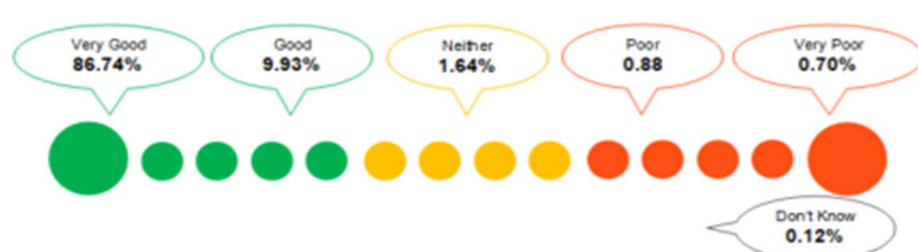


Patient Experience Feedback - Friends and Family Test (FFT)

In Q4, the Trust received 1712 Friends and Family Test (FFT) responses. This represented a **1.6% increase in responses** compared to the previous quarter. Of the responses in Q4, 1658 (97%) were received via FFT cards and the Patient Experience telephone project (telephoning patients after discharge). A further 54 (3%) were received via the RUH webpage.

Patient experience responses using the FFT question

96.7% (1,655) of responses were positive (Very good/good), 1.6% (27) negative (Poor/very poor).



FFT 1 - Friends and Family Test question responses

Patient experience comments from the FFT question

The data below details the sentiments and categories assigned to the comments received via FFT cards; a comment may be broken down into more than one category and/or sentiment.

	Positive	Negative		Neutral	
Attitudes and behaviour	36% (707)	32% (29)	Timeliness	31.82% (7)	Resources
Resources	21.7% (426)	17.8% (16)	Communication	31.82% (7)	Overall Experience
Care and treatment	13.3% (261)	15.6% (14)	Resources	18.18% (4)	Timeliness
Communication	10.8% (213)	7.8% (7)	Care and Treatment	13.64% (3)	Care and treatment
Overall Experience	9.4% (185)	7.8% (7)	Attitudes and behaviour	4.5% (1)	Communication
Timeliness	5.5% (109)	7.8% (7)	Facilities	0% (0)	Facilities
Food	1.8% (35)	5.6% (5)	Overall Experience	0% (0)	Attitudes and behaviour
Facilities	0.8% (16)	5.6% (5)	Food	0% (0)	Food
Cleanliness	0.7% (14)	0% (0)	Cleanliness	0% (0)	Cleanliness

FFT 2 - The total number of FFT comments by category/sentiment

To note: It is not possible for FFT comments entered via the RUH webpage to be assigned sentiments or categories, this means they are not included in any sentiment/category data. The comments are shared in the monthly reports for teams to review. In addition, not all patients leave comments on the FFT cards.

Key points of learning

Top positive comment categories:

Of the total number of FFT **free-text comments** received, 95% (1966) were positive 1% (22) neutral and 4% (90) were negative. Of the positive comments, the majority of patients tell us that they appreciate the way staff make them feel when they are in the hospital.

'All the staff were kind, considerate and helpful, they made me feel safe and that my welfare was their priority'

'Because everyone has made me feel confident, happy and secure and my babies have been in the best care'

'Felt I was understood and not judged the whole time, very thankful to the team'

Top contributors for positive comments were Cardiology (n=208) General Surgery (n=190) and Trauma & Orthopaedics (n=171).

Top negative comment categories:

Timeliness received highest number of negative comments.

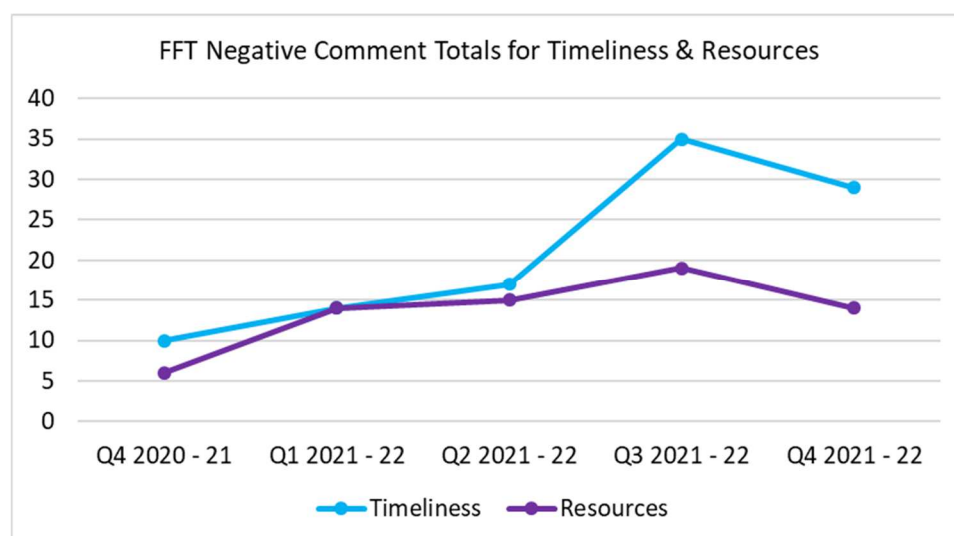
Timeliness (n=29) – long wait to be seen in ED, waiting for pain relief, waiting for staff to respond, delays in surgery.

'Much too long waiting. The accident happened at 6pm and I'm still here at 1:05am. More doctors needed as its now 1:15am and I'm still not seen'

'There were some lovely nurses but some nurses came across as quite dismissive, especially of my pain. Pain medication requests took hours'

Top contributor for negative comments by specialty were Emergency Department (n=20) and General Medicine (n=11). Overall the number of negative FFT responses are low and there has been a small decrease in the number of negative responses relating to timeliness and resources.

