

**EXECUTIVE SUMMARY**

<b>TITLE:</b>	<b>BOARD/GROUP/COMMITTEE:</b>
<b>Patient Experience Report - Quarter 3 (October - December 2013)</b>	<b>Quality &amp; Safety Committee - 25<sup>th</sup> February 2014</b>
<b>1. PURPOSE:</b>	<b>REVIEWED &amp; DATE</b>
<p>The Q3 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, two patient stories and a Directorate Learning Lessons log.</p> <p>In addition, the report contains information that affects the quality of patient experience including: Spiritual &amp; Pastoral Care, End of Life Care, and Cleaning &amp; Catering.</p> <p>Key points to note include:</p> <p><b><u>PALS</u></b>                  PALS received and dealt with 965 concerns which related to BHRUT, of which 80% have been resolved.</p> <p>376 of the concerns dealt with were regarding appointment issues with the highest number in Specialist Surgery (98), Acute Medicine (54), Specialist Medicine (49) and Surgery (48) Directorates.</p> <p>A total of 167 compliments or ‘thank-you’s’ were received.</p> <p><b><u>NHS Choices</u></b>                  A total of 58 comments were submitted. 37 comments related to Queen’s Hospital and 21 related to King George Hospital. The number of positive ratings for Queen’s Hospital has seen it improve its overall star user rating this quarter, from three to three and a half (out of five). King George Hospital remains at three stars.</p> <p><b><u>Comment Cards</u></b>                  51 comment cards were completed during Q3. Positive comments related to quality of care and treatment provided and complimenting staff on being helpful and polite.</p>	<p><input type="checkbox"/> <b>TEC</b> .....</p> <p><input type="checkbox"/> <b>STRATEGY</b>.....</p> <p><input type="checkbox"/> <b>FINANCE</b> .....</p> <p><input type="checkbox"/> <b>AUDIT</b> .....</p> <p><input type="checkbox"/> <b>CLINICAL GOVERNANCE</b> .....</p> <p><input type="checkbox"/> <b>CHARITABLE FUNDS</b> .....</p> <p><input type="checkbox"/> <b>TRUST BOARD</b> .....</p> <p><input type="checkbox"/> <b>REMUNERATION</b> .....</p> <p><input type="checkbox"/> <b>OTHER:</b></p>

### **Complaints**

A total number of 216 complaints were received, with the largest number received by the Acute Medicine (55) and Surgery (38) Directorates.

77% of the complaints received related to Queen's Hospital, 23% related to King George Hospital, and less than 1% was received for other sites (Victoria Hospital, Loxford Clinic, Barking Hospital).

The Trust target for meeting the complaint response rate is 85%. By the end of Q3 the Trust's response rate was 90%.

### **Ombudsman**

During Q3 nine new cases have been referred to the Ombudsman. These cases relate to care and treatment.

### **Complaint Satisfaction Questionnaires**

196 questionnaires were sent out to complainants with only 5 questionnaires returned. Overall the returned questionnaires provided a positive picture of service users' experience of the complaints process.

### **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.

### **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.

Examples of a Directorate Patient Stories are included in this report.

### **Mystery Shopper Initiative**

In February 2014, a proposal paper on the implementation of the Mystery Shopper Initiative will be presented to the Trust's Quality and Safety Committee. It is anticipated that with Executive Director support this initiative will be implemented in Q1 of 2014-2015. In preparation for this initiative, a paper was presented to the

Charity Committee who agreed an initial proposal to support the design and implementation of the initiative and they will then receive feedback and consider ongoing financial support for the first year of the project (2014-2015).

### **Learning Lessons Group**

As a result of the July 2013 Internal Audit report on Complaints, it was recommended that the Trust should ensure lessons learned are identified from complaints and action plans should be developed for all complaints that are received and investigated.

Three actions were identified against this recommendation, one of which was that the Trust Learning Lessons Group be re-established to address the sharing of lessons learnt across the Trust.

A Learning Lessons Group has been established. Its objectives are:

- To explore what is currently taking place in relation to sharing lessons learned
- What works well and what needs to improve
- How we can ensure lessons learned are implemented across the Trust

### **Real Time Patient Surveys**

During Q3, 11,565 surveys were returned.

- Adult Inpatients - 5,722
- ED - 3,976
- Maternity Inpatients - 206
- Maternity Antenatal - 213
- Maternity Postnatal - 840
- Community Postnatal -144
- Paediatrics - 464

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

- Inpatients - 64
- ED - 28
- Maternity Inpatients - 60
- Maternity Antenatal - 62
- Maternity Postnatal - 49
- Community Postnatal - 65
- Paediatrics - 59

### **End of Life Care**

The Specialist Palliative Care Team have received 1196 referrals for this quarter. 45 patients were re-referrals to the service. The

team continues to predominantly see patients as inpatients throughout the Trust and the rest as outpatients or provide telephone advice.

The 7 day face to face nursing service for Specialist Palliative Care will commence on the 1<sup>st</sup> January 2014 with continued telephone medical advice provided out of hours.

**Spiritual & Pastoral**

During Q3 the Spiritual and Pastoral Care Department had over 2747 patient/relative episodes.

**Cleaning & Cleaning**

The Trust has set up a Trust Wide Patient Dining Group.

The overall Trust cleaning scores for Q3 were:

QH - 97.1%  
 KGH - 96.7%

**Recommendations**

- Reports findings to be considered at Business and Directorate Clinical Governance meetings
- To continue using the FFT score to improve patient experience locally
- Identify ways in which we can influence/change the public's perception of the Trust. The negative responses in the National Inpatient Surveys does not reflect the positive responses that are obtained from the Real Time Patient Experience Surveys collected by the Trust
- Specific workstreams identified:
  - ED - detailed improvement plan actions to be delivered. Improvement of FFT scores to be a priority, with support provided by the Trust's Patient & Staff Experience Facilitator
  - OPD work programme to be progressed. FFT collection to be piloted in OPD clinics
  - Information on discharge - there is a programme of work being undertaken in this area
  - Switchboard - more work needs to be undertaken to improve services

**2. DECISION REQUIRED:**

Quality & Safety Committee members are asked to note the content of the report.

**CATEGORY:**

- NATIONAL TARGET
- NHSLA

	<b>X CQC REGISTRATION</b> <input type="checkbox"/> HEALTH & SAFETY <input type="checkbox"/> ASSURANCE FRAMEWORK <b>X CQUIN/TARGET FROM COMMISSIONERS</b> <input type="checkbox"/> CORPORATE OBJECTIVE <input type="checkbox"/> OTHER ..... (please specify)
	<b>AUTHOR:</b> Gary Etheridge, Deputy Director of Nursing  <b>PRESENTER:</b> Flo Panel-Coates, Director of Nursing
	<b>DATE: February 2014</b>
<b>3. FINANCIAL IMPLICATIONS/IMPACT ON CURRENT FORECAST:</b>	
Potential for further requirement for compensation payments to complainants.	
<b>4. DELIVERABLES</b>	
To meet CQC and CQUIN requirements. To achieve the 85% complaint response rate within the agreed timescale.	
<b>5. KEY PERFORMANCE INDICATORS</b>	
To provide evidence of monitoring, reporting and acting on patient reported experience across Departments, Directorates and the Trust.	
<b>AGREED AT _____ MEETING</b> <b>OR</b> <b>REFERRED TO: _____</b>	<b>DATE: _____</b>  <b>DATE: _____</b>
<b>REVIEW DATE (if applicable) _____</b>	

## PATIENT EXPERIENCE REPORT ~ Q3 (OCTOBER - DECEMBER 2013)

### 1. INTRODUCTION

This is the ninth 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 Q3 the PALS team received and dealt with a total of 1242 (Q2 = 1097) enquiries relating to BHRUT and other organisations, which were made up of the following:

Type of Contact	Number
Concerns	988 ( 965 for BHRUT)
Compliments/thank you's	167
Reimbursement requests	7
Information requests/General enquiries	80
<b>Total:</b>	<b>1242</b>

In total, the numbers above relate to on average 19 contacts per working day, of which 80% 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 Q3, PALS received and dealt with 965 concerns which related to BHRUT, of which 80% 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
Q3 (2013-2014)	965	↑	80%	↓
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.

### Acute Medicine

Category	Number	Category	Number
Access to hospital via phone	3	Medical records	1
Admission queries	11	Medication	8
<b>Appointment queries</b>	<b>54</b>	Money/jewellery	1
Care and treatment	4	Other	2
Catering	2	Parking fees	1
Communication written & verbal	8	Problems with treatment	28
Confidentiality	1	Request for information	5
Diagnosis	3	Staff attitude	5
Discharge queries	23	Test result queries	2
Facilities for disabled person	2	Test result missing/delay	2
Information on services	1	Transport queries	1
Interpreting queries	1	Treatment queries	13
Loss of personal belongings	1	Waiting time in clinic/department	1
<b>Total = 184</b>			

### Anaesthetics

Category	Number	Category	Number
Admission queries	11	Discharge queries	3
<b>Appointment queries</b>	<b>35</b>	Loss of personal belongings	1
Care and Treatment	1	Parking	1
Communication written & verbal	4	Problems with treatment	1
<b>Total = 57</b>			

### Children

Category	Number	Category	Number
Admission queries	1	Problems with treatment	5
<b>Appointment queries</b>	<b>10</b>	Test result queries	1
Cleanliness	1	Test result missing/delay	1
Communication written & verbal	1	Treatment queries	3
Discharge queries	1		
<b>Total = 24</b>			

### Corporate Services

Category	Number	Category	Number
Appointment queries	1	<b>Parking</b>	<b>4</b>
Communication written & verbal	2	Parking queries	2
Facilities for disabled person	1	Request for information	2
Medical records	2	Staff attitude	2
Other	1	Test result missing/delay	1
<b>Total = 18</b>			

### Emergency Care

Category	Number	Category	Number
Appointment queries	4	Other	2
Care and treatment	1	Overseas patient queries	1
Communication written & verbal	4	<b>Problems with treatment</b>	<b>13</b>
Diagnosis	2	Request for information	1
Discharge queries	5	Staff attitude	4
Formal complaint advice	1	Transport queries	1
Loss of personal belongings	2	Treatment queries	6
Medication	1	Waiting time in clinic/department	10
<b>Total = 58</b>			

### Neurosciences

Category	Number	Category	Number
Access to hospital via phone	1	Medication	2
Admission queries	2	Problems with treatment	6
<b>Appointment queries</b>	<b>21</b>	Request for information	1
Care and treatment	1	Test result missing/delay	1
Communication written & verbal	1	Transport queries	1
Diagnosis	2	Treatment queries	5
Discharge queries	1	Waiting time in clinic/department	1
Loss of personal belongings	2		
<b>Total = 48</b>			

### Pathology

Category	Number	Category	Number
Appointment queries	1	Staff attitude	1
Diagnosis	1	<b>Test result missing/delayed</b>	<b>4</b>
Problems with treatment	1	Treatment queries	1
Request for information	1	Waiting time in clinic/department	3
<b>Total = 13</b>			

### Radiology

Category	Number	Category	Number
Admission queries	1	Loss of personal belongings	1
Advice on access to records	1	Problems with treatment	3
<b>Appointment queries</b>	<b>16</b>	Staff attitude	5
Care and treatment	1	Test result queries	6
Communication written & verbal	4	Treatment queries	4
Confidentiality	2	Waiting time in clinic/department	2
<b>Total = 46</b>			



### Specialist Medicine

Category	Number	Category	Number
Admission queries	2	Medication	6
<b>Appointment queries</b>	<b>49</b>	Other	3
Care and treatment	2	Problems with treatment	7
Communication written & verbal	6	Staff attitude	1
Diagnosis	1	Test result queries	2
Information on services	2	Treatment queries	7
Medical records	1		
<b>Total = 89</b>			

### Specialist Surgery

Category	Number	Category	Number
Access to hospital via phone	5	Problems with treatment	9
Admission queries	50	Staff attitude	5
<b>Appointment queries</b>	<b>98</b>	Test result missing/delayed	1
Communication written & verbal	6	Transport queries	1
Diagnosis	1	Travel costs	1
Discharge queries	2	Treatment queries	7
Medication	1	Waiting time in clinic/department	3
<b>Total = 190</b>			

### Support Services

Category	Number	Category	Number
Access to hospital via phone	4	Medical records	2
Admission queries	7	Outpatient process	1
<b>Appointment queries</b>	<b>22</b>	Parking fees	1
Care and treatment	1	Staff attitude	2
Communication written & verbal	4	Treatment queries	2
<b>Total = 46</b>			

### Surgery

Category	Number	Category	Number
Admission queries	25	Medication	1
<b>Appointment queries</b>	<b>48</b>	Other	2
Care and treatment	1	Problems with treatment	18
Catering	1	Staff attitude	3
Cleanliness	1	Test result queries	2
Communication written & verbal	3	Test result missing/delay	2
Confidentiality	1	Transport queries	1
Diagnosis	6	Treatment queries	9
Discharge queries	8	Waiting time in clinic/department	1
Medical records	1		
<b>Total = 134</b>			

## Women

Category	Number	Category	Number
Access to hospital via phone	1	Outpatient process	2
Admission queries	5	Problems with treatment	12
<b>Appointment queries</b>	<b>16</b>	Request for information	1
Cleanliness	1	Staff attitude	4
Communication written & verbal	3	Test result queries	1
Discharge queries	1	Test result missing/delayed	1
Glasses	1	Treatment queries	1
Medication	1	Waiting time in clinic/department	2
Other	1		
<b>Total = 54</b>			

In addition, 4 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 376 - 39% of concerns raised.***

## **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, General Manager or Clinical Lead in order that the feedback can be shared with appropriate staff.

