



Havering

L O N D O N B O R O U G H

HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm

Thursday
12 December 2013

Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group
(3)

Pam Light
(Chairman)
Wendy Brice-
Thompson
Peter Gardner

Residents' Group
(2)

Nic Dodin (Vice-
Chair)
Ray Morgon

UKIP Group
(1)

Ted Eden

**For information about the meeting please contact:
Anthony Clements 01708 433065
anthony.clements@havering.gov.uk**

AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURE OF PECUNIARY OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 8)

To agree as a correct record the minutes of the meeting held on 2 October 2013 (attached).

5 CHAIRMAN'S UPDATE

6 HAVERING LOW VISION STRATEGY

To receive a presentation from Mike Brace CBE on the Havering Low Vision Strategy.

7 HOSPITAL PATIENTS WITH LEARNING DISABILITIES

To receive a presentation from Flo Panel-Coates, Director of Nursing, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) on facilities and policies for hospital patients with learning disabilities.

8 BHRUT PATIENT EXPERIENCE REPORT (Pages 9 - 54)

Presentation from Gary Etheridge, Deputy Director of Nursing, BHRUT on the Trust's current patient experience report (attached).

9 HEALTHWATCH HAVERING UPDATE

To receive an update on recent Healthwatch activities by senior officers of Healthwatch Havering.

10 COUNCIL CONTINUOUS IMPROVEMENT MODEL

Members are asked to note that the Cabinet report concerning the Council's Health and Wellbeing Strategy 2012-14 is now due for review by the Committee and to decide if they would like an update on this area at the Committee's next meeting.

11 CHILDREN'S HEALTH TOPIC GROUP - SCOPE (Pages 55 - 56)

Topic group scope attached for agreement by the Committee.

12 MINUTES OF HEALTH AND WELLBEING BOARD (Pages 57 - 66)

Minutes of the meeting of the Health and Wellbeing Board held on 9 October 2013 attached for noting.

13 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered as a matter of urgency.

Andrew Beesley
Committee Administration Manager

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
2 October 2013 (7.00 - 9.10 pm)**

Present:

Councillors Pam Light (Chairman), Nic Dodin (Vice-Chair), Ray Morgon, Ted Eden, Wendy Brice-Thompson and Peter Gardner

Ian Buckmaster, Healthwatch Havering was present.

Councillor Paul McGeary was also present.

Health officers present:

Caroline O'Donnell, North East London NHS Foundation Trust (NELFT)

Jacqui van Rossum, NELFT

Alan Steward, Havering Clinical Commissioning Group (CCG)

Dorothy Hosein, Barking, Havering and Redbridge NHS Hospitals Trust (BHRUT)

13 ANNOUNCEMENTS

The Chairman reminded those present of action to be taken in the event of fire or other event that may require the evacuation of the building.

14 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

15 DISCLOSURE OF PECUNIARY INTERESTS

There were no interests disclosed.

16 MINUTES

The minutes of the meeting held on 25 June 2013 were agreed as a correct record and signed by the Chairman.

17 NORTH EAST LONDON COMMUNITY SERVICES

Officers explained that there had been a number of service developments at North East London Community Services (NELCS) that impacted on Havering. A major recent innovation had been the establishment of a Community Treatment Team that supplied crisis intervention for patients with health needs in their own home or if they had presented at Queen's

Hospital. The team of multi-disciplinary health professionals had begun operating in April 2013 and was available 8 am – 8 pm, 7 days per week. A Havering social worker was also on the team.

The team had received approximately 1,300 referrals so far which was in excess of the planned demand. NELCS officers agreed that referrals were increasing but were confident that the Community Treatment Team currently had sufficient capacity. The peak times for demand were 10 am to 12 pm and 4 pm to 8 pm. Demand levels were reviewed weekly and it was aimed to have less activity in acute settings and more treatment carried out in the community.

The Community Treatment Team had been developed in conjunction with the BHRUT Hospitals' Trust and was available to all adult patients. The most common reasons for referral to the team were falls, respiratory conditions and urinary tract infections. The team had also targeted those nursing homes with the highest number of referrals to A&E.

A system of integrated case management had been introduced where NELFT worked in partnership with both primary care and social care. This sought to manage patients at the highest risk of needing a hospital admission. This service had also seen increased activity with more than 900 patients using the service in the last 6 months. This team also worked with St Francis Hospital to assist patients at the end of their life. This work was led by the Clinical Commissioning Group and aimed to deliver services such as pain relief at home.

NELCS were also working on more proactive discharge planning with patients, families and carers. The butterfly scheme to identify patients with memory problems had been implemented as had a more proactive system to deal with any peaks in demand. The continence service had also been redesigned with a new service specification and pathways for both children and adults. This service could be accessed via GPs using the Choose and Book system. It was clarified that the service was not means tested and was based on clinical need.

Community Services had recently scored highly on the Friends and Family rating as well as on the Patient Safety Thermometer – a quality test assessing management of pressure ulcers, catheters etc.

The Chairman was pleased that there was now a dedicated mental health and community services lead for Havering – Caroline O'Donnell.

The Committee **NOTED** the presentation.

18 **QUEEN'S HOSPITAL - COMMISSIONERS' PERSPECTIVE**

The Clinical Commissioning Group (CCG) chief operating officer explained that the CCG wished to have services in the community that would reduce the numbers of people attending A&E. It was accepted that there were difficulties in A&E at Queen's Hospital in particular. This was partly due to high numbers of ambulances attending Queen's A&E and to people not being able to be seen in primary care. Other reasons for the A&E problems included slow responses from other parts of the hospital and slow discharge of patients from wards.

In response to these problems, an improvement plan had been developed with stakeholders including the community treatment and integrated case management teams. This also covered issues such as increasing the use of the Urgent Care Centres and having more GPs assigned to care homes. Primary care had also been piloting weekend GP opening and ensuring that correct advice was given via the NHS 111 service.

BHRUT had also developed its own improvement plan concentrating on recruitment and retention issues as well as areas such as improved pathways to avoid people having to go to A&E, improving patient experience and implementing seven-day working at Queen's. Patient discharge was also being considered with the joint assessment and discharge team having gone fully live from 1 April. The BHRUT improvement plan had been agreed with the CCG, CQC, NHS England and the Trust Development Authority.

The CCG had a contract with BHRUT based on meeting the A&E four-hour rule for 95% of patients. The BHRUT chief operating officer accepted that this target had not been met by August 2013. The Trust met with the CCG weekly to review progress on the improvement plan.

The local CCGs had recently commissioned an independent clinical review of the proposed overnight closure of A&E at King George Hospital. This had concluded that there was no immediate safety risk from retaining A&E at both King George and Queen's and had hence found that A&E at King George did not need to be closed overnight. The review had found that BHRUT should look at recruitment and retention and be clearer about the overall plan to close A&E at King George.

System-wide efforts to improve A&E included the establishment by the CCG of an Urgent Care Board. This met monthly (in private) and covered all stakeholders including the Council and Healthwatch.

BHRUT was leading on introducing seven-day working at the hospital although this would also impact on NELFT and on social care issues. The use of Urgent Care Centres was being investigated and the CCGs were also looking at services for the frail elderly and how the demand on the hospital could be reduced. A communications campaign that aimed to reduce use of A&E was being planned by the CCG, NELFT and BHRUT

and the CCG chief operating officer confirmed that Councillors would also be involved in this.

In response, the chief operating officer at BHRUT felt that the biggest challenge was recruiting senior A&E consultants. This was a problem nationally, not just at BHRUT. Only 8.8 of 21 senior A&E consultant posts at BHRUT were currently filled permanently and two more members of staff were due to leave over the next two months. The remaining posts were filled by locums etc. Queen's A&E was very busy with in excess of 500 patients seen each day and this made it difficult to recruit. Advertising had been taken out in the Evening Standard and also overseas but there was a lot of competition nationally to fill A&E vacancies.

Five joint posts had been advertised with Barts Health but no applications had been received and the posts would be readvertised. Staff shortages were covered by putting in more senior registrars and using more specialist cover. The chief operating officer emphasised that Queen's A&E was safe and added that the medical and nursing directors signed off staffing rotas on a daily basis.

The Trust had made progress with initiatives such as the new surgical assessment unit at Queen's and improvements to pathways for care of the elderly. There were also now more nurses applying to work in A&E and it was important to retain these.

Queen's was seeing up to 150 ambulance patients a day – a 15% increase. The main reasons for attending A&E were falls and trauma but more detailed information was available. The CCG felt that the rise in number of ambulances at Queen's A&E was partly due to the high number of care homes in the area. It was important to stop care homes automatically referring residents to hospital. It was also important to be clearer about where people can go as an alternative to A&E.

It was felt that many people still chose to attend A&E particularly if they perceived that they would be unable to get an appointment with their GP. It was essential to change people's mindsets re this. The BHRUT officer confirmed that there were GPs assessing people at the front of Queen's A&E but agreed that the current layout of A&E meant this was not obvious for patients. BHRUT was working with the CCG to redesign the A&E estate over the next 12 months. An outline business case for the redevelopment of Queen's A&E was due to be submitted to the Trust Development Authority by the end of December.

It was clarified that weekend GP opening would consist of one surgery per cluster, giving a total of six practices open at weekends across Havering. The CCG was also talking with NHS England about issues such as the lack of a GP to see walk-in patients at Harold Wood clinic.

It was noted that the NHS 111 service did not give advice in the way the previous NHS Direct had done. The CCG was working through with NHS

111 how their ranking strategy worked as regards suggesting alternatives to A&E.

As regards the Department of Health winter money, a list of initiatives had been submitted via the urgent care board to the Department Health. £10 million of projects had been proposed but only £7 million had been received. This meant that items with less priority had been dropped in order to prioritise areas such as extending the opening hours of the urgent care centres. A list of what projects the winter monies would be used for could be supplied to the Committee. The overall aim was to use the winter monies in both A&E and in the community to reduce the numbers of people attending A&E.

The CCG chief operating officer was happy to bring the plans for A&E redesign at Queen's to the Committee once the business case had been published.

The Committee **NOTED** the presentation.

19 **COMMITTEE MEMBERSHIP**

Recent changes to the membership of the Committee were noted and the Chairman welcomed Councillors Eden and Gardner to their first meeting. The Chairman also explained that she had invited Councillor McGeary to attend meetings of the Committee and this was supported by the Committee.

20 **ST GEORGE'S HOSPITAL UPDATE**

The CCG chief operating officer reported that significant progress had been made in the plans for St George's Hospital. It had been suggested that a GP surgery and a centre of excellence for older people could be located on the site. It was emphasised however that the CCG did not own or develop the site and that this was the responsibility of NHS Property Services.

There had been broad support in the recent consultation for the GP surgery and centre of excellence proposals and the CCG had asked several local GP practices if they would be interested in moving onto the St George's site. The next step would be to make a case for services that could be located on the site. This could include phlebotomy, ultrasound facilities as well as possibly rehabilitation and step up beds. These proposals were currently being worked through with stakeholders.

The CCG was keen to avoid having any unused space in the new buildings on the site. It was aimed to put the outline business case to NHS England in January 2014 and then to NHS Property Services. The CCG were happy to bring this to the Committee once it was available.

It was accepted that the consultation had only received 126 responses but this had been a higher level of response than in some similar consultations held elsewhere. Local residents would be consulted on moving GPs onto the site and the CCG officer noted that local Councillors had received very little consultation thus far on plans for the site.

It was estimated that 10-15% of the St George's site would be used for new medical facilities. The overall strategy on what services were proposed would be included in the CCG's review of commissioning intentions of which more details would be available towards the end of 2013. The outline business case for St George's would match up with this.

It was likely that some urgent or unplanned care would be provided at St George's. This could potentially include a walk-in centre for minor illnesses. It was confirmed that the Urgent Care Centre at Queen's was sub-contracted to the Hurley Group while that at King George was provided by the PELC organisation and the CCG was keen to increase the percentage of A&E patients going through the Urgent Care Centre.

There were no immediate plans to move the beds at Greys Court or Foxglove ward at King George back into Havering. There would however be consultation on these services in January or February 2014. It was hoped that sale of parts of the St George's site would fund development of the medical facilities on the remainder although this would need to be via NHS Property Services.

It was unlikely any clinic on the St George site would be on the scale of the polyclinic at Harold Wood. The chief operating officer agreed to seek a breakdown of attendance figures at Queen's for majors, minors and the Urgent Care Centre. The reports of the urgent care centre running down and staff transferring over to majors from 7 pm would also be investigated.

The Committee **NOTED** the update.

21 **HEALTH AND WELLBEING BOARD MINUTES**

The Committee **NOTED** the minutes of the meeting of the Health and wellbeing Board held on 14 August 2013 and Members agreed that it was extremely helpful for the Committee to see these.

22 **CHAIRMAN'S UPDATE**

The Chairman reported that she and other Members had visited St George's Hospital in order to view the current condition of the site with NHS Property Services officers and this had given a useful understanding of current security arrangements etc.

Successful topic group meetings had been held looking at patient discharge and at the complaints process at BHRUT. AS part of the Joint Committee, several Members had also recently visited the NHS 111 call centre in order to discuss in more detail how calls to the number were handled.

A list of the memorials at St George's Hospital and where these were now located was available should Members require it.

The Committee **NOTED** the Chairman's update.

23 **URGENT BUSINESS**

The committee officer explained that the case for change for cancer and cardiac services had been delayed but this was likely to be approved and made publicly available shortly. While the majority of any consultation could be dealt with using the existing Joint Committee for Outer North East London, any final response would need to be on behalf of all affected boroughs in North and East London as well as any neighbouring counties impacted by the proposals.

The Committee **NOTED** the position and that updates on the situation would be given by the committee officer via e-mail. The Committee also **NOTED** its existing decision that the Chairman would lead on behalf of the Committee on any pan-regional scrutiny work of this nature that may be required.

Chairman

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Agenda Item 8

EXECUTIVE SUMMARY

TITLE:	BOARD/GROUP/COMMITTEE:
<p>Patient Experience Report - Quarter 2 (July - September 2013)</p>	<p>Quality & Safety Committee - 19th November 2013</p>
1. PURPOSE:	REVIEWED & DATE
<p>The Q2 Patient Experience Report draws together in one report an analysis of patient/user feedback from several sources including PALS, Compliments, Complaints, Health Service Ombudsman Referrals, NHS Choices, Real Time Survey results and a Patient Story. In addition, the report contains information that affects the quality of patient experience including: Spiritual & Pastoral Care, End of Life Care, and Cleaning & Catering.</p> <p>Key points to note include:</p> <p><u>PALS</u> PALS received and dealt with 731 concerns which related to BHRUT, of which 87% have been resolved.</p> <p>274 of the concerns dealt with were regarding appointment issues with the highest number in Specialist Surgery (65), Acute Medicine (42) and Specialist Medicine (37) Directorates.</p> <p>A total of 169 compliments or ‘thank-you’s’ were received.</p> <p><u>NHS Choices</u> A total of 45 comments were submitted. 29 comments related to Queen’s Hospital and 16 related to King George Hospital.</p> <p><u>Comment Cards</u> 80 comment cards were completed during Q2. Positive comments related to quality of care and treatment provided and complimenting staff on being helpful and polite.</p> <p><u>Complaints</u> A total number of 198 complaints were received, with the largest number received by the Acute Medicine Directorate (45) and Emergency Department (28).</p> <p>The Trust target for meeting the complaint</p>	<ul style="list-style-type: none"> <input type="checkbox"/> TEC <input type="checkbox"/> STRATEGY..... <input type="checkbox"/> FINANCE <input type="checkbox"/> AUDIT <input type="checkbox"/> CLINICAL GOVERNANCE <input type="checkbox"/> CHARITABLE FUNDS <input type="checkbox"/> TRUST BOARD <input type="checkbox"/> REMUNERATION <input type="checkbox"/> OTHER:

response rate is 85%. By the end of Q2 the Trust's response rate was 89%.

