

Trust Board November 2013

Title of the Paper:	People Who Use Our Services – Hearing their voices and improving their experience update.	
Agenda item:	TB Item 85/13	
Lead Executive	Jackie Ardley Interim Chief Nurse & Director of Infection, Prevention and Control	
Author:	Lesley Lopez, Head of Patient & Public Involvement Jane Roberts, Project Lead	
Trust Objective:	Achieving continuous improvement the quality of patient care that we provide and the delivery of service performance across all areas	
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:		
<ul style="list-style-type: none"> • Trust Leadership Executive Committees • 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):	
<ul style="list-style-type: none"> • 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. • Failure to Achieve CQUIN Target - Friends and Family Response Rate in A and E 	<ul style="list-style-type: none"> • A framework already exists within the Trust to manage the patient experience agenda • Arrangements in A & E to improve response rate 	
Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements		
<ul style="list-style-type: none"> • 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: The Board is asked to note the assurance on the work underway to improve how the Trust hears the voices of people using the services and how it is improving the experience of its patients, carers and local communities.		

Trust Board 28 November 2013

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 Commissioning for Quality and Innovation (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.
- 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)

- 3.1.1 The total number of paper/postcard surveys received in September was 1,219. Of these 848 were eligible for submission to Unify. **Appendix 1** contains comparative

data comments and a breakdown at ward level of the information submitted for September.

- 3.1.2 The results for September (published 30 October) indicate that 795 or 94% of patients treated at WHHT were extremely likely or likely to recommend our services against 18 or 2% of patients who were unlikely or extremely unlikely to recommend our services.
- 3.1.3 Although the Net Promoter Score in A & E has improved, the response rate remains low. The following measures will be introduced:
- Weekly reporting of response rate to Lead Nurse.
 - Raise profile of friends and family by corporate team presence in Dept.
 - Evaluate other methods of data collection eg text messaging, 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 & E.)
- 3.1.4 The comments and the results are shared directly with the relevant ward sister/charge nurses and any negative comments are action upon.
- 3.1.5 Friends and Family was launched in Maternity on October 1st. The Data is gathered at four touch points of maternity care. From January 2014, the results will be published on the NHS choices website
- 3.1.6 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
From November it will be possible to complete any of our Friends and Family surveys online.

3.2 Partnership Working, Patient & Public Involvement

- 3.2.1 Work with our partner organisations and communities have continued during September, demonstrating a commitment by the Trust to support the delivery of service improvement. **Table 6** lists these interfaces.

3.3 Age UK Hertfordshire Hospital Discharge Support Service

- 3.3.1 Dawn Martin, Head of Health and Wellbeing from Age UK Hertfordshire was invited to attend ‘Onion’ to update all staff on their Hospital Discharge Support Service. They are currently restructuring their long standing Hospital Discharge and Mental Health Hospital Discharge Schemes which will now be combined and known as the Hospital Discharge Support Service which will operate from 9am to 6pm Monday to Friday. (**Appendix 2**)

The service will support older people and their carers over the ages of 55 years on discharge from hospital or A&E to provide practical and emotional support to prevent readmission to hospital.

3.4 Patient Stories

- 3.4.1 The Board continues to invite patients to tell their personal stories of their experiences whilst an inpatient at the Trust. During September, a lady came to tell her very moving and personal story as a patient who had attended the Breast Unit

and subsequently had breast surgery. A divisional action plan was drawn up following the Trust Board and discussions and learning from this story will be taken forward at Divisional level. Details are in **Table 6**.

3.5 **Complaints**

3.5.1 A total of 303 complaints have been received year to date of which 49 were received in September (**Appendix 3 Graph 1** provides the divisional breakdown).

3.5.2 The top cause for complaint by patients remains clinical care provided, although it is noted that an equal number of concerns were raised about communication both in writing and verbally.

3.5.3 The top five subjects account for 71% of the total number of subjects recorded for the total number of complaints received. These are:

- Clinical Practice
- Communication
- Staff Attitude
- Facilities & Estates
- Appointment/Assess/Waiting times

3.5.4 Complaints report data is provided a month in arrears, therefore August's data has been included in this report. **Table 4**.

