



Improving Patient Experience

PATIENT EXPERIENCE REPORT

1st October 2013 – 31st December 2013



In hospital and in the community

proud to make a difference



PATIENT EXPERIENCE HEADLINES

Website Feedback and Comment Cards

Staff Attitude was the area that received the highest amount of feedback from website, comment cards and complaints over the past quarter. It is the top positive theme, as well as the most frequently mentioned negative theme.

As volunteers no longer proactively approach patients to complete comment cards following the introduction of the Friends and Family Test, the number of completed comment cards continues to reduce. 150 comments cards were completed between October and December 2013, compared to 201 between July and September 2013.

Complaints

The Trust has received 337 new complaints between October and December 2013, which reflects a 13% decrease in comparison with the number of complaints received in the same period last year.

However, the number of Patient Services Team (PST) contacts suggests a higher number of concerns are being resolved quickly at ward / department level and recorded as PST contacts. 264 PST contacts were received this quarter, compared to 304 last quarter.

The Trust's performance for replying to complaints within 25 working days has fallen to 71% for the year to date, below the target of 85%. Due to a backlog, there are currently a number of complaints within the process which will not receive a response within the target timescale. The Patient Partnership Department have implemented a recovery plan to ensure the backlog is cleared by 31st March 2014. The target of 85% cannot now be achieved during 2013/14, however the recovery plan aims to ensure that from April 2014 the backlog will be cleared and a response time of 85% will be achieved.

Friends and Family Test

Between October and December 2013, 1340 A&E patients and over 4000 inpatients from this Trust completed the FFT survey, with the Trust achieving an overall response rate of 19.7%.

A number of initiatives have been introduced to improve response rates, such as piloting a new method of SMS texting in A&E, weekly response rate performance reports being sent to each ward and meetings with key staff to improve staff engagement with the process.

Frequent Feedback Inpatient Survey

Results suggest excellent performance in a number of areas, including patients having confidence in nurses treating them; pain management; and treating patients with respect and dignity. The results indicate that there is variable performance in some areas such as: being disturbed by noise from staff whilst resting / sleeping; and doctors talking in front of patients as if they are not there.

Patient Information

During October 2013 changes were made in recording the status of Trust leaflets to help provide more accurate reports which enable improved tracking of leaflets through their development / review process.

In the three months since October 2013 there has been an improvement in standards with 77% of leaflets now within date as opposed to 73% at the beginning of this period.

Visits

A Governor visit was carried out at the Frailty Unit at the Northern General Hospital during September 2013. The unit was formed following a service improvement project by the Geriatric and Stroke Medicine department and opened in May 2012. Using a multidisciplinary approach, since the opening of the unit, for this patient group, bed usage has reduced significantly, there has been no increase in readmission rates, and mortality in hospital has reduced.



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Website Feedback and Comment Cards

The graphs and tables on the following pages show all feedback received through website feedback and comment cards. Each piece of feedback received can cover a range of themes and the analysis below is based on the themes covered. During the period October to December 2013, 285 individual comments were received through website feedback and comment cards.

Top 5 Positive Themes

	Oct-Dec 2013	Jul-Sep 2013	Apr-Jun 2013	Jan-Mar 2013
1 Staff Attitude	50%	50%	35%	43%
2 Communication	13%	17%	13%	11%
3 Nursing Care - General nursing care	9%	9%	18%	10%
4 Medical Care - Appropriateness of Treatment	6%	4%	2%	3%
5 Medical Care - Competence of staff	5%	8%	16%	7%

I was treated efficiently and courteously by all members of staff

I as a visitor was welcomed and reassured

Nothing too much trouble day or night, everyone pleasant, good atmosphere

The standard at Jessops labour ward was exceptional!

My rating would have been higher if it was not for poor communication and delays in tests*

Not enough staff especially at weekends, response to patients buzzing too slow*

Care was good, the waiting time terrible!*

The woman doing the ultrasound was really rude to me and made me feel like a complete idiot*

Top 5 Negative Themes

	Oct-Dec 2013	Jul-Sep 2013	Apr-Jun 2013	Jan-Mar 2013
1 Staff Attitude	19%	18%	10%	6%
2 Waiting Times	11%	12%	11%	18%
3 Communication	10%	15%	18%	11%
4 Resources - Staff Shortages	8%	5%	6%	8%
5 Environment – Facilities	5%	6%	7%	10%

* All the negative comments were addressed when they were received by the Trust



Website Feedback and Comment Cards

The tables below give a breakdown of themes raised through website feedback and comment cards over the past 12 months (Jan 13 to Dec 13).

Top 5 themes from positive feedback

1	Staff Attitude	45%
2	Communication	13%
3	Nursing Care - General Nursing Care	11%
4	Medical Care - Competence of staff	8%
5	Environment - Cleanliness	6%

Top 5 themes from negative feedback

1	Waiting Times	15%
2	Communication	14%
3	Staff Attitude	11%
4	Environment - Facilities	8%
5	Resource - Staff shortage	7%

