



Patient Experience Annual Report

1 April 2013 – 31 March 2014

Nicolle Tadman, Patient Experience Manager
Queen Victoria Hospital

Overview

This report includes an overview of activity for the financial year between 1 April 2013 – 31 March 2014 detailing results of the methods currently in place to obtain patient feedback from our services.

We are committed to improving patient experience and in using complaints and other forms of feedback to better understand the areas where we perform well and those areas where we need to do better.

We receive feedback from service users, their relatives and carers about Trust services. Complaints, concerns, comments and compliments form a key part of the Trust's mechanisms for seeking continuous improvement in services. We support the Trust in capturing service user and carer experiences and report any learning from this to drive forward service improvements.

This report demonstrates that the Trust actively seeks, listens to and acts on feedback from patients and carers. As an organisation, the Trust recognises that by improving the patient and carer experience we increase public confidence in the services that we provide.

This report is shared with the Trust Board, Quality and Risk Committee, Patient Experience Group, our stakeholders including the Clinical Commissioning Group, Healthwatch and Care Quality Commission.

Overview	2
Friends and Family	3
How likely are you to recommend our ward to family and friends?	3
How would you rate the information you were given about your care and treatment?	4
Did you feel as involved as you wanted to be in decisions about your care and treatment?	4
Overall how would you rate the quality of care you were given?	4
How would you rate the quality of the food you received?	5
National Inpatient Survey 2013 – Care Quality Commission	5
Patient Experience Group (PEG)	6
Complaints	7
Complaints received	7
Closed complaints	11
Patient Advice and Liaison Service (PALS)	11
Compliments	11
Future developments 2014/15	12

Friends and Family

At monthly intervals, the results of the NHS Friends and Family Test (FFT) for all acute hospital inpatient, accident and emergency and maternity departments are being published by NHS England. The results can also be seen on the NHS Choices website.

Since the test was introduced in April 2013, we scored the highest for inpatient satisfaction of all NHS trusts in the south east. There are 150+ NHS trusts in England and 12+ specialist hospitals. Of these, QVH scored amongst the top ten results for each of the three months since the friends and family test began (a target response rate of 15% (or more) is expected).

How likely are you to recommend our ward to family and friends?

The response to the FFT question for inpatients who are 'extremely likely' to recommend us to a friend or family during that period from Margaret Duncombe, Ross Tilley, Burns, Peanut were:

March 2014:

+86 based on 373 responses - a 85% response rate (99% extremely likely/likely)

February 2014:

+93 based on 336 responses - a 37.2% response rate (98% extremely likely/likely)

January 2014:

+87 based on 72 responses - a 27.1% response rate (99% extremely likely/likely)

December 2013:

+88 based on 159 responses - a 66.6% response rate (97% extremely likely/likely)

November 2013:

+81 based on 139 responses - a 36.7% response rate (97% extremely likely/likely)

October 2013:

+84 based on 120 responses - a 31.1% response rate (97% extremely likely/likely)

September 2013:

+88 based on 159 responses - a 44.9% response rate (98% extremely likely/likely)

August 2013:

+81 based on 139 responses - a 38.9% response rate (98% extremely likely/likely)

July 2013:

+83 based on 130 responses - a 30.1% response rate (98% extremely likely/likely)

June 2013:

+86 based on 186 responses a 76.2% response rate (98% extremely likely/likely)

May 2013:

+86 based on 208 responses – a 35.3% response rate (98% extremely likely/likely)

April 2013:

+89 based on 165 responses – a 44% response rate (99% extremely likely/likely)

Below is a chart to show how FFT score compared with other specialist hospitals in the country between January 2014 – March 2014.

Name of Trust	FFT Score Mar 14	FFT Score Feb 14	FFT Score Jan 14
Christie Hospital NHS Foundation Trust	85	83	83
Harefield Hospital	83	86	89
Liverpool Women's NHS Foundation Trust	89	78	82
Manchester Royal Eye Hospital	77	69	69
Moorfields Eye Hospital	93	84	89
National Hospital for Neurology and Neurosurgery	76	73	74
Nuffield Orthopaedic Centre	84	86	90
Papworth Hospital NHS Foundation Trust	78	79	83
Queen Victoria Hospital NHS Foundation Trust	87	93	86
Royal National Throat, Nose and Ear Hospital	87	73	67
The Royal Marsden NHS Foundation Trust	94	91	91
The Royal National Orthopaedic Hospital NHS Trust	64	78	80

How would you rate the information you were given about your care and treatment?