3.5.5 The following three changes that were made during September in response to complaints received were as follows:

- A patient was expecting to have a procedure carried out under sedation. The surgeons operating on her decided to proceed with the procedure under local anaesthetic. The patient was not informed of this. Following receipt of the complaint; this was shared with clinicians concerned so that they could reflect on the patient's experience and learn from this as to the importance of clear and effective communication.
- Patient did not consider that she had been given information on the side effects strong pain analgesia can cause in terms of constipation or information about how to minimise this. The pain team explained that this information was provided to all patients they were asked to see, however the detail of the conversation and the advice given was not being routinely documented in the notes. As a result of this complaint, the pain team have amended their practice and now routinely document the content of the conversation they have had with the patient and reiterate the importance of taking regular laxatives as prescribed along with providing necessary dietary advice.
- Patient had an epidural during labour. She was not seen prior to discharge by the anaesthetist, as she should have been, to check that there were no complications. As a result of this complaint, the issues raised are to be shared with both the obstetric and anaesthetic midwifery teams in order that they are reminded of the need for patient to be reviewed by the anaesthetist prior to their discharge.

3.6 **Patient Advice and Liaison Service (PALS)**

3.6.1 PALS have received 1,157 enquiries since April 2013 to end of September 2013.

- 3.6.2 192 enquiries were received in September, which is a slight decrease on the previous month. **Table 5.**
- 3.6.3 154 enquiries were informal concerns; 35 were requests for advice and information and 2 were compliments. 70 inpatient enquiries were received compared to 80 outpatient enquiries. Since April 2013 to end of September 2013, PALS have received 205 comment cards. 29 comment cards have been collected across the 3 hospital sites during September. **Appendix 4** provides some examples of comments received.
- 3.6.4 Actions taken forward from PALS issues that have improved services for our patients during September are:
- Trust website updated for Cardiology to include dept. contact telephone numbers.
 - Family meeting arranged with Stroke and Therapy team to discuss a patient treatment, progress and discharge plans.
 - Surgery cancellation – Admissions Manager contacted patient to provide explanation and new time for surgery.

3.6.5 **Litigation & Claims:**

During September 2013, 2 inquests were held at Hatfield Coroners Court, staff identified by the Coroner gave evidence. On both occasions there were no concerns regarding the treatment received at the Trust. No Regulation 28 Reports issued (old Rule 43).

During this period, the Trust received 5 Pre-Action Protocol Letters (where they may be potential claim against the Trust and they request copies of clinical records, together with 5 Letters of Claim.

Two claims were settled; 2 closed by NHSLA due to lack of movement by claimants' solicitors, and 1 claim was discontinued. No recommendations or risk reports were received.

3.7 **Social Media Update:**

3.7.1 **NHS Choices & Patient Opinion:**

The overall star rating given by NHS Choices is based on the question: 'How likely are you to recommend this service to friends and family if they needed similar care or treatment?'

The Trust received the following star markings for the 3 hospital sites: 3.5 stars for Watford, 4.5 stars for St Albans and 4.5 stars for Hemel Hempstead.

During the month of September; NHS Choices received 9 comments regarding the Trust, which included 4 comments with regard to Watford, 4 comments for Hemel Hempstead and 1 for St Albans. The majority of the negative comments received during September were related to poor communication. Some examples of the comments received (both positive and negative) are listed in **Appendix 5** with comments from patient opinion.

3.8 Equality & Diversity

3.8.1 Learning Disability Project

Improving services for learning disabled (LD) patients continues with the joint initiative between WHHT and HCC Health Liaison Team. A poster, badge and training programme were developed and piloted with Reception Staff at WGH in September 2013.

3.8.2 Reasonable Adjustments Policy

A draft policy and process is being written and consulted on until the end of September, in response to external stakeholder feedback that identified the lack of a co-ordinated approach to assessing the need for reasonable adjustments for patients in the Trust.

