

**Trust Board meeting**  
**3 December 2015**

<b>Title of Paper:</b>	<b>Patient and Public Involvement Update: July – September 2015 (Quarter 2)</b>
<b>Agenda Item:</b>	<b>12/32</b>
<b>Lead Executive:</b>	<b>Tracey Carter, Chief Nurse &amp; Director of Infection Prevention and Control</b>
<b>Author:</b>	<b>Lesley Lopez, Patient and Public Involvement Lead</b>
<b>Trust Objective:</b>	Tick as appropriate: <input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; <input type="checkbox"/> Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; <input type="checkbox"/> Creating a clear and credible long term financial strategy.
<b>Purpose:</b>	The purpose of this paper is to show the key activities from Q2 and highlight the planned activities for Q3 and Q4 in line with the PPI Framework
<b>Link to Board Assurance Framework (BAF)</b>	<ul style="list-style-type: none"> <li>PR1 Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)</li> <li>PR8 Failure to sustain key external stakeholder relationships and communications compromises the organisation's strategic position and reputation</li> </ul>
<b>Previously discussed:</b>	
	<b>Committee</b>
<b>Name:</b>	Safety & Quality Committee
<b>Date:</b>	24 November 2015
<b>Benefits to patients and patient safety implications</b> Engaging and involving patients and carers in care provision and the ability to demonstrate patient centred care is a fundamental standard resulting in the delivery of safe, effective and high quality care that is inclusive to all.	
<b>Recommendations :</b> To note	



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Trust Board - 3 December 2015

**Patient & Public Involvement Update (July – September 2015)**

**Presented by: Tracey Carter – Chief Nurse & Director of Infection & Prevention Control**

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**1. Purpose**

The purpose of this paper is to provide the members of the Trust Board with highlights of the work undertaken to Involve and Engage our patients and the public throughout Q2. The paper will also highlight the key plans for the next quarter.

**2. Summary:**

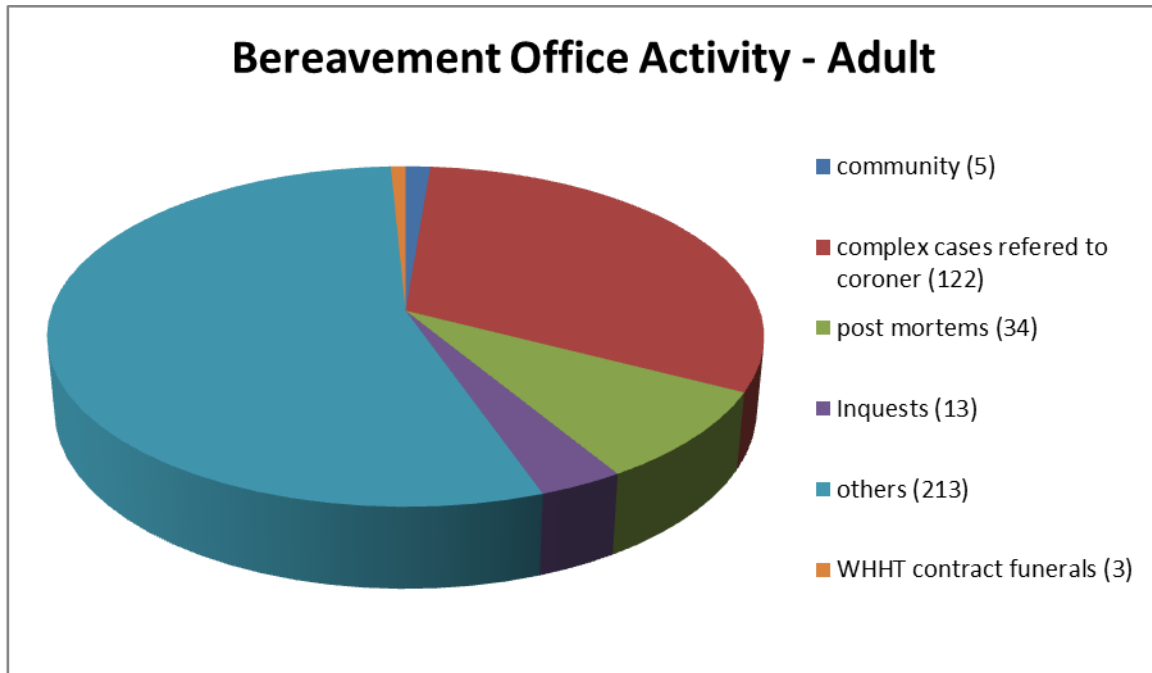
This is a regular quarterly report to the Q&SC highlighting activity relating to patient and public involvement. This report is discussed, in detail, at the Patient Experience Group, chaired by the Chief Nurse.

