<table>
<thead>
<tr>
<th>Report of:</th>
<th>Deputy Director of Corporate Affairs and Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Officer:</td>
<td>Director of Corporate Affairs and Governance</td>
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<tr>
<td>Accountable Officer:</td>
<td></td>
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<tr>
<td>Authors of Report:</td>
<td>Head of Safety and Risk</td>
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<td></td>
<td>Head of Integrated Governance</td>
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<td>Head of Communications, Engagement and Marketing</td>
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<tr>
<td>Subject/Title</td>
<td>APPENDIX 5: Quarterly Report on Complaints, Incidents, Claims and Patient Experience (July to September 2018)</td>
</tr>
<tr>
<td>Background papers (if relevant)</td>
<td>Risk Management Strategy 2018, Complaints Policy, Incident Reporting Policy</td>
</tr>
<tr>
<td>Purpose of Paper</td>
<td>To provide Committee members with an overview of the Complaints, Incidents, Clinical Effectiveness, Claims and Patient Experience QTR 2 2018/19.</td>
</tr>
<tr>
<td>Action/Decision required</td>
<td>To note the contents of the report, assurance provided and improvement action required.</td>
</tr>
<tr>
<td>Mitigates Risk Number: (identify) On Corporate Risk Register</td>
<td>CRR 341 Score 9: If we do not comply with Health &amp; Social Care 2008 (Outcome 16, Assessing and monitoring the quality of service provision) then this could lead to restrictions on service provision and financial penalty.</td>
</tr>
<tr>
<td>Mitigates Risk Number: (identify) On Assurance Framework</td>
<td>AF 2 Score 12: If quality is not maintained in line with regulatory standards during and after transition then this could impact on services the trust provides and ability to provide services that are caring, safe, and responsive and safeguard the health &amp; wellbeing of the local population.</td>
</tr>
<tr>
<td>Link to Care Quality Commission Domain</td>
<td>All domains</td>
</tr>
<tr>
<td>Link to:</td>
<td></td>
</tr>
<tr>
<td>&gt; Trust’s Strategic Direction</td>
<td>Patients - Provide the best services to our population through improvements to safety, productivity and patient experience. People – Empower, develop and value staff in providing innovative patient focused care.</td>
</tr>
<tr>
<td>&gt; Corporate Objectives</td>
<td></td>
</tr>
<tr>
<td>Legal implications - (identify)</td>
<td>None</td>
</tr>
<tr>
<td>Impact on quality</td>
<td>This report provides assurance in relation to lessons learned and improvements to practice as a result of incidents, complaints, claims and patient experience received.</td>
</tr>
<tr>
<td>Resource impact</td>
<td>None</td>
</tr>
<tr>
<td>Impact of equality/diversity</td>
<td>None</td>
</tr>
</tbody>
</table>
| Avoid acronyms or abbreviations - if necessary list: | PALS – Patient Advise and Liaison Service  
FFT – Friends and Family Test  
MAU – Medical Admissions Unit  
SIRI – Serious Incident Requiring Investigation  
RADaR – Risk Assessed Data Return  
CT – Computed Tomography (scan)  
RCA – Root Cause Analysis  
SBAR – Situation, Background, Assessment, Recommendation.  
PFD – Prevention of Future Deaths  
IVF - In vitro fertilisation  
SQS-Safety, Quality Standards Committee  
OOH-Out of Hours  
ED- Emergency Department  
CCG- Clinical Commissioning Group  
MRSA- methicillin-resistant Staphylococcus aureus.  
WTE- Whole Time Equivalent  
HCA- Health Care Assistant  
DoLS- Deprivation of Liberty Safeguards  
GDPR- General Data Protection Regulation  
CAG- Corporate Affairs and Governance  
PHSO- Parliamentary Health Service Ombudsman  
ICU- Intensive Care Unit |
QUARTERLY REPORT ON COMPLAINTS, INCIDENTS, CLINICAL EFFECTIVENESS, CLAIMS AND PATIENT EXPERIENCE (July to September 2018)

The purpose of this paper is to provide Committee members with an overview of Complaints, Incidents, Clinical Effectiveness, Claims and Patient Experience for Qtr 2 2018/19. This report includes information on the following:

- Complaints/ PALS
- Compliments and Excellence Reporting
- Incidents
- Inquests
- Claims
- Surveys and other sources of patient experience feedback
- Update on improvement actions taken during Q2
- Improvement actions planned for Q3, 2018/19

1 INTRODUCTION

1.1 This report has been developed following a review of a combination of internal qualitative and quantitative data, in order to provide a triangulated analysis of activity in the quarter. Data sources include: incidents, complaints/ PALS and risks held on the DATIX system; surveys; observations from senior managers, ward and departmental walkabouts and external sources, such as the NHS website (formerly NHS Choices) feedback.

