

Subject:	Patient Experience Quarterly Report
Prepared by: Sponsored by: Presented by:	Sarah Balchin, Head of Patient Experience Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Discussion requested by Trust Board Regular Reporting For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • Annual national in-patient survey <ul style="list-style-type: none"> - To be undertaken with patients who were in-patients in August - CQUIN requirement of 3 point increase to 68.7% required. - Current local data reporting 80% satisfaction rate. • Out-patient Survey <ul style="list-style-type: none"> -National survey is currently being undertaken. -2009 results 82% satisfaction rate -Current local data reporting 80% satisfaction rate • Cancer Survey <ul style="list-style-type: none"> -2010 results poor -Trust wide and CSC based improvement plans in place -Repeat survey for November in-patients -Support for robust implementation of operational plan for November required Current local data reporting 73% satisfaction rate (n.b. very small sample size) • Mixed Sex Accommodation <ul style="list-style-type: none"> -MAU, Endoscopy and DSU/Theatres posed greatest challenges -MAU – no breaches since April -Endoscopy – additional unit to open in September which should resolve problems -DSU – area of greatest risk. Internal plans in theatre for further capacity. Support full timely implementation required. • Carers' Strategy <ul style="list-style-type: none"> -Partnership agreement with Portsmouth City Council -On target for contract • NHS Choices <ul style="list-style-type: none"> - Weekly review of feedback with personalised responses now provided • Patient Reported Outcome Measures <ul style="list-style-type: none"> - Target 80% response rate - Current rate 72.65%. An increase of 10.15% on Q4. - Simplified system from August will support improved response rate. • Complaints, PALS and plaudits <ul style="list-style-type: none"> -Reduction of complaints to 134 Q1 from 157 Q4

	<p>-Four CSCs currently over trajectory – actions plans in place to -address in Renal and Emergency Medicine CSCs. -Decrease of 87 contacts to 472 – result of close cooperation with Matrons and Ward Sisters/Charge Nurses -3155 plaudits received</p>
<p>Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i></p>	No decision required
<p>Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i></p>	Ongoing monitoring and reporting of patient experience.
<p>Consideration of legal issues (including Equality Impact Assessment)?</p>	Nil
<p>Consideration of Public and Patient Involvement and Communications Implications?</p>	Active PPI in Carers Strategy development

1. Introduction

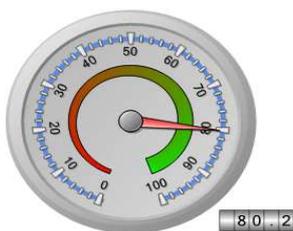
This Patient Experience Board report covers the quarter 1 period (April 2011 – June 2011).

The report now makes reference to whether the indicator relates to a contractual requirement within the 2011/2012 Quality Contract (Contract), a Commissioning for Quality and Innovation (CQUIN) indicator, a national priority/target, or a priority identified within the 2010/2011 Quality Accounts (Quality Account).

2. National In-patient Survey (Contract, CQUIN and Quality Account)

The annual national in-patient survey will be repeated with a sample of approximately 850 people who are in-patients for one night or more during August 2011. A CQUIN target of a 3 point rise to 68.7% (to be validated) related to the 5 key questions is required for 100% payment.

Current status



The Optimum System is used to provide additional data on a monthly basis. At the end of quarter 1, in-patient satisfaction was rated at 80 % - a decrease of 1% from quarter 4 based on 276 completed scorecards.

The Optimum System is also used to provide monthly data for the 5 key questions. At quarter 1 end, the overall Trust score was 72.66% from 276 returns, compared to end of quarter 4 result of 72.35% from 370 returns.

Key Question	Returns	Trust Total (%)	Involvement in decisions	Someone to talk to about worries	Privacy	Medicines	Who to contact after discharge
Q4 10/11	370	72.35	72.77	62.5	87.47	52.68	69.05
Q1 11/12	276	72.66	74.01	71.25	83.83	51.55	70.59

Challenges

- Provision of information related to medicines side effects to be aware of after discharge remains an area of concern with a deteriorating position from quarter 4 to quarter 1.
- There has been a significant reduction in the number of returns in quarter 1 and this requires addressing to ensure a representative sample is secured.

Action Taken

- Urgent action has been taken to improve the medicines information position. This has been raised to the Medicines Management Committee and Pharmacy Team.
- A member of the Patient Experience Services has been nominated as Optimum operational lead and will take responsibility for the management and monitoring of Optimum usage from September once training is complete.

