

Patient Experience Report May 2010

Contents:	1. Complaints 2. PALS 3. Compliments 4. Patient Satisfaction survey results 5. Hotel Services Satisfaction survey results
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1.0 1.1	<p>Complaints Number</p> <p>The number of formal complaints received during May 2010 was 17</p> <p>The number of complaints received in the previous months was as follows</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>June 09</th> <th>July</th> <th>August</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan 10</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> </tr> </thead> <tbody> <tr> <td>No of Complaints</td> <td>13</td> <td>21</td> <td>10</td> <td>10</td> <td>18</td> <td>10</td> <td>9</td> <td>13</td> <td>19</td> <td>26</td> <td>25</td> </tr> </tbody> </table> <p>Of these 17 complaints</p> <ul style="list-style-type: none"> • 12 were responded to within the agreed timescale • 2 patients requested meetings, 1 of which has taken place • For 1 we breached the originally agreed timescale. • 2 are still open. <div style="text-align: center;"> <table border="1" style="width: 100%; text-align: center; margin-top: 10px;"> <caption>Complaints - May 2010 - Subjects</caption> <thead> <tr> <th>Subject</th> <th>Number of Complaints</th> </tr> </thead> <tbody> <tr><td>Communication/information</td><td>9</td></tr> <tr><td>Diagnosis</td><td>7</td></tr> <tr><td>Clinical Treatment</td><td>7</td></tr> <tr><td>Attitude of Staff</td><td>6</td></tr> <tr><td>Concern Re: Treatment/Care</td><td>4</td></tr> <tr><td>Appointments, delay/cancellation (outpatient)</td><td>3</td></tr> <tr><td>Admission, discharge and transfer arrangements</td><td>2</td></tr> <tr><td>Hotel services (including food)</td><td>2</td></tr> <tr><td>Aids and appliances, equipment, premises...</td><td>1</td></tr> <tr><td>Drug Prescribing</td><td>1</td></tr> <tr><td>Environmental Cleanliness</td><td>1</td></tr> <tr><td>Infection Control</td><td>1</td></tr> <tr><td>Personal records (including medical and/or complaints)</td><td>1</td></tr> </tbody> </table> </div>		June 09	July	August	Sept	Oct	Nov	Dec	Jan 10	Feb	Mar	Apr	No of Complaints	13	21	10	10	18	10	9	13	19	26	25	Subject	Number of Complaints	Communication/information	9	Diagnosis	7	Clinical Treatment	7	Attitude of Staff	6	Concern Re: Treatment/Care	4	Appointments, delay/cancellation (outpatient)	3	Admission, discharge and transfer arrangements	2	Hotel services (including food)	2	Aids and appliances, equipment, premises...	1	Drug Prescribing	1	Environmental Cleanliness	1	Infection Control	1	Personal records (including medical and/or complaints)	1
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1.2	<p>Risk Grading The process for grading of complaints was introduced under the new Complaints legislation and is in the process of being implemented.</p>																																																		
1.3	<p>Categories The following graphs represent the top subjects followed by the sub subjects. It should be noted that the subject and sub subjects are those as reported by the complainants in their letters of complaint before an investigation has been carried out.</p>																																																		
1.4	<p>Complaints by Specialty: May Medicine and Diagnostics 8 Surgery and Anaesthetics 4 Women and Children services 5</p>																																																		
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1.6	<p>Complaints considered by the Parliamentary & Health Service Ombudsman (PHSO) Position as at the end of June 2010 We are aware of 11 complainants who have contacted the PHSO One investigation is still in progress, about a medical assessment on AAU and a nursing assessment on Orchard gynaecology ward.. The draft report is expected for comment late in July We have recently been notified that an investigation will take place into the consent process and adequacy of treatment in a female cancer patient in her child-bearing years and are providing the Investigating Officer with further information. In relation to the other 9 files that have been sent to the PHSO</p> <ul style="list-style-type: none"> • in 4 cases, a further letter of explanation have been sent to the complainant . • In another 3 cases, information has been supplied about follow up action taken/ promised, following which we have been informed that two cases are not being investigated • No information has been provided about the position with the remaining 2 cases. 																																																		
1.7	<p>Changes made as a result of Complaints</p>																																																		

10028

Shuttleworth Ward now has a nebuliser on the ward

Additionally an action plan has been drawn up to include the following:

- Nursing Staff to be reminded that they must not sign for medication before it is administered.
- To stress upon nursing staff that no treatment must be omitted.
- Staff must inform Nurse in charge of shift if they are unable to locate equipment to administer treatments.
- Nursing staff must escalate to senior medical staff/Consultant when there is a problem contacting medical staff on a bleep
- Staff must document that the patient has been assessed and also inform the doctor if the treatment has been omitted.