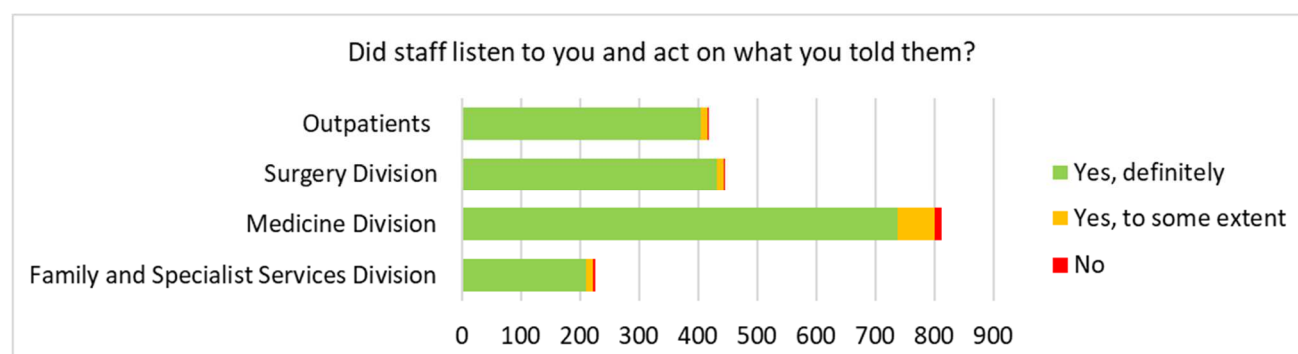
The ongoing pressures on the hospital and the impact of COVID on ward staffing levels has had a negative impact on patient experience. It is anticipated that with improved staff sickness levels and a Trust focus on nursing staff recruitment that this situation will improve.



FFT 3 -: Number of FFT comments for timeliness and resources

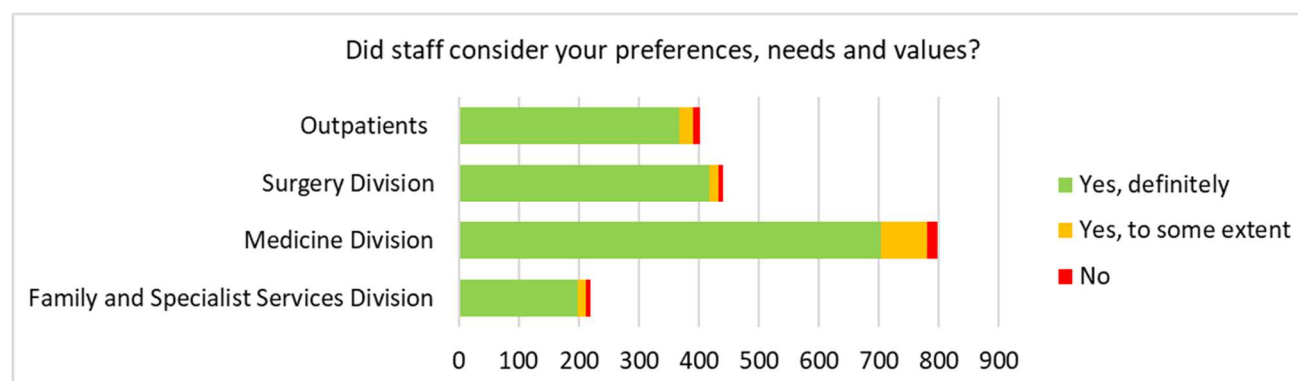
Patient experience feedback using the Trust questions to measure the patient goal:

Three additional questions measure whether we are achieving the Trust vision; to be recognised as a listening organisation; patient centred and compassionate.



FFT 4 - Trust Goal Response Totals by Division and Outpatients

93% (n=1380) responded as 'yes, definitely', 6% (n=87) responded 'yes, to some extent' and 1% (n=19) responded 'no'.



FFT 5 - Trust Goal Response Totals by Division and Outpatients

91% (n=1320) responded 'yes, definitely', 7% (n=105) responded 'yes, to some extent', and 2% (32) responded 'no'.



FFT 6 - Trust Goal Response Totals by Division and Outpatients

95.7% (n=1409) responded 'yes, definitely', 3.6% (n=53) responded 'yes, to some extent' and 0.7% (n=11) responded 'no'.

Key points of learning

Trust goal comments in response to ‘Please tell us about anything we could have done better’

Of the comments assigned categories/sentiments, 63% were positive, 31% negative, 6% neutral.

The top categories for ‘could have done better’ comments are:

Facilities (n=47) – predominantly relate to ward/ department temperature - too hot/ too cold, noise - noise at night/ ward noise/ loud bins, having to use unisex toilets/ maintenance of showers, ward décor, doors difficult to open, uncomfortable chairs, parking/ signage, lack of wheelchairs.

The number of wheelchairs on site has been increased however they are used by porters as well as the public. To support visitor access to wheelchairs, the porters undertake a nightly collection of chairs, which are left in the Atrium – usually between 10 and 15 chairs are left each night. There are no charitable funds available at present, however a bid to purchase additional wheelchairs will be made in the Autumn.

In Q4 we received feedback via FFT regarding lack of signage to B1 Fracture & Orthopaedic Clinic and the Trauma Assessment Unit. Estates & Facilities reviewed the signage with the Patient Experience Team on a walk around the site. As a result, Estates & Facilities relocated some signs and additional signs were introduced - see examples:



Communication (n=43) – predominantly relates to a lack of information/unanswered questions prior to appointments/preadmission/telephone consultations and information before procedures and at discharge. Some comments relate to poor communication regarding updates whilst waiting, information on care and treatment and enquiries relating to test results.

More information on the **Trustwide patient experience priority regarding improving communication** is included on page 13 of this report.

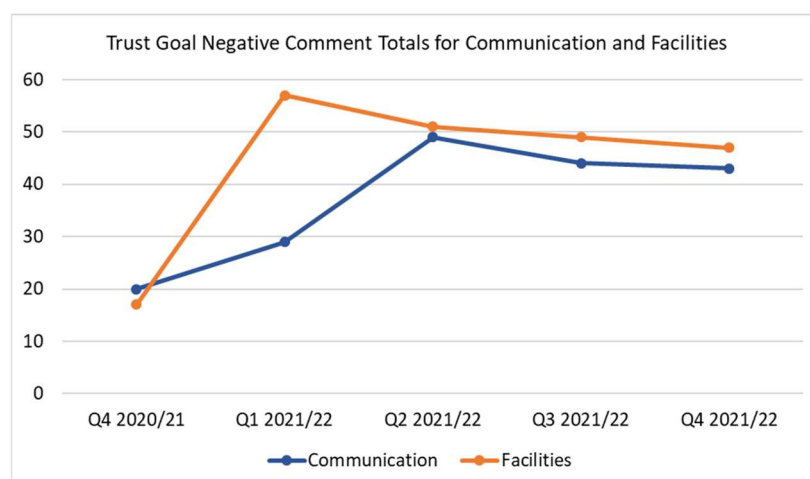
Timeliness (n=42) – predominantly relates to waiting to be seen in the Emergency Department/ waiting for a bed, waiting for pain relief, waiting for discharge, waiting for medication, waiting for a response to a call bell and moving wards at night. High numbers of attendances in the Emergency department together with high levels of staff sickness had an impact on the timeliness of patients waiting as indicated above. A Healthcare Assistant is now allocated to the Minors waiting area to support patients there with pain relief medication and communicating waiting times.

