

“ I get upset when I read or hear people criticising this very good hospital. Those people should try doing the jobs and no doubt they would change their opinion.

J.H. from Perton, Wolverhampton

Patient Experience Report

Quarter 3 2014/15

Carol Bott, Head of Patient Experience
and Public Involvement

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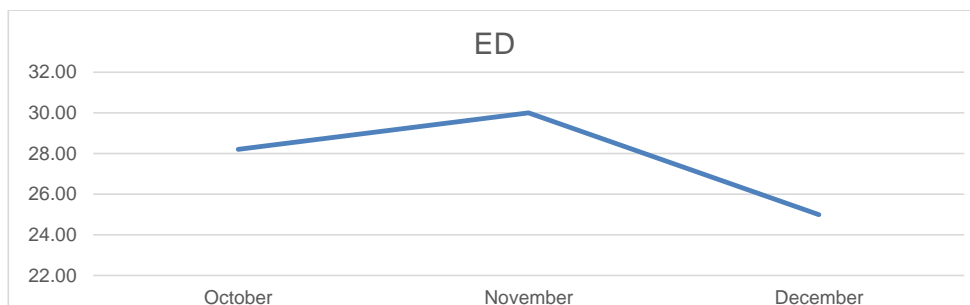
1. Friends and Family Test

1.1 Friends and Family Test October to December 2014

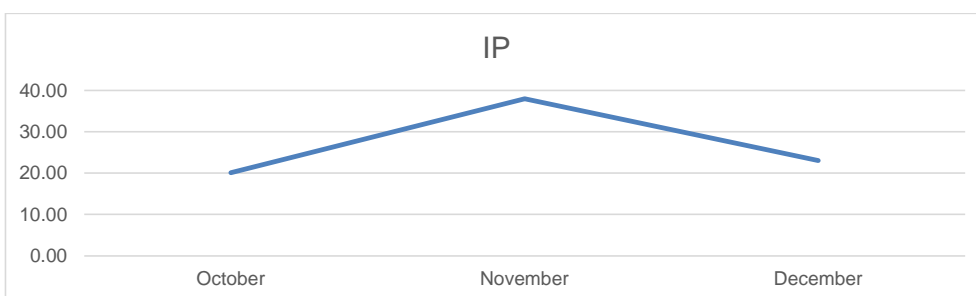
This is in line with development, nationally. Only in this way will the Trust be assured that it is working towards and succeeding in attaining quality standards. This is undertaken by eliciting free text comments from our service users.

The introduction of Independent Voice Messaging (September) has seen a marked improvement in the responses received by the Trust. Utilisation of volunteers to capture patient responses via cards is still an important aspect of eliciting views and will continue, especially at the Cannock Chase site until SMS and IVM have been developed at the hospital. Plans for undertaking this are in place. There was a poorer response during December; this is because patients attending the Emergency Department (thousands in number) who were subsequently transferred to an inpatient ward and have been included in the overall discharge figures for ED. The IT department, as a matter of urgency, has been asked to rectify this situation with Healthcare Communications.

FFT Response Rates – ED



FFT Response Rates – Inpatients



	October			November			December		
	Discharges	Surveys	Response Rate	Discharges	Surveys	Response Rate	Discharges	Surveys	Response Rate
ED	6437	1813	28.2	6062	1820	30.0	6006	1510	25.0
IP	1948	392	20.1	1948	736	38.0	1927	448	23.0

2. Complaints

2.1 Formal Complaints

Graph 1 below shows the main themes raised via formal complaints in this timeframe, where 79 were received.

Complaints about 'patient discharge and 'delay' accounted for the most complaints in this reporting period.

