Report to:	**Trust Board (Public)**	**Agenda item:**	**13**
Date of Meeting:	**7 February 2019**		

Report Title:	Patient Experience Report Q2 2018-19			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Prepared by:	Hazel Hardyman, Head of Customer Care			
Executive Sponsor (presenting):	Lorna Wilkinson, Deputy Director of Nursing			
Appendices (list if applicable):				

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:

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.

- 50 complaints were received in Q2 compared to 66 complaints in Q1 and 80 complaints for the same period in the previous year.
- Highest reported categories under the K041 codes are clinical treatment; patient care; and values and behaviours.
- Timeliness of complaint responses has deteriorated – of note the surgical directorate achieved 0% in this quarter. Work is ongoing to improve this in Q3 with regular attendance by the complaint handlers at Directorate Management Committee meetings
- There were no requests for independent review by the Parliamentary and Health Service Ombudsman and the previously reported Children's Services case was reported as not upheld.
- A total of 328 inpatients were surveyed in the quarter. They made 378 positive comments and shared 337 suggestions of areas where services could be improved.
- The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern.
- PPI activity - 9 new projects, 1 completed project and 2 national patient surveys commenced.
- NHS Choices received 7 comments in Q2, 4 were positive and 3 negative.

This report provides assurance that the Trust is responding and acting appropriately to patient feedback.

Board Assurance Framework – Strategic Priorities	
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	**X**
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	**X**

Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	**X**

Customer Care Report - Quarter 2
1st July – 30th September 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 K041 categories are now being used for theming complaints and the main themes are:

- Patient Care (13) – sub-themes were further complications (3), nursing care (2), infection risk (2), unsatisfactory treatment (2), clinical treatment, and 1 each for lack of respite care and pain management.
- Values and behaviours (12) - sub-themes were attitude of nursing staff (5); attitude of administrative (4) and medical staff (3). All complaints relating to medical staff are shared with the Medical Director and the Director of Nursing assesses all complaints.
- Clinical treatment (11) - the sub-themes were Surgical Group (6), Accident and Emergency Group (3) and 1 each for General Medicine and Radiology Groups.

There were 93 concerns in Q2 compared to 69 in Q1. The main issues from concerns were appointments including delays and cancellations (26); clinical treatment (13) across 8 specialties; and values and behaviours (10) over 9 specialties, with no crossover with the specialities involved in complaints.

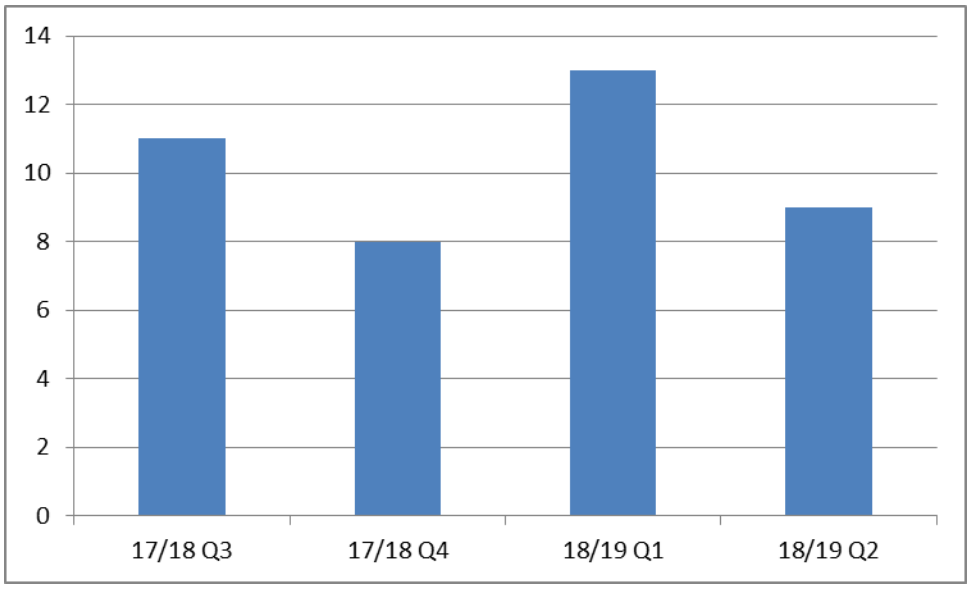
50 complaints were received in Q2 compared to 66 complaints in Q1 and 80 complaints for the same period in the previous year. A breakdown of numbers and themes from complaints according to the K041 subject code is listed below by directorate:

	CLIN	CORP	FAC	HUM	MED	MSK	OPS	SURG	Total
Access to treatment or drugs	0	0	0	0	1	2	0	1	**4**
Admissions/discharge/transfers	0	0	0	0	0	1	0	0	**1**
Appointments including delays and cancellations	2	0	0	0	0	0	0	0	**2**
Communications	1	0	0	0	1	1	0	1	**4**
End of Life Care	0	0	0	0	0	1	0	0	**1**
Patient Care including Nutrition/Hydration	2	0	0	0	4	2	0	4	**12**
Values & Behaviours (Staff)	0	1	1	1	3	1	2	2	**11**
Other	0	1	0	0	0	0	0	0	**1**
Clinical Treatment	2	0	0	0	5	2	0	5	**14**
Totals:	7	2	1	1	14	10	2	13	**50**
Patient Activity	**8375**	**0**	**0**	**0**	**31514**	**14487**	**0**	**9691**	