Top contributors for ‘could have done better’ comments in these categories

Facilities comments distributed across 23 wards/ areas, top contributor – Parry Ward (n=6).

Communication comments distributed across 23 wards/ areas, top contributor – Medical Short Stay Unit (n=7).

Timeliness comments are distributed across 19 wards/ areas, top contributors – Emergency department (n=9) Medical Short Stay Unit (n=8).

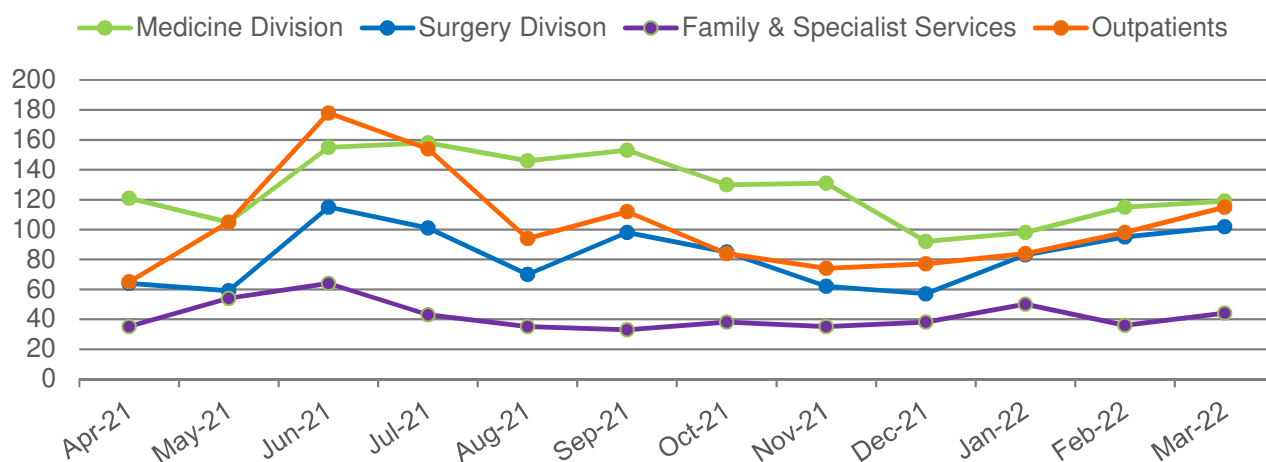


FFT 7 - The total number of negative Communication/ Facilities comments Q4 2020/21 to Q4 2021/22

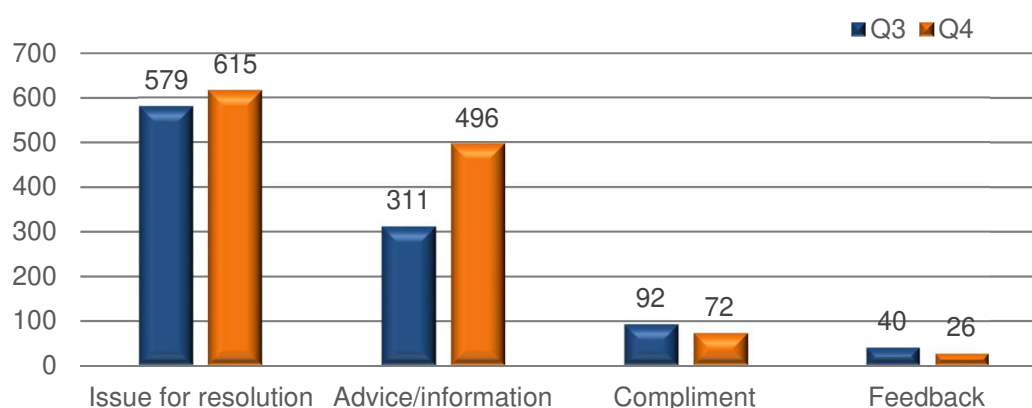
Patient/family experience feedback – Patient Advice and Liaison Service (PALS)

The Trust received **1209** enquiries to the PALS service in **Q4**. This is an increase of 18% (n=187) compared to 1022 in the previous quarter. This is a 21% increase (n=213) in contacts from the same period last year, which totalled 996 contacts over the quarter.

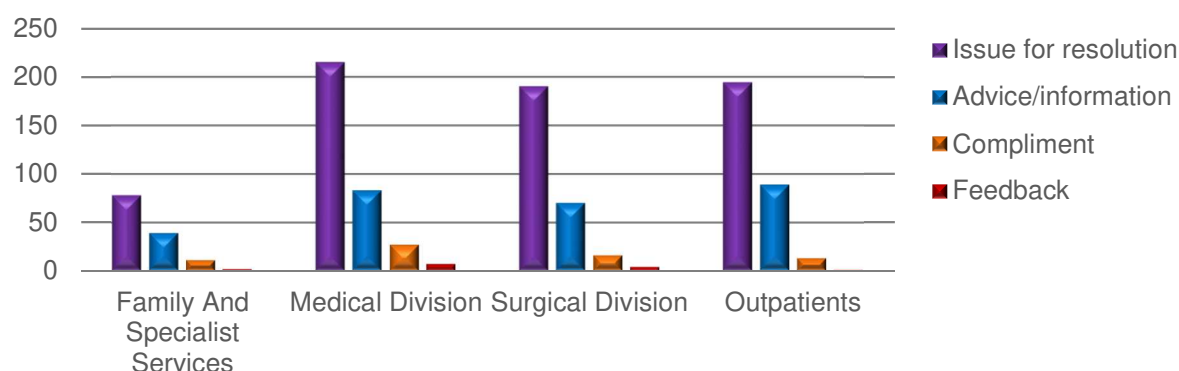
Please Note: for the purpose of this report, enquiries relating to the Emergency Department have been included under the Medicine Division. The Outpatients data in this report is not independent of the Divisional data – the clinical Divisional data includes Outpatient areas.