10029

We will be reviewing the working practices of the new Breast outpatient unit, which opened in January 2010, including looking at the location and position of the reception desk. Our signage to this unit is also being updated and we are reviewing the information sent to patients in their appointment letter so that it is clear to which reception they should report.

10033

Dr Lloyd will re-iterate to the junior doctors in their weekly teaching the need for early x-rays when appropriate.

10036

As a result of the C-PAP being unplugged it was agreed that we would look into the possibility of putting more sockets into the 6 bedded bay during the planned redecoration of Elizabeth ward.

10037

Additional training has been put into place for nursing staff on Riverbank Ward.

- Our Oncology specialist nurse now gives regular updates on long line management and general care of patients with PICC lines and our Advanced
- Nurse Practitioner is writing a local protocol for their management, including dressings.
- Additionally there is a competency sheet in the process of being developed which will be placed in the notes of all children who have similar lines and this will be signed by the nurse who cleans the line on a weekly basis.

2.0
2.1

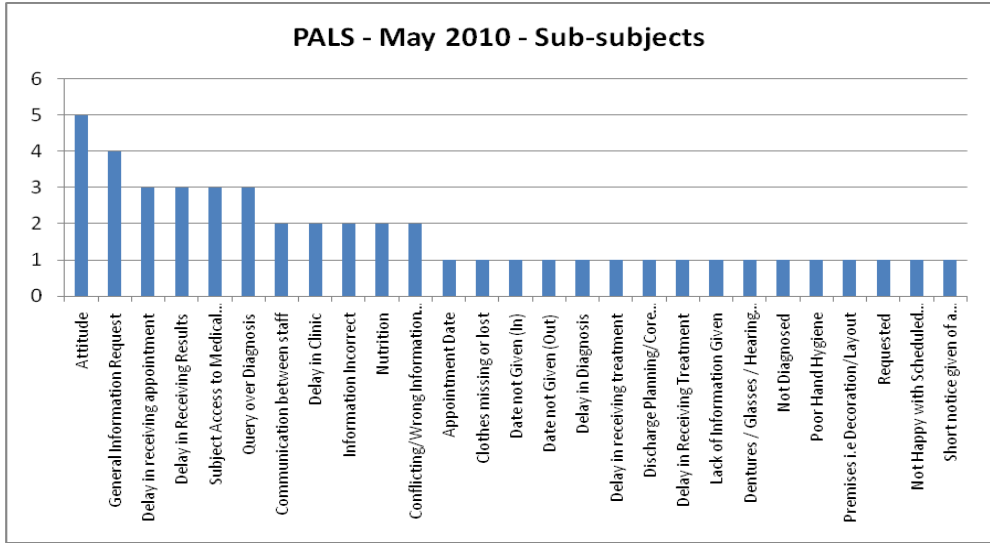
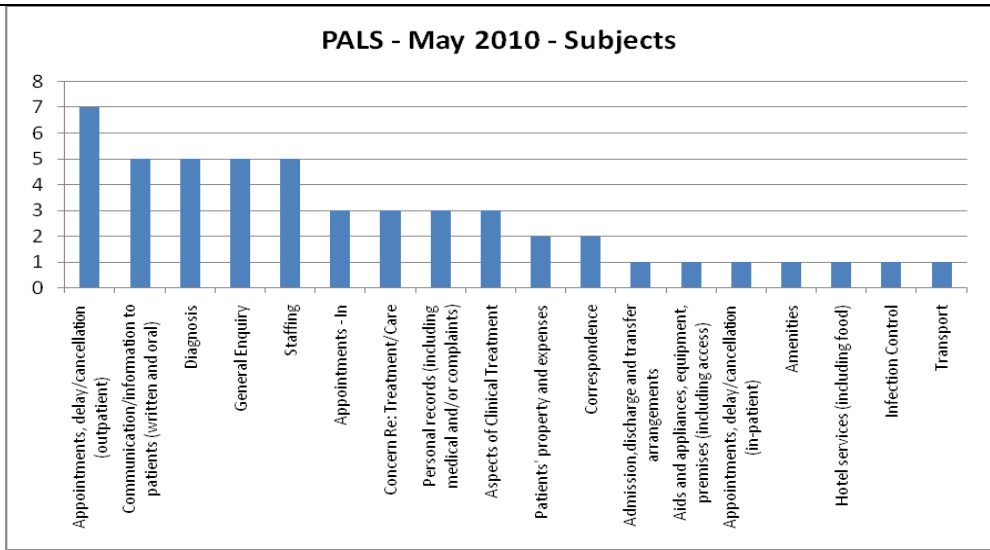
PALS**Number**

