28%
Inpatient / day case	3372	↓ 114	38%
Maternity services	744	↓ 135	8%
Outpatients	2284	↓ 321	26%

### Trust Response Total



### Distribution of Recommendation Responses



In quarter 3 2016/17, 97% (8715) of patients who completed an FFT card said that they would be **Extremely Likely/Likely** to recommend the Trust to Friends and Family if they needed similar care or treatment. The **Extremely Likely/Likely** percentage recommendation has remained stable, between **95% - 97%** since quarter 2 2015.

## Quarter 3: Friends and Family Test (FFT) Responses – Inpatient & Day case

### Inpatient and Day Case Experience

There were 3372 inpatient/ day case responses this quarter. The majority of comments are **compliments** referring to the **attitudes and behaviour of ward and support staff** e.g.

*‘You are doing a very difficult job with efficiency, patience, good humour and sympathy. Thank you for my stay’*

*‘I was treated with courtesy and compassion, couldn't be better’*

Analysis of inpatient comments shows the overall theme for **Areas to Improve** as **Facilities**. The largest proportion are referring to **noise on the ward/ noise at night and the availability and maintenance of bathrooms/toilets** e.g.

*‘My concern is the noise of the bin when they throw the rubbish in the middle of the night very noisy so staff need to be careful’*

*‘Toilet and bathing facilities in need of better planning’*

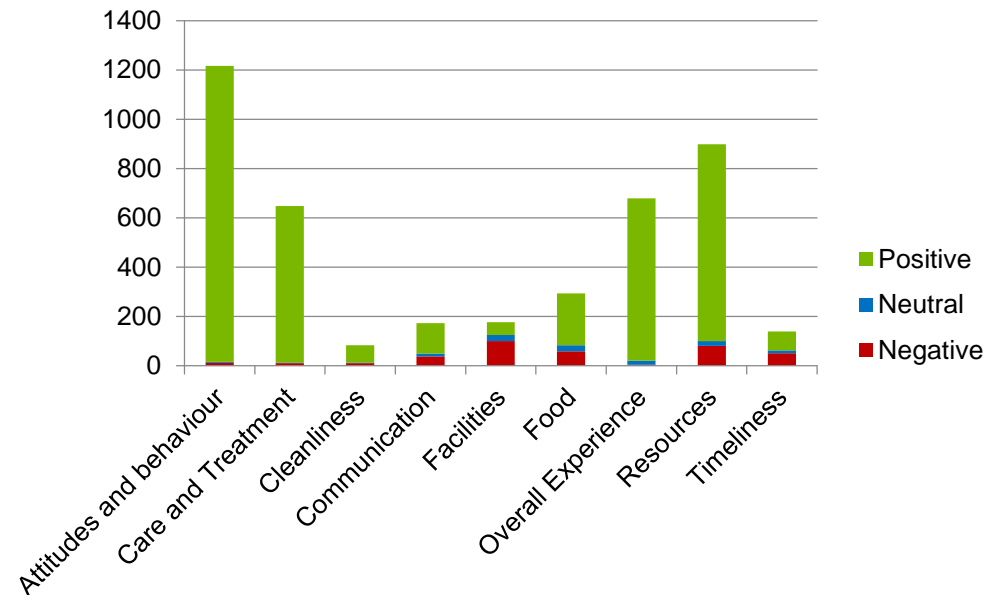
The main areas where comments refer to bathroom and toilet facilities are Cardiac Ward and Parry Ward. The main areas where comments refer to noise at night are Haygarth Ward and Violet Prince Ward. ‘Noise’ mainly relates to other patients, bins, doors and general ward activity.

**Resources** is the next significant **Area to Improve**, the largest proportion of comments within **Resources** refer to **staffing levels** e.g.

*‘Low staffing levels leads to delayed response particularly when a patient is in need of pain relief’*

*‘The staff are good but overworked, need to have more staff on wards’*

### Inpatient & Day Case Theme Totals



# Quarter 3: Friends and Family Test (FFT) Responses – Emergency Department

## Emergency Department (inc MAU & SAU) Experience

The majority of ED patient comments are **Compliments** referring to the **Attitudes and Behaviour of staff** e.g.

*‘The good part was how nice and supportive the staff have been’*

Analysis of ED comments shows the overall theme for **Areas to Improve** as **Timeliness - waiting to be seen**, this continues from quarter 2; however as in quarter 2, positive comments outweigh negative comments, e.g.

*‘Waited 7 hours to see a doctor and only took a doctor 2 minutes to say everything was ok’*