3. National Out-patient Survey (Contract, Quality Account)

The trust is currently participating in the bi-annual survey. People who used out-patient services during the month of April 2011 have been invited to participate. At the time of this report, half way in to the data collection period, the Trust has achieved a response rate of

54% against the national average of 43%. Field work completes in October with an initial management report of outcomes expected in November.

Current Status



The Optimum System is used to provide additional data on a monthly basis. At quarter 1 end, out-patient satisfaction was rated at 80% – a decrease of 1% from quarter 4, based on 165 completed scorecards.

4. National Cancer Survey (Contract, Quality Account)

The results of the 2010 survey were poor, with the Trust being placed in the bottom 20% of Trusts in England on 33 out of 59 questions. Trust wide improvements have been implemented (see table) and CSC action plans are monitored by the Patient Experience Steering Group. The next annual Cancer Survey will take place with a sample of patients who have used cancer related services in November 2011.

Issue	Action Required	Progress
Lack of robust Cancer Board/Group arrangements.	Review of current arrangements and re-launch of Cancer Board/Group	Inaugural meeting held Chaired by Medical Director, terms of reference being prepared.
CSC progress against cancer improvement plan not included in monthly performance reviews.	Cancer improvement plan progress to be included in monthly performance reports to Executive Team.	5 key questions only currently included. Further work is needed with heat maps.
Issues from national in-patient and cancer survey being managed separately by CSCs.	Review and amalgamate all CSC patient experience improvement plans.	Amalgamation agreed. Rolling programme of reporting to PESG commenced August.
Optimum System questions do not accurately reflect national questions hindering triangulation of data.	All surveys to be reviewed and questions replaced with standardised questions.	Cancer and in-patient survey review complete. Awaiting training from service provider to enable full replacement.
Lack of robust local survey to allow for regular and routine patient feedback.	Cancer questionnaire to be reviewed and standardised.	As above
Lack of operational plan to proactively secure representative feedback from patient ensuring next survey	Strategy and operational plan for next survey required.	Lead for operational plan nominated and plan agreed.

Current Status



The Optimum System is used to provide additional data on a monthly basis. At the end of quarter 1, cancer services patient satisfaction was rated at 73 % - a decrease of 6% from quarter 4. It should be noted that the sample size was very low at 9 and this must be taken into consideration when reviewing the results.

Action Taken

- Cancer improvement plans to be included in performance management reports.
- Robust monitoring of operational plan implementation for November activity.

5. Additional Optimum Surveys (Contract, Quality Account)

Maternity Survey



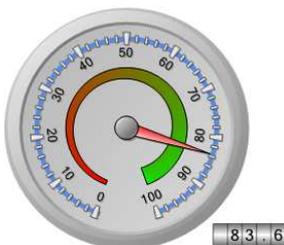
At the end of quarter 1, patient satisfaction was rated at 74% - an increase of 1% on quarter 4, based on 31 completed scorecards.

Stroke Survey



At the end of quarter 1, patient satisfaction was rated at 70% a decrease of 8% on quarter 4 (n.b. the sample size is small = 11 due to the changes currently being made to the survey. Changes will enable patients with significant communication problems to participate in the feedback).

End of Life Care Survey



At the end of quarter 1, patient satisfaction was rated at 83% - an increase of 2% on quarter 4, based on 133 completed scorecards.

6. Mixed Sex Accommodation (Contract, Quality Account, National Priority)

The Trust has remained compliant with this target since April. MAU, Endoscopy and Day Surgery/ Theatres have posed the greatest challenges in eliminating mixed sex accommodation. Significant progress has however now been made.

Current Status

- MAU - No breaches have occurred in MAU since April 2011. Work is still in progress with commissioners to reduce the number of medically stable for discharge patients who remain in hospital, leading to a backlog of patients in assessment areas.
- Endoscopy - Endoscopy will open an additional unit planned for September, which will further improve the service.
- Day Surgery Unit – DSU is the area of greatest challenge. Of particular concern is when E4 is used for outliers as will be the case from October for winter preparedness. There are internal plans within theatres to create further capacity for DSU patients so that

formal segregation can take place but greater emphasis on implementing the solution in a timely way is required.

