PATIENT EXPERIENCE REPORT

1st April to 30th June 2011
Introduction
The Patient Experience Report aims to present a rounded picture of patient experience and, as such, provides information on all aspects of experience, good and bad. Where poor experience is reported, actions are then taken to ensure improvements are made, and featured in future reports.

The reports present a wide range of information from different sources. Including the following:

- National Surveys
- Frequent Feedback
- Website Feedback
- Comments Cards
- Complaints
- Clinical Assurance Toolkit (CAT)
- Service Improvement Projects
- Governor and LINk Visits

It is understood that each method of feedback has its strengths and weaknesses. Using all methods of information available enables the Trust to better understand the patient’s experience of the services offered and delivered, and is beneficial to help prioritise where to focus efforts on action planning.
This Patient Experience Report highlights are as follows:

**Feedback Overview** shows the top 5 themes raised in unsolicited feedback where patients and families are able to freely comment on any aspect of services.

Staff attitude has appeared as both a top 5 positive and negative theme. Staff attitude accounts for 27% of the total number of comments received over the past year making it the top theme overall. This suggests its importance for patients.

Surgical Services, Emergency Care and Head and Neck continue to be the 3 areas that received the most feedback during this quarter. Whilst Diagnostics and Therapeutics have received a low number of complaints overall, the number of complaints received during this quarter has increased, this increase will be followed up in more detail in the next report.

In terms of the top 5 issues raised through complaints, staff attitude has doubled compared to the number received in the previous quarter. This is in contrast to the previous 3 quarters where there was a trend showing the number of concerns reducing each quarter. In contrast, the number of complaints regarding information has fallen.

Over the past 12 months, there is a trend in ‘lack of care nursing’ which has seen an increase in the number of complaints raised. This will again be explored in more detail in the next report.

In relation to comments cards, results are similar to previous quarters. There has been a 3% increase in those who gave the highest possible rating of their experience as ‘excellent’ (66%), there has been a slight decrease in those who rated their experience with the lowest possible score, ‘poor’, (17%). ‘Excellent’ and ‘poor’ ratings account for 83% of all comment cards received in the past year. This suggests that those having either a very good or very bad experience are motivated to comment, whilst those whose experience is unremarkable are less likely to comment.

**Care Group and Directorate Breakdown** tables aim to show performance in relation to key indicators by care group and, where information is available, by directorate from a number of different sources. Results in this report show a breakdown of complaints and key information relating to patient information leaflets.
A summary of the findings from the Care Quality Commission’s (CQC) visit to Hadfield wards 3 and 6 at the Northern General Hospital in March is presented. The visit was part of a targeted inspection programme of acute hospitals and focused on treating patients with respect and dignity and whether their nutritional needs were met. Overall, the Northern General Hospital was meeting the essential standards for treating people with respect, influencing how their service is run, involving them in discussions about their treatment and care (CQC Outcome 1), and also for meeting people’s individual dietary needs (CQC Outcome 5).

In this report, a new feature Themed Feedback has been included which focuses on key elements of essential care. This quarter, the focus is on hygiene. Survey results are presented on questions relating to hygiene from the Clinical Assurance Toolkit (CAT) and national surveys. Overall, CAT results are consistently higher than those reported in national surveys, for example, cleanliness of bathrooms and toilets scored 83% in CAT compared to 63.5% in the national inpatient survey. Whilst it is a known and researched fact that patients often feedback more positively during their hospital stay, this would not account for such a significant difference in scores. In addition, patients participating in Frequent Feedback surveys are interviewed during their hospital stay and score only around 4% higher than in national surveys. Work is now underway to understand this difference in scores and to take action to ensure consistent approaches.

A focus on Intentional Rounding is featured in the report. Intentional Rounding is a structured process, nursing staff follow by carrying out scheduled tasks or observations with patients assessing patients’ pain, positioning, hygiene needs, and attending to the patient’s comfort. It ensures all patients receive attention on a regular basis resulting in fewer ad-hoc needs for help and support. Intentional Rounding is being piloted on wards Robert Hadfield 2-6.

Good progress has been made on reducing the number of patient information leaflets which are beyond their review dates. There has been a reduction of 7.86% in the number of leaflets beyond their review date since January 2011. In the majority of cases only minor revisions have been necessary, often with only the need to update the date for the next review.

Work across the Trust is ongoing to further improve hygiene standards for patients; this includes the introduction of wet rooms as part of a refurbishment programme on some wards to create a more pleasant environment for patients.
Service Improvements - Featured projects include Project Brandon and Highly Productive Operating Theatres. The Highly Productive Operating Theatres initiative is designed to ensure surgical patients’ journey through their care is as safe, timely and stress free as possible. To date the percentage of theatre lists starting on time has risen to 80% on Bev Stokes Day Surgery Unit and improvement to the theatre lists in Urology have resulted in an average of 4 additional patients being seen per week.

Patient Reported Outcome Measures - The report presents, for the first time an analysis of comparative ‘health gain’ scores using funnel plots. Health gain is a measure of the change in the patient’s health status, before and after the surgical procedure. For groin hernia and varicose veins this Trust’s scores are close to the national average; for knee replacements this Trust’s scores are higher. For hip replacements this Trust’s scores are lower. Whilst this data is provisional, work is underway to explore in more detail the possible reasons for these outlier scores.

Local Surveys. Each quarter, a focus will be provided on surveys undertaken at directorate level. Snap Software is a survey tool which can be used for designing web and paper based surveys and analysing the survey data. To date, 4 Snap surveys have been completed including a 7-day Therapy Service survey, findings of which are featured in the report. There are a further 6 Snap surveys planned so far, the results of which will feature in future reports.

LINk Visit. This report features recent LINk visits. The role of the Local Involvement Network (LINk) is to find out what people think about local health and social care services and to work with those that run and plan them to help these services improve. Sheffield LINk visited Huntsman 6 at the Northern General Hospital earlier this year to gather information and observe support to patients around nutrition and the care of those with dementia who are being treated for other issues. 7 recommendations were made from the visit including prioritising further dementia training for staff; recruiting volunteers to support feeding and reducing overall activity level on the ward. A number of actions were already underway to address some of these issues and an action plan addressing all other issues has been agreed.
Zest Arts in Health offers a range of patient focussed initiatives to provide engaging ward based activities for patients and to improve the aesthetics of the hospital. This report shows the benefits that music has brought to dementia patients across a number of directorates and includes a new feature to the electronic version of the Patient Experience Report, a video clip on page 36 of the report of a music workshop. In addition, the development of the Hand Unit Project, where an artist worked with local schools to create a collection of artwork for the unit, is featured.