4 Risks

4.1 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.
- Non achievement of CQUIN Targets.

5 Recommendation

The Board is asked to note the assurance on the work underway to improve how the Trust hears the voices of people using the services and how it is improving the experience of its patients, carers and local communities.

Jackie Ardley

Interim Chief Nurse &
Director of Infection, Prevention and Control
October 2013

Appendix 1

Table 1.

Tabled below are the first 6 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.

In-Patient	Score	Apr	May	June	July	Aug	Sept (tbc)
National	NPS Response %	70 21.5	70 24.0	70 27.0	71 27.8	72 28.9	n/a
WHHT	NPS Response %	68 42.1	73 21.4	71 26.1	77 22.1	73 27.3	76 29.8
East and North	NPS Response%	72 29.4	71 35.9	76 42.6	79 33.7	82 27.8	n/a
Luton and Dunstable	NPS Response%	59 57.4	56 53.3	58 49.8	65 56.0	64 59.1	n/a
Hillingdon	NPS Response%	62 33.0	60 39.7	64 53.7	65 44.0	68 48.3	n/a
A and E	Score	April	May	June	July	Aug	Sept
National	NPS Response %	49 5.6	55 7.5	54 10.3	54 10.4	56 11.3	n/a
WHHT	NPS Response %	50 2	18 0.5	38 0.8	45 1.1	59 3.2	54 2.5
East and North	NPS Response%	73 10.3	70 14	72 14.1	66 8.3	60 11.6	n/a
Luton and Dunstable	NPS Response%	60 10.0	52 10.4	55 9.3	49 8.4	44 10.7	n/a
Hillingdon	NPS Response%	44 14.8	41 12.8	55 10.6	53 16.1	51 32.2	n/a
Combined	Score	April	May	June	July	Aug	Sept
National	NPS Response%	63 10.9	65 13.2	64 15.9	64 16.1	65 17.1	n/a
WHHT	NPS Response%	67 14.7	70 7.7	68 7.2	75 10.2	71 13.4	tbc 14.6

Table 2.

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

Positive	Negative
The day and night staff are VERY good. Attentive and supportive, informative and helpful. You almost feel as if you have gone private. Well done to everyone on Langley ward. 10/10	Very pleasant ward and staff were really good in the care and attention they gave me. But was so cold on the ward, even with extra blanket, weather turned very cold at night and no heating on.
The staff have been wonderful! Very attentive, thorough with the investigations. Everyone runs like clockwork and it has been so encouraging having such friendly, supportive staff working on this ward. Thank you Ridge team.	When my family came and needed to discuss things it was very difficult as we had to talk on the ward by the bed. A room would have been better so we could talk freely.

Staff are capable and friendly. Someone is always there to answer questions or assist you with anything. Nothing was too much trouble. Plenty of time taken to listen to what I had to say. AAU L3 Blue	The lady in the bed next to me is supposed to get out of bed, but despite asking, she has been stuck there all day. I even had to ask for her wet bedding to be changed as she had waited over 30 minutes. I also feel waking patients at 5.30 am for a wash is a little unfair and disruptive to the rest of the ward who require sleep
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FRIENDS AND FAMILY SCORES BY WARD/DEPT

Table 3.

The total number of paper/postcard surveys submitted to Unify in September 2013 was 848

