



Patient Experience Annual Report

1 April 2014 – 31 March 2015

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Queen Victoria Hospital

Overview

The 2014/15 patient experience annual report describes the progress we have made to ensure that patient feedback is used to improve services and the patient’s experience of using these services.

At Board level the Trust’s Director of Nursing has responsibility for patient experience which includes delivery of our patient experience strategy, compliance with the national Friends and Family Test reporting and demonstrating that we have used patient experience feedback to improve the experience of care.

Outstanding patient experience also features as an element of the Trust’s vision and strategy, therefore placing it firmly at the centre of the Trust’s continuous drive to improve the quality of services we provide.

The Trust publishes the Friends and Family Test performance rates on its website. We are currently collecting on average 2,500 pieces of patient experience feedback every month.

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

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Friends and Family

When a patient is discharged they will be asked to answer the following question 'How likely are you to recommend our Ward/ Minor Injury Unit /Outpatient Department / Day case area to friends and family if they needed similar care or treatment?'

Patients are invited to respond to the question by choosing one of six options, 'extremely likely' 'likely' 'neither likely nor unlikely' 'unlikely' 'extremely unlikely' and 'don't know'.

At monthly intervals, the results of the NHS Friends and Family Test 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.

As of April 2015 all patients that attend the hospital are asked to complete a FFT questionnaire. To enable us to drive this agenda forward we outsourced this service to support the data collection and reporting elements. If a patient has been treated in our Minor Injury Unit, Outpatient Departments or Therapy Department they will be sent either a SMS text to their mobile phone or an Interactive voice message (IVM) to their landline phone within 48 hours of their appointment and asked to rate and comment on their experience. Patient's feedback is anonymous and is completely FREE of charge for patients to reply.

All wards and departments continue to display their monthly Friends and Family Test results on information boards which provide an opportunity for wards to demonstrate to patients and their carers, actions they are taking in response to feedback. The information shown gives the Matron and ward managers an opportunity to discuss this openly with staff, patients and their loved ones to identify improvements.

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

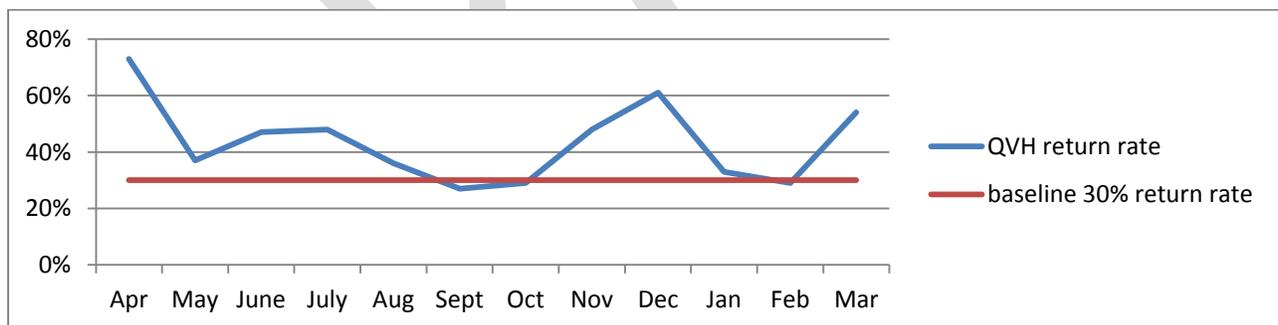
The role out of Friends and Family Test was a national CQUIN for 2014/15 (Commissioning for Quality and Innovation) and we were required to achieve a return rate of 30% for inpatient returns.

