

Report to:	Trust Board	Agenda item:	9.
Date of Meeting:	9 February 2011		

Title of Report:	Patient Experience Report for Quarter 3, 2010/11
Status:	For Information
Board Sponsor:	Francesca Thompson, Director of Nursing
Author:	Theresa Hegarty, Head of Patient Experience
Appendices	Appendix 1 - PET Board Report for Quarter 3, 10/11

1. Purpose of report
To update and inform the Board on progress to improve patient experience at the RUH.

2. Summary of Key Issues for Discussion
Progress made to improve patient experience. <i>The Intelligent Board 2010</i> (Sept 10); Dr Foster Ltd Patient Experience Tracker (PET) report; see Appendix 1.

3. Recommendation
The Board to note the report.

4. Care Quality Commission standards which apply
Essential standards of quality and safety – Outcomes: 1; 4; 5; 6; 7; 10; 11; 17

5. Legal or regulatory implications
NHSLA and ALE.

6. Risks, threats and opportunities
Implementation of <i>Patient Experience Strategy for RUH 2008 – 2012; Treating you well</i> . Promotes good practice, which will affect reputation of the RUH and encourage patients to choose the RUH. Ensures compliance with regulation and guidance: Essential standards of quality and safety ; NHSLA; ALE. Ensures and promotes Equality and Diversity; addresses health inequalities.

Ensures compliance with key national guidance including:
Real Involvement, working with people to improve health services (Oct 2008)
 Dept of Health.
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
NHS Constitution.
Real Accountability, demonstrating responsiveness and accountability.
 (Nov 2009) Dept of Health.
MENCAP Getting it right charter for people with Learning Disabilities.
The Intelligent Board 2010 (Sept 10); Dr Foster Ltd

7. Resource implications (financial / staffing)

No key issues identified.

8. Equality and Diversity

See section 2

9. Communication

No key issues identified.

10. References to previous reports

Previous Quarterly Reports.

11. Freedom of Information

Public

Patient Experience Report

Quarter 3 – October, November, December 2010

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4. Complaints, Litigation, Inquest and Claims report
5. Chaplaincy report

Executive summary

- 1.1 Implementation of the new DATIX computer system for complaints and PALS is complete and this report includes DATIX system reports.
- 1.2 People with a learning disability (LD) and their needs, continue to remain in focus following the RUH LD peer review, which took place on 20 October.
- 1.3 The paper, issued during this quarter, *The Intelligent Board 2010* (Sept 10) by Dr Foster Ltd, provides useful guidance for patient experience reporting, which will be incorporated into this report in future.
- 1.4 There was a 90% response rate to the target of 25 days for formal complaints in October and November; December's figures are not available. All staff involved should be congratulated on their efforts to consistently make significant improvements in meeting this target timeframe.
- 1.5 PALS and Complaints contacts have both decreased in December to the lowest figures for several years, this is a positive outcome and all RUH staff deserve to be complimented on the decrease in negative patient/complainant feedback.

2.0 Action taken to improve patient experience in Q3

2.1 Patient Experience Tracker (PET)

Please read the PET Board Summary of results for Q3. (Appendix 1)

2.2 Intelligent Board 2010

2.2.1 The paper *Intelligent Board 2010*, written by Dr Foster Ltd. and published in October 2010, makes clear recommendations for NHS boards in terms of their responsibilities regarding patient experience.

2.2.2 The paper defines patient experience in the following way:

Patient experience:

- Feedback from patients on “what actually happened” in the course of receiving care or treatment, both the objective facts and their subjective views of it.
- The factual element is useful in comparing what people say they experienced against what an agreed care pathway or quality standard says should happen.

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- The opinion element tells you how patients felt about their experience and helps to corroborate (or otherwise) other quality measures.
- Some measures that are not derived directly from patients are also used, on the basis that they relate to things known to matter to patients and their experience, such as single sex wards.

2.2.3 Why patient experience matters to NHS boards:

Acquiring and responding to good intelligence about patient experience is more than just another must do for boards:

- It is a key risk management issue for our organisation and its reputation, vital to fulfilling our governance responsibilities.
- The information revolution heralded by the 2010 White Paper will require far greater transparency about performance in this and other domains.
- There is increasing evidence of a positive association between patient experience and clinical outcomes and between quality and financial performance.
- Patient experience applies to several Outcomes in CQC reporting and will form a core domain in the new NHS Outcomes Framework.
- Patient experience and involvement is a key component of Foundation Trust application.

2.2.4 With the new DATIX computer system in place for PALS and complaints, staff are aiming to respond to the recommendations in *Intelligent Board 2010* through this report; producing information on patient experience in more timely, earlier reports and by increasingly focusing on patient experience themes and on outcomes achieved from patient feedback.

2.2.5 The development of the Qulturum and the plans for closer joint working to improve quality will support the new focus on more explicit evidence of action taken and outcomes to improve patient experience and the assurance that practice changes are monitored and maintained by staff.

2.3 People with a learning disability (LD)

2.3.1 The South West Strategic Health Authority peer review took place at the RUH on 20 October; a review team of approximately 12 people spent the day at the RUH to review how services accommodate people with a LD and their carers across the trust. The review team included NHS professionals; people with a LD/service users; carers; people working in voluntary and community organisations. Project Search students were invited for lunch to talk with the team about their experience of the RUH.

2.3.2 The review team worked to a series of standards used for all acute trusts in the South West to measure performance in the following areas:

- *Reasonable adjustments* made by the organisation to accommodate patients with a LD, e.g. special arrangements to give an anaesthetic to patients who are very frightened.
- Systems for flagging LD patients and availability of information on their needs.

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- Use of the hospital specialist LD liaison nurse role.
- Availability of Easy Read (pictorial) patient information.
- Transition arrangements from child to adult services.
- Carer support and active involvement with care.
- Partnership working with community teams.
- Discharge arrangements
- Training records to support staff working with people with a LD.
- Policy and process regarding: Safeguarding; Mental Capacity Act; Deprivation of Liberty.
- Board level awareness and commitment to the needs of people with a LD.

2.3.3 The Director of Nursing was sent the following message the day after the review: “The review team would like to say thank you for putting together the programme for the LD acute review yesterday and for all the arrangements in place. The review team particularly commented on how welcoming all the staff were and how open and honest they had been; there was a real sense that everyone was committed and willing to learn and improve.”

