



Royal United Hospitals Bath
NHS Foundation Trust

Patient Experience Report

July – September 2022



The RUH, where you matter

Executive Summary

Formal Complaints

91 complaints were received in Q2. The primary themes of complaints across all departments is **clinical care and concerns** – this includes, the co-ordination of medical treatment, inappropriate care and treatment, knowledge and competence of staff and the wait for treatment. Concerns relating to **communication and information** are apparent throughout most complaints but is not always the primary subject of the complaint. The operational pressures in the hospital continues to contribute to many complaints – patients being nursed on trolleys for extended periods, frequent bed moves and a lack of support and involvement of families and carers. There was a slight increase in the number of complaints in from 84 in Q1 to 91 in Q2

PALS

1327 contacts in Q2. The top 3 issues for resolution remain the same – **communication and information, clinical care and concerns and appointments.**

- **Communication and information** – top contributors are Orthopaedics, Cardiology, Gastroenterology and Oral and Maxillofacial surgery.
- **Clinical care and concerns** – top contributors are Cardiology, General Surgery and Emergency Department. The reason why patients are contacting PALS for these specialties is around inappropriate care and treatment. Over the year Cardiology have had the highest number of contacts around patients chasing test results.
- **Appointments** – top contributors are Oral and Maxillofacial surgery, Orthopaedics, Cardiology and Gastroenterology.

FFT

There has been a decrease in the overall patient experience scores this quarter from between **96-98% in Q4 to 94-96% in Q1. This is mainly due to the experience of waiting for patients in the Emergency department.**

The number of FFT responses remains low – these are received by card and online. A review is underway with Salisbury and Great Western hospitals to pilot a text service which has proven in other Trusts to promote an improved response rate. A bid will be made to the Innovation Panel to run a 12 month pilot to collect more patient feedback particularly from the Emergency department.

Patient Engagement

The Patient Experience Team advises and supports clinicians and specialty teams to involve and engage with patients and families. This includes supporting them to create questionnaires, run focus groups, conduct telephone interviews, review patient information leaflets and co-designing services. Examples of activities are included on slide 13 of this report.

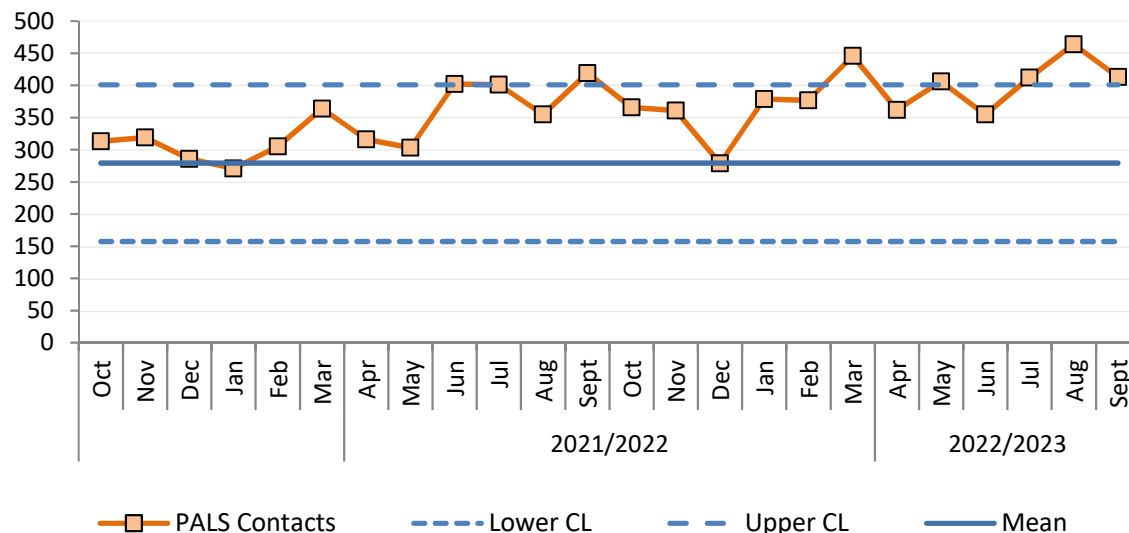
Patient Experience A3

- **Patient and carer engagement and experience strategy** – draft in progress, to be launched in Q2.
- **A review of Outpatient letters is being led by Chris Dyer** with clinical staff and support from patient experience. Clinic letters to patients have been co-designed with service users
- Working group focussing on patient information on discharge has been set up.
- **A communication training package is being reviewed** – this will be available for all frontline staff

PALS – performance/issues requiring resolution

Historic Performance

Number of PALS Contacts – October 2020 to September 2022



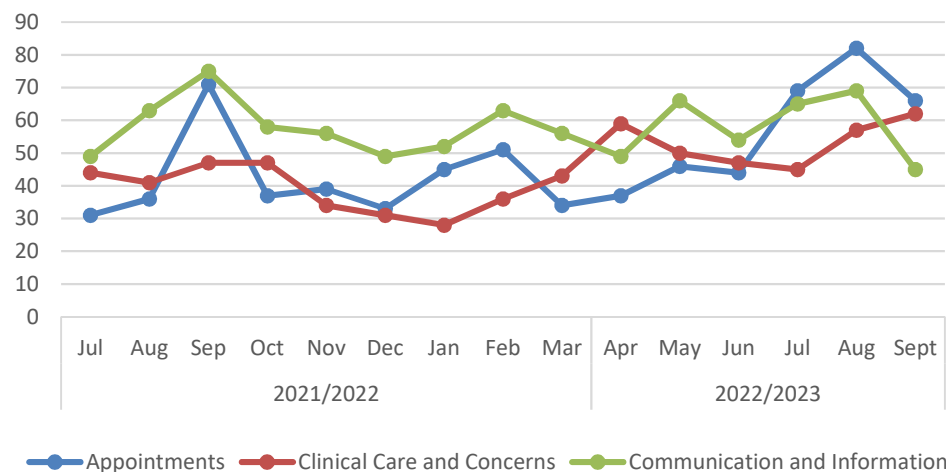
Performance in Q2

There were **1327** PALS contacts (this compares to 1168 in Q1) 876 issues for resolution. Top 3 issues were:

