West Hertfordshire Hospitals NHS
NHS Trust

TRUST BOARD MEETING – 5 FEBRUARY 2014

Title of the Paper:	**People Who Use Our Services – Hearing their voices and improving their experience**
Agenda item:	TB 111/14
Author: **Lead Executive:**	Lesley Lopez, Head of Patient & Public Involvement Jane Roberts, Project Lead Jackie Ardley, Interim Chief Nurse
Trust Objective:	Achieving continuous improvement to the quality of patient care through hearing the voices of all our patients, carers, families and local communities who come into contact with our services.

Purpose

- To provide an update on the Trust's approach to improving the patient experience.

Previously Discussed And Date For Further Review (list relevant committees)
Monthly reports to:

- TLEC
- Patient Safety and Quality Group
- Trust Board

Benefits To Patients And Patient Safety Implications:
To improve the patient experience.

Risk Implications for the Trust:	**Mitigating Actions** *(Controls):*
• If we do not listen and act upon service user and carer voices we will not meet service user's expectations. • Failure to achieve a good patient experience.	• A framework already exists within the Trust to manage the patient experience agenda.

Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements

- Regulations 17 & 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Care Quality Commission: Outcome 1: respecting and involving people who use our services.
- CQUIN Targets.

Legal Implications: (if applicable)

Financial Implications: (if applicable)
Failure to achieve the Friends & Family CQUIN targets and associated funding.

Communications Plan (if applicable)

Recommendations:

- To receive assurance on the work underway to improve how the Trust hears voices and is improving the experience of its patients, carers and local communities and of those who use our services**.**

West Hertfordshire Hospitals NHS
NHS Trust

Agenda Item: 111/14

Trust Board Meeting, 5 February 2014

People Who Use our Services – Hearing Their Voices and Improving Their Experience

Presented by: Jackie Ardley, Interim Chief Nurse

1. Purpose

1.1 To provide an update on the Trust's approach to improving the patient experience.

2. Background

2.1 The ability to listen to what matters to people who use our services and the experience of their carers and families and act on their feedback is the Trusts method of demonstrating its values being turned into action.

2.2 The Trust agreed a CQUIN with Herts Valley Clinical Commissioning Group (HVCCG) to improve the patient experience for 2013/2014.

2.3 The Keogh Reviews 2013 identified a need for Trusts to deliver high quality care that is clinically effective, safe and delivering the best possible patient experience.

2.4 We have listened and made changes, demonstrating our dedication to being an open and transparent Trust that is focused on meeting the needs of our patients in a professional and compassionate environment.

2.5 The Francis Report 2103 identified concerns for the lack of effective patient and public engagement and complaints were not given high enough priority in identifying issues and lessons learnt. The final response (19th November 2013) identified new changes that include: Quarterly complaints reporting and better complaints information:

2.6 The Equality Delivery System was introduced in 2010 to ensure equal treatment and access to our services, regardless of age, disability, gender re-assignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief.

3. Actions to Date

The actions detailed below have been sub headed to reflect the many strands of the patient experience agenda contained within this paper.

3.1 **Friends & Family (F&F)**

3.2 The total number of paper/postcard surveys received in October was 1164. Of these 812 were eligible for submission to Unify. **Appendix 1** contains comparative data, comments and a breakdown at ward level of in – patient and A & E data submitted for October.

3.3 The provisional results for October (published 28 November) indicate that 776 or 95.5% of patients treated at WHHT were extremely likely or likely to recommend our services against 12 or 1.4% of patients who were unlikely or extremely unlikely to recommend our services.

3.4 This is the 6th month that the in-patient net promoter score has been above the national score whilst the NPS for A and E improved to 64 for October. Although our in-patient response rate remains > 20% the A & E response has dropped to 1.8 for October and the following measures will be introduced:

- Weekly reporting of response rate to Lead Nurse/Deputy Director of Nursing
- Raise profile of friends and family by corporate team presence in Dept
- Evaluate other methods of data collection e.g. txt, kiosks, telephone surveys in addition to paper survey
- Integrate friends and family survey into "Your journey through A & E" (Design council and DOH toolkit reducing violence and aggression in A and E.
- Divisional Managers teams to receive their relevant data on a monthly basis.
- A new plastic coin counting system to be introduced into A/E to ensure easy usage for patients.

