

Patient Experience Annual Report 2017-18

including Complaints and
Patient Advice and Liaison Service



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patients

*Word cloud generated from
Trust's Patient and Carer
Experience Strategy*



hello my name is...

Rachael



Introduction

East and North Hertfordshire NHS Trust has as its vision 'to be amongst the best'. We aim to provide our patients and their carers with the best possible experience whilst they are using our services. This combined patient experience, complaints and Patient Advice and Liaison Service (PALS) annual report demonstrates how the Trust measures progress towards the ambitions set out within the Patient and Carer Experience Strategy. It includes a summary of patient and carer feedback and actions and initiatives to improve patient experience during 2017-18.

The Trust's Patient and Carer Experience Strategy 2015-19 was developed based on feedback from discussions with patients, families, carers, public Trust members and staff.

The strategy focusses on three key ambitions for the Trust:-

Ambition 1: We want to improve the experience of our patients and carers from their first contact with the Trust, through to their safe discharge from our care.

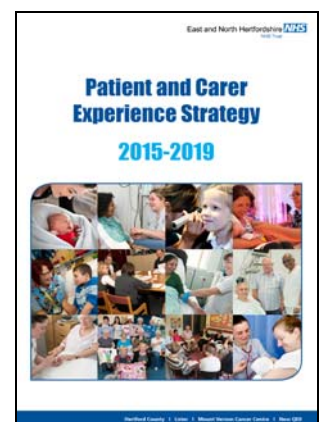
Ambition 2: We want to improve the information we provide to enhance communication between our staff, patients and carers.

Ambition 3: We want to meet our patients' physical, emotional and spiritual needs while they are using our services, recognising that every patient is unique.

The Trust's Patient Experience Committee (PEC), a sub-group of the Risk and Quality Committee, provides the overall direction to deliver the strategy. PEC is chaired by a non-Executive Director of the Trust and includes representation from the Medicine, Surgery, Cancer, Women's and Children and Clinical Support Service Divisions, Director of Nursing and Patient Experience, Patient Experience Project Manager, Complaints Manager, Facilities Manager, Chaplain, Head of Engagement, Organisational Development Team, Carers Lead, Health Liaison team and seven patient representatives. The committee met nine times during 2017-18 and received regular updates on the Trust's patient experience feedback and updates on the Divisional patient experience action plans.

Alternate formal meetings and workshop sessions are held monthly to enable the committee to monitor progress towards achieving the three ambitions contained within the Trust's Patient and Carer Experience Strategy. Workshop discussions/presentations have included:

- Chaplaincy Service
- Youth Forum
- Outpatients – new appointment letters and work to reduce 'did not attend'
- Pharmacy
- Patient Experience annual report
- Lorenzo and Nervecentre (new patient administration and electronic observation systems)
- Get up, get dressed, keep moving campaign
- Supporting Carers/Carer pathway
- Quality Account



An annual evaluation of the PEC was carried out in January 2018. As a result of this, the committee will change its name to the Patient and Carer Experience Committee and will invite a student nurse, medical representative and carer to join the committee.

Patients and carers are able to provide feedback and raise questions or concerns about their hospital experiences in a variety of ways:

- Talking to staff in the ward or department
- Completing one of our local patient experience surveys which includes the Friends and Family Test question (how likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?)
- Completing one of the national patient experience surveys
- Writing to or e-mailing the Trust
- Sharing their patient or carer experience story
- Participating in one of our focus groups/events (e.g. Carers Focus Group, Youth Forum)
- Posting comments on social media (e.g. Twitter/Facebook)
- Posting comments on NHS Choices or Patient Opinion
- Contacting the Patient Advice and Liaison Service
- Making a formal complaint

All feedback is shared with the relevant ward or department to enable teams to share positive feedback and consider suggestions for improvements made by patients and carers. Each ward/department has a 'learning from your experience' poster which is updated monthly to share the actions that have been taken as a result of patient feedback. The response to key questions from the inpatient experience survey are monitored and reported monthly by ward in the Nursing and Midwifery Quality Indicators. Wards produce action plans to address any areas of concern identified by patients. Each Division has a patient experience action plan which is discussed and monitored by the Trust's Patient Experience Committee.

The Trust participates in the national mandatory patient experience surveys co-ordinated by the Care Quality Commission and Department of Health. This feedback is valuable as it enables the Trust to compare performance with other trusts throughout the country. In 2017-18 the Trust received feedback from the following national surveys: Cancer 2016, Children's and Young People 2016, Accident and Emergency 2016, Maternity 2017 and Inpatients 2017. The timeframe for publication of national survey data is approximately ten months after the survey month. For example, the Inpatient survey 2017 was sent to patients who were in hospital in July 2017, the survey results were published by the Care Quality Commission on the 13 June 2018. A summary of results from these national surveys is included in Appendix 1.

Appendix 1 also shows the full breakdown of patient experience survey responses during 2017-18. This wealth of feedback has helped the Trust prioritise areas for improvement and influenced the actions included in this report.

The Trust received feedback from over 60,000 patients in 2017-18. This feedback informs the Trusts improvement plans and is vital to help us on our journey 'to be amongst the best'.

Rachael Corser
Director of Nursing and Patient Experience

Executive Summary

This annual report includes a summary of progress towards the key milestones identified within the Patient and Carer Experience Strategy 2015-19. These include:

Ambition 1: Improve the whole journey

- Continue to make improvements in appointment system and review patient feedback.
- Increase the number of patients, carers and Trust members involved in Trust activities (service reviews, inspections, committees etc.).
- Voluntary Services Strategy in place.
- Audit implementation of the End of Life Strategy.
- Increased levels of recognition at external awards. Monthly staff recognition scheme in place.
- Information maintained and regularly reviewed regarding Trust services.

Ambition 2: Improve communication

- Patient information leaflets regularly reviewed and available for patients on Trust website and within departments.
- Increased amount of information available for patients in alternative formats.
- **#hello my name is** embedded within the Trust.
- Significant improvement in patient experience feedback regarding communication evidenced in national inpatient survey.
- All wards have information booklets available.
- Use of 'This is Me' booklet for patients with dementia and 'purple folder' for people with a learning disability embedded in the organisation.
- Improvement in the number of carer's agreements in place. Carers report improved support provided.

Ambition 3: Meet care needs

- Reduction in number of harms caused to patients.
- New (hospital acquired) harms reported in safety thermometer audit continue to fall.
- Patient feedback improved in relation to rating of food and receiving assistance at mealtimes.
- Improved feedback from patients reflected in national inpatient survey score.
- PEAT score reflects high level of cleanliness.
- Clinical areas display information for patients on support groups and advice available.

The Strategy sets out how the Trust will measure its success, either by achieving improvements in our patient experience survey responses, reducing complaints regarding specific areas, or by improving our scores and number of responses to the Friends and Family Test survey. The information included in this annual report summarises progress made towards achieving the milestones and includes a summary of the latest patient experience survey data available.

Patient Advice and Liaison Service (PALS) and Complaints

The report provides an overview of the Patient Advice and Liaison Service (PALS) and Complaints Team activity from 2017-18. Analysis of the themes from complaints and concerns is used to identify areas of the Trust that need additional resources or support to improve patient experience. In addition, the information gathered is compared with other patient experience feedback. All feedback from complaints is shared with the relevant ward or department to enable teams to share positive feedback and consider suggestions for improvements made by patients and carers.

Feedback from complaints and concerns provides a valuable opportunity to demonstrate to patients and their families that we are listening and acting on the concerns that they raise. The feedback given to us can influence improvements across the whole organisation, not just in teams or individuals. Complaints and concerns contribute to a culture of continuous service improvement within the Trust.

Complaints and concerns data is presented quarterly to the Trust Board including learning outcomes and actions taken to prevent a recurrence in the future. There has been an increase in the total number of complaints received in 2017-18 with 1,101 complaints received across the organisation. In 2016-17, 924 complaints were received. The predominant subject of complaints was communication and delays in treatment or appointment.

The Patient Advice and Liaison Service (PALS) is an effective resource in supporting patients with 'real time' concerns and the team work closely with both clinical and support staff to resolve concerns in a timely manner. There has been an increase in the total number of concerns received in 2017-18 with 4,132 concerns received. In 2016-17, 3,088 concerns were received. As with formal complaints, the predominant subject of concerns was communication and delays in treatment or appointment.

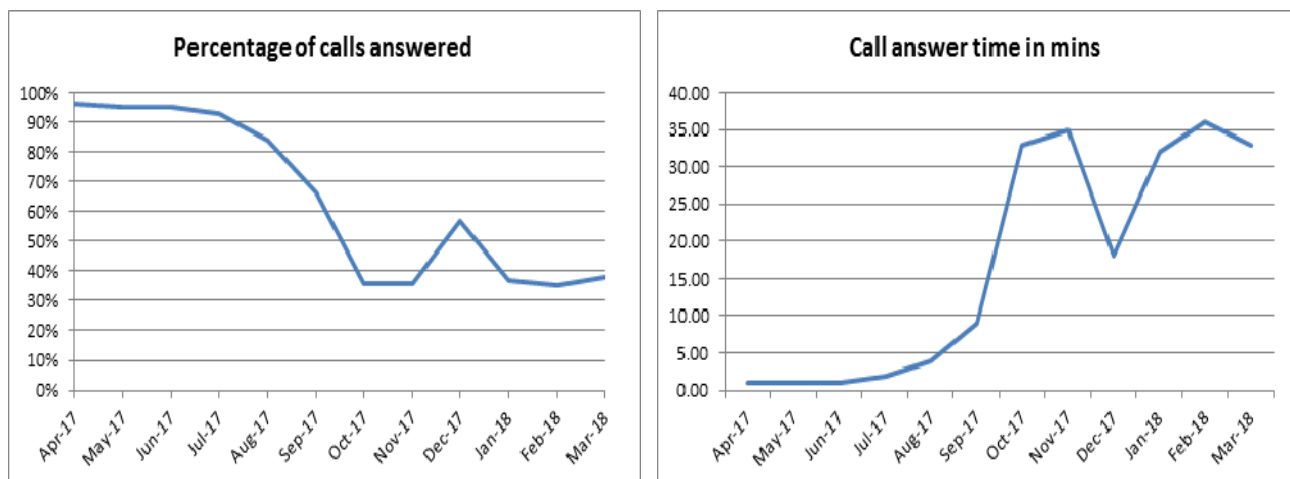
Key Milestones

Ambition 1

We want to improve the experience of our patients and carers from their first contact with the Trust, through to their safe discharge from our care.

Continue to make improvements in appointments system and review patient feedback

The early part of 2017 saw the Contact Centre maintain the improvements made in the previous year with appointments systems and access to the appointment booking team. In June 2017, 95% of calls were answered with an average wait of 1 minute 20 seconds. The introduction of the new Lorenzo patient administration system in September 2017 had a significant impact on the Contact Centre's ability to maintain this performance for a variety of reasons including longer transaction times, increased staff attrition rates leading to a loss of experienced staff and increased staff sickness rates. The deterioration in performance can be seen in the graphs below:



During the last quarter of 2017-18 the department has been working very hard to ensure that the Contact Centre meets the needs of patients. Roles that became vacant as a result of staff that found other positions during the Lorenzo go-live period have now been recruited into and staff are currently undergoing training.

In 2017-18 the Contact Centre received 86 complaints. The themes of the complaints received include the attitude of staff, non-receipt of appointment letters, cancelled appointments and long waits for an outpatient appointment. In response staff have been offered additional training and teams have been reorganised to ensure that experienced and new staff are co-located in an effort to reduce administration errors and provide cross-cover.

The outpatient team are introducing new appointment letters across the Trust, including an 'easy read' version and have introduced a text message reminder service so that patients are reminded about their appointment.

Patients attending the Outpatients Department provide feedback via the patients experience questionnaire, the Friend and Family Test survey and from formal and informal complaints. The monthly analysis and comments from the patient experience questionnaire are displayed in the clinical areas.

In 2017 the nursing department received 4 complaints. The themes of the complaints were lack of communication, attitude of staff and access to an interpreter. All complaints were thoroughly investigated, shared with staff across all sites and findings communicated back to the patients.

The Friends and Family Test show that 95.36% of outpatients would recommend the Trust and 1.25% would not recommend the Trust. There has been a marked decline in the number of respondents to the Friends and Family Test since the introduction of the Lorenzo patient administration system in September 2017, from an average of 2,447 per month to 1,435. An action plan is being implemented to reverse this downward trend and increase the response rate.

Feedback from the patient experience questionnaires shows that 98.67% of patients were treated with dignity and respect and 95.34% were involved in decisions about their care. 82.23% of patients were seen within 30 minutes of their appointment time and 67.44% were seen on time. The Outpatients steering group are currently looking at the clinical pathways which includes reducing waiting times in clinics which will improve the patient experience in the Outpatients Department.

On arrival patients should be informed about any delay when they check-in for their appointment and this information is updated on a regular basis by the clinic nurses. The outpatient survey indicated that 44.15% of patients were told about waiting times when they checked- in. To help improve communication about waiting times for patients waiting for their consultation, senior staff undertake regular clinics visits to check that the clinic white boards are updated and that patients are verbally informed about waits. The Outpatient team are focused on having a more aligned approach to ensure that all patients are given waiting time information on checking-in and throughout their outpatient visit to improve this aspect of patient experience.

Increase in the number of patients, carers and Trust members involved in Trust activities (service reviews, inspections, committees etc).

The Trust has developed an excellent reputation for engaging and involving local communities and partners as well as its public members and staff. The Trust is **accredited national good practice** on the NHS England Involvement Hub - <https://www.england.nhs.uk/participation/success/case-studies/trusts/> . We are committed to putting our hospitals at the heart of our local communities and this work continued to feature strongly in our activities throughout 2017-18.

The Trust had 12,687 members as at 31 March 2018 – **an increase of over 33% in six years**. We have prioritised the involvement of members and patient representatives in our governance and accountability. We get the benefit of fantastic support and insight from members at:-

- ✓ Care Environment Committee
- ✓ Patient Experience Committee
- ✓ Patient Led Assessment of the Care Environment (PLACE)
- ✓ 15 Steps Challenge
- ✓ Voluntary Service Steering Group

In addition, we are actively involving our members in our new strategy development as well as key operational change projects, e.g. non-elective pathway redesign.

Voluntary Services Strategy in place

The Voluntary Services Strategy supports the wider Trust strategy 'to be amongst the best' in all that we do. This strategic aim is underpinned by our values:

Patients:	We put our patients first
Improvement:	We strive for improvement
Value:	We value everybody
Open and honest:	We are always open and honest
Teamwork:	We work as a team

The Voluntary Services Department ambition is to provide a variety of services to patients that complement those provided by the Trust, in order to improve the patients' experience. This is achieved by:

- Providing ward based services that have direct patient impact.
- Providing services in non-clinical areas that have direct patient impact.
- Providing support for administration.
- Providing a range of activities aimed to provide entertainment and stimulation, e.g. Pets as Therapy (PAT) dogs, music and activities.