In Q2 the Trust treated 17,186 people as inpatients, day cases and regular day attendees. Another 17,471 were seen in the Emergency Department (includes Walk-in Clinic) and 29,437 as outpatients. 50 complaints were received overall which is 0.07% of the number of patients treated. There were no complaints about mental health issues this quarter. 313 compliments were received across the Trust in Q2, which represents 0.5% 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. 9 complaints (3 Musculo-Skeletal, 2 CSFS, 2 Medicine and 1 each for Surgery and Facilities) were re-opened in Q2 with the main reasons being dissatisfaction with the response and seeking further clarification. 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 increased from Q1 (12%):

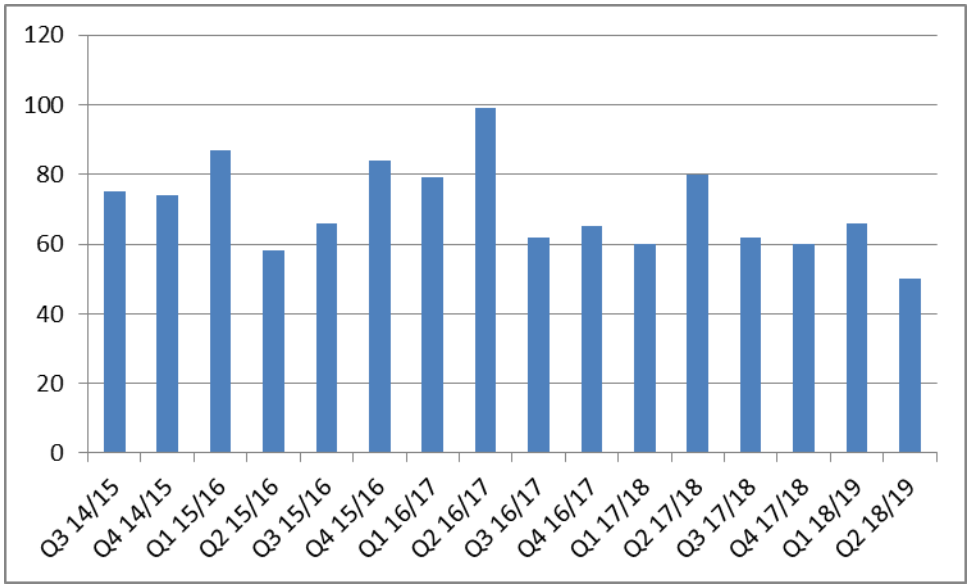
0-10 working days		11-24 working days		25+ working days	
406	81.2%	27	5.4%	67	13.4%

Response timescales for just complaints beyond 25 working days has increased by 19% this quarter compared to Q1 (55%) with fewer complaints received. Complainants are kept informed of delays but further work within the directorates needs to be done to improve response timescales:

0-10 working days		11-24 working days		25+ working days	
4	8%	9	18%	37	74%

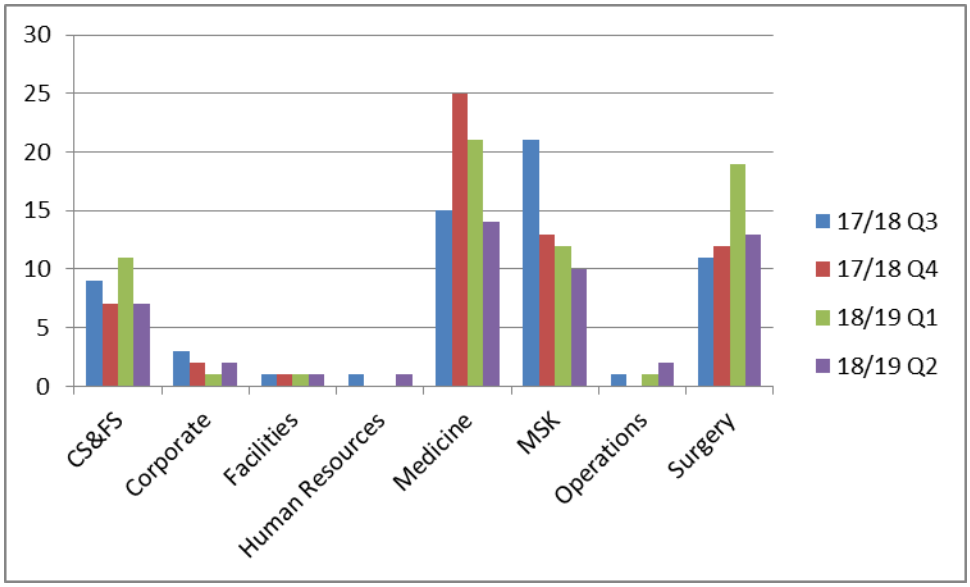
3.3 Complaints by quarter

The following graph shows the trend in complaints received by quarter. There has been a slight decrease in complaints in Q2 compared to Q1 with the overall trend remaining down. The specialty areas with the most complaints are the Emergency Department and Orthopaedics both with (6) and General Surgery (4).



3.4 Complaints by directorate

The following graph shows the number of complaints by directorate over the last four quarters. Each of the clinical directorates has seen a decrease in complaints.



3.5 Clinical Support and Family Services Directorate

	Quarter 2 2017-18	Quarter 1 2018-19	Quarter 2 2018-19
Complaints	16	11	7
Concerns	25	8	21
Compliments	76	89	94
Re-opened complaints	0	3	2
% Complaints responded to within agreed timescale	31%	54%	14%

- Complaints have decreased by 4 from Q1 2018-19 and by 9 from Q1 2017-18.
- There were no themes as each complaint was referred to a different department.
- 2 complaints were re-opened in this quarter due to the complainants wanting further clarification.
- There has been an increase in concerns this quarter; however there were no particular themes and the majority were resolved by the Customer Care Team to prevent them from becoming a formal complaint. The Bowel Screening Service send their concerns and compliments monthly to

Customer Care that are received through their feedback forms, and 5 concerns related to this service.

