



## Learning from Patient Experience

**Good experience of care, treatment and support is increasingly seen as an essential part of an excellent health care service, alongside clinical effectiveness and safety.**

Patients have the right to make a complaint about any aspect of NHS care, treatment or service, and this is written into the NHS Constitution. At DBTH we encourage feedback because it can be used to improve our services.

Complaints are normally received within 12 months of the incident or within 12 months of the matter coming to the patient's attention. Anyone can complain, including young people, a family member, carer, friend or local MP, with the patient's permission. Patients and families can expect to:

- Be treated fairly, politely and with respect
- Have the complaint acknowledged and investigated
- Be kept informed of progress and told the outcome
- Be reassured that their care and treatment will not be affected as a result of making a complaint
- Be offered the opportunity to discuss the complaint with a complaints manager
- Expect appropriate action to be taken following their complaint.

Most problems can be dealt with by patients and families being able to speak directly with staff. If patients and families are not sure of how to raise a concern or would prefer to speak to someone not involved in the patients care, they may contact our Patient Advice and Liaison Service (PALS). Here, they will have their concerns listened to and if possible signposted to the right place to help.

**A formal complaint** merits an investigation, where staff may be asked to provide statements into the aspects of care or treatment given, to understand what has happened. Once the division has completed the investigation, the completed response is signed off by the Chief Executive and sent out by the PALS team.

**A concern is an issue** which may be solved with a few phone calls for example a rearranged appointment (if possible) or a quick investigation which could be resolved easily. All concerns should be completed and closed on Datix web within 5 working days.

**Advice, comments or questions**, such as when is my outpatient appointment? or where can I get more pain relief? are also logged onto datix so there is a record of the solution or advice offered to the patient.

### Received and investigated complaints, concerns and questions:

In 2016 /2017	514 formal complaints	In 2017 /2018	411 formal complaints	A year on year decrease of 20%
In 2016 /2017	782 concerns	In 2017 /2018	667 concerns	A year on year decrease of 14.7%
In 2016 /2017	321 advice, comments of questions	In 2017 /2018	253 advice, comments of questions	A year on year decrease of 21.2%

**From this data we can monitor trends and see what needs to improve (or where it is improving already). The main themes from the complaints we receive are:**

#### Diagnosis

Patients and families tell us they are unsure of their diagnosis and what to expect next.

#### Communication

Patients and families tell us they don't feel listened to or have been unable to speak to someone who can tell them what is going on.

#### Staff attitude and behaviour

This includes perceived rudeness, lack of compassion, unprofessional or uncaring behaviour towards patients and their families.

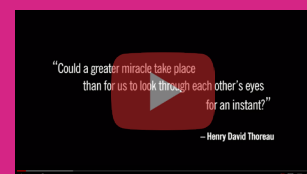
## Your PALS in Hospital

Patient Advice and Liaison Service



**Patient Advice and Liaison Service (PALS) has moved** into their new home in the main entrance of DRI, opposite the new Costa.

**There is a human connection to all patient care and almost everyone you meet has something on their mind as they travel through our hospitals.**



This video helps to remind us all that a hospital may be your normal place of work and you will be very familiar with it, but for our patients and their families, this may be all new and not necessarily that pleasant, given their situation. If in doubt, be kind.

# What to do if a patient or family member wants to complain

Fewer than half of concerned patients and relatives will bring a complaint to your attention. Those who never say anything will tell an average of 11 other people about their bad experience. It is important that we recognise complaints as opportunities to improve. Patients and families want to know someone is listening and they are understood, and they are hoping you are willing to take care of the problem to their satisfaction. No matter what the situation is,

when a patient or relative brings a complaint to your attention—even if they do it in a less-than-desirable way—be thankful. As the old saying goes, “We can’t fix it, if we don’t know it’s broken.” Moreover, we must realise that improper handling of a patient complaint can be costly to the Trust.

Joanne Blockley, our PALS team leader, advises on five strategies that will help you handle a patient complaint in a smooth and professional manner:

## Stay calm.

When a patient or relative presents you with a complaint, keep in mind that the issue is not personal; they are not attacking you directly but rather the situation at hand. “Winning” the confrontation accomplishes nothing. A person who remains in control of their emotions deals from a position of strength. While it is perfectly natural to get defensive when attacked, choose to be the “professional” and keep your cool.