The Voluntary Services Department is largely self-managing and not reliant on other departments in order to recruit, train and place volunteers.

There is a Voluntary Services Steering Group who give support and advice on the work within the Voluntary Services Department ensuring that the team focus on areas of priority. The Voluntary Services Steering Group feeds into the Trust's Patient and Carer Experience Committee providing regular reports on activities.

Examples of activities for 2017-18:

- Working from comments and suggestions from ward staff and the steering group, improvements have been made to the ward-based services to patients by developing the Ward Assistant role to ensure that volunteers spend more time with patients.
- Increased the range of activities provided throughout the hospital including PAT dogs, singers, musicians, hairdressers etc., and increased the number of wards able to receive those activities.
- Introduced a pilot appointment reminder service in an effort to support the Trust in reducing the number of patients who do not attend their appointment, known as DNAs.
- Reviewed the student volunteer programme, making it more relevant to students seeking a career in medicine, nursing or midwifery.
- Supported the renal dialysis team in setting up a system to recruit specialist volunteers.
- Recruited a substantial team of Butterfly volunteers to support patients at end of life and their families.
- Recruited a team of runners for Pharmacy to assist in delivering patient medication to wards.
- Implemented a feedback system for volunteers when they leave the Trust.



Audit implementation of the Trust's End of Life Strategic Plan

The Trust's End of Life Care Strategic Plan 2015-18 was published in March 2015. The Strategy sets out the Trust's ambitions to raise the profile of palliative and end of life care, for all patients to receive individualised end of life care and for clinical staff to receive appropriate training around end of life care, partnership working and providing a quality service. The End of Life Strategy Group is chaired by a consultant in Palliative Medicine and oversees implementation of the Trust's ambitions for end of life care. The strategy group provide an annual report to the Risk and Quality Committee and the Clinical Commissioning Group End of Life Forum.

Actions towards meeting the strategic plan include:

- The individual care plan for the dying patient has been embedded into practice. This is now in use on all wards to maximise dignity, comfort and sensitive communication for patients and their families.
- Audit of 'end of life documentation' and implemented changes where necessary.
- Implementation of a flag alert on the Trust's patient administration system (Lorenzo) for patients being cared for on the end of life care plan.
- Education on priorities for care of the dying person is mandatory for all clinical staff and selected non-clinical staff (such as porters, ward clerks and housekeepers). The training sessions are delivered by the Specialist Palliative Care Team. Other training has included an eight day palliative care course, three levels of communication skills courses and a symptom management and priorities of care for the dying person course.
- Participation in the National Cancer patient experience survey.
- The Trust has a well-established group of specially trained volunteers who provide companionship and support to those who are dying and their loved ones. This initiative is part of the wider Butterfly Volunteer Project which aims at improving services for the dying person and those important to them through volunteer support and displaying an accepted butterfly logo to raise awareness when a patient is recognised as dying. A co-ordinator has now been recruited to manage the Butterfly Volunteers.

**BUILDING ON THE
BEST IN ENGLAND:
COMPASSIONATE CARE AT
THE END OF LIFE**



- The Trust has completed the 'Building on the Best: compassionate care at the end of life' programme with Macmillan Cancer Support. This is a national initiative to improve the delivery of compassionate end of life care. This included updating and implementing new Anticipatory Prescribing guidelines into the Trust.

Increased levels of recognition at external awards / Monthly staff recognition scheme in place

A number of the clinical divisions now have their own monthly staff recognition schemes in place, owned and managed from within the divisions. Clinical Support Services run an *Employee of the Month* award and a *Best Innovator* award which is open to individuals or teams.

Surgery have been awarding a *Best Innovator* and an *Employee of the Month* award each month – this will shortly be relaunched as the WOW awards and one award will be made each month.

The Medicine division runs a scheme to recognise excellent practice and outstanding performance of both employees and volunteers in providing exceptional patient care and service delivery.



Women's Services ran an award for administrative and clerical staff early in the year, nominations were made by members of the Women's Services team. They also ran *#12days of Christmas* which was an event where, for the 12 days leading up to Christmas, they gave away a prize to a randomly selected member of staff. The prizes were posted on the staff Facebook group in the morning and the winner announced in the afternoon, this enabled both individual engagement and team engagement and prompted lots of comments and support from team members. This scheme evolved into *#12months* which has continued throughout the year. There is a theme each month and, on the launch day, there are activities for staff including a tea trolley, competitions with prizes and an information board. This monthly event is used to promote local and national initiatives and works well at generating engagement through individual and team competitions.

Information maintained and regularly reviewed regarding Trust services

A comprehensive review of signage took place at the Lister Hospital site in line with the Department of Health Wayfinding Guidance (2005). The hospital has been separated into different coloured zones and, when reaching the correct colour zone, patients and visitors are directed to departments within the zone. The Estates Department ensure that signage is updated to reflect any changes in location of wards and departments.

DisabledGo accessibility guide: The Trust has worked with DisabledGo to provide a detailed accessibility guide for all of the departments, wards and services at the Lister. This includes information on lighting, signage, doors, ramps and more.

Hospital Parking (Multi-Storey)

Parking Collapse -

- The hospital does have a dedicated car park.
- The car park is located at the rear of the hospital site.
- The car park type is multi storey.
- The car park does have a height restriction barrier.
- The maximum height is 210cm (6ft 11in).
- The car park does have a barrier control system.
- Controls at the barrier are within the range of 100cm to 110cm.
- The barrier controls/touchscreen can be reached from the car.
- The car park surface is concrete.
- There is a/are clearly marked/signposted Blue Badge parking bay(s) available.
- The Blue Badge bay(s) is/are clearly marked.
- There is/are 81 designated Blue Badge parking bay(s) within the hospital car park.
- The dimensions of the designated Blue Badge parking bay(s) surveyed are 378cm x 689cm (12ft 5in x 22ft 7in).
- Parking spaces for Blue Badge holders do not need to be booked in advance.

1

2

3

Example of disabled access information for Lister multi-storey car park

The Trust website includes a section on services where teams within the Trust develop their own pages to share details of the services they offer. The Communications Team ensure that these pages are reviewed in a timely manner.

The screenshot shows the NHS East and North Hertfordshire website. The main navigation bar includes 'Patients & Visitors', 'GPs & Professionals', 'Member Area', 'Our Hospitals', 'About The Trust', 'Get Involved', and 'News & Media'. The breadcrumb trail reads 'You are here: Patients & Visitors > Our services – A to Z > Maternity unit'. The page title is 'Maternity unit'. The main content area features a large image of a family and a text block: 'The Lister's Diamond Jubilee Maternity Unit opened in October 2011 and sees over 5,500 babies born every year. Our aim is to assist you to have a safe pregnancy and a healthy happy baby.' Below this are five smaller images with captions: 'Early bird referral form and screening leaflet', 'You're pregnant', 'Your antenatal care', 'Labour and birth', and 'Specialist services'. A sidebar on the right contains a search bar, a list of 'Also in this section' links, and a 'Useful Info' section with facts: 'The Diamond Jubilee Maternity Unit sees some 5,000 babies born every year'.

Example of Maternity Unit page on Trust website

Press releases are issued to inform the public of changes/developments in services, examples include:

- Nurse-led rheumatoid arthritis service
- New Admiral Nurse role
- Telemedicine for diabetes patients
- Enhanced Nursing Care team

PRESS RELEASE

E&NH0629

New service aims to keep frail older people out of hospital

The Trust's frailty team with consultant interface geriatrician, Dr Abdul Malik (far right)

Stevenage, UK – 6 December 2017 – A new service is now in place at the Lister hospital that means frail older people brought in to the hospital's emergency department, frequently by ambulance, are now referred quickly for assessment by a specialist, consultant-led multidisciplinary team.

Example of press release

Key Milestones

Ambition 2

We want to improve the information we provide to enhance communication between our staff, patients and carers.

Patient information leaflets are regularly reviewed and available for patients on the Trust website and within departments. Increased amount of information available for patients in alternative formats.

There are over 400 patient information leaflets available for patients to access via the Trust's website and there is an ongoing programme to ensure leaflets are reviewed every three years, or earlier in light of new evidence. Each Division has a patient information lead responsible for the review and development of patient information for patients and they are supported by the Trust's Patient Information Co-ordinator.

Verbal and written information is offered to patients and carers to meet their individual needs. A wide variety of information is available via the Trust's website. All patient information leaflets advise patients that they 'can request this information in a different format or another language' and a policy is in place for staff to access information in alternative formats. Translations of small documents can be arranged via LanguageLine. For larger documents the department would consider using the services of a translation company. The Trust uses the British Sign Language Interpreting Agency to provide language service professionals to facilitate effective communication with patients who are deaf, deaf-blind or hard of hearing. The Trust has introduced an Accessible Information Policy developed to meet the Accessible Information Standard. A designated e-mail and phone number is published for patients and carers to call if they have any specific information and/or communication needs.

How do you communicate?

**Do you need information in a different format?
Do you need support?**

easy read
coloured background
speech
to text
audio description
BSL speech
makaton
Braille
Lip Reading
Large Print
Email
Telephone
lip reading
makaton
accessible information
i
large print
audio
description
BSL
text
sms
large
print
easy
read
high
contrast
BSL
AA
easy read
A
telephone
sms
textphone
description
email
A
A
A

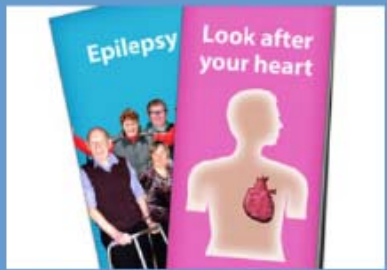









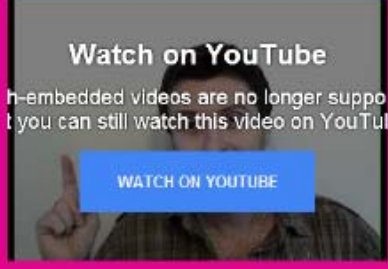

Tell us today
Telephone: 01438 284387
E-mail: AIS.enh-tr@nhs.net

Project funded by NHS England
Accessible Information Standard





The Health Liaison Team nurses work closely with families, carers and people with a learning disability to ensure they receive information in an understandable format producing bespoke letters and information in easy read formats to suit individual patients.

A 'Comments, Concerns, Compliments and Complaints' easy read information leaflet has been developed with the help of the Health Liaison Team and is available on the Trust's website. The Trust website includes links to additional easy read information:

easyhealth.org.uk

 <p>Health Leaflets</p> 	 <p>Food and Exercise</p> 	 <p>Health Videos</p> 
 <p>Useful Things for your Health Care</p> 	 <p>Useful Organisations</p> 	 <p>About this website</p> 

The hospital communication book helps people with a wide range of different needs to communicate with hospital staff during their visit or stay in hospital. It is particularly helpful for patients who have learning disabilities, autism, are deaf or patients whose illness affects their communication skills as well as those who don't have English as their first language. It is separated into clear sections such as food and drink/pain/tests and treatment and contains clear and simple pictures and text so patients are easily able to indicate if, for example, they are in pain:

 <p>Sore throat</p>	 <p>Chest pain</p>
	

#hellomynameis... embedded within the Trust.

The Trust has actively promoted the #hellomynameis campaign at public events and all divisions are asked to include this within their patient experience action plan.

The Trust's inpatient survey asks patients if they know which nurse is looking after them; responses to this question in our local inpatient survey improved from 76% in 2016-17 to 79% in 2017-18.

Huge thanks to all for #QualityCare today @enherts Lister, specially ED's Angel, Dr Samuel and @EastEnglandAmb Halo. #LoveMyNHS It's little things like #hellomynameis that make such a difference when worried about a loved one. #DementiaAwareness



Lister ED

From the moment I entered Lister hospital everyone was so friendly and kind. Every department have been amazing. On ward 10AN the staff couldn't do enough to help me. Everyone that came to my bedside introduced themselves to me. They made my very welcome. They were so kind and gentle. From the doctors, nurses, catering and cleaners. All the way down to the porters. You are all wonderful people.
Ward 10A

Staff were friendly, worked as part of a team. Introduced themselves morning and night shifts.

Pirton Ward

Significant improvement in patient experience feedback regarding communication evidenced in national inpatient survey.

The number of complaints throughout the Trust regarding 'communication' in 2017-18 was 212. This is an increase from 2016-17 when 181 complaints were received. The number of concerns throughout the Trust regarding communication in 2017-18 was 1,738. This is a significant increase from 2016-17 when 530 concerns were received. Communication concerns include both written and verbal communication, e.g. appointment letter not received and inability to speak to staff to make/rearrange an appointment. It is clear that this is an area where significant improvements are needed.


There are a number of questions within the national inpatient survey which relate to communication. Comparing the 2016 and 2017 inpatient survey results, the scores have increased for five out of the six questions (see below). Although the Trust scored 'about the same' as other Trusts for these questions, we have not yet been able to meet the target improvements within the Strategy.

Questions from CQC Inpatient Survey relating to 'communication'	2016	2017
While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.1	8.2
When you had important questions to ask a doctor, did you get answers that you could understand?	8.1	8.0
When you had important questions to ask a nurse, did you get answers that you could understand?	7.9	8.1
How much information about your condition or treatment was given to you?	7.9	8.8
Did a member of staff answer your questions about the operation or procedure in a way you could understand?	8.6	8.8
When you left hospital, did you know what would happen next with your care?	6.5	7.0


All wards have information booklets available

A 'ward information leaflet' has been developed for each ward. This was reviewed in 2017-18 to include information on Nervecentre, the Trust's electronic observations system, introduction of the 'Get up, get dressed, keep moving' campaign and open visiting hours for many wards. This leaflet provides a short summary of the key information patients may need to know and was developed with input from staff and patients and the Patient Experience Committee membership. Key information includes:

- Ward contact details
- Ward Sister's name and photograph
- Visiting and protected mealtimes
- Meals and snacks
- Get up, get dressed, keep moving
- Electronic observations (Nervecentre)
- Ward routine – mealtimes, visiting times, times of doctors' rounds
- Who to talk to about questions/concerns
- Contacting the chaplains
- Reducing noise/use of mobile phones
- How to hire a TV
- Free Hospital Wi-Fi
- Personal belongings
- Discharge from hospital
- Medication
- Providing feedback/how to make a complaint

East and North Hertfordshire 
NHS Trust

Welcome to SSU (Short Stay Unit)
#hello my name is...


Trudi Godbeer,
Ward Manager


We are located on the first floor of Strathmore Wing at Lister Hospital and we are a short stay unit. The ward has 28 beds located in bays or side rooms. Male and female patients are cared for in separate bays.

Contact numbers: SSU 01438 285031

Visiting times: 9am - 9pm

Protected mealtimes: 11.45am-12.45pm and 5.05-5.50pm

Visitors
Friends and family are welcome to visit you during visiting hours. We have 'protected mealtimes' where staff help prepare patients for their meals and support patients who need help eating or drinking. If a family member or friend would like to support you outside of visiting hours, or to help you during mealtimes, please discuss this with a member of staff.