Actions will be discussed and agreed at the Patient Experience Committee (PEC) meetings, based on findings from this report. A key element of the Patient Experience Report is to focus on outcomes and actions.

Actions taken from previous report
The ward information poster that was being developed has now been finalised. The eye catching poster, which has been designed to display ward specific information to patients and visitors will be displayed in wards across the Trust from September. The posters will be updated on a quarterly basis.
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Feedback Overview

The graphs and tables show all feedback received through website feedback and comments cards broken down by care group. During the period April to June 2011, 150 comments were received; each comment can cover a range of themes and the analysis below is based on the themes covered in the individual comments. A new method of feedback was introduced in June 2011 whereby patients and relatives can submit comments through a new online feedback form on the Trust website. These results are now included below.

As this is the 4th Patient Experience Report, we now have a year’s worth of data which has been collated and reported below. Future reports will continue to present 12 months’ worth of data.

Website Feedback and Comment Cards

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</thead>
<tbody>
<tr>
<td>1 Staff Attitude</td>
<td>31%</td>
<td>34%</td>
<td>15%</td>
<td>33%</td>
</tr>
<tr>
<td>2 Nursing Care – General nursing care</td>
<td>15%</td>
<td>23%</td>
<td>30%</td>
<td>7%</td>
</tr>
<tr>
<td>3 Medical Care – Competence of Staff</td>
<td>14%</td>
<td>23%</td>
<td>30%</td>
<td>7%</td>
</tr>
<tr>
<td>4 Environment - Cleanliness</td>
<td>10%</td>
<td>9%</td>
<td>-</td>
<td>6%</td>
</tr>
<tr>
<td>5 Comms – Information Provided</td>
<td>7%</td>
<td>9%</td>
<td>-</td>
<td>6%</td>
</tr>
</tbody>
</table>

Never kept waiting long for appointments and both doctor’s and nurses are always apologetic for being kept waiting, even if it is only 5 minutes.

The ear phones on TV’s are dirty, even on aircraft you can buy new ones...have the phones been cleaned/sterilised?

You were known by medical staff, not just made to feel like a number.

Air conditioning should be supplied as standard. Patients waiting were falling asleep and air conditioning would be a great benefit to staff.
Website Feedback and Comment Cards cont’d…

Website and Patient Comment Card Responses
1st July 2010 to 30th June 2011

Finding your way around the hospital is horrendous! It is difficult to know where you need to go or how to get there.

Everything was explained before hand and after the op, nurses responded quickly to requests for help.

Great welcome, went the extra length to help and advise us where to go.

Unhappy with the amount of cigarette smoke difficult to get into hospital with breathing problems.

408 Comments received in total between July 2010 and June 2011 through website feedback and comment cards.

Comments Card Ratings

128 completed comments cards were received between April and June 2011. Of these, 126 gave their experience a rating. Between July 2010 and June 2011 314 ratings have been received. The % split of these ratings is displayed here.

Ratings in order of %
1. Excellent – 66%
2. Poor – 17%
3. Very Good – 7%
4. Good – 3%

1st April to 30th June 2011
For future reports, complaints received will be reported against overall activity by care group, so that the number of complaints received as a proportion of activity can be compared.

There have been difficulties responding to complainants within target response times within the Surgical Group. Further support is currently being provided to the Surgical Services complaints team by the Patient Partnership Department to improve response timescales. To ensure a high performance is maintained in the longer term, the action being taken is outlined in the point below.

The responsibility for complaints for some Care Groups is being transferred to the Patient Partnership Department. Head and Neck transferred on the 1st July and Surgical Services will transfer in September 2011. Other groups may transfer in the future. Managing complaints centrally offers greater flexibility in a number of ways, including the ability to provide cover in times of staff leave. This in turn will ensure a more consistent provision of service.

Increases in the numbers of complaints received in Neurosciences and Ophthalmology Outpatient Departments have been investigated. There are no overall themes although on further review, communication and patient information did feature in a number of complaints. The Ophthalmology Directorate are reviewing patient information to see where improvements might be made. Complaint information regarding Neurosciences Directorates is being compared with Neurosciences units in other trusts to review complaint numbers and themes.

There has been a significant increase in the number of complaints received from Diagnostics and Therapeutics. A review will be undertaken to explore this in more depth.

Concern: An elderly patient was discharged late at night and taken back to her care home in an ambulance wearing only a nightdress and blankets.

Outcome: The patient’s discharge had been much later than expected because of the time taken for specialist pressure care dressings to be ordered, and because of the high demand for ambulance transport that evening. On investigation, it was found that the ward staff should have recognised that it was inappropriate to discharge this patient late at night and the ambulance should have been cancelled until the next day.

Action Taken: Clear guidance has subsequently been issued to all wards in the care group regarding discharge arrangements in the evening and at night.
On 1st April 2011, the Trust introduced a new process for action planning for all patient feedback and information. The process is based around the current Clinical Assurance Toolkit (CAT) action planning days and aims to provide a more structured and integrated approach.

This follows feedback from wards and departments that the current frequency of action planning following patient feedback, for example from Frequent Feedback and national patient surveys, does not allow the time or provide the support and guidance for meaningful action plans to be agreed.

The new process means that each ward is asked to produce one action plan annually in relation to both CAT and all other patient feedback. Whilst wards and departments will continue to receive patient feedback information as soon as it is available and will be expected to act on it, a formal action plan will only be required annually.

Individual action plans are still required in relation to complaints. In addition, wards and departments are notified at the time, when there are other occasions that an action plan is required.

It is important to ensure that patient feedback leads to service improvements and therefore that action plans specifically address areas where service improvements can be made. The guidelines aim to provide guidance for all Trust staff in the preparation of action plans. They outline a suggested approach to action planning which will help staff to identify key themes and trends to decide priority areas for action.

### Action Planning Process

#### PREPARATION

Before starting an action plan, you need to:

- Ensure that all relevant information is available, this may include national patient survey results, CAT results, complaints, Frequent Feedback survey reports, and ward or department development plans.

#### IDENTIFY ISSUES

Try to avoid falling into the trap of agreeing to action everything at once. It is better to focus on a smaller number of actions you can achieve.