1.2 Appendix A shows the trust wide performance dashboard for the areas covered in this report.

The exceptions to highlight are:

- An increase in the number of complaints received (n=41), which is higher than the expected quarterly target (n=35). An increase was also seen for the same period last year, although no particular trend has been identified.
- There has been a drop in the percentage of complaints resolved first time from 91% last quarter to 84% this quarter. The trust is responding positively to complainant requests for additional meetings to clarify points made in their responses. There is no trend in terms of complaint subjects that are unresolved first time.
- The percentage of patients surveyed who definitely feeling involved in care and treatment has reduced from 88% (642) last quarter to 82% (536) this quarter. More respondents have indicated ‘to some extent’ during this quarter as opposed to ‘definitely’.
2 COMPLAINTS

Increase in complaints received during the quarter

A total of 41 complaints have been reported this quarter - 17% (7) more than the target threshold for the quarter, 36% (15) more than last quarter and an increase of two against Q2 last year.

On review quarter two was also the highest quarter last year however without a pattern of the whole year for 2018/19 it cannot at this stage be concluded as to whether there is a Q2 spike year on year. 2016/17 did not show a quarter two rise.

There is however consistency with the theme to which these complaints relate – they are all highest in the area of coordination of clinical treatment however sub categories do not show a pattern. Coordination of clinical treatment will be examined at Q3 to identify any continuing trends in this category.

23% of complaints responded to during Q2 were upheld with improvement actions identified.

32 complaint responses have been sent of which 50% (16) were not upheld, 27% (9) were partially upheld and 23% (7) were upheld. There is an increase of four complaints upheld and a decrease of four complaints partially upheld this quarter. Complaints classified as not upheld remain consistent.
The tables in Appendix B show the top reporting areas and categories of complaints. The two areas which received the most complaints were Surgical Specialties and the Emergency Department.

**Surgical complaints**

50% (4/8) complaints received in Surgical Specialties related to General Surgery of which two were not upheld and the remaining two are still under investigation.

The remaining 4 surgical complaints were divided equally between Urology and Orthopaedics. At the time of writing two were not upheld and two are still under investigation.

Where actions and improvements are identified following the investigation of a complaint, improvement actions are identified and shared with complainants. Examples can be seen in Appendix B, table 1.

**Emergency Department complaints**

Three of the seven complaints in the Accident and Emergency Department (A&E) relate to ‘clinical treatment’ showing a sub category of ‘dissatisfaction regarding coordination of that treatment.’ This reflects that the focus of the complaint spanned a number of issues.

The Customer Care Team is undertaking a review of the sub-categorisation of complaints on the DATIX system. This aims to rationalise the number of options available and ensure the descriptors reflect the types of lapses in the quality of care that are most commonly identified via complaints.

No complaints received regarding care of patients with dementia or learning disabilities.

2.2 In line with the Complaints Policy, complaints relating to the following are being monitored: patients with dementia, learning disabilities and discriminatory practice.

- One patient complained they had been racially discriminated against by a staff member, which following investigation was found not to be substantiated and therefore the complaint was not upheld. However, the patient remains dissatisfied with the trust’s response and a meeting has been arranged to discuss their unresolved concerns.

- Two unconnected complaints were received where patients perceived they have been discriminated against due to their sex/sexual orientation. One refers to sexual orientation and the other to sexual discrimination. These are both currently under investigation. There is no additional commonality between the
complaints with regard to location and or type of complaint and therefore there does not appear to be an underlying issue within department or staff group.

There have been no complaints received regarding patients with dementia or learning disabilities.

**No known referrals to the Ombudsman this quarter**

The trust has not been informed of any complaints being referred to the Parliamentary Health Service Ombudsman during this quarter. We are awaiting the outcome of one investigation. Two earlier referrals have now been closed.

