

Report to:	Public Board of Directors	Agenda item:	7
Date of Meeting:	27 November 2019		

Title of Report:	Improving Patient and Carer Experience Report – Quarter 2
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

1. Executive Summary of the Report

The Patient and Carer Experience report for **Quarter 2 (July to September 2019)** 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.

- 1. Friends and Family Test (FFT)** –the Trust received **9,110 Friends and Family Test responses**. This is a **decrease of 10%** compared to Q1 (10,152). Overall, **inpatient wards achieved a 38.9% response rate** which is above the Trust target of 30%. The Emergency department (including Medical Assessment Unit and Surgical Assessment Unit (SAU)) achieved 12.8%, which is below the Trust target of 15% target. The response rate was less this quarter due to the lower number of responses for SAU. (9.6%)

Timeliness and facilities continue to have the **highest number of negative comments**. The top 3 most commented on timeliness are **general waiting and waiting in clinic**. Facility areas include **bathroom/toilets, noise and temperature**.

- 2. Patient Advice and Liaison Service (PALS)** – There were **990 enquiries** this quarter compared to 928 in Q1. The **‘top 4 subjects’** requiring resolution were **appointments, communication, clinical care and concerns and parking**.

- 3. Complaints received** – **79 formal complaints were received** this quarter. (Medicine 39, Surgery 28, Women and Children’s 8 and Corporate/Estates and Facilities 4). **This is the highest number of complaints received in a quarter since Q2, 2015/16 and represents a 10% increase from Q1.**

5 complaints were re-opened this quarter (all in Medicine). No new complaints were opened for investigation by the Parliamentary Health Service Ombudsman (PHSO).

- 4. NHS Website** – 24 patients provided feedback about their experience of the hospital. The posts have been categorised into 40 separate comments: **33 positive and 7 negative**.

Author: Sharon Manhi, Lead for Patient and Carer Experience Document Approved by: Lisa Cheek, Acting Director of Nursing and Midwifery Agenda Item: 7	Date: 14 November 2019 Version: Final Page 1 of 3
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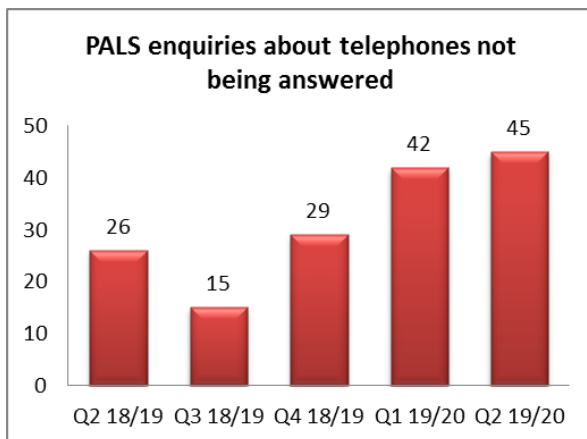
5. Learning from what patients are telling us – a summary

Over 10,000 (10179) patients told us about their experience this quarter through FFT, PALS and complaints.

8,843 (FFT) + 64 (PALS) = 8907 had positive experiences (87.5%). Of these **49%** provided **positive comments about staff attitude and behaviour.** Overwhelmingly patients appreciate the way staff make them feel when they are in the hospital *‘everyone made me feel like a person who mattered and deserving of dignity with honest communication’* (Coronary Care Unit)

987 (FFT) + 736 (PALS) + 79 (complaints) = 1802 patients told us that they **had negative experiences (17.7%). 27% of these were about appointments – waiting for appointments, cancelled appointments, waiting in clinic.**

Patients tell us that what increases their frustration is that they cannot contact the hospital by telephone to talk about their appointments; find out when they will receive an appointment or to change an appointment as they are unable to attend.



14 of 79 (18%) complaints in Q2 were about staff attitude and behaviour. Of these 6 (43%) **complainants had additional needs** (4 had Mental health issues, 1 had a learning disability, 1 had severe hearing loss)

By completing the patient A3 it was identified that we don't consistently listen and act on patient/family feedback, learn from it and share the learning. This is often the case when patients with complex needs and challenging behaviours (due to mental health issues, learning disabilities and communication limitations) come to the hospital. They feel that their care is affected as the focus is on their medical issues.

Communication and in particular difficulties in accessing the hospital by telephone is a top contributor to patients not feeling listened to. Improving access and communication options for patients booking/rescheduling appointments will be a focus for next year.

2.	Recommendations (Note, Approve, Discuss)
	To note progress to improve patient and carer experience at the RUH.
3.	Legal / Regulatory Implications
	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
	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.
5.	Resources Implications (Financial / staffing)
	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.
6.	Equality and Diversity
	Ensures compliance with the Equality Delivery System (EDS).
7.	References to previous reports
	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.
8.	Freedom of Information
	Public.