2.2 Complaints by Sub-subject (primary) and Directorate grouped by Subject (primary) – Division 2

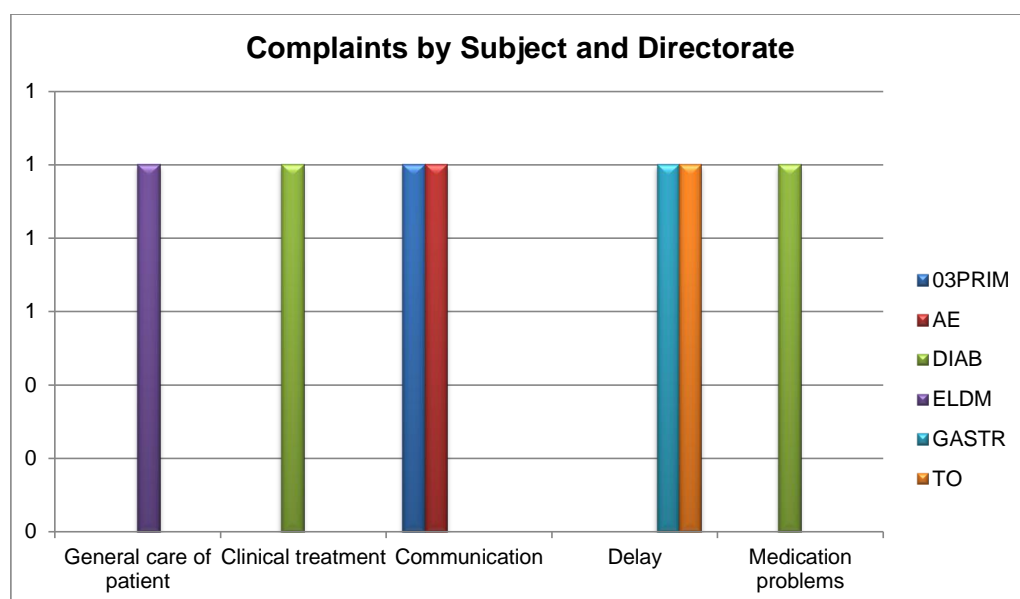
	Community Adult Services	Community Rehabilitation Services	Acute Medicine	ED Services	Oncology / Haematology	Dermatology	Elderly Medicine	Gastroenterology	General Medicine	Paediatrics	Renal	Rheumatology	Total
Attitude	1	2	0	1	0	0	0	0	0	0	0	0	4
Discourteous	0	1	0	1	0	0	0	0	0	0	0	0	2
Dismissive	0	1	0	0	0	0	0	0	0	0	0	0	1
Respect	1	0	0	0	0	0	0	0	0	0	0	0	1
General care of patient	1	1	0	1	2	0	1	1	0	1	0	0	8
General lack of care	1	1	0	1	1	0	1	1	0	1	0	0	7
Competence	0	0	0	0	1	0	0	0	0	0	0	0	1
Clinical treatment	0	0	1	0	1	0	0	1	0	0	1	2	6
Appropriateness of treatment	0	0	1	0	1	0	0	1	0	0	0	2	5
Complication of treatment	0	0	0	0	0	0	0	0	0	0	1	0	1
Communication	1	0	0	0	0	0	0	0	1	0	0	0	2
Communication with relatives	0	0	0	0	0	0	0	0	1	0	0	0	1
Communication between staff	1	0	0	0	0	0	0	0	0	0	0	0	1
Delay	0	1	0	0	0	1	0	1	1	0	0	0	4
Delay in receiving outpatient appointment	0	0	0	0	0	1	0	0	0	0	0	0	1
Delay in diagnosis	0	0	0	0	0	0	0	1	0	0	0	0	1
Delay in receiving treatment	0	1	0	0	0	0	0	0	1	0	0	0	2
Diagnosis	0	0	0	4	0	0	1	0	0	0	0	0	5
Misdiagnosis	0	0	0	4	0	0	1	0	0	0	0	0	5
Patient Discharge	0	0	0	6	0	0	0	0	0	0	0	0	6
Inappropriately discharged	0	0	0	6	0	0	0	0	0	0	0	0	6
Medication problems	0	1	0	0	0	0	0	1	0	0	0	0	2
Error - administration	0	1	0	0	0	0	0	1	0	0	0	0	2
Totals:	3	5	1	12	3	1	2	4	2	1	1	2	37

