

Patient Experience Report
‘What Our Patients Are Saying’
Oct – Dec 2009



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1.0 Introduction

This report provides an overview of activity October - December 09 detailing results of the methods currently in place to obtain patient feedback about their care and our services.

The Foundation Trusts strategy 'Towards 2015' has the patient's experience at its heart, ensuring that the patient is provided with the care, environment and support they require. In order to deliver the 'Triple Offer' of Patient Experience, Safety and Quality, we will actively ask our patients what they require, we will provide them with the intervention they need and ensure they are treated with dignity and respect.

2.0 The Patient Liaison Team

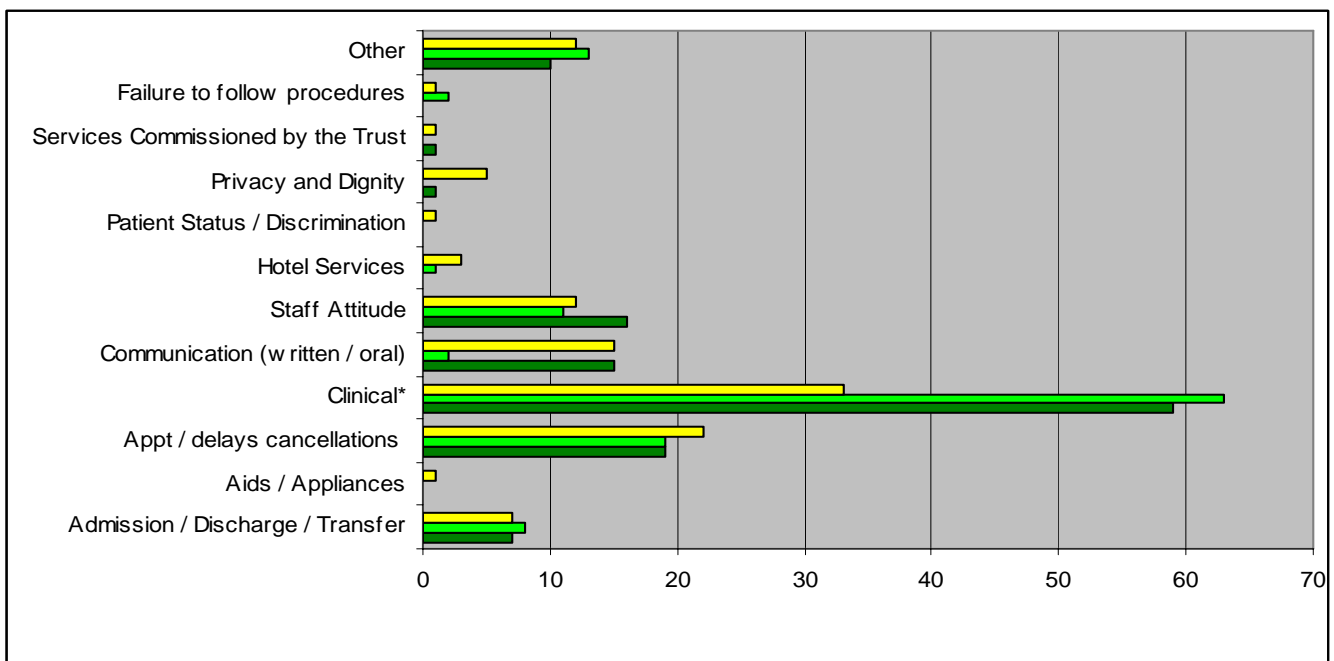
2.1 Formal Complaints Quarter 3 (Trust Wide)

Although complaints numbers have increased since the introduction of the new complaints handling guidelines, the increase has been consistent each month. The numbers of informal cases have also increased. This could indicate a number of things including; increased awareness of and access to, the complaints process, an increase in activity, particular service pressures.