The response to the Friends and Family Test question for In-Patients who are 'extremely likely' to recommend us to a friend or family during that period from Margaret Duncombe ward, Ross Tilley ward, Burns ward and Peanut ward were:

QVH Inpatients	% response rate`	Baseline response rate	% % extremely likely & likely	% unlikely & extremely unlikely
April 2014	72.5%	30%	99%	0%
May	36.9%	30%	100%	0%
June	47.2%	30%	99%	0%

July	41.9%	30%	97%	0%
August	35.1%	30%	100%	0%
September	26.7%	30%	100%	0%
October	28.6%	30%	98%	1%
November	47.4%	30%	97%	0%
December	60.6%	30%	99%	0%
January 2015	33.3%	30%	100%	0%
February	27.9%	30%	99%	0%
March	54.4%	30%	99%	0%

The following is a chart showing our response rate over the financial year.



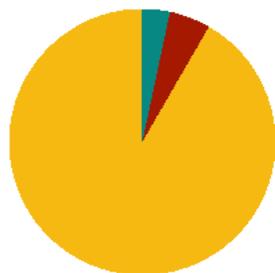
Key facts about the 405 inpatients who responded to the survey:

- 74% of patients were on a waiting list/planned in advance and 23% came as an emergency or urgent case.
- 72% had an operation or procedure during their stay.
- 51% were male; 49% were female.
- 13% were aged 16-39; 32% were aged 40-59; 24% were aged 60-69 and 31% were aged 70+.

This survey has highlighted the many positive aspects of the patient experience.

- **Overall:** 96% rated care 7+ out of 10.
- **Overall:** treated with respect and dignity 95%.
- **Doctors:** always had confidence and trust 93%.
- **Hospital:** room or ward was very/fairly clean 100%.
- **Hospital:** toilets and bathrooms were very/fairly clean 99%.
- **Care:** always enough privacy when being examined or treated 96%.

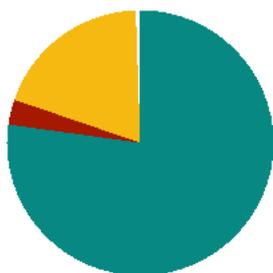
Have we improved since the 2013 survey?



A total of 60 questions were used in both the 2013 and 2014 surveys.

Compared to the 2013 survey, QVH Trust is:

- Significantly BETTER on 2 questions
- Significantly WORSE on 3 questions
- The scores show no significant difference on 55 questions



How do we compare to other trusts?

The survey showed that QVH Trust is:

- Significantly BETTER than average on 48 questions
- Significantly WORSE than average on 2 questions
- The scores were average on 12 questions

Problem Score Summary

The following are areas where we could improve the patient experience.

- Score significantly worse than average.

Area	Question	Trust	Average	
Planned admission 5	Not offered a choice of hospital	77%	69%	■
Care	Could not always find staff member to discuss concerns with Outcome: having a central port of call in the secretarial team who will be able to contact a doctor directly.	40%	61%	■
Hospital 22	Not offered a choice of food Outcome: changes to menus and more choice now offered	39%	21%	■

The findings have been looked at in more detail and an action plan has been drawn up to ensure that we continually seek to improve our services and are confident that we are offering QVH patients the very best care.

One of the questions that we ask within the inpatient Friends and Family Test questionnaire is: **How would you rate the quality of the food you received?**

In November 2014, 25% of our patients said that it was very good. In our PLACE scoring this is 80%; however this is in the bottom 20% in the country. Catering staff have revised the menus and staff have tested these out. The new menus have been in place since November 2014 and the Patient Experience Group has monitored these figures which have improved since the introduction of the new menus.

National Children's inpatient and day case survey 2014

The results presented here are from the Inpatient Survey 2014, carried out by Picker Institute Europe on behalf of the Queen Victoria Hospital NHS Foundation Trust. This survey is part of a series of annual surveys required by the Care Quality Commission for all NHS Acute trusts in England. The Picker Institute was commissioned by 69 UK trusts and one private provider to undertake the Children's Inpatient & Day Case 2014 Survey. A sample of 300 paediatric inpatients and day case patients that were discharged between July and August was submitted.

A total of 300 patients from the Trust were sent a questionnaire. 297 were eligible for the survey, of which 111 returned a completed questionnaire, giving a response rate of 37% (average response rate 27%).

