

Update on the Friends and Family Tests (FFT)



New national guidance that was scheduled for implementation on 1st April 2020 was postponed and during Q1 the collection of FFT via cards was suspended due to the COVID19 Pandemic. However, we have now implemented the new FFT via cards and online.

Key changes:

- Patients or service users can give feedback via FFT **as many times** as they want to.
- Patients or service users can feedback via FFT at **any time** during or after their admission or outpatient appointment.
- There is greater emphasis on how **feedback is used to make improvements**.
- Data will continue to be submitted nationally, however this data focuses on the total number of responses and not a targeted 'response rate'.

New FFT question: Overall, how was your experience of our service?

Response categories Very good/ Good/ Neither good nor poor/ Poor/ Very poor/ Don't know

Please tell us why you gave your answer

Additional RUH questions: FFT also includes three additional questions relating to the RUH Patient Goal; to be recognised as a listening organisation, patient-centred and compassionate.

1. Did staff listen to you and act on what you told them?
2. Did staff consider your preferences, needs and values?
3. Did staff treat you with compassion?

Response categories Yes, definitely/ Yes, to some extent/ No

Please tell us about anything that we could have done better

Actions in Q1 to implement the new FFT:

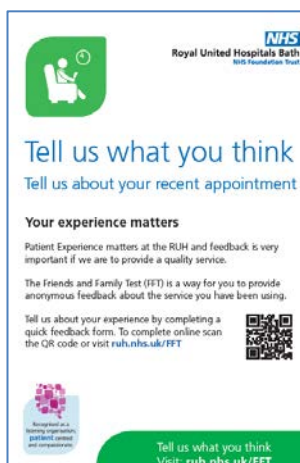
New cards have been designed and distributed to all areas of the Trust.

New posters (with QR codes) have been distributed to all areas of the Trust.

FFT is available to be completed online: www.ruh.nhs.uk/FFT

Communication, via social media to patients and staff via workplace and staff briefs, have promoted FFT as a way to feedback experiences.

A staff resource page on the intranet [staff resources/governance/patient experience/fft_resources](#) provides information and resources to help staff promote FFT to their patients and to use feedback to improve their service.



Launch of the Medical Examiner System

In April 2020 the Bereavement and Medical Examiner (B&ME) Office started a new service for recently bereaved families of patients who died at the hospital.

Medical Examiner (ME) System

The purpose of the Medical Examiner System is to:

- provide bereaved families with greater transparency and opportunities to raise concerns
- improve the quality/accuracy of medical certification of cause of death
- ensure referrals to coroners are appropriate
- support local learning/improvement by identifying matters that require attention to clinical governance and related processes
- provide the public with greater safeguards through improved and consistent scrutiny of all non-coronial deaths, and support healthcare providers to improve care through better learning, and
- align with related systems such as the Learning from Deaths Framework and Universal Mortality Reviews.

The Team

The Senior Medical Examiner Officer (Sarah Hart) manages the Bereavement and Medical Examiner Office and provides support to the Medical Examiners (Dr Chris Knechtli, Dr Terri Bentley, and Dr Charlotte Jones) with the clinical aspects of their role. In addition the ME's scrutinise the circumstances of the death and discuss clinical causes of death with bereaved families.

The B&ME office are a point of contact and source of advice for families, healthcare professionals, and the Coroner and Registration Services. There are a small team of Medical Examiner Officers (Suzanne Dale, Leigh Finch and Val Schofield) supported by a Bereavement Officer (Tina Illingworth).

They provide support and sympathetic assistance to bereaved relatives, family and carers as well as guiding them through the procedures required following the death of a patient in hospital, ensuring that all contacts are handled in a caring, professional and timely manner.