3.5 Friends & Family survey cannot be undertaken in Minor Injuries at St. Albans City Hospital & Urgent Care in Hemel Hempstead Hospital because of the following criteria:

- **Type 1:** A consultant led 24 hour service with full resuscitation facilities

- **Type 2:** A consultant led single speciality A and E service eg ophthalmology, dental

- **Type 3:** Other types of urgent care centres such as MIU or walk in centres. A type 3 may be doctor or nurse led. It may be co-located within a major A and E or sited in the community.

- Friends and Family guideline document states to include patients attending **Type 1** and **Type 2** services. Based on above definitions I believe SACH and HH are **Type 3.**

3.6 713 of the returned surveys contained comments and suggestions for improvements. These comments as well as response rates and the NPS are shared directly with the relevant ward sister/charge nurses and any negative comments are acted upon.

3.7 Friends and Family was launched in Maternity on October 1st. The Data is gathered at four touch points of maternity care and submitted to unify within the same timescales as the In-patient and A & E data. In January 2014 the first 3 months of the maternity data will be published.

3.8 A link to the Friends and Family web page on the Trust internet site has been completed: www.westhertshospitals.nhs.uk/patients/friends_and_family.asp In October 8 patients completed the Friends and Family survey online.

4. 15 Steps Update:

4.1 During November a series of 15 steps walk rounds have taken place across 3 hospital sites. Each team has consisted of a member of the executive team, a member of the patient's panel and a senior nurse.

4.2 To date 8 wards have been visited and a brief report written for each area highlighting positives and recommendations.

4.3 On completion of the visits in November a Trust wide action plan will be established detailing quick wins and longer term improvement strategies

5. Partnership Working, Patient & Public Involvement:

5.1 Working with our partner organisations and communities has continued during October. We continue to demonstrate a commitment by the Trust to support the delivery of service improvement.

5.2 The Head of Patient & Public Involvement (HoPPI) attended a LGBT Partnership Meeting where an update on the Health Needs Assessment: Trans Project was given and feedback was provided from the Herts Pride event held in Cassiobury Park.

6. Patient Services:

6.1 **Putting Hospice Principles into Hospital Practice:**

The work continues in the Trust to develop a symbol in line with that of the Hospice Friendly Hospitals Programme (HFH) that respectfully identifies items connected with bereavements on the Ward. The symbol is not associated with any one religion or denomination.

The Hospice believes that when using an approved symbol, it is important not to diminish the impact of its presence or to use the symbol as a substitute for sensitive and honest communication.

The symbol is best displayed at ward or unit level. It can be placed at the nurses' station or at the entrance to the ward. It can also be displayed on a single room which faces a corridor, having first advised the family. Caution should be exercised if displaying the symbol on the door of a single room or anywhere where it can be directly attributed to an individual patient.

It is advisable to explain the purpose of the symbol to the family and its value in creating an atmosphere of quiet and respect. In the event the display of the symbol is a matter of concern, the wishes of the family should be respected. It is important to ensure the symbol is not on display at any other time in clinical care-areas.

The symbol will also be used on resources directly associated with bereavement such a sympathy cards (currently sent out by the Patient Affairs department). The symbol will also be extended to mortuary trolley drapes, family handover bags and information leaflets or colours when re-designing our relative's bereavement room.

Through the End of Life and Bereavement Steering Group a different symbol has been designed to make the symbol current to the Trust. The rose symbol was considered and the colour for the rose is yet to be determined. The Patients' Panel and additional groups will be given the opportunity to input into this project **(Appendix 2).**

When the symbol is used for the purpose of raising awareness and displaying resources it should be accompanied by a brief description of its meaning.

