

## **Patient Experience**

Annual Report

Presented by Helen Mackenzie, Director of Nursing and Governance

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## Introduction

The Trust is committed to improving patient experience, using complaints and other forms of feedback to better understand the areas where we perform well and those areas where we need to do better.

This report details the complaints, Patient Advice and Liaison Service (PALS) and compliments received by the Trust during 2013/14. The Trust is also committed to ensuring that the national learning from reviews such as the Keogh Review, Francis Report and 'Hart' Report are embedded locally into the core values of our staff.

Key achievements from 2013/14:

- Over 2013/14, the majority of our patients have rated our services as good or better.
- Following the collaborative approach of joining the Complaints Office, Patient Advice and Liaison Service (PALS) and Patient and Public Involvement into a Patient Experience Team, communication has improved and processes continue to be reviewed and developed. The integration of these services has seen an impact at service level as well within the wider organisation as there has been a reduction in duplication for staff and an increase of awareness of the support and signposting that is available for patients and their carers.
- 2013/14 has seen service level reporting brought to the forefront of day to day patient experience. Introduction of an online Patient and Public Involvement form has seen an increase in the variety of existing activities already underway across both Community and Mental Health Services being reported, and a real sense of the 'you said, we did' changes that have been made as a direct result of the feedback from the people who use our services as well as those who support them.
- The introduction of service level reporting of locally resolved concerns brings a single process across Trust services. This makes it easier for staff to report where they have resolved concerns on the spot, and helps us to track themes across services. This will be developed further following feedback from our staff.
- Compliment reporting has seen a significant increase over 2013/14. There are a wide range of compliments now being reported for the first time and this information is being used alongside complaints to give a 'helicopter view' of the experience of our patients and their carers.
- Completion of the implementation of the internal patient survey programme means that services are collecting feedback that is both service specific and contains 'corporate' questions that can be compared across the organisation.
- Real time 'dashboards' have been created which give our staff access to the patient survey results for their wards and services to help make immediate service improvements based on feedback from our patients and their carers.
- The response times to formal complaints have improved significantly over the year to 64% resolved within 25 working days and 82% resolved within a timescale negotiated with the complainant at the end of March 2014. There have also been an increase in the number of

complainants who have written to us to thank us for the robust investigation into their complaint and we have received positive feedback from our patients and staff about the improved communication that forms our complaints process.

- The number of formal complaints that have been taken forward for investigation by the Parliamentary and Health Service Ombudsman is low. This is representative of the quality of the investigations that take place.

## **1. NHS Choices**

NHS Choices continues to be used as a mechanism for patients and their families to share their experience and give feedback on our services. It also offers information around lifestyle choices and acts as a Health Service Directory for the public. It is also being developed nationally as a tool to share information about the quality of services following CQC visits and through national initiatives such as the Friends and Family Test, so that potential patients are able to make a more informed choice when given the opportunity to choose where they receive treatment.

The Trust is continuing to give more bespoke responses to feedback; rather than a historical approach of signposting people through to our Complaints Office. Taking into account confidentiality, more tailored responses are posted by our Patient Advice and Liaison Service Manager, following a review of the experience and any immediate actions that can be put into place. Contact details are also given for a further discussion to take place should the person who placed the post want to discuss their experience in more detail, or should further detail be required by the Trust so that we can respond in more depth. We recognise that for an individual to take the time to post their experience it means they feel very strongly and we need to take these comments seriously.

There have been 27 experiences posted in 2013/14 in comparison with 12 during 2012/13. Whilst the majority of these has been about Prospect Park Hospital, 2013/14 has seen more positive experiences shared. A summary of the posts is included within the quarterly patient experience report along with any immediate action that has been taken. In addition, feedback about Prospect Park Hospital is shared at the Feedback Implementation Group by the Nurse Consultant.

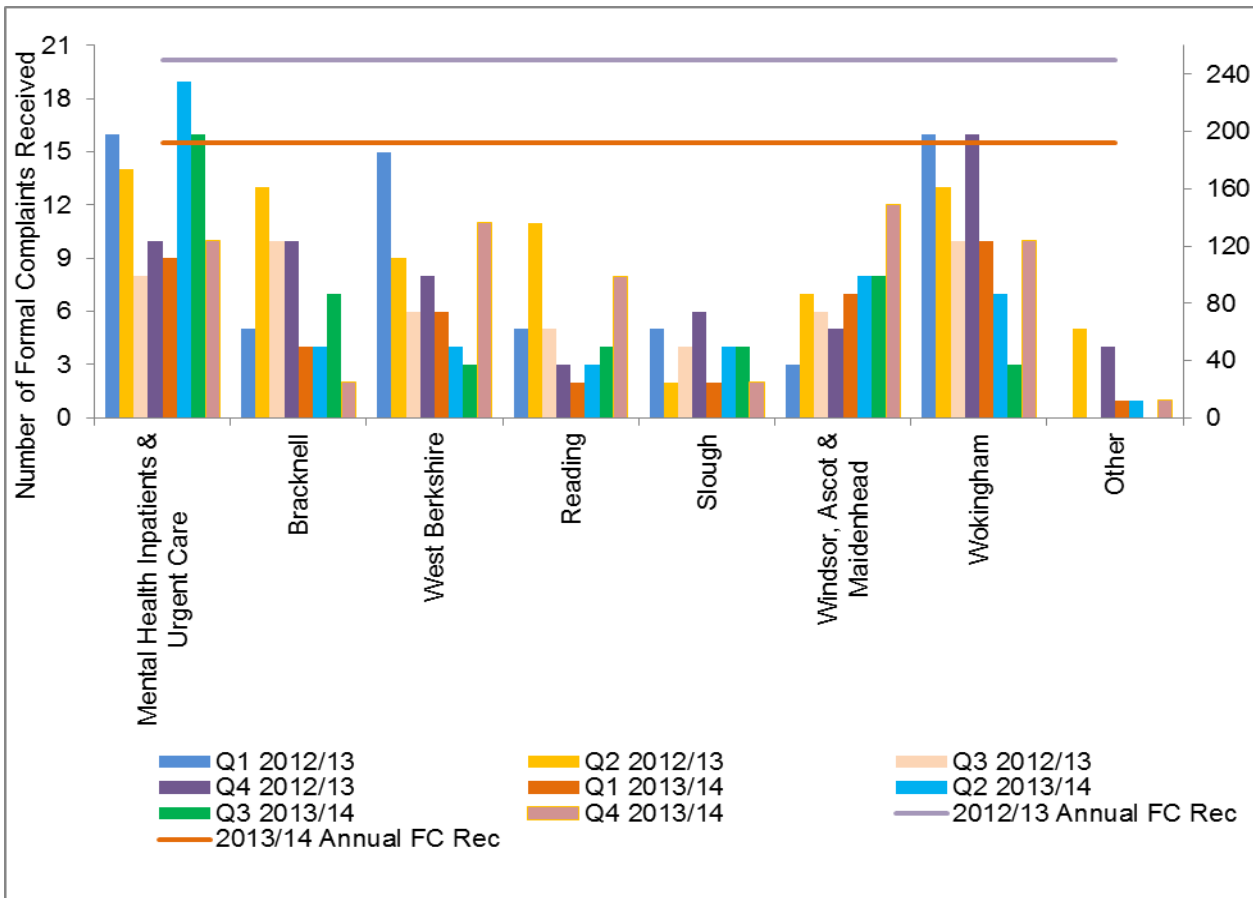
The Marketing and Communications Team are continuing to manually update the information held on the NHS Choices website; this is particularly important where there are services from different organisations sharing sites.

