

Healthwatch LLR Quarterly Meeting with CEO UHL NHS Trust

Thursday 21 May 2015

Healthwatch LLR Questions

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Healthwatch have compiled the following questions informed through engagement events, information & advice service including drop-in clinics and other sources; news, journals, reports. The themes are grouped by 'Caring at its Best' standards which outline the essentials of care for patients in UHL Hospitals the services that all patients should receive in every department /area from all members of staff working together.

Theme: Communication | Emotional Wellbeing | Documentation

Question 1	a) How many same day cancellations have occurred over the last quarter and year (2014/2015) in the Ears, Nose and Throat department? b) What reasons have been recorded for these cancellations?
Background	A patient has experienced two occasions where they have waited for their ENT surgery appointment and it has been cancelled on the same day. One time the patient waited almost 4 hours for it then to be cancelled. Patient concern is that if it happened to them twice that it must occur frequently at LRI.
UHL Response	<p>Please see table below for the figures relating to same day cancellation of surgery by quarter for 2014/15.</p> <p>In summary the total number of patients cancelled on the day of surgery for 2014/15 was 260. (set against approximately 70,000 surgical procedures per year)</p> <p>42% of on the day cancellations are related to patient initiated reasons. For example the patient was unwell or decided that they no longer require the procedure.</p> <p>28% of cancellations were related to bed availability (HDU/ITU or ward bed). The service, CMG and the Trust have been looking at ways of protecting the surgical elective bed base to prevent these cancellations. A 23 hour ward facility has been opened which has helped to protect our beds. Paediatric bed availability continues to be a concern and the two services are working closely together to try and realign the bed base to the activity.</p>

	<p>The Trust has introduced an escalation policy to ensure that the CMG Heads of Operations are informed of potential on the day cancellations. Before the decision is made to cancel the patient they review all possible solutions to try and prevent the cancellation.</p> <p>We have benchmarked information against our peer group of 19 Trusts and nationally. Against our peer trusts April's performance would mean we were 6th of 19 and ranked 54th out of 148 acute hospitals in England.</p>
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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST - MUSCULOSKELETAL & SURGICAL SPECIALTIES CMG
Total 'On the Day' Hospital Cancellations for ENT (includes Paediatric ENT) - 01/04/2014 - 31/03/2015

Cancellation Group	Cancellation Reason	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Total
Capacity Pressures	HOSPITAL CANCEL - HDU BED UNAVAILABLE	0	0	1	0	1
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	0	2	1	0	3
	HOSPITAL CANCEL - PT DELAYED TO ADM HIGH PRIORITY PATIENT	1	0	0	0	1
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	27	2	25	15	69
Other	DNA: DID NOT RECEIVE LETTER	1	0	1	0	2
	DNA: HOLIDAY	0	0	0	1	1
	DNA: PT UNFIT	0	0	0	1	1
	DNA: REASON NOT KNOWN	3	1	0	5	9
	HOSPITAL CANCEL - ADMIN ERROR	1	1	0	1	3
	HOSPITAL CANCEL - CASENOTES MISSING	0	2	1	0	3
	HOSPITAL CANCEL - CONSULTANT DECISION	5	8	11	2	26
	HOSPITAL CANCEL - DATE BROUGHT FORWARD	0	0	1	0	1
	HOSPITAL CANCEL - EQUIPMENT FAILURE	1	0	1	0	2
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	0	0	3	1	4
	HOSPITAL CANCEL - LACK SURGEON	3	0	1	0	4
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	0	0	2	2	4
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	3	4	1	7	15
	HOSPITAL CANCEL - MRSA TEST RESULTS	0	1	0	0	1
	HOSPITAL CANCEL - SERVICE TRANS TO OPD	0	0	1	0	1
	PATIENT CANCEL - ANAESTHETIC DECISION	3	2	4	1	10
	PATIENT CANCEL - DOES NOT WANT OPERATION/ADMISSION	0	0	4	0	4
	PATIENT CANCEL - DOMESTIC REASON	0	3	0	0	3
	PATIENT CANCEL - TREATMENT NOT NECESSARY	0	2	0	0	2
	PATIENT CANCEL - UNFIT	15	31	25	17	88
	PATIENT DECEASED	0	0	0	1	1
	UNREASONABLE OFFER TO PATIENT	0	1	0	0	1
Capacity Pressures Total		28	4	27	15	74
Other Total		35	56	56	39	186
Grand Total		63	60	83	54	260

Source: HWL Outreach and engagement

Theme: Caring for Patients Emotional Well-being

Question 2	<p>a) Have you considered disabled access and disabled parking bays for new multi-story carpark. Could you inform us at this stage how many disabled bays there will be?</p> <p>b) Have you also considered staff to provide assistance to carers, guardians or patients in the car park incase there are any difficulties?</p>
Background	A carer raised their concerns with HWL regarding the multi-story car park planned for the LRI site. Carer wanted more information about the provision available for wheelchair users.

