



2013–2014

## Patient Experience Annual Report

We Care, We Achieve, We Innovate

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Becoming World Class

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## Chief Medical & Quality Officer Foreword

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I am pleased to present University Hospitals Coventry and Warwickshire NHS Trust's Patient Experience Annual Report for the period 1 April 2013 to 31 March 2014.

The Trust's vision of becoming a national and international leader in health reflects our commitment to deliver the highest standard of healthcare possible and to ensure we provide a world class experience for patients and their relatives. However, there are times when their experience falls short of this standard and this is always a cause for concern. I welcome the feedback provided by patients, and their families, as this helps us to learn and to improve the service for others.

It is important that we listen carefully to what people tell us, that we are open, honest and transparent when responding to concerns or complaints and that we do all we can to resolve concerns and complaints and learn how to put things right for the future. We use the lessons learned as a result of complaints to change and improve the services we provide and to reflect on our patient care. Where learning and actions are identified through the feedback we receive, we take steps to initiate improvement and change.

The management of trends or themes identified from concerns and complaints are regularly reported and monitored through the Patient Experience and Engagement Committee and the Clinical Quality Review Group meeting with our commissioners.

We have drawn on the key reports published over the last year 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' chaired by Robert Francis QC; 'Review into the quality of care and treatment provided

by 14 hospital trusts in England: overview report' published by Professor Sir Bruce Keogh KBE, which have highlighted the paramount importance of acting on, and learning from, feedback and the report on "Improving the Safety of Patients in England" from the National Advisory Group chaired by Professor Don Berwick.

We will also take on board advice that has resulted from the national Complaints Review undertaken by Anne Clwyd MP. The Trust is currently reviewing policies and procedures for the handling of complaints with the aim of ensuring sensitive and speedy coordination and resolution of complaints, meeting the expectations of patients and relatives. To achieve this, the Trust will ensure that the confidence and skills of staff in handling concerns and complaints are improved and the learning obtained from complaint investigations is used as a driver for service improvement.

I recommend this report to you

**Mrs Meghana Pandit**  
Chief Medical & Quality Officer



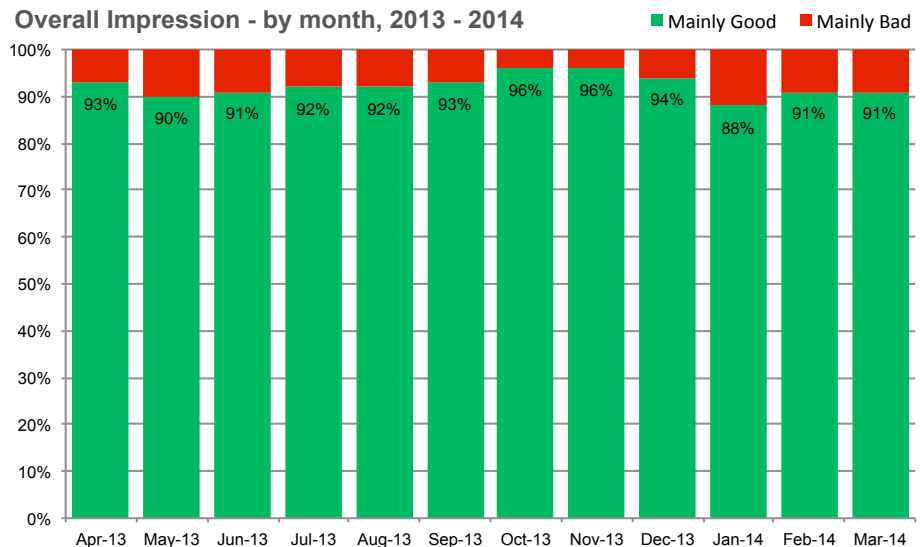
# Patient & Public Involvement

The NHS Outcomes Framework Domain 4 clearly emphasises a focus on 'ensuring that people have a positive experience of care', in addition, the NHS Constitution clearly sets out the rights of NHS patients to expect high-quality care that is safe, effective and focused on patient experience.

NHS Change Day, 3rd March 2014, saw University Hospitals Coventry and Warwickshire NHS Trust launch its innovative change development programme: 'Together Towards World Class'. The Trust's vision is to be a national and international leader in health care. The programme will see staff concentrate on 5 key areas which include improving the focus on patient care and patient experience by ensuring services are wholly relevant to the patients we serve.

The activities and results outlined in this Patient Experience Annual Report for 2013-2014 informed this exciting development programme. During the past 12 months surveys were undertaken, listening events were held and forums were re-designed to ensure our patients, their relatives and carers remain at the centre of all we do.

**Overall Impression - by month, 2013 - 2014**



## Your Impression

The Trust has had its own bespoke patient, relative and carers feedback system called 'Impressions', since 2007. April 2013 saw a new version of Impressions which incorporated questions designed to find out additional information about how our patients, relatives and carers felt about staff's attitude and behaviour. The Trust is encouraged that overall experience of the Trust remained mainly good during 2013-2014. The table above indicates that scores were consistently in the 90% + range for all months apart from January 2014.

It should also be noted that Impressions allows patients, relatives and carers to feedback in their own words of their experiences at the Trust and also asks for suggested improvements. These comments/suggestions are sent to relevant members of staff on a daily basis.

Patients who left feedback indicated that:

Highest	Lowest
Cleanliness	Parking
Staff respecting your privacy and dignity	Timeliness – doing things on time
Medical Care	Discharge – the way we discharged you

It is interesting to note that the areas alter slightly when relatives and carers give their feedback which was captured on Impressions.