### 3 PALS

**Outreach focus on ensuring patients understand their medication**

The PALS outreach service has resulted in 347 proactive contacts with patients and/or their relatives from which there were 229 positive comments made and 17 suggestions for improvement. These suggestions were wide ranging and included: food, car parking, noise at night and perceived lack of nursing staff. These comments are consistent with survey results for the trust.

The remaining 21 consisted of general queries.

Real time action is taken at the time of the outreach visit to improve the patient experience wherever possible. Concerns are addressed and escalated to the appropriate staff member if required. During the PALS outreach visits the team is also promoting awareness of the Customer Care Department and the service provided. They are also asking if patients understand their medication in order to improve the information and explanations offered to these patients.

Information from PALS outreach is shared on a weekly basis with a range of staff including ward staff, matrons, senior managers and accountable executives.

**In addition to PALS outreach, the trust received 301 patient or relative initiated PALS enquiries. Action has been taken to resolve any concerns raised. There is no significant increase or decrease from previous quarter (n6 - 2% increase).**

**Consistency in correlation of reporting across RTT and PALS**

The tables in Appendix B show the top reporting areas and categories of PALS. The highest is Surgical Specialties with 68 PALS enquiries of which ‘date for appointment or cancellations’ and ‘clinical treatment’ are the most frequent topics. This is consistent with Q1 this year.

The areas displaying the highest levels of PALS activity is ENT and Orthopaedics. Enquiries for both service areas reference wait for
appointments and wait for surgery as their key components. This is consistent with the delays indicated within current RTT performance, exacerbated by the lack of ENT Consultant. It is anticipated that during Q3/ Q4 a reduction in PALS enquiries may be seen due to the appointment of an ENT registrar.

4 COMPLIMENTS AND EXCELLENCE REPORTING

Positive feedback on care provided by staff in the community and hospital

There were 1893 compliments received by services and relayed to Customer Care Team in Q2, which is in line with figures for Q1 (n=1890). The majority of compliments go directly to the wards / departments providing the patient care and the staff are aware of this feedback.

However, it should be noted that not all departments reply to monthly opportunity to provide compliment data for inclusion in the quarterly report and the Customer Care Team are taking action to address this with operational managers.

Positive role modelling of trust values and behaviours

Excellence reporting went live in June 2018 and is accessible for all staff to report good practice and innovation. 22 excellence reports were logged via the DATIX system in Q2:

10 Acute and Integrated Community Care
7 Allied Health and Clinical Support Services
5 Planned Care

Evidence of the trusts behaviours and values being upheld was highlighted in each excellence report, including staff acting with compassion, working together for patients and treating them with respect and dignity. Specific examples include:

- Radiology staff sat and comforted a patient who suffered from agrophobia to ensure she was able to undergo necessary investigations.
- HSDU staff stayed beyond shift time to sterilise vital surgical equipment in preparation for a trauma list the following morning. This ensured there were no delays in starting the list and all patients were treated.
- In the maternity unit a Cat 1 emergency caesarean section was required. All theatres were in use with no imminent finish time. The decision was taken to deliver the baby in theatre recovery area in line with business continuity plans. All the staff across maternity and theatres pulled together to ensure the safe delivery of the baby.
- Emergency department (Acute and Integrated Care) - a recently qualified nurse displayed a high standard of record keeping within nursing documentation.

All staff or teams who have an excellent report logged about them
receive a letter of recognition from the Director of Corporate Affairs and Governance.

5 INCIDENTS

Good reporting culture maintained 5.1

A total of 1712 incidents were reported by trust staff this quarter, which is an 8% increase on Q1 (1586). This includes incidents occurring at the trust, as well as those staff have identified but occurred within other organisations.

1550 patient safety incidents were reported via the National Reporting and Learning System (NRLS) this quarter, including incidents identified prior to admission to hospital or caseload. The table in Appendix A identifies the overall trend in harm classification for NRLS reported incidents included in the incident figures for 2018-19.

3.6% (61) of incidents were reported by trust staff about other organisations (interface) meaning patients who were not under our care or were under that of another provider at the time the incident occurred (external).