This quarter has seen great improvements in reporting of outcomes from complaints investigations. This enables us to get a more detailed analysis of fault based complaints and allows us to show clear evidence where we have made improvements. The following table gives an overview of all complaints numbers;

	Q1	Q2	Q3	year to date:	Upheld	Not Upheld	Other	Referred to SUI
Formal Complaints	113	119	128	360	114	148	98	10
Informal Complaints	130	132	160	422				
PHSO Upheld	0	0	0	0				

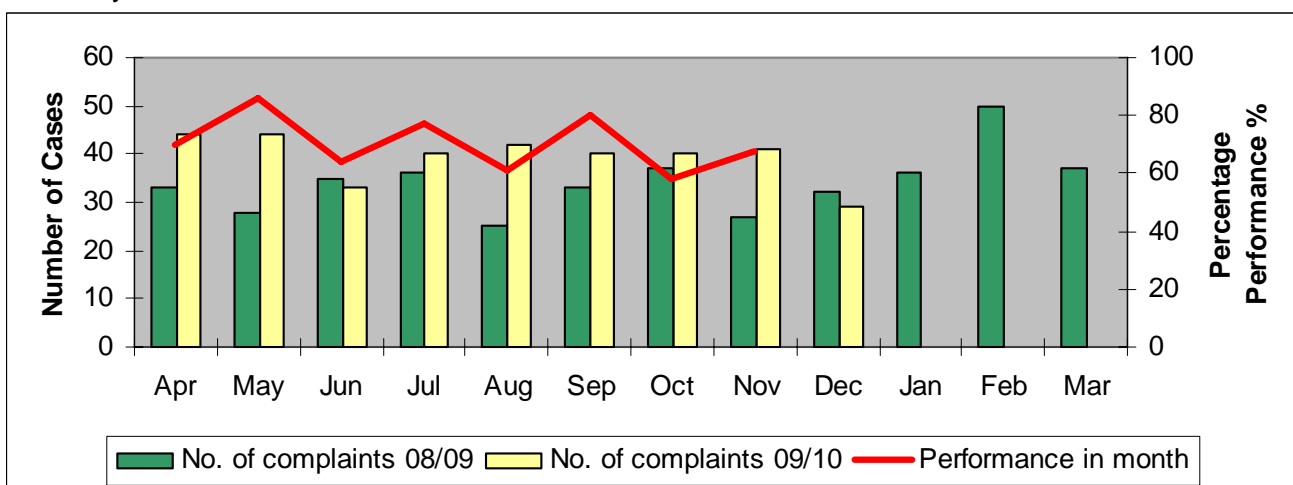
2.2 Categories for formal complaints are distributed as follows (all complaints); **Q1** **Q2** **Q3**



2.3 Of the 360 formal complaints in Q1,Q2, Q3 136 were investigated and upheld. Of the upheld complaints (several complaints are not concluded yet) at least 40 real improvements have been made to the way we deliver our services. Below are some examples;

Patient felt that he had not been treated fairly by the consultants who could not decide on a treatment plan and therefore the operation and appointment was delayed.	Appointment system changed
Patient is disabled and in a wheelchair - she found the long wait in the clinic unacceptable.	Review of clinic templates. Information provision re waiting times.
Patient tried to get some sleep following her surgery; this was made impossible due to the fact that the metal bins on the ward were in constant use. She asked a member of staff if this could be sorted but they refused. Also concerns about the abrupt manner in which the patient's dressing was removed by staff.	Customer care training
Patient's relative asked for belongings to be taken from safe on ward. When these were checked it was discovered that money was missing from his wallet.	Ex-gratia claim form sent. Staff reminded of patients valuables procedures.
Concerns around discharge and lack of medication	Discharge criteria being reviewed as part of Patient Flow Plan.
Appointment cancelled. Pt received letter after date of appointment. Requesting refund of parking fee. Letter addressed to Directorate Manager hence delay in acknowledgement.	Call centre and Chest clinic to review cancellation of appointment information. Refund of parking charges.