- Compliance in the responses being done in the 25 working timescale has decreased dramatically. The Maternity Department had 3 complaints in Q2, 1 was responded to within 24 hours of acknowledgement, the other 2 were complex cases and one is being investigated as a clinical review. The investigating manager in the Maternity Department will ensure the complainant is regularly updated. 2 complaints were for Radiology and these are still open due to no further feedback from the investigating manager.
- Total activity within the directorate was 8,375 and of this number 0.08% raised a complaint.
- CSFS has 8 action plans outstanding from closed complaints since 1st April 2018.

Themes and actions

Analysis of concerns and complaints show no themes this quarter, however the Maternity Department has identified from previous complaints that work is needed surrounding the care and management of pre-term labour. They will be incorporating a session on this in next years' mandatory study days.

Compliments

In total 94 compliments have been received across the directorate with the breakdown as: Sarum ward = 35, Spinal X-ray = 25, Endoscopy = 8, Radiology = 6, Bowel Screening = 5, Speech and Language = 4, 2 each for Pathology, Radiology and Labour Ward, and 1 each for Beatrice Ward, Children's Therapy, Fertility, Gynaecology and Pharmacy.

3.6 Medicine Directorate

	Quarter 2 2017-18	Quarter 1 2018-19	Quarter 2 2018-19
Complaints	20	21	14
Concerns	18	17	25
Compliments	112	157	120
Re-opened complaints	5	3	2
% Complaints responded to within agreed timescale	55%	52%	35%

- The number of complaints has decreased by 7 since Q1.
- The Emergency Department received 6 complaints with the following themes: misdiagnosis/discharging patients without scans to later find out they did have a significant problem; and attitude/lack of care from staff.
- 2 complaints were re-opened in Q2 due to the complainants seeking further clarification and requesting a face-to-face meeting.
- 3 meetings were held in Q2.
- The number of concerns has increased by 8 in this quarter with the main theme being staff attitude (nursing 4 and medical 3).
- Response compliance has decreased from Q1 and other quarters and is the lowest decrease of all directorates. The reason for some of the delays were awaiting statements from relevant staff; time taken for sign off by the CEO and meetings being held. 4 of the complaints are still open due to awaiting statements from relevant staff and 3 meetings were held but the delays were due to waiting for staff attendees to approve the minutes.
- Total activity within the directorate was 31,541 and of this number 0.04% raised a complaint.
- Medicine has 9 action plans outstanding from closed complaints since 1st April 2018.

Themes and actions

Department/Ward	Topic	Actions
Emergency Department	Attitude of staff and lack of care Misdiagnosis	• All complaints relating to attitudes and behaviours of staff in ED have been dealt with, with the individuals concerned. • None of these complaints were upheld by the investigating manager.

All areas	Attitude of staff	• Staff attitudes have been raised with the Ward Leads and particular concerns raised with identified staff and managed through the appropriate HR processes. Identified staff are being closely monitored in their areas and supported to ensure behaviours are not repeated.

Compliments
In total 120 compliments have been received across the directorate with the breakdown as: Hospice = 26, Pembroke Ward = 23, Emergency Department = 17, Redlynch Ward = 17, Farley Ward = 12, 6 each for Durrington Ward and Spire Ward, 3 each for Whiteparish Ward, AMU and Cardiology, and 2 each for Tisbury Ward and Gastroenterology.

3.7 Musculo-Skeletal Directorate

	Quarter 2 2017-18	Quarter 1 2018-19	Quarter 2 2018-19
Complaints	25	12	10
Concerns	32	16	27
Compliments	41	42	42
Re-opened complaints	1	3	4
% Complaints responded to within agreed timescale	48%	50%	30%

- The number of complaints has decreased by 2 since Q1.
- The number of concerns has increased from 16 in Q1 to 27 in Q2.
- The total activity in the Directorate was 14,487 and of this number 0.07% raised a complaint.
- There have been 3 re-opened complaints and 1 re-opened concern, with two meetings held to resolve these cases.
- The largest number of complaints received was for Orthopaedics and Plastics with 3 each. The main theme was surgical treatment (2).
- The largest number of concerns received was for Amesbury Suite (5) and Oral Surgery (5), then Orthopaedics (4) and Plastics (4). The main themes were delays in receiving appointments (5), appointment system (3) and appointment procedures (3).
- 5 complaint/concern meetings were held in Q2.
- MSK has 1 action plan outstanding from closed complaints since 1st April 2018.

General actions
- New risk grading and complaint investigation report to be completed and sent to patient with cover letter for complaints risk graded moderate or above.

Themes and actions

Department/Ward	Topic	Actions
Orthopaedics and Plastics	Unsatisfactory surgical treatment Concerns relating to appointments	• No themes of treatment or individual clinician so individual actions relating to complaint taken to resolve issues. • Continue to review long waiters. • Increase capacity in specialities through additional sessions. • Informatics support to provide accurate waiting list information. • Active waiting list validation by specialty to reduce waiting list times.
Amesbury Suite	Concerns relating to care (this is an area with high vacancy)	• Support substantive staff in their development. • Block book agency staff where appropriate to guarantee familiarisation with ward routine and

		expectations of care, and minimise risk. • Actively participate in all Trust recruitment initiatives. • Escalation to DSN/ADSN of staffing concerns for active management.

Compliments
In total 42 compliments have been received across the Directorate with the breakdown as: Chilmark Suite = 12, Orthopaedics = 6, Plastics Department = 5, Plastics O/P = 4, 3 each for Amesbury Suite and Orthopaedics O/P, 2 each for Maxillofacial Surgery, Oral Surgery and Wessex Rehab, 1 each for Fracture Clinic, Rheumatology and Spinal Unit non ward area.