1469 incidents relate to trust services of which the three highest categories were:
- slips, trips and falls 15% (223) of which 96% (212) were patient falls and 4% (9) were staff related;
- 13.5% (197) tissue viability incidents
- 8.44% (124) medication incidents

Five no harm interface incidents reported to East Cheshire 5.2

INTERFACE INCIDENTS

The trust were notified of five interface incidents by external organisations during quarter two, all of which resulted in no harm. Four incidents were raised by the CCG and one from Mid Cheshire NHS Foundation Trust.

The incidents were:
- EDNF was issued after a patient moved wards which lead to confusion as the GP did not know where the patient was.
- An incorrect dose of Metformin was recorded on an EDNF
- A patient was seen in Out Of Hours Service following a consultation. A clinician noted "Informational Outcome - Own GP please follow up". GP feels it did not require GP to follow-up
- Incident from a nursing home with issues regarding discharge
- One specimen pot received had no specimen contained within it.

Incidents have been assigned to the appropriate people, reviewed and issues/ errors noted and closed.
LEARNING FROM NEAR MISS / NO HARM INCIDENTS

These are trust incidents only and do not include interface incidents regarding other organisations or those taken place in a patient's home before admission onto caseload.

<table>
<thead>
<tr>
<th>Incidents reported</th>
<th>1469</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Harm/Near Miss</td>
<td>1075</td>
</tr>
<tr>
<td>Low Harm</td>
<td>373</td>
</tr>
<tr>
<td>Moderate</td>
<td>20</td>
</tr>
<tr>
<td>Severe</td>
<td>4</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
</tr>
</tbody>
</table>

The highest reported category of no harm/ near miss was 14.5% (158) patient slip, trips and falls incidents, 17% (27) of which were near misses. The remaining patients did not come to any harm.

Of the 158, 20 patients fell twice and four patients fell three times.

The four patients who fell three times have been reviewed and:

1. The patient, who had capacity, attempted three times to use the commode in her bedroom independently. The call bell was to hand, but it was not used. Following the second fall the patient was transferred to a side room within view of the nursing station. After reassessment following the third fall, a falls monitor was in place.
2. Patient slipped from his chair twice onto the floor. On the third fall his legs gave way whilst mobilising with a member of staff.
3. Patient fell twice in hospital and once in his residential home whilst being assessed by the physio. In hospital a falls alarm was in place, however the patient was found on the floor. On the second occasion it is documented that the falls alarm failed to alert and that there was no one to one available.
4. Patient fell on ward 7 and two falls documented at Aston Unit. On ward 7 the patient was in the bathroom and lent on the shower curtain thinking it was a wall and fell to his knees. On Aston it was documented the patient had a falls monitor in place but kept removing it, he was unsteady on his feet and uncooperative with staff.

To support local learning and ensure appropriate remedial action is taken in line with the Falls Policy, staff who report in-patient slips/trips and falls as an incident are prompted on DATIX to complete further mandatory fields regarding the circumstances of the fall. The Risk Management Team ensure that in-patient slips/trips and falls are categorised accurately to ensure the prompts above are completed by ward staff.

Results for Q2 identify areas for improvement with regard to patient falls prevention strategies.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a multi-factorial risk assessment been fully completed within the required timescales?</td>
<td>137</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Has an ED falls risk score been completed?</td>
<td>127</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Was the patient identified at risk of falling?</td>
<td>135</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Was a falls care plan in place?</td>
<td>135</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>If the patient had been in &gt;7 days, had the risk assessment and care plan been updated?</td>
<td>94</td>
<td>10</td>
<td>42</td>
</tr>
<tr>
<td>Has post falls protocol been followed?</td>
<td>137</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Does the patient have a diagnosis of dementia?</td>
<td>31</td>
<td>115</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>146</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The questions on Datix have been completed for 146 out of the 158 falls.

The three highest sub-categories of falls were: 51.2% (80) incidents where patients were found on the floor, 24% (37) fell from a chair/bed or commode and 10.3% (16) patients were helped to the floor.

**Location of falls:**

One fall was also recorded for each of the following departments: Ward 2, AAU, Neuro gym, Physio, CCU, Intermediate Care, outpatients, rehab, sexual health and adult therapies physiotherapy.

The time of the patient falls were evenly spread throughout the day as shown in the table below indicating that there is no specific time that patients are falling.
In summary according to the information added to Datix, the majority (+90%) of patients had had a multifactorial risk assessment completed prior to falling and appropriate care planning was in place. Following the fall the post fall protocol was also followed for 94% of patients and partially for 5.5% of patients.