## Get the facts.

After listening, take the initiative in the conversation. Now that the patient has calmed down and feels you have heard their side, begin asking questions. Be careful not to speak scripted replies, but use this as an opportunity to start a genuine conversation, building a trusting relationship with your patient. To help you understand the situation, get as many details as possible.

## Listen well.

Let the patient or relative talk and do not interrupt. As the patient or relative sees you are not reacting, they may begin to calm down. They need to get into a calm frame of mind before they can hear your solution—or anything you say, for that matter.

## Acknowledge the problem.

Let the patient or relative know you hear what they have said. If you or the Trust have made a mistake, admit it. If you did not make a mistake and it is a misunderstanding, simply explain it to the patient: “I can see how that would be incredibly frustrating for you.” You are not necessarily agreeing with what the patient is saying, but respecting how they perceive and feel about the situation.

## Offer a solution.

This happens only after you have sufficient details, however do not make a promise you cannot commit to or this will set you back. Remember, when offering a solution, be courteous and respectful. Let the patient know you are willing to take ownership of the issue, even if it was out of your control. Take charge of the situation and let the patient know what you are going to do to solve the problem.

If you are unable to solve the problem, please report this to your line manager or Matron and inform the patient and family you will do this. If they are also unable to help with the front line resolution, the issue will need reporting to PALS for investigation within the Division.



## Making Meal Times Matter

We all know that ensuring good nutrition and hydration are a key part of patient care and we also know there is plenty of evidence highlighting that by doing this we can improve patient experience, outcomes and reduce length of hospital stay.

As a Trust we have decided to move away from protected mealtimes. Instead we are encouraging everyone to work towards **Making Mealtimes Matter**. Think about what makes a mealtime matter to you? It could be a pleasant environment, a table and chair or a eating at a tray, a social atmosphere? This could be as simple as ensuring your patient can reach their food or have their drink topped up and within reach during the ward round.

Staff, patients and visitors should be prepared for the three phases of meal service;

**Before meal time:** Create a sociable and clean dining environment. Warn patients meal time is approaching and enquire if patients need the toilet. Wash patients hands and top up water jugs in advance. Encourage visitors to help to feed but don't assume they can or will.

**During meal time:** Help people to eat when they have a red tray, help people to open any packets, offer encouragement. Staff can have a cup of tea with their patients at mealtimes to helpmake it a social event.

**After Meal service:** Ask people their thoughts on the meal, encourage feedback to Sodexo, fill in food charts, top up any drinks. Identify any concerns ready for the next meal service.

For more information on Making Mealtimes Matter, please contact Hannah Stirland, Nutritional Nurse Specialist [hannah.stirland@nhs.net](mailto:hannah.stirland@nhs.net) or Sophie Hempsall, Nutrition & Dietetics Manager/Professional Lead [sophie.hempsall@nhs.net](mailto:sophie.hempsall@nhs.net)



## Know Your Jugs!

### Helping with hydration

In May this year an audit was carried out to see how well ward staff understood the use of the 'Red Jug' System. 56% of staff surveyed reported using red jugs on the ward but the reasons behind using them varied between patients being on fluid balance charts to patients with diabetes. To help everyone to understand which jugs are which and DBTH Nutrition Action Group has produced a guide to jugs and promoting hydration.



**A red jug lid** means that a patient requires assistance with their hydration.

**Think:** Red jug, Red Tray, Red Apple!

**Volume:** 750ml



**A blue jug lid** is a standard jug.

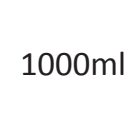
All patients still need encouragement to drink regularly throughout the day and should have their water replenished at least twice daily.

**Volume:** 750ml



**A white jug lid** is a jug used when a patient needs a dissolved preparation such as for bowel preparation before surgery.

**Volume:** 750ml



**Fluid Restriction** when this is advised a standard blue jug should be used and the volume of the fluid restriction documented on the board.