In May there were 50 PALS contacts received

The number of PALS contacts received in the previous months was as follows:

	09 June	July	August	Sept	Oct	Nov	Dec	10 Jan	Feb	Mar	Apr
No of PALS contacts	58	45	56	52	41	66	34	46	41	46	57

The following graphs show the top subjects and sub subjects as reported by those who raised their concerns through PALS



2.2

**Changes made as a result of PALS contacts
4888**

Concerns have been discussed with Pilgrim Ward staff at ward regarding

- Nurse Bell being close to patient.
- The importance of nutrition with patients that have poor intake. Assisting with feeding, presentation of food on plate, offering to cut food up, choice of food given to patient and posture of patient when eating in bed.
- Drinks being close to hand.
- Tidiness around a patients bed area/room
- All documentation/care plans being completed correctly
- Medication being given to patients not left on lockers.

5640

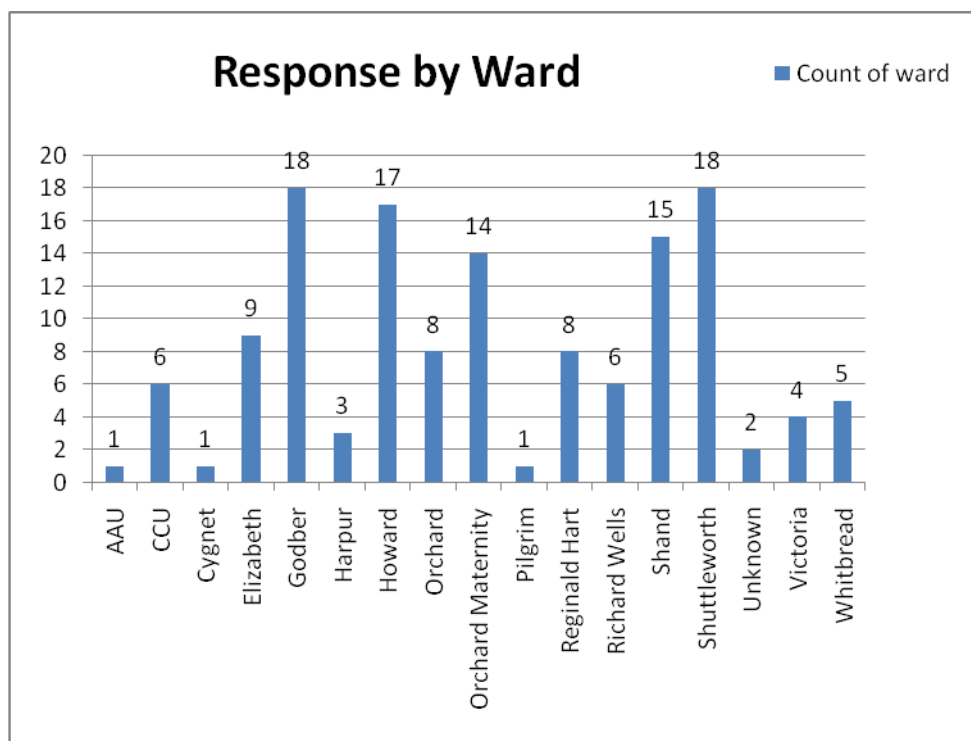
The patient put through to the out-patient physiotherapy service at Gilbert Hitchcock House (GHH) Access to this service is only via GP/Consultant referral. This will be raised at the physiotherapy managers meeting to establish why and ensure that reception staff at GHH are aware of the service provide for THR patients at South wing, in order to signpost them appropriately.

3.0	Compliments	
	Recorded compliments received to date for May 2010	
	Cards/letters	132
	Gifts	156
	Donations to wards/departments	£ 763
	Compliments received via the Chief Executive's office	11

4.0. Patients and Relatives Feedback
4.1 Patient Satisfaction Survey – May 2010

Method:
The patient satisfaction survey questionnaire was distributed by our volunteer to all wards weekly.

Patient Responses: **137**



N.B. This information was not recorded by the patient in 1 case.