- Review survey or audit questions which received the lowest scores: you may for example choose to action the 3 lowest scoring questions.

#### AGREEING ACTIONS

- For each point that you select for action, the next step is to identify what is, in effect, a ‘to do’ list i.e. a list of specific things you need to do in order to resolve or improve the problem.

#### COMPLETION AND ACTION PLANS

- A central process for reviewing action plans is being developed to ensure that all action plans are followed up 6 months after completion to check progress.

### Some examples taken from the action planning guidelines include:

**PREPARATION**

- Ensure that all relevant information is available, this may include national patient survey results, CAT results, complaints, Frequent Feedback survey reports, and ward or department development plans.

**IDENTIFY ISSUES**

- Review survey or audit questions which received the lowest scores: you may for example choose to action the 3 lowest scoring questions.

**AGREEING ACTIONS**

- For each point that you select for action, the next step is to identify what is, in effect, a ‘to do’ list i.e. a list of specific things you need to do in order to resolve or improve the problem.

**COMPLETION AND ACTION PLANS**

- A central process for reviewing action plans is being developed to ensure that all action plans are followed up 6 months after completion to check progress.

### Actions:

To support the new action planning process, by April 2012, ward level Patient Experience Reports will be produced and circulated. Each report will contain ward specific data such as Clinical Assurance Toolkit (CAT) and other patient experience feedback.
Since April 2010 all complaints on completion have been assessed and reported as Well Founded, Partially Founded or Unfounded. This is an assessment made by the Patient Partnership Co-ordinator and, as such, is subjective. An independent audit is to be undertaken by lay members of the Patient Experience Committee, including governors, to check the accuracy of these assessments. The criteria for this assessment was agreed by the Patient Experience Committee and is as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Well Founded</td>
<td>Complaints in which the concerns were found to be correct on investigation.</td>
</tr>
<tr>
<td>Partially Founded</td>
<td>Complaints in which, on investigation, the main concerns were not found to be correct, however some of the concerns or issues raised by the complainant were found to be correct.</td>
</tr>
<tr>
<td>Unfounded</td>
<td>Complaints in which the concerns were not found to be correct on investigation.</td>
</tr>
</tbody>
</table>
The Board of Directors has set a target that there will be no leaflets which are more than 12 months beyond their review date by 31st December 2011. Progress is reviewed and reported on a monthly basis by the Patient Information Manager. As of the end of June 2011, over 150 new/revised leaflets have been added to the database, (a reduction in leaflets beyond their review date of 7.86% from January 2011). In the majority of cases only minor revisions have actually been necessary as the clinical content of most leaflets has not significantly changed.
Themed Feedback

Hygiene

Personal hygiene is the physical act of cleaning the body to ensure that the skin, hair and nails are maintained in an optimum condition (Department of Health, 2001).

If an individual becomes unwell and is unable to meet their own hygiene needs, they may require someone else to assist them in such needs.

Attending to a patient’s hygiene needs is a fundamental part of a nursing role. Healthcare professionals have a duty to care for and promote the health and wellbeing of patients in a holistic manner.

The personal care of a patient should be viewed holistically, meaning personal hygiene is not simply about assisting the patient to wash. It is about ensuring their eyes, mouth, nose and nails are clean, to a standard that would be acceptable if it was one of us or one of our relatives.

Personal care is performed in order to maintain patient comfort and dignity. Privacy and dignity are paramount when assisting a patient with their hygiene needs. Being cared for in an environment which is clean and tidy makes people ‘feel’ clean, as does having confidence that the staff caring for you are also clean and tidy, therefore the dress code and hand washing are also important.

Essential Care

Essential care has been highlighted as a key theme from a number of feedback sources including complaints, website feedback and comment cards. Essential care is the term used to describe the essential aspects of patient care without which the patient cannot have a truly positive experience.

Tasks associated to essential care include making sure patients are clean and comfortable, have enough food and drink, receive assistance or help, and attending to them quickly when called.

Regularly checking and being proactive to ensure a patient’s essential care needs are being met not only improves the patient experience significantly, but can also save staff time. For example, ensuring that patients have help getting to the toilet reduces the risk of a fall or of not getting to the toilet in time.

Aspects of essential care are wide ranging. The following pages provide information relating to personal hygiene measures and initiatives and wider aspects of essential care across the Trust, including:

- Performance against hygiene and infection control key indicators (Page 15)
- Scores from national patient surveys (Page 16)
- Clinical Assurance Toolkit Audit results for hygiene related questions (Page 17)
- Wet room refurbishments (Page 18)
- Deep Cleaning (Page 18)
- Initiatives to improve essential care: Intentional Rounding (Page 19)
- Findings from the recent Care Quality Commission (CQC) visit are reported, as this also covers important aspects of essential care (Page 20)

1st April to 30th June 2011
Essential Care - Hygiene, Ward Level Information

These tables show individual ward performance against hygiene and infection control indicators.

### Northern General Hospital

<table>
<thead>
<tr>
<th>Ward</th>
<th>Brearley 1</th>
<th>Brearley 2</th>
<th>Brearley 3</th>
<th>Brearley 4</th>
<th>Brearley 5</th>
<th>Brearley 6</th>
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<tbody>
<tr>
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<td>98</td>
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<tr>
<td>Hand Hygiene (Target: 90%)</td>
<td>88</td>
<td>95</td>
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<tr>
<td>Handling and Disposal of Linen (Target: 85%)</td>
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<td>100</td>
<td>100</td>
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<td>100</td>
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<tr>
<td>Infection, Prevention &amp; Control Review (Target: 85%)</td>
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### Royal Hallamshire Hospital

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<th>G1</th>
<th>E2</th>
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<tr>
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<td>98</td>
<td>99</td>
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### Jessops

<table>
<thead>
<tr>
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<th>Medical Unit</th>
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<th>Psych</th>
<th>Ward</th>
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<tr>
<td>Hand Hygiene (Target: 90%)</td>
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<td>Handling and Disposal of Linen (Target: 85%)</td>
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<tr>
<td>Infection, Prevention &amp; Control Review (Target: 85%)</td>
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### Weston Park

<table>
<thead>
<tr>
<th>Ward</th>
<th>Medical Unit</th>
<th>General</th>
<th>Ward</th>
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</thead>
<tbody>
<tr>
<td>Cleanliness (Target: 95%)</td>
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<td>98</td>
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<tr>
<td>Hand Hygiene (Target: 90%)</td>
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<tr>
<td>Handling and Disposal of Linen (Target: 85%)</td>
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<tr>
<td>Infection, Prevention &amp; Control Review (Target: 85%)</td>
<td>98</td>
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There are a number of red rated areas for hand hygiene, however, scores for this from the national surveys (presented on the next page) were good.