PALS 1 - The total number of PALS contacts broken down by Division



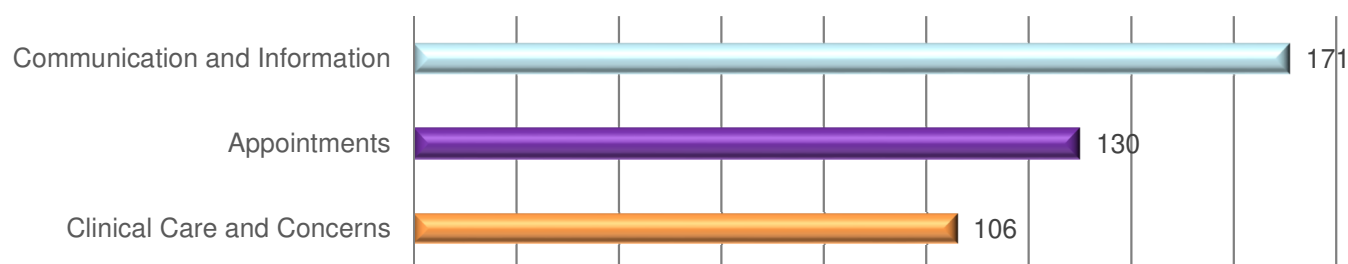
PALS 2 - The total number of PALS contacts broken down by type



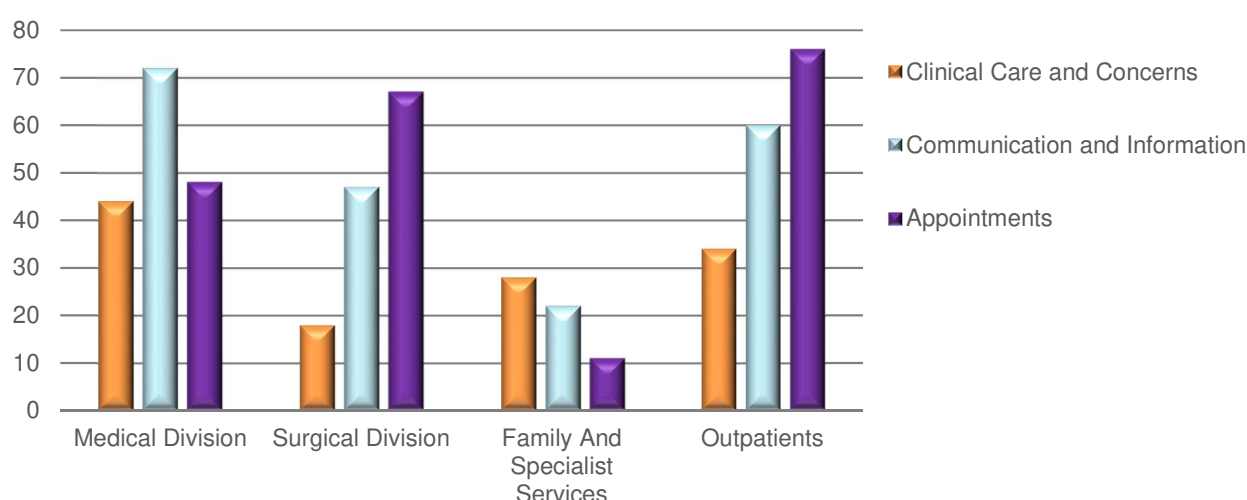
PALS 3 - The total number of PALS contacts broken down by type and by Division and Outpatients

The issues for resolution have increased by 6% (n=36) from Quarter 3 to Quarter 4 21/22. Requests for advice and information also increased over the quarter, by 59% (n=185) from Q3. Patients/family members contacted PALS for advice on how to access their medical records, for information about appointments, visiting patients and general enquiries. There has been a decrease of 22% (n=20) in compliments over the quarter.

The top three subjects requiring resolution and the breakdown by Division is detailed in the graphs below.



PALS 4 - Top three PALS subjects in Quarter 4 requiring resolution



PALS 5 - Top three PALS subjects in Quarter 4 requiring resolution by Division and Outpatients

Learning and actions

Communication and Information

Of the 171 contacts, 44% (n=76) were related to telephones not being answered - of these 44 related to Outpatient Departments and 20 to wards. Hotspot areas are Audiology and Cardiology Outpatients and the Medical Assessment Unit. Staff shortages has affected the ability of staff to telephones. Department management are working to resolve these issues in the affected areas.

The **Family Liaison Facilitators** (FLF) continue to support communication between wards and patient's families. There is particular focus on hotspot areas such as the Older Persons wards, the Medical Assessment Unit and the Emergency Department. More information about this service is included on page 13 of this report. The Keeping in Touch service is also continuing to deliver messages to patients from family and friends providing a further channel of communication.

The PALS team are continuing to monitor outpatient areas experiencing telephone issues and are highlighting areas of concern to department management and supporting to resolve appointment issues where possible.

Clinical Care and Concerns

Of the 106 contacts, 19% (n=20) were in relation to patients following up test results; of these 11 were for Cardiology Outpatients. 9% (n=10) concerned the co-ordination of medical treatment

Nationally, reporting for CT and MRI scans is taking longer; this is largely due to a substantial increase in demand and recovering from the impact of the pandemic. To improve current wait times the Trust has outsourced the reporting of scan results. The Radiology department continue to focus on managing demand to ensure the most appropriate use of the existing capacity. An additional telephone support line for GP's and referrers has been set up to support the expediting of reports if clinically appropriate in addition to an increase of in-house reporting. The PALS team are continuing to work with departments to provide test results and direct patients to the appropriate referrer for follow up.

Appointments

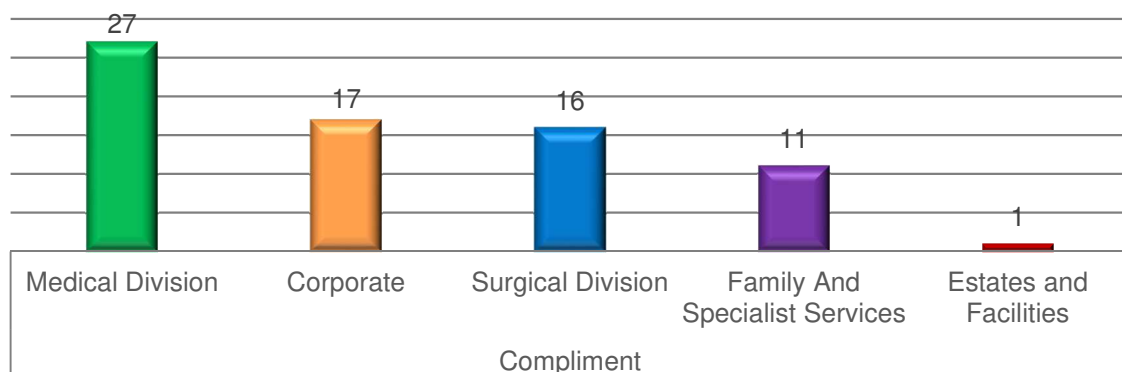
Of the 130 contacts, 53% (n=69) related to the length of time patients were waiting for new and follow up appointments. Hotspot areas include Oral & Maxillofacial Surgery, Radiology, Orthopaedic and Cardiology Outpatients.

