Take 2 minutes…

See how we did

A summary of feedback from the people who use our services

This Trust:
- Has around 1.4 million patient contacts every year
- Has 1800 beds in our hospitals across Newcastle
- Employs over 13,300 staff

Yet:
Every patient matters and their experience is very important to us. We collect and listen to feedback from patients, carers, staff and visitors and where we can, make changes to improve the patient experience.

This brief report outlines some of the feedback this quarter, October to December 2013 and highlights some of the key actions taken.

In Quarter 3 2013-14:
We saw and treated:
- **306,197** Outpatients
- **45,196** A&E attendances (including Eye casualty and Walk in Centre attendances)
- **61,160** Inpatients
- **136,473** patients in the community – through a range of community services managed by the Trust including, nursing, health visiting, sexual health services, rehabilitation and screening services.

And we received:
- **190** formal complaints and **142** Patient Relation Enquiries
- **669** PALS contacts
- **114** Take 2 minutes comments cards
- **42** postings on NHS Choices and/or Patient Opinion websites

Spotlight on........ Hellomynameis –

Kate Granger is a registrar in elderly medicine registrar and a cancer patient in Yorkshire. She blogs about her experiences as a patient and from this has stated a campaign called ‘hellomynameis’ on twitter. Healthcare professionals following her have pledged to make an effort to introduce themselves to every patient every time.

As a patient with terminal cancer, Dr Granger writes ‘As the patient you are in an incredibly vulnerable position. The healthcare team knows so much personal information about you, yet you know next to nothing about them. This results in a very one sided power imbalance. One way to redress this imbalance is a good introduction. I believe it is the first rung on the ladder to providing truly compassionate, patient centred care.’

**Top Tip: Introduce yourself and ask how the patient would like to be addressed.**
What patients have been telling us …

The NHS Friends and Family Test (FFT)

The FFT has now been running in the trust for adult inpatient and Emergency Department attendees since April 2013 and for maternity patients since October 2013.

Since the initial publication of results in July 2013, monthly updates are published on NHS England and NHS Choices websites. Results are available at trust level, site level and ward level on the NHS England website (www.england.nhs.uk).

A score (the Net Promoter score) is used to present the results. This score is calculated by taking the proportion of patients who would be ‘extremely likely’ to recommend the Trust minus the proportion who said they would be ‘neither likely nor unlikely’, ‘unlikely’ or ‘extremely unlikely’ to recommend the ward. The highest possible score is 100 and the lowest is -100. Patients can also comment on the care they have received.

Comparing the Trust to others in the local area and within a group of peer teaching trusts (the Shelford Group), the Trust performs well – particularly in relation to our score and response rate from the inpatient wards. Our score for inpatients has been at 81 for four consecutive months.

In order to improve the response rate from patients attending the Emergency Departments, the Trust installed ‘token unit’ style collection boxes in November 2013 (see image below). In the first week of using the token units, the response rate for Emergency Department returns went from 3% (w/c 18/11/13) to 26% (w/c 25/11/13).

Top Tip: We know from the areas doing well with response rates that staff encouraging patients to complete and return their cards or tokens is the key to ensuring a good response rate.

The comments that patients make give a really useful insight into the patient experience. The vast majority of comments are very positive with patients commenting on the quality of care and compassion they receive. To date, over 12,000 comments have been recorded. You can find your individual ward scores and comments using the Clinical Assurance Tool or ask your ward sister or Matron for more details.

Great members of staff really helpful take great care of you always there when needed. They make sure that your totally comfortable and make sure that you have everything you need.

Simply the best

Everyone, whatever their role, was friendly, cheerful and respectful. The treatment and nursing care were first class.

National Maternity Survey – Care Quality Commission (CQC) report

The purpose of the survey was to understand what women think of maternity services provided by the Trust. 246 women took part in the survey and the key findings were reported in the last issue of this newsletter. The CQC published their benchmark reports in December 2013. These enable the Trust to benchmark itself against other Trusts. The CQC report shows that within the three broad domains – (i) labour and birth, (ii) staff and (iii) care in hospital after the birth, the Trust scores were all ‘about the same’ when compared to other trusts.
Continually improving the patient experience is an essential priority for the Trust. There is no doubt that the vast majority of our patients experience very positive and valued care and treatment. However, we do recognise that sometimes things can go wrong and lead to a complaint or concern being raised.

We receive concerns from patients in a number of ways – via Complaints, Patient Advice and Liaison Service (PALS), comments and suggestion cards, e-mail into the Trust website and via NHS Choices. Wherever possible, suggestions for improvements will be acted upon. The following gives some examples of changes as a result of patient feedback.

