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# PAPER

BOD 04/2014

(Agenda Item: 6)

# Report to the Meeting of the Oxford Health NHS Foundation Trust

# Board of Directors

**Quality and Safety Report: Patient Experience**

January 2014. For: Information

1. **Introduction**

This report provides a summary on patient experience for Quarter 3 and includes:

* Update on how each service is collecting patient feedback
* Results to the four standard questions used across the majority of services
* Snapshot of patient feedback from a sample of 10 services, showing positive themes and areas

for improvement. Key themes identified are providing clear understandable information and involvement of patients in decisions about their care.

* Results and actions in response to the recent inpatient food survey
* Update on using volunteers on wards to gather patient feedback and improvements taken so far.
* Friends and Family Survey results and improvements being taken
* Complaints, Compliments and PALs concerns – quarter 3

A more detailed quarterly Patient Experience reports and Complaints and PALS reports are reviewed by the Integrated Governance Committee, with the next reports due in February 2014.

1. The general Quality and Safety Section provides an update on:

* Regulation of CQC National Standards
  + - Exception monitoring
    - Internal audit
    - CQC new inspection framework

1. **Infection Prevention and Control**

**Recommendation**

The Board is asked to note the report.

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**Lead Executive Director:** Ros Alstead, Director of Nursing and Clinical Standards

*A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*

*This paper provides assurance and evidence against the Care Quality Commission Outcomes: 1 Respecting and involving people who use services and 16 Assessing and monitoring the quality of service provision and Outcome 8 Infection Prevention and Control.*

**Quality Report – Patient Experience**

1. **Collecting Patient Feedback Introduction**

Over the last few years the services across the Trust have been developing a range of mechanisms to collect information about patient’s experiences of the care and treatment they have received. The range of mechanisms include regular patient forums, paper surveys both posted and handed out, electronic surveys via handheld devices, kiosks and on-line surveys, telephone and face to face interviews, complaints and PALS surgeries. A map of all the current mechanisms being used by the 63 different community and inpatient service areas are listed in Appendix 1 by Division and service. All services are regularly collecting feedback from their patients, with a number of the high turnover services asking a sample of patients every month. A few service areas in 2013/14 have trialled surveying along a patient’s journey rather than each service sending out a separate survey, such as the Stroke pathway and a national pilot for patients of working age with severe and enduring mental health. The approach to survey along pathways is being evaluated, and will be informed by the outcome of the national pilot which the Trust participated in.

The focus for this report is on how services are responding to the feedback received, which is a key aim of the Patient Experience Strategy 2013-2016 presented and approved by the Board of Directors in September 2013. This is also reflected in the Care Quality Commissions (CQC) Key Lines of Enquiry for use when inspecting NHS Trusts relating to collecting, using and responding to patient feedback:

* What are the key themes that have been identified? What are the main concerns?
* What actions have been taken to address these themes?
* Has the Trust seen improvements as a result of these actions?

**1.1 (Patients) You Said, We Did**

This report is a summary of the work carried out around patient experience and a detailed quarterly patient experience report is reviewed by the Integrated Governance Committee. The next full report on patient experience is in February 2014.

**1.1.2** **Trust wide Standard Questions**

Four standard questions are asked in patient surveys across 45 of 63 service areas covering all four Divisions in the Trust, the responses to these can be seen in the table and graph below. For all four questions the number of positive responses have increased from April 2013 to November 2013, and this is reflected for all the Divisions. The question where most improvement is still required is around patients being given the right amount of information, for a large number of patients they feel they are not receiving enough information.

Table 1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Were you involved as much as you wanted to be in decisions about your care and treatment?  (Yes definitely and Yes some extent/ sometimes) | Do you feel you have trust and confidence in the service and/or your key clinician/worker?  (Yes definitely and Yes some extent/ sometimes) | How much information about your condition and treatment has been given to you?  (right amount) | Overall how would you rate the care you have received?  (good and excellent) |
| April 2013 | 82.6% | 83.8% | 50% | 68.7% |
| May 2013 | 74% | 70.7% | 52% | 50% |
| June 2013 | 91.5% | 95.9% | 77.7% | 87.8% |
| July 2013 | 93.4% | 96.3% | 74.1% | 88.3% |
| Aug 2013 | 90.8% | 96.1% | 73.8% | 85.2% |
| Sept 2013 | 94.4% | 97.1% | 83% | 91.0% |
| Oct 2013 | 84.2% | 90.2% | 71.4% | 86.1% |
| Nov 2013 | 90.3% | 94.9% | 74.9% | 87.8% |
| YTD\* | 90.4% | 94.3% | 74.8% | 86.7% |

\*Note the Dec 2013 information is unavailable.

Graph 1.



Appendix 2 is a snapshot of feedback from patients across a range of 10 services, to show the diversity of questions and responses in addition to the four above standard questions, and to highlight the positive themes and areas for improvement being raised. The information in Appendix 2 only includes closed question answers however every survey asks both closed and open questions to ensure patients can tell us about what is important to them. The services were selected randomly. The key themes for improvement coming through from all the services relate to:

* Providing clear understandable information about the service, patients conditions, treatments, contact numbers in hours and out of hours
* Involvement of patients in decisions about their care, including developing and sharing a care plan

This supports keeping the current standard patient experience questions the same to continue to focus and monitor feedback.

**1.1.3** **Recent Food Survey**

Patient surveys are carried out asking about the food provided across all 36 inpatient wards and acute day hospitals on a quarterly basis by the main food supplier and in addition annual surveys are carried out as part of the national PLACE assessments. Feedback is also received throughout the year via PALS surgeries, complaints and more general patient surveys which may ask about the provision and quality of food.

The most recent patient surveys carried out by the contractor were in November-December 2013. The questions covered choice of meals, if meals look appetising, temperature of food served, taste of meals, portion size and an overall rating of the food. 128 patients commented on the food with the majority of mental health and community hospital wards being represented. The feedback from patients is that the food is generally good, with 75% of patients rating the overall quality of the food as excellent or good.

In response to the patients feedback about the food provided the following improvements are being taken, listed in table 2.

Table 2.

| Service | Feedback | Action |
| --- | --- | --- |
| Trust wide | Limited range of food for patients with allergies  Quality of food on CAMHS Swindon ward | Two additional food suppliers have been identified (Kealth- allergy free meals and Tillery Valley-in Swindon) to provide an increased range of choice, improve the quality of food provision in Swindon, and offer more allergy free meal options (including options for patients with air-borne nut allergies). |
| Community Hospitals | Lack of consistency to provide high quality food across all the wards all the time | Currently the hospitals use a range of different food suppliers (unlike the mental health wards where there is one main food supplier and one main menu to make food orders from), to improve consistency and quality of food, work has started to agree a single menu which the staff from the community hospitals could order dishes from or order ingredients for as required. |
| Henley Community Hospital | Food is over cooked. | On investigation this was due to food, particularly vegetables being cooked too early and for too long. A different food supplier is now being used where there is less water content in the frozen vegetables, and staff have been reminded to monitor and follow cooking times more accurately. |
| Phoenix, Portland and Kimmeridge | Food is over cooked. | Practical based training for staff has been completed on Phoenix ward and is planned in Feb 2014 for staff from the two Tindal wards. The training includes how to use the ovens, where to place different foods in the different compartments of the oven and awareness on the importance of following the appropriate cooking timings. |
| Thames House and Highfield | Increase range of vegetarian options | A new food supplier, Kealth, is now available to order food from which provides an additional range of vegetarian food. This feedback will also be incorporated into the annual review of the main menu for the mental health wards, to ensure more options are available on the standard menu for staff to order directly. |
| Forensic and adult mental health wards | Greater range of dishes to be available | The issue identified seems to be about the ordering of food by the ward, as there are a number of options available from the main menu which can be ordered for lunch and dinner (last updated in Sept 2013). The Catering Manager will contact each of the Housekeepers in charge of ordering food to ensure they are speaking to patients/ staff about what food to order and understand that they can pick what dishes to order each time they make a new order. |
| Forensic and adult mental health wards | Unsure what food is available as a menu is not displayed | On investigation this is because the standard central menu template provided for the single menu (from the main food supplier) shows all dishes available at point of ordering and not what a ward has actually ordered and has available on a particular day for patients. The Catering Manager is going to work with wards to help them to identify how they will ensure a menu is displayed of the food they have ordered and is available. |
| Abingdon Community Hospital, Vaughan Thomas and Thames House | Request for a lighter meal option at lunch time | Ordering of food by the ward needs to improve, as sandwiches, soups and salads are available for ordering from the main menu. This will be addressed by the Catering Manager speaking to each of the Housekeepers in charge of ordering food. |
| Abingdon Community Hospital | Sandwiches are often soggy. | On investigation this was because the sandwiches were being kept in the fridge for too long and the fridge temperature was set too high. The temperature of the fridge has been lowered. |
| Eating Disorder Units and Highfield | Lack of choice offered within specialised menus | An alternative supplier (Carpenters) taking into account nutritional advice is now being used and feedback has improved. |