2.3 Complaints by Sub-subject (primary) and Directorate grouped by Subject (primary) - Division 1

	Cardiac	Critical Care	General Surgery	Head and Neck	Obstetrics & Gynaecology	Ophthalmology	Patient Services	Radiology Services	Trauma & Orthopaedics	Urology	Total
Administration	0	0	0	0	1	0	0	0	0	0	1
Appointments	0	0	0	0	1	0	0	0	0	0	1
Attitude	1	0	0	0	1	1	0	1	0	0	4
Discourteous	1	0	0	0	0	1	0	1	0	0	3
Insensitive	0	0	0	0	1	0	0	0	0	0	1
Cancellation	0	0	0	0	0	0	0	0	1	1	2
Cancellation of out-patient appointment	0	0	0	0	0	0	0	0	0	1	1
Cancellation of operation	0	0	0	0	0	0	0	0	1	0	1
General care of patient	1	1	0	0	2	1	0	0	3	0	8
Wound/skin Management	1	0	0	0	1	0	0	0	0	0	2
General lack of care	0	0	0	0	1	1	0	0	1	0	3
Pain/discomfort assessment	0	1	0	0	0	0	0	0	1	0	2
General Nursing Care	0	0	0	0	0	0	0	0	1	0	1
Clinical treatment	0	1	1	0	1	0	0	0	3	1	7
Appropriateness of treatment	0	0	0	0	1	0	0	0	1	0	2
Complication of treatment	0	1	1	0	0	0	0	0	2	1	5
Communication	0	0	1	0	0	0	0	0	0	0	1
Communication with relatives	0	0	1	0	0	0	0	0	0	0	1
Confidentiality	0	0	0	0	0	0	0	0	1	0	1
Breach of confidentiality	0	0	0	0	0	0	0	0	1	0	1
Delay	0	0	1	2	0	0	0	0	3	3	9
Delay in receiving outpatient appointment	0	0	0	1	0	0	0	0	0	0	1
Delay in diagnosis	0	0	1	1	0	0	0	0	0	0	2
Delay in reporting of MRI/CT Scan	0	0	0	0	0	0	0	0	1	0	1
Delay in receiving treatment	0	0	0	0	0	0	0	0	2	2	4
Delay in appointment for diagnostic tests	0	0	0	0	0	0	0	0	0	1	1
Diagnosis	0	0	0	0	0	0	0	0	2	0	2
Misdiagnosis	0	0	0	0	0	0	0	0	1	0	1

Dissatisfied with referral	0	0	0	0	0	0	0	0	1	0	1
Patient Discharge	1	0	0	0	0	0	0	0	0	0	1
Inappropriately discharged	1	0	0	0	0	0	0	0	0	0	1
Facilities	0	0	0	0	0	0	1	0	0	0	1
Property loss/theft	0	0	0	0	0	0	1	0	0	0	1
Transport	0	0	0	0	0	0	1	0	0	0	1
Inappropriate transport arrangements	0	0	0	0	0	0	1	0	0	0	1
Totals:	3	2	3	2	5	2	2	1	13	5	38