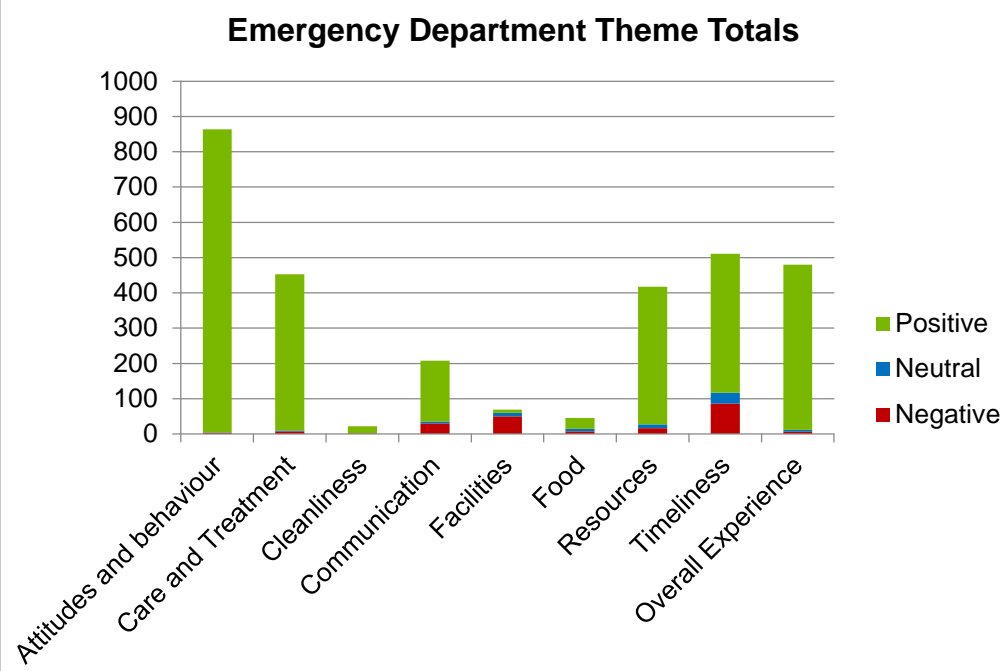
*‘Waiting time 4 hours but treated well and with treatment’*

The majority of comments relating **Facilities** are for **Areas to improve**, analysis shows that the main themes are the **cold temperature** of ED and **parking** for ED, e.g.

*‘Great staff, shame it is so cold, needed a blanket for my partner and me’*

*‘Turn the heating on!’*

*‘more parking needed at A&E’*



# Quarter 3: Friends and Family Test (FFT) Responses – Maternity

## Maternity Services Experience

The Majority of Maternity comments are **Compliments** referring to the **Attitudes and Behaviour of staff** e.g.

*‘Kind, caring staff, full of useful tips and nothing is too much hassle’*

*‘Midwife has always been very friendly and supportive. They listen and offer advice. A great support for mums with new-borns’*

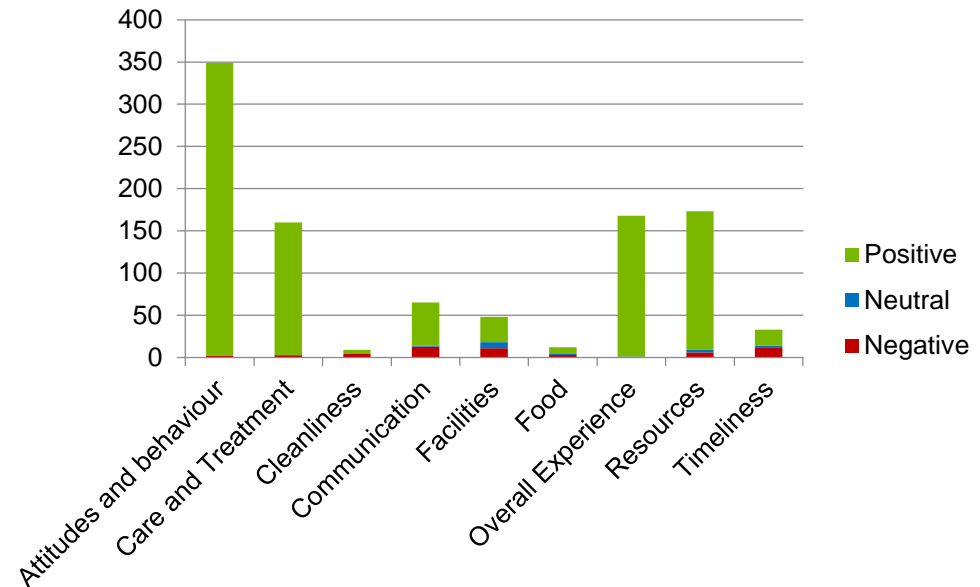
*‘Brilliant! Such lovely, helpful, friendly staff and couldn't have felt more comfortable. Wouldn't have managed without everyone!’*

Analysis of comments show the overall theme for **Areas to Improve** as **Communication** – particularly **conflicting information given**.

*‘Staff were friendly and helpful though my biggest concern was getting different information from midwives, which I didn't find helpful when tired and emotional. I Just wanted a solid answer’*

*‘Midwives are all friendly. The only issue I had was mixed up information when asking advice.’*

**Maternity Theme Totals**





# Quarter 3: Friends and Family Test (FFT) Responses - Outpatients

## Outpatient Experience

The majority of comments are **compliments** referring to **Attitudes and Behaviour of staff** e.g.

*'Pleasant cheerful and informative staff.  
Who did their best to put you at ease'*

*'Very good attitude from staff always willing to go the extra mile'*

Analysis of comments shows the overall theme for **Areas to Improve** as **Timeliness - waiting in clinic areas and not being kept informed how long wait will be** e.g.

*'We have visited many times and never been seen near our appointment time. Still waiting one hour past appointment time'*