## **2. Formal complaints**

During 2013/14, Mental Health Inpatients and Urgent Care received the highest number of formal complaints; 54 out of the 192 received directly to the Trust (29%). Slough was the clinical locality with the lowest number of formal complaints received over the year; 12 out of 192 (6%). The Trust has seen a reduction in the number of formal complaints received in comparison with 250 in 2012/13. The Patient Experience Team has been promoting local resolution with staff and the complaints process has been revised to support staff to work with complainants more effectively.

Graph One shows the number of formal complaints over a rolling period from quarter one 2012/13.

Graph One: Number of Formal Complaints received since quarter one 2012/13



For reporting purposes, services which operate across the Trust are logged under one Locality, for example CAMHS (West Berkshire) and WestCall (Wokingham), and this should be taken into account when looking at the Locality information.

As the complaints process has adapted during 2013/14, Secondary Complaints have started to be monitored. These are complaints which the Trust has previously responded to and the complainant remains dissatisfied. As part of the complaints process, complainants are advised to return to the Trust in the first instance with their concerns and when local resolution has been exhausted, approach the Parliamentary and Health Service Ombudsman.

The Trust has commissioned the National Complainant Survey which is being undertaken by The Patients Association; a way that we are able to monitor the quality and effectiveness of our complaints process. A benchmarking report is due to be published at the end of quarter one 2014/15, which will compare our results against all Trusts taking part across the Country. As one of the first Community and Mental Health Trusts taking part, the information for Trust type comparison will be limited in the first report, however we recognise the importance of making sure that we actively seek feedback from people who have accessed the complaints process and identify areas we can improve. The survey also asks for demographic information about the complainant which will be useful to monitor from an Equality and Diversity perspective.

## 2.1 Action plans

The actions identified to improve the service we provide to our service users and their carers arising from complaints are discussed at the Locality Patient Safety and Quality Groups. Whilst learning from individual complaints is led by the Service, it is recognised that themes need to be recognised and addressed by Localities.

As part of the process of closing the formal complaint, a decision is made around whether the complaint is found to have been upheld (referred to as an outcome).

During 2013/14 there were 196 formal complaint responses made by the Trust; as the complaints process is ongoing, some of these were historical and were received prior to April 2013. In addition to these complaints there were; 14 not pursued by the complainant, 11 referred to another organisation, two not taken forward as there was no consent obtained from the patient, two referred to the Parliamentary and Health Service Ombudsman as they were out of time for a robust investigation (in line with the complaint regulations) and nine resolved locally by the service with the agreement of the complainant.

Table one shows the formal complaints resolved during 2013/14 by outcome.

*Table One: Formal Complaints resolved during 2013/14*

	Total	
Not Upheld	78	39.80%
Partially Upheld	83	42.35%
Upheld	35	17.86%
Total	196	

In comparison, during 2012/13 there were 178 formal complaint responses made by the Trust, with an additional 15 which were either withdrawn by the complainant or resolved locally with the service. This shows that whilst the number of formal complaints received has decreased, the level of activity within the Complaints Office has increased compared with the previous year.

The Trust has developed action planning within Datix (the electronic monitoring and reporting system). Being able to document actions arising from complaints in this way will ensure that they can be monitored and followed up effectively. As the Clinical Directors have access to Datix, it also means that they will be able to see the progress of these actions. A further advantage is that within Datix we are able to assign individual actions to staff members. As a result, the expectations and ownership of actions is clearer. This is being implemented during quarter one 2014/15.

Examples of actions made following complaints closed during 2013/14 and found to be upheld are:

- The parents of a young person being seen by the Reading CAMHS Team were happy with the care and treatment received however felt that the administrative systems and processes around appointments and assessments could be improved. As a result of this complaint, standard operating procedures (SOPs) are now in place for all clinical teams and pathways across the CAMHS Services. Service Managers are responsible for ensuring that these SOPs are included within the local inductions for all clinical and administrative staff.