Resource and information for staff caring for patients and their families after death

There is a new page on the intranet. This page includes:

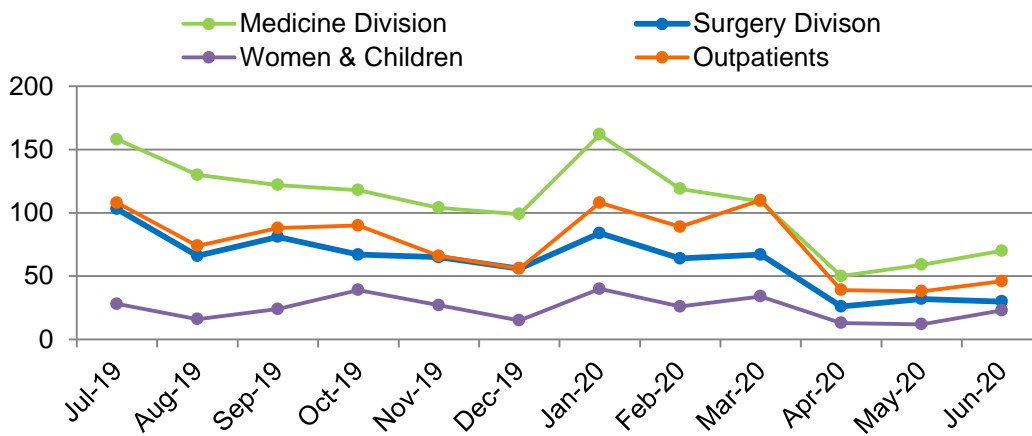
- information for ward staff about caring for deceased patients, their families and property – this includes a short film of how to care for the belongings of the deceased.
- information for junior doctors with about the paperwork they complete for deceased patients that they have cared for.

Patient and family experience feedback – Patient Advice and Liaison Service (PALS)

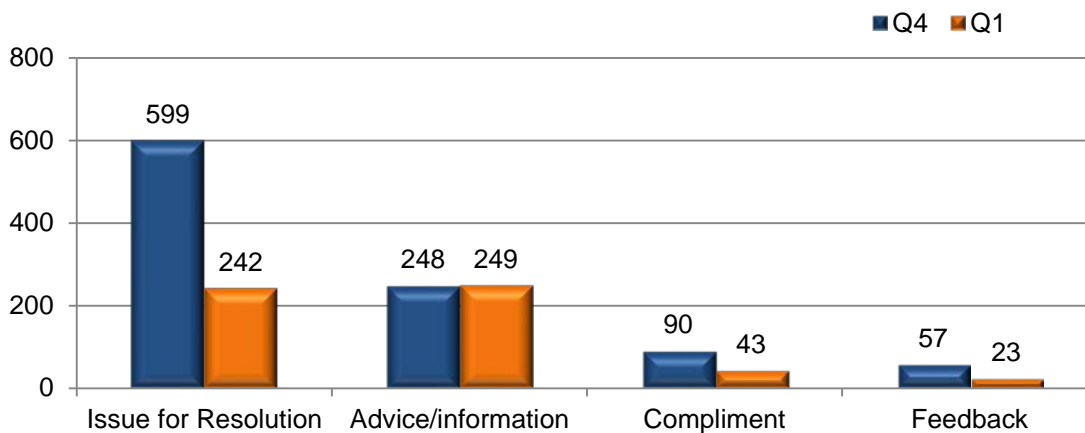
The Trust received **557** enquiries to the PALS office during **Q1 20/21**. This was a decrease of 44% (437) compared to 994 in Quarter 4 2020. This is a 40% decrease of contacts from Quarter 1 2019 (928). **The decrease in PALS contacts over Q1 is largely attributed to the COVID19 Pandemic.**

Detailed reports of patient enquiries through the PALS office by Divisions and Speciality are provided to Divisions and Outpatient Departments on a monthly and quarterly basis.

