West Hertfordshire Hospitals NHS
NHS Trust

TRUST BOARD MEETING – 13 March 2014

Title of the Paper:	People Who Use Our Services
Agenda item:	139/15 a
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 'People Who Use Our Services' 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 continuing work to improve the way the Trust captures and learns from the experiences of our patients, carers and local communities who use our services**.**

Agenda Item: 139/15a

Trust Board Meeting – 13 March 2014

People Who Use our Services

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 during December 2013.

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 Trust's 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 will 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. The headline issues chart shown below gives a quarterly comparison in respect of complaints and PALS.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Movement
	April – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014	
Complaints	157	146	137		⇩
PALS Concerns	586	571	463		⇩

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

Additional information with respect of Friends and Family in inpatient and Accident and Emergency areas.

	Response rate									
	Apr-13	**May-13**	**Jun-13**	**Jul-13**	**Aug-13**	**Sep-13**	**Oct-13**	**Nov-13**	**Dec-13**	**Jan-14**
Inpatient	42.1%	21.4%	26.1%	22.1%	27.3%	29.9%	28.1%	27.5%	25.0%	
A&E	2.0%	0.5%	0.8%	1.1%	3.2%	2.5%	1.8%	4.7%	3.0%	
Combined	14.7%	7.7%	7.2%	10.2%	13.4%	14.7%	13.9%	15.4%	tbc	

	Friends & Family score									
	Apr-13	**May-13**	**Jun-13**	**Jul-13**	**Aug-13**	**Sep-13**	**Oct-13**	**Nov-13**	**Dec-13**	**Jan-14**
Inpatient	68	73	71	77	73	76	76	80	79	
A&E	50	18	38	45	59	54	64	72	48	
Combined	67	70	68	75	71	74	75	78	tbc	

3.2 The total number of paper/postcard surveys received in December from inpatients and A&E was1096. Of these responses, 686 were eligible for submission to Unify. 596 were from inpatient areas and 90 were from A&E. **Appendix 1** contains comparative data, comments and a breakdown at ward level of inpatient and A&E data submitted for December.

3.3 The results for December (to be published 30 January 2014) indicate that 639 (93%) of patients treated at WHHT were extremely likely or likely to recommend our services compared with 13 (1.8%) of patients who were unlikely or extremely unlikely to recommend our services.

3.4 The inpatient Net Promoter Score has been above the national score for 9 months and in December was 79 which is well above the national average (71) and the highest score amongst local NHS Trusts. Our inpatient response rate for December was 25% which is the ninth month that it has been > 20.

3.5 The NPS for A&E dropped to 48 in December and along with a response rate of 3% both scores were below the national average. Collecting friends and family data in A&E remains challenging and following a review of different methods of collection, it has been decided to launch a new approach by using token booths. This has proved a successful approach in other Trusts and is an easier way for patients to let us know what they think of the care and treatment they received. It is anticipated that this system should be in use by March 2014.

3.6 Our combined score (A&E and inpatient) was 75 for December which compares favourably to the national score of 64 but our response rate of 12.8 is 7% below our CQUIN requirement.

3.7 December was the first month that maternity results have been published with the data from each “touch point” available from October, November and December. This will enable our maternity unit to be benchmarked against other maternity providers.

3.8 Our responses from birth and postnatal ward are similar to the national averages but collection of data from antenatal and postnatal touch points (1 and 4) are

problematic. This is a common theme with other Trusts and we have changed out approach to data collection by linking with the community clinics where much of the ante and postnatal care takes place. The total number of forms received from 4 touch points in December was 159.

3.9 Approximately 700 of the returned Friends and Family surveys at WHHT contained additional comments. These comments as well as response rates and the NPS are shared directly with the relevant ward sister/charge nurse.

3.10 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 December 79 patients completed the Friends and Family survey online or using handheld electronic device.

4. 15 Steps Update

During October and November a series of 15 Steps walk rounds have taken place across 3 hospital sites. Each team has consisted where possible of an executive/non executive, a patient's representative and a senior nurse.

4.1 To date 28 wards/departments have been visited and a brief report written for each area highlighting positives and recommendations.

4.2 An additional 15 Steps at night challenge took place on 11 December and 28 wards and departmental areas were visited.

4.3 A service improvement team has been set up to develop an action plan that will detail quick wins and longer term improvement strategies.

4.4 The 15 Steps Challenge is being repeated in February 2014.

5. Patient Advice and Liaison Service (PALS)

5.1 PALS have had a decrease in enquiries, this is a reflection on the Senior Management, Wards and Clinical Areas taking ownership and responsibility for enquiries directly and the Trust being proactive and dealing with enquiries at a local level. The other contributory factor to the reduction of PALS enquiries was a vacant PALS Officer post.

5.2 PALS enquiries

5.3 Nearly all the Divisions experienced a reduction of PALS enquiries with the exception of Clinical Support and Estates. The latter two Divisions received the same amount of enquiries as the previous Quarter.