On average 95.5% of patients rated the information given to them was excellent/good.

Did you feel as involved as you wanted to be in decisions about your care and treatment?

76.5% (average for Qrt) of patients felt that they were involved the decisions regarding their care and treatment. 23% rated that 'yes, to some extent'.

Overall how would you rate the quality of care you were given?

99% (average for Qrt) scored that the quality of care that they were given was excellent/good.

How would you rate the quality of the food you received?

During this period **82.5%** of patients rated the food as very good/good which is a marked increase from Qrt 3 (58%). However there have been some negative comments and one patient commented:

'Food is a real let down, you are asked 5-10mins before food is served, it would be nice to have menus for the day'.

These comments have been fed back to the Matron on Canadian Wing and Hotel Services. Food is monitored each week at ward level and if concerns are directly raised with the staff about food then the Hotel Services Manager is happy to meet with the patient to discuss their concerns further. We are at present changing our menus to take into account food that does not meet the requirement of the patients, following on from our audits. In addition we are looking to place details of the weekly menus within the new patient bedside guide.

We also ask the FFT question from patients who attend the Minor Injuries Unit (on average **+86** based on **615** responses, **98%** were 'extremely likely/likely' to recommend us), and Outpatients Department (on average **+81** based on **762** responses, **98%** were 'extremely likely/likely' to recommend us).

Outpatients and MIU: summary of areas of improvement:

- Professionalism of reception staff.
- Communicating with patients i.e. the waiting times and whether there are delays in the running of the clinics.

National Inpatient Survey 2013 – Care Quality Commission

Findings from the 2013 national NHS inpatient survey for QVH have been published by the Care Quality Commission (CQC). The survey asked the views of adults who had stayed overnight at QVH as inpatients between June and August 2013. The questionnaire was sent to 850 patients and the response rate was 48%.

The survey covers all aspects of patients' care and treatment and the findings enable trusts to see how they are doing and how they compare with other trusts.

For the second year in a row we achieved the highest scores of any trust in England for the section of the questionnaire focussing on the quality of nursing care and the support on leaving hospital.

Compared with the other 156 acute and specialist trusts in England, QVH scored better than average on 45 of the 68 questions and about the same as average on the remaining 23. We have also achieved the top scores in the country for the following (scores out of 10 - the higher the score the better):

The Trust did better than most trusts in England on the questions relating to single sex accommodation with a score of 9.9, feeling included in conversations with the nursing staff and not made to feel as if not

there (9.7). High scores were also achieved for the amount of information given to inpatients about their condition and treatment.

Other areas where we were rated as performing better than most trusts included being emotionally supported (8.9), being given enough notice prior to discharge (8.4) and receiving explanations about the purpose of medicines being given to take home (9.4).

Since last year we have improved on our score significantly for the question on whether patients were asked to give their views on the quality of their care. We also improved our score for the question on whether patients were offered a choice of food. This was the only score for which we received a worse than average score last year. Hotel Services have already done well to improve on this and have plans to improve the quality and range of food available even further.

There were statistically significant declines in the scores for six questions. However it should be noted that our scores for four of these questions were the best in the country last year, and that, in all but one of them, our scores remain better than average.

- In your opinion, were there enough nurses on duty to care for you in hospital? (8.8 down from 9.3 - top score in the country last year)
- Did a member of staff say one thing and another say something different? (8.8 down from 9.4 - top score in the country last year)
- Were you given enough privacy when being examined or treated? (9.5 down from 9.8 - top score in the country last year - this year's score only 'about the same as average')
- Discharge delayed due to the wait for medicines/to see doctor/for ambulance (7.7 down from 8.6)
- How long was the delay [for discharge]? (8.7 down from 9.2)
- Were you given clear written or printed information about your medicines? (9.0 down from 9.6 - top score in the country last year)

Areas for improvement

We are already looking into how to create a discharge lounge away from the ward where patients can wait and their discharge be managed, which should address some of these issues. The Patient Experience Group will be looking at the findings in more detail.

