

Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	26 February 2020		

Title of Report:	Improving Patient and Carer Experience Report – Quarter 3
Status:	For information
Board Sponsor:	Lisa Cheek, Director of Nursing and Midwifery
Author:	Sharon Manhi, Lead for Patient and Carer Experience Laura Davies, Patient Experience Manager Gilly Butler, Patient Feedback Co-ordinator Rachel Scott, Complaints Manager Natalie Escott, PALS and Reception Manager
Appendices	None

<b>1.</b>	<b>Executive Summary of the Report</b>
<p>The Patient and Carer Experience report for <b>Quarter 3 (October to December 2019)</b> provides an update on patient and carer experience. The report provides a Trust wide overview. More detailed analysis by Division and outpatients is provided to the Divisional Governance Leads for information and action.</p> <p><b>1. Friends and Family Test (FFT) –</b>the Trust received <b>6,765 Friends and Family Test responses</b>. This is a <b>decrease of 26%</b> compared to Q2 (9,110). Overall, <b>inpatient wards achieved nearly 33% over the quarter with a drop in December</b>. This remains above the Trust target of 30%. The Emergency department (including Medical Assessment Unit and Surgical Assessment Unit (SAU)) achieved 7.2%, which is below the Trust target of 15% target. The response rate in December was particularly low. <b>(3.8% compared to 11.6% in October)</b>. <b>The response rate in Maternity for the quarter was 14.2%</b>.</p> <p>The comments are categorised by sentiment and a comment may be broken down into more than one category. This information is included in the report on page 1. <b>Attitudes/behaviour and resources</b> have the <b>highest number of positive comments with facilities and timeliness</b> having the <b>highest number of negative comments</b>.</p> <p><b>2. Patient Advice and Liaison Service (PALS) –</b> There were <b>873 enquiries</b> this quarter compared to 990 in Q2. The <b>‘top 3 subjects’</b> requiring resolution were <b>appointments, communication and information and parking</b>.</p> <p><b>3. Complaints received – 69 formal complaints were received</b> this quarter. (Medicine 32, Surgery 23, Women and Children’s 13 and Estates and Facilities 1). This is a <b>13% decrease from Quarter 2 19/20</b> however <b>compared to Quarter 3 18/19 this represents a 123% increase</b> in the number of complaints.</p> <p><b>9 complaints were re-opened this quarter, compared to 5 in Q2.</b> (Medicine Division 4, Surgery Division 4, Women and Children’s Division 1.) <b>No new complaints were opened for investigation</b> by the Parliamentary Health Service Ombudsman (PHSO).</p>	

Actions taken as a result of complaints investigated are also included in this report.

4. **We are no longer including comments from NHS Website in this report** as the numbers are very small compared to the feedback that we receive through FFT, PALS/Complaints and compliments. The Trust also receives a number of comments on social media which is not included in this report.
5. **'See it my way - living with pregnancy loss'** took place on **11<sup>th</sup> October 2019**. The event was filmed and is being used for staff training and education. It is available on the Patient Experience web pages *'what patients and carers are telling us.'*

<b>2. Recommendations (Note, Approve, Discuss)</b>
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To note progress to improve patient and carer experience at the RUH.
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<b>3. Legal / Regulatory Implications</b>
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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
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A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.
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<b>5. Resources Implications (Financial / staffing)</b>
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Improving patient and carer experience is impacted by nurse staffing levels and the capacity of the Patient Experience team to support the teams going through the Bath Improvement System.
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<b>6. Equality and Diversity</b>
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Ensures compliance with the Equality Delivery System (EDS).
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<b>7. References to previous reports</b>
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Monthly Quality Reports to Management Board and the Board of Directors and the Patient Experience Quarterly reports to Quality Board and the Board of Directors.
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<b>8. Freedom of Information</b>
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Public.
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## Friends and Family Test (FFT)

### Patient experience feedback

The Trust received 6765 Friends and Family Test responses. This was a decrease of 26% (2345 responses) from Quarter 2 19/20 and a 3.5% (251) decrease on the same Quarter in 18/19.