During Q3 a total of 167 compliments or 'thank-you's' were received by the PALS team. There was a slight decrease in the number of compliments received from the previous quarter (169).

The table below shows how many compliments were received each month in the quarter for each Directorate.

Directorate	October 2013	November 2013	December 2013	Total
<b>Acute Medicine</b>	12	11	6	<b>29</b>
<b>Anaesthetics</b>	6	8	5	<b>19</b>
<b>Children</b>	0	3	0	<b>3</b>
<b>Corporate</b>	3	1	4	<b>8</b>
<b>Emergency Care</b>	17	11	5	<b>33</b>
<b>Neurosciences</b>	3	4	4	<b>11</b>
<b>Pathology</b>	2	0	1	<b>3</b>
<b>Radiology</b>	3	0	1	<b>4</b>
<b>Specialist Medicine</b>	4	2	0	<b>6</b>
<b>Specialist Surgery</b>	6	6	4	<b>16</b>

Directorate	October 2013	November 2013	December 2013	Total
Support Services	0	0	0	0
Surgery	3	7	2	12
Unknown	0	1	0	1
Women	6	8	8	22
<b>Total</b>	<b>65</b>	<b>62</b>	<b>40</b>	<b>167</b>

## 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 Q3, a total of 58 comments were submitted; 37 comments related to Queen's Hospital, and 21 to King George Hospital. This is a 29% increase on Q2 when 45 comments were left. There has been a large increase in the usage of this site in recent months.

Comments made about Queen's Hospital have increased 28% from Q2 to Q3 (from 29 to 37). At King George Hospital there has been a 31% increase in comments made (16 to 21).

The number of positive ratings for Queen's Hospital has seen it improve its overall star user rating this quarter, from three to three and a half (out of five). King George Hospital remains at three stars.

The information submitted on each of the main hospital sites during Q3 is outlined below.

### **Queen's Hospital**

Thirty-seven comments were left regarding services at Queen's Hospital.

Of these:

- 24 were positive
- 13 were negative

The following themes emerged:

#### **Maternity**

Feedback on Maternity Services continues to be largely positive. Women's experience of birth was unanimously glowing, while a couple of people complained about care in EPAU or triage when they had concerns during their pregnancy.

#### **Emergency Department**

There has been overwhelmingly positive feedback about Queen's A&E - particularly during November and December 2013.

One particularly commented about the improvements since her last visit:

"This week I had to take my daughter once again to A&E at Queen's. She received the utmost care and attention. All the staff were helpful and kind - even the cleaning staff were friendly. The doctors and nurses were brilliant - caring, efficient and so helpful. We were seen within 2 hours and the nurse who treated her was fantastic - he put my daughter at ease and we felt confident and happy when we left. I would recommend Queen's to all my friends and family now".

There are still a small number of negative comments - mostly from patients unhappy with their treatment rather than waiting times.

### **Switchboard**

There are on-going complaints about switchboard and people being unable to get through to the hospital or specific department. This has been the case for some considerable time, and the number of negative comments about this issue continues.

### **Other**

There were several very positive comments left about neurology and Sahara B, with one man saying that the care received was of the "highest standard".

CDU was also praised, along with cardiology, CCU and Cornflower B.

There was a complaint about care from MAU to Sunrise B, with a relative saying that communication between the two areas was very poor when a patient was transferred.

### **King George Hospital**

Twenty-one comments were left regarding services at KGH.

Of these:

- 12 were positive
- 9 were negative

The following themes emerged:

### **Emergency Department**

The majority of comments left about King George A&E were very positive. One read:

"Considering all the negative press our hospitals receive, King George is the exception to the rule. It was marvellous".

### **Breast Care**

Several comments were left praising care received during and after breast surgery. One lady wrote:

"Should be a template for the rest to follow - cannot be faulted. Well done".

### **Switchboard**

There were more complaints about switchboard. One comment left demonstrated that someone's experience of getting through to the hospital can affect their entire view of the organisation.

"This Trust provides an extremely poor and unprofessional service, which is a disgrace and should be sorted out."

### **Other**

There was praise for Fern ward and ITU, but also one concern registered about Fern. Day surgery was praised.

A concern was raised about lack of communication on Holly Ward leading to a patient being discharged home against his family's wishes.

Lack of communication between staff and departments was also raised in other comments.

## 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 Q3, 51 comment cards were completed.

KGH - 6 cards completed

QH - 38 cards completed

Unknown - 7 cards completed

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

- **Question 1 - How likely would you be to recommend us to family and friends?**  
41 people answered this question. Of this number 61% said they were extremely likely to recommend the Trust.
- **Question 2 - Were you involved as much as you wanted to be in decision about your care and treatment?**  
37 people answered this question. Of this number, 68% felt they were involved in decisions all of the time or most of the time. This is a decrease from Q2 which was 88%.
- **Question 3 - Did you find someone on the hospital staff to talk to about your worries and fears?**  
23 people answered this question. Of this number, 62% felt they could talk to staff all of the time or most of the time. This is a decrease from Q2 which was 83%.
- **Question 4 - Were you given enough privacy when discussing your condition or treatment?**  
38 people answered this question. Of this number, 71% felt they were given enough privacy all of the time or most of the time. This is a decrease from Q2 which was 88%.
- **Question 5 - Did a member of staff talk to you about medication side effects to watch for when you went home?**  
This question was relevant to 26 people. Of this number, 65% felt medication side effects were explained to them. This is a slight decrease from Q2 which was 70%.
- **Question 6 - 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 32 people. Of this number, 63% felt they knew who they could contact post-discharge if they had concerns. This is a decrease from Q2 which was 85%.
- **Question 7 - 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 18 people. Of this number 78% said they did not share a room or bay with patients of the opposite sex. This is a decrease from Q2 which was 85%.
  - b) **Use the same bathroom/shower or toilet area as patients of the opposite sex?**  
This question was relevant to 15 people. Of this number, 87% said they did not share a bathroom/shower or toilet area with a patient of the opposite sex. This is a decrease from Q2 which was 92%.

- **Question 7 - Did you feel safe during your visit?**

34 people answered this question. Of this number, 79% said they felt safe during their visit. This is a decrease on Q2 which was 95%.

### **Demographic information**

- 36 people provided their gender information - 18 female, 18 male
- 42 people provided their age information - the 65-74 year old age group completed the most cards during Q3 and this was the same as in Q1 and Q2
- 43 people provided their ethnic background information. 84% of people who provided this information are white British individuals

### **Themes**

#### **Bluebell B Ward**

A number of comment cards were received regarding Bluebell B ward - on review it would appear these were all written by the same individual and related to the specific care and treatment of one patient.

#### **Excellent Care & Treatment**

As in Q2, a significant number of comments were received regarding the overall excellent care and treatment received by patients.

Areas particularly mentioned were:

- Clinical Diagnostic Unit
- OPD 2 - eye clinic
- Labour ward
- Pathology
- Radiology
- Sahara B ward
- Urology OPD

#### **Polite, Helpful, Informative Staff**

A number of comments were received which related to positive staff/patient interaction. Comments relate to staff being helpful, polite and going the extra mile to help patients. There was also an increase in comments regarding how informative staff had been to patients and their relatives.

Comments received were regarding:

- Audiology
- Dahlia Ward
- Day surgery unit
- Dermatology
- Emergency Department
- Fracture clinic
- Ocean A Ward
- Radiology

#### **General Comments**

There were some negative comments received regarding traffic management, car parking and picking up/dropping off areas. Feedback was that the Trust should tackle the pick up and drop off area as well as the ambulance area at the front of the hospital as patients feel this is used "like a taxi-rank". A comment was made that wheelchair patients cannot be transferred safely due to the number of cars in the area. In addition, comments were received about access to the multi-storey car park and the congestion at high usage times of day.

The Trust received comments regarding signage in the hospital. These related to a request for hospital maps to be available on all floors of the hospital and also for there to be additional signage for the in-patient discharge lounge.

A comment was received regarding overseas visitors being provided NHS treatment.

A comment was received that there is nobody on the reception desk in the Day Surgery Unit on Saturday mornings and the difficulties this causes patients.

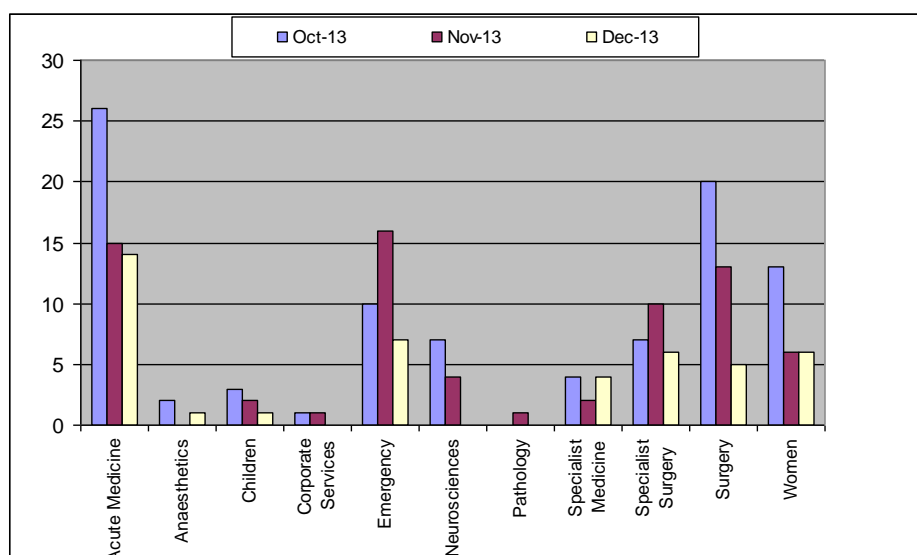
## 2.5 COMPLAINTS

### 2.5.1 Overview

During Q3, the Trust received a total of 216 complaints. This was an increase on the previous quarter when 198 complaints were received.

### 2.5.2 Trust Wide Complaints Received during Q3

The table below outlines the Directorate totals for each month.

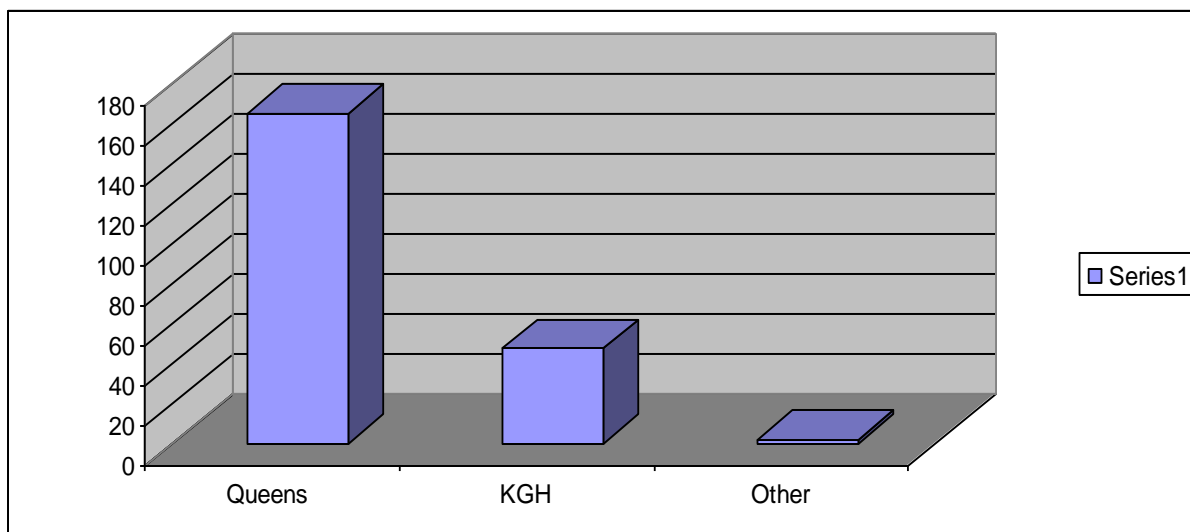


The table below outlines all complaints received per month, broken down by main site for each Directorate.