2.4 Graph 2 – Re-opened Complaints Quarter 3



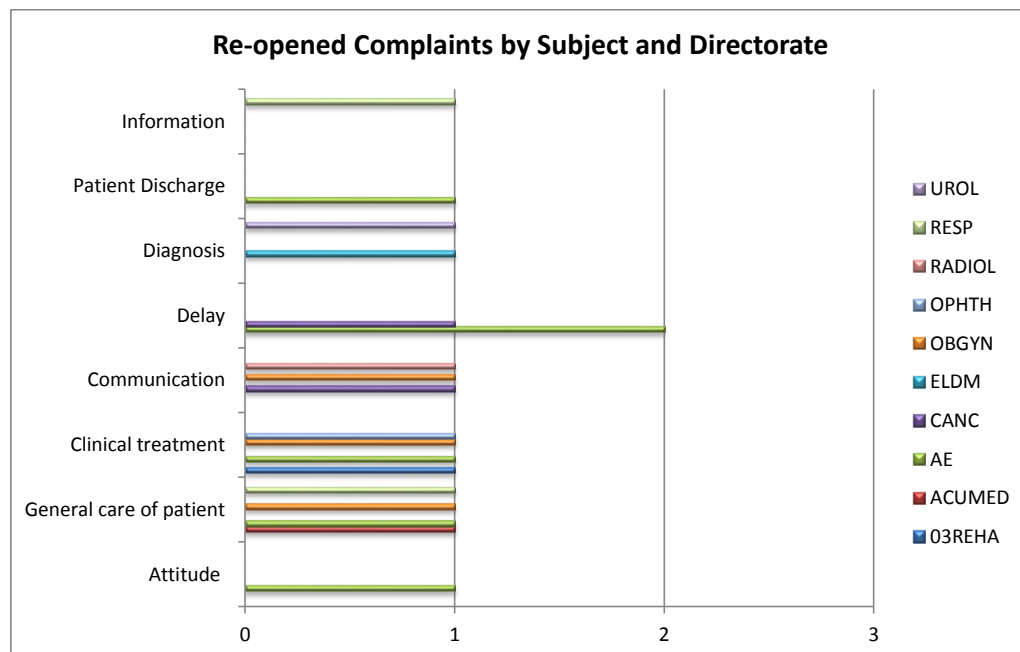
KEY

- 03PRIM – Community Services
- AE – Emergency Department
- DIAB – Diabetes Services
- ELDM – Elderly Medicine
- GASTRO – Gastroenterology
- TO – Trauma and Orthopaedics

Seven formal complaints were re-opened during quarter 3 which is a significant decrease on the previous quarter's 19.

Of these complaints 6 were attributed to Division 2 and 1 to Division 1. There were no re-opened complaints for Corporate or Estates and Facilities. Graph 2 shows the overall number of complaints which were re-opened by Directorate and Division during this quarter.

2.5 Re-opened Complaints by Subject and Directorate



2.6 Serious Complaint (red and amber) Investigation Outcomes

Key
Amber rating = A complaint involving substantiated lack of care/attitudinal issues/potential for litigation/settlement Less than £50K
Red rating = Multiple substantiated complaints. Attract media publicity. External inquiry likely if substantiated and potential for litigation in excess of £100k. A Never Event or serious incident resulting in major or serious enduring harm

There were 9 complaints graded amber during this reporting period.

- Family unhappy with the clinical treatment/appropriateness of treatment received by patient with life limiting illness. Also the attitude of the staff in general office when dealing with their bereavement requests.
- Patient inappropriately discharged from ED, mis-diagnosed and treated inappropriately. Patient wishes to relay his level of dissatisfaction of the treatment he received whilst in the A&E on 9th August 2014.
- Family unhappy with the care, treatment and communication with their father while he was an in-patient on C16.
- Patient has brain tumour and receiving chemotherapy. Family unhappy with the general lack of care received by the patient whilst on Ward C21, poor communication.

- Patient attended ED and subsequently discharged. Family wishes to raise complaint regarding the manner in which their father was wrongly diagnosed and treated discharged without thorough investigation. Also prescribed the wrong drugs and the on-going care received.
- Son raising concerns about the care of his mother on Trauma and Orthopaedic ward. He feels that her condition progressively worsened over several days however no one listened to him and subsequently, it was too late and his mother died.
- Patient initially informed baby's brain ventricles were enlarged during 20 week scan. Follow up scans indicated they were reducing in size and was therefore discharged. After baby was born another scan was taken which showed an abnormality including an enlarged ventricle. Patient feels the Doctor failed in his duty of care to their daughter and knowing of the expected problems could have prepared them emotionally and financially.
- Patient attended ED following an RTA in which she was a front seat passenger. The patient presented with injuries to the front of their body as a result of the impact, was x-rayed and informed that they had a heart murmur and would receive an appointment in due course and discharged. Patient then attended Russells' Hall hospital, informed they had a damaged sternum and broken ribs and admitted. Patient and family feel she was inappropriately discharged from the ED at New Cross and misdiagnosed.
- Patient unhappy with post-operative care and treatment received in relation to on-going pain and its management. The patient feels that the Consultant did not listen to the concerns raised at the time or seek to identify the origin of the source of pain. The patient was under the care of Cannock Chase Hospital at the time of this episode of care.