**1.2** **Volunteers**

The Patient and Advice Liaison Team started recruiting volunteers in May 2013 including service users, to visit inpatients on mental health wards and Community Hospital wards to hear about their experiences of the care they have received. This was introduced as a short term pilot to listen to people’s views and opinions both positive and those highlighting areas for improvement to feed this back to the ward team.

As of December 2013 there are nine volunteers recruited visiting 10 wards, the volunteers are accompanied on the ward however each volunteer has completed a recruitment process and has had a DBS (previously called CRB) check.

The innovation has captured lots of good feedback to share with staff, for example “staff are good and i enjoy the lovely sandwiches”, “staff are really helpful, i am new on the ward and have found staff welcoming”, “enjoy activities – treasure hunt is good”, “food is good and the staff are friendly”, “i like the music therapy and playing bingo”, and “my room is nice”.

Some issues have also been highlighted by patients and the following steps have been taken:

* Additional drinking cups being ordered for a ward
* An increase in milk being ordered and delivered to a ward
* The ward reviewing the menu choices for a patient on a specific diet, with advice from the Catering Manager
* A staff member spending some additional time with a patient explaining their rights whilst being detained
* A staff member spent time with a patient explaining in more detail the arrangements for moving to the Whiteleaf Centre
* A patient mentioned they wanted to speak to an advocate; however they said they did not need help, a member of staff did check later with the patient that they had the contact details.

**1.3** **Friends and Family Survey**

Since January 2013 the Friends and Family Survey, using the same national model for acute trusts, was introduced for all Community Hospital wards and Minor Injury Unit (MIU). All patients on discharge or after being seen in the MIU are given the opportunity to answer three questions. The Trust has achieved a 7.5% response rate YTD (April-December 2013) with is equal to 1575 responses; 10.8% for Community Hospitals and 7.3% for MIUs. The three questions are; i) how likely are you to recommend this ward to friends and family if they needed similar care or treatment, ii) please can you tell us the main reason for the score you gave in Q1, and iii) is there a member of staff you would like to recommend for giving a great service. The majority of responses received about the services are very positive, some examples of the positive and negative comments received in the last three months are shown in Appendix 3. In line with national reporting the net promoter score YTD from April to December 2013, based on a score calculated by taking promoters minus distracters, for Community Hospitals is 91.7 (the nearest comparison is for the acute inpatient wards, nationally at 72) and for MIUs is 60.7 (the nearest comparison is for the A&E departments nationally at 56).

84 out of 1575 patients who responded said they were extremely unlikely or unlikely to recommend the service. Most of the negative comments relate to the Abingdon MIU (65 negative comments out of a total of 481 responses) and Witney MIU (16 negative comments out of a total of 861 responses), with the common theme being about the waiting time. There is no trend on when the negative comments were received; they have been spread out over the last eight months. To put this into context the MIUs are one of the services in the Trust with the highest throughput of patients, over the last eight months (April-December 2013) 11,771 patients were seen in the Abingdon MIU and 8,378 patients were seen in Witney MIU. See the direct patient quotes including negative comments received in the last three months in Appendix 3.

In response to the feedback the following actions have been completed:

* Staff have been reminded to update the waiting time indication boards in each MIU (all MIUs have a board and the expectation is this is kept up to date)
* Staff have been asked to inform patients of current waiting times in each MIU
* Signs and leaflets about the difference between appointments for patients from the out of hour’s service and patients walking into one of the MIUs, these have been sent to each MIU base to display.
* Champions have been identified for each Community Hospital to help promote and improve the response rates.
* Investigation to confirm that a ward call bell is working for a Community Hospital
* Liaison with contractors over the cleanliness of Out Of Hours waiting rooms.

These are actions still in progress:

* Urgent care are reviewing staff competencies and skill mix to try and help reduce waiting times in MIUs – to be completed by 1st March 2014.
* MIUs to promote and display patient feedback and current service initiatives in waiting areas, including responses and actions to the F&F Test – to be completed by 1st March 2014.
* Establish regular monitoring arrangements to check indication boards kept up to date, signs/ leaflets about differences between out of hours and MIU are available/ displayed, and patient feedback in a “you said, we did” format is displayed in each MIU – to be completed by 1st March 2014.

1. **Complaints**

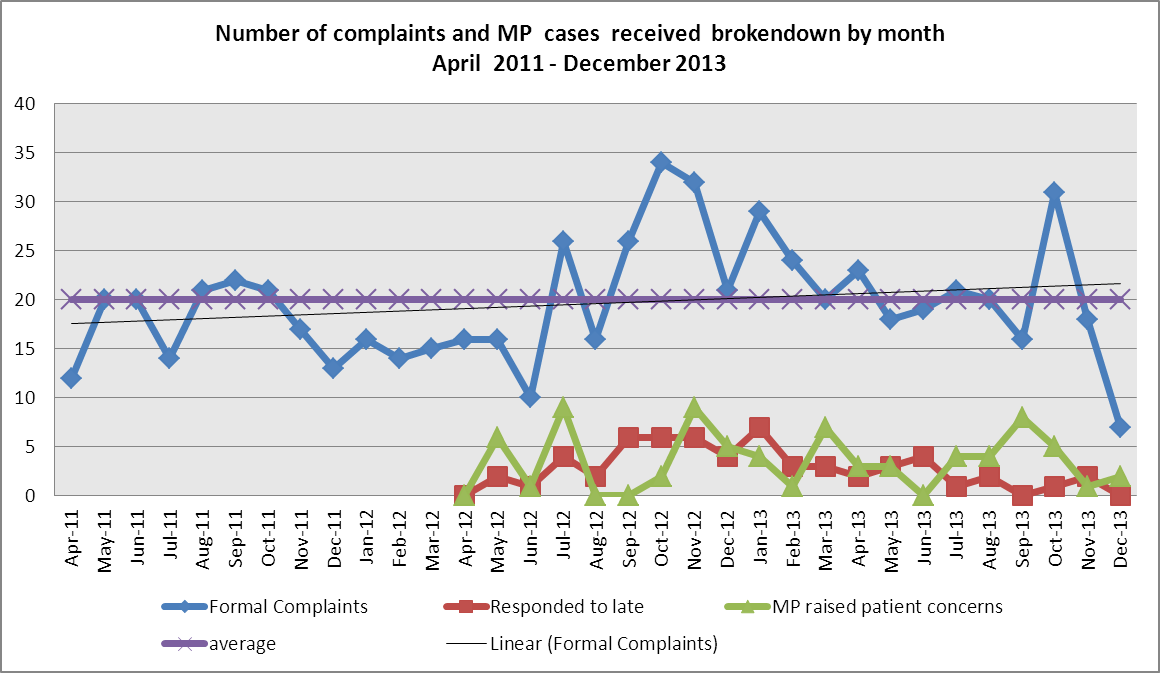
The Trust received 56 complaints during Quarter Three. There has continued to be a reduction in the number of complaints received when compared to the previous 12 months when 57 complaints were received in Quarter Two (2013’14), 60 complaints were received in Quarter One (2013’14), 81 complaints were received in Quarter Four (2012’13) and 86 complaints were received in Quarter Three (2012’13). If a complaint is re-opened, because the complainant is dissatisfied with the response and outcome of the investigation into their concerns, this is not counted as a new complaint case but a continuation of the initial complaint registered. Graph 1 shows the number of complaints received by month. The average number of complaints received since 1 April 2011 is 20 per month.