Top 5 themes from combined feedback

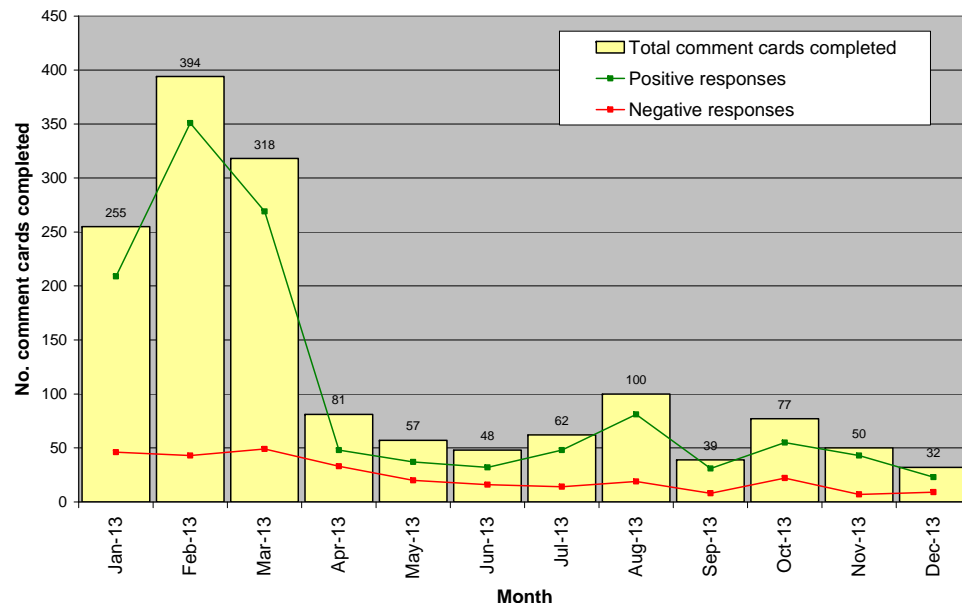
1	Staff Attitude	37%
2	Communication	13%
3	Nursing Care - General Nursing Care	9%
4	Waiting Times	7%
5	Medical Care - Competence of staff	7%

The tables above show that over the past 12 months, staff attitude, communication, nursing care, and waiting times are issues that patients and visitors to the Trust comment on most, accounting for more than half of all subjects raised.

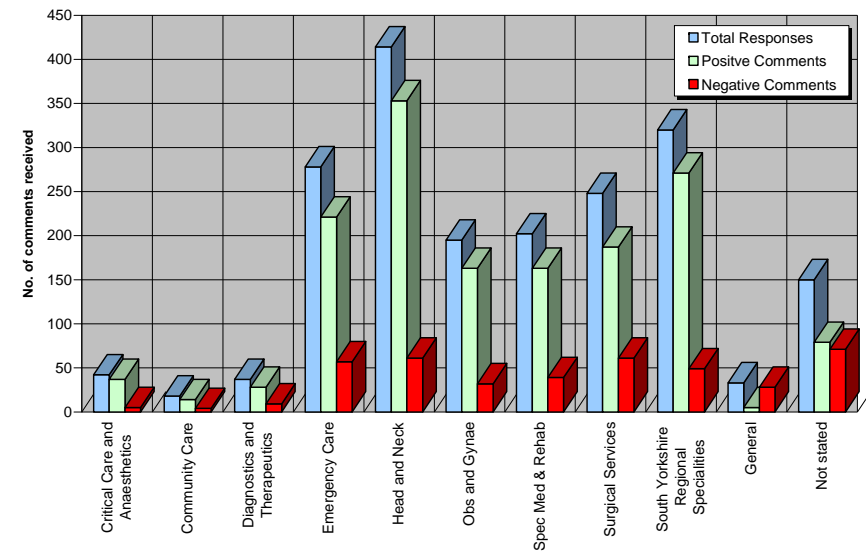
There are a number of work streams aiming to make improvements in relation to attitude and communication issues currently. Customer care workshops have now taken place in Therapy Services, Hotel Services and Surgical Services. These are now being rolled out Trust wide and their impact is being monitored in a number of ways including by recording the number of complaints received regarding staff attitude.

Comments raised regarding waiting times relate mostly to outpatient appointments not starting on time. In the majority of cases, the comments relate to not being kept informed. The customer care workshops highlighted above emphasise the importance of keeping patients informed while waiting. In addition to this, the Trust is looking at the options available to provide electronic information screens in outpatient areas.

Tell Us What You Think Comment Cards



Website and Patient Comment Card Responses: Breakdown by Clinical Group
1st January 2013 to 31st December 2013





Complaints

Complaints activity – October to December 2013

337 new complaints were received between October and December 2013, a similar number to those received last quarter (336). This reflects a 13% decrease in comparison with the number of complaints received in the same period last year. However, the number of Patient Services Team (PST) contacts suggests that overall a similar number of concerns are being raised but that a higher number of these are being resolved quickly at ward / department level and recorded as PST contacts. 264 PST contacts were received this quarter, compared to 304 last quarter.