Use of 'This is Me' booklet available for patients with dementia and 'purple folder' for people with a learning disability embedded in the organisation.

'This is me' is a booklet that people with dementia can use to tell hospital staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centered care that is tailored specifically to the person's needs. It can help to reduce distress for the person with dementia and their carer. It can also help to prevent issues with communication, or more serious conditions such as malnutrition and dehydration. Nursing staff offer the 'This is me' booklet to all patients with a diagnosis of dementia and encourage relatives/carers to help patients complete the information, supported by staff where necessary.



Care for patients with dementia at the Trust has undergone a number of improvements during the year. Dementia UK provides specialist dementia support for families through their Admiral Nurse Service. When things get challenging or difficult for people with dementia and their families, Admiral Nurses work alongside them, giving one-to-one support, expert guidance and practical solutions people need. The unique dementia expertise and experience an Admiral Nurse brings is a lifeline helping everyone in the family to live more positively with dementia in the present, and to face the challenges of tomorrow with more confidence and less fear. The Trust is now a host organisation for the Dementia UK Admiral Nurse Service and the Trust has an Admiral Nurse in post to support families.

“Our elderly care wards have been refurbished to meet the Kings Fund recommendations for a ‘dementia friendly ward’. Dementia friendly trollies with appropriate equipment to help improve patient involvement are available on all wards. Specialist dementia friendly lighting designed to create a calming environment is being installed.”

Matron - Medicine Division

Tier two training is now provided monthly for all staff who have regular contact with people living with dementia. This helps improve their knowledge and skills of caring for someone with dementia, along with their ability to educate and support families.

These new changes have helped improve the experience of a hospital admission both for people with dementia and their families.

“We have made improvements to the environment in the Emergency Department to make it more ‘dementia friendly’. This includes changing the décor in our cubicles, adding murals and the addition of homely items such as clocks and telephones.”

Matron – Emergency Department



A new pathway of care has been developed with the Community Admiral Nurses to ensure that patients with dementia have a supported pathway from admission into hospital to when they are discharged. This has proved vital in ensuring families feel supported and reducing carer breakdown. A dementia care pathway and a delirium pathway were launched within the Trust in 2018. They are a guide to help staff deliver good dementia care and help identify and raise awareness of delirium.



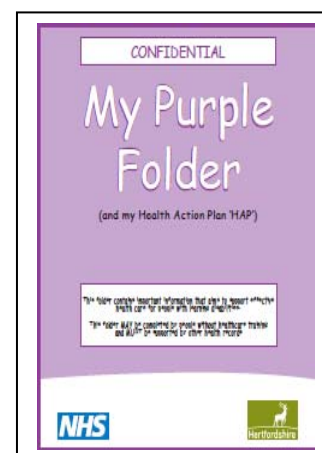
Dementia Care Pathway

Doctor/ Nurse	IDENTIFY CONFUSION	<ul style="list-style-type: none"> ▪ Assess patients 75+ using Abbreviated Mental Test (AMT) ▪ Record AMT score on electronic record to create alert to GP if score ≤ 8 ▪ Add confirmed diagnosis of dementia to electronic record to create alert. ▪ Increased confusion THINK DELIRIUM AND TREAT. Refer to delirium pathway.
Doctor/ Nurse	INVOLVE FAMILY/CARER	<ul style="list-style-type: none"> ▪ Identify carer/next of kin and document ▪ Support continuing carer involvement (as carer wishes) ▪ Ask patient/family/carer to complete 'This is Me' booklet to enable staff to understand patients history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests ▪ Encourage open visiting to family/carer – John's Campaign 'stay with me'
Nurse	RAISE AWARENESS	<ul style="list-style-type: none"> ▪ Place yellow wrist band on patient with consent of patient/carer/NoK ▪ Place forget-me-not symbol behind patients bed with consent of patient/carer/NoK
Nurse	DOCUMENTATION & ASSESSMENTS	<ul style="list-style-type: none"> ▪ Use Abbey pain assessment tool 4 x daily for patients unable to communicate pain verbally ▪ Complete risk assessments (falls, Waterlow, MUST & Enhanced Nursing Care Team assessment, if required) ▪ Assess Mental Health Capacity, Best Interest and DOLS for hospital admission and treatment. Review regularly ▪ Challenging behaviour – monitor for unmet needs e.g. pain, thirst/hunger, dry/sore mouth, constipation, boredom, temperature – document on behaviour chart ▪ Use communication tool VERA (Validation, Emotion, Reassurance and Activity)
Nurse	CARE ON WARD	<ul style="list-style-type: none"> ▪ Don't move patient unless for essential clinical reason. If essential to move patient then liaise with family/carer and complete ward to ward transfer form ▪ Encourage use of resources to interact with and stimulate patients (e.g. dementia blankets, music, books etc.) ▪ Contact Divisional Matron for support
Doctor/ Nurse	CONSIDER REFERRAL TO	<ul style="list-style-type: none"> ▪ Enhanced Nursing Care Team specialling.enh-tr@nhs.net [Bleep 5930] • Rapid Assessment, Interface and Discharge (RAID) Team [Tel: 01438 284584 or 014383143333 bleep 1508] • Dementia Team [Bleep 0071] • Parkinson's Clinical Nurse Specialist [Tel: 01438 285498] • Physiotherapy/Occupational Therapy/Dietician/Pain Specialist
Doctor/ Nurse/ Family/carer	DISCHARGE FROM HOSPITAL	<ul style="list-style-type: none"> ▪ Liaise with family/carer throughout stay to plan discharge ▪ Consider discussion with family about Advanced Care Plan. ▪ Document community referrals in discharge summary ▪ Provide community contact details and/or refer to Hertswise for continuing support Tel: 0300 123 4044 www.hertslpc.org.uk ▪ Bedford memory navigation service Tel: 0300 111 9090 www.memoryinbeds.org.uk ▪ Support feedback on patient/carer experience.

Purple Folder available for people with a learning disability

My Purple Folder is a Health Action Plan and Health Portfolio held by people with learning disabilities that should be used at every health consultation. It holds important health information about the individual that is completed by the individual and/or their carer or professionals working with them. Every health professional that sees someone with a learning disability should make reference to the Purple Folder and contribute to the Health Action Plan within it. The aim is that everyone with a learning disability who wants a Purple Folder is given one and that it is used as a reasonable adjustment improving access to useful information that enables healthcare professionals understand better the individual's needs.

Purple Folders continue to be issued on an ongoing basis for people with learning disabilities. There are several streams of getting the folders issued and all professionals working with people with learning disabilities are encouraged to ensure that this is issued to anyone who wants a folder. Currently anyone can request a Purple Folder by contacting the Health Liaison Team. The team always issue a copy to any service users supported in hospital who wants one and they are issued free of charge. The Health Liaison Team continue to work with clinical teams within our Trust to improve the use of the Purple Folder.



The Purple Star Strategy

The Purple Star Strategy is a strategic initiative that involves an accreditation process that services can sign up to in order to enable an adjusted approach to delivering care in a way that improves healthcare access and health outcomes for people with learning disabilities. The scheme was set up in Hertfordshire by the Health and Community Services and is monitored by the Purple Star Strategy team. The Health Liaison Team works with the areas within the Trust that apply to become accredited with a Purple Star Strategy award. Within the Acute Trust three services have been recognised for their work with patients with learning disabilities and have received the Hertfordshire Learning Disability Quality Standard accreditation, known as the Purple Star accreditation namely:

- Day Surgery Unit, Lister
- The Diabetic Eye Screening Service
- Ambulatory Care Unit, New QEII

Ophthalmology services in the Lister Treatment Centre are working towards Purple Star accreditation and work is beginning with the Emergency Medicine team to achieve the Purple Star accreditation.

Systems in place to support people with learning disabilities accessing the Trust

Learning Disability Liaison Nurses from the Health Liaison Team provide support across the Trust for adults with learning disability. Children's services, Children's Special Schools team and Community Paediatricians provide support and care for children with Learning Disability.

The Learning Disability Liaison Nurses are employed by Hertfordshire County Council and are part of the Hertfordshire Health Liaison Team. The nurses provide support for residents of East and North Hertfordshire who are accessing acute hospital services. They provide nursing support to patients and carers; and guidance, advice and training to hospital staff in line with agreed policies and pathways of care in place. Referrals are accepted from patients, carers and hospital staff and the team is available Monday to Friday. There are alerts on the electronic patient's records that enable the identification of patients with learning disabilities who come into the Acute Trust.

Examples of good practice:

- Purple Star accreditation in New QEII Ambulatory Care and Diabetic Eye Screening and reaccreditation for Lister Day Surgery.
- Sepsis nurses use the Nervecentre Learning Disability alert for daily reports to review patients with learning disability to support appropriate practice with medical and nursing teams in managing sepsis.
- Sepsis nurses have been working the Hertfordshire Learning Disability teams and people with learning disability to highlight the risks around sepsis.
- Memorandum of Understanding agreed with the Learning Disability Nurse Liaison team.
- Specific pathway put in place for a patient who previously had a negative experience has been effective in supporting improved communication of her needs and enabled a more positive experience during subsequent hospital admission. Pathway was developed jointly by the Health Liaison Team, the respiratory ward team, community team and family.

Patient stories and examples of reasonable adjustments:

October 2017 - Critical Care Unit, Lister hospital - Effective communication and joint working with the Health Liaison team enabled a patient's partner to spend the final hours of life with them.

February 2017 - Mount Vernon - Planning for Chemotherapy -Time of appointment adjusted to suit patient and outpatient chemotherapy adapted to accommodate patient's tolerance levels. Easy read information offered to patient. Very positive attitude of all staff willing to help wherever needed.

February 2017 - 9B North, Lister - Nurses used information in Purple Folder to ensure patient's needs were appropriately met.

April 2017 – Intensive Care Unit, Lister – Ward team were proactive in liaising with carers regarding changes to treatment to ensure that familiar people were around to support service user.

June 2017 - 5A North, Lister - The hospital team involved patient's family, asked Acute Liaison Nurse to do a joint session with the physiotherapists, used pictorial pain scale from Purple Folder following recommendations made by the learning disability nurse – this enabled the patient to engage well with their treatment.

March 2018 – Short Stay Unit, Lister - Ward team worked well to involve patient's carers with assessing patient's needs.

Improvements in number of carer's agreements in place. Carers report improved support provided.

The Trust recognises its responsibilities to support the needs of all carers of patients who access and use Trust services. In particular through access to information, advice on health and social care or ensuring the necessary support services are in place. Carers are often the people who know and understand the needs of the person they care for best and they have an invaluable role to play.

The Trust's Carers Lead has identified the following key actions that have taken place during 2017-18:

- 324 new carers identified in 2017-18
- Introduction of single carers pathway across Hertfordshire
- Development of a new carers handbook
- Development of Young Carers App for Hertfordshire
- Regular Carer Focus groups – discussed feedback from surveys where carers request improved communication between staff and carers at admission and discharge
- Monthly carer display stands to increase awareness of carers and also identification and signposting for staff who have a caring role
- Successful display for carers week 12 June 2017- integration of community carer supports for the display
- Carer awareness training for clinical support workers, overseas nurses and student nurses.
- Increased the number of carer guest beds from 6 to 12 through charity funding
- Implementation of open visiting hours on stroke wards
- Always Event for stroke patients around discharge



New guest beds for carers staying overnight in hospital



Carers stand March 2017



Promoting Dementia week May 2017

Example of patient journey – from Jake’s mum

“Jake is 20 years old and has high functioning autism along with a severe reaction to needles where he will generally pass out at the sight of a needle or a cannula which makes his treatment very difficult. Jake was referred to Lister Hospital by his GP for an ongoing infection in his toe.

Jake was seen initially in the Surgical Assessment by a doctor who had the most amazing bedside manner. He was very professional as well as having a very humorous side to him which put Jake at ease completely. The assessment was completed really quickly, within about half an hour of reaching this department, and a decision on further treatment was made very swiftly with a full explanation on what was to happen the following day. Jake was then seen by a very lovely and professional nurse who dressed his toe before we headed off to x-ray. The x-ray team were also very professional and managed to get the x-ray completed very quickly. We were back home only two and a half hours after entering the hospital with instructions to return the following day for surgery to remove Jake’s toe nail.

The following day we arrived in the Admissions Unit on level 4 (Lister) where we were greeted by a very friendly nurse who explained in detail what to expect whilst in the department. She was very accommodating with my requests to be able to stay with Jake until the last possible moment. She also kept us updated on delays as much as she could. Just before heading down to theatres we were greeted by a very pleasant theatre nurse who once again explained in detail what would happen once Jake went down to theatres. Once again my, possibly slightly odd, requests were taken very seriously and I was able to accompany Jake down to theatres in order to speak to the surgeon, the anaesthetist and the Operating Department Practitioner regarding Jake’s request to have his procedure done under a local anaesthetic rather than a general. His requests were taken very seriously and the whole team were extremely professional and in the end the complete procedure was done under a local anaesthetic with a precautionary cannula in place 'just in case'. This was a brilliant decision by the team and Jake was really grateful. Now, obviously I had to leave my son at this point but Jake told me afterwards that he had a really nice chat with the surgeon during his procedure about a computer game - brilliant.

From here Jake was taken to a recovery area where he was given something to eat and drink whilst he was waiting for me to return. I was very surprised to see Jake sitting in a chair looking extremely relaxed with his cup of tea and sandwich. So good to see. I spoke to a couple of nurses in this department who once again were very professional and didn't complain when Jake’s antibiotic prescription needed to be changed to liquid suspension instead of tablets. When the nurse returned she went through the discharge papers explaining each section to us before we were told that we could go home after picking up Jake’s medicines from the pharmacy. The staff in Pharmacy were also all very friendly and professional. When the medication was given to me the lady explained exactly how to store them, when and how to take them and even what to do with any leftover liquid.

Absolutely everybody at the Lister Hospital who has been involved in Jake's care over the past couple of days has been absolutely incredible and I cannot thank them enough for their kindness, care and compassion.”