Type of Admission:

Emergency	82
Planned	48

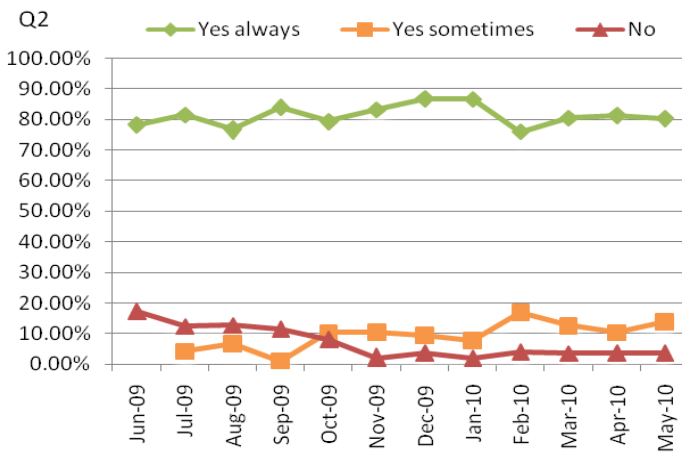
N.B. This information was not recorded by the patient in 7 cases.

4.2 Patient Experience Responses to key areas of quality of care:

4.2.1 Privacy and Dignity

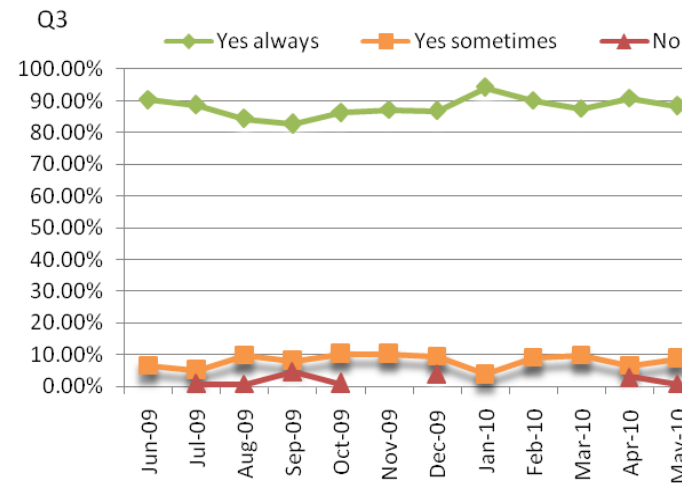
Q2. Were you given enough privacy when discussing your condition/treatment?

Answers	Responses
Yes always	110
Yes sometimes	19
No	5
NR	3



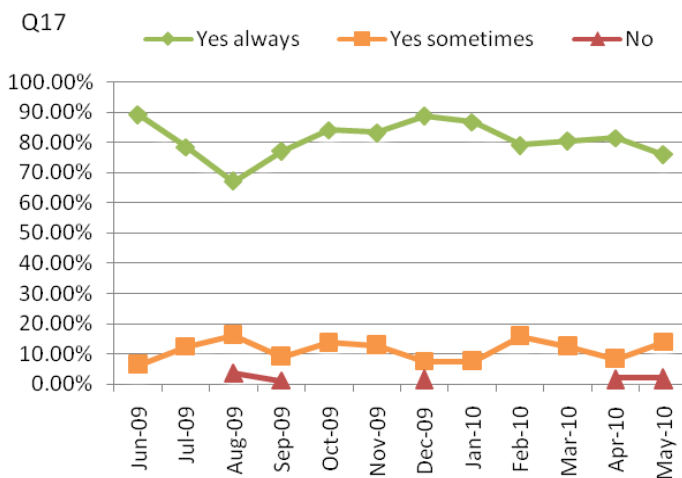
Q3. Were you given enough privacy when being examined or treated?

Answers	Responses
Yes always	121
Yes sometimes	12
No	1
NR	3



Q17. Overall, Did you feel you were treated with respect and dignity while you were in the hospital?

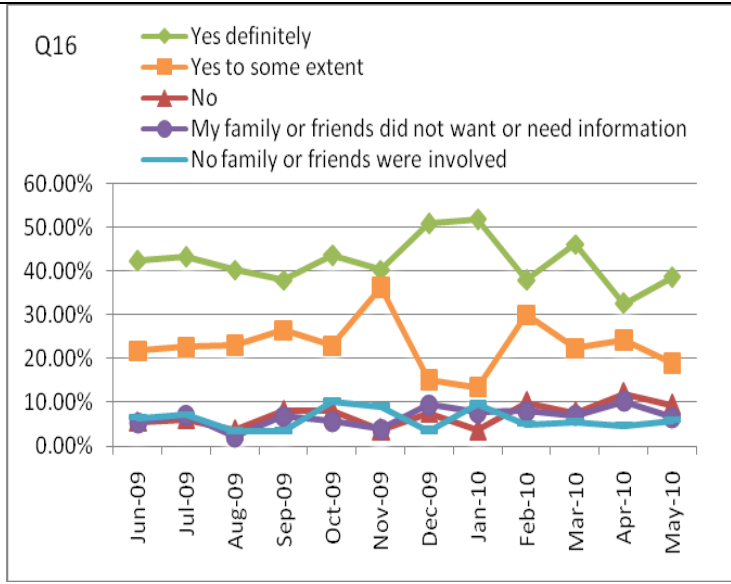
Answers	Responses
Yes always	104
Yes sometimes	19
No	3
NR	11