4 complaints are still under investigation; 5 complaints have been closed.

There were no complaints graded red for this reporting period.

Complaints are graded on receipt according to likelihood and consequence and grading is undertaken on the basis of the content of the complaint prior to investigation by directorates. In line with Trust policy, directorates re-grade complaints where appropriate once issues have been investigated. No complaints were downgraded from amber to yellow or green during this quarter.

The Complaints policy (OP08) clearly defines the need for the investigating officer to consistently update the complainant as to the status of the complaints investigation. This is also discussed and reinforced in various forums (e.g., CLIP). The recommendations from the Baker Tilly Complaints audit which was undertaken in December 2014 advised that the Trust should implement a reminder system which will assist the divisions. Target date: March 2015.

3. Ombudsman (PHSO) Investigation Findings (upheld cases)

During the months of October to December 2014, 2 complaints were referred to the PHSO (October x 1 General Surgery, November x 1 Obstetrics). 1 complaint was upheld in November with a financial cost of £500 (Cardiology); 1 complaint was partly upheld in December with no financial cost (Obstetrics). Also in this quarter, following PHSO investigation 2 complaints were not upheld (General Medicine x 1, Radiology x 1).

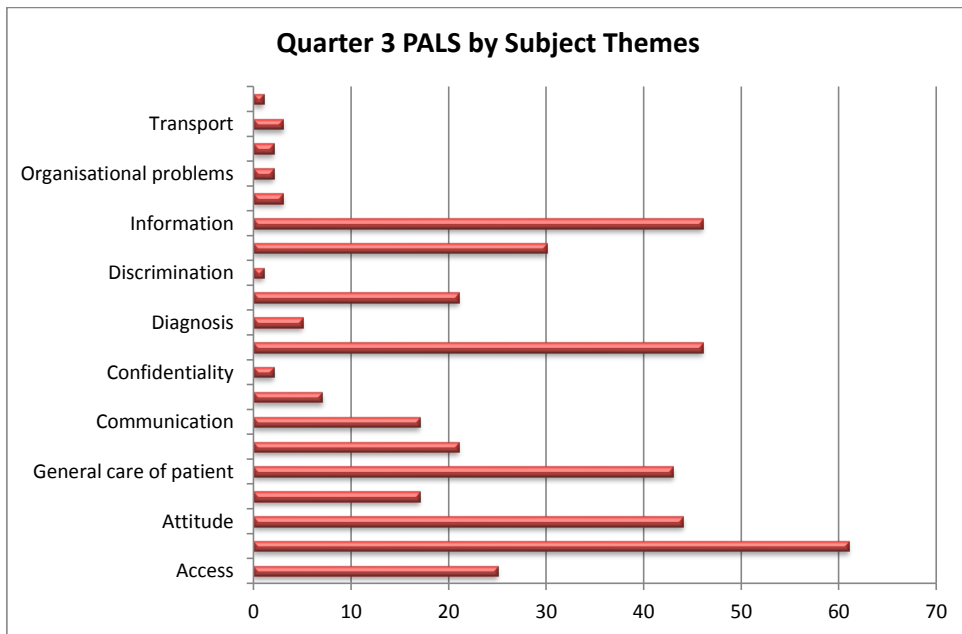
4. Compliments/Appreciation

Month	Thank You Cards	Letters/ emails	Chocolates	Biscuits	Donations	Other Gifts
Oct 2014	270	8 letters 6 emails	205	90	£1011.30	<ul style="list-style-type: none"> • Book cupboard for students • Cakes • Fruit • Wine • Colouring books/pencils • Teddy bear
Nov 2014	256	7 letters 5 comments 1 thank you call	293	43	£2364.04	<ul style="list-style-type: none"> • £200 book vouchers • Contribution towards a chair • Pens/diaries/books • Angel shaped charms • Spirits
Dec 2014	385	2 letters 3 comments	402	47	£1797.20	<ul style="list-style-type: none"> • Cakes/biscuits • Sweets • Wine • Tea/coffee • Xmas food treats