The largest group (30, 50%) of complaints is from carers/relatives and 20 (41%) complaints were from patients/service users. In Quarter Three all complaints have been received from or about the care and treatment of different patients/service users.

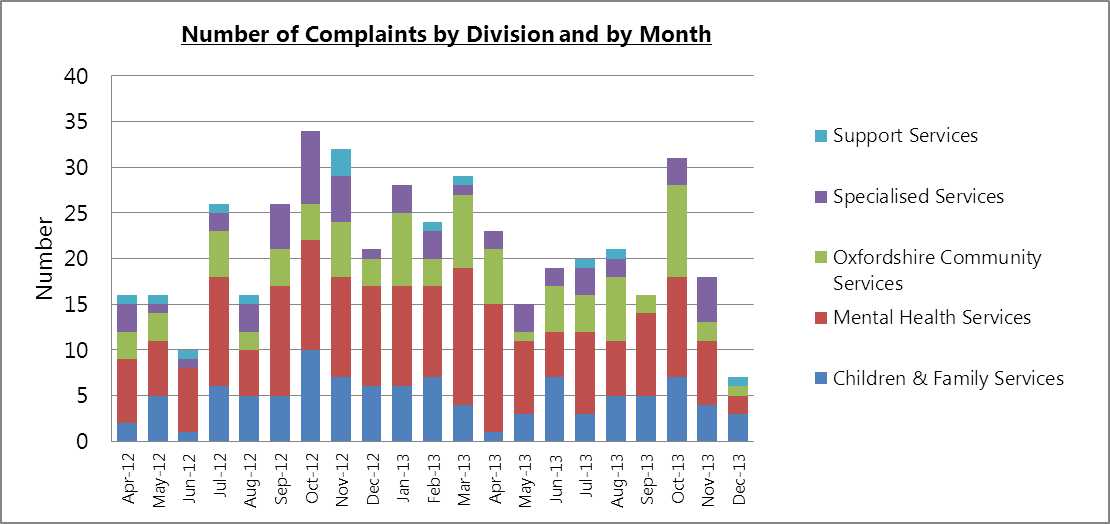
All complaints are graded using the NPSA risk matrix based on likelihood of reoccurrence and impact to patient(s) with a rating of green, yellow, orange or red. From the 56 complaints received, 35 (63%) were graded green, 18 (32%) were graded yellow and three (5%) complaints were graded as orange. No red graded complaints were received during this time period.

Graph 2 shows the number of complaints received by Division between April 2012 to December 2013. The Mental Health Division tends to receive the most complaints, and in Quarter three received 36% of the complaints.

Graph 1.



Graph 2.



Acknowledgement times:

Between 1 October 2013 to 31 December 2013, 56 cases have been received of which 100% were acknowledged by the Complaints & PALS Team within the NHS Complaints Regulations (2009) of three working days.

Response Times:

In Quarter Three, 36 (65%) of the 56 complaints received have been responded to within a timescale agreed with the complainant. Three (5%) complaints were responded to outside of the agreed timescale due to either a delay in the complaints papers being provided or a delay in the Divisional Directors signing and sending out the final letter of response. At the time of writing this report, 17 (30%) of the Quarter Three complaints remain open.

The primary categories of the complaints (upheld and not upheld) received across the Trust in Quarter Three were:

* All aspects of clinical treatment (27).
* Attitude of members of staff (12).
* Poor/inappropriate communication/information sharing (5).
* Admission/Discharge/Transfer (5).

In Quarter Three, 27 primary concerns relating to issues around aspects of clinical care. Graph 4 below shows the breakdown.

Graph 4.

Of the nine complaints raised about care in the community, four related to Children & Families Services. Although all of these related to different services, complainants described similar experiences of feeling unsupported and raised concerns about communication and information sharing. Two complaints were also raised in relation to the Complex Needs Service within Buckinghamshire. These complaints also raised similar issues of concern around the programme used within the service and how this is adhered to, issues around the attitude/behaviour of members of staff and feeling unsupported.

The level of review and involvement from the PHSO varies between cases. This can be from the PHSO requesting the Trust’s complaints investigation report and then closing the case, to a full investigation being undertaken which can involve interviewing staff and the complainant. During Quarter Three, two cases were referred to the PHSO for review. Currently four cases are open with the PHSO.

Analysis of Themes from concerns and complaints

* Allen Ward: 33 concerns/complaints received over a 12 month period. Eight were received in Quarter Three. Of these 33 cases, five related to personal property, four related to staff attitude and three related to communication/information sharing.
* Complex Needs Bucks: 14 concerns/complaints received in the 12 month period. Of these 14 cases, seven were received in Quarter Three. Seven cases related to clinical care, three relate to staff attitude and three relate to communication issues. Two concerns were raised by the same service user.
* Chiltern CMHT Older Adults: 10 concerns/complaints received over a 12 month period. Of these, five cases related to communication/information sharing and two related to staff attitude.
* Continuing Care: 24 concerns/complaints have been received over a 12 month period. Ten of these cases were received in Quarter Three. Of the 24 cases, seven relate to communication issues, five raise concerns about the assessment undertaken and four raise concerns about the process.
* Kimmeridge Ward: 23 concerns/complaints received within the 12 month period. Six were received in Quarter Three. Of the 23 cases, four related to discharge, three related to a bed not being available, three related to communication/information sharing and two related to ward transfers.
* Portland Ward: 47 concerns/complaints received over a 12 month period. 10 were received in Quarter Three. Of the 47 cases, eight related to staff attitude, five related to communication/information sharing, four related to patient property, four related to discharge planning and three related to the environment.
* Wycombe CAMHS: Ten cases have been received in the 12 month period. Two cases were received in Quarter Three. Issues related to lack of support and failure to adequately explain things to either the patient or their parents.
* Urgent Care: 60 concerns/complaints received in the 12 month period. Of these 21 cases related to Abingdon Urgent Care and 16 cases related to Witney Urgent Care. 22 cases have been received in Quarter Three. 14 concerns have related to communication issues, 11 cases related to staff attitude/behaviour, eight cases related to issues around x-rays and six cases related to delays in appointments.

