

BOARD OF GOVERNORS

IMPROVING THE EXPERIENCE OF OUR PATIENTS

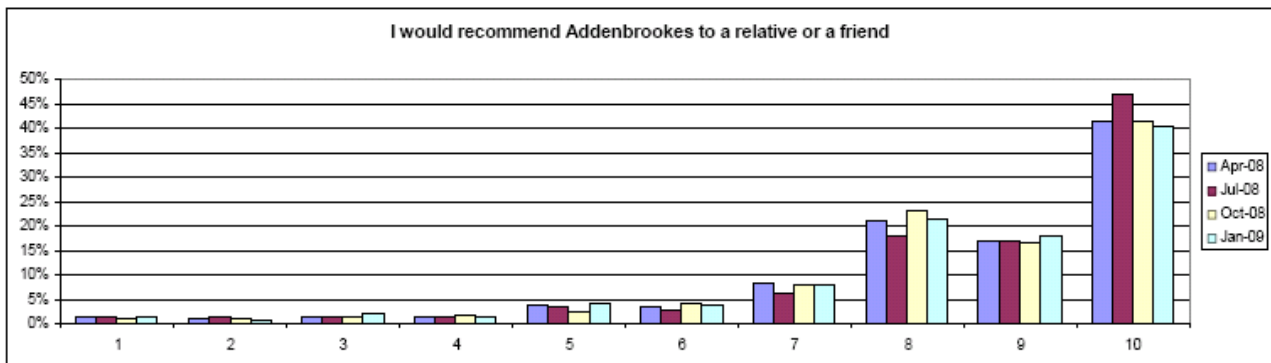
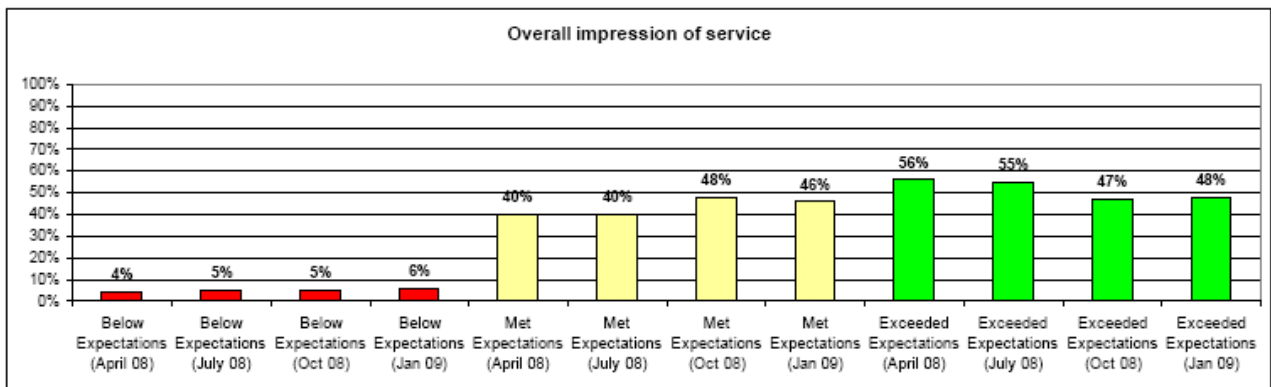
Report of: Brenda Hennessy, Director of Patient Experience and Public Engagement

1. Surveys

1.1 Quarterly Inpatient Survey

The quarterly survey has now been completed for January 2009 and comparator scores over time are attached in Appendix 1. The Patient Satisfaction Team is fully recruited and from 1 April will be moving under the line management of the Head of Public Engagement.

Category 6 - Overall



In January 2009, 94% of respondents replied that the Trust had either met or exceeded their expectations.

1.2 Feedback and Improvement at Ward and Department level

The Patient Experience Support Team has now delivered a series of tailored training sessions to one ward area which had been selected based upon the survey results, complaints, concerns, incidents, comments cards and compliments. All ward staff attended the sessions and a report has been produced which has been received by the Patient Experience Support Team quarterly meeting as well as the Associate Director of Operations, Operations manager and Clinical Director for the area concerned. The report contained a number of recommendations for action and the Associate Director of Operations for the area concerned will attend the next quarterly meeting of the Patient Experience Support Team to provide an update on any actions taken as a result of the outcome of the sessions.

The Patient Experience Support Team are currently preparing to deliver tailored sessions for the next area which has been selected at the quarterly meeting.

1.3 Comments Cards

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

Topic	Mar-08	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 09	Feb 09
Food & Nutrition	4 (1)	10 (3)	5	3	3 (2)	3	5 (1)	5	1	3	5(5)	3 (2)
Hygiene	9(2)	8	4	5	7	1(1)	5	3	3	3	10(3)	3(8)
Privacy & Dignity	1	4(1)	4(1)	4	3	1	1	0	0	2	1	0
Environment	2	1	2	9	17	9(1)	10 (1)	36	17	26	25	34
Communication (includes Car park queries)	18	18	25	30	24	14(2)	28	28	24	20	26	27(2)
Continence	0	0	0	0	0	0	1	0	0	0	0	0
Safety	3	1	2	3	1	1	0	0	0	0	0	0
Selfcare	0	1	3	0	0	2	0	0	0	0	0	0
Staff issue	7(7)	10(11)	10 (2)	12(1)	7(9)	4(5)	12	6	9 (2)	11(6)	15(72)	15(55)
Waiting times	24 (5)	37(1)	39	14 (1)	29	24	40	36(2)	33	26	32	36(1)
Total number of comments recorded	68 (15)	90 (16)	94 (3)	80(2)	91(11)	59(9)	102(2)	114(2)	87(2)	91(6)	114(80)	118(68)
miscellaneous										6	6	2
Compliments	37	44	60	41	64	75	50	73	66	45	40	28

