

Report for Trust Board Meeting – October 2011

Patient Experience

1.0 Introduction

The following report aims to inform the Trust Board of current trends and activities associated with patient experience. This includes presenting data from complaints, PALS (Patient Advice and Liaison Service) contacts, real time 'patient experience' surveys and 'privacy and dignity' surveys.

2.0 Summary

Complaints and PALS contacts, including analysis of themes and trends, timeframes achieved for providing complaint responses, and the relationship between new and closed complaints handled by month are described below. The emerging themes include issues with delays in all aspects of delivering care, monitoring and reviews, communication and discharge arrangements.

A number of surveys have been carried out on wards between July and September 2011, the detailed findings of which are included in this report. The main themes emerging from these surveys are the timely response to answering call bells, discussing medication and preparing patients for discharge.

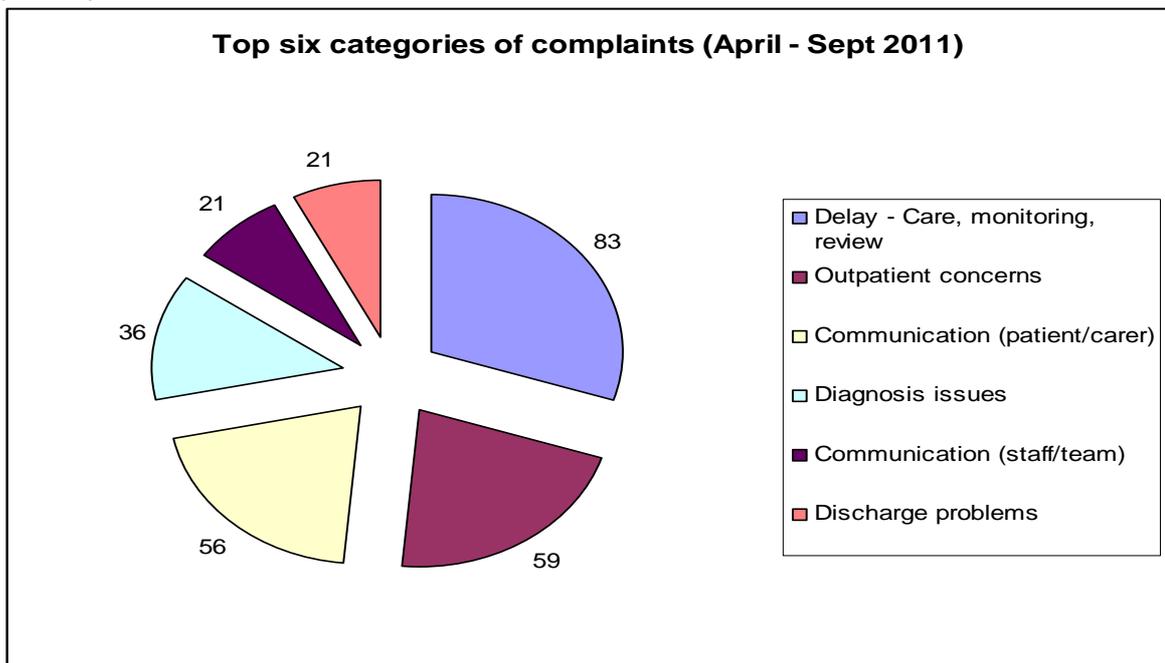
The issues being raised and reported by patients and their relatives bear similarities across these different patient experience functions and activities.

There is presently a review of the Trust's complaints process being undertaken to ensure greater compliance with the current Regulations. This work is informed both by the ongoing Public Inquiry into Mid Staffordshire NHS Foundation Trust and the Parliamentary and Health Service Ombudsman's report into NHS complaints, published on 18 October 2011. The Ombudsman considers complaints about NHS services that have not been resolved satisfactorily at a local level.

This Trust handles approximately 700 complaints per annum. All feedback is taken seriously with significant efforts being made to resolve matters locally in a timely manner.

3.0 Complaints

(Item 1)



3.1 Main themes and trends of complaints received

The above diagram (Item 1) includes data from 276 of 333 complaints received between 1 April 2011 and 30 September 2011.

With the largest category being that of “Delay – Care, Monitoring, Review” there were:

- 17 cases for the Emergency Department
- 12 cases for Outpatient Clinics
- 6 cases for Ward 20
- 5 cases for Ward 10.