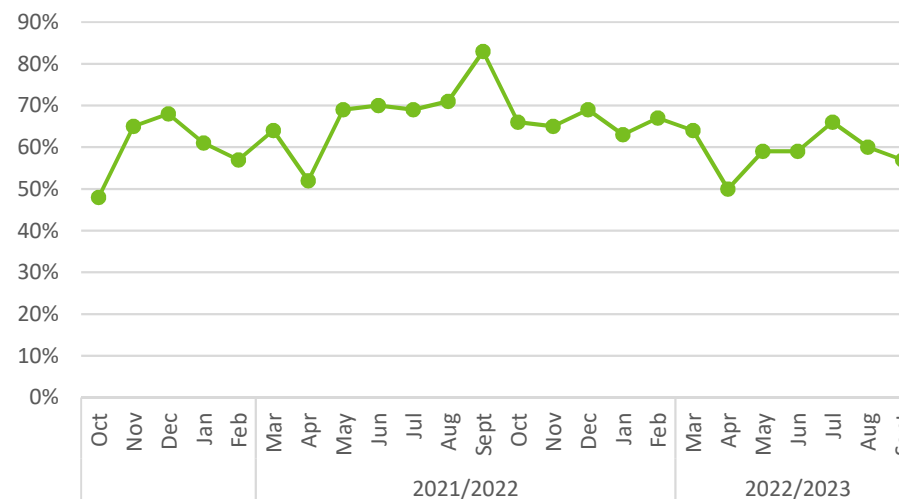
- 1. Appointments = 217**
- 2. Communication and Information = 179**
- 3. Clinical Care and Concerns = 164**

Closure of the **876** PALS issues for resolution within the 48 hour target fluctuates, due to the complexity of some cases which require more than 48 hours to investigate and the capacity and availability of clinical staff to respond to queries/concerns. The number of PALS cases has continued to remain high in Q2 impacting on the Trust response times.

PALS top contributors to issues for resolution July 2021 – September 2022

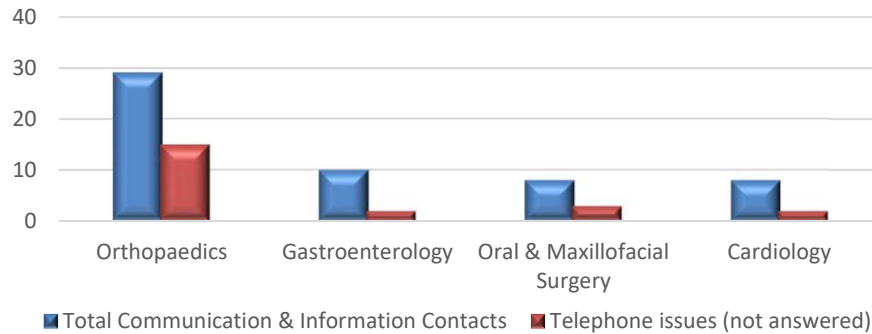


PALS Percentage of issues for resolution closed within 48 hour target

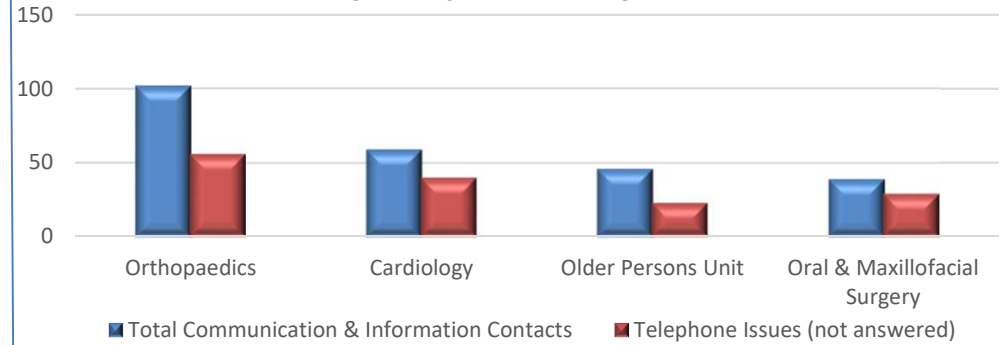


PALS - issues requiring resolution

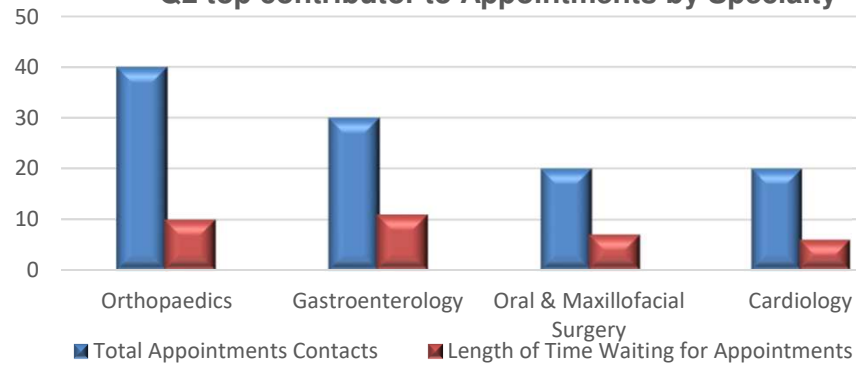
Q2 top contributor to Communication & Information by Specialty



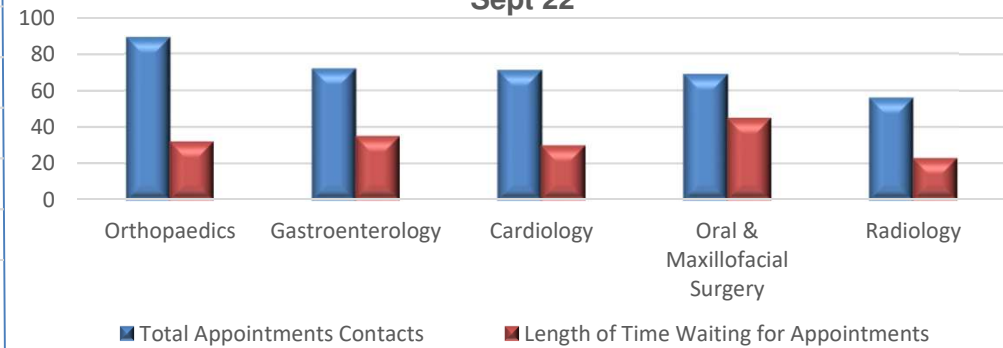
Top Contributor to Communication & Information by Specialty Jul 21 – Sept 22



