

Report to:	Public Board of Directors	Agenda item:	8
Date of Meeting:	30 May 2018		

Title of Report:	Patient and Carer Experience Report – Quarter 4
Status:	For information
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Author:	Sharon Manhi, Lead for Patient and Carer Experience Laura Davies, Patient Experience Manager Gilly Butler, Patient Feedback Co-ordinator Jenny Evans, Complaints Manager Lisa Turner, Patient Advice and Liaison Service (PALS) Officer
Appendices	Appendix A: Patient and Carer Experience Report – Quarter 4

1. Executive Summary of the Report

The Patient and Carer Experience report for **Quarter 4 (January to March 2018)** provides an update on patient and carer experience. The key themes are:

- 1. Patient Advice and Liaison Service (PALS) – There were 882 enquiries during this quarter.** This is a slight increase on the previous quarter (796). The report includes information on the **‘top 3 subjects’ requiring resolution and information by specialty** (page 14 of the report).
- 2. Complaints received – 39 formal complaints were received this quarter.** This compares to **35 in the previous quarter**. This brings the total for the year to 179 which is the lowest number of formal complaints in a year. The majority of complaints refer to ‘clinical care and concerns, communication and information and admission/transfer/discharge. Performance against the 35 day working target response rate is included in the report on page 18. **2 complaints were re-opened this quarter compared to 11 complaints in Q3.** Learning and service improvement as a result of patient feedback is also included in the report. **No cases were referred to the Parliamentary Health Service Ombudsman (PHSO)** in this quarter. Two cases are currently being investigated by the PHSO.
- 3. Friends and Family Test (FFT) –the Trust received 6331 Friends and Family Test responses.** This is a **9.8% decrease compared to the number of responses received in Q3 (7016).** The FFT response trend for the year is included on page 2. **97% (6158)** of patients that 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 inpatient and Day case comments are **compliments** referring to the **attitudes and behaviour of ward and support staff**.

The most negative theme that patients commented on in the wards was **‘facilities’** and **‘timeliness’** - bathroom/toilet facilities; noise at night; ward temperature and parking. Timeliness refers to - waiting to be seen in the

Author : Sharon Manhi, Lead for Patient and Carer Experience	Date: 17 May 2018
Document Approved by: Helen Blanchard, Director of Nursing and Midwifery	Version: Final
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Emergency Department, waiting to be seen in clinic, waiting for discharge/ pharmacy and waiting for an appointment. For Maternity Services, the majority of negative comments refer to the facilities for partners, noise, access to Wi-Fi and bathrooms.

Work begins next month on a **national Friends and Family Test (FFT) Development Project** which will look at ways to improve FFT as a tool for improvement. Areas of focus include the wording of the FFT question, the current FFT “touchpoints” in maternity care and the time limits currently mandated for inviting feedback on A&E and inpatient services. It is expected that the updated FFT guidance will be available by April 2019.

4. **NHS Choices** – 34 patients provided feedback about RUH services. All post included a star rating and of these 25 rated the RUH with five stars. The posts have been categorised into separate comments: **29 positive and 11 negative**. Further detail can be found on pages 7 and 8 of the report.
5. **An update on Patient Experience activities is included on pages 9 and 10 of the report.** This includes a review of information on ward corridors by members of the Patient and Carer Experience Group.
6. **Bereavement Office report** on page 11.
7. Feedback from ‘**See it my Way – living with a long term health condition**’ on 22nd February 2018 is on page 12 of the report.

2. Recommendations (Note, Approve, Discuss)

To note progress to improve patient and carer experience at the RUH.

3. Legal / Regulatory Implications

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

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.

5. Resources Implications (Financial / staffing)

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 to allow patients/carers to feedback online.

6. Equality and Diversity

Ensures compliance with the Equality Delivery System (EDS).

7. References to previous reports

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.

8.	Freedom of Information
Public.	

Patient and Carer Experience report

Quarter 4 Jan – March 2018

Patient Experience Matters...



Quarter 4: Friends and Family Test (FFT) Responses

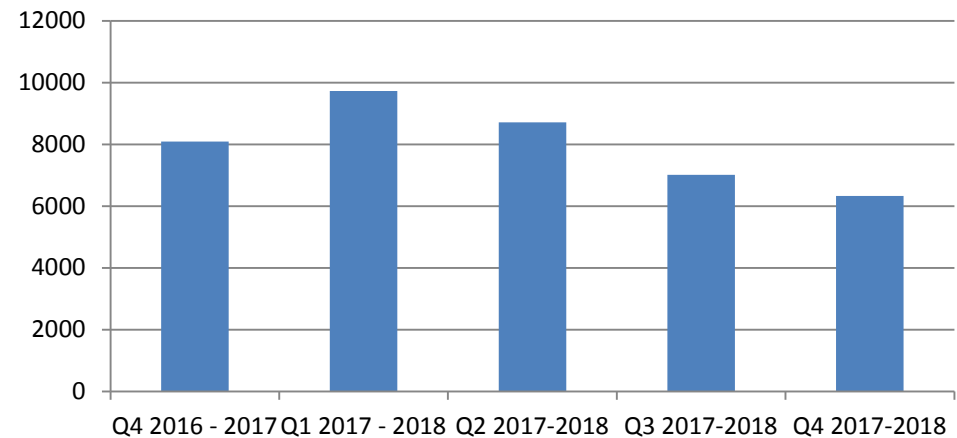
Response total for all services

During Quarter 4, the Trust received 6331 Friends and Family Test (FFT) responses. This represents a **decrease of 10%** (685 responses) on Quarter 3 where the total was 7016, and a 22% decrease on the same Quarter 2016/17.

97% (6158) of patients that completed an FFT card this quarter said that they would be **Extremely Likely/Likely** to recommend the Trust to Friends and Family if they needed similar care or treatment.

Service	Quarter 4 Response Totals	Increase/ Decrease in Responses from Quarter 3	Quarter 4 Trust Response Total
Emergency Department	979	↓ 296	15.5%
Inpatient / day case	2732	↓ 74	43.2%
Maternity services	817	↓ 138	13.9%
Outpatients	1803	↓ 177	28.5%

Trust Response Total



Recommendation	No of Responses	%
Extremely Likely	5,382	85.01%
Likely	776	12.26%
Neither likely nor unlikely	88	1.39%
Unlikely	17	0.27%
Extremely Unlikely	32	0.51%
Do Not Know	36	0.57%
Total	6,331	100%

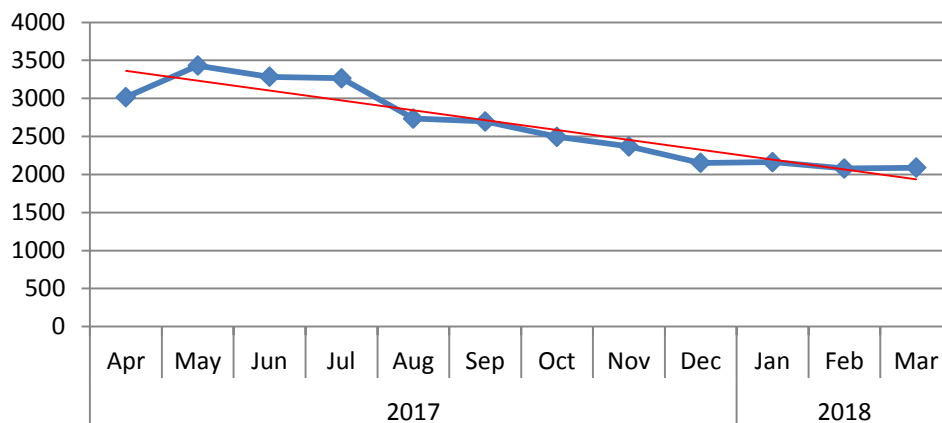
2017/18: Friends and Family Test (FFT) overview

All services

Between April 17 – Mar 18 The Trust received 31775 Friends and Family Test (FFT) responses.