3.8 Surgical Directorate

	Quarter 2 2017-18	Quarter 1 2018-2019	Quarter 2 2018-19
Complaints	18	19	13
Concerns	41	22	18
Compliments	39	33	50
Re-opened complaints	5	6	1
% complaints responded to within agreed timescale	44%	37%	0%

- Complaints have decreased by 6 in Q2 compared to Q1.
- None of the complaints received in the Surgical Directorate were responded to in the agreed timescales. This is due to a variety of issues and work to improve the response times is ongoing for Q3.
- Total inpatient and outpatient activity within the Directorate was 9,691 and of this number 0.13% raised a complaint.
- There have been two re-opened complaints in Q2; one asking further questions following the response; and the second disagreeing with the Trust's processes for sending letters.
- There has been one complaint meeting held.
- The highest number of complaints was for the Urology (3) and 2 each for Day Surgery Unit and Britford Ward.
- The most common theme for complaints was for clinical treatment with three complaints and both attitude of staff and further complications had two each.
- There were 18 concerns which is a decrease from Q1 and a decrease in the same quarter as last year.
- The highest number of concerns was for the Central Booking Department (7) and Urology (2). The main themes were appointment delays, the appointment system, appointment postponed and waiting time in clinic.
- Surgery has one action plan outstanding from closed complaints since 1st April 2018.

General actions
- New risk grading and complaint investigation report to be completed and sent to patient with cover letter for complaints risk graded moderate or above.

Themes and actions

Department/Ward	Topic	Actions
Central Booking	Cancellation Letters for ERS Booked Appointments are being missed because they require a different, manual process to internally generated appointments.	• Central Booking are currently undertaking testing of an automated generation of both the confirmation and cancellation letters for appointments administrated through the NHS e-Referral Service but there are some complications with the messaging between the two systems which are

		currently being investigated by IT. This should mitigate the risk of human error of having to sign into a separate system to ensure the cancellation letters are sent and we are hopeful this should be in place by the end of the year.
Urology	No particular theme	• Nursing staff will ensure patients feel confident to go home following surgery.

Compliments
In total 50 compliments have been received across the Directorate with the breakdown as: Radnor Ward = 16, Britford Ward = 12, Breast Service = 5, 3 each for Breamore Ward, Ophthalmology and Urology, 2 each for DSU and Downton Ward, and 1 each for ENT, General Surgery, Ophthalmology OP and SAL.

We have seen a reduction in complaint response times. The standard set of 25 working days, is no longer a national requirement. Talks are underway with Trust's within our region to establish their policies and procedures for resolving complaints and concerns. It would seem that a severity rating/categorisation of complaints is the favoured option for escalating and investigating complaints. An appropriate response time scale is allocated, depending on the complexities of the complaint. This can be up to 60 working days.

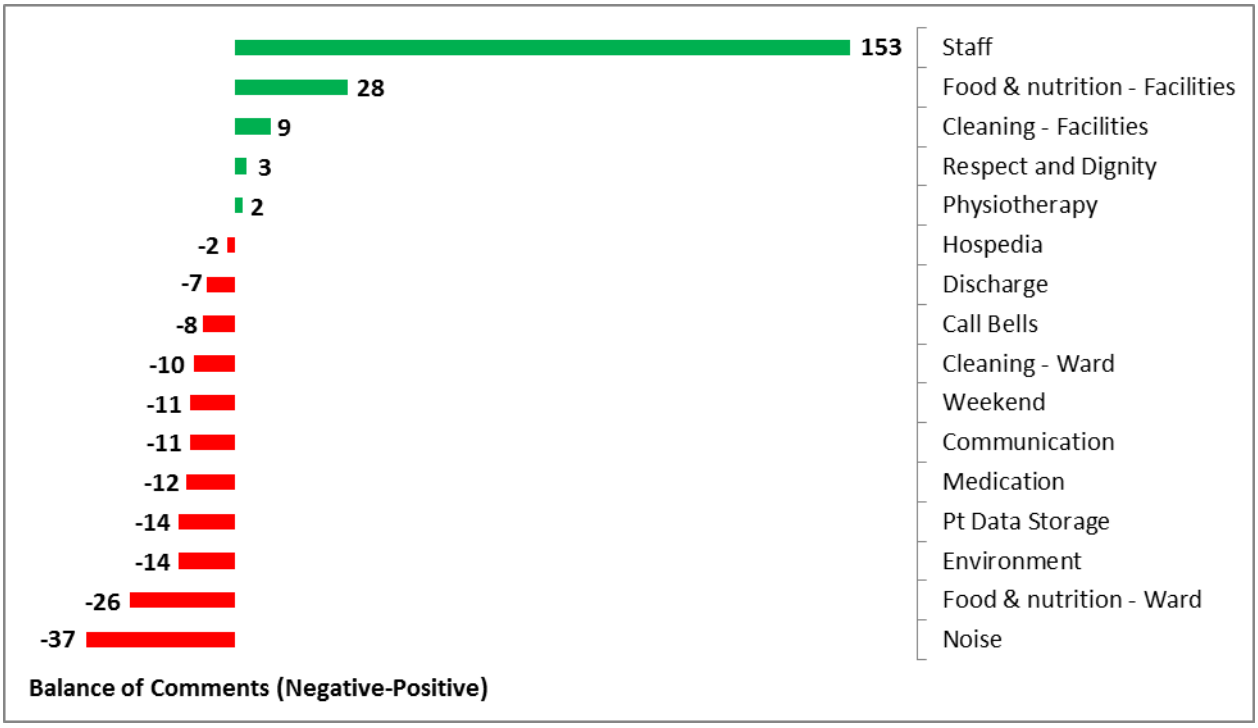
4 TRUSTWIDE FEEDBACK – INCLUDING REAL TIME FEEDBACK AND THE FRIENDS AND FAMILY TEST