The data below does not represent individual cards; a comment may be broken down into more than one category and/or sentiment.

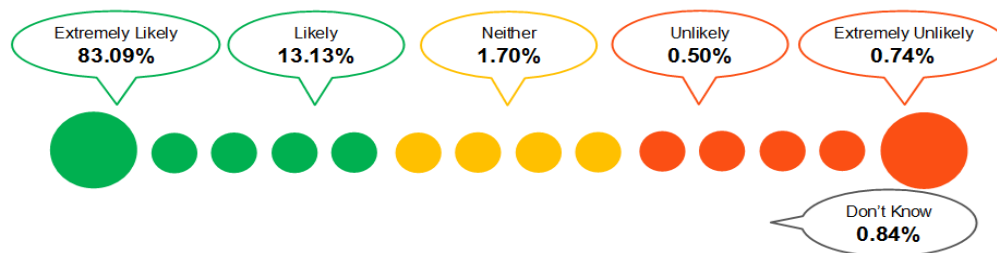


Figure 1: Likelihood of patients to recommend the RUH to their family/friends in Quarter 3

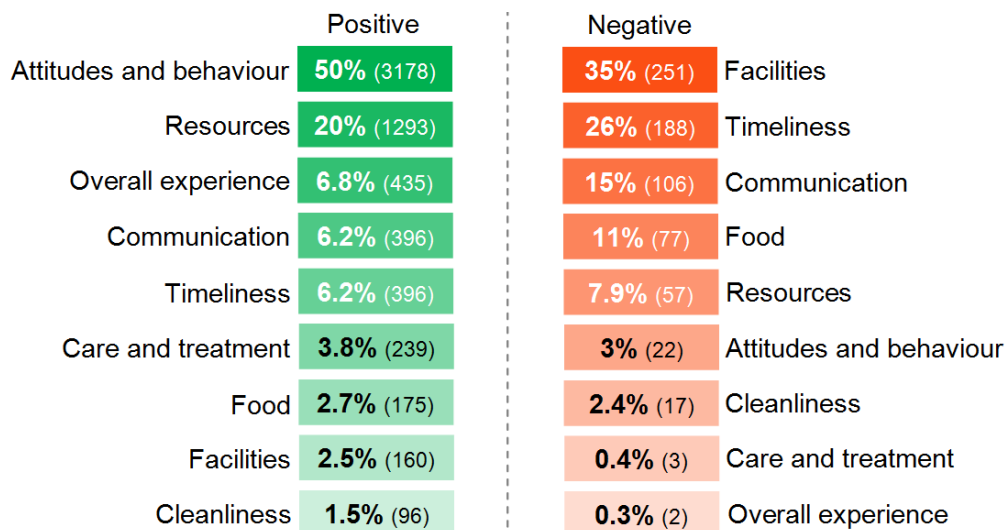


Figure 2: The total number of FFT comments broken down by Category

### Key points of learning and actions

Of the 6765 total responses 6369 were positive and 723 were negative. Of the positive responses received 3178 patients provided positive feedback about staff. Overwhelmingly patients tell us that they appreciate the way staff make them feel when they are in the hospital.

#### In negative free-text comments patients tell us:

##### Facilities (251 comments):

- The majority of negative comments about facilities are about the lack of parking available and how difficult it is to find a parking space – there has been a 97% (70) increase in **negative parking comments compared to Q2 19/20**, particularly from Outpatients, to 70 comments received.

##### Action

The issues related to parking are multi-factorial and in order to address them effectively, the Director of Estates and Facilities has invited staff involved in the service to an initial meeting of the Parking Committee which will take place on 4<sup>th</sup> March 2020.

- The next highest number of comments about facilities is about the **need to update bathrooms and toilets**, for example faulty showers, 22 comments across 10 wards and outpatient departments.