Outpatient departments are providing additional clinics over the weekends to support with the backlog of patients. The Trust has updated information on the external web pages regarding current outpatient waiting times and advice for patients as to what to do should their condition change or worsen. Outpatient areas are holding telephone and virtual clinics where possible to support the reduction of waiting lists.

Compliments

PALS received 72 compliments in Q4, 27 related to wards and 13 to Outpatient departments.

A further 14 were for the Emergency Department. Patients and family members said that staff were professional and compassionate and that they were reassuring, putting patients and their families at ease. Many patients and families thanked staff for the excellent and timely care they provided despite the pressures they faced. Service users and feedback about their experience using an online compliment form on the external webpages.

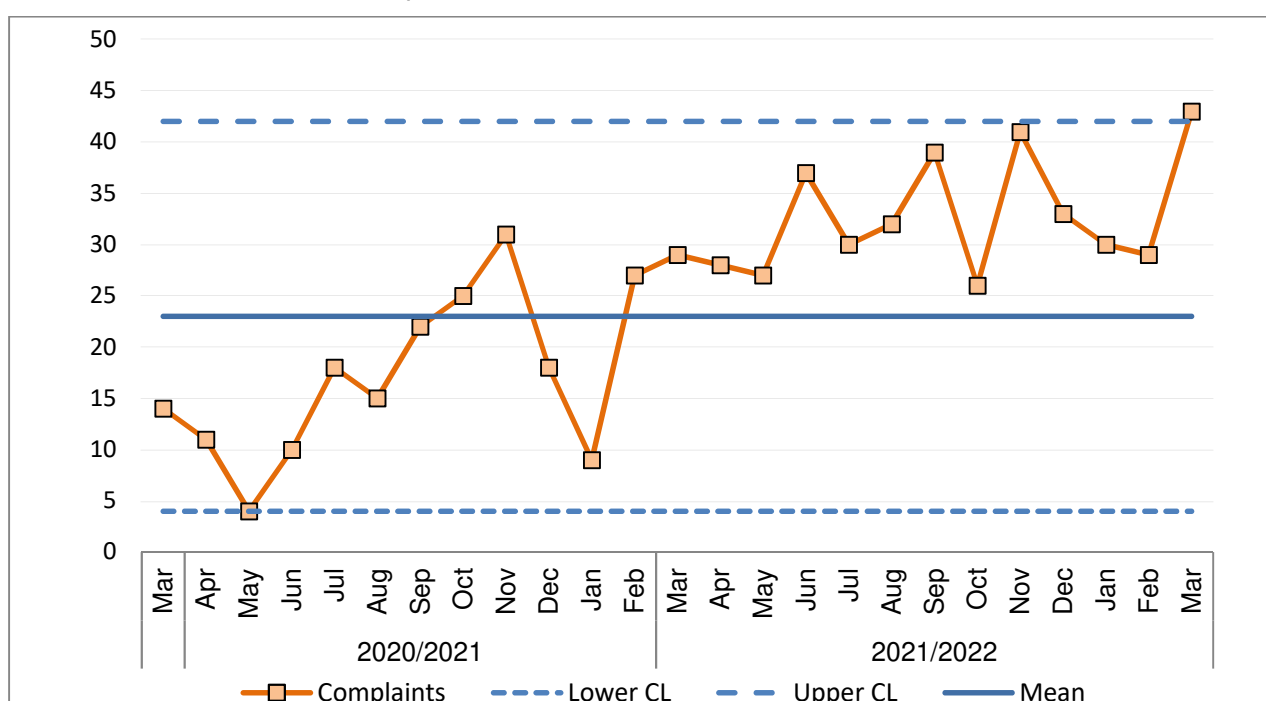


PALS 6 - Total Compliments received in Q4 by Division/Directorate

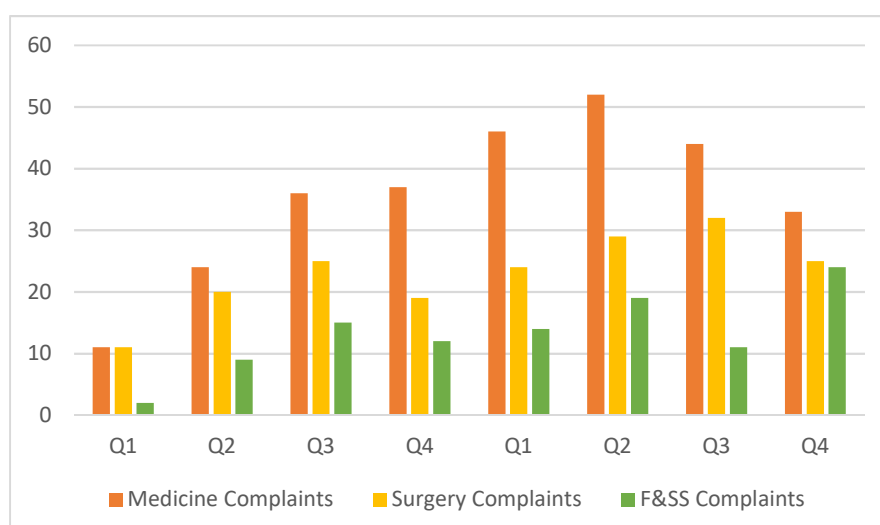
Patient/ family experience feedback – complaints