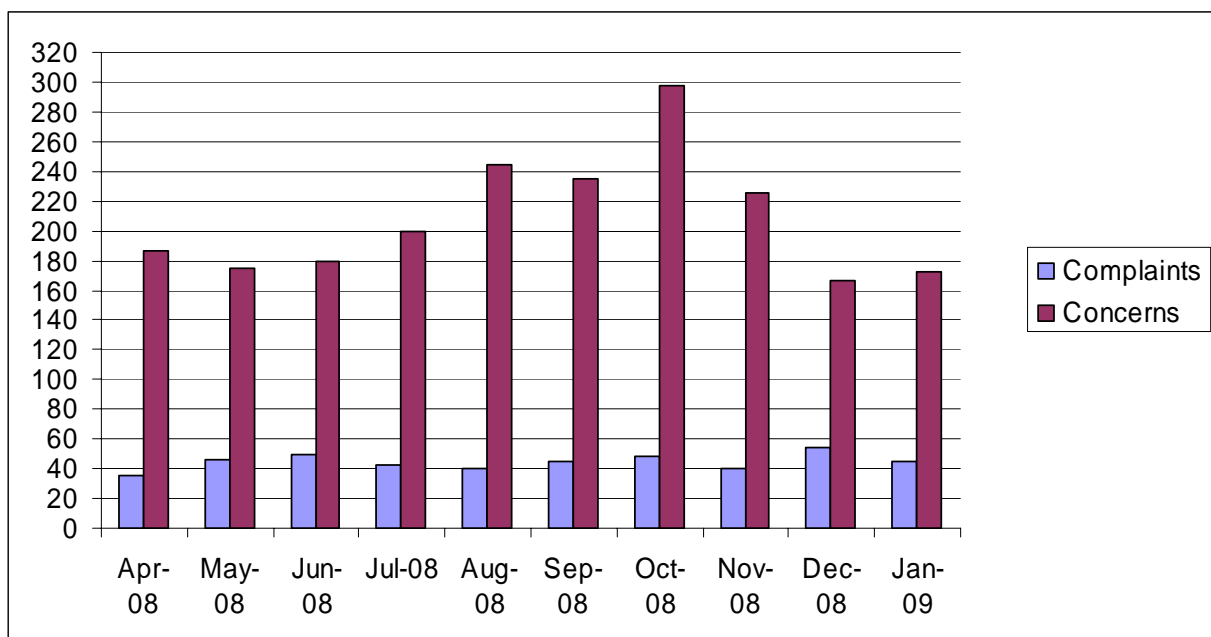
1.4 Healthcare Commission 2008 Inpatient Survey

Surveys were distributed to 850 adults who were discharged from the Trust in July 2007. The survey took place nationally across all acute Trusts. There have been a number of improvements since the 2007 survey. The full management report will be brought to the Board of Governors once produced by the Healthcare Commission.

Preliminary results indicate that the Trust has improved on its 2007 position in the areas of dignity and respect and overall care. Other areas where the Trust had improved its position since 2007 related to the choice and quality of food and cleanliness of bathrooms, toilets and bed spaces.

2. Complaints and Concerns

Please note these figures do not include other PALS activity such as providing general help and advice, responding to enquiries and responding to compliments about the hospital etc.



Governors will notice a change in the figures for concerns for September and October 2008 when compared to the report submitted to the Board of Governors in December 2008. This is due to the fact that the figures for concerns provided in this report do not include enquires as the previous report did. The “on the spot” resolution of concerns through Patient Advice and Liaison Services is continuing to prevent a steep increase in formal complaints. Common themes in complaints and concerns relate to:

- 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. Particular areas of concern will be picked up by the Support Team as noted above.

3. Engagement Programme

3.1 Patient engagement sessions / Focus Groups

A Project Manager working within Fetal Medicine held a small session in March to gain the views of women and their partners on the way the service is delivered and also of any aspects of service delivery which the patients would like to see available within a new facility.

Oncology has held two patient sessions and a focus group was held on 18 March 2009 which was attended by patient governor Maureen Hart. Attendees were asked primarily about their views in relation to the facilities within the waiting areas of the Oncology Outpatient area. The session was well attended.

Future focus groups include Outpatients planned for 31 March, Wayfinding planned for 20 April and a focus group relating to the NHS Constitution is currently being planned for May. Governors will be notified of all of these groups and invited to lead them.

3.2 Governors' Seminar

A Governor seminar was held in November 2008 by Dr Jonathan Fuld, Respiratory Physician to discuss the use of Decision to Resuscitate forms. Non executive directors and lay members of the clinical Ethics Forum also attended. Dr Fuld and his Specialist Registrar will use the views and opinions which were discussed to inform their project going forward.

4. Customer Care Training

The Trust has undertaken membership of the Institute of Customer Service, a not for profit professional body for customer service which:

- Provides advice and guidance on best practice,
- defines professional customer service standards,
- promotes a wide understanding of what service competence looks like and how staff can acquire it
- spreads authoritative customer service knowledge through research
- offers a range of services, staff training and staff awards

Membership of the Institute will provide the Trust with excellent opportunities for networking and learning across sectors and also to demonstrate the excellent work being undertaken within the organisation.