Ombudsman

During Q2 five new cases have been referred to the Ombudsman. These cases relate to care and treatment.

Learning Lessons

Lessons learnt from complaints & PALS enquiries are now discussed at Directorate Clinical Governance Meetings. This enables those staff not directly involved in the complaint or the care of the patient to understand what has happened and to reflect on whether a similar situation could occur in their service. This report now includes a Learning Lessons Log (Appendix I).

Patient Stories

The Complaints Team have been working with the Directorates and encouraging patients to return to the area which they may have raised a concern to meet with staff and see for themselves the changes which have taken place.

An example of a Directorate Patient Story is attached in Appendix II.

Real Time Patient Surveys

During Q2, 11,747 surveys were returned.

- Adult Inpatients - 5,891
- ED - 3,692
- Maternity Inpatients - 1,218
- Community Antenatal - 98
- Community Postnatal - 49
- Paediatrics - 799

The Friends & Family Test score for the following areas were:

- Inpatients - 46
- Emergency Department -22
- Maternity Inpatients - 46
- Community Antenatal - 59
- Community Postnatal - 71
- Paediatrics - 59

The Trust has recruited one Patient & Staff Experience Facilitator and is out to advert for the second post. Their responsibility will be to develop, implement, facilitate and co-ordinate the delivery of the Friends and Family Test to patients and staff across both hospital sites.

<p><u>Spiritual & Pastoral</u> The Spiritual & Pastoral Department had 1760 patient/relative contacts, which lasted between 10 mins and an hour.</p> <p><u>End of Life Care</u> The Specialist Palliative Care Team received 907 referrals for quarters 1 and 2 (2013-14), 641 of which were new patients, 229 continuing patients and 37 re-referred to the service.</p> <p>Following the pilot of a bereavement questionnaire on Mandarin B (oncology ward), the questionnaire has been implemented Trust wide. Results will be shared quarterly at the Trust's End of Life Steering Group.</p> <p><u>Cleaning</u> The Trust's average cleaning scores for the Q2 were QH: 96.2% and KGH: 94.5%.</p> <p><u>Recommendations</u></p> <p>Directorates to consider the reports findings and present at Directorate Governance meetings.</p> <p>To continue using the FFT score to improve patient experience locally.</p> <p>In addition, there are some areas that require further work which include:</p> <ul style="list-style-type: none"> ▪ Outpatients - appointment queries and cancellations ▪ Switchboard, review of the waiting times for calls to be answered and behaviour of staff ▪ Information on discharge - there is a programme of work being undertaken in this area 	
2. DECISION REQUIRED:	CATEGORY:
Quality & Safety Committee members are asked to note the content of the report.	<input type="checkbox"/> NATIONAL TARGET <input checked="" type="checkbox"/> NHSLA <input checked="" type="checkbox"/> CQC REGISTRATION <input type="checkbox"/> HEALTH & SAFETY <input type="checkbox"/> ASSURANCE FRAMEWORK <input checked="" type="checkbox"/> CQUIN/TARGET FROM COMMISSIONERS <input type="checkbox"/> CORPORATE OBJECTIVE <input type="checkbox"/> OTHER (please specify)
	AUTHOR: Gary Etheridge, Deputy Director of

	Nursing PRESENTER: Flo Panel-Coates, Director of Nursing
	DATE: November 2013
3. FINANCIAL IMPLICATIONS/IMPACT ON CURRENT FORECAST:	
Potential for further requirement for compensation payments to complainants.	
4. DELIVERABLES	
<ul style="list-style-type: none"> • To meet CQC and CQUIN requirements. • To achieve the 85% complaint response rate within 30 days. 	
5. KEY PERFORMANCE INDICATORS	
To provide evidence of monitoring, reporting and acting on patient reported experience across Departments, Directorates and the Trust.	
AGREED AT _____ MEETING OR REFERRED TO: _____	DATE: _____ DATE: _____
REVIEW DATE (if applicable) _____	

PATIENT EXPERIENCE REPORT ~ Q2 (JULY - SEPTEMBER 2013)

1. INTRODUCTION

This is the eighth Patient Experience Report presented to the Quality & Safety Committee.

The purpose of the report is to provide a triangulated update on patient experience which identifies an overall picture of our services from the perspective of those who use them on a day-to-day basis.

2. PATIENT FEEDBACK

2.1 PALS

2.1.1 PALS Enquires

During Q2 the PALS team received and dealt with a total of 1097 (Q1 = 1020) enquiries relating to BHRUT and other organisations, which were made up of the following:

Type of Contact	Number
Concerns	743 (731 for BHRUT)
Compliments/thank you's	169
Reimbursement requests	13
Information requests/General enquiries	172
Total:	1097

In total, the numbers above relate to on average 17 contacts per working day, of which 68% were concerns.

The PALS team explore all available options and pathways in an attempt to resolve the concerns raised to the satisfaction of the patient or enquirer.

2.1.2 PALS Concerns

During Q2, PALS received and dealt with 731 concerns which related to BHRUT, of which 87% have been resolved. The remaining concerns were either referred on to a service or external organisation could not be resolved or were escalated to a complaint.

The table below shows the quarterly comparative data.

Period	Concerns Raised	Increase/ Decrease	% Resolved	Increase/ Decrease
Q2 (2013-2014)	731	↓	87%	↑
Q1 (2013-2014)	761	↓	79%	↓
Q4 (2012-2013)	842	↓	82%	↔
Q3 (2012-2013)	843	↓	82%	↓
Q2 (2012-2013)	944	↑	87%	↑
Q1 (2012-2013)	770	↓	82%	↓

The tables below show the number of concerns raised for each category by Directorate. The top issue for each Directorate is highlighted in bold.

Category	Number	Category	Number
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Access to hospital via phone	2	Loss of personal belongings	4
Admission queries	4	Medication	5
Appointment queries	42	Other	8
Care and treatment	1	Outpatient process	1
Catering	1	Patient choice queries	2
Communication written & verbal	11	Problems with treatment	21
Confidentiality	2	Request for information	2
Dentures	1	Staff	1
Diagnosis	3	Staff attitude	8
Discharge queries	14	Test result queries	1
Equipment queries	2	Treatment queries	14
Infection prevention & control	2		
Total = 152			

Acute Medicine

Anaesthetics

Category	Number	Category	Number
Admission queries	6	Problems with treatment	4
Appointment queries	19	Request for information	1
Communication written & verbal	2	Staff attitude	1
Discharge queries	3	Treatment queries	3
Total = 39			

Children

Category	Number	Category	Number
Admission queries	1	Other	1
Appointment queries	4	Patient Choice queries	1
Communication written & verbal	1	Problems with treatment	1
Discharge queries	1	Staff attitude	1
Information on services	1		
Total = 12			

Corporate Services

Category	Number	Category	Number
Access to hospital via phone	5	Medical records	3
Appointment queries	1	Other	2
Equipment queries	1	Problems with treatment	1
Infection prevention & control	2	Request for information	3
Total = 18			

Emergency Care

Category	Number	Category	Number
Admission queries	1	Problems with treatment	4
Appointment queries	4	Request for information	1
Diagnosis	2	Staff	1
Formal complaint advice	1	Staff attitude	3
Information on services	1	Test results missing/delayed	1
Loss of personal belongings	2	Treatment queries	4
Medication	2	Waiting time in clinic/department	5
Other	1		
Total =		33	

Neurosciences

Category	Number	Category	Number
Admission queries	3	Parking queries	2
Appointment queries	14	Problems with treatment	1
Communication written & verbal	1	Staff attitude	1
Confidentiality	1	Test results missing/delayed	2
Discharge queries	5	Treatment queries	1
Equipment queries	1	Waiting time in clinic/department	1
Medication	2		
Total =		35	

Pathology

Category	Number	Category	Number
Appointment queries	1	Request for information	1
Equipment queries	1	Test result queries	1
Infection prevention & control	1	Test result missing/delayed	1
Problems with treatment	4	Treatment queries	1
Total =		11	

Radiology

Category	Number	Category	Number
Admission queries	1	Request for information	1
Appointment queries	18	Staff attitude	4
Diagnosis	1	Test result queries	1
Loss of personal belongings	1	Test result missing/delayed	2
Other	1	Treatment queries	1
Problems with treatment	1		
Total =		32	

Specialist Medicine

Category	Number	Category	Number
Appointment queries	37	Patient choice queries	1
Care and treatment	1	Portering delay	1
Cleanliness	1	Problems with treatment	2
Discharge queries	3	Staff attitude	1
Loss of personal belongings	1	Treatment queries	3
Medication	1	Waiting time in clinic/department	2
Other	4		
Total = 58			

Specialist Surgery

Category	Number	Category	Number
Admission queries	37	Medical records	4
Appointment queries	65	Problems with treatment	12
Care and treatment	1	Request for information	1
Communication written & verbal	2	Staff attitude	5
Diagnosis	2	Test result queries	1
Discharge queries	4	Test result missing/delayed	4
Equipment queries	1	Transport queries	1
Information on services	1	Treatment queries	13
Loss of personal belongings	1	Waiting time in clinic/department	3
Total = 158			

Support Services

Category	Number	Category	Number
Access to hospital via phone	2	Outpatient process	1
Admission queries	10	Staff attitude	1
Appointment queries	23	Test result missing/delayed	2
Communication written & verbal	2	Transport queries	1
Loss of personal belongings	1	Treatment queries	2
Total = 45			

Surgery

Category	Number	Category	Number
Admission queries	10	Problems with treatment	8
Appointment queries	27	Request for information	1
Catering	1	Staff attitude	3
Communication written & verbal	4	Test result queries	1
Confidentiality	1	Test result missing/delayed	2
Diagnosis	2	Transport queries	1
Discharge queries	4	Treatment queries	7
Infection prevention & control	1	Waiting time in clinic/department	2
Information on services	2		
Total = 77			

Women

Category	Number	Category	Number
Admission queries	3	Information on services	1
Appointment queries	19	Medical records	1
Care and treatment	1	Patient choice queries	2
Cleanliness	1	Problems with treatment	4
Communication written & verbal	1	Staff attitude	4
Confidentiality	1	Test result queries	2
Diagnosis	2	Test result missing/delayed	1
Discharge queries	4	Treatment queries	3
Infection prevention & control	1	Waiting time in clinic/department	2
Total = 53			

In addition, 8 concerns were received where the PALS team could not identify the Directorate concerned. The reasons for not being able to identify the Directorate are varied but include anonymous issues raised and issue raised with incomplete information.

The largest number of concerns raised relate to appointment queries and total 274.

2.2 COMPLIMENTS

People wishing to pass on thanks or compliments to our staff or services do so in the following ways:

- Directly to the PALS team by email or post
- To staff or services who then forward the compliment on to PALS
- Via the 'Your Comments Count' boxes located at the main reception areas in both hospitals
- In person to the PALS office

PALS log every 'thank you' or compliment letter received in the office onto a database. A personal reply is then sent by the Director of Nursing, the Medical Director or both depending upon the staff and service involved.

The thank you or compliment letter and a copy of the response is sent to the Matron, Service Manager or Clinical Lead in order that the feedback can be shared with the appropriate staff.

During Q2, a total of 169 compliments or 'thank-you's' were received by the PALS team. There was a significant increase in the number of compliments received from the previous quarter (97).

Directorate	July 2013	August 2013	September 2013	Total
Acute Medicine	7	17	15	39
Anaesthetics	3	6	1	10
Children	0	1	0	1
Corporate	2	1	4	7
Emergency Care	3	9	12	24
Neurosciences	7	9	3	19
Pathology	5	0	0	5
Radiology	2	1	0	3
Specialist Medicine	4	2	1	7
Specialist Surgery	5	6	4	15

Directorate	July 2013	August 2013	September 2013	Total
Support Services	0	1	0	1
Surgery	6	9	2	17
Unknown	0	1	0	1
Women	8	5	7	20
Total	52	68	49	169

2.3 NHS CHOICES

NHS Choices is a website which acts as a central hub for anybody accessing healthcare services in England. The site has a number of features including a section where patients can leave comments about and rate their experiences at individual hospitals. The information contained within this section of the report has been obtained from this website and analysed to identify any themes or trends.

During Q2, a total of 45 comments were submitted; 29 comments related to Queen's Hospital, and 16 to King George Hospital.

Comments made about Queen's Hospital have decreased 3% from Q1 to Q2 (from 30 to 29). At King George Hospital there has been a 33% increase in comments made (12 to 16).

Both Queen's and King George currently have a three star user rating on the site.

The information submitted on each of the main hospital sites during Q2 is outlined below.

Queen's Hospital

Twenty-nine comments were left regarding services at Queen's Hospital.

Of these:

17 were positive

12 were negative

The following themes emerged:

Maternity

Feedback on Maternity Services was unanimously positive. Several comments were left from women who had given birth either on the Labour Ward, in the Queen's Birth Centre or at home, all praising the care they received.

Emergency Department

Out of five comments left about A&E at Queen's three were extremely positive, including the feedback: "On arriving at the hospital the staff were there ready to assist. They were friendly and caring, and most of all supportive."

However, the negative points were around waiting too long and poor staff attitude. "The actual doctor who kept her ID pass turned inwards was most abrupt and told me to go home and wait for the appointments to be sent. I tried to speak to another member of staff but was just ignored."

Switchboard

There are on-going complaints about switchboard and people being unable to get through to the hospital or specific department.

Cancer Care

There was very positive feedback from oncology patients. One was particularly glowing about a CNS for Head and Neck.

There was one extremely negative comment from a patient who said he was unable to get hold of his Consultant, and had had clinics cancelled. He finished by saying: "If you are suffering from Queen's Hospitalitis and have cancer you have the right to transfer to the Royal Marsden Hospital."

Other

There were very positive comments left about the Hysteroscopy Clinic, Sunrise B, the Day Care Unit, and Neurosurgery.

There was some confusion about getting blood test results, and two complaints about clinic cancellations.

There was also a negative comment about extremely long waits for blood tests.

There was a complaint about care on the MAU, with a relative saying: "On the Medical Assessment Ward he was too ill to ask for a drink or food and they did not seem to offer it. If I hadn't visited he would have got dehydrated, he was really thirsty. They were not too busy but just waiting for a consultant to come and prescribe."

King George Hospital

Sixteen comments were left regarding services at KGH.

Of these:

8 were positive

8 were negative

The following themes emerged:

Emergency Department

The majority of comments left about King George Hospital related to the Emergency Department. Four were negative, while five were very positive.

Switchboard

There were complaints about switchboard, including poor staff attitude when calls were answered, and difficulty getting through to specific departments. "The people at switchboard have terrible attitudes and act as if they do not want to speak or help me. This has really affected my opinions of the hospital and its services, and I would not recommend it to anybody."

Other

There was praise for MAU, Gardinia Ward, Cytology, Radiology, and two very positive comments about the Day Care Unit.

Concern was raised about the cleanliness of a Surgical Ward.

2.4 COMMENT CARDS

The Trust encourages patients, relatives and visitors to provide both positive and negative feedback on their visit and experience of the hospital via a comment card facility.

The comment cards are read regularly, logged and action taken where necessary or appropriate. Where the person completing the card has requested contact regarding their comments, this is undertaken by the PALS team who provide an update on action taken.