**3. Patient Affairs:**

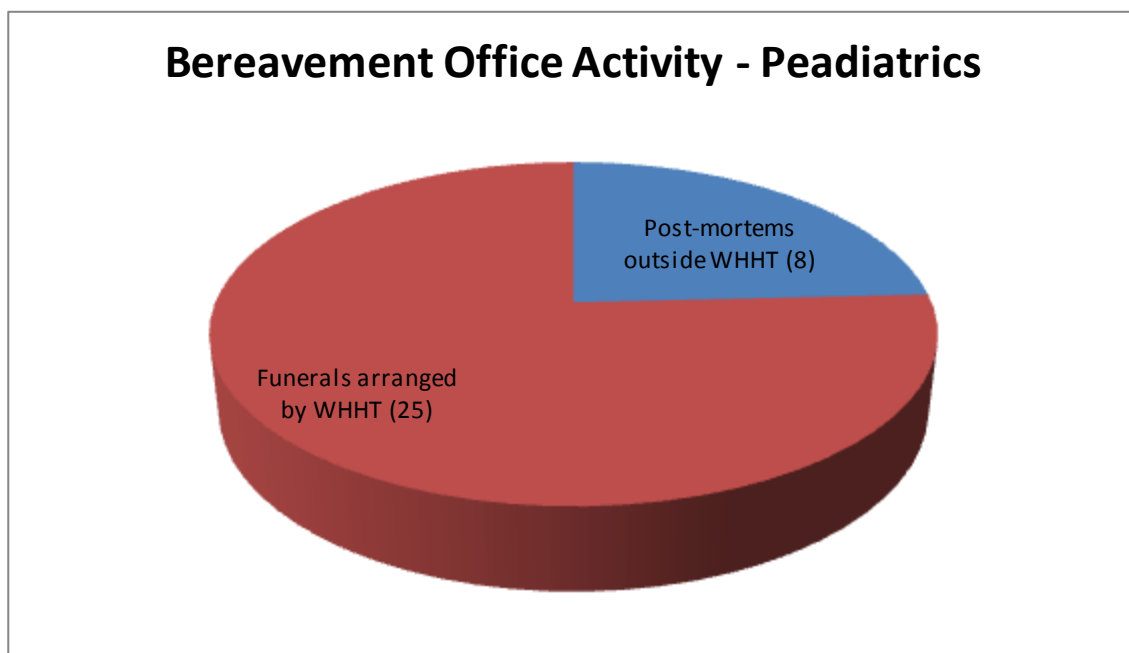
**3.1 Bereavement support:**

3.1.1 The Bereavement office activity for Q2 is displayed in **Chart 1** and **Chart 2**. The 'out of hours' support extended to cover Sundays has proven to be successful in supporting families following a bereavement.

**Chart 1**



**Chart 2**



3.1.2. **The Rose Project**, introduced to promote dignity, respect and compassion for patients and their families at the end of life, continues to be expanded and embedded across the Trust, including the roll out of bereavement trolley's with a 'rose symbol' cover further enhancing dignity and respect following the death of a patient.

3.1.2. In Q3, the **Baby Loss Pathway Group** will focus on reviewing the current pathways and the Management of Pregnancy Loss Policy will be updated to reflect any changes to the pathway.

### 3.2 Spiritual and Pastoral Care:

3.2.1. The Multi-faith room at Watford General has been refurbished. **1015** patients have been supported by the team of chaplains and 298 family members have been given spiritual and pastoral care by the team.

### 3.3. Volunteers:

3.3.1 The pool of volunteers has increased by 27 in Q2.

3.3.2. The Hospital Radio is celebrating 60 years of service and carried out a non-stop 60 hour broadcast in September to commemorate this, raising funds to enable the service to continue.

The **League of Friends** celebrated the retirement of a tea bar assistant after 28 years of service to the Trust.