Learning from complaints

After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then a complaints improvement plan is developed by the investigating officer in liaison with the relevant service manager. In Quarter Three, 29 actions have been identified following the completion of an investigation. Of these 29 actions, seven have been completed within time and 22 actions are due to be completed over the next couple of months. Each Division is provided with a summary report to enable them to monitor the actions and ensure completion of actions resulting from complaints. The following actions have been taken or will be taken:

* During a young person’s transition into Adult Services, careful consideration needs to be given before delaying treatment whilst waiting to see if the referral will be accepted. All implications must be discussed with the young person and their family to ensure that the correct clinical decision is made.
* To strengthen communication pathways between Health Visitors and Midwifery, Health Visitors will meet regularly with the local midwife.
* Allen Ward’s windows to be replaced to prevent future AWOL risks.
* Wenrisc Ward, Witney Community Hospital will ensure that copies of discharge letters are kept in the patient’s medical records.
* Urgent Care to liaise with all staff within the service on the management of suspected stress fractures.
* Multi-agency review of case has been undertaken (Banes Community CAMHS).
* Reminder to all teams that referral criteria is based upon GP address and not patient’s home address (Wycombe CAMHS).
* A review of Portland Ward has been completed. This highlighted a high level of patient disturbance being managed on the ward without referral to PICU. The threshold for transfer has been reviewed and an increased focus on engagement and activities within the ward. A new Matron has been appointed who will review PDRs and development plans for all staff.

1. **Compliments**

The Complaints and PALS Team collate compliments sent to teams within the Trust including thank you letters and cards. The number of compliments received can be seen in graph 6 below, work continues to ensure all teams share the compliments they receive as there seems to be under-reporting.

Extracts from compliments:

*‘The attention from staff has been absolutely superb; everyone has been kind, compassionate and caring. I have nothing but praise for them all’*

Bicester Hospital

*‘You made our smile better….’*

Banbury Dental Service

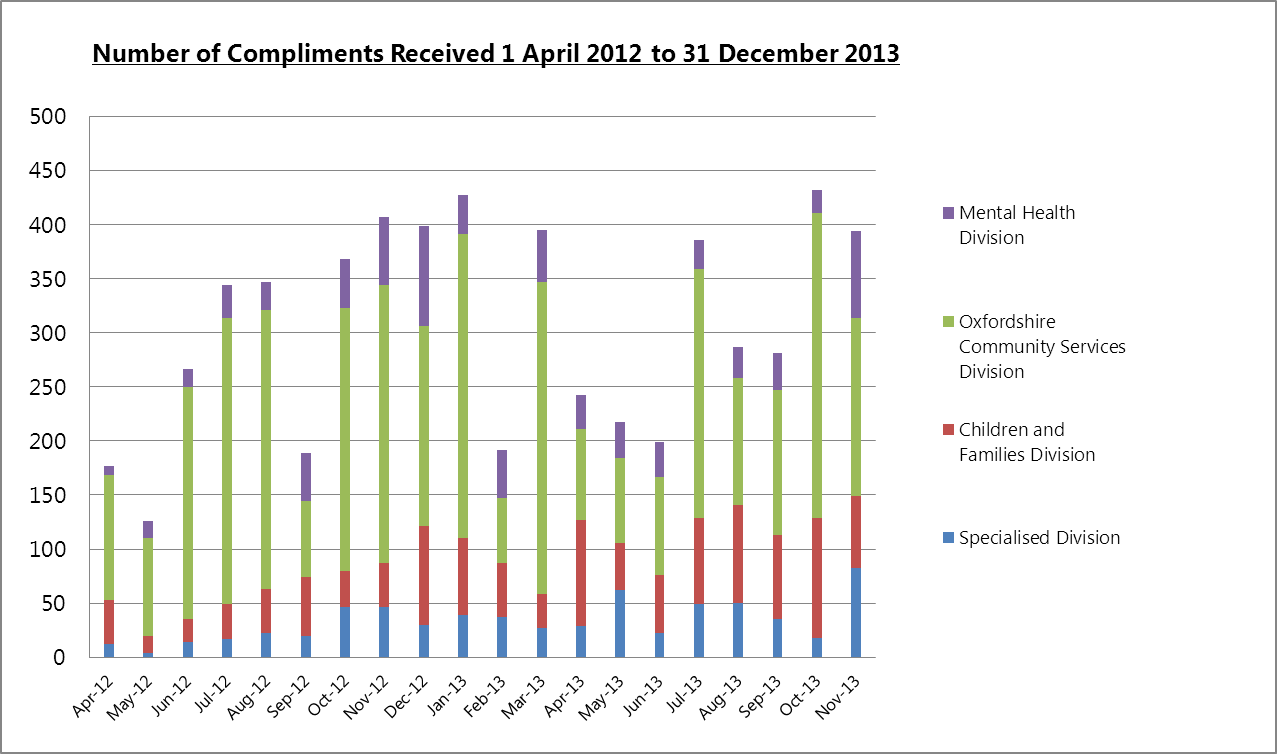
*‘I would like to say a huge thank you for everything that you have all done to support us. You have shown compassion and total dedication to help us through this difficult time in our life.’*

Cotswold House (Wiltshire)

*‘Thank you for your support over the past few months since the arrival of our little boy. We are looking forward to the future as a family.’*

Central East CMHT

Graph 6.

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1. **Patient Advice and Liaison Service**

The PALS Team currently runs 36 PALS surgeries across the inpatient areas of the Trust on at least a monthly basis. PALS surgeries are a valuable way of seeking feedback about people’s experiences, both positive and negative, and also about working with ward staff in resolving issues of concern at a local level, in a timely and positive manner. Feedback from PALS Surgeries across the Trust:

Highfield Unit

* Staff are caring, understanding, cheerful and motherly.
* All staff members are amazing in what they do; don’t give up your jobs as you are all brilliant at what you do.

Cotswold House, Wilts

* More group activates are needed.
* The Welcome pack needs updating detailing rules.
* Sometimes the food supplies run low and the food is not always hot enough.

Didcot Community Hospital

* Staff are always kind and helpful and the food is lovely.
* Food is lovely here, we had steak pie for lunch today.
* Cakes are always nice and the staff are just wonderful.
* I give the hospital and staff 100 out of 100.

Witney Community Hospital

* I need more therapy, I haven’t seen a therapist today and I’m here to get better and make progress.
* The nurses are good, but the therapy provision is laughable, he only had 25 minutes therapy last week and none since.
* It’s lovely here, the staff, all the doctors and nurses, are fantastic.

Allen Ward

* There are no members of staff available in the mornings as they all meet, patients are unable to leave the ward to go on leave or speak to anyone.
* No signs up on the ward about smoking break times, patients unsure when ward round take place.

Vaughn Thomas Ward

* Lovely comments about the way they are “doing a very hard job well”.
* Patient raised concerns about the communication between his parents and his Consultant.
* Issues relating to leave and home leave.

Watling Ward

* Patient raised concern about the fact that staff did not want to get him a full statement from finance.
* Concerns around ordering of halal meals.
* Another patient raised some concerns about his welfare benefits not being paid.

Kennet

* Some issues about staff attitude
* Lots of worry about smoking and the provision of smoking breaks, patients do not feel they have enough breaks or that they are long enough.

They told PALS and we did…...

Kennet ward concerns were addressed by PALs officer and ward manager at the time.

Witney Community Hospital – Linfoot Ward

*“The toaster that they use are a total waste of time, it doesn’t do anything to the bread. I understand that it is like one of those toasters in a hotel, however with this one, you put bread in and you get bread out, it never looks like toast. Also there are not enough fresh vegetables.”*

PALS contacted both the Head of Catering and the Head of Community Hospitals to share the feedback received. Following this, the ward purchased a new toaster and a member of staff from the Catering Department visited the enquirer to discuss the catering issues. At the following PALS surgery, an update was provided by the patient who described the situation as “much improved”.