2.3.4 There is an existing Action Plan for people with a LD which is led through partnership with community LD teams through the Access to Acute (A2A) Group, which will be updated after the meeting due to be held on 26 January 2011 to give feedback from the LD review held on 20 October.

- 2.3.5 Progress to improve services for people with a LD includes:
- A new LD web page is up and running for use by RUH staff and people with a LD, including many useful links to community resources.
 - The Carer Policy has been completed and incorporates carer needs and rights.
 - Safeguarding leads are aware that when a patient with a LD is admitted, a multi-disciplinary team meeting should be held with carers and relevant staff from partner organisations to ensure RUH staff are clear about reasonable adjustments that are required and that there is coordinated care plan for the patient.
 - As part of process initiated in the South West, a Confidential Inquiry meeting to review a case of a LD patient who died at the RUH took place on 25 October 2010; a separate future board paper will be submitted on this case.
 - Community LD team staff, working in conjunction with the HoPE, have made links with the DATE team to ensure that partnership working is strong and consistent for people with LD, particularly regarding discharge.
 - Community LD team staff, working in conjunction with the HoPE, have made links with safeguarding and education leads to ensure that RUH systems are used to sustain and evidence training sessions, incorporating CQC standards.
 - Wiltshire Community LD staff provided clinical support to 3 patients with a LD in Q3.

2.4 Involvement and engagement action taken in Q3, 2010:

- On 5 October, leading clinical staff presented an update on progress and developments at the RUH with people with Dementia and another presentation on the Discharge and Therapeutic Evaluation (DATE) team to the BANES Local Involvement Network (LINK).

- The South West Peer Review for LD on 20 October entailed extensive involvement and engagement with community partners.
- The HoPE is enabling patient and public involvement with the Wayfinding project to improve methods of finding the way in the RUH.

2.5 Other action to improve patient experience

- The Head of Patient Experience (HoPE) worked closely with a Consultant in Respiratory Medicine to develop clearer guidelines for using interpreters/BSL for Deaf patients, which are now available for all RUH staff to use.
- The HoPE has developed clearer trust wide guidelines for patients who need translation into foreign languages; now available for all RUH staff to use.
- Following the success of the *See it my way – living with a learning disability* event, when people with a LD spoke about their lives, the HoPE has been asked to support similar events with people with Dementia and with Parkinson’s Disease and to set up and prepare speakers with these conditions to tell their own story.
- A new post of Sister for Quality Improvement has been established and was recruited to in December; this post holder will work with staff to support patients with a LD and patients with a mental illness across the RUH.
- In November the Safeguarding Adults Annual Report 2009-10 was submitted to the Boards; the following actions have been taken in the BANES Self Assessment plan (7.3 in the paper) since November:

1. Audit

Joint case note review with BANES completed. There is an internal review of the RUH in progress.

2. Clinical Supervision

Peer supervision is in place.

3. Service Development

The assessment section of Millennium document is complete.

4. Local resolution

There will be a regular item to discuss relevant cases at the Safeguarding Group by February 2011.

5. Effective inter agency working

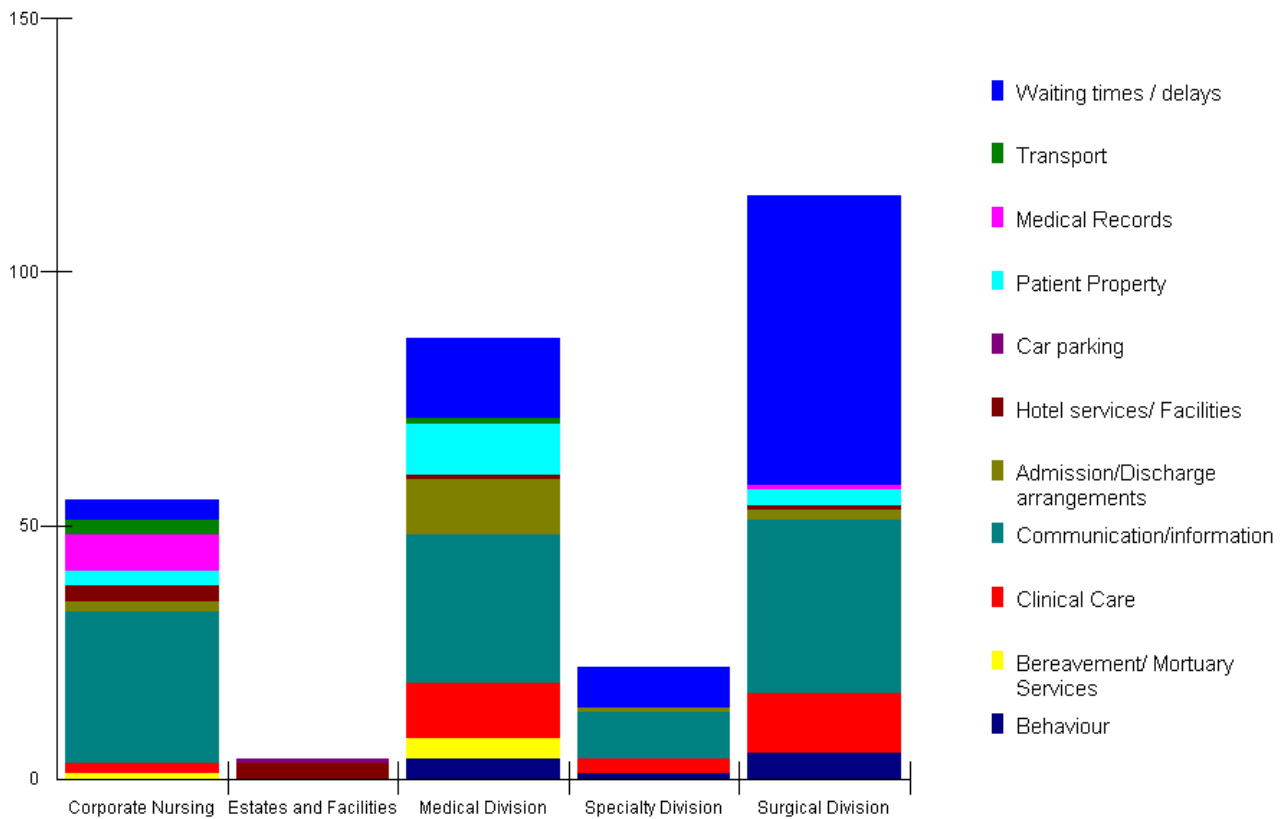
A safeguarding lead is currently working on the referral database and work is in progress with BANES colleagues regarding clinical audit planning.