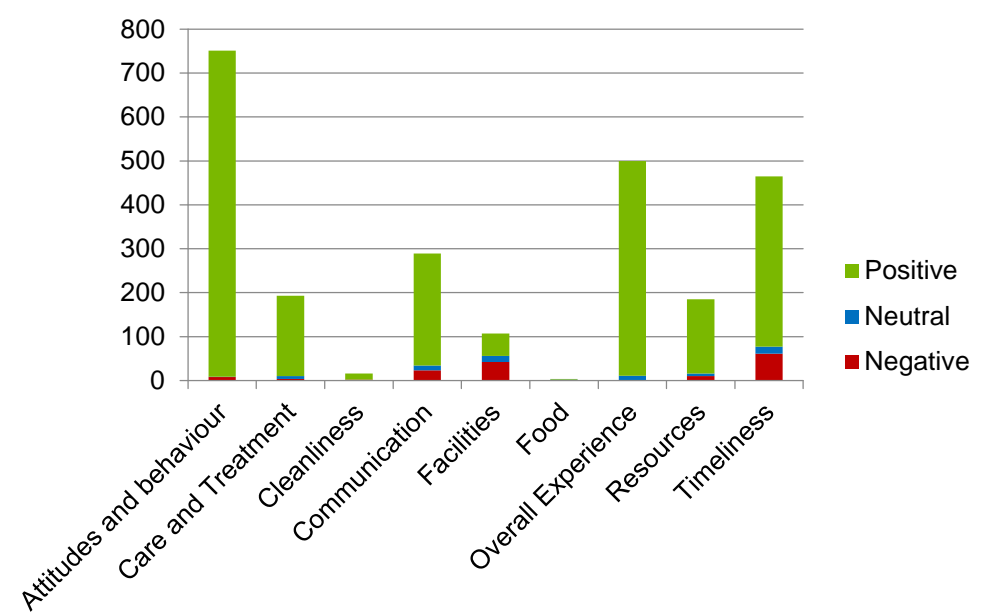
*'Waiting too long no one tells me why, should be informed on what is going on'*

This continues from quarter 2, and positive comments related to 'Timeliness' outweigh negative comments. Rheumatology patients continue to raise concerns about the length of time waiting for an appointment and waiting in clinic past appointment time. There are information screens in place in high attendance areas such as :- Breast Unit and Oncology. There is a project underway to enable clinic staff to display clinic updates regarding 'running times' and clinic advice on the screens in waiting areas.

**Facilities** is the next significant **Area to Improve**, the largest proportion of comments refer to **Parking at the RUH** e.g.

*'Extremely disappointed that you used parking eye as car monitoring provider, their reputation is very negative'*

Outpatient Theme Totals



## Increasing the responses for FFT

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 increasing volunteer support by recruiting volunteers through the RUH Volunteer Office. These dedicated Patient Experience Volunteers will work across wards and outpatient departments to support the collection of patient and carer experience through FFT and local patient and carer surveys.

## Quarter 3: RUH Questionnaires

### Changes in reporting Patient Experience Questionnaire responses.

During quarter 2 we introduced the first of our quarterly questionnaires. By changing the survey every quarter we can:

- Keep questionnaires short and easy to complete
- Be responsive to what patients and their carers are telling us is important to them (through FFT, PALS and complaints) and resolving issues promptly
- Inform Trust projects, priorities and decision making

The quarter 3 questionnaire asked inpatients for their views regarding the **food service we provide**.

The following questionnaire information will focus on the analysis of responses to questions with the highest percentage of positive responses and questions with the highest percentage of negative responses.

Ward name	Total completed
ACE – Older Persons Unit	6
Cardiac Ward	17
Charlotte Ward	12
Cheselden Ward	1
Combe Ward	9
Emergency Department	3
Forrester Brown Ward	3
Haygarth Ward	4
Mary Ward	3
Medical Assessment Unit	31
Medical Short Stay	28
Midford Ward	9
Obs Unit	10
Parry Ward	15
Phillip Yeoman Ward	3
Pulteney Ward	11
Robin Smith Ward	11
Surgical Admissions Unit	6
Surgical Short Stay Unit	4
Waterhouse Ward	5
William Budd Ward	4
<b>Grand Total</b>	<b>195</b>

## Quarter 3: Inpatient Food Questionnaire based on 195 Questionnaires

### Positive Responses

**Q3. Were you given a choice of food for your meals?**

**98.42%** (187) responded 'Yes', 'Given choice of breakfast'

Yes	No
98.42%	1.58%

**Q11. Did you feel you got enough to drink?**

**95.29%** (182) responded 'Yes, always'

*'Constantly topping my jug up, tea and coffee when I asked for it'*

Yes, always	Yes, sometimes	No
95.29%	3.66%	1.05%

**Q4. How would you rate the temperature of your food?**

**93.19%** (178) responded 'just right'

*'Well cooked and well presented. Very impressed generally'*

Just right	Too cold	Too hot
93.19%	3.66%	3.14%

**Q5. Was the portion size right for you?**

**88.02%** (169) responded 'just right'

*'Asked for small portions and received them'*

Just right	Too little	Too much
88.02%	2.60%	9.38%

Some of the 'too much' responses have supporting comments such as 'Not feeling like food at the moment'

**Q8. If you did miss a meal, were you provided with something to eat when you returned to the ward or were able to eat again?**

Yes	No	Not Applicable
11.52%	2.62%	85.86%

### Areas for Improvement

**Q6. Were you offered a second portion?**

**70.37%** (133) responded 'No', Whilst the percentage is high, some of the 'No' responses are supported by comments such as 'I did not want any more' **31.28%** (61) responded 'No'

Yes, always	Yes, sometimes	No
12.17%	17.46%	70.37%

**Q12. Were you made aware that you could have fresh fruit in addition to pudding at lunch and in the evening?**

Yes	No
68.72%	31.28%

**Q10. Were you made aware that meals were available for people with specific dietary requirements?**

**19.14%** (31) responded 'No'

Yes	No
80.86%	19.14%

## Quarter 3: Inpatient Food Questionnaire based on 195 Questionnaires

**Q7. Did you ever miss a meal you were expecting to have? This should be reviewed in conjunction with Q8.**

Yes	No
15.63%	84.38%

**Q13. Were there any foods you would have liked which you were not offered?** Comment sample:

'Quorn dishes or soya'  
'Fish and chips'