(names have been changed)

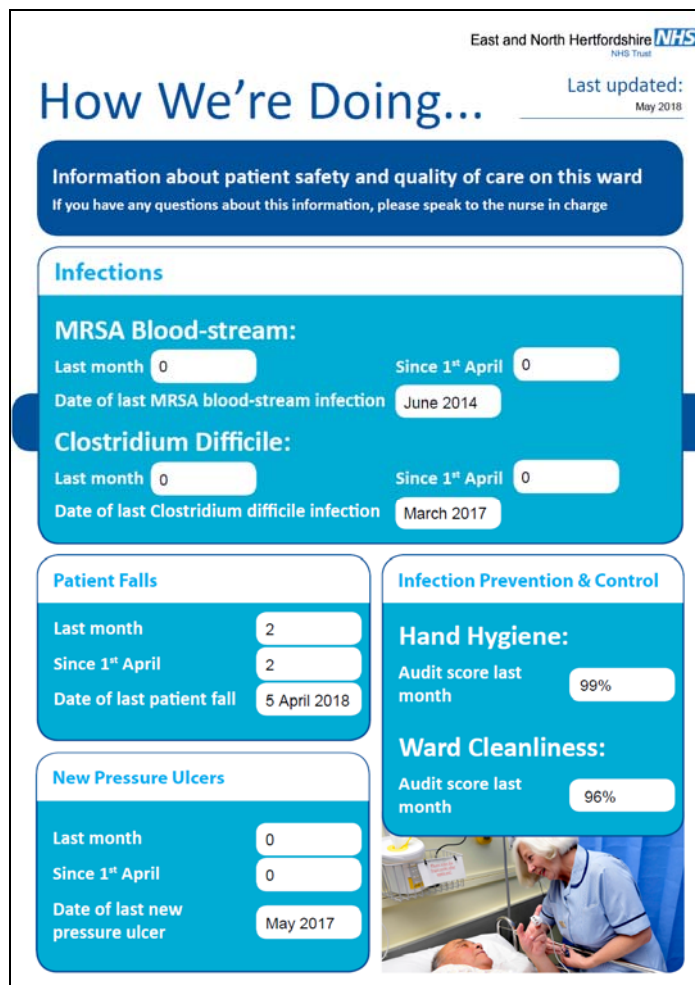
Key Milestones

Ambition 3

We want to meet our patients' physical, emotional and spiritual needs while they are using our services, recognising that every patient is unique.

Reduction in number of harms caused to patients.

Each ward displays a poster which is updated monthly with information about patient safety and the quality of care on the ward. The poster includes the numbers of infections, pressure ulcers and falls as well as hand hygiene and ward cleanliness audit scores. This poster was developed in conjunction with patients to ensure that it included the information that patients wanted to know.

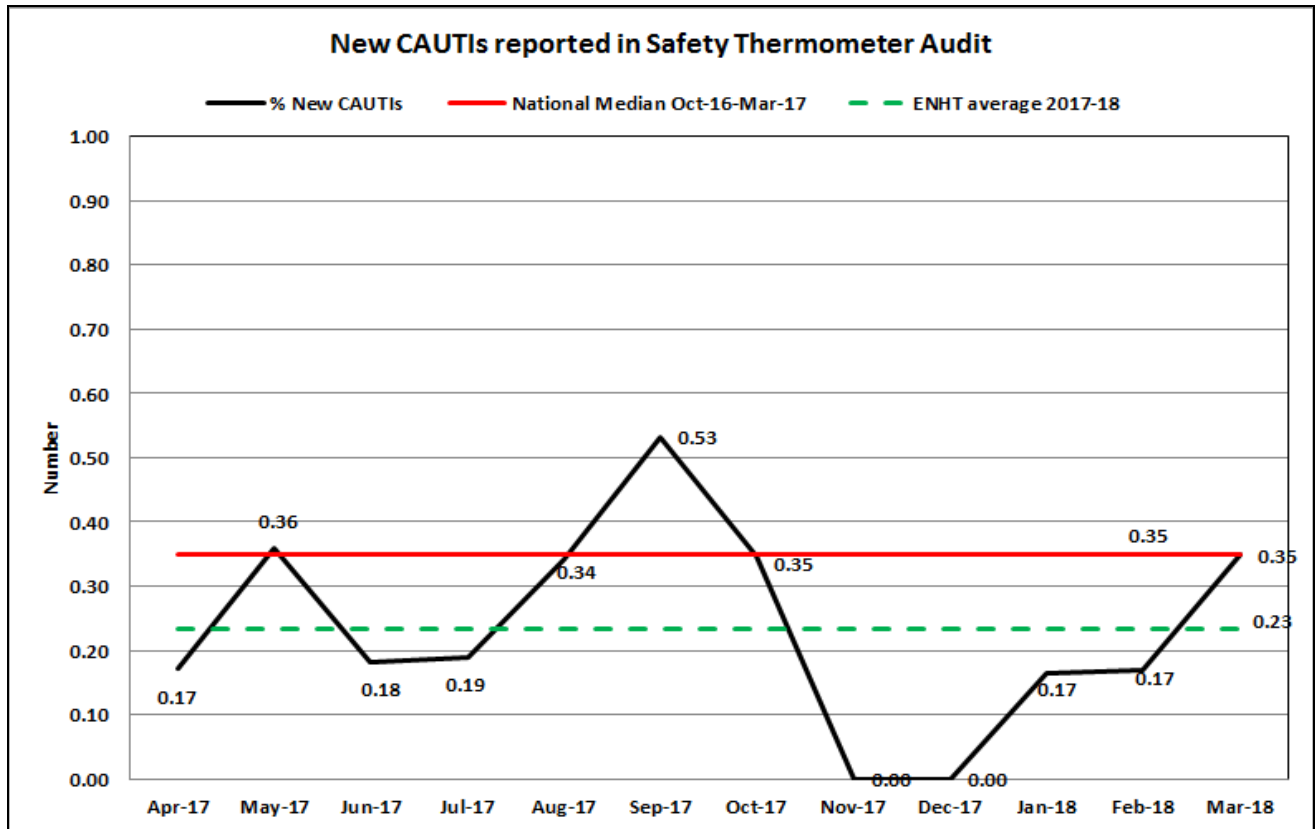


The Trust continues to monitor the number of MRSA and *Clostridium difficile* infections, falls and pressure ulcers each month by ward and this information is included in the Nursing and Midwifery Quality Indicators which are reviewed monthly.

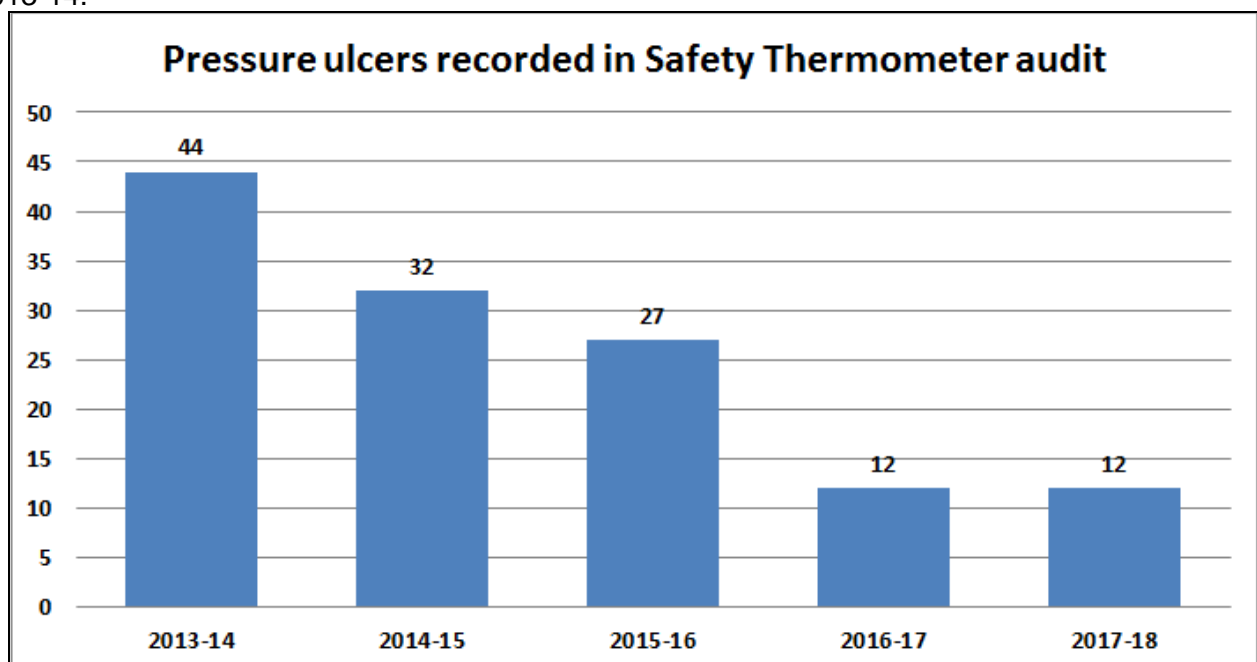
New (hospital acquired) harms reported in Safety Thermometer audit continues to fall

The Classic Safety Thermometer audit is a national audit which measures the proportion of patients with harm from a fall, pressure ulcer, catheter associated urinary tract infection (CAUTI) and new (hospital acquired) venous thromboembolism (VTE).

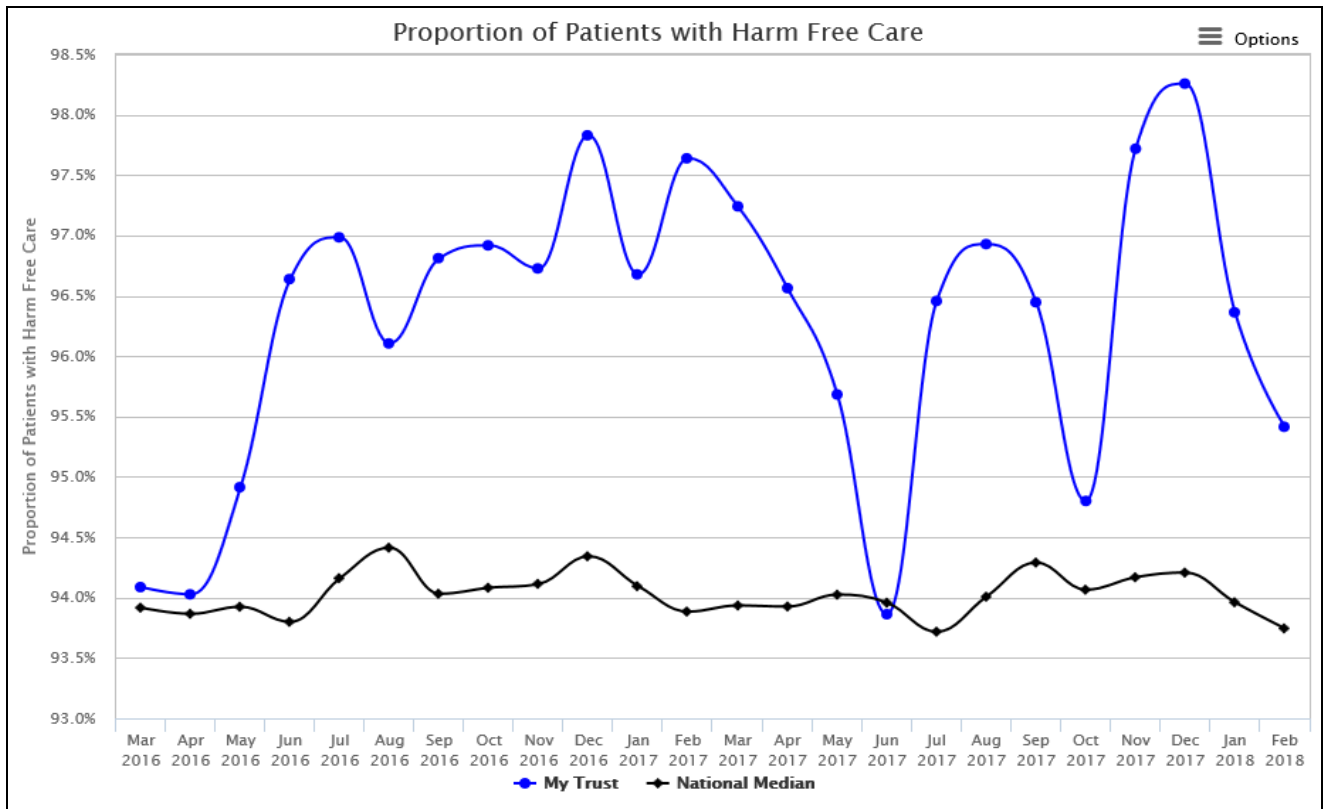
In 2017-18 the Trust had a target of less than 0.35% new catheter associated urinary tract infections reported in the monthly audits; the Trust achieved this target with 0.23% reported during the year.



The number of new (hospital acquired) pressure ulcers recorded in the Safety Thermometer audits in 2017-18 was 12, this is the same as the previous year and a significant reduction from 44 reported in 2013-14.



The chart below is taken from the **NHS Improvement Model Hospital dashboard** (data to February 2018) and shows the proportion of patients receiving 'harm free care' in ENHT (blue line), compared to the national median data (black line).



“We have rolled out the use of Nerve centre which is an electronic system to record patient observations, e.g. blood pressure. Handheld devices are assigned to staff each shift and are used for recording patient observations.

The data is held centrally and automatically alerts the Critical Care Outreach Team of patients showing signs of deteriorating so they can provide support to the ward teams.”

Patient feedback improved in relation to rating of food and receiving assistance at mealtimes.

The Trust's Food and Drink Strategy promotes good nutritional care for our patients.

The Catering Department have trialled a new patient questionnaire system to provide the management team with live feedback from patients regarding their meals to enable any issues to be addressed promptly. The new system is a 'question and observation' based survey carried out on one ward daily. Ward liaison staff who carry out these audits aim to visit every ward at least once a month and to talk to as many patients as possible. These questionnaires are designed, not just to obtain patient feedback, but also to ensure that ward staff are serving the food to patients correctly, that the ward kitchen conforms to latest food safety regulations and that catering conforms to food legislation whereby food can be tracked from farm to consumption.

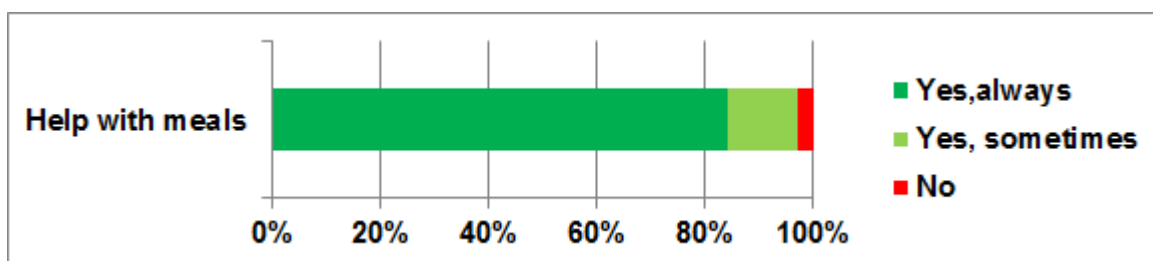
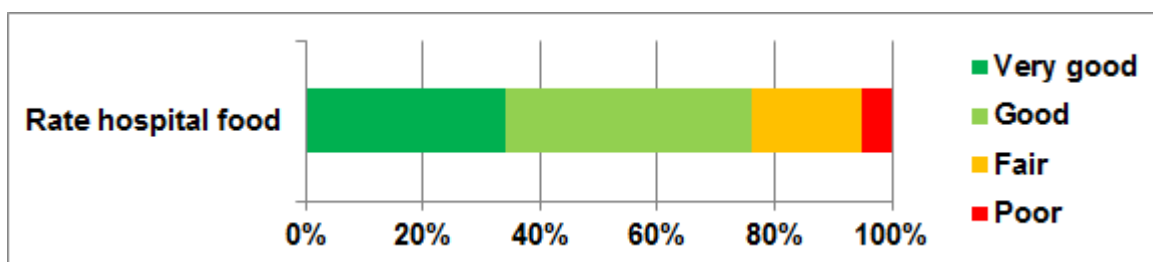
The introduction of 'family service' is being rolled out to all wards. A trolley with a variety of food options will go to each ward and meals will be served by the housekeeping staff. Patients will be able to make their choice of food and portion size at the point of service without having to pre-order meals.