Vaughan Thomas Ward

*“I am seeking information about solicitors available over the Christmas period, the mental health act and tribunal. I am also concerned that my partner is currently in hospital and his sick note is due to expire shortly and I need this to be extended”.*

PALS contacted the Trust’s Mental Health Act Manager who was able to provide details of solicitors available over the Christmas and New Year period and these contact details, along with information about the mental health act and tribunals were shared with the enquirer. PALS also encouraged the enquirer to discuss their concerns in relation to their partner’s sick note with the Consultant Psychiatrist, at their pre-arranged meeting that afternoon. The enquirer was very grateful for the advice and information provided.

St Barnabas, Podiatry Clinic

*“I am concerned that I paid £100 for insoles through the St Barnabas Podiatry Clinic, which are causing pain to my feet and I am therefore unable to use these. I am concerned that I have been discharged from the service, when I am still in pain. I am also concerned that it to 6-8 weeks for the insoles to arrive.”*

PALS contacted the Operational/Professional Lead for the Podiatry Service who arranged for the matter to be investigated. Apologises were provided to the enquirer for the delays in the insoles being manufactured and fitted and the enquirer was refunded for the insoles that he could not wear due to the pain. Enquirer was offered a review appointment, although this was declined.

East Oxford Dental Clinic

*“I am concerned that my appointment for an initial assessment, prior to a tooth extraction, was cancelled and that this will result in surgery being delayed. This is of particular concern as I am going on holiday shortly and needed the surgery prior to going away”.*

PALS were able to liaise with the clinic and as a result, the initial assessment and surgery were completed at the same appointment to ensure the patient had the treatment before they left on holiday.

1. **Regulation of CQC National Standards**

**5.1** **Exception Monitoring**

A monthly report of the internal position by Division and location against the CQCs essential quality and safety standards/ outcomes is circulated to the Executive Team, Divisional Directors, Clinical Directors, Heads of Service, Heads of Nursing and outcome leads. The report identifies exceptions where internal concerns have been identified and are being resolved.

Each internal concern is risk rated using a matrix from minor concern to major concern depending on the impact to patients and the likelihood / frequency of the concern reoccurring. Where there is a current lack of evidence or assurance to demonstrate compliance with an outcome a grey rating is used. The Divisions report progress against the concerns and actions quarterly as part of the assurance process for all the outcomes. In addition each of the Quality Improvement Committees (QIC) is responsible for monitoring and confirming assurance against identified outcomes.

In January 2014 there are no major concerns (red) highlighted and the moderate concerns (amber) are as follows:

* + Patient feedback about their experiences on the adults of working age mental health wards (source 2013 inpatient survey).
  + Concerns about staffing levels, leadership and service capacity across the Community Nursing Service particularly teams in Central and South Oxfordshire.
  + High vacancies and staff sickness across three of the Community Hospitals, raising difficulties with staffing levels and higher usage of temporary staffing.
  + Gaps identified in compliance with statutory requirements and identifying a competent responsible person for each statutory requirement.
  + Completing of Fire risk assessments across patient and non-patient areas across the trust.
  + Windows and restrictors reviewed across all patient areas, some remedial work is still to be completed.
  + Hanging and ligature risk assessments have been completed across all mental health wards, the schedule of works to address the high and extreme risks is being developed.

The staffing outcome; reviewing sufficient staffing levels (13), has been changed to grey across the majority of inpatient areas, because there is insufficient evidence and assurance. Detailed assurance on planned staffing and actual levels achieved will be reviewed by the Extended Executive in its March meeting.

**5.2** **Internal Audit on CQC Compliance**

In the last internal audit carried out by CEAC in May 2013 on the monitoring and reporting arrangements around the CQC national standards, a GOOD assurance level was achieved and three low risks were recommended to improve the system. One of the recommendations was for all Divisions and teams to move to using the CQC module in the Safeguard System over the next year (2013/14) and that the use of the system will be monitored.

Below in table 3 is a first status position against the above recommendation on services moving to use the Safeguard System/

Table 3.

|  |  |  |
| --- | --- | --- |
| Division | Status with using the CQC Module in the Safeguard System | Date assurance against all standards last reviewed/ updated |
| Children and Families | The Division is to move to using the Safeguard System from 1st Feb 2014. Team structure for the module is agreed. The Division currently ask each service to complete a word document which is saved in a shared folder and the Head of Nursing keeps an overview. | December 2013 |
| Mental Health (adult and older adult services) | The Division is to move to using the Safeguard System by the end of March 2014. The Division SMT review exceptions monthly. | Exceptions reviewed by SMT monthly |
| Community Services | The Division are using the Safeguard System; however a small number of services are still to put any evidence on. The Division Governance Team review the assurance information quarterly and the Head of Quality and Clinical Governance reviews any exceptions monthly. | This varies by team from Jan 2013 to Jan 2014 |
| Specialised | The Division are using the Safeguard System; however one service is still to put any evidence on. The Division SMT review the assurance information through presenting the information for 1 or 2 outcomes at each Division clinical governance committee. | This varies by team from June 2012 to Nov 2013 |

**5.3** **CQC New Inspection Framework**

The CQC has recently published three new documents outlining their new inspection framework, principles and operating model, for inspecting Mental Health services (including addictions services); Community Services and GP and Out of Hours services. The framework centres on the five key questions the CQC will ask of services:

* Are they safe?
* Are they effective?
* Are they caring?
* Are they responsive?
* Are they well-led?

Please see Appendix 4 for a summary of the CQCs timescales in 2014, there will be further announcements around changes to the way dentist services, medical services in prisons, children’s safeguarding and integrated care provision across health and social care will be monitored by CQC. The first wave of inspections in dental and prison healthcare will be from July to September 2014. Dr Ted Baker Medical Director, OUH has been appointed as Chief Inspector of Hospitals. This involves mental health and community services.

**5.4** **CQC Mental Health Inspections (starting Jan 2014)**

The revised framework is intended to strengthen the inspection approach which has to date mainly centred on inpatient services but will in future recognising the importance of community services to people’s experience of care, including the experience of people on community treatment orders. The CQC will inspect more community MH services and will also look at how community mental health services work with other organisations that are important in supporting recovery in mental health.

They note that specialist mental health services - in and out of hospital - are used by people whose health may make them particularly vulnerable and who may not have the capacity to make decisions for themselves and will focus more sharply on ensuring that their rights are protected. The CQC intend to develop new ways of working with service users, their families and carers, during inspections and at other times and will be using complaints made by people who use services as a key source of information.

The main changes to inspections will be the:

* Inclusion of mental health specialists on all inspections of mental health services and bringing together the CQC work under the Mental Health Act and regulation of mental health services.
* Setting up of inspection teams of specialist inspectors, Experts by Experience and professional experts.
* Rating of mental health services with one of the following: Outstanding, Good, Requires improvement or Inadequate.
* Engagement with people who use services, their carers and families, during inspections and at other times in new ways.
* Ensure there is better information about mental health services and developing their intelligent monitoring system for MH services.
* Looking at how people are cared for as they move between services.
* Recognising that mental health treatment and support is part of services in all sectors.

The new way of regulating specialist mental health services reflect emerging concerns in particular:

* Deaths whilst under the care of mental health services – from suicide; unidentified, poorly treated or preventable physical illness, as well as specific concerns such as deaths caused by restraint
* The experience of people in crisis – the availability and responsiveness of services to supporting people through crisis and preventing admission to hospital; growing numbers of people being admitted to hospital far away from their home area because of bed pressures.
* Transitions and interfaces between services – including the transitions between child and adolescent mental health and adult mental health services and between services for adults and older adults and interfaces between services for people in contact with the criminal justice system who have mental health needs.