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

Feedback area	Theme	Actions
Complaints	Patient care Values and behaviours Clinical treatment	• Block book agency staff where appropriate to guarantee familiarisation with a ward routine and expectations of care, and minimise risk in areas with significant vacancies. Continue recruitment and retention work. • Staff attitudes have been raised with the Ward Leads and particular concerns raised with identified staff and managed through the appropriate HR processes. Identified staff are being closely monitored in their areas and supported to ensure behaviours are not repeated. • No themes of treatment or individual clinician so individual actions relating to complaint taken to resolve issues.
Inpatient, Maternity, Paediatrics and Spinal RTF	Noise Food and nutrition on the ward (this is also one of the highest areas reported positively) Toys and entertainment Call bells Weekends Communication	• Wards review progress on their action plans and 'You Said – We Did' information should be displayed on the Customer Care boards. • Limited action can be taken as noise in certain ward areas is due to location and deliveries to the Laundry. These areas are offering earplugs to aid sleep. • Trialling mobile call bell system to reduce noise in Spinal. • Food and in particular temperature, is checked regularly. Trialling food service on a course by course basis to see if this improves the patient experience.
FFT	Numbers too low	• Wards reviewed progress on their action plans.

5 INPATIENT REAL TIME FEEDBACK

A total of 328 inpatients were surveyed in the quarter. They made 378 positive comments and shared 337 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



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

Noise

A total of 20 positive and 57 negative comments were received regarding noise. The negative comments have been categorised as set out in the table below. (NB: Some comments fall into more than one category).

REASON	WARD
Patients (12)	Downton (3)
	Tisbury (2)
	AMU (1)
	Farley (1)
	Pitton (1)
	Whiteparish (1)
	Amesbury (1)
	Breamore (1)
	Britford (1)
Staff (11)	Tisbury (2)
	Amesbury (2)
	AMU (1)
	Pitton (1)
	Redlynch (1)
	Spire (1)
	Chilmark (1)
	Odstock (1)
	Britford (1)
Equipment (11)	Tisbury (2)
	Odstock (2)
	Breamore (2)
	Durrington (1)
	Farley (1)

REASON	WARD
General (8)	Britford (3)
	AMU (1)
	Redlynch (1)
	Tisbury (1)
	Whiteparish (1)
	Breamore (1)
Call bells (6)	Odstock (3)
	Pitton (1)
	Chilmark (1)
	Britford (1)
Laundry (5)	Britford (2)
	Pitton (1)
	Redlynch (1)
	Odstock (1)
Doors (5)	Chilmark (2)
	Durrington (1)
	Redlynch (1)
	Odstock (1)
Patient transfers (5)	Britford (2)
	Tisbury (1)
	Amesbury (1)
	Breamore (1)
Air conditioning (3)	Pembroke (3)

	Pembroke (1)
	Pitton (1)
	Redlynch (1)

External (1)	External (1)

Food and nutrition on the ward

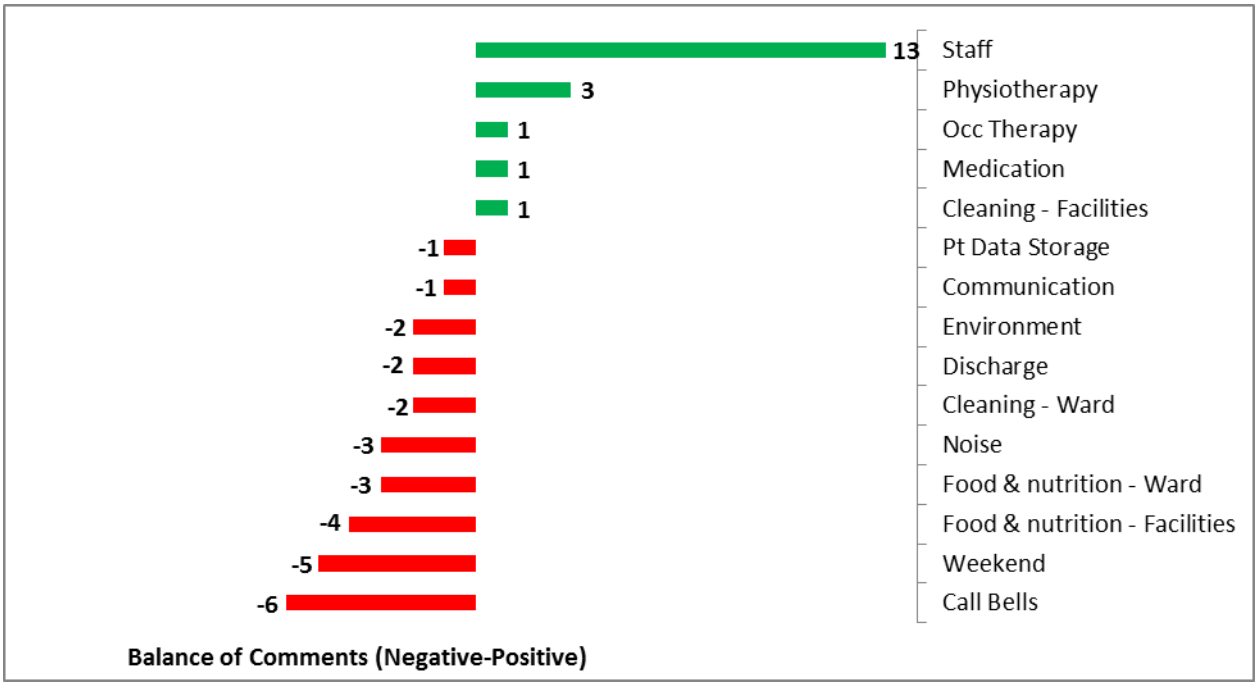
A total of two positive and 28 negative comments were received regarding food and nutrition on the ward. The negative comments have been categorised as set out in the table below. (NB: Some comments fall into more than one category).