Recommendation	Recommendation distribution %	Total
Extremely Likely	84.19%	26752
Likely	13.03%	4141
Neither likely nor unlikely	1.35%	430
Unlikely	0.39%	124
Extremely Unlikely	0.42%	135
Do Not Know	0.61%	193
Grand Total	100.00%	31775

2017 - 2018 FFT Trust Response Total Trend



Patients 'free-text' comments 2017 - 2018 - Categories and Sentiments

Category	Sentiments			Grand Total
	Positive	Negative	Neutral	
Attitudes and behaviour	11764	97	29	11890
Care and Treatment	4884	43	46	4973
Cleanliness	320	67	8	395
Communication	1951	285	170	2406
Facilities	503	578	288	1369
Food	877	207	146	1230
Resources	4329	234	221	4784
Timeliness	2384	655	226	3265
Overall Experience	4978	18	52	5048
Grand Total	31990	2184	1186	35360

Figures do not represent individual cards; a comment maybe broken down into more than one category and / or sentiment.

Facilities and **timeliness** had the most negative comments; the top 4 most commented on **facility areas** are - bathroom & toilet facilities, noise at night, ward temperature and parking. Top 4 most commented on **Timeliness areas** are: waiting to be seen in ED, waiting to be seen in clinic, waiting for discharge/ pharmacy and waiting for an appointment. Analysis of the data for 2016 – 2017 shows a similar pattern of high totals for categories and sentiments.

Quarter 4: Friends and Family Test (FFT) Responses – Inpatient & Day case

Inpatient and Day Case Experience

The majority of inpatient and day case comments are **Compliments** (3085) 42% of these refer to the **Attitudes and Behaviour of ward and support staff** e.g.

'Can't say enough about kindness and thoughtfulness shown to me on this ward. Wonderful people – all'

'My experience on this ward has been all positive, from the room to all the staff involved. The nursing staff in particular have been outstanding, showing empathy, kindness, care and professionalism. Thank you so much.'

Analysis of inpatient and day case comments shows the **Areas to Improve** as **Facilities and Timeliness** this continues from Q3. 30% of facilities negative comments relate to noise levels and 34% to ward temperature,. e.g.

'Too noisy at night'

'Only problem was disruption by other patients during the night'

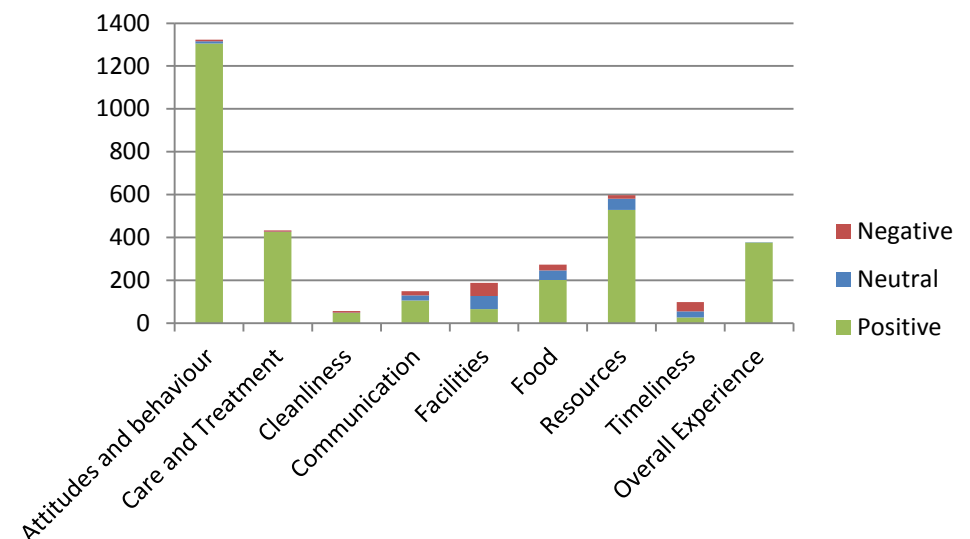
The comments about **noise at night** are across 12 wards. The remaining 36% are general comments distributed across subjects such as decoration, no bed, lighting etc. Ward staff have been reminded that eye masks and ear plugs are available for patients to use if they are finding it difficult to sleep. The night packs are available on the Friends of the RUH shop trolley.

The majority of negative **Timeliness** comments 37% are non specific general comments e.g. wait is too long. 28% of the **Timeliness** comments refer to waiting for call bells to be answered/requests for help, 23% *waiting for discharge/ Pharmacy*, 12% *pain relief/meds*. 29% of the **neutral** comments also relate to call bells, e.g.

'Please respond to the buzzer quicker'
'Call bells aren't answered quickly'

The numbers across individual wards is less than 5 - Pulteney, Parry, SSSU; Respiratory; Robin Smith having 3-4 each across the quarter.

Q4 Inpatient & Day case Category totals



Quarter 4: Friends and Family Test (FFT) Responses – Emergency Department

Emergency Department (inc MAU & SAU) Experience

The majority of ED patient comments are **Compliments** (1093) 43% of these refer to the **Attitudes and Behaviour of staff** e.g.

‘Every member of staff was kind, caring and thoughtful, as well as being very efficient. They all seemed to have their role which was carried out as part of a team very effectively’

‘Staff couldn't do enough for you. Went beyond the call of duty’

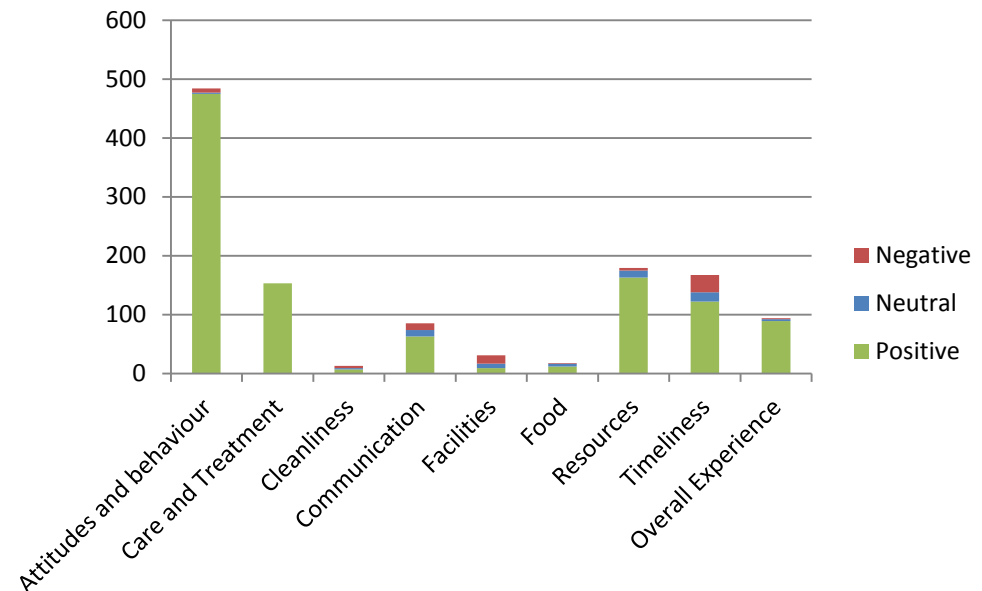
Analysis of ED (not including MAU & SAU, due to minimal amount of comments) comments shows the overall theme for **Areas to Improve** as **Timeliness (29)** - 75% of these refer to **waiting to be seen**, this continues from quarter 2 and 3, however there is a 40% decrease in the number of negative timeliness comments e.g.