Improving Patient and Carer Experience

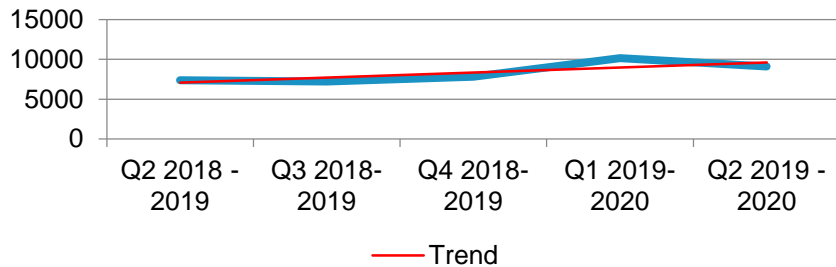
Quarter 2 Report
July to September 2019

Everyone
Working Matters
Together
Making a
Difference

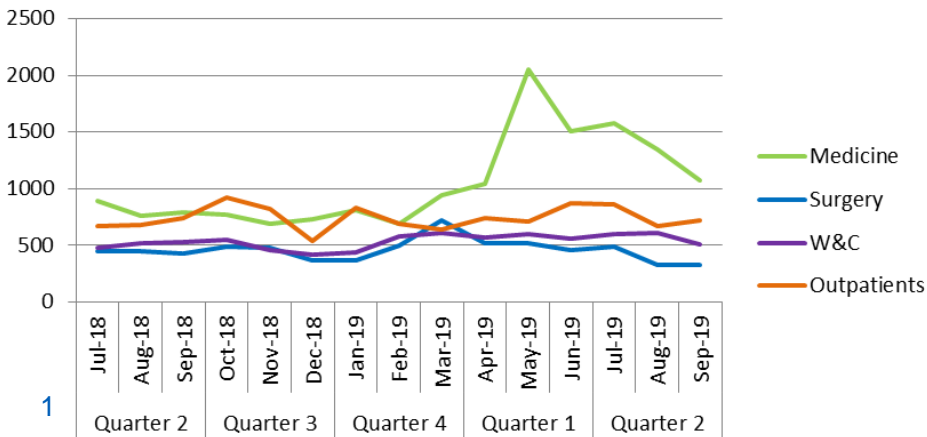
Response totals for all services

During Quarter 2, the Trust received 9,110 Friends and Family Test (FFT) responses. This represents a decrease of 10% (1042 responses) from Quarter 1 (19/20) where the total was 10,152, and a 23% increase on the same quarter in 2018/19. **97%** (8843) of patients that completed an FFT card in quarter 2 said that they would be **Extremely Likely/Likely** to recommend the Trust to friends and family if they needed similar care or treatment.

Trust Response Totals



Response Totals by Division



Recommendation	Total	%
Extremely Likely	7542	82.79%
Likely	1301	14.28%
Neither likely nor unlikely	124	1.36%
Unlikely	44	0.48%
Extremely Unlikely	44	0.48%
Do Not Know	55	0.60%

Service	Quarter 2 Response Totals	Increase/ Decrease in Responses from Quarter 1	Distribution of Quarter 2 Trust Response Total
Medicine Division	3995	606 ↓	44%
Surgery Division	1144	358 ↓	13%
Women & Children's Division	1717	12 ↓	19%
Outpatients	2254	66 ↓	25%

Response Rates

The **response rate targets for the Trust** are: Inpatient wards **30%**, Emergency Department (includes SAU and MAU) **15%**. There is no Trust target for outpatients

Service	July		Aug		Sept		Q2 Summary 19/20	
	No of Responses	Response Rate	No of Responses	Response Rate	No of Responses	Response Rate	No of Responses	Response Rate
Emergency Department	1034	15.4%	853	13.6%	630	9.5%	2517	12.8%
Inpatient Wards	1294	42.4%	1081	38.9%	1002	35.3%	3377	38.9%
Day Case Ward	63	2.3%	70	2.7%	47	1.9%	180	2.3%
Inpatient and Daycase Total	1357	23.3%	1151	21.4%	1049	19.7%	3557	21.5%
Outpatient	860	2.4%	673	2.2%	721	2.1%	2254	2.3%
FFT Maternity (Antenatal)	90	23.6%	89	22.6%	69	16.9%	248	21.0%
FFT Maternity (Labour)	43	11.7%	48	13.0%	41	9.9%	132	11.5%
FFT Maternity (Postnatal)	74	23.2%	79	24.9%	73	22.3%	226	23.5%
FFT Maternity (Postnatal Community Service)	62	15.0%	70	20.2%	44	11.6%	176	15.5%
Maternity Total	269	18.2%	286	20.1%	227	14.8%	782	17.6%

Service	July		Aug		Sept		Q2 Summary 19/20	
	No of Responses	Response Rate	No of Responses	Response Rate	No of Responses	Response Rate	No of Responses	Response Rate
A&E	967	19.1%	733	15.5%	563	10.6%	2263	15.0%
Medical Assessment Unit	30	11.5%	69	24.0%	26	10.0%	125	15.5%
Surgical Admissions Unit	30	8.0%	39	11.1%	32	9.9%	101	9.6%
UTC	7	.7%	12	1.3%	9	1.1%	28	1.0%
Emergency Dept Total	1034	15.4%	853	13.6%	630	9.5%	2517	12.8%

Trust ‘Free-text’ Categories and Sentiments

Figures do not represent individual cards; a comment may be broken down into more than one category and / or sentiment, this applies to all ‘free-text’ reports.