There is no trend identified for the time of day that patients are falling, although fewer patients fell between midnight and 0600 hours.

More patients fall on intermediate care and care of the elderly wards where patients would be at a higher risk of falling due to age, co-morbidities and patients being encouraged to mobilise before discharge.

The second highest category of no harm/near misses was 8.6% (91) delay or failure in treatment or care, the sub-category breakdown for which is shown below:

<table>
<thead>
<tr>
<th>Category</th>
<th>No harm</th>
<th>Near Miss</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay / Difficulty in Obtaining Clinical Assistance</td>
<td>10</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Delay / Failure in Access to Hospital or Care</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Delay / Failure in Referral Process</td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Delay / failure to recognise complication of treatment</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Delay Failure to Monitor</td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Inappropriate / Delay / Failure in Transfer</td>
<td>10</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>49</td>
<td>91</td>
</tr>
</tbody>
</table>

The third highest category was 71 communication incidents; the sub-category reported were 45% (32) communication outside of team, 45% (31) inside of team, 9.9% (7) with patient/carer and 1.4% (1) problem with internal mail.
Improvement actions identified with regards to falls can be seen in section 11.

There was one RIDDOR reportable incident reported in Q2 relating to a staff member falling. The incident was graded as low harm.

A Healthcare Assistant (HCA) walked across the ward bay and at the end of the patient’s bed area their right foot slipped on the floor and they landed fully on their left knee and left side of their body. The floor had been mopped 10-15 minutes previously and a wet floor sign was in position and visual. The staff member was off work for more than seven days and reported to the HSE in line with guidance.

6 INQUESTS

In quarter two, there were six inquests held of which two resulted in a narrative conclusions, two of accidental death, one of natural causes, and one was an open conclusion (where the death is confirmed as suspicious but no other conclusion can be reached).

The narrative conclusion inquests reported no implications for East Cheshire, both patients died in another organisation. An open verdict was returned on a patient who had been found to have committed suicide at home.

The trust has provided assurance to HM Coroner regarding the care delivered, through sharing root cause analysis investigation reports and mortality reviews. No inquests resulted in the trust receiving a PFD (Prevention of Future Deaths) Letter from a Coroner.

7 CLAIMS

In quarter two, nine new formal claims of clinical negligence were received – those are claims that are reported to NHS Resolution to be handled under their Clinical Negligence Scheme for Trusts (CNST) arrangements.

There are no emerging trends in the types of clinical negligence claims being received. The nine new claims were fairly evenly spread, i.e. there were three General Medicine claims and one each of Orthopaedics; Radiology; General Surgery; Podiatry; Accident & Emergency, and Gastroenterology.

In quarter two, six formal claims of clinical negligence were closed.

Actions or changes in practice are detailed in Appendix B.

At the end of quarter two, including the recently received claims, there were 105 pending formal claims of clinical negligence. These have a total estimated settlement value of £114,771,620. It should be noted that
the trust has no financial exposure in matters of clinical negligence claims.

Emergency Medicine (A&E) has the highest number of claims at 23.

A breakdown of the cases split by NHS Resolution specialty can be seen at Appendix B.

In Quarter 2, no new non-clinical claims were received.

Two non-clinical claims were closed. The case synopses and any outcomes from these closed claims can be seen in Appendix B.

Actions and changes in practice and processes which may mitigate against future incidents of this nature include:

- The staff suspension decision process was reviewed to include more robust documentation of rationale and decision-making.
- The links between HR and Freedom to Speak Up policies were strengthened and the guardian meets with the Deputy Director of Human Resources weekly.
- There is monthly executive oversight of open suspensions.

At the end of quarter two, there were ten pending non-clinical claims. Five were matters of Employers’ Liability, and five were matters of Public Liability. These have a total estimated settlement value of £707,875.00.

Unlike claims of clinical negligence, non-clinical claims carry an excess on each claim, i.e. the trust must pay the first part of any settlement. Employers’ Liability claims carry an excess of £10,000.00 and Public Liability claims carry an excess of £3,000.00. Consequently, the trust’s financial exposure in relation to the currently pending claims is £65,000.00.

In quarter two, four ex-gratia payments totalling £1,162.90 were made. All four claims related to lost property belonging to patients.