5. End of Life Care

The Steering Group met in January 2009 to review progress of the working groups. In terms of the Environment Group, Estates and Facilities continue to look at improving side rooms, quiet rooms and family rooms, reflecting the needs of relatives who do not wish to be far from family members.

In terms of the Teenage Cancer Trust, relatives can be accommodated within Abington House, which is a temporary facility before the TCT facility is available. The artwork and furnishings are due to kind donations from John Lewis.

In the last Patient Experience Report it was reported that the Trust had been successful in its bid to the King's Fund for £30,000 to improve the facilities and environment offered by the Bereavement Service (formerly Patient Affairs) to those relatives recently bereaved. It is proposed to remodel the current Switchboard area into the Bereavement Care Office as it is easily accessible and close to other services such as PALS.

6. Wayfinding

Project Manager Julie Smith is leading on the wayfinding project, the duration of which is from 23 February 2009 to 31 July 2009. A multidisciplinary working group has been established to guide and inform the production of a draft strategy and focus groups are planned with patients, visitors, volunteers and staff to capture views and intelligence regarding wayfinding.

The wayfinding project is intended to deliver a comprehensive draft wayfinding strategy and a detailed business case for the wayfinding project. The project will then be transferred to Estates and Facilities colleagues for effective implementation.

7. The Media Studio

Media Studio is expanding its services in design and print, photography and video production for clinical, teaching and corporate services. The department is working with PR and Communications to develop comprehensive corporate identity guidance for the Trust, building on recent collaborative work. A highlight in March was to help produce a video and Powerpoint presentation for the interview with an international panel that led to the Cambridge University Health Partners being designated an Academic Health Science Centre.

8. Chaplaincy

The Director of Operations agreed to fund the new post of Bereavement Services follow up lead and an appointment was made on December 1st 2008

9. Voluntary Services

Voluntary Services have started the Addenbrooke's Mealtime Volunteer Scheme which was started for the following reasons.

- Up to 40% patients admitted to hospital have some degree of malnutrition, half of them severely malnourished
- Up to 60% of patients admitted to elderly, surgical, medical and orthopaedic wards found to be malnourished
- The huge financial implications for the NHS because of prolonged hospital stays due to malnutrition (£260M per year).
- The danger of Malnutrition is that there is an increased risk of infection, poor wound healing, skin problems, musculo-skeletal difficulties including weakness, poor mobility and poor coordination, cardiac difficulties, apathy, confusion and memory loss.

Addenbrooke's Nutritional Standards of Care stipulate that patients receive the care and assistance they require with eating and drinking and food is presented in a way that takes into account what appeals to them as individuals.

Ward G4 is the flagship ward for this scheme due to the fact that DME is an area where patients are most at risk of malnutrition due to communication barriers, poor or no teeth/poor oral hygiene, inability to hold cutlery, swallowing difficulties and reduced appetite due to illness. The support of the Ward Manager Kerry Piccaver and full-time Nutrition Assistant Karen Brogan has been excellent.

The first volunteers were trained in Sept 2008 (7 members of the public) and these volunteers receive a one-off two hour session with Infection Control, Dietetics, SALT (Speech and Language Therapy) and two shadowing sessions with a Nutrition Assistant on G4. Volunteers are quality assured by the Ward Manager and Nutrition Assistant and complete an induction checklist. An information folder is kept on G4 with information

regarding the patients who require assistance at meal times. There has been very positive feedback from staff and patients on the ward.

A further eight volunteers were trained on 7 January and four of the seven volunteers who started in September will now assist on level 8 with nutrition. Staff and governors are also becoming involved with volunteering at mealtimes on the wards, either at a lunch time or with the evening meals. Staff and governors are able to become one-off or regular volunteers, can decide when they would like to volunteer and can register for as many sessions as they would like during that month.