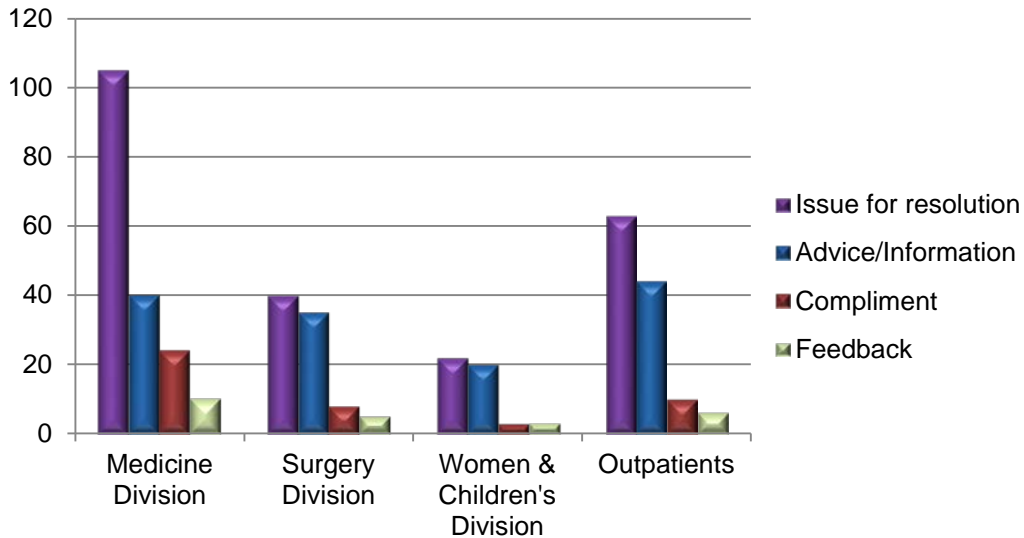
Please Note: The Outpatients data in this report is not independent of the Divisional data – the clinical divisional data includes Outpatient areas.



Graph 1: The total number of PALS enquiries broken down by Division

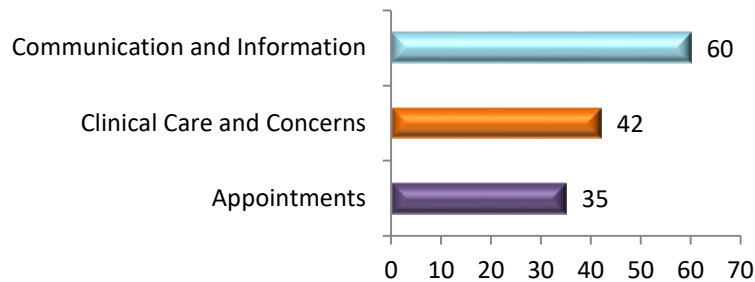


Graph 2: The total number of PALS enquiries broken down by type

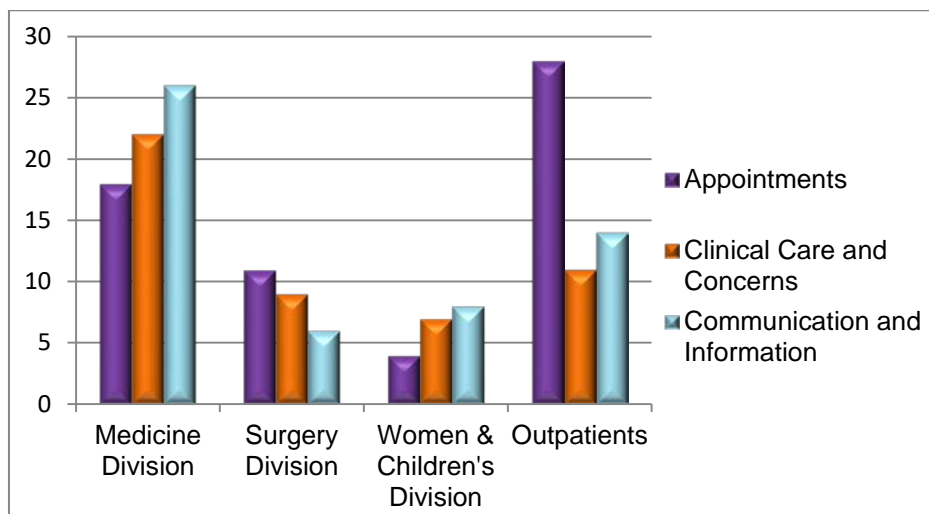


Graph 3: The total number of PALS enquiries broken down by type and by Division and Outpatients