REASON	WARD
Temperature (16)	Pitton (5)
	Pembroke (2)
	Amesbury (2)
	Chilmark (2)
	Britford (2)
	Breamore (1)
	Tisbury (1)
	Odstock (1)
Help with eating (4)	Farley (2)
	Chilmark (1)
	Breamore (1)

REASON	WARD
Lack of beverages (3)	Farley (1)
	Pembroke (1)
	Pitton (1)
Portion size (2)	Redlynch (1)
	Tisbury (1)
Quality (2)	Chilmark (1)
	Britford (1)
Lack of water (1)	Britford (1)
Wrong menu for dietary needs (1)	Farley (1)

SPINAL

A total of 32 patients were surveyed in the quarter. They made 48 positive comments and shared 57 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern were call bells and weekends.

Call bells

Six negative comments were made regarding call bells. These have been categorised as set out in the table below.

REASON	WARD

REASON	WARD

Response times (3)	Avon (2)
	Tamar (1)

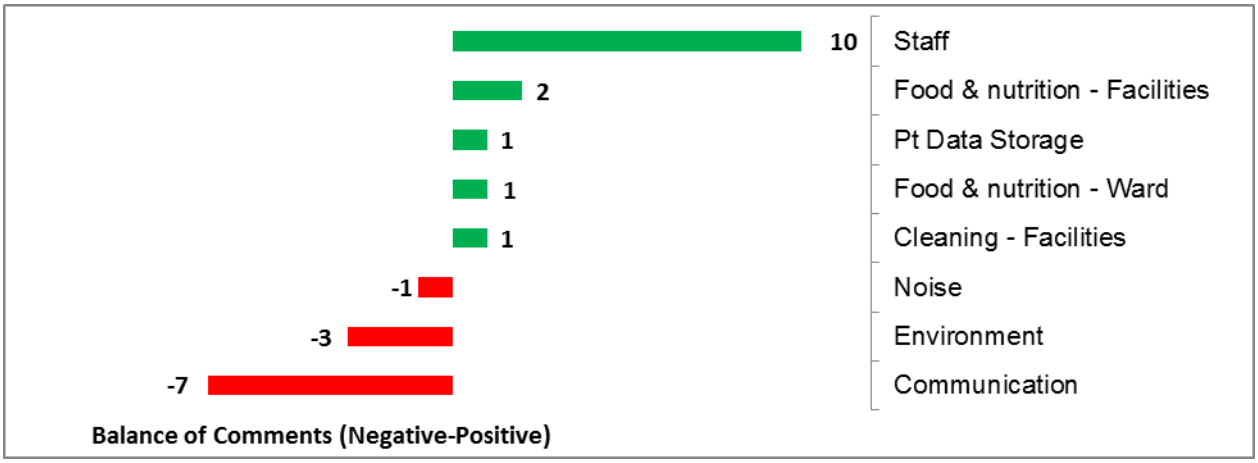
Response times at weekends (2)	Tamar (2)
Call bell out of reach (1)	Tamar (1)

Weekends
Five negative comments were received regarding weekends. These have been categorised as set out in the table below. (NB: Some comments fall into more than one category).

REASON	WARD
Lack of staff (2)	Avon (1)
	Tamar (1)
No therapy services (2)	Avon (1)
	Tamar (1)

REASON	WARD
Quality of care (1)	Tamar (1)
No gym (1)	Avon (1)

MATERNITY
A total of 13 new mothers were surveyed in the quarter. They made 23 positive comments and shared 18 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern related to communication and environment.

Communication
Two positive and nine negative comments were received. The negative comments have been categorised as set out in the table below. All staff involved in care of women and babies at any stage of pregnancy, labour and postnatal must carry out the majority of written information and summaries at the point of contact, sharing the information directly with women in a way that is understood by the woman and her family.

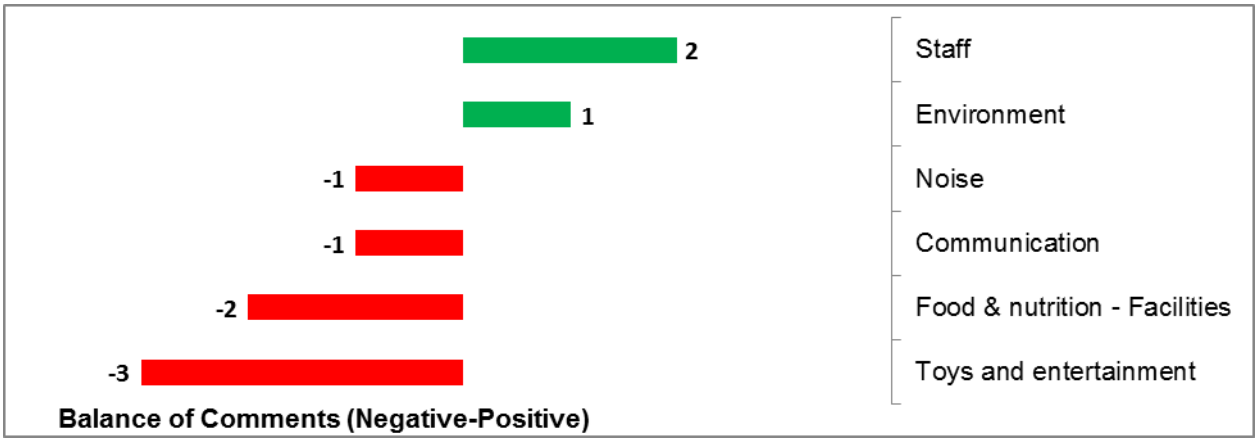
REASON
Feeding baby (2)
Labour (2)
Postnatal (2)

REASON
Antenatal (1)
Attitude of staff (1)
Continuity of care (1)

Environment
Three negative comments were received relating to change of room on the Labour Ward during shift change, lighting and generator outside window, and the condition of the buildings. Ward should be managed 24 hours-a-day in a way to ensure appropriate environment for rest, calm environment, lights not on during the day, staff to encourage low noise levels, use of torches and dimmed bedside lights at night.