6.2 Additional Patient Services work streams were carried out throughout October. **(Appendix 3).**

7. Complaints:

7.1 **Graph 1 – Total No of Complaints Received October 2013 (Appendix 4 & 5)**

The graph details by division the number of complaints received during October. The Trust received 10 more formal complaints in October than in September. Medicine and Women's received 5 more complaints than in September with the other Divisions remaining at the same level.

7.2 **Graph 2 – Top 5 Subjects October**

Complaints about the clinical care provided continue to remain the main concern raised by patients, along with issues about the level of communication both in writing and verbally. The top five subjects account for 72% of the total number of subjects recorded for the total number of formal complaints received in October.

The results and trends from Complaints will be presented to The Patient Experience Group in December.

7.3 **Performance Compliance by Division v2 – September (Appendix 6)**

7.4 Year to date April to October 2013 we have received a total of 362 complaints, of which 59 were received in October.

7.5 **For Noting:**

As the remaining 2 complaints within Surgery and Women's that are yet to be responded to have breached their due dates, compliance is confirmed at 90%

8. Patient Advice and Liaison Service (PALS):

8.1 PALS have received 1,297 enquiries since April 2013 to end of October 2013.

8.2 140 enquiries were received in October, which is a decrease from the previous month.

8.3 123 enquiries were informal concerns, 14 were requests for advice and information and 3 were compliments. 56 inpatient enquiries were received compared to 77 outpatient enquiries.

8.4 Breakdown of the 140 enquiries for October is as follows **(Appendix 7)**

8.5 Since April 2013 to end of October 2013, PALS have received 236 comment cards. 31 comment cards have been collected across the 3 hospital sites during October providing examples of comments received **(Appendix 8).**

8.6 Actions taken forward from PALS issues that have improved services for our patients during October are:

- Patient concerned about delay in diagnosis – Chief Superintendant Radiographer provided sooner dates for CT and MRI scan to assist with diagnosis process.
- Family meeting arranged with Urology Consultant and Matron to discuss a patient treatment, progress and discharge plans.
- Dermatology outpatient appointments cancelled – Business Manager for Medicine contacted patients that were cancelled to apologise, provide explanation and new date for appointment.

9. Litigation & Claims

9.1 During October 2013, 3 inquests were held, 2 at Hatfield Coroners Court and 1 at Buckinghamshire Coroners Court (patient died at Stoke Mandeville Hospital) there were no concerns regarding the inquests held at Hatfield.

9.2 At the inquest at Buckinghamshire Coroners Court there was no reference to any neglect and the Coroner confirmed he would not issue a Regulation 28 Report, however he expected a response from the Trust within 56 days (4 December 2013) to confirm the actions he had set out were implemented. This was completed by the division and implement within 2 weeks, the Coroner was informed.

9.3 This period the Trust received 11 Pre-Action Protocol Letters and 4 Letters of Claims.

9.4 This month the Trust settled 1 staff claim, 2 public liability claims and 2 medical negligent claims. The NHSLA closed 2 claims follow repudiation with no further contact from the claimant's solicitors.

10 Equality & Diversity

10.1 This month has seen the Trust celebrate; World Mental Health Day; attend the Black and Minority Ethnic Advisory Group 5th Annual Conference; Launch of the Report of the Transgender Health Needs Assessment in Hertfordshire and support the LGB&T Lesbian, Gay, Bisexual & Transgender Equality Commitment for Hertfordshire self assessment toolkit. **(Appendix 9).**

11. Risks

Not retaining compliance with:

- Regulations 17 & 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Care Quality Commission: Outcome 1: respecting and involving people who use our services.
- Not getting it right for our patients.
- CQUIN Targets.

12. Recommendation

The Board is asked to receive the information contained within the report and support the actions taken that demonstrate that we have listened to our patients, carers and families.

Jackie Ardley
Chief Nurse
5 February 2014

Appendix 1

Tabled below are the first 7 months of Friends and Family data (response rate and net promoter score) at WHHT. This is compared to the national average and the performance against three local Trusts.