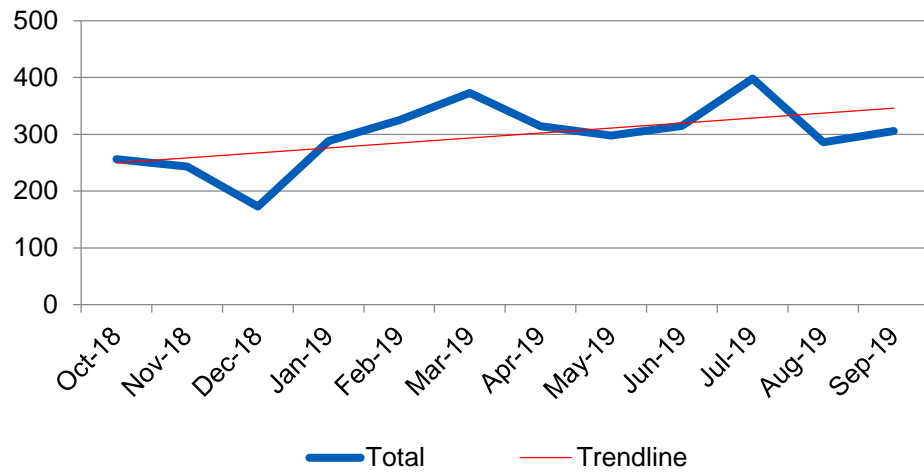
Category	Sentiment			
	Positive	Neutral	Negative	Grand Total – Q2
Attitudes and behaviour	4297	4	49	4350
Care and Treatment	279	1	4	284
Cleanliness	109		24	133
Communication	551	7	155	713
Facilities	162	33	264	459
Food	195	7	108	310
Resources	1479	3	76	1558
Timeliness	708	4	306	1018
Overall Experience	591		1	592
Grand Total	8371	59	987	9417

46% of the total number of comments were regarding positive staff attitudes and behaviours. The most frequently used words to describe staff attitudes and behaviour were: *Professional, caring, kind, helpful and friendly.*

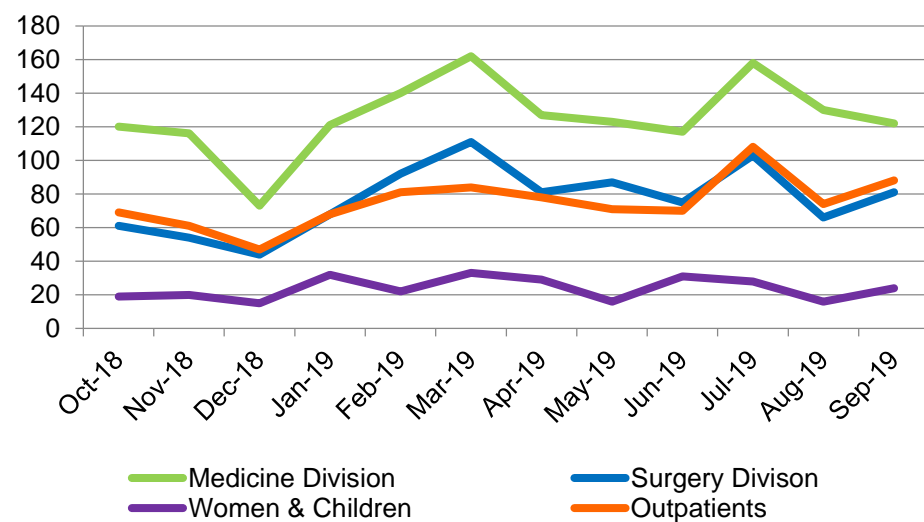
The number of ‘free-text’ comments has decreased overall in line with the Trust response total. **Facilities and timeliness** have the highest number of negative comments this quarter; the top 3 most commented on **Facility areas across the Trust: bathroom/ toilets, noise and temperature** bathroom/ toilets and noise comments refer to wards / areas across all divisions, with no area receiving significantly more than any other. The top 3 most commented on **Timeliness areas** are: general waiting, waiting in clinic, waiting for appointment.

The number of negative comments about facilities and timeliness has decreased from Q1 when there were 274 comments regarding facilities and 392 relating to timeliness.