Area	October 2013			November 2013			December 2013			Total
	QH	KGH	Other	QH	KGH	Other	QH	KGH	Other	
Acute Medicine	20	6	0	20	6	0	12	2	0	55
Anaesthetics	2	0	0	0	0	0	1	0	0	3
Children	1	2	0	2	0	0	0	1	0	6
Corporate Services	1	0	0	1	0	0	0	0	0	2
Emergency Care	10	0	0	13	3	0	5	2	0	33
Neurosciences	6	0	1	4	0	0	0	0	0	11
Pathology	0	0	0	1	0	0	0	0	0	1
Radiology	3	0	0	1	2	0	3	0	0	9
Specialist Medicine	4	0	0	2	0	0	4	0	0	10

Area	October 2013			November 2013			December 2013			Total
	QH	KGH	Other	QH	KGH	Other	QH	KGH	Other	
Specialist Surgery	7	0	0	8	2	0	5	1	0	22
Support Services	0	0	0	0	0	0	0	0	0	0
Surgery	11	8	1	7	6	0	2	3	0	38
Women	12	1	0	6	0	0	5	1	0	25
<b>Total</b>	<b>72</b>	<b>17</b>	<b>2</b>	<b>52</b>	<b>21</b>	<b>0</b>	<b>36</b>	<b>11</b>	<b>0</b>	<b>216</b>

The table below shows the split between sites for the Q3 complaints.



77% of the complaints received related to Queen's Hospital, 23% related to King George Hospital, and less than 1% 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.

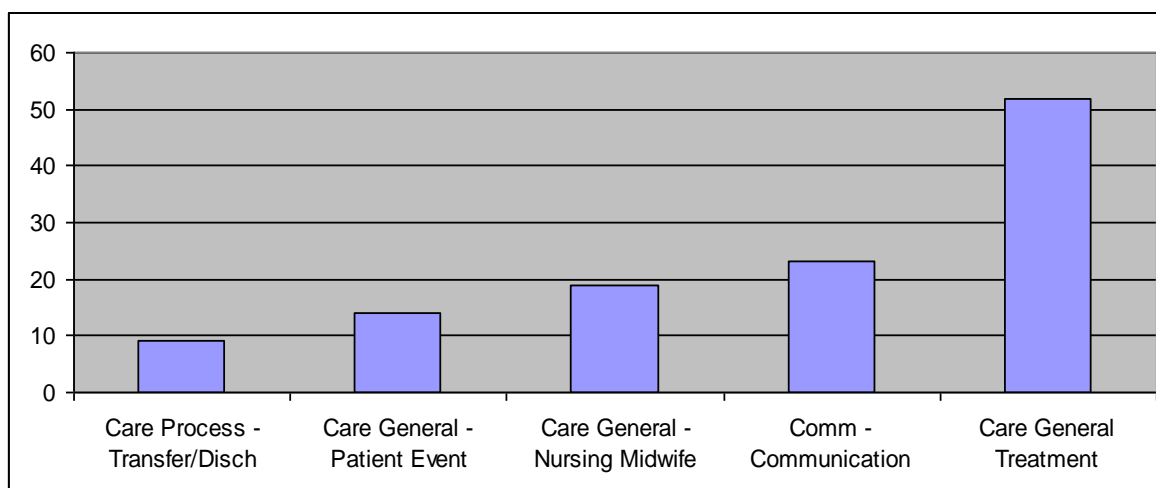
	October 2013	November 2013	December 2013
<b>Trust</b>	<b>84%</b>	<b>94%</b>	<b>90%</b>

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.



## 2.5.4 Top Five Trust Wide Category of Complaints



## 2.5.5 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 Q3 the Trust received 55 complaints relating to Acute Medicine. This was 25% of the overall complaints received by the Trust for this period. This was a slight increase on Q2 when Acute Medicine accounted for 23% of complaints received by the Trust.

Category	Number	Category	Number
Failure To Diagnose	9	Other Medication Incident	1
Failure To Interpret XR	1	Failure To Make Adequate Observations	1
Problems with nursing/midwifery care	8	Communication to Patient	2
Unexpected Patient Event	4	Patient Property/ Dignity	1
<b>Failure/Delay in Treatment</b>	<b>11</b>	Privacy/ Dignity/ Discrimination	3
Patient Unhappy With Treatment	1	Staff Attitude	1
Problem With Pt Transfer	7	Fall From Height-Bed	1
Docs/Conf/Medical Records Problem	1	Fall On Level, Slip/Trip	2
Proc Failure Medication	1		
<b>Total = 55</b>			

### Anaesthetics

During Q3 the Trust received 3 complaints regarding Anaesthetics. This was less than 2% of the overall complaints received by the Trust for this period. This was a decrease on Q2 when Anaesthetics accounted for less than 4% of complaints received by the Trust.

Category	Number	Category	Number
Failure To Diagnose	1	Wait for Inpatient Admission	1
Failure/Delay in Treatment	1		
<b>Total = 3</b>			

### Children's Services

During Q3 the Trust received 6 complaints regarding Children's Services. This was 3% of the overall complaints received by the Trust for this period. This was a decrease on Q2 when Children's Services accounted for 4% of complaints received by the Trust.

Category	Number	Category	Number
Failure To Diagnose	1	Communication - to Patient	2
Unexpected Pt Event	1	Staff Attitude	1
Failure/Delay in Treatment	1		
<b>Total = 6</b>			

### Corporate Services

During Q3 the Trust received 2 complaints regarding Corporate Services. This was 1% of the overall complaints received by the Trust for this period. This was a decrease on Q2 when Corporate Services accounted for 4% of complaints received by the Trust.

Category	Number	Category	Number
Docs/Conf/Medical Records Problem	1		
Other	1		
<b>Total = 2</b>			

### Emergency Care

During Q3 the Trust received 33 complaints regarding Emergency Care. This was 15% of the overall complaints received by the Trust for this period. This was a slight decrease on Q2 when Emergency Care accounted for 14% of complaints received by the Trust.

Category	Number	Category	Number
<b>Failure To Diagnose</b>	<b>9</b>	Problem with Patient Transport	1
Failure To Interpret X-Ray	1	Problem With Patient Transfer	1
Wrong Diagnosis Made	2	Communication - To Patient	1
Problems with nursing/midwifery care	3	Privacy/ Dignity/ Discrimination	1
Unexpected Patient Event	2	Staff Attitude	4
Failure/Delay in Treatment	1	Wait In A&E	3
Patient Unhappy With Treatment	4		
<b>Total = 33</b>			

### Neurosciences

During Q3 the Trust received 11 complaints regarding Neurosciences. This was 5% of the overall complaints received by the Trust for this period. This was a slight increase on Q2 when Neurosciences accounted for 3% of complaints received by the Trust.

Category	Number	Category	Number
<b>Failure To Diagnose</b>	<b>4</b>	Patient Unhappy With Treatment	1
Problems with nursing/midwifery care	1	Other Documentation Incident	1
Failure/Delay in Treatment	1	Communication- To Patient	3
<b>Total = 11</b>			

### Pathology

During Q3 the Trust received 1 complaints regarding Pathology. This was 1% of the overall complaints received by the Trust for this period. This was the same percentage as in Q2.

Category	Number	Category	Number
OP, Wait For Tests/Scans	1		
<b>Total = 1</b>			

### Radiology

During Q3 the Trust received 9 complaints regarding Radiology. This was 4% of the overall complaints received by the Trust for this period. This was the same percentage as in Q2.

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
<b>Total = 8</b>			

### Specialist Medicine

During Q3 the Trust received 10 complaints regarding Specialist Medicine. This was 5% of the overall complaints received by the Trust for this period. This was the same percentage as in Q2.

Category	Number	Category	Number
<b>Failure To Diagnose</b>	<b>2</b>	General Loss Or Missing	1
Unexpected Patient Event	1	Wait In Outpatients Department	1
<b>Failure/delay in treatment</b>	<b>2</b>	Other	1
<b>Communication to patient</b>	<b>2</b>		
<b>Total = 10</b>			

### Specialist Surgery

During Q3 the Trust received 23 complaints regarding Specialist Surgery. This was 11% of the overall complaints received by the Trust for this period. This was a slight decrease on Q2 when Specialist Surgery accounted for 12% of complaints received by the Trust.

Category	Number	Category	Number
Failure To Diagnose	3	Delay In Operation/Procedure	3
Wrong Diagnosis Made	1	Other Documentation Incident	1
Unexpected Patient Event	1	Communication - To Patient	3
<b>Failure/delay in treatment</b>	<b>5</b>	Wait For Inpatient Admission	1
Patient Unhappy With Treatment	3	Wait For Outpatient Appointment	2
<b>Total = 23</b>			

### Support Services

During Q3 the Trust received no complaints regarding Support Services. This was a decrease on Q2 when Support Services accounted for 4% of complaints received by the Trust.

### Surgery

During Q3 the Trust received 38 complaints regarding Surgery. This was 18% of the overall complaints received by the Trust for this period. This was an increase on Q2 when Surgery accounted for 10% of complaints received by the Trust.

Category	Number	Category	Number
Failure To Diagnose	6	Proc Failure Medication	1
Wrong Diagnosis Made	2	Communication to Patient	3
Problems with nursing/midwifery care	4	Communication to External Body	2
Unexpected Patient Event	1	Privacy/ Dignity/ Discrimination	2
<b>Failure/Delay in Treatment</b>	<b>9</b>	Wait For Inpatient Admission	1
Patient Unhappy With Treatment	4	W2 Wait For Outpatient Appointment	2
Problem With Diagnostic Tests	1		
<b>Total = 38</b>			

### Women

During Q3 the Trust received 25 complaints regarding Women. This was 12% of the overall complaints received by the Trust for this period. This was a slight decrease on Q2 when Women accounted for 13% of complaints received by the Trust.

Category	Number	Category	Number
Failure To Diagnose	5	Delay with Clinical Intervention	1
Wrong Diagnosis Made	1	Delay In Operation/Procedure	1
Problems with nursing/midwifery care	3	Communication to Patient	4
Unexpected Patient Event	2	Privacy/ Dignity/ Discrimination	1
<b>Failure/Delay in Treatment</b>	<b>5</b>	Staff Attitude	1
Patient Unhappy With Treatment	1		
<b>Total = 25</b>			

#### 2.5.6 Reactivated Complaints

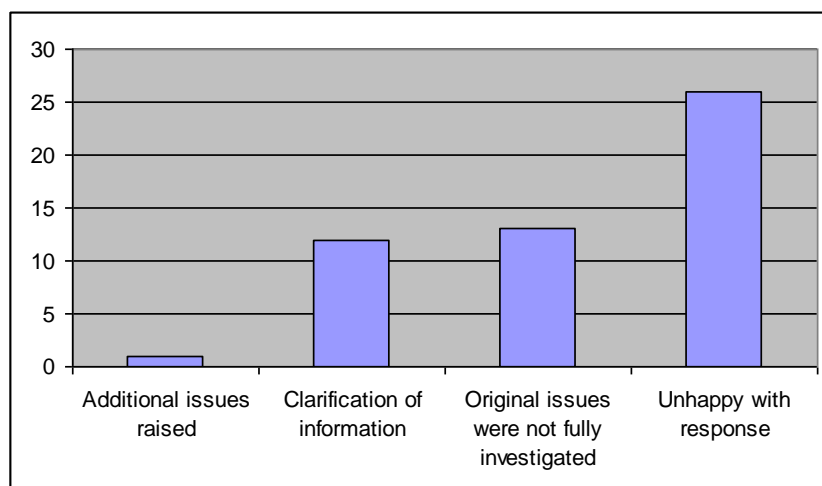
During Q3 a total of 53 cases were reactivated as shown in the table below. This was an increase on Q2 when 41 cases were reactivated.

Directorate	Reactivated During Q3
Acute Medicine	11
Anaesthetics	1
Children	4
Corporate Services	2
Emergency Care	11
Neurosciences	3
Radiology	1
Specialist Medicine	1
Specialist Surgery	4
Surgery	7
Women	8
<b>Total</b>	<b>53</b>

The main reasons for complainants contacting the Trust again can be broadly split into 4 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 raised new issues.



## 2.6 PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

During Q3, 9 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	8
Cases returned for Local Resolution	1
Cases not upheld following investigation	0
Cases upheld following investigation	0

The 9 cases referred to the PHSO during this period relate to care and treatment. All of the cases are currently being assessed or investigated by the PHSO and the Trust is awaiting the outcome.

During Q3, 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 3 cases were upheld by the PHSO.

## 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 previously 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 increased to 37% of PALS enquiries. This has increased again in Q3 with 39% of enquiries received by PALS relating to appointment issues.

In December 2013, the number of appointment queries increased significantly. A combination of the new Medway System and problems with the Appointment Call Centre telephone lines meant that patients were unable to access the appropriate first line support for appointment queries and these queries were then brought to the attention of the PALS team. Cases were logged and forwarded to the Appointments Team for action but at the end of December 2013, this continued to be a problem.

In addition, 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 reduced to 10% but has increased again in Q3 to 12%.