Yes	No
15.05%	84.95%

**Q9. Do you have specific dietary requirements?**

Cultural/ religious	1.06%
Dairy-free	0.53%
Diabetic	12.77%
Food allergy	0.53%
Gluten-free	3.19%
Low fat	0.53%
Low sodium	0.53%
No	74.47%
Other (Please state)	1.60%
Texture modified	0.53%
Vegetarian	4.26%

**Q14. Was there any food/ drink you particularly liked?**

Comment sample:

*'Porridge is nice'*  
*'Cauliflower cheese'*

**Q15. Was there any food/ drink you particularly disliked?**

Comment sample:

*'Ham crumble not that nice'*  
*'Tea was bad'*

**Q16. Was there any food or drink that you felt could be improved?**

Comment sample:

*'Generally meals are a bit stodgy. Would have liked more salad offered. But probably a question of finance'*  
*'Provide squash as do not always feel like tea /coffee'*

## Quarter 3: Inpatient Food Questionnaire based on 195 Questionnaires

### Summary

**Positive responses** focus mainly around the meals/ drinks patients had on the wards e.g. *choice, temperature, portion size*.

Two of the three **negative responses** are linked to questions regarding *awareness* i.e. information about the availability of fruit or meals for specific dietary requirements.

Overall, it is unclear from the patient comments whether the negative responses are due to patients not reading the relevant information on the menu, the information not being explicit enough on the menu for patients to understand, or if staff have not communicated the information (with a couple of exceptions where patients mention the menu or being told by staff).

The highest negative response was in reference to **Q6 - Were you offered a second portion?** - 70.37% (133) responded 'No'.

Wards where responses were exclusively 'No' are- ED, Mary Ward, Phillip Yeoman, Robin Smith and William Budd. However, some respondents commented '*Already eaten enough anyway*'.


**This patient feedback will be used by the Nutrition and Hydration Group to review their on-going work plans.**

## 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 174 ratings for this hospital (snapshot as of 13/01/2017)

Cleanliness  
  
 (175 ratings)

Staff co-operation  
  
 (178 ratings)

Dignity and respect  
  
 (179 ratings)

Involvement in decisions  
  
 (179 ratings)

Same-sex accommodation  
  
 (138 ratings)

During quarter 3, 39 patients provided feedback about RUH services, received during October, November and December 2016, through NHS Choices reviews and ratings:

34 comments included a star rating and of these 25 rated the RUH with five stars. Of the five star positive comments eight were in reference to the Emergency Department (ED) and five for Maternity Services at the RUH. Two positive comments were in reference to the Gynaecology Services and Stroke. One positive comment each for the General Surgery, Orthopaedics, Gastro, Children and Adolescent Services, Ophthalmology, Cardiology, Oncology, Ear, Nose and Throat, and Radiology.

Of the five star positive comments 24 were regarding staff attitude and behaviour, 24 about the care and treatment provided and two about overall experience. (Note: some patients and their carers referred to more than one aspect of the service they received in their comment.)

Examples of the comments:

***“I would like to share the great experience that I had today in this hospital. The level of professional care and attention exceeded my expectations. Having such a wonderful team of amazing human beings makes all the difference. Well done all. And a big thank you for caring for me today.”***

***“My husband has received a high level of care, with the doctors willing to talk directly to family, sisters are well informed about the patients current and proposed care, the care assistants cheerful and competent. I have nothing but the highest praise for them.”***

***“The ward staff were professional, welcoming, efficient, and I received the medical treatment needed and was discharged mid-morning the next day (as expected). Excellent.”***

There is no theme to the three negative comments. They refer to waiting time in ED, clinic waiting time in Orthopaedics and feeling “ignored” in Gastrointestinal and Liver services.

# Quarter 3: Patient Experience Activities

## Pets as therapy Team

The Patient Experience Team is growing! Muddy Puddles and Milo have joined Fudge as part of the Amazing Pat Dog Volunteers. Each week they visit patients on the wards, and even visited over the Christmas period to bring a little extra comfort and joy. Staff are enjoying the experience too and have been contacting the team to request visits for specific patients.



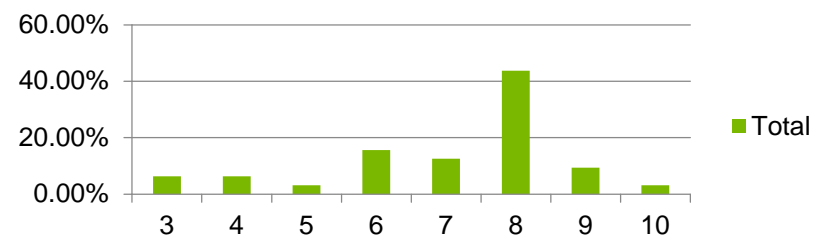
## See it My Way

### Ready Steady Go – Moving on from children’s to adult services

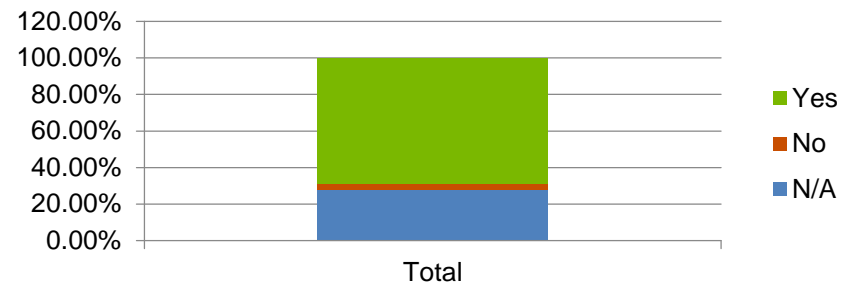
Staff listened to the personal stories of young adults and their families about what it’s like moving from children’s to adult services.