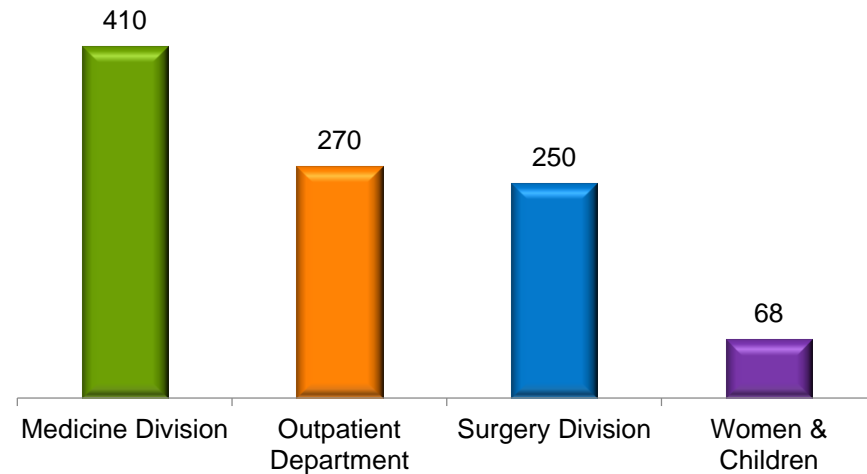
PALS Enquiries 2019



PALS Enquiries by Division 2019

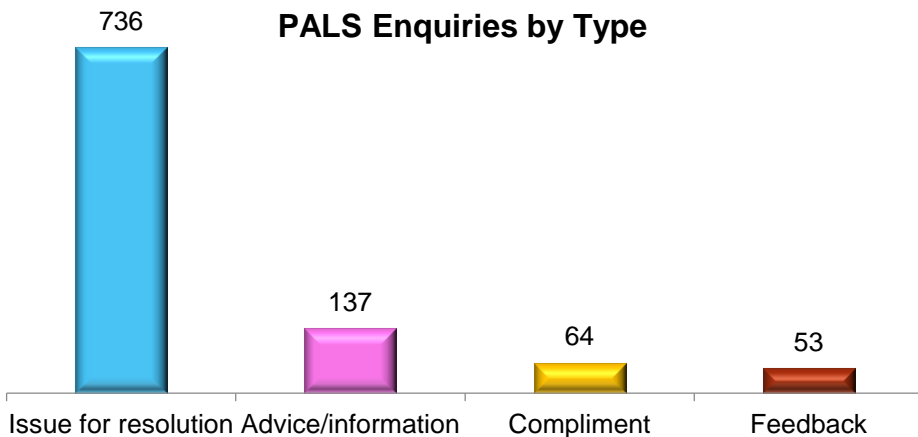


Q2 Total PALS Enquiries

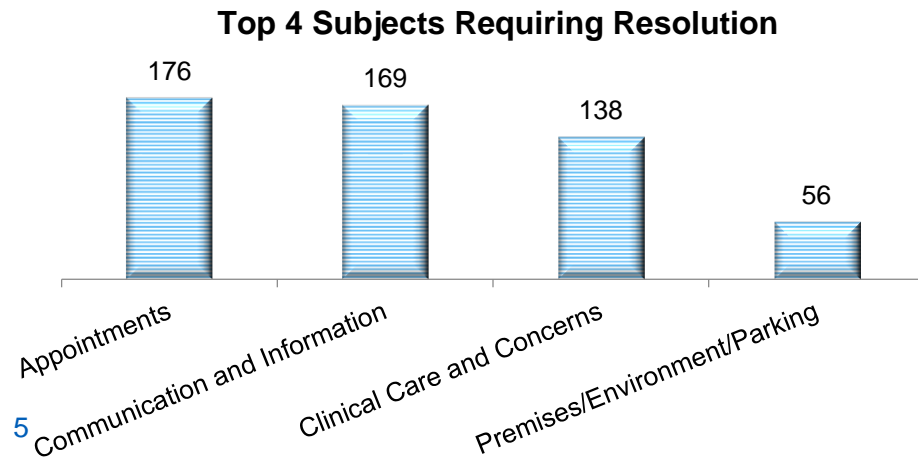


There was an **increase** in the number of PALS enquiries in **Q2** compared to Q1. The highest number of contacts across the Divisions were received in July with the exception of Women and Children's Division where there was a slight decrease in the month.

Whilst the number of contacts increased in July, the top three subjects for resolution remained the same.



The PALS office received **990** enquiries in **Q2**. This is an **increase** of (62) compared to 928 in Q1. The number of **issues requiring resolution increased** by 29%, from 572 in Q1 to **736** in **Q2**. There was a 40% **decrease** in the number of contacts requiring **advice and information** this quarter, from 229 in Q1 to **137** in **Q2**. There was an **increase** of 23% in **feedback** from 43 in Q1 to **53** in **Q2**. The number of **compliments** received by PALS in relation to the care that patients received in the hospital has **decreased** by 23% from 84 in Q1 to **64** in **Q2**.



Appointments

38 of the contacts were appointment changes by patients; **30** related to the length of time for new appointments, **27** concerned appointment information (date/time/location), **25** were follow up appointments not being given, **16** concerned the length of time for a follow up appointment, **13** related to appointment cancellations, **8** were general enquiries/communication, **4** related to co-ordination of medical treatment, **3** concerned telephone issues (phone not answered). The remaining **12** contacts were spread across different subjects with no trends.

Communication and Information

83 of the contacts were general enquiries; **42** related to telephone issues (phone not answered), **6** related to general enquiries/clinical care, **5** were clinic letters not received, **4** related to a lack of information, **4** were test results not received, **3** concerned data breaches, **3** related to inappropriate communication/attitude. The remaining **19** contacts were spread across different subjects with no trends.

Clinical Care & Concerns

49 of the contacts related to general enquiries/clinical care; **13** quality concerns regarding medical care, **9** were general enquiries/communication, **9** concerned co-ordination of medical treatment, **6** related to inappropriate care/treatment, **5** concerned quality of nursing care, **5** were staff attitude, **4** related to test results not acted upon, **4** were medication error/timing/availability. The remaining **34** contacts were spread across different subjects with no trends.

Parking

46 of the contacts related to Parking Fees/Penalty Charge Notices. The remaining **10** contacts were spread across different subjects with no trends. Car parking concerns may also be addressed directly to the car parking e-mail inbox/telephone.

Formal Complaints received

In Q2 the Trust received **79 formal complaints**: Medicine Division **39**, Surgical Division **28**, Women and Children's Division **8** and Corporate/ Estates and Facilities **4**.

Complaints by Quarter | Year

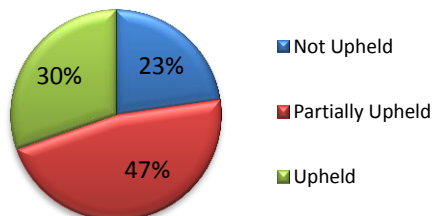
Year	Q1	Q2	Q3	Q4	Total
2015/16	100	82	55	66	303
2016/17	56	46	50	62	214
2017/18	57	49	34	39	179
2018/19	66	68	31	50	215
2019/20	72	79			

This represents a 10% increase in the number of complaints received in Q2 compared to the previous quarter and the highest number received in a quarter since Q2 2015-16.

There were **5 complaints re-opened** this quarter, these were all in the Medical Division; this compares to 2 re-opened complaints in Q1.