Relatives indicated their highest and lowest satisfaction levels with areas of service as:

Highest	Lowest
Cleanliness	Parking
Staff respecting your privacy and dignity	Timeliness – doing things on time
Medical Care	Discharge – the way we discharged you

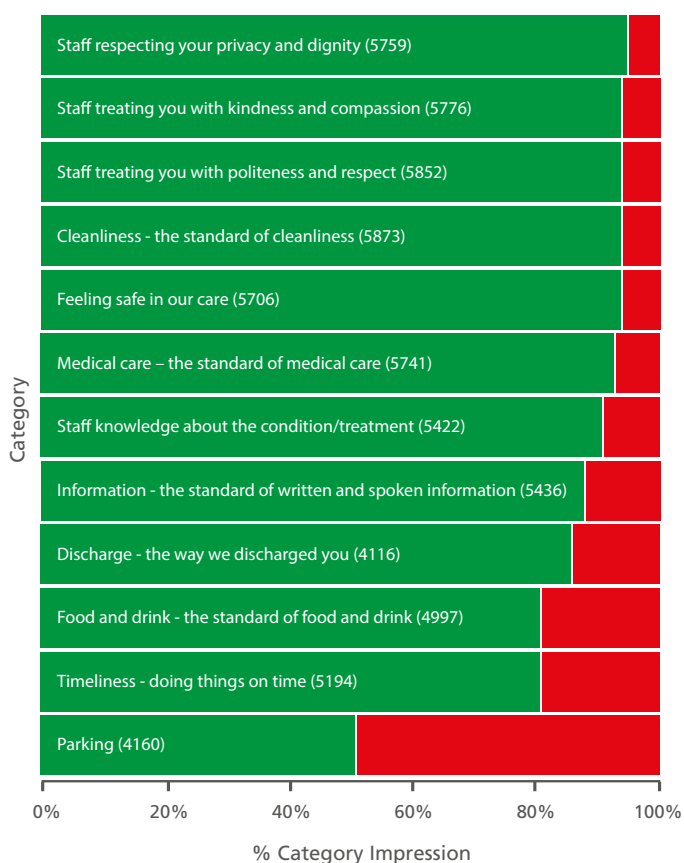
Carers indicated their highest and lowest satisfaction levels with areas of services as:

Highest	Lowest
Cleanliness	Parking
Staff treating you with kindness and compassion	Timeliness
Staff treating you with politeness and respect	Staff knowledge about condition and treatment

The table below indicates which areas of service afforded the highest and lowest levels of satisfaction amongst patients, relatives and carers during 2013–14. It should also be noted that Impressions allows patients, relatives and carers to feedback in their own words of their experiences at the Trust and also asks for suggested improvements. These comments/suggestions are sent to relevant members of staff on a daily basis.

### Report > Influential Factors Report

From 31st April 2013 to 31 March 2014



## Implementation of the Friends & Family Test (FFT)

The Friends and Family Test is designed to be a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify areas of good practice and potential areas of concern. The results then encourage staff to make improvements where services do not live up to the expectations of our patients. In 2012/13, the Friends and Family Test was introduced in a standardised format in the Midlands and East region across all acute trusts. In line with national guidance the Friends and Family Test was expanded into A&E in April 2013 and Maternity Services in October 2013; FFT for

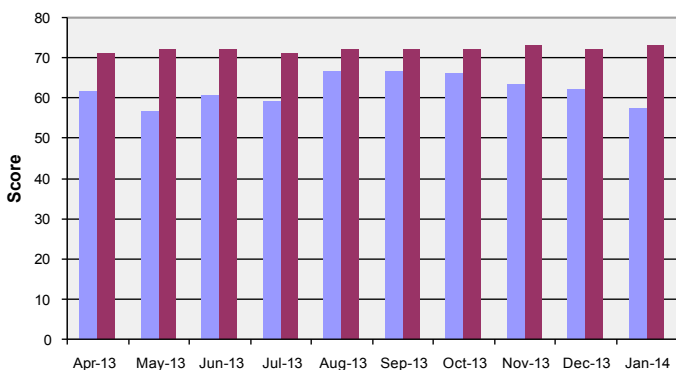
In-Patients was introduced at the Trust in April 2012. For the patients responding to the Friends and Family Test the areas affording the highest and lowest satisfaction were:

Highest	Lowest
Staff respecting [the patient's] privacy and dignity	Parking
Staff treating [the patient] with kindness and compassion	The standard of food and drink
Staff treating [the patient] with politeness and respect	Timeliness – doing things on time

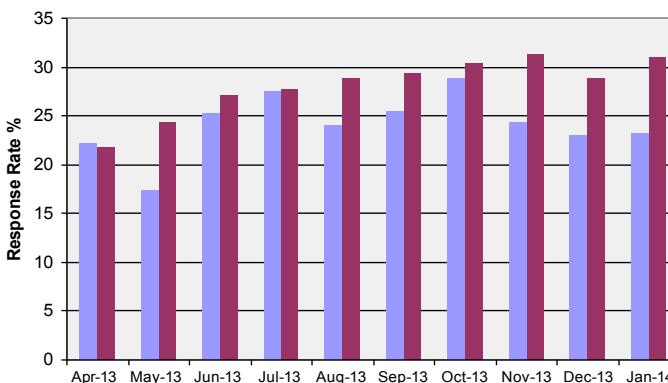
As the year progressed we were extremely pleased to see both our score and response rate exceed the national average in A&E. However, this was tempered by the fact that, despite several initiatives, we remain below [the national average] in both score and response rate for the In-Patient FFT.

■ UHCW ■ National

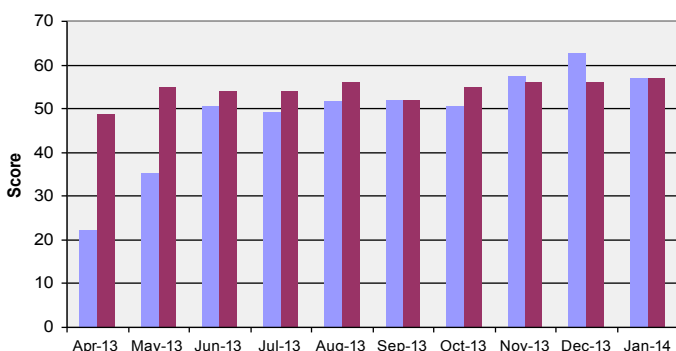
FFT Inpatient Experience Score by Month



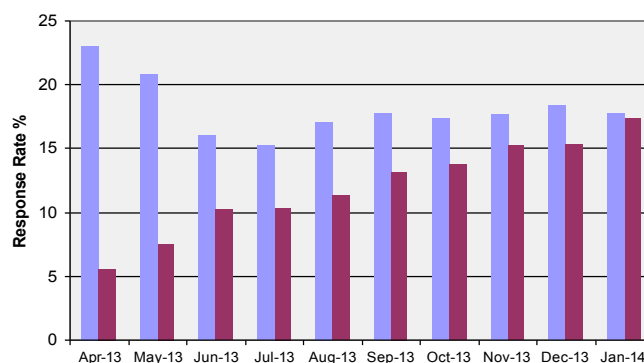
FFT Inpatient Experience Response Rate% by Month