The main sub-categories within this largest group of complaints were:

- 63 cases concerning “possible delay or failure to provide care”, of which:
 - 11 cases were for the Emergency Department
 - 4 cases were for Ward 10
 - 3 cases were for Ward 22S
 - 3 cases were for Ward 8.

The next highest sub-category involved 9 cases where there was a “failure to act on adverse findings” (imaging/tests etc), of which 4 were related to the Emergency Department.

Outpatient concerns ranked second and included 38 instances of complaints concerning cancelled appointments, delays in clinic and failure to inform patients of changes in outpatient appointment dates or locations.

Communication is divided into concerns with communication to patients and their carers, and communication between staff and within teams. There were no specific wards or departments receiving more than 4 complaints within the six months reported, related to communication with patients or carers. Communication issues feature in nearly all complaints, but the above only records where the main issue was communication.

Within the category of “Discharge Problems”, there were 9 instances of inappropriate discharge, and 6 involved discharging patients with complications. There was no common theme in respect of the ward or department involved.

3.2 September 2011 complaint team update

There were 64 new complaints received in September 2011, compared to 68 last year. 63 complaints were responded to and closed in September 2011.

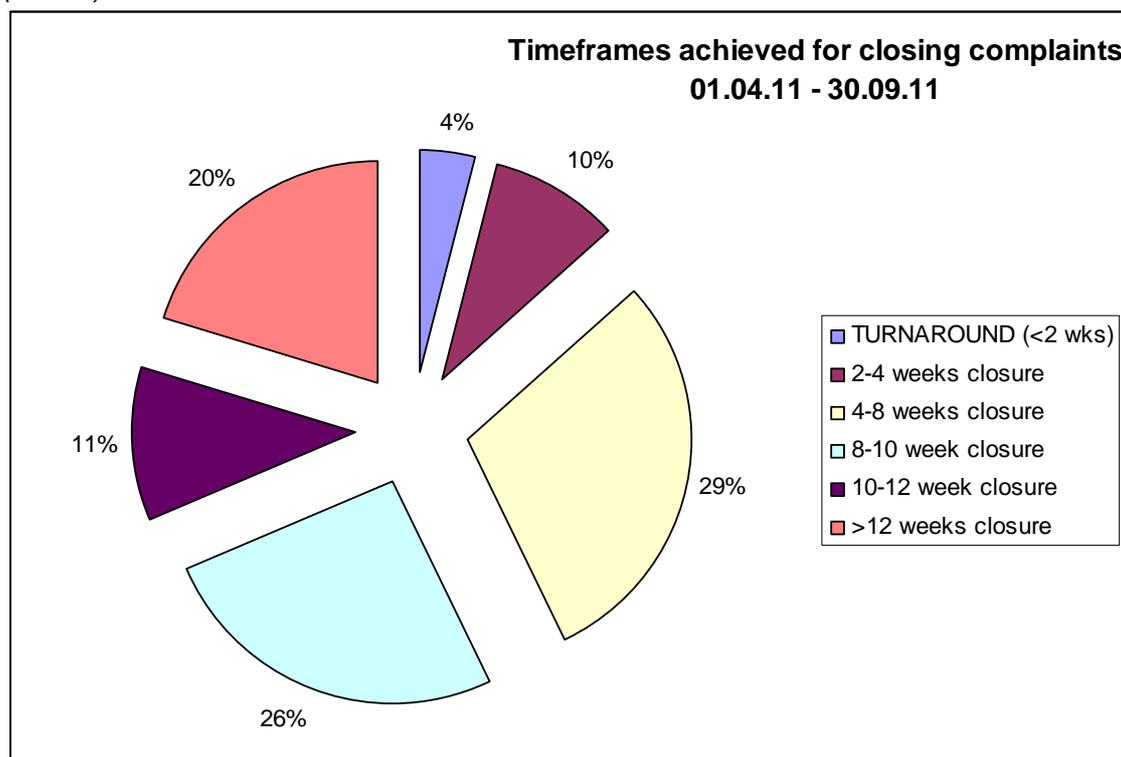
Of these, the main areas of concern were:

- 22 cases relating to perceived delays with diagnosis, investigations or treatment and 7 of these related specifically to outpatient delays;
- 13 cases related to poor communication and attitude of staff;
- 9 cases related to discharge issues: perception of early discharge, problems with medication and lack of clarity about diagnosis.
- 4 cases related to medication issues and 4 to car parking concerns.