5.4 Communication, verbal and written is a key theme throughout the Divisions. Within Acute Medicine Division, concerns were raised around the admission process. Such enquiries were resolved by PALS liaising with the respective ward and ensuring that a senior professional spoke to their patient and their family member to alleviate concerns and explain a way forward. As an outcome wards have improved in taking direct responsibility in communicating the admission process, explaining any delays and ensuring patient's questions are answered by the most appropriate person.

5.5 PALS were also able to arrange meetings for patient's families to better understand patient treatment plan and care received during their time in hospital. The outcome was that the patient's family went away happy with a better understanding of what happened to patient during their time in hospital. The learning for the Consultant was to go back to the team and ensure families are kept informed and updated regularly whilst the patient is in Hospital.

5.6 Furthermore, within Acute Medicine Division concerns were raised in relation to appointments, assessments and waiting times. Specific trends were identified within Cardiology where patients were chasing up outpatient appointments and diagnostic tests. PALS were able to liaise with the Service lead, additional clinics were provided to ensure patients were seen and thus reducing the waiting time.

5.7 Within Surgery and Anaesthesia, a similar number of enquiries to the previous Quarter were raised in relation to cancelled and delayed admissions for elective surgery and appointments and waiting times. Cancelled and delayed admission enquiries were escalated to the Admissions Manager and Assistant Divisional Manager for the speciality. As an outcome patients were given a new date for surgery. The Trust are proactively looking at capacity and with the new Ambulatory Care Unit at Watford General Hospital this will speed up the time it takes for patients to get treated in an emergency and help to reduce the number of people who are admitted to hospital.

5.8 **PALS enquiries – Divisional Graphs (Appendix 2)**

5.9 **Action taking as a result of comment cards and PALS enquiries**

5.10 Ongoing actions taken as learning outcomes from comment cards and PALS include:

- Lack of baby changing facilities in the Ophthalomology Department. PALS liaised with Estates team to ensure baby changing facilities were provided.
- Lack of awareness regarding concessionary car parking on the hospital. PALS were able to produce and display posters on each level of the hospital site to increase awareness about concessionary car parking.
- Meeting arranged for patient's family with medical consultant to discuss treatment plan and care received. Consultant to go back to team and emphasise the importance of communicating and update patient's families regularly during patient's stay in hospital.
- PALS are working with the Health Liaison Team and putting together learning disabilities display board and designing an easy read PALS leaflet. The learning disabilities display board will be displayed across the hospital site and the easy read PALS Leaflet will be given to patient's with learning disabilities on their discharge from hospital. The outcome to be achieved from this initiative is to increase awareness in relation to learning disabilites, help and support available and promote the Purple Folder.
- Patient not happy with the way blood was taken. As an outcome blood clinic manager contacted patient, apologised and provided explanation. Information leaflet to be provided to patients advising what to expect once they have had blood test.
- Patients not happy that medical records were not available for there Oral Maxillio Facial Department. PALS liaised with medical records department to ensure medical records were located and patients seen on day. As an outcome departmental processes have been reviewed to ensure this does not reoccur.

The medical records department have also recruited to provide additional adminstrative support.

- Patients not happy that the League of Friends teabar had closed. The Trust in cooperation with the League of Friends reopened under new management.
- Patient not happy with incorrect contact telephone number on appointment card. PALS liaised with departmental manager, appointment cards corrected and old appointment cards discontinued.
- Poor lighting in the car park. PALS liaised with estates and lighting was fixed.
- Patient not happy that he had a cataract following lucentis injection. PALS liaised with the Assistant Divisional Manager. As an outcome information in relation to lucentis injection reviewed and ophthalomologist spoken to by consultant and reminded of the importance of clear and concise communication with patients.

6. Complaints

Nearly every Division has experienced a reduction in the number of formal complaints in Quarter 3, a trend that has continued from the previous two quarters. Surgery continues to receive the most number of complaints **(Appendix 3)**.

6.1 Please also see **Appendix 3** for additional graphs detailing the following:

Graph 1 – Total No of Complaints by Division October – December 2013
Graph 2 – Top 10 Complaint Categories October to December
Graph 3 – Top 10 Complaint Categories (with comparison)
Graph 4 –Top 5 Complaints by Speciality Quarter 3
Graph 5 – Top 5 Complaints by Speciality (with comparison

7. Actions taken as a result of complaints

7.1 The matron for the surgical division has been asked to look at how we can ensure in future that patients are fully informed prior to surgery that the consultant who operates on them may not be the one they have seen in clinic.

7.2 Issues have also been addressed with the relevant staff by the matron for surgery around communication, the lack of compassionate care and the attitude of some of the nursing staff. These issues will be discussed within the wider forum of the wards' joint Sister's meetings to ensure that the expected standards of compassionate care and communication are reinforced with all of our nursing staff.

7.3 Lessons have been learnt within the wider medical and nursing team in recognising that communication with parents in respect of safeguarding must be open, with full explanation given to parents and carers about the reasons for any safeguarding concerns as early as possible. Regular teaching sessions and safeguarding updates are already given by the Safeguarding Team to all staff in Children's Services. As a result of the concerns raised the service will be ensuring that communication with parents will be covered more rigorously as part of this training session.