The HoPE is working with BANES colleagues to enable and support them to have effective patient and public involvement with the safeguarding agenda.

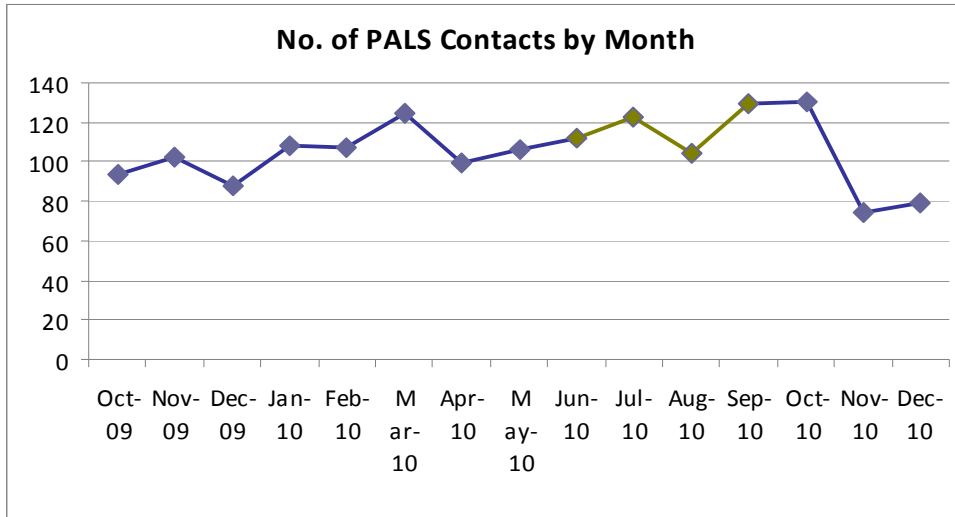
3. Patient Advice and Liaison (PALS) report