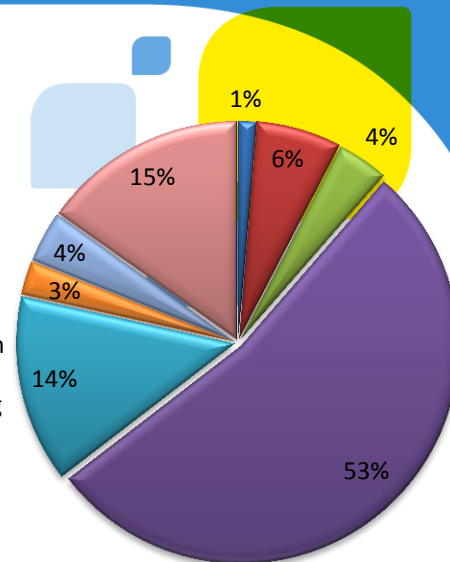
There were no new complaints opened for investigation with the **Parliamentary Health Service Ombudsman (PHSO)** within this quarter.

66 complaints were closed in Q2. Below is a breakdown of the outcome:

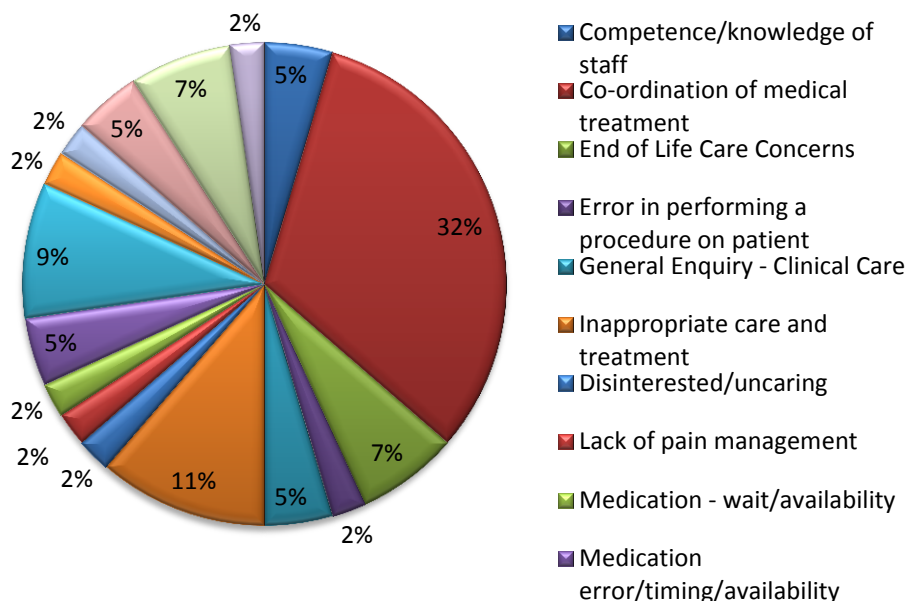


Complaints by Category:

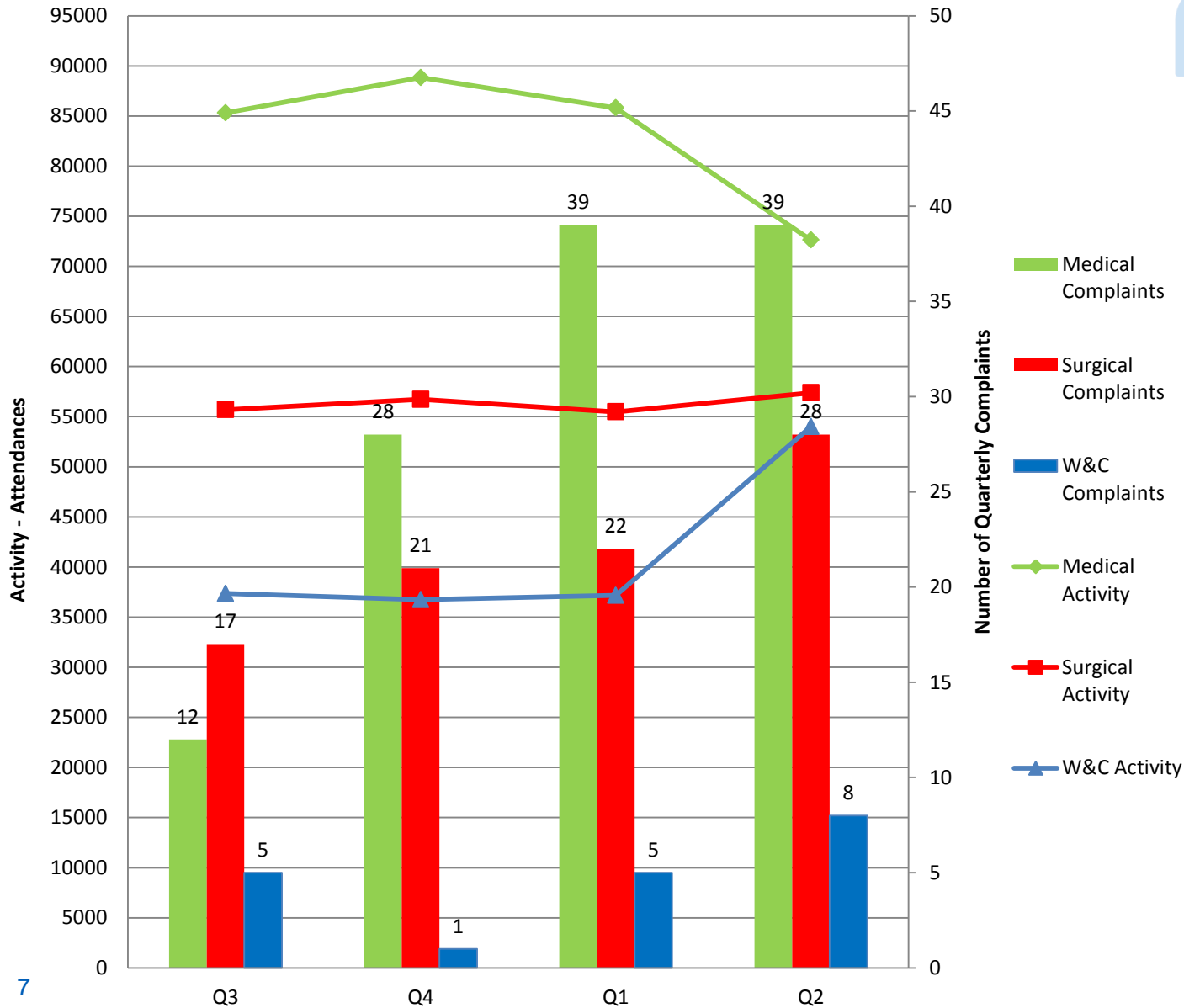
- Admission (Pre-admission)
- Admissions/transfers/discharge procedure (In Patients/ED)
- Appointments
- Clinical Care and Concerns
- Communication and Information
- Discrimination and Safeguarding
- Premises/Environment/Parking
- Staff Attitude and Behaviour