UHL Response	<p>The ground floor of the new multi storey will have 21 disabled bays.</p> <p>There will be two lifts as well as stairs to the upper floors, only 8 person lifts, due to the high number of disabled spaces on the ground floor.</p> <p>There will be help points at the pay stations. No specific staff will be assigned to the new multi storey however as per current attendants monitor all car parks.</p>
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Source: HWL Information and Advice Service

Theme: Nutrition

Question 3	<p>a) Are there any restrictions on the foods visitors can give to patients at Glenfield hospital?</p> <p>b) If there are any restrictions, does this vary between departments?</p>
Background	<p>Patient's family reported they feel they were 'told off' by nursing staff regarding the foods they were bringing to their family member during a 10-day stay. The family felt that the patient was not eating properly due to the available foods on offer at the hospital so would bring items they knew the patient would eat. They believe this attitude did not exist before when another family member was in hospital so wonder what has changed? Staff mentioned to them health and safety reasons that the family did not understand.</p>
UHL Response	<p>We make strenuous efforts to ensure we cater for all dietary needs of our patients. Any special requirements should be discussed direct with the ward staff or dietician.</p> <p>Although there are health and safety issues related to bringing food into hospital, staff and relatives are encouraged to work together for the benefit of the patient. Hydration and nutrition are of paramount importance whilst patients are in hospital and we are grateful for relative's involvement regarding patient's food preferences.</p> <p>Healthwatch colleagues wanted to know if we could include any guidance in our response about what can / cannot be brought into hospital for patients. (Leaflets attached)</p>

Source: HWL Information and Advice Service

Theme: Communication

Question 4	<p>What happens with feedback submitted through the 'Friends and Families Test'? Do you have any examples of how this has been used to improve any UHL services?</p>
Background	<p>Patient felt that a lot is done to encourage patients to provide feedback to UHL but wants to know how much the feedback provided is acknowledged by the hospitals and how it is utilised.</p>

UHL Response	<p>The Friends and Family Test (FFT) is used in many ways across the Trust to measure the responsiveness and effectiveness of services / wards to respond to patients' needs. Many Services collect the FFT in 'real-time' and therefore on either a daily or weekly basis FFT scores are monitored. If new initiatives or changes are implemented within clinical areas the FFT is used as a key measure in monitoring patient's response to these changes.</p> <p>Every wards success in meeting patient needs are monitored and the FFT is a core measure of a wards success monthly. Each quarter an in depth review is undertaken of each ward using the 'Ward Review Tool' and this tool uses the FFT and a large number of the questions in the Patient Experience Survey to measure the wards outcomes.</p> <p>Any wards that have very good FFT scores are asked to share patient comments as to why care was so good allowing other areas to learn. Also all areas with low FFT scores are closely monitored and reported to the Nursing Executive providing action plans for improvement.</p> <p>Therefore there is a great deal of evidence illustrating how clinical staff actively listen and responded to the FFT scores by making improvements in care to meet the needs of people in Leicester, Leicestershire and Rutland.</p> <p>The FFT result is displayed on the Hot Boards on the entrance to wards and on the Trust website. 'You Said, We Did' charts are displayed on wards to identify what patients have said and what we have done towards making changes.</p> <p>Examples of how feedback from the FFT has led to improvements can be found in 'Celebrating Success' and 'Share Your Experience' bulletins. Also each quarter the Clinical Management Groups provide some examples of changes they have made in response to all feedback not just the FFT.</p>
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Source: HWL Outreach and Engagement