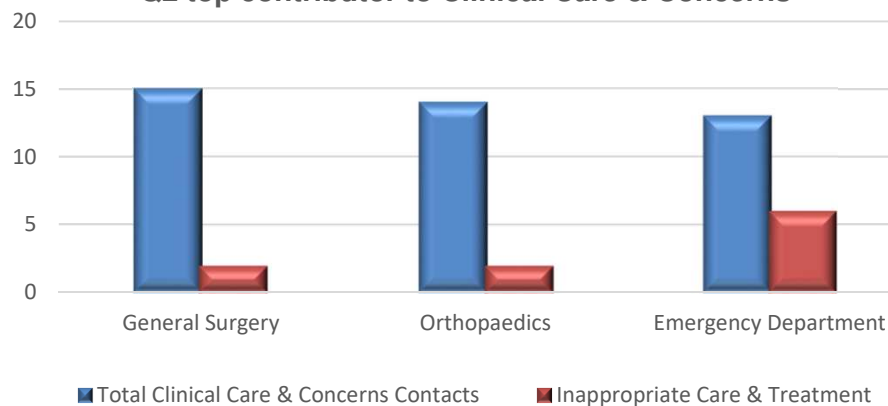
Q2 top contributor to Appointments by Specialty



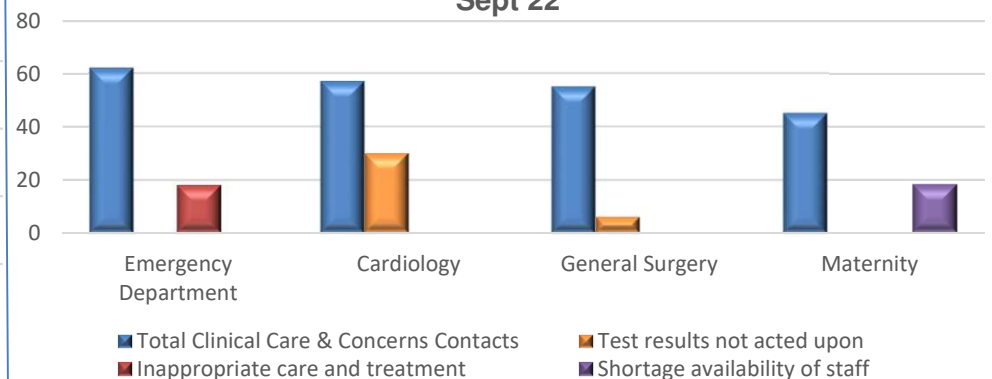
Top contributor Appointments by Specialty Jul 21 – Sept 22



Q2 top contributor to Clinical Care & Concerns



Top contributors to Clinical Care & Concerns Jul 21 – Sept 22



PALS & Complaints countermeasures/actions

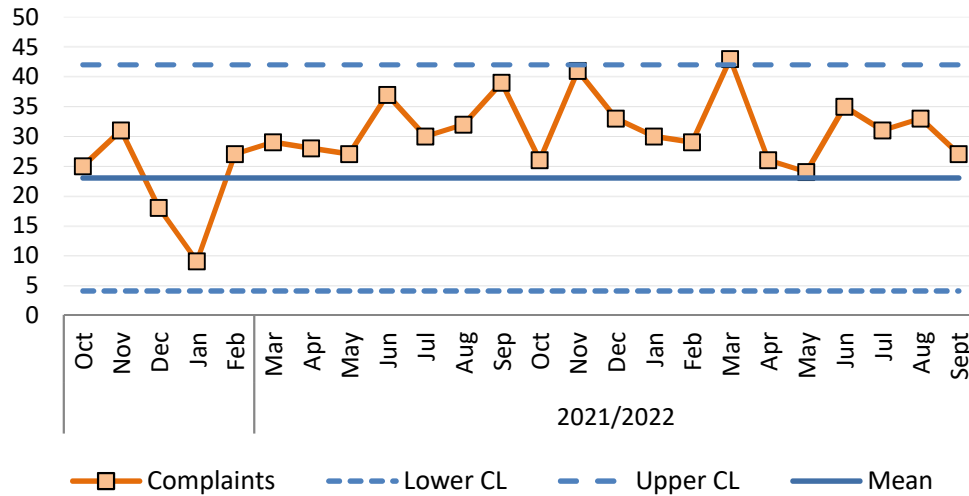
Issue for resolution	Countermeasures /Actions (Q2)	Owner in Division
Communication and Information	<ul style="list-style-type: none"> A new system is being implemented which will allow patients to receive their outpatient letters via email. The system will also be used for text reminders for appointments. Future developments will allow patients to manage their own appointments. The initial stage of the pilot will start in Rheumatology before being rolled out across the Trust. 	Rachel Linegar, Head of eHealth Divisional Outpatient Managers
Clinical Care and Concerns	<ul style="list-style-type: none"> Children's Therapies are recruiting additional therapists who will support with the backlog of patients currently waiting for assessment. A junior doctor has developed a guide to support other junior doctors understand the process around tissue donation to ensure referrals are actioned where appropriate. A wider project is underway which will support automatic referrals to NHS Blood and Transplant service who will then make contact with families to discuss donation. 	Emily Graham, Head of Children's Therapies Helen Meehan, Lead Nurse Palliative Care/End of life
Appointments	<ul style="list-style-type: none"> Weekend clinics continue to be held to support with the back log of appointments. Endoscopy have outsourced to company who provide procedures over the weekend. Virtual and telephone appointments continue to be held where appropriate. Outpatient wait times are being updated monthly on the Trusts external webpages. The Outpatient Steering group chaired by Dr Chris Dyer, Consultant Geriatrician meets fortnightly and has oversight of the outpatient waits by specialty. 	Specialty Managers, Surgery Helen McCabe, Outpatient Manager

Complaints – performance/top contributors

Performance in Q2

There were **91 complaints** received in Q2 (this compares to 84 in Q1). Surgery 37, Medicine 27, F&SS 15, Corporate (includes ED) 12.