**Action**

FFT reports are sent to the Estates and Facilities team. The Lead for Patient Experience will meet with the Head of Estates to agree how information/feedback from patients is included in the small works programme for 2020/21.

**Timeliness (188 comments):**

- The majority of negative comments about timeliness are about waiting times (81 comments); waiting for appointments and waiting times in clinic are too long. In particular patients have noted that they are not being updated about delays whilst in outpatient clinics.

**Action**

The information screens in outpatient waiting areas were temporarily unavailable for a few weeks but are now in use. Staff have been reminded to ensure that the information on the screens is up to date.

- Inpatients also tell us discharge takes too long, often caused by delay in medication to go home.

**Action**

An A3 (tool to identify reasons for problems and actions to solve these) has been developed for discharges by midday with a focus to improve discharges from the current 17% of all discharges by midday to 30% by the end of March 2020. The time taken between medications being requested and dispensed is monitored. Analysis of the reasons for delays in discharge has been included using the 'structured problem approach' in the A3 for improving discharges.

From **1st April patients can complete FFT more than once per stay/visit**. In the 3 settings, Inpatient, Accident and Emergency and Maternity it will no longer be possible to publish response rates because there is no limit on how often a patient or service user can give feedback. This is because there is a move away from how many people completed a card and greater emphasis on how feedback is being used to make improvements. The Trusts new FFT card (see below) includes 3 additional questions relating to the Patient Experience goal.

**Patient Advice and Liaison (PALS)**

**Patient and family experience feedback**

The Trust received 873 enquiries to the PALS office during Quarter 3 19/20. This was a decrease of 12% (117) compared to 990 in Quarter 2 2019/20 due to a general annual trend of less enquiries during December. It is however an increase of 29% (19) from Quarter 3 18/19. For details of patient enquiries through the PALS office by Divisions and Speciality, reports are provided to Divisions and Outpatient Departments on a monthly and quarterly basis.