7.4 Assistant Divisional Manager for Orthopaedic surgery requested a review of the process of booking theatre lists to ensure that delayed surgery does not happen. Divisional Manager to ensure that the admissions team explain the reason to patient's when there is a need to reschedule their surgery.

8. PARTNERSHIP WORKING – PATIENT & PUBLIC INVOLVEMENT:

During December the Patient Association work streams were set up following the full event in November. Invitations together with the final report from the workshop were sent to the original attendees of the event, those that were invited but could not attend, all Trust staff and Doctor Champions together with external organisations. The work streams will be as follows:

- **Volunteer Workforce:** 17th January 2014
- **Customer Care:** 23rd January 2014
- **Patient Communications**: 28th January 2014
- **Experience of Arriving:** 3rd February 2014

Please see **Appendix 4** which illustrates Patient & Public Involvement carried out during December 2013.

9. 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
- The NHS Equality Delivery System (EDS2)

10. 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
13 March 2014

Appendix 1
Tabled below are the first 9 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	Nov	Dec
National	NPS	70	70	70	71	72	72	72	73	71
	Response %	21.5	24.0	27.0	27.8	28.9	29.4	30.4	31	28.5
WHHT	NPS	68	73	71	77	73	76	76	80	79
	Response %	42.1	21.4	26.1	22.1	27.3	29.9	28.0	27.5	25
East and North	NPS	72	71	76	79	82	74	77	76	77
	Response%	29.4	35.9	42.6	33.7	27.8	28.1	25.8	24.9	20.9
Luton and Dunstable	NPS	59	56	58	65	64	62	69	67	68
	Response%	57.4	53.3	49.8	56.0	59.1	49.1	46.4	44.8	43.0
Hillingdon	NPS	62	60	64	65	68	66	64	69	66
	Response%	33.0	39.7	53.7	44.0	48.3	52.2	52.2	45.7	41.4
A and E	**Score**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	
National	NPS	49	55	54	54	56	52	55	56	56
	Response %	5.6	7.5	10.3	10.4	11.3	13.2	13.8	15.2	15.3
WHHT	NPS	50	18	38	45	59	54	64	72	48
	Response %	2	0.5	0.8	1.1	3.2	2.5	1.8	4.7	3.0
East and North	NPS	73	70	72	66	60	47	67	71	69
	Response%	10.3	14	14.1	8.3	11.6	12.8	8.6	11.3	6.4
Luton and Dunstable	NPS	60	52	55	49	44	59	71	63	63
	Response%	10.0	10.4	9.3	8.4	10.7	13.1	9.7	60	9.0
Hillingdon	NPS	44	41	55	53	51	51	58	53	58
	Response%	14.8	12.8	10.6	16.1	32.2	23.3	22.5	19.8	26.6
Combined	**Score**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	
National	NPS	63	65	64	64	65	63	64	65	64
	Response%	10.9	13.2	15.9	16.1	17.1	18.6	19.6	20.9	19.7
WHHT	NPS	67	70	68	75	71	74	75	78	75
	Response%	14.7	7.7	7.2	10.2	13.4	14.7	13.9	15.4	12.8

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

Table 2

Positive	Negative
I have to say the level of care and respect from all staff was great. Hardworking, decent people on all levels. I was pleased and grateful. Sometimes difficult conditions made their effort even more impressive. I have no criticism whatsoever, I personally was treated royally and I would love these comments to be passed on to the relevant staff on all shifts. They all need to be commended, people always quick to criticize, but we should give credit where it is due to hardworking dedicated people.	Patients after surgery need kindness and compassion as well as skill. If a surgeon can smile and say "good morning" when he enters a bay, as one did, why can't junior doctors and admin staff smile just the once? Also clock needed in day room - it matters.

The care and attention I have received has been first class from all the staff. I feel I have made enormous progress. Thank you so much.	Volume of sound during the night shift.
Brilliant consultant who received me with team, immediate action. Totally focused on my care to achieve a successful outcome. Provided by friendly and super nurses.	A day room or quiet area. As relatives it is hard to spend time in the ward when visiting and the patient is in therapy.