<p>4.2.2</p> <p>Q4. Were you ever in any pain?</p> <table border="1"> <thead> <tr> <th>Answers</th> <th>Responses</th> </tr> </thead> <tbody> <tr> <td>Yes always</td> <td>19</td> </tr> <tr> <td>Yes sometimes</td> <td>92</td> </tr> <tr> <td>No</td> <td>20</td> </tr> <tr> <td>NR</td> <td>6</td> </tr> </tbody> </table>	Answers	Responses	Yes always	19	Yes sometimes	92	No	20	NR	6	<p>Pain</p> <p>Q4</p> <table border="1"> <caption>Q4 Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Yes always (%)</th> <th>Yes sometimes (%)</th> <th>No (%)</th> </tr> </thead> <tbody> <tr><td>Jun-09</td><td>12</td><td>60</td><td>25</td></tr> <tr><td>Jul-09</td><td>8</td><td>62</td><td>28</td></tr> <tr><td>Aug-09</td><td>8</td><td>63</td><td>22</td></tr> <tr><td>Sep-09</td><td>10</td><td>65</td><td>22</td></tr> <tr><td>Oct-09</td><td>12</td><td>52</td><td>32</td></tr> <tr><td>Nov-09</td><td>12</td><td>58</td><td>20</td></tr> <tr><td>Dec-09</td><td>11</td><td>57</td><td>28</td></tr> <tr><td>Jan-10</td><td>13</td><td>68</td><td>18</td></tr> <tr><td>Feb-10</td><td>15</td><td>66</td><td>18</td></tr> <tr><td>Mar-10</td><td>12</td><td>60</td><td>26</td></tr> <tr><td>Apr-10</td><td>12</td><td>61</td><td>24</td></tr> <tr><td>May-10</td><td>13</td><td>68</td><td>15</td></tr> </tbody> </table>	Month	Yes always (%)	Yes sometimes (%)	No (%)	Jun-09	12	60	25	Jul-09	8	62	28	Aug-09	8	63	22	Sep-09	10	65	22	Oct-09	12	52	32	Nov-09	12	58	20	Dec-09	11	57	28	Jan-10	13	68	18	Feb-10	15	66	18	Mar-10	12	60	26	Apr-10	12	61	24	May-10	13	68	15																														
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Yes definitely	68																																																																																												
Yes to some extent	37																																																																																												
No	11																																																																																												
My family or friends did not want or need information	2																																																																																												
No family or friends were involved	5																																																																																												
NR	14																																																																																												
Month	Yes definitely (%)	Yes to some extent (%)	No (%)	My family or friends did not want or need information (%)	No family or friends were involved (%)																																																																																								
Jun-09	63	29	0	0	0																																																																																								
Jul-09	55	26	0	0	0																																																																																								
Aug-09	59	22	5	0	0																																																																																								
Sep-09	49	29	0	0	0																																																																																								
Oct-09	62	25	0	0	5																																																																																								
Nov-09	54	33	0	0	0																																																																																								
Dec-09	62	23	0	0	0																																																																																								
Jan-10	53	25	0	0	0																																																																																								
Feb-10	49	33	0	0	0																																																																																								
Mar-10	59	21	0	0	0																																																																																								
Apr-10	43	40	0	0	0																																																																																								
May-10	49	27	0	0	0																																																																																								

Q16. Did the doctors or nurses give your family, or someone close to you, all the information they needed to help care for you?

Answers	Responses
Yes definitely	53
Yes to some extent	26
No	13
My family or friends did not want or need information	9
No family or friends were involved	8
NR	28