FFT A&E Experience Score by Month

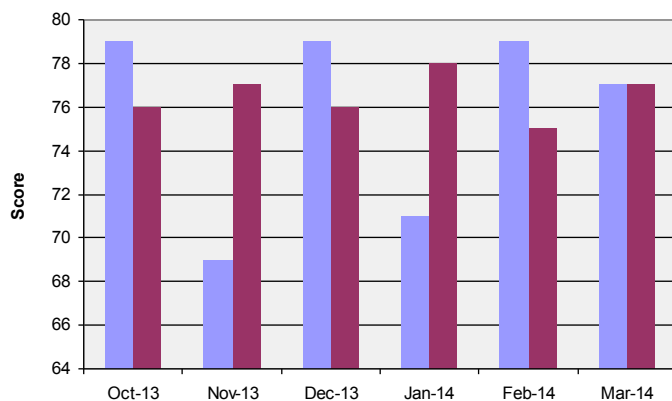


FFT A&E Experience Response Rate% by Month

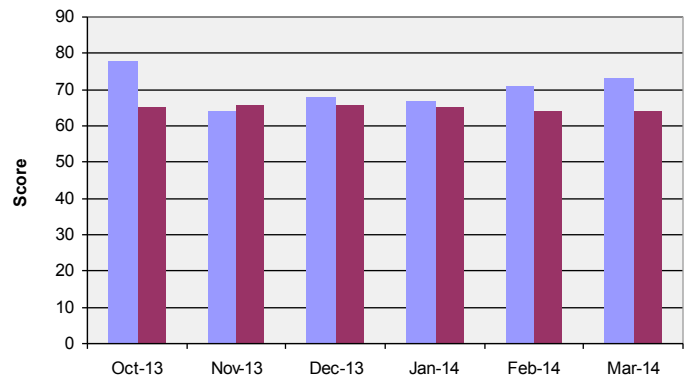


The FFT in Maternity saw the question asked at 4 touch points of the woman's journey through maternity services: at or around the 36 week ante natal appointment, the birth experience, the labour ward experience and post natal community care before being 'handed over' to the care of the health visitor. The Trust has, in the main, scored above the national average in the birth experience and labour ward experience and only slightly under for the post natal community care experience. National data is not available for the first touch point: ante natal care.

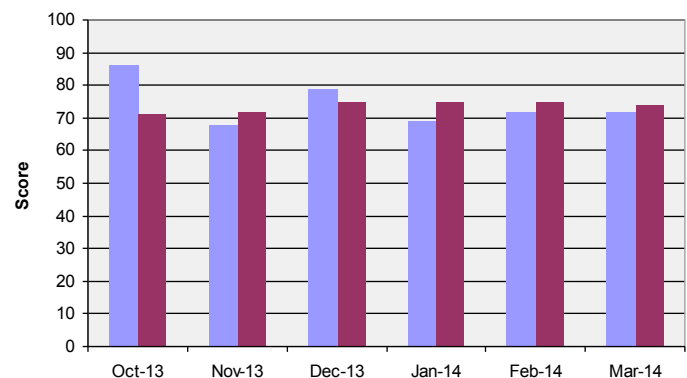
#### FFT Maternity Birth Question Experience Response Score by Month



#### FFT Maternity Labour Ward Experience Response Score by Month



#### FFT Maternity Post Natal Community Experience Response Score by Month



### Surveys undertaken as part of the national NHS Survey Programme

During 2013–14 two surveys were carried out as part of the Care Quality Commission's NHS Survey Programme, the annual In-Patient Survey and Maternity Services Survey which is usually carried out every 2/3 years.

Results show the Trust performing, 'About the Same' (CQC Terminology) as other Trusts and scoring worse compared to others in response to the following questions:

#### In-Patient Survey:

- While you were in the A&E Department, how much information about your condition or treatment was given to you?
- Were you told how you could expect to feel after you had the operation or procedure?
- Were the letters written in a way that you could understand?
- During your hospital stay, were you ever asked to give your views on the quality of your care?

#### Maternity Service Survey:

- Did you have skin to skin contact with your baby shortly after the birth?
- Did the staff treating and examining you introduce themselves?

Results show the Trust scoring better compared to most other Trust in response to the following question:

#### Maternity Services Survey:

- Looking back, do you feel that the length of your stay in hospital after the birth was appropriate?

With regard to the results of both the In-Patient Survey and Maternity Services Survey, action plans address the issues highlighted.

To summarise, the analysis of all the surveys undertaken during 2013–14 allows the Trust to conclude:

- Overall, patient, relative and carers satisfaction levels with services remains good;
- Patients, relatives and carers indicate high levels of satisfaction with our staff respecting their privacy and

dignity and treating them with kindness, compassion, politeness and respect;

- Patient, relatives and carers indicate high levels of dissatisfaction with parking, timeliness and discharge processes;
- Some patients/relatives/carers experience variable level of experience during an episode of care at the Trust: some aspects may be of an exceptionally high standard with other aspects being not so good;

- Certain wards, departments and processes consistently provide a better patient experience than others.
- The Trust must continue to strive to deliver a consistently high quality patient experience all its wards, departments and processes.

To view the result of all surveys undertaken as part of the NHS national Patient Survey Programme, Impressions and the Friends and Family Test results, please access the link: <http://www.uhcw.nhs.uk/about-us/survey-results>

## Patient Advisor Team (PAT)



The last 12 months has seen the demise of one model of patient involvement and the introduction of a new one: the Trust has had a Patients' Council since September 2002. During this time, members have given lay input into a wide range of topics, which include quality assuring patient information, taking part in surveys, observational audits and advising the Trust on almost all elements of its services.