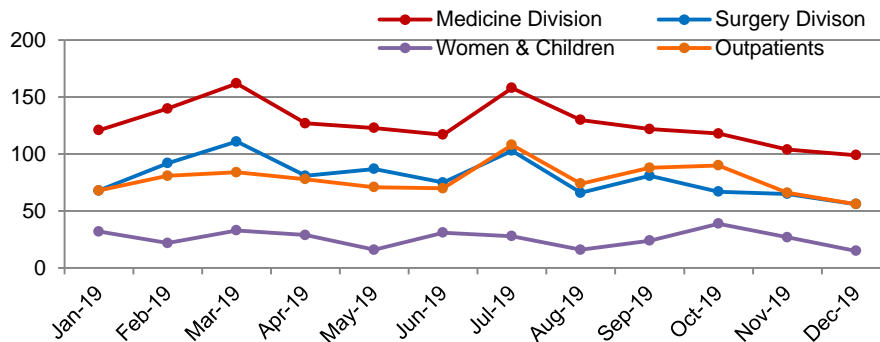


Figure 3: The total number of PALS enquiries broken down by Division

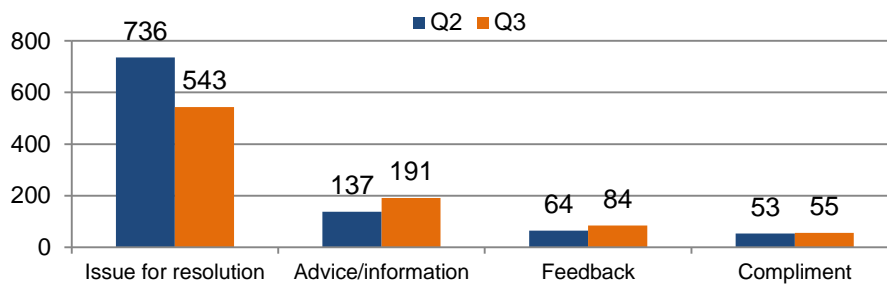


Figure 4: The total number of PALS enquiries broken down by type

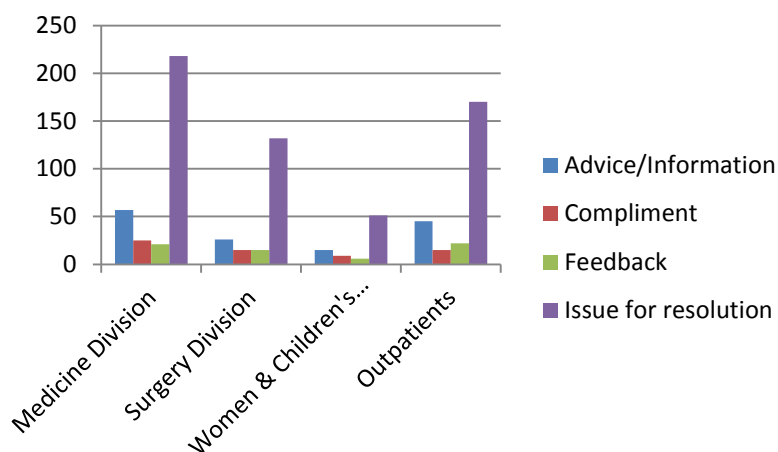


Figure 5: The total number of PALS enquiries broken down by type and by Division and Outpatients

The Outpatients data is not independent of the Divisional data – the clinical divisional data include Outpatient areas.

Even though the issues patients and their families have contacted PALS about decreased from Quarter 2 to Quarter 3 19/20 the requests for information and advice have increased. This is because patients have been asking how to gain access to their medical records, requesting information regarding their appointments such as date, time & location. Patients have also been contacting PALS with referral enquiries in addition to transport and parking queries.

### Key points of learning and actions

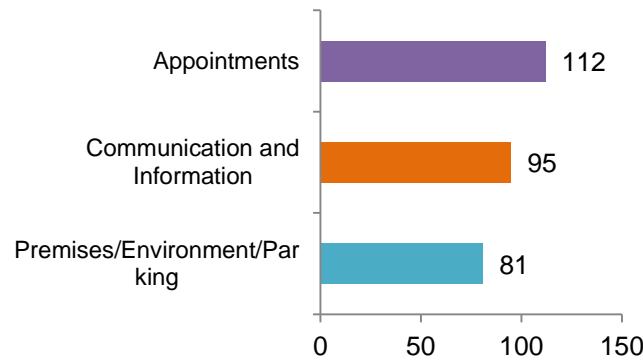


Figure 6: Top three PALS subjects in Quarter 3 requiring resolution across the Trust

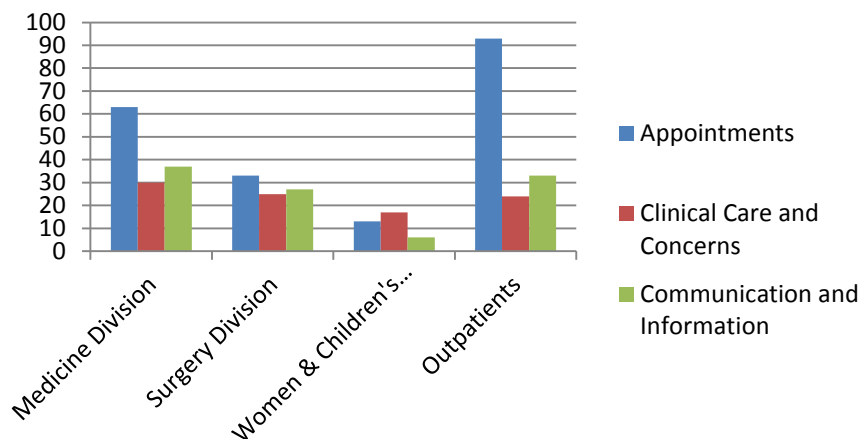


Figure 7: Top three PALS subjects in Quarter 3 requiring resolution by Division and Outpatients

#### Appointments:

Of the 543 enquiries requiring a resolution 38% (112) related to the length of time patients were waiting for new and follow up appointments. Of these, 9 related to the Cardiology Department and 8 concerned the Gastroenterology Department. Medicine Division received the highest number of contacts relating to appointments with 63 over the Quarter. High demand on the Endoscopy service has led to delays, mostly with surveillance appointments.

