

Report to:	Trust Board (Public)	Agenda item:	SFT 4086	
Date of Meeting:	2 <sup>nd</sup> August 2018			
Report Title:	Customer Care Report Q4 2017-18			
Status:	Information	Discussion	Assurance	Approval
	X		X	
Prepared by:	Hazel Hardyman, Head of Customer Care			
Executive Sponsor (presenting):	Lorna Wilkinson, Deputy Director of Nursing			
Appendices (list if applicable):	N/A			
Recommendation:				
The Board is asked to note this report. It brings together the themes from patient experience feedback and where improvements can be made.				
Executive Summary:				
<p>This report brings together the themes from patient experience feedback e.g. comments, concerns, complaints, compliments, Friends and Family Test (FFT), real time feedback and NHS Choices. It also provides an overview of Patient and Public Involvement (PPI) activity and outcomes across the Trust to improve our services for patients.</p> <ul style="list-style-type: none"><li>60 complaints were received in Q4 compared to 62 complaints in Q3 and 65 complaints for the same period in the previous year.</li><li>Highest reported categories remain unchanged as clinical treatment, communication and staff attitude.</li><li>There were no requests for independent review by the Parliamentary and Health Service Ombudsman and none were reported on.</li><li>A total of 242 inpatients were surveyed in the quarter. They made 166 positive comments and shared 112 comments where service could be improved.</li><li>The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern.</li><li>PPI activity - 4 new projects, 4 completed projects and the results from 2 national patient surveys.</li><li>NHS Choices received 17 comments in Q4 with 13 positive, 2 negative and 2 mixed; relating to 9 different areas.</li></ul> <p>This report provides assurance that the Trust is responding and acting appropriately to patient feedback.</p>				

<b>Board Assurance Framework – Strategic Priorities</b>	
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<b>X</b>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<b>X</b>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<b>X</b>

# Customer Care Report - Quarter 4

## 1<sup>st</sup> January – 31<sup>st</sup> March 2018

### 1 PURPOSE OF PAPER

To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrates that learning and actions are taken to improve services in response to complaints and patient feedback. To provide assurance of the Trust's activity to promote patient and public involvement in service codesign and improvement.

### 2 BACKGROUND

This quarterly report brings together the themes from patient experience feedback e.g. comments, concerns, complaints, compliments, Friends and Family Test (FFT), real time feedback and NHS Choices. It also provides an overview of Patient and Public Involvement (PPI) activity and outcomes across the Trust to improve our services for patients.

### 3 COMPLAINTS

3.1 The main issues from complaints are:

- Clinical treatment (24), 1 more than Q3 (23) - specialties in line with the K041 codes were Surgery 10, Medicine 7, Emergency 3, Paediatric 2 and 1 each for Oncology and Radiology.
- Communication (10) 4 less than Q3 (14) – sub-themes were 3 each wrong information and lack of communication, 2 insensitive communication and 1 each for information not given and data protection. There was not a link to a particular area.
- Staff attitude (6), 1 less than Q3 – 4 related to medical staff, and 2 to nursing staff across 6 different areas.

The main issues from concerns were clinical treatment (27) with no particular theme, appointments (24), attitude of staff (18) and communication (14). The main area for concerns and complaints about appointments were the Central Booking Department (6) and Children's Services (6). There were no particular themes or specialties around staff attitude. 1 concern was received about a cancelled operation and there were no concerns raised about ward moves due to capacity issues.

60 complaints were received in Q4 compared to 62 complaints in Q3 and 65 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has increased from 474 in Q4 last year to 528 in Q4 this year. A breakdown of numbers and themes from complaints according to Datix is below:

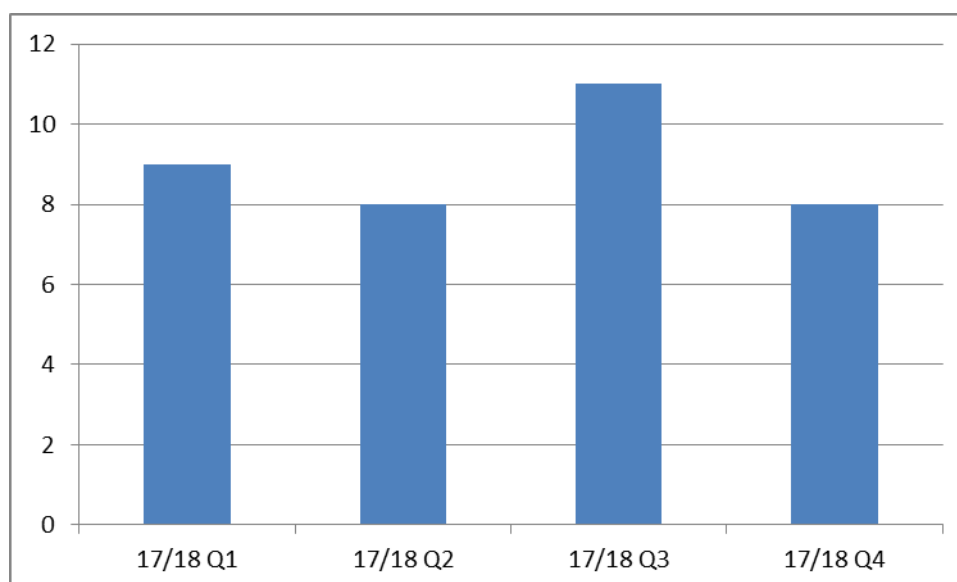
	CS&FS	CORP	FAC	MED	MSK	SURG	Q4 2017- 18	Q4 2016- 17
<b>Admission</b>	0	0	0	0	0	0	0	3
<b>Appointments</b>	1	0	0	0	2	1	4	12
<b>Attitude of staff</b>	1	0	0	1	1	4	7	10
<b>Clinical Treatment</b>	4	0	0	11	7	2	24	23
<b>Communication</b>	2	0	0	4	1	2	9	5
<b>Confidentiality</b>	0	2	0	0	0	0	2	1
<b>Delay</b>	1	0	0	2	1	0	4	3
<b>Discharge</b>	0	0	0	3	0	1	4	2
<b>End of life care</b>	0	0	0	2	0	0	2	0
<b>Equipment</b>	0	0	0	0	0	0	0	2
<b>Facilities on site</b>	0	0	0	0	0	1	1	0
<b>Information</b>	0	1	0	0	0	0	1	0