Table 1

In-Patient	Score	Apr	May	June	July	Aug	Sept	Oct (tbc)
National	NPS Response %	70 21.5	70 24.0	70 27.0	71 27.8	72 28.9	72 29.4	
WHHT	NPS Response %	68 42.1	73 21.4	71 26.1	77 22.1	73 27.3	76 29.9	75 28.1
East and North	NPS Response%	72 29.4	71 35.9	76 42.6	79 33.7	82 27.8	74 28.1	
Luton and Dunstable	NPS Response%	59 57.4	56 53.3	58 49.8	65 56.0	64 59.1	62 49.1	
Hillingdon	NPS Response%	62 33.0	60 39.7	64 53.7	65 44.0	68 48.3	66 52.2	
A and E	**Score**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**
National	NPS Response %	49 5.6	55 7.5	54 10.3	54 10.4	56 11.3	52 13.2	
WHHT	NPS Response %	50 2	18 0.5	38 0.8	45 1.1	59 3.2	54 2.5	64 1.8
East and North	NPS Response%	73 10.3	70 14	72 14.1	66 8.3	60 11.6	47 12.8	
Luton and Dunstable	NPS Response%	60 10.0	52 10.4	55 9.3	49 8.4	44 10.7	59 13.1	
Hillingdon	NPS Response%	44 14.8	41 12.8	55 10.6	53 16.1	51 32.2	51 23.3	
Combined	**Score**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**
National	NPS Response%	63 10.9	65 13.2	64 15.9	64 16.1	65 17.1	63 18.6	
WHHT	NPS Response%	67 14.7	70 7.7	68 7.2	75 10.2	71 13.4	74 14.7	71 13.8

Examples of comments received from F and F surveys in October:

Table 2

Positive	Negative
Very good medical attention and atmosphere. Supportive, caring, friendly, humorous & professional staff from all areas (nursing, cleaning, catering, helpers) I especially noticed sensitive behaviour towards patients with physical and/or mental limitations.	I feel that the ward urgently needs to review its policy on ALL DAY surgery lists. I was asked to arrive at 7.30 am knowing I was last on the list and left waiting 8 hours in the waiting room! Totally unacceptable. I should have been told to come in at 12 pm.
The ladies looking after me were friendly and willing to help. Each and every one is a diamond. Thank you ladies.	Waiting for an operation is a very agonising experience. I had to wait for 6am till 11pm at night without water or food. There has to be a better way to deal with this kind of situation.
I found there was never a time on the ward that I was forgotten. Nurses cared, not only medically, but emotionally. I felt cared for.	It took 7 hours to discharge my mother after being phoned to say she could go.
Consistently caring staff, despite a hectic and challenging environment.	No reflection on staff as they were wonderful, but lacked understanding of peace and quiet at night times.

FRIENDS AND FAMILY SCORES BY WARD/DEPT

The number of paper/postcard surveys submitted to Unify in October 2013 was 812

NB October's data not yet published – due November 28th

Table 3

Site	Ward	Ext Likely	Likely	Neither Likely or Unlikely	Unlikely	Ext Unlikely	Don't Know	Total No eligible to respond	Total Response For each ward	Response rate for each ward %
WGH	A & E	41	13	2	1	1	0	3175	58	1.8
WGH	Acute Stroke	3	1	o	o	o	1	71	5	7.0
WGH	Aldenham	19	6	1	1	0	0	60	27	45.0
WGH	Cassio	26	3	0	0	2	0	79	31	39.2
WGH	Cleves	24	3	0	0	0	1	55	28	50.9
WGH	CCU	49	8	0	0	0	0	88	57	64.8
SACH	DLM/BEC	92	16	0	0	1	0	523	109	20.8
WGH	Crox/Sar	14	7	0	0	1	2	97	24	24.7
WGH	Elizabeth	122	30	9	0	1	0	250	162	64.8
WGH	Flaunden	87	19	2	0	2	0	165	110	66.7
WGH	Gade	17	1	0	0	0	0	49	18	36.7
WGH	Heronsgate	5	3	0	0	1	0	60	9	15.0
WGH	Langley	44	3	0	0	0	0	78	47	60.3
WGH	Letchmore	7	8	0	0	1	1	114	17	14.9
WGH	AAU L1	17	10	1	0	0	0	611	28	4.6
WGH	AAU L3	20	0	1	0	0	0	202	21	10.4
HH	Simpson	10	1	1	0	0	0	16	12	75
WGH	Ridge	36	11	1	0	0	1	167	49	29.3
All Sites	TOTALS	633	143	18	2	10	6	5860	812	13.8