**A water droplet symbol** should be used on the ward board to indicate a patient is on a fluid balance chart.



**The Traffic Light System** of jugs is only being used on the Gresley Unit. Patient's first jug of the day will have a red lid, their next jug an orange lid and their last jug a green lid. Patients still on a jug with a red lid by 2pm should have their hydration needs escalated to a clinician.

If you interested in adopting this practise on your ward, please contact Rebecca McCombe:

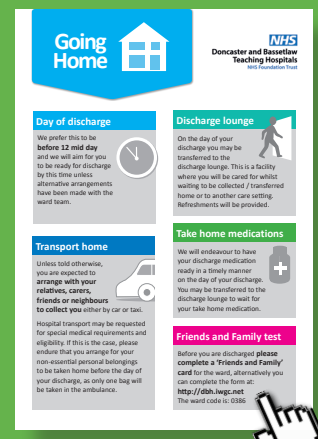
[rebecca.mccombe@nhs.net](mailto:rebecca.mccombe@nhs.net)



## Message of the month

Our patients tell us that the discharge home can be a time where they and their family don't know what to expect. The following guidance has been produced to display in all areas to help guide patients and families with what may happen on the day of discharge.

Click on the poster to download your copy.







## Patient Safety Alert

**A resource Patient Safety Alert has been issued to support safer provision of bowel care for patients at risk of autonomic dysreflexia.**

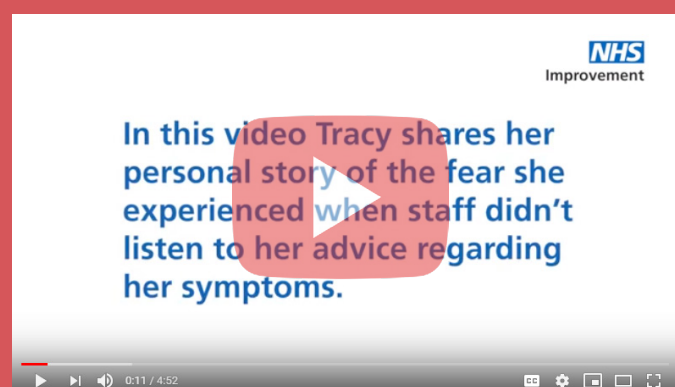
Patients with spinal cord injury or neurological conditions may have neurogenic bowel dysfunction, which often means they depend on routine interventional bowel care, including the digital (manual) removal of faeces (DRF).

Some of these patients, especially those with spinal cord injury above T6, are particularly susceptible to the potentially life-threatening condition autonomic dysreflexia, which is characterised by a rapid rise in blood pressure, risking cerebral haemorrhage and death.

Autonomic dysreflexia can be caused by non-adherence to a patient's usual bowel routine or during or following interventional bowel care.

Following reports of patient safety incidents around significant delays in providing DRF, or an appropriate alternative, this alert provides [links to a range of resources](#) to support safer bowel care for patients at risk of autonomic dysreflexia, and highlights the publication of NHS England's updated Excellence in continence care opens in a new window framework, which addresses how providers can overcome implementation challenges.

**Watch Tracy's story here:**



## Compliment of the month

**It is always a good learning opportunity when patients tell us we have got it right for them. This compliment was posted on NHS Choices in October 2018. Well done to the surgical teams involved!**

"Having being admitted for suspected appendicitis I can only commend the care received. Having waited a short time on the assessment ward I was seen and promptly dealt with and every possible detail explained and question answered. Having been waiting a few hours I was sent for a CT scan which confirmed appendicitis and was told that it would be removed ASAP the following morning which meant I could relax and prepare for the following day. Having being transferred to ward S10.

All I can say is a big thankyou to all staff involved right from the nurses to consultants. At every opportunity I was informed as to what would be happening and when and nothing was too much trouble."