<b>Medical Records</b>	0	0	0	0	0	0	0	1
<b>Nursing Care</b>	0	0	0	0	0	1	1	0
<b>Operation</b>	0	0	0	0	0	0	0	2
<b>Property</b>	0	0	0	0	0	0	0	1
<b>Transport</b>	0	0	1	0	0	0	1	0
<b>Totals:</b>	9	3	1	23	12	12	60	65
<b>Patient Activity</b>	9,062	0	0	30,537	13,307	10720		

In Q4 the Trust treated 16,539 people as inpatients, day cases and regular day attendees. Another 16,286 were seen in the Emergency Department (includes Walk-in Clinic) and 30,801 as outpatients. 60 complaints were received overall which is 0.1% of the number of patients treated. There were no complaints about mental health issues this quarter. 457 compliments were received across the Trust in Q4, which represents 0.7% of the number of patients treated. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named.

### 3.2 Timeliness of response

100% of complaints were acknowledged within three working days. 8 complaints (4 Medicine, 2 Musculo-Skeletal and 1 each for Corporate Development and Facilities) were re-opened in Q4. The following graph shows the trend for re-opened complaints over the last four quarters.



The overall number of enquiries, comments, concerns and complaints responses falling into the 25+ working days has decreased from 13% in Q3 to 12% in Q4:

<b>0-10 working days</b>		<b>11-24 working days</b>		<b>25+ working days</b>	
495	84%	24	4%	69	12%

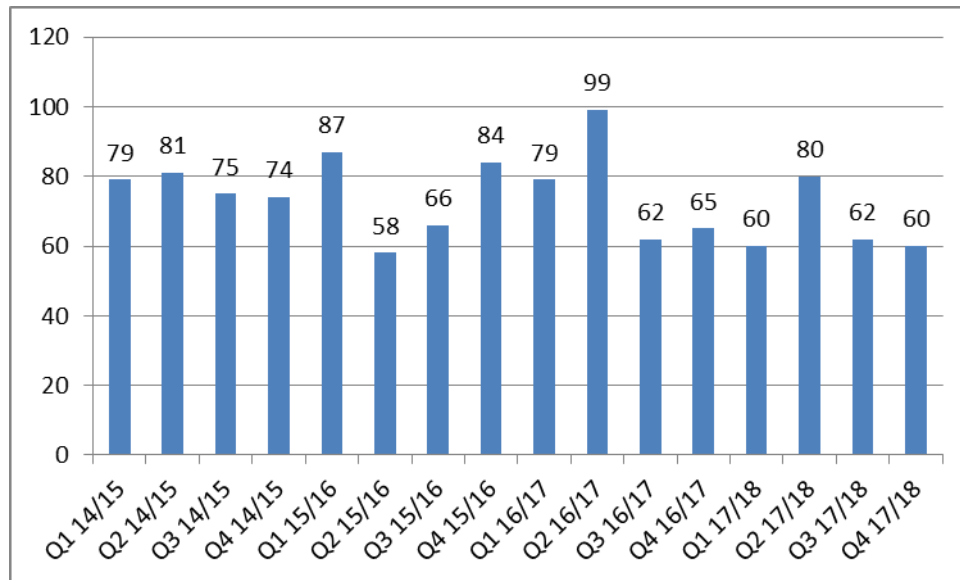
Response timescales for just complaints beyond 25 working days is unacceptably high, with a further increase of 16% on Q3 and will be the focus for the Trust:

<b>0-10 working days</b>		<b>11-24 working days</b>		<b>25+ working days</b>	
5	8%	9	15%	46	77%

Reasons for some complaints taking more than 25 working days to respond to is: arranging meetings; key members of staff on leave; and awaiting letter sign off. Complainants are kept informed.