**Actions:**
This information will be featured on ward information posters around the Trust from September.
These graphs show results to questions on hygiene from the national Outpatient (2009), Inpatient (2010) and Maternity (2010) surveys.

### Essential Care - Hygiene, National Survey Results

In the National Inpatients Survey, 74.6% of patients gave the most positive answer of ‘yes, always’ when asked, did they receive help from staff with getting to the bathroom or toilet in time?
Questions relating to hygiene feature in all 3 surveys completed as part of the Clinical Assurance Toolkit (CAT).

The Trust has scored well in the matron spot checks and patient interviews. The lower scores for hygiene from the staff survey are being discussed at the September CAT Operation Group meeting. Findings from this will be reported in a future Patient Experience Report.
As part of a programme of refurbishment, some of the Firth, Robert Hadfield and Renal wards, Northern General Hospital, had wet rooms introduced.

Essentially, the wet rooms provide easy access for patients, rather than enclosed shower cubicles, which patients can find difficult to access, even with assistance from staff. Wet rooms are more accessible, even for wheelchair users and less mobile patients. Additionally, the wet rooms create a more pleasant environment for patients which encourages them to meet their own personal hygiene needs.

Hygiene is improved as a hygienic continuous wall cladding is provided, as opposed to tiles. This prevents any build up of dirt or mould, etc. as there is no tile grouting and the product is virtually joint free. The wet room flooring also has improved anti-slip properties.

Acrylic eggshell paint for the walls and bioguard tiles for the ceilings are used and both have wipe clean and infection deflecting properties.

A deep clean exercise is currently underway at the Northern General Hospital and Royal Hallamshire Hospital. Wards that have experienced C Diff (Clostridium difficile) over the last six months have been identified for deep cleaning. The programme is continuous from June to December and by December 2 deep cleans in these areas will have been achieved.

Deep cleaning involves closing one bay at a time and cleaning everything before finally using Hydrogen Peroxide Vapour (HPV) in the room.

Additionally, the Domestic Services team have increased toilet cleaning on wards and a new product, Difficil-S, is being trialled in place of the current cleaning product. Difficil-S is highly recommended by the Department of Health's Rapid Review Panel. The Panel assesses new and novel products that may be of value to the NHS in improving hospital infection control and reducing hospital acquired infections.

The trial is currently on wards Firth 3, 4 8 and 9 until August 2011 where it will then be trialled for 4 weeks at the Royal Hallamshire Hospital wards P3, P4 and Weston Park Hospital wards 2,3, and 4. A decision will be made after the trial as to whether to continue with this product.

Both patients and staff find the wet room wonderful. It is easy for the patients to have a shower without worry. The room enables staff to easily move the patient by wheelchair to the chair within the wet room with ease. We have found the wet room has been an asset to the ward

Penny Hides, Senior Sister, Firth 2

The wet room feels lovely and clean, and there is plenty of space for me to move around, I could do with one at home

Patient, Firth 2
What is Intentional Rounding?

Intentional rounding is a structured process where nurses on wards carry out regular checks with individual patients at set intervals, typically hourly. During these checks, they carry out scheduled or required tasks.

Rounding helps frontline teams to organise ward workload to ensure all patients receive attention on a regular basis.

What is critical to this approach is reliability. The consistency of care brings with it increased confidence for staff and patients alike. Intentional rounding involves the following:

1. The round begins with opening words, in which staff introduce themselves and explain why they are there. This “connection” is designed to build patients’ trust and confidence.
2. The staff follow this up by carrying out scheduled tasks or observations with patients, these may include addressing patients’ pain, positioning and toilet needs; assessing and attending to the patient’s comfort; and checking the environment for any risks to the patient’s comfort or safety.
3. The round also includes closing key words, typically: “Is there anything else I can do for you? - I have time.” This addresses the frequently reported issue that patients do not like to ask for support because they can see how busy staff are.
4. Closing words include, critically, when patients can expect staff to return. Finally, rounds are documented, which fulfils audit requirements.

Why is intentional rounding needed?

A number of high-profile reports have drawn attention to examples of poor standards of what is often called “essential nursing care” - attending to patients’ needs for support with feeding, positioning, personal hygiene and skin integrity (Parliamentary and Health Services Ombudsman, 2011; Department of Health, 2010).

In the current healthcare environment, spending more time with patients is challenging. Patients report busy staff who ‘don’t have time’, and many are reluctant to ask for help. Health professionals on wards say there is never enough time to do everything, and that they are too busy to have time to care.

However, ways are being sought to make the ward a calmer, less chaotic environment for health professionals and patients alike, and to release time to care. Interventions such as the Productive Series have been designed specifically with this in mind (NHS Institute for Innovation and Improvement, 2011).

Benefits of rounding

The theoretical basis for nurse rounding is the idea that patients will be more comfortable, and find greater confidence and reassurance in a calmer and more orderly ward environment.

They will have fewer ad hoc needs for help and support, knowing their carer will be back soon. Equally, patients who are anxious or who feel ill informed are likely to generate even greater demands for information or support than those who feel better supported.

Rounding can be used in a number of ways, but it is critical that it is conducted with the intention of achieving an outcome for patients.

Rounding as an approach is flexible, and can be adapted to local circumstances. For example, although the original studies focused on hourly rounding by nurses, some hospitals have adapted this to involve nurses and healthcare assistants doing alternate rounds, so patients are still seen hourly but alternately by nurses and other staff.

Within the Trust

The Trust is piloting Intentional Rounding on wards Robert Hadfield 2-6, Northern General Hospital, and on other wards still to be confirmed.

Intentional rounding addresses a number of main conditions including pressure ulcers and catheter associated urinary tract infections (UTIs). It also reduces the risk of falls. A reduction is expected and is something that has happened in other hospitals, e.g. falls have reduced.