3.1 Total PALS contacts by category:

Q3 2010 PALS by Directorate and Subject

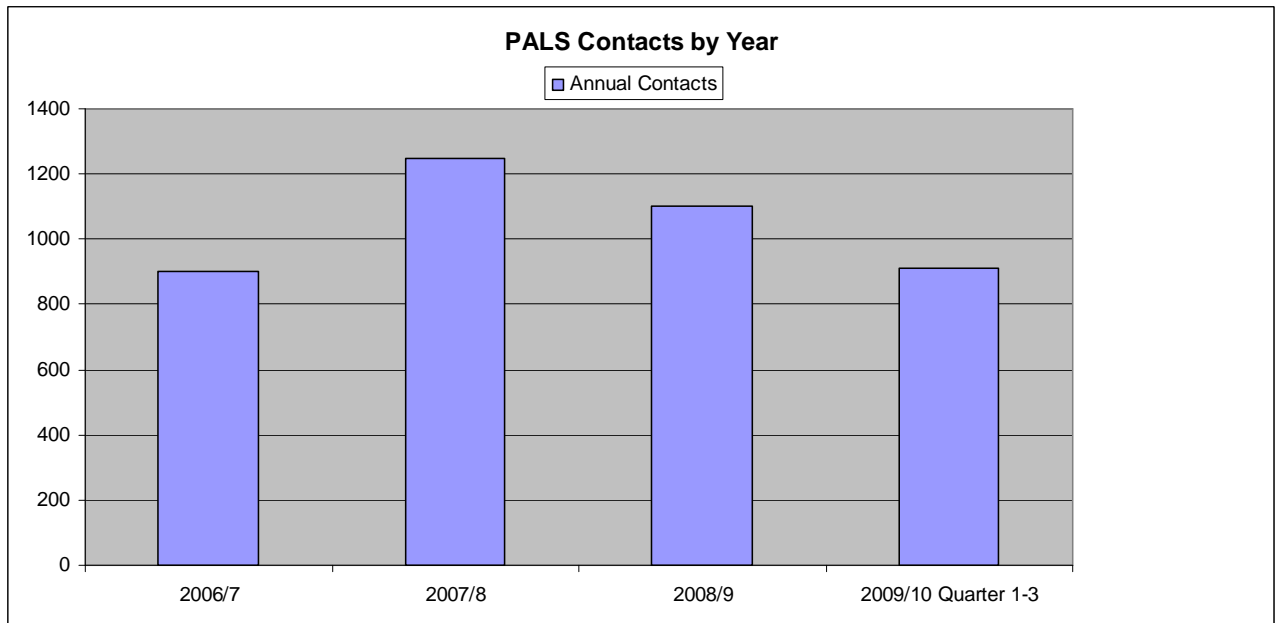


3.2 Total PALS contacts by month:

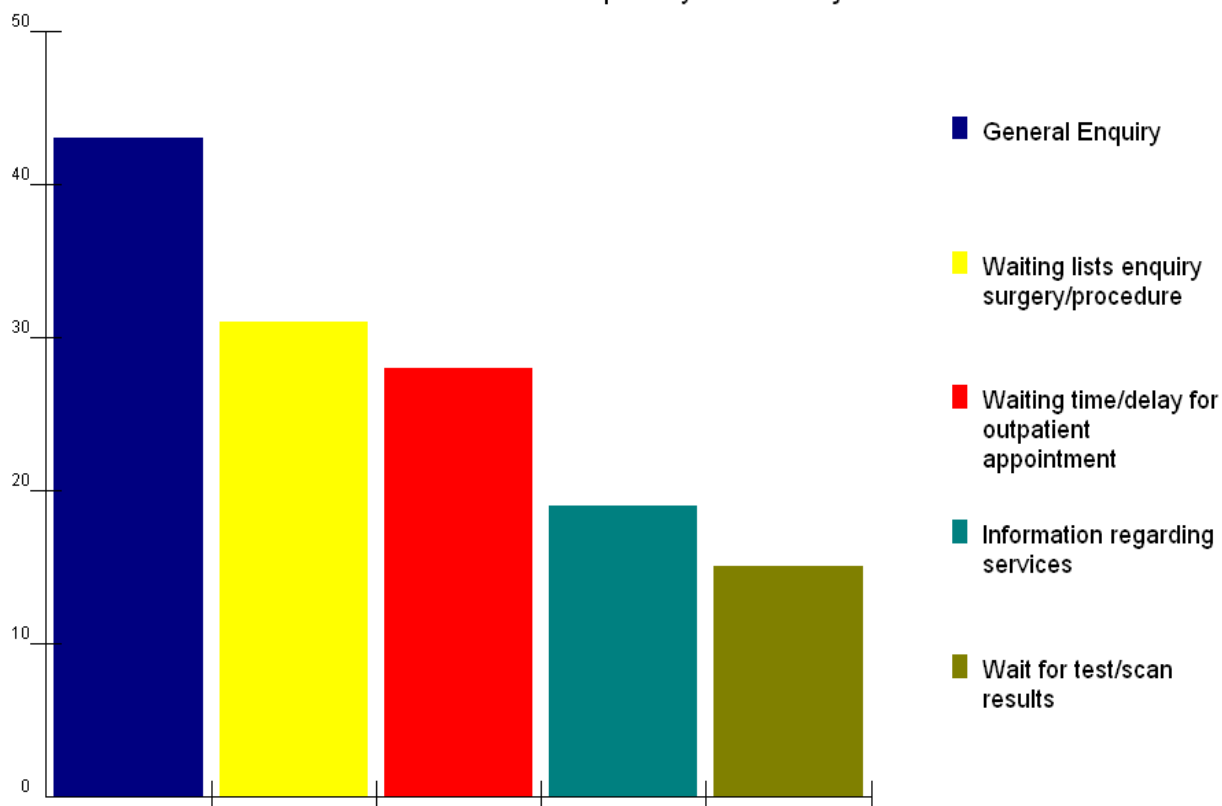


PALS contacts have decreased in November and December; it is difficult to predict with certainty why this is, possibly it was due to the snowfall, but as complaints and PALS contacts have both decreased in December to the lowest figures for several years, this has to be a positive outcome and staff deserve to be complimented.

3.3 PALS total contacts by year:



Q3 2010 PALS Top 5 by Sub-subject



3.4 The top 5 PALS contact themes are:

1. General enquiry

General enquiries concerning car parking, visiting times, ward contact details, disabled access, catering facilities, local hotel and guest house accommodation.

Action taken: PALS staff provide immediate information, as requested.

2. Waiting list enquiry regarding surgery or procedure

Enquiries regarding the 18 week waiting time, with a recent increase in contact from patients living in Wiltshire.

Action taken: A meeting was called and took place with to find out why there was such a rise in figures of patients with this problem. PALS and complaints staff were given an explanation and can now explain and deal appropriately with people making contact. This issue has highlighted the need for PALS and complaints staff to be regularly updated on any potentially problematic areas for patients.

3. Waiting time/delay for outpatient appointment

Ongoing concerns in relation to current waiting times for outpatient appointments.

Action taken: Enquiries are passed to the elective admissions manager for confirmation of individual waiting list details and clients are updated accordingly by PALS staff.

4. Information regarding services

General enquiries with regard to hospital services, including failure to receive appointments and or discharge summaries; poor or inadequate communication; requests for meetings with medical staff including bereavement meetings; compensation process for lost property.

Action taken: PALS staff provide immediate information, as requested.

5. Wait for test/scan results

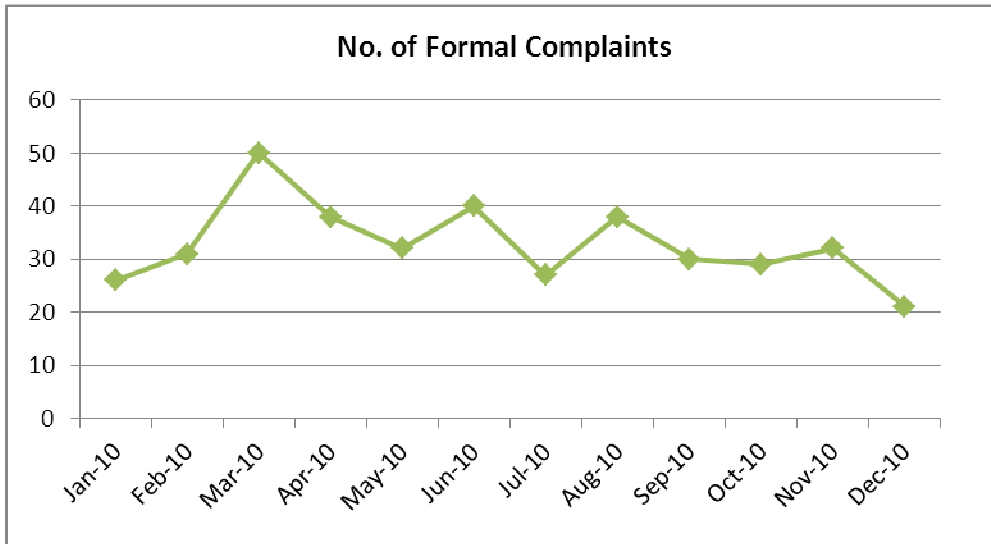
Contacts received for patients who remain dissatisfied and anxious because of delays in the availability of investigations and test results, particularly in relation to Cardiology.

Action taken: Managers are aware of current feedback through PALS and are in ongoing work with appropriate clinicians to reduce delays.