The following table represents month on month reporting volumes against reporting volumes for the last financial year:

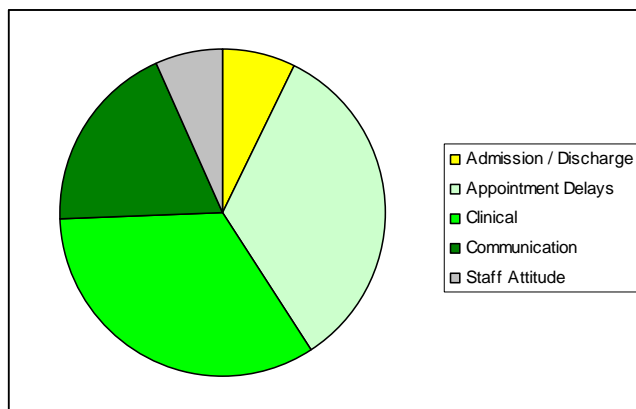


This table also shows our compliance with our internal target of 25 working days to respond.

3. Patient Liaison Informal Concerns.

3.1 Informal cases include; concerns, comments, web-based feedback, request for Information and enquiries. The Patient Liaison Team have handled **425** cases in the third quarter of 2009. The following is breakdown of concerns (informal complaints).

3.2 Overview of all Informal Concerns



Where serious issues (for example clinical concerns) are identified through the informal process these are automatically transferred to the formal process for triage and escalation. This helps to ensure our processes are robust for identifying complaints of a serious nature.

3.3 The Patient Liaison Team (including concierge) deal with large volumes of comments and feedback. Where possible, patients who have requested a call-back' are contacted by the concierge to discuss their comments in more detail. This has produced extremely positive feedback. Below are some comments associated with our services.

Some Comments associated with our services:
<i>I have a great respect and regard for this hospital. I was looked after very well, many thanks to all staff and doctors and nurses and Sodexho cleaners, everybody on A6. Thank you all for everything.</i>
<i>My stay was very comfortable the nursing staff and doctors were very professional. They could not have done more please thank them all for me.</i>
<i>Well done ward I am pleased to say that the standards of hygiene and care which I have experienced on ward A6 and the theatre are exceptionally high. Hygiene, food, sleep and care are what I expect to receive in hospital; unfortunately in the recent past in a different hospital I was very badly treated. I wish I could show other hospitals this ward and say this is how it should be. All the staff work hard and care and it shows. The results are a well run ward and theatre.</i>
<i>I am male 74 yrs old and was brought in by my son very ill. Thanks to the dedication of the doctors and nurses I do not think I would have made it. I must thank staff for good food, cleanliness all helped me through. I thank you for a very clean hospital which I could not fault. I must thank you again.</i>
<i>Nursing superb, kind considerate and thoughtful. Ward did feel cold for me I asked for an extra blanket.</i>
<i>The nurses are very nice and have the same attitude towards everyone. They give a pleasing and safe environment. The nurses and doctors are still the same as 35 years ago very helpful. Thank you.</i>
<i>I would like to say the trained practitioner was very comforting and made me feel calm. The people in the theatre were amazing having never had an operation before I found the whole experience good, staff here are incredible. Thank you so much.</i>
<i>Staff are friendly thanks to all staff I have had a comfortable stay.</i>
<i>My whole experience has been very positive. I have been looked after extremely well by everyone and there is nothing that I would change. Thank you everybody.</i>
<i>Nursing staff were all great. Warm soup as the first food after a general anaesthetic would be much better than dry sandwiches. I might have liked to see a doctor after the operation just to confirm details of how their operation went.</i>
<i>Care in the ward was excellent, the only concern was the 2 month wait for the MRI results and the follow up appointment to see Mr Hold, a total of almost 6 months until a cancellation for surgery.</i>

4.0 “You Said…… we did”