During Q2, 80 comment cards were completed.

KGH - 17 cards completed
QH - 63 cards completed

Below is a brief analysis of the responses to the core questions asked.

- **Question 1 - Were you involved as much as you wanted to be in decision about your care and treatment?**
57 people answered this question. Of this number, 88% felt they were involved in decisions all of the time or most of the time. This is an increase from Q1 which was 83%.
- **Question 2 - Did you find someone on the hospital staff to talk to about your worries and fears?**
52 people answered this question. Of this number, 83% felt they could talk to staff all of the time or most of the time. This is an increase from Q1 which was 77%.
- **Question 3 - Were you given enough privacy when discussing your condition or treatment?**
52 people answered this question. Of this number, 88% felt they were given enough privacy all of the time or most of the time. This is an increase from Q1 which was 85%.
- **Question 4 - Did a member of staff talk to you about medication side effects to watch for when you went home?**
This question was relevant to 33 people. Of this number, 70% felt medication side effects were explained to them. This is a slight decrease from Q1 which was 73%.
- **Question 5 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?**
This question was relevant to 46 people. Of this number, 85% felt they knew who they could contact post-discharge if they had concerns. This is an increase from Q1 which was 82%.
- **Question 6 - If you were admitted to hospital, did you ever:**
 - a) Share a sleeping area, for example a room or a bay, with patients of the opposite sex?**
This question was relevant to 26 people. Of this number 85% said they did not share a room or bay with patients of the opposite sex. This is an increase from Q2 which was 65%.
 - b) Use the same bathroom/shower or toilet area as patients of the opposite sex?**
This question was relevant to 25 people. Of this number, 92% said they did not share a bathroom/shower or toilet area with a patient of the opposite sex. This is an increase from Q1 which was 81%.
- **Question 7 - Did you feel safe during your visit?**
59 people answered this question. Of this number, 95% said they felt safe during their visit. This is an increase on Q1 which was 84%.

Questions 8 & 9 are rated on a scale of 1 (negative) - 10 (positive).

- **Question 8 - How would you rate your overall visit?**
64 people responded to this question. Of this number, 77% rated their overall visit towards the better end of the scale - 8, 9, 10. This is an increase from Q1 which was 64%.
- **Question 9 - How likely would you be to recommend us to family and friends?**
64 people responded to this question. Of this number, 78% rated their overall visit towards the better end of the scale - 8, 9, 10. This was an improvement on Q1 which was 55%.

Demographic information

- 65 people provided their gender information - 41 female, 24 male
- 70 people provided their age information - the 65-74 year old age group completed the most cards during Q2 and this was the same as in Q1
- 69 people provided their ethnic background information. 86% of people who provided this information are white British individuals

Themes

Excellent care & treatment

There has been a significant increase in the number of positive comments received regarding excellent or outstanding care and treatment provided.

- Medical Assessment Unit
- Cornflower B Ward
- Ultrasound Team
- Dahlia Ward
- Gentian Ward
- Maxillo-Facial Outpatient's Team
- X-ray Team

Polite, helpful staff

This quarter has also seen a significant rise in the number of comments received which relate to positive staff/patient interaction. Comments relate to staff being helpful, polite and going the extra mile to help patients.

Comments received were regarding:

- Audiology Clinic
- Eye Clinic
- Coral Ward
- Labour Ward
- Blood Tests
- ECG Department
- X-ray Department
- Emergency Department
- Medical Assessment Unit
- Cardiology Outpatient Team
- ITU - specifically the Healthcare Assistants

General comments

Comments were received regarding the car park. The feedback was that the hospital should start to enforce no parking on double yellow lines in the hospital.

A comment was received regarding the public not being able to use the stairs in the core area, which means visitors must use the lifts which take a long time especially during visiting hours.

A number of comments were received regarding staff members wearing green scrubs in public areas particularly the shops in the main atrium.

The comment cards have now been reprinted to reflect the national Friends & Family question.

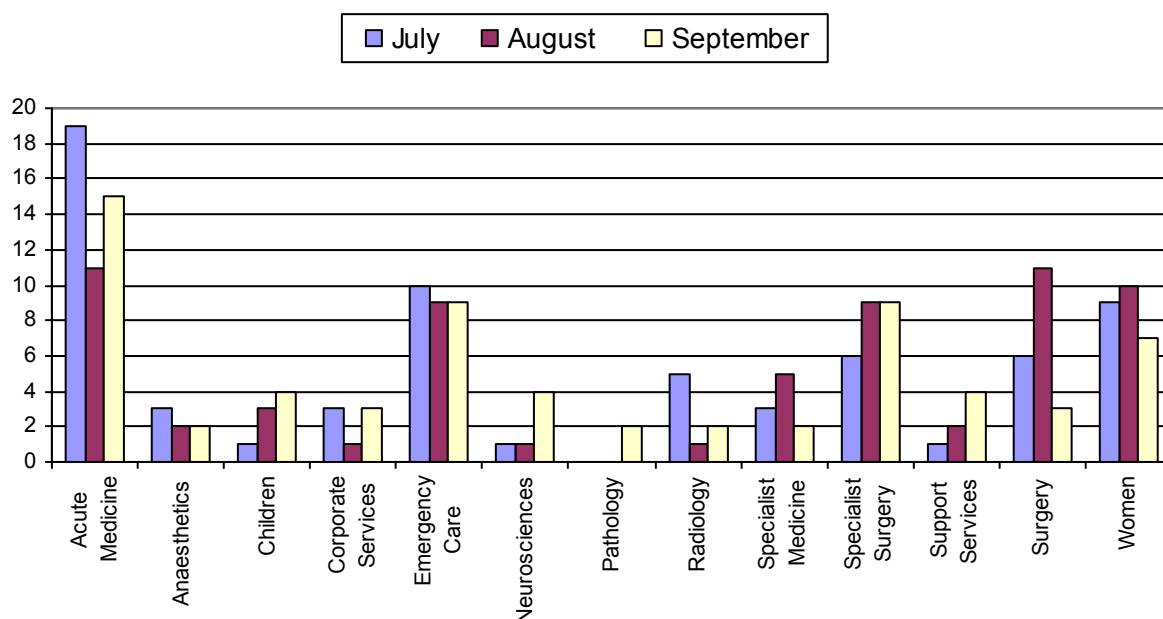
2.5 COMPLAINTS

2.5.1 Overview

During Q2, the Trust received a total of 198 complaints. This was an increase on the previous quarter when 187 complaints were received.

2.5.2 Trust Wide Complaints Received during Q2

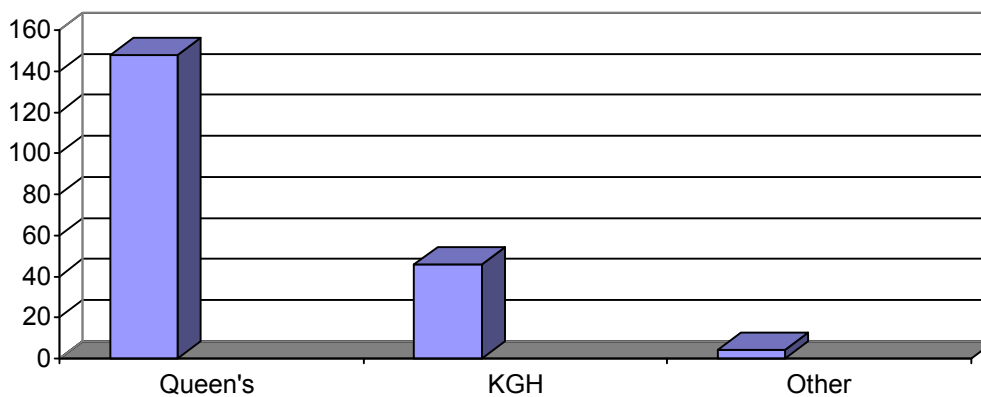
The table below outlines the Directorate totals for each month.



The table below outlines all complaints received per month, broken down by main site for each Directorate.

Area	July 2013			August 2013			September 2013			Total
	QH	KGH	Other	QH	KGH	Other	QH	KGH	Other	
Acute Medicine	11	8	0	6	4	1	10	5	0	45
Anaesthetics	2	1	0	2	0	0	2	0	0	7
Children	0	1	0	2	1	0	3	1	0	8
Corporate Services	3	0	0	1	0	0	2	1	0	7
Emergency Care	6	4	0	8	1	0	7	2	0	28
Neurosciences	1	0	0	1	0	0	4	0	0	6
Pathology	0	0	0	0	0	0	2	0	0	2
Radiology	2	2	1	0	1	0	1	1	0	8
Specialist Medicine	1	1	1	4	1	0	2	0	0	10
Specialist Surgery	4	1	1	9	0	0	9	0	0	24
Support Services	0	1	0	2	0	0	3	1	0	7
Surgery	5	1	0	6	5	0	1	2	0	20
Women	9	0	0	10	0	0	7	0	0	26
Total	44	20	3	51	13	1	53	13	0	198

The table below shows the split between sites for the Q2 complaints.



75% of the complaints received related to Queen's Hospital, 23% related to King George Hospital, and less than 2% was received for other sites (Victoria Hospital, Loxford Clinic, Barking Hospital).

2.5.3 Trust wide Response Rates

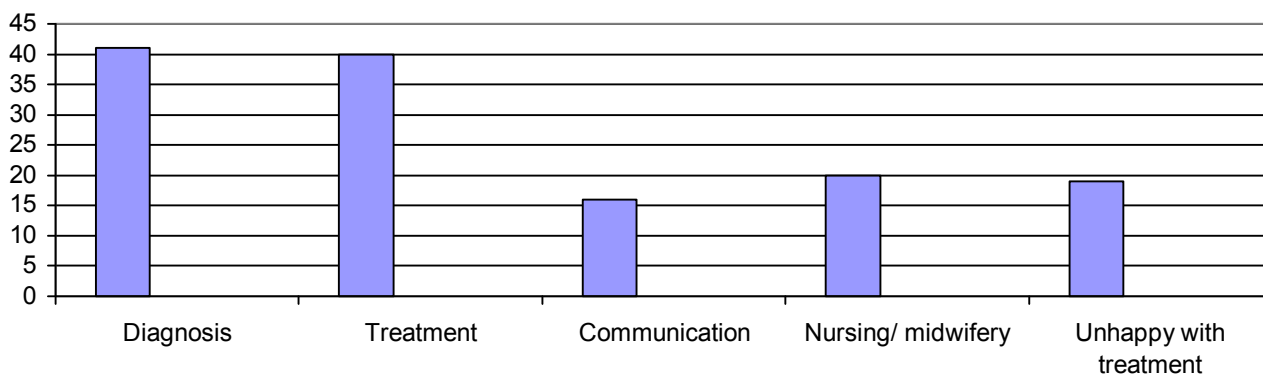
The table below summaries the percentage of complaints that were responded to within the timeframe agreed.

	July 2013	August 2013	September 2013
Trust	82%	89%	89%

The Trust target for meeting the response rate is 85%. Focussed work between the Core Complaints Team and the Directorates has seen improvements in response rates over the past quarter.

The Core Complaints Team continues to work with Directorates who are not maintaining the 85% response rate to identify any difficulties in the process and to take any action required. Where Directorates do not meet the 85% target, they are required to complete an exception report for each case which was not responded to within the timeframe agreed with the complainant. The aim of the exception report is for the Directorates and the Trust to identify blockages or difficulties within the process and for us to learn from these. It is expected that exception reporting will contribute to overall complaint handling improvements.

Top Five Trust Wide Category of Complaints



2.5.4 Directorate Complaints

The tables below show the number of concerns raised for each category. The top category is highlighted in bold. Each Directorate has a plan of action to address the concerns within these areas.

Acute Medicine

During Q2 the Trust received 45 complaints relating to Acute Medicine. This was 23% of the overall complaints received by the Trust for this period. This was a slight increase on Q1 when Acute Medicine accounted for 22% of complaints received by the Trust.

Category	Number	Category	Number
Delay in Diagnosis	8	Problem with patient transfer	3
Failure to interpret x-ray	1	Other medication incident	1
Problems with nursing/midwifery care	4	Communication to patient	5
Reattendance within 24 hours	1	Patient property	2
Unexpected patient event	3	Privacy/dignity/discrimination	1
Failure/delay in treatment	9	Cleanliness	1
Patient unhappy with treatment	4	Fall from height - chair	1
Delay in operation/procedure	1		
Total = 45			

Anaesthetics

During Q2 the Trust received 7 complaints regarding Anaesthetics. This was 4% of the overall complaints received by the Trust for this period. This was an increase on Q1 when Anaesthetics accounted for 2% of complaints received by the Trust.

Category	Number	Category	Number
Unexpected patient event	2	Communication to external body	1
Documentation/medical records	1	Staff attitude	1
Communication to patient	2		
Total = 7			

Children's Services

During Q2 the Trust received 8 complaints regarding Children's Services. This was 4% of the overall complaints received by the Trust for this period. This was the same percentage as in Q1.

Category	Number	Category	Number
Delay in diagnosis	4	Patient unhappy with treatment	2
Failure/delay in treatment	1	Staff attitude	1
Total = 8			

Corporate Services

During Q2 the Trust received 7 complaints regarding Corporate Services. This was 4% of the overall complaints received by the Trust for this period. This was a slight increase on Q1 when Corporate Services accounted for 3% of complaints received by the Trust.

Category	Number	Category	Number
Patient unhappy with treatment	1	Documentation incident	2
Problem with patient transfer	1	Communication to patient	3
Total = 7			

Emergency Care

During Q2 the Trust received 28 complaints regarding Emergency Care. This was 14% of the overall complaints received by the Trust for this period. This was a decrease on Q1 when Emergency Care accounted for 19% of complaints received by the Trust.

Category	Number	Category	Number
Delay in diagnosis	8	Patient unhappy with treatment	3
Wrong diagnosis made	3	Failure to make adequate observations	1
Problems with nursing/midwifery care	2	Communication to external body	2
Unexpected patient event	1	Wait for OP appointment	1
Failure/delay in treatment	6	Wait in A&E	1
Total = 28			

Neurosciences

During Q2 the Trust received 6 complaints regarding Neurosciences. This was 3% of the overall complaints received by the Trust for this period. This was a slight decrease on Q1 when Neurosciences accounted for 4% of complaints received by the Trust.

Category	Number	Category	Number
Delay in diagnosis	2	Failure/delay in treatment	1
Problems with nursing/midwifery care	2	Communication to external body	1
Total = 6			

Pathology

During Q2 the Trust received 2 complaints regarding Pathology. This was 1% of the overall complaints received by the Trust for this period. This was the same percentage as in Q1.

Category	Number	Category	Number
Patient unhappy with treatment	1	Documentation incident	1
Total = 2			

Radiology

During Q2 the Trust received 8 complaints regarding Radiology. This was 4% of the overall complaints received by the Trust for this period. This was an increase on Q1 when Radiology accounted for 2% of complaints received by the Trust.

Category	Number	Category	Number
Delay in diagnosis	1	Documentation incident	1
Failure to interpret x-ray	1	Communication to patient	1
Failure/delay in treatment	1	Communication to external body	1
Patient unhappy with treatment	1	Staff attitude	1
Total = 8			

Specialist Medicine

During Q2 the Trust received 10 complaints regarding Specialist Medicine. This was 5% of the overall complaints received by the Trust for this period. This is an increase on Q1 when Specialist Medicine accounted for 3% of complaints received.