FRIENDS AND FAMILY SCORES BY WARD/DEPT DECEMBER

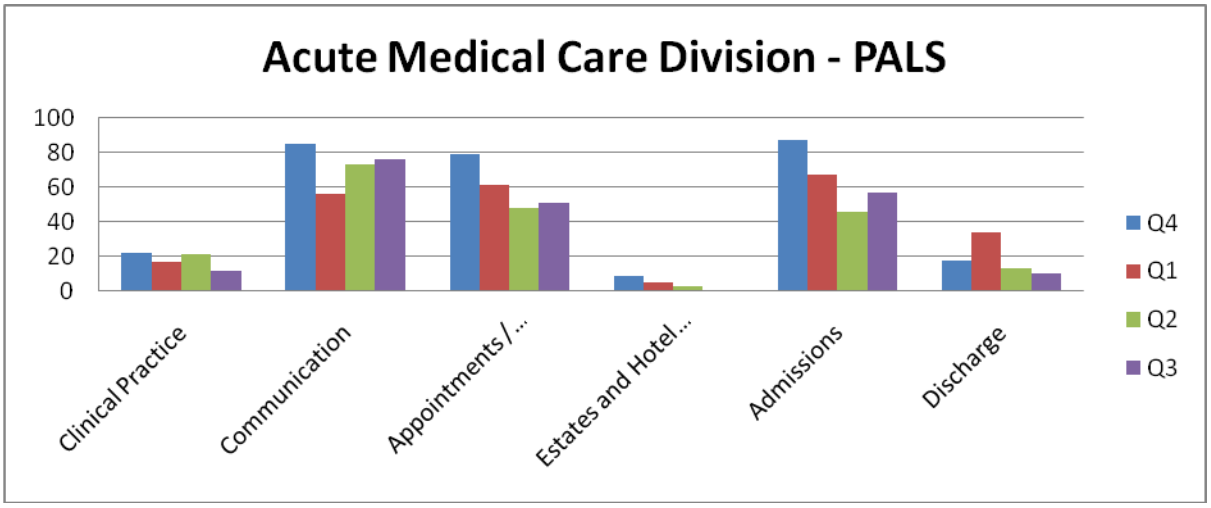
The No of paper/postcard surveys submitted to Unify in December 2013 was 686

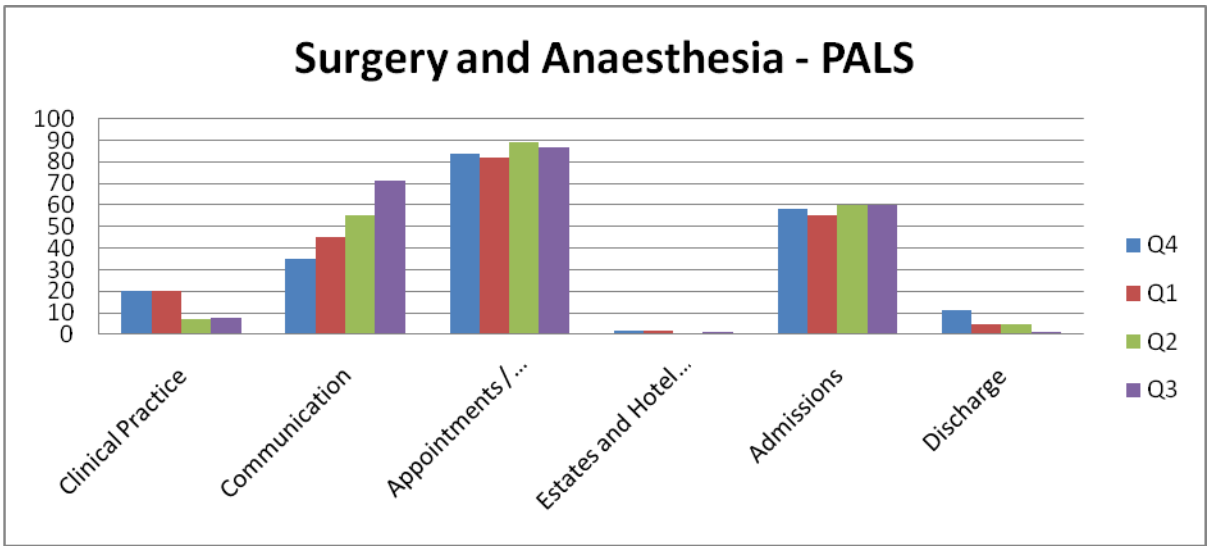
Published – January 30thth 2014

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	59	12	7	1	9	2	2961	90	3.0
WGH	Acute Stroke	10	4	0	0	0	1	92	15	16.3
WGH	Aldenham	15	3	0	0	1	0	56	19	33.9
WGH	Cassio	20	1	0	0	0	0	108	21	19.4
WGH	Cleves	9	5	0	0	0	0	38	14	36.8
WGH	CCU	47	8	0	0	0	1	83	56	67.5
SACH	DLM/BEC	89	9	0	0	0	0	222	98	44.1
WGH	Crox/Sar	8	10	1	0	0	6	106	25	23.6
WGH	Elizabeth	42	13	2	0	0	2	250	59	23.6
WGH	Flaunden	73	10	1	0	0	3	146	87	59.6
WGH	Gade	13	6	1	0	0	0	75	20	26.7
WGH	Heronsgate	25	4	1	0	0	0	68	30	44.1
WGH	Langley	22	5	0	0	1	1	84	29	34.5
WGH	Letchmore	14	9	1	0	0	1	91	25	27.5
WGH	AAU L1	26	1	0	1	0	2	606	30	5.0
WGH	AAU L3	20	4	1	0	0	0	187	25	13.4
HH	Simpson	7	0	0	0	0	0	30	7	23.3
WGH	Ridge	28	8	0	0	0	0	143	36	25.2
All Sites	TOTALS	527	112	15	2	11	19	5346	686	12.8

