

<b>Report to:</b>	<b>Trust Board</b>	<b>Agenda item:</b>	<b>7</b>
<b>Date of Meeting:</b>	<b>9 November 2011</b>		

<b>Title of Report:</b>	<b>Patient Experience Report for Quarter 2, 2011/12</b>
<b>Status:</b>	<b>For information</b>
<b>Board Sponsor:</b>	<b>Francesca Thompson, Director of Nursing</b>
<b>Author:</b>	<b>Theresa Hegarty, Head of Patient Experience</b>
<b>Appendices</b>	<b>Appendix 1: PET Board Report for Quarter 2, 2011/12</b>

<b>1.</b>	<b>Purpose of Report (Including link to objectives)</b>
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To update and inform the Board on progress to improve patient experience at the RUH and gain support from the divisions to implement action and practice change.

<b>2.</b>	<b>Summary of Key Issues for Discussion</b>
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Improvements made to patient and carer experience.  
Patient Experience Tracker (PET) report, see Appendix 1.

<b>3.</b>	<b>Recommendations (Note, Approve, Discuss etc.)</b>
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The Board to note the report.

<b>4.</b>	<b>Quality &amp; Safety Standards (which apply)</b>
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Essential standards of quality and safety – Outcomes: 1; 4; 5; 6; 7; 10; 11; 17

<b>5.</b>	<b>Legal / Regulatory Implications (NHSLA / ALE etc)</b>
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NHSLA

<b>6.</b>	<b>NHS Constitution</b>
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This report provides support for principle 6: The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.

<b>7.</b>	<b>Risk (Threats or opportunities link to risk on register etc)</b>
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Implementation of ***Patient Experience Strategy for RUH 2008 – 2012; Treating you well.***  
Promotes good practice, which will affect reputation of the RUH and encourage patients to choose the RUH.  
Ensures compliance with regulation and guidance: ***Essential standards of quality***

**and safety**; NHSLA.  
 Ensures and promotes Equality and Diversity; addresses health inequalities.  
 Ensures compliance with key national guidance including:  
**Real Involvement, working with people to improve health services** (Oct 2008)  
 Dept of Health.  
**The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.**  
**NHS Constitution.**  
**Real Accountability, demonstrating responsiveness and accountability.**  
 (Nov 2009) Dept of Health.  
**MENCAP Getting it right charter** for people with Learning Disabilities.  
**The Intelligent Board 2010** (Sept 10); Dr Foster Ltd.

**8. Resources Implications (Financial / staffing)**

No key issues identified

**9. Equality and Diversity**

Work to improve patient experience is clearly focused on equality and diversity. Current work with people with a learning disability also supports patients who may have difficulty with reading and understanding; it also prompts staff to work more closely with carers and to use *Reasonable Adjustment* and a person centred approach.  
 Using patient stories and the *See it my way* events enables staff to understand the effect disability and the other characteristics have on people's lives.

**10. Communication**

No key issues identified

**11. References to previous reports**

Previous Quarterly reports

**12. Freedom of Information**

Public

## Patient Experience Report

### Quarter 2 – July, August, September 2011

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7. Chaplaincy report

#### Executive summary

- 1.1 There has been a significant increase in PALS contacts regarding disruption caused due to the process of implementation of Millennium.
  - 1.2 There was an 84% response rate to the target of 25 days for formal complaints in July and August.
  - 1.3 There were 2 *See it my way* events during this quarter. These events are organised by the Head of Patient Experience (HoPE), who works in partnership with community groups to select and prepare a wide range of patients and carers to speak for themselves to RUH staff about their story/experience. Sessions last an hour to make them as accessible as possible and all RUH staff are encouraged to attend. See Appendices 2 and 3 for staff feedback. Follow up on the learning and impact of these events is being planned.
  - 1.4 Patient stories are increasingly presented and heard by the Trust Board. The story of a patient with a learning disability was presented to Trust Board on 14 September and also to the Equality Act briefing, to portray the experience of a patient with a severe disability and the reasons for the requirement to make reasonable adjustment for people with special needs in the RUH.
  - 1.5 The *Review of the Parliamentary and Health Service Ombudsman’s Report on Complaint Handling 2009/2010 in the NHS South West* was sent to CEO in July 2011. The report highlights key points for improvement.
- 2.0 **Patient Experience Tracker (PET)**  
Please read the PET Board Summary of results for Q2. (Appendix 1)

**3.0 Review of the Parliamentary and Health Service Ombudsman’s Report on Complaint Handling 2009/2010 in the NHS South West**

3.1 The *Review of the Parliamentary and Health Service Ombudsman’s Report on Complaint Handling 2009/2010 in the NHS South West* was sent to CEO in July.

3.2 One key finding is that different coding systems used by all NHS Trusts in recording complaints cause inconsistency in how complaints are received, recorded and handled.

3.3 Section 7 of the report discusses the learning outcomes and sharing these with other organisations involved with the patient pathway. Evidence and assurance of sustained practice change following patient feedback and complaints has been an area identified by the RUH Complaints team as an area for improvement and strong leadership and support from the divisions is required to enable this assurance. This links to the recent action plan that was developed by the Complaints and Litigation Manager and will be reviewed in February 2012.

3.4 In the report, the RUH is not identified as an area that requires specific improvements. In the interests of good practice, however, the RUH PALS and Complaints teams will disseminate the findings and use them to make any appropriate improvements and this will be reported in the next quarterly Patient Experience Report.

**4.0 Action taken to improve patient experience in Q2**

**4.1 People with a learning disability (LD)**

4.1.2 The Action Plan for people with a LD continues to be monitored through the partnership Access to Acute (A2A) Group as well as the Patient Experience Group (PEG), following the recommendations from the LD review held at the RUH in October 2010.

4.1.3 An unannounced visit from the Care Quality Commission (CQC) regarding the care of patients with dementia and LD and their families took place in February. An Action Plan to address CQC recommendations has been implemented and is being monitored through the Quality Board.

4.1.4 The *Confidential Inquiry into deaths of people with learning disabilities* (LD) continues to review all RUH cases of LD patients who have died and meetings take place to learn from the findings. Any new themes not covered in the LD Action Plan that arise from the Inquiry are added to the plan.

4.1.5 The Sister for Quality Improvement (SQI), Learning Disability (LD) and Mental Health (MH) works closely with patients referred, with RUH staff, carers/relatives and community staff to make *reasonable adjustment* to services. This quarter she has had contact with the following cases:

2011	Learning Disability (LD) cases	Mental Health (MH) cases	Cases of MH and LD combined	Mental capacity advice regarding patients without a LD/mental illness
Q1	23	5	2	3
Q2	26	6	3	1

There was also:

- 1 case for Deprivation of Liberty (DoLS) advice, to a patient without a LD or MH condition.
- 1 case for an inpatient who is a carer as his wife has a LD

4.1.6 Ongoing partnership work, currently taking place between RUH staff, community staff for people with LD and BANES People First includes:

- Developing an Easy Read menu for patients.
- The patient's Passport to Care being used increasingly across the hospital.
- Development of new leaflets on Mental Capacity Act (MCA).
- Meeting to be arranged with communication team re the wider subject of easy read leaflets with particular attention to the criteria for foundation trust compliance
- Training plans for LD and MCA are in development with the education team
- An audit has taken place to assess use of Do Not Attempt to Resuscitate (DNAR) measures on patients and the link with the MCA in August (awaiting results).
- LD pathways being developed for use in the RUH.
- Mental health and MCA/ DoLS pages have been developed and are now on the intranet for staff guidance.
- A postmaster reminder was sent to all staff regarding arrangements for Deaf Interpreters to be found on the RUH Intranet; better use of Deaf Interpreters has been identified as a recommendation from the Confidential Inquiry.
- The Project Search questionnaire of staff that have had a student on placement in their work area has been up dated to include questions on how the experience has affected staff attitudes to, and practice with, people with a LD. This new questionnaire will be implemented in January 2012.