Category	Number	Category	Number
Delay in diagnosis	2	Communication to external body	1
Wrong diagnosis made	2	Staff attitude	1
Failure/delay in treatment	3	Wait for OP appointment	1
Total = 10			

Specialist Surgery

During Q2 the Trust received 24 complaints regarding Specialist Surgery. This was 12% of the overall complaints received by the Trust for this period. This was a slight increase on Q1 when Specialist Surgery accounted for 11% of complaints received by the Trust.

Category	Number	Category	Number
Delay in diagnosis	4	Delay in operation/procedure	1
Problems with nursing/midwifery care	2	Communication to patient	2
Unexpected patient event	2	Staff attitude	1
Failure/delay in treatment	7	Wait for IP admission	2
Patient unhappy with treatment	2	Wait for OP appointment	1
Total = 24			

Support Services

During Q2 the Trust received 7 complaints regarding Support Services. This was 4% of the overall complaints received by the Trust for this period. This was an increase on Q1 when Support Services accounted for 1% of complaints received by the Trust.

Category	Number	Category	Number
Patient unhappy with treatment	1	Staff attitude	1
Documentation/medical records	1	Wait for OP appointment	3
Communication to patient	1		
Total = 7			

Surgery

During Q2 the Trust received 20 complaints regarding Surgery. This was 10% of the overall complaints received by the Trust for this period. This was a decrease on Q1 when Surgery accounted for 13% of complaints received by the Trust.

Category	Number	Category	Number
Delay in diagnosis	5	Patient unhappy with treatment	1
Problems with nursing/midwifery care	5	Communication to patient	1
Failure/delay in treatment	7	Infection incident	1
Total = 20			

Women

During Q2 the Trust received 26 complaints regarding Women. This was 13% of the overall complaints received by the Trust for this period. This was a slight decrease on Q1 when Women accounted for 14% of complaints received by the Trust.

Category	Number	Category	Number
Delay in diagnosis	8	Patient unhappy with treatment	3
Problems with nursing/midwifery care	5	Documentation/medical records	1
Unexpected patient event	3	Communication to patient	1
Failure/delay in treatment	5		
Total = 26			

2.5.5 Reactivated Complaints

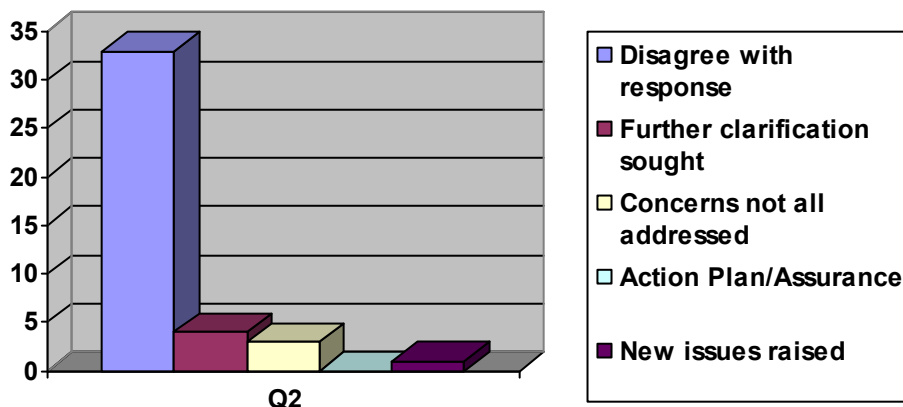
During Q2 a total of 41 cases were reactivated as shown in the table below. This was a very slight increase on Q1 when 40 cases were reactivated.

Directorate	Reactivated During Q2
Acute Medicine	14
Anaesthetics	1
Children	3
Corporate	2
Emergency Care	6
Neurosciences	2
Pathology	0
Radiology	1
Specialist Medicine	1
Specialist Surgery	1
Support Services	1
Surgery	6
Women	3
Total	41

The main reasons for complainants contacting the Trust again can be broadly split into 5 areas as shown in the chart below.

The majority of 'reactivated' cases are where the complainants either fundamentally disagree with the information provided in the response, or where they believe that some of the issues raised have not been addressed in the response.

In the minority of 'reactivated' cases, complainants have simply asked for reassurance that actions have been taken to prevent a recurrence or have raised new issues.



2.6 PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

During Q2, 5 new cases have been referred to the Ombudsman by complainants. The status of these cases are outlined in the table below.

Status	Total
Cases currently being investigated by PHSO	4
Cases returned for Local Resolution	0
Cases not upheld following investigation	1
Cases upheld following investigation	0

The 5 cases referred to the PHSO during this period relate to care and treatment. 4 of the cases are still being investigated by the PHSO and the Trust has received the decision on the other case, which was not upheld following investigation.

During Q2, the Trust received the PHSO decision regarding 5 cases which had been referred to them in previous quarters. Of these, 2 of the cases were rejected by the PHSO and no further action is to be taken. A further 2 cases were closed by the PHSO following local resolution and 1 case has been upheld by the PHSO.

The PHSO are still investigating 8 cases which have been referred to them in previous quarters and the Trust awaits the outcome of their decision.

2.7 OVERALL THEMES

There are a number of ways the Trust obtains patient experience feedback and information and each of these areas collates different data with a different emphasis. For example, although there are a significant number of PALS enquiries each quarter, this does not mean that all the enquiries were of a negative nature. Some enquirers required support, advice or assistance.

Overall analysis has identified the following key themes from the patient feedback received this quarter.

Appointment Queries

Previous reports have identified that consistently, appointment queries account for the largest percentage of PALS enquiries and in the Q4 report a detailed analysis of this theme was provided. At the time, appointment queries accounted for 32% of PALS enquires. In Q1, this had remained the same percentage but for Q2 this has increased to 37% of PALS enquiries.

As previously indicated, appointment queries relate to areas such as:

- Waiting times for appointments
- Cancellation and rebooking of appointments
- Not being able to get through to anybody to discuss appointments
- Delay in being seen in clinic
- Appointment cancelled but not informed
- Patient being discharged but feeling they still need to be seen or have treatment
- Patient unhappy with appointment outcome
- Patient feeling they were not listened to during appointment
- Staff attitude and communication

Admission Queries

Admission queries account for the second largest percentage of PALS enquiries received. A detailed analysis of this them was provided in the Q1 Patient Experience Report and at that time, admission queries accounted for 13% of PALS enquiries received. For Q2, this has reduced and admission queries now account for 10% of PALS enquiries, which relate to:

- Length of time on waiting list
- Admission cancelled and then either not rebooked or rebooked a long time in the future
- Availability of admissions staff for patients to discuss admission concerns
- Patients breaching 18/26 weeks who would like to be referred to an alternative provider
- Patients removed from waiting list who wants to be reinstated
- Patients told they are urgent who then wait up to 26 weeks for a procedure

Problems with Treatment

The third largest percentage of PALS enquiries received during Q2 related to problems with treatment - these accounted for 9% of PALS enquiries.

Issues include:

- Patient needing follow-up advice
- In-patient concerns regarding care and treatment provided
- Problems with care plan not being implemented
- Relatives unhappy with discharge arrangements
- Wrong treatment being provided
- Relatives wanting an MDT arranged
- Lack of support for patient and family regarding end of life care
- Hospital staff repeatedly asking for patient's medical history
- Drains left in during surgery so further surgery required to remove
- Concerns regarding blood testing service

PALS will always attempt to resolve the concern as quickly as possible to the satisfaction of the complainant and therefore significant concerns are escalated immediately to the appropriate level - Matron, Service Manager, and General Manager. In addition, monthly reports are sent to all Directorates which identify all PALS enquiries received in order that they can identify their own themes and areas which require action.

Diagnosis

Concerns relating to diagnosis accounted for 21% of the total complaints received during the quarter. This was a decrease on Q1 when concerns regarding diagnosis accounted for 33% of complaints raised. Concerns still relate to two main themes - delay/failure in diagnosis and wrong diagnosis made. A detailed analysis of this theme was provided in the Q1 report.

Treatment

Concerns relating to treatment account for 20% of the total complaints received during the quarter. Concerns relating to treatment can be about any aspect of the treatment pathway and often overlap with other categories e.g. communication. Examples of concerns raised are:

- Lesions identified on kidney which patient was advised could be cancerous. To be discussed at MDT but did not happen and patient was discharged with no plan
- Mother of the child felt she was not listened to regarding treatment required which led to child deteriorating and requiring transfer to another hospital
- Patient told surgery for injury not required but at another hospital advised this would have been the best treatment
- Patient with chronic ear infection keeps being given the same medication to try with no different treatment plan offered

- Inpatient requiring rehabilitation was kept mainly in bed or a chair - relatives did not see evidence of physiotherapy being provided
- Relative of patient believes he caught an infection whilst at KGH which was not treated
- Patient unhappy with general birthing experience - patient felt she was not communicated with, not provided pain relief she had requested and not cleaned after the birth
- Patient had operation to hand but nobody has been able to tell him what operation was undertaken

2.8 LEARNING LESSONS

Complaints and PALS enquiries should act as a driver for service improvement and change. The lessons learnt from complaints and PALS enquiries are now discussed at Directorate Clinical Governance Meetings. This enables those staff not directly involved in the complaint or the care of the patient to understand what has happened and to reflect on whether a similar situation could occur in their service. It ensures that any lessons are shared and considered by other services enabling pro-active action to be taken.

In addition, each month the Directorates submit information on the lessons learnt from complaints and PALS and the changes they have made within services to prevent a recurrence. A learning lessons log is attached in Appendix I.

2.9 PATIENT STORIES

Everyone has experienced the power of narrative and storytelling at some time or another in their professional or personal lives, or both. True stories engage the listener in a way that hypothetical scenarios can at times trigger significant emotional responses. Such emotional reactions are often even more powerful when the listener feels some kind of personal connection with the experience described. This might be due to them having had a similar personal experience (or knowing someone who has), relevance to an area of personal interest or a sense of responsibility for those in a similar position.

The Francis Report highlighted the importance of connecting with the experience of patients. Many NHS Trusts are now utilising patient stories and BHRUT plan to introduce patient stories in various forums.

The Complaints Team have been working with the Directorates and encouraging patients to return to the area which they may have raised a concern to meet with staff and see for themselves the changes which have taken place.

An example of a Directorate Patient Story is attached in Appendix II.

2.10 INITIATIVES TO BE IMPLEMENTED DURING THE Q3/Q4 REPORTING PERIOD

A number of initiatives will be implemented during the Q3/Q4 reporting period.

These are outlined below.

Initiative	Detail	Implementation Date
Easy-read leaflets	The final Complaints and PALS easy-read leaflet has now been agreed by local service users. The proposed leaflet will be reviewed by the Patient Information Group prior to being sent for design and print.	October 2013
Service user satisfaction questionnaires	These are now sent out to complainants following closure of a complaint.	Completed

Initiative	Detail	Implementation Date
Patient stories	<p>Ensuring that patient stories are heard across the Trust is a key initiative. The Complaint Manager and Deputy Director of Nursing are developing a number of ways in which this will be implemented including:</p> <ul style="list-style-type: none"> • Attendance at statutory and mandatory training • Inviting complainants to attend relevant meetings • Directorates/ward meetings to share their experiences <p>Commence Swartz Rounds</p>	<p>October 2013</p> <p>A&E - September 2013 Maternity - October 2013 Cancer - November 2013</p>
Learning lessons from complaints	<p>Action plans are now completed following complaints which are upheld or partially upheld. In addition, Directorates complete a monthly learning log which identifies action taken in response to complaints and PALS enquiries.</p> <p>Trust Learning Lessons Group to be reinvigorated.</p>	<p>Completed</p> <p>November 2013</p>
Management of Change Consultation	<p>Completed.</p> <p>Substantive staff are now in their new posts. The Trust has appointed 3 new Complaints Officers and the recruitment process is being completed.</p>	<p>October 2013</p>
Complaints training programme	<p>The first "Introduction to Complaints" workshops took place in August 2013 and were well received. Further workshops will be available for Trust staff throughout the year. In addition, writing workshops are being planned.</p>	<p>October 2013</p>
To explore the implementation of Mystery Shopper initiative	<p>Implementation of the initiative is currently being explored.</p>	<p>November 2013</p>

3. REAL TIME PATIENT EXPERIENCE SURVEYS

A paper based method of patient survey data collection has been rolled out across the Trust which also includes collecting the Friends & Family Test. All surveys are collected and scanned to the Formic Fusion system and data extracted to Excel for analysis.

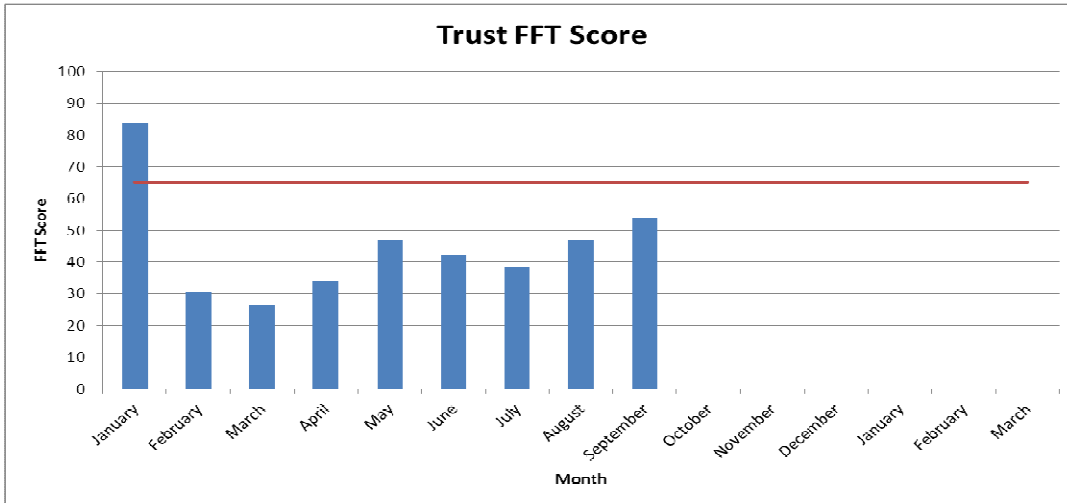
3.1 Adult Inpatient Surveys

For adult inpatients, a total of **5891** surveys were received in Q2. Taking away 583 blank responses - the Trust has achieved **47%** survey coverage within Adult Inpatients with a Friends & Family Test (FFT) score of **46**.

An FFT RAG rating scoring system based on the London average (FFT 65) has been agreed by the Trust which will be reviewed regularly. This equates to: **Green** ~ 65 and above, **Amber** ~ 42-64 and **Red** ~ 41 and below.