'Clinical Care and Concerns' complaints by sub category:



Activity by Division in comparison to Complaints by Division



There has been a shift in activity between in the Medical and Women and Children's Division as of a result of Oncology moving to the Women and Children's Division in Q2.

Women and Children saw an increase in complaints with one complaint in Oncology. Therefore the increase in activity is not the sole reason for the increase in complaints.

Activity for the Surgical Division increased alongside an increase in the number of complaints.

Despite activity significantly reducing in the Medical Division the number of complaints received remained the same.

NHS Website reviews from patients and their carers

(Patient Opinion cover the same reviews as posted on NHS Website)

NHS Website have renewed their ratings pages and system:

NHS website users can search for the profile of any NHS service provider to provide an overall star rating for the service or leave a review. Users are initially asked whether they would recommend a service to friends and family. They are then asked to leave a review about their visit and give a title to their review.

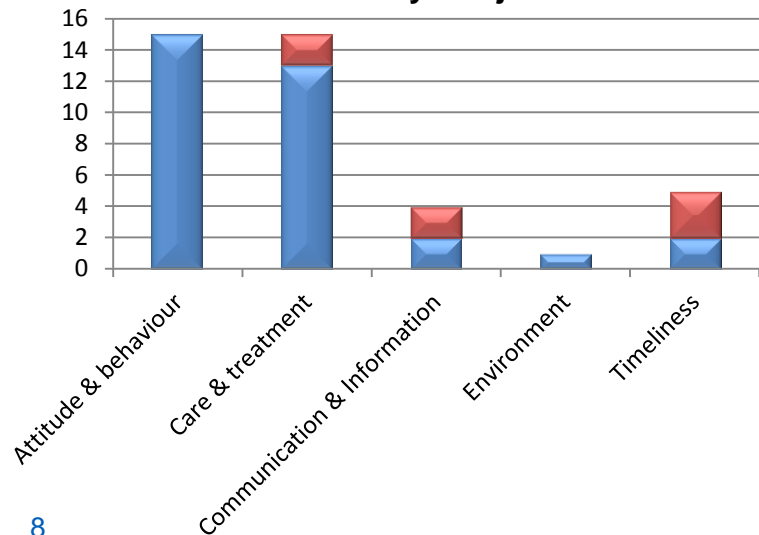
In quarter 2, 24 patients and their families posted feedback about their experiences of services provided by the RUH.

23 posts included a star rating: of these 18 rated the RUH with five-stars, 1 rated 4-stars, 1 rated 3-stars and 3 with a one-star rating.

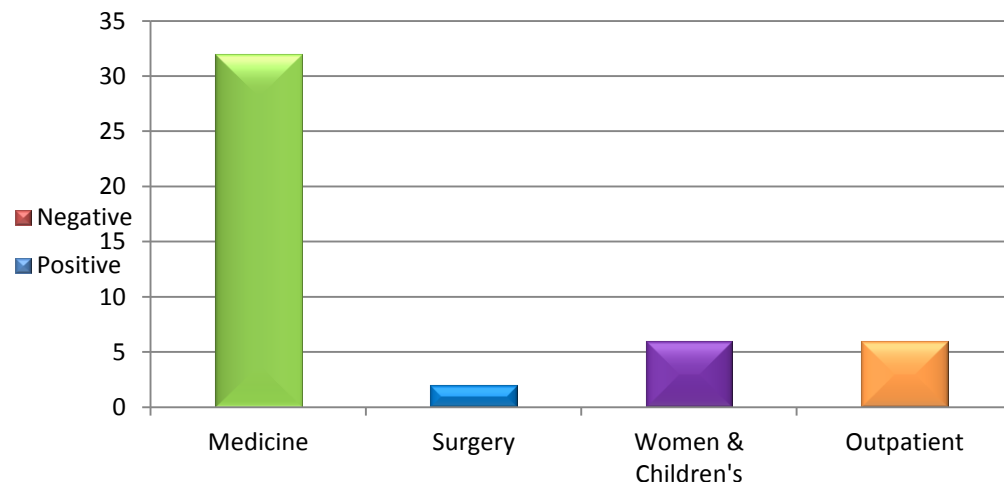
The 24 posts have been categorised into 40 separate comments: 33 positive and 7 negative. The comments have been categorised by Division and relevant comments are also identified by Outpatient Department. Further information about the comments are found in each Divisional report.