Having given the Trust valuable insight into patient experience for almost 12 years, current members felt it was time for a different method of working and, as

a consequence, it was agreed to trial a different method of engagement and one based on a model used at University Hospitals of Leicester NHS Trust.

The Trust, therefore, initiated a 12 month pilot (to run from January 2014 to December 2014) whereby members of the Council have become Patient Advisors working at Specialty Group level providing a lay perspective on

issues relating to the various specialities within each Group. This is allowing the Advisors to work closely with front line staff and enable them to influence service developments directly linked to patients. In effect, they should become the voice of the patient at Specialty Group level.

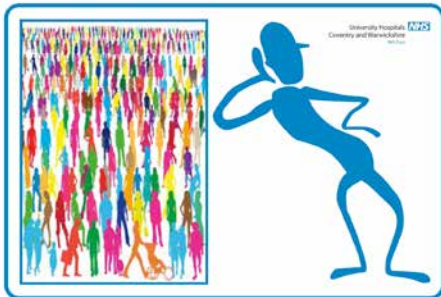
In addition the Patient Advisors meet as a Group, known as the Patient Advisors' Team on a monthly basis to share experiences, provide support and promote ideas and good practice etc.

At the end of the year long pilot, an evaluation will take place and a decision taken as to whether to roll out to the other Specialty Groups.



## We Are Listening Campaign

### UHCW NHS Trust



#### We Are Listening

In response to the FFT, the National NHS Survey Programme, Impressions, the Francis and Keogh Reports, the Trust's launched its We Are Listening Campaign in June 2013. The Campaign is an ongoing programme of events and initiatives to make our patients, relatives and carers aware of the various mechanisms available to them to feedback on our services. During 2013–14 the following took place as part of the campaign:

- The Installation of posters along corridors and departments which included a QR code for quick access to Impressions on line;
- Standees were produced of those staff in the poster and used to display the newly designed Impressions questionnaire and promote the Campaign;
- A short DVD was produced for playing on the plasma screens in waiting areas informing patients, relatives and carers how

to let us know about their experiences;

- A series of Listening Events were held with the installation of a mobile We Are Listening Booth in main reception. Manned by Senior Staff, including the Chief Executive, Chief Medical Officer and Chief Nurse patients, relatives and carers were asked their views on services;
- In March 2014, this was repeated in Coventry City Centre with members of staff from the Governance and Communications Department doing street interviews about services at the Trust with members of the public;
- Blue post boxes were placed on most wards and departments for the collection of Impressions questionnaires and FFT post cards;
- A jingle was produced and played on hospital radio encouraging patients to ask staff for FFT post card

## You Said, We Did in 2013–2014

During 2013–2014, the Trust continued to listen and act to the views of its patients, relatives and carers. We continued to use 'Impressions', listening events were held, forums were re-designed and the Patient Story Programme to Trust Board continued (whereby patients and staff attended the Trust Board to give accounts of their experience of care, as patients, at the Trust).

To complement these activities, and in light of the expansion of the Friends and Family Test from In-Patients only to A&E and Maternity Services in April and October respectively, June 2013 saw the launch of the Trust's We Are Listening Campaign.

An ongoing programme of events and initiatives, the Campaign's aim has been two fold: to make our patients, relatives and carers aware of the various mechanisms available to them to feedback on their experiences and to increase the amount of feedback we receive.

With all this wealth of information on patient, relative, carer experience, the Trust has worked hard during 2013–14 to bring about improvements in line with what is important to those who use its services. Based directly on feedback from patients, relatives and

carers, we have carried out the following in the past 12 months:

**Arm Warmers** – Additional arms warmers have been purchased for use by patients undergoing chemotherapy.

Source - Patient Story

**Chairs** – New chairs have been purchased for main reception.

Source – FFT

**Discharge Process** - Earlier communication with patients and families around discharge is now identified earlier in the day (following board rounds) and the importance of early discharge planning, particularly around TTOs, was again reiterated to Junior doctors.

Source – Patient Story

### **Discharge Information**

**Leaflets** - Wards have ensured better visibility and distribution of information pertaining to discharge.

Source – Patient Story

**Day Room on Ward 32** – The waiting room on Ward 32 now has comfortable chairs and settees, coffee tables and a television for the comfort of patients waiting for surgery.

Source - Patient Story

**Recruitment** - A recruitment programme was initiated to ensure the number of midwives was up to establishment levels in the Labour Ward.

Source - FFT

### **SODA Ward (Surgery on Day of Admission Ward)**

– Discussions have begun to redesign this area with an aim

to provide more privacy and comfort for patients waiting for surgery. Source – Patient Story.

**Ward 22 SAU (Surgical Assessment Unit)** – Funding has been applied for to refurbish the room along the lines of the refurbishment of the Day Room on Ward 32.

Source – FFT.

### **Seating along the corridors**

– Seating has been installed along the corridors for those patients and visitors who may have mobility/health conditions which make walking long distances difficult.

Source – Impressions.

**Staffing** - Wards have ensured senior nurses are highly visible and available not only throughout visiting but throughout their shift for patients and visitors. Source – FFT

**Site Access** – Redevelopment of the University Hospital site has begun which involves a number of schemes all aimed at improving both access to the site, its car parks and to improve traffic flow.

Source - Impressions, FFT, Complaints, PALS.

**Visiting hours** – Visiting hours for partners of women on the Labour Ward has been extended. Source – FFT.

**Wheelchairs** – Additional wheelchairs (50) have been purchased for the convenience of those patients and visitors with mobility/health conditions which make walking long distances difficult.

Source – Impressions, FFT, Complaints, PALS.

## **Patient Story Programme to Trust Board**

The Patient Story Programme to Trust Board has included the following:

- **May 2013:** Letter from a patient's daughter regarding her elderly Mother's care was presented. The following actions were initiated:
  - All staff reminded of urgency of answering call bells. Use of night function on call bells banned during 7am–11pm. Intentional rounding to include staff asking if a patient wishes to use the toilet rather than waiting for patient to call;
  - Need to contact family following changes discussed at board rounds;
  - Estimated date of discharge to be discussed as close to admission as practicable;
  - Lead Nurse for Nursing Care Standards and Discharge has been provided with additional nursing resource enabling "Effective Discharge" training sessions to commence trust wide.
  - Greater emphasis placed on the importance of early involvement of patients and their relatives in discharge planning.
  - Patients outlying in day surgery are identified as early in the day as possible.