The Transition Programme – *Ready Steady Go* was also presented. A programme that helps to prepare young adults with a long term health condition for the transition process and adult services.

**Increase in knowledge & Understanding Score Percentage**



**Percentage Response for Changing or Improving the way you do things as a result of session**





## Quarter 3: Patient Experience Activities

### Patient and Carer Experience Group (PCEG) Visit

As part of the project to review patient and carer written information we have been auditing the leaflets on our website and intranet, those in the Trust's central database of leaflets and leaflets provided by services and wards. We also conducted a survey of outpatients and inpatients over July, August and September looking at patients' experiences of communication and written information.

Unfortunately the questions that received a negative response were regarding the written information received by patients, with patients responding that they did not believe they received the right amount of information and what they received was not clear or easy to understand. In addition, the Trust recently conducted a 15-steps challenge assessment within outpatient departments, as part of this written patient information found in waiting areas was reviewed. Many observing groups liked the information we provided in posters/leaflets format. However, the assessors noted that some departments had too much information which made it difficult for patients to find information that was useful to them.

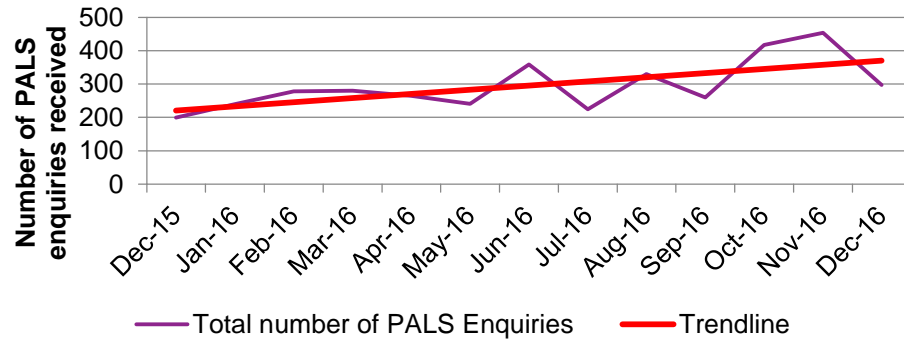
To support the work to review patient and carer written information six members of the PCEG visited the hospital on 21st November to assess the written patient information leaflets by talking to 47 patients about their views of the written information that they have received whilst on the wards.

	Survey Outcome	Action	Timescale	Expected outcome
1	Inpatients are not given the Welcome Booklet on admission to the wards	Remind ward managers, matrons and senior sisters to provide patients with the Welcome Booklet on admission	January 2017	Inpatients will be aware of the ward.
2	<b>Staff communication is very important to patients and carers.</b> This supports one of the three Patient and Carer Experience Strategy key ambitions: To ensure that we meet the emotional needs of patients/ carers by communicating effectively with them and providing information in a way that they can understand.	Use the outcome of the PCEG visit to support the work to improve verbal and written communication with patients and carers by supporting staff to communicate effectively with patients and carers.	February 2017 onwards	Our culture and values enable patients to be active partners in their own care and reduces health inequalities

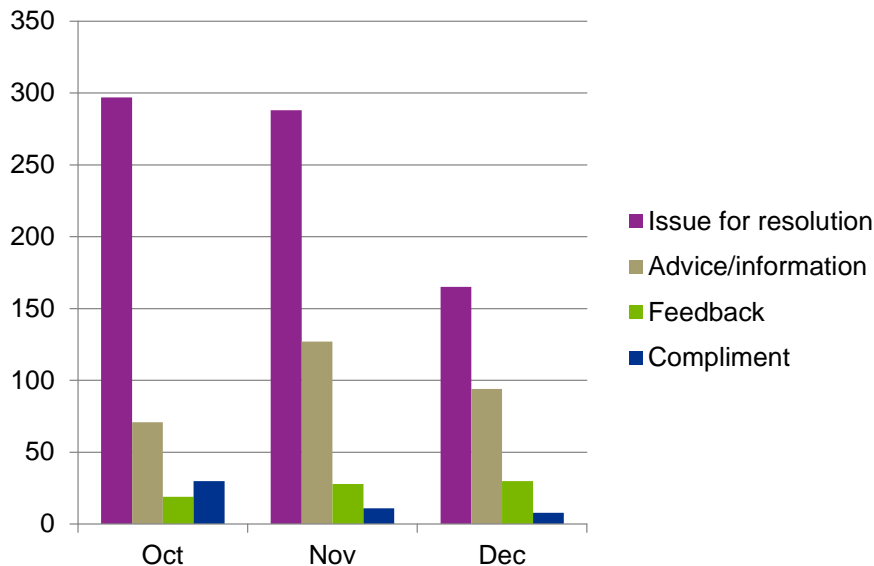


## Quarter 3: Patient Advice and Liaison Service (PALS) Report

**Total number of PALS enquiries**



**PALS Enquiries Type Distribution Total**



In Quarter 3, PALS received **1168** enquiries. This is a significant increase on quarter 2 and for quarter 3 in 2014 and 2015:

**Q3 2014 - 567**

**Q3 2015 - 672**

During quarter 3, PALS received **49** (4%) **Compliments** from patients and carers about the care they received. The largest proportion of the compliments, **39** (80%) refer to staff **attitude and behaviour** e.g.