In response to feedback from our patients, the **League of Friends** are going to provide a bedside trolley service for the main wards.

Funding has been provided by the League of Friends to:

- replace outpatient couches at Hemel Hempstead
- provide reclining sofa beds for relatives wanting to be with family at the end of their life
- supply electric treatment couches for antenatal clinics, and
- furnish the 'breaking bad news room' next to the Granger Suite at Watford General Hospital

from patients was so encouraging that it was rolled out to Granger Suite, Croxley and the Discharge Lounge.

### 3.4 Patient Information:

3.4.1 In response to complaints and feedback from patients and carers, information explaining concessionary parking rates for delayed outpatient clinics has been displayed in outpatient clinic areas.

3.4.2 The comments from patients who use our A&E service suggest that developing the patient information relating to using A&E and the Emergency Assessment Unit is needed. This will be developed and rolled out in Q3.

### 3.5 Patient Property:

3.5.1 The Trust is committed to improving the way patient property is managed, currently one of the top themes from feedback we get from patients. Three streams of work are underway in order to respond to patient feedback and subsequent claims that have arisen as a result of lost and/or misplaced property. The workstreams are:

- Care of the deceased patients' property – using the principles of the Rose Project
- Improved documentation and prompt return of lost property found on wards where there is unknown owners
- Management of loss and claims forms relating to lost property

- 3.5.2 Wards will have monthly information relating to the costs associated with lost property, focusing on highlighting the impact of claims and reimbursement for loss of property.

#### 4. Patient Feedback:

##### **Service Improvement Panel priorities:**

**Noise at Night** – ‘Shush’ campaign to be embedded and audited. Pilot of phones being on silent is underway.

Ward **‘visiting boards’** in place on every ward to enhance information about the ward for patients and carers.

#### 4.1. Patient Opinion/NHS Choices

4.1.1. New banners have been purchased and displayed at all three sites encouraging patients to give feedback on the Trust services.

4.1.2. Feedback will be reviewed and triangulated with iWantGreatCare data, inpatient survey data and discussed in detail at the Service Improvement Panel.

#### 4.2. National Inpatient Survey

4.2.1 The **Adult Inpatient Survey** sample size will be increased in 2015 to 2,500, asking feedback from patients who used Trust services in July 2015 – data collection will be commenced in Q3 and completed in Q4. Additional questions have been added focusing on discharge support. Results from the survey are expected in May 2016.

4.2.2. The national **Maternity Survey** results will be published in December 2015.

#### 5. Carers Strategy:

5.1 **Integrated Carers Strategy** in development with HVCCG, focusing on improving integration, strengthening collaborative working and putting carers and families at the centre of service provision. The Trust has employed a **Carers Lead** who will focus on embedding the refreshed Carers Policy and will focus Q3 on supporting young carers.

#### 6. Patient and Public Involvement (PPI) Panel:

6.1. The PPI Panel meets quarterly and minutes of the Panel are shared and discussed at the Patient Engagement Group.

#### 6.2. External Stakeholders:

6.2.1. **Healthwatch** reported that they will continue to focus on how complaints are managed in local organisations and will work on improving access for transgender individuals.

6.2.2. **Age UK, Disability Watford, NHS Blood Transfusion and Organ Donation Service** and **Browsealoud** also presented on key developments.

6.2.3. Lesbian, Gay, Bi-Sexual and Transgender (LGBT) partnership continues to develop throughout Hertfordshire, with improved information on access to services and details of advice and information available.

## **7.Risks:**

7.1 The Board Assurance Framework (BAF) is linked to Principle Risk 1 – Failure to provide safe, effective, high quality care. Adequate Patient and Public Involvement will mitigate the risk highlighted in the BAF.

7.2 ***i Want Great Care, complaints, concerns*** and ***compliments*** will all be used to monitor the impact of the planned initiatives highlighted in this report. There are risks associated with the ability to embed and initiative adequate Involvement and Engagement whilst nursing and midwifery vacancies are at a level that continues to rely heavily on temporary staffing. Ward dashboards will be used to monitor the safe, effective and quality of care.

## **8. Recommendation:**

The Trust Board is therefore asked to:

- note the information contained within the report.

**Tracey Carter**  
**Chief Nurse & Director of Infection & Prevention Control**  
**24 November 2015**