The issues for resolution patients and their families have contacted PALS about significantly decreased by 60% (357) from Quarter 4 to Quarter 1 20/21. **This is a result of the COVID19 pandemic which has seen a substantial reduction in numbers of patients/families attending the hospital.** There has been a decrease of 52% in compliments over the quarter. The requests for advice and information have remained the same. Many of the requests related to families asking for advice on how to drop off and collect patient property in addition to patients asking questions around appointments and shielding. Members of the public also contacted PALS to offer their services and make donations.



Graph 4: Top three PALS subjects in Quarter 1 requiring resolution across the Trust



Graph 5: Top three PALS subjects in Quarter 1 requiring resolution by Division and Outpatients

Appointments:

Of the 35 enquiries around appointments 31% (11) were requests for appointment information such as date/time/location. Outpatients received the highest number of contacts in relation to appointments over Q1 (28).

Clinical Care and Concerns

Of the 42 contacts around Clinical Care and Concerns 57% (24) were general enquires with patients/family members contacting us to raise concerns around various aspects of care and treatment in departments and onwards. Medicine Division received the highest number of contacts in relation to clinical care and concerns over Q1 (22).

Communication and Information:

Of the 60 enquiries around Communication and Information 72% (43) were general enquiries, there were no trends. Medicine Division received the highest number of contact in relation to communication and information over Q1 (26).

Learning and Actions:

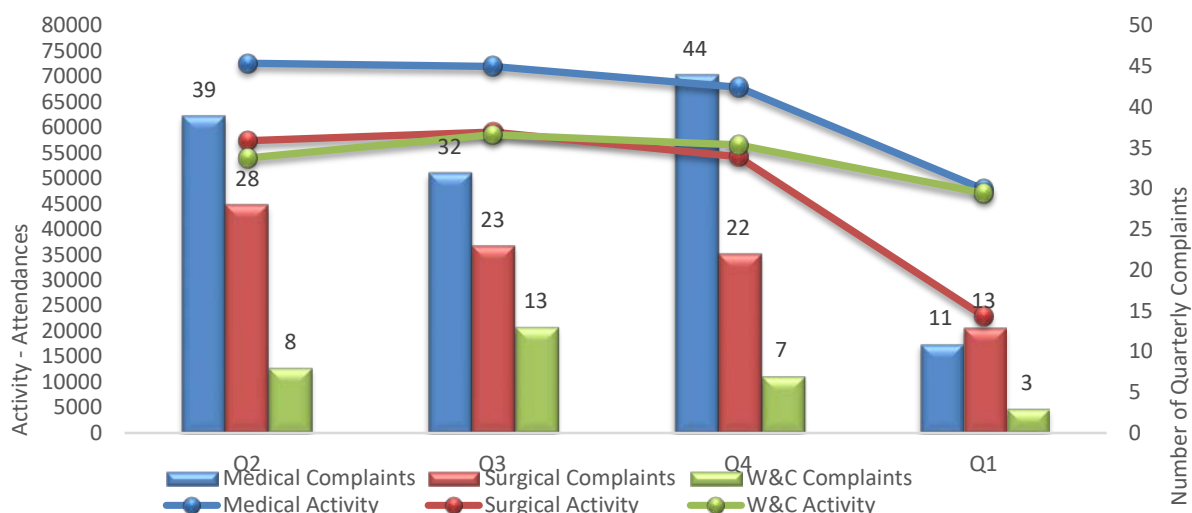
The Patient Experience team are working with the Outpatient work streams in supporting improvements to the way in which the Trust communicates appointment information (by e-mail and text messages). In addition a short patient questionnaire has been developed to capture feedback on the different appointment types – ‘virtual’; telephone and face to face. The link to the questionnaire is sent by text message after the appointment and is also on clinic appointment letters (for those patients wishing to receive a paper copy).