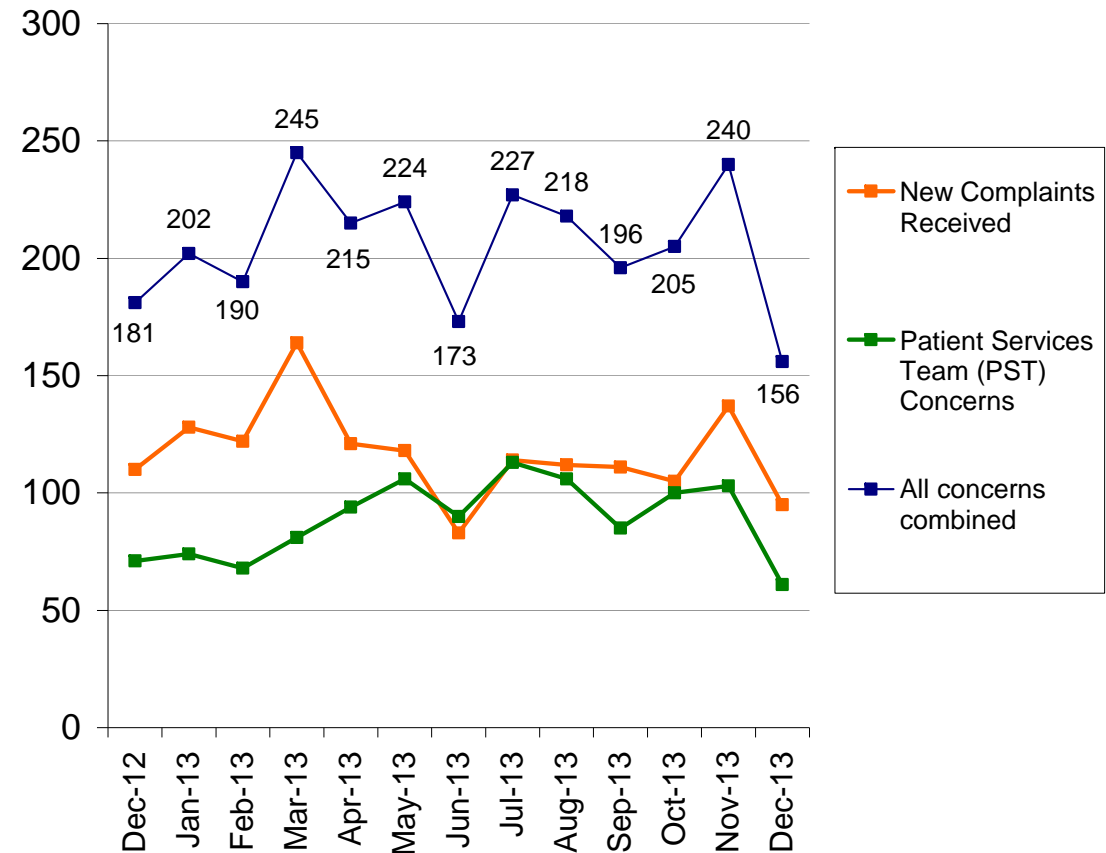
If telephone calls, emails or face to face enquiries are received by the PST which staff feel can be dealt with quickly by direct action or by putting the enquirer in touch with an appropriate member of staff such as a matron or service manager, contacts are made and the enquiry is recorded on the complaints database as a 'PST contact'. If the concern or issue is not dealt with within 2 days, or if the enquirer remains concerned, the issue is re-categorised as a complaint and processed accordingly.

Surgical Services and Emergency Care received the highest numbers of complaints in this quarter.

There were no inpatient wards receiving higher than expected numbers of complaints this quarter. Neurosciences, Ophthalmology and Charles Clifford Dental Hospital received more complaints than other outpatient areas. All complaints in these areas have been analysed to identify any themes or trends:

- **Neuro-science and Ophthalmology Departments:** No new trends or themes have been identified following a review by the Deputy Nurse Director for the Head & Neck group. A further review will be undertaken in six months.
- **Charles Clifford Dental Hospital - Clinical:** The coding system on the complaints database was adjusted in Charles Clifford Dental Hospital (CCDH), replacing five separate codes with just two (CCDH Clinical and CCDH Clerical) to improve the accuracy of reporting incidents and risks within the Trust. Upon investigation, there has not been an increase in the number of complaints received, but as they are now grouped under just two codes it appears high compared to previous quarters.

Number of complaints received





Complaints: Complaints by Outcome

The table below shows the number of complaints that were closed between October 2013 and December 2013 by outcome.

		Trust Total	Crit Care, Anaesthetics & Operating Services	Critical Care	Anaesthetics and Operating Services	Diagnostic & Therapeutic Services	Pharmacy	Medical Imaging & Physics	Laboratory Medicine	Professional Services	Emergency Care	Diabetes & Endocrinology	Gastroenterology	Geriatric & Stroke Medicine	Emergency Medicine	Respiratory Medicine	Head & Neck Services	Neuro-Sciences	ENT/Ophthalmology/Otorhinolaryngology	Obs, Gynaec, Neonatology	Obs / Gynaec / Neonatal	Assisted Conception	South Yorkshire Regional Services	Renal	Cardiac	Vascular	Specialised Cancer, Med & Rehab	Specialised Medicine	Specialised Rehab	Specialised Cancer	Communicable Diseases	Surgical Services	General Surgery	Orthopaedics / Plastics	Urology	Community Services	Care Closer to Home	Health and Well Being	Interface Services	Rehabilitation Services
Complaints	Upheld Complaints (%)	29%	50%	50%	50%	58%	100%	38%	-	100%	30%	20%	25%	38%	33%	0%	15%	10%	18%	29%	29%	-	32%	33%	33%	0%	34%	45%	43%	0%	100%	24%	14%	22%	64%	45%	50%	0%	29%	100%
	Partially Upheld Complaints (%)	47%	40%	50%	38%	25%	0%	38%	-	0%	33%	60%	25%	31%	30%	50%	61%	72%	52%	33%	33%	-	50%	56%	42%	100%	54%	55%	43%	71%	0%	64%	72%	64%	36%	10%	0%	0%	29%	0%
	Not Upheld Complaints (%)	24%	10%	0%	12%	17%	0%	24%	-	0%	37%	20%	50%	31%	37%	50%	24%	18%	30%	38%	38%	-	18%	11%	25%	0%	12%	0%	14%	29%	0%	12%	14%	14%	0%	45%	50%	100%	42%	0%
	TOTAL COMPLAINTS (QTY)	328	10	2	8	12	3	8	0	1	67	5	12	16	30	4	62	29	33	24	24	0	22	9	12	1	26	11	7	7	1	83	35	37	11	22	12	1	7	2

Note: Yellow headings represent a Care Group, Blue headings represent a Directorate.