‘Bad: Waiting times - could have been informed’

‘The staff are brilliant but the waiting time to be seen is terrible’

73% of **Timeliness** comments are positive, 10% Neutral, 17% Negative.

Q4 ED, MAU, SAU Category totals



Quarter 4: Friends and Family Test (FFT) Responses – Maternity

Maternity Services Experience

The majority of Maternity comments are **Compliments** (994) 49% of these refer to the **Attitudes and Behaviour of staff** e.g.

‘Everyone is amazing at what they do here. So friendly and high spirited even when they are so tired from all the hard work they do, nothing is too much trouble’

‘Every midwife I had was wonderful and gave me lots of confidence in myself and my pregnancy. The were very respectful with the relaxed, natural approach I was looking for with my birth’

‘Friendly, informative and reassuring staff’

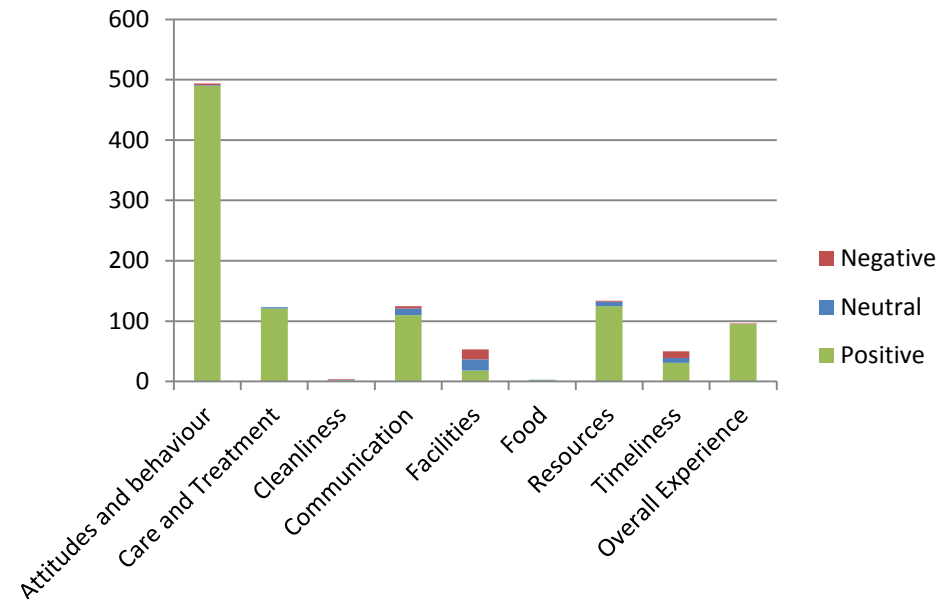
Analysis of comments show the overall theme for **Areas to Improve** as **Facilities** of the 16 comments 31% refer to parking, 25% uncomfortable chairs for partners, the remaining comments are related to temperature, noise, Wi-Fi and bathrooms e.g.

‘Stressful and upsetting experience - Spent ages trying to park the car but all spaces were filled. Attempted to walk from distance car space but due to being heavily pregnant I had to give up’

‘Partner's chair not comfortable enough to sleep in’

A programme is in place to replace the current chairs for partners. To date the team have replaced 16 out of 40 chairs on Mary ward through accessing charitable funds.

Q4 Maternity Category totals



National FFT update

Work begins next month on a national Friends and Family Test (FFT) Development Project. The project will run through the year and will look at ways to improve FFT as a tool for improvement of services. It will also explore whether there are ways to lessen the burden on providers while still delivering the necessary national data. Areas of focus include the wording of the FFT question, the current FFT “touchpoints” in maternity care and the time limits currently mandated for inviting feedback on A&E and inpatients services. It is expected that the updated FFT guidance will be available before April 2019.

Quarter 4: Friends and Family Test (FFT) Responses - Outpatients

Outpatient Experience

The majority of outpatient comments are **compliments** (1608), 40% of these refer to the **Attitudes and Behaviour of staff** e.g.

'Staff very professional but also very compassionate - as good as any private care. Thank you'

'All the staff were friendly, attentive, caring and knowledgeable'

'Doctors have been compassionate'

Analysis of comments shows the overall theme for **Areas to Improve** as **Timeliness** (28) the comments mainly refer to waiting in clinic and waiting for an appointment after referral and some relating to feeling rushed in appointment e.g.

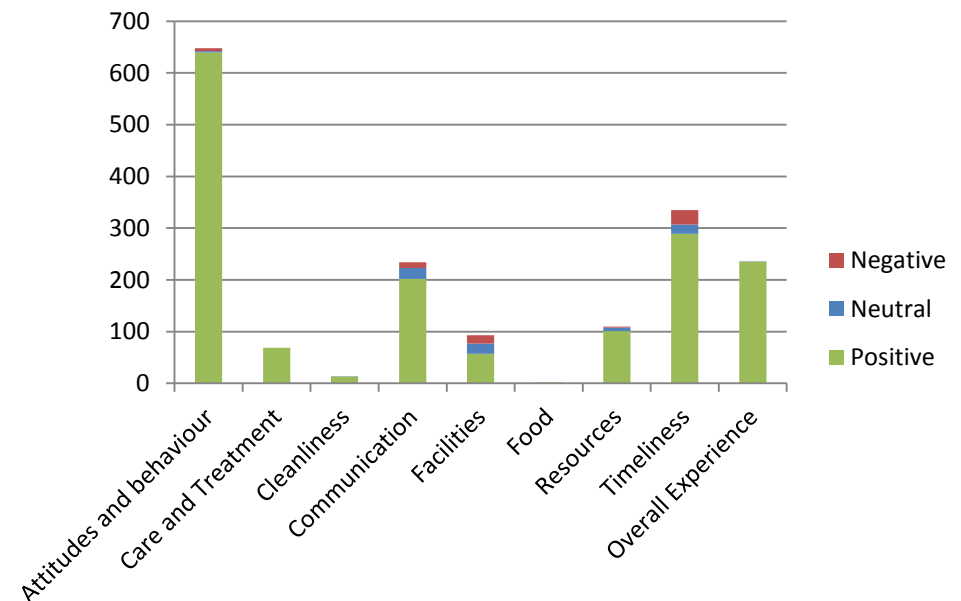
'Kept waiting for almost an hour without any explanation'

'Waiting time between referral and appointment time is too long'

'Felt I was rushed. In and out in five minutes! Patronised!'

There are currently 19 electronic information screens in 16 outpatient areas. The project is being led by the Communications team. The breast clinic was the initial 'pilot' site for the screens and the patient experience team undertook a survey of patients experience of the screens and the information on them. As a result changes were made to the information, readability, timings of the slides and new slides were developed following the patient feedback.