#### Learning and Actions

The Gastroenterology Department are continuing to communicate with patients regarding wait times and advise over symptom changes.

#### Communication:

20% (95) of these contacts were about telephone issues, such as telephones not being answered or not working. Of these, 7 related to the Appointment Centre and 7 were spread across various Outpatient Departments. Medicine Division received the highest number of contacts relating to communication & Information with 37 over the quarter.

### Learning and Actions

Faults with the telephone lines have been escalated and the IT department are working with the Appointment Centre to address the issues. Patients have been informed of the technical issues and advised to use the contact form on the Trust website. An e-mail address has been created for Referral Management Services to use.

### Premises/Environment/Parking:

81% (65) of the contacts about parking were regarding parking fees, of these contacts 63 (97%) were from patients/visitors who had received Parking Penalty Notices.

### Learning and Actions

New parking payment machines are to be introduced later this year this will help to resolve many of the issues patients/visitors are experiencing with the current machines. The Director of Estates and Facilities has developed a parking committee to address parking issues. The first meeting is taking place on 4th March 2020.

## Complaints

### Patient and family experience feedback

The data below summarises the complaints received by the Trust. Details of complaints by Divisions and Speciality are reported to divisions and Outpatient Departments on a monthly and quarterly basis.

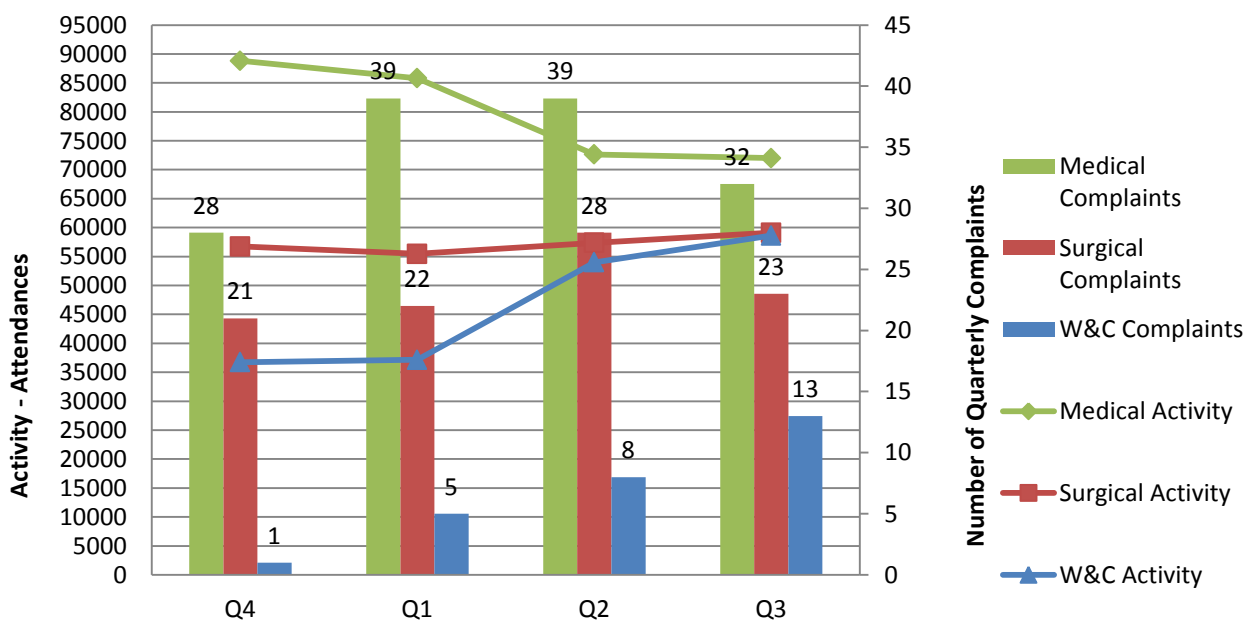


Figure 8: Activity by Division in comparison to Complaints by Division

The Trust received 69 complaints across three clinical Divisions and Estates & Facilities in Quarter 3. Medicine Division **32**, Surgery Division **23**, Women and Children’s Divisions **13** and Estates and Facilities **1**. This was a 13% decrease from Quarter 2 19/20 in the total number of complaints received, however compared to Quarter 3 18/19 there is a **123% increase** in the number of complaints.

There were 9 re-opened complaints; Medicine Division 4, Surgery Division 4, Women and Children’s Divisions 1. This compares to 5 complaints re-opened in Q2. A number of the re-opened complaints were because the complainants requested meetings with staff or had further questions following receipt of the response letter. There were no complaints open for investigation by the PHSO (Parliamentary and Health Service Ombudsman) during this quarter.

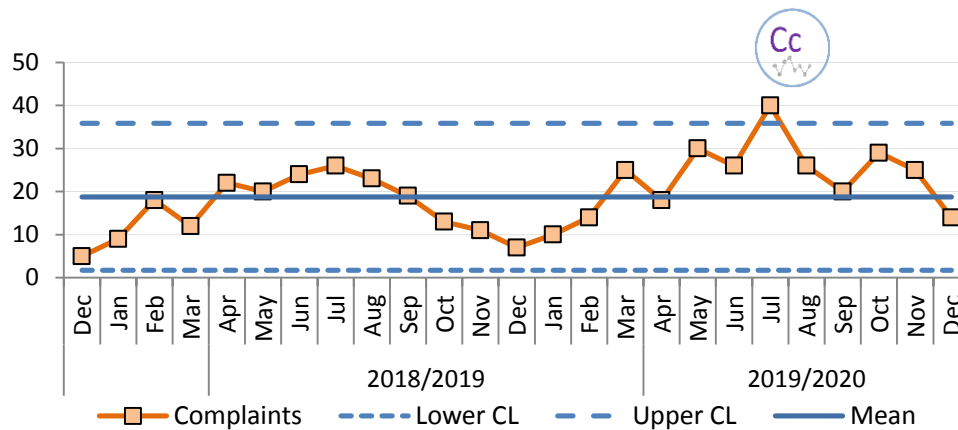


Figure 9: Complaints received each quarter

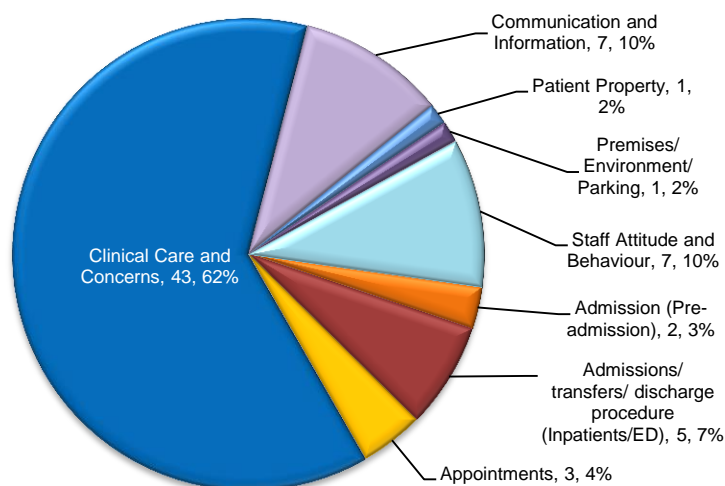


Figure 10: Complaints received in Quarter 3 by category

Consistently the category of Clinical Care and Concerns accounts for the highest number of complaints across the Trust. Within this category 14 complaints related to the coordination of treatment, 6 to inappropriate care and treatments and 9 to clinical care.