Action required

- Monitoring of completion of opening of additional Endoscopy capacity on G5.
- CSC to support Theatres with capacity issues to support DSU breach resolution.
- Monitoring of progress of discussions with commissioners related to EMSA and delayed discharges.

7. Carers Strategy (CQUIN, Quality Account))

The Trust is required to develop and pilot a system for 2 wards for identifying, involving and supporting all carers of patients and service users. At the end of quarter 1 the required indicators have been achieved.

8. NHS Choices (Contract, National Priority)

NHS Choices is a website giving information from the National Health Service on conditions, treatments, local and healthy living. On the feedback pages, it gives people the opportunity to post comments anonymously about their NHS care experience and for trusts to respond (see screenshot below). The comments are both negative and positive, which allows the Trust to understand where improvements need to be made if necessary and to learn from peoples’ positive experiences. This feedback forms part of the intelligence used to measure the quality of patient experience in Trusts.

At quarter 1 end, there were 4 comments posted related to patient’s experience during that period. Two negative with a theme of care and hygiene and two positive praising staff. Each comment is now provided with a personalised response.

The screenshot displays the NHS Choices feedback interface. At the top, there are navigation tabs: Overview, Departments and services, Facilities, Feedback, and Maps, directions and contact details. The main heading is 'What people say about this hospital', with links for 'Subscribe to these comments', 'Moderation rules', and 'Manage Comment Administrators'. Below this, there are filters for 'Ordered by' (set to 'Newest comments') and 'Show' (set to 'All services'). The page indicates 'Showing 1 - 5 Of 132' comments and 'Page 1 of 27' with a 'Next 5 >' link.

The featured comment is from user 'moomooocookie', dated 'June 2011', titled 'caring and considerate staff'. The user provides an overall rating of 5 stars (represented by a green checkmark icon) and states 'I would recommend to a friend'. The feedback includes:

- The environment where I was treated was...**: 5 stars, 'exceptionally clean'.
- The hospital staff worked well together...**: 5 stars, 'all of the time'.
- I was treated with dignity and respect by the hospital staff...**: 5 stars, 'all of the time'.
- I was involved with decisions about my care...**: 5 stars, 'all of the time'.

 The user also mentions 'What I liked' (staff were fantastic, sensitive handling of a miscarriage) and 'What could have been improved' (nothing). A link to 'See all comments about this hospital that mention: Miscarriage' is provided. The comment was added on 14 July 11 and has a link to 'Report this content as offensive or unsuitable'.

The hospital's response, dated '04 Aug 11', states: 'The Trust would like to thank you for taking the time to provide your positive feedback at what must be a very difficult time for you and your family.' It also includes a link to 'Report this content as offensive or unsuitable'.

On the right-hand side of the page, there is a 'Your views are important to us' banner with a 'Rate and comment' button. Below this is the 'Overall rating' section, showing '42 out of 74' ratings (56%) and a statement 'would recommend this hospital to a friend'. The 'Average ratings for this hospital' section lists several categories:

- The environment where I was treated was...**: 5 stars, 'very clean', 112 ratings received.
- The hospital staff worked well together...**: 4 stars, 'most of the time', 107 ratings received.
- I was treated with dignity and respect by the hospital staff...**: 4 stars, 'most of the time', 112 ratings received.
- I was involved with decisions about my care...**: 4 stars, 'most of the time', 104 ratings received.
- NHS hospitals must provide same-sex accommodation. How satisfied were you that this hospital did so?**: 4 stars, 'satisfied', 11 ratings received.

9. Patient Reported Outcome Measures (Contract).

The Trust continues to participate in the national PROMs programme which currently comprises patients who have undergone hip or knee replacement, groin hernia repair and varicose vein repair. The contract requires an 80% response rate which the Trust has yet to achieve. The last quarter has however showed a marked 11% improvement which is in response to actions being implemented at CSC level to improve participation. Actions taken to continue the improvement include:

- Monthly return rates provided to CSCs with requirement to submit improvement plans monitored by the Patient Experience Services PROMS s lead.
- Continuous review of timeliness of receipt of completed forms from clinics, challenges issued to areas with lag time of greater than one week.
- Development of template for all clinics which see patients undergoing relevant procedures to ensure all clinics are covered including those off site.
- Redistribution of "Top 10 Hints and Tips" from the PROMs Centre.
- Provision of PROMs Centre training DVD.
- Guidance provided to clinics on process and form stock management to reduce risk of lack of forms which has been a problem in the past.
- Plans to include volunteers in supporting patients to complete forms.