10. ACTIVE (Children and Young People's Board)

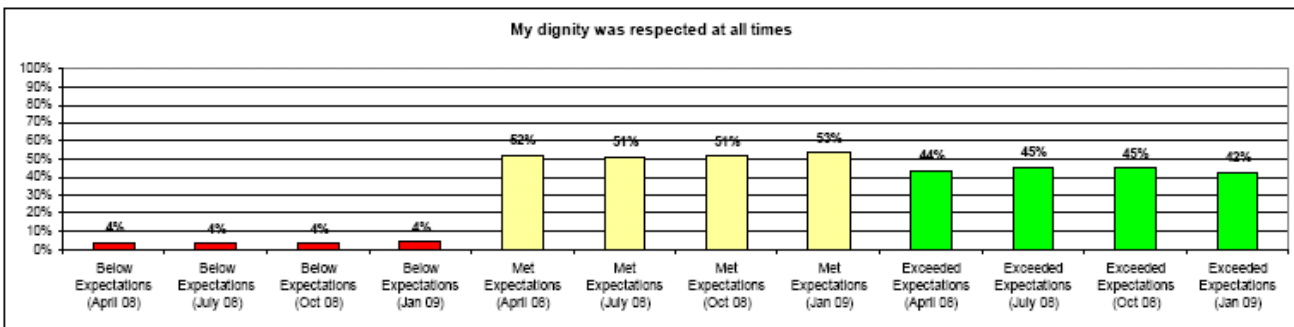
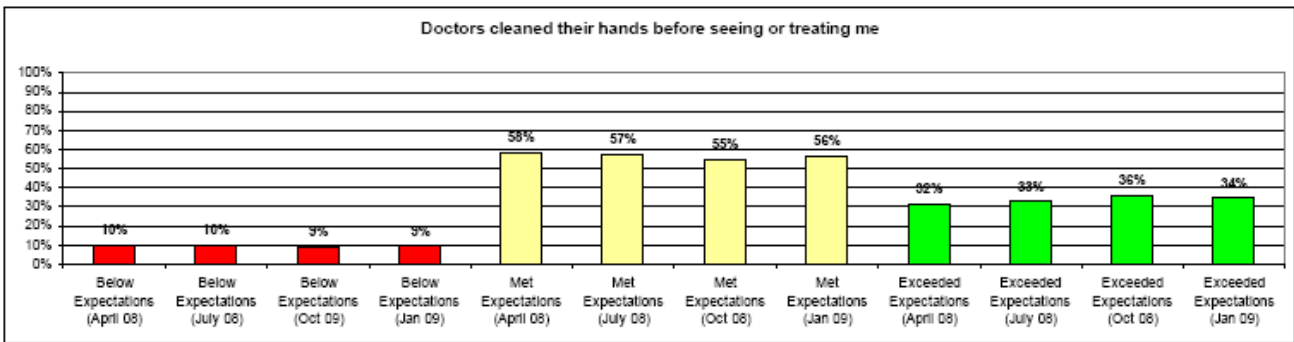
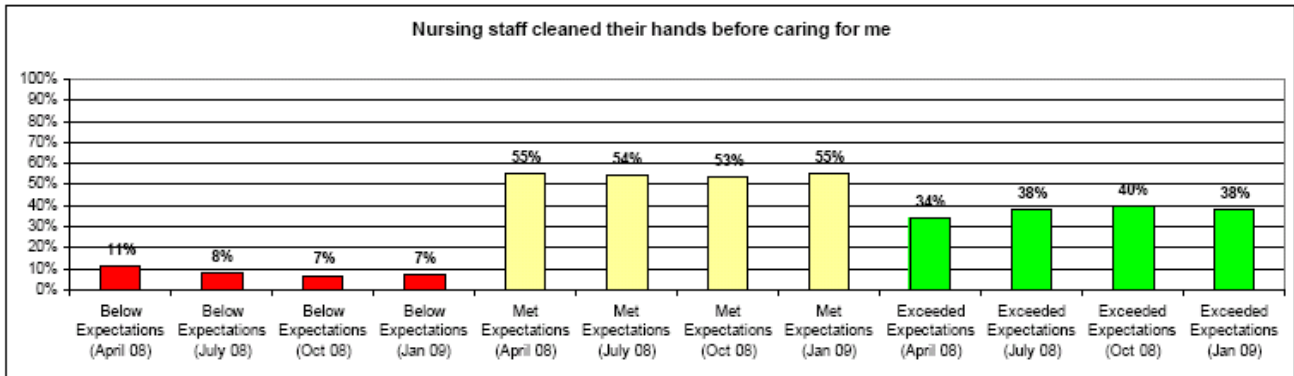
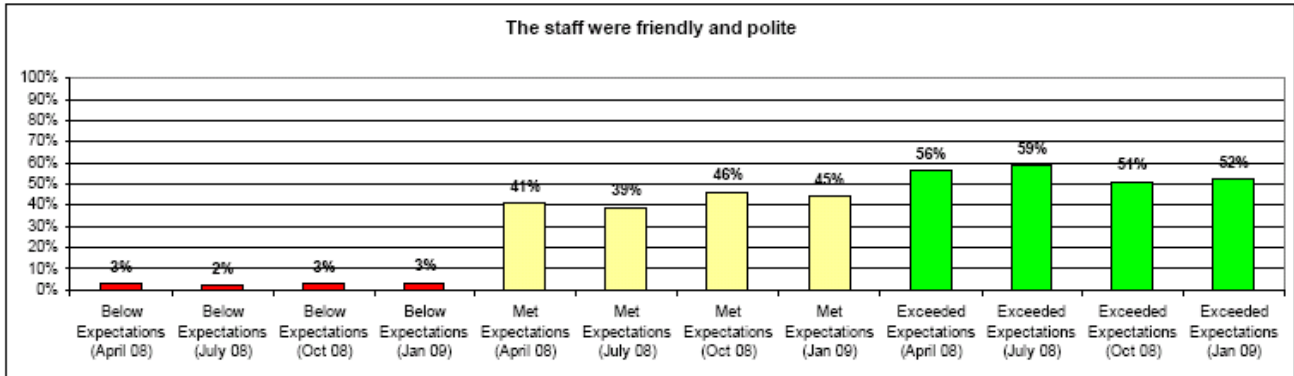
ACTIVE's first birthday party to place in February and consisted of ten pin bowling and the cutting of a specially designed cake. Cambridge Evening news sent a photographer to take a picture of the members of ACTIVE and Dr Archer which was subsequently used to illustrate a news article in the paper I which the Chairman of ACTIVE, Tristram Benson spoke of the work of the Board.

The workstreams of ACTIVE continue to move forward including the editing of the communications DVD and siting of the uniform posters, which are designed to help children understand which members of staff wear which uniforms, within / in proximity to children's wards with the assistance of the Arts Co-ordinator and Estates. At their last meeting ACTIVE discussed possible new work streams for the year ahead.