These PALS enquiries 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 Q3 related to problems with treatment - these accounted for 11% 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

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 19% of the total complaints received during the quarter. This was a decrease on Q2 when concerns regarding diagnosis accounted for 21% of complaints raised. This is the third consecutive quarter that concerns relating to diagnosis have reduced although it remains the highest theme. Concerns still relate to two main themes - delay/failure in diagnosis and wrong diagnosis made.

### **Treatment**

Concerns relating to treatment account for 17% of the total complaints received during the quarter. This is a decrease on Q2 when they accounted for 20% of concerns raised. 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:

- Failure to provide eye drops after laser surgery - complainant believes this led to loss of sight in eye
- Delay in provision of fertility treatment
- General care and treatment on ward including being moved 4 times within short space of time
- Wounds not dressed pre-discharge, patient had to return to be readmitted
- Child awaiting surgery was kept nil by mouth from 7am until 5pm - no information provided regarding delays
- Queries regarding prescribing of medication
- Tests results not provided to patient despite numerous contacts, resulting in patient being admitted

## **2.8 COMPLAINT SATISFACTION QUESTIONNAIRE**

In September 2013, the Trust implemented the use of a complaint satisfaction questionnaire. When the final response is sent from the Trust to the complainant, a satisfaction questionnaire is also enclosed which aims to obtain feedback on the complaint handling process.

During the reporting period 196 cases were closed and a complaint questionnaire was sent to all of the originators of the complaint letter. 5 completed complainant satisfaction questionnaires were returned to the Complaints Department.

The questionnaire seeks feedback on four specific areas and the responses are provided below:

### **The Complaint Handler**

**Q1. Did the complaint handler explain the complaints process clearly to you?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
2	1	2

**Q2. Did you feel that the complaint handler understood why you wanted to complaint?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
3	1	1

**Q3. Did you feel able to fully express your views?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
4	1	0

**The Investigation**

**Q4. Did you feel that your complaint had been taken seriously?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
3	1	1

**Q5. Were you happy with the length of time it took to investigate your complaint?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
3	1	1

**Q6. Did the investigating officer keep you informed of the progress of the investigation?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
2	2	1

**The Response**

**Q7. Did you find the response easy to understand?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
3	1	1

**Q8. Did our response address your concerns satisfactorily?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
0	3	2

**Q9. Were you satisfied with the conclusions reached?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
0	3	2

**Q10. Was an apology given where appropriate?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
0	3	1

*1 person did not complete this question*

**Q11. Did you feel that lessons were learnt and appropriate action taken?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
0	3	2



## **Overall Impression of Complaints Procedure**

**Q12. From your experience, would you consider that making a complaint was a worthwhile experience?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
3	1	1

**Q13. As a result of your complaint, do you consider that any recommendations made will improve the service for the future?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
2	1	2

**Q14. Sometimes people are concerned that if they make a complaint their care might be affected - do you believe that may happen to you?**

<b>Yes completely</b>	<b>Yes to some extent</b>	<b>No</b>
0	3	2

The number of returned questionnaires was disappointing for Q3 with only a 2.5% return rate. This is a very small sample size and means that analysis of the data is not robust. In order to provide high quality data analysis and feedback regarding service users experience, a minimum 10% sample size is required.

In order to encourage a better return rate for satisfaction questionnaires, we are exploring the use of pre-paid return envelopes. It is expected that once these are introduced, a better return rate will be seen and this will provide better quality feedback and data for analysis.

### **2.9 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.

### **2.10 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 plans 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.

Examples of Directorate Patient Stories are attached in Appendix II.

## **2.11 MYSTERY SHOPPER INITIATIVE**

Mystery Shopping has been used for many years in the service industry and has recently been implemented within the NHS as a recognised method of obtaining information. A number of NHS Trusts including South Essex Partnership NHS Trust, Northern Devon Healthcare NHS Trust and Stoke and North Staffordshire NHS Trust have all successfully implemented Mystery Shopper initiatives.

A wealth of information can be provided by patients regarding their experience and this can be utilised to identify gaps between what services think they are providing and what patients feel is being provided. It also allows immediate feedback to staff to ensure that necessary changes can be implemented immediately. Mystery shopping also provides an incentive to change behaviours - challenging poor behaviour and recognising and encouraging positive behaviour.

Mystery Shopping is a conscious relationship entered into by the Trust and the participants. It is an initiative whereby real patients who would be communicating with or attending the hospital anyway, use their own observations and experience to provide feedback to the Trust and to staff regarding how they felt they were interacted with and treated. Participants are real patients who are having normal contact with the Trust - they are not pseudo patients made up for the purposes of reviewing services.

## **2.12 LEARNING LESSONS GROUP**

### **Overview**

As a result of the July 2013 Internal Audit report on Complaints, it was recommended (Ref 1.7i) that the Trust should ensure lessons learned are identified from complaints and action plans should be developed for all complaints that are received and investigated.

Three actions were identified against this recommendation, one of which was that the Trust Learning Lessons Group be re-established to address the sharing of lessons learnt across the Trust. This would also be later recognised as an important feature in the findings of the Francis Inquiry and Berwick reports.

Formerly, the purpose of the Learning Lessons Group was defined (Terms of Reference 2012) as providing assurance that the Trust is investigating, reviewing and learning from serious adverse events arising from clinical and non clinical serious incidents, complaints, PALS, claims, compliments, disciplinary investigations, infection prevention & control, and safeguarding to ensure continuous improvement in the quality of service.

The group was poorly attended and due to competing demands the meetings did not continue.

The internal audit requirement Ref 1.7i was delegated to the Assistant Director of Nursing and Clinical Governance for review. Since the internal audit report there had been a comprehensive review of the Trust Governance arrangements and committee structures which aimed to improve reporting, minimise duplication and maximise individual and Directorate accountability.

In view of this and the revised Trust meeting schedule it was considered that in the first instance a steering group be established to consider the merits of creating a further group within that schedule.

### **Steering Group**

A steering group was set up to be a working group and consists of the following membership: Assistant Director of Nursing and Clinical Governance (Chair), Head of Complaints & PALS, Patient Safety Manager, Legal Services Manager, Lay representative, Assistant Medical Director, Directorate General Manager and two Directorate Matrons.

The intention is to meet 4 times, at short intervals, at the end of which a strategy for learning lessons across the Trust will be proposed which may or may not result in an ongoing forum.

The objectives of the group were confirmed at the first meeting on 18<sup>th</sup> December 2013 as follows:

- To explore what is currently taking place in relation to sharing lessons learned
- What works well and what needs to improve
- How we can ensure lessons learned are implemented across the Trust

Meetings have been scheduled for January and February 2014.

### 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 is extracted to Excel for analysis.

During Q3, 11,565 surveys were returned.

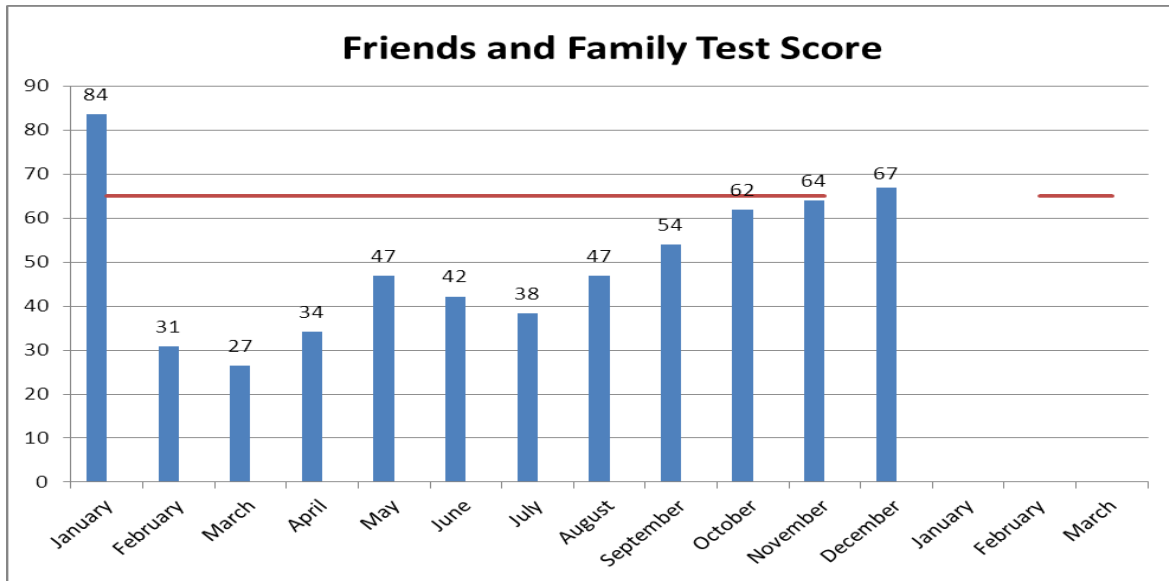
#### 3.1 Adult Inpatient Surveys

For adult inpatients, a total of **5,722** surveys were received in Q3 2014 (5,891 in Q2). Taking away 378 blank responses - the Trust has achieved **47%** survey coverage (47% Q2) within Adult Inpatients with a Friends & Family Test (FFT) score of **64** (46 in Q2).

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.

WARD	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	Coverage
Amber A	153	14	4	1	0	1	4	177	173	86	258	67
Amber B	233	36	5	0	0	1	8	283	275	83	409	100
Ash	78	53	8	2	1	7	44	193	149	45	263	57
Beech	20	9	1	0	0	0	0	30	30	63	28	100
Bluebell A	64	13	1	1	0	0	0	79	79	78	317	25
Bluebell B	122	32	7	4	4	2	2	173	171	63	347	49
CAU KGH	152	99	6	4	3	7	46	317	271	51	617	44
CCU	86	24	1	1	0	0	5	117	112	75	163	69
Clementine A	45	45	2	0	0	0	0	92	92	47	356	26
Clementine B	221	29	1	0	1	1	12	265	253	87	360	70
Cornflower B	202	135	20	3	7	6	42	415	373	46	735	51
Dahlia	186	33	1	1	0	1	9	231	222	83	475	47
Elm (now closed)	32	20	4	0	0	0	0	56	56	50	135	41
Erica	36	6	1	0	0	1	2	46	44	80	174	25
Fern	72	16	0	0	0	0	25	113	88	82	219	40
Gardenia	70	45	3	0	0	3	6	127	121	55	343	35
Gentian	73	15	10	1	0	1	8	108	100	62	298	34
Harvest A	119	32	0	1	0	0	9	161	152	78	244	62
Harvest B	89	25	4	0	0	0	10	128	118	72	128	100
HASU	43	8	0	0	1	2	3	57	54	78	120	45
Heather (on Holly)	95	46	5	1	0	2	0	149	149	60	423	35
Iris	224	18	0	1	0	1	5	249	244	91	508	48
Japonica	7	12	0	0	0	0	0	19	19	37	87	22
Mandarin A	44	38	8	1	0	4	3	98	95	37	356	27
Mandarin B	127	77	7	1	2	2	2	218	216	54	362	60
MAU	181	102	7	5	0	5	73	373	300	56	1073	28
Ocean A	156	49	10	1	1	0	7	224	217	66	427	51
Ocean B	124	63	8	1	1	0	8	205	197	58	626	31
Sahara A	35	19	1	0	0	1	1	57	56	61	163	34
Sahara B	193	53	4	0	1	0	21	272	251	75	345	73
Sky A	78	118	51	14	2	1	3	267	264	4	402	66
Sunrise A	68	26	15	5	0	1	7	122	115	42	198	58
Sunrise B	146	13	10	0	0	0	12	181	169	80	191	88
Queens ITU	25	5	0	0	0	0	1	31	30	83	39	77
Queens Neuro ITU	25	8	1	0	0	0	0	34	34	71	69	49
Queens Neuro HDU	7	0	1	0	0	0	0	8	8	75	10	100
Queens HDU	17	1	0	0	0	0	0	18	18	94	28	100
KGH ITU	27	2	0	0	0	0	0	29	29	93	28	100
<b>Grand Total</b>	<b>3675</b>	<b>1339</b>	<b>207</b>	<b>49</b>	<b>24</b>	<b>50</b>	<b>378</b>	<b>5722</b>	<b>5344</b>	<b>64</b>	<b>11324</b>	<b>47</b>