A new children's menu was piloted in January 2018 which has been changed following patient feedback to incorporate a wider selection of vegetables, hot meals and hot desserts.

A dementia snack/grazing box has been made available. The catering team have also reviewed the range of food available in children's finger food box, putting in more things that children say they like, such as cherry tomatoes and grapes.

Patients told us that some of the food they were given was cold. In response to this all the old style tray trollies have now been serviced and the temperature recalibrated to ensure the trollies are operating at the correct temperature and are able to keep patients' food hotter for longer.

The Trust's inpatient survey is completed by patients whilst on the ward. In 2017-18 a total of 12,239 surveys were completed. The responses to the questions on 'how patients rated food' and 'did they receive help with meals' is below:



Patients are also asked to provide feedback on their rating of food in the national inpatient survey. There has been a slight increase in patients rating of food from 5.2 in 2016 to 5.3 in 2017. The results for the survey question which asks if patients have received help from staff to eat meals, improved from 6.3 in 2016 to 6.7 in 2017.

Improved feedback from patients reflected in national inpatient survey score

Patients are asked to provide feedback on their overall hospital experience. Comparing the 2016 and 2017 national inpatient survey results, the score improved from 7.8 in 2016 to 8.0 in 2017.

Patients are asked to say whether they felt they were treated with respect and dignity whilst in the hospital. There has been a significant improvement in responses to this question from 8.7 in 2016 to 9.2 in 2017.

PEAT scores reflect high level of cleanliness

The Trust's local inpatient survey asks patients about the cleanliness of the ward. The overall Trust score remained at 89% in 2017-18. The Facilities Contracts Monitoring team continue to work closely with our domestic services contractor and use feedback from patients and staff to help identify and monitor areas for improvement.

Audit and patient experience feedback are shared monthly with the domestic contractor and included in Trust performance reports. The Trust monitoring team ensure that remedial actions are put in place for any areas failing to achieve a 'green' rating and these areas are re-audited the following month. The nursing environmental audit enables staff to monitor cleanliness on their ward or department.

Any concerns raised by patients in feedback from surveys, social media or NHS Choices are logged by the domestic contractors and evidence provided to the Trust that remedial action has been taken. Positive feedback is valuable and always shared with the contractor and monitoring team. Feedback from patient stories regarding cleaning and the environment, both positive and negative, is shared with the domestic contractor so that positive comments can be shared with the team and actions taken where problems are identified.

PLACE (Patient Led Assessment of the Care Environment)

- PLACE is an annual assessment of non-clinical aspects of patient care including the environment, food, privacy and dignity. All teams include at least two patient assessors.
- The Trust's PLACE scores for 2015-2017 for Lister Hospital and Mount Vernon Cancer Centre are as follows:

Lister Hospital

	2015		2016		2017	
	ENHT	National average	ENHT	National average	ENHT	National average
Cleanliness	95.88	98.07	99.61	98.06	99.13	93.38
Food	68.87	85.30	93.90	88.24	93.49	89.68
Privacy, Dignity and Wellbeing	67.91	87.14	82.23	84.16	89.01	83.68
Condition, Appearance and Maintenance	83.11	90.91	97.34	93.37	95.27	94.02
Dementia	68.55	62.29	74.18	75.28	74.77	76.71
Disability			83.32	78.84	84.40	82.56

Mount Vernon Cancer Centre

	2015		2016		2017	
	ENHT	National average	ENHT	National average	ENHT	National average
Cleanliness	92.06	98.07	99.77	98.06	99.29	93.38
Food	85.34	85.30	89.54	88.24	87.50	89.68
Privacy, Dignity and Wellbeing	80.03	87.14	87.15	84.16	80.83	83.68
Condition, Appearance and Maintenance	91.90	90.91	93.28	93.37	93.15	94.02
Dementia	62.70	62.29	72.51	75.28	70.56	76.71
Disability			75.77	78.84	82.69	82.56

Whilst there is still more work to be done, these scores show that the Trust is making the necessary improvements and continues to move in the right direction.

Clinical areas display information for patients on support groups and advice available.

All wards and departments display a wide variety of information for patients and visitors. Where appropriate, patient information developed by national support groups, national organisations, charities and clinical networks is offered, e.g. Macmillan, British Heart Foundation, Diabetes UK etc. This is a positive way to inform patients about such groups, to use resources well and make use of specialist information. A wide range of local patient information leaflets are also available within wards and departments and on the Trust's website. A wide range of information is also available for patients on the NHS Choices website and at public libraries.

The PALS office and the Trust's Carers Lead are also able to provide information and contact details for other healthcare services that are available for patients and their carers. Clinical department pages on the Trust's website include links to relevant national organisations and support groups.

THE READING AGENCY | **PUBLIC LIBRARY UNIVERSAL HEALTH OFFER** | **SCL** Leading & Managing Public Libraries

A partnership offer delivered by SCL and The Reading Agency

Libraries support health literacy and self-management, provide health related events and activities, stimulate creativity and learning and connect individuals and communities...

WHAT IS IT? Expert staff in a non-stigmatised & trusted community space | Assisted digital access | Volunteering activities & events

Libraries Deliver: Ambition for Public Libraries in England 2016-2021 by the Libraries Taskforce ...describes how libraries support a number of outcomes aligned with national and local priorities, including healthier and happier lives for individuals.

WHY WE NEED THIS OFFER 10% of older people are lonely

WHY WE NEED THIS OFFER 1 in 4 people and their families experience the consequences of poor mental health

WHY WE NEED THIS OFFER 15m people are living with a long term physical condition

WHY WE NEED THIS OFFER One person develops dementia every 3 minutes

Admiral Nurse As a nurse, sometimes I have the feeling that I haven't much to offer, except for a shoulder to cry on. Whereas a book to read is something tangible, something else to suggest and offer.

CBT therapist One of my patients suffers from social anxiety; we are working together using the book that I prescribed to him. He reads one chapter or paragraph every week, and our conversation starts from that. He finds it very useful.

MOOD BOOSTING BOOKS | **HEALTH PROMOTION EVENTS** | **CREATIVE OPPORTUNITIES FOR INDIVIDUALS AND GROUPS** | **READING GROUPS**

LIBRARIES HELP LOCAL COMMUNITIES TO BE HEALTHY AND LIVE WELL

Your public library supports the health and wellbeing of communities

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Measuring our success

Key:

	On, or exceeding, target
	Maintaining or limited progress made
	Not on target to achieve

Ambition 1	2014-15	2015-16	2016-17	2017-18	Progress towards target	2019 Target
National Inpatient Survey response to admission date to hospital not changed	9.2/10	9.2/10	9.1/10	8.9/10		9.4/10
National Inpatient Survey response to patients knowing when their discharge will be	6.9/10	6.6/10	6.8/10	6.9/10		7.5/10
National Inpatient Survey response to delayed discharge from hospital	5.0/10	5.1/10	5.1/10	5.6/10		6.5/10
Proportion of outpatients who would recommend our Outpatients to their friends and family	92.75%	94.57%	95.29%	95.27%		94.00%
Number of complaints regarding delays in treatment/appointment	343	252	184	283		300
Number of complaints received regarding cancellation of appointments/clinics	29	29	36	27		20

Ambition 2	2014-15	2015-16	2016-17	2017-18	Progress towards target	2019 Target
National Inpatient Survey response to patients understanding answers to questions from doctors	7.8/10	8.1/10	8.1/10	8.0/10		8.5/10
National Inpatient Survey response to patients understanding answers to questions from nurses	8.3/10	8.0/10	7.9/10	8.1/10		8.8/10
National Inpatient Survey response to patients being involved as much as they wanted to be in decisions about their care and treatment	7.3/10	6.8/10	7.1/10	6.9/10		7.8/10
Number of responses to the Friends and Family Test survey	53,141	77,707	86,307	57,829*		

Note:

Inpatient survey responses:

Although the Trust is performing 'about the same' as other Trusts for these questions, we have not yet been able to meet the targets set within the Strategy.

Friends and Family Test survey:

The number of responses to the Inpatient/Day case and Maternity Friends and Family Test surveys in 2017-18 is similar to the number of responses received in 2016-17.

The reduction in the number of FFT responses for the Trust overall is because:-

- As part of the Trust's cost saving measures, in April 2017 the Trust stopped sending text messages to patients who had attended A&E to get their response to the FFT survey and instead changed to collecting survey responses on paper. In 2016-17 24,942 responses were received, this reduced to 4,506 in 2017-18.
- In 2017 when Lorenzo, the new patient administration system was introduced, the outpatient clinic staff were required to print out paper survey forms and hand them to patients. Previously these were pre-printed and provided to staff with each set of notes. In 2016-17 30,354 responses were received, this reduced to 23,426 in 2017-18.

These changes have had a major impact on the number of FFT survey responses that the Trust has received in 2017-18.

Ambition 3	2014-15	2015-16	2016-17	2017-18	Progress towards target	2019 Target
National Inpatient Survey response to patients having enough emotional support from staff	6.7/10	6.8/10	6.4/100	6.8/10		7.2/10
National Inpatient Survey response to patients having enough help from staff to eat their meals	6.0/10	7.5/10	6.3/10	6.7/10		8.0/10
National Inpatient Survey response to patients overall rating of their experience	7.8/10	7.6/10	7.8/10	8.0/10		8.3/10
National Inpatient Survey response to patients feeling well looked after by hospital staff	8.5/10	8.5/10	8.6/10	9.0/10		9.0/10
				Wording of question changed in 2017		
Number of complaints regarding medical care	151	166	64	98		125
Number of complaints received regarding nursing care	63	58	73	180		55

Conclusion

We aim to provide our patients and their carers with the best possible experience while they are using our services. We know that involving patients and their carers in decisions about their care and treatment leads to improved patient experience and this is why putting our patients first is one of the Trust's core values.

The Trust has faced a number of challenges during the year as well as increasing demand for services. We are participating in the Model Hospital programme to improve productivity and efficiency which will in turn lead to improved patient and carer experience. Our workstreams for the coming year are aiming to make improvements in outpatients, the emergency department and to the flow of patients as they move around the Trust.

The 'Get up, get dressed, keep moving' campaign was launched in the Trust in 2017. As part of the NHS 70th birthday celebrations the Trust participated in the national 'End PJ paralysis - 70 day challenge'. The challenge focussed on valuing each day of patients' time in hospital and ensuring that each day is spent moving closer to discharge home from hospital. Encouraging patients to get dressed and keep moving will help maintain their muscle strength and support patients to get home quicker.

The Trust has signed up to the Always Event/Experience national campaign for 2018-19, an Always Event must be important to patients, evidence based, measurable and sustainable. Staff and patients will be getting together to agree a statement of something that should always happen, this will be focussed around stroke care.

This patient experience annual report shows that there are many successes and areas of good practice to be celebrated but that we still have much more work to do. In particular, we need to focus on improving communication throughout the Trust, ensuring that both verbal and written communications are clear, accurate and delivered in the most appropriate way for the individual person.

We will continue to strive to improve the care and treatment that we provide to our patients and look forward to the challenges ahead. 2018-19 will be the final year of our current Patient and Carer Experience Strategy, we look forward to working with patients, carers and staff to develop our strategy for the future.

John Gilham
Chair of Trust Patient Experience Committee (to July 2017)

Val Moore
Chair of Trust Patient Experience Committee (from September 2017)

Rachael Corser
Director of Nursing and Patient Experience

Jenny Pennell
Project Manager – Nursing and Patient Experience

Kim Clarke
Complaints/PALS Manager

Facts and Figures 2017-18

National Patient Experience Surveys

National Inpatient Survey 2017

The annual survey of adult inpatients is undertaken in all NHS acute hospitals and results published by the Care Quality Commission (CQC). Adult inpatients were asked what they thought about different aspects of the care and treatment they received.

Survey month	Report received	Response rate	
		No.	%
July 2014	April 2015	333	40
July 2015	June 2016	509	42
July 2016	May 2017	459	38
July 2017	June 2018	431	35

Note: In 2015 the national survey sample size increased from 850 to 1250 patients.

Inpatients were asked what they thought about different aspects of the care and treatment they received. The survey is divided into 11 sections and a score out of 10 allocated for each question and section. Each trust is assigned a category showing whether their score is 'better', 'about the same' or 'worse' than most other trusts.

Section		2011	2012	2013	2014	2015	2016	2017
1	Emergency department	Worse	Same	Same	Same	Same	Same	Same
2	Waiting list and planned admissions	Same	Same	Same	Same	Same	Same	Same
3	Waiting to get a bed on a ward	Same	Same	Same	Same	Same	Same	Same
4	The hospital and ward	Worse	Worse	Same	Worse	Same	Same	Same
5	Doctors	Worse	Same	Same	Same	Same	Same	Same
6	Nurses	Same	Same	Same	Same	Same	Worse	Same
7	Care and treatment	Same	Same	Same	Same	Same	Same	Same
8	Operations and procedures	Same	Same	Worse	Same	Worse	Same	Same
9	Leaving hospital	Same	Same	Same	Same	Same	Same	Same
10	Overall views and experiences	Same	Same	Same	Same	Same	Same	Same
11	Overall experience				Same	Same	Same	

The Trust scored 'about the same' as other trusts for all 62 questions in the 2017 inpatient survey.

Comparing ENHT 2016 and 2017 survey results, the Trust scored about the same for 49 questions and 'significantly better' for the following five questions:

- Were you ever bothered by noise at night from other patients?
- If you brought your own medication with you to hospital, were you able to take it when you needed to?
- Did you have confidence and trust in the nurses treating you?
- Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)
- Overall, did you feel you were treated with respect and dignity while you were in the hospital?

National Cancer Patient Experience Survey 2016

The CQC standard for reporting performance based on 'expected ranges' was used in the 2016 report. This means that trusts are only flagged as outliers if their scores deviate from the range of scores that would be expected for trusts of the same size.

The national cancer survey was sent to adult patients (aged 16 and over) with a primary diagnosis of cancer discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April-June 2016. In ENHT 423/640 patients responded to the survey – a response rate of 66% (67% nationally).