Positive assurance is given via both national and local surveys, Friends and Family Test (FFT), the NHS website (formerly NHS Choices) reviews and patient stories.
Good performance across all areas of the National Cancer Patient Experience Survey

In the 2017 National Cancer Patient Experience Survey benchmarking, the trust was classed as performing ‘better than expected’ (green) for three criteria:

- Patient found it easy to contact their Clinical Nurse Specialist
- Patient able to discuss worries or fear during outpatient visit
- Hospital staff gave family or someone close all the information needed to help with care at home.

The trust was not classed as performing ‘worse than expected’ (red) in any categories.

Adult Inpatient Survey response rate above national average

The 2018 CQC National Adult Inpatient Survey is currently running and the trust has a response rate of 45% against an average of 39% (at 19/10/18). Field work closes January 2019, benchmarking published June 2019 (tbc)

Data selection is underway for the 2018 CQC National Urgent and Emergency Care Survey. Fieldwork will run until March 2019 with benchmarking published August 2019 (tbc).

The 2018 CQC National Maternity Survey benchmarking results will be available for publication in January 2019.

Improvements seen in relation to staff being responsive and caring

In the quarter two, there were 262 respondents to the trust’s inpatient survey and improvements seen were in relation to patients:

- definitely being kept informed
- care and treatment
- staff making regular checks to ensure patients are comfortable
- having enough privacy when discussing treatment and when being examined
- encouraged to wear their daytime clothes whilst they are an inpatient.

Results for W11 surveys show an improved position from Q1:

- 42% stated always enough nurses on duty vs 17% in Q1
- 35% definitely involved in decisions about care and treatment vs 22% in Q1
- 60% of patients and their families kept well informed vs 28% in Q1
- 65% of patients having enough privacy when discussing care and treatment – vs 44% in Q1
- 85% definitely treated with dignity and respect vs 71% in Q1

Maternity showed an improvement in relation to patients being disturbed by noise at night from staff with 20% of patients stating they were disturbed by staff in Q2 compared to 71% in Q1.

Local surveys have been undertaken for colposcopy, fracture clinic, Endoscopy and Treatment Unit (consent), Macmillan centre (environment), pulmonary rehab and outpatient therapies. All surveys give positive assurance regarding the service provided. Examples of positive comments can be seen at Appendix C.
Positive assurance on quality of therapy service

Positive external assurance was given via a visit to the Outpatient Therapies Department by Healthwatch. Representatives were impressed by the knowledge and enthusiasm of staff, the wide variety of treatment options and equipment available and the environment. Departmental and website information has been reviewed and updated to improvements suggested during the visit.

Lay perspectives sought on Helping Flo communications

Discussion at a recent Patient Reference Group focussed on how the trust is preparing for winter pressures to make the most of capacity, ease patient flow and improve A&E turnaround. The group reviewed and commented on the communications to patients and visitors in relation to the ‘Helping Flo’ campaign. Other recommendations include consideration of extending volunteer roles and involving the patient participation groups from GP surgeries.

Q2 results for Quality Schedule compliance remains above baseline

There is a local improvement required on the 2017 national survey results for the following questions:

<table>
<thead>
<tr>
<th></th>
<th>2017 National Survey</th>
<th>Q1 2018/19 local survey</th>
<th>Q2 2018/19 local survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved in decisions about care and treatment</td>
<td>60%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>Disturbed by noise at night from staff</td>
<td>19%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Treated with dignity and respect</td>
<td>88%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Always enough nurses on duty</td>
<td>65%</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Cleanliness of ward (% stating very clean)</td>
<td>74%</td>
<td>86%</td>
<td>84%</td>
</tr>
</tbody>
</table>

The trust results have declined slightly for three questions (involved in decisions, enough nurses on duty and cleanliness of ward) from the Q1 results. However it should be noted that the Q2 results are still above the baseline set in the 2017 CQC National Inpatient Survey. The percentage of patients disturbed by noise at night from staff has maintained at 22%.

The percentage of patients treated with dignity and respect has increased by 1% to 96%.

Person centred care for patients with learning disabilities

Results against the standard that 95% of patients with a learning disability having an overnight stay or longer to have a risk assessment, reasonable adjustment care plan have improved from 82% (14/17) in Q1 to 94% (17/18) in Q2.