Q2 Comments by Subject & Sentiment



Q2 Comments by Division & Outpatients



Patient Stories

In **July**, Emma, a young carer shared her experience of caring for her mum when she was diagnosed with breast cancer and later with Wernicke's encephalopathy (acute thiamine deficiency leading to weight loss and confusion). Emma also had to care for her brother who is autistic.

Emma's mum was admitted to the RUH, firstly William Budd ward and then Helena ward. It really helped Emma when a full Carers Assessment was completed on the ward as this gave her access to further support for her mum.

As a result of Emma's story, a review of how we support carers is being undertaken. The Trust works closely with Carers Centres in BANES and Wiltshire and has Carer volunteers working on the wards signposting carers to access support. The Carer Hub in the Atrium has information for carers and staff on the wards are reminded to signpost families/carers to the Hub. In addition, every ward now has a family/carers information board which includes information about how to access help/support.

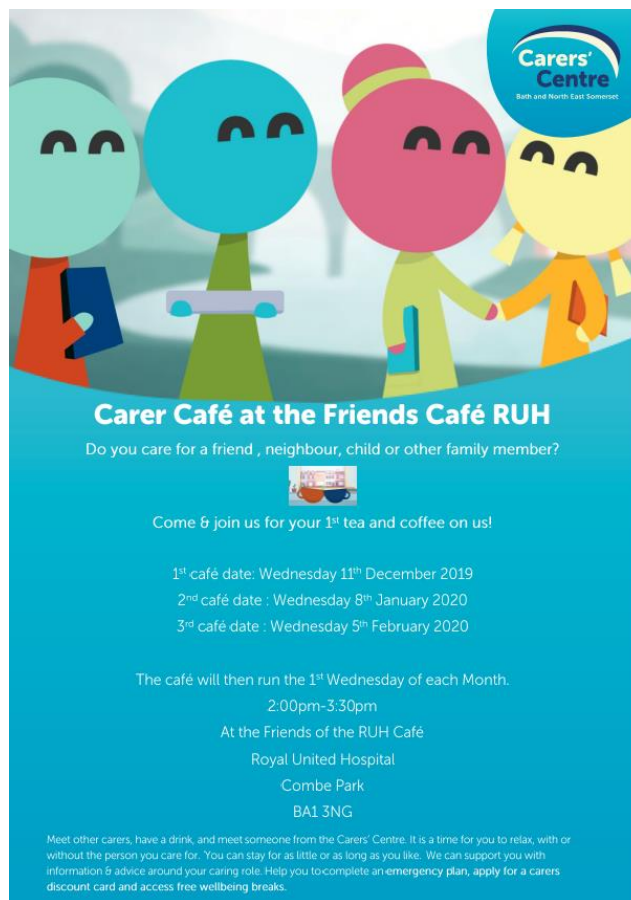
In December, the Trust is holding its first Carers Café in the Friends of the RUH coffee shop. The session will be hosted by representatives from the Carers Centre and is a drop in session for carers to attend to get advice/support.

There was **no Board meeting in August**.

In **September**, the Board heard the story of Philip, a Dementia patient on Combe ward. His wife Mary described the activities in the ward Day Room, including group music, exercise and creative sessions, and the positive effects the activities had on Philip in encouraging interactions and common interests between patients. The sessions encourage movement in order to avoid deconditioning. The mobilisation of patients in the day room supports discharge planning by freeing up bed spaces to improve flow during daytime hours.

Combe ward launched the '**Day room to Doorstep**' model in March 2019. The model demonstrated that the ward had saved 96 bed hours by allowing patients to wait for discharge in the day room, and further supported discharges before midday.

Professor Brian Dolan, Founder of the End Pyjama Paralysis Initiative, invited the team to talk at a global summit. In addition, the team won the team of the month award in recognition of their efforts to support earlier discharge and improve patient/family experience.



The poster features four stylized, colorful characters (green, blue, pink, and yellow) holding hands. The Carers Centre logo is in the top right corner. The text on the poster is as follows:

Carers Café at the Friends Café RUH
 Do you care for a friend, neighbour, child or other family member?

Come & join us for your 1st tea and coffee on us!

1st café date: Wednesday 11th December 2019
 2nd café date: Wednesday 8th January 2020
 3rd café date: Wednesday 5th February 2020

The café will then run the 1st Wednesday of each Month.
 2:00pm-3:30pm
 At the Friends of the RUH Café
 Royal United Hospital
 Combe Park
 BA1 3NG

Meet other carers, have a drink, and meet someone from the Carers' Centre. It is a time for you to relax, with or without the person you care for. You can stay for as little or as long as you like. We can support you with information & advice around your caring role. Help you to complete an emergency plan, apply for a carers discount card and access free wellbeing breaks.

Learning and improving from FFT

We asked staff to tell us about what they have learnt from patients and what they have done to improve patient experience as a result. Below are some examples of what staff told us.



Rosie Lloyd – Senior Sister, Helena Ward (Friends and Family Test)

Key points of learning	<ul style="list-style-type: none"> • 100% of patients in August said they would be Extremely Likely to recommend the care and treatment on Helena Ward. • Patients would like larger food portions • Patients said that it can sometimes be noisy on the ward.
Actions	<ul style="list-style-type: none"> • Patient feedback shared with ward staff • To ensure patients are asked if they are satisfied after a meal or if they would like additional food if available • All staff encouraged to reduce noise whenever and wherever possible within an acute and busy ward.