PAEDIATRICS

A total of seven adults or carers and five children were surveyed during the period. They made seven positive comments and shared 13 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



Toys and Entertainment
There was one positive and four negative comments regarding the toys and entertainment. The negative comments related to inadequate age-related toys, wishing to see a play leader, lack of information on the type of toys and entertainment available, and lack of educational support. A weekly rota of activities will be produced and circulated to patients; research the use of volunteers to host play/craft sessions; play specialist to see every patient every day; play leader to ensure teachers are visiting relevant patients; and write a business case for a second play specialist.

Food and nutrition - Facilities
One positive and three negative comments were received. The negative comments related to a requirement for healthier menu options, more variety and timing of meals. There are three menus and staff are to encourage healthy choices where possible by offering the full menu first but making it clear there is a Children's menu. Temporary staff will be made aware of this.

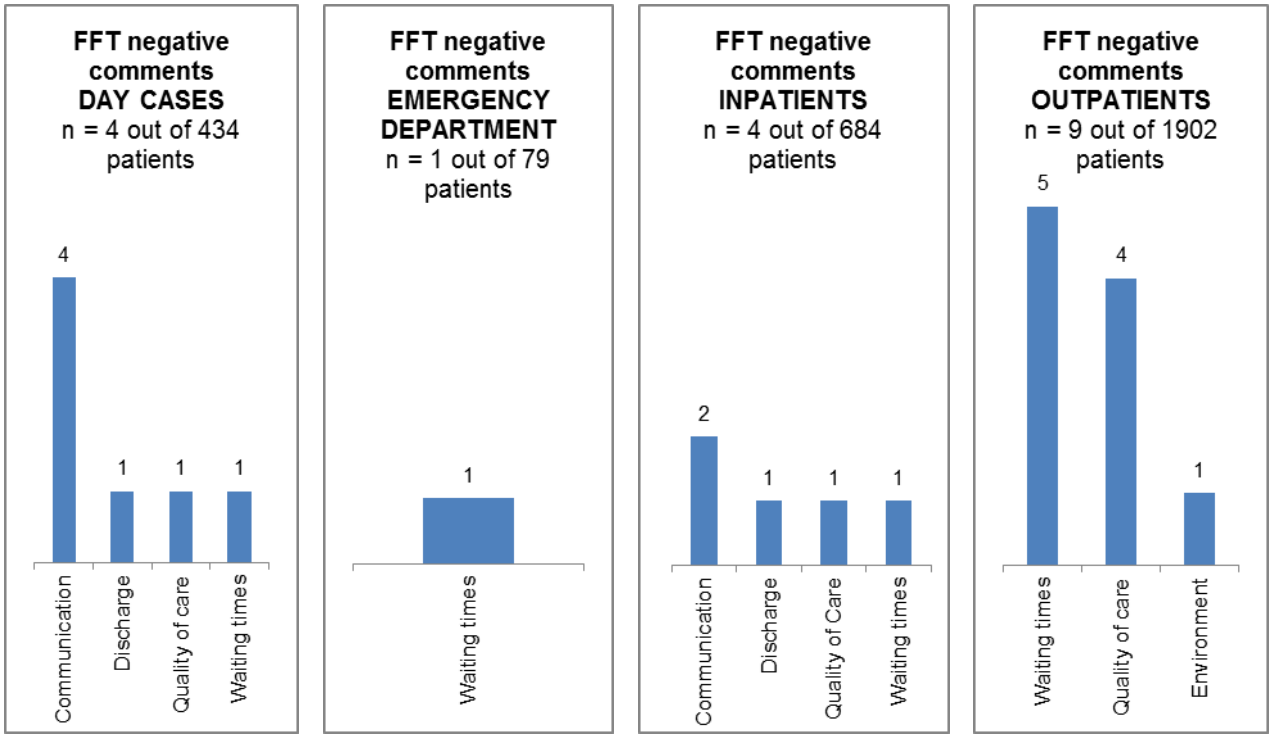
FRIENDS AND FAMILY TEST

Responses for the period were as follows:

		Rating									
	Total Responses Received	Extremely Likely		Likely		Neither likely nor unlikely		Unlikely		Extremely Unlikely	
Day Case	434	397	(91%)	24	(6%)	7	(2%)	4	(1%)	1	(0%)
Emergency Dept	79	73	(92%)	3	(4%)	2	(3%)	1	(1%)		
Inpatients	684	601	(88%)	65	(10%)	14	(2%)	3	(0%)		
Maternity	81	76	(94%)	5	(6%)						
Outpatients	1902	1771	(93%)	91	(5%)	25	(1%)	3	(0%)	6	(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
This feedback is collated in patient experience action plans for the wards, the Emergency Department and Maternity.