The outcome of all complaints closed is recorded according to the extent to which the findings of the investigation uphold the issues raised by the complainant. When reviewing complaints trend or themes, we look at the subjects and issues of all concerns raised irrespective of the outcome being 'upheld', 'partially upheld' or 'not upheld'

Complaints Outcome Definitions

Upheld	Complaints in which the concerns were found to be correct on investigation.
Partially Upheld	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.
Not upheld	Complaints in which the concerns were not found to be correct on investigation. If a complaint is not upheld, we still recognise the validity of the concern to that complainant and we acknowledge that we have failed to meet their expectations.



1st October 2013 to
31st December 2013

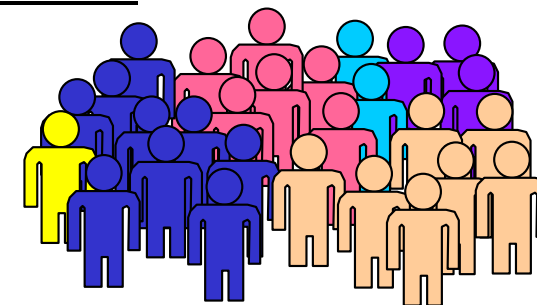
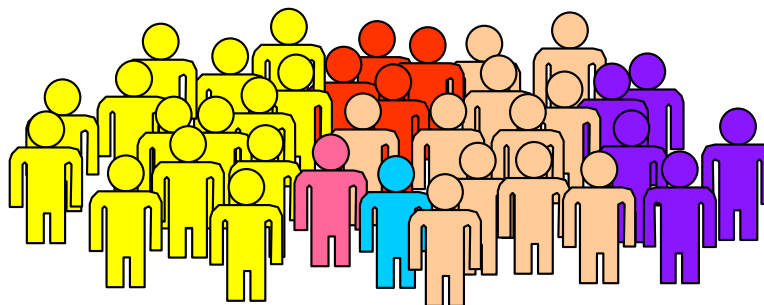
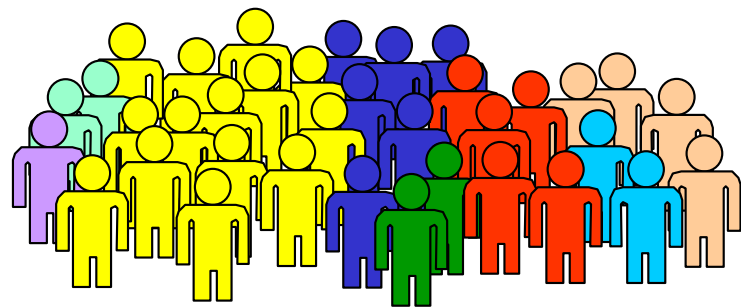
Complaints: Sub-subjects by Clinical Group

The diagram below shows the top 5 sub-subjects raised in complaints between October and December 2013. The number of people represent the number of times a sub-subject has been recorded and the different colours indicate which clinical group the complaint was regarding.

ATTITUDE

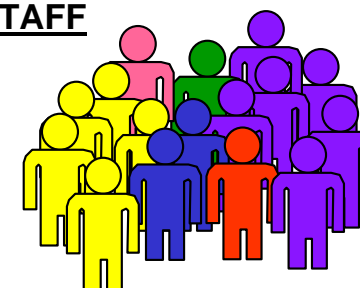
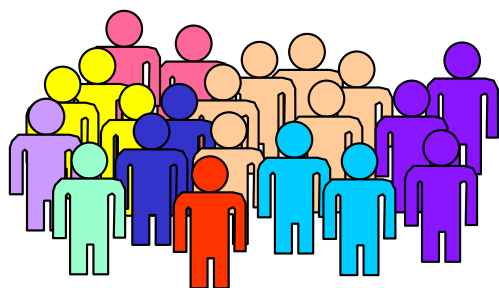
GENERAL NURSING CARE

APPROPRIATENESS OF MEDICAL TREATMENT



COMMUNICATION WITH PATIENT

COMPETENCE OF MEDICAL STAFF



KEY



Corporate Departments Diagnostics & Emergency Therapeutics Care Head & Neck Obs, Gynae & Neonatology Op Services, Crit Care & Anaesthetics Community Care Spec Cancer, Medicine & Rehab Surgical Services South Yorkshire Regional Services



1st October 2013 to
31st December 2013

Friends and Family Test (FFT)

Introduction and background

The Friends and Family Test (FFT) was introduced nationally across all provider NHS Trusts from 1st April 2013 for all adult acute in-patients and patients discharged from Accident and Emergency (A&E) departments.

A variety of methods are being used by Trusts to collect FFT data, including paper/postcard, online, texting and electronic tablet methods. The method currently used within this Trust is a postcard at the point of discharge, which is posted in a box on the ward/department. The cards also contain a smartcode which allows patients to complete their response online if they wish.

From 1st September 2013, FFT was implemented in maternity services, with a month-long trial period before the national implementation deadline of 1st October 2013. National roll out is planned for Community Services by the end of December 2014 and outpatients and day cases by the end of March 2015. However, this Trust is working towards early implementation by July 2014.