- Ward staff discuss suitability of moving patients with night sisters.
  - **July 2013:** The Friends and Family Test was implemented nationally into A&E Departments on 1st April 2013. A report was sent to the Trust board outlining all the promoter comments received for the first quarter.
  - **October 2013:** A patient attended in person to inform the Board about his care. The following actions were initiated:
    - Pre-op clinic information regarding the use and demonstration of PCAs;
    - The promotion of the Macmillan information centre in main reception;
    - The Trust practice development team undertake nutrition audits which looks at the entire process around meal times including documentation. This information is fed back to areas and reported to the ward managers and Matrons for action and improvement. There is also an education programme around nutrition for all nursing staff;
    - Staff behaviours are to be addressed as part of the Transforming Patient Experience Programme.
  - **February 2014:** A member of staff attended to give an account of her experience as a patient at the Trust. The following actions were initiated:
    - Arm warmers purchased for the comfort of patients undergoing chemotherapy treatment;
    - A review of the design of SODA ward was initiated.
- ### Plans for 2014-2015
- During 2014-15 the We Are Listening Campaign will continue in a similar vein as 2013-14. Service improvements identified by feedback in 2013-2014, but not yet implemented, will include amongst others:
- Installation of Patient Information Boards in all the wards containing pertinent information for patients, relatives and carers;
  - Production of FFT Ward post card for wards in Polish (currently the second most used language in the Trust after English);
  - Production of patient information for those with learning disabilities in a variety of media including videos;
  - Design of a suite of surveys for children which will include the Friends and Family Test question;
  - Programme of work alongside academic partners and the West Midlands Surgical Training Centre to enhance patient information and the Health Information Centre;
  - Use the information gained from the Together Towards World Class listening events to inform future plans and work.

# Complaints

This report provides an overview of patient complaints formally registered by UHCW between April 2013 to March 2014. It includes numbers, our performance in replying and, information on the cases requested by the Parliamentary and Health Service Ombudsman (PHSO) which is the second stage in the NHS Complaints Procedure. UHCW works in accordance with the NHS Complaints Regulations 2009 and operates an established centralised Complaints Service that works within that statutory document and which has been in place since 2003. This ensures a fair and consistent approach to complaints but also, a direct point of contact for the complainants and the local Independent Complaints and Advocacy Services (ICAS). The Complaints Service links in appropriately with PALS, Patient and Public Involvement and Quality and Patient Safety to ensure as a Trust we properly capture patient experience.

### Key Points:

During 2013-2014 we registered 490 formal complaints compared with 483 the previous year. For a breakdown by Site please see Appendix 1.

The Trust responded to 69% of its complaints within 25 working days.

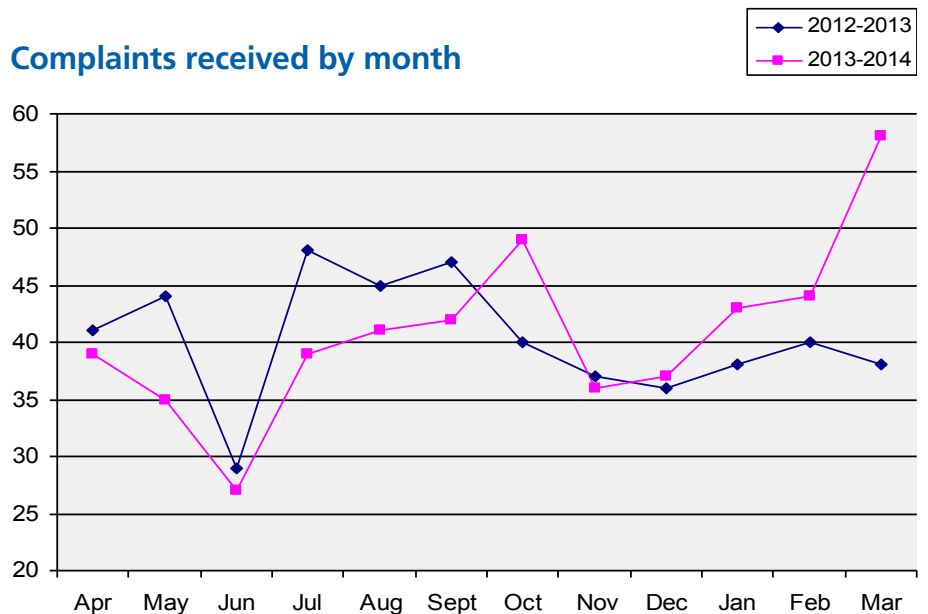
When the regulations changed in 2009 and the response time was made local to Trusts, we made the decision to continue to try and reply to complaints within 25 working days. As 73% was achieved the previous year it was recognised that our response rate was failing. To address this we reconfigured the work within the Complaints Service in January 2014 and this saw complaints in the last quarter go from 66% to 77% being responded to within 25 working days. As this change proved positive it will continue into this year.

72% of complaints were considered upheld post investigation by the Trust compared with 76% last year.

16 cases were requested by the PHSO compared with 23 the previous year. Although less, the number of cases investigated was 14 compared with 3 the previous year. This is due to the PHSO's commitment to investigate more complaints following the Francis Inquiry.