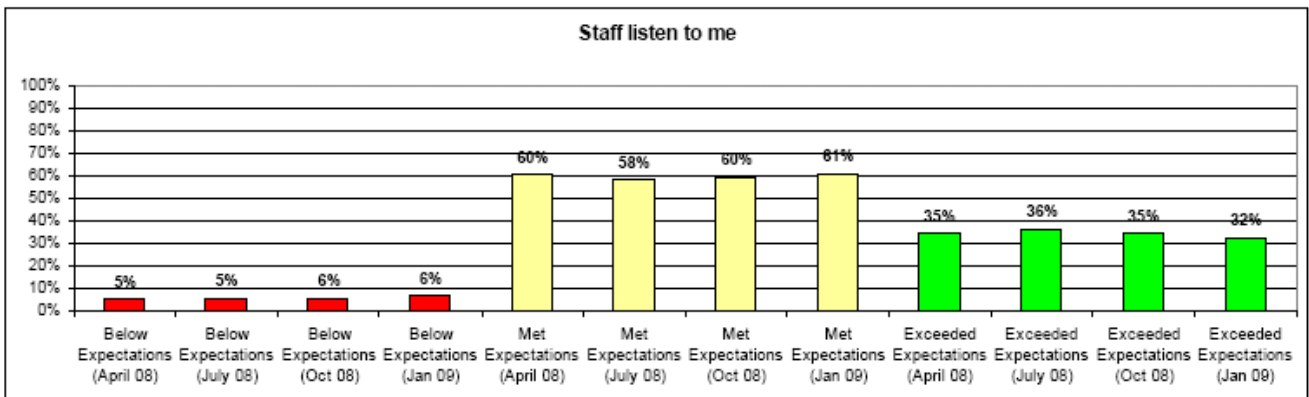
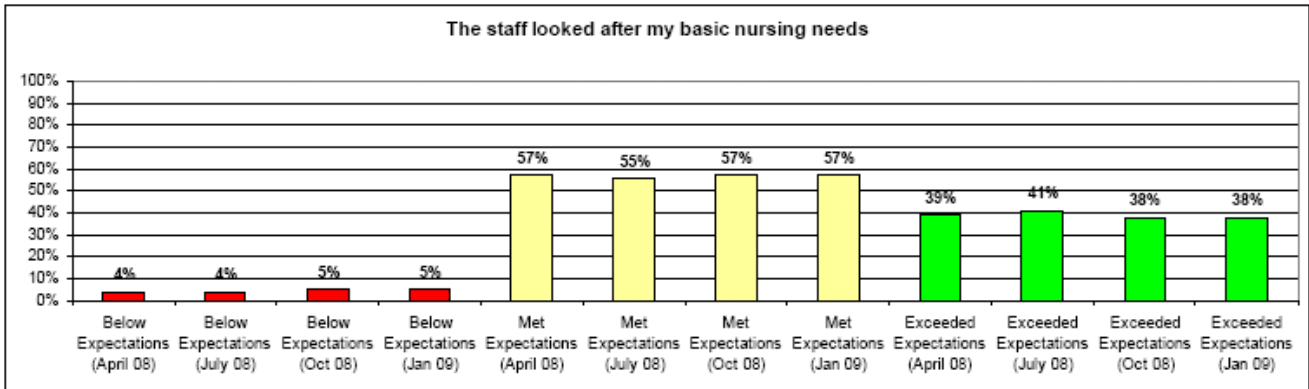
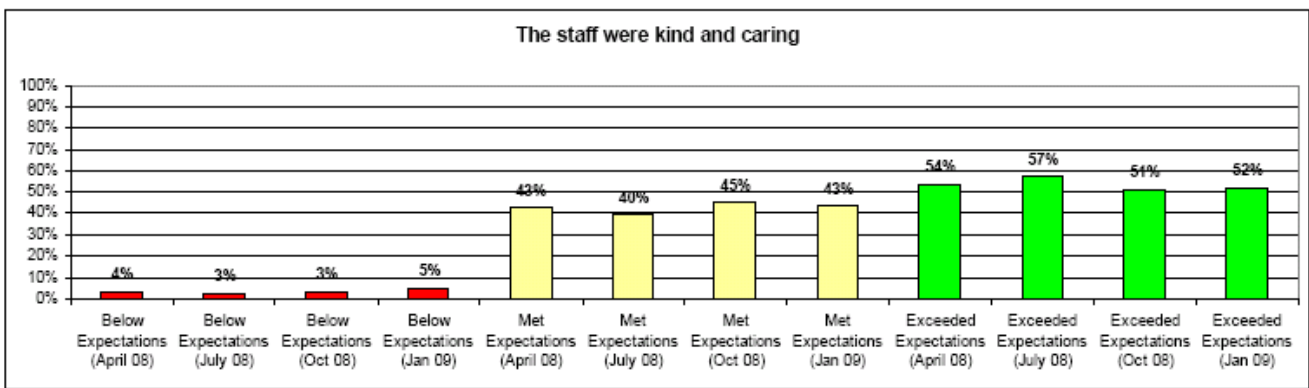
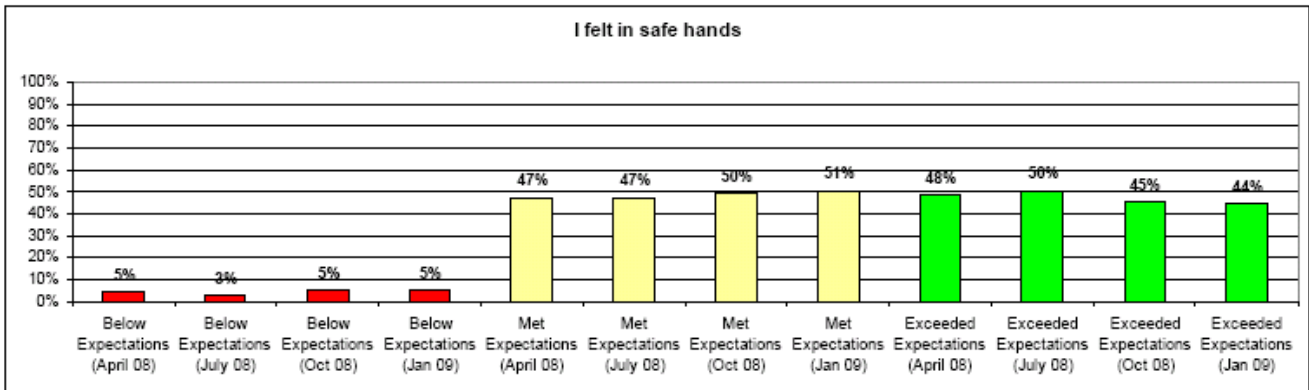
APPENDIX 1 – Quarterly Inpatient Survey results