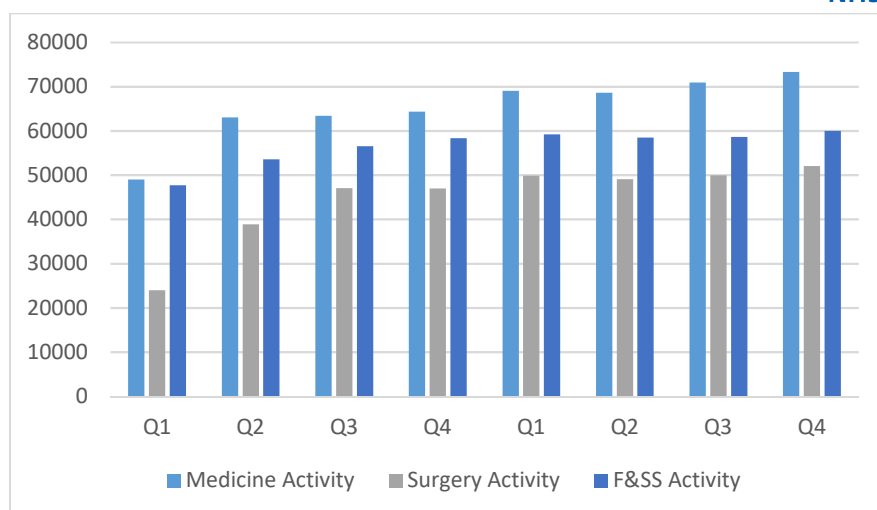
The Trust received **103 complaints in Q4 2021/22**. Medicine Division (n=33), Surgery Division (n=25), Family and Specialist Services (F&SS) (n=24), Corporate (n=19) and Estates & Facilities (n=2). There was a 52% increase in the number of complaints received, compared to the previous quarter. There have been 14 consecutive months where the number of complaints received by the Trust exceeded the mean average. One complaint was re-opened in Q4; fewer than the previous three quarters. Six complaints were open for investigation by the Parliamentary and Health Service Ombudsman (PHSO) in Q4. One complaint was reviewed by the PHSO following a primary investigation (formerly called assessment) into the complaint and the case was closed. No new cases have been opened.

Please Note: For the purpose of this report Complaints relating to the Emergency Department (n12) have been included under the Corporate division.



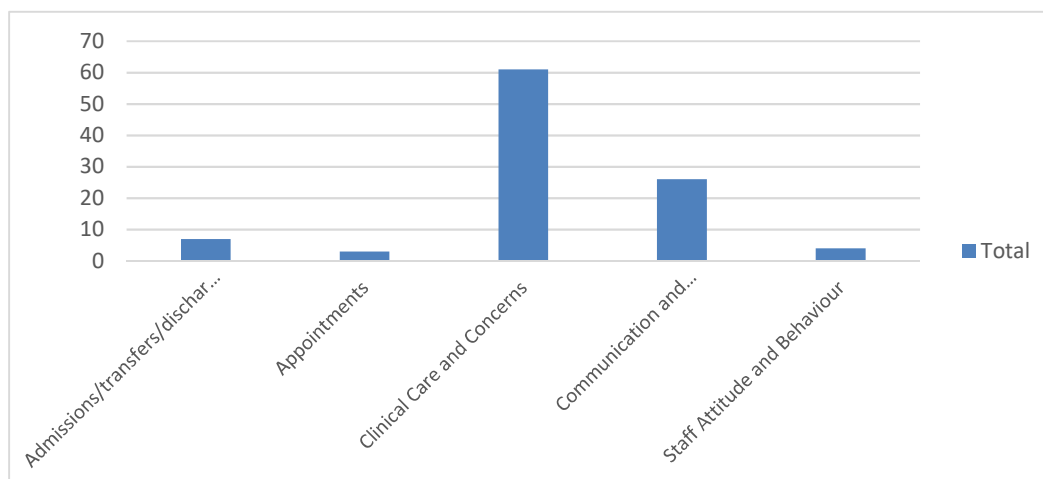
Complaints 1 - Total number of complaints received each month





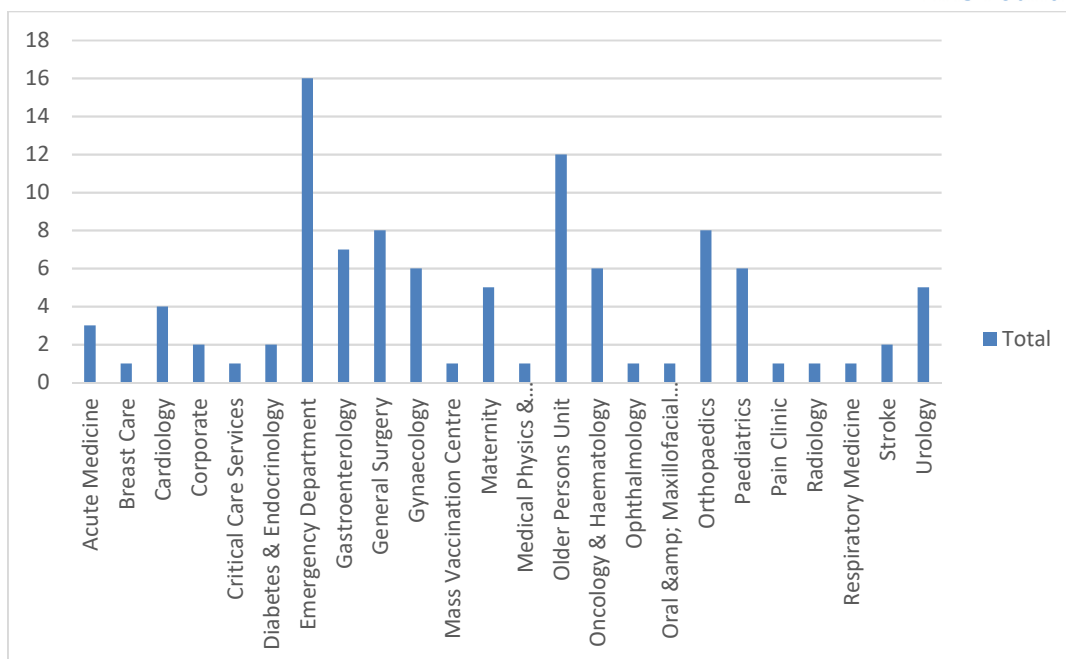
Complaints 2 - Activity by Division in comparison to complaints by Division Q1 2020/21 – Q4 2021/22

The **complaint rate was 0.077% for Q4 for 2021/22. This compares to 0.048% in Q3.**



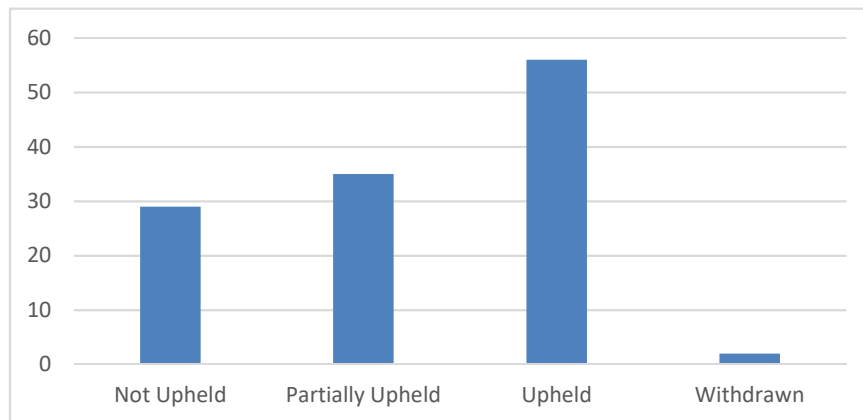
Complaints 3 - Complaints received in Quarter 4 by subject category

Clinical Care and Concerns accounts for the highest number of complaints across the Trust (n=70). Within this category, the highest number of complaints relate to inappropriate care/treatment (n=12), general enquiries/clinical care (n=11) and co-ordination of patients medical treatment (n=9).