## Visiting Times

**Following feedback from our patients and families, particularly around communication or lack of information around patient's diagnosis, we undertook a consultation, both in person and via social media. We asked patients and relatives what they thought would improve their hospital stay and we were told they would like us to expand our visiting times and have some consistency across all our adult wards.**

Comments we received from our patients included:

"I'm waiting for theatre and my husband was made to go, I have been sat on my own for a number of hours feeling very scared and nervous - I feel alone as not got anyone to stay and support me"

"Visitors should be able to support their loved ones when they are at their most vulnerable"

"Ask the family – we will tell you how the patient manages at home"

"Patients may feel embarrassed and prefer their loved ones to support them in the bathroom"

"Dignity will be maintained if relatives can help"

"I want my loved ones to visit as often as possible"

"More open visiting encourages family to remain connected in their family member's lives"

The following visiting times were introduced on Friday 21 December 2018

- Gastroenterology and respiratory wards will adopt visiting hours from 8am to 8pm
- Elderly care wards and paediatrics will retain open access at any hour for visitors
- All other wards (except Maternity and the Department of Critical Care) will adopt visiting hours from 11am to 8pm.

We believe that by changing access for visitors to our wards, it will increase the comfort, dignity and independence experienced by our patients when staying with us. We also believe it will lead to better communication and the ability to enhance our offer of person centred care.

We are encouraging all our patients to complete a This is Me document while in hospital to help us become a person centred hospital. If any patient has concerns about visiting times, please make sure their This is Me is communicated to the teams involved in the care.





## Beating the Boredom!

**"For patients experiencing long hospital stays, the hardest part to endure may not be the pain or inconvenience of treatment but boredom"**

Jeremy Smith, BMJ, 2018



We know that meaningful engagement with our older, frailer patients can promote recovery. From improving quality of sleep, to reducing falls rates and length of stay in hospital. This is clearly the case in areas where Activity Coordinators are an integral part of the ward team. Currently there are 7 Activity Coordinators employed across the Trust on FAU, Gresley, Mallard, Ward 1&3, A4 at Bassetlaw, R1 and R2 at MMH. They form part of DBTH's Enhanced Care Model.

Over the last few months, the Activity Coordinators have engaged with local sports teams who have donated historic sporting memorabilia to allow patients to reminisce, supported staff and patients on Remembrance Day and provided a full Christmas itinerary including choirs and festive activities. In addition to the activities, relatives have let us know how positive the impact of such mental and physical stimulation has had on their loved one. Other ward staff have said the Activity Coordinator role has 'boosted staff morale' because of the extra support available to engage and supervise our more vulnerable and unpredictable patients, reducing the workload. Due to the success of the role and the positive impact they have had another 5 positions across DRI and Bassetlaw are soon to be advertised!

As staff members we often feel as though there aren't enough hours in the day to complete our tasks however it's important to remember that at any age no matter the reason for someone's admission to our hospitals, time stretching out between medication rounds and trips to the X-ray department with little interaction can feel monotonous at best, and anxiety-inducing at worst. While always at the discretion of the nurse in charge of the ward, we can support all our patients to have a better hospital experience in small ways that don't mean extra work:

- Raise awareness of the new visiting times so our patients can stay connected to their loved ones.
- Encourage patients to display personal items from home such as photos, letters and cards from loved ones
- Consider how you can brighten up ward walls with brighter paint or artwork, allow patients to put up personal things in their bed space
- Make sure patients know about the free wifi available
- Advertise that your ward area would be grateful for staff and visitors to donate games, books, magazines, pens and paper for patients, start building an activities box.

The Activity Coordinators are happy to loan out activities, if you feel your patients would benefit, contact Emily King Enhanced Care Practitioner on 07766 366556 [emily.king18@nhs.net](mailto:emily.king18@nhs.net)



## Pets As Therapy

Pets As Therapy (PAT) is a national charity founded in 1983 to enhance health and wellbeing in the community through the visits of trusted volunteers with their behaviourally assessed animals.

For older people who have loved animals and may be missing a pet at home or can no longer look after a pet, or have dementia, the visits from PAT can transform a hospital stay.

You may have heard about Ted our therapy dog and Darcie, our therapy cat who visit some of our older people's wards with a volunteer. Ted and Darcie are now members of Team DBTH and have their own ID badges.