Key facts about the 111 who responded to the survey:

- **45%** of returned questionnaires were the parent/carer version (0-7 years), 15% were the children's survey (8-11 years), and 40% were the young person's questionnaire (12-15 years).
- **38%** of admissions were emergency whereas 62% of attendances were planned.
- **92%** had an operation or procedure during their stay.
- **59%** of young patients were male; 41% were female.
- **92%** stated their ethnic background as White; 4% Mixed; 2% Asian/Asian British; 2% Black/Black British; 1% other ethnic group.

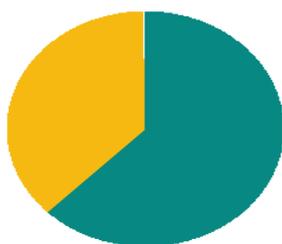
This survey has highlighted the many positive aspects of the patient experience.

Some key results:

- **Overall:** 98% of parents rated care 7 or more out of 10.
- **Overall:** 95% of children and young people rated care 7 or more out of 10.
- **Hospital ward:** 100% of parents felt their child (aged 0-7 years) was always safe on the ward, and 95% of children and young people (aged 8-15 years) always felt safe.
- **Hospital ward:** 94% of parents of children aged 0-7 years stated there were definitely appropriate things for their child to play with on the ward, whereas 48% of young people aged 12-15 years felt there was a lot for their age group to do.

- **Hospital staff:** 92% of children and young people (aged 8-15 years) stated that someone at the hospital spoke with them about their worries, and 92% felt that the people looking after them always listened to them.
- **Hospital staff:** 98% of parents always had confidence and trust in the members of staff treating their child (0-15 years)
- **Overall:** 100% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years)

How do we compare to other trusts?



The survey showed that QVH Trust is:

- Significantly BETTER than average on 37 questions
- Significantly WORSE than average on 0 questions
- The scores were average on 22 questions

National Inpatient Cancer Survey 2014

Queen Victoria Hospital has been named the best in the south east and eighth in the country for its cancer care.

We appear in the top 10 in a league table compiled by the Macmillan Cancer Support charity, based on research commissioned by NHS England.

The 2014 national cancer patient experience survey asks cancer patients to rate their experience at the hospital where they were treated.

Patients are asked 56 questions and QVH received the highest score in the country for 11 of the questions, and was in the top 20% for 36 of the questions, making it eighth overall.

QVH achieved the top scores out of all 153 trusts for 11 of the questions, including:

- Giving a complete explanation of test results in an understandable way (91%)

- Giving understandable answers to important questions all / most of the time (95%)
- Patient confidence and trust in the doctors treating them (94%)
- Patients able to discuss worries or fears with staff (80%)
- Patients always feeling treated with dignity and respect (94%)
- Families given all information needed to help care at home (80%)

Postal questionnaires were sent out to all adult patients who are 16 and over, who attended an NHS hospital as an inpatient or day case patient with a primary diagnosis of cancer between September and November 2013.

Sixty five QVH patients completed the survey, a response rate of 75%.

The Macmillan nurses have reviewed the areas for improvement and their action plan will be reviewed and monitored by the patient experience group.

The survey was carried out by Quality Health on behalf of the Care Quality Commission.

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 the Trust's learning from our patients on their experience of being treated and cared for at the Trust from a wider range of sources including complaints, PALS enquires and inviting participation from patients in national and local surveys.

The information is vital in helping the group focus on action plans to monitor 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:

- Introduction of new communication boards and identifying how these help in our processes by recording the name of staff on the clinic, waiting times, DNA rates.
- Feedback comments from patient made about food will be discussed at future meetings.
- Signage – peer review to be undertaken.
- To encourage healthcare staff to introduce themselves to patients we have signed up to the “Hello my name is.....” campaign. The “hello my name is” campaign was started by Dr Kate Granger after she became frustrated with the number of staff who failed to introduce themselves to her when she was an inpatient with post-operative sepsis. Dr Granger, has terminal cancer but continues to work as an elderly medicine registrar. Since leaving hospital, she has started a campaign on Twitter asking NHS staff to make a pledge to introduce themselves to their patients.

