ITEM 6

PATIENT AND PUBLIC ENGAGEMENT REPORT TO TRUST BOARD SEPTEMBER 2010

INTRODUCTION

The information contained in this summarised report reflects the total activity of the patient and public engagement department.

1.0 COMPLAINTS REPORT (QUARTER 4 2009/10 AND QUARTER 1 2010/11)

1.1 The Trust overall total contacts are outlined in the table below.

	Qtr 1 2009/10	Qtr 1 2010/11	Qtr 2 2009/10	Qtr 2 2010/11	Qtr 3 2009/10	Qtr 3 2010/11	Qtr 4 2009/10	Qtr 4 2010/11
Informal/ quick contacts	**145**	**305**	**78**		**240**		**310**	
Formal complaints	*** 125**	**74**	***110**		**39**		**71**	
Complex		**20**			**28**		**26**	
TOTAL	**270**	**399**	**288**		**297**		**407**	

* Please note: Quarter 1 2009/2010 and Quarter 4 2009/2010 quick contacts were not being recorded and complaints were not being differentiated between formal and complex. These definitions were developed in line with National Policy and are outlined in the Trust Complaints Policy introduced in April 2009.

1.2 There have been 8 contacts who have requested a review of their complaint by the Parliamentary and Health Service Ombudsman. There was no further action for 4 contacts; 2 contacts are still being reviewed by the Ombudsman and 2 required minor actions by the hospital to resolve the complaint, i.e. a further letter of apology.

1.3 A number of clinical areas have received complaints that are of significant concerns and these are discussed later in the report.

2.0 INFORMAL CONTACTS/QUICK CONTACTS

2.1 There were a total number of 615 informal and quick contacts for the 6 month period between January to June 2010. Quick contacts include information about hospital services, directions and advice to patients and staff on general issues. The trends relate to issues around lost property, cancelled operations and changes to outpatient appointments. One key action that is being taken as a result of these contacts is the patient property policy has been reviewed and is currently being finalised which will clarify the roles and responsibilities of both the staff and the patients with regard to property brought into the hospital.

2.2 Contacts often do not know who is best to talk to about their issues and staff are often also unsure and therefore advise them to contact the department for advice. Once the contact has been redirected issues can often be resolved swiftly and feedback is given to staff so they can learn how to resolve the issues in the future.

2.3 Cancelled operations and changes to outpatient appointments is a significant challenge. Many patients believe that by contacting the department an appointment can be expedited, or they can be rebooked for their surgery. An apology is given and the admissions team are informed that we have received a contact to ensure they inform the patient quickly of when the surgery/appointment will be rebooked.

3.0 FORMAL AND COMPLEX CONTACTS

Ridgeway Ward

3.1 Ridgeway Ward has received 14 formal and complex contacts. The main issues raised in the concerns relate to the standard of nursing care, including communication, not answering call bells, lack of advice for patients, particularly outlying patients, failure to monitor patients conditions and delay in providing medications. Ridgeway ward routinely has patients that do not have an orthopaedic condition. We know that there are too many elective orthopaedic beds and a plan is being implemented to re-balance the speciality mix of beds. Patients report frequently receiving messages from staff that they are not in the right speciality bed. A meeting has taken place with the ward sister to discuss the concerns raised and a plan to address the issues is being finalised. It is intended to carry out a patient satisfaction survey on the quality of care provided on this ward during September 2010 with results available in October 2010.

Lulworth Ward

3.2 Lulworth Ward received 9 formal and complex contacts, of which 2, due to the serious allegations of neglect, have been referred to the Safeguarding Adults Team for investigation. The main issues related to communication issues and nursing care and on further investigation by the matron issues came to light raising concerns about the leadership on the ward. This is being addressed by the matron.

Emergency Medical Unit (EMU)

3.3 EMU received 12 formal and complex contacts of which 2 were investigated by the Safeguarding Adults team due to allegations of neglect. The main issues related to nursing care. On further investigation by the directorate manager issues related to the unit leadership and their engagement and management of the staff. The directorate manager is implementing a plan to address the issues.

Short Stay Ward (SSU)

3.4 SSU received 8 formal contacts and a further 9 informal contacts. The main issues related to communication and nursing care. The closure of Chickerell Ward (Gynae Unit) and its absorption into SSU is still creating some dissatisfaction with the some of the nursing team. A new sister took up post in May and is working to improve the integration of the team.

Ilchester Ward

3.5 Ilchester ward received 6 formal and complex contacts. The particular issues related to communication with family members about plan of care and discharge arrangements. At that time the ward had a number of unfilled vacancies which placed the staff in post under increased pressure. A recent review of nursing establishments has identified the need to increase skill mix on the ward which appears to be effective as we have seen a decline in contacts for this area.