From 22 August 2011 a simplified national proforma is being implemented which should support a further increase in response rates.

Procedure	Response Rate Q4 2010/11	Response Rate Q1 2011/12
Hip replacement	62.8%	60.2 %
Knee replacement	65.5%	76.8%
Groin Hernia Repair	75.0%	70.3%
Varicose Veins Repair	42.8%	83.3 %
Trust Total Response Rate	61.5%	72.65%

Action Required

- Fully implement new proformas from August
- Continue monthly performance monitoring by CSC

10. Complaints, PALS and Plaudits (Quality Account,

Complaints

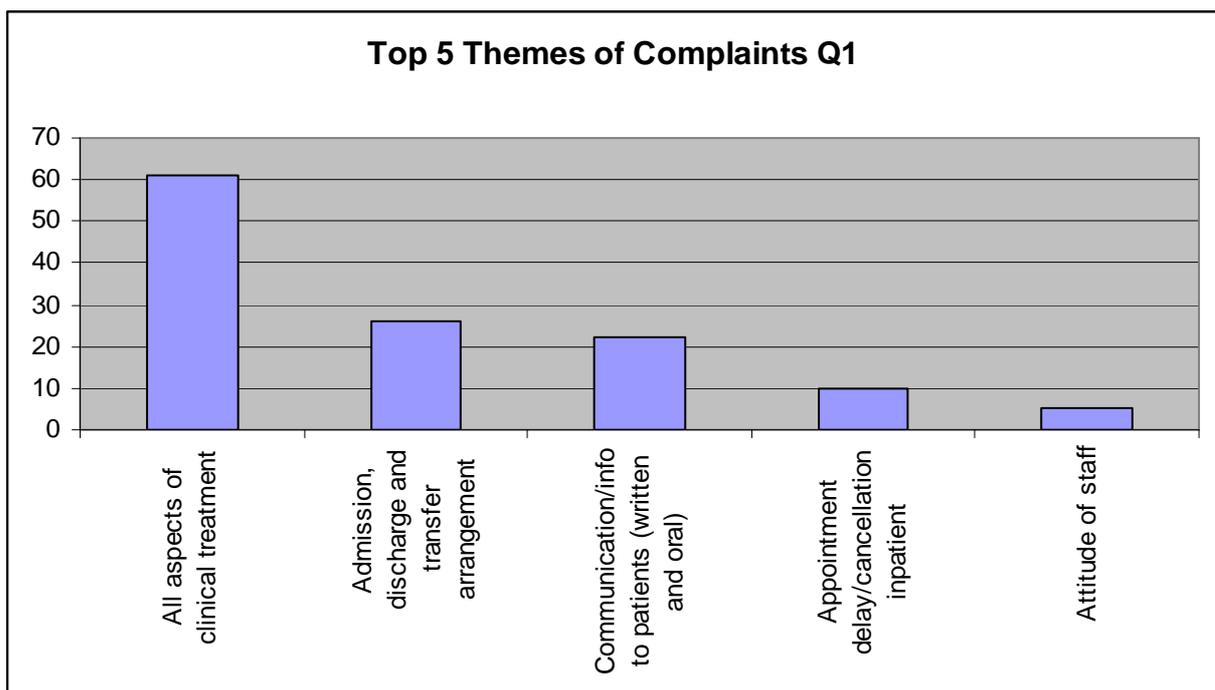
Current Status

A total of 134 complaints were received in quarter 1 compared with 157 complaints in quarter 4; a decrease of 22 complaints from the previous quarter.

Each Clinical Service Centre has been set a target of achieving a 50% reduction of complaints based on their complaint numbers received in quarter 1 2010. At quarter1 2011/12 end, four CSCs are currently failing to reach the required target: Emergency Medicine, Renal and Transplant Services, Medicine and Cancer Services. Emergency Medicine have undertaken remedial work including improved communication about waiting times. Unvalidated figures for July indicate a reduction to 7 but the CSC remains over trajectory. Renal and Transplant Services have focussed on communication with patients and infection control with unvalidated figures for July indicating zero complaints. The CSC will however remain over trajectory.