Appendix 2

G

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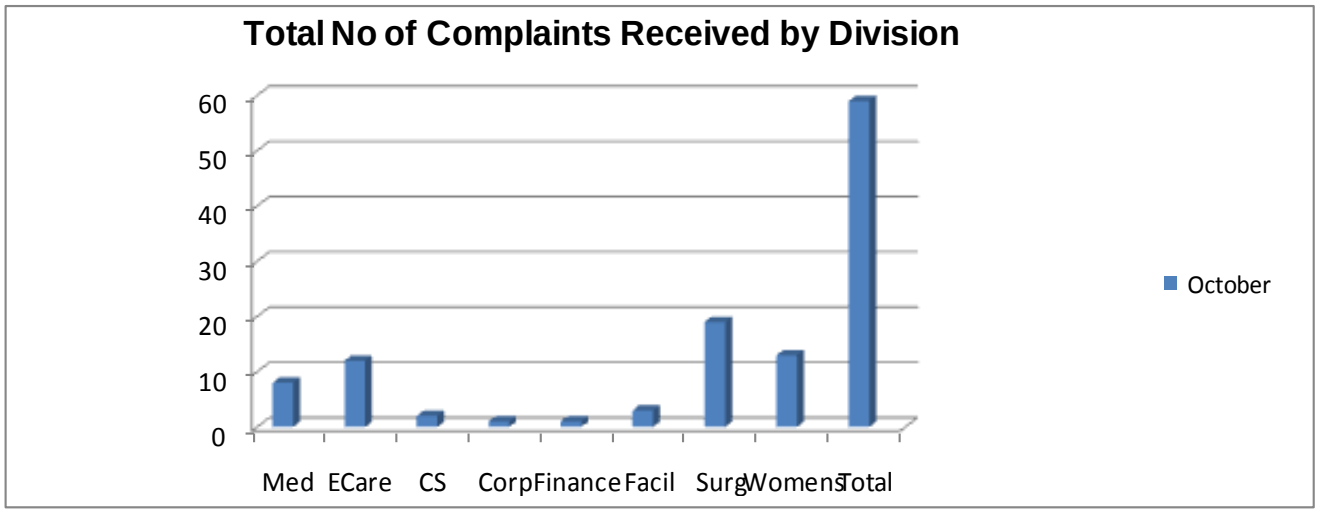
Appendix 3