Complaints 4 - Complaints received in Quarter 4 by Specialty

Of the 99 complaints received in Q4 the Emergency Department, Older Persons Unit and Orthopaedics account for 36% (n=36) of all complaints. The Corporate Complaints team took over the handling of ED complaints in October 2021. ED figures are included within the Corporate Division.



Complaints 5 - Outcome of complaints due for response in Quarter 4 by Division

45 complaints were upheld this quarter, 33 were partially upheld and 28 were not upheld. Upheld complaints account for the highest number in F&SS, Medicine and Surgery Divisions. The Triumvirate makes a decision as to whether a complaint is upheld/partially upheld or not upheld and this is reviewed/checked by the Head of Complaints.

Complaints responded to within 35 working days	Medicine	Surgery	F&SS	Corporate (Including ED)
	41% (16/39)	26% (8/31)	64% (7/11)	48% (12/25)

Complaints 6 - Compliance with 35 working day breach date by division.

Of the **109 complaints closed in Q4, 39% (n=43) were completed within timescale.**

The difficulties in meeting timescales is due to a consistently high numbers of complaints (see *complaints graph 1*). The difficult staffing levels amongst clinical teams has resulted in reduced capacity for responding to complaints and this together with pressure on the Executive team to review and approve complaint responses has resulted in a deterioration in the percentage of complaints responded to within 35 working days. In order to address the backlog of responses, the corporate complaints team have supported the drafting of complaint responses in the Divisions and agreed flexible timescales proportionate to complaint complexity with patients/families who have complained.

Actions taken as a result of complainants' feedback

You Said	We Did
Patient experiencing an ectopic pregnancy was distressed by the management of her condition in the Emergency Department and onward referral to the Early Pregnancy Assessment Clinic (EPAC).	Learning has been shared with all teams involved and ED staff reminded the Trust expectation of attitude and behaviour
Waiting time in the Emergency Department and how patients are kept informed.	Introduction of an urgent care nurse who is present in the waiting area to keep patients in the waiting room safe and maintain good communication.
Distress at the limitations placed on a family for visiting a patient receiving end of life care. Difficult interactions with staff.	Refresher Bereavement Training was arranged for ward staff.

Next steps

- A **listening service** pilot is planned to start in July. The Listening Service aims to provide patients, families and carers an opportunity to reflect on their care and share their thoughts and feedback on the service they received. The discussions can also provide a learning opportunity for the organisation to learn from experiences and will help to facilitate change and improvements in the care. The listening service is committed to:
 - Promoting an accessible, open and honest service
 - To promote openness and transparency of the services at The Royal United Hospital NHS Foundation Trust
 - To link with PALs and complaints teams as well as the wider organisation to improve safety and practice
- **Customer Care workshops** are being designed to improve the experience of patients and families and to support new staff in customer facing roles. A draft agenda for the workshops is being reviewed and will be piloted in Q2.
- **Waiting room experience project** – a review of the Emergency department waiting room was completed in May by staff in the Patient Experience team. This is based on the principles of the NHS England '15 steps challenge for outpatients' and aims to gain staff and patient feedback on the experience of the waiting room. The findings from the report will be shared with the ED staff to focus areas of improvement such as signage, the availability of bariatric chairs in the waiting area, etc.

- A review of the current **internal complaints** process has revealed a complex process with multiple steps and elements of risk from an Information Governance and data protection perspective. Changes to ensure the process is more effective and efficient will be implemented in Q1.
- Review and reintroduce patient/family complaint satisfaction survey
- Plan a repeat of the complaints audit by the members of the Non-Executive for September 2022
- Review how learning from concerns and complaints is used and shared effectively across the Trust.
- Continue to support the Divisions to improve complaint response times.

Update on areas of focus for 2022

Concern / contributor	Potential root cause	Countermeasure	Owner	Due	Status
Patients and families can't communicate with their relatives in wards	Staffing levels	Develop a Family Liaison Team	S Manhi S Lidgett	Q4 21/22	Pilot commenced
Patients and families tell us that we don't always involve them	Services lack clarity about what patients and relatives want & expect – best practice is not defined	Develop a patient and carer engagement and experience strategy using co-production	S Manhi	Q1/ Q2 2022	Commenced
The Trust does not have a communications plan that sets standards which provide a benchmark on which to base/assess performance & satisfaction	This delivers variance & a lack of information and data on which to base improvement methodology Current data is high level & countermeasures have had variable impact	Develop a communication plan which defines best practice and standards across a range of settings and services	S Manhi/ L Kearney/ Divisions	Q1/ Q2 2022	Proposal being written
Staff do not receive formal communication training – 'the RUH way' is not defined or described	A lack of clarity & staff pressures are reported by patients as delivering communication that does not meet their needs or expectations	Develop a communication training package & roll out plan for all frontline staff Standardise greetings Human factors Verbal & non-verbal Use simulation	S Manhi/ Education leads	Q2 2022	To start
Outpatient communication does not meet the expectations of our patients	Long outpatient waits leading to large volume of enquiries (calls, PALs contacts, e-mails)	-Update webpage , create an e-mail for each OPD areas, create standard work for OPD communication , train staff – standardise, corporate & kind, communicate with our public – situation report & actions	Simon Furlong / S Manhi/ OP Steering Group	Q1 2022	To start
Digital systems: Appointment communication does not always meet the needs of patients or their families	Communication in letters is not always clear and specific	Co-design letters with service users to improve communication	Simon Furlong DDO CDO	Q2 22	Partially commenced
Patients want to access their own information/results	Patient portals have not yet been developed at RUH	Integrate the patient voice into digital development		Q1 22	Business case being written
Written information on discharge (lowest score in the Inpatient Survey 2020)	Not all patients are given a discharge summary at the point of discharge	Set up a working group to identify key areas to focus improvement work to ensure patients receive the correct information at the point of discharge	Improving Information on Discharge Working Group	Q1/ Q2	Commenced

Improving Patient Experience Activities

In Q4, the Patient Experience Team supported 10 services to collect patient/ carer experience feedback, for example:

- **Neonatal – phototherapy**
A review using a questionnaire to understand parent experience of neonatal phototherapy and being re-admitted/ staying longer in hospital.
- **Digital inclusion – Gynaecology Oncology**
The team have developed a questionnaire to assess the impact of providing IT equipment to patients who do not have IT equipment, to enable them to have access by video to clinical services from the RUH Gynaecology surgical and diagnostic service.
- **Diabetes pathway redesign**
Engaging with type 1 diabetes patients to work together with staff in focus groups to review and redesign the service.