The CQC intend to pilot the new inspection approach between January and March 2014 within the NHS, there will be a second wave of pilot inspections between April and June 2014 with the aim of expanding this and rolling out the final inspection model to other specialist mental health providers including the independent sector, starting in October 2014. Five trusts will take part in the first wave of the pilot. These trusts are:

* Coventry & Warwickshire Partnership NHS Trust
* Devon Partnership Trust
* Dudley & Walsall Mental Health Partnership NHS Trust
* South West London & St George’s Mental Health NHS Trust
* Solent NHS Trust (combined community health services and mental health trust).

**5.5** **Community Services (starting Jan 2014)**

The plans for the CQC inspections of Community Services are set out in 'A fresh start for the regulation and inspection of community health care'. As more and more health services are delivered in community settings, the care getting more complex (as some acute services are moved out of hospital settings) and some people may receive a range of community health services, as well as other care and support services, at the same time. This increases the need for services to be well co-ordinated within an organisation and for it to work well with other local providers and agencies; consequently the CQC’s inspections of these services will be carried out by larger teams and will include specialists in the different aspects of care provided. Inspections will also involve people who use services. Inspection teams will include:

* Expert CQC inspectors
* Relevant clinicians – for example district nurses, community nurses, health visitors, allied health professionals such as occupational therapists, GPs, paediatricians, directors and managers
* Experts by Experience – inspections will always involve people who have experience of using care services.
  + People’s experiences of services will be at the heart of CQC’s assessments of these services, which means looking at issues such as access to services beyond office hours, the effectiveness of care and support for people living at home, preventing people from being admitted and re-admitted to hospital, the quality of long-term conditions management, the quality of integrations across health and care services, and the sharing on medical records across the system.

The inspection approach will be to look at a range of services, locations and local areas and will look at how well quality and risks are managed across all services, including how well services are governed across widely dispersed locations and teams.

This new approach starts with pilot inspections of five organisations that provide a range of services, including NHS trusts and social enterprise providers. This is a test of the approach and with large organisations and will be adapted for smaller community health care providers in the independent and voluntary sectors. The four organisations to be inspected in the first wave between January and March 2014 are:

* Bridgewater Community Healthcare NHS Trust
* Central Essex Community Services
* Derbyshire Community Health Services NHS Trust
* Solent NHS Trust (combined community health services and mental health trust).

Wave 2 pilot inspections of NHS acute hospital trusts are being carried out between Jan to March 2014, which includes inspections of community services for one combined trust, St Georges Healthcare NHS Trust (hospital and community health services).

There will be a second wave of pilots for mental health and community services between April and September 2014 and the roll out will commence in October 2014.

A fresh start for the regulation and inspection of community health care states that the CQC will identify a set of services that it will always inspect for a community health provider. For the first inspections, these will be:

* Services for children and families
* Adults with long-term conditions (including district nursing, specialist and rehabilitation services)
* Adults requiring community inpatient services (all community hospitals will be visited)
* People receiving end-of-life care.
  + From the first group of inspections and work with patients and the public it is anticipated that a description of what good and outstanding care looks like for these services can be defined.

**5.6** **GP and GP out of hours services (starting April 2014 and Dec 2013 respectively)**

The new style inspections will start being tested in GP practices from April 2014 and by April 2016 all practices will have been inspected and given a rating.

From December 2013 the new style inspections started in GP out of hour’s service and the first wave of inspections will be completed by March 2014. From April 2014 services will be inspected at the same time as GP practice within the CCG area. Ratings for out of hour’s service will begin from June 2014.

Inspection teams will include a CQC inspector, a GP, a practice nurse or practice manager, a trainee GP and they may also include a member of the public with particular experience of using GP practices. Rather than look at practices in isolation inspectors will visit every CCG area once every six months, inspecting a quarter of the practices in that area. They will focus on the care of the most vulnerable, including homeless people, people with learning disabilities and vulnerable older people. Inspections will explore how well people’s care is organised when more than one type of service is involved. The CQC will gather views from individuals, families and carers and local groups before it carries out an inspection.

The new inspections will initially focus on the GP out-of-hours services because the CQC feels that they are likely to put patents at a higher risk of receiving poor care than from other general practice services.

Since April 2013 CQC has completed 1,000 inspections of GP practices. Whilst these showed that many people receive good quality care from their GP it also highlighted that 34 percent of GP practices were failing at least one of the required standards, and in nine practices there were very serious failings.

Unlike the inspection changes for other services (mental health, acute and community) these revisions are not being piloted but will be evaluated and adapted whilst in use. Key changes to GP and out of hour’s inspections are:

* Better, more systematic use of people’s views and experiences, including suggestions and complaints.
* New expert inspection teams including trained inspectors, clinical input led by GPs and nurses, practice managers and GP Registrars.
* A rolling programme of inspections carried out systematically in each clinical commissioning group (CCG) area across England.
* Inspections of GP out-of-hours services to be incorporated into CCG area programmes.
* A focus on how general practice is provided to key patient groups, including vulnerable older people and mothers, babies and children.
* Tougher action in response to unacceptable care, including where necessary closing down unsafe practices.
* Ratings of all practices to help drive improvement and support people’s choice of surgery.
* Better use of data and analysis to help us to identify risk and target our efforts.
* Clear standards and guidance to underpin the five key questions the CQC ask of services: are they safe, effective, caring, responsive and well-led?
* Close collaborative working CCGs and Local Area Teams of NHS England to avoid duplication of activity.

1. **Infection Prevention and Control Report – December 2013**

**Infection Prevention and Control Update**

**Community health services**

***Clostridium difficile***

There has been a total of 1 case of Clostridium difficile infection (CDI) in community hospitals in December 2013.

This case occurred on Wenrisc ward, Witney hospital (25.12.13). A full RCA has been completed and the patient was managed appropriately. The patient was being treated for a septic ulcer and had been on antibiotics in the community prior to admission.

There has been a total of 1 case of *Clostridium difficile* infection (CDI) in community hospitals so far in January 2014.

**Mental health services**

There have been no CDI cases in December 2013 and so far in January 2014.

As of 20/1/14 we have 13 CDI cases against the Health Economy threshold of 8 and MONITOR threshold of 12.

We continue to be involved with a monthly CDI health economy review meeting with the OUH, Public Health England and OCCG commissioners. At this meeting all CDI cases across the health economy are presented.

Summary of the review meetings for the 12 cases so far this year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month | Location | Running total of cases | Avoidable/  Unavoidable | Running total of Avoidable |
| April 2013 | Didcot | 1 | Unavoidable | 0 |
| Wallingford | 2 | Unavoidable | 0 |
| May 2013 | No cases | 2 |  |  |
| June 2013 | No cases | 2 |  |  |
| July 2013 | No cases | 2 |  |  |
| August 2013 | Ward 2 Abingdon | 3 | Unavoidable | 0 |
| City | 4 | Unavoidable | 0 |
| September 2013 | City | 5 | Unavoidable | 0 |
| City | 6 | Avoidable- retest of positive patient | 1 |
| October 2013 | Bicester | 7 | Compliant with prescribing guidelines but not enough information to grade | 1 |
| Linfoot ward, Witney | 8 | Unavoidable | 1 |
| November 2013 | City | 9 | Unavoidable | 1 |
| City | 10 | Unavoidable | 1 |
| Ward 2 Abingdon hospital | 11 | Unavoidable | 1 |
| December 2013 | Wenrisc ward, Witney | 12 | Unavoidable | 1 |
| January 2014 | City- 1 cases | 13 | Not reviewed yet |  |

Of the 12 cases reviewed so far, 10 are unavoidable, 1 avoidable and 1 unclassified.