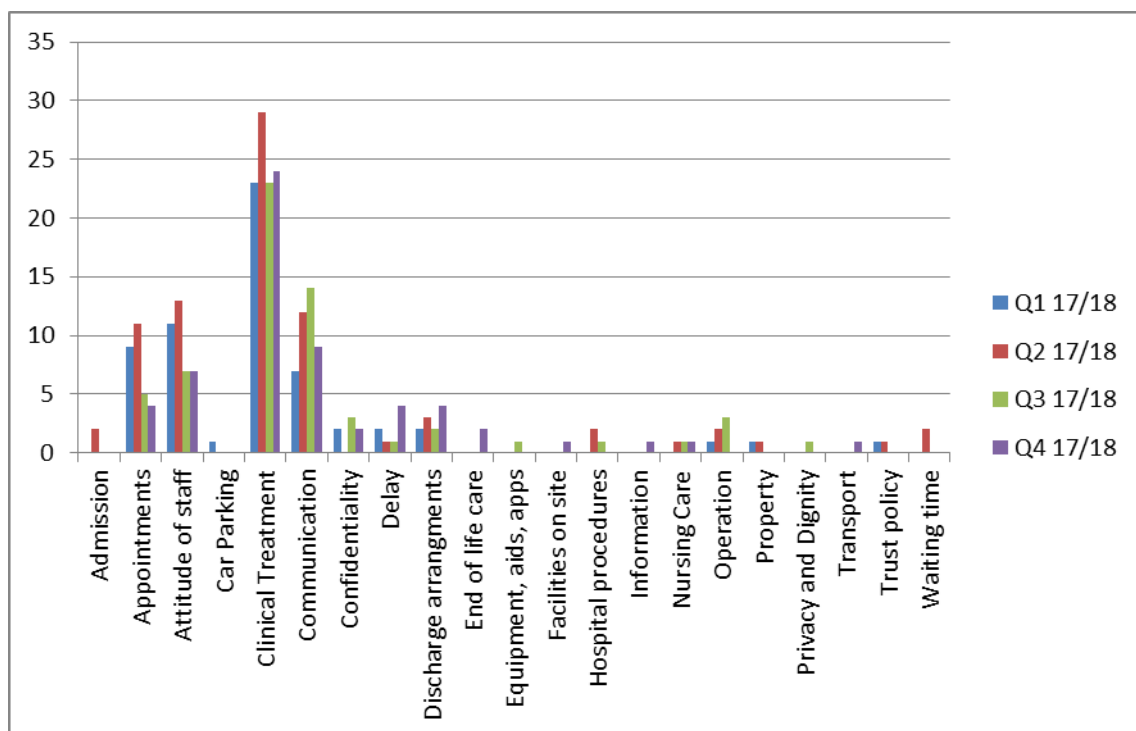
### 3.3 Complaints by quarter

The following graph shows the trend in complaints received by quarter. There has been a very slight decrease in complaints in Q4 compared to Q3. The specialty areas with the most complaints are Orthopaedics (7) and the Emergency Department (7) with 8 related to clinical treatment, these are both high risk specialties.



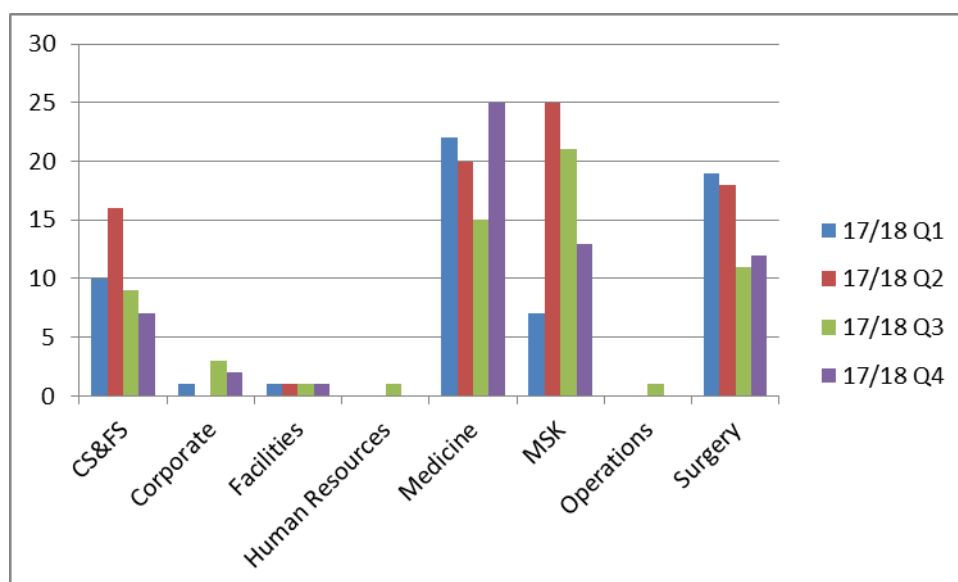
### 3.4 Complaints by Subject

The following graph shows the trend in complaints by subject over the last four quarters. Complaints have decreased from the previous quarter by 2.



### 3.5 Complaints by directorate

The following graph shows the number of complaints by directorate over the last four quarters. CS&FS and MSK have each seen a decrease in complaints from Q3, whilst Medicine and Surgery have seen an increase.



### 3.6 Clinical Support and Family Services Directorate

	Quarter 4 2016-17	Quarter 3 2017-18	Quarter 4 2017-18
<b>Complaints</b>	13	9	9
<b>Concerns</b>	21	10	35
<b>Compliments</b>	94	36	173
<b>Re-opened complaints</b>	1	0	0
<b>% complaints responded to within 25 working days</b>	31%	33%	55%

- Complaints have remained the same as Q3 with 9 in total.
- The Gynaecology Department received the highest number of complaints (4) all relating to insensitive communication but there was no specific theme or person.
- No complaints were re-opened and one meeting took place.
- There has been an increase of 25 concerns compared to Q3. Children's Services received (11), Bowel Screening (9), and Maternity (7). 6 of the Children's Services concerns related to appointments where the clinic had been cancelled but there was no communication to the patient/carer; Bowel Screening - 3 related to the taste of the laxative; and 3 of the Maternity concerns related to communication.
- Response compliance within the 25 working day timescale has increased from Q3. Reasons responses were not completed within 25 working days, were due to awaiting statements from relevant staff and awaiting signature of the final letter.
- Total activity within the directorate was 9,062 and of this number 0.09% raised a complaint.
- Customer Care is awaiting 10 action plans outstanding from closed complaints since 1<sup>st</sup> April 2017 for this directorate. Action plans should be returned to Customer Care with the draft response letter. The Complaint Co-ordinators provide the directorates with weekly reports of any overdue concerns, complaints and outstanding action plans. The directorate are working through the backlog. This will continue to be followed up by the Customer Care Team and discussed at the Executive Performance Review.

#### Themes and actions

Department/Ward	Topic	Actions
Obstetrics	Management and inconsistent interpretation of the 'Bruising in a non-mobile child policy'. Lack of midwifery support in the second	<ul style="list-style-type: none"> <li>Plan to review this policy to incorporate a greater degree of professional judgement.</li> <li>Self- reflection by staff involved.</li> </ul>

	stage of labour.	
Gynaecology	Delay in receiving appointments Communication errors  Attitude of staff.	<ul style="list-style-type: none"> <li>Expedited appointment</li> <li>Surgery to look at booking form and see about getting an alert set up when patients are not to be cancelled</li> <li>Self-reflection by staff members</li> </ul>
Paediatric Outpatients	Appointments	<ul style="list-style-type: none"> <li>DSN liaised with secretary who was responsible for cancelling and re booking patient. Secretary contacted parents to discuss.</li> </ul>

### Compliments

In total 173 compliments have been received across the directorate with the breakdown as: Maternity = 56, Speech Therapy = 39, Child Health = 27, Screening = 15, NICU = 13, Endoscopy = 7, Radiology = 6, Clinical Psychology = 4, All clinical areas and Histopathology = 2 each, Genetics and Gynaecology OP = 1 each.