**Patients told us………..**

Part of a complaint related to written information given to a women regarding follow-up within the NHS Cervical Screening Programme.

A patient who attended a pre-operative assessment was concerned that a copy of the clinical letter detailing the proposed treatment was not in their medical record. This meant the patient had to explain to the nurse what surgery was planned.

Whilst having ‘skin to skin’ contact with it’s mother, a baby deteriorated shortly after delivery. The parents were concerned whether the baby was adequately monitored during this time.

A complaint was made about the impact of a delay in diagnosis of a sarcomatous lesion. The initial presentation was thought to be a haemorrhagic legion.

Concern was raised at the Equality, Diversity and Human Rights Working Group that patients who are admitted as an emergency or who do not have anyone who can bring them spare clothes or toiletries into hospital cannot access basic clothes and toiletries.

**We did………..**

Letters to patients and a booklet have been updated to reflect the changes made to the National programme.

Relevant staff were reminded of the correct procedure and it was decided that a front sheet for referral to pre-assessment would be developed in order to improve communication.

Skin to skin contact has been shown to provide benefits to the mother and baby. However, Women’s Services are to review the guidelines for skin to skin contact – specifically the guidance for monitoring the baby’s condition.

The department has changed policy and all aspirates from sarcoma service are sent for cytology in order to provide a definite diagnosis.

The Matron for Patient Services and one of the Trust Chaplains obtained charitable funding to set up a ‘clothes bank’ at the RVI and obtain a regular supply of toiletry packs for patients unable to provide their own.

**Remember – Whatever job you do in the Trust, you have an impact on the patient experience. Take time to attend a 30 minute ‘Enhancing the Patient Experience awareness session (details available on the intranet) and see how the actions you take in your day to day working life can make a difference patients.**

Please tell us if you have made changes as a result of patient feedback so we can include directorate or service specific information within future reports.

Caroline.mcgarry@nuth.nhs.uk ext 31214
Developments in Patient Experience

In the news….

01/10/13 – First for Newcastle Eye Centre – An Edinburgh-based company i2eyediagnosics has developed a child friendly method of testing visual fields using saccadic vector optokinetic perimetry (SVOP). It is hoped this new technology will improve the care of children in the North East with sight threatening diseases.

20/11/13 – Newcastle Hospitals Oncology Teams wins Health Service Journal award in the ‘Quality and Productivity’ category for their Oncology Homecare Programme.

26/11/13 – NHS England has announced that the Trust has been included on its list of provider hospitals to take part in a new £4.8 million initiative aimed at increasing access to specialist radiotherapy services.

17/12/13 – Newcastle Hospitals ‘Highly Commended’ in national Dr Foster Hospital Guide.

For further details of these and other items of Trust news, please visit the Trust website at www.newcastle-hospitals.org.uk

Congratulations …. 

Good news for patients - As reported by Coeliac UK in the Autumn/Winter issue of their magazine, catering staff at the Freeman are pioneers in gluten-free hospital catering. The department have achieved Gluten Free (GF) accredited status and 50 catering staff have been trained by Coeliac UK. The hospital provides gluten-free menus for inpatients and gluten-free options are always available in the shop and restaurant. Most soups and gravies are suitable for people requiring a gluten-free diet.

10 year celebration of the Patient Participation Team

Since 1996, when new treatments became available, HIV became no longer a terminal condition. It is a long-term condition but still, patients may find it hard to disclose their status to family and friends and therefore be very lonely.

In 2003, small group of about 6-8 men who were interested in the fledgling Patient Participation Team came together and agreed four strands of work: 1) Patient voice in planning / commissioning 2) Peer support service 3) Teaching and training to improve understanding of living with HIV 4) Website to share information.

Since then 300 hours of training have been delivered. Over 150 hours of peer counselling have been delivered. There have been six listening events – where patients give feedback to staff on the unit and commissioners and make suggestions for service improvements. There has also been annual training events for patients to become ‘listeners’ for the peer counselling programme. Dr Melinda Firth, Head of Clinical Services says of the peer support “Many times the peer counsellors say just what we have said as professionals but it sounds different coming from another patient!”.

A celebration event attended by the Trust Chairman was held at the RVI in November and the PPT planned their next steps.

For further information on any issue in this report or to include patient experience feedback in future reports, please contact: Caroline McGarry, Patient Experience and Involvement Officer Caroline.mcgarry@nuth.nhs.uk ext 31214