**4.2 Involvement and engagement action taken in Q2, 2011**

**4.3 See it my way – living with dementia**

4.3.1 On 7 July, *See it my way – living with dementia* was held at the RUH to raise staff awareness, understanding and knowledge of the needs of people with dementia by hearing the story of people living with dementia, telling it for themselves by those diagnosed with the condition and those caring for a loved one with dementia.

4.3.2 The HoPE worked with staff working for Alzheimer’s Support and the Research Institute for Older People (RICE) to source and select speakers from the community for *See it my way – living with dementia*. In excess of 141 staff attended.

4.3.3 Three speakers were prepared; 2 speakers were people diagnosed with dementia and 1 was a carer of his mother with dementia. An interview style of presentation was used in order to facilitate the people with dementia to speak for themselves. Dr Chris Dyer also gave a brief update on RUH developments for people with dementia.

4.3.4 The outstanding theme identified as the “one thing participants learnt from the session” was: to listen better to and increase involvement of carers and relatives with patient care.

4.3.5 As a direct result of this session, the education team now include carers in their programme of perceptorship training of Nurses and Allied Health Professionals (AHP).

**4.4 See it my way – life as a carer**

4.4.1 On 15 September, *See it my way – life as a carer* was held at the RUH to raise staff awareness, understanding and knowledge of the needs of carers by hearing the story of their experience. In excess of 70 people attended.

4.4.2 The HoPE worked closely with staff at the Carers’ Centre to enable 6 carers to tell their own story, including: the younger wife of a husband with dementia; a daughter with learning disabilities who cares for her older parents; the mother of a young son with disabilities; a 17yr old daughter who cares for her father with MS and mother with a mental illness; an 87yr old husband who cares for his wife with dementia; a wife, with mental health issues who cares for her disabled husband.

4.4.3 The main theme identified as the “one thing participants learnt from the session” was: to increase involvement and support of carers. Immediately after this event, key RUH staff sat down to meet with Carers’ Centre staff to plan and develop partnership work, as listed in 4.5.1.

#### 4.5 Carer developments

##### 4.5.1 Partnership with the Carers' Centre

4.5.2 There is a programme of work in progress at the RUH provided by the Carers' Centre to facilitate better communication with carer through the use of the Carer Resource Guide and promote carers as expert care partners. One member of the Carers' Centre staff spends a third of his full time post working in the RUH every Tuesday, Wednesday and Thursday from 12.00 - 4.30pm.

4.5.3 A partnership event took place between RUH staff and the Carers' Centre to focus on improving discharge arrangements and the work of the Discharge and Therapeutic Evaluation Team (DATE).

4.5.4 This member of staff from the Carers' Centre is working with RUH carers in the following ways:

- Providing Carer Awareness Training to all staff groups when appropriate and required.
- Taking referrals for all carers throughout the RUH, meeting and assessing carers on the wards from B&NES, Wiltshire, Somerset, Bristol and South Gloucestershire and other areas.
- Providing support, information and advice and supporting carers on the phone and in the RUH personally.
- Offering home visits and follow up to all B&NES carers and referring others for on-going support to their respective Carer Support organisations with which the Carers' Centre has links.
- Helping and supporting the carer through their hospital experience, particularly when they attend clinical review or discharge meetings; providing emotional and practical support on a one-to-one basis.
- Helping plan discharge and prepare the carer for their cared-for person coming home.
- Organising respite breaks whilst the cared-for person is in hospital and help plan for regular breaks in the future.
- Liaising with the primary care teams to ensure there is on-going support back in the community post-discharge.
- Working with carers using a person-centred approach and help them to create a personal support plan tailored to their needs.

4.5.4 Drop-in clinics are provided by the Carers' Centre to identify and provide support for "hard to reach" carers; these have been taking place at the RUH since March 2011 and are well established, taking place as follows:

- First Wednesday of the month: the Atrium, outside PALS office, 2.00 – 4.00pm
- Third Wednesday of the month: Children's Ward, from 2.00 – 4.00pm

- First Thursday of the month: Combe Ward, from 2.00 – 4.00pm (previously Combe Ward had a weekly drop-in clinic but this was cut down as staff have increased their time in the RUH in other areas.)
- First Saturday of the month: Combe Ward, from 2.00 – 4.00pm

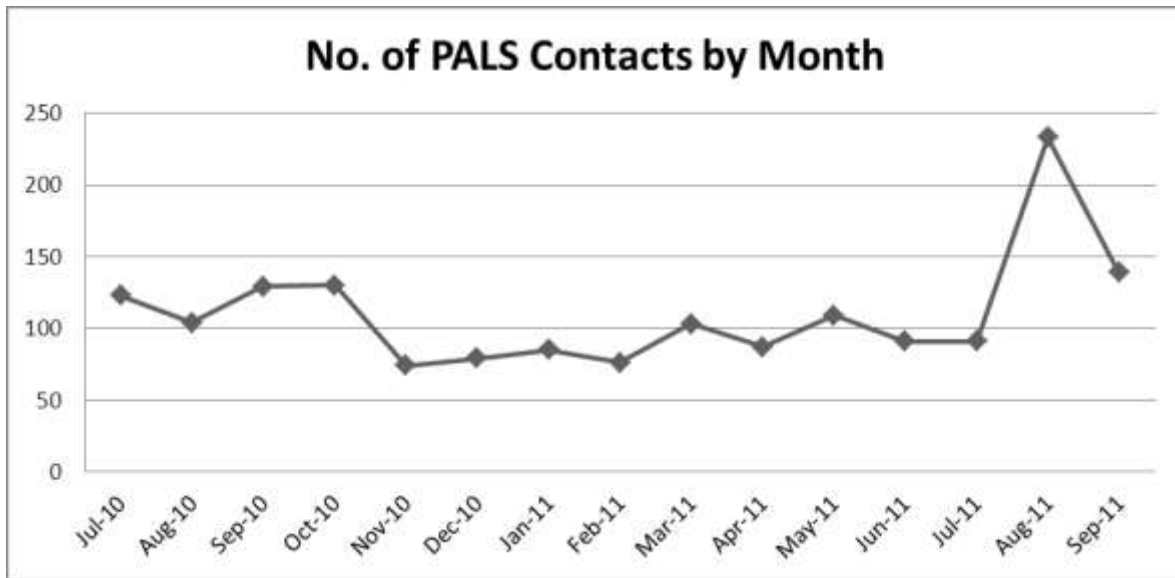
4.5.5 Staff from the Carers’ Centre also work with the DATE team and work out of the DATE office, attending DATE lunch time meetings to take referrals that assist with discharge from hospital.

4.5.6 There are plans for this member of staff to spend time in MAU and ED rather than in the DATE office to enable him to pick up referrals directly. He is working with a specific senior nurse to ensure this happens.

