Introduction
Healthwatch Staffordshire is the independent consumer champion for health and social care in your local area, delivered by Engaging Communities Staffordshire. Healthwatch Staffordshire’s job is to argue for the consumer interests of those using health and social care services across the country, and give local people an opportunity to speak out about their concerns and health care priorities.

We capture data in various ways including:

- Through ongoing Research and Engagement Work as Healthwatch
- Through our online Feedback Platform Experience Exchange
- Through our independent complaints advocacy service

These form our Central Intelligence Bank which gives us a range of service user experiences.


In total, we have had a total of 68 reviews on experience exchange for BHFT out of a total of 352 across all providers. Reviews are generally positive, particularly regarding the range of services on offer, convenience and accessibility of location, staff attitudes and cleanliness (see figure 1).

Figure 1: BHFT Patient Experience

<table>
<thead>
<tr>
<th>Service</th>
<th>Positive, 39</th>
<th>Positive, 40</th>
<th>Positive, 47</th>
<th>Positive, 42</th>
<th>Positive, 50</th>
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<td>3</td>
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<tr>
<td>Convenience and Accessibility of Location</td>
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<td>The Physical Environment</td>
<td>8</td>
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<td>Staff Communication Before, During and...</td>
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<td>7</td>
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<tr>
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<tr>
<td>Waiting Times</td>
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<td>Staff Attitudes</td>
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<td>Cleanliness of Staff and Facilities</td>
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0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Queens Hospital

Queens hospital has received 58 reviews out of the total 68. Again the majority of these were positive, particularly regarding cleanliness, staff attitudes and the quality of food (see figure 2). Less positive was the waiting times for appointments where we received a number of comments about delays in the waiting room and of appointment letters.

Figure 2: Queens hospital reviews

<table>
<thead>
<tr>
<th>Reviews</th>
<th>Cleanliness of Staff and Facilities</th>
<th>Staff Attitudes</th>
<th>Waiting Times</th>
<th>The Quality and Variety of Food</th>
<th>Staff Communication Before, During and After Treatment</th>
<th>The Physical Environment</th>
<th>Convenience and Accessibility of Location</th>
<th>The Range of Services on Offer</th>
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<td>8</td>
<td>5</td>
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</tbody>
</table>

Patient stories collected via experience exchange were largely very positive. Key positive themes which emerged include:

- Quality of care
- Staff attitudes
- Joined up services

Positive Patient Story

I attended the Queens Hospital Treatment Centre for Urology. I was welcomed onto the ward by the sister and her staff who, processed all patients in a warm and friendly manner. I was then visited by the Surgeon who, explained in detail what he was going to do. I was then visited by the Urologist, who again, explained the full procedure. I was taken into the operating theatre and received a warm and friendly greeting from everyone I met. After the operation I was returned into the care of the Sister and her staff who gave each patient the attention they required and fully catered for each person’s individual needs. The whole experience was one of the most reassuring operations I have ever encountered and everyone concerned should be held in high esteem due to each and every person within the Treatment Centre working to the same goal. I can only hope that other departments within the Queens Hospital are run with the same understanding between all the staff as I found within the Treatment Centre.
Negative comments that were received via experience exchange highlighted the following key themes:

- Communication
- Quality of Care
- Parking

**Patient Story**

Appointments with Dermatology Consultant seem to be organised at the very last minute. I have had two appointments where I received notification after the date due or with only one day’s notice. Fortunately, on the third occasion I was able to make the appointment with a day to spare. I arrived a couple of hours before the scheduled clinic time and was seen immediately. Nonetheless, even this gave me cause for concern as it all seemed a little haphazard. Isn’t it time that appointments were notified by SMS and/or email, as a matter of routine? I never have this problem with the Ophthalmology Department where appointments are notified well in advance.

**Sir Robert Peel**

Sir Robert Peel has only received two pieces of feedback via experience exchange. One, negative and one neutral (see figure 3). These comments are predominantly around wasted resources (neutral) and the efficiency of care (positive).