- A complaint was received as a Health Visitor did not recognise Mongolian Blue Spots and raised a Safeguarding concern resulting in the family attending an Emergency Department for review. The parents of the child were concerned that they had now been placed onto a Safeguarding register inappropriately. The investigation into this complaint highlighted that all Health Visitors needed to be given assurance that they are able to use their professional judgement in the identification of Mongolian Blue Spots. This is to take place following robust training around the identification of skin markings which is to be organised centrally to ensure a consistent approach across the organisation. A review of staffing of the clinics has taken place to ensure that there is a Health Visitor available to advise at all health clinics. This complaint specifically highlighted that the presence of Mongolian Blue Spots is to be recorded at the earliest opportunity in the Personal Child Health Record and that this responsibility is shared by all health professionals who have contact with the child. Health Visitors need to work with partners to ensure that any skin markings are noted at birth / as soon as they are seen and Trust Safeguarding Lead and Heads of Service are to liaise with partner colleagues, particularly GPs and the midwifery service to ensure the recording of skin markings at the earliest opportunity.
- A father complained about the availability of a CAMHS inpatient bed for his daughter. This complaint was mainly a Commissioning issue; however the Trust took it forward to co-ordinate a response. NHS England actions were that - A directory of Tier 4 CAMHS services (this consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated) has been circulated to the Area Teams - The ten Area Teams are completing a weekly Tier 4 capacity report - Area Teams have completed a template detailing Tier 4 capacity and concerns for review by the National Director of Specialised Services - The Wessex Team is to appoint a Case Manager with the role of supporting Tier 3 services (this includes specialist multi-disciplinary teams such as CAMHS Teams based in a local clinic). Central Southern Commissioning Support Unit (CSCSU) actions: - developing a two way Tier 4 pathway between Clinical Commissioning Groups and NHS England - CSCSU working with BHFT to develop a Tier 3.5 to enable young people to be cared for closer to home. Positive feedback was received in the complaint letter about the clinical care and effort to find a suitable placement by BHFT staff.
- A patient of 81 was seen at the Minor Injuries Unit at West Berkshire Community Hospital. The patient had a temporary plaster fitted and was told to attend the trauma unit of an Acute Trust for a specific appointment. When they arrived they were told that there was no appointment and should have gone to Thatcham. The patient subsequently paid for a taxi to Thatcham as they did not drive. An apology was given and the patient was reimbursed by the service for the unnecessary additional travel costs.
- The family of patient complained about the delay in arranging a Continuing Healthcare Assessment within Windsor, Ascot and Maidenhead. The investigation showed that the Care co-ordinator had not been as pro-active as they should have been, and there were additional delays from the Continuing Healthcare Office. This led to the assessment not taking place as quickly as anticipated by the patient's family. Further training for staff has been arranged to make this process more efficient in the future.
- A member of a user involvement group contacted the Trust because they were unhappy about the conduct of another participant at a group in Bracknell which they feel was not well managed by the Trust staff that were present. The staff have reflected on the group and agreed that they should have intervened sooner and the Trust apologised to the attendee. The staff have been reminded of the importance of ensuring that all of the

participants of groups are able to get their voice heard and of their role in overseeing this and any conflict that could arise.

- A patient contacted the Crisis Resolution/Home Treatment Team and stated that the person that they spoke with was not very helpful and they now feel that they cannot contact the service until the night team are on duty. As part of the investigation the recording of the telephone call was reviewed and identified that did not go as well as it should have. The complainant received an apology from the Trust and the member of staff is undertaking Customer Care training. The member of staff also wrote separately to the complainant to apologise for the way that the conversation went.
- There were delays in accessing the continence service for a patient discharged from an Acute Trust. The patient's family purchased continence pads during this period. The investigation showed that whilst the patient's health contributed to a delay in full assessment taking place, a further delay was caused by necessary equipment not being available. The Trust reimbursed the cost of the continence pads that were purchased by the family.
- Local Councillor contacted us on behalf of a constituent who felt he was dismissed by the doctor or health worker, who saw him as a compulsive liar and told him that nothing was wrong with his mental health. The Urgent Care service has now developed an information leaflet about how to access support in a mental health crisis. An apology was also given as the clinician sees that their comments could have been misinterpreted.
- A patient was unhappy in the treatment offered through our diabetic eye screening service. The investigation showed that we that we should have advised eye drops in the patient's case as they described.
- Complaint about the attitude of a Health Visitor in the Windsor, Ascot and Maidenhead Team. The outcome of the investigation was that when the lead professional leaves an open CAF case consideration, should be given to the multi-agency professional most suited to take on this role based on the level of contact with the service. Also that agency staff should not act as lead professionals for families who have an active CAF unless they have under gone specific training. A reminder was given to staff indicating that it is expected that when home visiting in the community it is good practice to inform families that visiting may fall between given times and where arrival is expected to be more than 30 minutes outside this the family should be contacted to confirm that this is still convenient.
- A patient was reported that they felt that the WestCall Doctor they spoke with thought that they were lying. An apology was given for the way that the WestCall Doctor asked about past medical information when ascertaining their history. The patient was advised to register with a local GP in order to gain regular support and pain management.
- The Head teacher of a school complained about the lack of provision for Speech and Language Therapy following a member of staff leaving the team. Bank staff were being recruited to provide cover at short notice and for absences of greater than one month, caseloads will be reallocated. Cancellation notifications will include information about any potential delay in the service provision and all students will have an up to date summary of their needs and the impact this is having on learning - any discussions between the Local Authority and SLT department around specific funding issues for children will be made

known to the school from the outset. A therapist has been recruited with the specific responsibility for the Secondary School Service.