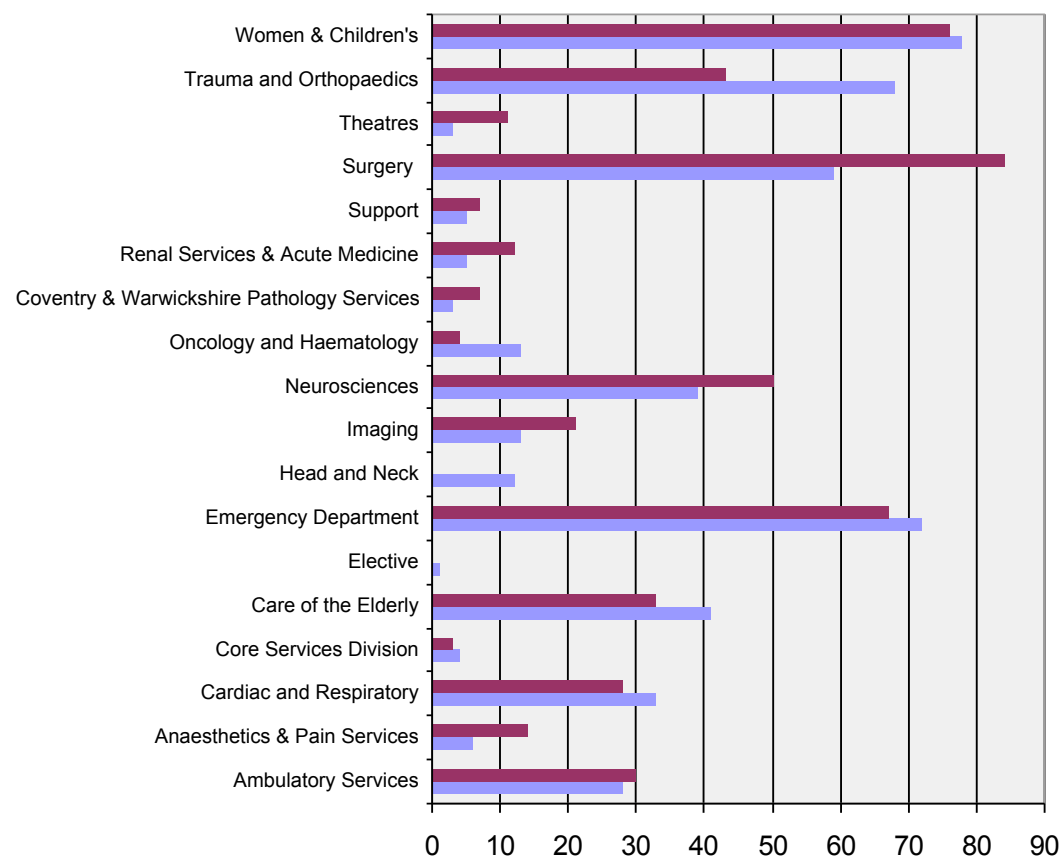
Of 27 complaints originally graded blue and red, 21 were downgraded post investigation to amber with 2 awaiting a decision at year end.

### Complaints received by month



In March 2014 we saw a significant increase in the monthly number received, but there was no specific area, specialty or period of care that caused it to rise.

## Complaints by Specialty 2012 & 2013



Reconfiguration and transfer of certain specialties accounts for some of the increase in Surgery's figures i.e. Head and Neck which included ENT, Maxillo Facial and Ophthalmology moved to the Surgery Group and is not therefore represented separately for 2013-2014.

COMPLAINTS BY SUBJECT - K041a	2012-13	2013-14
Admissions, discharge and transfer arrangements	23	45
Aids and appliances, equipment, premises (inc access)	8	3
Appointments, delay/cancellation (out-patient)	5	26
Appointments, delay/cancellation (in-patient)	6	11
Attitude of staff	42	51
All aspects of clinical treatment	272	263
Communication/information to patients (written and oral)	92	61
Consent to treatment	1	0
Patients' privacy and dignity	4	2
Personal records (including medical and/or complaints)	4	1
Failure to follow agreed procedure	22	23
Patients' status, discrimination (eg racial, gender, age)	3	1
Transport (ambulances and other)	0	1
Policy and commercial decisions of trusts	1	2
<b>Totals:</b>	<b>483</b>	<b>490</b>

To gain a more specific idea of the issues being complained about extra fields were added to our database, Datix to capture this information:

Extra Subject Field	No
Call Bell	5
Car Parking	3
Cleanliness	14
Dementia	12
Diagnosis	129
Dignity	21
Discharge Planning	75
DNAR	6
End of Life Pathway	5
Falls	21
Feeding	19
Missed Fracture	21
Hygiene	14
Infection Control	17
Learning Difficulties	3
TTOs & Medication	74
Outlier	28
Pain Relief	69
Re-admission	78
Staffing Levels	15
Pressure Sores/Ulcers	8
Visiting	11
Wet Bed	12

COMPLAINTS BY SERVICE AREA - K041a	2012-2013	2013-2014
In-patient	285	209
Outpatient <sup>1</sup>	100	169
A&E	72	79
Maternity	26	33
Totals:	483	490

<sup>1</sup> The complaints against outpatients have increased but this is against a significant increase in outpatient activity this year.

COMPLAINTS BY PROFESSION - K041a	2012-2013	2013-2014
Medical (including surgical) <sup>1</sup>	298	333
Professions supplementary to medicine	15	7
Nursing, midwifery and health visiting	134	106
Scientific, technical and professional	6	12
Maintenance and ancillary staff	1	1
Trust administrative staff/members	29	31
Totals:	483	490

<sup>1</sup> This is commensurate with the K041a subject of 'all aspects of clinical treatment'

RESPONSE WITHIN 25 WORKING DAYS BY SPECIALTY GROUP	Received	% replied to within 25 W/D
Ambulatory Services	30	71%
Anaesthetics & Pain Services	14	71%
Cardiac & Respiratory	28	68%
Core Services Division	3	100%
Care of the Elderly	33	61%
Emergency Department	67	67%
Imaging	21	52%
Neurosciences	50	72%
Oncology & Haematology	4	50%
C&W Pathology Services	7	57%
Renal Services & Acute Medicine	12	42%
Support	7	57%
Surgery	84	61%
Theatres	11	45%
Trauma & Orthopaedics	43	74%
Women & Children's	76	59%
Totals	490	64%

As detailed in the key points the complaints team in January 2014 revised their way of working to ensure more complaint responses were completed within 25 working days. Where this cannot be achieved we ensure that the complainant is updated.

### Further Local Resolution

The emphasis is on the Trust, as the care provider, resolving the complaint to the best of its abilities and we encourage complainants in the response letter to come back to us if there is anything further we can help with. This is in addition to making them aware of the Parliamentary and Health Service Ombudsman.

Between 2013 and 2014 the Trust assisted with 116 further responses and attended 44 meetings in an effort to satisfactorily resolve complaints.

### Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) is the second and final stage in the complaints process. In April 2013 they made the commitment to increase the number of cases they investigated. From April 2013 to March 2014 16 files were requested. Of these 14 were investigated, with 1 upheld that was concerning clinical correspondence, 7 partially upheld, 2 closed with no action required and 1 returned for further local resolution. 5 complaints were not concluded by 31 March 2014. During this period 8 files were also processed from complaints pre-dating April 2013. Of the 7 partially upheld these largely related to nursing or discharge arrangements and included our need to be improve documentation.

### Reporting & Learning

The Trust grades its complaints in line with the Clinical Adverse Event grading system both pre and post investigation.

Grade	Pre-investigation	Post-investigation
Green	28	28
Amber	435	456
Blue	25	3
Red	2	0
<b>Totals:</b>	<b>490</b>	<b>487</b>

\* 3 BLUE complaints outstanding at the time of report

The Trust always looks to learn as a result of a complaint and action plans are specifically obtained for those complaints that remain blue or red post investigation and, those investigated and upheld or partially upheld by the Parliamentary and Health Service Ombudsman. Following the outcome of two of their [PHSO] investigations this year, the nurse managers were asked to review their practice and ensure statements are provided by those directly involved in the care or on their behalf following interview. This is because the Ombudsman was impeded in their investigation by lack of statements and we understandably needed to address this.

The Complaints Service aims to ensure that concerns are shared with those directly involved in the care and those with a responsibility for the service for each individual case. Below is a brief synopsis of 2 cases that have been presented at Clinical Quality Review Meeting.

#### Complaint 1

Patient had various concerns around attendance to Labour Ward prior to and during her eventual admittance where she underwent a caesarean section and later required a Tissue Viability referral.

A meeting was offered and accepted which took place with the Modern Matron and Tissue Viability Nurses. During the meeting the Modern Matron

apologised for any aspects of care that were below standard and assured the patient although her complaint had already been discussed with the staff on duty at the time, this would be shared with the whole ward to highlight the issues. The Tissue Viability Nurses also explained why and how pressure sores develop. The Tissue Viability Nurses offered to take the patient to a clinical area and assess the current condition of her skin which was gratefully accepted. Following the examination the Tissue Viability Nurses were able to reassure the patient that her sores had healed well and also provided advice of prevention to give peace of mind.

### Complaint 2

The patient passed away with the wife present but when she returned with a family she found him to be in a very distressing state. The wife felt there was no dignity once the

patient had died and no privacy on the ward to say goodbye, as he was not nursed in a side room in his final hours.

The written response confirmed that the Ward Manager discussed the complaint letter with the ward nursing team and offered her apologies for the unacceptable situation. The Ward Manager acknowledged that this was not the level of care or professionalism expected and agreed with the wife's comments that the staff should have been more receptive and aware of what was happening around them. It was explained that every effort should be made by nursing staff to make a patient presentable on their death.

In addition to the relevant areas addressing and learning from Complaints the following is also undertaken:

- The Group Manager for each specialty receives a

monthly report that details a description of the complaint and when the response is due to leave the Trust. In addition and as part of our governance arrangements the Clinical Directors receive specialty reports containing quarterly data to be discussed at their individual Quality, Improvement and Patient Safety meetings (QIPS). These meetings are multi-disciplinary and ensures complaints are discussed in a wider forum.

- A quarterly report is also submitted to the CQRG (Care Quality Review Group) which provides the commissioners with details on our complaints and includes a specific case that identifies learning from the complaint.
- When requested two complaints relating to nursing care are selected, anonymised and shared, at the Nursing and Midwifery Care Quality Forum.

### Information and Training

Complaints are represented at our Patient Engagement and Experience Group. Complaints advice is available in the Trust Induction Pack and the Junior Doctors Handbook and annual training on the NHS Complaints Procedure takes place. A poster with key information on about the NHS complaints procedure is available on all wards for

patients. Separate to this, the Complaints Manager provided 6 tailored training sessions for a number of staff in 2013–14. This ranged from raising awareness of the complaints process and implications for staff to statement writing and the importance of documentation.



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## Going forward in 2014-2015

The Trust remains committed to resolving complaints at both stages of the complaints process by working with the staff, the complainants and their representatives and we recognise that our contact with the Ombudsman will increase. Internally, the complaints and PALS service modules within Datix are being upgraded to Datixweb that will improve workflow with regard to response time, required actions and reporting.

A review of our internal complaints handling training across the Trust will be undertaken to ensure that staff are equipped with the necessary skills to be able to respond to complaints efficiently. In turn the Trust's complaints policy will be reviewed to take into account any changes to process and to reflect national recommendations. The department will continue to raise awareness of the importance of the NHS Complaints Procedure and the implications for the hospital.

Following the many national reports published in 2013-2014 a 'Learning by Experience' action plan has been developed. This pulls the recommendations of these reports into key themes, namely; Organisational development, Communication and using Information, Complaints handling and process & Access to information. This work is monitored and progressed through the Trusts Francis Steering Group that reports to our Chief Officers Group.

## Patient Advice and Liaison Service (PALS)

PALS act as a first point of contact to help patients and visitors with any feedback, concerns, questions or difficulties they may have regarding their care or Trust services.

In 2012 the separate complaints and PALS email boxes came together to form one 'feedback' inbox. The PALS co-ordinator triages the inbox and makes a decision as to whether the query is more appropriate to be dealt with under the complaints process and passes them to

the Complaints manager. The PALS team then deal with any concerns or enquiries received that can be dealt with, with the aim of resolving them within 3 working days.

Due to an incomplete data set specific figures for 2013-2014 cannot be provided, previous years suggest that UHCW receives on average 1500 PALS enquiries a year with the majority contacting the service regarding their appointments, delays or cancellations.



# Health Information Centre

UHCW's Health Information Centre aims to support the Trust's commitment to the national policies of informed consent, shared decision making and patient choice, as imbedded in the current NHS Constitution (March 2013) and for the requirements of CQC. It also aims to provide quality standards in the timely provision of health information, meeting the needs of all patients, visitors and staff in accordance with the Trust's priority of delivering safe, high quality, evidence based care.

The Health Information Centre services are free and confidential and available to all patients, carers, visitors and staff.

