

**BOARD OF GOVERNORS****IMPROVING THE EXPERIENCE OF OUR PATIENTS**

Report of: Brenda Hennessy, Director of Patient Experience and Public Engagement

**1. Patient Survey****1.1 Young Patients Survey**

This was an optional national survey which used as its sample 850 consecutive discharges from December 2007 to January 2008 between the ages of 5 and 17 years (with parents receiving surveys for the younger age groups). 303 surveys were returned giving a response rate of 35.7%

**1.1.1 Summary of Responses:*****Rating of overall care***

<b>Group</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>OK</b>	<b>Poor</b>
Young patients	44%	37%	12%	2%	1%
Parents	44%	35%	13%	5%	1%

***Aspects of our Service Better than average (N.B. a lower score is better)***

<b>Question</b>	<b>Trust</b>	<b>Average</b>
Did not feel friends and family were always welcome to visit	19%	26%
Parents did not always have confidence and trust in doctors treating child	15%	19%
Nurses talked to other staff in front of parent/patient as if they were not there	12%	18%
Not always given somewhere private to talk to doctors and nurses	55%	61%
Not always given somewhere private when being examined or treatment	25%	34%
Parents not always able to buy cooked meals on premises	30%	38%

***Aspects of our Service Worse than average (N.B. a higher score is worse)***

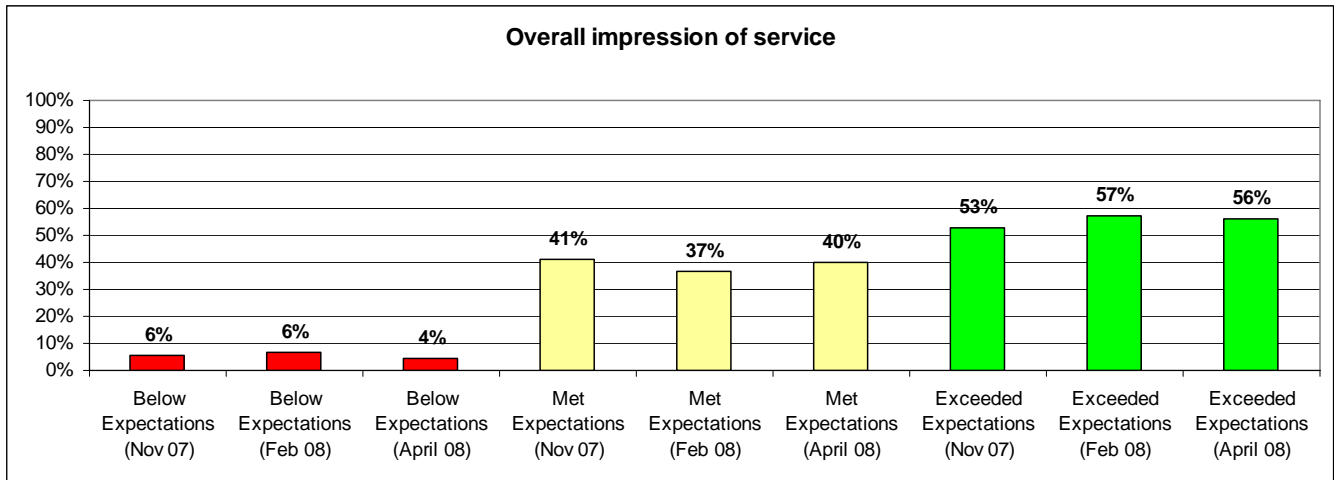
<b>Question</b>	<b>Trust</b>	<b>Average</b>
Child felt scared or frightened in hospital	49%	43%
Parents or child told different things by different people	39%	33%
Child not given explanation re why had to take medicines	25%	19%
Parent not fully told about danger signals to watch for at home	38%	31%

The results will be shared with ACTIVE and Paediatric Services to develop an action plan.