ENHT results	2016	2015
Question score above expected range	1	0
Question score within expected range	42	35
Question score below expected range	9	15

Question scoring above expected range:

- Hospital staff told patient they could get free prescriptions

Questions scoring below expected range:

- Received all the information needed about the test
- Given complete explanation of test results in understandable way
- Patient told they could bring a family member or friend when first told they had cancer
- Patient given the name of the Clinical Nurse Specialist who would support them through their treatment
- Given clear written information about what should/should not do post-discharge
- Staff told patient who to contact if worried post-discharge
- Patient given understandable information about whether radiotherapy was working
- Length of time for attending clinics and appointments was right
- Patient's average rating of care scored from very poor to very good

Compared to the 2015 National Cancer Survey

Compared to the 2015 survey, there was one question significantly higher and one question significantly lower, the remaining 50 questions showed no significant change.

Significantly higher

- Patient had confidence and trust in all doctors treating them

Significantly lower

- Patient given the name of the CNS who would support them through their treatment

There are six questions included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England. The questions were selected in discussion with the National Cancer Patient Experience Advisory Group and reflect the key patient experience domains (provision of information, involvement in decisions, care transition, interpersonal relations, respect and dignity).

- 75% of respondents said they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 87% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 85% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- 89% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital

- 91% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 61% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment

Asked to rate their care on a scale of zero (very poor) to 10 (very good) patients gave an average rating of 8.6 (8.5 in 2015), this is below the expected range for the Trust and slightly below the national average of 8.7.

National Children's Inpatient and Day Case survey 2016

A random sample of 1250 patients who were admitted to hospital as an inpatient or day case in November-December 2016, and aged between 15 days and 15 years old, were invited to complete the national children's survey. 351 people responded to the ENHT survey, a response rate of 28.3% (national average 26%).

Three questionnaires were used to target different age groups: a parent/carer version for 0-7 year olds, and versions for 8-11 year olds and 12-15 year olds which had a section for the young person to complete and a separate section for their parent/carer to complete.

Young people and their parent/carer were asked what they thought about different aspects of the care and treatment they received. The survey is divided into nine sections: going to hospital, the hospital ward, hospital staff, facilities for parents and carers, pain management, operations and procedures, medicines, leaving hospital and overall experience.

There was one question where the Trust performed 'better' than other trusts:

- Parents and carers of children 0-15: During any operations or procedures, did staff play with your child or do anything to distract them?

There were four questions where the Trust performed 'worse' than other trusts:

- Children and young people aged 8-15: Was it quiet enough for you to sleep when needed in the hospital?
- Children aged 8-11: Did hospital staff play with you or do any activities with you while you were in hospital?
- Parents and carers of children 0-15: Were you given enough information about how your child should use the medicine(s)?
- Children and young people aged 8-15: When you left hospital, did you know what was going to happen next with your care?

The Trust scored 'about the same' as other trusts for the remaining 58 questions.

The Children and Young People's Inpatient and Day Case survey was last undertaken in 2014. The CQC have advised that the 2016 survey results are not comparable with the previous survey owing to differences in the methodology used.

National Maternity Survey 2017

A total of 408 women who gave birth at the Trust during February 2017 were sent the maternity survey; ENHT response rate was 40.9%, slightly higher than the national response rate of 37.4%.

The maternity survey is separated into the following sections:

- Care while you were pregnant (antenatal care) – 11 questions
- Your labour and the birth of your baby – 12 questions
- Care in hospital after the birth (postnatal care) – 7 questions
- Feeding your baby – 4 questions (*1 worse than other trusts*)
- Care at home after the birth – 17 questions (*1 worse than other trusts*)

ENHT comparison to other trusts

ENHT scored 'worse' than would be expected when compared with other trusts for two questions, namely:

- Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?
- Were you given enough information about any emotional changes you might experience after the birth?

ENHT scored 'about the same' as other trusts for all other questions.

National Emergency Department survey 2016

A random sample of 1250 patients who attended our Emergency Departments in September 2016 were invited to complete this survey. 321 people responded to the ENHT survey, a response rate of 26% (compared to the national average of 28%). 137 acute and specialist NHS trusts with a Type 1 accident and emergency department and Type 3 department were surveyed. The survey was broken down into nine sections:-

Section 1: Arrival at the emergency department
Section 2: Waiting times
Section 3: Doctors and nurses
Section 4: Care and treatment
Section 5: Tests

Section 6: Hospital environment and facilities
Section 7: Leaving the emergency department
Section 8: Respect and dignity
Section 9: Experience overall

Comparison with other trusts

An 'expected range' is calculated for each trust for each question; this is the range within which a trust would be expected to score if it performed 'about the same' as most other trusts in the survey. ENHT was 'about the same' for eight sections of the emergency department survey and 'worse than other trusts' for one section (arrival at the emergency department).

ENHT was 'worse' than other trusts' for one question within the emergency department survey:

- How long did you wait with the ambulance crew before your care was handed over to the emergency department?

The CQC survey took place before quite dramatic improvements were made to patient handover times earlier in 2017, taking the Trust from one of the poorest performers in the region to the best.

ENHT was 'about the same' as other trusts for the remaining 34 questions.

Comparison to 2014 CQC A&E Survey:

Due to the change in survey month (previously March) the CQC have not provided comparison data with previous surveys.

Meridian Surveys

The Trust continually monitors feedback from patients and uses this feedback to make changes and improvements to the services it provides. An electronic patient survey system is in place called 'Meridian' which enables patients to provide feedback by completing a survey on a simple electronic device (i-Pad) whilst they are in the hospital, or on a paper survey if preferred. During 2017-18, 25,766 patients completed one of our surveys (excluding the single question Friends and Family Test survey) an increase from 23,921 surveys completed in 2016-17.

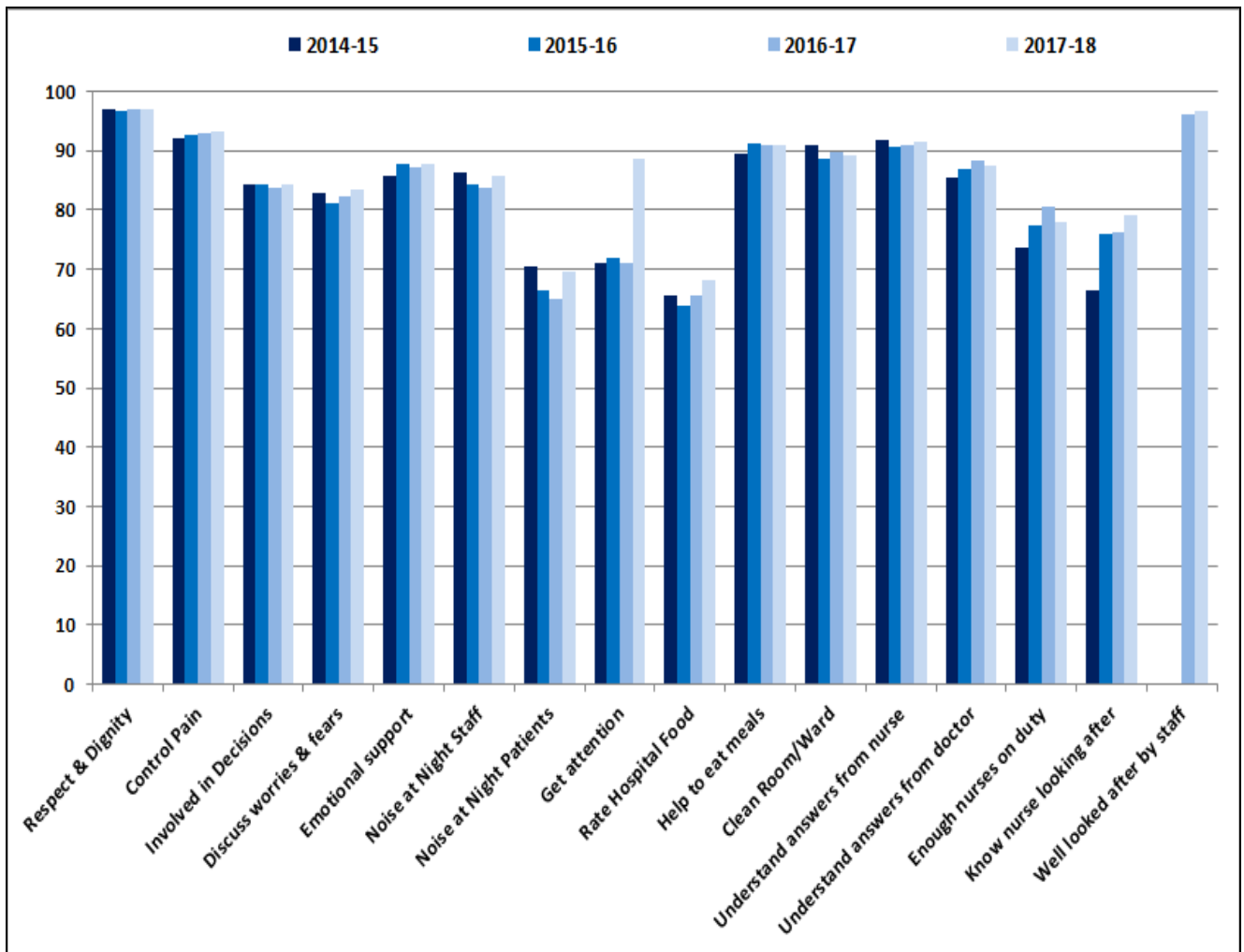
Meridian Surveys	No. completed 2015-16	No. completed 2016-17	No. completed 2017-18
Inpatient	9,685	11,954	12,239
Maternity	2,946	3,031	2,625
Day Case	2,374	3,679	2,091
Outpatients	1,993	2,123	5,447
Renal Dialysis Unit	1,016	1,278	1,101
Discharge	903	739	583
Accident and Emergency	349	372	321
Assessment	174	528	832
Neonatal Unit	150	121	139
Critical Care	15	51	107
Community Respiratory		45	221
Experience of end of life care			16
Bramble Safeguarding			3
Renal Tele-clinic			41
TOTAL	19,605	23,921	25,766

Each month around 1,000 patients complete our inpatient survey whilst on the ward. This enables the Trust to monitor feedback month by month and address any areas of concern. The questions asked within the inpatient survey are:

Respect and dignity	Did you feel you were treated with respect and dignity while you were in the hospital?
Control pain	Do you think the hospital staff did everything they could to help control your pain?
Involved in decisions	Were you involved as much as you wanted to be in decisions about your care and treatment?
Discuss worries & fears	Did you find someone on the hospital staff to talk to about your worries and fears?
Emotional support	Do you feel you got enough emotional support from hospital staff during your stay?
Noise at night - staff	Were you ever bothered by noise at night from hospital staff?
Noise at night - patients	Were you ever bothered by noise at night from other patients?
Call button response / Call for help	How many minutes after you used the call button did it usually take before you got the help you needed? Question changed in August 2017 to: If you needed attention, were you able to get a member of staff to help you within a reasonable time?
Rate hospital food	How would you rate the hospital food?
Help to eat meals	Did you get enough help from staff to eat your meals?
Clean room/ward	In your opinion, how clean was the hospital room or ward that you were in?
Understand answers from nurse	When you had important questions to ask a nurse, did you get answers that you could understand?

Understand answers from doctor	When you had important questions to ask a doctor, did you get answers that you could understand?
Enough nurses on duty	In your opinion, were there enough nurses on duty to care for you in hospital?
Know nurse looking after	Do you know who your named nurse is? Question changed in August 2017 to: Do you know which nurse is in charge of looking after you? (this would be a different person after each shift change)
Well looked after by staff	During your time in hospital, did you feel well looked after by hospital staff? Question changed in August 2017 to: Did you feel well looked after by the non-clinical hospital staff (e.g. cleaners, porters, catering staff)?

The following chart shows a comparison of the inpatient survey results between 2014-15 to 2017-18:



In August 2017, the wording of three of the survey questions was changed to reflect changes to the national inpatient survey questions: get attention from staff/know nurse looking after/well looked after by hospital staff.

Friends and Family Test

The Friends and Family Test question is asked of inpatients/day case, maternity, accident and emergency and outpatients. Patients are asked '**how likely are you to recommend the ward/department/service to friends and family if they needed similar care or treatment**'. The question must be asked at or within 48 hours of the patients discharge from hospital.

The Trust's FFT results for all elements are reported as the 'percentage of patients who would/would not recommend' the service.

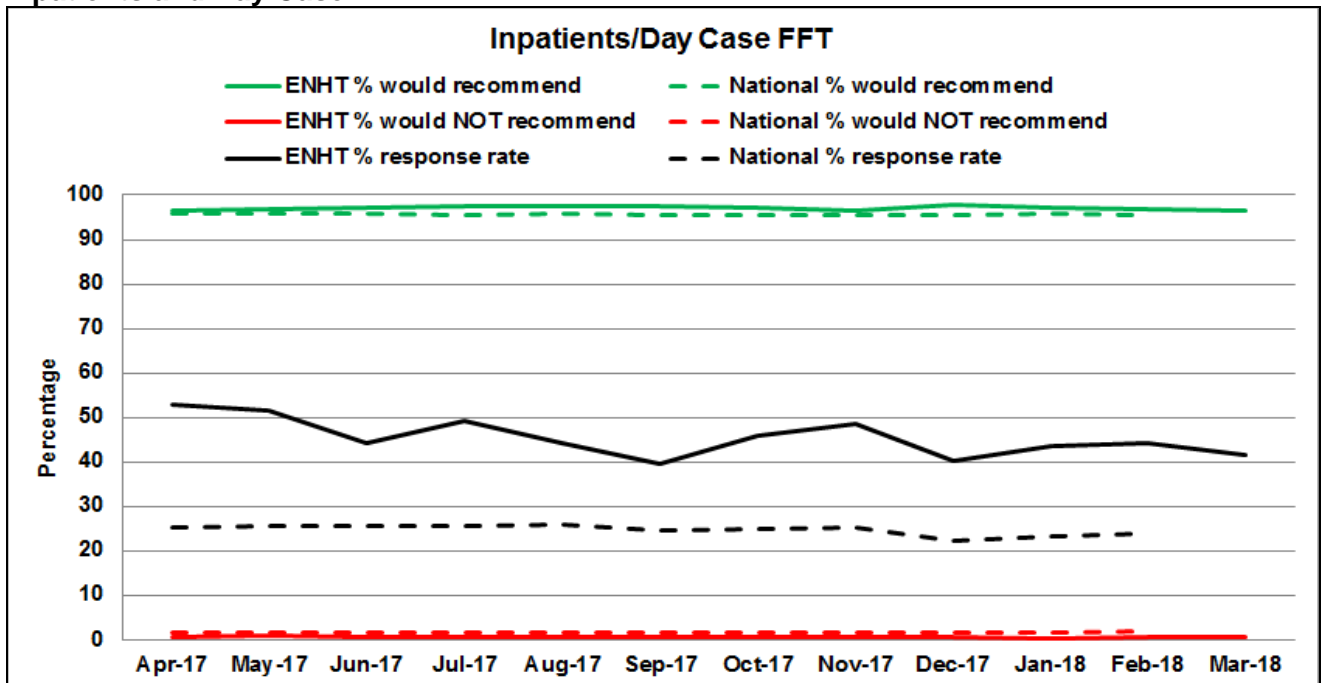
An easy read version of the FFT survey is offered to people (with appropriate support if needed) who have dementia, learning disability, are profoundly deaf, deafblind, blind/vision loss, have little or no English or low levels of literacy. Guidance is available for staff offering the FFT survey to patients with dementia or a learning disability. The FFT survey is also available on the Trust's intranet and website as a short video clip translated into British Sign Language and translated into different languages.