Consultant in surgery

3.6 A consultant surgeon has been identified in a number of formal and complex contacts, as well as informal. The issues are manner, poor communication skills with both patients and staff, perceived arrogance and rudeness to patients and staff. There are no clinical concerns surrounding clinical competence. This has been escalated to the medical director who is dealing with the concerns.

Consultant in orthopaedics

3.7 A consultant from the orthopaedic team is also presenting with issues around manner, communication with patients and their relatives, and perceived arrogance. This member of staff has met with the clinical director and the directorate manager. A plan has been put in place to address the identified shortcomings.

Pain clinic

3.8 The ongoing issue in accessing follow up appointments due to the number of patients requiring ongoing treatment exceeds the number of funded clinics available within the hospital has led to 43 contacts; 20 informal, 20 Formal and 3 complex. Our staff continue to work closely with the commissioners at NHS Dorset to find a solution for 2010/11.

Ophthalmology

3.9 Ophthalmology received 16 contacts; 8 informal and 8 formal. The main staff group involved are the doctors, although there is no individual who is involved in more than one contact. Issues related to communication skills of the doctors with many patients saying that they have difficulty in understanding what they are being told. The nursing staff are offering to accompany patients into the clinic room in order to ensure that the patient fully understands the consultation. The nursing staff are also ensuring that patients are given appropriate information leaflets.

4.0 PATIENT INFORMATION LEAFLETS

4.1 The populating of the Sharepoint database continues which will be accessible to both staff and the public. This is large piece of work to collate all the Trust leaflets and to upload them onto the system. It is expected that all leaflets will be loaded on to the database within the next 6 months, although the system will be accessible within the next 2 months.

4.2 The South West Strategic Health Authority has recently launched a library of Easy Read patient information aimed at people with learning disabilities. It is intended that access to both the information and an NHS website will be available on the Trust website.

4.3 The introduction of patient information prescriptions is currently being explored within cancer services across Dorset. The development of a Health Information Centre is being explored and a development plan will be submitted to the Executives for consideration.

5.0 PATIENT FEEDBACK

5.1 A new patient information leaflet which advises on how to feed back views on the hospital services is now available. The leaflet has been widely distributed across the hospital to inpatient and outpatient areas

5.2 Feedback via the suggestion boxes on the wards continues to be poor this is despite the introduction of feedback sheets on all wards. The patient representatives on the Learning from Patients committee believe that the poor uptake is because patients do not always wish to comment on the service whilst they remain an inpatient. A further recent review highlighted wards which no longer have suggestion boxes or keys to access the boxes, these boxes are being installed. Suggestion boxes are also being introduced to other areas in the hospital including discharge lounge, canteen and main reception.

5.3 The introduction of an electronic survey tool within the hospital is being reviewed and the merits of such a system are to be discussed at the next Learning from Patients meeting. A business case will be developed if there is agreement to proceed down this route.

5.4 All services that are currently registered with the CQC are now required to provide contact details in their complaints and feedback documentation so that all service users and relatives know how to contact the CQC in order to provide feedback on their experience of that service. This information about the CQC is currently being made available in the hospital and the Trust website will also include CQC contact details.

6.0 VOLUNTEER SERVICE

6.1 The previous system of accepting Volunteers into the Trust required a complete overhaul. New documentation has been developed to support this system and is currently being piloted.

6.2 The future development and management of the volunteer service will be discussed with the new Director of HR once in post.

7.0 ENGAGEMENT

7.1 A LINKs representative now attends the Learning from Patients meetings

7.2 Dr. Peter Camm and Prof. Fran Biley as elected representatives of the public have agreed to join the Clinical Audit Committee.

7.3 The PPE Lead will now attend and represent the Trust at all future meetings of the West Dorset Older Peoples. The PPE lead will feedback from this forum via the Learning from patients committee.

7.4 The PPE Lead attends all meetings for supporting people with a learning disability. In order to improve the experience of using hospital services, the introduction of an Access Support Card for patients who have communication difficulties or disability is being considered.

7.5 The PPE Lead is now attending the Dorset Wide Patient & Public Involvement Group. The network of members is helping to establish links with local organisations and increase partnership working in engagement activity.

8.0 PATIENT SURVEYS

8.1 Picker Inpatient Survey
The Picker Institute ran the annual Adult Inpatient Survey for 73 Trusts in 2009. The results of the survey are summarised at Appendix A within the report.