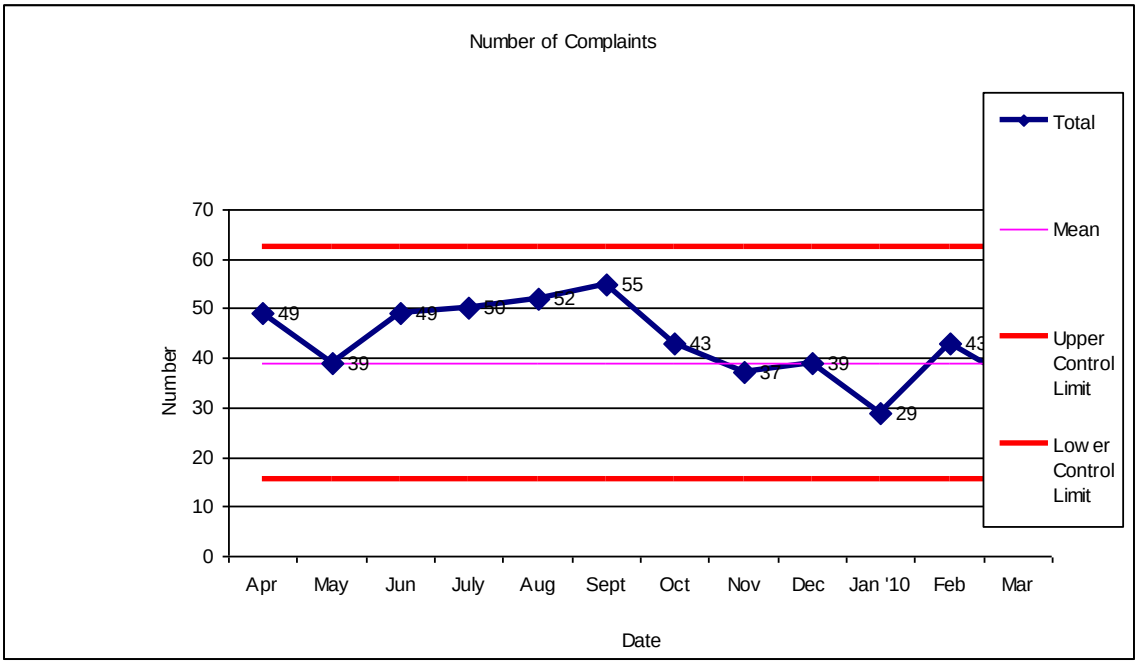
Appendix 2
PALS enquiries – Divisional Graphs