Summary of Trust FFT results and response rates (2017-18):

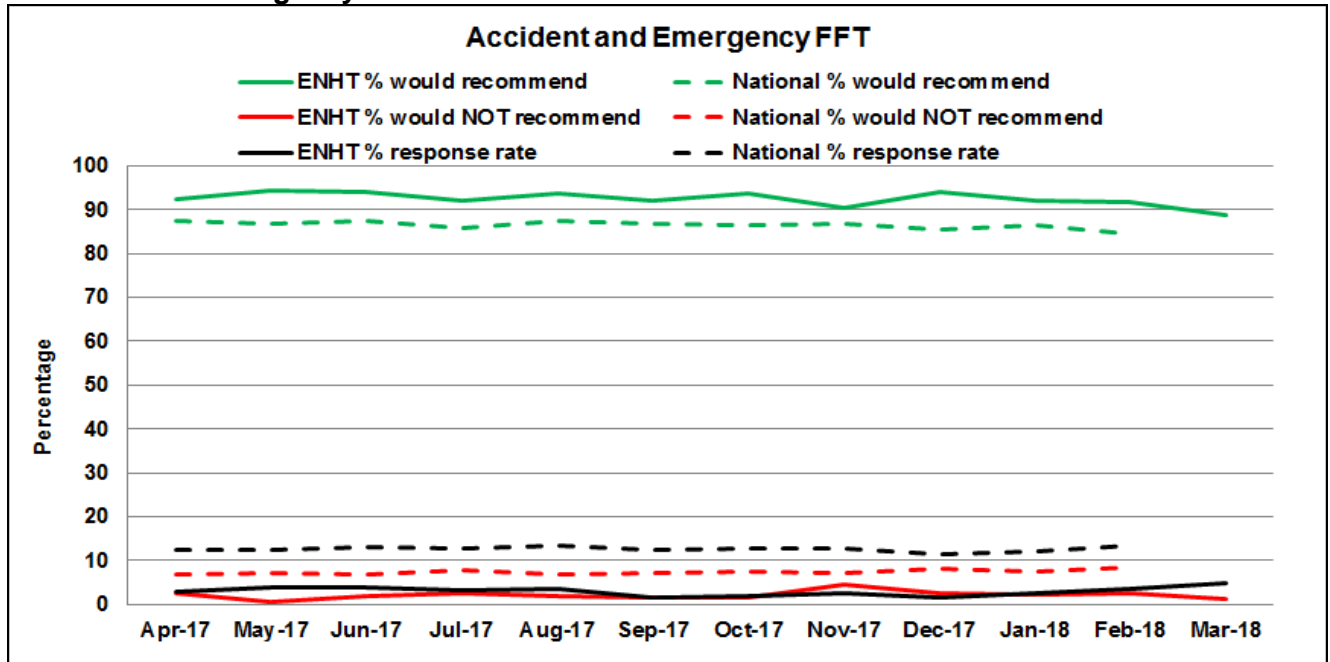
In 2017-18 57,829 patients responded to the Friends and Family Test question (compared to 86,307 in 2016-17). The reduction in responses is due to the change in survey collection method in A&E and outpatients.

For each element of the Friends and Family Test question, the Trust monitors the percentage of patients who would recommend, the percentage of patients who would not recommend and the response rate. The charts below show this information with a comparison to the national average where available.

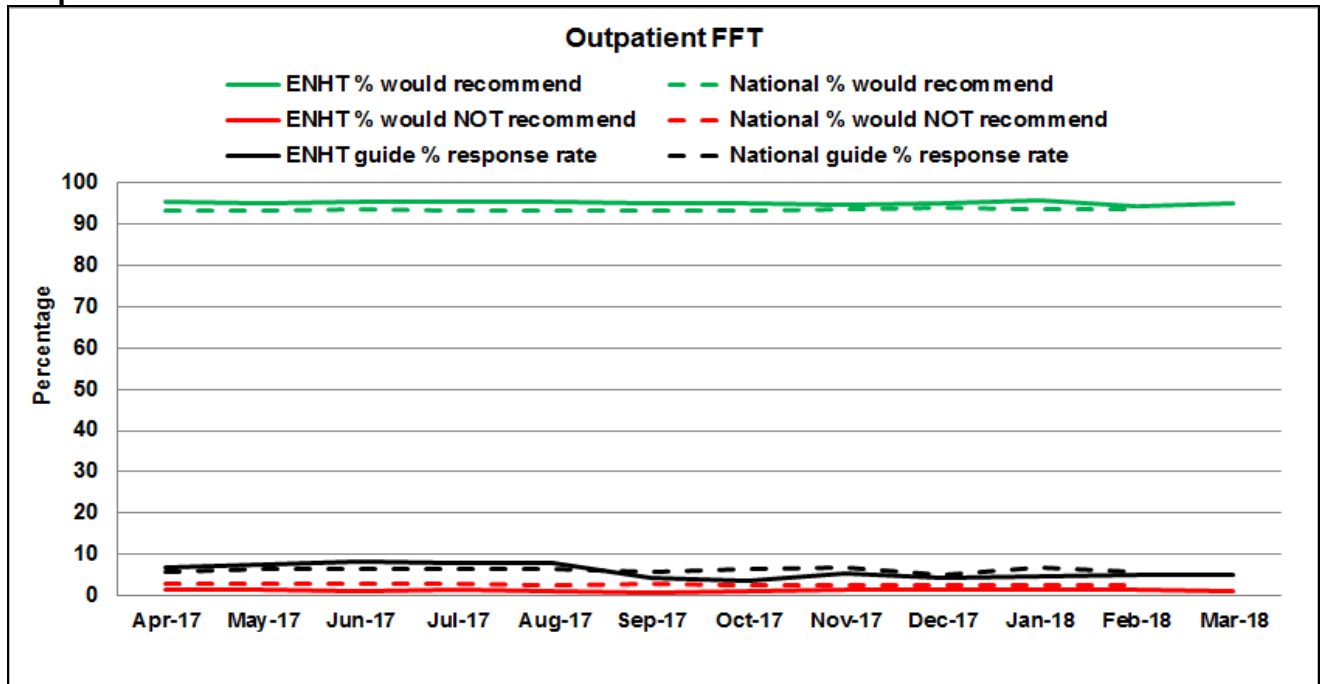
Inpatients and Day Case



Accident and Emergency



Outpatients



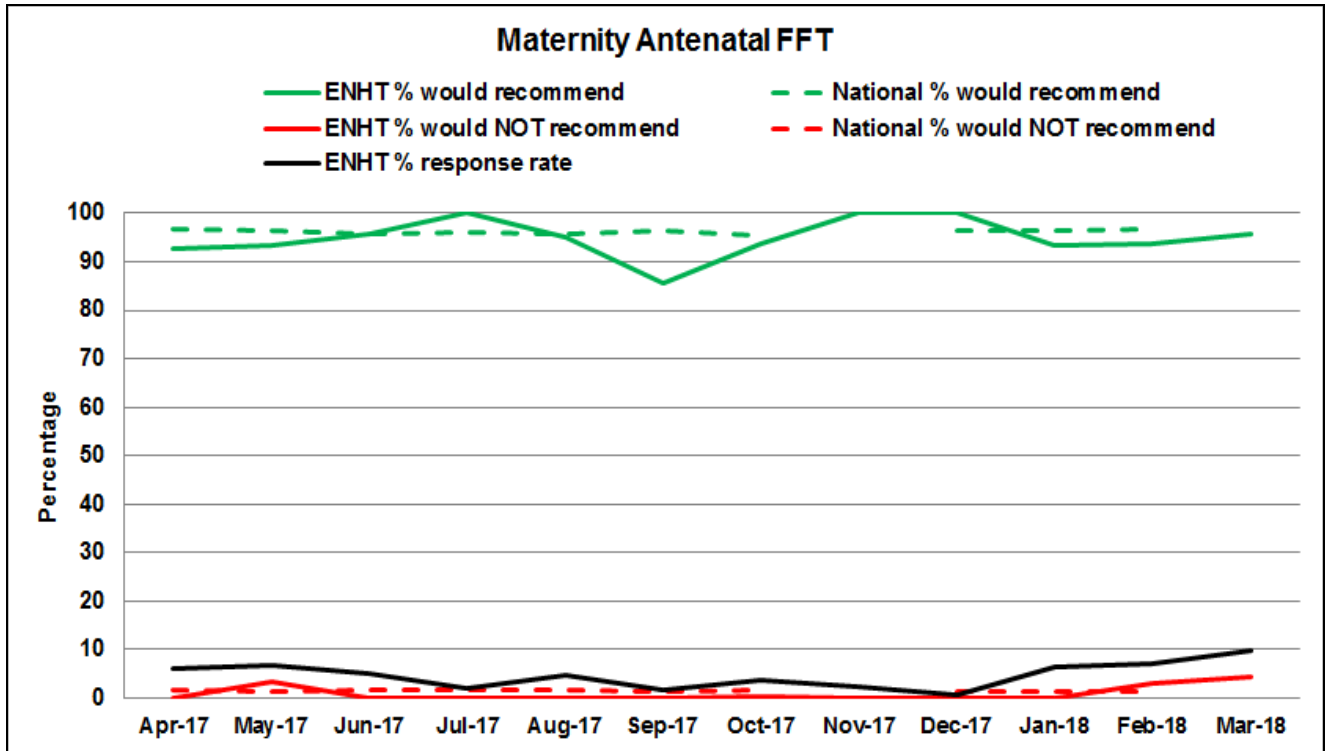
Maternity

Each woman is asked the FFT question at four stages:

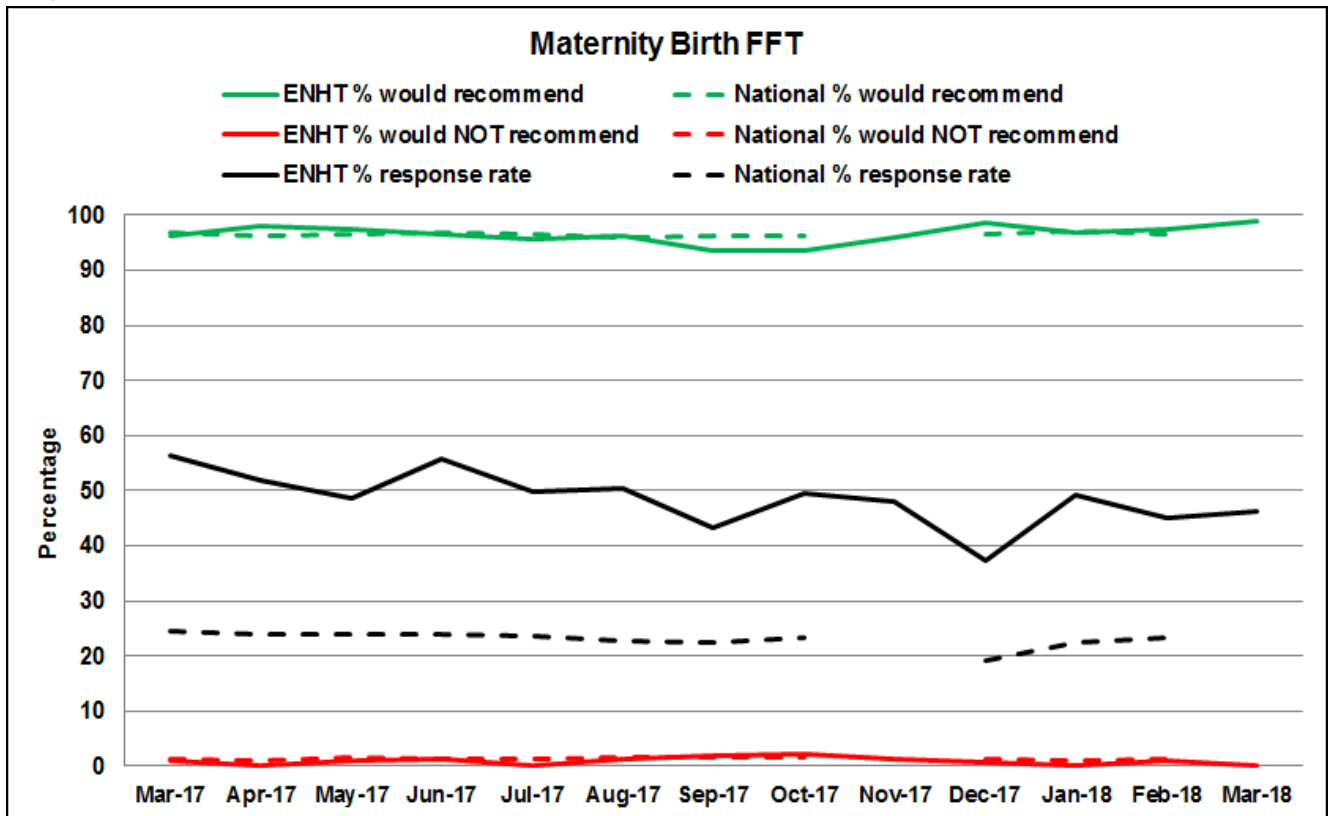
- Antenatal service (at or around 36 week antenatal appointment)
- Birth unit/homebirth
- Postnatal ward
- Postnatal community service (at discharge from care of community midwifery team)

Note: national data not published by NHS England in November 2017 following change of administration of data to NHS Digital