	Quarterly target	Q1 10/11	Q4 10/11	Q1 11/12	Target:Q1 Variance
Cancer Services	8	15	7	9	-1
Clinical Support Services	13	26	4	2	+11
Corporate Services	3	6	0	0	+3
Emergency Medicine	12	23	21	23	-11
Facilities Management	5	10	0	0	+5
Head & Neck	13	26	7	6	+7
Medicine	18	36	21	21	-3
Medicine for Older People, Rehabilitation and Stroke	16	32	23	11	+5
Renal & Transplant Services	1	1	1	5	-4
Surgery	29	58	21	23	+6
Theatres, Anaesthetics & Critical Care	5	9	7	2	+3
Trauma & Orthopaedic, Rheumatology and Pain	28	55	20	21	+7
Women and Children's Services	21	42	25	11	+10

+ figures denote target achieved 0 denotes target achieved
- figures denote target not achieved



Theme	Q4 2010/11	Q1 2011/12	
All aspects of clinical treatment	72	61	↓
Admission, discharge and transfer arrangements	29	24	↓
Communication to patients	25	22	↓
Appointment delay/cancellation – in-patients	3	10	↑
Attitude of staff	8	5	↓

Action Taken

- Each CSC has an action plan to improve.
- Further investigation into reason for increase in delays/cancellations for in-patients is required within the CSCs. Out-patient delays and cancellations have reduced significantly (from 25 in quarter 4 to 3 quarter 1) and key learning points should be applied to in-patient delays.

Parliamentary Health Service Ombudsman

In the event that all avenues for complaint resolution have been exhausted and the complainant is still not satisfied with the Trusts response, the complainant can take their complaint to the Parliamentary Health Service Ombudsman (PHSO).

There are currently 2 open Ombudsman referrals from quarter 1, for which the Trust has been asked to provide copies of the complaints and local responses. This will inform the Health Ombudsman decision as to whether to uphold the complaint or not.

Case 1 is related to a complaint raised by the daughter of a lady who was cared for in MAU and died in Medicine for Older People, Rehabilitation and Stroke Services. The complainant raised concerns about the quality of nursing care.

Case 2 is a complicated case which was investigated as an SIRI and there was police involvement. The police did not pursue the case and the Trust completed a full SIRI review. The complaint was from the husband of a lady who was cared for in the Emergency Department and died in Medicine for Older People. The complainant raised concerns about a lack of communication, delay in care being provided and a delay in the recognition of the seriousness of his wife's condition.

Complaints Summary

Indicator	Q1 10/11	Q4 10/11	Q1 11/12
Number of complaints acknowledged within 3 working days	236	157	134
Percentage of complaints acknowledged within 3 working days	68%	100%	100%
Number of complaints by category, CSC/speciality and outcome	339	157	134
Number of complaints resolved within the timescale agreed with the complainant	339	157	134
Number of complaints referred onto Ombudsman (%)	5	2 (1.3%)	4 (2.9%)

Indicator	Q1 10/11	Q4 10/11	Q1 11/12
Number of complaints upheld by the Ombudsman	0	0*	0*
Number of complaints not resolved with the complainant within the agreed timescale	0	0	0
Percentage of complaints resolved within the timescale agreed with the complainant	100%	100%*	100%

* Subject to final validation

PALS Contacts

There were 472 PALS contacts in quarter 1 which is a decrease of 87 contacts compared to quarter 4. This amount can be largely attributed to a greater involvement of CSC's, with Matrons and Ward Sisters/Charge Nurses addressing issues that have been raised and implementing remedial action, thereby preventing reoccurrence.

Plaudits

Patient and Customer Services were informed of 3155 plaudits and expressions of gratitude in Q1. It should be noted that there is significant under reporting of plaudits and CSCs have been reminded to inform the team on receipt of plaudits.