5. Patient Advice and Liaison (PALS)

The following graph depicts the themes in PALS enquiries for this quarter. As with the previous quarter, themes relating to administration received the most contacts. Typical queries relate to patients questioning why they have not yet received appointments as in routine/review appointments and cancellation of outpatient appointments. The categories relating to 'information' and delays, whilst being considered to be low level requests, continue to jointly receive the second most contacts.

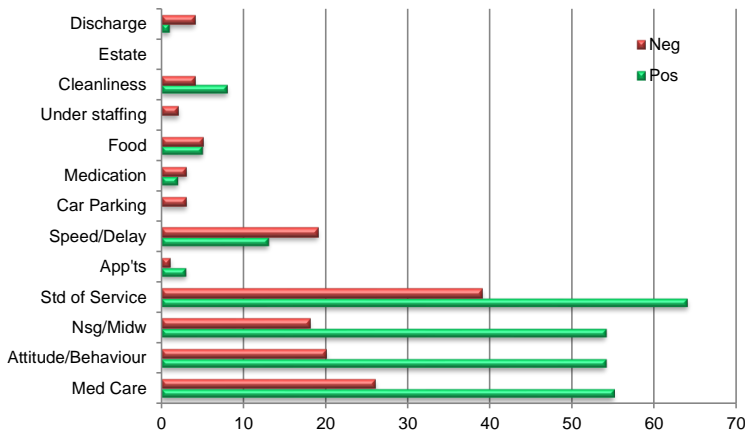
5.1 Themes



6. Internet Feedback

Patients and Carers can leave details of their experiences or views about providers of healthcare on websites such as NHS Choices or Patient Opinion. Each comment is read, sent to the relevant department and an online response is provided, usually asking the author to make contact if they would like us to feedback specific information to them. The green line relates to positive comments, the red – negative ones.

Each experience [left in this way posted](#) is analysed and the themes are shown in the graph below. Importantly, each incident is acted upon and outcomes confirmed.



Patient Opinion users' overall rating based on

What are people saying about our services?

Positive feedback

1. 'Care received on Appleby suite 27th October 2014, I received 100% care on this ward and was put at ease and well informed. I can only speak as I find and I have no complaints at all, I was treated with respect, everything was explained to me, my consultant and his team were also brilliant can't praise them up enough'.
2. 'I was admitted from outpatients in Mid-September...I thought i had an irritating gastric problem...I ended up having a double heart bypass....I can't thank all of the staff enough, consultant to volunteer tea makers...I was treated with the upmost dignity and respect by all...and the treatment was nothing short of superb...thank you all for saving my life-!!
3. 'My husband has had to attend New Cross Hospital on several occasions over the last eighteen months. So far he has had 1 surgical procedure carried out which went very well and he received excellent pre-op care and attention. Staff were so friendly and helpful throughout both the pre-op and post op stages. Everyone concerned were so hardworking and dedicated in what is an extremely busy and demanding environment. They have our admiration and gratitude for a job well done and for representing the NHS so well. I can only say that it was flawless from start to finish. It was efficiency from beginning to end and I was very reassured by the professionalism supplied'.