Response rates

Between October and December 2013, 1340 A&E patients and over 4000 inpatients from the Trust completed the FFT survey.

Whilst inpatient response rates for the Trust were 32.4% for the quarter, A&E response rates remained low at 9.4%. The overall Trust response rates was 19.7%. The Trust is now working towards achieving the Quarter 4 CQUIN target of a 20% combined A&E and Inpatient response rate.

Throughout the quarter, a number of actions were taken to improve response rates, including:

- Piloting a new method of SMS texting the survey to A&E patients following discharge, which commenced from 16th December 2013.
- Continuing to provide each ward, as well as Nurse Directors and Deputy Nurse Directors, with weekly indicative reports and monthly reports, against the 20% target, by Ward, Directorate and Care Group. The aim is to inform senior colleagues of any concerns quickly, for action.
- Meetings arranged with key staff to improve staff engagement.

Further options are now being explored to continue to support improvements in response rates, including:

- Creation of a 'dual-response' card for birth and postnatal ward care in maternity services. This allows for one standardised card for mothers who give birth and receive postnatal care in the hospital, rather than multiple cards for different wards and/or type of delivery. The effect of this is to eliminate staff confusion over using the correct card, provide a more consistent process for handing out the card to all mothers who give birth within the hospital, and a reduction of survey fatigue for the patient. This will hopefully improve response rates in that area.
- Continued focus on staff engagement, particularly within A&E and ensuring a high number of patient mobile phone numbers are captured, following the recent implementation of SMS Texting in A&E.

Further steps to improve how we use the results from FFT are now underway or planned. These include:

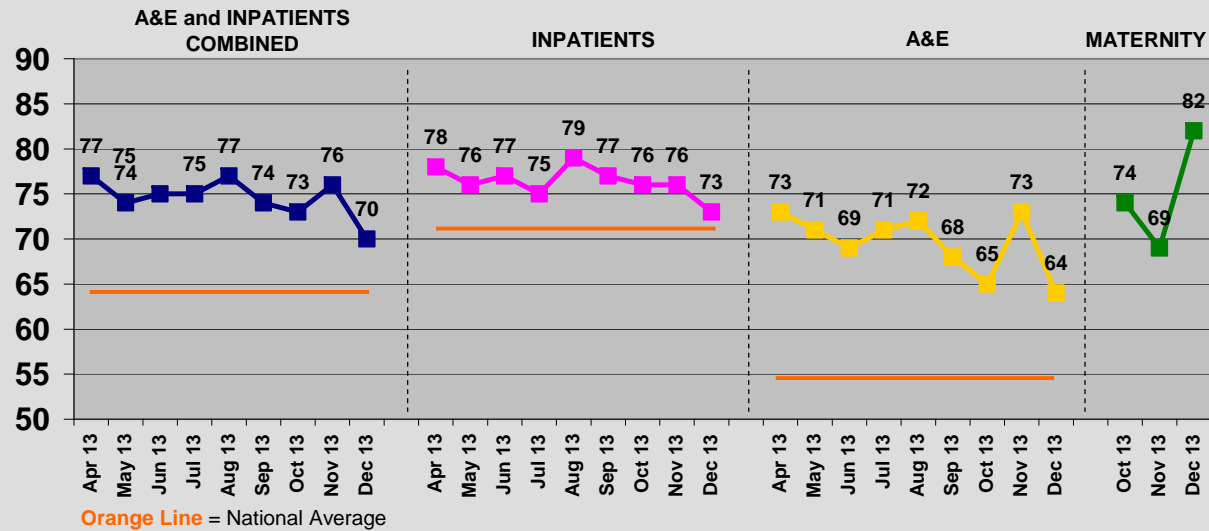
- Review current methodology of FFT for inpatients and maternity services, with a focus on using technology such as SMS texting and electronic tablets.
- Plan implementation in Outpatients, Community and Day Cases, with a view to early adoption by mid-2014.
- A comprehensive tender specification for patient surveys, including FFT, has been prepared, as the Trust's current survey contract ends in July 2014.



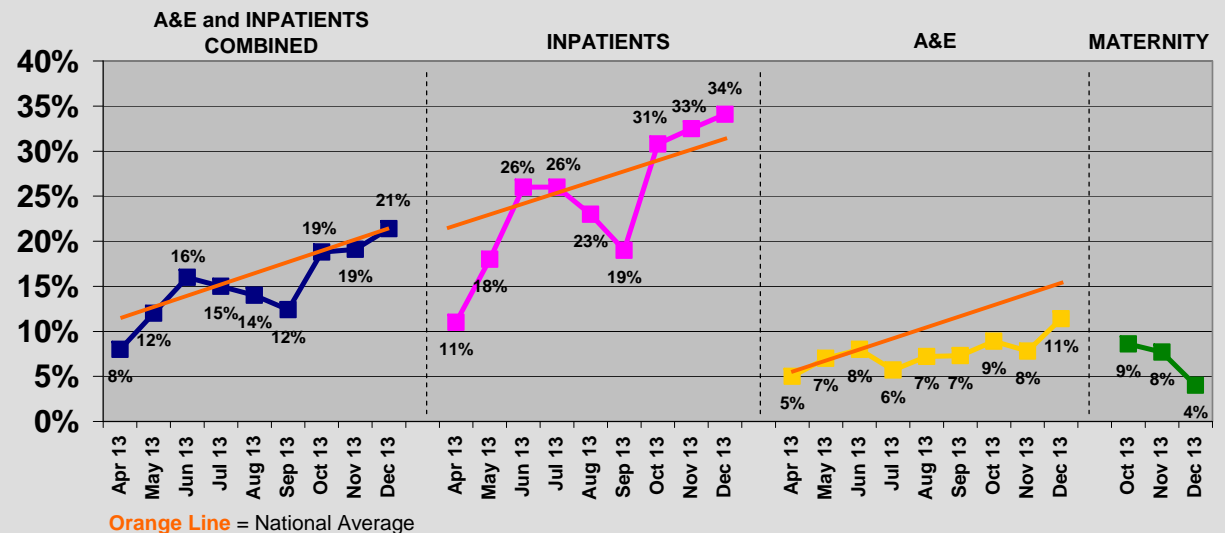
Friends and Family Test (FFT)

‘How likely are you to recommend our ward/A&E Department to friends and family if they needed similar care or treatment?’