## FFT Score Progress



### Adult Inpatient Patient Satisfaction Indicators

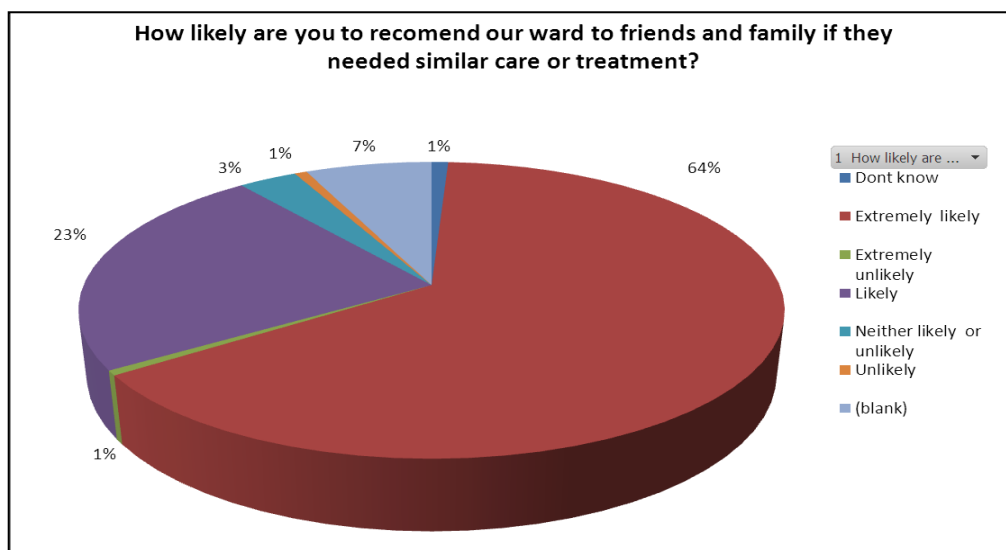
The following indicators have been included in this report, which shadow the 2012/13 CQUIN requirement:

- 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

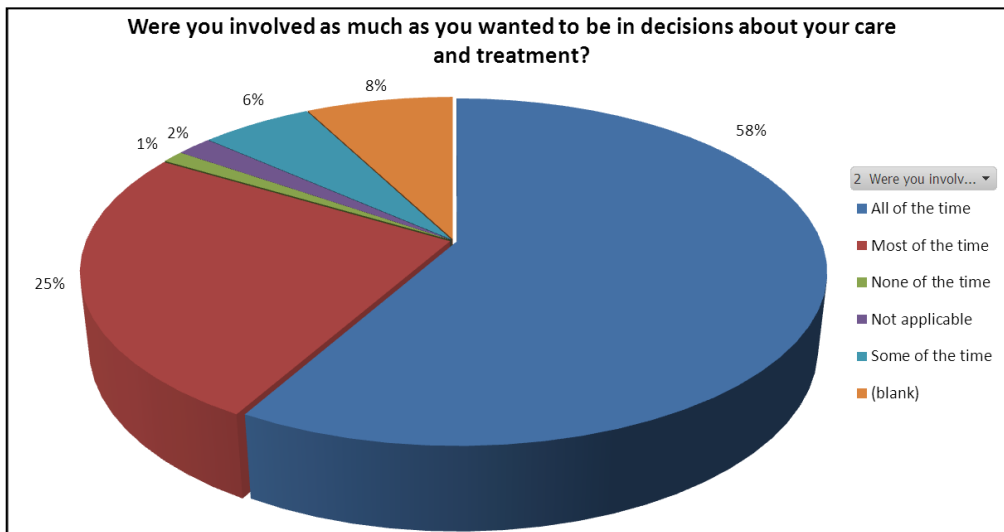
In addition to the FFT score, the Trust is monitoring the positive recommendations made by adult inpatients. The positive recommendations are calculated by taking the answer of extremely likely or likely to recommend the Trust to friends and family for those patients who have answered the question.

**94%** 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 (89% in Q2).



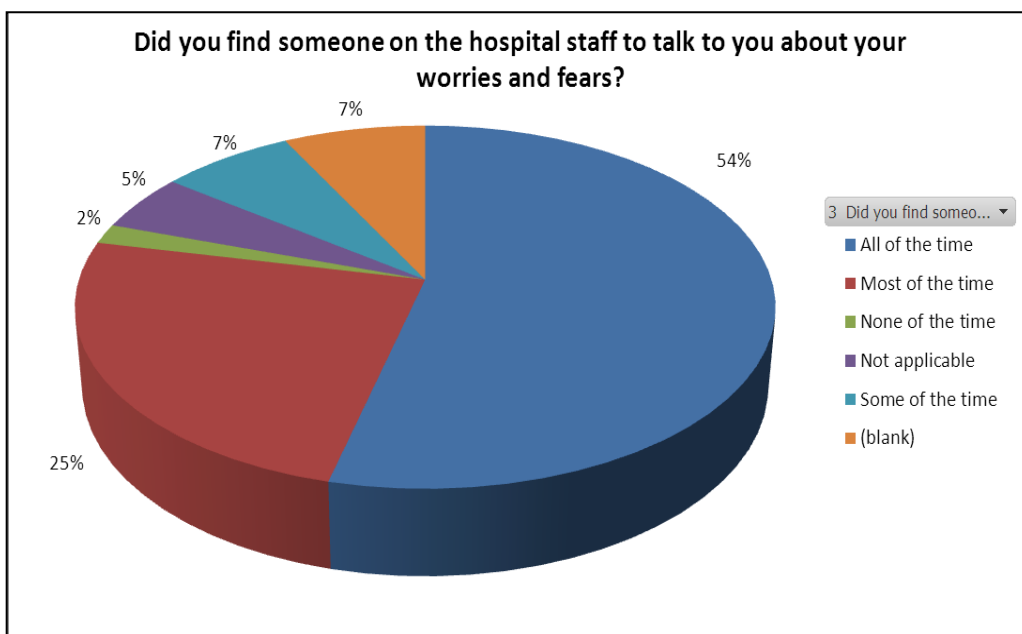
### Involvement in decisions about care and treatment

90% 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 (88% Q2).



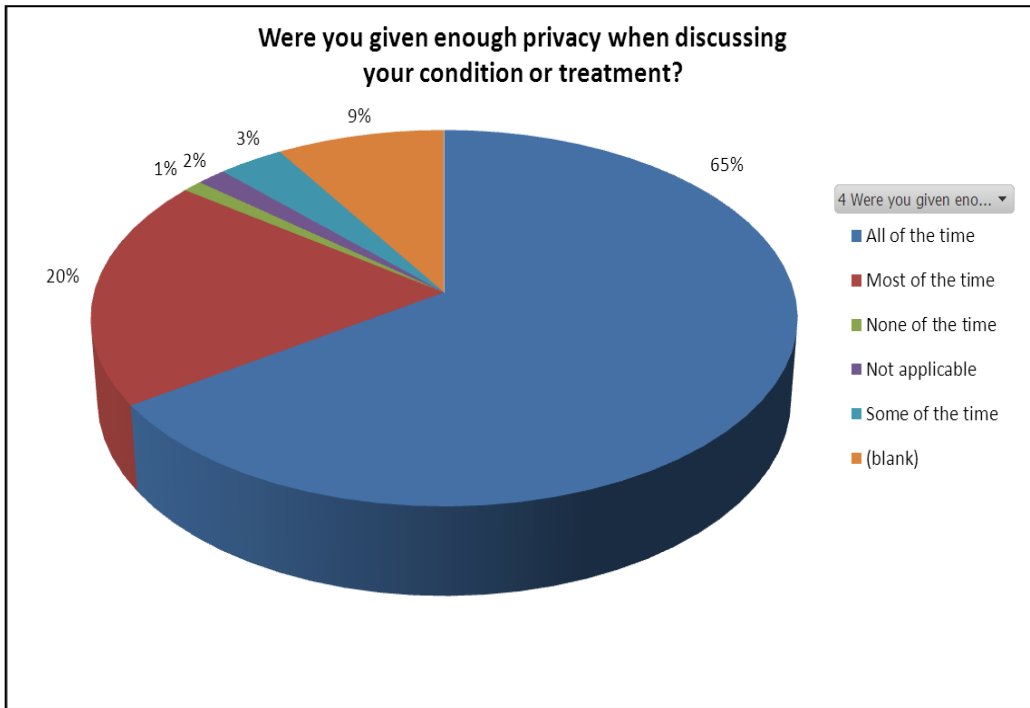
### Hospital staff being available to talk to about worries or concerns

85% 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 (83% in Q2). However, 6% of patients said that this was not applicable to their situation.



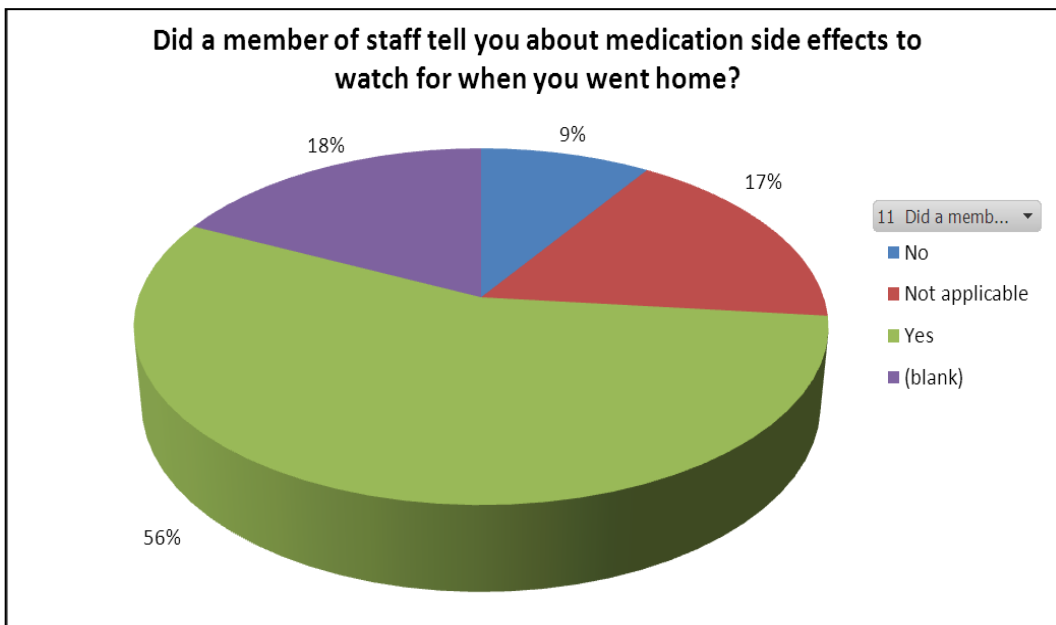
### Privacy when discussing condition/treatment

93% 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 (92% in Q2).



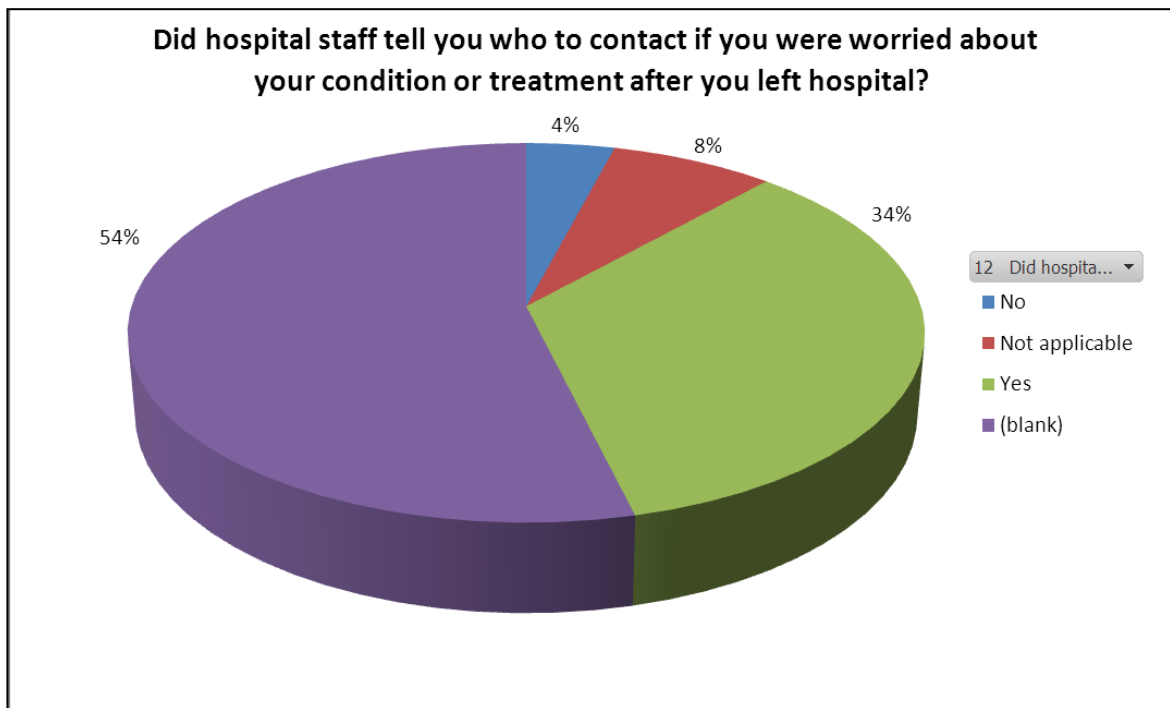
**Being informed about side effects of medication**

64% 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 (54% Q2). However, 20% of patients did not feel that this question was applicable to them.



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

75% 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 (67% in Q2). However, 16% of patients did not feel this question was applicable to them.



### Additional Patient Satisfaction Indicators for Adult Inpatients

#### Quality of Hospital Food

66% of those patients surveyed, who answered this question said that they felt the hospital food was very good or good (64% in Q2).