Patient Experience Group (PEG)

This group meets bi-monthly and is chaired by the Director of Nursing and Quality. The PEG meeting forms an integral part of our learning about how patients experience being treated and cared for at QVH by reviewing a wide range of sources including complaints, PALS enquiries and inviting participation from patients in national and local surveys.

The information is vital in helping the group focus on action plans and monitoring improvements. Representatives from all areas and levels of the Trust, including Governors, and a representative from Healthwatch come together and share information, learning, actions and best practice.

The following are just some of the actions that have come out of PEG in the past year:

- Bedside lockers are now in place on the wards
- The patient bedside folders have been updated and are in place
- Hand rails have been installed within bathrooms on Canadian Wing
- Re-launched a Trust induction programme for all new employees to the Trust. This is a two day Programme which is made up care processes and mandatory training.
- Signage is under review to ensure corporate image. Signage in place at new 'drop off' area to show 'reached destination'.
- Waiting time before appointments - this has improved greatly, but aspects of communication can be improved upon.
- Work undertaken in hand clinics. Approval was given for therapy-led hand therapy clinics and specialist nurse therapists are now able to order x-rays and discharge patients.
- Corneo have brought in nurse-led Botox clinics, with a named nurse in charge of clinics.
- The hospital needs to ascertain what patients want to know about consultants in a form of a survey and this is a piece of work that the group is currently undertaking.

Complaints

Complaints received

This part of the report focuses on those complaints received by the Trust which were handled in accordance with the NHS complaints regulations.

We have reviewed and updated the Complaints procedure in accordance with the recommendations that have come out of the Francis Report and the Secretary of State for Health report which was published in October 2013. The key recommendations to come out of this most recent report are as follows; some of which the Trust already have in place:

- Board level responsibility - Chief Executives need to take responsibility for signing off complaints. The Trust Board should also scrutinise all complaints and evaluate which action has been taken. A board member with responsibility for whistleblowing should also be accessible to staff on a regular basis. *Recommendation already in place.*
- Transparency - Trusts must publish an annual report in plain English which should state complaints made and changes that have taken place. *Recommendation already in place.*
- Trust complaints scrutiny - patients and communities should be involved in designing and monitoring the complaints system in hospitals. *Recommendation under review.*
- Easier ways to communicate - Trusts should provide patients with a way of feeding back comments and concerns about their care on a ward, including by making sure patients know who they can speak to, to raise a concern. *Recommendation in place and new feedback poster campaign launched in March 2014.*

- Patient services - the Patient Advice and Liaison Service should be rebranded and reviewed so its offer to patients is clearer. *Recommendation in place and Patient Advice and Liaison Service rebranded at QVH to Patient Services in 2012.*

In October 2013 QVH and other neighbouring Trusts were asked by Healthwatch (West Sussex) to provide them with a copy of our Complaints Procedure and complaint leaflets. Their report (*Can't complain - An evaluation of information and procedures for handling complaints and gathering feedback*) was published in January 2014. The report looked at: whether clear and accurate information about complaints was easily available; whether complaints procedures were clear and detailed enough to ensure complaints are handled well. The main findings relating to QVH are as follows:

- Criticism was made about the lack of information that QVH places on the website about complaints:
- *Healthwatch* felt that having a single point of contact which is intended to provide a joined up service (PALS and complaints under the heading of Patient Experience) was positive but again the trust should have more information on our website to demonstrate this.

The trust took these matters on board and have added to the website further information about how to feedback and make a complaint. In addition we have created a new 'Feedback' poster and leaflet (launched in March 2014 and located in all clinical areas and wards) which incorporates the various ways that service users can leave feedback also:

- i. How to complain to the hospital when things go wrong;
- ii. Who to turn to for independent local support, and how to contact them;
- iii. How to complain to the Parliamentary Health Service Ombudsman if a patient remains dissatisfied, and how to contact her;
- iv. How to contact your local Healthwatch

During 2013/14 we received 80 formal complaints which is an increase from 12/13 (73).