Data from the results will be reported in a future report.
Introduction

The Care Quality Commission (CQC) visited the Trust in March 2011. This visit was part of a targeted inspection programme in acute NHS hospitals to assess how well older people are treated during their hospital stay. In particular, Outcome 1 (People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run) and Outcome 5 (Food and drink should meet people's individual dietary needs).

How the review was carried out

The inspection teams are led by CQC inspectors joined by a practising, experienced nurse. The inspection team also includes an ‘expert by experience’ – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective.

The wards visited were Hadfield 3 and Hadfield 6 at Northern General Hospital.

Performance

Overall, the Northern General Hospital, was meeting the essential standards of Outcome 1 and Outcome 5.

What the CQC Found

Both inpatient and outpatient surveys indicate that Sheffield Teaching Hospitals NHS Foundation Trust scored highly on patients being treated with respect and dignity and on questions relating to nutrition.

The wards visited by the CQC both had 28 beds. There were 14 patients based in single sex bays and 14 patients in single rooms.

Patients said that the staff offered them the opportunity to have a say in how their needs could be met, had taken note of their views, had explained their treatment to them and would listen to them. Patients’ comments included;

Perfect staff, I’ve been alright here, they all treat me well, they treat me with respect you see

Staff are absolutely brilliant, kind and thoughtful

We are very happy with the way all the staff care for and speak to my relative

Overall, patients said that staff offered them appropriate support to meet their personal care needs. Patients the CQC spoke to said they had no concerns or complaints about their care or treatment at the hospital.

On the wards visited they had strategies in place to ensure patients’ nutritional needs were met. They have ‘protected meal times’, which means that patients are not disturbed during their meals, and nutritional assessments and care plans.

The CQC spoke to seven patients and four relatives to find out whether their hydration and nutritional needs were met during their hospital admission.

Patients advised that they had access to drinks and snacks at all times. One patient said:

There is always ample to drink, they fill up water jugs all the time

We can have toast or a biscuit if we get hungry

Two relatives said that the staff were monitoring the patient’s food intake. They asked patients for their views of the food served to them. They told the CQC inspector:

I’m satisfied with the meals, they’re alright

Food, I think it’s very good, I can have a choice, but I just eat what’s given me, doesn’t worry me what I eat

Overall the CQC found the organisation of the mealtimes on the wards were different. On one ward patients experienced a more organised service led by senior staff. This was observed to positively affect the patient experience.
There are a number of Service Improvement work streams currently underway.

In each report, an introduction will be provided on new schemes and an update highlighting key achievements from existing schemes.

This quarter, we will be focussing on the following:

- Project Brandon – Cystic Fibrosis
- Highly Productive Operating Theatre
Project Brandon - Cystic Fibrosis

**Background**
The aim of this project is to improve the efficiency and quality of the service of the Cystic Fibrosis Outpatient Department for staff and patients. The process begins with first contact with the patient and ends with them arriving back to their home. By working on the process we expect:

- the ‘do not attend (DNA)’ rate to improve
- less waiting for patients
- improved efficiency for patients and staff

**Who is Brandon?**
A fictional Cystic Fibrosis patient who:
- Is 25 & from Lincolnshire
- Lives with his girlfriend & dog
- Relies on family for transport
- Body Mass Index (BMI) of 19 has drink supplements
- He has pancreatic insufficiency, osteopenia, diabetes, fertility issues
- He has a portable catheter
- Physio—exercises occasionally, uses a home nebuliser when poorly
- He has never been an inpatient

**Key principles**
A workshop was held to discuss what Brandon would want and need from the service. Examples of what was discussed include:

- He wants to feel in control of his life
- He wants a service to fit around his life, job, social and family
- He wants a time efficient service, no waiting or duplication or unnecessary appointments
- He wants a joined up service, he doesn’t want to come for multiple separate appointments
- He wants minimal repetition at the appointments he attends
- He wants pharmacy to be quick so he can get back home at the end of an appointment
- He wants appointments to be flexible & available on weekends or evenings
- He would like to talk with other Cystic Fibrosis patients when he needs advice & support when ill
- He wants easy access to contact social services
- He wants advice and support available for his girlfriend and family

**Progress to date**
- 5P’s process applied to diagnose the system (Purpose, Patterns, Professionals, Processes, Patients)
- Visit to Wythenshawe Adult Cystic Fibrosis Centre who have recently undergone a large scale improvement and modernisation programme. The visit allowed ideas to be shared with them as a centre of excellence
- Patient survey undertaken to ascertain the views and experiences of Cystic Fibrosis adults at the Northern General Hospital; overall, there were 62 (41%) responses to the survey

**Patient Survey Results**
- High praise for Cystic Fibrosis team and service.
- Outpatient facility could be improved. Patient comments that rooms are too small and outdated. ‘Has stayed the same.’
- Admission waiting times—average of 3 days
- High praise for new Cystic Fibrosis ward, but many patients have still not utilized it.
- Access to staff both at clinic and on the ward in particular psychologist and social worker, but also physio.

**Next Steps**
A number of work streams have been developed to focus on specific aspects of the project. Outcomes from these work streams will feature in a future report.

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**Service Improvement**

**Old Cystic Fibrosis unit was small for the amount of patients… the number of patients have outgrown the facilities.**

**I think the ward is very good, all the nurses were great and made me feel really welcome and the facilities were really good!**

**A good comprehensive service delivered by friendly & supportive staff.**

**I feel the clinic could do with updating**
Background

Following on from the Trust’s Productive Ward initiative which resulted in an improved patient experience and gave nurses more time to spend on bedside care rather than administration, the Trust has launched the Highly Productive Theatres project – Building Teams for Safer Surgical Care.

The initiative is designed to build upon the excellent work already undertaken right across the organisation to ensure surgical patients’ journey through their care is as safe, timely and as stress free as possible. It also aims to look at how staff working lives can be improved by exploring how processes or systems can be made more effective.

The project will need the support of all staff not just theatre or surgical teams as improvements will only be achieved if colleagues along the whole patient pathway have an opportunity to be involved and give their ideas.

The Project

A series of visioning workshops have been held where staff were invited to contribute their ideas and views of how processes and practices could be enhanced to the benefit of patients and staff.

Initially the Highly Productive Theatres project was piloted in Orthopaedics and Day Surgery Unit at NGH, Urology at RHH and Ophthalmology (Weston Park) theatres, and includes the Cardio thoracic theatres. Successful aspects of the project are now being rolled out to all other theatres across the Trust.