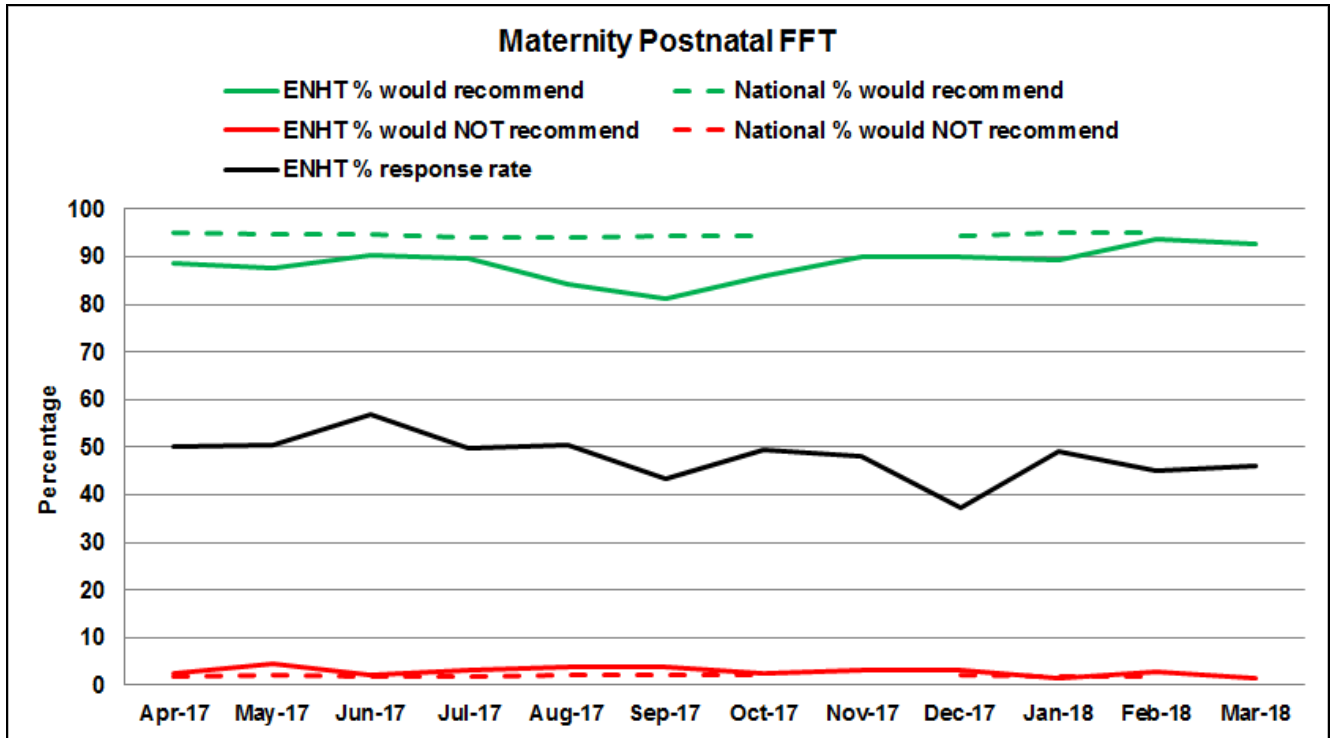
Antenatal



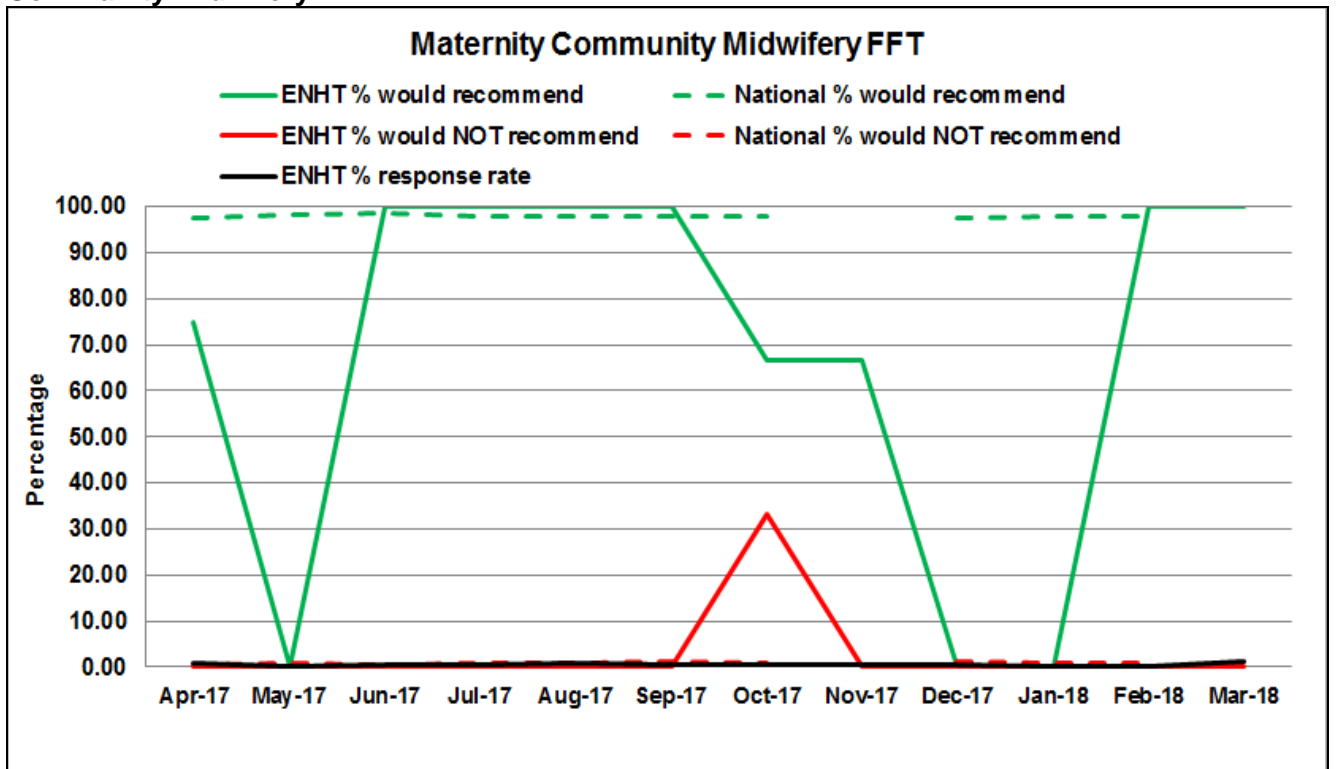
Birth



Postnatal



Community Midwifery



NB: The FFT responses for Community Midwifery fluctuate due to the low number of responses received from women.

Complaints and Concerns

This report provides a summary of formal complaints received in 2017-18 in accordance with the NHS Complaints Regulations (2009).

The Trust is committed to improving the experience of our patients from their first contact with the Trust. Complaints and concerns provide valuable information to monitor the experience of patients, carers and relatives. Users of the service are encouraged to discuss their concerns with staff at the time the problem arises. However, it may be the case that patients feel unable to do this, or perhaps staff have tried to resolve the issue but have not achieved this. The Patient Advice and Liaison Service (PALS) provide 'on the spot advice and support' with the aim of timely resolution. In the event that this has not been achieved, PALS will give advice on the formal complaints process.

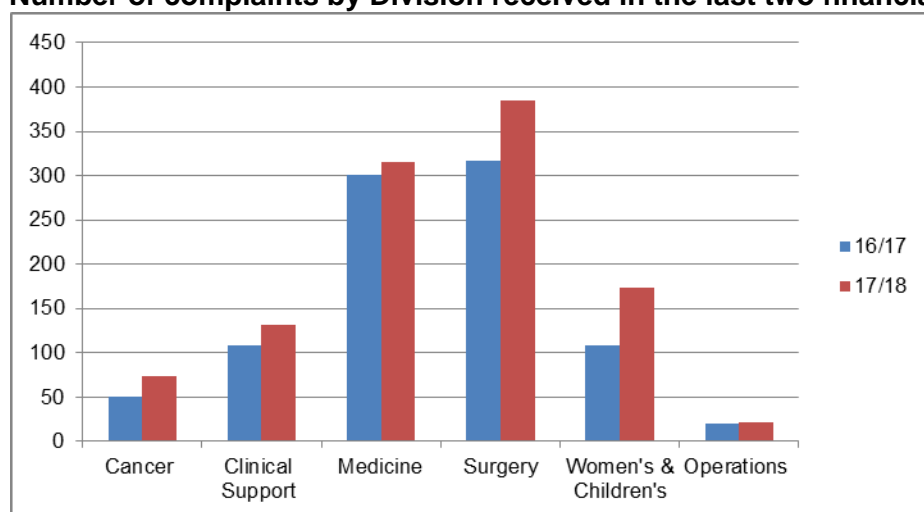
The Trust recognises the value that learning from complaints and concerns brings. It is vital to make the process simple and easily accessible and leaflets and posters are displayed throughout the hospital to help facilitate feedback.

The following pages provide an indication of the Trust's position during 2016-17 and 2017-18 for complaints and concerns.

Complaints 2016-17 and 2017-18

In 2016-17 924 complaints were received. There has been an increase for 2017-18 with the organisation receiving 1,101 complaints.

Number of complaints by Division received in the last two financial years



Subject of formal complaints

Complaints data assists with measuring the success of learning and the strategy sets out targets to reduce complaints relating to delays in treatments/appointments, cancellations of surgery or clinic appointments and complaints about nursing and medical care.

The following table details the primary subject of complaints received over the last two financial years.

Top seven subjects of formal complaints

	2016-17	2017-18
Attitude of staff	108	105
Cancellation of appointments / clinics	36	27
Communication	167	212
Delay in treatment/appointment	173	283
Medical Care	64	98
Nursing Care	73	180
Quality of Care	107	152

Timeframe for response to complaints

Recommendations from The Clwyd/Hart report outlined the importance of negotiating a timeframe for completion of an investigation with the complainant. There is currently no national mandatory timeframe. The Trust has set a timeframe of '80% of complaints are replied to within the timeframe agreed with the complainant'. As a Trust, it is recognised that further improvements are required to achieve the Trust KPI of 80% of complaints being responded to within the agreed timescale with the complainant.

The table below shows the number of complaints received by month for each Division and the percentage responded to within the timescale agreed with the complainant.

Division	Oct-17		Nov-17		Dec-17		Jan-18		Feb-18		Mar-18		YTD	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Medicine	22	74	34	87	18	90	24	83	27	75	32	92	319	80
Surgery	35	39	44	45	25	45	34	45	34	44	25	67	385	43
Women's & Children	12	69	17	64	12	100	21	45	18	86	20	66	174	73
Cancer	1	91	8	38	8	75	7	29	18	67	4	50	74	64
Clinical Support	15	100	17	73	10	62	11	100	13	73	15	100	132	86
Trust Total	85	75	120	61	73	75	97	60	110	69	96	75	1084	69

Contact with complainants

There is a mandatory requirement to acknowledge all formal complaints within three working days of receipt. In 2017-18, 100% of complaints were acknowledged in three working days.

Learning from complaints and concerns

Analysis of the themes from complaints and concerns is used to identify areas of the Trust that need additional resources or support to improve patient experience. In addition the information gathered is compared with other patient experience feedback.

The table below provides some examples of measures taken to improve patient experience:

Details of complaint	Outcome of investigation	Grading of complaint
Multiple ward moves and confusion over medication.	The patient was moved within wards 6A and 6B according to her clinical condition. Apology given as medication brought from home was not put into the locker on admission. In addition an apology was given that drug was omitted from patient's take home medication.	Partly upheld
Dissatisfied with the pharmacy closing time at QEII. No signage re opening and closing times, insufficient stock	The pharmacy is open between 9.00am and 5.00pm which is deemed sufficient for the number of outpatients seen. Apology that there as not enough stock. This has since been increased to prevent this from happening again.	Partly upheld
Delay in referral	It is not clear why the referral was not received. Apology given and an appointment was expedited.	Partly upheld
Attitude of staff	Apology given and reassurance that the complaint has been shared with the member of staff. The Service co-ordinator will review if any additional training or supervision is required and will be monitoring this.	Upheld
Daughter requested that her mother has scan undertaken by a female radiographer.	Patient verbally consented to a male radiographer undertaking the scan with two female radiographers supporting the patient.	Not upheld
Patient has received multiple letters addressed to herself but containing information about a different patient with the same surname.	Assurance given that breaches of confidentiality are taken very seriously and that this will be investigated. The investigation concluded that the other patient had been notified of their appointments.	Upheld
Family were concerned about the lack of care given post-operatively, including catheter was left in situ for a week.	The patient was very unwell post-operatively, which delayed his progress and the ability to mobilise. Explanation that catheter was left in situ due to concerns about his mobility and skin integrity.	Not upheld

Nursing care, including insufficient pain relief on Bluebell Ward following surgery.	Apology and explanation that the child did not receive the level of care that she was entitled to expect. The nurse concerned is to receive further training.	Upheld
Wife had concerns regarding the nursing care of her late husband. Concerns include medication management; IV fluids kept running out and taking a long time to be re-started. Personal care was offered but delivered in a hurried and uncompassionate way. No help given to get patient ready for a scan at MVCC. Urinary catheter not changed and scan could not go ahead. Not kept informed by nurses what the care plan was and how it was progressing.	Meeting held. Discussion took place and apologies were offered regarding the poor nursing care received on the ward. Complainant was happy with having the opportunity to discuss her concerns in a face to face meeting. As a result of the complaint ward safety huddles have been introduced; clothing being ordered for wards and staff are expected to be actively encouraging patients to get out of bed. Feedback to transport company the concerns raised.	Upheld

Parliamentary and Health Service Ombudsman (PHSO)

The bi-monthly aggregated reports to the Trust's Risk and Quality Committee (RAQC) give details of all activity and outcomes related to PHSO investigations. In 2017-18 10 investigations were accepted by the PHSO.

The table below details the subject of complaint and decisions taken:

Specialty	Subject	Outcome
ED	Treatment received prior to miscarriage	Withdrawn by complainant
ENT	Unnecessary procedure to nose which left with nosebleeds, failure to diagnose pain behind eye, poor handling of complaint	Partly upheld
ENT	Addressed by staff using male pronoun rather than female pronoun	Partly upheld
Pathology	Post mortem carried out in error, failings in complaint handling	Not upheld
Cancer Services (MV)	Inappropriate surgery, failure to communicate that surgery might not be successful	Not upheld
Dermatology	Misdiagnosis and delay for an operation to remove Basal Cell Carcinoma	Not upheld
Ophthalmology	Treatment received by Ophthalmologist, no follow up appointment offered, failings in complaint handling	Not upheld
ED	Lack of appropriate action following a wasp sting	Not upheld

Acute medicine	Inappropriately discharged without a CT scan, inappropriate care when readmitted	In progress
Gynaecology	Care and treatment received from Gynaecologist, intimate examination without gaining explicit consent, failings in complaints handling	In progress

Patient Advice and Liaison Service (PALS)

The PALS service work closely with staff across the organisation to resolve concerns in a timely manner. In 2017-18 PALS supported 4,132 patients/relatives/carers with a wide range of concerns, examples of which are detailed in the table below.

The table below provides a summary of the type of concerns that PALS received in 2016-17 and 2017-18.

	2016-17	2017-18
Attitude of staff	39	30
Cancellation	432	516
Communication with patient/relatives	538	1738
Confidentiality	19	11
Consent Issues	4	1
Delay in treatment/appointment	1,203	1,489
Discharge concerns	120	65
Finance issues	7	3
Catering Issues	5	3
Estates & Facilities Issues	24	19
Hospital / Patient Information	151	7
Medical Care	36	16
Nursing Care	17	9
Patient's property	36	56
Medical records issues	108	25
Transport issues	25	15
Treatment received by patient	209	112