Q4 Outpatient Category totals



Plans are in place to roll out the screens to another 11 departments (15 screens) by December 2018. Some comments from patients and staff are shown below:

- *Nice to see the different information and know the different roles of staff*
- *Slides do change quickly*
- *All information is very useful*
- *Black against blue hard to read*
- *Perhaps patients should be informed about the screen on check in*
- *Very good idea, very informative*

Quarter 4: Patient and Carer Experience Report – NHS Choices and Social Media

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



Based on 197 ratings for this hospital (snapshot as of 24/04/2018)

Cleanliness



(201 ratings)

Staff co-operation



(200 ratings)

Dignity and respect



(199 ratings)

Involvement in decisions



(199 ratings)

Same-sex accommodation

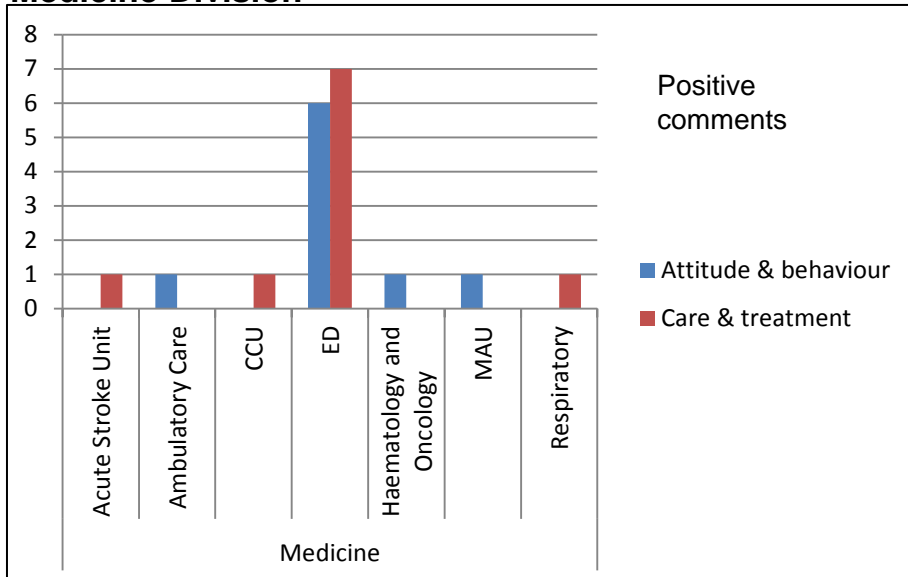


(158 ratings)

34 patients or their carers posted feedback about 17 RUH services in quarter 4:

- All posts included a star rating: of these 25 rated the RUH with five-stars, two with four-stars, three with three-stars, four with a one-star rating and one rated no stars.
- The 34 posts have been categorised into 41 separate comments: **29 positive and 11 negative.**

Medicine Division



Of the 26 posts there were **seven negative comments these were all about the Emergency Department**: four about care and treatment, two about staff attitude and behaviour and one about a patient's general experience of the department. In particular, posts noted the impact on staff of high numbers of patients and a lack of space with patients being treated in corridors.

However, the situation in the department did not reduce the positive posts. Medicine also received **19 positive comments and 15 of these were about ED**. For example:

"Seen within 5 mins of arrival. consultant assessed within 30 mins...seen by relevant specialist within an hour Treated and discharged within 4hrs Fantastic care from nursing staff and Drs. Nothing but praise! Well done RUH at what is a difficult time of year for all."

Emergency Department patient, February 2018.

Quarter 4: Patient and Carer Experience Report – NHS Choices and Social Media

Surgical Division

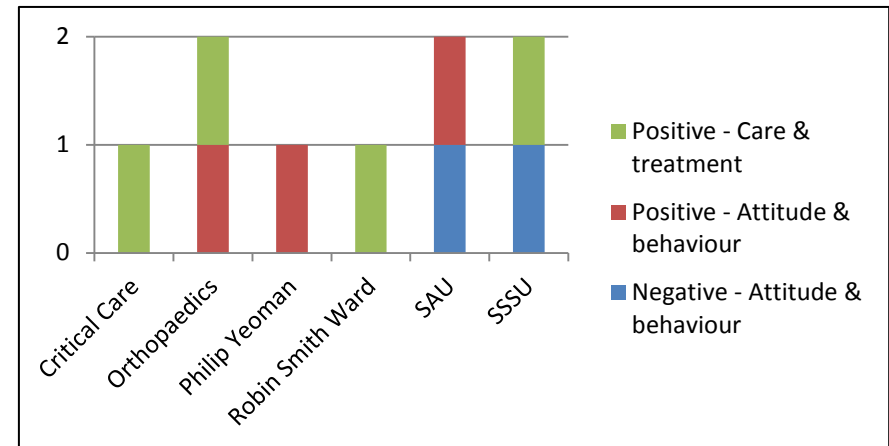
There were **two negative comments about staff attitude and behaviour and seven positive comments about care** within six posts regarding the Surgical Division.

Four of these positive comments were received regarding the care and treatment provided and two about the attitude and behaviour of staff working across six surgical areas. For example a parent commented: *“My daughter was admitted to the Short Stay Surgical Unit (SSSU) yesterday morning and I can’t praise the staff highly enough. I have to commend all of the ward staff and doctors on her clinical medical care; whilst also ensuring she is kept informed of her treatment regime and made as comfortable as reasonably possible. It is my view that they simply could not be doing more for her in their efforts to ensure a full recovery. So once again, well done to the doctors, nursing staff, health care assistants and the ancillary staff who’s role is so vital, but who so often go unrecognised by we the public, when recording our thanks.”*

Women & Children’s Division

There were **two positive comments one about staff in the Children’s Ward and one about the care and treatment in Maternity.**

In January 2018 a parent of a child posted: *“The staff on this ward were absolutely outstanding and where nothing at all was an issue, even when they were clearly under large amounts of pressure due to the amount of patients. I would absolutely have no issues at all and would be totally happy for my child to go there again if this was ever necessary. I would just like to thank all of the Doctors, Nurses and all other support staff that made our anxious experience a really empathetic one. We really appreciate everything you did.”*



NHS Choices – other comments

A further two comments were received via NHS Choices. Both did not specify an area, one positive comment about the patient’s general experience of the hospital and one negative comment about waiting in an outpatient department for an appointment.

RUH Facebook reviews

There were 33 facebook reviews on the RUH facebook page. 27 positive comments (14 about staff and 13 about care and treatment) and six negative comments, all regarding car parking on the RUH site.

Quarter 4: Patient and Carer Experience Report – Patient and Carer Experience Activities

Services pro-actively collecting patient experience feedback in Q4:

This quarter the Patient Experience team worked with a further 14 teams from across the Trust to collect patient and carer experience feedback. This brings the number of services, who have been supported by the Patient Experience Team to collect and use patient and carer experience to review and improve services, to **43 for 2017/18:**

The support provided to those reviewing their service and collecting feedback included developing:

- Patient and family feedback leaflets for Critical Care Services
- A questionnaire for an annual review of the Anticoagulation clinic
- Outpatient phlebotomy bi-annual evaluation questionnaire
- An Admission Suite and Pre-operative questionnaire
- A questionnaire to review Paediatric Therapy services
- A review of the experience of transition from children's to adults therapy services
- A patient questionnaire to improve the integrated Sexual Health Services
- Questionnaires to gain feedback from Oncology clinical staff and GPs on the support of Cancer Associated Thrombosis (CAT) service specialist team.

Improvements - as a result of patient and carer experience feedback in Q3:

Cancer Associated Thrombosis (CAT) telephone clinic - telephone interviews with patients to understand the value of the service for patients.

Actions as a result of patient experience feedback

Developed a business case for ongoing funding as patient experience of the service was positive.