PALS contacts and complaints relating to discharge are discussed at the Home First Discharge weekly meetings and any themes from patient feedback is shared with the members of the group which includes staff from across the community.

Patient and family experience feedback – complaints

The data below summarises the complaints received by the Trust Q1.

Detailed of complaints by Divisions and Speciality are reported to divisions and Outpatient Departments on a monthly and quarterly basis.

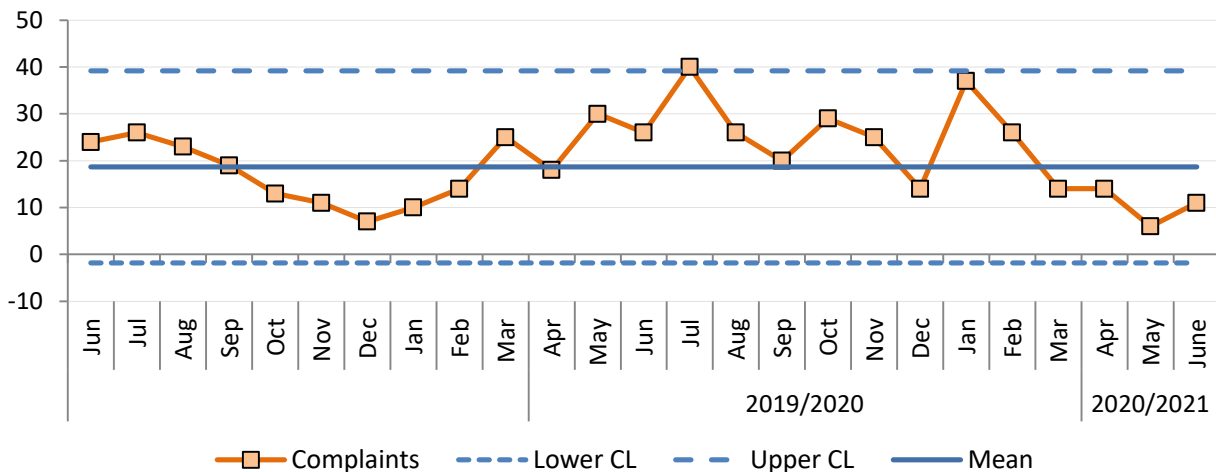


Graph 6: Activity by Division in comparison to Complaints by Division

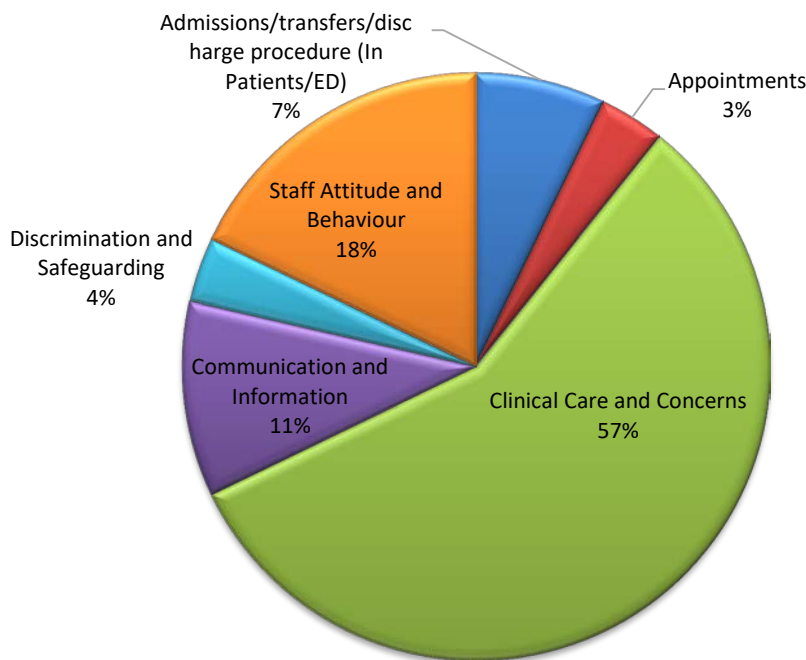
The Trust received 28 complaints across the three Clinical Divisions and Corporate services in Q1. Medicine Division **11**, Surgery Division **13**, Women and Children’s Divisions **3** and Corporate **1**. This was a 62% decrease from Quarter 4 2019/20 in the total number of complaints received and compared to Q1 2019/20 there was a **59% decrease** in the number of complaints received, **this appears to be as a result of COVID-19 when hospital activity was lower and also patients were less inclined to make a complaint during this period.**