Planned visits through PAT can help to bring joy, comfort and companionship to many patients (and staff) who appreciate being able to touch and stroke a friendly animal. For more information about Pets as Therapy please contact Emily King, Person Centred Care Practitioner [emily.king18@nhs.net](mailto:emily.king18@nhs.net) or visit their website <https://petsastherapy.org/about-us/>



**Ted, Senior Snuggle Officer, Dog Division**



**Darcie, Senior Snuggle Officer, Cat Division**



## Quality Improvement (Qi)

The Qi team have been working with Trauma and Orthopaedics to improve their patient pathways as part of the Trust's 5 year goal to become outstanding in everything we do.

We invited some patients to be part of this work. Celia was a patient who fractured her hip at home. She let us visit her at home and film her story. You can see it here:



Lots of improvement work is being carried out in the trust including patients in improvement groups or finding other ways than surveys to share their experiences.

You could also have a look at what other teams and services are improving on our Qi Database <http://dbhlive01/qii/index.php> which shows some of the Qi work across the Trust.

For more information on the Qi team contact [becky.vallance@nhs.net](mailto:becky.vallance@nhs.net) Clinical Lead for Quality Improvement.





## Supporting Veterans in Hospital



A 69 year old veteran was recently admitted for orthopaedic surgery for a traumatic distal radius fracture. His past medical history included type 2 diabetes, hypertension and asthma. Along with these conditions, he had a diagnosis of Post-Traumatic Stress Disorder (PTSD), anxiety, depression and has struggled with alcohol addiction.

In theatre recovery, he became very agitated and restless shouting "Call a medic. I am hit. I am hit." Additional staff had to be called prevent him from injuring himself. He became physically aggressive, and was given sedation. He continued to shout "I'm hit. I'm hit. Call a medic." His wife was eventually brought into the recovery area, which helped to orientate him.

A Veteran is defined as an ex-member of the armed forces. It is important to understand that these members of society can be young or old and could present to any of the services we provide at DBTH. It could be the first time they have accessed services, they may have undiagnosed physical and mental health issues and they may have developed an unhealthy relationship with recreational substances.

For support in managing patients with Delirium use [TIME AND SPACE](#)

Be vigilant in getting to know your patients and find out if they are a veteran to help improve health outcomes by using the [This is Me](#) documentation.



For more information on the Trust becoming a veteran aware hospital [please click here](#) or contact:

Mandy Espy: [amanda.espey@nhs.net](mailto:amanda.espey@nhs.net)

Emily King: [emily.king18@nhs.net](mailto:emily.king18@nhs.net)



## Contributors

We want to say a big thank you to our Sharing How We Care contributors:

Dr Tim Noble, Cindy Storer, Emily King, Sophie Hemsall, Becky Vallance and Joanne Blockley.

## 'Military Human' training



Andrew Bruce,  
Orthopaedic Consultant

**DBTH is now one of the 25 Trusts across the country accredited with being a Veteran Aware Trust. Historically, veterans have reported how difficult they have found it to access services and this is part of an initiative to improve quality of life and health for veterans.**

The 'Military Human' training day is currently being run by the council and open for all staff to attend. Feedback from the day is that staff felt it was really valuable and relevant to their practice, and it highlighted the understanding and compassion needed when interacting with people who have served in combat.

In working towards being a Veteran Aware Trust and improving health outcomes for veterans, we must all be more vigilant in getting to know our patients and building a compassionate rapport, along with knowing where to signpost people to for more support.

**There is a wealth of services our veterans can access; it is our role to ensure they receive information on accessing them. The following links can support us as staff to signpost to the appropriate services:**

### 'Military Human' study day:

Contact Veterans Support Officer  
Jessica Farr [Jessica.farr@doncaster.gov.uk](mailto:Jessica.farr@doncaster.gov.uk)

### The Ministry of Defence, Veterans Welfare Service:

<https://www.gov.uk/government/groups/veterans-welfare-service>

### Charities and other organisations:

<https://www.gov.uk/government/publications/veterans-welfare-service-useful-links-for-service-personnel/useful-links-for-the-service-community>

### Resources for wards to raise awareness:

<https://improvement.nhs.uk/resources/veteran-aware-hospitals/>