Learning and improving from a complaint

We asked staff to tell us about what they have learnt from complaints and what they have done to improve patient experience as a result. Below is an example of what staff told us.

Sarah Merritt – Learning from a complaint

Key points of learning	<ul style="list-style-type: none"> • A presenting clinical condition may seem unimportant and not urgent to a health care professional but to the patient it can be very worrying and we need to ensure good communication to reassure the patient and put their mind at rest. Also important to explain why we may not be doing certain tests. • Very positive to hear that regardless of how urgent or traumatic a situation is the patient didn't realise it was an emergency because the staff remained so calm and kept the patient and immediate family informed at all times. • Sometimes staff can become distracted by certain events and become mis-focused thereby completely missing an important diagnosis.
Actions	<ul style="list-style-type: none"> • Discussions with key individuals to advise them how they made the patient feel • Feedback to staff to compliment them on their management and care • Discussion with clinicians - to share learning with their wider clinical teams to improve service and to prevent reoccurrence

Learning and actions received in Q2 from some of the projects supported by the Patient Experience Team



PE054 NICU Development Follow up Questionnaire for parents (Paediatric Therapies) : Kate Whiting – Occupational Therapist

Key points of learning	<ul style="list-style-type: none"> • Parents felt information was clear and that they could utilise this to practice play activities at home • One parent felt NICU therapy input should have been provided earlier and within NICU unit
Actions	<ul style="list-style-type: none"> • Discuss earlier therapy intervention with senior staff on NICU to determine possibility of earlier intervention • Feedback positive comments to Therapy Team • Provide ELSMART (Early Intervention for Sensory, Motor, Attention / Regulation, Relationship Therapy) play leaflets to all parents to utilise in between therapy sessions

PE055 Play Pack Questionnaire for parents (Paediatric Therapies) : Kate Whiting – Occupational Therapist (A play pack is used as part of neonatal therapy – it is toys in a bag to support therapeutic activities for babies)

Key points of learning	<ul style="list-style-type: none"> • That 100% of recipients used the play pack daily • Parents felt the information booklet could also suggest ways to use the toys in play
Actions	<ul style="list-style-type: none"> • Share feedback in team meeting • Review the information booklet ensure clear and easy to understand explanations



PE067 Weight Management Service Review - Patient Questionnaire & PE067A Support Group Evaluation: Cheryl Richards – Lead Community Dietitian - Nutrition and Dietetic Service

<p>Key points of learning</p>	<ul style="list-style-type: none"> • Patients rate the specialist weight management service as excellent or very good • Patients value the encouragement, patience and support from the dietitian • Patients value the support group and value sharing other patient’s experiences
<p>Actions</p>	<ul style="list-style-type: none"> • Revisit initial appointment letter and ensure explanation provided about the expectations of the specialist weight management service are clear • Amend information provided by the dietitian about the service and include details about appointment frequency, who they may see, the reasons for possible delays and what happens next. • improve facilitation skills: explain and manage expectations at start of group, ensure that the group sessions have more structure to allow all participants in turn an opportunity to speak or ask questions. • To share results and feedback to Specialist weight management team and Department • Caffeine free coffee and tea is now available at the sessions

PE071 Acute Oncology Service Review - Patient Questionnaire: Emma Girling - Oncology CNS

<p>Key points of learning</p>	<ul style="list-style-type: none"> • The service is really valued by patients and they are extremely positive about the Acute Oncology Team • Patients would like more communication when waiting in clinic, about where and why things are happening • Communication could be improved with patients via the advice line • Communication of information from advice line calls with other clinical services in the trust could be improved.
<p>Actions</p>	<ul style="list-style-type: none"> • Team ensure patients are given regular updates and clear explanations • A training programme for nurses answering patient calls via the advice line has been implemented • Information from patient calls to advice line to be recorded on millennium as well as Aria system used by Oncology



PE073 Inflammatory Bowel Disease (IBD) Clinic – Patient Experience Questionnaire: Becca Bleakin, IBD Specialist Nurse

Key points of learning	<ul style="list-style-type: none"> • We are doing well and providing a high quality service • The information we give doesn't always give patients the confidence to self-manage their condition
Actions	<ul style="list-style-type: none"> • Share positive findings with IBD Team • Provide a care plan for using Mesalazine (Medication used to treat IBD) • Create patient information leaflet with clear guidance re: What to do in case of a flare up

PE077 Head and Neck Cancer Support Group – Patient / carer questionnaire to assess interest in set up of support group: Carol Cook

Key points of learning	<ul style="list-style-type: none"> • 51% would be interested in joining a support group • 48% would attend a planning meeting • 53% would prefer the support group to be held at the RUH
Actions	<ul style="list-style-type: none"> • Book a venue at RUH for the planning meeting • Ask cancer support team to develop invite and invite attendees • Hold planning meeting

RNHRD – Transition of Services to RUH – Patient Experience Questionnaire

Key points of learning	<ul style="list-style-type: none"> • Patients feel staff have worked hard to resolve issues identified during and after transition of services • Positive feedback about the new RNHRD and Brownsword Therapy building • Patients highlighted concerns about signage and the need for clearer signage inside and outside the building • Patients suggested a need for a resolution to heavy doors that they found difficult to open
Actions	<ul style="list-style-type: none"> • Project Manager aware of signage issues that are being reviewed and improved to meet patients' requirements. • Issues with doors have been resolved.