- A patient attended the Minor Injuries Unit at West Berkshire Community Hospital and felt that the nurse breached confidentiality in front of her mother and was concerned that the nurse has no interpersonal skills. The staff nurse has learnt from this experience and changed her practice to ensure she asks questions about medication taken in a more appropriate way. She is grateful that this patient has brought it to her attention. There will be no changes to the questions asked at consultations as these are part of the standard questions expected for MIU to comply with NHS standards for Emergency Departments. All staff attended training in how to deal with sensitive situations and this will continue.
- A delay in the Paediatric Speech and Language Therapy Service following a member of staff leaving. The investigation recognised that there was an issue with staffing cover at that time.
- A complaint was received about the attitude of staff attending their home from the Urgent Care service. Staff members involved were reminded to be aware of voicing any religious views. Staff have also recently attended training regarding assessment and counselling skills. The members of staff have apologised and expressed regret that their choice of words and/or manner of speaking caused offence.
- A complaint was received about a WestCall Doctors attitude and the lack of taking medical history during a home visit. An appropriate plan of action was put in place by the GP and pain clinic to ensure Westcall are not called upon to give regular injections at night in the best interests of the patient.
- A patient that was unwell with flu-like symptoms contacted WestCall and was advised to see their own GP after the weekend. The patient died before seeing their GP. The Doctor involved undertook a study course in Respiratory medicine and the telephone triage was monitored and audited.
- A patient raised concerns about a historical mental health misdiagnosis dating back to 1985. Whilst we were unable to comment on the diagnosis, the investigation showed that finding the correct and appropriate placement did take some time; it was very important to locate the correct placement. It was established that the patient was inappropriately placed on a mental health ward and one of our Consultants made contact with the head injuries service to make sure the patient's medication was appropriate for his condition. A patient raised concerns about their discharge from Sorrell Ward. The investigation showed that the transfer arrangements for this patient were not of the expected standard on this occasion
- The family of a patient were unhappy about our process for sending draft documents from a Doctor without a watermark indicating the version. A process was put in place for this.
- A patient raised concerns about being discharged from an Acute Trust after their assessment by Urgent Care as they did not feel safe. The mental health nurses discussed the case with the A&E medical team to ensure appropriate handling and appropriate resting time before patients are discharged.
- One of our patient who had a stay at Wokingham Community Hospital reported that whilst they enjoyed the majority of their admission, there was a specific member of staff who



upset them. The investigation highlighted concerns with this individual and they were moved onto the day shift to be monitored and for further assessment of their skills.

- A patient who had very low potassium contacted WestCall and was given a prescription that could have had a significant adverse effect. Apology given. The Doctor involved gave assurance to the WestCall Medical Director that he has taken this important lesson seriously and this case was raised at their next appraisal assessment. Prescribing accuracy is of paramount importance in medicine and as such, the case was discussed to raise awareness and the implications at the WestCall clinical doctors' meeting.
- A patient who contacted the Urgent Care service reported that the person they spoke with was very unhelpful. The investigation showed that the call was not dealt with in a therapeutic or compassionate manner and this was managed by the line manager.
- The attitude of a member of staff within the District Nursing Team in Windsor, Ascot and Maidenhead was investigated and resulted in HR procedures being followed. We informed the complainant of this with a formal letter of apology.
- A patient reported inappropriate conversations taking place with a member of the District Nursing Team in Windsor, Ascot and Maidenhead about compensation claim with the NHS and money. This resulted in a HR investigation and formal apology.
- The family of a patient reported that they were acting out of character and that they were not informed following a fall on Bluebell Ward. The investigation showed that there had been a medication error which was being investigated separately and that Being Open principles had not been followed with informing the family.
- The family of a patient discharged from an Acute Hospital reported miscommunication and issues with the arrangements for care at home. This resulted in the patient not receiving planned visits towards the end of life. The investigation showed that there had been poor communication and confusion about the use of privately funded and NHS funded care.
- The father of a young person raised concerns about communication and access to crisis support at A&E. The investigation showed that there had been poor communication with the family while they were at the Acute Trust which led to a delay.
- The Health Visiting Team in Reading received a complaint from a family who were concerned that their young child was losing weight. The investigation showed that as a new mother, she was left without adequate support and re-assessment when struggling to feed her baby. This was remedied upon receipt of the complaint.
- We received two complaints from parents of patients who were unhappy about the maintenance of their children's wheelchairs from NRS (sub-contractor for wheelchair mobility service). Whilst our staff had acted appropriately and supported the family, there were issues with the NRS which were managed contractually through the Trust following feedback from our patients.
- In addition a patient was waiting a considerable length of time for a reconditioned wheelchair from NRS and whilst he had been given a chair in the interim; this needed to be pushed or could only make short trips due to the battery life. The investigation showed that NRS had delayed the replacement chair.

- We received a multi-agency complaint relating to the availability of CAMHS beds. The investigation showed that despite all [possibilities being explored at the time, the young person was placed in a place of safety for a period of time.

## **2.2 Response Rate**

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors performance internally against both a 25 working day timeframe and the renegotiated timescale. The Investigating Managers continue to make contact with complainants directly to renegotiate timescales for complaints where there has been a delay and these are recorded on the online complaints monitoring system.

The Trust has achieved the staggered internal improvement target of 80% response rate within 25 working days by quarter four 2013/14. There continues to be targeted work with services around making contact with complainants upon receipt of the complaint as part of the investigation process.

A revised internal response rate target of 65% resolved within 25 working days and 90% within negotiated timescale have been set for 2014/15.

Response rates by Locality are reviewed on a monthly basis; this enables the Trust to identify any specific areas which are having difficulties in undertaking prompt complaint investigations and to renegotiate timescales accordingly.

Communication with complainants at the earliest opportunity and throughout the complaints process is an effective way to ensure trust between the Investigating Manager and Complainant that their concern is being taken seriously, keeping the investigation on track and managing expectation. It is important to recognise that complainants should not be offered an extended deadline as part of the day to day formal complaint process and the Trust continues to aim for a resolution within 25 working days, unless this is not possible due to complexities of the complaint.