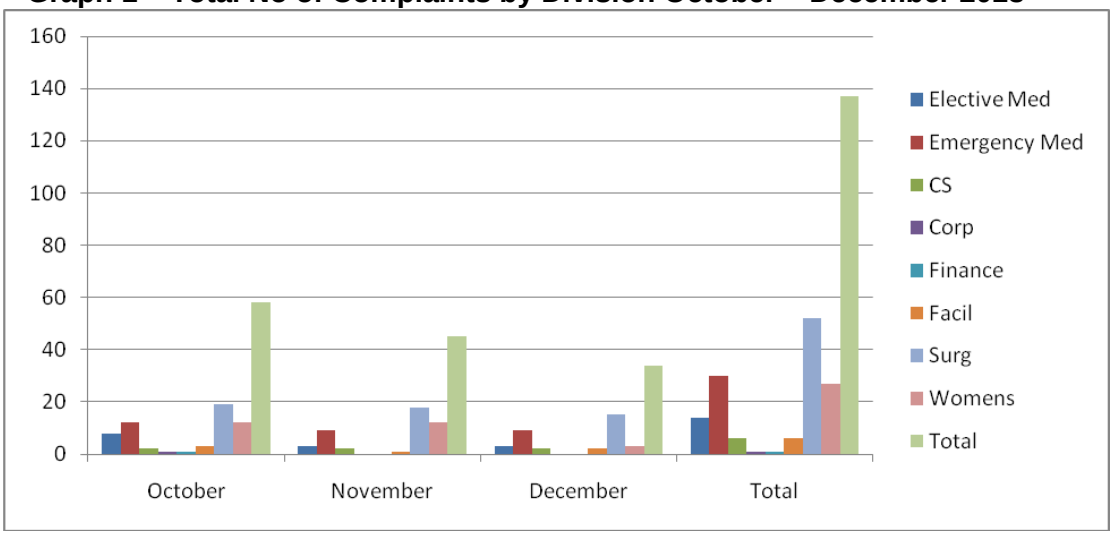


Appendix 3

Complaints in Quarter 3



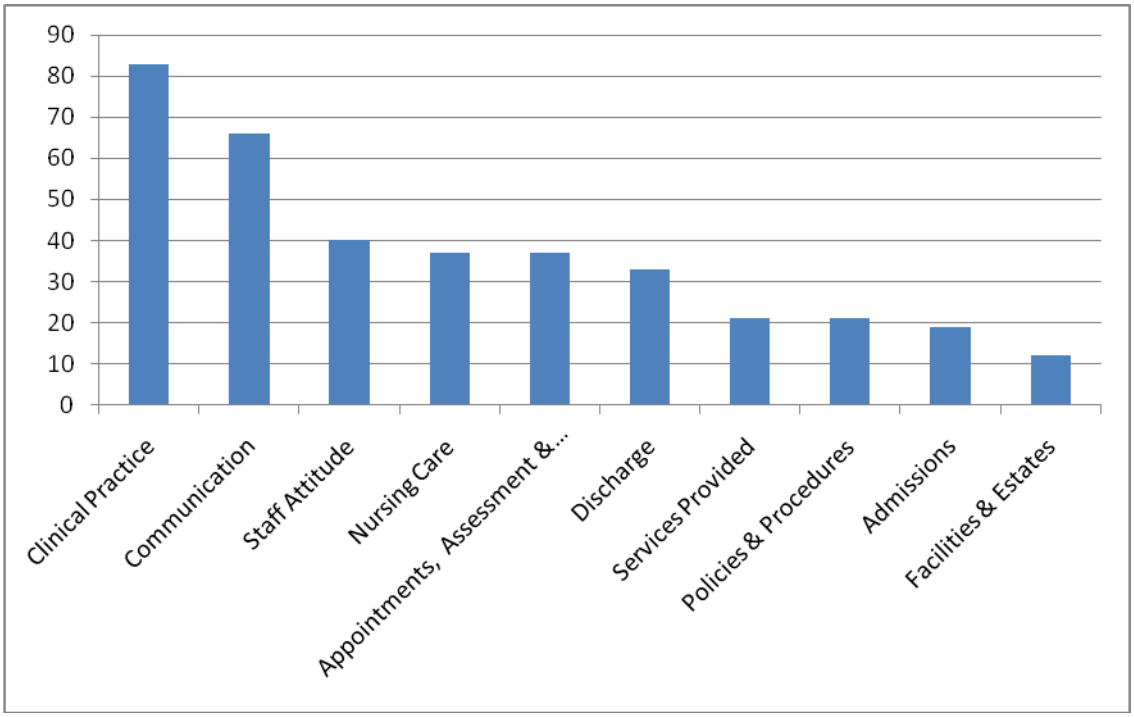
Graph 1 – Total No of Complaints by Division October – December 2013



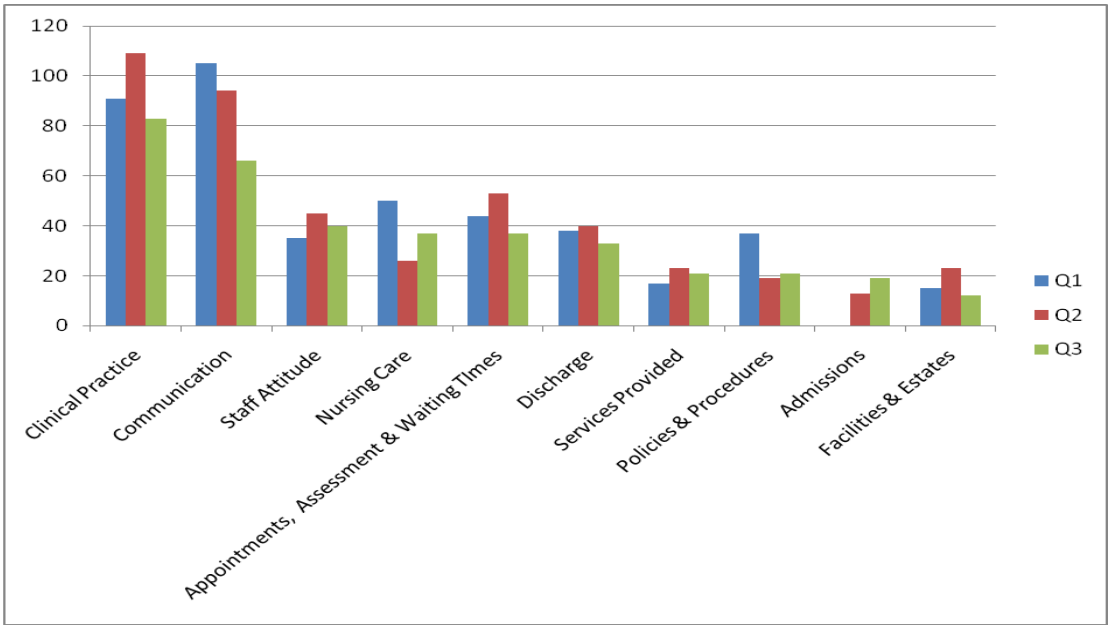
Year to date April to December we have received a total of 441 complaints, of which 34 were received in December.