FFT continues to provide positive assurance with constant themes of
high levels of care, friendly, helpful staff, and efficiency of services and staff professionalism.

Positive feedback from National Autistic Society

The September accreditation visit was to Outpatients where the assessor was impressed with the knowledge and enthusiasm of staff, the autism signage, the availability of a quiet room, communication equipment available and the coaster system allowing people to leave the department and be recalled back for their appointment. Actions taken following the visit include adding photographs of autism link staff to posters and development of a visible lanyard. These have now been delivered and training in key Makaton phrases is planned.

9 IMPROVEMENT ACTIONS TAKEN DURING Q2

9.1 There have been improvements made to a number of areas of the trust to reduce avoidable harm from falls this quarter including:

- Falls Co-ordinator has worked with the Harm Free Care Group to look at falls prevention and reduce the number of patient falls including participation in the Cheshire and Merseyside Falls Steering Group. The steering group have met once and are currently collecting information with the view to having a regional guidance document.
- A trial of falls alarms has been undertaken in quarter two and further falls alarms are being purchased for use on the acute wards. The falls alarms attach to the patient and a box joined by a piece of string. If the string pulls out of the box an alarm sounds. They are used in bed, on commode and in the chair.
- A screensaver campaign for falls prevention was displayed in November 2018.
- A process of spot checks has been introduced by Health and Safety Adviser to ensure patients who are at risk of falling have ‘falling leaf’ symbols above bed.

9.2 Privacy when discussing care and treatment continues to score lower on W3. Follow up work has been undertaken via face to face meetings with the patient experience team. No issues have been identified.

9.3 Cleanliness is perceived as lower on W10 with 67% of respondents rating cleanliness of ward as very clean in Q2 vs 84% overall and 59% rating cleanliness of bathrooms as very clean vs 70% at an overall level. Spot checks on the wards have been undertaken by the patient experience team and no issues have been identified.

10 IMPROVEMENT ACTIONS IDENTIFIED FOR Q3 2018/19

10.1 Noise at night remains an issue. Targeted action is being taken for Q3 including recirculating the guidelines on noise at night, repeat briefings at team meetings and the offer of the use of ear plugs for all patients.
The CQC National Children and Young People’s Inpatient and Daycase Survey 2016 (published 2017) action plan is now complete. The resulting Actions are currently being progressed.

- The parent’s room is to be refurbished in 2019 and will include improved facilities including a microwave to help with the provision of meals for parents on the ward.
- A quote has been received for disabled changing facilities and this will be presented at the trust’s disability group for discussion.
- A bid has been submitted to charitable funds to provide a lockable mobile phone charging station – as an interim a multi headed mobile phone charger is available on the ward.

The follow up survey is now complete and results will be available in the Q3 report.

### 2017 National Adult Inpatient Survey action plan update

Planning is underway to hold a patient focus group to investigate patient experience in relation to the discharge process. It is anticipated that the group will run in November/December and will seek to identify feedback in relation to experience of delays in discharge and the provision of discharge information.

Further analysis of the survey data has shown that patients with a disability are less likely to feel involved in decisions about their care and treatment. To further investigate this patient interviews are currently being undertaken with patients on the wards.

Actions and changes in practice and processes which may mitigate against future incidents of the nature of case 124 in Appendix 2 are:

- The staff suspension decision process has been reviewed to include more robust documentation of management decision making.
- The links between HR and Freedom to Speak Up policies were strengthened
- Weekly Guardian and DD of HR meetings
- Monthly executive oversight of open suspensions

Customer Care Team taking action to improve reporting on compliments received by services.

Focus on prevention of falls for patients with dementia through staff awareness raising, education and input from Falls Coordinator and the Risk Management Team are reviewing the DATIX system to establish whether it is possible for multiple falls for the same patient to be identified systematically as ‘hot spots’.

The national falls audit will be undertaken again during Q3-4

### 11 RECOMMENDATIONS

The committee is asked to note the contents of the report, assurance provided; improvement action identified and the changes in practice
made as a result of findings.

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<tr>
<td>Lorraine Jackman</td>
<td>Deputy Director of Corporate Affairs and Governance</td>
</tr>
<tr>
<td>Julie Green</td>
<td>Director of Corporate Affairs and Governance</td>
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