**5 Patient Advice and Liaison (PALS) report**

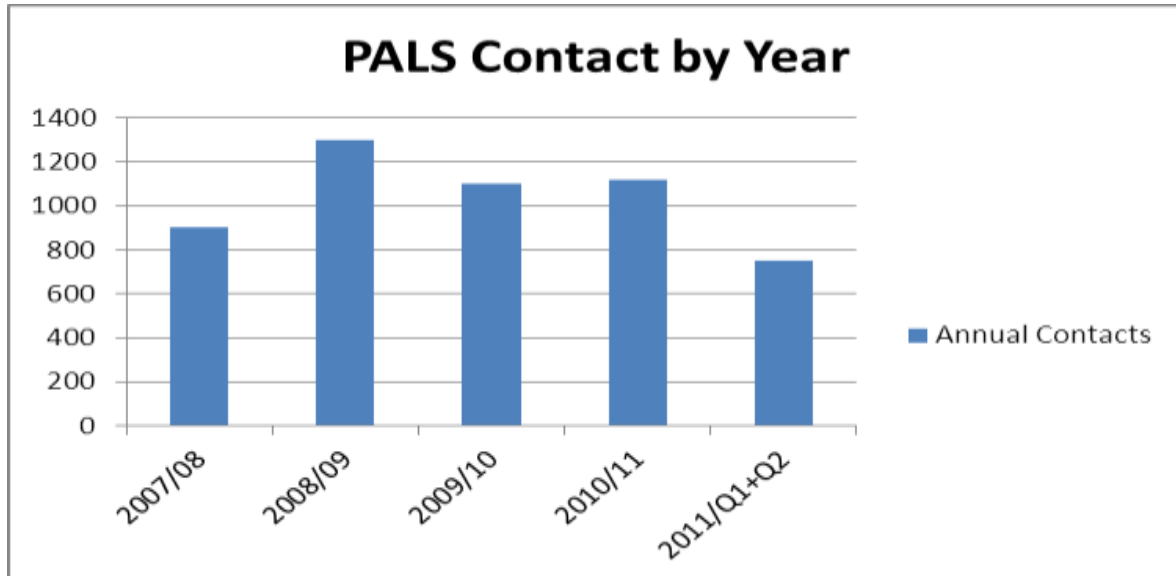
**5.1 Total PALS contacts by month:**

5.2 233 contacts were made to PALS in August due to Millenium inquiries (normally 90-120 contacts are made in a month).





**5.3 PALS total contacts by year:**



**5.4 The top 5 PALS contact themes for Q2**

The themes listed below include all concerns and comments made to PALS, including anonymous feedback.

**5.4.1 The top theme for this quarter has been the high number of inquiries and feedback relating to the new Millennium Patient Data System with PALS receiving three times the normal number of monthly contacts during August.**

**Enquiries related to the following:**

Patients whose appointments were unable to be booked at the time of their visit and who were informed that an appointment would be sent, but none was received

Many patients who contacted PALS were frustrated because they were unable to get through by telephone when trying to contact outpatient clinics to check on or follow up an appointment. The highest number of contacts were received in relation to services relating to the Fracture Clinic

**Action taken:** PALS staff liaised closely with staff in the Fracture Clinic and other outpatient areas in order to facilitate a swift response to all enquiries received and to ensure that clients were subsequently contacted and fully updated and reassured with regards to their appointment details. Fracture Clinic manager made aware of the patients level of dissatisfaction and poor experience

**5.4.2 General enquiries covering the following: bereavement enquiries; the process for making a claim for lost property; signposting patients to services in other Trusts and Community Hospitals**

Action taken: PALS listened to concerns and provided information, signposting and contact details as required.

**5.4.3 Millennium issues relating to erroneous letters being received by patients**

Examples: An appointment letter stating clinic date was December 25, appointment time 00.00  
 The receipt of three appointment or cancellation letters.  
 Unexpected letter received by patient who last attended the hospital in 2005

**Action taken:** An apology and explanation provided to the patients concerned. All feedback and examples shared with the Millennium Project team in order to ensure any technical difficulties were rectified as swiftly as possible.

**5.4.4 Waiting list enquiries relating to Elective Admissions**

**Action taken:** Enquiries discussed with Elective Booking team and patients provided with up to date information with regard to waiting times and likely admission dates.

**5.4.5 Following the implementation of Millennium, enquiries were received regarding appointment information relating to time, date and location. Departments where patients had most problems trying to contact were: the Fracture Clinic, Urology Outpatient Department, Ophthalmology and the Pain Clinic, with the highest number of calls received relating to the Fracture Clinic.**

**Action taken:** PALS ensured that all enquiries were taken forward as appropriate with the relevant departments and that patients were updated with appointment details as soon as possible.

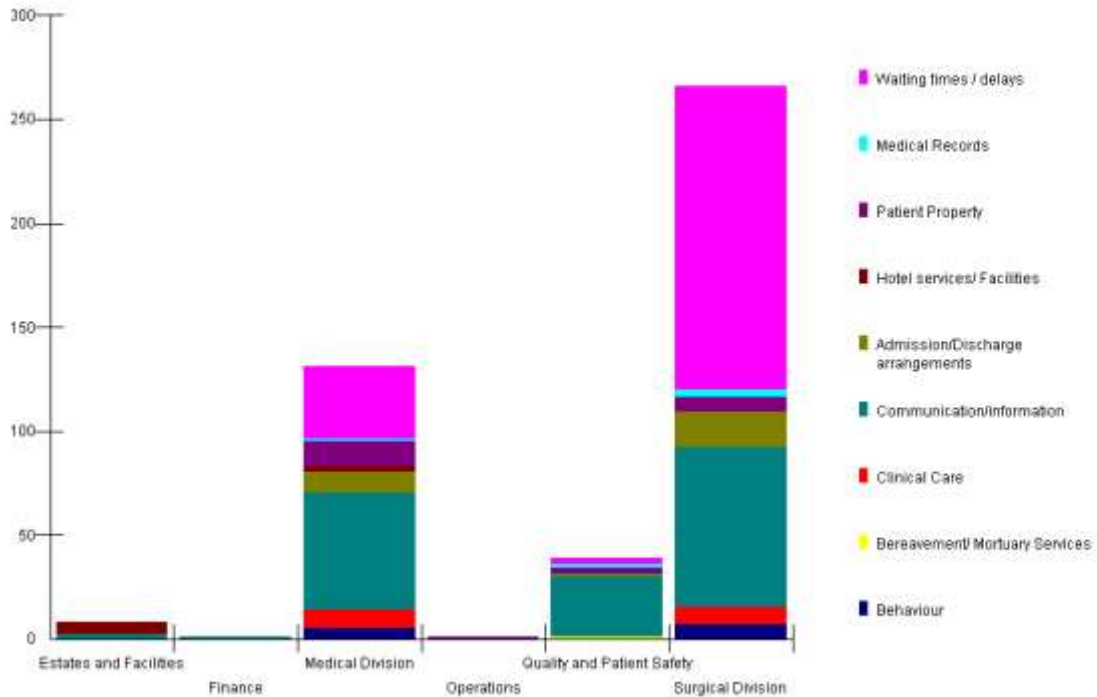
**5.5 Ethnicity of PALS contacts**

Out of a total of 264 contacts made to PALS, 205 ethnicity forms were completed.