Row Labels	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	% Coverage
AMBA	69	26	4	1	2		9	111	102	61	195	52
AMBB	107	85	9				8	209	201	49	368	55
ASH	82	54	13	3	3	5	39	199	160	39	315	51
BEECH	21	9					4	34	30	70	20	150
BLUA	49	38	4	2	1		2	96	94	45	249	38
BLUB	41	21	2	3	1		12	80	68	51	318	21
CAU KGH	126	70	11	2	2	2	9	222	213	52	583	37
CCU	88	24				2	9	123	114	77	177	64
CLEAA	54	74	15	1		6	1	151	150	25	257	58
CLEB	132	80	37	2	3	17	24	295	271	33	340	80
CORB	175	126	53	6	4	2	83	449	366	31	771	47
DAHL	227	49	1	1	1	2		281	281	80	499	56
ELM	52	22			1		1	76	75	68	120	63
ERIC	58	7		1			1	67	66	86	99	67
FERN	42	21	1		2		6	72	66	59	211	31
GARD	79	47	3	1	2	1	5	138	133	55	333	40
GENT	62	61	23	2		3	8	159	151	25	412	37
HARA	31	86	11				11	139	128	16	224	57
HARB	41	11	4	2	2	1	51	112	61	54	121	50
HASU	67	22	1	1	1	2	3	97	94	68	125	75
HEAT	86	46	9	1	2	3	8	155	147	50	397	37
HOLL	46	66	10	2	3		2	129	127	24	205	62
IRIS	145	83	8	1		4	9	250	241	56	617	39
KGH ITU	4	1						5	5	80	21	24
MANA	68	40	11		1	3	6	129	123	46	275	45
MANB	123	75	5		2	2	10	217	207	56	352	59
MAU	226	114	25	7	5	9	163	549	386	49	1298	30
OCEA	63	60	5	1			6	135	129	44	362	36
OCEB	74	65	5		2	2	26	174	148	45	600	25
Queens HDU	6							6	6	100	22	27
Queens ITU	16	1		1			2	20	18	83	40	45
Queens Neuro HDU	1							1	1	100	8	13
SAHA	48	18	4	1			7	78	71	61	194	37
SAHB	170	58	1	3	1	6	23	262	239	69	305	78
SKY A	159	120	80	32	2	3	7	403	396	11	396	100
SUNA	45	33	11			3	8	100	92	37	208	44
SUNB	36	101	7	3	1		20	168	148	17	200	74
Grand Total	2919	1814	373	80	44	78	583	5891	5308	46	11237	47

FFT Score Progress



Adult Inpatient Patient Satisfaction Indicators

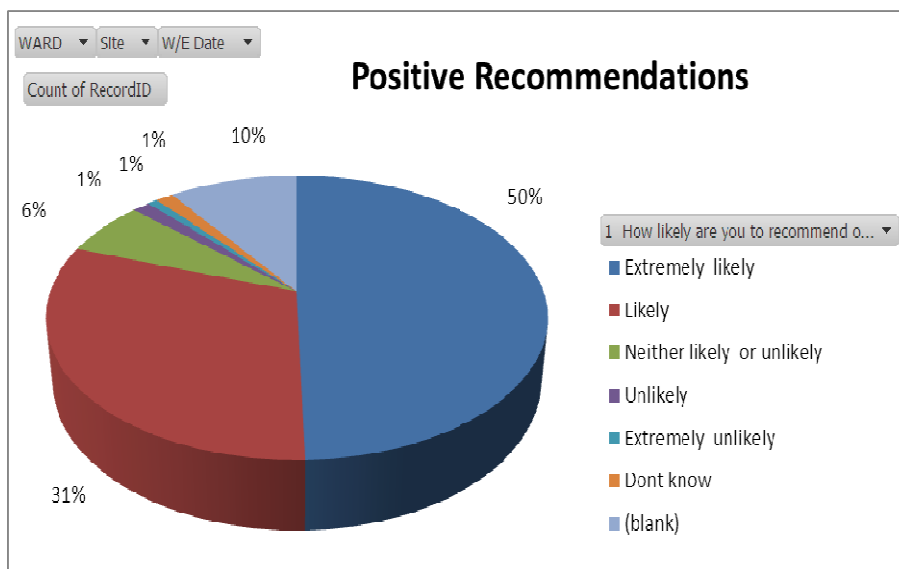
The following indicators have been included in this report. They shadow the 2012/13 CQUIN requirement:

- Positive recommendations
- Involvement in decisions about treatment/care
- Hospital staff being available to talk to about worries or concerns
- Privacy when discussing condition/treatment
- Being informed about side effects of medication
- Being informed who to contact if worried about condition after leaving hospital

Positive Recommendations

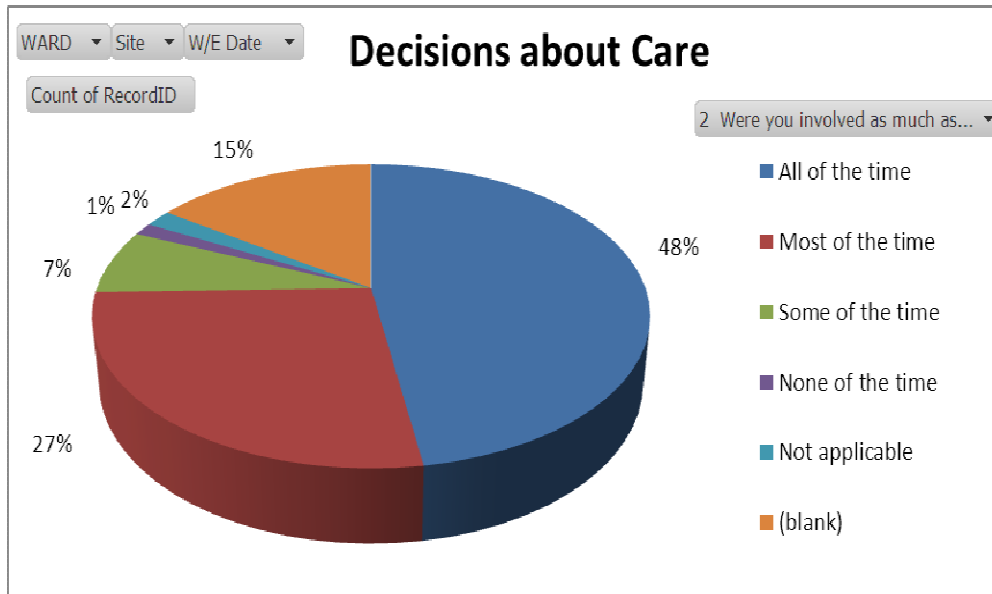
In addition to the FFT score, the Trust is monitoring the positive recommendations made by adult inpatients. The positive recommendations are calculated by taking the answer of extremely likely or likely to recommend the Trust to friends and family for those patients who have answered the question.

89% of patients who answered this question said that they would be 'extremely likely' or 'likely' to recommend the Trust to family or friends if they required similar care or treatment.



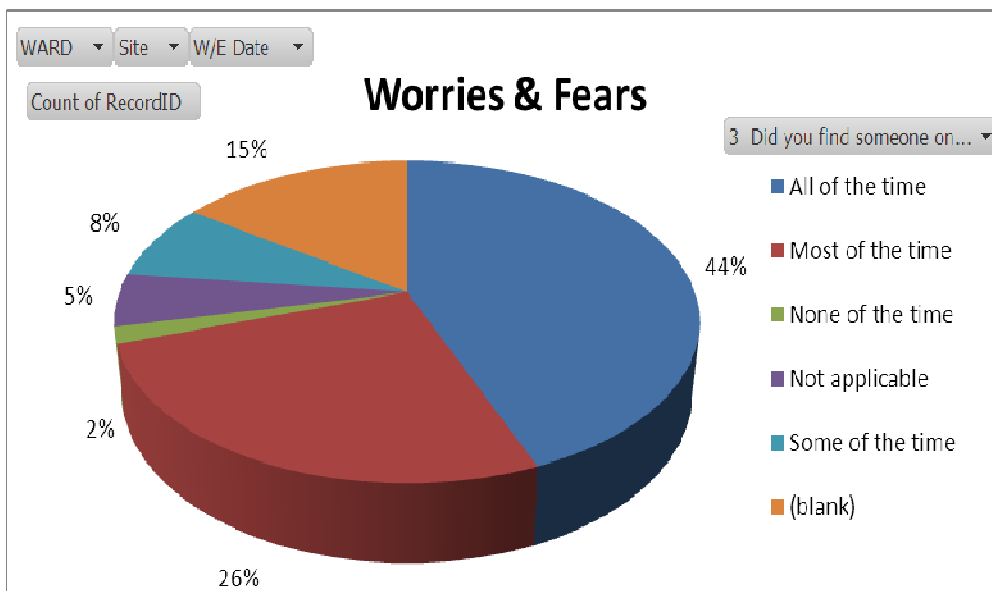
Involvement in decisions about care and treatment

88% of those patients surveyed, who answered this question, said that they felt involved about decisions about their care and treatment all or most of the time.



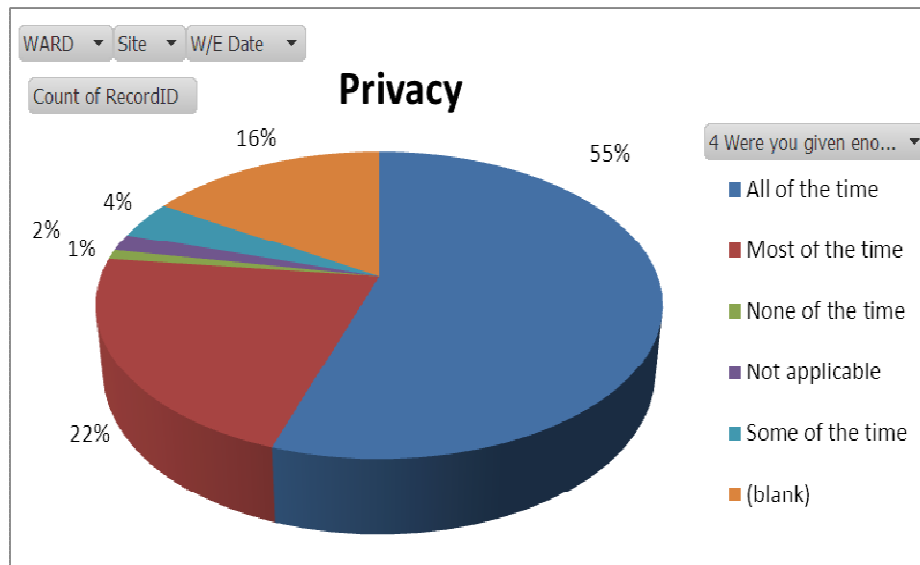
Hospital staff being available to talk to about worries or concerns

83% of those patients surveyed, who answered this question, said that they felt that hospital staff were available to talk to about their worries or concerns all or most of the time. However, 6% of patients said that this was not applicable to their situation.



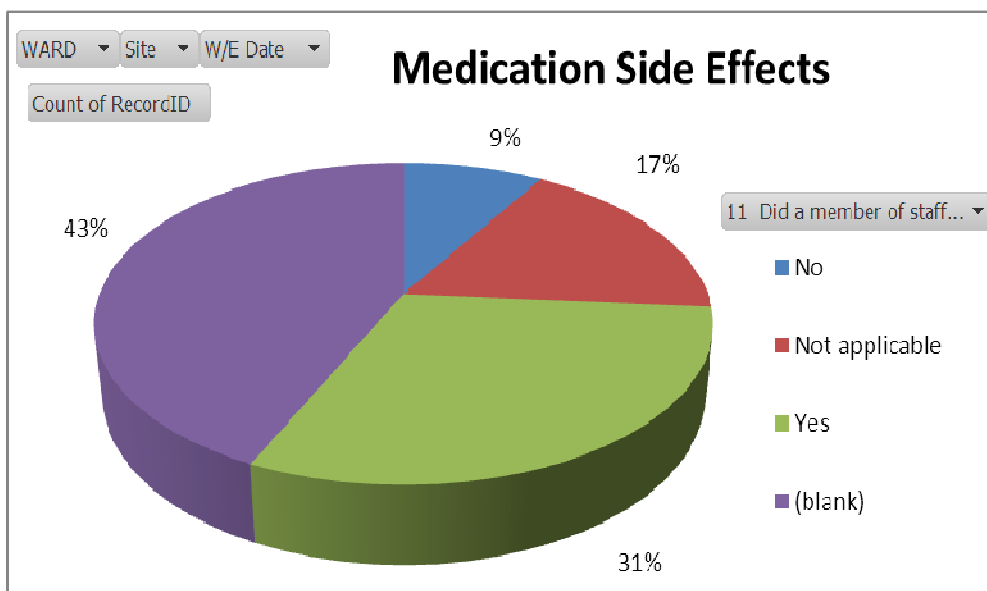
Privacy when discussing condition/treatment

92% of those patients surveyed, who answered this question, said that they felt that they had enough privacy whilst discussing their condition or treatment all or most of the time.



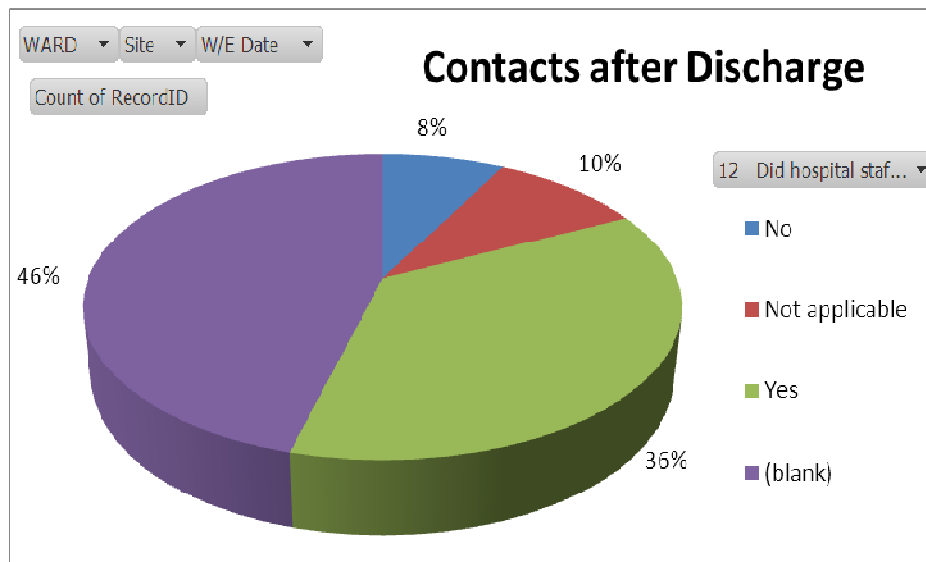
Being informed about side effects of medication

54% of those patients surveyed, who answered this question, said that they felt that they were given enough information about the side effects of their medication all or most of the time. However, 31% of patients did not feel that this question was applicable to them.



Being informed who to contact if worried about condition after leaving hospital

67% of those patients surveyed, who answered this question, said that they felt that they were given enough information about who to contact if they were worried about their condition after leaving hospital all or most of the time. However, 18% of patients did not feel this question was applicable to them.



Additional Patient Satisfaction Indicators for Adult Inpatients

Quality of Hospital Food

64% of those patients surveyed, who answered this question said that they felt the hospital food was very good or good.

Pain Control

75% of those patients surveyed, who answered this question said that they felt the hospital staff did everything they could to control their pain. However, 19% of patients said that this question was not applicable to them.

Cleanliness of the Wards

70% of those patients surveyed, who answered this question said that they felt the hospital ward was very clean.