Under the NHS complaints regulations, the Trust is required to acknowledge receipt of complaints within 3 working days. Of the 80 complaints we investigated 63 complied with this requirement. The remaining 17 complaints were acknowledged as soon as possible, however, due to other complexities such as clarifying the address or gaining the necessary patient consent.

In accordance with the Department of Health guidance the Trust has internal review processes to ensure that proportionate investigations take place. As part of the investigation, the investigating managers are required to decide, after consideration of the evidence, whether the complaint should be upheld or unsupported. During this period 51 complaints were upheld, 29 were unsupported.

- Complaints received during 2013/14 included the following themes and service areas.

Complaints received 2013/14 by subject of complaint	Total number of complaints received	Total number of complaints upheld
Admissions, discharge and transfer arrangements	4	2
Appointments delay/cancellation (outpatient)	7	3
Appointments delay/cancellation (inpatient)	1	1
Attitude of staff	18	15
All aspects of clinical treatment	33	19
Communication/information to patients (written and oral)	13	7
Consent to treatment	2	2
Patients privacy and dignity	1	1
Personal records	1	1
Totals:	80	51

Looking at trends, there were a large number of complaints in relation to communication with patients and attitude, the majority of which were held. The percentage of complaints relating to staff attitude has slightly increased overall.

There have been a disappointing number of complaints stating that patients do not feel they have been listened to and there has been inadequate communication; this applies to patients, carers and relatives who also feel that any changes to care plans etc. are not communicated to either them or the appropriate agencies.

As a means of addressing this issue, we have introduced to the staff induction programme specific training on Care and Compassion together with a session of Customer Care. We also now provide Customer Care training to both clinical and non-clinical front line staff on how to effectively communicate and deal with service users both face to face and over the telephone.

We have summarised in more detail some specific issues of concern.

Attitude

- **Summary:** patient was upset by comments made by junior clinician in relation to the patient's breast implants.
- **Outcome:** Following the investigation it was found that the information given by the junior clinician was considered incorrect by the consultant as the junior was not fully aware of the patient's history and this matter was discussed fully with the junior. A further appointment was offered to the patient to be seen by the consultant which was accepted.
- **Summary:** patient felt attitude of a member of the Site Practitioner team was uncaring and rude towards them. Patient was waiting for transport and asked the member of staff to provide them with some food whilst they waited.
- **Outcome:** Patient was correctly advised that as an outpatient we would not be responsible for

providing patients with food, however a sandwich and some fruit was given to the patient. Apologies given if staff member came across as being rude and staff member accepted that they could have handled this situation differently, which was relayed to the patient.

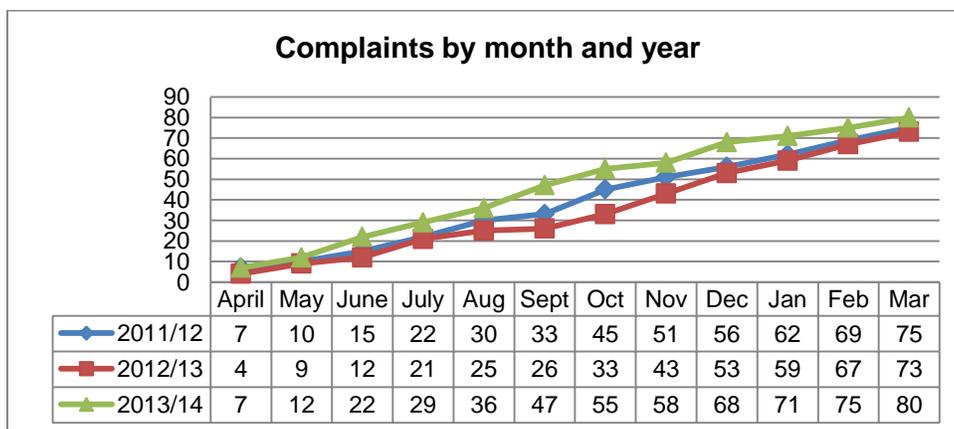
Communication

- **Summary:** Carer of child with learning disabilities felt that they were discriminated against whilst awaiting treatment in our Minor Injuries Unit and were not offered any pain relief whereas another child was.
- **Outcome:** Upon investigation no mention was made to the nurse caring for the child that they were in pain. Other child was given pain relief as this had been asked for. Recommendation was made that additional training in dealing with patients with learning disabilities was provided to all the staff in the unit. It was also recommended that all nurses on the unit were made aware of this complaint in order to highlight the impact that this had on the carer and to reiterate the importance of being understanding and aware of a patient's specific needs.