Friends and Family Test Scores



Friends and Family Response Rates





Friends and Family Test (FFT)

Friends and Family Test Shelford Group Comparison

The Shelford Group comprises ten leading NHS healthcare organisations that are dedicated to excellence in clinical research, education and patient care. The group was formed in 2011 to benchmark and share best practice in key service areas and to engage with Government, Parliament and industry to represent the interests of the wider National Health Service.

The tables below show how our FFT performance compares against other members of the Shelford Group. Sheffield Teaching Hospitals NHS Foundation Trust is highlighted in yellow, and the England average in pink.

Scores

Trust name	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
The Newcastle Upon Tyne Hospitals	74	77	76	75	80	79	78	77	72
Sheffield Teaching Hospitals	77	74	75	75	77	74	73	76	70
University Hospitals Birmingham	75	74	77	78	69	67	70	68	70
Guy's And St Thomas'	66	69	68	68	71	75	74	73	68
Oxford University Hospitals	67	67	64	69	67	64	69	75	67
Imperial College Healthcare	53	55	60	58	60	54	70	67	66
Central Manchester University Hospitals	62	62	61	62	65	66	64	63	65
Cambridge University Hospitals	51	58	57	55	52	52	55	56	59
King's College Hospital	53	51	48	48	50	50	55	54	56
University College London Hospitals	66	70	59	56	58	52	49	44	44
England (inc. Independent Sector Providers)	63	65	64	64	65	63	64	65	64

Response Rates

Trust name	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
University College London Hospitals	6%	8%	17%	23%	20%	38%	23%	39%	40%
Newcastle Upon Tyne Hospitals	16%	17%	12%	12%	15%	16%	20%	25%	26%
Cambridge University Hospitals	20%	22%	22%	22%	17%	17%	24%	27%	23%
Sheffield Teaching Hospitals	8%	12%	16%	15%	14%	12%	19%	19%	21%
University Hospitals Birmingham	10%	11%	11%	12%	11%	11%	16%	19%	19%
Guy's And St Thomas'	12%	11%	14%	13%	14%	14%	14%	16%	19%
Imperial College Healthcare	21%	21%	18%	21%	20%	25%	23%	20%	18%
Oxford University Hospitals	18%	11%	19%	17%	16%	14%	15%	16%	17%
King's College Hospital	11%	16%	13%	10%	15%	15%	14%	13%	15%
Central Manchester University Hospitals	10%	10%	9%	12%	9%	8%	12%	14%	9%
England (inc. Independent Sector Providers)	11%	13%	16%	16%	17%	19%	20%	21%	20%



Frequent Feedback Inpatient Survey: Results by Directorate

Results for directorates where a minimum of 20 patients have been surveyed are presented below. Scores show the percentage of patients that have given a positive response, such as 'Excellent', 'Very Good', and 'Good':

Scoring	
■	85% or above is excellent
■	75%- 84% is good
■	65% -74% is average
■	64% or below is poor