Graph 2 – Top 10 Complaint Categories October to December

Complaints about the clinical care provided continue to remain the main concern raised by patients, along with issues about communication both in writing and verbally as well as the attitude of staff. The data represented in the chart details the number of times the issues have been raised as opposed to actual number of complaints.

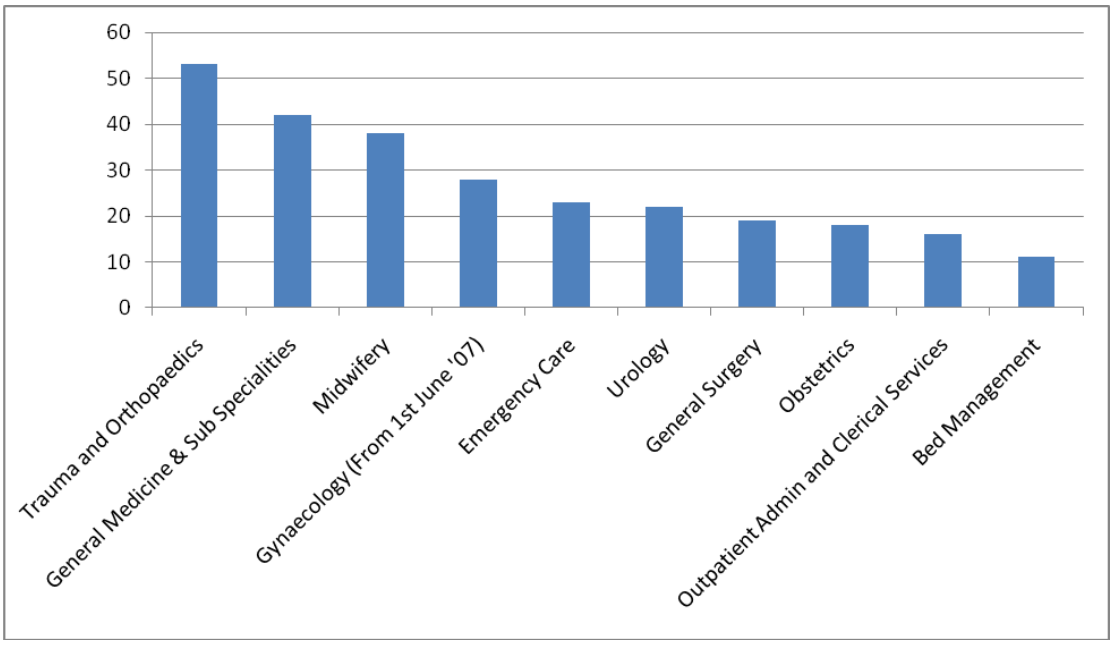


Graph 3 – Top 10 Complaint Categories (with comparison)

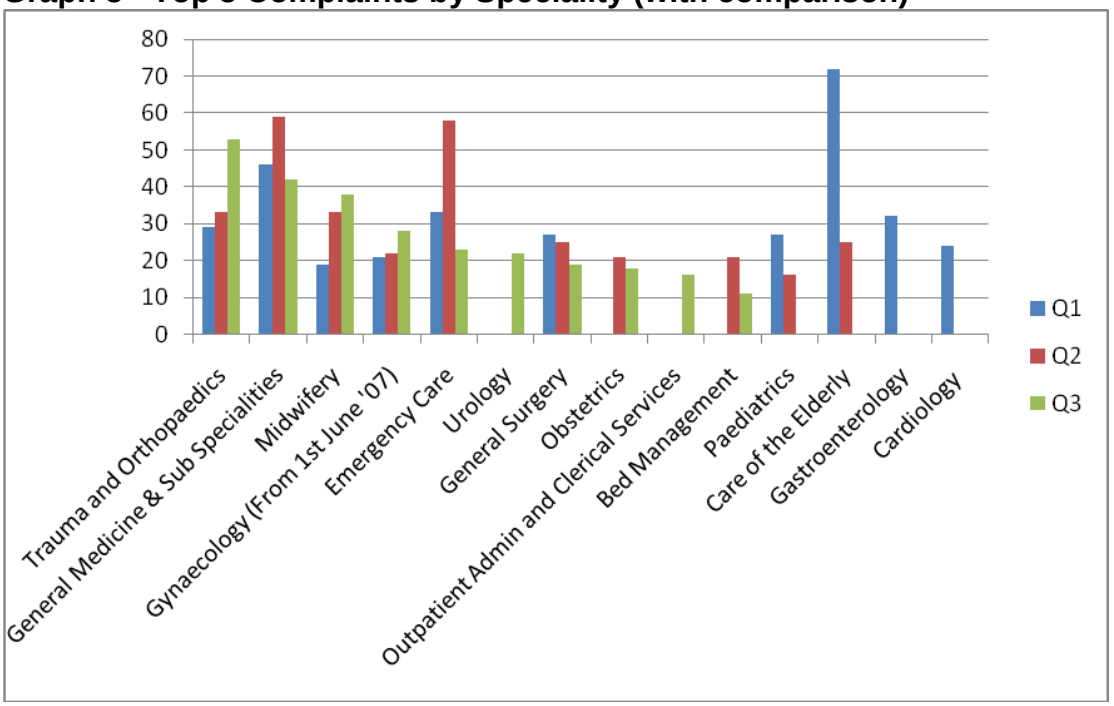


Graph 4 - Top 5 Complaints by Speciality Quarter 3

Not surprisingly Truama and Orthopaedics recevied the most number of individual issues raised during Quarter 3. Given the number of patients that are having their elective surgery cancelled it is not surprising.