**1.2 Inpatient Survey**

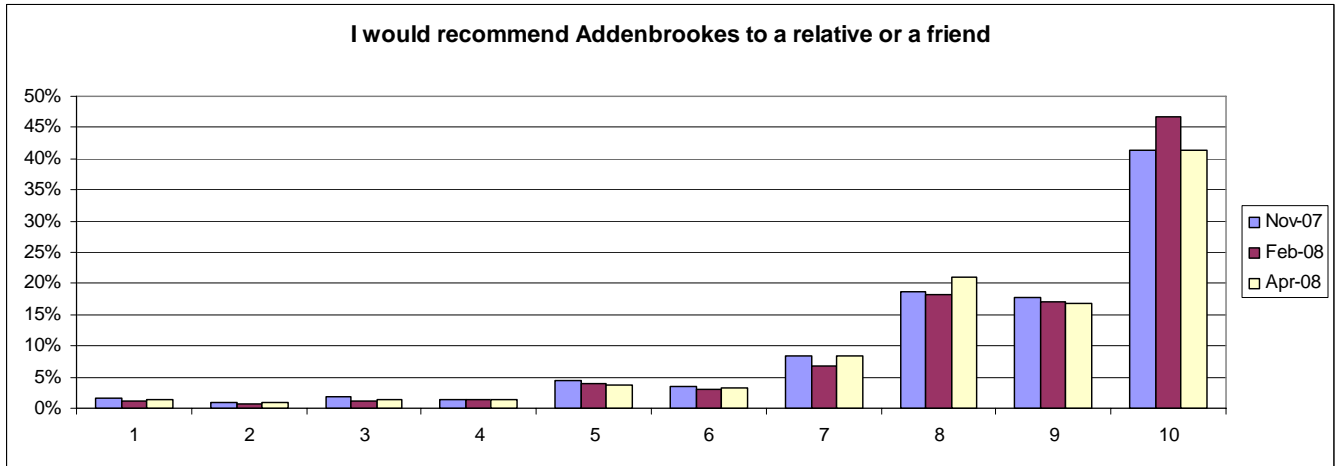
The survey has now been completed for June 2008 and comparator score over time are attached in Appendix 1. Recruitment is underway for the new team and once this has been established the survey programme will roll out to outpatients.

**Overall impression of service:**



The overall impression of our service was that **96%** of our patients felt we met or exceeded their expectation (40% met, 56% exceeded)

The recommender score results were as shown below:



**1.3 Feedback and Improvement at Ward and Department level**

The Improvement Team will select 2 to 3 wards every quarter, based on the survey results, complaints, concerns, incident, comments cards and compliments, for development training which will be tailored to meet those aspects of care identified as in need of support and improvement. This will run alongside the project work which will be part of the Ward Manager Leadership Programme.