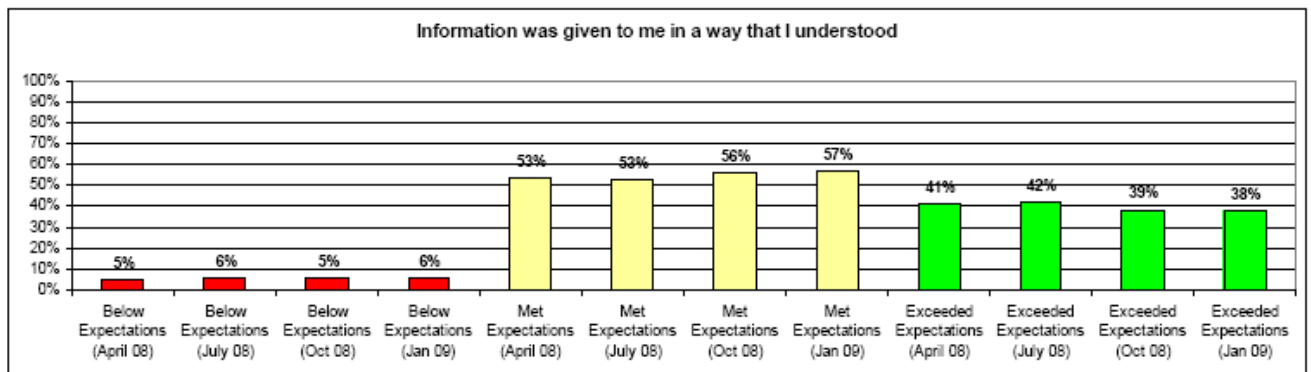
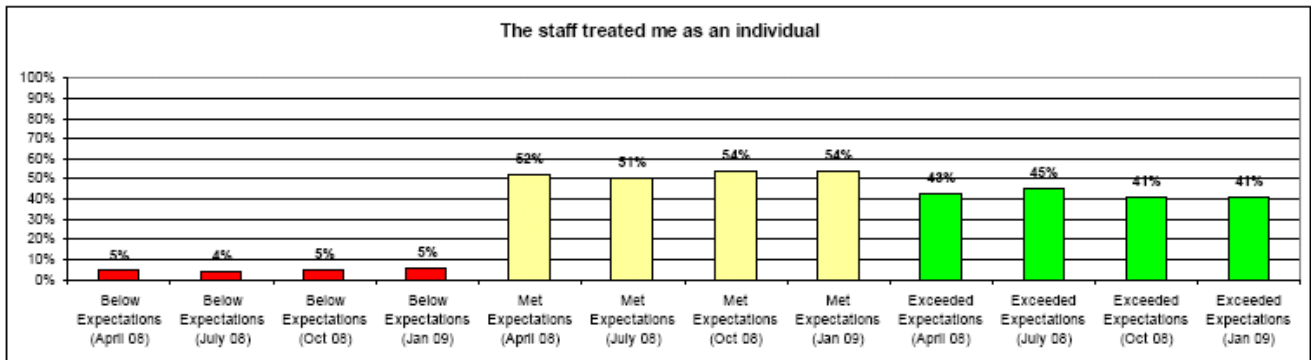
Survey Results for Inpatients Discharged in April 2008, July 2008, and October 2008 and January 2009