3.3 Complaints handling performance YTD

The following illustrates how long it is presently taking to respond to complaints:

(Item 2)



Whilst the majority of complaints are being responded to within 8 weeks, there are many complaints taking significantly longer and complaints are consequently being received about the handling of the complaint itself.

The above data does not specify whether cases that have remained open for many months, have received a first response, or whether they are subject to further work and pending a further response.

A change in process to where the complainant remains unhappy is hoped to differentiate between cases that have not received a first response within a reasonable timeframe and those that have had a first response but are still being worked on. Future reporting will be more specific in this respect as a result.

3.4 Present position

There have been 333 cases opened since 1 April 2011 of which 182 have now closed.

283 cases have been closed in total since 1 April 2011 (this includes cases opened in 2010/11).

56 cases from 2010/11 remain recorded as open. These are to be audited and expedited to closure if they are indeed still active and open.

There are 207 active complaints recorded as open at present, although audit of some open older cases may demonstrate inconsistencies in the data recorded on the complaints database. It is anticipated this figure is inaccurately high and is likely to be closer to 170.

3.5 Changes and improvements to complaint handling procedures

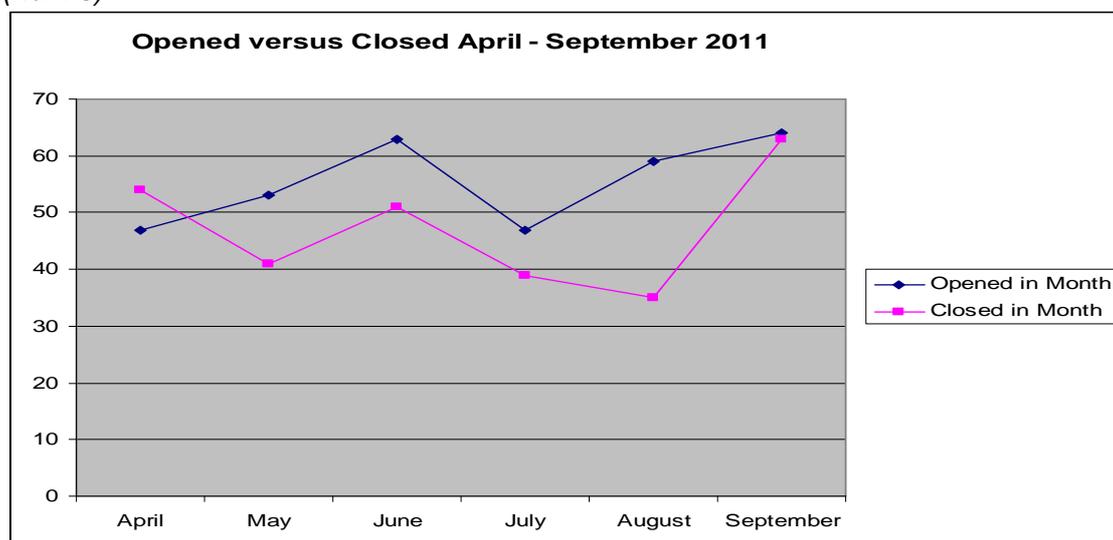
All complaint processes are currently subject to review. New processes are being introduced to ensure greater compliance with the current NHS Complaints Regulations, and in particular, to meet the three day acknowledgement timescale which has not been routinely met.

Improvements have already been made to ensure the appropriateness of consent and authority requests, where the patient is not the complainant.

The process of instigating complaint investigations is set to become email-based and new guidance and tools will be made available to the lead nurses being assigned as the coordinators of these investigations. Training needs will be addressed in due course.

Analysis of the balance between the volume of new complaints received and those that are closed each month, shows a gap in consistency with activity and that there is a clear risk of building a backlog. The following demonstrates month to month workflow.

(Item 3)



As a result of the above, the introduction of a target of 70 closures per month (16-20 per week) is proposed, in order to reduce the apparent shortfall and to avoid backlog build up. The present monthly average is just 47 closures per month, although activity in September 2011 was much improved with input and output almost even.

Quality Assurance processes are being reviewed to ensure thorough checking is undertaken and evidenced, without incurring delays in response times and in order to achieve a greater satisfaction with the responses issued. This should reduce the number of further responses being prepared, which adds significantly to the overall complaint handling activity within the Trust.