**Figure 3: Patient feedback at Sir Robert Peel**
My neighbour had some crutches to return so as I had an appointment at Robert Peel I decided to take them there. I was surprised to be told by the Physiotherapy Department, they do not have them back now because of "Infection Control" and told to dispose of them! This is a waste of money particularly with all the NHS cuts we keep getting to save money. There must be a way equipment could be sterilised and used again, surely other hospitals don't scrap them too. At Good Hope orthopaedic department there's a large pile of returned sticks and crutches as you enter the door. Its no different from someone using one of the hospital wheelchairs, seats, a bed or other equipment they're not throwing them away too surely as someone's sat in them or lay on them.

The minor injuries unit saw my daughter quickly after a fall, and suspected broken bone. The staff are always kind and caring and take the time to do the job properly. Everyone from the receptionist, nurses, x-ray lady and man who did the plaster cast were great. It is such a shame they are thinking of closing this unit at night. We would have had to go miles to Queens Hospital and had a lengthy wait in A&E if Robert Peel were not open. This hospital is such an asset for local people.

**Samuel Johnson**

Samuel Johnson received 8 pieces of feedback in the past 12 months on experience exchange. Again these were largely positive except for the quality of food which was mostly neutral (see figure 4).

**Figure 4: Samuel Johnson Patient Reviews**
Of the patient stories collected for Samuel Johnson, there were no negative stories on experience exchange. The themes of the positive comments received include:

- Disability Access
- Staff Attitude
- Quality of Care

This was a minor emergency on New Year's day, at around 22:30. My daughter and family were staying with us, including her 18-month old son who was teething and in a lot of pain. Unfortunately, the vital Calpol bottle had been dropped and broken, so he needed another bottle urgently. By this time pharmacies and supermarkets were closed and our usual pharmacy, the COOP in the Greenhill Health Centre had not posted the details of the local all-night pharmacy, so I went to Samuel Johnson MIU to see if they could help. The staff were very understanding and as they did not know the location of the all night pharmacy, they gave me a bottle of Calpol from their stock; the whole family were very grateful.

An example of the quality of care provided by Samuel Johnson hospital is outlined in the following patient story.

Independent complaints

We have 21 closed cases for Burton Hospitals NHS Trust that were closed in 2016. Of those 21, 6 received information but didn’t continue with advocacy support, 1 was out of our catchment area so was referred on. Key themes to emerge from the complaints are:

- 1 concerning patient transportation waiting area facilities.
- 3 around lack of and misdiagnosis
- 3 concerning unsafe discharge
- 4 concerning poor care and treatment in the following departments ENT, Maternity and Paediatrics and general acute medicine
- 1 concerning staff attitude.
- 1 concerning delays in care as an inpatient.
- And 1 concerning poor communication.

We have 1 complaint at the ombudsman for Burton Hospitals NHS Trust and 8 ongoing complaints for Burton Hospitals NHS Trust. The key themes for ongoing cases include:

- 3 were around lack of diagnosis or misdiagnosis
- 2 were around nursing care with one resulting in a fall and subsequent death of the patient.
- 1 about the downgrading of a dermatology referral and oncology
- 1 around laboratory services
- 1 on around being accused of attempted assault on staff/other patients.
Healthwatch Research Project

Healthwatch Staffordshire undertook a research project at Queens hospital in Burton between January and May 2015 which analysed the experiences of service users to evaluate whether the Trust are delivering an excellent service for people from all nine protected characteristic groups. This is monitored throughout the NHS through the Equality Delivery System (EDS2) and sets out specific criteria that NHS providers should assess themselves against. This research considered how BHFT is meeting its obligations under EDS2.

The research found that on the whole service users were happy with the services that they receive from the Trust and there is no evidence that any particular protected characteristic group are being treated less favourably than the general population. However, there were some key themes from the research where there can be improvements in approach. Respondents spoke about appointments, particularly how they are notified of their appointments and also cancellations. People were generally happy with the letters that they received informing them of their appointments with them being received in plenty of time for necessary arrangements such as time off work to be made. It was not clear what is in place for people who are unable to read English but this was not raised as an issue by any participants. There were also comments about being reminded to attend appointments and these were viewed favourably. The cancellation of appointments appeared to be a frequent issue for participants and whilst generally they were accepted as being unavoidable there were comments about the impact that repeated cancellations had on the service user.