4. Complaints, Litigation, Inquest and Claims report

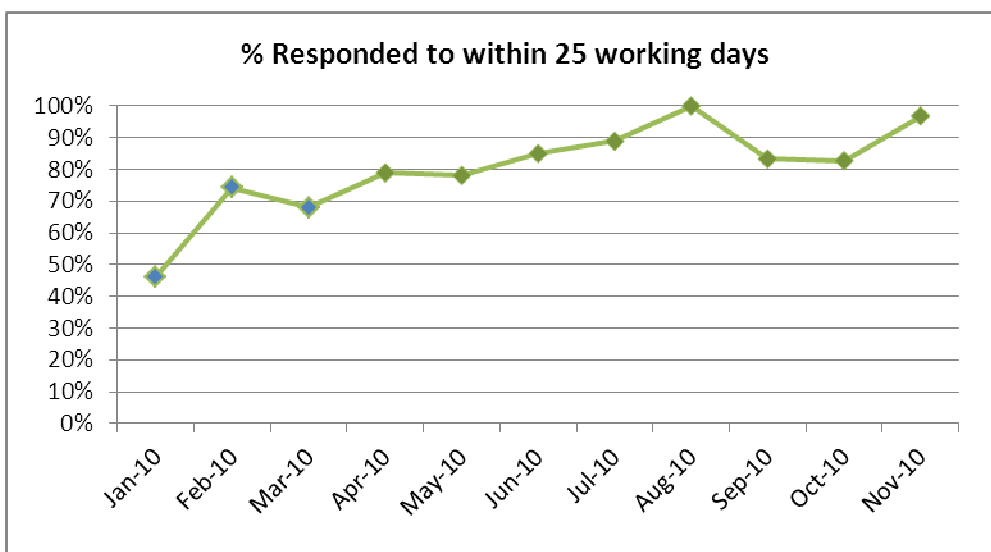
4.1 Number of complaints received and response times in Q3:

In Q3 there were 82 complaints. The complaints team acknowledged all complaints in Q3 within 3 working days.



4.2 Despite a slight increase in complaints during the month of November the number subsequently dropped during December to the lowest monthly figure for the financial year. In contrast to this the graph below shows an increase in the response times made by the Trust which reached 97% in November 2010.

4.3 Percentage of responses achieved within 25 working days

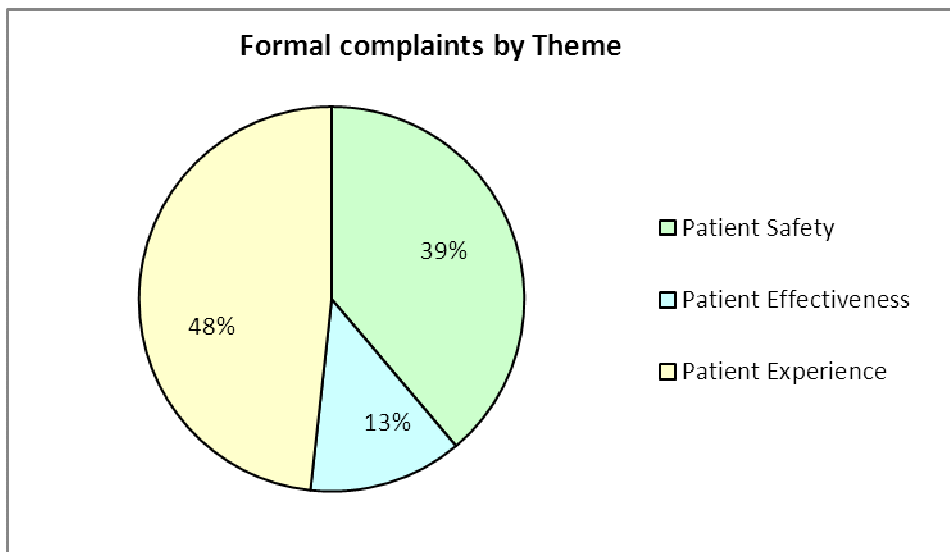


It is not possible to report on data for December 2010, as complaints received in December are still in the process of being investigated.

4.4 Formal complaints by theme

This chart shows the revised high level categories of our complaint themes and identifies a decrease in the number of complaints relating to patient safety from Q2 which was 51% compared to 39% in Q3. There has however, been an increase in complaints which relate to patient experience rising from 34% in Q2 to 48% in Q3.

As demonstrated on the following pages of this report we have seen 20 complaints received in the surgical division which relate to the clinical care given across General Surgery, Gynaecology and Orthopaedics. In addition to this the medical division have also received a higher number of complaints relating to clinical care which was received in the Emergency Department, Acute Medicine and the Older Persons Unit's. Whilst the specialty division continue to receive fewer complaints the majority of those received in Q3 related to staff attitude/behaviour. The combination of these complaints has therefore led to an increase in the percentage we see applied to the patient experience category.



4.5 The category definitions are as follows:

Patient Safety – Admission, Transfer and Discharge, Infection Control

Patient Effectiveness – Outpatient Appointments, Inpatient Appointments, Aids, Equipment and Appliances, Lost blood samples

Patient Experience – Episode of care, attitude of staff and communication

4.6 Assurance against the themes is provided in the following examples (December complaints not included):

	Actions
Patient Safety	<ul style="list-style-type: none"> • Concerns regarding treatment received in ED. Clinical manager will reiterate to staff that if a patient returns to the department for a second time with the same condition they should always refer to a senior member of staff. • Failure to diagnose a fracture and staff gave patient crutches that were too long for her. Clinical manager will ensure that staff teach patients who are discharged with crutches how to use them prior to leaving the department. Staff will be reminded of the importance of removing plaster casts when taking initial x-rays. • Delay in diagnosing neck fracture. Consultant will ensure that this case is discussed at the departmental clinical governance meeting. • Patient attended ED following a foot injury. He was informed that no damage had been done to any of his tendons. Subsequently diagnosed with a partially severed tendon and required surgery. Clinical manager will ensure that his complaint is taken to the weekly ED team meeting so that staff can learn from his experience. • Missed jaw fracture. Consultant has spoken to the junior doctor who was dismayed to have missed the injury and will reflect on his practice and behaviour when he sees similar injuries in the future. • Failure to diagnose fractured wrist in fracture clinic. Apologised and explained that the Registrar based his decision on the lack of any tenderness over the distal radius and her ability to move her wrist and in conjunction with her x-rays. Consultant reviewed x-rays and confirms that there is no clear evidence of a fracture. • Patient admitted following a road traffic accident. Required an urgent endoscopy. Patient was discharged without having procedure. Apologised for the breakdown in communication. Consultant on MAU will write to his colleagues in the endoscopy unit to request that any patient who is referred for an urgent endoscopy following a gastrointestinal bleed, and who does not undergo their procedure as expected, is automatically placed on the list for the following day. Consultant will ask senior nurses on MAU to ensure that patients are not discharged without this decision being directly communicated by a consultant.
Patient Effectiveness	<ul style="list-style-type: none"> • Delays in OT clinic. OT team will put an audit system in place to monitor the time that a patient is actually seen compared with their appointment time.