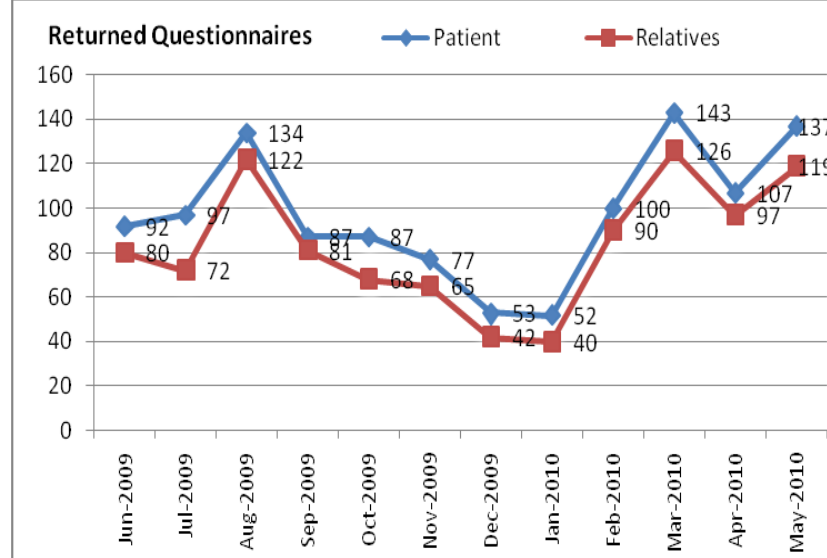


4.3

Patient Experience Indicators (CQUINS)

4.3.1 Response Rate

Response rate from surveys:
No of returned responses to Patient satisfaction surveys

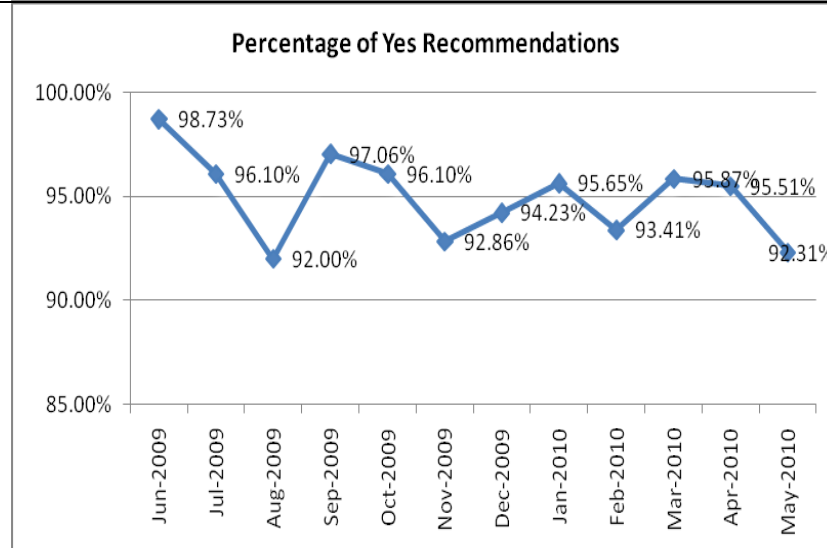


4.3.2 Would the patient recommend Bedford Hospital to a friend or relative?

Target > 60%

(Note: information taken from Q20 responses, Q20 only introduced in May 2009)

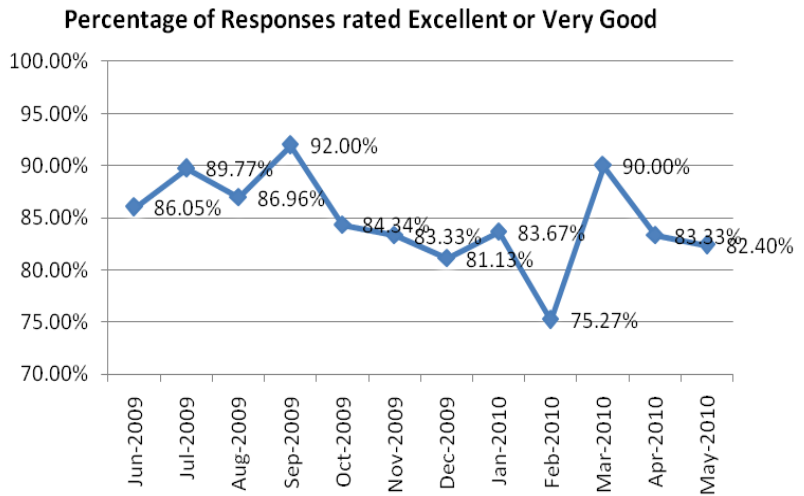
Note that the "No response" has been removed as this was giving a misleading figure in the response rate.



4.3.3 Overall how would you rate the quality of your care?

Target: 82-100% rate Excellent or Very Good

Note that the "No response" entries have been removed as this was giving a misleading figure in the response rate.



5.

Hotel Services Surveys

5.1

Catering Satisfaction Survey

Patient Food Services Department

May 2010 Patient Satisfaction Survey for July 2010 IPEC

Each month patients are given the opportunity to complete a simple questionnaire and make comments on the catering service in the ward where they are staying. The current survey includes the following questions:

1. Was the menu explained to you on admission?
2. Do you receive your own menu card for each meal?
3. Do you think there is sufficient variety in the choices available?
4. Are you offered a choice of beverages throughout the day?
5. Are the hot meals hot enough?
6. Do your meals look appetising on the plate?
7. Do you receive the portion size you ordered on your menu card?
8. Are you satisfied with the overall quality of the food?
9. Have you received your chosen meal?
10. Do you enjoy your meals?
11. Are you:
 - Very satisfied
 - Satisfied
 - Not satisfied.....with our service?