#### Pain Control

69% of those patients surveyed, who answered this question said that they felt the hospital staff did everything they could to control their pain (75% in Q2). However, 23% of patients said that this question was not applicable to them (19% in Q2).

#### Cleanliness of the Wards

78% of those patients surveyed, who answered this question said that they felt the hospital ward was very clean (70% in Q2).

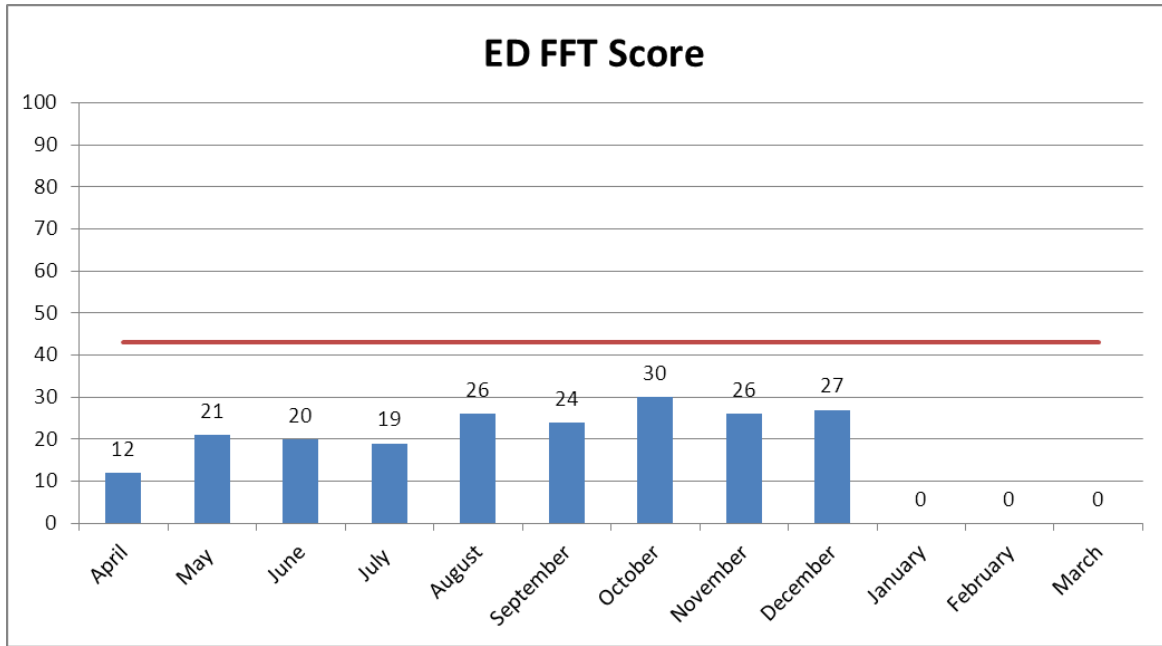
### 3.2 Emergency Department Surveys

During Q3 2014 a total of **3,659** surveys were received from ED (3,692 in Q2) and taking away 216 blank responses, we achieved a 15% coverage (12% in Q2) and an FFT score of **28** (22 in Q2).

Site	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	% Coverage
Queen's Hospital	1328	969	235	144	186	66	166	3094	2928	26	15211	19
King George Hospital	291	109	20	35	48	12	50	565	515	37	7161	7
<b>Totals</b>	<b>1619</b>	<b>1078</b>	<b>255</b>	<b>179</b>	<b>234</b>	<b>78</b>	<b>216</b>	<b>3659</b>	<b>3443</b>	<b>28</b>	<b>22372</b>	<b>15</b>

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.

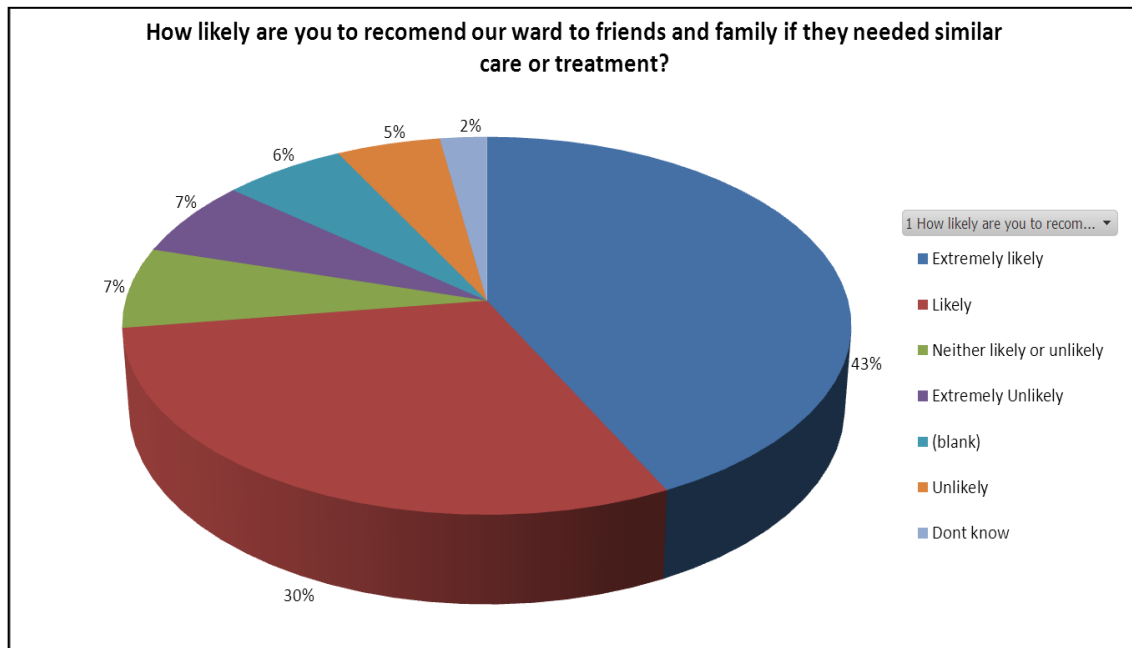
## ED FFT Score Progress



### Positive Recommendations

In addition to the FFT score, the Trust is monitoring the positive recommendations made by the patients using the ED service. The positive recommendations are 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.

74% of those patients who answered the question said that they would recommend the ED to family or friends if they required similar care or treatment (78% in Q2).



### 3.3 Maternity Patient Experience Surveys

The data collected for Friends & Family Test (FFT) for Maternity has been officially reported to the Department of Health since October 2013.



The Department of Health 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](http://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 we asked patients attending their 36 week check at the ante natal clinic before the birth and again, post birth, when the woman is visited by the community midwife.

From December 2013 we also asked women the FFT for the care they received on the Labour Ward/Birthing Unit and their postnatal care.

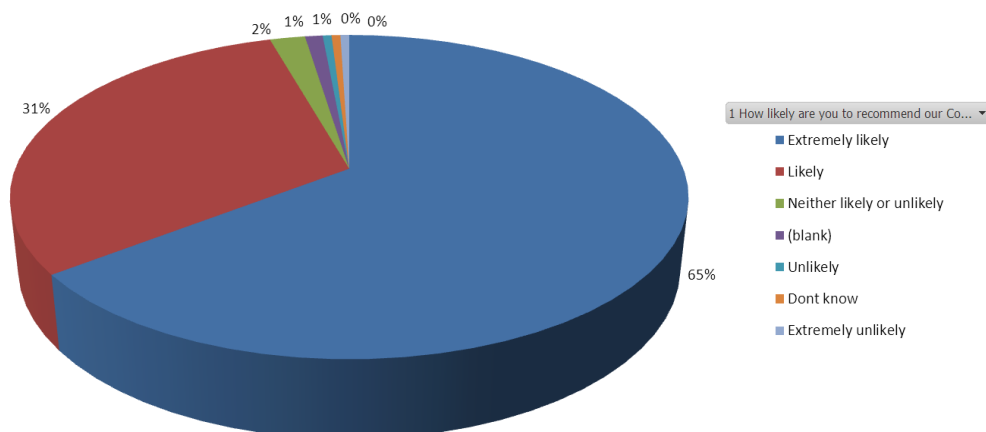
### Maternity Antenatal Services

During Q3 in 2014 a total of **213** surveys were received from the Antenatal Community Midwives and on our Antenatal Ward, the FFT score for our Antenatal Services was **62**, and the coverage was **13%**.

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	FFT			
AnteNatal Ward QH	39	18	2	1	1	2	1	62	56			
Dagenham North	10	6	0	0	0	0	0	16	63			
Havering North	23	16	0	0	0	0	1	39	59			
Ilford North	20	5	1	0	0	0	0	26	73			
Havering Central	4	1	0	0	0	0	0	5	80			
Dagenham South	9	3	0	0	0	0	0	12	75			
Dagenham West	3	2	0	0	0	0	0	5	60			
Goodmayes	4	2	0	0	0	0	0	6	67			
(blank)	7	1	1	0	0	0	0	9	67			
Havering East	11	8	0	0	0	0	0	20	55			
Havering South	2	1	0	0	0	0	0	3	67			
Loxford	7	3	0	0	0	0	0	10	70	Women Seen	% Coverage	% Positive Recommendation
Totals	139	66	4	1	1	2	2	213	62	1703	13	96

**96%** of patients surveyed gave positive recommendations answering 'extremely likely' or 'likely' to the friends & family question: "How likely are you to recommend our Antenatal Services to friends and family if they needed similar care or treatment". (96% in Q2)

**How likely are you to recommend our Community Antenatal Service to friends and family if they needed similar care or treatment?**

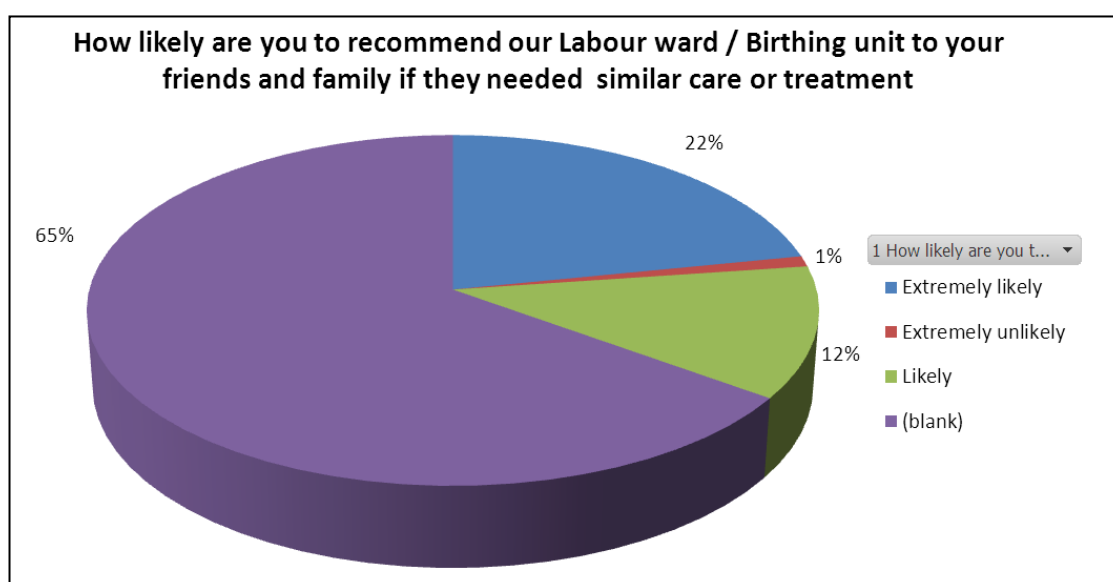


## Maternity Inpatient Services

During Q3 in 2014 a total of **206** surveys were received from the Labour Ward and Queen's Birth Centre, the FFT score was **60**, and the coverage was **12%**.

Ward Area	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Births	% Coverage
Coral	14	15	0	0	1	0	58	88	30	43	345	9
HDU	0	1	0	0	0	0	1	2	1	0	12	8
Post Natal	9	8	0	0	1	0	49	67	18	44	204	9
QBC	22	1	0	0	0	0	26	49	23	96	65	35
<b>Grand Total</b>	<b>45</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>134</b>	<b>206</b>	<b>72</b>	<b>60</b>	<b>626</b>	<b>12</b>

**97%** of patients surveyed gave positive recommendations answering 'extremely likely' or 'likely' to the friends & family question: "How likely are you to recommend our Labour Ward/Birthing Unit to friends and family if they needed similar care or treatment".