*'Thank the staff in ED for the wonderful care they gave her mother during her last few hours. Everybody treated her with dignity and respect'*

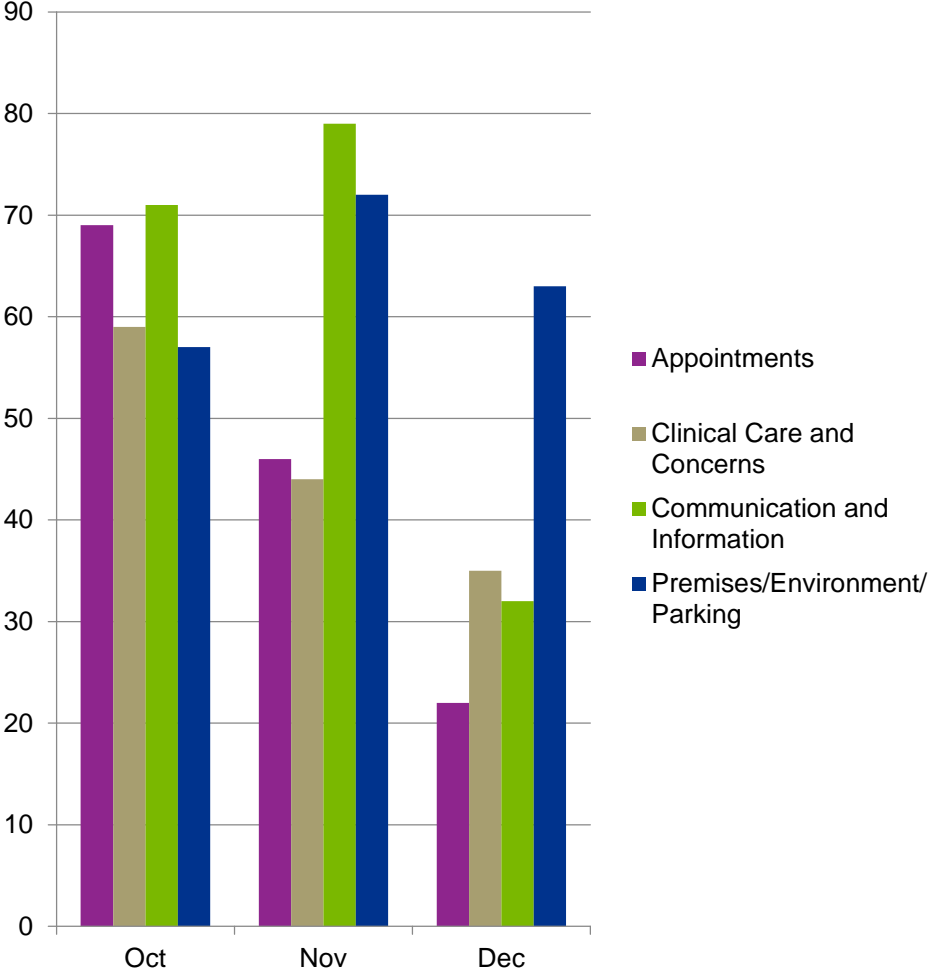
**77** (7%) people provided **feedback** to the PALS service regarding nine service areas e.g. premises/environment/parking, Clinical care and concerns and communication and information.

PALS received **292** (25%) enquiries requesting advice and information, the largest proportion **188** (64%) relate to communication and information.

During this quarter **750** (64%) of the contacts required resolution, numbers have decreased across the quarter.

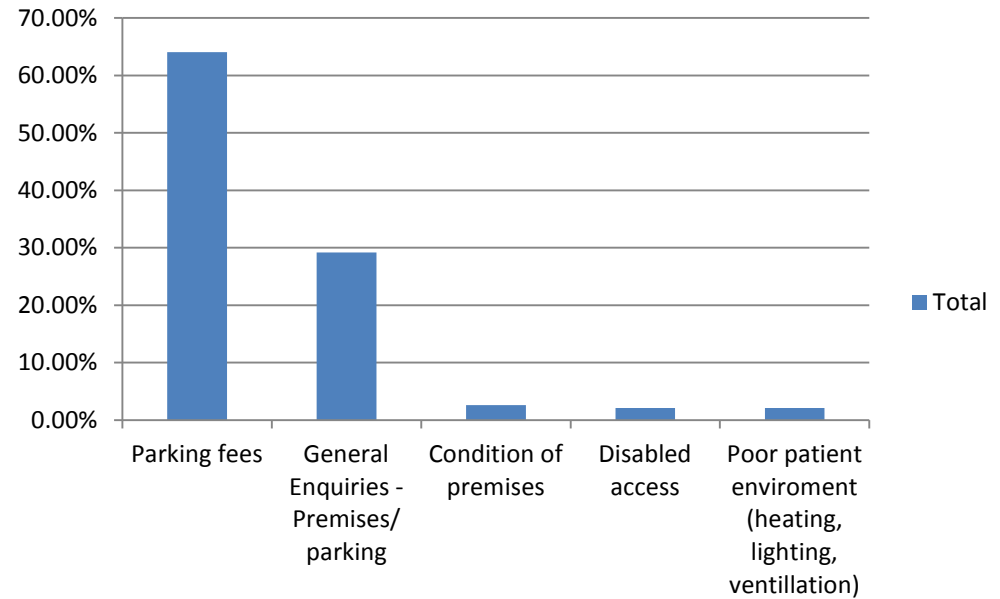
**Quarter 3: Patient Advice and Liaison Service (PALS) Report**

**Main Subjects for Resolution Quarter 3 2016**



**Premises/Environment/Parking**

**Contact Distribution Totals related to Premises, Environment and Parking**



In Q3, of the **192** (26%) contacts regarding Premises / Environment / Parking, **123** (64.06%) referred to **parking fees e.g.**

- *Patient has received a parking fine. Tried to top up pay machine but was unsuccessful. Patient feels that signage is unclear.*
- *Blue badge holder has been issued a parking fine.*

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

### Communication and Information

Of the **182** (24%) contacts for resolution about Communication and Information, the largest proportion **156** (86%) were related to General Enquires e.g.