Ward Quiet Rooms – the Patient and Carer Experience Group members undertook a review of quiet rooms used by the families of patients with end of life care needs, for discussions with ward staff, for respite and when staying overnight.

Actions as a result of patient experience feedback

A small working group has been set up to develop a proposal to one of the Trust's charities for refurbishment of the ward quiet rooms. This will include redecoration, new blinds/curtains, new artwork, new furniture, new storage and new signage as appropriate.

Quarter 4: Patient and Carer Experience Report – Carer and Family Information Boards

Review of information on ward corridors by the Patient and Carer Experience Group (PCEG)

The PCEG undertook an assessment of carer/ visitor information on inpatient ward corridor boards. This is important as carers have told us that they are not aware of the support that is available to them, including the information in the Carers Hub. In addition there is also key information about the wards and the RUH that should be available to carers and families.

The PCEG findings:

Across 28 wards, including the Emergency Department, the group identified:

- 23 different RUH posters, e.g. patient pledge, visitors charter, going home, valuables, Friends of the RUH, etc.
- 18 RUH leaflets, e.g. PALS, Membership, Pressure Ulcers, Welcome Guide, Falls, Sepsis, MRSA, etc
- 14 ward specific boards, e.g. Respiratory Dementia Care, Stroke Research, William Budd Unit Philosophy
- Ward specific leaflets, e.g. the Admission Suite, Pierce Ward Information Sheet
- 22 leaflets by external organisations, e.g. SWAN, Age UK, Carers, Dorothy House, Domestic Abuse
- The information on the 'Ward Board' is, on the whole, consistent across all wards.

Next steps following the review of information on ward corridors:

The Patient Experience Team are working with ward managers to remove out-of-date and duplicate information and introduce **Carer and Family Information Boards** on all wards. Similar to the 'Ward Board' this will be standard across all wards and will include information on - meals and visiting times, advertising overnight stay recliner chairs, 'how to contact the ward' poster and flier, keeping patients valuables safe, and posters from the Carers Centres and information about the Carer Hub.



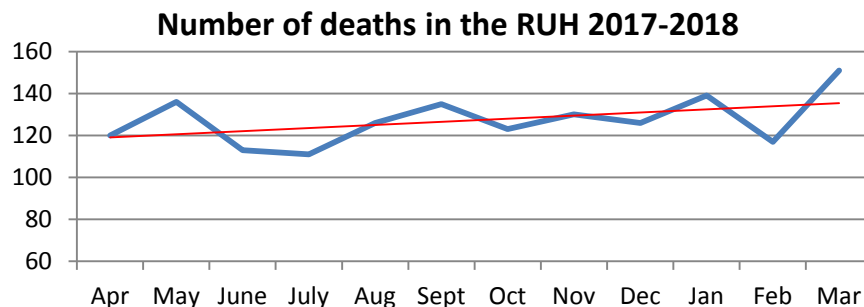
Quarter 4: Patient and Carer Experience Report – Bereavement Office

RUH Bereavement Office Report 2017-2018

The Bereavement Office provide advice and support to bereaved relatives on the procedures following the death of a patient, including the collection of the Medical Certificate of Cause of Death (MCCD):

- Liaise with medical staff, Coroner, Registrar of Births, Marriages and Deaths, funeral directors and Treasury Solicitor.
- Arrange for MCCD to be completed by medical staff or for the death to be reported to the Coroner.
- Meet with bereaved families to hand over patient property, complete documentation and guide them through the registration process and arranging a funeral.
- Arrange hospital contract funerals for deceased patients who have no relatives or next of kin or where there are no finances to pay for a funeral.
- Accompany families to view deceased patients in the chapel of rest.

The graph below shows the number of deaths in the Trust for the last year. There has been an increasing trend in the number of deaths in hospital over the year. In April 2018, there were 132 deaths.



Example comments on the Bereavement Office in the 2017/18 End of Life Questionnaire

Did you feel supported in the days after your relative/friend death?

"The Bereavement service were very good."

"The bereavement office and registrar were very helpful."

"The help we received from the Bereavement Dept. was excellent. I cannot speak too highly of how helpful everyone was. Thank you"

Improvements made to the service during 2017/18

- Updated the Information Booklet for bereaved families/friends.
- Additional family room to enable two families to be seen at the same time and no family to have to wait in a corridor to be seen by the Bereavement Officers or the Registrar.
- Process mapping event with Bereavement Team, pathology, junior doctors, ward staff; to identify gaps and delays in the process and actions to improve the process from death to registration of the death. Three key improvements identified for 18-19.

Planned improvements to the service for 2018/19

- Develop a flow chart to inform ward staff 'what to do when a patient dies'.
- Improve the management of deceased patient property to ensure it is repatriated to the bereaved family.
- Improve data collection and monitoring of the mandated '5 day target' for registering deaths.

Quarter 4: Patient and Carer Experience Report ‘See it my Way’

See it my way - living with a Long Term Health condition

Over 50 staff attended the ‘**See it my Way – living with a long term health condition**’ event on 22nd February. Comments regarding **increased understanding**:

‘Not to make assumptions that someone is well based on outward appearances’

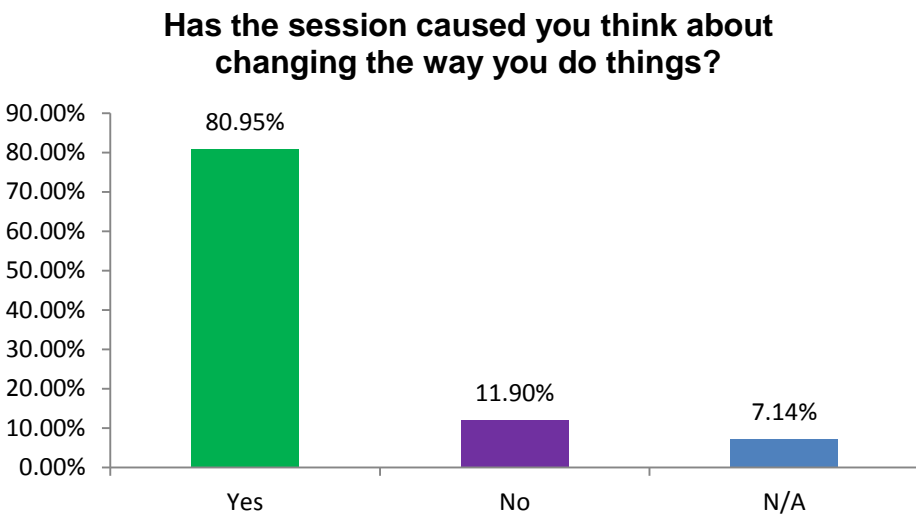
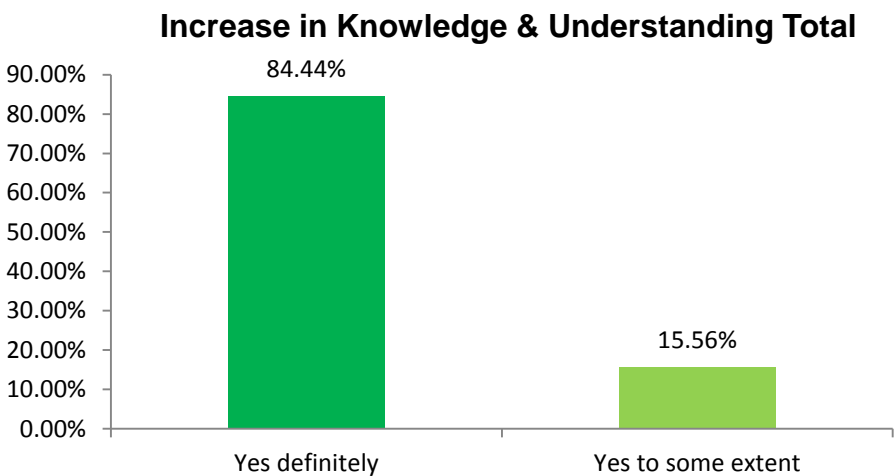
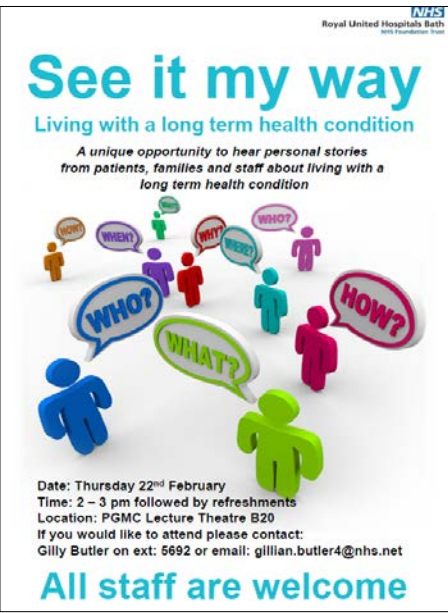
‘It is important to see the patient as an individual case, listen to them and not ignore what they are saying’