The Centre provides access to a comprehensive range of reliable information on health conditions, treatments and procedures as well as information on NHS services such as hospital services, GPs and dentists, healthy lifestyles, current health issues, travel insurance, vaccinations, local and national support groups and many other health

related issues. The Centre is also a gateway to sources of information on benefits, support, social care, community care, equipment suppliers and other issues that patients and carers may suddenly have to face following a hospital stay or serious diagnosis.

As the Trust is a regional centre for many specialties, including a Regional Trauma Centre, the Health Information Centre is an important resource to meet the needs of patients and relatives/ carers who are brought to our hospital from outside the local area. This may include information relating to local accommodation, transport, local services, on-line access, as well as health related information related to their trauma or condition.

The Health Information Centre staff also administer the Trust's written patient information approval process, which ensures that all patient information written by staff on conditions, procedures and services is produced to national standards. Once approved this information is made available

## Displays 2013 – 2014

64 displays were hosted by the Centre 2012 – 2013.

These include specialty specific themes such as Vascular, Pathology, Breast Care, Eye Health; general health awareness such as Healthy Eating, Exercise, Smoking Cessation, Cancer Screening; local and national support groups such as Parkinson's, Epilepsy, Lupus, MS.

## eLibrary Statistics 2013 - 2014

Currently there are 2356 patient information documents and web links on the database.

## eLibrary patient information activity April 2013 – March 2014

- New patient information added: 144
- Patient information updates: 732

More detailed statistics on Health Information Services and eLibrary input is available from the staff in the Health Information Centre.

## Achievements 2013 – 2014

- Have worked closely with the following specialties on their patient information:
  - Paediatrics
  - ICU
  - Renal

## Health Information Centre statistics 2013 – 2014

Use of the Centre's services is increasing year on year:

Date	2011 - 2012	2012 - 2013	2013 - 2014
Enquiries	8836	9546	10678

- Audiology
- Accident & Emergency
- Childrens Accident & Emergency
- MECC
- Eye Unit
- Physiotherapy
- Dementia
- Obs & Gynae
- Radiology
- Radiography
- Training: Contributed to HPB study day for clinical staff
- Supports Medicine for Members events organised by the Foundation Trust manager
- Ward posters (Who to contact, NHS Constitution, translation statement)
- Met with groups from the community health sector to keep up to date with changes in the local health landscape – CCG (Esther Peapell) HealthWatch, Age UK, Coventry City Libraries
- Presentation to the Midlands Critical Care Network about HIC services and the importance of timely patient information to patients and family members
- Visit by staff from Chelmsford Hospital to HIC
- Supported PALS
- Created core list of Trust-wide patient information which should be available in all public areas

## Objectives 2014 – 2015

### ELibrary Patient Information Approval Process

- Contribute to eLibrary developments
- Assess specialty coverage and continue to work with specialties with gaps
- Evaluation/monitoring process
- Continue to promote process to Rugby staff including using information which covers both sites
- Improve intranet HIC page
- Update UHCW Patient Information Policy and Procedure

### Health Information Services

- User survey – in areas such as Outpatients waiting area as well as Centre users
- Promotion of services on the wards and in outpatients – using volunteers
- Monitor and continue to promote Patient Information Prescriptions
- Continue to work with departments to ensure patient information is accessible to patients and/or patients are referred to HIC
- Continue to work with Rugby
- Monitor new local health community structure and liaise with relevant groups.
- Improve and develop HIC information which can be accessed on the Trust website
- Continue Ward poster project

- Easy Read project based on 4 core areas of patient information (Dragon's Den project)
- Develop children's patient information resource

# Look Forward to 2014–2015 Becoming World Class

Currently UHCW is below the national average for the in-patient Family and Friends Test (FFT) Question score as benchmarked against other NHS trusts in England, we are 'about the same' (CQC terminology) as other NHS Trusts who take part in the National Inpatient, Outpatient and A&E surveys and our 2013 -14 'Impressions' score has dropped to 91% from 93% in 2011 & 2012. UHCW wants to transform the patient experience at UHCW into a beacon of excellence recognised at both a national and international level.

The Trust has launched 'Together Towards World Class' which includes a programme that aims to provide a world class patient experience. We will continually improve the patient experience by listening and acting on feedback and embed a culture of patient first and compassionate care by 2019. Ensuring we give each patient a world class experience is, of course subjective, however we believe that by meeting the below described goals through implementing carefully designed actions there will be measurable benefits for our service users.

Although our FFT Score may be slightly lower than the average, our response rate for people leaving feedback is higher than the average. UHCW has analysed and collected thousands of pieces of patient, carer and relative feedback and has listened. The patient experience team at UHCW has identified three key work streams; gathering and learning from feedback, improving knowledge and training for staff & acting & improving on feedback. The activities will benefit both those patients undergoing emergency as well as planned care.

## Our Goals in 2014-15

- To improve our 'mainly good' Impressions score
- To implement Patient Information Boards across the Trust to incorporate complaints and FFT information
- To improve the patient information we give our users, whether that be health information or information about our services such as PALS
- To become top rated nationally, and to promote our patient experience activities internationally

- Implement a phased approach to adopting the use of a proven Patient Experience Innovation Model to improve patient experience within specialties;
- Commence training for Staff in the basic principles of how to provide an excellent patient experience;
- Cohesive working across the Trust in activities relating to transforming patient Experience.

## Appendix 1

Total Number of Complaints	2011/12	2012/13	2013/14
Total Number of Complaints - University Hospital, Coventry	450	431	459
Total Number of Complaints -Hospital of St. Cross , Rugby	44	42	26
Total Number of Complaints - Other	3	10	5
<b>TOTALS</b>	<b>497</b>	<b>483</b>	<b>490</b>
Total number of complaints referred to the PHSO	25	23	16
Ratio of Complaints to Activity	911,206	914,700	966,763
	0.05%	0.05%	0.05%
Top Five Complaint Categories as prescribed by the NHS IC K014a			
All aspects of clinical treatment			263
Communication/information to patients			61
Attitude of staff			51
Admissions, discharge and transfer arrangements			45
Appointments, delay/cancellation (out-patient)			26



If you need this information in another language or format, we will do our best to meet your need. Please contact the Health Information Centre on 024 7696 6051.

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