Patient Services

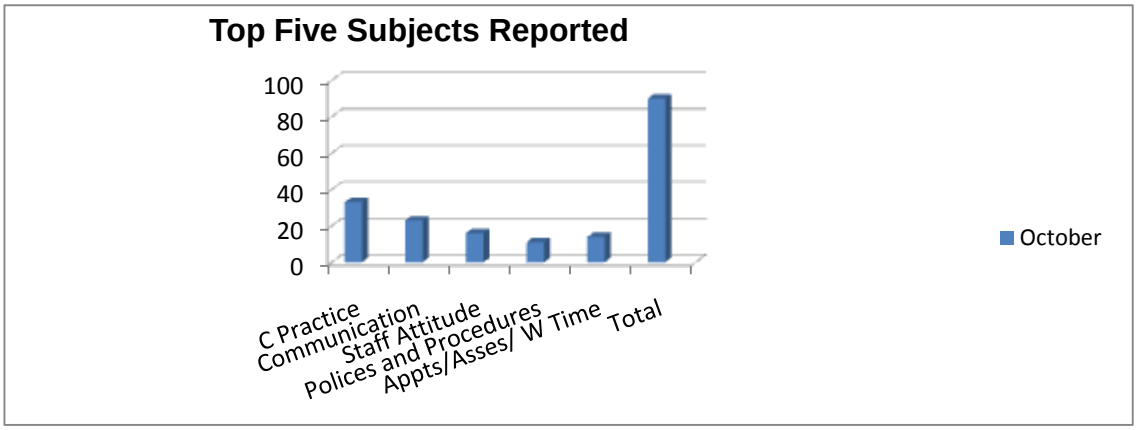
- Head of PPI attended the Organ Donation Committee meeting where the annual Organ Donation budget was discussed, including figures for the number of organs donated to date this year and the monies received in the Trust for these. From 1 April 2013 to date, there have been 5 donors and from these donors there has been one double lung transplant, 3 people received a liver transplant (one of which was considered very urgent), 6 people received a kidney transplant, 2 people received a kidney and pancreas transplant, 2 people received corneas and 2 children received heart valves.
- The Clinical Lead for Organ Donation attended the National Organ Donation Congress where new policies and guidelines were discussed. The focus of the new strategy is on increasing consent rates, aiming for a consent rate of up to 80%, and also maximising the number or organs donated from each person.
- The Patient & Public Involvement Manager attended the inaugural Patient Experience Group where the Terms of Reference for the Group were agreed. A timetabled work plan up to October of next year for the Group is to be produced which will incorporate all the surveys which are expected during this time. A stakeholder map will also be generated to show how patient representatives are currently being utilised within the Trust.
- During October the Patients' Panel invited David Morgan, General Manager from Medirest who outlined the Cleaning Standard PAS5748 that the Trust is considering. Panel members reported back on their activities within the Trust since the last meeting which included the 15 Steps Visits that they were asked to be a part of.
- The Complaints Advisors attended a Conference in London: " How to Turn Public Sector Complaints into Service Improvements", where UK public sector complaints and customer service practitioners offered solutions to difficult questions often faced by those working within Complaints. Discussions were held around how social media is changing complaints and how to give customers a realistic, but not negative, defensive or dismissive, idea of what is and is not reasonable and possible.
- A fetal/baby loss Task & Finish Group was held during October to establish and to agree formal pathways to look at the current and existing processes and practices to ensure that they take in all options to support the parents and current practices in relation to post mortems, consent and funeral arrangements as part of working towards a policy framework.
- An 'Onion' task and finish group was set up by the Head of PPI to look at all processes surrounding patient's property and lost property. Pathways and new patient property books and procedures are currently being drawn up to show how patient's property should be recorded and made secure during their stay and to ensure they are returned upon discharge. Lost property procedures are also being addressed. A more joined up process will be put in place to ensure that the wards, PALS, Complaints, Litigation and Claims and Patient Affairs are working together in order to better safeguard patient's property and make sure that claims against the Trust are kept to a minimum.

Appendices 4 & 5

Graph 1 – Total No of Complaints Received October 2013



Graph 2– Top 5 Subjects October



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Appendix 6

PERFORMANCE COMPLIANCE BY DIVISION V2 – September

Division	Total No of Complaints Received	Responded to within agreed response time, to date (17/10)	Total No Responded to, to date (17/10)	Compliance
Medicine (DF)	3	3	3	100%
Emergency Care (MR)	12	12	12	100%
Clinical Support	2	2	2	100%
Corporate	1	1	1	100%
Facilities/Estates	3	3	3	100%
Surgery & Anaesthesia	20	17	19	85%
Women's & Children's	8	6	7	74%
Total	**49**	**44**	**46**	**90%**

Appendix 7

PALS:
Breakdown of the 140 enquiries for October are as follows:

Enquiry by Division

Division	Acute Medicine	Surgery & Anaesthesia	Women's & Children's	Clinical Support	Facilities & Estates
Number of Enquiries	53	55	9	7	6

Route of Enquiry

Route of Enquiry	Walk In Service	Telephone	email
Number of Enquiries	27	99	13

Site Breakdown

Hospital Site	Watford General	St Albans City	Hemel Hempstead
Number of Enquiries	108	19	13

Themes

Theme	Communication	Appointments, assessment & waiting times	Admissions	How to access medical records
Number of Enquiries	57	62	47	9

Appendix 8

Lovely staff, didn't have to wait long

Respiratory physician saw a vulnerable lady who had a likely diagnosis of lung cancer. He was compassionate, clear and kind

Nurses standing around talking

Staff member went beyond with help and phone calls for me and is extremely professional

Staff not around. No explanation, left waiting for 6 hours with no contact

Lovely clean toilets. Very impressed, extremely pleasant and helpful receptionist

Very poor communication from all staff

I felt uncomfortable from the beginning not told there was a student and felt like I was being yelled at/talked down to

Appendix 9

Equality & Diversity updates for October 2013;

- **October 10th 2013 saw WHHT celebrating World Mental Health Day**

This year's World Mental Health Day hopes to raise awareness of issues surrounding depression, which the World Health Organisation estimates will become the single greatest burden of disease in the world by 2030. With 1 in 4 people experiencing some kind of mental health problem in the course of a year, WHHT offered tips on how to better manage mental health. Stalls were set up in the Spice of Life Restaurant at Watford General Hospital between 9.00am and 2.00pm.
Barbara Leon-Hunt, Staff Support manager, Neil Carter, Equality Lead and Wendy Brophy, Lead Nurse for Dementia were extremely pleased with the turnout throughout the day with many members of staff and the public showing a keen interest in mental health issues.

- **Chief Nursing Officer's Black and Minority Ethnic Advisory Group 5th Annual Conference - Friday 11 October 2013**

This year's conference was held at the East Midlands Conference Centre, Nottingham and was attended by Daisy Peets, WHHT's BME Connect Chair and Neil Carter, Equality Lead. The conference is for nurses, midwives, health visitors and oth health professionals interested in the health of the Black and Minority Ethnic (BME) population. The event was over-subscribed with speakers and workshops focusing their attention on promoting BME Health using Technology, Emotional Intelligence, developing a culture of safeguarding and Oral Practice and Research methodologies.

For more information please contact Daisy Peets at daisy.peets@whht.nhs.uk or 01923 217363

- **Launch of the Report of the Transgender Health Needs Assessment in Hertfordshire**

WHHT took part in the launch of Hertfordshire's Transgender Health Needs Assessment which will be held in the Stanborough Centre, St Albans Road, Watford on Tuesday 15th October 2013.
The work was carried out by Viewpoint, funded by Healthwatch Hertfordshire and the local NHS, and supported by Public Health England. There are currently no known transgender specific health services in Hertfordshire apart from a speech and language therapy service at Lister Hospital, Stevenage.
What made the report so special was that it was led by a Trans Man which gave members of the Transgender Community in Hertfordshire the

opportunity to express their views about the services they have received during their transition journey and articulate the improvements they think need to be made.

- **LGB&T Lesbian, Gay, Bisexual & Transgender Equality Commitment for Hertfordshire self assessment toolkit**

Our Trust is part of the Herts LGBT network and we have helped to agree a performance framework which can be used by local Herts employers. The Head of Patient & Public Involvement is keen to commit WHHT to signing up to this project and is currently discussing how best to adopt the toolkit with HR colleagues.

The toolkit will help to improve the way WHHT supports LGB&T staff members and understand the needs of LGB&T patients, families and carers.

The Commitment covers six themes, (knowing your staff and customers, staff skills & awareness, workforce equality, developing an LGB&T affirming identity and dealing with complaints and feedback) and offers templates, guidance and model policies to support you in implementing them.

Jackie Ardley
Interim Chief Nurse
5th February 2014