- *Client is updating PALS about change of address.*
- *Client's father requires an Endoscopy but on 2 occasions, Language Empire has not sent an Interpreter.*
- *Patient would like to know why the results of his recent Doppler test were not sent to the GP or given to him.*

### Clinical Care and Concerns

**138** (18%) Contacts for resolution regarding Clinical care and concerns, the largest proportion **115** (83%) were related to General Enquiries e.g.

- *Client is concerned that patient requires emotional care not physical care.*
- *Patient still experiencing problems following surgery for a Hernia repair.*
- *Client would like to see a different consultant.*

### Appointments

Of the **137** (18%) contacts regarding Appointment, The largest proportion of the contacts **64** (47%) required appointment information such as Date, time, location.

Appointment Contact Theme Distribution	% Total	Total
Appointment change by patient	12.41%	17
Appointment date continues to be rescheduled	0.73%	1
Appointment information, date, time, location	46.72%	64
Cancellation of appointment	10.95%	15
Clinic letter not received	1.46%	2
Follow up appointment not given	1.46%	2
Length of time for follow up appointment	9.49%	13
Length of time for new appointment	15.33%	21
Unacceptable time to wait for appointment	1.46%	2

## Quarter 3 Complaints Report – numbers received

### Formal complaints received in Q3 2016/17

In Q3 the Trust received **50 formal complaints**:

- 22 Medical Division
- 19 Surgical Division
- 7 Women and Children's Division
- 2 Estates and Facilities

### Number of complaints by Quarter/Year

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	46	50		

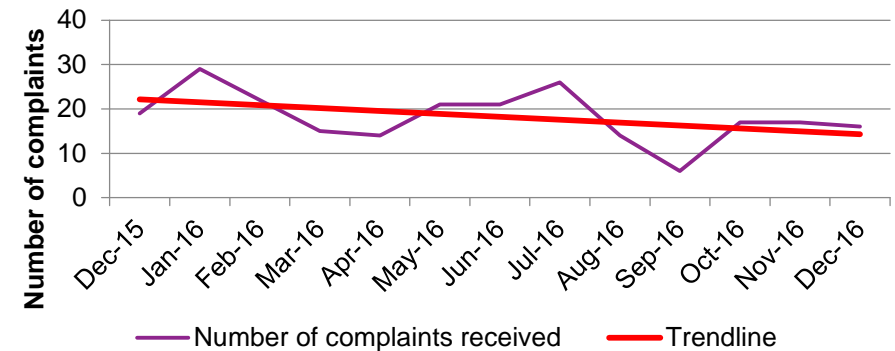
The table above shows that there is a slight decrease of complaints received in Q3 to the same quarter in 2015/16.

The number of complaints in Q3 and Q4 2015/16 remained at a low level and this trend has continued in Q1, Q2 and Q3 of 2016/17.

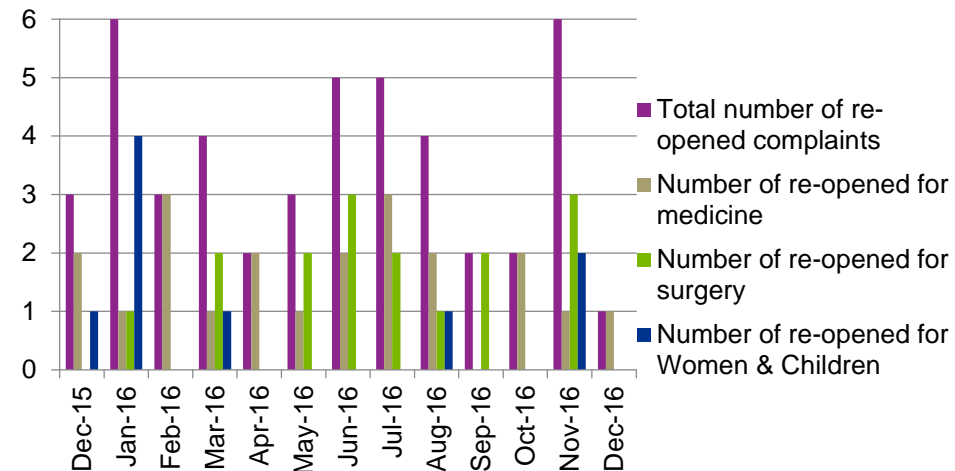
### Reopened Complaints in Q3 2016/17

9 complaints were re-opened in Q3 2016/2017, 3 for the Medical Division, 4 for the Surgical Division and 2 for Women's and Children's. Review of the cases indicated that the complainants presented further questions and requested further written response.

### Total number of complaints received



### Re-opened complaints for the past 12 months



## Complaint by subject

### Complaints by subject

The table below details the subject of formal complaints in Q3.