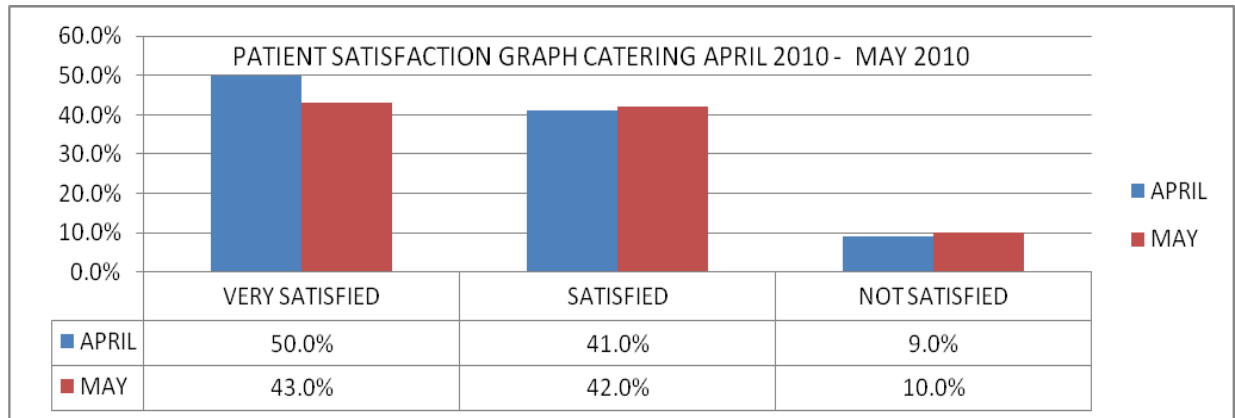
In May the survey achieved 59% of questionnaires being completed and returned which was an improvement on previous months. The increase reflected the wider distribution of cards.

Comments and subsequent action from the questionnaires can be summarised as follows:

Ward	Patient comment	Action
Elizabeth Ward	Halal Meal repetitive	We are using a new supplier & will rotate choices on a daily basis
Harpur Ward	Portion too big (3 patients)	Portion size available on menu cards. Ward staff are reminded to check portion size box on

		cards
C C U	Would like toast	Toast is available on each ward. Reminded ward staff to offer toast as a choice
R. Wells Ward	Diabetic yet to see Dietitian	Passed patient details on to Ward manager and Dietetic dept.

The chart below details, month by month, the patient satisfaction percentage in each of the three categories i.e. very satisfied, satisfied or not satisfied with the catering service provided. The trend to date indicates a slight increase from April in the number of patients who are satisfied with catering services.



FOOD SERVICE IMPROVEMENTS

The Catering Manager and Head Chef have been visiting a selection of wards on a weekly basis immediately after the midday meal in order to get patient feedback on their mealtime experience.

Following recent discussions between support services managers it had been decided to introduce "Drop-In" sessions for patients. These started in July and will continue on a twice weekly basis, two wards per session. This service has been advertised on the relevant ward and patients may discuss all aspects of catering and cleaning services with the catering manager, hotel services manager and chief dietician. This service will help us to gather "Live" information and further improve communication between provider and customer. The feedback so far has been very positive with patients on Shand Ward and Reginald Hart Ward complimenting the food. A patient on Reginald Hart ward took the trouble to write that the standards of cleaning & food service are second to none, and thanked all concerned.

The results of "Drop-in" sessions to date have also been forwarded to the Patients Environmental Action Group (PEAG).

The new patients menus have been up and running since April and have received favourable comments. However, there are still continuing problems with wards ordering bulk meals instead of issuing individual cards to the patients so that they may order their own choice of meal. This has been raised as an action point at the PEAG.

The Catering Department has re-applied to Bedford Borough Council for the Heartbeat Award, this award reflects excellence in healthy eating, staff training and good hygiene practices.

The Catering Department is looking to attain a new award from the Soil Association, "The Food for Life Catering Mark" this is a scheme which endorses caterers that deliver delicious, healthy & climate-friendly menus.