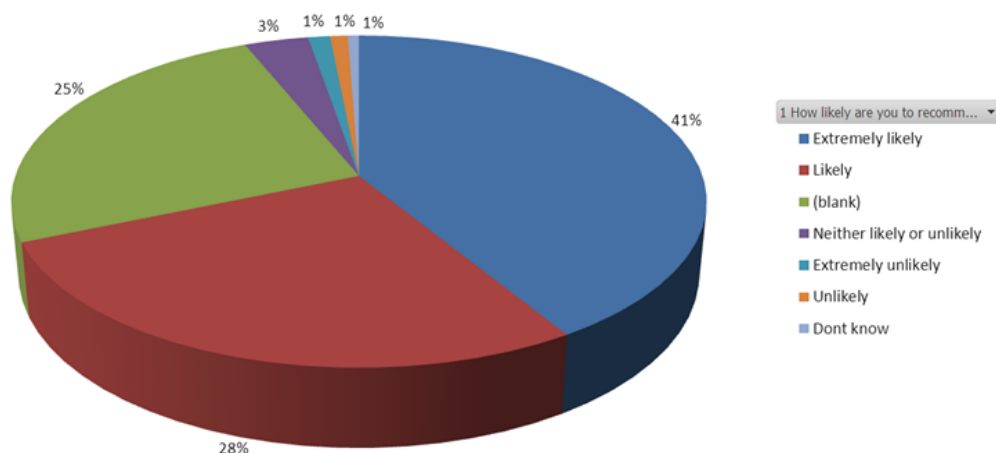
## Maternity Postnatal Care

During Q3 in 2014 a total of **840** surveys regarding our postnatal care were received from the postnatal wards and Queen's Birth Centre, the FFT score was **49**, and the coverage was **39%**.

Ward Area	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Births	% Coverage
Coral	203	166	25	8	8	3	59	472	413	39	1012	41
HDU	6	6	0	0	0	0	0	12	12	50	55	22
Post Natal	140	80	11	2	1	2	15	252	237	53	627	38
QBC	69	12	0	0	0	1	22	104	82	84	195	42
<b>Grand Total</b>	<b>418</b>	<b>264</b>	<b>36</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>96</b>	<b>840</b>	<b>744</b>	<b>49</b>	<b>1889</b>	<b>39</b>

**92%** of patients surveyed gave positive recommendations answering 'extremely likely' or 'likely' to the friends & family question: "How likely are you to recommend our Postnatal care to friends and family if they needed similar care or treatment".

How likely are you to recommend our postnatal care to your friends and family if they needed similar care or treatment?



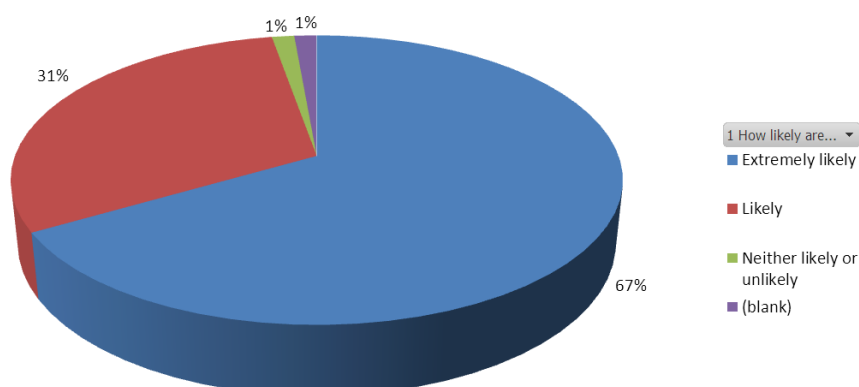
### Community Postnatal

During Q3 in 2014 a total of **144** surveys regarding our Postnatal Community Midwives, the service received an FFT score of **65**, and the coverage was **13%**.

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	FFT			
Dagenham North	0	0	0	0	0	0	0	0	0			
Havering North	29	6	0	0	0	0	2	37	78			
Ilford North	25	15	2	0	0	0	0	42	55			
Havering Central	5	0	0	0	0	0	0	5	100			
Dagenham South	10	8	0	0	0	0	0	18	56			
Dagenham West	5	2	0	0	0	0	0	7	71			
Goodmayes	10	4	0	0	0	0	0	14	71			
(blank)	0	0	0	0	0	0	0	0	0			
Havering East	1	0	0	0	0	0	0	1	100			
Havering South	9	3	0	0	0	0	0	12	75			
Loxford	2	6	0	0	0	0	0	8	25	Women Seen	% Coverage	% Positive Recommendation
Totals	96	44	2	0	0	0	2	144	65	1131	13	97

**97%** of patients surveyed gave positive recommendations answering ‘extremely likely’ or ‘likely’ to the friends & family question: “How likely are you to recommend our postnatal care to friends and family if they needed similar care or treatment” (97% in Q2).

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 Q3 2013, Children's Services collected **464** completed surveys achieving **19%** coverage with a FFT score of **59** (During Q2 799 were completed, with a 40% coverage and FFT score of 59).

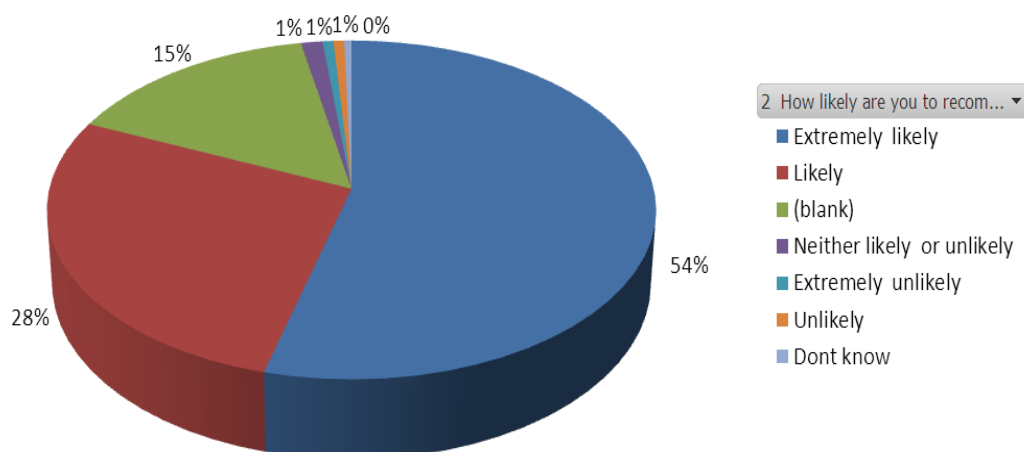
Ward	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Dont know	(blank)	Grand Total	Eligible Responses	FFT Score	Discharges	% Coverage
Tropical Lagoon	101	69	4	3	2	1	31	211	181	51	836	22
Clover Ward	28	20	0	0	0	1	1	50	50	56	581	9
ACAD	122	39	2	0	1	0	39	203	177	67	691	26
<b>Grand Total</b>	<b>251</b>	<b>128</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>71</b>	<b>464</b>	<b>408</b>	<b>59</b>	<b>2108</b>	<b>19</b>

### 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.

**96%** of parents/guardians said they would recommend the children's services wards to friends & family if they required similar care or treatment (95% in Q2).

How likely are you to recommend our services to your friends and family if they needed similar care or treatment?



### 3.5 Patient & Staff Experience Facilitator

The Trust has two Patient & Staff Experience Facilitators in post.

Ongoing work during the reporting period includes:

- Working with the Information Department to determine resources required to provide wards with weekly survey results and performance dashboards

- Welcome boards have been installed on all adult inpatient wards. The Trust is rolling out the boards in maternity and children's wards. These should be installed by the end of February 2014. This project will also be expanded to include the EDs and Day Surgery areas
- Visitor welcome boards displaying information such as restaurants, their opening times, where visitors can find wheelchairs, cash machines and other relevant information have been designed. Sodexo has agreed to fund the boards
- A patient bedside handbook has been drafted. This guide aims to be a comprehensive guide to life in hospital for patients, showcasing the Trust's services and facilities for patients. Sodexo has agreed to fund the handbook
- The Trust has installed red feedback postboxes and accompanying posters to explain the FFT and display recent results on our inpatient, maternity and children wards



- Patient headboards displaying the patient's name, preferred name, name of consultant, nurse and other information has been installed on our inpatient and maternity wards. The Trust currently uses laminated A3 posters so a charity bid has been submitted for permanent boards. These will also be magnetic so that magnetic symbols can be attached to the additional information box, such as the yellow infection symbol or the butterfly symbol
- All current hospital volunteers, regardless of their current role, have received a letter from the Patient Experience Team, asking if they would like to be involved in a range of duties such as; handing out surveys to patients, and helping them to fill out the forms if necessary

- The Patient and Staff Experience Facilitators meet with ward/departmental senior staff whose FFT scores RAG rated as red. From January 2014 the Deputy Director of Nursing meets with the Senior Sisters/Charge Nurses and Matrons of these wards to discuss the reasons for their poor results and to discuss their action plans

## Emergency Department

- An information booklet for patients who are waiting in ED majors has been written. A charity bid has been submitted to secure funding to enable a booklet to be printed professionally
- A charity bid for the funding of the refurbishment of Queen's Children's ED waiting area has been submitted for consideration
- The National Patient Champion, Ashley Brooks, has been running specific sessions in ED with staff to improve their communication skills. This will continue until March 2014

## 4. END OF LIFE CARE

The Specialist Palliative Care Team received 1196 referrals for this quarter. 45 patients were re-referrals to the service. The team continues to predominantly see patients as inpatients throughout the Trust and the rest as outpatients or via telephone advice.

Following the independent review of the Liverpool Care Pathway (LCP) and the publication of "More Care, Less Pathway - A Review of the Liverpool Care Pathway", (July 2013), the teams training programme has been revised and now includes:

- **Accountability** of medical & nursing staff and the Trust Board whilst caring for the dying patient
- **Advocacy** and **decision making** at the end of life, particularly when patients lack the mental capacity and have no representation of family or carers
- Making sure **nutrition and hydration** is the duty of all staff to ensure that patients who are able to eat and drink are supported to do so at the end of their life
- **Communication** around **sedation and pain relief** at the end of life and making sure those discussions take place as far as possible with patients, family members and carers and that it is clearly documented

The teaching programmes continue to be rolled out to all health care professionals throughout the Trust. In addition to face to face training the Palliative Care Team are developing an e-learning programme specifically looking at embedding the review outcomes into everyday practice in end of life care.

The Palliative Care Team are in the process of reassessing the use of the LCP and it is likely that it will be withdrawn from being used within the Trust. The national direction is that individual Trusts should develop their own individualised end of life care plans for those patients in the dying phase. The team are in the process of developing guidelines similar to other neighbouring Trusts. Until an alternative is finalised the Trust will continue to use the LCP document but with extra caution being made to the above mentioned areas.

The 7 day face to face nursing service for Specialist Palliative Care will commence on the 1<sup>st</sup> January 2014, with continued telephone medical advice out of hours. Progress will be reported in the next quarterly report.

The Gold Standard Framework continues to be developed 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 patients who may be palliative. Joint ward rounds with End of Life Care Facilitators have begun to take place in order to identify patients and then staff can begin to engage in advance care planning at an earlier stage and patients can make choices around future care.

## **5. SPIRITUAL & PASTORAL CARE**

During Q3 the Spiritual and Pastoral Care Department had over 2747 patient/relative episodes. This figure does not include the visits by Pastoral Visitors.

- The whole-time Chaplains had over 1134 patient/relative episodes. (episodes of contact can be between 10mins and an hour or longer depending on the individual situation).
- The whole-time Chaplains had over 407 staff support episodes
- The Roman Catholic Chaplains had over 1128 patient/relative episodes
- The Jewish Chaplain had over 78 patient/relative episodes

Key points to note include:

- The Chaplaincy Department saw an extra 95 patients for Christmas prayers or Holy Communion over the Christmas period
- The Whole-time Chaplains took 21 contract/Trust related funerals

- Establishment of a bereavement support group based at the YMCA called “Coffee Mourning” - an informal coffee morning for those recently bereaved
- Involvement in training sessions for HDU, ITU (Neuro) for HCA’s, led a seminar on baby loss, bereavement awareness training sessions on medical wards, assisting in the development of ‘Sage & Thyme’ training

## **6 CATERING & CLEANING**

### **6.1 CATERING**

The Trust has established a Patient Dining Group, which meets monthly. Membership includes: Facilities Managers, Sodexo, Trust Dieticians, Matrons, and Patient Representatives.

The Bonne Sante meal service and hospital menus will be reviewed over the coming months.

Following a recommendation made from a PLACE assessment, a trial of serving meals course by course will take place on a ward at Queen’s and King George Hospitals. Feedback will be provided in next quarters report.

### **6.2 CLEANING**

The overall Trust cleaning scores for Q3 are outlined in the table below.

<b>Hospital</b>	<b>Oct - Dec 2013 (average score)</b>
Queen’s Hospital	97.1%
King George Hospital	96.7%

### **6.3 ENVIRONMENT**

The weekly environmental workarounds are continuing to take place weekly. During these walkarounds, issues are identified and wherever possible action is taken at the time to address any concerns identified/raised. Hospital Inspections to review the whole hospital environment which includes cleaning, have commenced and the team is made up of Trust Facilities Manager, Patient and Senior Nursing representatives.