The focus of the project since October 2010 has been on ensuring that lists are well planned and start on time.

Our Aims:

In theatres 1 and 2 we ensure our patients are cared for safely and have a good experience by having:
- efficient well planned lists that start and finish on time
- effective communication.
- a team with a ‘can do’ attitude that works well together

(Urology Theatres)

Outcomes so far

- Data collected for the pilot theatres in Autumn 2010 showed that patients coming to theatre could expect the theatre lists to start on time less than 40% of the time. In July 2011, Bev Stokes Day Surgery Unit theatre lists start on time 80% of the time and 75% of Urology theatre lists now start within 15 minutes of the planned start time.
- Hand Unit staff have worked together to redesign the flow of patients through hand unit theatres. Training support has been given to enable Hand Centre staff to support the patients in theatre. This has enabled the theatre team to support a local anaesthetic case in theatre whilst a patient is being administered with an axillary block in the anaesthetic room. Another local anaesthetic case is carried out in theatre whilst the axillary block takes effect. This has helped to improve the efficient use of the theatre and has improved start times dramatically.
- The Cataracts Team has reduced the turnaround time between patients to 3 minutes by agreeing the best time to send for the next patient and clarifying each team member’s role in the turnaround process to improve flow. This improved flow has enabled an additional patient to be added onto a cataract list.
- In Urology, on average 4 additional patients per week have been added onto Urology lists since January 2011.
Patient Survey Feedback

Patient Reported Outcome Measures (PROMs)

Through the national PROMs programme the NHS now routinely asks patients their views of the outcomes of four surgical procedures; groin hernia repair, varicose vein surgery, hip replacements and knee replacements. PROMs is the only programme that seeks to measure health outcomes from the perspective of the patient. Between April 2009 and January 2011, 3960 out of a possible 5042 patients from this Trust participated in the PROMs programme, giving a 78.5% response rate. The Trust has been commended for achieving high participation rates and the PROMs team from the Department of Health visited the Pre Operative Assessment Clinic, where the PROMs questionnaires are given to patients before their operations, to observe best practice which will now be shared nationally.

PROMs data is a rich source of information, however analysis is complex, particularly when trying to understand what a change in a patient’s PROM score means clinically. The performance of trusts is measured through ‘health gain’, which provides a measure of how much patients feel their health status has changed following the procedure. Nationally, the performance of trusts in relation to health gain is to be reported in line with a new Department of Health policy for identifying performance ‘outliers’ – those trusts whose performance falls within or outside pre-defined upper and lower control limits which are set at 95% and 99.8%. Trusts who lie between or outside these limits are in the top or bottom 5% (95% control limit) or 0.2% (99.8% control limit) of trusts nationally.
Control charts, such as funnel plots, have been widely recognised as a means of comparing the performance of organisations. Funnel plots are now being used by the Department of Health to identify performance outliers and it is the responsibility of individual providers to take action to explore and improve their performance where necessary.

This Trust’s PROMs results for each of the four procedures have been plotted on funnel plots. For groin hernia and varicose vein surgery, this Trust’s scores are close to the national average. Funnel plots showing results for all trusts nationally for hip and knee surgery are shown on the following pages. On these plots, each individual trust is represented by a triangle. This Trust, along with 6 other similar trusts, is indicated by a shaded triangle. The plots, which show results for both the EQ-5D (the generic measure of health status) and the Oxford Hip and Oxford Knee Score (the condition-specific measure of health status, which is more sensitive to health status changes) highlight the following:

- For both procedures, the Trust has a reasonable volume of patients (over 300). The higher the volume, the more reliable the results will be.
- For knee replacements, the EQ-5D measure shows this Trust to be a positive outlier, coming close to the 99.8% limit. The Oxford Knee Score measure also shows this Trust coming close to the 95% upper control limit.
- For hip replacements, the EQ-5D measure shows this Trust between the two lower control limits and the Oxford Hip Score measure shows this Trust to lie below the 99.8% control limit.

There are a number of possible causes for this variation in performance which are now being explored further. It is important for trusts to understand not just how their hospital compares with others but also the causes of any variations and any factors which may explain outlying results. Therefore, the next steps will be to look at any possible reasons for these variations in performance; for example the proportion of patients having revision surgery at this Trust is high compared with other trusts and it may be that this factor has a significant impact on the Trust’s overall results as patients undergoing revision surgery experience less health gain than those undergoing primary surgery. The further analysis undertaken in relation to the data for hip surgery will be reported in the next Patient Experience Report.

It must also be stressed that the data is currently provisional and also that, whilst 300 patients is a reasonable volume, as the PROMs programme progresses, this volume will increase therefore making the results more robust.
Patient Survey Feedback

Patient Reported Outcome Measures (PROMs) – Funnel Plots

Funnel Plot for Average Health gain scores on the EQ5D Measure for Hip Replacements

- RW3 – Central Manchester University Hospitals NHS FT
- RJ1 – Guys and St Thomas NHS FT
- RR8 – Leeds Teaching Hospitals NHS Trust
- RM1 – Norfolk and Norwich University NHS Trust
- RX1 – Nottingham University Hospitals NHS Trust
- RHQ – Sheffield Teaching Hospitals NHS FT
- RTD – The Newcastle Upon Tyne Hospitals NHS FT

1st April to 30th June 2011
Patient Survey Feedback

Patient Reported Outcome Measures (PROMs) – Funnel Plots

1st April to 30th June 2011

Funnel Plot for Average Health gain scores on the Oxford Hip Score Measure for Hip Replacements

Positive outliers

Negative outliers

RW3 – Central Manchester University Hospitals NHS FT
RJ1 – Guys and St Thomas NHS FT
RR8 – Leeds Teaching Hospitals NHS Trust
RM1 – Norfolk and Norwich University NHS Trust
RX1 – Nottingham University Hospitals NHS Trust
RHQ – Sheffield Teaching Hospitals NHS FT
RTD – The Newcastle Upon Tyne Hospitals NHS FT
Funnel Plot for Average Health gain scores on the EQ5D Measure for Knee Replacements

- Positive outliers
- 99.8% limit
- 95% limit
- England Average

RW3 – Central Manchester University Hospitals NHS FT
RJ1 – Guys and St Thomas NHS FT
RR8 – Leeds Teaching Hospitals NHS Trust
RM1 – Norfolk and Norwich University NHS Trust
RX1 – Nottingham University Hospitals NHS Trust
RHQ – Sheffield Teaching Hospitals NHS FT
RTD – The Newcastle Upon Tyne Hospitals NHS FT