- Staff in the Macmillan Information Centre have raised their profile by promoting the services that they provide with patients on the wards. This is following feedback from a patient who was unaware of this service whilst they were an inpatient.

Complaints

Complaints received

The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure.

At Queen Victoria Hospital we aim at all times to provide local resolution to complaints and take all complaints seriously. We listen carefully, we are open, honest and transparent in our responses and welcome the opportunity to do all we can to put things right. Our complaint system gives the opportunity for complainants to meet with managers/clinicians to discuss their concerns and we ensure that staff are made aware if concerns are raised about them and encourage them to look at ways they can change their practice or behaviors where appropriate.

Many complaints are resolved locally by front line staff who are empowered to resolve the client's concerns/issues to their satisfaction in a timely manner. The Trust actively encourages front line staff to deal with concerns as they arise so that they can be remedied promptly, taking into account the individual circumstances at the time. This timely intervention can prevent an escalation of the complaint.

During 2014/15 we received **75** formal complaints which is a decrease from 13/14 (80).

Under the NHS complaints regulations, the Trust is required to acknowledge receipt of complaints within 3 working days. Of the 75 complaints we investigated 70 complied with this requirement. The remaining 5 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, upheld in part or unsupported. During this period 33 complaints were upheld, 20 were upheld in part and 22 were unsupported.

We take all negative feedback very seriously and our Chief Executive sees all complaints when they arrive and reviews all responses personally before they are sent. Complaints handling and any trends or themes identified from them are shared and discussed regularly by the Executive Team and the Board of Directors

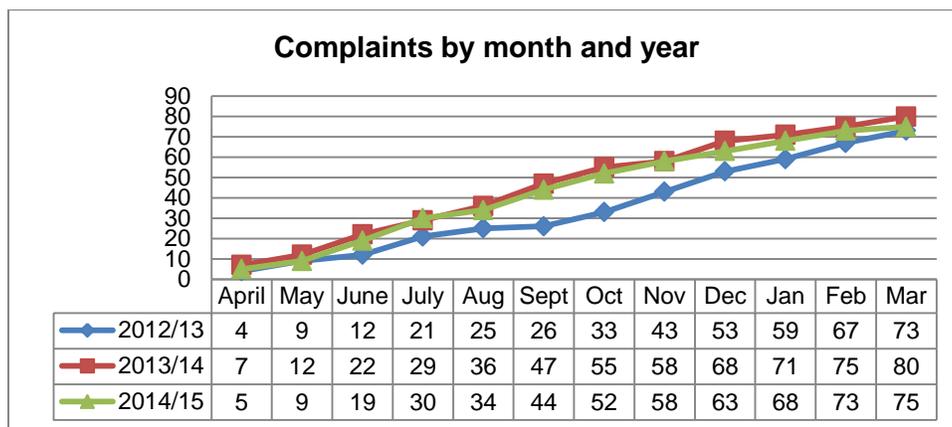
- Complaints received during 2014/15 included the following themes and profession.

Complaints received 2013/14 by subject of complaint	Total number of complaints received	Total number of complaints upheld
Admissions, discharge and transfer arrangements	1	1
Appointments delay/cancellation (outpatient)	7	5
Appointments delay/cancellation (inpatient)	4	4
Attitude of staff	12	3
All aspects of clinical treatment	35	13
Communication/information to patients (written and oral)	13	6
Consent to treatment	1	1
Patients property and expenses	1	0
CCG Commissioning (including waiting lists)	1	0
Totals:	75	33

A general key theme for complaints is **communication and information**; patients, their relatives and carers need to be fully informed about their care and treatment. There has been an increased focus on communication skills and effective sharing of information within customer care training at Trust induction and as part of on-going staff training, and this will continue. In addition, staff are being encouraged to deal proactively with concerns as they arise so they can be quickly resolved.