## **7 RECOMMENDATIONS**

- Reports findings to be considered at Business and Directorate Clinical Governance meetings
- To continue using the FFT score to improve patient experience locally
- Identify ways in which we can influence/change the public’s perception of the Trust. The negative responses in the National Inpatient Surveys does not reflect the positive responses that are obtained from the Real Time Patient Experience Surveys collected by the Trust
- Specific workstreams identified:
  - ED - detailed improvement plan actions to be delivered. Improvement of FFT scores to be a priority, with support provided by the Trust’s Patient & Staff Experience Facilitator
  - OPD work programme to be progressed. FFT collection to be piloted in OPD clinics
  - Information on discharge - there is a programme of work being undertaken in this area
  - Switchboard - more work needs to be undertaken to improve services

## **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 - Q3**

Identified from: (Complaint, PALS, Comment Card, NHS Choices)	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaint	Emergency Care	Pain relief not given at initial assessment by the GP's or practitioners.	Drug cupboards have been created in the three assessment rooms and in collaboration with ED Pharmacist a stock of relevant and appropriate drugs are now available for the assessors to prescribe and provide pain relief.
Complaint	Emergency Care	Long waits in ED and not knowing the reason why.	Healthcare Assistants instructed to ensure that as they do their comfort rounds they explain to patients and relatives what they are waiting for. Additionally the Nurse in charge and Matron speak to patients and staff as they undertake their regular rounds. ED is in the process of ordering televisions with a facility attached that is a running commentary on waiting times etc that will inform those waiting.
Complaint	Emergency	During the procedure of applying wound glue to a child, glue accidentally dripped into the child's eye causing extreme distress, pain and anxiety to child and family. This occurred because mum was asked to hold the child's head and was not able to do so securely hence the sudden movement.	Only staff who have been signed off as competent by the PDN can apply wound glue. Full assessment via competency assessment being undertaken by the Paediatric Development Nurse. Nursing staff not to ask family members to assist in such procedures. Onus lies with staff not family.
Complaint	General Medicine	Lack of communication with families and patients.	Senior Sister round implemented on the wards. Consultant of the Week rota implemented.

Identified from: (Complaint, PALS, Comment Card, NHS Choices)	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaint	General Medicine	Poor attitude of a member of staff.	Work is being undertaken with the Palliative Care Team to work with the department to improve care. Education for staff to support family post bereavement is being implemented by the Pastoral Care Team.
Complaint	General Medicine	Recurrent theme for complex complaints that time hasn't been taken during the admission to talk to families until they complain. When we do meet we don't always listen to what is being said.	All areas need clear communication on how families can arrange to meet with the Medical Team. All patients/ visitors should have a daily discussion with a senior member of staff to identify concerns. Communication to be documented in notes.
Complaint	Specialist Medicine - Oncology	Patient's relative was concerned about the discharge of patient - went home by ambulance dressed in a gown, despite patient having own clothes.	Ward reminded to ensure patients are treated with dignity at all times, including when they are being discharged.
Complaint	Women's	22 weeks termination for abnormality- differing information from the Obstetric Team.	Insufficient information given to the woman antenatally and postnatally. Action: Ensure appropriate information and counselling is given to all women regarding terminations for fetal abnormality. Careful explanation of postnatal complications reinforced with a leaflet. Bereavement Midwives running bereavement study sessions for all staff on mandatory training.
Complaint	Women's	Wife not listened to in labour, not taken to labour ward until fully dilated. Husband nearly missed the birth.	Allow partners to stay overnight on the antenatal ward with woman where possible. Action: Feedback to staff through patient stories and respectful maternity care. Ward Manager to reinforce to staff concerned that partners can stay overnight in a side room. Ward Manager for antenatal ward is to ensure that women are cared for in the most appropriate environment.

Identified from: (Complaint, PALS, Comment Card, NHS Choices)	Directorate/Speciality	Issue	Lessons Learnt/Actions
Complaint	Women's	<p>Unhappy with being classified as high risk and the treatment provided by physio for sciatica.</p> <p>Issue around communication with the Consultant.</p> <p>Requested a water birth - raised concerns about the cleanliness of the room and having to leave the pool for monitoring.</p> <p>Issues with breast feeding.</p>	<p>Communication issue when women are booked for maternity care. Action: Ensure that community midwives explain all the reasons for referral to obstetrician. CD to discuss with Consultants regarding communication with patients.</p> <p>Concerns around cleanliness. Action: Matron to address with Sodexho.</p> <p>Lack of support with breast feeding. Action: Breast feeding training to be included on next year's mandatory training, meanwhile ensure that infant feeding co-ordinator speaks to staff involved.</p>
Complaint	Therapies	Complainant raised issues regarding communication and understanding of whether private Physiotherapists could be used during an inpatient stay at KGH.	Clearer communication with the family of this patient when they were on the ward would have prevented much of the anxiety.
PALS	Therapies	Issues raised regarding rehabilitation potential and future plans on discharge from the hospital.	Many discussions had taken place with the patient who had capacity to make decisions, but the NoK had not been included or informed. Once this was instigated the whole family were happy about plans for discharge.
Complaint	Therapies	Need to communicate with family/carers to utilise their insights into care levels and home set up when planning discharge from the hospital environment.	To actively seek out the opinions and expert knowledge of family/carers at the earliest stage of a patient's admission to ensure rehabilitation goals and discharge plans are made appropriately. Discussed at clinical governance meeting on 19.12.13.
Complaint	Therapies	Occupational therapy assessment was not carried out when it was relevant to a safe patient discharge.	Joint physiotherapy and occupational therapy assessments need to document who was in attendance. Locum staff need to have caseloads checked and reviewed to ensure that appropriate clinical decision making is taking place. Discussed with clinical lead OT on KGH site and action

Identified from: (Complaint, PALS, Comment Card, NHS Choices)	Directorate/Speciality	Issue	Lessons Learnt/Actions
			plan produced.
Complaint	Children's	Patient stated that she had major concerns regarding clerical errors on the discharge summary for her child.	Junior Doctors spoken to about the importance of transferring information to the SEND Discharge Summary. Dr L has amended Neonatal Summary Database.
Complaint	Children's	Complainant not happy with Doctor's attitude.	Feedback was shared with Consultant. Informal reflection undertaken.
Complaint	General Surgery	Healthcare Assistant informed a patient of a positive pregnancy result, undertaken with no sensitivity.	Senior Sister has reiterated the roles of registered and unregistered staff. The importance of sensitive communication also discussed with all staff.
Complaint	General Surgery	Complainant noted poor hand washing compliance with some staff on ward.  Patient's eye drops stored incorrectly despite patient himself alerting nursing staff.	Raised with Senior Sister to ensure weekly hand hygiene audit compliance is undertaken and that all instances of non compliance with IP Policy is vigorously challenged.  Senior Sister has reinforced with all staff the Medicines Management Policy. Matron will undertake visual audit with compliance.
Complaint	General Surgery	Visitor complained about too many visitors being around some patient's bedsides and some children being noisy. Not addressed by nursing staff.	BHRUT Visiting Policy resent to all Senior Sisters, to remind them of their responsibilities.
Complaint XIII\0422	General Surgery	Agency nurse discharged a patient home without arranging a District Nurse referral for wound check/dressings.	Substantive nursing staff to oversee and take responsibility for aspects of a patient's discharge that transient workers may not be familiar with. Senior Sisters made aware of this case and asked to disseminate learning to ward staff.
Patient Experience Lead - Observations	Outpatient Area - Team 1	Poor Signage - patients cannot find their way to and from X-Ray or Plaster Room.	Signage being reprinted by Kamset. The signs have been made up; these are ready to be installed. Staff from Plaster Room, Reception and Pre Assessment Nurses have been consulted as to what the signs should say and where they should be placed.

Identified from: (Complaint, PALS, Comment Card, NHS Choices)	Directorate/Speciality	Issue	Lessons Learnt/Actions
PALS	Specialist Medicine - Haematology	Patient's relative was concerned about treatment and the diagnosis of his mother.	After speaking to the relative it became apparent that he had not had an in-depth discussion with a Consultant or CNS. CNS spoke to family immediately and answered all of the family's questions. Clear breakdown in communication - family and patient now extremely happy with care and treatment.

## Appendix II

### PATIENT STORY PROFORMA

**Directorate:** Emergency Care

**Ward/Department:** Accident & Emergency

#### **How was the Patient Story shared?**

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

#### **Date Patient Story discussed:**

September & October 2013

#### **At what Forum/Meeting was the Patient Story discussed?**

Clinical Governance Meeting.

Nursing Team Development Day (on 6 separate sessions throughout September and October 2013).

Individual staff evaluation session.

#### **Summary of Patient Story:**

The patient attended A&E at x Hospital on 10th May 2013 having lost the use of her right arm. Three x-rays were performed and she was advised that she had fractured her shoulder and would probably need six weeks in a sling, but the doctor would explain further.

When the doctor returned she was advised that her shoulder was dislocated and would therefore need to be reset. For one hour three doctors tried to reset her shoulder with the aid of gas, air and morphine, which caused much pain and discomfort. However, after an hour the patient's blood pressure dropped and an orthopaedic specialist was called. The patient was then informed that her shoulder was fractured. The patient was left traumatised by this experience.

#### **What actions have been taken as a result of the Patient Story?**

The Trust's Patient Champion and Deputy Director of Nursing for Operations shared the story with approximately 80 Emergency Care nursing staff at a series of Nursing Team Development Day's. The story was anonymised and shared with staff who were then given the opportunity to reflect on

events and how they felt about this. Lengthy discussions took place and a 90 minute evaluation of the patient's experience was undertaken.

The story was well received and staff were very affected by the traumatic and emotional nature of the patient's experience, especially the pain that the patient underwent unnecessarily.

The story raised serious questions about nurses acting as an advocate for this patient and raised concerns about nursing staff feeling empowered to escalate issues concerning medical staff.

In conclusion it was agreed that the patient has to be the focal point for nurses and they must act in best interest of the patient.

Discussions have taken place with ED Consultants regarding the supervision of locum medical staffing. The escalation process has been reiterated to nursing staff who may have concerns and advised that this will be supported by the Deputy Director of Nursing and ED Clinical Director.

**How has learning from the Patient Story been disseminated?**

By group discussion.

**November 2013**

## PATIENT STORY PROFORMA

**Directorate:**                      **Surgery**

### **How was the Patient Story shared?**

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

### **Date Patient Story discussed:**

November 2013

### **At what Forum/Meeting was the Patient Story discussed?**

Clinical Governance Meeting

Nursing Team Development Day

Individual staff evaluation session

### **Summary of Patient Story:**

Patient was experiencing a sudden onset of severe abdominal pain and attended the Emergency Department, concerned that she may have appendicitis. She had prompt surgical review and plans were made to admit her.

Upon arrival to ward x the patient was greeted by a Staff Nurse and a bank Healthcare Assistant and she was asked to provide a urine sample. The Staff Nurse carried out an MRSA swab and the Healthcare Assistant proceeded to carry out a urine test. The Healthcare Assistant then asked when the patients last period was, she replied that she did not have periods due to having a marina coil in situ, to which the HCA responded that her pregnancy test was positive.

Due to personal circumstances the patient found this news a 'very devastating' diagnosis and was totally unexpected. The patient was both shocked and panicked at the flippant way the information was delivered to her and become incredibly distressed.

Over the next 3.5 hours a further two tests were undertaken - 1 positive and 1 negative result. It was then agreed for the patient to have further blood work and a transvaginal scan to rule out a pregnancy. Patient was still experiencing severe abdominal pain and distress at her diagnosis.

Eventually after a 7.5 hour experience, a new urine sample and a further test was carried out, also hormone levels reviewed and confirmed that the patient was not pregnant. The patient was left feeling emotionally distraught and felt that if a senior member of staff had actually performed the subsequent tests, or if information had been managed differently with a more sensitive approach, she would have been assessed for central abdominal pain instead of pregnancy sooner and avoided emotional distress.



### **What actions have been taken as a result of the Patient Story?**

The Senior Sister and Matron shared the story with all nursing staff and at the Nursing Team Development Day's. The story was anonymised and shared with staff who were then given the opportunity to reflect on events and how they felt about this. Discussions took place and a short evaluation of the patient's experience was undertaken.

Staff were very affected by the emotional nature of the patient's experience, especially the emotional distress that the patient underwent unnecessarily due to the delay in following EPAU Protocol and bad delivery of sensitive information.

The story raised questions about Health Care Assistant's needing to be directly supervised by a trained nurse when performing pregnancy tests and that any results should be given by a senior member of staff when confirmed.

In conclusion it was agreed that staff need to be aware of their individual responsibilities in communicating sensitive information to patients. All staff have been reassessed regarding pregnancy testing and are aware that although HCA's can undertake testing, it must always be under direct supervision. In line with the Trust Early Pregnancy Assessment Unit protocol, patients must be referred to EPAU and have a blood test to confirm HCG levels in a timely manner.

### **How has learning from the Patient Story been disseminated?**

By group discussion.

**November 2013**