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Negative

1. 'Left on a trolley in a corridor in absolute agony for over an hour with no pain relief or gas and air. Nurses could clearly hear her but ignored her. In the finish I had to raise my voice to get their attention and they ended up getting security in say I had threatened them of which I did not. When she got on the ward 5 hours later the nurses in the night were perfect, however there were problems with the day staff that treated my wife. Refusing to give pain relief at the specific time they were told to and made her wait in agony for 45 minutes. Unacceptable behaviour. They also were very rude and in my opinion completely unprofessional.'
2. 'I had the misfortune to have to go to New Cross Hospital, Wolverhampton. The place was filthy with uncaring staff more interested in chatting than dealing with medical issues. The first doctor I saw either could not read English or didn't understand terms like left and right. Utterly useless. The standard of care is lamentable and they cannot be bothered to record information correctly and accurately. I also witnessed the security guards bullying a severely handicapped patient. Disgraceful. This hospital should be ashamed of itself. '
3. 'I arrived at A&E early in the morning with breathing difficulties. I had blood pressure taken in a cubicle. ECG machine was faulty. The doctor came, but had the wrong address/date of birth/employment details. I told him I was under investigation with a doctor. The man then went away and on return informed me I was COPD as an x smoker and should go and work out a plan with my GP. So I left still with breathing problems and no treatment, then had to wait for my GP to open, who prescribed me with a COPD inhaler which has had an immediate effect. I also wrote to Dr Mann again so I find that the A&E experience a total waste of a journey and expense for the car park'.



7. Patient Experience Forum (PEF)

The current Chair of PEF Snr Matron David Coan is leaving the Trust. The Head of Patient Experience will chair the PEF in future. New members will be warmly welcomed to the next meeting. Snr Matron Coan is thanked for his dedication towards the PEF and is wished well for his new post

8. Equality Act Assurance

The Equality and Diversity Officer, has been able to confirm the following:

8.1 Employment Action Plan - the references below link directly to those included on the Equality Objectives Action Plans.

1a) The setting up of an Equality and Diversity (E&D) Governance/Steering group to include reporting, collecting information, reviewing/analysis mechanisms for equality information. (RAG status remains unchanged - amber).

- Meeting held with Head of Workforce, Head of Patient Experience and Public Involvement and Equality and Diversity/PALS Officer to discuss setting up an equality and diversity steering group. Target date – June 2015.
- Scoping exercise commenced to secure terms of reference and mission statements from other organisations.

2a) The reviewing of training packages e.g., E&D face to face, E&D online, Bullying and Harassment (mandatory training), Recruitment and Selection to include E&D data collection, alternative formats, reasonable adjustments, Public Sector Equality Duty, E&D, The General Duty. (RAG status remains unchanged - amber).

- Equality and Diversity is currently in the Recruitment and Selection training package and the Management and Leadership Development Programme. All the above training packages are to be reviewed to complete the action. Target date: December 2015.

2c) Circulation of key documents to leaders/senior members of staff. (RAG status remains unchanged - green).

- 'Buying better outcomes, mainstreaming equality considerations in procurement' document circulated to relevant staff.
- Information circulated to relevant staff around the Workforce Race Equality Standard and the Equality Delivery System 2 (EDS2).

2f) Reviewing data gap analysis action plan for relevant equalities information to be published. (RAG status remains unchanged - red).

- 'Buying better outcomes, mainstreaming equality considerations in procurement' document circulated to relevant staff.

- Information circulated to relevant staff around the Workforce Race Equality Standard and the Equality Delivery System 2 (EDS2).
- Revised equality information publication spread sheets sent to Head of Workforce and Head of Patient Experience and Public Involvement for review. Relevant Trust leads are required to complete the spread sheet identifying what information can be published. Additionally, data will need to be supplied for publication. Target date: May 2015.

8.2 Services Action Plan - the references below link directly to those included on the Equality Objectives Action Plans.

1a) Trust Board to decide what PPCs (personal protected characteristics) should be collected for. (RAG status remains unchanged - red).

- 'Buying better outcomes, mainstreaming equality considerations in procurement' document circulated to relevant staff.
- Information circulated to relevant staff around the Workforce Race Equality Standard and the Equality Delivery System 2 (EDS2). The Trust is required to develop an Implementation Plan of how to take the EDS2 forward.

1c) To ensure contracts include compliance to equality legislation. (RAG status remains unchanged - red).

- 'Buying better outcomes, mainstreaming equality considerations in procurement' document circulated to relevant staff.