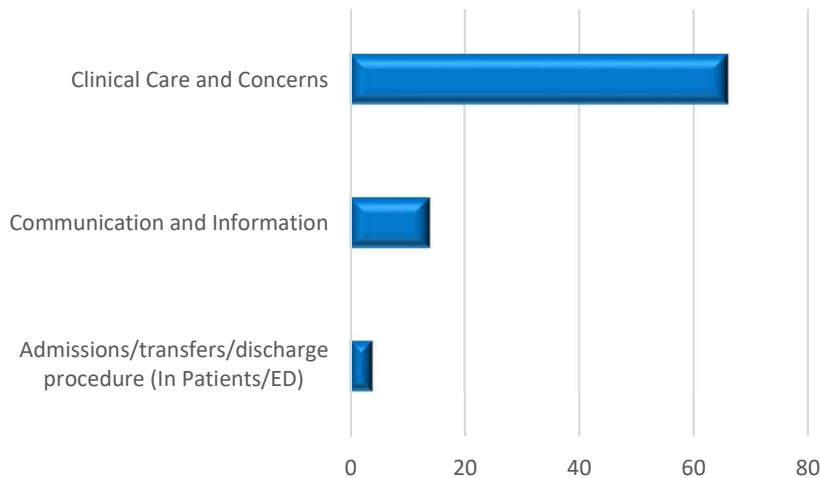
Number of Complaints – October 2020 to September 2022



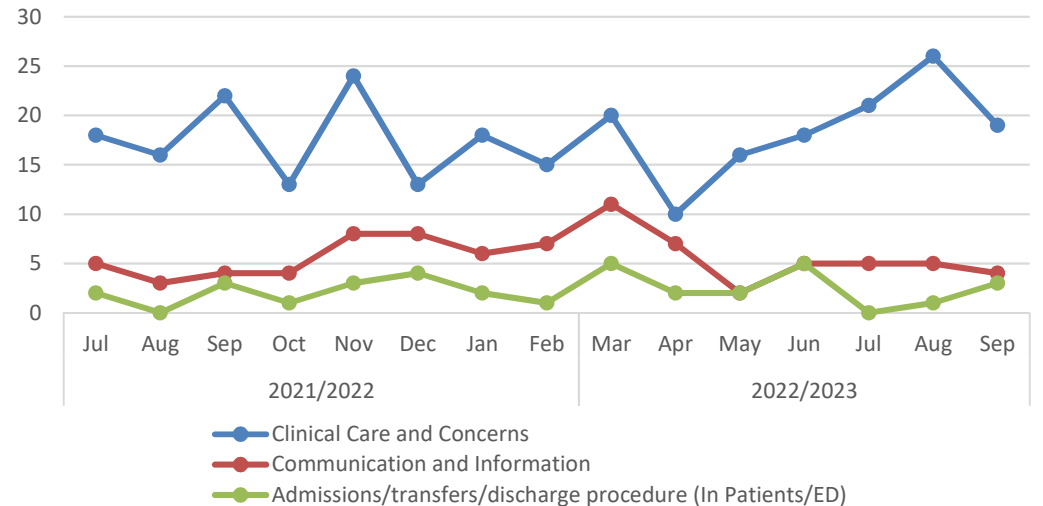
Percentage of Complaints closed within 35 working days



Top Three Contributors to Formal Complaints Q2

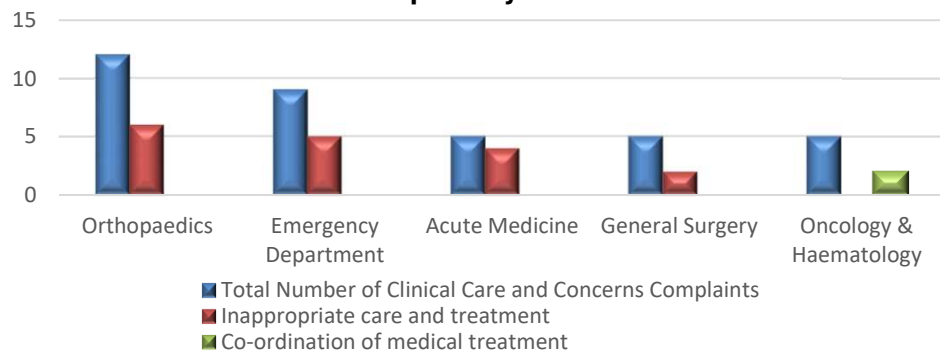


Top Three Contributors to Formal Complaints – July 2021 to September 2022

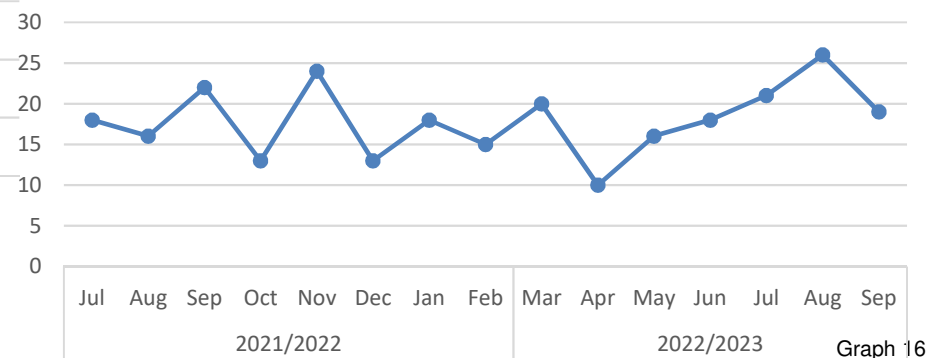


Complaints – Clinical Care and Concerns

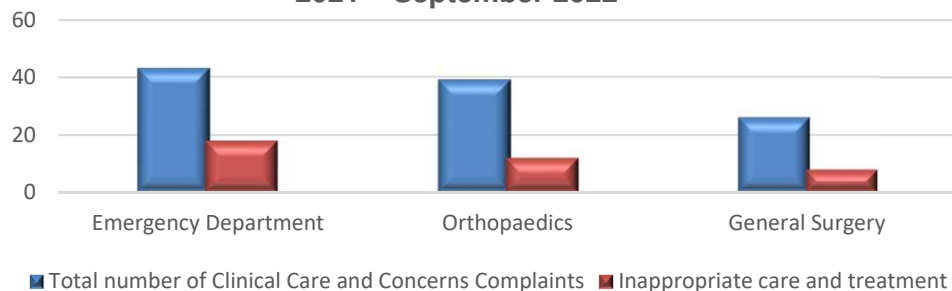
Q2 Top Contributors to Clinical and Concerns by Speciality



Complaints - Clinical Care and Concerns July 2021 – September 2022



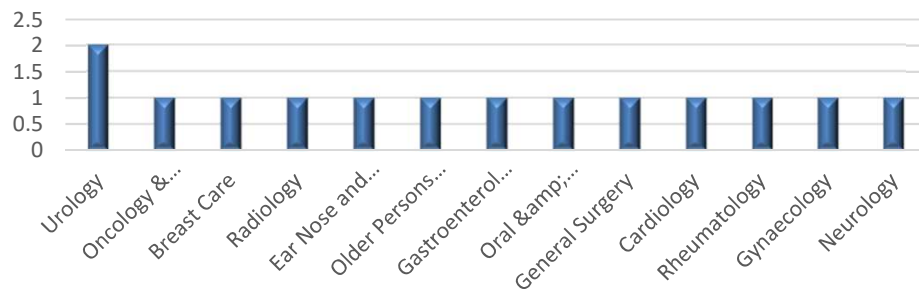
Top Contributor to Clinical Care and Concerns July 2021 – September 2022