Complaints- Subjects	Number
Clinical care and concerns	33
Attitude of staff	7
Communication/information	8
Car Parking	2
<b>Total</b>	<b>50</b>

Clinical Care and Concerns	Number
Inappropriate care and treatment	7
General Enquiry	7
End of Life Care Concerns	4
Invasive procedure carried out	4
Wrong diagnosis	3
Quality/Concerns regarding Medical Care	2
Quality of Nursing Care	2
Error in performing a procedure on patient	1
Medication Error/Timing/Availability	1
Patient Slip/Trip/Fall	1
Waiting for Scans	1
<b>Total</b>	<b>33</b>

### Quarter 3 Complaints by ward/area.

Ward Area	Subject	Number
Medical Assessment Unit	Staff Attitude	1
	Clinical Care and Concerns	3
	Communication and Information	2
Mary Ward	Communication and Information	1
	Clinical Care and Concerns	2
Philip Yeoman Ward	Clinical Care and Concerns	2
	Staff Attitude	1
Parry Ward	Clinical Care and Concerns	2
Robin Smith Ward	Staff Attitude	1
	Clinical Care and Concerns	1
Children's Ward	Clinical Care and Concerns	1
Forrester Brown Ward	Clinical Care and Concerns	1
Haygarth Ward	Clinical Care and Concerns	1
Surgical Admissions Unit	Clinical Care and Concerns	1
Acute Stroke Unit	Clinical Care and Concerns	1
Surgical Short Stay	Clinical Care and Concerns	1
<b>Total</b>		<b>22</b>

## Complaints Report – Outpatient Service Complaints

### Outpatient Service Complaints

**40%** (20) of the complaints received in Q3 relate to the outpatient services. **30%**(6) related to the Medical Division, **50%** (10) related to the Surgical Division, **10%**(2) related to the Women’s and Children Division and **10%**(2) related to the Estates and Facilities Division.

The subjects for outpatient complaint’s across all Divisions for Q3 differ to those in Q2.

**Some complainant’s had multiple concerns within their complaint so this has been reflected in the chart in the sub-subject.**

Subject	Sub-subject	Number
<b>Clinical Care and Concerns</b>	End of life care concerns	1
	General Enquiry	3
	Inappropriate care and treatment	2
	Invasive procedure carried out	3
	Wait for Treatment	2
	Wrong diagnosis	2
	Waiting for Scans	1
<b>Communication and Information</b>	Inappropriate/insensitive/communication	2
	Patient not kept informed/updated verbally or via written communication	2
<b>Staff Attitude and Behaviour</b>	Unhelpful	1
	Staff attitude	1
<b>Premises/Environment/ Parking</b>	Poor patient environment	1
	Car Parking	2

## Quarter 3: Learning and service improvement from complaints

Issue	Division	Lessons learned
Patient not informed of delay in waiting times following outpatient referral. Patient did not receive any correspondence from the hospital/opportunity to transfer to an alternative provider.	Medical Division	The Cardiology service is implementing a system in place to shorten wait times and where possible update patients if their waiting times are exceeding expectations.
Patient believed she had the incorrect procedure performed	Medical Division	Ensure that sonographer's communicate whilst providing scans and examinations so it is clear what procedure is going to be carried out. Keep the patient informed of exactly what is happening during the procedure.
Patient was kept waiting in the consultation room without a explanation as to why the consultant had left	Medical Division	To communicate with the patient to ensure they are aware of why they are waiting and how long this wait could be.
Client had concerns surrounding her husband's treatment and the loss of the patient's belongings	Medical Division	Explain clinical information clearly to the client using terminology that they can understand. Ensure that the patient's property is clearly listed on the patient property sheet on arrival to the hospital.
Patient attended hospital for a hip operation and patient did not have food or drink for 60 hours before operation. Following operation, patient felt very weak and sustained a fall on the ward. Patient had concerns surrounding staff attitude and lack of support towards her.	Surgical Division	Information provided to the patient needs to be consistent. Offer of pre-op fluids for patients very late on theatre list needs to be consistent.

## Quarter 3: Learning and service improvement (continued)

Issue	Division	Lessons learned
<p>Patient had previous history of reacting badly to anaesthetic and following her surgery the patient informed the nurses that she was not feeling well enough to go home.</p>	<p>Surgical Division</p>	<p>Patient's to be listened to when raising concerns about their reaction to general anaesthetic and to make arrangements for the patient to have an over-night stay for future admissions.</p>
<p>Patient had concerns surrounding staff attitude and staff not recognising the signs of Postpartum Psychosis</p>	<p>Women &amp; Children's Division</p>	<p>Further training for staff in relation to Mental Health issues.                      Review of options for amenity room and Wi-Fi access.                      Assurance of all bathrooms having sufficient supply of sanitary towels available for patients.</p>



## Complaints Report Q3: Parliamentary Health Service Ombudsman

### PHSO Q3 Summary for RUH

The table below shows the number of complaints received by the PHSO, numbers investigated and the conclusions reached for the Trust.

Quarter	Complaints received	Accepted for Investigation	Partially or fully upheld	Not upheld
Q2 2015-16	7	0	1	2
Q3 2015-2016	6	2	2	0
Q4 2015-16	8	7	0	0
Q1 2016-17	1	1	0	0
Q2 2016-17	2	2	1	1

### Investigations by the Parliamentary and Health Service Ombudsman (PHSO) in Q3, 2016/17 for RUH.

In Q3 four cases were referred to the PHSO, who have confirmed they will be formally investigating these concerns and the Trust have disclosed the relevant information and will be contacted in due course.

One case which was referred to the PHSO in January 2016 relates to the Surgical Division and the PHSO confirmed in November 2016 that the case has been partially upheld. This is because the Trust failed to provide enough information about the procedure as a result of this the patient leaflet has now been updated.

### Complaint Surveys for Q3

29 surveys were sent out during Q3, only 3 were returned completed however due to the low numbers analytical data cannot be provided.

For future reporting purposes, the complaint surveys will be reported on an annual basis as this will then reflect the Trust's survey response rate accurately, as it may take some complainant's time to consider and complete the survey within the time of making their complaint.