Complaints for the Women and Children’s Division have increased this quarter compared to previous quarters. This mirrors the overall increase in the numbers of complaints for the Trust and in line with an increase in activity. The Emergency Department (11) and General Surgery (8) were the specialities that received the highest number of complaints, followed by Gynaecology (5), Oncology (5), Gastroenterology (5) and OPU (5). A number of complaints have been received from patients or the families of patients raising concerns that the patient was discharged when they were not medically fit which has led to difficulties once they are home and, on a number of occasions, re-admission. This trend has been picked by the Medical Division for further exploration and the complaints team will continue to monitor for further complaints of this nature.



### Key points of learning and actions from closed complaints in Q3

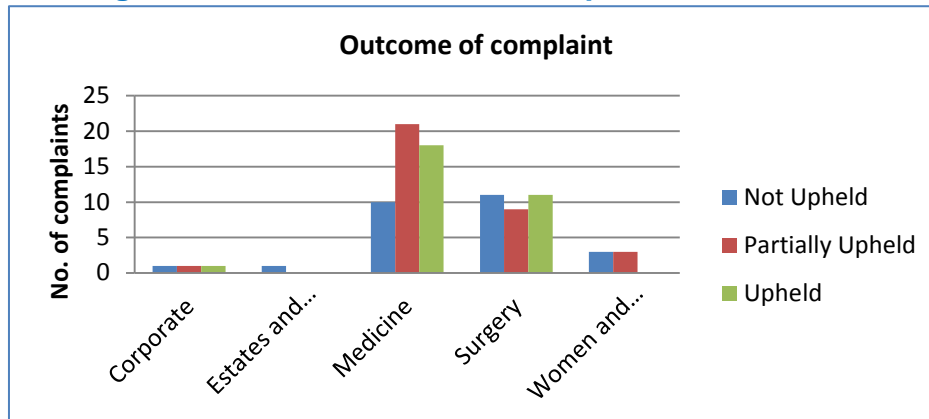


Figure 11: Outcome of closed complaints by Division

The majority of complaints closed during this Quarter were either partially or fully upheld. Currently the corporate complaints team are working with the Divisions to improve consistent and meaningful identification of learning and actions from complaints, and develop a mechanism to ensure actions are effectively implemented and outcomes recorded.

- A number of issues with the appointment centre telephone system caused patients to be unable to contact them and so was raised via two separate complaints. **A new telephone system is in the procurement stage and is planned to be installed within 2020.**
- A patient had a **missed fracture as a result of poor communication** between a minor injury unit (MIU) and the orthopaedic follow up service. All MIU's and GP surgeries have been invited to attend a teaching session with the RUH consultants on 14<sup>th</sup> April 2020. This session will focus on educating the staff on triaging fractures and how to manage them.
- **A patient experienced an adverse event following surgery.** The patient was made aware of this potential complication but this was done on the day of surgery. This is not in line with best practice as consent should not be undertaken on the day of surgery. **The implementation of e-consent will support best practice.** Trauma and Orthopaedics and Urology will be the first specialties to go live. There have been some delays with the supplier building the interface between Millennium and eConsent and the current timeline is being updated.
- **Standardise guidelines and communication between the Ultrasound department and Obstetric department.** Obstetricians have been reminded to document fetal movements at every review and ensure clear up date clinical information is communicated to sonographers prior to the scanning of mothers. The Ultrasound policy is being updated to include improved communication between antenatal and sonography.
- Following an increase in pressure ulcer numbers and subsequent complaints, Link Nurses for Tissue Viability on the wards are providing **monthly training with particular emphasis on patients who have very fragile skin that is easily damaged.**

The full use of the Complaints module on DATIX allows each Division to record, view and monitor actions as a result of a complaint. The profile of learning and actions from complaints is a focus for the Trust. This includes:

- the launch, in January 2020, of guidelines on the trust intranet pages that support staff to listen and act on patients' concerns/ complaints, and
- an Improving Patient Experience Event, which will be held on 31st March 2020, and will celebrate staff who have identified learning and acted upon patient and family experience feedback.