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	54	15	0	2	9	1	3206	81	2.5
WGH	Acute Stroke	2	2	0	0	0	0	75	4	5.3
WGH	Aldenham	23	5	7	0	1	1	72	37	51.4
WGH	Cassio	23	4	0	0	0	0	72	27	37.5
WGH	Cleves	25	2	2	0	0	0	66	29	43.9
WGH	CCU	39	6	0	1	0	0	76	46	60.5
SAC H	DLM/BEC	56	3	0	0	0	0	455	59	13.0
WGH	Crox/Sar	10	11	0	0	0	8	112	29	25.9
WGH	Elizabeth	111	28	4	2	0	2	248	147	59.3
WGH	Flaunden	91	17	1	0	0	0	171	109	63.7
WGH	Gade	13	1	0	1	0	0	36	15	41.7
WGH	Heronsgate	12	5	0	0	0	0	51	17	33.3
WGH	Langley	56	9	1	0	1	1	91	68	74.7
WGH	Letchmore	24	11	4	0	0	0	114	39	34.2
WGH	AAU L1	27	5	0	0	1	0	575	33	5.7
WGH	AAU L3	9	6	0	0	0	0	170	15	8.8
HH	Simpson	4	0	0	0	0	0	15	4	26.7
WGH	Ridge	75	11	2	0	0	1	170	89	52.4
All Sites	TOTALS	654	141	21	6	12	14	5775	848	14.68

NB Data not yet published – due October 30th

Appendix 2

AGE UK HERTFORDSHIRE HOSPITAL DISCHARGE SUPPORT SERVICE

Age UK Hertfordshire are restructuring their long standing Hospital Discharge and Mental Health Hospital Discharge Schemes which will now be combined and known as the Hospital Discharge Support Service .which will operate from 9am to 6pm Monday to Friday .

The service will support older people and their carers over the ages of 55 years on discharge from hospital or A&E to provide practical and emotional support to prevent readmission to hospital.

The service will

- Visit the patient at home as soon as possible after discharge from wards at Watford General or St Albans City Hospitals or A&E departments to ensure the patients home is adequately heated, food and drink is available and identify any risks.
- Provide short term 1-3 weeks practical and emotional support. .
- Offer encouragement and enabling support to help build confidence and wellbeing. This can be extended to 4/6 weeks when additional support is identified
- Help maintain independence at home
- Provide information and advice about services available in the community.

Age UK Hertfordshire Hospital Discharge service aims are :-

- To reduce hospital readmission rates by monitoring potential risk factors to avoid accidents
- Promote independent living by providing information and signposting to other services e.g. community meals , transport, day services, benefits advice and much more
- Reducing social isolation, depression and loneliness by encouraging and assisting participation in social and /or health promoting activities
- Preventing illness by ensuring service users have sufficient , provisions and lighting

To refer patients contact our Hospital Discharge Coordinator who is situated with the Integrated Discharge Team Mondays to Fridays 9am to 6pm

WATFORD GENERAL

Phone 01923 436649

Internal EXT 8649

Fax 01923 217222

Email : HDS.Watford @ageukherts.org.uk

ST ALBANS CITY

Phone 01727 850811

FAX 01727 836808

HDS.StAlbans@ageukherts.org.uk

Appendix 3

August Performance Data:

Table 4

Division	Total No of complaints received	Ack 72 Hours	Responded to within agreed response time of 20 working days	Total No responded to	Compliance
Medicine (SG)	7	7	7	7	100%
Emergency Care (MR)	13	13	13	13	100%
Clinical Support	1	1	1	1	100%
Corporate	4	4	4	4	100%
Facilities/Estates	14	14	13	13	93% (Provisional)
Surgery & Anaesthesia	8	8	7	8	88%
Women's & Children's	47	47	45	46	96% (Provisional)
Total	7		7	7	100%

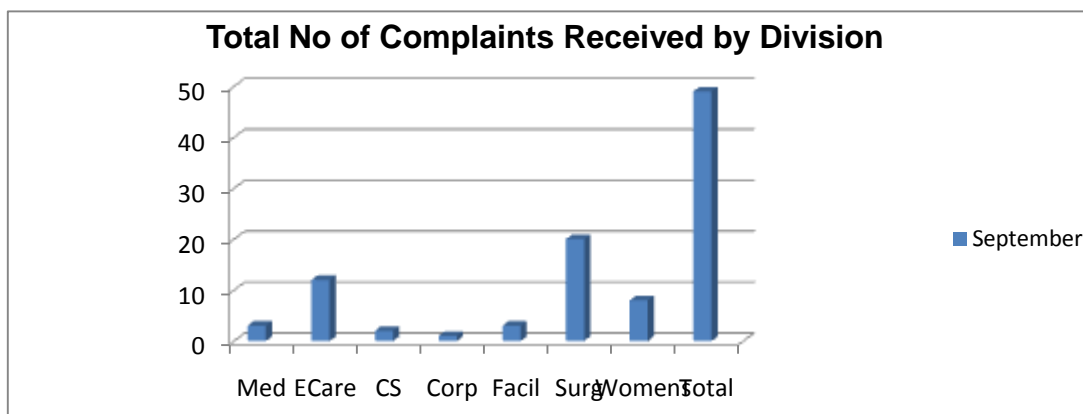
*Overall compliance will improve to 98% once the remaining Surgery complaint is responded to.