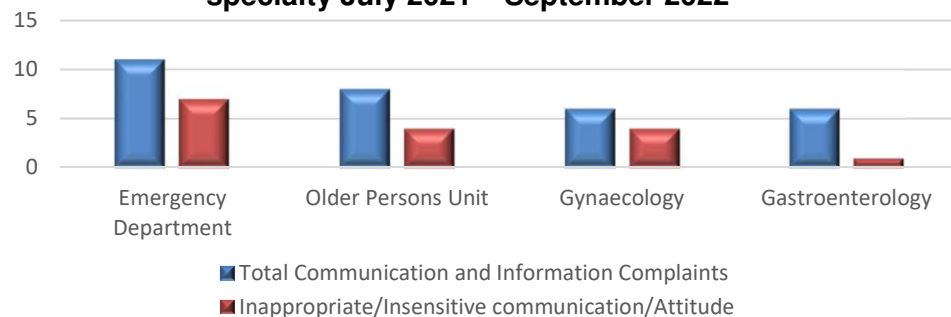
Corporate	Complaint about lack of care, support and treatment for victims of needle spiking in ED. Outcome Needle spiking guidance developed for ED as well as the development of professional links between RUH ED and the Riverside clinic.
Surgery	Patient in pain complained about the delay in treatment which was due to a failure in the referral process between specialties Outcome All surgical consultants reminded of the process for specialty to specialty referrals.

Complaints – Communication and Information

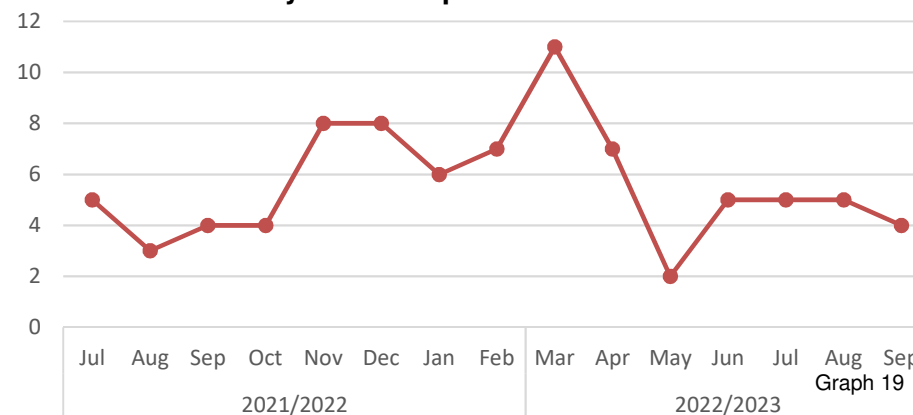
Q2 Top contributors to communication and information by specialty



Top contributors to communication and information by specialty July 2021 – September 2022



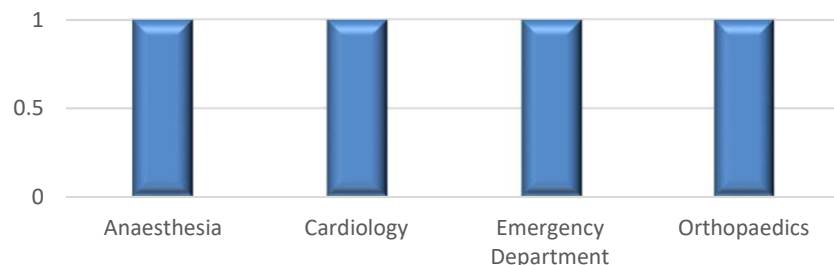
Complaints – communication and information July 2021 – September 2022



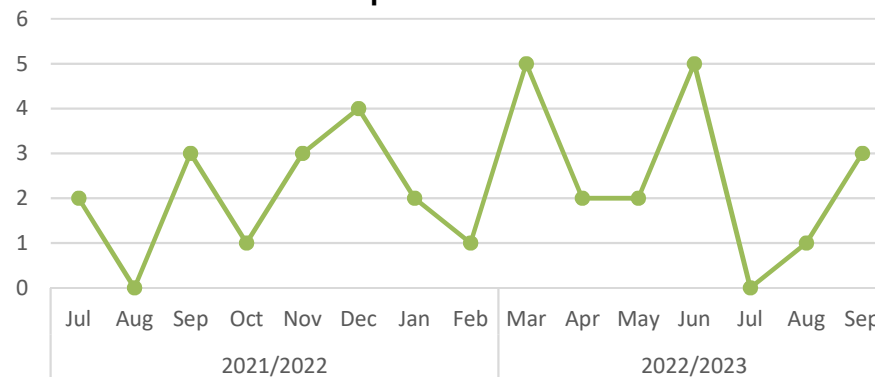
Division	Actions taken/countermeasures
Medicine	Patient was discharged with the Treatment Escalation Plan and Resuscitation record. These records did not represent her views. Outcome Consultant to work with team to ensure that patient's wishes are included and the conversation about escalation of care continues throughout admission.
F&SS	Patients surgery was cancelled as the department was unable to access a British Sign Language interpreter. Outcome Surgery reinstated within 3 days when interpreter available Countermeasure Patient Experience team undertaking a review of availability and access to Deaf Awareness training and hearing loops. Currently undertaking a staff survey to establish awareness of process for accessing an interpreter. Interpretation and Translation Policy review. Ongoing engagement with provider to improve access to interpreters.
Corporate	Scoping with external provider for ' Service Excellence ' training for all frontline staff. Review of Trust web pages to ensure patients/families have access to up to date current information Work alongside top 3 areas reporting increase in difficult conversations to understand challenges

Complaints – admission/ transfers/discharge

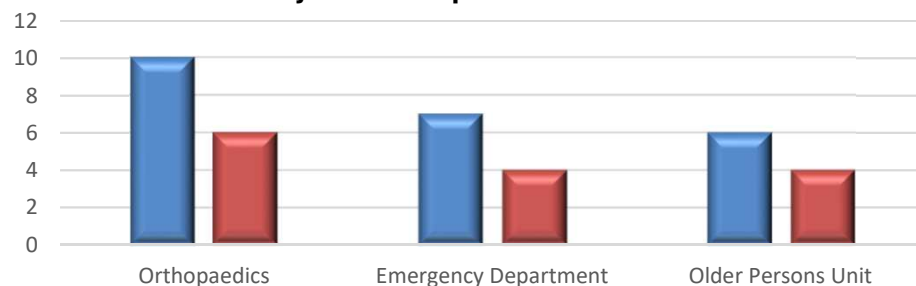
Q2 Top contributors to admission/ transfers/ discharge by specialty