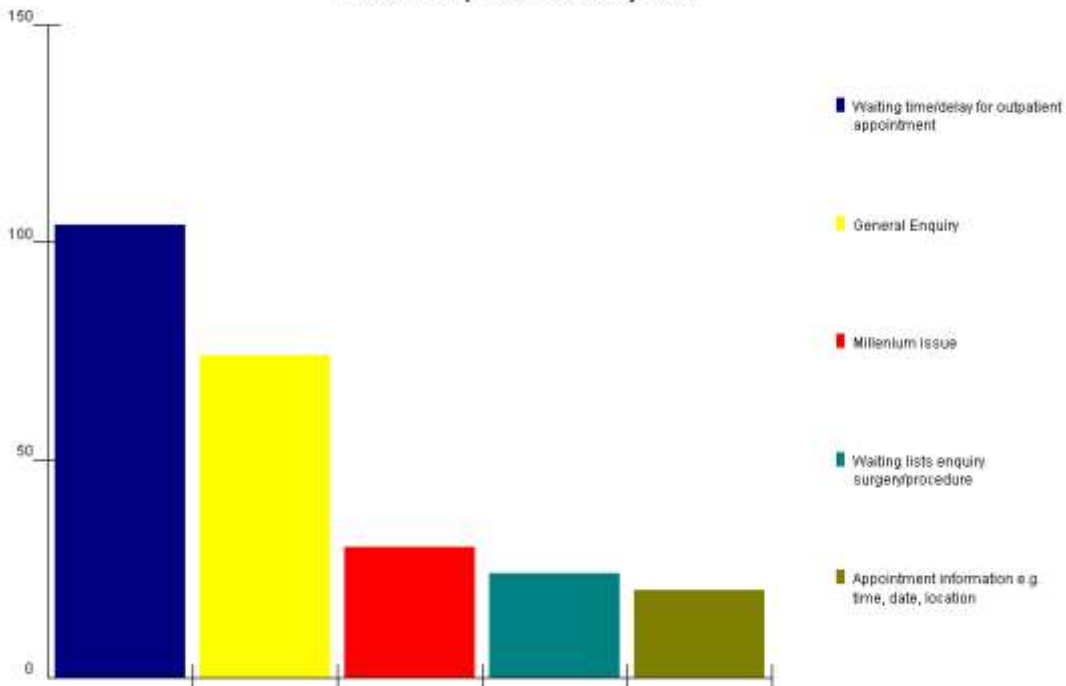
- 152 stated they were “White British”
- 1 stated they were “White/Other White”
- 52 recorded “Not stated”

**5.6 Total PALS contacts by category:**

PALS enquiries by Directorate and Subject



PALS Top 5 Sub Subjects

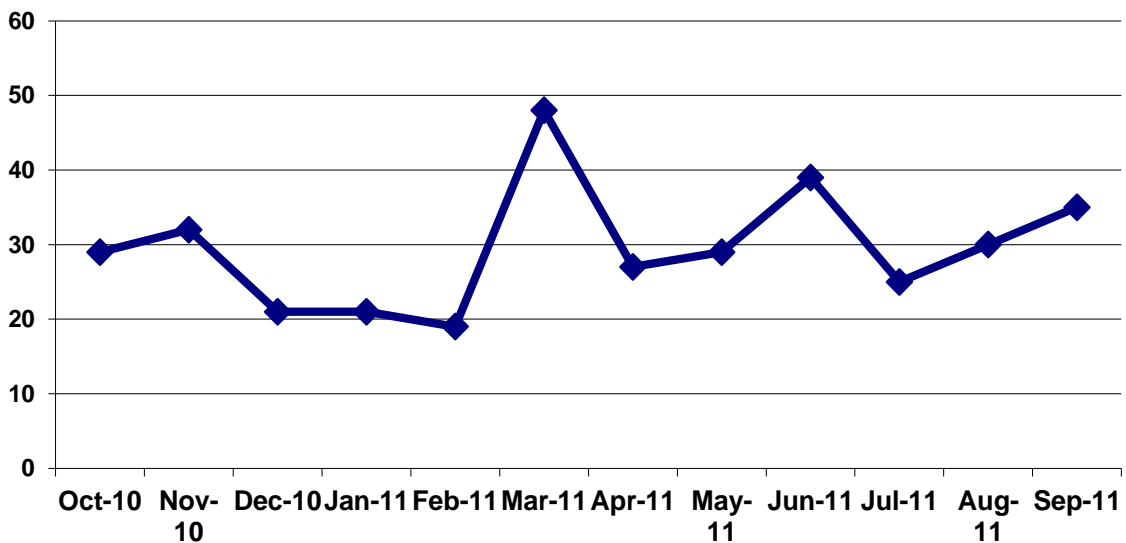


**6. Complaints, Litigation, Inquest and Claims report**

**6.1 Number of complaints received and response times in Q2:**

In Q2 the Trust received 90 complaints. The complaints team acknowledged all complaints in Q2 within 3 working days.

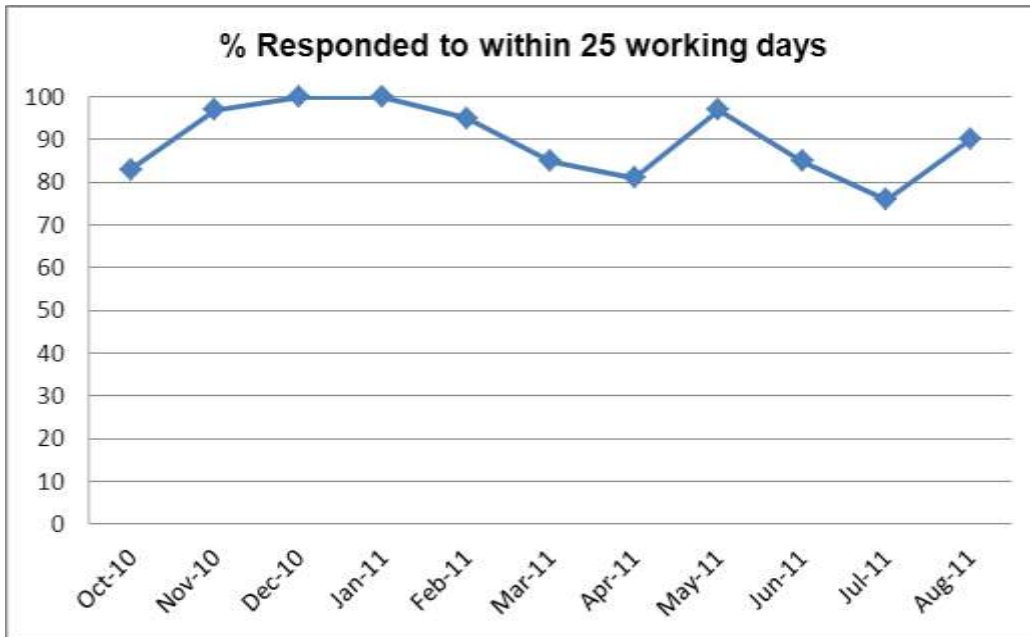
**Number of Formal Complaints Received in Quarter 2**



6.2 The increase to numbers of complaints as seen in March, is a typical annual increase which occurs following the Christmas holiday period. In Q3 discussion is due to take place with appropriate senior managers and divisional leads in an attempt to reduce the monthly increase in 2012.

6.3 The Trust received a reduced number of complaints during July compared to the numbers that were received in the previous month, where we saw a higher number of complaints in each division. Medicine received complaints in Neurology, OPU, Cardiology and Respiratory – they have not received complaints in those departments during the month of July. Within the surgical division the orthopaedic department received 8 complaints in the month of June compared to a reduced number in July, a total of 3. In addition to this the obstetric team had received 2 complaints in June and none in July which reduced the overall number received by the surgical division. From August to September there has been an increase in the number of complaints received, the majority of which relate to communication. During this period the Complaints and PALS team saw an increase in contacts which relate to the introduction of Millennium some of which led to formal complaints.