The Complaints Office will continue to work with the operational teams and listen to complainant feedback and reflect this as improvements to the complaints process. The Head of Service Engagement and Experience is meeting with the Clinical Directors at the beginning of 2014/15 to identify ways to further support them with their aspects of the Complaints Process. Complaints training takes place across the Trust on a bi-annual basis and positive feedback about the revised process and improved sense of ownership has been received.

## **2.3 Parliamentary and Health Service Ombudsman (PHSO)**

The role of the PHSO 'is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England'. In the majority of cases they will only pursue a case to investigation stage following confirmation from a Trust that attempts as local resolution has concluded.

During 2012/13, the PHSO announced that they were reviewing their processes and taking forward more complaints for investigation. The Trust has been working with their office by responding to requests for clinical records and complaint files as swiftly as possible. The Trust received three formal notifications of complaints being taken forward for investigation in 2013/14 (a decrease from eleven in 2012/13). The PHSO and the Trust have worked to resolve historical outstanding complaints.

The three complaints taken forward for investigation were:

There was a breakdown in communication and care on Ascot Ward, Wokingham Community Hospital. This was found to be upheld and a financial recommendation was made in addition to an apology and action plan.

The responsiveness of the Urgent Care out of hours service in our mental health service. This was found to be partly upheld as whilst the patient was known and to us not actively engaging with our service, we did not assess the risk as appropriately as we should have.

Access to and the assessment outcome of a paediatric Occupational Therapy Team contact has also been raised and this investigation is currently ongoing.

A number of historical complaint investigations that were received before April 2013 concluded during 2013/14. These were:

- Lack of communication and support with discharge from our Bracknell Community Mental Health Team. Complaint Upheld.
- Communication and care on Jasmine Ward, Prospect Park Hospital. Complaint Upheld.
- Multi-agency complaint prior to the Trust organisational transition relating to the care provided at a jointly commissioned care home. Complaint Upheld and financial recommendation made in addition to apology and action plan.
- The use of physical restraint, not meeting a patient's physical needs adequately and patient property concerns raised during an admission to Ward 10 in 2009. This complaint was Partially Upheld and the Trust offered an ex-gratia payment to the complainant due to the poor documentation held at the time of their admission which the Ombudsman's Office was in agreement with.
- Delay in accessing the Urgent Care Service out of hours and location of a place of safety (APOS). This complaint was Upheld and it was identified that further information was required to educate staff inside the Trust and those we work closely with on how to access the APOS appropriately.

In addition, there have been two historical cases which have been formally closed due to successfully local resolution with the Trust and not taken forward for further investigation. One was about financial support to pay for a residential placement following discharge from Oakwood Ward, Prospect Park Hospital and around access to Physiotherapy during admission. The other complaint was about communication and responsiveness of the Windsor, Ascot and Maidenhead CMHT.

The Patient Experience and Engagement Group are actively monitoring the action plans that arise from PHSO investigations on a quarterly basis, which acts as a forum to share practice and learning across the different specialities and geographical localities.

The PHSO Annual report is due to be published on 16 July 2014 and will show how we compare against other Trusts. This will give us information that we can use to benchmark ourselves and, if possible, triangulate against the satisfaction results from the complainant survey.

## 2.4 National Complaint Quality Updates

At the National Complaint Managers Conference held in February 2014, the Head of Service Engagement spoke with Chris Bostock, Policy Lead Citizen Voice and Insight at the Department of Health about the End of Life Complaint process amendment that was sent in July 2013 from Norman Lamb, Minister of State for Care and Support. It has subsequently been confirmed that if a Trust approached the Department of Health for an independent expert to support their local investigations into an end of life complaint, the Department of Health would work with the Association of Palliative Medicine to source one an appropriate person. The Trust will continue to identify and review end of life complaints (not limited to those on the Liverpool Care Pathway) on a regular basis and should escalate if an external assessor is deemed appropriate.

The Patient Engagement and Experience Group are continuing to monitor the action plan that arose from the Hart/Clwyd Report in October 2013 on Complaints Management and transparency.

## 3. The Friends and Family Test

The Friends and Family Test (FFT) continues to be collected across the Community Inpatient Wards and the Minor Injuries Unit (MIU). The Trust is using a 'postcard' method of collecting this feedback.

The Friends and Family Test is to be offered to 100% of patients, with a target response rate of 15%. During quarter one 2014/15, the Trust will explore the use of text messaging as the predominant method of asking this question for patients discharged from Mental Health Inpatient Wards. The formal guidance from NHS England is due to be published during quarter one 2014/15 for Mental Health Inpatients and Community Services.

*Table Two: Community Inpatients Results*

<b>Community Inpatients</b>	<b>% response rate</b>	<b>% Extremely &amp; likely</b>
April	58.86	95.7
May	75	94.44
June	74.58	95.45
July	71.53	76.53
August	79.41	88.89
September	77.87	92.63
October	68.60	96.39
November	73.10	95.28
December	72.81	90.36
January	81.10	92.23
February	68.50	95.4
March	61.42	89.74

Table Three: Minor Injuries Unit Results

Minor Injuries Unit	% response rate	% Extremely & likely
April	17.68	97.79
May	18.77	98.44
June	7.09	98.46
July	10.32	98.07
August	16.25	96.53
September	13.27	98.35
October	12.93	98.59
November	35.62	98.83
December	43.29	97.98
January	54.33	98.93
February	39.50	98.46
March	26.98	98.36

When interpreting the percentages, it is important to take the number of patients into consideration, particularly in Community Inpatients where the number of discharges is low in comparison with Acute Trusts.