1st April to 30th June 2011
Funnel Plot for Average Health gain scores on the Oxford Knee Score Measure for Knee Replacements

RW3 – Central Manchester University Hospitals NHS FT
RJ1 – Guys and St Thomas NHS FT
RR8 – Leeds Teaching Hospitals NHS Trust
RM1 – Norfolk and Norwich University NHS Trust
RX1 – Nottingham University Hospitals NHS Trust
RHQ – Sheffield Teaching Hospitals NHS FT
RTD – The Newcastle Upon Tyne Hospitals NHS FT
In addition to funnel plots, other more in-depth analyses of PROMs data are planned to be carried out in the future. These include:

- Proportion of patients who experienced at least one post-operative complication for each of the four procedures, benchmarked against 6 comparator trusts.
- A breakdown of pre-operative scores for hip and knee patients, by referrer.
- Consultant level analysis of PROMs scores.

An analysis of hip and knee pre-operative scores by individual score for both the EQ-5D and the Oxford Hip and Knee score has been carried out, showing numbers of patients who achieved each individual score. This provides more detailed information on the pre-operative health status of hip and knee patients. The graphs below illustrate how the condition-specific measure (Oxford Score) is more sensitive to health status than the generic (EQ-5D) measure. The Oxford Scores for both hip and knee show more patients with poorer levels of pre-operative health than the EQ-5D, with more patients clustered towards the ‘worst’ end than the ‘best’. This analysis provides a more detailed picture of the pre-operative health status of hip and knee patients.

EQ-5D Score: Knee and Hip Replacement Pre Op Scores

Oxford Score: Knee and Hip Replacement Pre Op Scores
Local Surveys

In each report, a focus will be provided on patient experience surveys that are undertaken at directorate level. This quarter, we will be focusing on the following:

Snap Surveys

- An introduction to Snap Surveys
- 7 Day Working Snap Survey, Therapy Services
Snap Survey Software is a survey tool which can be used for questionnaire design, producing and publishing paper based and web surveys, and the analysis of survey data. The Patient Partnership Department purchased a license to use the Snap Software earlier this year to support the development of patient experience surveys throughout the Trust.

This is an accessible tool offering much greater flexibility to staff carrying out surveys, consequently, there is a growing demand for its use.

Survey Programme
To date the following surveys have been completed:

- A&E Patient Experience survey
- 7 day Therapy Service (featured on next page)
- Complainant Satisfaction survey

Questionnaires can be administered in a number of ways; Trust volunteers received training to interview patients for the surveys carried out in Therapy Services and A&E; the complainant satisfaction survey is circulated by the Patient Services Team using random selection, and is also available for completion online.

The following surveys are also in development:

- Angiography Patient Experience survey (to be used on an ongoing basis for continual service improvement)
- Histopathology survey of Trust medical staff and GPs
- Patient Perception of Nurse Practitioner Role in Cardiothoracic Surgery
- Vascular Outpatient satisfaction survey
- Pharmacy Outpatient satisfaction survey
- Plastic Surgery Outpatient satisfaction survey

Feedback
Initial feedback from staff, patients and volunteers has been very positive. The cost effective tool is easy to use, results are obtained quickly and surveys can capture a broad range of qualitative and quantitative data. There has been a lot of interest from staff in using Snap Software and consideration is currently being given to how it could be better utilised to enhance patient experience.

Next Steps
The Patient Partnership Department will prioritise future requests for developing surveys and will produce guidelines for staff who wish to use the Snap Software. This will ensure surveys have a clear purpose and focus on improving patient experience. The guidelines will include helpful information on how to produce a survey and set out the requirement for an action plan to be produced 6 months after the completion of a survey. Reports and action plans from future Snap surveys will feature in Patient Experience Reports.

Actions:-
Findings from the Accident and Emergency Patient Experience survey to be featured in the next Patient Experience Report.
Background

Implementation of the project followed recognition that a 5-day Therapy Service was out of step with a 7-day hospital and a significant constraint on key patient flows. A benefit analysis was undertaken and following a period of staff consultation 7 day working within Therapy Services commenced on 1st November 2010.

The implementation involved the expansion of existing weekend services, the introduction of new services and the development of new staffing rotas to cover these weekend services. This involved the movement of staff across work areas to cover the weekend/Bank Holiday rotas.

Aims & Objectives

The implementation of the 7 day working rota planned to deliver the following benefits:

- A more responsive service over the weekends and Bank Holidays so that essential therapy interventions may be started sooner.
- A timely service with treatment at the right time with the right skills. Increased access to treatment throughout a 7 day week.
- A service which balances workloads over a 7 day period, facilitates patient flow and reduces length of stay.
- Improved skill mix and workforce planning over the weekend and Bank Holidays will improve the use of existing skills and ensure efficient, cost effective use of resources.

Results

The evaluation shows that 7 day working has brought improved patient care and outcomes in the services in which it has been introduced and the benefit to patients of therapy over the weekend and Bank Holiday is strongly supported by the outcomes of the Snap patient survey. All orthopaedic patients now have access to a more responsive 7 day Therapy Service and as a result, the time for a patients functional recovery has reduced. Stroke patients are receiving timely access to therapy and achieving national clinical standards. A&E and the Discharge Teams have a reliable and responsive 7 day service. This is a positive outcome and supports the delivery of Trust wide improvement and modernisation initiatives.

Patient comments:

- Therapy is very important for continuity of treatment
- Therapy has been important to ensure safety at home
- Physio has helped a lot to combat stroke effects

Snap Patient Survey Results

Of the patients who received therapy over a weekend or Bank Holiday, 96.7% said that it was beneficial.

Of those patients that did not receive therapy over a weekend or Bank Holiday, 70.6% felt that this would have been beneficial.
Sheffield LINk

A new feature in the Patient Experience Report will include reports from LINk and Governor visits. This report features the recent LINk visit to Huntsman 6, Northern General Hospital. One of the key roles of the LINk is to monitor and scrutinise local services. Members keep a ‘watching brief’ on all the main service providers and organisations across Sheffield.

‘Enter and view’ visits can only be carried out by the LINk’s authorised representatives. These are LINk participants who have completed training on the legal background to the role, what the ‘enter and view’ process entails and the conduct expected from a representative of Sheffield LINk.