Examples

- From a relatives perspective I wanted to thank you and your team for the service and care my mother has received following her diagnosis. The Macmillan nurses were invaluable in the first week after we had the consultation with you and the support they offered was magnificent. This support continued up until my mother was discharged from hospital following surgery. As a healthcare professional myself I am aware of the extreme pressures the National Health Service has to contend with. Following this recent personal experience with my mother the standard and level of professionalism received from your department has been excellent and I could not fault it. With thanks again to you and your team.
- You may recall that on 31 March I wrote complaining about the length of time my husband and I waited for drugs on his discharge from ward F6. A few days later I received a call from the Head of Pharmacy explaining the problems they have and the actions they are taking to try and resolve them. For this I am very grateful. We again had to visit the Pharmacy on 8 April after seeing the consultant at the Haematology Clinic. I took my husband's prescription into Pharmacy and was told that it would take about 40 mins, which, I think you will agree, is quite acceptable. At approx 1.40pm I went to collect the drugs and they were ready and waiting. The pharmacist went through the drugs, but I was confused about the amounts. He took us into his office, sat us down and explained each drug and when it was to be taken. This is a very confusing and upsetting time for both my husband and I and this act of kindness was very much appreciated. Well done pharmacy.
- I write to thank you for the excellent treatment I received at QAH on a brief visit recently. On Wednesday 20 April I saw one of my GPS. After examining me, she rang the hospital and quickly arranged an appointment at 2pm later that day. I was examined by a trained nurse. As she, like the GP, suspected a thrombosis in my leg, I was quickly moved to the scan unit, where I was seen straightaway. Thankfully there was no thrombosis, only a torn muscle. I was home shortly after 4pm. All through I was treated with courtesy and humour and with obvious skill and dedication. I could not have been treated better if I was a Royal.
- I enclose a cheque for £25 which I would like to go towards providing the staff on C7 ward with some small "extra". They were all so good to me when I was in there for 3 days last week. The care I received at all points was absolutely excellent and my two visitors were

equally impressed, particularly with the general cleanliness and the luxurious single room. Please pass on my thanks to all concerned.

- I recently had the misfortune (or perhaps fortune) to spend several weeks in QAH as a patient. I can only praise the caring and expert manner of all staff. Every when they were seriously busy. Two in particular, SN Donaldson and OT E Ritchie impressed me. Jo arranged for an elderly man to visit his wife on another ward regularly. This set the man's mind and rest and cheered him up considerably. Elaina went beyond her remit to ensure that my flat was ready for me on discharge. Keep up the good work.
- Dear Mr Farnworth
Firstly congratulations on your really exceptional and caring department. All the way through Treatment, he has received courtesy, care and best of professional help. You have a great team. May we thank you for your very prompt action in replying to the Bridge Clinic in Maidenhead in great detail, to help the process of our visa being granted and enabling us to join our only son and two granddaughters in Australia.
Once again, to you and all your team, thank you.
- Dear Capt Scerri
I have just returned from QA after having my bandages removed and have had a chance to have a close inspection of my new nose! Can I congratulate you on doing such an excellent job, it far exceeds what I was expecting and also completely amazed at how quick the surgery has healed up. I was fully expecting to be bandaged up for several weeks. Would you also than your team and those that followed after for the excellent service they provided. A great credit to the service provided by the NHS.
- I recently spent a couple of days as a patient on E7 ward. One could not fault the care and attention from all members of staff. I was impressed by their efficiency, professionalism and calmness to everyone, under very stressful conditions. On one occasion I overheard a visitor being abrupt to a young nurse, yet her reply was considerate and kind. You are to be congratulated on the choice of staff you employ.
- My wife, who suffers from advanced dementia and Alzheimer's disease and is a permanent resident in a Care Home, was admitted to the Acute Stroke Ward F3 at QAH on 16 May 2011 and was discharged on 18 May 2011. I was out of the country at the time, but both my son and daughter visited my wife in hospital and both confirmed that she received excellent attention whilst in F3 and the Care Home confirmed that she had recovered and appeared to have been well looked after. I write this letter to express my sincere thanks for everything that my wife experienced in the care of your hospital
- I would like you to know how impressed I was with the staff on D3 Ward who looked after my brother recently for five weeks after he broke his hip. He is not the easiest of patients as he has Alzheimer's brought on by alcoholism, which makes him aggressive and unappreciative of the help given by the staff, who were cheerful, patient and attentive at all times. I was also very touched that on my return from a short holiday there was a message on my Answer phone from sister telling me he had been returned to his Care Home in Hayling Island. This had been his home for the last six years and I was very relieved that your staff had managed to organise for him to go back there. I was also very surprised at the quality of the food on the ward. I wanted to write this letter because I expect most letters you receive are complaints, so please will you pass on my congratulations to anyone you feel appropriate.
- I am writing to you because my husband and I recently attended a 'demystifying' chemo meeting hosted by Jane Blake and Wendy White. My husband has prostate cancer and is about to begin chemo at QAH. It has been an arduous time for both of us and we wanted to tell you how much it has meant to us both to be asked to attend the meeting. It was well presented, informative, positive and relaxed. We met other people going through a similar process and that in itself was helpful. Jane and Wendy held a very good session where we

learnt the pros and cons to come and that has helped us immensely. We do hope these meetings carry on in the future as we felt it to be so beneficial to all who attended.