The Minor Injuries Unit at West Berkshire Community Hospital have made significant improvements with the response rate whilst maintaining a high level of patient satisfaction; the increased response is due to a change in how MIU are managing the process. The MIU are going to be getting a television screen to share information messages, and there are plans to use this to develop an electronic 'You Said, We Did' board.

#### 4. Community Mental Health Survey

The national Community Mental Health Survey was undertaken between February and June 2013, based on a sample of service users who were seen between 1 July 2012 and 30 September 2012. This information is used to monitor and shape services and a local and national level, and the CQC Benchmarking report based on the results and published in September 2013 is a further way that the public are able to be given the information to make informed choices about the NHS.

The CQC report shows that the Trust scored consistently within the category of 'about the same' as most other Trusts (45/47 questions). We improved across 31 individual questions in the survey in comparison with the previous year and the CQC report did not highlight any areas of significant decrease in satisfaction.

The previous survey reported that we were the lowest performing Trust region and the Trust has been committed to continuing to improve and to demonstrate the improvements that have been made to our services since these patients gave their feedback.

An action plan was devised following the survey report which has been monitored through the Patient Experience and Engagement Group. This included improving information about the range of Pharmacy provision across mental health services and improving the patient perception of the Talking Therapy they receive from the Trust. In addition a project was to be repeated to write to patients open to an Adult CMHT informing them who their Care Co-ordinator/Lead Professional is,

enclosing a copy of their most up to date Care Plan as we received feedback from our patients that they do not always know who their Care Co-ordinator is.

## **5. Board Quality Visits**

Board Quality visits have continued to be undertaken in both inpatient wards and community healthcare settings across 2013/14. These visits demonstrate one of the ways that the Senior Leadership Team 'walk the floor' to speak with staff and patients, understand any service pressures, as well as what works well and any areas identified for improvement.

There have been 33 scheduled visits undertaken during 2013/14 in comparison with 37 visits in 2012/13. Feedback is shared as a written report with members of the Trust Board and a summary is included within the quarterly patient experience report.

## **6. 15 Steps**

2013/14 has been the second year of the 15 Steps rolling programme. The Professional Development Nurses have continued with a programme of visits to both inpatient and outpatient areas. Community services have also started to receive visits, including dental clinics and podiatry. These visits have been very successful and feedback from service leads has demonstrated the impact that this perspective gives to their service development and future patient engagement.

Following engagement with Health Visiting leads (who have participated in some of the visits), work has commenced on incorporating Health Visiting services into the 2014/15 15 Steps programme.

There have been 50 15 Steps visits during 2013/14, this is in comparison with 22 visits during the pilot phase of the programme in 2012/13.

Leadership has been identified as an area for improvement through the visits; during the visits this was inconsistent with some excellent experiences and some not so good as it was not clear who and how the service or ward was being led.

Consistent and clear signage across sites has been an issue and this has been followed up with our Estates and Facilities Team. It has also been recognised during the visits that a number of our services are working across a number of sites, in environments that were not originally built for that purpose. During the visits our Professional Development Nurses have stated that services are meeting this challenge well and delivering a high quality service.

An information governance risk was identified during one of the visits due to the location of a printer in the waiting room in one of our Physiotherapy departments and it was noted that car parking remains difficult for some people particularly those requiring disabled bays at both King Edward VII and Upton Hospital sites.

Identification of staff was not straightforward due to inconsistency of uniforms and lack of visibility of some name badges. There was a lack of posters/leaflets in languages other than English or information about how patients or visitors could request this. The environments were bright, clean and tidy, which linked to a general feeling of pride shown by staff in the areas where they work and the patient feedback collected during the 15 Steps programme continues to be generally positive across all the wards and departments visited with people keen to praise the care, treatment and staff.

## 7. PALS Contacts

The role of PALS is to offer a signposting service as well as to facilitate the resolution of concerns with services at the first stage of the complaints process. During 2013/14 PALS started to facilitate drop-in clinics at sites across Berkshire and this will continue into 2014/15.

There have been 1137 contacts with PALS during 2013/14. This is an increase of 175 contacts in comparison with 2012/13 (962 contacts) and 363 in 2011/12 (774 contacts).

An internal review of PALS will be undertaken over 2014/15. A web based PALS module of Datix is being used and this will be developed further to ensure that it meets the needs of PALS whilst linking in with the wider Complaints Process. The Department of Health have also announced a national review of PALS as whilst the service is recognised as a valuable part of the Health Service, the level and scope differ within organisations.

## 8. Compliments

Graph Two shows the number of compliments received since quarter one 2012/13 by Locality. Service level reporting of compliments enables the Trust to capture compliments other than the traditional thank you card and positive feedback about the reporting process has been fed back to the Patient Experience Team.

Graph Two: Number of compliments received since quarter one 2012/13.