Complaints – admission/ transfers/ discharge – July 2021 – September 2022



Top contributors to admission/ transfers/ discharge by specialty July 2021 – September 2022

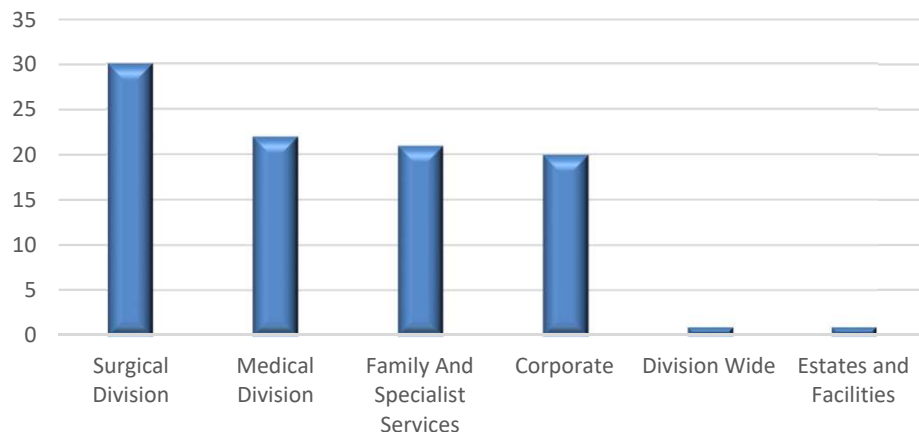


■ Total Admissions/transfers/discharge procedure (In Patients/ED)
 ■ Inappropriate/unsafe discharge

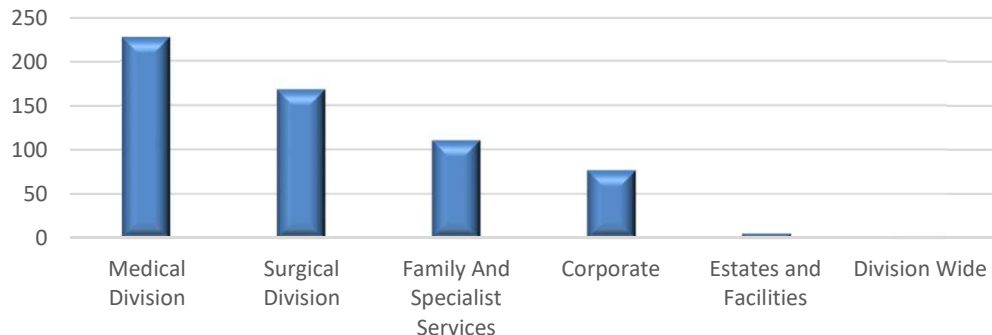
Subject area	Actions taken/countermeasures
Surgery	<p>Patient's wife concerned that patient was discharged when there was no one at the home address leaving patient unable to cope on his own.</p> <p>Outcome Ensure better communication with family members on discharge. This is one of the workstreams of the Trustwide Discharge Improvement project.</p>
Medicine	<p>Patient admitted to the Medical Assessment Unit (MAU), and subsequently transferred to Medical Short Stay (MSS) and Respiratory ward over a 10 day period whilst awaiting a cardiology review and awaiting a bed on the Cardiology ward. Bed later became available on the Cardiology ward and the patient was discharged from there 36 hours later. Concern about unnecessary length of stay, number of transfers (was also a Covid contact) and delay in access to specialist care.</p> <p>Outcome Shared with Head of Patient flow. Issue of Cardiology 'outliers' included in the Patient Flow 'reset' week at the end of October. There is also more clinical involvement in the daily site meetings.</p>

Compliments

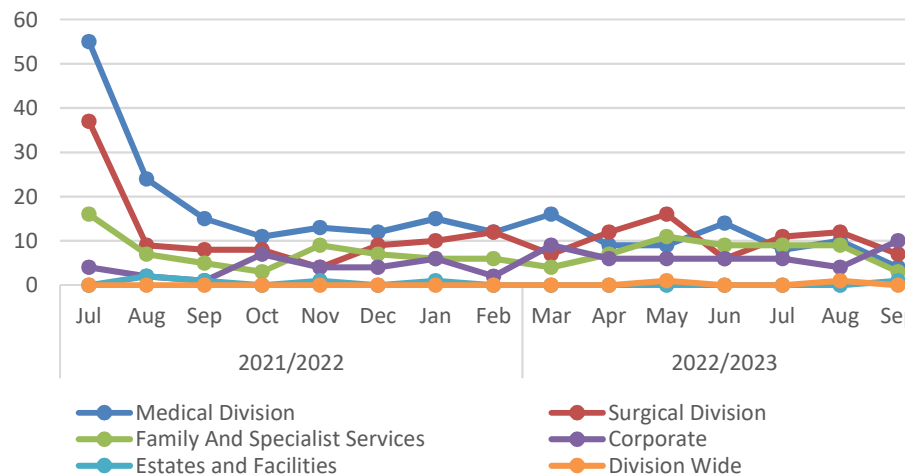
Compliments by Directorate Q2



Total Compliments by Directorate July 2021 – September 2022



Compliments July 2021 – September 2022



Compliments received in Q2

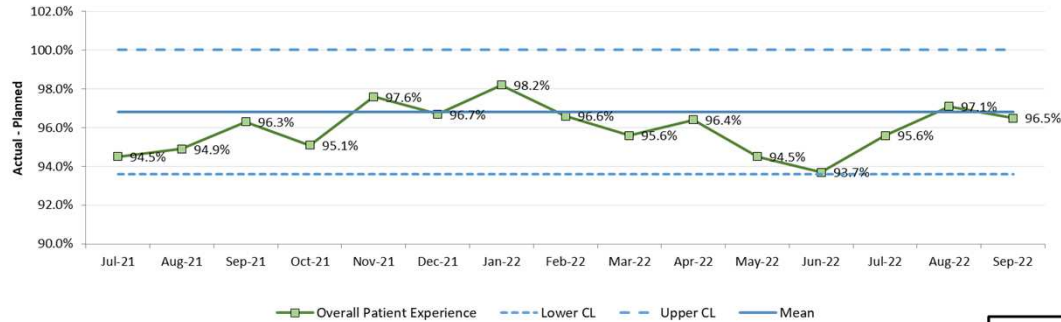
95 compliments were received by PALS and the Directors Offices in Q2. The spike in compliments in Q1 last year resulted from text reminders sent to outpatients following their appointment and a lot of patients/families completed the online compliment form.