5.2

Domestic Services Department Survey results

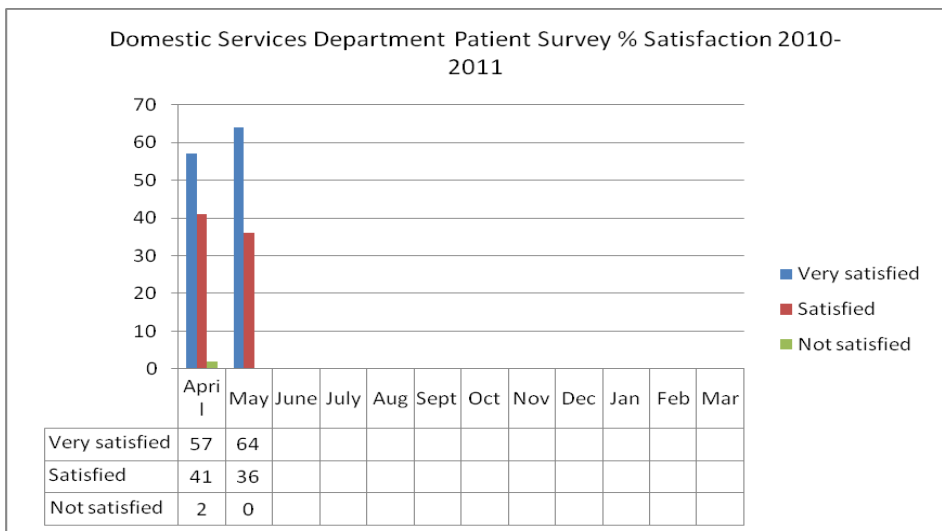
May 2010 Patient Satisfaction Survey Report for July 2010 IPEC Meeting

Patient Satisfaction Survey

Each month patients are given the opportunity to complete a simple questionnaire and make comments on the cleaning service in the ward where they are an in-patient. The questions are being revised but the current survey includes the following:

1. What is your overall impression of the cleanliness of the hospital?
2. How do you rate the general level of cleanliness in the ward?
3. Is your bedside area cleaned each day?
4. Are the showers cleaned regularly?
5. Are the ward toilets kept clean?
6. Do you think that cleaning on the wards is carried out with a minimum of disruption to patients?
7. Are domestic staff respectful of your privacy?
8. Do the domestic staff clear away your meal tray and fill your water jug?
9. Is your crockery and cutlery clean?
10. Are domestic staff helpful and polite when talking to you?

Are you very satisfied, satisfied or not satisfied.....with our service?



The chart above details the patient percentage satisfaction in each of the three categories i.e. very satisfied, satisfied or not satisfied with the cleaning service provided. In May this survey achieved 59% of questionnaires being completed and returned which was an improvement on previous months. This increase reflected the wider distribution of cards following the reduction in winter vomiting outbreaks. Comments and subsequent action points from the questionnaires can be summarised as follows:

Ward	Patient Comment	Action
Pilgrim	Occasionally patients 'accidents' are not promptly cleaned in toilets.	Domestic staff and supervisors alerted to this problem.
Shuttleworth	Bed pans left in loos and not emptied-	The same problem on this ward

	<p>especially overnight.</p> <p>Toilets need more regular cleaning.</p>	<p>was reported last month i.e. comments from the April 2010 survey. This is a re-occurring issue and has been brought to the attention of matrons and their representatives at the Environmental Cleanliness Group meetings. Nursing staff are responsible for removing soiled bottles and bed pans from ward toilets. See also the Domestic Department February 2010 IPEC Report where this problem was noted.</p> <p>Domestic staff and supervisors alerted to this problem. Evening domestic supervisors instructed to check wards and evening staff.</p>
Harpur	<p>Sometimes staff speak too quickly and are hard to understand.</p> <p>Have to request fresh water or jug refill.</p>	<p>Unclear if this relates to domestic staff or is a general comment but domestic personnel have been reminded to speak clearly to patients.</p> <p>There were two comments on this topic from this ward. Matrons have been alerted at the ECG meetings.</p>
Elizabeth	<p>Lack of hot water for a shower-water ok before 08.00hrs but then goes cold.</p> <p>Locker had stains.</p>	<p>Reported to the Maintenance Department.</p> <p>Domestic staff reminded.</p>

Ward Walkabouts

Each week the Director of Support Services and the Hotel Services Manager complete at least one walkabout in a ward or other clinical area and record any action points relating, for example, to cleanliness, food service and portering matters. Any maintenance repairs are also noted and details sent to the relevant managers as sometimes outstanding repairs can be hazardous to patients e.g. missing toilet lights and uneven floors.

Ward ‘drop-in’ sessions for patients

Feedback from patients is essential in order to develop services and a variety of methods to obtain comments from service users should be used. The Catering Manager and the Hotel Services Manager began a series on ‘drop-in sessions’ for patients and their relatives at the beginning of July. There has been a positive response with encouraging comments and keen observations by patients.