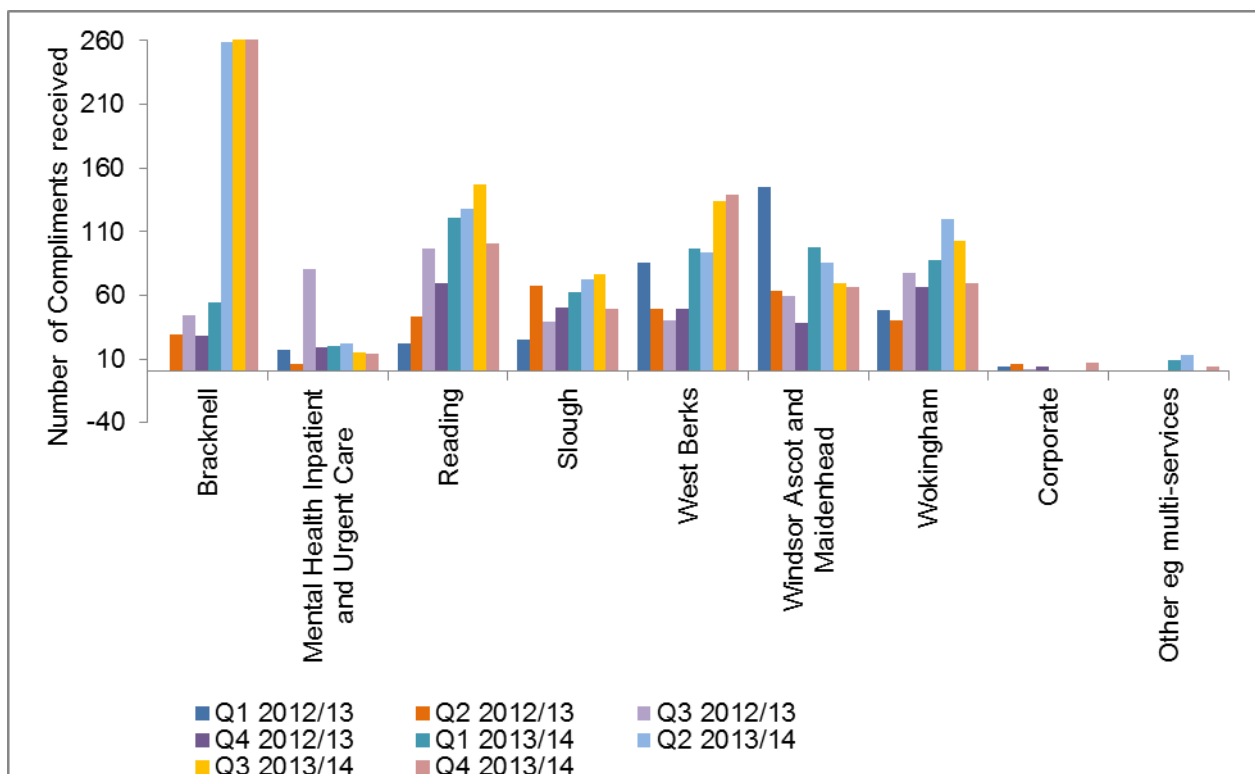


Table Four: Annual Compliment information

Locality	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Total
Bracknell	48	259	213	411	1060
Corporate	0	7	8	7	22
Mental Health Inpatient and Urgent Care	21	22	15	14	72
Non Applicable	3	3	0	0	6
Other	22	10	0	4	36
Reading	112	134	157	101	504
Slough	68	73	88	49	278
West Berks	103	100	180	139	522
Windsor Ascot and Maidenhead	111	87	87	66	351
Wokingham	96	120	125	69	410
Total	584	815	1002	860	3261

There have been were 3261 compliments reported by services during 2013/14. This is a significant increase in comparison with 2012/13 when 1,442 were received and 2011/12 when 691. The introduction of service level reporting of compliments through the online Datix system has encouraged our services to share the wider range of compliments that they receive such as flowers and thank you cards and means that we are able to show a more representative view of patient experience.

## 9. Patient and Public Involvement

We continue to work closely with Healthwatch organisations to gather feedback on the services we provide and ways we can improve this further. We hold a meeting every three months where we give an update on Patient Experience and Incidents, and invite Services that Healthwatch have asked for further information on.

The quarterly Patient Experience Report has been amended as a result of the feedback received from Healthwatch and they have also been offered the opportunity to give feedback on the Trust's Quality Account.

During quarter four 2013/14 we are started the process of developing a Carer Survey. We recognise the valuable role that Carers are in both the day to day lives of our patients as well as their recovery and by understanding if we are meeting the needs of carers as well as patients will enable us to give the best service possible.

Patient and Public Involvement (PPI) requirements for the year 2013-2014 have stayed the same as last year's CQUIN target. The target remains that over the year the chance to give feedback will be given to a minimum of 10% of service users for all services, of whom 20% will actually give feedback. 75% of those must rate the service they received as good or better.

Services are using a combination of devices and paper surveys as well as a mixture of surveying continually throughout the year, rotation of devices between localities and targeted times to survey.



The Patient Experience Survey/CRT Project is now successfully complete with only survey revisions and phase two services outstanding. There has been a considerable increase in the volume of responses over 2013/14 whilst sustaining a high percentage of good or better rating.

With the implementation now complete we are working with services to maintain their devices, surveys and increase response rates in some areas. We have developed a Maintenance Plan to start to refresh services surveys particularly those developed in the first phase of the project. The figures show a healthy number of responses with a continued increase, quarter on quarter, apart from a peak in quarter three which was due to a number of large snapshot surveys being carried out in that quarter.

At the end of quarter four the Trust had received feedback from **5,123** (248 of which are from LD therefore not included in total relevant good or better figures), although LD results are detailed below and we are working on appropriate questions so that LD figures can be included in future. Total feedback relevant to good or better rating has been received from **4,875** service users and of those that provided feedback **87%** reported the service they received as good or better, meaning both targets are met for quarter four. The majority of services are reporting a high percentage of good or better rating with only a few reporting below 75%. These will obviously need addressing as some are a noticeable decrease from quarter three.

The service performance against target information for quarter four shows that the majority of services have exceeded their target. There are a number of services that would not have been expected to reach their target as they were rolled out in the last phase of the project – Heart failure, Health Visiting, Psychotherapy and Complex Needs and Specialist Mental Health. There are also some services that should have reached their target. An exception is Dietetics who would have reached their target but in the last quarter their device was out of order resulting in the shortfall.

'You said, We Did' is still increasingly being submitted on the PPI Datix database. Examples of these can be seen later in this report.

The creation of real-time dashboards is now complete and has been rolled out to Clinical Directors, Locality Directors and Heads of Service.

### **Learning Disabilities Responses**

Currently we use a different set of questions for Learning Disabilities as requested by the service. 93% of patients with a Learning Disability who gave feedback said that they found their meeting with us helpful.