	<ul style="list-style-type: none"> • Next of kin was not informed of their relatives transfer to a community hospital. Charge nurse will remind staff of accurate documentation and handover. • Delay in receiving clinic letter. Trust is soon to implement a new digital dictation system which will allow for the electronic prioritisation of letters. • Family upset that their elderly mother was transferred to a number of different wards during her admission. Apologised that she had to move ward on so many occasions and explanation provided. • Child admitted with appendicitis and parents unhappy that they had to wait 7 hours before going to theatre. Family advised that there were six other cases all that required urgent surgery, who had been admitted prior to this patient.
<p>Patient Experience</p>	<ul style="list-style-type: none"> • Delay in receiving cardiology test results. Medical division are addressing this by putting in extra administration staff. • Treatment received in ED. Clinical Manager will remind staff of the importance of recording all baseline observations when a patient is first admitted. • Patient very unhappy with the long delays that he experienced in the outpatient fracture clinic. On two occasions the patient had attended and waited an hour and half without being seen due to the waiting time. Senior Sister for orthopaedic outpatients will remind staff of the importance of keeping patients informed when clinics are running late. • A concerned mother was unhappy with the long delay whilst waiting for the results of the blood test that her son's had carried out. The division have advised all secretaries to keep a record of outstanding tests, and to check that the results are obtained and reviewed in a timely manner. • Patient's husband was very unhappy with the lack of care and treatment that his wife was receiving under the Stoma Care team at the RUH. Arrangements were made for patient to attend the dermatology clinic and to be seen by the dermatologist and stoma care nurse at a joint appointment to try and resolve her skin issues surrounding her stoma. The patient was also advised that if her surgeon at Southmead is happy for patient's care to be transferred to the RUH then her surgeon can refer her to a consultant at the RUH to take over her care • Poor care received on Victoria ward. Complaint shared with staff. Pharmacy department have identified the need to sufficiently train medical staff on the process for medicines reconciliation. • Patient's mother was very unhappy with the care and treatment that her son received in Orthodontics. Patient's mother states that the Consultant described an inappropriate example to her son about oral hygiene and

	<p>made him cry when questioning him about his teeth. The consultant apologised and confirmed that they will change the advice given in the future so it is more age appropriate.</p> <ul style="list-style-type: none"> • Patient lying in bed could see nurses perform the last offices on another patient. Facilities have changed the light fittings so that they are no longer reflective. • Poor nursing care received on Combe ward and family believe there is not enough stimulation for patients. Charge nurse will remind staff of the importance of answering call bells as soon as possible. Combe ward day room is due to be refurbished which will include stimulation aids for patients. • Family unhappy with the lack of information provided to by staff on ward following their son’s transfer to ITU. Complaint shared with staff so they can reflect on their current practice. • Patient unhappy with the lack of information provided regarding the correct use of clopidogrel post operatively. A protocol for the post operative management of clopidogrel is currently being drafted. The Trust will produce a practical guideline to give to patients.
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4.7 Ethnicity of complainants

Of the returned ethnicity forms sent to complainants in Q3 all were “White - British”, with the exception of 1 who recorded “White - Other”. The complaints department received 33% of completed ethnicity forms back from complainants this quarter. Due to the low response rate in ethnicity forms being received this information will be included on a complaints satisfaction survey which has been drafted. This will be sent to all complainants from the 1 April 2011 and the response rates will be monitored and an update provided in the first quarterly report for 2011/12.

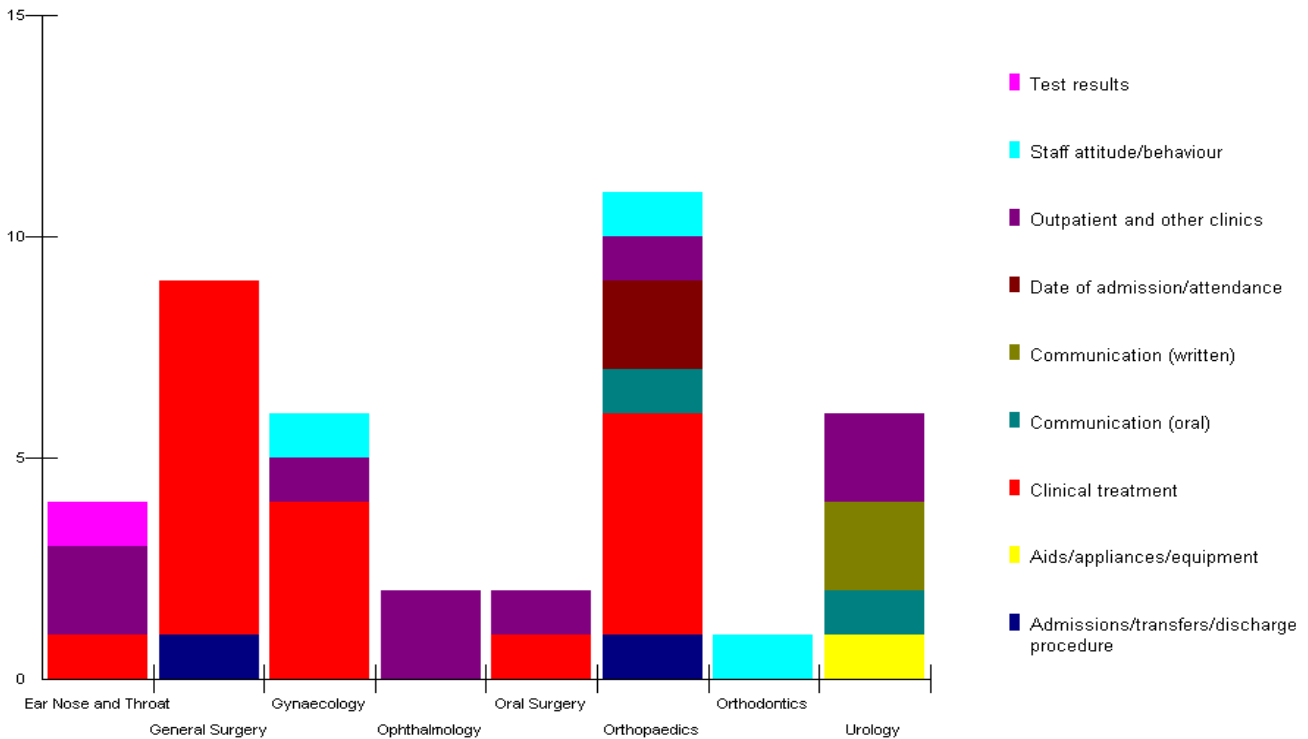
4.8 Breakdown of complaints by division:

The Surgical Division received the highest number of complaints in this quarter at 51%, with 41% for Medicine and 8% for Specialty Division.