Comments regarding **‘what will you do differently’**:

‘Make sure to ask patient and carer about their condition and symptoms’

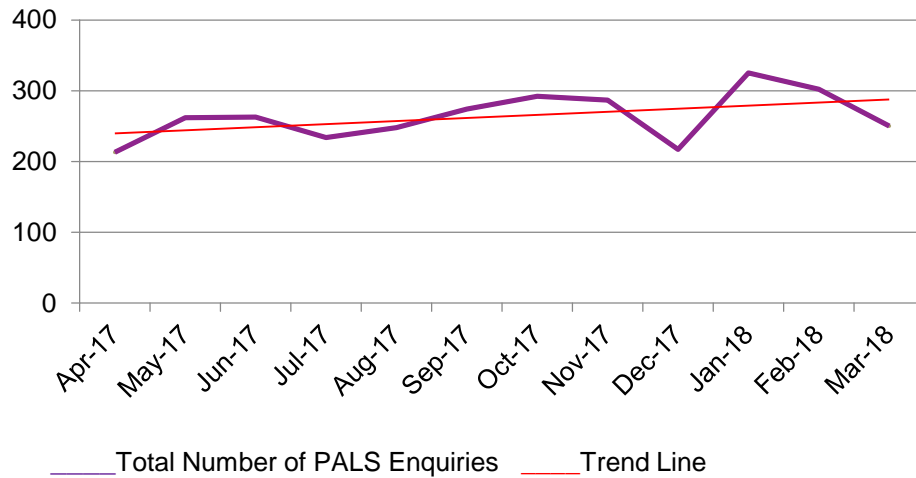
‘Services to link up and always have patients family involved’

‘Be patient and spend more time collecting subjective data as it will give a better understanding of their condition’

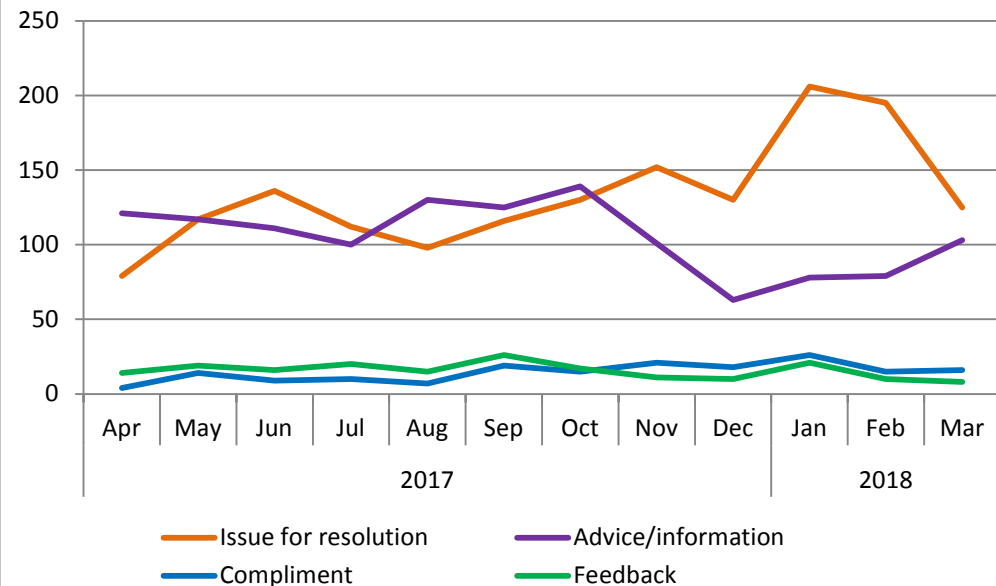


Quarter 4: Patient Advice and Liaison Service (PALS) Report

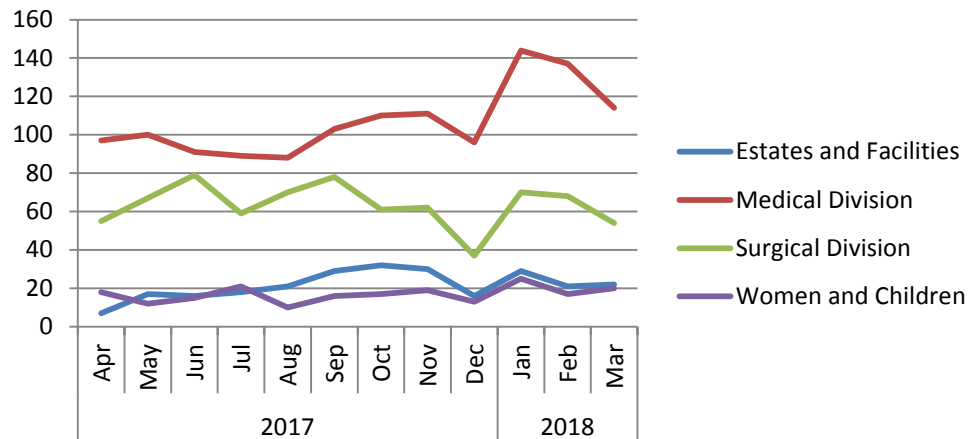
Number of PALS Enquiries 2017-18



Record type 2017 - 2018 Totals



Contact totals 2017 - 2018 by Division



The graphs on this page show the number of PALS enquiries for the last year and how this compares by Division and whether the concerns are 'issues for resolution; advice/information; feedback or compliments.

The spike in January/February 2018 across all Divisions reflects the overall increase in numbers for the quarter and increase in the number of issues for resolution.