* **Surgery** has one complaint that remains outstanding. Following a local resolution meeting, summary to be agreed with complainant and closing letter provided. Once completed, compliance will be confirmed at 100%.

***Women's** draft sent to complaints advisor who was on leave with an out of office message advising of alternative contact. Response was not then forwarded to take forward, resulting in late provision of the response

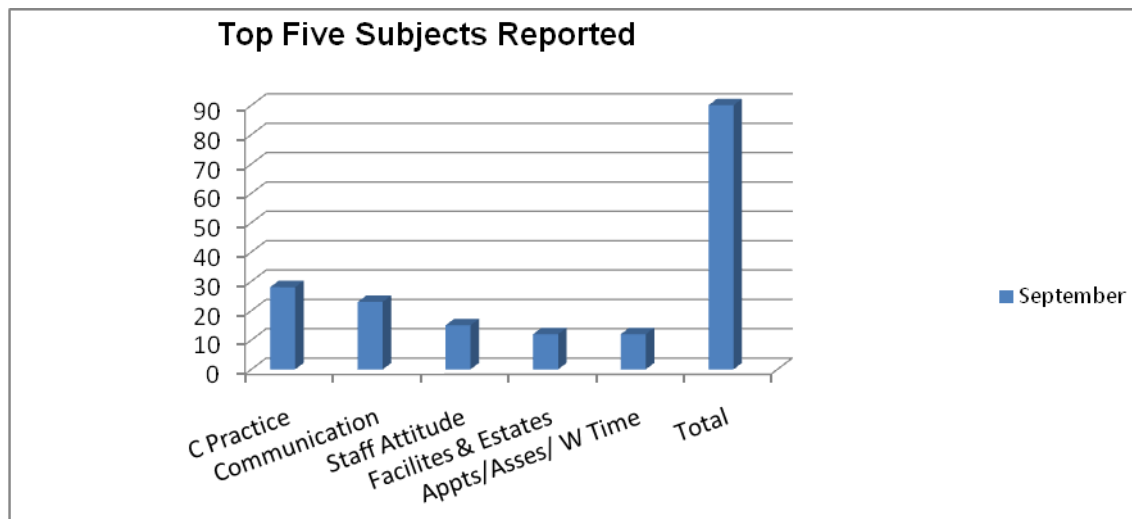
GRAPH 1 – TOTAL NO OF COMPLAINTS RECEIVED SEPTEMBER 2013

The following graph details by division the number of complaints received during September. The Trust received 2 more formal complaints in September than in August. Medicine received 4 less complaints than in August, whilst Emergency Care received the same number. Surgery received 5 more complaints than in August and Women's received 1 more.



GRAPH 2 – TOP 5 SUBJECTS SEPTEMBER

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 71% of the total number of subjects recorded for the total number of complaints received in September.



PALS Breakdown of the 192 enquiries for September are as follows:

Table 5.

Enquiry by Division

Division	Acute Medicine	Surgery & Anaesthesia	Women's & Children's	Clinical Support	Facilities & Estates
Number of Enquiries	73	73	18	8	9

Route of Enquiry

Route of Enquiry	Walk In Service	Telephone	email
Number of Enquiries	51	107	32

Site Breakdown

Hospital Site	Watford General	St Albans City	Hemel Hempstead
Number of Enquiries	156	21	13

Themes

Theme	Communication	Appointments, assessment & waiting times	Admissions	How to access medical records
Number of Enquiries	73	58	39	7

Partnership Working, Patient & Public Involvement

Table 6 lists examples.