Amendments are being made to the complaints database, to ensure that more useful and timely reports can be produced on request.

4.0 PALS Report

PALS (Patient Advice and Liaison Service) receive contacts from patients, relatives and the public about how the Trust's services are provided. Contacts can include enquiries, concerns, or requests for information or help. Where applicable, PALS will signpost people to alternative services where they can get the help they seek.

For the reporting period July to September 2011, PALS received 466 contacts, the top three themes being the same as for the month of September 2011 (see below), and the breakdown by area is as follows:

(Item 4)

Communication with patients and carers	156
Division One	62
Division Two	40
Corporate Services	24
Division Three	8
Surgical Centre	6
Medicine Centre	5
Estates and Facilities services	3
Therapy Centre	2
Finance	2
Ambulance/ Patient first	2
Women and Children's centre	1
Oncology Centre	1

Appointment problems	116
Division One	40
Division Two	39
Division Three	10
Surgical Centre	9
Medicine Centre	5
Musculoskeletal Centre	4
Corporate Services	3
Ambulance/ Patient first	1
Emergency and Critical care Centre	1
Oncology Centre	1
Ophthalmology Centre	1
Therapy Centre	1
Women and Children's centre	1

Care, monitoring, review delays	41
Division One	26
Division Two	11
Medicine Centre	2
Division Three	1
Musculoskeletal Centre	1

During September 2011, PALS received 155 contacts, 119 of which were categorised as concerning Communication, Appointment problems, Delays with Care, Monitoring or Reviews, and other non-clinical incidents.

The breakdown by area is as follows:

(Item 5)

Communication with patients and carers	55
Division One	16
Corporate Services	9
Division Two	9
Surgical Centre	6
Medicine Centre	5
Ambulance/ Patient first	2

Estates and Facilities services	2
Therapy Centre	2
Division Three	1
Finance	1
Oncology Centre	1
Women and Children's centre	1
Appointment problems	37
Surgical Centre	9
Division One	5
Medicine Centre	5
Division Two	4
Musculoskeletal Centre	4
Corporate Services	3
Division Three	2
Emergency and Critical care Centre	1
Oncology Centre	1
Ophthalmology Centre	1
Therapy Centre	1
Women and Children's centre	1
Care, monitoring, review delays	14
Division Two	7
Division One	4
Medicine Centre	2
Musculoskeletal Centre	1
Other non-clinical incidents	13
Division One	3
Division Two	3
Corporate Services	2
Estates and Facilities services	2
Division Three	1
Musculoskeletal Centre	1
Surgical Centre	1

The trends for PALS contacts continue to include issues with communication and service delays, particularly in outpatient services. The same themes are demonstrated in Complaint data, as per the earlier data presented in this report.

5.0 Ward to Board Quality Assurance Tool (Patient Surveys)

The Ward to Board Quality Assurance Tool has been included in previous Quality and Safety Committee reports. In September 2011, peer review audit collection commenced on 4 wards, with senior nurses (Matron grade and above) 'adopting' wards. It has been agreed that the same senior nurses will undertake both the comfort round and ward to board audits on their adopted wards.

The objective is to give the opportunity for relationships to be developed between the senior nurse and the ward teams and for dedicated structured support to be provided to the team to improve their performance and drive up standards in care delivery using a non-threatening and nurturing approach.

The Ward to Board Quality Assurance Tool includes fundamental care audits, which consist of 9 nursing metrics and a real time patient experience survey which includes 12 questions ranging from cleanliness of the ward to discharge planning.

In September 2011, 10 sets of patient notes and patient surveys were completed on the 4 pilot wards, the results are displayed below in item 6:

(Item 6)

Real Time Patient Experience Surveys Wards: 10, 24, 25, 27	Sep 2011
How clean is this ward (including toilets)?	 95%
As far as you know, do the staff wash or clean their hands between touching patients?	 91%
Do you feel informed about potential medication side effects?	 72%
Do you feel you have enough privacy when discussing your condition or treatment with staff?	 91%
Do you feel that you have been treated with respect and dignity while you are on this ward?	 97%
Do you feel involved in decisions about your treatment and care?	 68%
Have hospital staff been available to talk about any worries or concerns you have?	 84%
Do you get enough help from staff to eat your meals?	 83%
Whilst you have been on this ward have you ever shared a sleeping area with a member of the opposite sex?	 100%
Do you think hospital staff do everything they can to help control your pain?	 96%
When you use the call buzzer is it answered?	 77%
Have staff talked to you about your discharge from hospital?	 32%
Total	 82%

A system has been put in place to ensure that 6 dignity and privacy patient surveys are completed for allocated wards on a monthly basis. Surveys are completed by Clinical Nurse Specialists and are returned to the Clinical Governance Department for scanning and analysis upon completion.