Please note: In chart number 4.10, “Patient Status” concerns 1 complaint where the complainant was questioning entitlement to NHS treatment.

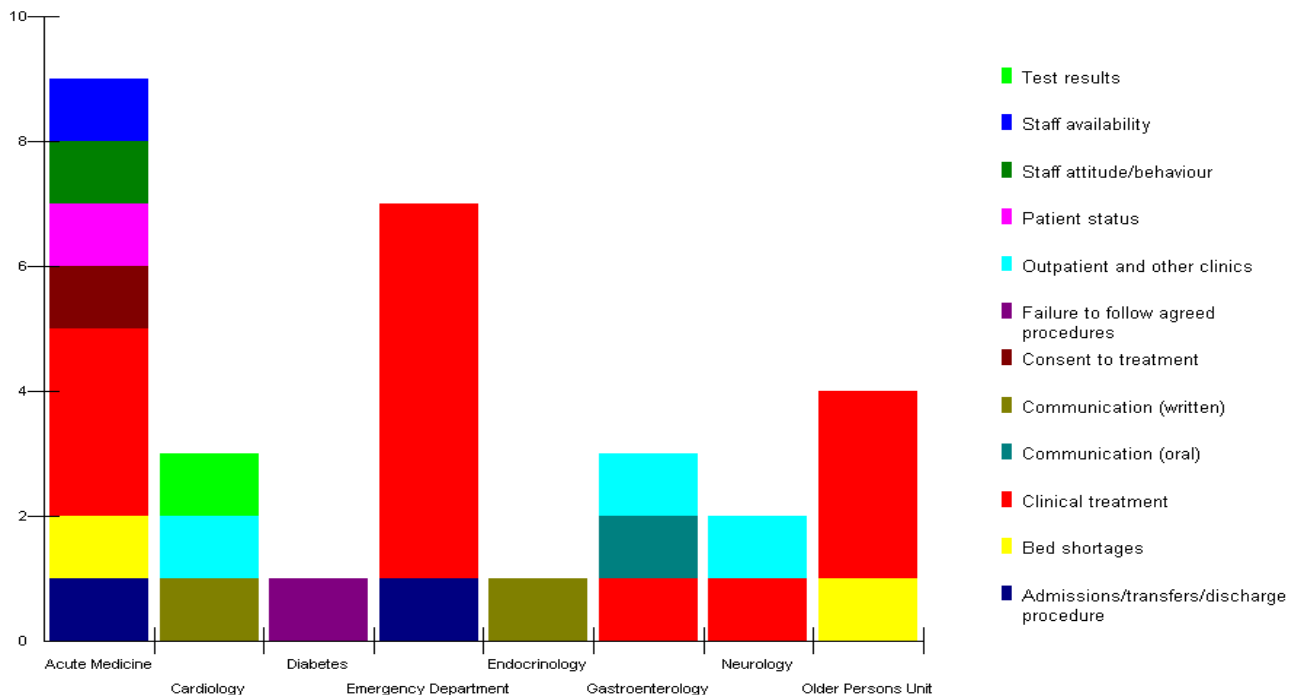
4.9 Surgical Division:

Q3 2010 Complaints by Specialty and Subject

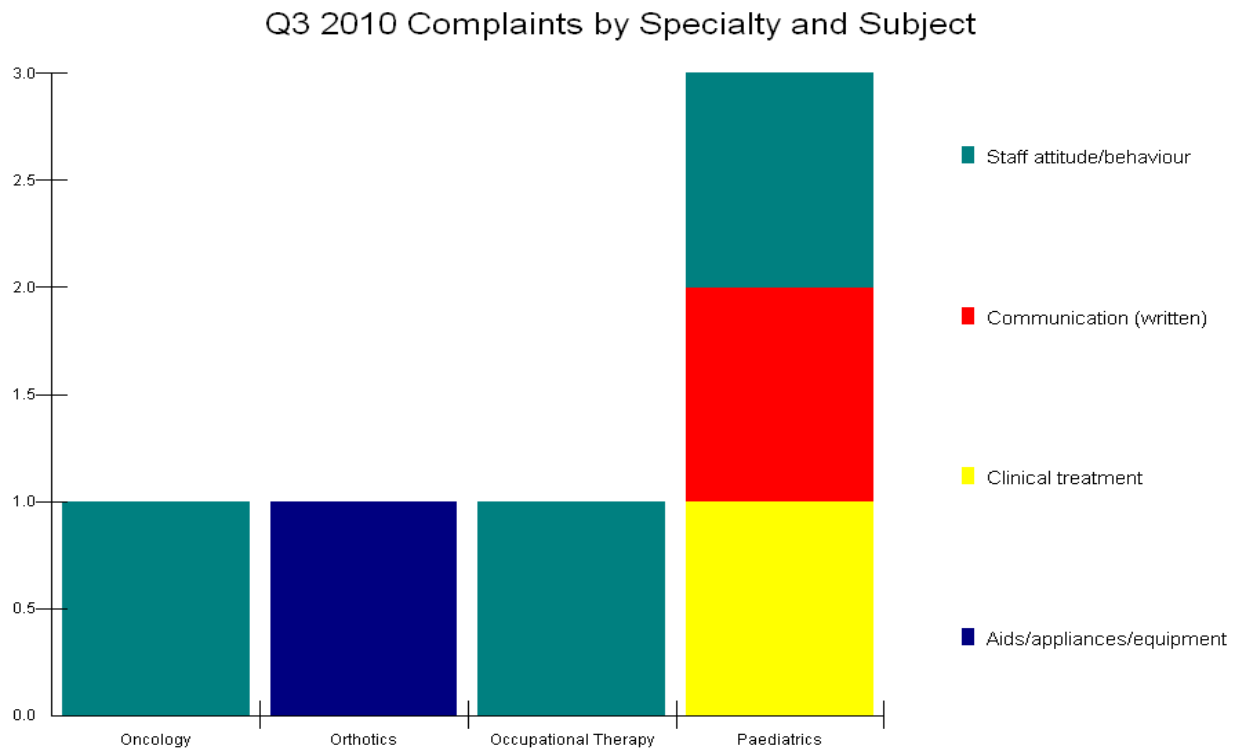


4.10 Medical Division:

Q3 2010 Complaints by Specialty and Subject



4.11 Specialty Division:



4.12 Re-opened complaints

Out of the 82 complaints received, 18 (22%) were re-opened; the reason these were opened was because the complainant: asked for further clarification on their original complaint; asked additional questions or asked for a meeting with staff to discuss their concerns further.