8.2 Effectiveness of Conservative Treatment within the Pelvic Floor Service:
A total of forty patients with pelvic floor dysfunction were surveyed following conservative treatment for their symptoms. The response rate was 97.5% (39 patients). A Visual Analogue Scale asking patients to describe the severity of their symptoms showed a marked improvement following conservative treatment with 22% (9) patients now having no problems. Overall 92.5% (37) patients had improvement in their symptoms with 85% (34) patients achieving discharge from the service without the need for referral for surgery. Many of the comments expressed delight with the treatment and the marked improvement in quality of life. This survey will be undertaken annually.

8.3 Inflammatory Bowel Disease (IBD) Patient Questionnaire & Satisfaction Survey:
A total of 100 patients with IBD were surveyed about their experience with using the IBD Nurse Led Service. The survey looked at all aspects of the service which is provided and there was a return rate of 65% (65). Overall both the results and comments were encouraging with 53% (53) describing the service as excellent. Particular mention was the helpline and the telephone appointments. Many of the comments also paid tribute to the staff working in the department. This is the first year that the service has surveyed its patients and it is planned to do this annually.

8.4 Inpatient Questionnaire related to Discharge
In order to meet CQUIN requirements, 200 patients will be surveyed every six months about their discharge experience at DCHFT. The first survey took place in this quarter and the results are attached (appendix A). Many of the respondents also took the opportunity to feed back on their experience of individual wards which is being shared with the ward sisters. A further breakdown of the issues identified related to the discharge process is being undertaken for each ward. The first survey has highlighted a number of changes to the design which will be addressed when the survey next takes place in September.

8.5 Registered Surveys

A number of further surveys were registered with the audit office during this quarter and are currently being processed. These include:

- National Cancer Patient Experience Survey: Ongoing
- Picker National Maternity Survey: Completed
- Compliance with Privacy and Dignity Policy: Complete, results undergoing analysis
- Effectiveness on quality of life for patients with Irritable Bowel Syndrome (IBS) following introduction of new national IBS diet: Ongoing
- Patient Satisfaction with Biofeedback Clinic: Ongoing
- Quality Assurance Survey of Complaints Process: Ongoing

9.0 ACTION REQUIRED BY THE TRUST BOARD

The Board are asked to receive this report for information.

Pam O' Shea
Patient and Public Engagement Lead
August 2010

Appendix A

Findings of Picker Inpatient Survey 2009 at Dorset County Hospital Foundation Trust

1.0 INTRODUCTION

1.1 The Picker Institute ran inpatient surveys for 73 Trusts in 2009. A total of 850 patients from this Trust were sent a questionnaire of which 828 were eligible. A total of 486 completed questionnaires were returned giving a response rate of 59%. This compares favourably with the average response rate for the 73 Picker Trusts which was 48%.

1.2 A previous Picker Outpatient survey took place in 2008 which provides a trend comparison in how the Trust is performing. Comparison of results against the other 72 Trusts is also available and provides an external benchmark of the Trust's performance.

1.3 Further analysis of the results was also undertaken looking at areas of speciality within the hospital to establish whether the findings correlated with complaints received however this did not yield any significant findings.

2.0 HOW DO WE COMPARE TO 2008?

2.1 The Trust has improved significantly on the following questions:

- Planned admission: not given choice of admission date. 62% of respondents identified this as an area of concern in 2008 as opposed to 51% in 2009.

2.2 The Trust has worsened significantly on the following questions:

- Hospital: patients using bath or shower area who shared it with opposite sex. 32 % in 2008 compared with 39% in 2009.

3.0 HOW DO WE COMPARE WITH OTHER TRUSTS?

3.1 On twenty four questions the Trust scored significantly better than the 'Picker average'. These included areas related to care in A/E, catering, discharge arrangements and being treated with dignity and respect. 97% of respondents would recommend this hospital to family and friends.

3.2 The results were significantly worse than the 'Picker average' for five areas:

- Planned admission: admission date changed by hospital
- Hospital: patients using bath or shower area who shared it with opposite sex
- Hospital: no posters or leaflets asking patients to wash their hands or use hand-wash gels
- Discharge: did not receive copies of letters sent between hospital doctors and GP

- Overall: not asked to give views on quality of care

4.0 SETTING PRIORITIES FOR ACTION

4.1 An in-depth review of the findings of the survey was undertaken by the Patient and Public Engagement Lead. Questions where more than 50% of respondents reported room for improvement were identified. By focusing on these areas, it could potentially improve the patient experience for a large proportion of patients who attend Dorset County Hospital NHS Foundation Trust

5.2 An action plan has been developed and is being monitored through the Learning from Patients committee.

Pam O' Shea
Patient and Public Engagement Lead
July 2010