	Trust Wide	Diabetes & Endocrinology	Gastroenterology	Geriatric & Stroke Medicine	Emergency Medicine	Respiratory Medicine	Neuro-Sciences	ENT / Ophthalmology / Oromaxillofacial	Obstetrics	Gynaecology	Renal	Cardiac	Vascular	Specialised Medicine	Specialised Rehab	Specialised Cancer	Communicable Diseases	General Surgery	Orthopaedics / Plastics	Urology	Interface Services
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Inpatient Survey	Thinking just about your stay on THIS WARD, have you shared a sleeping area, for example a room or bay, with patients of the opposite sex?	98%	98%	99%	98%	99%	97%	97%	98%		100%	98%	94%	97%	99%	100%	99%	99%	99%	99%		
	During your stay on THIS WARD, have you used the same bathroom or shower area as patients of the opposite sex?	89%	93%	88%	94%	95%	89%	86%	81%		99%	93%	69%	94%	88%	70%	87%	87%	90%	97%	96%	100%
	Whilst on this ward, have you been disturbed by noise from staff whilst resting / sleeping?	79%	81%	78%	79%	77%	80%	81%	84%	89%	80%	81%	80%	84%	80%	68%	81%	91%	78%	82%	79%	77%
	In your opinion, how clean is the hospital room or ward that you are in?	85%	91%	82%	90%	83%	87%	83%	80%	77%	81%	88%	89%	87%	89%	88%	84%	84%	82%	89%	79%	91%
	When you have important questions to ask the staff treating you, are you able to understand the answers you are given?	97%	96%	97%	97%	97%	98%	96%	97%	98%	97%	97%	97%	99%	98%	97%	98%	98%	97%	98%	98%	100%
	Do you have confidence and trust in the DOCTORS treating you?	90%	86%	87%	89%	89%	89%	90%	94%	95%	91%	91%	93%	91%	95%	88%	95%	94%	87%	95%	91%	90%
	Do DOCTORS talk in front of you as if you aren't there?	84%	83%	84%	81%	87%	84%	79%	82%	92%	95%	88%	82%	76%	91%	82%	92%	88%	84%	90%	79%	90%
	If you ever need to talk to a DOCTOR, do you get the opportunity to do so?	94%	93%	94%	94%	91%	96%	93%	96%	90%	93%	96%	93%	96%	99%	95%	96%	98%	93%	98%	94%	94%
	Do you have confidence and trust in the NURSES treating you?	93%	87%	91%	90%	94%	93%	95%	95%	96%	96%	97%	96%	94%	97%	87%	95%	97%	93%	94%	92%	100%
	Do NURSES talk in front of you as if you aren't there?	90%	88%	89%	85%	93%	90%	90%	90%	95%	96%	91%	94%	93%	91%	86%	91%	93%	93%	91%	86%	81%
	Overall, how would you rate the attitude of the staff on this ward?	99%	99%	98%	98%	98%	98%	99%	97%	99%	100%	99%	100%	99%	99%	98%	99%	100%	98%	99%	99%	100%
	Thinking about the staff you have seen on this ward, have any of them demonstrated an excellent attitude?	63%	66%	68%	53%	59%	59%	71%	71%	64%	72%	57%	66%	51%	76%	78%	71%	72%	60%	56%	73%	84%
	Thinking about the staff you have seen on this ward, have any of them demonstrated a poor attitude?	93%	87%	94%	93%	96%	92%	93%	94%	95%	98%	93%	94%	98%	96%	83%	97%	95%	92%	95%	90%	91%
	Whilst on this ward, have you been confused by staff giving different information or advice?	84%	80%	82%	84%	84%	83%	85%	86%	82%	89%	90%	84%	88%	83%	70%	89%	87%	81%	84%	81%	86%
	Do the staff treating you introduce themselves?	81%	82%	76%	81%	77%	84%	80%	74%	90%	79%	79%	87%	86%	85%	81%	84%	86%	78%	85%	80%	83%
	If you need help to eat or drink are you given the help you need?	90%	86%	93%	89%	89%	91%	89%	94%	93%	92%	89%	89%	91%	93%	90%	91%	88%	92%	92%	81%	92%
	If you need help to wash or dress are you given the help you need?	94%	92%	96%	94%	93%	93%	94%	93%	95%	99%	94%	96%	94%	93%	96%	94%	88%	92%	92%	91%	100%
	If you need help from staff getting to the bathroom or toilet, do you get it in time?	91%	92%	90%	89%	93%	91%	93%	87%	91%	92%	92%	95%	89%	93%	93%	91%	89%	92%	91%	91%	100%
	Do you think the hospital staff do everything they can to help control your pain?	90%	89%	90%	88%	85%	90%	90%	92%	89%	93%	94%	94%	94%	97%	86%	95%	92%	91%	93%	88%	98%
	When you use the call button do you get the help you need within an acceptable time?	84%	78%	85%	80%	86%	83%	81%	88%	91%	79%	91%	94%	87%	95%	71%	85%	92%	85%	82%	80%	92%
	Are you involved as much as you want to be in decisions about your care and treatment?	94%	92%	94%	92%	94%	95%	93%	96%	96%	96%	94%	93%	93%	99%	94%	96%	96%	92%	96%	94%	88%
	Are you given enough privacy when discussing your condition or treatment?	95%	95%	89%	96%	93%	96%	92%	97%	97%	96%	95%	96%	95%	98%	94%	96%	99%	93%	97%	92%	95%
	Overall, do you feel you have been treated with respect and dignity during your stay in hospital?	99%	99%	99%	99%	98%	99%	99%	100%	99%	98%	100%	99%	99%	100%	99%	100%	100%	99%	99%	100%	100%
	Overall, how would you rate the care you have received?	99%	98%	98%	98%	98%	99%	99%	100%	98%	99%	100%	99%	100%	100%	97%	99%	99%	98%	99%	99%	100%
	Would you recommend this hospital to your family and friends?	96%	93%	97%	95%	95%	97%	98%	98%	98%	97%	96%	98%	96%	99%	95%	99%	99%	94%	95%	98%	98%