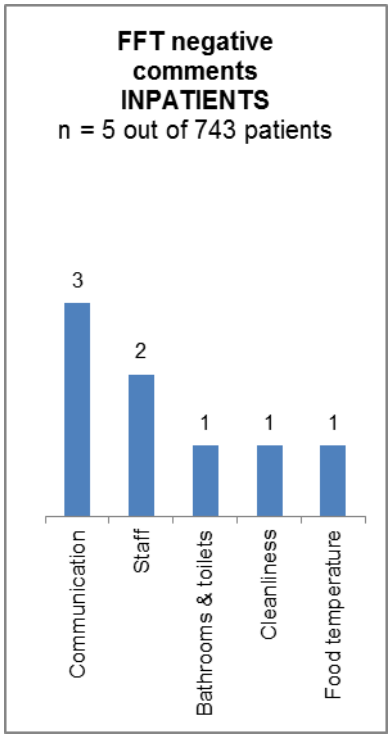
6 FRIENDS AND FAMILY TEST

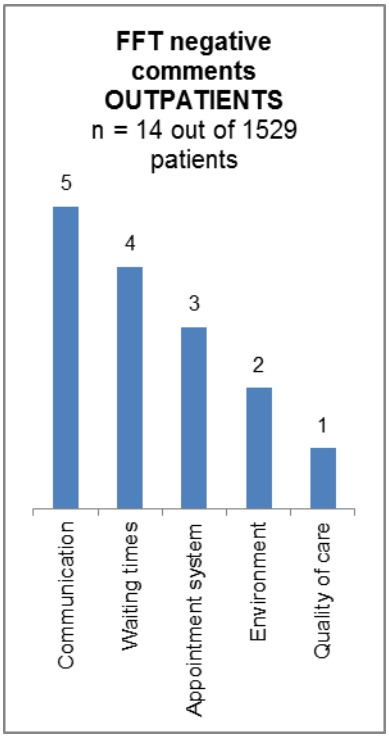
Responses for the period were as follows:

		Rating									
	Total Responses Received	Extremely Likely		Likely		Neither likely nor unlikely		Unlikely		Extremely Unlikely	
Day Case	448	431	(96%)	12	(3%)	5	(1%)				
Emergency Dept	94	87	(93%)	2	(2%)	4	(4%)				
Inpatients	809	743	(92%)	46	(6%)	16	(2%)	2	(0%)	2	(0%)
Maternity	73	72	(99%)	1	(1%)						
Outpatients	1633	1529	(94%)	60	(4%)	28	(2%)	9	(0%)	6	(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.





Action taken on areas of concern
This feedback is collated in patient experience action plans for the wards, the Emergency Department and Maternity.

The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern. A priority for PALS is to increase compliance rate to the FFT. A proposal to deliver the voice based FFT solution is currently being explored, with the provider of Netcall. If successful, it is hoped that module will be a cost effective method of gathering feedback.

7 PATIENT AND PUBLIC INVOLVEMENT (PPI)

There has been 9 new projects, 1 completed project and 2 national patient surveys commenced.

Clinical Support and Family Services

New projects
Maternity are carrying out a survey to find out patients views on whether an alongside Maternity Centre would be welcomed in Salisbury.

Medicine

New projects
Scoping Friends and Family testing for the Smoking and Alcohol Health promotion services.

The Macmillan team are gathering feedback around whether 'Wellbeing Events' are needed for people living with and beyond a cancer diagnosis, or whether adequate services are available already. (A wellbeing event is defined as education and information event to enable people living with cancer and their families to take control and participate in their recovery, giving them necessary information, and promoting positive lifestyle change). This is part of the Transformation Project, where a team have been created to ensure patients are living well with and beyond a cancer diagnosis. Patients could be at any stage of their cancer diagnosis, and may not be attending the hospital for regular appointments.

We are taking part in the National Audit of Care at the End of Life. This survey is to be sent out to the relatives/nominated person of patients who passed away in April 2018. This is part of a mandatory National Audit that the Trust is taking part in.

Musculo-Skeletal Directorate

New projects
Orthopaedics is carrying out patient feedback around the new Virtual Fracture Clinic.

Artcare are undertaking pre-project, public engagement work to define what a world class Spinal Rehab Service might include. Plans include:

- Gathering feedback from all stakeholders so that any future plans for development are solidly built on actual data and quality information.
- Refreshing current methods of patient engagement and reinforce the staff/patient relationships that are already in place.
- Supporting the Spinal Centre in preparing for next steps in service development
- Extracting common/key themes to inform future work

Quality Directorate

New projects
A patient story around care and compassion was taken to the Trust Board on 4th October 2018.

A patient story about HIV will be presented at December Trust Board to coincide with World AID's Day.

A further story about breast cancer will be presented at the February 2019 Trust Board.

Completed projects
The annual report for the Survey of Complaints Management was presented to CGC in September 2018. This enables us to consider how well we deal with complaints from people who have had first-hand experience of our complaints procedure and to identify if we need to make any changes to our service.

National Patient Surveys

National Maternity Survey 2018
Analysis of results will take place shortly. Results will be published by the CQC later this year and will be available early 2019

National Inpatients Survey 2018
Response rate = 42.2% compared with 46% this time last year.

Surgery Directorate

Nothing to report

PPI Projects are shared on the following web page on the Intranet:
http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/home.asp

8 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

The PHSO received no new requests for independent review in Q2. The Children's Services case was not upheld with the PHSO concluding they were satisfied that the consultant and the Trust conducted the appropriate investigations into the patient.

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

9 NHS CHOICES WEBSITE

In Q2 there were 7 comments posted on the NHS Choices website relating to 4 different areas. Of the 4 positive comments, one person said "The Salisbury Eye Clinic is the best I have ever attended. All the staff are amazing, friendly, efficient and so good at their various jobs. I have been attending this clinic for

several years but unfortunately due to a sudden and severe loss of sight this year have practically been living there for the past five months! I see from some reviews that people have complained about waiting times. Well the best is worth waiting for". Of the 3 negative comments, one person referred to Orthopaedics as "disorganised chaos". All the feedback was shared with the departments.

10 SUMMARY

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

11 RECOMMENDATIONS

The Board is asked to note this report.

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