### 3.7 Medicine Directorate

	Quarter 4 2016-17	Quarter 3 2017-18	Quarter 4 2017-18
<b>Complaints</b>	15	15	23
<b>Concerns</b>	28	19	27
<b>Compliments</b>	112	102	82
<b>Re-opened complaints</b>	7	4	4
<b>% complaints responded to within 25 working days</b>	40%	40%	17%

- Complaints have increased by 8 from Q3, with 13 received in January.
- The Emergency Department received the most complaints with 7; sub-themes were clinical treatment (3), communication (2), and discharge arrangements (2).
- 4 complaints were re-opened this quarter with 2 for the Emergency Department due to complainants not being satisfied with the response. The other 2 related to Redlynch and Pembroke wards where the complainant requested further clarification.
- 6 meetings were held this quarter relating to end of life care.
- Concerns have increased by 8 from Q3 with staff attitude (8) being the highest theme across 6 different areas.
- Response compliance has decreased from Q3 with some delays due to not getting responses from investigating managers and awaiting signature of the final letter.
- Total activity within the directorate was 30,537 and of this number 0.08% raised a complaint.
- Customer Care is waiting for 7 action plans outstanding from closed complaints since 1<sup>st</sup> April 2017 for this directorate. Action plans should be returned to Customer Care with the draft response letter. The Complaint Co-ordinators provide the directorates with weekly reports of any overdue concerns, complaints and outstanding action plans. The directorate are working through the backlog. This will continue to be followed up by the Customer Care Team and discussed at the Executive Performance Review.

### Themes and actions

Department/Ward	Topic	Actions
Emergency Department	Discharge procedures, inappropriate clinical treatment and lack of communication	<ul style="list-style-type: none"> <li>Commenced using EDS on SSEU.</li> <li>Working to get all discharge letters electronically messaged to GPs and to have them stored in E-case notes.</li> <li>Individuals with feedback about communication have been managed individually.</li> <li>Specific issues discussed in seniors and sisters and other staff meetings.</li> </ul>

Several wards	End of life care Lack of communication and unsatisfactory care and treatment	<ul style="list-style-type: none"> <li>Meetings being held with each family and appropriate staff in attendance to discuss the issues. End of Life team were involved with most with visits to the ward.</li> </ul>
Several wards	Discharge arrangements	<ul style="list-style-type: none"> <li>Themes discussed at the directorate's senior nurses meeting on 25.04.18. Use of discharge checklist has been made more visible on wards and better communication re discharge has been shared with ward staff and junior doctors.</li> </ul>

### Compliments

In total 82 compliments have been received across the directorate with the breakdown as: Emergency Department = 28, Redlynch ward = 14, AMU = 9, Durrington = 9, Cardiology = 8, Laverstock = 5, Whiteparish = 2, Winterslow Annex, Tisbury Ward, Respiratory, Hospice, Gastroenterology, Farley Ward and all medical wards = 1 each.

### 3.8 Musculo-Skeletal Directorate

	Quarter 4 2016-17	Quarter 3 2017-18	Quarter 4 2017-18
<b>Complaints</b>	24	21	12
<b>Concerns</b>	27	13	13
<b>Compliments</b>	60	52	139
<b>Re-opened complaints</b>	7	4	4
<b>% Complaints responded to within 25 working days</b>	50%	29%	33%

- Complaints have decreased by 9 from Q3, which is half of that received in Q4 2016-17.
- Concerns have remained the same as Q3, but are significantly less than Q4 2016-17.
- The total activity in the Directorate was 13,307 and of this number 0.09% raised a complaint
- There have been 4 re-opened complaints; 3 have been resolved and 1 is still ongoing.
- The highest number of complaints were for Orthopaedics (7) - Orthopaedic Outpatients (3), Orthopaedic Surgery (3) and Amesbury Suite (1). Plastics Surgery had 4 complaints. The main themes for complaints were clinical treatment (7) and delays in the appointment system (2).
- The highest number of concerns were for the Orthopaedics (8), Spinal Unit (2) and Oral Surgery (2). The main themes for concerns were the appointment system (3) and delay in receiving appointments (2).
- There have been 4 complaint/concern meetings held in this quarter.
- The MSK directorate has no action plans outstanding from closed complaints since 1<sup>st</sup> April 2017.

### General actions

- Good results from directorate team resolving issues on their rota days.

### Themes and actions

Department/Ward	Topic	Actions
Orthopaedic and Plastic Surgery	Clinical treatment	<ul style="list-style-type: none"> <li>No themes of treatment or individual clinician, so actions relating to complaint taken to resolve issues. Head of Litigation is working with clinical teams to reduce claims.</li> </ul>
Orthopaedics, Plastics, Spinal Unit and Oral Surgery	Concerns relating to appointments	<ul style="list-style-type: none"> <li>Continue to review longwaiters.</li> <li>Increase capacity in specialities through additional sessions.</li> <li>Informatics support to provide accurate waiting list information by speciality.</li> <li>Active waiting list validation by specialty to reduce waiting list times.</li> </ul>

		<ul style="list-style-type: none"> <li>Targeted meetings with Central Booking to better understand, and mitigate against complaint/concern scenarios.</li> </ul>
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### Compliments

In total 140 compliments have been received across the Directorate with the breakdown as: Orthopaedics = 61, Burns unit = 30, Dermatology = 19, Rehabilitation = 15, Plastics = 7, Spinal = 4, Oral & Maxillofacial = 2 and Rheumatology = 2.