Category 1 - Assurance

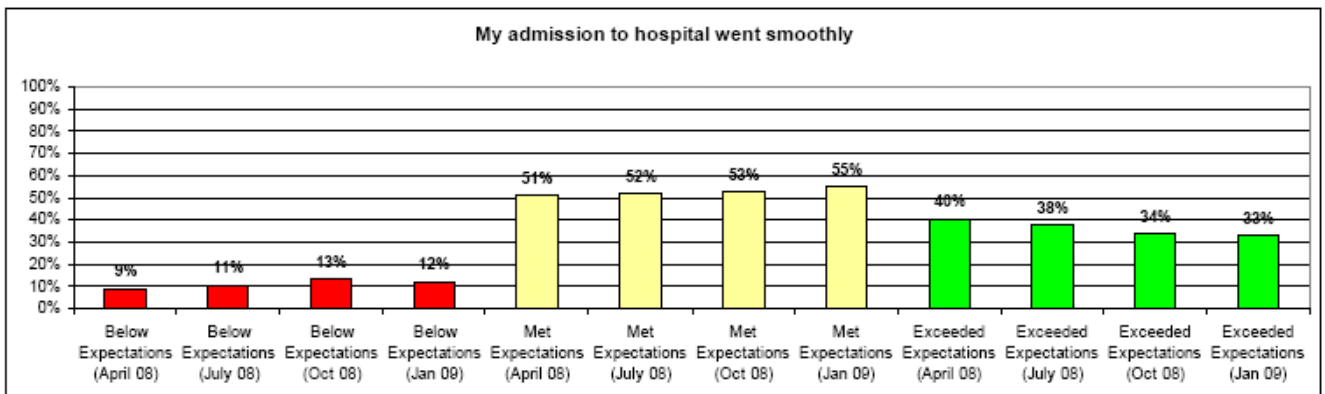
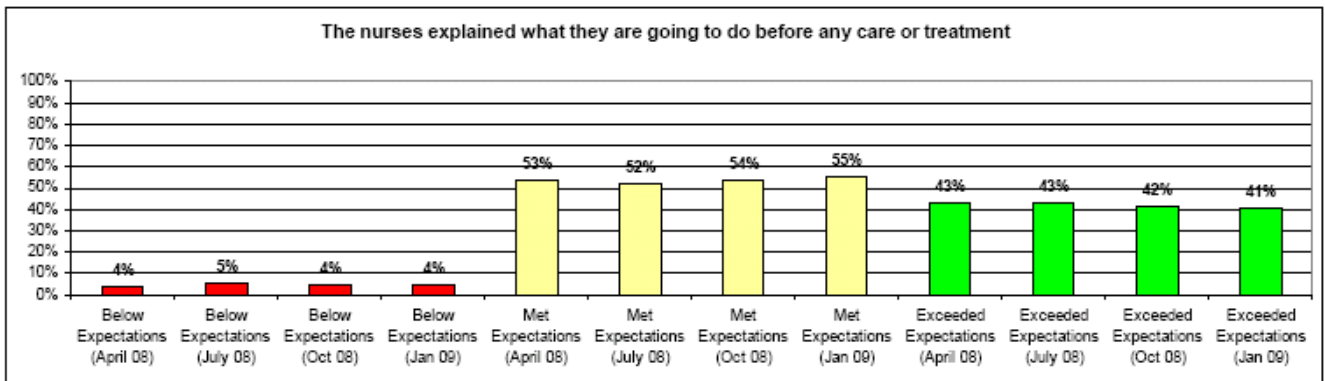
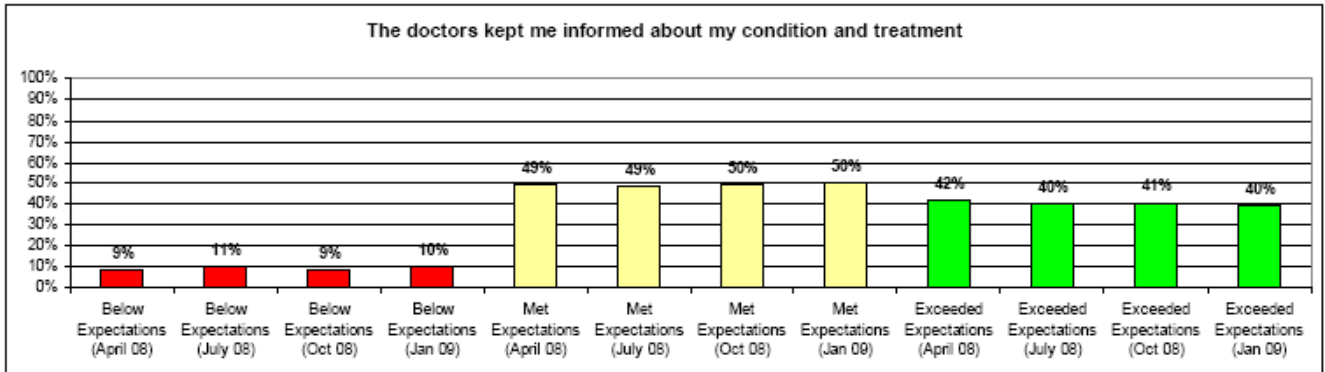