Theme: Promoting Health | Caring for Patients Emotional Well-being

Question 5	Patient asks who is responsible for his referral to physiotherapy to be arranged in a timely manner knowing that starting a course of treatment soon after discharge from hospital could be vital to recovery?
Background	A patient has knee surgery booked and has been advised by their consultant that a physiotherapy programme will need to start within a week of surgery to be able to ensure good recovery and promote full use of knee in the future. The patient has been told that locally there is a 12 week wait time after referral and thinks this delay is unacceptable.
UHL Response	<p>In general terms a patient coming through the elective orthopaedics wards at the Leicester General Hospital will be seen by the Physiotherapy team whilst on the ward and be given advice / exercises / walking aids and a stair assessment as necessary. Patients are encouraged to continue with their daily exercise programme / walking practice once home while waiting for outpatient Physiotherapy to commence.</p> <p>If a patient is coming in for a manipulation under anaesthesia (MUA) they would be classed as requiring 'Immediate' outpatient follow up and would commence their outpatient Physiotherapy within the UHL standard of 3 days following discharge. The ward Physiotherapist will organise the outpatient Physiotherapy appointment and give this to the patient before they are discharged home. All other knee surgery patients</p>

	<p>requiring outpatient Physiotherapy would be classed as an 'Urgent' referral and the local standard at the UHL is to see such patients within 10 days following discharge.</p> <p>If a patient does not live within our catchment area and will be having their outpatient Physiotherapy follow up at another Leicestershire or Rutland Community hospital / base, the referral would be faxed on to that site. Although managed by a different Trust the Community service use a similar prioritisation scheme to that of the UHL. Where appropriate i.e. for a referral classed as 'Immediate' the UHL ward Physiotherapy staff will contact the community base to arrange the outpatient follow up appointment.</p> <p>With the above in mind, it is unclear why a patient having elective knee surgery would have been advised that the wait for outpatient Physiotherapy could be 12 weeks or indeed who may have told them this.</p>
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Source: HWL Information and Advice Service

Theme: Communication

Question 6	<p>a) Why has the price of baby scans increased?</p> <p>b) What improvements can UHL provide that have been made to maternity services from the profits gained through baby scan sales?</p>
Background	<p>Caller contacted HWL to say, they felt the response UHL provided in the Leicester Mercury does not justify why the prices of baby scans photos have increased. They did not feel that the discovery that other hospitals tend to charge more should mean Leicestershire patients should now pay more. Caller added that if UHL are providing this service at a loss they can understand the need for review but that was not the stated reason. Caller would also like to know exactly how money gained previously has been utilised to improve maternity services.</p>
UHL Response	<p>Previously the prices for a scan picture was £4 for 1, up to a maximum of 4 pictures (£16 in total) these prices had been in place since 1/1/14.</p> <p>We took the decisions to review the price changes as we wanted to bring our costs in line with our maternity unit counterparts in the surrounding areas and charge comparably with other centres. Presently the majority of maternity units in the Midlands charge between £5 (at Derby) - £6 (at Birmingham). Our decision at Leicester was to base our charges on the previous year's data, in 2014 a large number of ladies purchased either 2 or 4 pictures and this is how we set up our charges for the pictures, 2 pictures for £10 (£5 per picture) and 4 pictures for £18 (£4.50 per picture).</p> <p>The money generated is solely reinvested into the maternity and antenatal services to improve the patient experience and care. For example refurbishment of counselling rooms, maintenance and purchasing extra equipment, we are in the process of arranging for a water cooler to be fitted. New seating has been purchased in the past year.</p>

Source: 'Parents' shock over cost of baby scans at Leicester's hospitals'

<http://www.leicesterm Mercury.co.uk/Row-cost-baby-scans/story-26385693-detail/story.html#ixzz3YtnYS8iO>

Theme: Caring for Patients Emotional Well-being | Privacy and Dignity

Question 7	How are UHL staff trained to support mental health patients on the maternity wards?
Background	A patient recently had her baby at Leicester General Hospital and feels that she was treated “terribly” by the nursing staff based on her history of anxiety and depression also her medical file which states a suicide attempt 18 years previously on her medical record. Patient felt the nursing team spent more time discussing her prior history of mental health issues rather than focusing on the birth plan. Patient also felt uncomfortable due to what she described as being spoken to in a “child-like” manner from the nursing staff who discussed her issues between them and making judgements and comments as though the patient could not understand what was going on.
UHL Response	All midwives have annual perinatal mental Health training, it is mandatory, the programme for this is reviewed and updated annually to address new guidance and also to discuss any complaints, issues and case studies. There is a midwife employed with a special interest in perinatal mental Health and we have recently increased her hours so she can spend time on the wards supporting women with mental health problems and advising staff. She works closely with the perinatal mental Health team of community psychiatric nurses. If the above mentioned patient has contacted us through the complaints process we would be happy to arrange to meet to discuss the concerns to help to improve our service

Source: HWLC Information and Advice Service

HWL - Healthwatch Leicestershire, HWLC Healthwatch Leicester City, HWR - Healthwatch Rutland