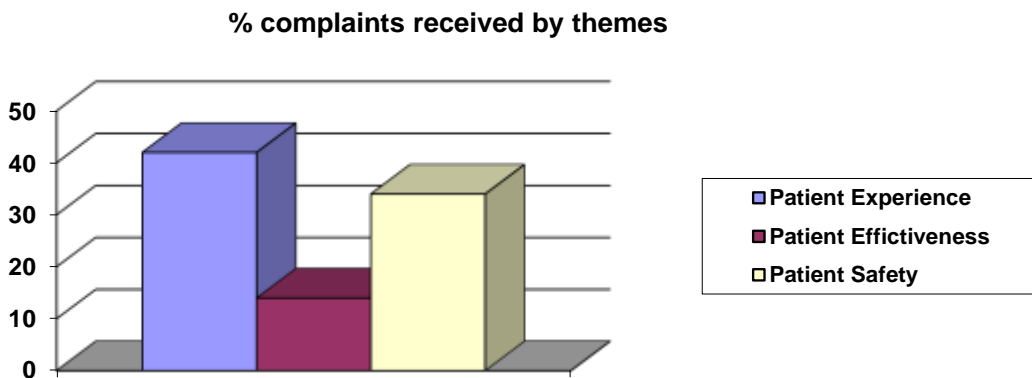
**6.4 Percentage of responses achieved within 25 working days**



6.5 The divisions have increased our response rate since July bringing us back up to a 90% response rate. We are currently unable to report on September 2011, as complaints received in this month are currently still being investigated.

**6.6 Formal complaints by theme**

The graph below shows a relatively consistent picture when compared to the previous quarter. The percentage of complaints which relate to patient experience remain the largest category at around 47% followed by patient safety and then patient effectiveness.



6.7 The category definitions are as follows:

- Patient Safety** – Admission, Transfer and Discharge, Infection Control
- Patient Effectiveness** – Outpatient Appointments, Inpatient Appointments, Aids, Equipment and Appliances, Lost blood samples
- Patient Experience** – Episode of care, attitude of staff and communication

6.8 Assurance against the themes is provided in the following examples (September complaints not included)

	<b>Actions</b>
<b>Patient Safety</b>	<ul style="list-style-type: none"> <li>• An elderly patient with learning disabilities and registered blind was discharged without staff contacting the patient’s next of kin or the care home. The Consultant who investigated the complaint has agreed to use this case when teaching ED staff in relation to the management of vulnerable adults. Delay in discharge summary being sent to GP. Apologised that summary was not sent to GP in a timely manner.</li> <li>• Patient unhappy with medical care and that the pain was not managed appropriately. Meeting held to discuss concerns. It was agreed that a note would be placed on patient’s medical records advising that the specific medication does not manage the pain.</li> </ul>
<b>Patient Effectiveness</b>	<ul style="list-style-type: none"> <li>• Patient is unable to attend to have ears suctioned in the ENT department. Ear suctioning is now an INN procedure and funding for this case has been submitted to the local PCT.</li> <li>• Concerns raised regarding the availability of the linear accelerator and the arrangements of appointments. Explained that unfortunately the radiotherapy treatment machine broke down and despite the efforts of the engineers the fault could not be repaired immediately. Therefore patients’ appointments were re-arranged and apologised for the inconvenience caused.</li> <li>• Patient’s operation was cancelled. Explained that patient’s surgery was on the afternoon list and that procedures taking place earlier that afternoon overran in theatre and therefore surgery had to be cancelled.</li> </ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>• Attitude of medical secretary. Manager has spoken to secretary and apologises for the upset and frustration caused.</li> <li>• Patient complaining about the level of pain experienced during colonoscopy. Consultant Gastroenterologist who undertook procedures apologised that the procedures were so uncomfortable but he did try and reduce the discomfort as much as possible with the administration of a sedative and a painkiller.</li> </ul>

## 6.9 Survey of Satisfaction of Complainants

During this quarter the Complaints team sent out 64 complaint surveys which ask questions about the process in terms of access and information, assistance when making a complaint and if the complainant was satisfied with the outcome. In terms of responses, 21 surveys were returned (33%). The following responses were received:-

Did we ask you what outcomes you were looking for from your complaint i.e. explanation of treatment, an apology etc? Outcomes discussed?

Yes	9	(42%)
No	10	(48%)
No comment	3	(10%)

Since receiving this initial feedback the Complaints and Litigation Manager has discussed this feedback with the complaints team who are responsible for initiating the first contact with the complainant and specifically identify what outcomes the complainant is looking for.

How well did the response answer all the issues you raised?

Most issues	8	(38%)
All issues	6	(29%)
Some issues	4	(19%)
No issues	2	(10%)
No comment	1	(4%)

Do you feel satisfied that we responded to your complaint openly and honestly?

Yes	9	(43%)
No	10	(48%)
No comment	2	(9%)

Overall how satisfied were you with the way we handled your complaint?

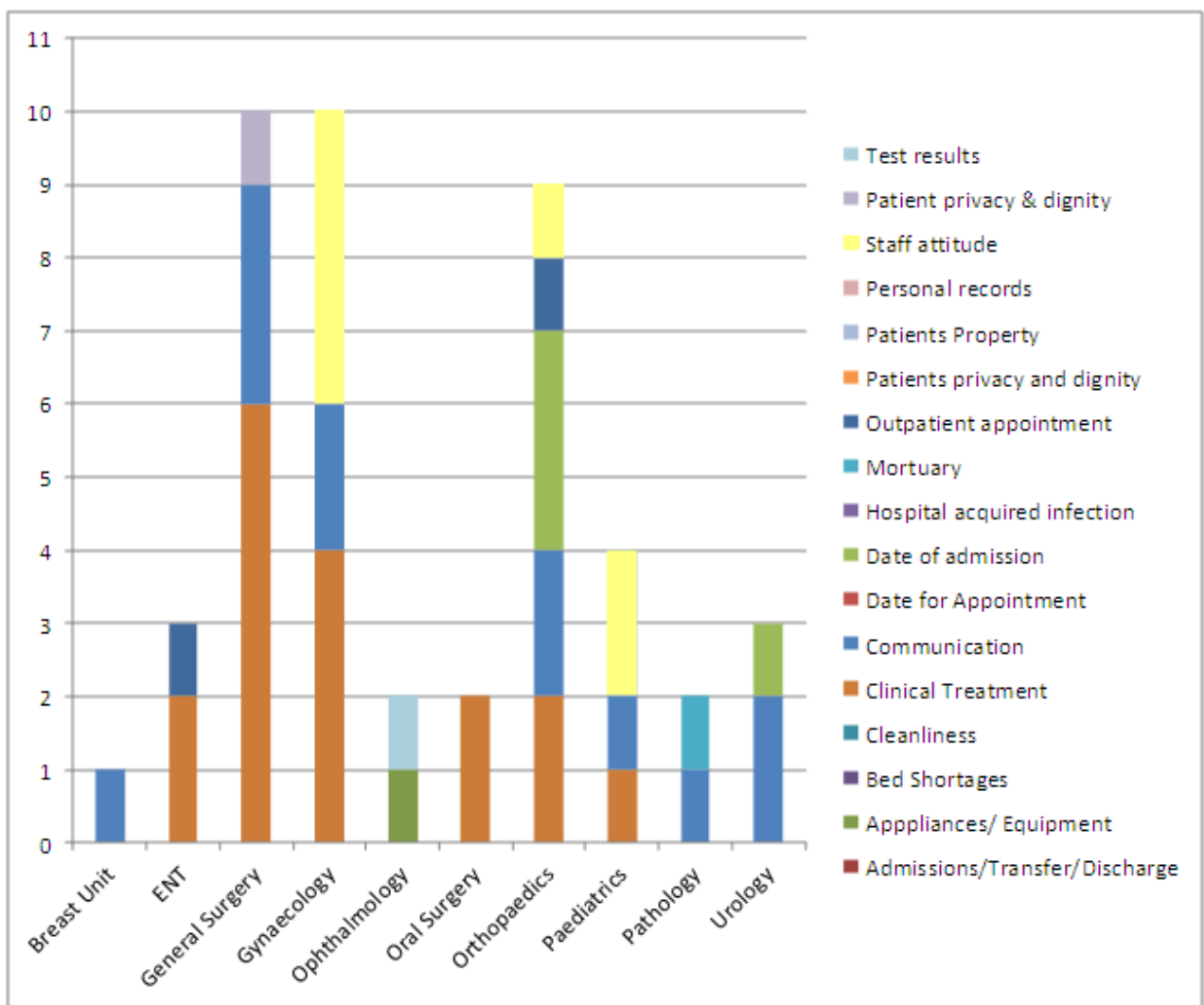
Very satisfied	2	(10%)
Satisfied	11	(51%)
Dissatisfied	6	(29%)
Very dissatisfied	1	(5%)
No comment	1	(5%)

In order to address these issues the above statistics have been shared with the divisional complaint leads and managers with a view to improving the content of the response letters that are sent. From October each division will be provided with a monthly update on the feedback that we are receiving.