### 3.10 Surgical Directorate

	Quarter 4 2016-17	Quarter 3 2017-18	Quarter 4 2017-18
<b>Complaints</b>	12	11	12
<b>Concerns</b>	35	27	25
<b>Compliments</b>	77	52	49
<b>Re-opened complaints</b>	4	4	0
<b>% complaints responded to within 25 working days</b>	66%	36%	25%

- A slight increase in complaints this quarter.
- Total inpatient and outpatient activity within the Directorate was 10,720 and of this number 0.11% raised a complaint.
- There have been no re-opened complaints or concerns in Q4.
- There were no complaint or concern meetings.
- The highest number of complaints were for Ophthalmology (4) and Urology (3).
- The main themes for complaints were attitude of staff (medical), with 3 complaints about the same staff member which is being managed by the Clinical Director and Medical Director; and clinical treatment.
- There were 25 concerns received for this quarter which is a slight decrease on Q3.
- The highest number of concerns were for the Central Booking Department (8) with the main theme about cancellation of appointments and appointment procedures; and General Surgery (7) with no theme.
- Customer Care is waiting for 17 actions plans outstanding from closed complaints since 1<sup>st</sup> April 2017 for this directorate. Action plans should be returned to Customer Care with the draft response letter. The Complaint Co-ordinators provide the directorates with weekly reports of any overdue concerns, complaints and outstanding action plans. The directorate are working through the backlog. This will continue to be followed up by the Customer Care Team and discussed at the Executive Performance Review.

### Themes and actions

Department/Ward	Topic	Actions
Central Booking	Appointment cancellations	<ul style="list-style-type: none"> <li>Review of clinic cancellation process and management of letters.</li> </ul>
	Use of ERS for appointment booking	<ul style="list-style-type: none"> <li>Review of processes, system bedding in. Visit to referral management system undertaken to smooth processes.</li> </ul>

### Compliments

In total 49 compliments have been received across the Directorate with the breakdown as: Britford Ward = 12, Urology = 8, Ophthalmology = 5, General Surgery = 5, Downton Ward = 4, DSU = 4, Radnor Ward = 3, Breast Service = 2, Anaesthetics, Central Booking, Clarendon Suite, POAU, SAL and SSSW = 1 each.

## 3 TRUSTWIDE FEEDBACK – INCLUDING REAL TIME FEEDBACK AND THE FRIENDS AND FAMILY TEST

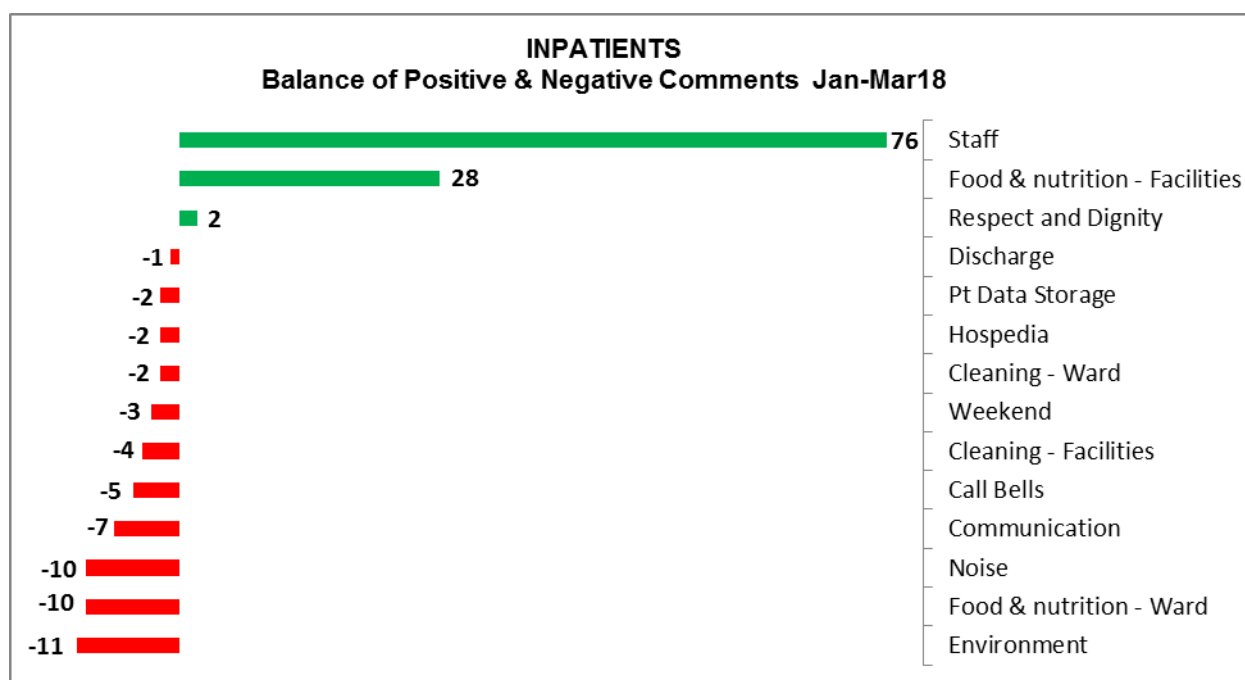
The top areas for improvement from inpatient real time feedback, the Friends and Family Test and complaints are:



Feedback area	Theme	Actions
<b>Complaints</b>	Clinical Treatment	<ul style="list-style-type: none"> <li>No themes, teams are taking specific actions to resolve issues. Head of Litigation is working with clinical teams to reduce claims.</li> <li>Individuals with challenging communication have been managed individually.</li> <li>Self-reflection by staff members.</li> </ul>
	Communication	
	Staff Attitude	
<b>Inpatient, Maternity, Paediatrics and Spinal RTF</b>	Environment Food and nutrition on the ward (this is also one of the highest areas reported positively) Noise	<ul style="list-style-type: none"> <li>Wards review progress on their action plans and 'You Said – We Did' information should be displayed on the ward boards.</li> </ul>
<b>FFT</b>	Numbers too low	<ul style="list-style-type: none"> <li>Wards reviewed progress on their action plans.</li> </ul>

#### 4 INPATIENT REAL TIME FEEDBACK

A total of 242 inpatients were surveyed in the quarter. They made 166 positive comments and 112 where improvements could be made. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern were environment, food and nutrition on the ward and noise.

##### Environment

A total of 3 positive and 14 negative comments were received regarding the environment. The negative comments have been categorised as set out in the table below.