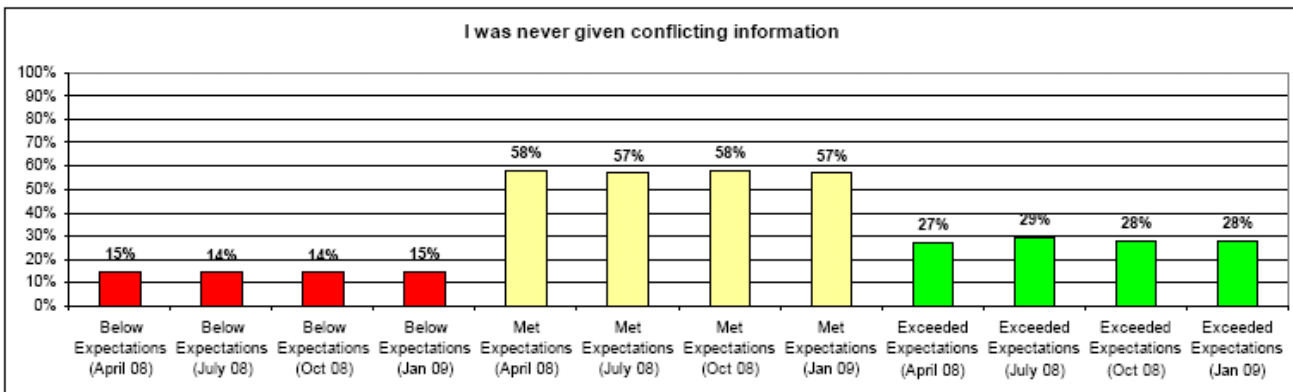
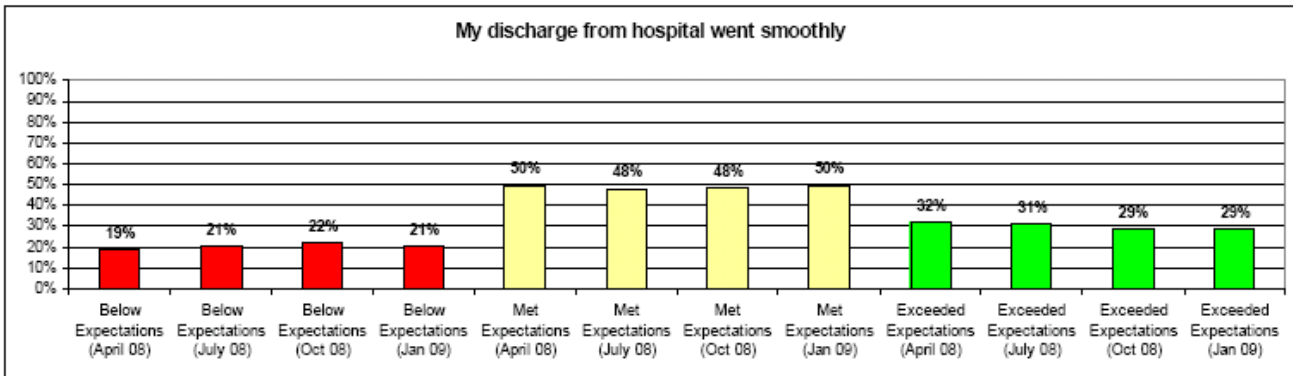
Category 2 - Empathy



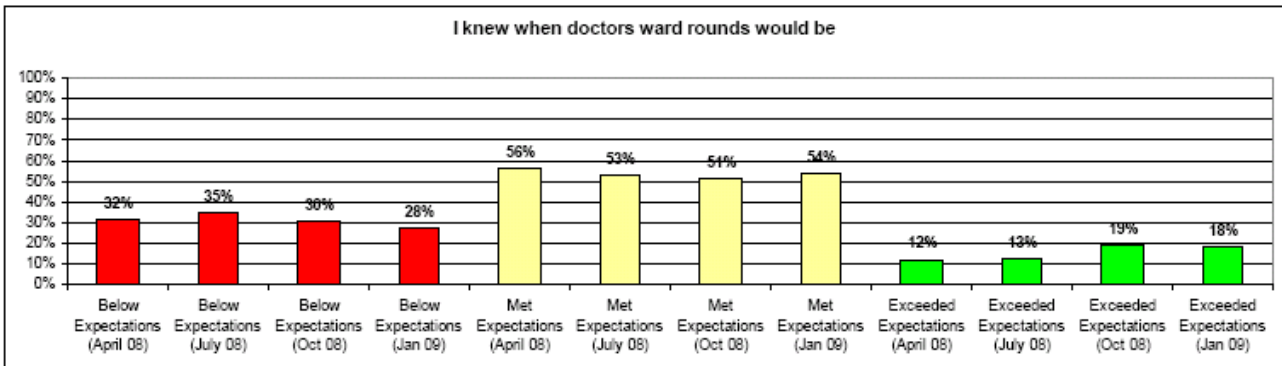
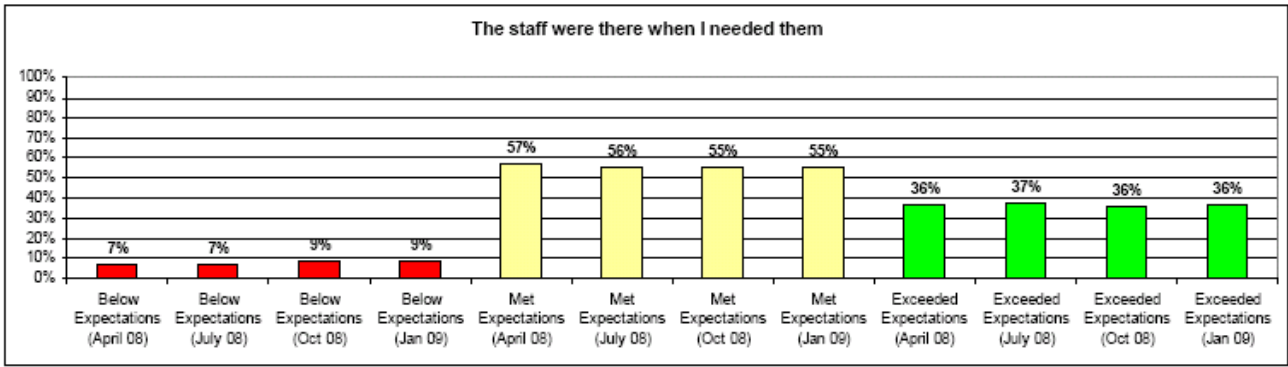


Category 3 - Reliability





Category 4 - Responsiveness



Category 5 - Tangibles