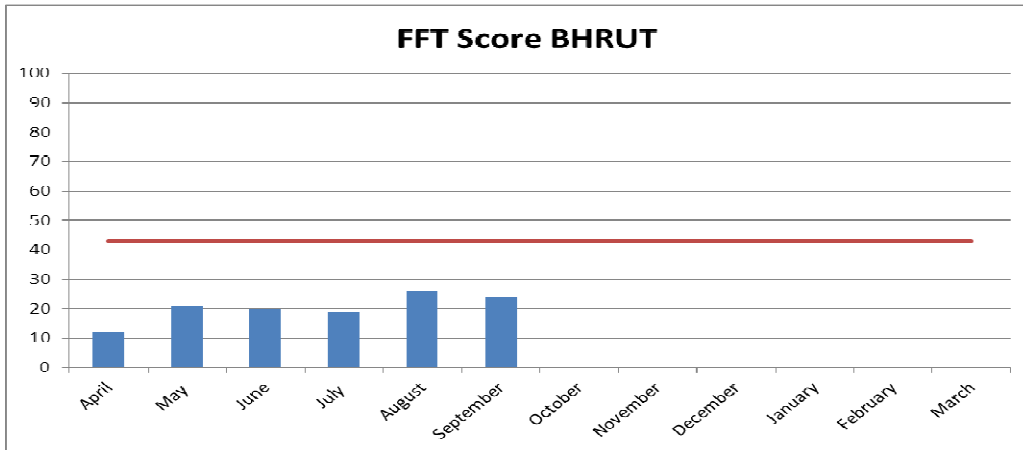
3.2 Emergency Department Surveys

During Q2 a total of **3692** surveys were received from A&E and taking away 392 blank responses achieved **12%** coverage and an FFT score of **22** for quarter 2.

Row Labels	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	% Coverage
A&E Queens	985	1061	180	152	92	80	272	2874	2602	22	19642	13
A&E KGH	290	253	63	44	33	15	120	818	698	21	8035	9
Grand Total	1275	1314	243	196	125	95	392	3692	3300	22	27677	12

An FFT RAG rating scoring system based on the London average (FFT 43) has been agreed by the Trust. This equates to: **Green** ~ 43 and above, **Amber** ~ 30-42 and **Red** ~ 29 and below.

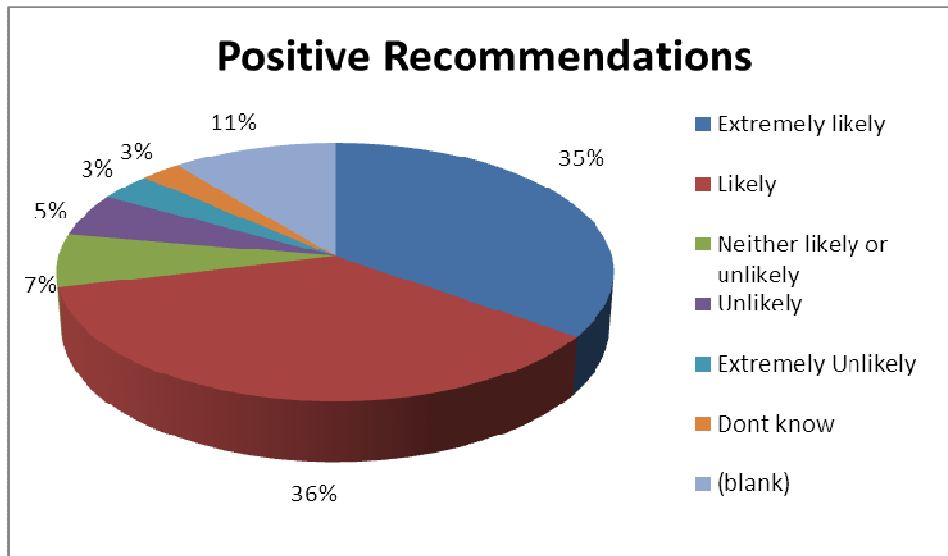
A&E FFT Score Progress



Positive Recommendations

In addition to the FFT score, the Trust is monitoring the positive recommendations made by the patients using the A&E service. The positive recommendations are by taking the answer of 'extremely likely' or 'likely' to recommend the Trust to friends & family for those patients who have answered the question.

78% of those patients who answered the question said that they would recommend the A&E department to family or friends if they required similar care or treatment.



3.3 Maternity Patient Experience Surveys

The data collected for Friends & Family Test (FFT) for Maternity is not required to be reported to the Department of Health/NHS England (London), until October 2013. However, the Trust has collected this information for local use.

The Department of Health has now published further guidance for all Maternity Providers of NHS funded services detailing how to calculate and present the Friends and Family Test results going forward for maternity patients. Information can be found at www.england.nhs.uk/wp-content/uploads/2013/05/fft-mat-guide.pdf

The Trust has used this guidance to calculate the FFT score for ward areas within the Maternity Service.

From September 2013 a FFT for ante-natal patients attending their 36 week check clinic before the birth and another for post birth when the woman is visited by the Community Midwife has to be captured. These additional surveys were rolled out from 1st September 2013.

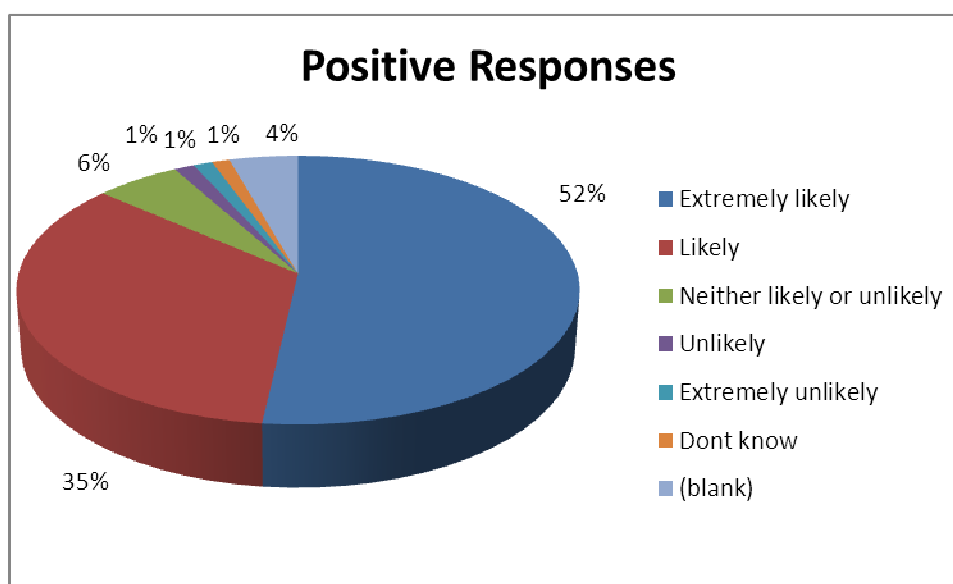
Maternity Inpatients

During quarter 2 2013 a total of **1218** surveys were received from the Inpatient Maternity Unit. Taking away 54 bank responses, the unit achieved **55%** coverage with an FFT score of **46**.

Row Labels	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	% Coverage
AnteNatal Ward QH	101	55	6	1	1	2	2	168	166	56	254	66
Coral	240	256	40	15	10	10	29	600	571	31	1133	53
Labour Ward	22	8	1	0	0	1	0	32	32	66	77	42
Post Natal	121	85	14		4	1	13	238	225	46	581	41
QBC	147	17	6				10	180	170	83	186	97
Grand Total	631	421	67	16	15	14	54	1218	1164	46	2231	55

Positive Recommendations

90% of patients surveyed gave positive recommendations answering ‘extremely likely’ or ‘likely’ to the friends & family question: “How likely are you to recommend our ward to friends and family if they needed similar care or treatment”.



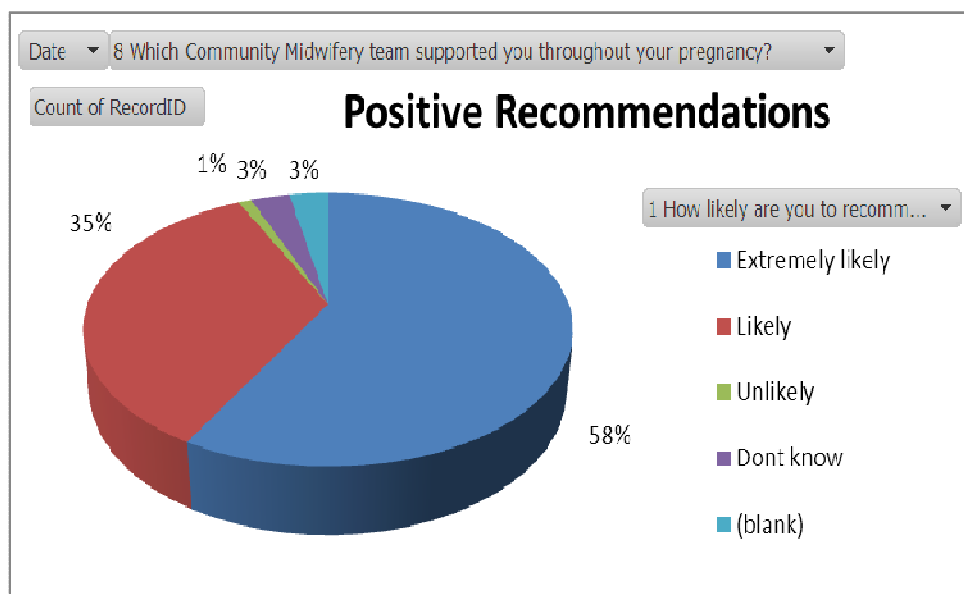
During September 2013 in readiness for the national rollout, the Trust collated FFT results for the Community Antenatal and Postnatal Teams.

Community Antenatal

During September 2013 a total of **98** surveys were received from the Community Antenatal Teams scoring an FFT score of **59**.

Community Antenatal FFT September 2013								
Row Labels	Extremely likely	Likely	Unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score
Brentwood		1				1	1	0
Dagenham North		1				1	1	0
Dagenham South	9	1				10	10	90
Dagenham West		1				1	1	0
Goodmayes	1					1	1	100
Havering Central	6	2		1		9	9	67
Havering East	26	15			1	42	41	63
Havering North	2	1				3	3	67
Havering South	7	5		1		13	13	54
Ilford North	1	5				6	6	17
(blank)	5	2	1	1	2	11	9	44
Grand Total	57	34	1	3	3	98	95	59

96% of patients surveyed gave positive recommendations answering ‘extremely likely’ or ‘likely’ to the friends & family question: “How likely are you to recommend our community antenatal service to friends and family if they needed similar care or treatment”.

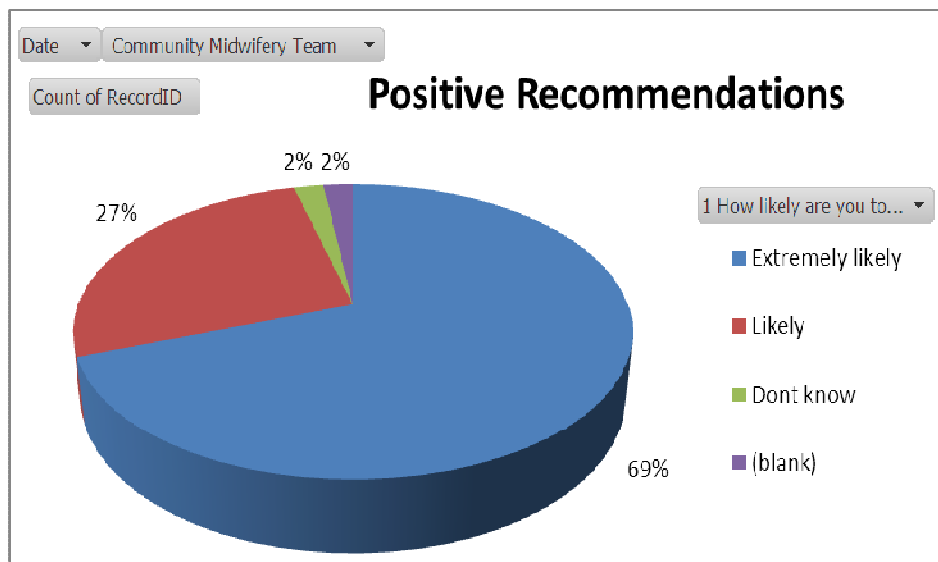


Community Post Natal

During September 2013 a total of **49** surveys were received from the Community Postnatal Teams scoring an FFT score of **71**.

Count of RecordID	Column						
Row Labels	Extremely likely	Likely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score
Dagenham South	1	3		1	5	4	25
Dagenham West	2	1	1		4	4	50
Goodmayes	1				1	1	100
Havering East	2				2	2	100
Havering North	12	2			14	14	86
Havering South	9	4			13	13	69
Ilford North	7	3			10	10	70
Grand Total	34	13	1	1	49	48	71

98% of patients surveyed gave positive recommendations answering 'extremely likely' or 'likely' to the friends & family question: "How likely are you to recommend our community postnatal service to friends and family if they needed similar care or treatment".



3.4 Children's Service Surveys

The Trust is not required to report externally as yet on the FFT for the Children's Service survey, but expect this to be included in the rollout during 2014. No official guidance has been supplied on how to ask the FFT to patients using these services, but in liaising with the Paediatrics Teams, a survey to measure patient experience has been implemented.

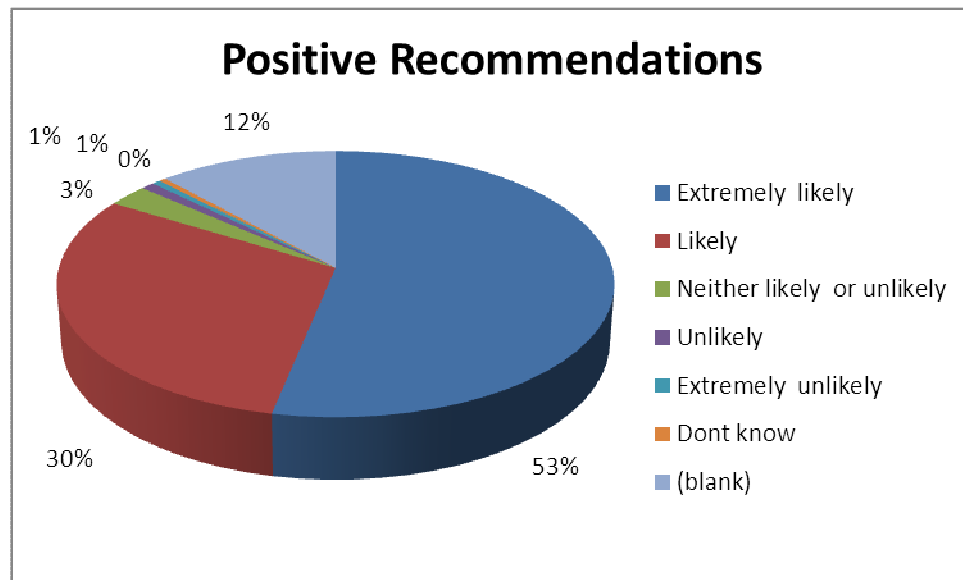
During Q2 2013, Children's Services collected **799** completed surveys achieving **40%** coverage with a FFT score of **59**.

Row Labels	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	% Coverage
ACAD	97	38	6				68	209	141	65	650	22
Clover Ward	134	37		1	2		8	182	174	79	522	33
Tropical Lagoon	251	201	18	7	3	4	30	514	484	50	830	58
Grand Total	482	276	24	8	5	4	106	905	799	59	2002	40

Positive Recommendations

In addition to the FFT score, the Trust is monitoring the positive recommendations made by the parents/guardians of children being treated within the Trust. The positive recommendations are by taking the answer of 'extremely likely' or 'likely' to recommend the Trust to friends & family for those patients who have answered the question.

95% of parents/guardians said they would recommend the children's services wards to friends & family if they required similar care or treatment.



3.5 Patient & Staff Experience Facilitator (Facilitator)

The Trust has recruited one Patient & Staff Experience Facilitator and is out to advert for the second post. Their responsibility will be to develop, implement, facilitate and co-ordinate the delivery of the Friends and Family Test to patients and staff across both hospital sites.