Issue	Actions and Implementation of Change
“Distance between refreshments and antenatal/post natal wards is too long”	<i>An all day breakfast trolley on C2 has been trialled and evaluated. We are now looking at costs associated with providing this service permanently on this ward. Discussions in place with WRVS regarding the reopening of the tea bar in maternity</i>
Diagnosing fractures in Emergency Department	<i>Appointment of orthopaedic specialist consultant in radiology to get report x rays and ensure that all patients A&E with suspected fractures have their x rays double checked.</i>
Some lack of knowledge amongst staff in the availability of the Learning Disability Passport	<i>Clinical representative to attend Learning Disability Partnership and to cascade information to clinical teams.</i>
Waiting times in outpatients	<i>Patients involved in recording arrival time, booked time, seen time and depart time as part of the process of understanding and reducing waiting times. Templates are under review, notice boards updated with waiting times and staff making regular announcements</i>
Waiting times in burns, plastics and orthopaedics	<i>Extra clinics have been established for burns, plastics and orthopaedics to cope with demand and address waits.</i>
Patient choice in child birth	<i>Water birthing rooms, midwifery led unit, refurbishment plan over next 3 years.</i>
Hospital care of the teenage mum-to-be	<i>Adolescent unit open single rooms for teenagers.</i>
Waiting times in antenatal clinic difficult with young children	<i>Laminated signs have been placed in antenatal clinic requesting that patients let staff know if they have been waiting more than 30 minutes after their appointment time. Clinic numbers are also being monitored to ensure clinic is offering appropriate capacity to meet needs. Children toys in ante natal clinic to help distract children waiting with their mothers.</i>
Complaints about communication	<i>All staff to see customer care DVD at team meetings. Staff involved in communication complaint attends communication skills training course.</i>
Night time transfer of inpatients	<i>Policy introduced that patients are not to be moved between 10pm-8am unless clinically indicated.</i>
Cancelled operations	<i>Patient letter states that date given is a possible date. Patients often take this to be the definite date. Wherever possible cancellations are avoided. Patient interviews are taped sometimes with permission and played to staff so that they are sensitised to the distress cancelation of an operation can cause.</i>
Complaints	<i>Heart and lung division has set up a “learning from complaints” group. In addition a monthly induction on complaints handling is provided to all day and night staff via a rolling programme. Within surgery division all complaints are discussed 1 to 1 with the ward manager</i>
Inpatients on ward of a different specialty (outliers)	<i>Ward liaison process in place to ensure that patient outliers have appropriate pathways of care</i>

5. PEAT Assessment

The Patient Environment Action Team Assessment (PEAT) was established in 2000 to assess the patient journey experience in respect of non-clinical inputs.

Current PEAT assessment methodology involves the establishment of an internal inspection team to score a range of patient environmental factors against a standard template issued by the National

Patient Safety Agency (NPSA). The inspection team is drawn from relevant members of the FT Board, Nursing staff, Infection Control team, Divisional General Managers, Matrons, PFI Partners, Patient Representatives, and Estates & Facilities.

PEAT Strategy Results, March – Dec 09.

PEAT Element	Formal PEAT Assessment. March 09. NPSA Score.	Quarterly Internal PEAT Assessment, June 09	Quarterly Internal PEAT Assessment, September 09	Quarterly Internal PEAT Assessment, Dec 09.
Environment, which includes, specific cleanliness; infection control; access & external	Excellent	Good	Good	Good
Food & Food Service	Excellent	Excellent	Excellent	To be assessed in Jan 2010
Privacy & Dignity	Excellent	Good	Good	Good

Unlike the official PEAT assessment process, there was no prior preparation (no pre-assessment visits or remedial work undertaken in advance of the quarterly PEAT inspection). Whilst these results do illustrate that the FT appears to be meeting PEAT standards, there was an overall dip in performance for December. There remains further room for improvement to achieve a consistent Excellent. Preparations are now underway for the PEAT 2010 Assessment.

6. Same Sex Accommodation (SSA).

We are required by the SHA to complete questionnaires with patients in relation to sleeping and bathroom facilities during their inpatient stay. The collated information is sent to the Strategic Health Authority each month. The table below details the results Oct-Dec 09. Additional questions were added Nov 09.