Quarter 4: Patient Advice and Liaison Service (PALS) Report

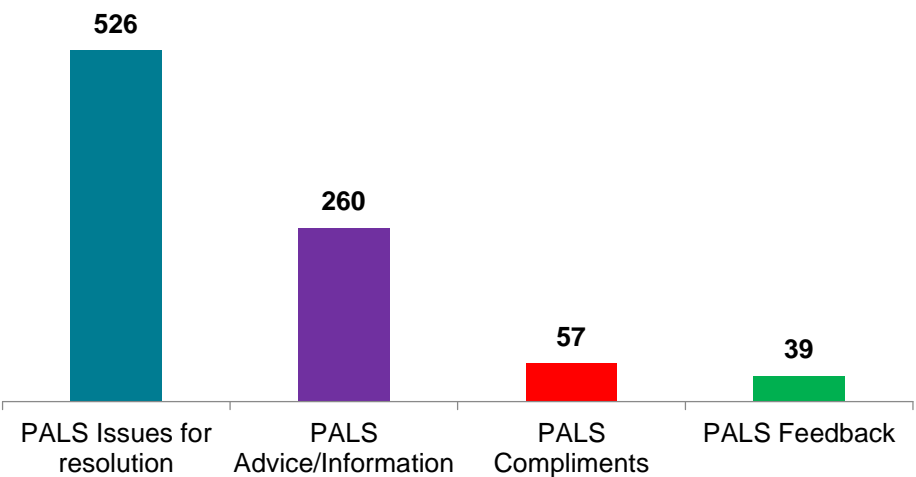
The PALS office received **882 enquiries in Q4**. This is an **increase** of 86 cases (**11%**) compared to Q3.

The number of **issues requiring resolution** has **increased** from 404 in Q3 to **526 in Q4**, an **increase of 30%** (122)

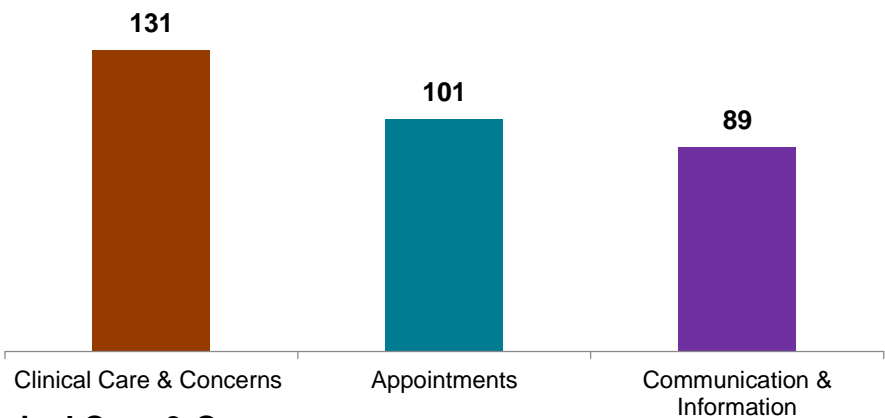
There has been a **14% decrease** in the number of contacts requiring **information and advice** this quarter from 302 in Q3 to 260 in Q4.

The number of **compliments** received by PALS in relation to the care that patients have received in the hospital has increased slightly from Q3 (52) to Q4 (**57**)

Type of contact Quarter 4



Top three issues for resolution by subject



Clinical Care & Concerns

75 of the contacts were general enquiries, 23 concerns regarding medical care; 6 - staff attitude; 5 - co-ordination of medical treatment. The remaining 22 were split between a number of subject areas.

Appointments

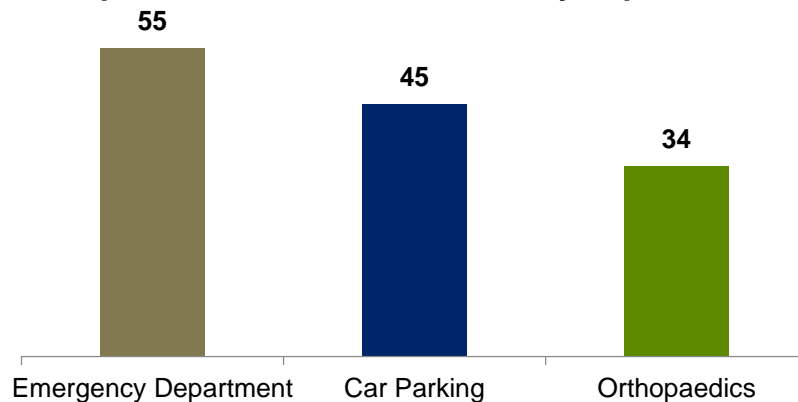
25 of the contacts related to appointment information; 16 - cancellation of appointment, 16 - the length of time for a follow up appointment, 11- appointment change by patient, 8 - length of time for a new appointment. The remaining 25 were split between a number of subject areas.

Communication & Information

39 of the contacts were general enquiries / communication, 9 - telephone issues. The remaining 41 were split evenly across other subject areas.

Quarter 4: Patient Advice and Liaison Service (PALS) Report

Top three issues for resolution by department



Emergency Department

Of the 55 contacts 21 were related to clinical care and concerns, 15 - patient property and 6 - communication. The remaining 13 were spread across a number of other areas.

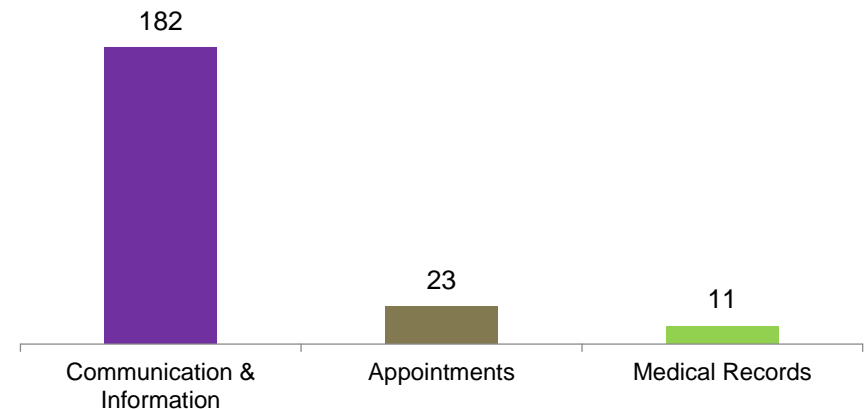
Car parking

Of the 45 contacts made, 43 were related to enquiries, 1 - staff attitude and 1 - communication/information.

Orthopaedics

Of the 34 contacts made, 9 were related to clinical care and concerns, 7 - pre-admission, 6 - appointments and 5 - communication. The remaining 7 were spread across various areas.

Top 3 advice/information



Communication and information

Of the 182 contacts regarding communication and information, 134 were general enquiries, 20 were enquiries about clinical care, 3 were related to transport, and the remaining 25 were split across a number of other areas.

Appointments

Of the 23 contacts about appointments, 13 related to appointment date and time information, 3 were general enquiries, the remaining 7 were split across various subjects.

Medical Records

11 contacts related to medical records - 9 relating to access to medical records; 2 relating to the availability of records.

Quarter 4: Complaints received/reopened complaints/Parliamentary and Health Service Ombudsman (PHSO) cases

Formal complaints received in Q4 2017/18

In Q4 the Trust received **39 formal complaints**:

Medical Division 14, Corporate 2
Surgical Division 19, Estates & Facilities 1,
Women and Children's Division 3

Number of complaints by Quarter/Year

Year	Q1	Q2	Q3	Q4	Total
2014/15	86	81	75	68	310
2015/16	100	82	55	66	303
2016/17	56	46	50	62	214
2017/18	57	49	34	39	179

The table above shows the number of complaints received in Q4. There was a significant decrease in the same quarter in 2016/17 and a slight increase on the number of complaints received in Q3. Overall, there was a 16% decrease in the number of complaints received in 2017/18 compared to the previous year.