On-going work during the reporting period includes:

- Obtaining surveys as print stock
- Working with the Information Department to determine resources required to provide wards with weekly survey results
- Welcome boards have been installed on all adult inpatient wards. Personalised boards for Maternity and Children's Services are in the process of being produced
- An inpatient bedside handbook is currently being re-written
- A 'message to Matron' scheme has been designed to give patients the option of raising concerns to the Trust confidentially whilst still on the ward. The Facilitator is to trial this scheme on red rag rated wards
- The Facilitator has met with all wards showing an FFT score rated amber and red to determine action and initiatives to put into place to improve scores
- The Facilitator is working with the Complaints Department to identify areas with poor care or treatment to measure against the FFT scores
- An internal campaign will be launched using a "think tank" to encourage ward staff to provide ideas about what they feel are the best initiatives which can be implemented to improve patient experience



Emergency Department

- An information booklet for patients who are waiting in ED Majors will be printed shortly and made available to patients
- A television has been installed in the waiting area and a dedicated phone for the use of the patients is now available
- The Facilitator has met with the ED Receptionists to ensure they are handing out the survey forms and has created a script for them to use as a guide when talking to patients

5. END OF LIFE CARE

5.1 Overview

The Specialist Palliative Care Team received 907 referrals for quarters 1 and 2 (2013-14), 641 of which were new patients, 229 continuing patients and 37 re-referred to the service. The team continues to predominantly see patients as inpatients and the rest as outpatients or by providing telephone advice.

There are now regular teaching programmes in place for End of Life Care (EoLC) for all health care professionals.

Over the next 6-12 months whilst the Team wait for national direction on individualised end of life care plans for those patients in the dying phase the Trust will continue to use the LCP document but with extra caution being made to the above mentioned areas.

The EoLC CQUIN's for the financial year 2013-2014 requires the Trust to raise the awareness of advance care planning in EoLC in order for patients and families/carers to make choices around future care. A baseline audit has been carried out to explore how well preferred priorities of care (PPC) documentation or it's alternative 'Think Ahead' is being used and how well conversations around EoLC issues are taken place and documented. The Trust aims to improve the uptake of advance care planning by the end of quarter 4.

The 7 day face to face nursing consultation is underway and it is planned that the service will start from the 1st January 2014. This will enable continuity of patient care and will enhance patient care as access to face to face specialist palliative care knowledge will be available 7 days a week.

The Gold Standard Framework continues to be progressed on Sunrise B and Mandarin A. The wards are now at the second stage following the launch in September 2013. Teaching programmes are being carried out to educate all the staff working in these areas about early identification of patient's who may be palliative and to engage in advance care planning at an earlier stage in order for patients to make choices around future care.

5.2 Bereavement Questionnaire

Following the pilot of a bereavement questionnaire on Mandarin B (oncology ward), the questionnaire has been implemented Trust wide. Results will be shared quarterly at the End of Life Steering Group.

6 CATERING & CLEANING

6.1 CATERING

Fortnightly meal tasting continues to be undertaken - these are attended by both Trust staff and Sodexo Facilities Management.

The second hot meal service will commence at both King George and Queen's Hospitals on Monday 7th October 2013. This means that patients will get a hot lunch and a hot dinner, rather than just a soup and sandwich at dinnertime as before. The Trust is currently looking at ways to improve the inpatient dining experience and will shortly be trialling serving meals course by course. This trial, which is a

recommendation from the PLACE assessments, will be take place at a nominated ward on each site and will involve serving the main meal first with the dessert served afterwards.

6.2 CLEANING

The overall Trust cleaning scores for Q2 are outlined in the table below.

Hospital	July - Sept 2013 (average score)
Queen's Hospital	96.2%
King George Hospital	94.5%

6.3 ENVIRONMENT

The weekly environmental workarounds are continuing to work well on both sites. During these walkarounds, issues are identified and wherever possible action is taken at the time to address any concerns identified/raised.

The painting on Amber A and B Wards at Queens has now been completed and new signage has been installed which has improved the patient environment. The painting programme on Maternity has commenced and wall protection has been installed. At King George Hospital the painting of Holly Ward has now been completed, along with the upgrade of the ward pantry. Heather Ward is currently being painting and should be completed by the end of October 2013.

6.4 PLACE ASSESSMENTS

The results for the PLACE Assessments have now been published and the results have been reviewed and compared against other local Trusts and the National Average Scores.

SITE NAME	SITE TYPE	CLEANLINESS	FOOD & HYDRATION	PRIVACY, DIGNITY & WELLBEING	CONDITION APPEARANCE & MAINTENANCE
King George Hospital	Acute/Specialist	98.07%	84.02%	78.84%	84.17%
Queen's Hospital	Acute/Specialist	97.57%	85.27%	84.18%	83.42%
Basildon Hospital	Acute/Specialist	97.42%	63.99%	97.05%	89.69%
Whipps Cross	Acute/Specialist	87.59%	84.19%	78.19%	73.87%
Barts	Acute/Specialist	99.34%	82.00%	97.54%	97.28%
Broomfield	Acute/Specialist	97.12%	89.45%	92.68%	92.36%
Southend Hospital	Acute/Specialist	94.16%	89.11%	85.01%	77.12%
National Average Scores					
Cleaning	96%	90% of sites scored more than 90% of which 144 sites scored 100% 1 site scored less than 40%			
Food and Hydration	85%	70% of sites scored more than 80% of which 4 sites scored 100% 1 site scored less than 40%			
Privacy, Dignity & Wellbeing	89%	68% of sites scored more than 80% of which 18 sites scored 100%			
Condition Appearance & Maintenance	89%	68 % of sites scored more than 80% of which 2 sites scored 100%. 2 sites scored less than 40%			

7 RECOMMENDATIONS

Directorates to consider the reports findings and present at Directorate Governance meetings.

To continue using the FFT score to improve patient experience locally.

In addition, there are some areas that require further work which include:

- Outpatients - appointment queries and cancellations
- Switchboard, review of the waiting times for calls to be answered and behaviour of staff
- Information on discharge - there is a programme of work being undertaken in this area

8 CONCLUSION

This report recognises the work that has been undertaken across the Trust during Q2 in relation to patient experience.

The report provides a direction of travel for the Trust that sees the development and improvement of work already undertaken.

APPENDIX I

LEARNING LESSONS LOG - SEPTEMBER 2013

MEDICINE

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Gastroenterology	Quality of written information for patients Monitoring of bloods for patients on immunosuppressants	Review of written information by the gastro team Process agreed with haematology. Bloods will be marked urgent which will trigger a telephone alert
Complaints	Care of Elderly	Communication on DNR decision & use of the LCP	Consultants have been attending palliative care training Medical wards participating in McMillan programme for enhanced support
Complaints	Care of Elderly	Assessment for continuing care	Staff to include information on patient's condition at home as well as current functionality on wards particularly in relation to falls
Complaints	Care of Elderly	Process for certifying death when Medical Team not available	Reinforcement of the use of Site Team for certification of expected deaths Bereavement Team to highlight any further delays

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints & PALS	Specialist Medicine - Dermatology	Complaints relating to clinics being cancelled with no explanation	Improve patients understand of short notice cancellations. The service now includes the telephone number of the Service Manager and Department Manager as a direct contact and we can often bring patients appointments forward or give a direct response as to the reason for the cancellation
Complaints & PALS	Specialist Medicine	Patients are not kept informed about the reason for clinics and appointments running late	Patients are happier if they have an explanation as to why there is a delay in their clinic; staff have been advised to ensure patients are kept informed of any delays

SURGERY

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaint	Surgery/Critical Care	Alleged missed medication	Record on drug chart when patient absent from ward and when drug not given as emergency treatment overridden prescription

PATHOLOGY

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Pathology	Charging for private blood tests	Charging policy has been changed to prevent inappropriate charging
Complaints	Pathology	Phlebotomy recalls	Recall letters not sent by phlebotomy so as to prevent confusion to the patient
Complaints	Pathology	Incorrect samples bled in community	Pathology bottle lists sent to community phlebotomy
User satisfaction	Pathology	Pathology information	Information on website improved
GPs	Pathology	GP access to pathology results requested by the hospital	GP Ordercomms rolled out

THERAPIES

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaint (Ref LP XIII\0251)	Therapies	Poorly fitting knee brace - service failed to fully follow up and resolve the issue	Need to follow actions up until problem is fully resolved. In this case the plaster room technician had been unable to resolve the poor fit. We didn't take the extra step and get a full orthotics review and new prescription of bespoke brace. This has now happened and the patient is very satisfied with the outcome

EMERGENCY CARE

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Emergency	Poor standards of essential nursing care to our patients that was a recurring theme, i.e. nutrition, hygiene etc	Review of workforce identified inappropriate staffing levels to provide this essential care therefore introduction of Healthcare Assistants 24/7 whose role is to provide this care constantly throughout the shifts This is now known as 'comfort' rounds and is fully implemented
Complaints	Emergency	Long waiting times for patients in ED identified as a trend and therefore patients lying on ED trolley for prolonged periods of time causing risks to skin integrity and potential for developing pressure ulcers	Introduction of 20 profile beds with enhanced mattresses called atmosair which provide enhanced pressure relief for longer and therefore reduces risk significantly and is far more comfortable for patients Education to staff on essential need to risk assess using the Braden score and documenting this and being proactive

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Emergency	Staff attitude/behaviours	<p>Staff Development Programme underway</p> <p>Involvement of National Patient Champion to work with ED team to develop a professional and proud workforce who are ambassadors for the unit who deliver consistently and who do not tolerate poor behaviour from any discipline of staff</p>

OUTPATIENTS

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Outpatient - Reception	Staff attitude - lack of customer care	<p>Weekly meetings with staff to share patient feedback to raise awareness</p> <p>Workshop with all reception staff externally facilitated by NHS Innovations - large scale change programme</p> <p>Feedback from staff that signage needs to improve inside the department so that patients are not overcrowding reception and thereby creating a busy and stressful environment</p> <p>Volunteer role advertised for OPD. One recruited to OPD 1 in QH, which is the busiest areas - this helps reception staff as it helps patient flows in the department. Staff sent on conflict resolution training - in house course</p>

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Outpatient - Appointments	Multiple reminders being sent out, resulting in confusion for the patient and additional cost	Reminder letters stopped. Replaced with 2 text messages.
Complaints	Outpatient - Nursing	Dressing clinic - patient concerned about apparent lack of care and attitude of staff	On investigation the service found that the patient was not informed that the doctor had changed his direction on how the wound should be dressed. This flagged up the importance to explain to the patient if there has been any change to proposed ongoing care
Complaints	Outpatient - Attendance	Long wait time in clinic - issue is late arrival of doctors	Clinic start time audit put in place Waiting times and delays to be communicated on notice boards Reception and nursing staff have been briefed on how to communicate with patients in the waiting area in order to keep patients informed of delays and reasons for delays

MATERNITY/GYNAE/PAEDIATRICS

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Maternity	Complaint felt that abnormality should have been diagnosed at 20 week scan Woman had many questions about her birth	Inadequate preparation for why the scan was being undertaken Action: Ensure that the scan leaflet is discussed with women and they understand why the scan is being undertaken Inadequate debrief following delivery Action: Reinforce with staff the purpose of debriefing after birth. For more complex cases debrief clinic being set up

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaints	Maternity	Issues with community midwives and maternity tariff which has affected delivery of care	Women should have seamless care regardless of where they live Midwives must not discuss with women about maternity tariffs Actions. DoM met with midwife concerned Meeting to be arranged with neighbouring providers to address issues with tariff
Complaints	Maternity	A woman was re-admitted due to retained products - piece of membrane remained in situ	Staff need to communicate more effectively that this is a normal process and can happen Improve documentation Action: feedback to staff through patient stories and respectful maternity care
Complaints	Maternity	Insensitivity and lack of compassion for a bereaved mother. Felt she was not listened to by the medical staff. Baby was in the wrong position	There was good documentation around the care given Action: Patients story discussed with staff and used as feedback for mandatory training to raise awareness of the impact of lack of compassion and sensitivity for women
Complaints	Maternity	Delay in undertaking manual removal of placenta and lack of after care	Importance of keeping women informed of delays Action : Patients story being implemented to raise awareness of the impact of lack of care and sensitivity for women
Complaint	Paeds	Poor communication on long term effects of condition at baby check Failure to communicate effectively Mild condition picked up shortly after initial baby-checks. Condition was mild so not thought important to discuss with mother	Importance of clear communication with mother. Clinical diagnosis to be confirmed by senior clinician Meeting face-to-face helps enormously to manage these expectations and offer reassurances Junior doctor specific training undertaken on baby checks

Identified From	Directorate/Speciality	Issue	Lessons Learnt/Actions
Comment Card/Direct Contact	Gynaecology	<p>Upset that whilst awaiting miscarriage management on Cornflower B, patient witnessed happy relatives outside same ward with congratulatory balloons visiting QBC</p> <p>Patient upset that her outcome known to be poor was further upset that visitors and patients 'had' to mix</p>	<p>Exploring options regarding access to QBC and Cornflower B being segregated</p> <p>Better communication with women</p>

Appendix II

PATIENT STORY PROFORMA

Directorate: Maternity

Ward/Department: Postnatal Ward

How was the Patient Story shared?

- By patient
- Member of staff shared story**
- Via video recording

Date Patient Story Discussed:

24th September 2013

At what Forum/Meeting was the Patient Story discussed?

A group of Maternity staff were brought together for reflection/learning.

Maternity Mandatory Training Programme.

Clinical Governance Forum.

Summary of Patient Story:

Mother received excellent antenatal care and had a positive labour experience - particularly individualised care. Care was not as positive postnatally.

Her previous child had been put on the Child Protection Register and staff made the assumption that the same thing would happen to this child. Without consultation with the mother, staff contacted Social Services to establish situation. Social Services phoned patient who was very upset and angry. Mother explained that she was unhappy that this was underhand as they had phoned Social Services behind her back. If she had been advised of what the staff had to do, she would have understood. This then resulted in discussions taking place in a four-bedded bay without meeting her needs for confidentiality.

The mother wanted the above to be registered as a formal complaint initially, but after discussion and agreement to use this as a learning tool; patient agreed that she no longer wanted to make a formal complaint.

What Actions Have Been taken as a Result of the Patient Story?

This story was shared by the Trust's Patient Champion with a group of maternity staff from all areas and all levels. The story was recounted in the patient's own words. The staff then reflected on how they felt about this. Evaluation of the 90 minute session was excellent and staff reflected on this situation and how this was going to change their practice in the future.

Due to the success of this project this will now become mandatory for all staff in all disciplines in Maternity Services. The Consultant Midwife is leading on the rollout.

How has learning from the Patient Story been disseminated in the Directorate?

Group discussion.

Across the Organisation?

Patient Champion shared with Director of Nursing and Chief Executive.

Form Completed by:

Julie Dennitts-Seal, Complaints Manager & Wendy Matthews, Director of Midwifery

October 2013

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HEALTH AND CHILDREN & LEARNING OVERVIEW AND SCRUTINY COMMITTEE: JOINT CHILDREN'S HEALTH TOPIC GROUP

SCOPING DOCUMENT

Overall Scope

To ensure that the Council and its partners are taking steps to address a number of key issues relating to children's health services.

Membership

Councillors Pam Light, Sandra Binion, Wendy Brice-Thompson, Paul McGeary, Ray Morgon, Pat Murray, Melvin Wallace and Margaret Cameron (co-opted member, Children & Learning OSC).