The questions and results for quarter four are detailed below:

#### *My meeting with you was helpful*

Out of 248 responses, 231 responded with 'A lot or A little'.  
208 A lot/23 A little/8 Not at all and 9 Question not answered.

#### *I would tell my friends that my meeting was helpful*

Out of 248 responses, 242 answered this question and of that 242, 224 responded 'A lot or A little'.  
189 A lot/35 A little/11 Not at all and 7 Question not answered.

This shows a good percentage of numbers collected as well as a good percent of service users responding positively. The NHS England 'Accessibility for All' work stream of the Friends and Family Test incorporates Learning Disabilities and this will be explored prior to national implementation during 2014/15.

### **MH Inpatients – Gender and Ethnic Groupings**

We were asked to provide some one off data for three Mental Health Inpatient wards – Bluebell Ward and Daisy Ward combined, Rose Ward and Ward 12. The raw data was analysed by the Clinical Governance Lead Nurse and the following information concluded:

'Don't knows' and answers that could not be attributed to a specific grouping (gender of ethnicity) when the person did not answer the question were excluded from the analysis.

*Overall the responses are positive and only slightly negative (or neutral) in:*

- *The overall rating of care - the 'Black background' and 'Other' groups rate lower.*
- *Recommending of the service - the 'Black background' and Mixed ethnicity rate lower.*

*In relation to gender break down, there does not appear to have been issues identified.*

From this information, the Locality has planned 'to work out the gaps' and a plan to work on these areas

## **10. The year ahead**

Over the past year, the patient experience team has continued to promote patient participation as an integral part of what we do as part of our day to day roles and has been supporting the wider Trust with systems and processes to enable this to be carried out effectively and efficiently.

The web based patient experience systems have continued to be developed based on experience and feedback.

Looking forward to 2014/15, our priorities are to:

- Maintain the current improvement in the response times to complaints and seek improvement in line with the target for 2014/15
- Launch the Patient Participation Strategy; setting priorities for engagement, co-producing policies and processes based on views of our patients and staff
- Continue to provide patient feedback in a meaning way and to learn from our concern, complaints and compliments to drive improvements
- Review the Patient Advice and Liaison Service; reviewing the scope of this vital service to ensure that it meets the needs of our communities in the most effective way, looking at the roles and location of the service and different ways of seeking feedback from the public

- Implement the Friends and Family Test; in line with national guidance and by using innovative forms of capturing this information, asking our patients if they would recommend our services to friends or family
- Implement the real time dashboards across the organisation as one of the ways for our services

## 11. You Said, We Did

Below are examples of evidence that patient feedback has impacted on the service that the Trust provides:

### You said...

Requests from **MH Inpatients** for ongoing help and support to reduce their smoking.

Requested more areas on the ward be made available for them to relax and socialise in.

A map of how to get to the **Community Dental Clinic** would be very helpful.

**MSK Physio** - The door at WBCH can't be opened from a wheelchair.

### ...We did

A weekly stop smoking clinic is now available on the ward, where patients can access up to 12 weeks of free counselling and products to help them reduce or stop smoking.

Sofas and comfortable chairs have been provided in the dining room in order to create a more relaxing space.

A map is now included in first appointment letter.

We now have approval for central funding to provide electrically operated door.

Information on **CMHT/Care Pathways** Services for patients who are hard of hearing.

The service will provide Reading services booklets and written literature to health promotion sessions.

'My memory has deteriorated since I started having **ECT**.'

The service now continues memory assessments after alternate treatments and compare to baseline.

Requests for information on food hand outs from **Hard to Reach and Homeless** patients.

We are working with St Mungo's to obtain a current list of food hand outs in Reading to provide a leaflet.

Children and young people from the Looked After Children (LAC) service in Slough didn't like their appointments being arranged solely with their carers. They wanted more input as to when the appointments happened.

As a result LAC are piloting a new process: If school age child the school nurse/LAC nurse will arrange the health assessment with the carer and then send a letter to the child to inform them of date and time.

If secondary school age the appointment will be arranged in the same way but they will obtain the young person's mobile number where possible and send text or letter to inform date and time.

Contact details of person carrying out the health assessment will be included in letter/text so that contact can be made if they wish to rearrange.

Patients requested a volunteer helpline on the ward in **MH Inpatients** in Reading.

A two pilot of a volunteer helpline will commence on 7<sup>th</sup> 2014 April and be facilitated by volunteers.

Waiting time is too long at the **Sexual Health** clinic and it is difficult to know when the clinics are open.

Increased specialist bookable clinics started in January 2014 and a new website launched with clinic times and availability of services.

Patients on **Older People's MH Wards** raised issues about the food.

The Ward Manager has met with Catering Manager and used in-patient community meeting feedback to inform of any changes that need to be made.

Attendees at **CMHT** service user group requested change of venue to see if this will maximise attendance.

The venue has been changed and attendance numbers are being monitored.

More activities on **Oakwood Ward** would be helpful to aid recovery.

The unit now has a full time Activity Co-ordinator as well as a part time Co-ordinator.

Poor feedback around the general perspective of the service provided by the **Slough Walk-in Health Centre**.

This has been discussed in staff meetings and also on informal individual basis to encourage changes in approach to patients. The appointment booking system has been changed to allow a more structured approach. The times of Practice Nurse Clinics have changed to include out of normal working hours.

There has also been a change in the way people are surveyed in order to get more balanced feedback.

'We would like a **CAMHS** leaflet designed for young people by young people and also a plan for a service user forum from a parental perspective.'

This is being developed via the group for young people in Maidenhead CAMHS and a forum is also being planned.

'It is easy to become confused on **Donnington and Highclere Wards** and hard to keep track of the time and date.'

We have been looking at ways to keep patients aware of what day of the week it is; date boards and up to date newspapers for example.