Between July to September 2011, 396 completed surveys were returned, out of a possible 504, giving an overall response rate of 78.6%. The number of returns can be broken down into 135 completed surveys for July, 167 for August and a substantially lower figure for September with 94 completed surveys.

Of significant concern were the no returns for the following areas at PRH: ward 15, Apley ward and gastroenterology. The no return for ward 15 is disappointing given the formal internal disciplinary which is currently being undertaken due to concerns regarding standards of care and patient experience; this ward should have been seen as a priority for completion of the surveys. The response rate for other areas ranged from 27.8% to 94.4%. The wide variation in response needs to be addressed in order to enable meaningful and reliable conclusions to be made from the data.

The survey is divided into 9 areas; Autonomy, Communication, Eating and Drinking, Pain and Discomfort, Personal Hygiene, Safety, Privacy and Dignity, Social Inclusion and Environment. The results for surveys completed between July and September 2011 are included in the table below:

(Item 7)

Privacy and Dignity Patient Survey Results	July Sep 2011
Patients indicated that they had been involved in decisions about their care and treatment.	 80%
Patients reported that they felt they were able to raise questions about their care and treatment with staff.	 89%
Patients felt that staff always listened carefully to what they had to say.	 91%
Patients reporting that they felt that staff talked to them in an appropriate and respectful way.	 97%
Patients who indicated that that they were offered a choice and selection of food from the menu.	 87%
Patients reporting that staff asked them regularly about their level of pain and/or discomfort.	 90%
Patients reporting that it took less than 5 minutes for someone to assist when they had pressed the call button.	 77%
Patients reporting that a member of staff had completely discussed the purpose of their medication with them.	 58%
Patients reporting that a member of staff had discussed the possible side effects of their medication with them.	 50%
Patients that reported they were not told who to contact if they were worried about their condition or treatment after leaving hospital.	 29%
Patients reporting that during their visit they had enough privacy whilst being examined or treated.	 97%
Patients reporting that they were always cared for with dignity and respect.	 95%
Patients reporting that staff did not enquire about their religious and spiritual beliefs.	 45%
Patients reporting that they felt that they had not been given sufficient support to practice their spiritual or religious beliefs.	 41%
Patients reporting that ward bathrooms and toilets were very clean.	 92%
Patients reporting that during their stay they observed staff washing their hands and/or using hand gel before carrying out their care.	 93%
Patients reporting significant noise disturbance at night.	 37%

There are some similarities in the results from the Privacy and Dignity Surveys and the Ward to Board Patient Experience Survey.

Again, results suggest that we have issues in the Trust in relation to the timely response of answering call bells, discussing medication and preparing patients for discharge. Disturbance at night triangulates with the results from the Annual In-Patient Survey.

The issue relating to supporting patients to practice their religious or spiritual beliefs is a newly identified problem and is an issue which requires prompt and immediate action. Prior to receiving sight of these results the Chief Nurse has commissioned an internal review of the chaplaincy service within the Trust, this issue will be included as part of the Terms of Reference for the review.

Results have been shared with individual Lead Nurses and Matrons for the areas audited, action plans will be developed and monitored within individual Clinical Centres.

Moving forward taking into consideration the introduction of the Ward to Board Quality Assurance Tool and the perceived lack of ownership and compliance to complete the surveys in some ward areas and also the duplication of some of the questions included in both surveys. The proposal is to review the current Privacy and Dignity Survey against the surveys included within the Ward to Board Tool and include the Dignity survey into the electronic Ward to Board Tool and collect the information on a quarterly basis. It is envisaged that this will simplify the process, the Senior Nurses who have already 'adopted' wards will complete as part of their monthly data collection on a quarterly basis. However, most importantly any outstanding actions/issues will be included in the ward action plan and monitored against the Ward to Board Performance Assurance Framework.

Recommendations

The Board are requested to **note** the contents of the report.

Samantha Hunter
Interim Patient Services Manager
19th October 2011