Sheffield LINk has completed a total of 15 official ‘enter and view’ visits across the City. Previous visits to the Trust have been to wards 11 at the Royal Hallamshire Hospital, and Huntsman 5 at the Northern General Hospital. This year, visits have been at Huntsman 6 and Accident & Emergency at the Northern General Hospital.

The findings from the Accident & Emergency visit will feature in the next report. The recommendations from the visit to Huntsman 6 are outlined below along with a summary of actions.

Recommendations from the LINk Visit to Huntsman 6, Northern General Hospital – March 2011

1. That the Trust addresses the exceptionally high level of activity on this ward and take measures to alleviate it.
2. That this ward is high priority for the volunteers we have been told the Trust was recruiting to support patients needing additional support at mealtimes.
3. That this ward is a priority for the “Dementia” training the Trust is providing.
4. That a suitable hoist is sourced and installed in the assisted bathroom so that it can be used. This will reduce the over dependency on bed baths and provide the therapeutic benefit of immersion in water.
5. Blocked sink in side ward is attended to.
6. That “Dignity in Care” is brought to the attention of staff in an organised way and LINk is informed of what is in place within the Trust on this subject.
7. That the Trust review nutritional care, how feeding patients is actually put into practice. LINk would recommend that the Trust ask people (patients and relatives) how their meals and mealtimes could be improved.

Actions

A number of actions relating to the themes from the LINk report were already underway. Examples of these, along with further actions, to be completed between May 2011 and September 2011, are as follows:

- Order hoist and ensure appropriate training for staff
- Explore further storage solutions in general for the ward
- Productive Ward module ‘Well Organised Ward’ to be undertaken
- Use of cards to ensure staff know which patients require particular help
- Hotel Support Workers to distribute meals to enable nursing staff to assist with patient feeding
- Produce quality assured patient /relative information in relation to relatives being unaware that they would be welcome to visit at meal times to assist their relatives to eat
- Prioritise Dementia training for all staff and include in appraisal reviews
- Staff information board to be created to highlight ‘Dignity campaign’ in resource room

In line with the Trust’s new action planning guidelines, actions will be followed up in 6 months’ time.
Background

Zest arts in health have been established in the Trust for 3 years and have developed a vibrant catalogue of patient focussed projects looking both to improve the aesthetics of the hospital and develop engaging ward based workshops. The Trust is quite unique in that we have an arts in health scheme not singularly focussed on the environmental benefits but also the impact creative activity can have on the patient experience.

Arts in health is often overlooked as a superficial issue but it is one of real significance to the quality of life within a hospital; a patient’s state of mind can have great influence on their physical health. Artistic activity exercises the imagination, stimulating a patient to escape the intensity of a clinical environment. These benefits are nationally recognised with most hospitals now supporting arts in health projects.

Zest offers a range of patient focussed initiatives, over the next few pages, a few examples will be highlighted.
Music

With kind support from the Northern General Hospital League of Friends, Zest developed a formal schedule of performances with a music session taking place every week across several areas including, Renal wards, Spinal Injuries, Neuro Rehabilitation and outpatients waiting areas.

As part of the music schedule Zest partnered with The Lost Chord to bring a monthly performance onto Brearley 7, the ward dedicated to caring for people with dementia. The Lost Chord are a charitable group who specialise in music performances for people living with dementia and use musical stimuli to increase patients general awareness and stimulate their long term memory. The music performances not only create a vibrant and quite magical atmosphere on the ward, they give patients a break away from their clinical environment and provide a fun, social activity. Patients are encouraged to get involved with the music by singing along, clapping, playing percussion instruments and even having a dance.

It truly is a remarkable experience when ward staff witness patients who have been very reserved and confused react so well to the music.

One lady who had been having difficulty walking was helped by a nurse to do a few steps to the music. The boost this gave to her confidence was evident in her posture and smiling face. This demonstrated that the benefits may go beyond mental stimulation and could possibly be used to support patients’ physical therapy.

It was incredible to see one of our gentleman patients, who had been very quiet, upset and confused, enjoying the music so much. The smile on his face was wonderful and he held strong eye contact with the musician, it was remarkable progress for him. It really helped him settle onto the ward.

Sue Sharp, Sister, Brearley 7

Music is the most effective and often the only way to stimulate a response from someone suffering with dementia. We aim to have a positive effect on dementia sufferers by using music to stimulate the areas of the brain which are still intact. We’re hoping to maintain some sort of communication with people for a longer period of time through the different stages of the disease. Each month those of us involved in the scheme experience new dimensions of its effectiveness, which merely confirms clinical evidence that there are certain areas of the brain associated with musical patterns which remain potentially responsive, even when other areas have virtually deteriorated.

Helena Muller, The Lost Chord

Thank you to all the patients and their families for agreeing to appear in this video.
Hand Unit

Zest arts in health work with Estates to integrate artwork into refurbishment projects. One such project was the development of the Hand Unit where a collection of artwork was created using innovative materials, community engagement and staff & patient participation, all held together by the strong but subtle theme of ‘Hands’.

Three local schools were involved with this project. Firstly Ashdell school created a large montage using the outline of hands sent in by local and famous names, alongside patients and staff anecdotes and complimentary illustrations created by the art groups.

Artist, Stella Corrall, worked with Tapton secondary school to explore the central theme of hands using textiles and translucent plastic. A series of exciting pieces were created taking influence from the touch of hands, movement and the individual composition of finger prints. Stella created the main body of work for the unit taking influence from the main theme of hands and work created with the students. Stella’s use of translucent plastics uplifts and softens the area by bringing in colour & texture.

Finally Birkdale school donated pencil sketches from an art project based on the aesthetic and function of hands. Placed in the lower end of the unit these detailed pieces beautifully bring together the hand theme.
As reported in the October-December 2010 Patient Experience Report, a new professionally presented information poster has been designed with patients and staff to be placed at the entrance to every ward, providing a welcome and key information.

The information displayed on the poster incorporates both essential information which the Trust is required to make available to patients and visitors (cleaning schedules and information on how to make a complaint) and information which patients and staff feel is helpful.

The poster has been designed to display key information in a clear and eye-catching way to ensure this is communicated to patients and visitors.

All wards will have their own poster on display by September detailing ward specific information. The posters will be updated by the Patient Partnership Department on a quarterly basis.