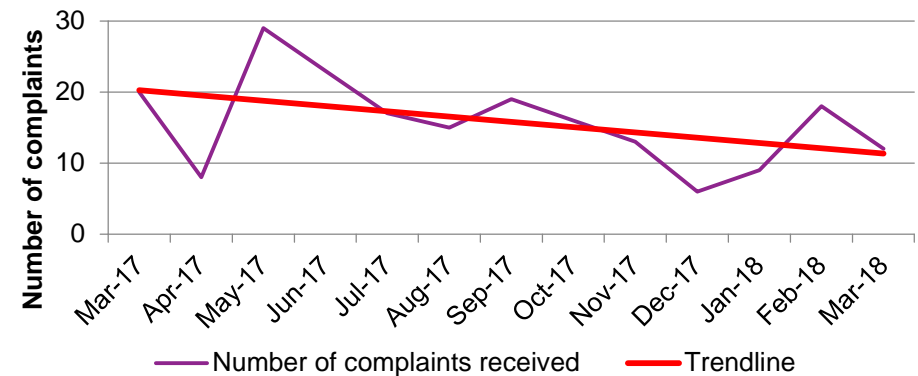
Reopened Complaints

2 complaints were re-opened in Q4, 1 for the Surgical Division and 1 for Medicine. This is a significant decrease from the previous quarter. Both had further questions.

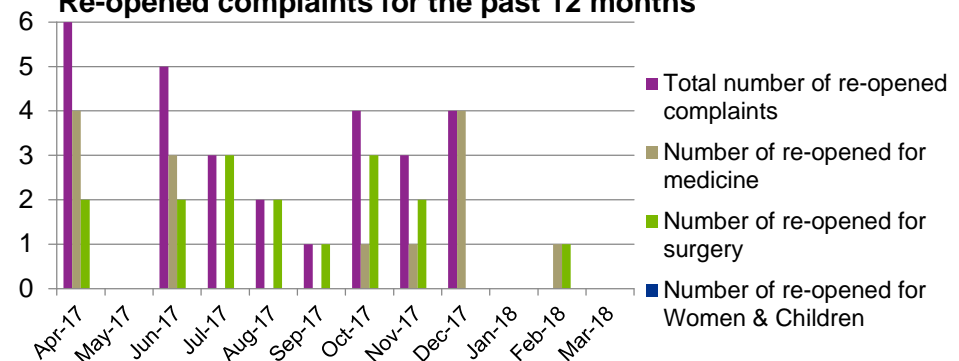
Investigations by the Parliamentary and Health Service Ombudsman (PHSO)

No cases were referred to the PHSO in Q4. Two cases are currently being investigated. No cases were closed in Q4.

Total number of complaints received



Re-opened complaints for the past 12 months



Quarter 4: Complaints by subject

Complaints by subject

The tables below show the main areas of concern highlighted in the formal complaints received this quarter. There is also a detailed breakdown of clinical care and concerns. A complaint may include a number of areas of concern.

Complaints – areas of concern	Total
Clinical Care & Concerns	30
Communication & Information	11
Appointments	4
Bereavement Services	1
Staff Attitude & Behaviour	1
Discrimination & Safeguarding	2
Premises/Environment/Parking	1

Clinical Care Sub-subjects	Total
General enquiry – clinical care	7
Concerns regarding medical care	9
End of life concerns	1
Inappropriate care & treatment	5
Treatment didn't have expected outcome	3
Lack of pain management	1
Medication error/timing/availability	2
Wrong diagnosis	1
Test results lost or mislaid	1
Total	30

Quarter 4 Complaints by Ward

The table below shows the themes of complaints by ward area. One complaint may include a number of areas of concern.

Ward Area	Primary Subject	
Robin Smith Ward	Clinical Care & Concerns	1
Surgical Admissions Unit	Clinical Care & Concerns	2
Surgical Short Stay	Staff Attitude & Behaviour (1) Communication & Information (3) Clinical Care & Concerns (1) Treatment Didn't Have Expected Outcome (1)	6
Charlotte Ward	Clinical Care & Concerns	1
Pierce Ward	Clinical Care & Concerns	1
Haygarth Ward	Clinical Care & Concerns (2) Communication & Information (1)	3
William Budd Ward	Clinical Care & Concerns	1
Medical Admissions Unit	Communication & Information	1
Childrens Ward	Discrimination & Safeguarding	2
Mary Ward	Communication & Information	1
Cardiac Ward	Communication & Information	1
Total		20

Quarter 4: Inappropriate Care and Treatment & Response times for complaints

Clinical Care and concerns – further analysis

28 of the complaints received in Q4 relate to clinical care. Further analysis of some of these identified the following concerns:

1. Patient had catheter inserted which was painful and distressing.
2. Patient concerned as taken off Warfarin too soon.
3. Possible misdiagnosis regarding a knee fracture.
4. Delay in patient being diagnosed following scan results
5. Patient waiting in the Emergency Department corridor and concerned that the delay in treatment may have had an impact on the outcome.
6. Patient had an operation for blocked tear ducts and has concerns about their vision.
7. Missed diagnosis following chest x-ray.
8. Patient with Crohn's Disease requested a pain plan which didn't happen.

All complaints are discussed at specialty governance meetings and actions and learning from complaints is included in this report.

Response times for complaints

	Medicine	Surgery	Women & Children	Total
Closed within 35 days	14 (82%)	12 (60%)	0 (0%)	26 (68%)
Breached 35 days	3 (18%)	8 (40%)	1 (100%)	12 (32%)
Total	17	20	1	38

The 35 working day response rate for complaints in Q4 has shown a slight decrease from 72% in Q3 to 68% this quarter. Those responses that exceeded the 35 day target were complex and required input from a number of clinical staff. In addition, where meetings had to be arranged, it was not always possible to meet within the 35 working days. The reasons for the breaches are included in the monthly Quality report.

The focus of the clinical teams is to ensure that the complaint response answers all the concerns raised. One important metric for this is the continuing reduction in the number of complaints being referred and upheld by the PHSO. In the last 2 quarters, no cases were referred to the PHSO for investigation. There were also only 2 re-opened complaints this quarter compared to 10 in Q3.

Quarter 4: Learning and service improvement from complaints

Issue	Division	Lessons learned
Patient attended an antenatal clinic at Chippenham Birthing Centre and is unhappy with the way she was treated by a Midwife.	Women's & Children	Shared with individual midwife who has been given additional training to support improving her communication skills when speaking with patients and their families.
Patient underwent a hysterectomy and there was a misunderstanding about the procedure to be undertaken and the patient's previous medical history.	Women's & Children	Patient met with consultant and an apology was given to her. Consent to surgery is obtained on the day of the procedure and have been advised about the information to be provided regarding this particular procedure.
Delay in scan results being communicated to the patient	Medicine	A new results system has been implemented in the Trust so that following a CT scan a report with the results of the scan is sent electronically to the requesting consultant clinician.
Patient's discharge delayed and poor communication	Medicine	Ensure that patients who are waiting for medication prior to discharge are informed that there could be a long wait and ensure they are kept updated as to when the medication will be ready.
Patient not given a discharge summary or post-operative information.	Surgery	Senior Sister has reminded staff to give patients information on discharge.
Standard of cleanliness on Robin Smith ward and poor state of showers and toilets.	Surgery	Cleaning team vacant post filled. Small works completed on bathrooms/toilets included replacement of worn taps; renew silicone around showers and sinks; replaced pull cords with 'bio' pull cords (easy clean). Area reviewed by senior nursing team and cleaning manager.