Themes	Caring and kind staff, empathetic and supportive, compassionate and understanding, felt listened to.
Examples	<ul style="list-style-type: none"> • Patient was found staff caring and professional. They were kept well informed and provided with notes. Gastroenterology • Staff were reassuring and helped to organise an ambulance for patient when contacting the Switchboard. • Patient states nothing was too much for staff in Maternity. Their professionalism and kindness made her feel safe. • Patient found the care on SAU outstanding. All staff were kind and compassionate. • Family wanted to thank Consultant for answering their questions honestly and for guiding them through patients diagnosis and treatment with compassion and understanding. Respiratory • Staff in A&E were kind and professional despite being busy.

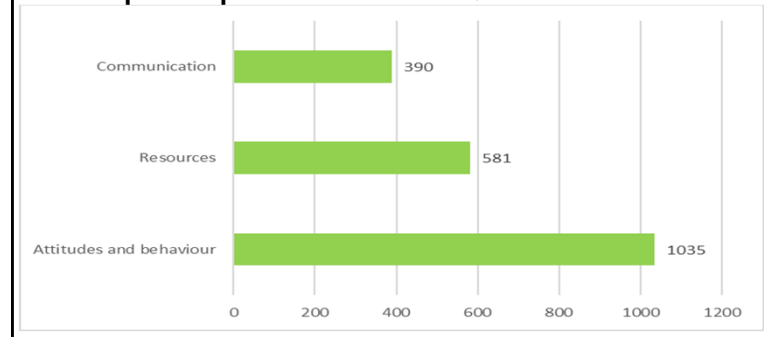
Friends and Family Test

Historic Performance

Royal United Hospital
1st July 2021 - 30th September 2022
SPC Overall Patient Experience
Source: eQuest (as 18th October 2022)



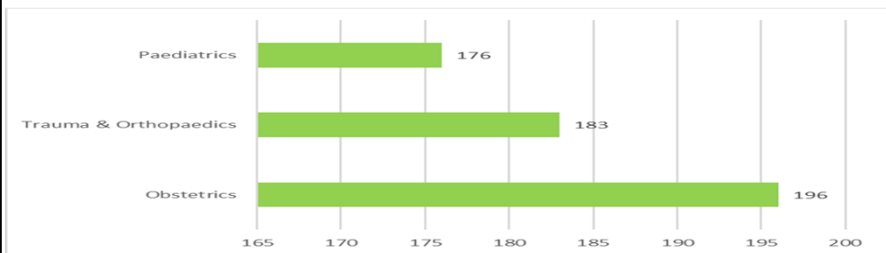
Top three positive themes in Q2



Friends and Family Test question responses



Top contributors for positive feedback in Q2

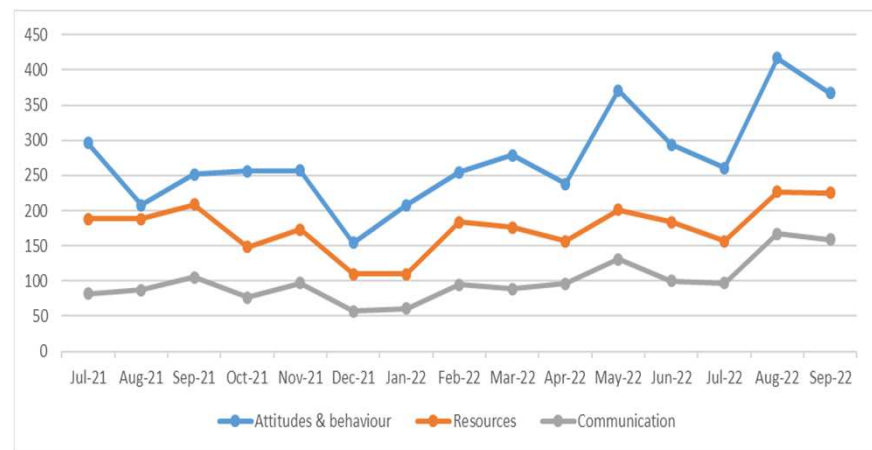


Is standard being delivered?

In Q2 2022 the proportion of patients across the Trust that responded positively (very good or good) about their overall experience was 96.4%. Below shows the overall patient experience feedback for each division.

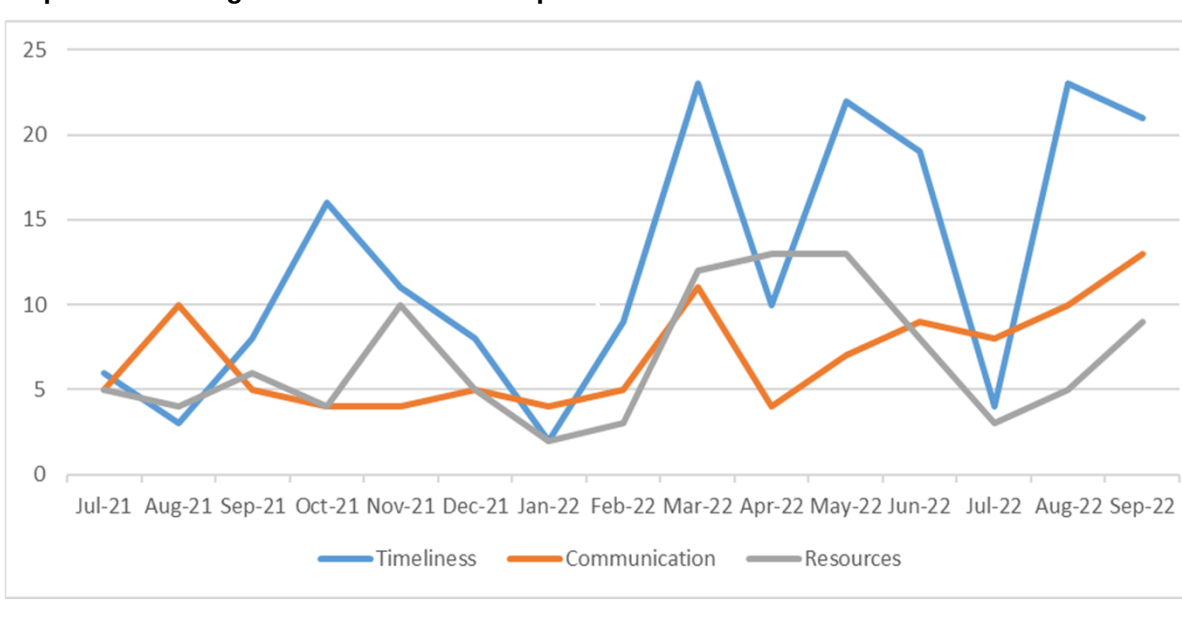
FFT responses Q1 2022	Overall Patient Experience numbers			
	Medicine Division	Surgery Division	F&SS	Corporate (ED)
Very good/ good	96.3% (896)	97.6% (740)	98.3% (573)	78.4% (69)
Poor/ very poor	1.5% (13)	1.2% (9)	0.5% (3)	14.6% (13)
Neither good nor poor	2.2% (21)	1.2% (9)	1.2% (7)	7% (6)