We also include a number of ethnic monitoring questions as part of the survey and of the 21 surveys returned all complainants reported that they were: “British – White”.

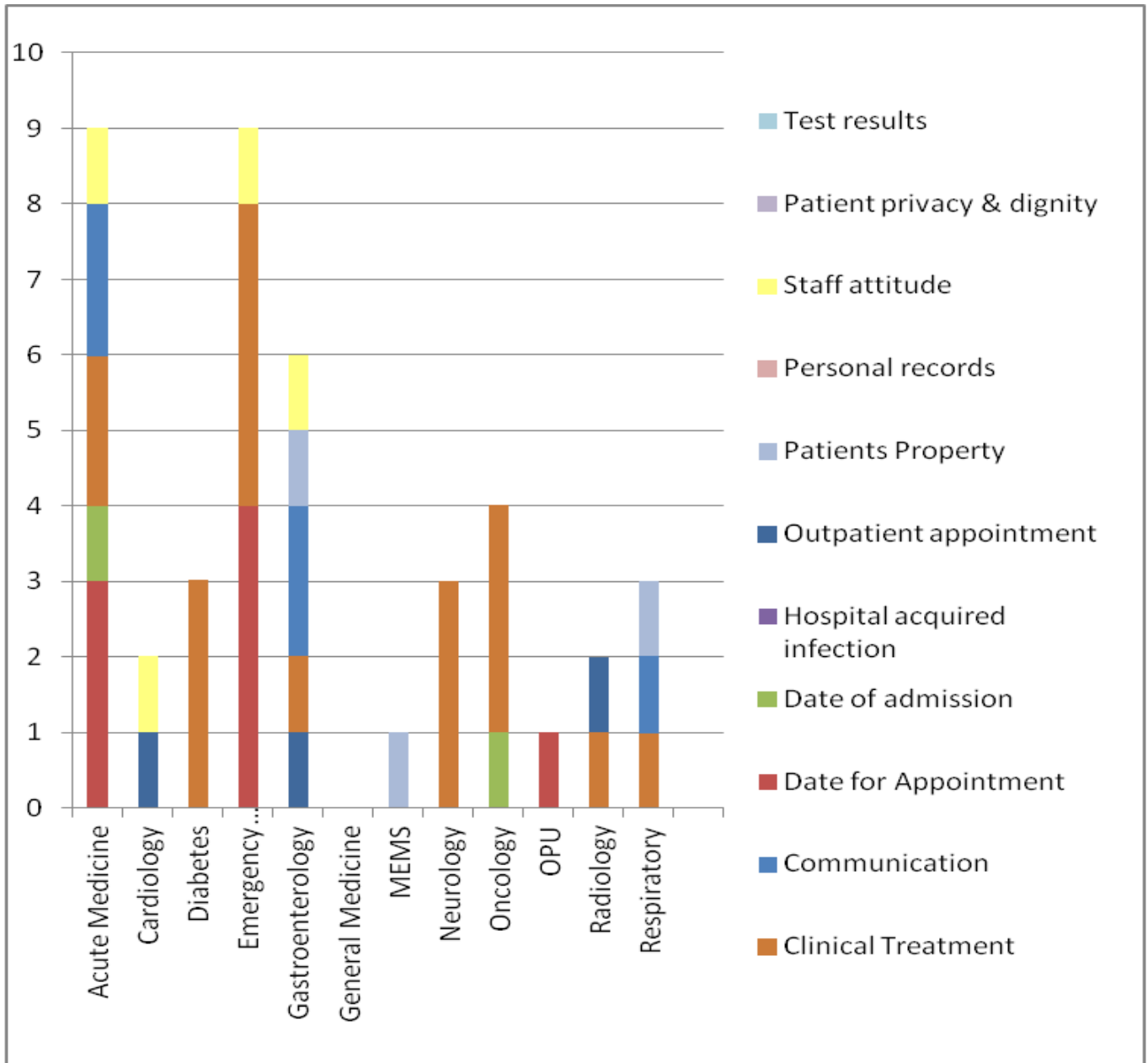
**6.10 Breakdown of complaints by division:**

The Surgical Division received 46 (51%) complaints during this quarter and the Medical Division received 43 complaints (48%). Facilities received 1 complaint (1%).





**Medical Division:**

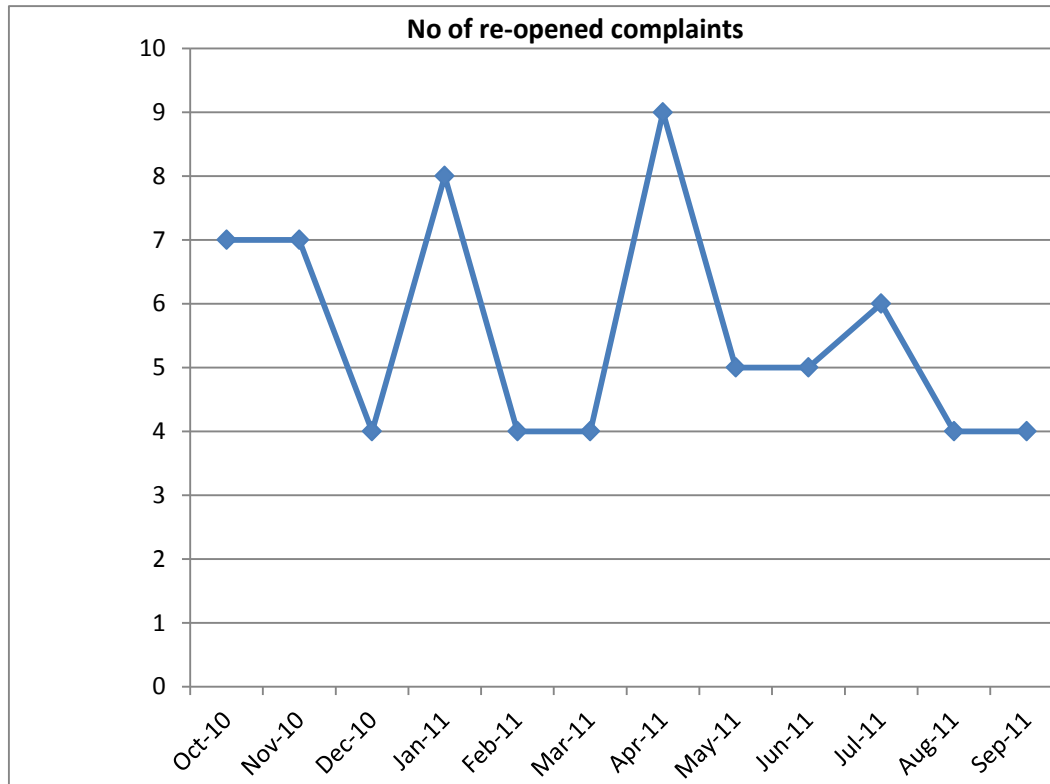


**6.11 Re-opened complaints**

Out of the 90 complaints received, 14 (16%) were re-opened; 8 in the medical division and 6 in the surgical and the reason these were opened were:

- 1 x raising new issues and questions
- 2 x the response failed to answer or address their complaint
- 1 x requesting a meeting

- 10 x dissatisfied with the RUH response



The number of reopened complaints initially rose during the beginning of the quarter but have then dropped in the month of August and remained at the same level throughout September.