- We always read with horror the criticisms directed at the NHS, but we would like our experiences to be recorded and used as you see fit. My wife was admitted to the MAU on Tuesday 21 June, subsequently she was transferred to F2 and finally to G3. I would like to express the family's gratitude for the way in which my wife was treated during her short stay with you. We found the staff extremely efficient and courteous as they kept us informed of her condition. On G3 we have the utmost admiration for the way they looked after my wife and kept us in the picture as her condition deteriorated and her life ebbed away. We sincerely thank you all for every effort made to keep her comfortable and for the compassion shown to the family.
- My husband has just come home from QAH having been in there for 7 weeks with a stroke. In all that time, I never had anything to complain about. The nurses and all the staff were really good and the food was nice. He had plenty of drinks and the places were kept really clean and no old food etc left about. He had very good care and treatment and everyone was so friendly and polite. So we both want to say a big thank you. I have told everyone how good it all was.
- I would be grateful if you would thank Gp Cpt G V Scerri on my behalf for the successful operation he and his surgical team carried out to remove a melanoma from my right cheek. "Many people find it easy to complain, and not a lot is done when you have experienced excellent service, so in breaking this lovely "British tradition".
- I would just like to say a big THANK YOU to everyone who helped look after my daughter Evie on Tuesday 21st June to Thursday 23rd June. I cannot fault one person who we encountered the whole time we were there. Even from when I initially rung NHS Direct the service from them was excellent, from the operator to the nurse who advised us what to do. The GP (whose name I cannot remember) at Out of Hours in QA was brilliant, he made sure Evie was properly examined and I really felt that everything he said or did was in her best interest. We were then taken to Child Assessment Unit by a lovely lady (whose name I also do not know) and then seen straight away by a student nurse called Annabel Dos Santos who is a credit to the Trust. There was also another nurse (Staff Nurse Sarah Harrington) and two Consultants/SHOs (Bryony Sales, Dev Pathak, Consultant - Dr Louise Millard) working that night shift who were brilliant with Evie, especially when they were trying to put her cannula in, this was not very easy. The staff on the Starfish Ward were brilliant, extremely helpful and nothing was a problem. All the staff were brilliant, especially Kristy. I believe all the staff absolutely did everything they could to make Evie's time there as comfortable as possible. I hope all the people we encountered get the praise they deserve."
- I was treated on the 27th May at the DSU by Dr Bayliss and staff of the Pain Clinic and I am writing to put on record the wonderful care shown to me. When one realises how short of staff they are, since both consultants and nurses have been greatly reduced in that department, they really work their socks off and are due huge chunks of praise for their patience and cheerfulness.
- Letter addressed to Dr R Lewis
I am writing on behalf of my brother and myself to thank you for the kindness and consideration you showed our father whilst he was a patient in your care. Dad passed away on the 11th April with a ruptured aneurysm and while it had been diagnosed in 2007 and we knew it could rupture at any time, it was still a shock to us. He had been a patient in your care for a number of years and I accompanied him to most of his appointments, latterly to your clinic at Bognor hospital. I cannot praise the staff enough for the way he was treated and looked after during his appointments. I would like to give thanks to Gillian Graham, Ruth Simpson and Bryony Robinson, especially to Gillian who was always so kind and if we had any problems at any time we could always contact her for help and advice, she is a real credit to her profession and the unit. To show our thanks, we chose the 'Wessex Renal and

Transplant Service' for people who wished to donate in his memory. We do hope the money raised will go some way towards helping the service in the care of other patients. Thank you for taking the time to read my letter and please pass on our thanks to the staff concerned.

11. Patient Experience Council Ward Reports (Quality Account)

- Six ward reports were provided by the Patient Experience Council in quarter 1. Key issues for improvement identified include:
- Poor signage – work in progress with Way Finding Group
- Hospital food – particularly portion size and enabling choice – raised with Hospital Food Committee and training being developed for support staff.
- Communication – some patients reported clinical staff repeatedly asked the same question – this is often a safety issue and this has been shared with patients to clarify the need.

Positive feedback was received related to ward cleanliness, help available at meal times and provision of hot drinks, being treated with respect and dignity.