Patient Information

Leaflet review

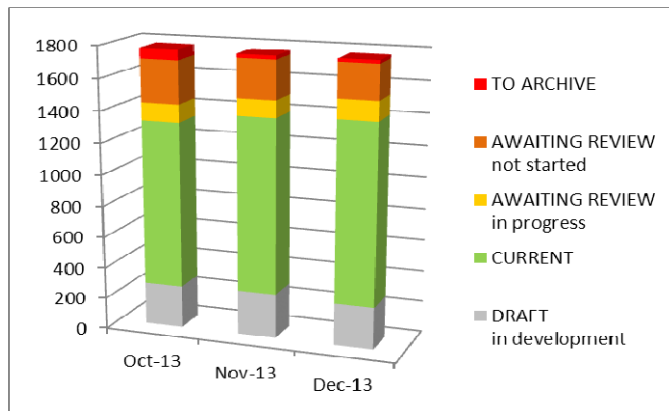
	Crit Care, Anaesthetics & Operating Services	Critical Care	Anaesthetics and Operating Services	Diagnostic & Therapeutic Services	Pharmacy	Medical Imaging & Physics	Laboratory Medicine	Professional Services	Emergency Care	Diabetes & Endocrinology	Gastroenterology	Geriatric & Stroke Medicine	Emergency Medicine	Respiratory Medicine	Head & Neck Services	Neuro-Sciences	ENT / Ophthalmology / Oromaxillofacial	Obs, Gynae, Neonatology	Obs / Gynae / Neonatal	Assisted Conception	South Yorkshire Regional Services	Renal	Cardiac	Vascular	Specialised Cancer, Med & Rehab	Specialised Medicine	Specialised Rehab	Specialised Cancer	Communicable Diseases	Surgical Services	General Surgery	Orthopaedics / Plastics	Urology	Community Services
Total Information Resources	61	58	3	126	22	36	13	55	404	278	12	3	101	10	243	97	146	117	115	2	128	25	67	36	369	138	101	112	18	131	61	38	32	133
% in draft	10%	10%	0%	6%	0%	11%	0%	7%	18%	16%	0%	0%	23%	40%	7%	9%	5%	16%	17%	0%	6%	0%	10%	3%	8%	8%	8%	8%	6%	30%	21%	11%	69%	50%
% current	59%	57%	100%	79%	95%	69%	69%	82%	62%	62%	83%	67%	63%	40%	81%	78%	82%	48%	48%	50%	80%	84%	79%	81%	62%	59%	67%	63%	44%	44%	57%	55%	6%	49%
% under review	20%	21%	0%	8%	5%	6%	31%	5%	7%	6%	0%	0%	10%	0%	8%	10%	6%	2%	2%	0%	9%	16%	4%	14%	9%	0%	12%	20%	6%	5%	3%	5%	6%	1%
% awaiting review	11%	12%	0%	6%	0%	14%	0%	5%	13%	15%	17%	33%	4%	20%	5%	2%	7%	34%	34%	50%	4%	0%	6%	3%	21%	33%	13%	9%	44%	21%	18%	29%	19%	0%

Note: Yellow headings represent a Care Group, Blue headings represent a Directorate.

Leaflet review

During October 2013 changes were made in recording the status of Trust leaflets. This was to help provide more accurate reports and to enable improved tracking of leaflets through their development/review process.

In the three months since October there has been an improvement, with 77% of leaflets now within their review date as opposed to 73% at the beginning of this period.



To encourage the timely update of leaflets within departments, the time available before leaflets are removed from the Xerox / Supplies catalogue, where they can no longer be re-printed, was reduced in

October to 6 months past their review date. This will be reduced again in February 2014, at which point leaflets will be automatically removed from the catalogue when they reach their actual review date.

To coincide with these changes there are also plans to launch a new automated email reminder system in the New Year. This is in an attempt to address the large number of leaflets awaiting review.

Discharge information

Work is continuing on the Trust's Quality Report Objective to improve discharge information. In particular to ensure patients have details of:

- what danger signs to look out for when they go home
- who they should contact if they have any concerns

Patient Information Leads have been asked to review all their leaflets to check:

- Relevant leaflets are routinely given to patients on discharge
- If existing leaflets include this information
- If all procedures have a leaflet available

Where deficiencies have been found, improvement work has now been started to address gaps in provision. This has particularly affected parts of Surgical Services and A&E. The impact of this work will be monitored in a number of ways, including through Trust scores in the national surveys for questions relating to discharge information.



Visits: Governor visit to the Frailty Unit, Northern General Hospital

This page provides an overview and recommendations from the governor visit to the Frailty Unit at the Northern General Hospital on Thursday, 5th September 2013.

All recommendations made by governors following a visit are reviewed by the Trust Executive Group (TEG).

Observations / Recommendations

Background

- The visit was facilitated by the Assistant Director for Service Improvement, and the Consultant Geriatrician / Clinical Lead for Service Improvement, who has expertise in Clinical Microsystems.
- A great deal of service improvement activity has gone into looking afresh at the Geriatric and Stroke Medicine (GSM) department. As a result of this a new, evidence based way of working has been put into practice and the Frailty Unit opened in May 2012.
- Using a multidisciplinary approach, since the opening of the unit, for this group of patients, bed usage has reduced significantly, there has been no increase in readmission rates, and mortality in hospital has reduced.

Governor comments	Department response	TEG response
Availability and timing of transport is a problem. An interim private provider has worked well. What can be done to find a dependable solution?	This is an on-going issue receiving active attention from the Operations Team, and the Right First Time Programme including the Clinical Commissioning Group. This is not yet resolved.	TEG is aware of this issue & content that action to resolve will emerge from the work underway.
The responsibility of ensuring necessary facilities are available for patients on discharge is often outside the control of the Trust, and largely sit with the City Council. How can this be improved?	This is improving rapidly; considerably better even since the governor visit. Community social and health care teams are working cooperatively. Further improvements are predicted in the near future.	TEG is pleased with the progress being made.
There is much to learn from the Geriatric and Stroke Medicine Directorate in utilising Clinical Microsystems to improve organisation, effectiveness, engagement and morale in a department. Is as much as possible being done to cascade this across the Trust?	<p>The Microsystems Academy has recently had an external evaluation. Two issues identified were:</p> <ul style="list-style-type: none"> (i) Ensure senior and middle management understanding of the Microsystems approach to quality improvement. (ii) Continue to promote ownership of the vision amongst senior and middle managers. <p>The Academy is responding positively and is hoping to increase delivery of quality improvement training to middle to senior managers, better preparing their engagement with methodologies like Clinical Microsystems.</p>	TEG agrees and are happy with the action being taken.