### 6.12 Clinical Governance Committee Assurance

The Clinical Governance Committee (CGC) requested assurance in relation to the complaint process and were presented with the current process and an action plan to ensure that full assurance could be provided. One of the key actions is to re-establish the Complaints Action Group which will formally report to the Patient Experience Group.

### 6.13 CQC Provider Compliance Assessment

Outcome 17 (regulation 19) evidence is continually collected in relation to the complaints process. Based on the review of evidence for outcome 17a in terms of complaints being managed effectively this was assessed as an amber due to the lack of response to the actions which are identified following an investigation. This will be reassessed as further work on this is being carried out in line with the action plan developed for CGC.

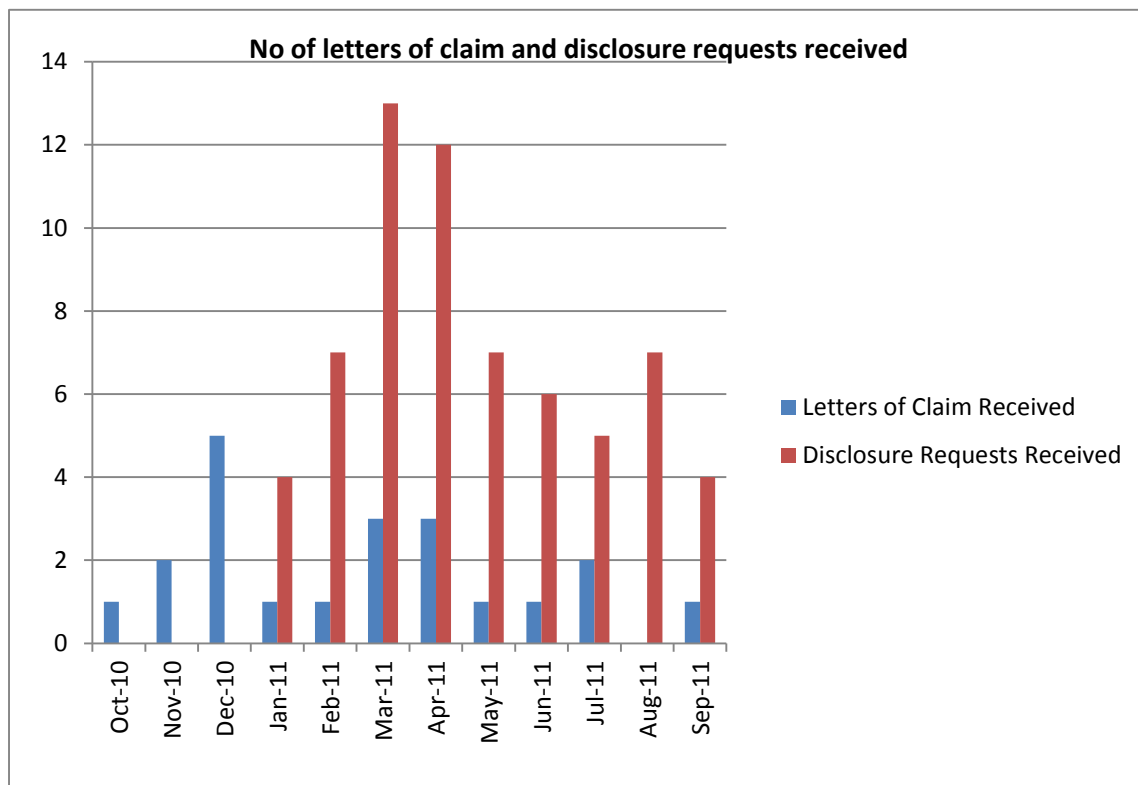
**6.14 Review of Parliamentary and Health Service Ombudsman Report on Complaint Handling 2009/2010 in the NHS South West.**

This report was published in May 2011 and received by the Trust in October 2011. The report focuses on the complaint handling in 2009/10 based on the results of an audit which was sent to the 40 organisations within the South West. The report contains details of trends among NHS Trusts and those with the most complaints are named, the RUH is not referenced in this report. A key point taken from the report relates to the importance of sharing learning with other NHS providers, it should be noted that the Complaints and Litigation Manager attends the South West Complaints Network Group which allows for discussion and sharing of learning and changes that have been implemented.

**6.15 Clinical negligence Cases:**

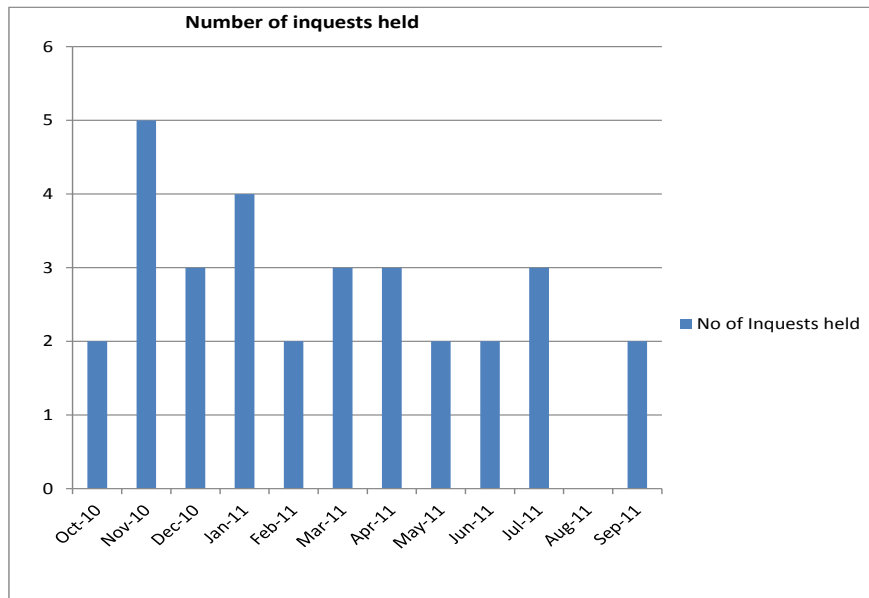
During July the Trust received 2 letters of claim. In August we did not receive any and we received one in September.

During quarter 2 the Trust received 16 disclosure requests for medical records from solicitors who are investigating a claim for clinical negligence. All of these have been actioned within the 40 day timescale as per the Data Protection Act.



In total the Trust currently has 44 cases that are open with the NHSLA. These cases are at variable stages in the process and some span a number of years; please note, therefore that not all of these cases relate to this particular quarter. No cases were settled during this quarter; one claim was withdrawn in September 2011.

### 6.16 Inquests



During July, 3 inquests were held; the verdicts returned included 1 *Narrative* verdict and 2 of *Natural Causes*. In August there were no inquests held. During September 2 inquests were held which involved the Trust; the verdicts returned included a *Narrative* verdict and one of *Natural Causes*. A full report on all of the inquests that took place in Q2 has been provided to the Operational Governance Committee.