Privacy & Dignity Surveys.- Summary

	Oct 09 N = 58	Nov 09 N = 105	Dec 09 N = 66
1. When you were first admitted to a bed on a ward did you ever share a sleeping area, e.g. bay/ room with patients of the opposite sex?	Yes 24% No 79%	Yes 32% No 67%	Yes 32% No 68%
2 When you were first admitted did you mind sharing a sleeping area eg room/ bay with patients of the opposite sex?	No information	Yes 15% No 31% N/A 14%	Yes 6.1% No 48.5% N/a 1.5%
3 After you were moved to another ward, did you ever share a sleeping area eg bay/room with patients of the opposite sex?	Yes 88% No 10%	Yes 4% No 60% N/a 25%	Yes 6.1% No 63.6% n/a 12.1%
4 After you were moved did you mind sharing a sleeping area for example a room or bay with patients of the opposite sex?	No information	Yes 9% No 23% n/a 30%	Yes 3% No 15.2% n/a 12.1%
5 Whilst staying in hospital did you ever use the same bathroom or shower as patients of the opposite sex?	Yes 62% No 34%	Yes 44% No 50% n/a 1%	Yes 36% No 58%

Results show an overall reduction in SSA

The following actions have been taken as a result of the above results:

- Patient communication and understanding of SSA.
- Development of UHSM Trust Web site for SSA
- Radio interview with Wythenshawe FM , on SSA and the FT's improvements
- Patient information leaflets and posters developed and distributed

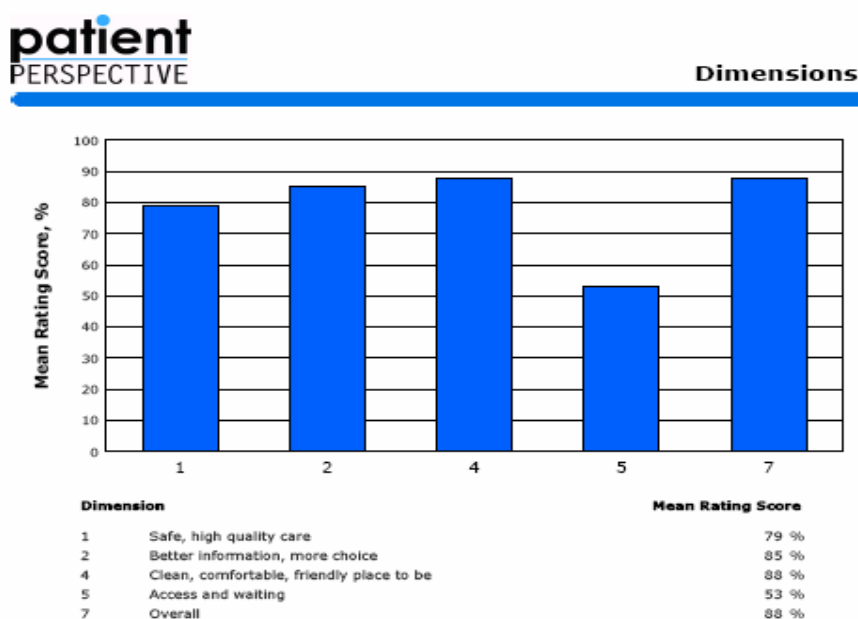
- Procedure developed for volunteers to follow
- Staff awareness sessions
- Local newspaper and Trust articles
- Privacy & Dignity Policy developed and ratified

Other actions taken this quarter include:

- Closure of AMRU (Acute Medical Receiving Unit) as part of the non- elective flow project.
- Sourcing of a w/c door sign to denote male/ female gender, rather than what is currently in place, which is a unisex facilities door sign.
- Upgrading and provision of additional shower facilities, within Jim Quick ward.
- Provision of better single sex facilities within TDC and Endoscopy.

7. Patient Surveys

7.1 National Outpatient Survey, June 09



Results show an improved set of results with average +3.5% improvement per question. Main areas for improvement include: reducing waiting time and informing patients how long they will have to wait and why.

Key Actions include:

- audit patients at each clinic to find out which are running late which we are currently doing
- Providing information on delays if clinics are running late. Each patient should be told on arrival whether clinic is on time and if there is a delay explain why
- Announcing each hour updating patients of any delays
- Survey results to be shared with the OPD team who are to be congratulated on these results.