Improving Patient Experience Awards

During 2021/22, the Patient Experience Team supported 38 RUH teams to collect patient and carer feedback (via questionnaires, telephone interviews and virtual focus group meetings) and use the information to improve their service. The **Improving Patient Experience Awards** held in Q4 provided an opportunity to celebrate the good practice:

The **Dementia Team** won the award for improving patient and family experience, particularly for vulnerable patients with Dementia. Their work was judged as *‘a fantastic project and that the team had been responsive to the needs of Dementia patients as a result of the pandemic. The project also included great feedback from families and carers.’*

The **Cancer Support Team** was awarded second place for improving patient and family experience for cancer patients. The judges were *‘particularly impressed with the examples given such as attending appointments with needle phobic patients. An amazing project that benefits patients at their most difficult time.’*

The **MSK & Pelvic Health Physio teams** were awarded third place for improving patient experience for those patients having virtual physiotherapy appointments. This was judged as a *‘great project with good evidence of patient engagement and changes being made as a result of patient feedback.’*

Patient Stories to the Board of Directors

A patient from an Afro-Caribbean background and her son shared their experience of the hospital. The patient was present at the virtual Board meeting and shared her experience regarding privacy and dignity, availability and awareness of the Caribbean menu, the challenges around visiting during COVID and how this affected doctor engagement with her son and including him in the conversations around her ongoing care and treatment.

The Chairperson of the Black and Ethnic Minority Senior Citizens Association (BEMSCA) joined the meeting and shared other experiences of the hospital and suggestions for improvement.

The learning from the patients experience will be included in a short film for staff around what matters to patients. In addition, the patient menu is being reviewed and will shortly be available online and therefore more visible to all patients irrespective of their cultural background.

Family Liaison Facilitators

The Family Liaison Facilitator Service was set up at the end of December initially as a 3-month pilot pending a business case for investment. The service has been extended to the end of June. The service aims to improve patient experience and wellbeing by maintaining communication between relatives and their loved ones during their hospital admission. The service operates 7 days a week from 8am to 8pm in the Medicine Division. The admissions wards and Emergency department receive visits 3 times a day. The team work closely with the PALS service to debrief, identify, and respond to any concerns raised.

In the period, January to March **2565 calls were made; 372 video calls** and a number of visits between family members in hospital on different wards.

The team have received very positive feedback from staff and patients.

'I wanted to heap some much deserved praise on the Family Liaison Facilitators who helped my mother in law during my Father in Laws recent stay. My Father in Law has Parkinson's Disease and suffers with confusion when he is ill. He is unable to use any form of mobile technology and is really stuck when he goes into hospital. He cannot contact anyone unless they visit him. Whilst he was on an assessment ward recently, my mother in law couldn't get through (she appreciates the clinical staff are really busy) and it left her very worried, as she just wanted to know he was okay and eating and sleeping etc. She was also worried that he felt we had deserted him, as we couldn't communicate with him or visit because of Covid restrictions that were in place on the ward.'

'I found a link for the Family Liaison Facilitators and told her to contact them. Within the hour, they had made contact and allowed her to speak with my Father in Law. They even arranged a Whatsapp virtual call. She said she can't begin to express how relieved this made her feel. She slept that night and was so grateful for all that they did for her. My Father in Law was so relieved to hear her voice too.'

'Credit where credit is due, I hope this service can continue. It's great for people like my father in law who cannot use a mobile! Thank you again and I hope I have sent this to the right person!'

'My father was recently admitted to RUH Bath firstly in A&E and moved to the cardiology department. Just have to say how brilliant the support was from the family liaison operatives, enabling good contact with my father during his stay. It's always quite stressful when family are admitted to hospital and making contact with them has not always been easy - but this time is was excellent. I was even able to have a video call with my father - also when promised a call back, this happened, every time!'

'Super service and I hope for other families it makes contact with loved ones easy as I experienced.'

Bereavement and Medical Examiner (ME) Office

The Bereavement and Medical Examiner (B&ME) Office provides a service for bereaved families of patients who die at the RUH. They provide help, support to relatives, and explain how to deal with the formalities required by law. The number of patients who died in hospital increased in Q4 from lower numbers at the start of the pandemic.

	Q1	Q2	Q3	Q4	Total
2019-20	365	318	404	429	1516
2020-21	275	274	374	390	1313
2021-22	280	324	412	348	1364

B&MEO 1 - number of deaths at the hospital

Performance

	Apr 2021	May 2021	Jun 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Total no. of deaths	107	96	77	94	119	111	136	140	136	148	91	109
Scrutinised by ME %	97	95	98	96	98	95	99	98	97	100	98	94
Communication ME Office and next of kin %	99	98	100	96	95	97	97	97	97	98	96	92
Mortality Review check-list and SJR screen %	100	100	99	100	96	98	99	96	90	97	96	90
Referred for Structured Judgement Review %	21	21	13	16	22	11	16	16	17	22	23	22
Medical Cause of Death (MCCD) completed within 3 days %	86	83	84	64	85	82	75	72	73	64	72	60
MCCD rejected by the Registrar	0	1	0	0	1	1	4	0	3	1	0	2

B&MEO 2 - ME performance

Extension of the service across BANES community

From November 2021, the ME Office has scrutinised deaths at Dorothy House. In Q4, they also started to provide scrutiny of deaths at St Martins Hospital and Paulton Hospital. The next steps will be to start to include deaths in the community. This is mandatory by April 2023.

An additional 0.3wte Medical Examiners and 1.3wte Medical Examiner Officers will be recruited to take on the additional work in the community, with the expectation of an additional 1300 community deaths to scrutinise per year by the Medical Examiner Officer at the RUH.