Graph 5 - Top 5 Complaints by Speciality (with comparison)



Appendix 4

Migrant Women's Workers

The Trust had the opportunity to work with the Migrant Women Workers in respect of their healthcare issues. There was an 'Open Dialogue Workshop' of the 'Embedding Ambassadors in Community Health' (EACH) Project.

The EACH Project is a three year European Union-funded project taking place across the East of England to help NHS frontline staff provide effective and culturally-appropriate healthcare to recently-arrived migrant women. Its focus is particularly on improving access to healthcare; equipping NHS frontline staff with a better understanding of the healthcare needs of migrants, and ultimately on improving migrant health in the longer term.

Trust staff attended an EACH workshop facilitated by a trainer from Muskaan, The Dacorum Pakistani Women's Group. As well as NHS staff there was those from other related health interest groups to talk to and engage with local women who have come to live in Watford from outside the EU about their experiences of the healthcare service.

The migrant women were able to identify many barriers which they and their family and friends had faced in terms of access to, and the quality and outcomes of the healthcare services they had experienced. Participants also made suggestions for change. The workshop helped build positive relations between migrant women and their local NHS as well as providing an insight into how access to our services is made more difficult due to language, reliance on younger family members for transport and reluctance to complain or ask for assistance amongst this community group.

The Order of St John

This was a ceremony that was being repeated in other parts of the country to honour the families in our county who have donated their loved ones' organs. Families were presented with a special token (a silver badge) to commemorate their gift of life. Attendees included the families, the officer from the Order of St John, together with representation on behalf of the Lord Lieutenant of Hertfordshire, NHSBT (Blood & Transplant) representatives and the Trust's Head of Patient & Public Involvement. The Chair of the Trust's Organ Donation Committee spoke of her thanks for the event to be able to take place and of the huge commitment and sacrifice on behalf of all the families.

Working with Younger People and Schools

A meeting with David Brewer Head of Engagement at East & North Hertfordshire NHS Trust took place to look at ways of engaging more with young people that can lead to new ideas within our three hospital sites. Visits to schools will take place to extend engagement.

Disability Awareness

Trust staff attended the Watford Disability Awareness Fair in Central Watford. This was an opportunity for the PALS team to raise awareness of their role within the Trust and to sign post the public to learn more about our other services. Current meetings are taking place with the Chair to discuss disability awareness training in the Trust. The Chair is also supporting the Trust in joining the interview panel to recruit to our Equality & Diversity Manager vacancy post.

Patient Behaviour Competency Programme

This was a series of listening events led by the Leadership Academy finding 'words that work', shaping our new values and behavioural competencies. A special meeting for patients and patient representatives was held on the 17th December and as patient engagement is a fundamental value of the Trust we are committed to continuing this work.

Bereavement

The Chief Nurse, together with the Pathology Manager & Head of Patient & Public Involvement arranged a meeting to support the removal of deceased patients from the Trust's mortuary to accommodate religious needs took place. This was a meeting between the Iman of Watford, Local Counsellor and London Funeral Director. This meeting resolved issues and additional concerns highlighted to the Trust in relation to Trust procedures for releasing deceased patients from the mortuary, using a route through the site to support their needs, whilst upholding patient/public sensitivities. Also addressing support for releasing deceased patients when there is an 'Out of England' order present.

An invitation was extended to the representatives from the Moslem community to attend the Bereavement Steering Group at anytime.

Patients' Panel

The Panel meets on a monthly basis and during December the action log was completed from the November meeting showing issues raised around PLACE visits and the report that had been previously written. The Panel were asked their thoughts on the change of visiting times for the Trust's wards. Their response was that they thought it was a good idea but wanted to ensure that meal times were still protected and that the number of visitors to each bed would be limited to one person.

A meeting also took place between the Chief Nurse, Head of Patient & Public Involvement & the Patient & Public Involvement Manager to look at ways of using patient representatives more effectively.

The Service Manager for Care of the Elderly & Lead Health Planner came to present to the Panel of the dual frailty Unit and would contact them further to look at signage.

Equality & Diversity

The Herts Equality Leads is a bi-monthly meeting with an opportunity for all Hertfordshire Equality & Diversity leads to meet and work jointly towards this year's EDS2 review update and Public Sector Equality Duty (PSED). Healthwatch have been invited and would like to be a regular member of this group. Trust's Public Sector Equality Duty reports to be published by the end of March 2014.