REASON	WARD
Bathrooms/showers (9)	Tisbury (4)
	Day Surgery IP (2)
	Breamore (1)
	Britford (1)
	Downton (1)

REASON	WARD
Lighting (2)	AMU (1)
	Day Surgery IP (1)
Bed space (1)	Britford (1)
Entertainment (1)	Tisbury (1)
Isolation (1)	Winterslow (1)

\*Day Surgery IP was not opened for most of the last 2 months in Q4.

### Food and nutrition on the ward

A total of 2 positive and 12 negative comments were received regarding the environment. The negative comments have been categorised as set out in the table below.

REASON	WARD
Temperature (8)	Amesbury (2)
	Redlynch (2)
	Tisbury (2)
	Britford (1)
	Whiteparish (1)

REASON	WARD
Help with menu (2)	Amesbury (1)
	Whiteparish (1)
Lack of snacks & drinks (2)	Pitton (2)

### Noise

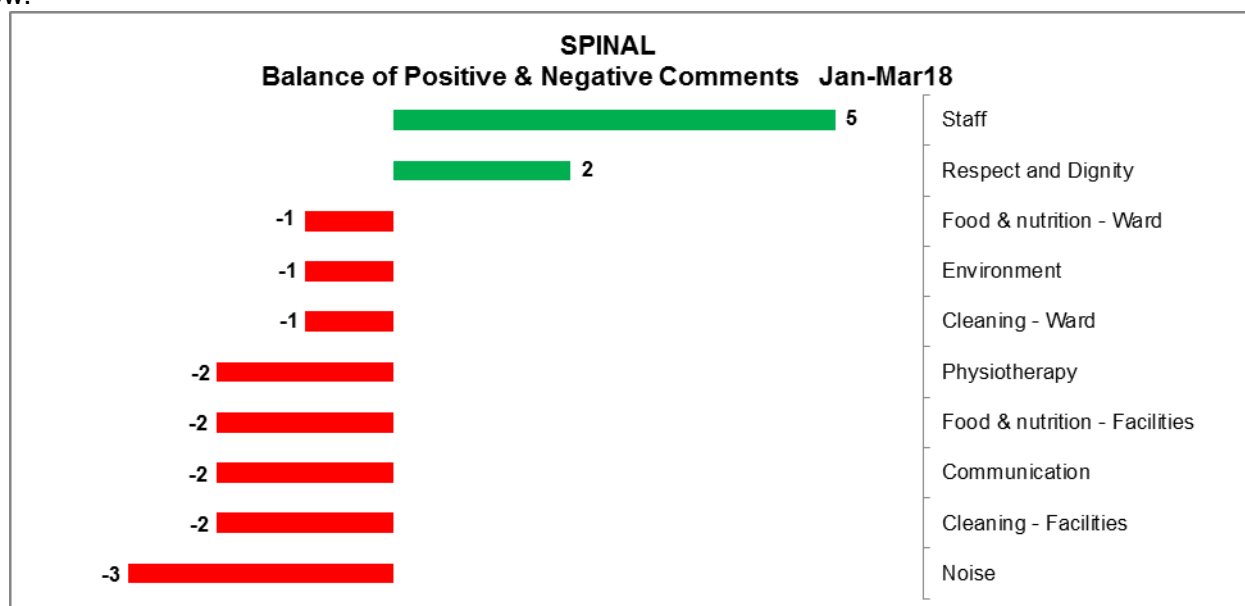
A total of 1 positive and 11 negative comments were received regarding noise. The negative comments have been categorised as set out in the table below.

REASON	WARD
Night staff (4)	Plastics & Burns (1)
	Tisbury (1)
	Whiteparish (1)
	Winterslow (1)
Night-time general (2)	Breamore (1)
	Durrington (1)

REASON	WARD
Outside environment (2)	Redlynch (2)
General (1)	Whiteparish (1)
Patient at night (1)	Durrington (1)
Staff (1)	Plastics & Burns (1)

### Spinal

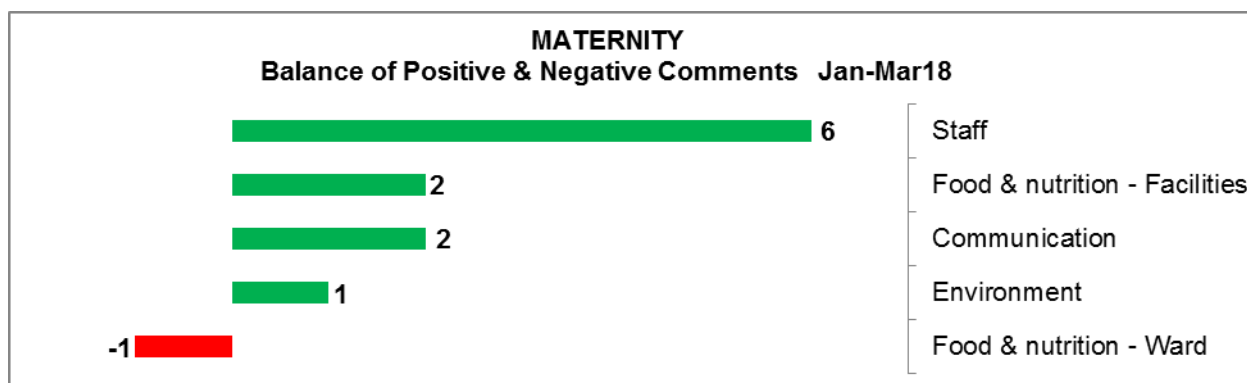
A total of 28 patients were surveyed in the quarter. They made 14 positive and 17 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main area of concern was noise: trolleys and doors have been serviced; and quieter bins have been put in place.