Further collaborative work is being undertaken with the lead for infection prevention and control in the CCHG and the infection control manager at the OUH to develop and county wide CDI patient information leaflet. The number of CDI cases across the health economy does seem to be challenging for all Trusts.

**Outbreaks January**

There has been one outbreak of diarrhoea or vomiting in the Trust within the community division. This is currently ongoing and being managed by the infection prevention and control team and reviewed daily.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | Location | Number of patients | Number of staff | Number of days closed | Causative organisms |
| 3.1.2014 | Didcot hospital | 18 patients | 17 staff | 5 days | Norovirus |

There have been no MRSA or MSSA bacteraemias in either community or mental health services.

**E.Coli bacteraemias**

There is an increased incidence of E.Coli bacteraemia identified and this is reflected in both the Trust and OUH.

There was one case in December on Linfoot ward, Witney hospital and this was investigated- no root cause could be determined. The patient has recovered.

There have been 2 cases so far in January. Both were in patients seen in Abingdon and Witney EMU’s respectively where blood cultures were taken. Neither patients were admitted to the Trust and these cases are community acquired attributable to OHFT.

There is no target for these infections but it is a mandatory reported infection.

**Outbreaks**

There have been three outbreaks of diarrhoea or vomiting in the Trust within the community division in January. These were managed by the infection prevention and control team and managed and reviewed daily during the outbreak.

There have been no MRSA or MSSA bacteraemias in either community or mental health services.

**6.1 Monitor Q3 Report**

***Clostridium difficile* update**

The Trust has a Oxfordshire Health Economy threshold for 2013-14 of 8 cases of *Clostridium difficile* infection (CDI) and a MONITOR threshold of 12. Reaching the threshold of 12 by the end of Q3 will be reported to MONITOR in the Governance Declaration.

Cases by quarter:

* 2 in Q1
* 4 in Q2.
* 6 in Q3

**External Peer Review Process**

We have developed this year and participate in a monthly CDI health economy peer review meeting with the OUH, Public Health England and OCCG commissioners. At this meeting all CDI cases across the health economy are discussed to review practice, identify any common threads and learning points and ascertain whether they meet the criteria to be removed from the target numbers.

All cases for Oxford Health have been reviewed and discussed at the monthly review meeting. Of the 12 cases to date:

* 10 were deemed unavoidable
* 1 avoidable as this patient was already identified as positive for CDI in August but was retested in September. This is still the first episode but is recounted as a new case as the test was repeated 28 days after the first result.
* 1 case was not classified as not enough information was available however the patient management was within Trust guidelines.

The health economy review meeting has identified there is a raised increased in CDI cases locally and nationally. Patients are being admitted to Trusts with infections which require antibiotic therapy. This greatly increases the risk of developing CDI. The understanding and profile of CDI remains very high on the Trust agenda which regular reviews and updates provided for the Board and clinical services.

Oxfordshire CCG financial penalties apply should the threshold of 8 avoidable cases be breached.

**Appendix 1.Trust wide list of Patient Feedback Mechanisms**

Last updated January 2014

Note. Only includes feedback systems which have been in place for at least 3 months and which are implemented across the majority of teams within a service



**Appendix 2. Snapshot of feedback from patients across a range of services**

| Division | Service | Period | Response Number (response rate) | Top positive themes | Top themes for improvement  (85% and below) |
| --- | --- | --- | --- | --- | --- |
| Specialised | Salaried Dental Service | Aug 2013 | 35 (21%) | * 100% had enough time to discuss care * 97% when they had important questions to ask, they got answers they could understand * 100% the staff member listened to what they had to say * 94% they received the right amount of information * 88% information was easy to understand * 93% confidence and trust in staff * 96% treated with dignity and respect * 97% treated with kindness and understanding * 100% staff washed their hands before examining * 98% dental surgery clean * 86% location of clinic convenient * 92% extremely likely or likely to recommend service * 94% rated the service as excellent or good. | * 81% patients seen within 6 weeks * 81% involved in decisions about care |
| Community Forensic Service  \*Note survey fieldwork has not yet closed | Dec 2013 | 17 (21%) | * 88% know who their care coordinator is * 100% had a care review meeting in the last year * 85% found the care review meeting helpful * 94% right amount of information given * 97% received support with getting help for any physical health needs * 91% received help with finding or keeping work * 100% received help in finding or keeping accommodation * 92% received help with getting financial advice or benefits. * 94% trust and confidence in staff * 88% rate care as excellent or good | * 79% involved in decisions about care * 82% know how to contact care coordinator during normal working hours * 65% know how to contact team out of normal working hours * 71% received copy of care plan in last year |
| Mental Health | Adult CMHTs  (themes also reflected in 2013 national survey carried out in May 2013 and pilot undertaken with DoH carried out in Aug 2013) | Oct-Dec 2013 | 84 (14%) | * 95% know who their care coordinator is * 94% understand what is in my care plan (however 10 patients said they do not have a care plan) * 86% care team explained purpose and possible side effects of medication * 90% when i have a concern my care team listens to me * 94% care team support them with any physical disability (n=17) * 94% rate care received as excellent or good | * 76% care coordinator helped patient to understand relapse signs * 78% family involved in care (excl family did not want to be involved or patient did not want family involved) * 81% involved in decisions about care * 67% right amount of information given * 63% care team support them with any learning disability (n=8) * 55% number of someone from mental health service to contact out of office hours * 75% had care review meeting in last 12 months (83% found review meeting helpful) |
|  | Adult acute inpatients | 2013 | 100 | The full details of the adult acute inpatient survey results were presented to IGC in November 2013.  Top themes for improvement:   * Staff time available to talk to patients * Provision and explanation of information covering medicines, complaints, crisis number, rights and physical health * Purpose of medication and possible side effects explained * Provision of activities especially at weekends and evenings | |
| Children and Families | Health Visitors  \*Note survey fieldwork has not yet closed | Nov-Dec 2013 | 78 (18%) | * 96% appointment with health visitors at an acceptable time * 95% health visitor arrived on time or early for appointment * 97% felt appointment longer enough to meet needs * 95% involved in decisions about care * 92% health visitor listened carefully to what patient said * 94% treated with respect and dignity * 90% saw the same staff member on most occasions * 90% rated service excellent or good | * 72% easy to contact team by telephone * 81% given the right amount of information about child’s condition/ treatment |
| CAMHS across Oxon, Bucks and SWB  (young people’s responses only excluding parent responses) | June-Nov 2013 | 1271 | * 86% received enough information about staff member they were talking to * 86% felt person they saw was kind * 76% rate care excellent or good * 76% would tell a friend about CAMHS if they needed help | * 80% happy with contact with reception staff * 58% liked the waiting area * 65% found appointment room comfortable * 79% appointment room was private * 70% felt person they saw understood them * 82% felt listened to * 67% provided enough information about the service * 75% felt questions answered in a way they could understand * 76% trust and confidence in staff * 73% involved in decisions about care |
| Community Services | Community Nursing Service  \*Note survey fieldwork has not yet closed | June-Dec 2013 | 329 (31%) | * 90% enough time to discuss care and treatment * 91% when they had important questions to ask, they got answers they could understand * 95% staff listened to what patient said * 90% received the right amount of information * 89% information received was easy to understand * 95% confidence and trust in staff * 90% if they had worries/ fears they felt able to discuss with staff * 97% treated with kindness and understanding * 96% staff member introduced themselves before examining or treating * 96% rate care as excellent or good. * 92% extremely likely or likely to recommend service | * 84% given opportunity to see and agree care plan * 85% involved in decisions about care |
|  | Emergency Out of Hours Service  \*Note survey fieldwork has not yet closed | June-Dec 2013 | 100 (18%) | * 91% had enough time to discuss treatment with staff * 90% when they had important questions to ask, they got answers they could understand * 90% staff listened to what patient said * 86% if they had worries/ fears they felt able to discuss with staff * 88% staff member introduced themselves before examining or treating * 91% confidence and trust in staff * 93% treated with kindness and understanding * 95% given enough privacy when discussing condition * 86% right amount of information about condition/ treatment (89% information given was easy to understand) * 89% rate care as excellent or good. * 89% extremely likely or likely to recommend service | * 85% involved in decisions about care |
|  | MSK Physiotherapy | Aug 2013 | 173 (35%) | * 87% had enough time to discuss treatment with staff * 89% when they had important questions to ask, they got answers they could understand * 92% staff listened to what patients said * 89% confidence and trust in staff * 96% treated with kindness and understanding * 94% clinic clean * 97% staff introduced themselves before examining or treating * 92% clinic location convenient * 94% waited 3 months or less to be seen * 89% rated care as excellent or good * 87% extremely likely or likely to recommend service | * 81% right amount of information (87% information easy to understand) * 83% involved in decisions about care * 85% if they had worries/ fears they felt able to discuss with staff |
|  | Podiatry | Aug and Nov 2013 | 812 (42%) | * 88% had enough time to discuss treatment with staff * 89% when they had important questions to ask, they got answers they could understand * 92% staff listened to what patient said * 87% if they had worries/ fears they felt able to discuss with staff * 86% involved in decisions about care * 89% right amount of information given (89% information easy to understand) * 90% confidence and trust in staff * 95% treated with kindness and understanding * 95% staff washed hands before treating * 99% clinic clean * 94% waited 3 months or less to be seen * 87% appointment date/ time convenient * 93% rate care as excellent or good * 94% extremely likely or likely to recommend service | * 85% clinic location convenient |