4.13 Complaints Action Group

A Complaints Action Group has been set up which includes staff from across each division. The remit of the group will be to ensure that actions and learning identified is implemented and evidence is provided to the Complaints Department in a timely manner. The terms of reference will be produced in due course and the work carried out by the Complaints Action Group will be reported to the Operational Governance Committee.

4.14 Clinical negligence cases and Inquests

During October the trust received 1 letter of claim relating to treatment received in the Emergency Department. In November 2 letters of claim were received. One relating to care received in the Emergency Department and one concerning treatment received in Oral Surgery. In December two letters of claim were received. One concerned treatment in the Emergency Department and one regarding obstetric care. All of these claims are currently being investigated.

3 claims were settled during Q3. A full claims report will be submitted to the board at the end of Q4 which will provide a full update.

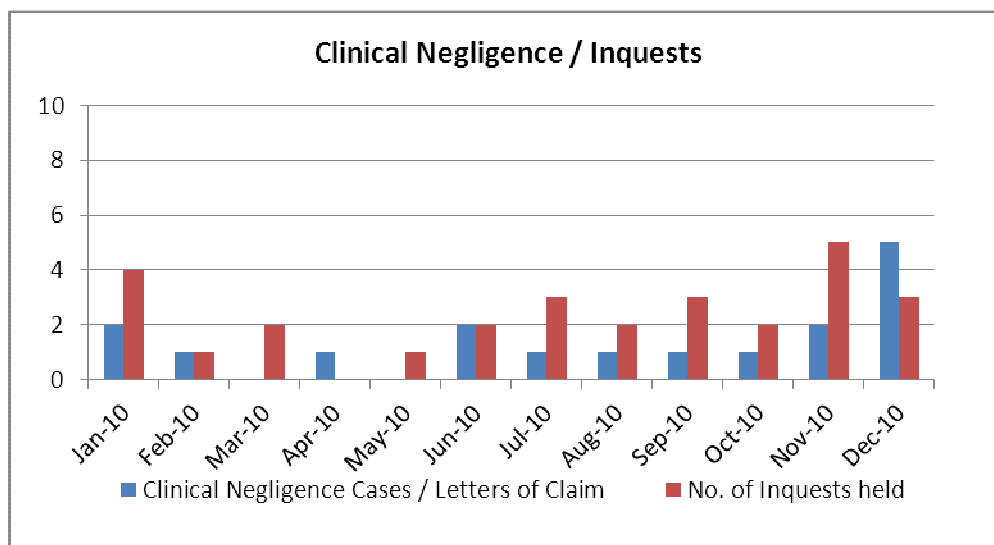
During Q3 the trust received 15 disclosure requests of medical records from solicitors who are considering a claim for clinical negligence. 10 claims (40%) for clinical negligence were withdrawn by solicitors in this quarter following an audit of the litigation files.

The trust was involved with 8 Coroner’s inquests during this period. Two inquests were held in October; in both cases the Coroner returned a narrative verdict which provides clarification around the cause of death.

In November there were three inquests. One case required the support of the trust solicitors, who were instructed to provide support and guidance both in preparing witness evidence and to represent the trust at the inquest. The verdict in this case was accidental death/misadventure. With regard to learning the Trust has implemented a number of changes around practice and a debriefing has been arranged with the staff concerned to be held in January. The second inquest returned a verdict of natural causes. The third inquest related to the case of a patient who went missing from the hospital site, the Coroner recorded a narrative verdict in this case. There were some concerns raised by the family at the inquest which the trust has since investigated and will be writing to the patient’s next of kin to respond to the outstanding issues.

There were three inquests held in December and these all related to patients who had sustained a fall prior to being admitted to the hospital. In each inquest the Coroner returned a verdict of accidental death, two inquests did not require any witnesses to attend as they were read only.

There was no media interest in any of the inquests held in Q3.



4.15 Independent reviews:

2010	No. of reviewed complaints returned by Ombudsman with recommendations	No. of complaints not upheld by Ombudsman
October	0	0
November	0	0
December	0	0

5. Chaplaincy report

2010	Total number of Chaplain contacts	Total number of Chaplaincy visits to Infant deaths	Total number of Infant funerals	Total number of Adult Intestate Funerals	Total number of out of chaplaincy call outs out of hours
Q1	259	22	13	2	9
Q2	318	12	10	0	11
October	121	7	4	1	6
November	130	5	4	3	9
December	112	4	3	0	3
Q3	363	16	11	4	18

5.1 Patient feedback on the chaplaincy service:

“We wanted to thank you for all your support and kindness you showed us during our recent difficult stay on X ward. The unbearable emotions were made easier with the beautiful blessing and funeral you gave X. You have said so many kind and thoughtful words and helped us to an understanding of the loss of X. We will always be grateful for the comfort you offered us at such a difficult time”.

“I just wanted to let you know how very glad I was to attend the service held (for lost babies). I thought the service was a very fitting memorial it is so important that they are recognised and remembered. These babies spent such a very short time here on earth but they leave such a huge void in our lives. The loss of a baby is still a taboo subject, even in this day and age and there are those who prefer not to recognise our babies existed. It is a relief to be able to remember them as we would wish to. The service was very well organised and I loved that I could write X’s name on a flower and light a candle in her memory. It was also comforting to see other parents who have suffered a loss and that we all know that we are not alone in our grief. It was particularly poignant to see X’s name in the Book of Remembrance at the end of the service, I would like to extend my heartfelt thanks to all those who helped organise the service this year. I dearly hope that a similar service can be organised every year”.