### Maternity

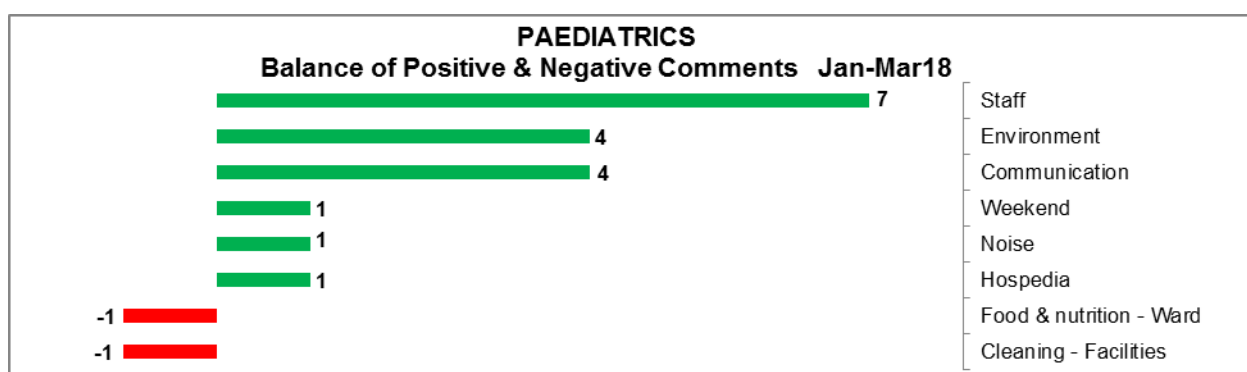
A total of 11 new mothers were surveyed in the quarter. They made 10 positive and 1 negative comment. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The negative comment related to the unavailability of snacks at night. Snacks and hot drinks are offered during the night on a case-by-case basis which is assessed at the time. For example, a new mother who was awake would be offered a hot drink; a new mother back from a caesarean section would be offered toast.

### Paediatrics

A total of 24 adults or carers and 14 children were surveyed during the period. They made 19 positive and 3 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below.



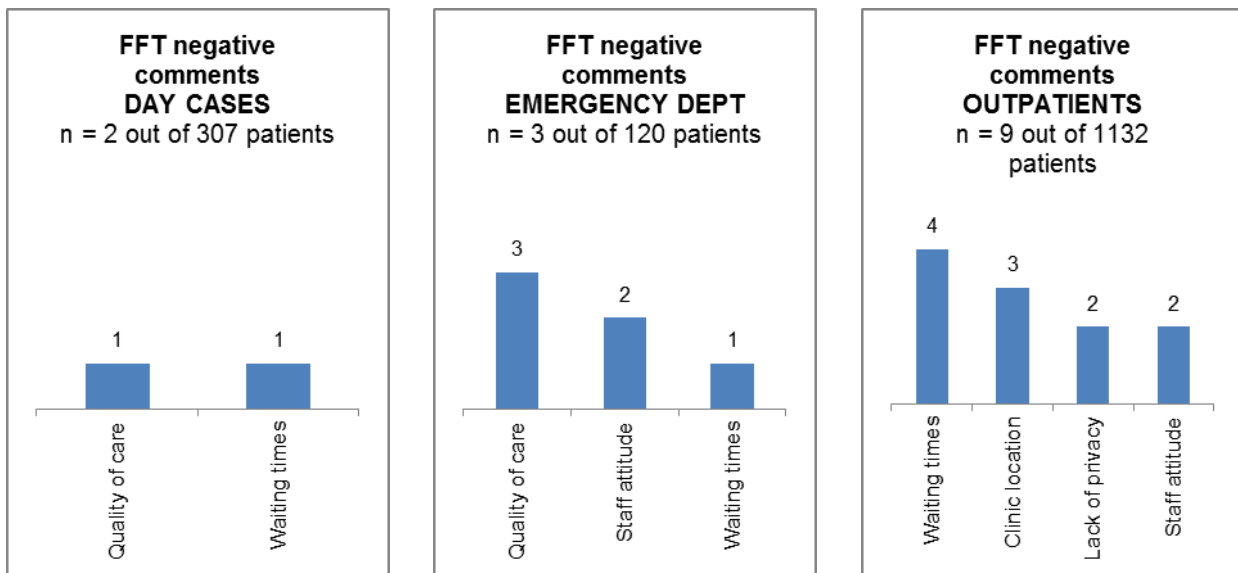
## 5 FRIENDS AND FAMILY TEST

Responses for the period were as follows:

	Total Responses Received	Rating				
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely
Day Case	307	297 (97%)	6 (2%)	3 (1%)	1 (0%)	0
Emergency Dept	120	114 (95%)	2 (2%)	1 (1%)	0	3 (2%)
Inpatients	644	601 (93%)	28 (4%)	15 (3%)	0	0
Maternity	50	47 (94%)	3 (6%)	0	0	0
Outpatients	1132	1048 (93%)	47 (4%)	32 (3%)	3 (0%)	2 (0%)

\* Shortfall between combined totals in rating columns and overall totals above equates to those who responded "don't know".

Comments made by those patients who stated they would be unlikely or extremely unlikely to recommend the hospital have been categorised as set out in the graphs below.



The numbers are too low to identify any main areas of concern.

### Action taken on areas of concern

Wards, the Emergency Department and Maternity, have action plans in place to address the main areas of concern in their location.

## 6 PATIENT AND PUBLIC INVOLVEMENT (PPI)

There has been 4 new projects, 4 completed projects and the results from 2 national patient surveys.

### Clinical Support and Family Services

#### New projects

1. The Therapy Team has received funding from the Royal College of Occupational Therapies to undertake a project – Living, not existing: Social groups for older people. Working in collaboration with Salisbury Medical Practice and Age UK will improve the partnership working for SDH, GP surgeries and third sector organisations. It is hoped that the project will also improve the patient journey from hospital admission and transition back into the community. If the project proves to be effective, a longer term aim may be to develop a loneliness pathway, in which SDH can offer patients the opportunity to be referred to social groups run in the community and thus promote older people's independence, well-being, occupational participation; thus reducing the negative effects of loneliness.
2. A second project from the Therapy Team will link to the national campaign #End PJ Paralysis. Lots of work has already been undertaken in the Trust and now the team want to raise further awareness to engage other staff groups. The Team will also look at ways of engaging the public. Research shows that patients who stay in their pyjamas or gowns longer than they need are likely to lose mobility, fitness and muscle strength, making it harder for them to regain independence. They also tend to stay in hospital longer. Getting dressed is something we do every day – but for hospital patients it can mean the difference between going home to live independently or with support.