Communication between departments was a key theme for participants and having good communication impacts on the Trusts ability to deliver EDS2 goal 1.3. There was mixed feedback from participants in relation to the communication within the hospital and the need to improve the processes of transferring notes between practitioners. Issues were also raised in relation to the communication between the Trust and GP’s, with poor communication about treatment from the hospital potentially impacting on the treatment that the service user received from their GP. There were also some comments about the communication between the Trust and other hospitals that participants were referred to. There was particular mention of the incompatibility of IT systems between the different hospitals meaning that some participants had to have tests repeated. There was no evidence that any particular protected characteristic groups were affected more than the general population.

Some of the survey respondents had used more than one hospital within the Trust and as such were able to give a comparison of experiences between the different hospitals. There was mixed feedback with some considering that Queen’s Hospital was more impersonal than the smaller Sir Robert Peel or Samuel Johnson hospitals. However, there was some negative feedback in relation to Sir Robert Peel and Samuel Johnson where people with disabilities had poor experiences and as a result did not feel comfortable using those hospitals rather than Queen’s.

In addition to comparing hospitals within the Trust, participants also compared the Trust to other hospitals that they have been referred on to or have accessed in the past. The Trust was generally viewed favourably and was seen as having a more personal approach than
the neighbouring large hospitals such as Royal Derby. However, there were comments made that there was a lack of specialist services at Burton and as such people were referred to hospitals much further away that they sometimes struggled to access because of transport issues.

Being involved in their own care was important to respondents and they often felt that they lacked the information that they needed in order to be part of the decision making process. There were comments made that when they asked questions they were not supplied with adequate answers as to why particular treatment routes were for the best for them. The lack of information that they received also impacted on their ability to manage their own conditions. However, it was not the case that all respondents felt that they were not kept informed and involved and it is this lack of consistency of approach that means that suggest that there are some areas of good practice that could be replicated elsewhere in the Trust. Being able to consistently support and inform patients to be involved in their own care would mean that the Trust would be better able to meet EDS2 goal 2.2.

The need for a person centred approach was discussed by participants, particularly in relation to feeling like they were seen as an individual and that they mattered to the Trust staff. On the whole the feedback was positive and in keeping with meeting EDS2 Goal 2.3. However, there were some comments where staff at the Trust were seen as being less person centred and able to see the individual. Feedback from one particular group of participants was that with their condition was not understood by staff and the approach to their care was not individually tailored to their needs.

Treatment at the hospital was considered to be good for those respondents who commented on it but there were some that had had poor experiences such as mistakes in their diagnosis or treatment, which is a failure to meet EDS2 Goal 1.4. The attitudes of the staff were widely commented on and were generally positive with staff seen as being helpful, kind and respectful. There were however, some exceptions to this and the reports of poor experiences came from people who identified themselves as having a disability or a long term limiting condition. Those experiences appear to be isolated one off incidences rather than a Trust wide issue but they do impact on the Trust’s ability to be considered to be delivering EDS2 Goal 2.3.

Car parking was commented on by a number of participants both in relation to cost and the availability of car parking spaces at Queen’s Hospital. There was feedback that when service users had to use to hospital on a regular basis the cost of parking becomes prohibitive. Furthermore, there were seen to be too few disabled car parking spaces and this impacted on the ability of disabled people to access the hospital comfortably. This can be seen as a failure to meet EDS2 Goal 2.1 in relation to access to services with there being particular impact on the disabled protected characteristic group.

Participants spoke about the hospital making reasonable adjustments for people with disabilities, such as making changes for someone with autism. However, there were also comments about how difficult it can be to navigate around the hospital when the service user has limited mobility. There was also a comment about the lack of facilities for children when people are receiving chemotherapy and that there is a need for such a facility. The need for additional adjustments for some groups means that there is more to be done to meet EDS2 Goal 2.1.