### 6.17 Parliamentary and Health Service Ombudsman (PHSO)

2011	No. of complaints assessed and then closed by the PHSO	No of independent reviews carried out by the PHSO	No. of reviewed complaints returned by Ombudsman with recommendations
<b>July</b>	0	0	1
<b>August</b>	2	0	0
<b>September</b>	0	0	0

During July the RUH received the findings of the independent investigation into a complaint about the discharge of a patient. The Parliamentary and Health Service

Ombudsman (PHSO) has partially upheld the complaint and the following recommendations have been made:

- The Trust to provide the family with a full acknowledgment of the failures identified by the PHSO together with a full apology.
- The Trust should prepare an action plan which describes what it has done to ensure that the organisation has learnt the lessons from this case and detail what has been done to avoid a recurrence of these failings.

The details of the report have been shared with staff in the medical division who will address the actions required for the recommendations that have been made.

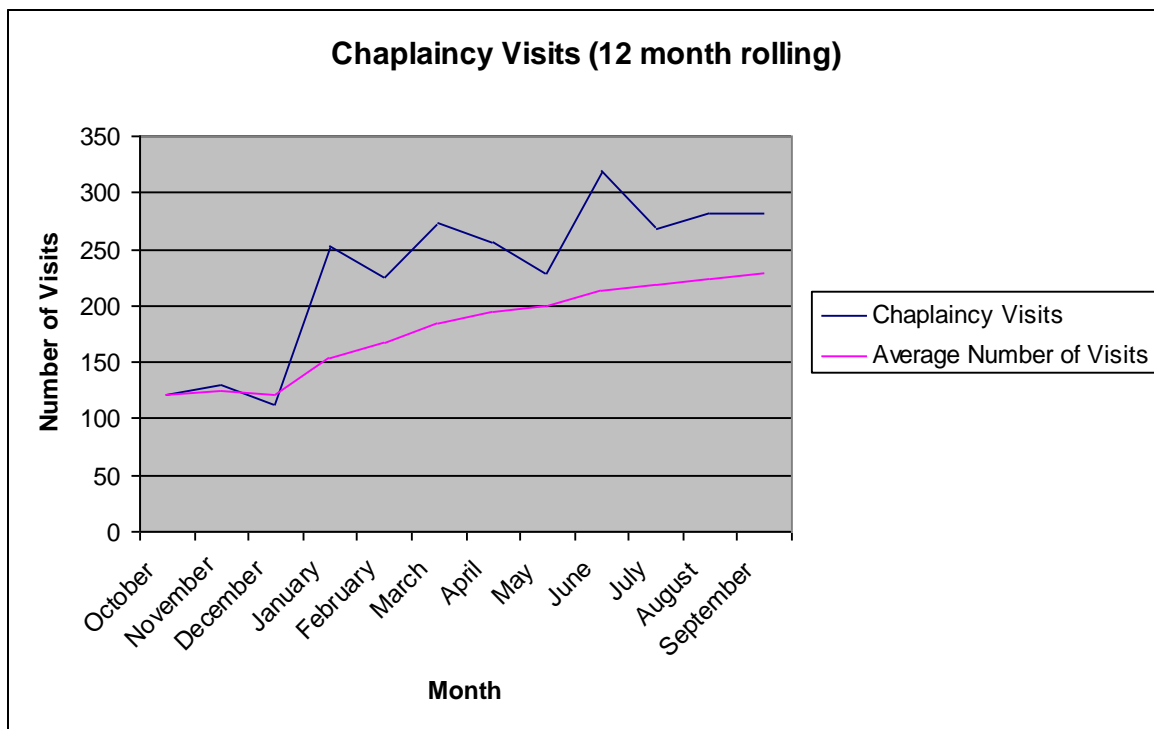
### 7. Chaplaincy Report

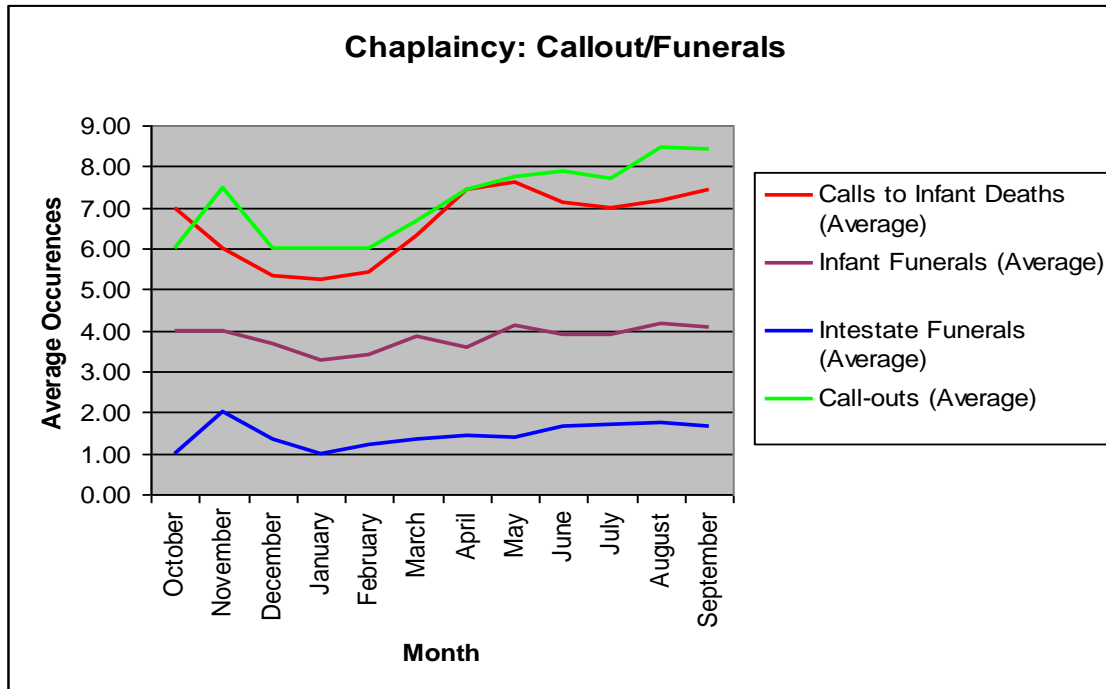
*Data provided by Alastair Davies, Senior Chaplain.*

The figures for the number of Chaplain contacts record each separate chaplaincy visit or engagement with a patient, lasting a minimum of 5 minutes. The aim of the Chaplaincy is to visit each patient who has asked for such a visit, on a daily basis, as appropriate, depending on their length of stay as an inpatient.

Trends in Q2 show an increase in all chaplaincy activities:

- The growing increase in the number of adult intestate funerals probably reflects the current harsh economic climate nationally.
- Number of hospital contract baby funerals remained steady during Q2, and seems to be unaffected by the transition of Maternity Services to GWH Swindon.
- Chaplaincy out of hours call outs in August (16), showed a significant increase from August 2010 and overall in Q2.





Verbatim patient feedback on chaplaincy:

“Myself and my mum would just like to thank you so much for the lovely service you done for my dad on ... at Haycombe. The tribute of mine that you read out was done so perfectly, You read it as I would have read it, and for that I am so grateful.”

“I am writing to thank you for your support with the family of x who was admitted to the Intensive care unit after an accident on the night of .....

“I feel I have to write to thank you for your recent talk that you gave to the Monday Circle Group at the Weston Methodist Church...Your talk was very thought provoking and humbled us all...A truly memorable evening.”

“We really appreciated your kind words and time on the 13<sup>th</sup> June. Thank you so much. It is also a great comfort to know you are still available.”

“Thank you so much for all you have done. We really appreciate it. You made a heartbreaking situation easier, I’m happy you was there to help us say goodbye to our son, we will never forget your help. You’re a wonderful Caring Chaplin.”