Specific Objectives

To scrutinise the work being undertaken by the Council and its partners in the following children's health areas:

- The relationship and joint working arrangements between children's health services and Children's Social Care at the Council to deliver the changes to services for SEND under the Children and Families Bill
- The introduction of personal budgets for children's health services.
- Review and re-provision of the Child and Adolescent Mental Health Services (CAMHS) contract for 2014/15 onwards
- The current lack of a dedicated children's commissioner at the CCG.

Witnesses to be called

- Children's Health/Social Care relationship – Joy Hollister, Group Director and Dr Mary Black, Director of Public Health and Dr. Deshpande, CCG
- Personal budgets for health service – Dr Deshpande, CCG plus Council representatives
- Review and re-provision of CAMHS contract – Dr. Deshpande, CCG and Kathy Bundred, Head of Children's
- Lack of dedicated Havering CCG children's commissioner – Dr. Deshpande, CCG

Visits

- Best practice area for CAMHS services (NELFT/CCG would need to advise).

- An area/s that might have already implemented personal budgets for children's services ahead of this being a statutory obligation?

Timescale

Approximately monthly meetings through to February then report to be presented to meetings of OSCs on 4 and 20 March 2014. If agreed, report to be submitted to Cabinet and Health Service decision making bodies as required.

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
9 October 2013 (1.30 pm – 3.45 pm)**

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
John Atherton, NHS England
Conor Burke, Accountable Officer, Havering CCG
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Chair, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG

In Attendance

Averil Dongworth - Chief Executive Officer – Queens Hospital Trust
Louise Dibsall, Senior Public Health Strategist, Public Health, LBH
Lorraine Hunter, Committee Officer, LBH (Minutes)

Observers from Public Health

Apologies

Cheryl Coppell, Chief Executive, LBH
Dr Mary E Black, Director of Public Health, LBH
Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Alan Steward, Chief Operating Officer (non- voting) Havering CCG

51 APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS

Apologies were received and noted.

The Chairman requested that named substitute/s should not attend Board meetings in place of a principal member/s. Items on the agenda due to be presented by members should not be introduced by non-members.

52 DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

53 MINUTES

The Board considered and agreed the minutes of the meeting held on 11 September 2013 which were signed by the Chairman.

54 **MATTERS ARISING/REVIEW OF ACTION LOG**

Following the presentation on Dementia received at the last Board meeting, it was agreed that the post of Dementia Programme Manager would be extended beyond the current six month tenure. Representatives of the Local Authority and the Clinical Commissioning Group confirmed that this would be funded by the Integrated Care budget and that the matter would be progressed.

Work on the formation of the Joint Assessment & Discharge Team was in progress and it was anticipated that the team would be in place by April 2014.

It was noted that 7 Day Working would be introduced by BHRUT at the hospital as of November 1 2013 together with the GP Weekend Scheme also scheduled to commence in November. Two GP surgeries are required to participate - one surgery would be within close proximity to Queens Hospital and one further away; expressions of interest are currently being sought from GP surgeries. The Board agreed that these measures were timely in relation to the onset of winter pressures. The Chairman offered the use of the Local Authority magazine and the website to publish the weekend service to ensure that patients are informed and aware of the services. NHS England stated that they had requested that all Public Health improvements should be advertised.

The Chairman had written to the local newspaper in response to an article on the future of the St George's Hospital site.

The Board welcomed Margaret McGlynn, Care Quality Commission Compliance Manager to provide a briefing on the CQC revised inspection procedures for hospitals. The Board noted the following:

- The CQC were changing the way they worked and had adopted new inspection processes. Future inspection reports would look different in that they would be talking about services and the leadership within those services. Inspection will be based upon 5 domains – safety, effectiveness, responsiveness, caring and well-led
- The inspection teams had increased in numbers (up to 36 members) and would include independent experts (e.g.; clinical consultants, directors of nursing, hospital chief executives and experts by experience).
- Areas to be inspected included: A&E, maternity, paediatrics, acute medical and surgical pathways, care for the frail elderly, end of life care and outpatients.
- Inspection teams would be on site between 5 – 7 days. Each service would be reported on and this would form part of an overall executive summary.

In order to test the modifying process and obtain useful feedback, the final report would be subject to a Question and Answer session prior to

publishing. A new rating system had also been introduced and would be applied following the inspection. This would not be based on stars/symbols but by a narrative driven by the 5 domains.

Members of the Board requested to know how the CQC evaluated interactions between staff and patients on assessing care, and whether they would be investigating cancelled appointments. The Board were advised that these areas would come under responsiveness and that the inspectors would look at how services are working for both the public and the Trust. The inspectors would also consult with the public as to what they think the priorities should be and likewise with the Trust.

It was noted that a recent inspection of King George's Hospital carried out in August had been very positive. A further inspection of Queens Hospital would commence on Monday 14 October 2013.

Members of the Board enquired whether the CQC would be seeking the views of GPs as well as patients. The Board were advised that the CQC would utilise the Health and Wellbeing Board as a forum to engage further with Local Authorities and Clinical Commissioning Groups.

The Chairman, on behalf of the Board, thanked Margaret McGlynn for attending the meeting. It was agreed that the CQC attend a future meeting to provide further updates.

55 BHRUT UPDATE

The Chairman welcomed Averil Dongworth, Chief Executive Officer of the Queens Hospital Trust. The Board noted the following updates:

Urgent Care Centre

The Urgent Care Centre utilisation rates were up to 32% and the CCGs were being provided with weekly reports. At the HWB Board meeting of 14 August 2013, there was a discussion about the contracted level of 45%-50%. These figures were based on a clinical audit that would agree a trajectory to increase utilisation. The audit was currently with the CCG. Original utilisation rates were very low and it had been a slow process to increase the figure to 32%. The figure had been benchmarked with other outer London Trusts where it was found to be below the average figure of 33-34%.

Members of the Board expressed their concern in that they considered 32% a low take up in usage of the Urgent Care Centre and asked what measures were being put in place to increase the figure.

The Chief Executive of BHRUT advised that it was essential to put the right patients with the right treatment in the right place. A lot of work was done to stream patients or redirect them to GPs on arrival in A&E. The Trust would like to achieve a utilisation figure of 40 % and work was on-going in

developing the NHS England UCC model and using it as a template. It was also the view of the Chief Executive of BHRUT that the CCG ought to pay the right tariffs for work done and that a clinical audit would help in addressing this issue. The CCG were billed for patient's treatments, however if temporary staff were not recording treatments appropriately, then information could not be correctly coded which in turn affected the figures. It was therefore very important to have permanent staff and a modern IT system.

A member representing the CCG advised that the CCGs had not been very proactive in the past but would be leading now as they had a better understanding of the position. A&E admissions had decreased slightly whilst attendances had increased marginally and there was still a lot of work to do. UCC utilisation rates were only 23% 2 years ago and the CCG would be investigating how the service is commissioned.

It was noted that Queens A&E was being redeveloped. There would be separate doors to A&E and the UCC which would make it easier to staff.

It was confirmed that both UCCs at Harold Wood and Queens Hospital were operated by the same provider. The Chairman questioned why the Harold Wood centre was not being run according to the original plan of closing at 8.00pm and closed its doors to new patients at 6.00 pm. The centre should support 6 GPs and provide a 24 hour service. The representative from NHS England said that he would raise this issue in a meeting with primary care colleagues. The Chairman offered to forward the original plans if required.

The Chief Executive of BHRUT affirmed that when ambulances ceased to arrive at King Georges, it was anticipated that 65/70% would still attend the Urgent Care Centre. From thereon ambulances would travel to either Whipps Cross or Queens Hospitals.

Queens/King George's A&E

The Chief Executive confirmed that there were plans to close the A&E at King George's Hospital to blue light admissions from ambulances around late summer in 2015. A lot of work would be carried out before then at Queens. Queens Hospital was a PFI hospital and it was important to get everything right. There were deadlines to meet and issues around clinical modelling. The Trust was working with PFI partners and clinicians had approved the plans.

Following the Clinical Review, the recommendation was that King George's A&E would not close until it was safe to do so and that the redevelopment of Queens A&E was complete. The Clinical Review had also made a number of recommendations and that these were now work in progress.

The Chair expressed a view that there had been no discussion with the Local Authority nor had there been a meeting with the Council Cabinet to discuss health matters, particularly the plans regarding A&E closure to

ambulances. The Chief Executive gave her apologies and stated that the Health and Wellbeing Board was new and that she was prepared to hold discussions with anyone at any time. A member representing the CCG stated that in the past PCTs had not been very good in communicating. The Chief Executive concurred with this view stating that the NHS itself had not excelled in this area and that in going forward, there should be more engagement with groups including Healthwatch so that all parties were clear on strategy.

The Board noted that there needed to be some clarity about the definition of an Urgent Care Centre. The Chairman of Healthwatch pointed out that patients often have a problem with what things are called by the health system. This needed to be clarified for patients to help them navigate the health system better and should be communicated nationally and locally.

Joint Projects UCB/ICB

(i) Recruitment

The Trust had formed an agreement with the Local Education Training Board (LETB, or Deanery) for 10 Clinical Fellows for introduction to Clinical Fellows/Leadership Management programmes. Efforts were also being made to repeat the same in nursing. There were joint appointments with Barts Health via the Trauma Centre and that there would be a new cohort of emergency doctors. UCB had been helpful in the task of promoting Romford as a place to live and work. Representatives from the Trust would also be travelling to India to recruit more staff. The Trust had to compete with inner London Trusts providing Acute Trauma as well as overcoming the reputation of the hospital.

(ii) Seven Day Working

7 Day Working had now been implemented in Queen's Hospital since the beginning of September, but was still not really delivering yet. The Trust had been looking at blockages in the system, however, it was confirmed that 7 Day Working was delivering a better quality of care to patients. Patients were able to see a Doctor on the ward on a Friday or Saturday which produced better outcomes. It has also been found to produce a surge of patient discharges on a Tuesday. The Trust would continue to monitor this closely as a pattern had not developed yet.

(iii) Joint Discharge

The Chief Executive of BHRUT noted and thanked the Director of Adult Social Services for her personal involvement in addressing a recent discharge problem.

(iv) Frail Elderly

A programme had begun of trialling extended opening hours over the weekends by primary care providers so as to increase the number of appointments in the system. Research was also being undertaken in conjunction with UCL on looking at data for around 500 patients audited last month to see how improvements to services can be made and the processes simplified.

The Chairman on behalf of the Board thanked the Chief Executive of BHRUT and extended an invitation to report to the HWB Board on a regular basis. The Health and Social Care Sectors were undergoing change and that health partners needed to understand how Cabinet and Scrutiny worked. It was therefore agreed that the Chief Executive would attend the HWB Board meeting to present a progress update in two months.

56 **HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE - TO FOLLOW**

Priority 5: Better integrated care for the “frail elderly” population

It was agreed to defer this item to a later meeting.

57 **REFRESHING THE HAVERING HEALTH AND WELLBEING STRATEGY AND HAVERING CCG COMMISSIONING STRATEGY**

It was noted by the Board that CCG and LBH officers were in the process of reconfirming priorities and that discussions would follow receipt of the JSNA. It was anticipated that a strategy would be available by November 2013.

58 **JSNA UPDATE**

It was agreed to defer this item to a later meeting.

59 **QUARTERLY UPDATE ON SAFEGUARDING CHILDREN/ADULTS**

Children

The Board received the Havering Local Safeguarding Children Board’s Annual Report 2012-2013 together with a further report highlighting aspects of the LSCB Annual Report.

Havering Multi Agency Safeguarding Hub (MASH)

A review had recently been carried out to benchmark the Havering Multi Agency Safeguarding Hub (MASH) operation with others and that a report would be released in November 2013. MASH continued to receive a high

level of referrals of which a number were attributable to police MERLIN¹ notifications made to Children's Services when a child comes to the notice of the police. This was being addressed by the police who were looking into how they screen their work and reduce unnecessary information sharing with different agencies.

Child Protection Processes

The Havering Local Safeguarding Children Board (LSCB) Quality and Effectiveness working group continued to scrutinise the whole area of child protection. Thus far, the quality of the work has been good however Children's Social Care have identified cases that remain on a child protection plan for only three months whilst others remain on a plan for 2 years. An audit will be carried out and findings reported to the Quality and Effectiveness working group.

Looked After Children

Looked After Children had not been performing well however significant progress had been made following the implementation of an improvement plan. It was noted that there had been no serious case reviews during the last financial year. A priority for the partner agencies was to secure long term stability for Havering's most vulnerable children with permanent and adoptive placements.

Early Help

The LSCB agreed an approach to Early Help in July 2013. A report by the LSCB Quality and Effectiveness Group will be passed to the LSCB in January 2014 on whether the early offer of help strategy has resulted in improved measurable outcomes.

Havering LSCB

A LSCB Development Day is being planned for the LSCB Quality and Effectiveness group to explore how each partner agency quality assures its work and the methodology of reporting this information back to the Group.

Havering LSCB had a new independent chair, Brian Boxall, who would be chairing both the Children and Adults Safeguarding Boards. Havering LSCB has a responsibility to ensure that thresholds are set appropriately and fully understood. The current threshold document was developed by Children

¹ MERLIN is a Metropolitan Police database which was developed from their missing persons database. It now records details of any child who 'comes to notice' for any reason, ranging from child protection to bullying; being 'present when premises are searched'; where it is suspected that a family member has mental health problems or in any circumstances where a police officer thinks that the family needs social services involvement.

Social Care and ratified by Havering LSCB with inspection finding that practitioners understood thresholds and were confident in its application.

In response to Working Together 2013, the London Safeguarding Board is developing a threshold document in consultation with all London Boroughs with the expectation that the threshold document will be adopted by Havering LSCB in early 2014. Havering LSCB is in the process of undertaking an audit of section 11 compliance across LSCB partners. The LSCB will receive a report on agency compliance in January 2014

The Board noted the report.

Adults

The Board received a tabled report on the Safeguarding of Adults and noted the following:

The introduction of the Care and Support Bill will place Adult Safeguarding Boards on a statutory footing. The LSCB are aware of the changes that need to take place by 2014. An independent Chair has been appointed and the Board have a clear understanding of the current objectives and will be working with partner organisations to achieve common solutions.

Current Actions and Updates

- The Board has welcomed the arrival of its new independent Chair
- Winterbourne - The Board has been assured with current plans in place.
- Francis Report - CCG Board representatives will lead on Francis and will commit to reporting to the Board
- BHRUT - A further CQC inspection visit is scheduled in October and the outcome of this inspection will be reported.
- PCT/CCG – This transition has seen a change in representation and the Board have been assured of governance, frameworks and safeguarding policies in place so far.
- Self-Assessment – provider Self-Assessment report shows the CCG and health providers are effective in processes overall to safeguard adults. All Board partners will be expected to complete a Self-Assessment for their organisation.
- MERLINS – Concerns were raised relating to the volume, format, content and delay of the MERLIN referrals and the possibility of volume overwhelming MASH.

Serious Case Reviews

Inappropriate Discharges – The Board have been made aware of 3 LD cases of inappropriate discharges and have requested a more detailed report for the next Board meeting.

Board Future Actions – The Board’s structure will be revised to include an additional subgroup to enable serious cases to be reviewed and highlighted for Board action.

Board Development

Outcomes of the Development Day – The outcome highlighted that the Board have not been working strategically and it was evident that immediate actions were required to ensure the SAG is fully enabled and aware to carry out its responsibilities within Havering, ready for statutory status.

Phase 1 Actions – On target to achieve.

60 **ANY OTHER BUSINESS**

None.

61 **DATE OF NEXT MEETING**

Members of the Board were asked to note that the next meeting would be held on 12 November 2013 at 1.30 pm.

Chairman

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