#### Completed projects

1. The postnatal and antenatal screening service project was completed with 34 women attending for routine scans in pregnancy completing the questionnaire:
  - 72% had received and read a copy of 'Screening tests for you and your baby', 1 had not received it and the remainder could not remember.
  - 2 women did not read the booklet, and 1 woman did not discuss screening with staff, but all stated they were able to make an informed decision.
  - Fully understanding the different screening offered varied from 77% for SCT up to 94% for combined screening for Downs/Patau/Edwards
  - Almost all of the women felt prepared for the outcome of any screening accepted; one felt as prepared as possible; one woman did not feel prepared.
  - 5 women declined first trimester screening, of these 2 also declined ID/SCT.

- All of those who needed to ask questions felt they were able to do this, and felt satisfied with the answers given.
  - 76% of the women felt the results were given to them in a way which they understood. Some of the women completing the questionnaire may have been at too early a gestation to have received results, so this may be reflected in this percentage.
  - Their experiences of undergoing antenatal screening was very positive, with the majority scoring excellent, and the remainder good.
2. The Early Supported Discharge for hip fractures – enhancing discharge planning by the therapists' project was completed. In terms of patient opinion on what was important about their discharge, they rated the following as extremely important:
- having a telephone number to call for questions or problems;
  - having opportunities to ask questions about discharge plans; and
  - having worries or concerns about discharge listened to and understood.

Further information is available in the Healthwatch Wiltshire "Better Care Plan Engagement" report.

## **Medicine**

### **Completed projects**

1. The Older Persons Assessment and Liaison Service (OPAL) customer feedback project was completed with the following outcome:
  - Improved discharge communication including comprehensive geriatric assessment (CGA) and care plans through a collaborative team quality improvement (QI) process including patient involvement.
  - Produced a new Personalised Care Plan (PCP) that has been positively received and is now in use in the practice area.
  - Plan to roll-out the PCP to other areas of the hospital.

## **Musculo-Skeletal Directorate**

### **New projects**

1. The Specialist Nurse Practitioner for Breast Reconstruction has developed a patient satisfaction questionnaire to gather feedback from the new Nipple Tattooing Service.

## **Quality Directorate**

### **New Projects**

1. Two patient stories have been recorded to present to Trust Board in April for Bowel Cancer Awareness month.

## **National Patient Surveys**

1. Children and Young People 2016 - The benchmark results and action plans were presented to the Clinical Governance Committee (Item CGC011814) and Clinical Management Board (Item 16) in January 2018. The results were very positive.

There was one area for action relating to children in day surgery being treated in a mixed adult area. A standard operating procedure regarding the day-to-day management of children on the Day Surgery Unit has been established to ensure as much segregation as possible. Further work will be undertaken on reviewing DSU and elective processes in due course.

The benchmark results are available on the Care Quality Commission's web site at:

<http://www.cqc.org.uk/provider/RNZ/survey/14#undefined>

2. Maternity Survey 2017 - The benchmark results and action plans were presented to the Clinical Governance Committee (Item CGC021811) and Clinical Management Board (Item 27) in February 2018. The results were positive.

There were three areas where the service performed less well than in 2015:

- mothers being offered a choice about where to have their babies (choice of hospitals; midwife-led unit or birth centre; consultant-led unit; home birth);
- midwives providing relevant information during pregnancy about feeding baby;

- mothers being given appropriate advice and support when they contacted a midwife or hospital at the start of labour.

Where possible, these are being addressed through the action plans.

The benchmark results are available on the Care Quality Commission's web site at:

<http://www.cqc.org.uk/provider/RNZ/survey/5>

## **Surgery Directorate**

### **Completed projects**

1. The patient flow in Age –related Macular Degeneration (AMD) Clinics project was completed with the following findings and actions:
  - No department standard on time-keeping: development of time-keeping standard from reception to doctor's desk; and audit of time keeping in AMD clinics later 2018.
  - Clinic layout issues: patient views incorporated while creating layout of the new Eye Clinic.
  - Staff shortage: recruitment of two new healthcare support workers; and the possibility of further recruitment with further expansion.

PPI Projects are shared on the following web page on the Intranet:

<http://intranet/website/staff/quality/customer-care/patient-and-public-involvement/ppi-projects/index.asp>

## **7 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)**

In Q4 there were no new requests for independent review.

The Trust has written a further letter and sent an action plan in response to the previously reported Surgery case that was partly upheld. The actions were: to update the Trust's Falls Risk Assessment in line with NICE Guidance to include an individualised care plan; and to update the SII Report Processes to ensure it is shared with patients and their relatives in a timely manner – both actions are complete.

The previously reported Orthopaedic case was partly upheld and the Trust has to pay the complainant a sum of money to recognise the distress and anxiety experienced. An action plan is being developed to address the potential impact for other patients of the failings identified in the clinical care and treatment provided.

The Trust is still awaiting an outcome on the Children's Services case.

The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at:

<http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts>

## **8 NHS CHOICES WEBSITE**

In Q4 there were 17 comments posted on the NHS Choices website relating to 9 different areas. Of the 13 positive comments, one person said "Two weeks ago I was admitted again with severe abdominal pain due to gall stones and cholecystitis; you operated the same day and saved me from pancreatitis and developing more serious liver complications than had already developed. That's twice you have saved me now. How exactly do you go about thanking someone adequately for that? A few sentences on a website doesn't do it justice, I don't have words for how incredible you all are. Greatest hospital in the world. I'm only here because of you". The Emergency Department received 7 comments with 5 positive and 2 negative, one of which said "I felt judged by details of my case and like I was wasting time, this is not how any individual should be made to feel when they feel as vulnerable as I did in that instance". There were 2 mixed comments with one for Cardiology saying that all the staff was good apart from one member of staff. All the feedback was shared with the departments.

## **9 SUMMARY**

This report brings together the themes from patient experience feedback and where improvements can be made, the directorates are acting accordingly.

## **10 RECOMMENDATIONS**

The Board is asked to note this report.

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