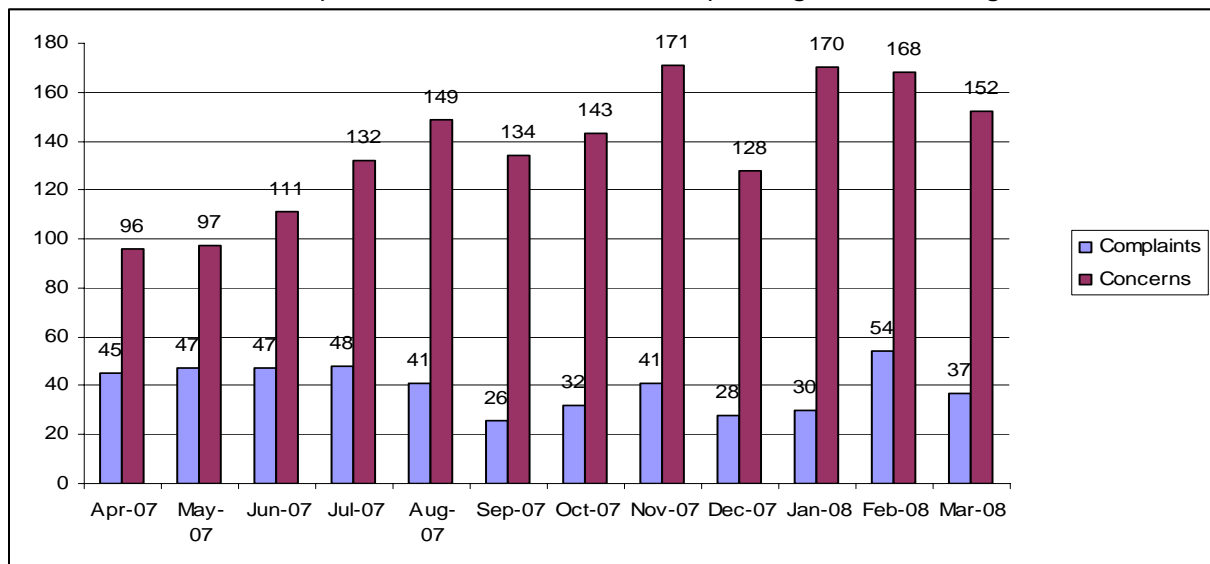
**2. Comments Cards**

Topic	Mar	April	May	June
Food & Nutrition	6 (1)	8 (2)	4	
Hygiene	11	10	4	
Privacy & Dignity	5	3	3	
Environment	1	1	0	
Communication (includes Car park queries)	18	22	12	
Continence	0	0	0	
Safety	5	1	1	
Selfcare	2	0	4	
Staff issue	8	7	9 (1)	
Waiting times	27 (1)	34	40	
<b>Total number of comments recorded</b>	<b>77 (2)</b>	<b>79 (2)</b>	<b>73 (1)</b>	
<b>Compliments</b>	<b>46</b>	<b>57</b>	<b>49</b>	

Key = Green improvement on previous month, Red negative, amber neutral; ( ) =positive comment

### 3. Complaints and Concerns

The “on the spot” resolution of concerns through Patient Advice and Liaison Services is continuing to prevent a steep increase in formal complaints. A reduction in March is felt to be linked to reduced pressure on the ward and improving nurse staffing levels.



Common themes in complaints and concerns relate to:

- nursing needs not always addressed in timely manner
- basic nursing care
- staff attitude
- communication

Actions identified in complaints responses are discussed at SDU Clinical Governance meetings to ensure they have been adequately addressed.

### **3.1 Ombudsman's Report**

The most recent Ombudsman's Report highlighted the circumstances around the death of a young patient following scoliosis surgery at Hinchingsbrooke Hospital in 2003. The patient had been clinically managed at a joint Addenbrooke's/Hinchingsbrooke clinic based at Addenbrooke's. The Ombudsman investigated in 2005 and identified a number of shortfalls in the management of the service as it was delivered in 2003 and real concerns with regard the surgery. By that time, the service at Addenbrooke's Hospital had already undergone significant improvements. Scoliosis surgery no longer takes place at Hinchingsbrooke Hospital.

## **4. Engagement Programme**

### **4.1 ACTIVE - Children's and Young Peoples Board**

ACTIVE continues to develop its work programme currently includes :

- Redesigning outdoor play areas
- Designing a poster to explain staff uniforms to ward patients
- Communication training with staff
- Improving environment in clinics for younger patients

### **4.2 Teenage Cancer Patients Group**

The Teenage cancer patient group met on 16<sup>th</sup> April with representatives of the Teenage Cancer Trust and the designers of the proposed development to help influence the environment and facilities in the new unit.

### **4.3 Focus Groups**

Between January and end of June focus groups have been held in the following subjects:

- Values (two sessions)
- Gynaecology
- Neo-natal services
- Peri-services
- Chronic Pain Service
- EAU

Focus groups are planned for :

- Values (third session)
- End of Life
- Midwifery Led Birthing Unit
- Carers

A report and action plan is prepared following each meeting and sent to all attendees. It is planned that information will also be available on the website

## **5. Customer Care Training**

The customer care training programme is currently being revised with a view to relaunching in September. Patient videos to support the programme are currently being made.

## **6. End of Life Care**

The Steering Group is chaired by Richard Sunley and working groups have been set up to look at environment and facilities, spiritual and administrative support and clinical care continue to develop their programmes. The Liverpool Care Pathway provides guidance on the different aspects of care required, including comfort measures, anticipatory prescribing of medicines and discontinuation of inappropriate interventions. Psychological and spiritual care and family support is included, and its use has now been rolled out across the hospital, with designated facilitators on every ward.

The development of a strategy which pulls the work streams together and will produce an integrated action plan has stalled slightly given the departure of the Resource for Change Project Manager, but it is planned that this role is re-established in the Operational Directorate with a view to the work being complete later in the Autumn.

## **7. Trust Schools and School Development in Trumpington**

The hospital has been approached by Netherhall School to support the school's bid to become a Trust School. The principles behind Trust status are similar to those of Foundation Trusts in that it enables greater local management and control, and appears to have the support of all major political parties. We have responded to advise that the Trust was very supportive of the initiative the Netherhall School was taking in this regard and the principles upon which their application was being made. In a city such as Cambridge where there is already close collaboration between education, health and science, further strengthening of those relationships at secondary education level could only serve to better open up opportunities for the youth of today to become the scientists and health professionals of the future, hopefully here in Cambridge.

The Trust has also advised both Parkside School and Netherhall School that whilst we are fully supportive of the development of a secondary school as part of the infrastructure needed to support the new housing in Trumpington, we intended to maintain a neutral position with regard to any bids to run the school.