There were no complaints re-opened in Q1, this compares to 8 complaints re-opened in Q4 2019/20.

There were also no complaints open for investigation by the Parliamentary and Health Service Ombudsman (PHSO) due to the pausing on starting new investigations during this period.

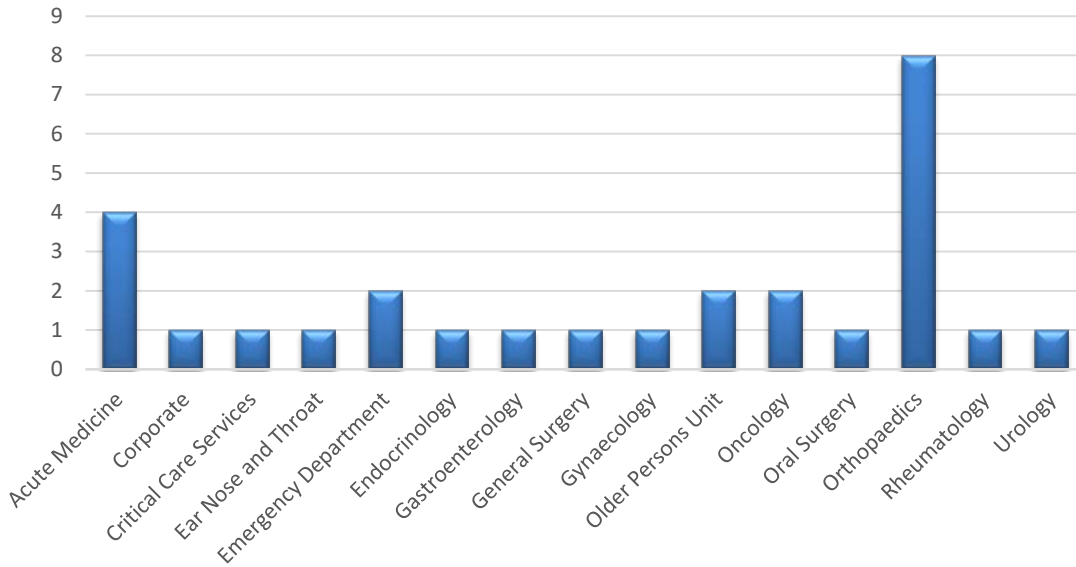


Graph 7: Total complaints received each month



Complaints received in Quarter 1 by category

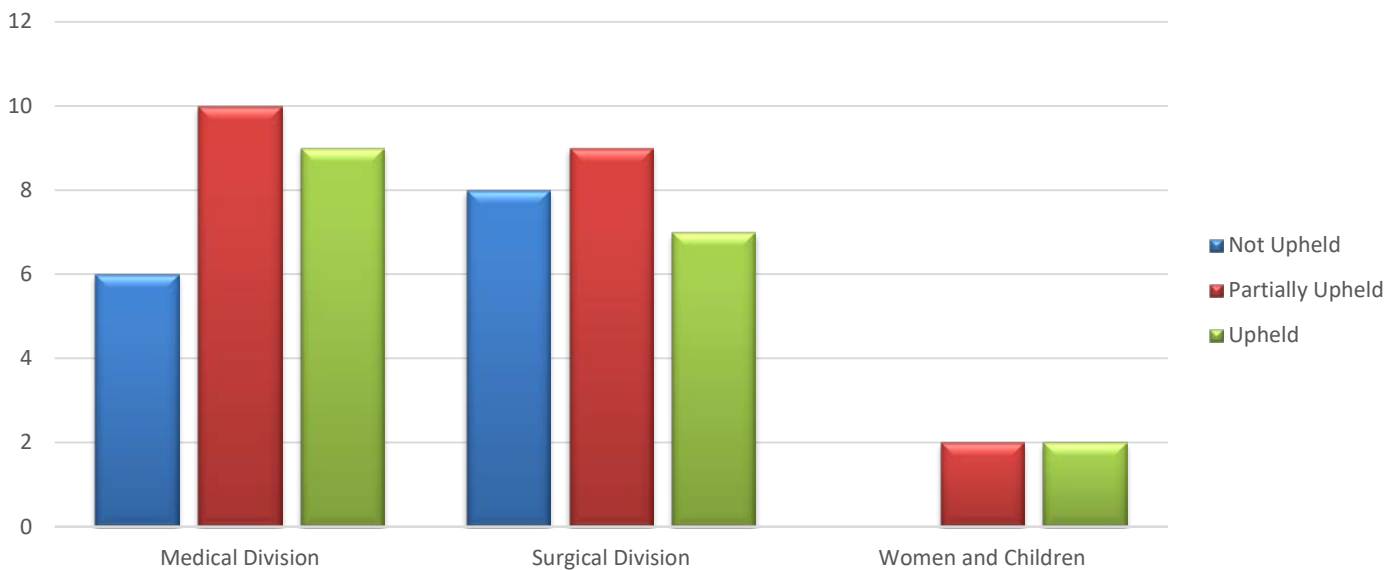
Clinical Care and Concerns regularly accounts for the highest number of complaints across the Trust. Within this category, 5 complaints related to the coordination of treatment and 6 to inappropriate care/treatment.



Complaints received in Q1 by Specialities across the Trust

Of the 28 complaints in Q1, 8 related to Orthopaedics, 5 care on Orthopaedic wards, 2 Orthopaedic outpatients and 1 Orthopaedics in the Emergency Department. 5 of the complaints were categorised as concerns relating to clinical care and 2 communication and attitude of staff. The increased trend in complaints for Orthopaedics has been highlighted to the speciality manager and matron for that area.

Key points of learning and actions from closed complaints in Q1



Outcome of complaints due for response in Q1 by Division

The majority of complaints closed in this quarter were either partially or fully upheld. **Learning from each complaint is identified and recorded on DATIX.**

Medicine Division received a number of complaints related to staff attitude and fundamental care failures. This is being discussed/actions taken at the Divisional Governance meeting in August 2020 (July's meeting was cancelled). In addition the Matron team will be monitoring care and will be raising this with their ward manager teams. A reintroduction of the Call Bell Monitoring audit is being considered as this was successful on previous occasions.

Women & Children's Division have had a drive in learning around communication including:

- Supporting improved communication between all staff involved in care regarding treatment decisions made by the patient/ woman/ family
- Ensuring patients are aware an appointment under a consultant may mean they see one of the team.
- Ensuring patients understand they are able to seek a second opinion if they choose.

Surgical Division are focusing on the improvement in the management and quality of their complaint responses. This will include early contact with the complainant from a senior member of staff within the division and appropriate triage of the complaints to ensure the complainant is assured they are taking the matter seriously and to establish a good rapport and channel of communication. This will also promote ownership and learning from complaints.