Top three FFT positive themes – historic performance



Friends and Family Test

Top three FFT negative themes – historic performance



Top three negative themes in Q2 and top contributors

Timeliness (48) patients are reporting long waits in the emergency department with a lack of information about what is happening next. Patients tell us there are long waits in outpatient clinics, in particular Trauma and Orthopaedics.

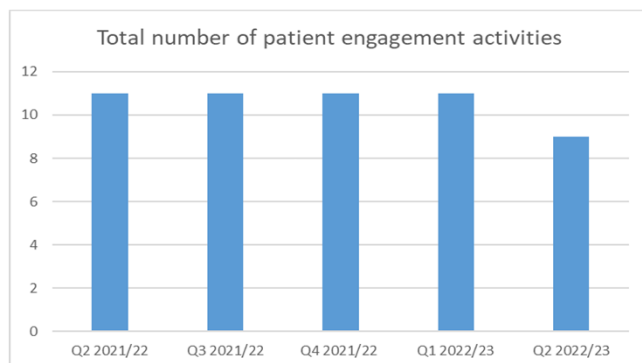
Communication (31) patients have stated their concerns regarding a lack of information being communicated to them whilst on Surgical Admissions Unit and Medical Short Stay.

Resources (17) Inpatients are telling us that they see a lack of staff which is impacting on their experience whilst on the wards. This theme is found across 15 wards during Q2.

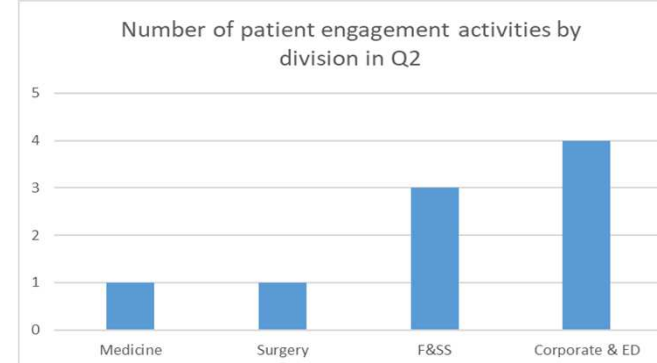
Division	Actions (Q2)	Owner
Outpatient Departments	<p>Waiting in clinic – timeliness and communication <i>'Waiting for long hours without any reassurance regarding what is happening.'</i> T&O patient</p> <p>Patients are advised in their appointment letters that they may have to wait for 2-3 hours. There is also an information board in the waiting room which displays the current wait time. The outpatient nursing team will also keep patients updated if clinic's are overrunning. There can be as many as 12 - 13 clinics running at the same time.</p>	Amanda Gell, Patient Experience Team
Corporate – Emergency department	<p>ED/ UTC – timeliness and communication <i>'Length of wait and no update (11 hours). I was told to return, but then had to wait again.'</i> ED patient.</p> <p>ED are currently trialing a new triage system when patients are booking into the department – they have a senior nurse who is based in the waiting room and is available for patients to speak with, and all patients are graded on a minors to majors scale and advised re the possible wait time or signposted to other organisations if appropriate.</p>	Adam Fouracre, Urgent Care Lead

Patient engagement

Historic Performance



Performance in Q2



Example engagement activities	E.g. of learning received in Q2	Actions as a result of patient feedback	Lead
Pharmacy F&SS	<ul style="list-style-type: none"> The wait for TTA medicines was the main concern. Not able to confirm if wait for TTA is a dispensary or other related factors for example was the TTA written by the medical team in a timely manner. 	<ul style="list-style-type: none"> Tracker installation update, 3 wards for pilot. Discharge hub to have pharmacy support, Trainee pharmacists will they be supporting the hub. 	Sally Aplin, Pharmacy Technician

Hello Lamp Post

Is an SMS communication service to collect patient experience feedback in Urgent Care, Orthopaedic Outpatients and Audiology. Patients can scan a QR code to feedback their experiences whilst in the departments. 105 patients have used the service to feedback their experiences since it was set up in June 2022.

Urgent Care

Patient feedback aligns with the experience of patients who have completed FFT cards – patients would like improved communication while waiting and advice as to whether they should wait in Urgent Care or come back when less busy or support to access a GP.

Orthopaedic Outpatients

84% of patients that used Hello Lamp Post in Q2 rated their experience of the department positively.

Audiology Outpatients

100% of Hello Lamp Post users said that the staff kept them well informed and said they found the conversations whilst in the department to be helpful.

A3 Patient Experience update

Problem statement

Our patients and families tell us that we don't always listen, act or learn from their feedback, we don't involve them in decision making and we don't communicate with them in a way that they want or expect.

Vision

We will listen, hear and act, putting the patient and family voice at the heart of our services.

Goal: To continuously improve our patient experience and strengthen our patient voice in every service across the Trust.

Concerns	Causes	Countermeasures/actions	Q1	Q2
Patients and families can't communicate with their relatives in wards	Staffing and sickness levels on wards	Establish a Family Liaison Team (FLF)	Funding agreed within Medicine Division for FLF service to be reinstated for a 2 year fixed term period. The service will have an FLF every day between 10-6pm.	
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	Feedback from patient and staff being collated and themed.	Launch of draft strategy with patients and staff/aligned to new Trust vision
Outpatient clinic letters do not always meet the needs of patients or their families	Clinic letters not written to patients and in a way they can understand	Co-design letters with service users to improve communication	Guidelines drafted on writing clinic letters to patients (co-designed with patients)	Policy is now finalised and going to Quality Board for approval in November.
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	Working group established and reporting to Discharge Board.	A3 completed and shared with Chair of the Discharge Board.
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, verbal & non-verbal, human factors, use of simulation	Scoping exercise of how many staff would need to undertake the training.	Members of the Patient Experience team will attend a training day on 24 th November.