Progress

- Consultant leave policy is completed
- An electronic system to complete doctor rotas is being investigated.
- Access policy developed to identify clearly clinical priorities to all staff
- A business case is being developed for Synertac letters – a process for producing, folding and sending patient letters quickly and cheaply
- Investigating appointment reminder service– cost implications under consideration
- Training on computer systems for all clerks to cover clinic management, access policy rules starting mid February to enable more effective management of outpatient clinics.
- The bookmark – completed by patients who recorded the hand off times during their outpatient appointment is now available to be used when waiting times in clinics become difficult to manage
- Call centre process maps have been developed between UHSM and Manchester PCT

7.2 National Inpatient Survey, 2009

498 questionnaires have returned completed. (59%) response rate. Fieldwork closes on 13th January.

7.3 Patient Experience Tracker (PET)

1500 patients completed the patient experience tracker hand held device this quarter a 300 increase on quarter two (July-Sept 09). Thanks to staff and volunteer support in the outpatients department. The hand gel question continues with a lower score as patients do not see staff at the hand basins. Whilst only 37.6% (n=236) always found their food nutritional and appetising 16.3% (246) mostly found their food nutritional and appetising -53.8% in total. Pictorial menus are in development to help patients who have difficulty choosing items from the menu.

Question	Total	Negative (%)	Positive (%)	positive % Q2
Did you find it easy to find the place of your appointment within the hospital?	635	7.60%	92.40%	91.10%
Did you find the staff courteous and helpful?	635	0.60%	63.60%	69.30%
Did you find your meals nutritional and appetising?	866	4.30%	37.60%	37.10%
Did your appointment take place within 30 minutes of the appointed time?	635	40.30%	59.70%	68.60%
I felt my privacy and dignity were maintained during my hospital stay...(answer).	866	0.70%	83.70%	84.80%
I observed staff using hand gel or hand washing ... (answer).	1,501	11.20%	57.10%	59.20%
If a friend or family member required hospital services would you recommend UHSM?	1,501	3.60%	96.40%	96.50%
Were all your questions and concerns answered/addressed during your stay?	866	4.20%	95.80%	95%

8.0 Monitoring and Reporting

8.1 . Quality Account' from quarter 2 report

The Patient Experience agenda is key to the FT's reporting via the 'Quality Account' agreed with Manchester PCT as part of our contract. These include monitoring feedback via, complaints, the patient experience tracker (PET), national patient survey results mixed sex accommodation plan and learning disability (see section 8.2). PCT Quality sub group meets quarterly. Equality monitoring is part of the information collected on safeguard when logging comments and complaints. A list of indicators to be included in the QA is currently being considered.

9.0 Summary

This report highlights the work of the Patient Liaison Service National Patient Surveys, Patient Tracker all play a part in understanding what is important to our patients.

Year to date 38% complaints have been upheld although several complaints have yet to be concluded. At least 40 improvements have been made in the way that services are delivered including:

appointment system changes, informing patients of waiting times, customer care training, review of valuables procedure and discharge criteria. Finally call centre and chest clinic are to review cancellation of appointment information and refunding parking charges.

The national outpatient survey has shown a 3.5% improvement from the last survey 4 years ago. Significant progress has been made in developing consultant leave and access policies, electronic doctor rotas, use of the "book mark" for patients to record times between each part of the outpatient pathway, work with Manchester PCT on pathway of care between PCT and UHSM, and refresher training for clerks on clinic management and access rules.

Dr Foster patient tracker has highlighted a reduction in "*courteous and helpful*" scores. Discussions are underway with the training department about how customer care training will be taken forward 2010/11. Whilst UHSM continues to meet PEAT standards there was an overall dip in performance for December. There remains further room for improvement to achieve a consistent Excellent. Preparations are now underway for the PEAT 2010 Assessment.

As part of Same Sex Accommodation (SSA) work volunteers help us to survey 100 patients per month regarding privacy and dignity. Scores are improving following Estates improvements to TDC, Endoscopy and Jim Quick ward plus the development of a volunteer procedure and leaflet detailing definitions of SSA. From the results its clear that sharing same sex bathrooms is more of an issue for patients.

This quarter sees the "*you said we did*" section to include 13 points. Discussions are underway linking with Productive wards project to provide information displays within departments and wards which will hopefully encourage more patients to feedback to help us to improve services further
UHSM continues to work with and learn from patients to improve the patient experience.