The following chart shows the number of complaints received in 2013/14 by Directorate.

Directorate	
Burns	1
Corneo Plastics	10
Head and Neck	20
Paediatrics	2
Plastics	27
Theatres	4
Total:	80

The following accumulative chart shows how complaints activity to date compares with activity during the two previous financial years.



Under the current complaints legislation, Trusts have twelve months in which to endeavor to resolve a complaint to the complainant's satisfaction. If the complainant remains dissatisfied with the response

they receive, they can ask the Parliamentary and Health Service Ombudsman to independently review their complaint. During 2013/14 we are pleased to report that no complaints were referred to the Ombudsman.

Closed complaints

In 13/14, 80 formal complaints were closed. The complaints resolution process includes identifying and implementing appropriate actions. In response to complaints this year, actions have included:

The emergency contact system within the Corneo Plaastics clinic was reviewed and patients were waiting sometimes 24 hours later for a reply. There is a designated nurse within unit who will triage and speak to all patients prior to contacting clinician.

Following an issue with an elderly patient being collected for transfer to another unit very late at night by one of the external patient transport services, no patients are to be collected by transport after 10pm.

Patient scheduled for cataract extraction and lens implant but particular lens required was lens not we generally had in stock which was discovered on day of surgery. Patients surgery had to be cancelled. Changes have been made to waiting list sheet to include section to document which specific lens is required.

Pain experienced during Mohs procedure. The department have instigated pain relief checks as part of the protocol and will prospectively audit Mohs patients regarding pain during the procedure.

Concerns about set up of clinic waiting area in Corneo Plaastics Unit. Area is currently under review for redesign and chairs have been repositioned so that patients are not facing each other.

Patient Advice and Liaison Service (PALS)

PALS is a service which offers support, information and help to patients, their families, carers and friends. During 2013/14 a total of 79 PALS enquiries were received. 40 of these enquiries were initial complaints, however these were dealt with without it being necessary to refer them to the formal complaints procedure at the time of contact.

Compliments

There were 94 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation which were forwarded to the Patient Experience Manager in 2013/14 for collation and sharing. When acknowledging letters and cards we now ask patients to post feedback onto NHS Choices and also if they would like further information on how to support the Trust.

Examples include:

'I want to commend the staff on Peanut ward for their care of us. I really want this to be recognised as I recognise how busy and stressed medical staff often are, but this treatment was exceptional and really helped us cope with a very traumatic weekend.'

(Patient regarding Peanut ward)

'I wish to thank you all for the wonderful care given to me while a patient; you must be the best hospital in the country. As a sister in 1962 standards were very high but yours were even better than our.'

(Patient regarding Margaret Duncombe ward)

'Thank you for your help & support during my stay in hospital. I appreciated it very much. You are all great nurses.'

(Patient regarding Ross Tilley ward)

'Thank you very much to all the staff that helped me though a terrible time.'

(Patient regarding Burns Unit)

'After treatment in Minor Injuries, the Fracture Clinic and Physiotherapy I have nothing but praise for the kind and professional way in which I was treated throughout. Thank you to all concerned.'

(Patient regarding overall QVH services)

Future developments 2014/15

In order to improve the services provided to patients further, additional developments will be implemented.

- We will continue to work alongside Trust teams to improve the patient and carers experience. As such we believe further developments during 2014/15 will promote this.
- Further improving complaints management process and complaint resolution skills to help improve the quality and timeliness of complaint responses.
- The Patient Experience Manager will continue to work with each of the directorates and teams to ensure a fully collaborative approach is provided regarding improving the patient and carers experience.
- Progress on improving the service will continue to be reported in the quarterly reports that are presented to the Patient Experience Group alongside each service's actions plans for the Commissioning for Quality Innovation (CQUIN) targets.

Nicolle Tadman, Patient Experience Manager April 2014.