Profession	Total number of complaints received	Total number of complaints upheld
Medical (including surgical)	38	12
Professions supplementary to medicine	4	3
Nursing	17	7
Scientific, Technical and Professional	3	2
Trust Administrative staff / members	13	9
TOTAL	75	33

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 2014/15 there was only one case that was referred to the Ombudsman and at the time of writing this report we are awaiting the outcome of this review.

Closed complaints

The Trust values the opportunity that each complaint brings to learn and improve and recognises the importance of sharing the learning from complaints across the organisation for the benefit of our patients and staff. We continue to strive to demonstrate the changes that have made as a result of the learning from complaints and to sustain the changes for long term improvement.

In 14/15, 75 formal complaints were closed. The complaints resolution process includes identifying and implementing appropriate actions. In response to complaints this year, actions have included:

- All confirmed melanoma patients to be referred to skin cancer nurse specialists so that they can send appropriate written patient information. All confirmed squamous cell carcinoma patients to be referred to the cancer information team who will dispatch the relevant information. Only confirmed diagnosed patients will be referred to Macmillan Information Centre and that the manager will countercheck any information that is sent out to patients. **Action completed.**
- Infection control techniques and talk given to Peanut ward following a complaint made by mother of patient following observation of a nurse's technique. **Action completed.**
- Reiterated to staff on Canadian Wing that they must effectively communicate with patients at all times. **Action completed.**

- Following 2 complaints where patients scheduled for trauma surgery have either not been entered onto trauma list or told wrong date, it has been reiterated by clinical lead for trauma that data inputted onto trauma theatre list must be entered correctly. **Action completed.**
- Training to staff in Corneo Plastics about dealing with patients with learning disabilities. **Action completed.**
- Customer Care training to be delivered to staff in Theatres. **Action completed.**

Annual KO41A return

Each year, NHS trusts are required to submit a 'KO41A' return to the Department of Health. This is a report, which gives a detailed breakdown of formal complaints received. However, as part of its response to the Francis and Clwyd/Hart reviews 'Hard Truths', the Government has undertaken to publish complaints data from NHS providers every quarter. Some key changes have also been made to the content of the KO41A. In particular, information is now being collected (where appropriate) about the age of the patient who is making the complaint. The revised KO41A was introduced in April 2015.

Patient Advice and Liaison Service (PALS)

PALS is a service which offers support, information and help to patients, their families, carers and friends. During 2014/15 a total of 54 PALS enquiries were received. 33 of these enquiries were initial complaints and 2 of these were referred to the formal complaints procedure at the time of contact.

In addition we also deal with information, advice and support requests. Many service users will contact PALS for reasons other than complaints. This may be about:

- Care and treatment
- Services which the trust provides
- Signposting to other services
- Outpatient clinic appointments (patients may occasionally ask PALS to attend with them)
- Assisting families who arrive in East Grinstead with a patient but do not live locally and require local orientation and signposting to further help about finding somewhere to stay

Examples of typical enquiries about advice and information include:

- What is the waiting time for a procedure?
- Who can I contact to discuss xxx?
- My transport hasn't arrived and I'm going to miss my appointment. Who do I contact?
- I was an inpatient last week and lost my glasses. What do I need to do?

Compliments

There were 65 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation forwarded to the Patient Experience Manager in 2014/15 for collation and sharing.

Future developments 2015/16

The Trust and its Patient Experience Manager aim to increase confidence of our patients by having a flexible approach to resolving concerns. There is extensive work with staff on the wards and in departments to help prevent complaints by listening to and responding when things can be put right. When further support is needed, the Trust aims to ensure that the complaints process is signposted locally so that patients know how or where to complain.

Improving access to information for patients on a range of patient experience initiatives, including complaints is a key focus for the Trust. The predominant method for making a complaint remains letter or email but by signposting other options such as the Trust's website, social media and patient opinion websites we ensure patients are given a choice. Where contact is initially made in person or by telephone, staff support the complainant in registering their concerns formally with the Trust.

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 2015/16 will promote this.
- There is a need for greater focus on and ability to evidence, changes in practice and the trust learning lessons from complaints.
- 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.

Nicolle Ferguson, Patient Experience Manager