3a) We will send Complaints and PALS (Patient Advice and Liaison Service) leaflet to marginalised groups (including Deaf community groups)/stakeholders/partners/local interest groups advising how to complain. (RAG status changed – from red to amber).

- PALS Poster has been translated into Polish and Punjabi (the two most commonly used languages) with a view to expanding on these if further languages are requested by service users. Posters will then be circulated to marginalised groups.

3b) We will link complaints and PALS leaflets on E&D section of the website. (RAG status changed – from red to amber).

- Equality and Diversity, PALS and Complaints external website pages have been linked.
- PALS Poster requested to be translated, for use by patients whose first language is either Polish or Punjabi (two most commonly used languages). Poster for other languages will be produced on request. Posters will be uploaded onto the website once translated.

3c) EIA Complaints and PALS processes/policies to ensure the needs of people with PPCs are considered. (RAG status changed from amber to green).

- Equality Impact Assessment completed.

3e) Include E&D in Complaints and PALS Training. (RAG status remains unchanged - amber).

Work is underway to ensure equality and diversity is incorporated within generic departmental training. Target date: April 2015 *by Judith*

5d) Review the appointments system; reduce DNA (did not attend) rates, investigate text and telephone reminders, patient letters. (RAG status remains unchanged - amber).

- Further discussions have occurred in terms of finalising an output based specification document to ensure Trust requirement is adequately documented. Transformation team collating key stakeholder input into the business specification and decision will be made in terms of appropriate route for procurement / tender of system.
- Output based business specification took place January 2015. Next steps are to be established within the Transformation Team schedule of delivery. Completion date is to be confirmed.

9. Further developments / Conclusion

9.1 Complaints Audit

An internal audit of the Trust complaints processes was conducted by Baker Tilly during December 2014. The auditor was present in the Trust for a week; the report and its findings is now agreed.

Evidence was provided to the auditor (over and above the documentation / files that were scrutinised) demonstrating that the Trust takes concerns and complaints very seriously.

Several of the recommendations made by Baker Tilly were enacted before the final report was published. In the main, processes surrounding Complaints management were deemed to be sound; however it was suggested that the Trust should consider producing a league table style reporting method. In this way departments will be rated on their performance in relation to responding to complaints within given timescales, top of the league being top departments with 100% compliance moving further down the table as compliance drops. This process will enable the Patient Experience Team to focus resources on the lower performing areas whilst providing management with a clear indication of which departments are underperforming and putting the Trust at risk of further complaints and reputational damage.

9.2 Seasonal Activity

December and January saw unprecedented activity within the Trust; with proportional contacts coming through the PALS Office. *—*Increasingly, more PALS concerns are now being treated at

source; thereby preventing their escalation into formal complaints. As part of the success surrounding better communication and negotiation, the Head of Patient Experience is compiling a Customer Care training package to be rolled out across the Trust. This will be contained within the next PE report.

9.3 Trust Development Authority Framework Tools

The Head of Patient Experience, along with representatives from another 12 Trusts, has participated in an interactive seminar with the TDA. As a consequence of the discussion, the Patient Experience Team will provide future Trust Board reports mapped to the framework. The framework will act as the local governance model.

9.4 Membership

There continues to be much interest from the public in becoming Members of the Trust. Each individual is responded to promptly by mail and encouraged to form part of our Patient Experience Forum. Especially pleasing is the fact that people living in close proximity to Cannock Chase Hospital are showing great interest in becoming members. 42 individuals from that area have completed application forms since 1st November.

The Trust membership stands at 5,703 in number.

9.5 Rebranding of the Patient Experience Team



During December, a competition was held amongst staff, to ask their opinion about a suitable, positive brand for RWT's Patient Experience Team. The above logo was seen to be the unanimous choice amongst staff and volunteers. It will appear on all Patient Experience Team resources, in due course.

Included in the Quarter 4 Patient Experience Report will be an overview of how Mr Paul Uppal, MP, was recruited as Dignity and Privacy Champion for RWT.