<p>The Head of Patient & Public Involvement (HoPPI) attended a Sensory Disability Action Group meeting where raising awareness amongst GPs regarding 24 hour availability of British Sign Language interpreters was discussed and a joint action plan was agreed by Herts Valley CCG, Herts Society for the Blind, Herts Hearing Advisory Service, Guide Dogs for the Blind Association and Partner Organisations (including West Herts Hospitals NHS Trust).</p>
<p>As part of a project looking at how the Board functions and how it can become more effective, a Stakeholder Focus Group meeting was held to obtain feedback from the Trust's external stakeholders on how they feel about working with the Trust.</p>
<p>The Trust Chair attended a Patient Panel meeting in September, highlighting the work the Trust is currently doing around 'values' and how the Trust is working towards being clinically, financially and operationally sustainable</p>
<p>A fetal/baby loss Task Group was held during September 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.</p>
<p>The Head of Patient & Public Involvement (HoPPI) met with one of the Palliative Care Consultants to discuss end of life care in the Trust and hear about the newly established 'End of Life' Steering Group. The HoPPI currently chairs the Trust's long established Bereavement Steering Group that looks at pathways and operational issues in respect of all bereavement processes. Being a member of this newly established Group will allow the HoPPI to dovetail the work of the Bereavement Steering Group into the work around end of life.</p>
<p>The work currently being taken forward through the Bereavement Steering Group is to establish an appropriate dignified route for all deceased patients to the mortuary and following the "Putting Hospice Principles into Hospital Practice" to look at our Trust bereavement cards and door symbols in respect of end of life.</p>
<p>An 'Onion' task and finish group was set up 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.</p>
<p>The Board continues to invite patients to tell their personal stories on their experiences whilst an inpatient at the Trust. During September a lady came to tell her very moving and personal story as a patient who had attended the Breast Unit and subsequent breast surgery. This was a real opportunity for the Board to listen to the issues that she wanted to raise. This lady had experienced poor experience overall with the service she has received in the Breast Unit at St. Albans City Hospital, in particular the lack of communication on what to expect whilst a patient there, together with the members of staff attitude towards her. The patient also highlighted that her operation was finally carried out by a surgeon she had not previously met and was at no time advised this would be the case. This sudden change, after building a relationship with her Consultant, without keeping her informed, meant that there was no consistency for her in respect of her treatment. A divisional action plan was drawn up following the Trust Board and discussions and learning from this story would be taken forward at Divisional level.</p>

Appendix 4

NHS Choices & Patient Opinion:

Watford General Hospital:

- 'The care I received was outstanding! I was so impressed and cannot thank each and every person enough.'
- 'Phoned reception (15 minute wait) with an urgent enquiry after receiving message from care service. Immediately transferred to the wrong department by a non-listening disinterested receptionist.'

Hemel Hempstead Hospital:

- 'Brilliant service and staff aim to please.'
- 'I have got a letter saying they misplaced my blood sample and come for the test again ... I have got a call this time after 4 days saying they have again misplaced my blood samples and come for the test again.'

St Albans City Hospital:

- 'The lady who sorted me out showed professionalism and expertise mingled with care and kindness, quite excellent. Thank you so much!'

Patient Opinion

Patient Opinion received 3 comments regarding the Trust during September and all 3 of these comments were regarding Watford, with no comments received for either Hemel Hempstead or St Albans.

The comments ranged from not receiving any response from the community midwives regarding a lady's pregnancy book to how well relatives and friends were cared for and supported and how well a patient was kept comfortable in ITU.

The processes by which these opinions are collected and responded to, together with lessons learnt are to be reviewed ensuring that the Trust are capturing these as 'real time' feedback.

Appendix 5

COMMENT CARDS AND LISTENING BOARDS – SEPTEMBER 2013