**Appendix 3. Friends and Family Survey - Positive and Negative comments received in the last 3 months**

|  | Positive Comments (extremely likely or likely to recommend) | Negative Comments (extremely unlikely or unlikely to recommend) |
| --- | --- | --- |
| Community Hospitals |  |  |
| Abingdon Community Hospital ward 1  (10 stroke beds) | Lovely friendly atmosphere and wonderful caring staff and doctors. Thank you.  We all found the staff very friendly and helpful, and they were very quick to answer any questions we had one way or another.  Polite staff and very helpful.  Kind and helpful staff. | No negative comments received in last 3 months |
| Abingdon Community Hospital ward 2 | The kindness, efficiency and professionalism of all the staff at Abingdon were excellent.  First class, happy staff. Gina, Harta and Sophia gave great service.  Staff very good. I was well cared for. Food was also good. Gina was quite exceptional.  Excellent service/ care, we couldn't have asked for more for Dad. | No negative comments received in last 3 months |
| Bicester Community Hospital | No responses received in last 3 months | No responses received in last 3 months |
| Didcot Community Hospital | Staff friendly and very kind. Food wonderful. Enjoyed my stay in hospital.  Because all staff are wonderful people; happy and dedicated to their tasks.  The staff are very friendly and helpful.  All the staff gave a great service.  The excellent physiotherapy and cheerfulness of staff.  Everyone is superb. Berenice Paterson in particular gave a great service.  Care, professional, knowledgeable, friendly. Cleanliness was superb. Food magnificent.  Good food. Careful nursing. | No negative comments received in last 3 months |
| Henley Community Hospital | All the staff at Townlands are professional and caring with endless patience and are in fact second to none, nothing was too much trouble. The hospital was clean and the food excellent.  High standard of professional yet homely treatment.  Their kindness, patience and care of both patients and close family. A well run team. All were brilliant. Physiotherapists excellent.  I was treated with kindness and respect by nursing staff and all other members of the staff and physiotherapists who got me up and moving.  The care and quality of treatment given by all the staff. Good food. | No negative comments received in last 3 months |
| Oxford City Community Hospital | No responses received in last 3 months | No responses received in last 3 months |
| Wallingford Community Hospital | Friendly, happy and helpful staff.  Very helpful people, usually working well together.  The staff were always cheerful and polite.  The food was excellent  Excellent, caring staff, clean environment.  Excellent dietary care for coeliac. Siobhan (discharge nurse) | Staff all very friendly and caring towards patients, but they need to remember that every patient is an individual, which was not always the case. |
| Wantage Community Hospital | Excellent food and jolly good nurses. All very nice, especially night staff.  Excellent staff.  The staff were so kind and helpful. I really appreciated everything.  Personal and everything, everyone did their best. I can not single out any staff, they're all amazing.  Everyone so kind and caring. | Very good hospital. Enjoyed stay, only reservation was waiting time to go to the toilet. Otherwise wonderful. |
| Witney Community Hospital Linfoot ward | Staff were extremely helpful and efficient.  All members of staff were very caring. In particular, Clare gave a great service.  The dedication and professionalism of the staff mixed with empathy and humour made a fantastic combination.  All staff extremely kind and helpful.  Treatment good. | No negative comments received in last 3 months |
| Witney Community Hospital Wenrisc ward (10 stroke beds) | No responses received in last 3 months | No responses received in last 3 months |
| Minor Injury Units |  |  |
| Abingdon Minor Injury Unit | The staff were extremely professional, highly knowledgeable and very courteous. Thank you!  Efficient, practical and caring service.  Excellent people, excellent service  A friendly efficient service  Hillary was amazing  Helpful, friendly atmosphere, pleasant surrounds, good advice  Great service friendly staff  Very helpful and kind | Although I had a 2 hour wait, staff were very helpful, also parking facilities are very good.  Waiting time even with appointment oo long  Poor signage made it hard to find. Poor timekeeping  It is good but slow at getting you seen  Long wait when no one here  Waiting time is a long time  Because you have to wait so long for you to be seen |
| Henley Minor Injury Unit | Very prompt attention, helpful advice, excellent manner.  Darren and Debbie were amazing and the whole service is brilliant.  I was seen straight away. I was extremely happy with service and staff, brilliant.  Friendly, efficient and knowledgeable.  All staff gave a great service!  Quiet, free parking, fantastic with young children. Sarah Brown and Melanie Holmes gave a particularly great service.  The service I received was excellent. All were very good, especially Melanie. | No negative comments received in last 3 months |
| Witney Minor Injury Unit | First class treatment and care.  Very quickly seen, very professionally looked after.  Great care given by Phil and Tracy.  Service was very efficient and treatment and advice excellent.  Skilful, compassionate care. I was given an indication of how long I might have to wait. I was given good advice about what to expect, and how to help myself etc.  Looked after extremely well.  Very helpful, pleasant and caring staff.  Excellent and friendly service. Lovely staff. Seen quickly and efficiently.  Super welcome, Kept informed. Great nurse, super service.  It's such a calm, well-organised environment and the staff are amazing. Thank you.  The staff were lovely, caring and helpful. | Competent staff, but not enough of them, so I had a long wait of 3 and a half hours.  Because it is good, but long waiting times.  Reliable service, friendly staff, sometimes waiting can be a long time.  Difficulty in getting through on the 01608 number, confusing message.  Found staff unhelpful [name removed], a smile would be nice. I came in a few weeks ago and the staff were much friendlier. (Nov 2013) |

**Appendix 4. CQCs proposed timecales for the changes**

