

## Patient Experience Feedback - Friends and Family Test (FFT)

In Q2, the Trust received 2825 Friends and Family Test (FFT) responses. This represented a **24% decrease in responses** compared to the previous quarter. Of these, 1854 responses (66%) were received via FFT cards and the Patient Experience telephone project (telephoning patients after discharge). A further 971 (34%) were received via the RUH webpage. The FFT outpatient text messaging pilot project referred to in the quarter one report continued in July, which increased the number of responses via the RUH webpage.

### Patient experience feedback using the FFT question

95% (2,684) of responses were positive (Very good/good), 2.4% (69) negative (Poor/very poor).

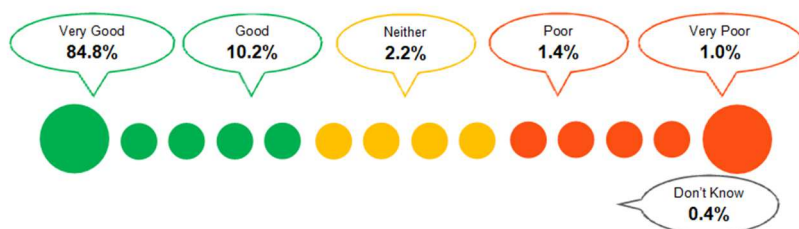


Figure 1: Friends and Family Test question responses

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.

Table 1: The total number of FFT comments by category/sentiment

	Positive	Negative		Neutral	
Attitudes and behaviour	34.9% (738)	23.2% (23)	Facilities	48% (12)	Resources
Resources	25.8% (545)	20.2% (20)	Communication	16% (4)	Timeliness
Care and treatment	14.1% (297)	17.2% (17)	Timeliness	12% (3)	Communication
Communication	11.7% (248)	15.2% (15)	Resources	8% (2)	Care and treatment
Overall Experience	5.7% (120)	11.1% (11)	Care and Treatment	8% (2)	Food
Timeliness	3.5% (75)	6.1% (6)	Food	4% (1)	Overall Experience
Food	2.1% (45)	6.1% (6)	Attitudes and behaviour	4% (1)	Attitudes and behaviour
Facilities	1.4% (30)	1.0% (1)	Cleanliness	0% (0)	Facilities
Cleanliness	0.7% (15)	0% (0)	Overall Experience	0% (0)	Cleanliness

*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.*

*22 Outpatient responses via the web could not be linked to a Division/specialty/department due to the clinic/department name not being completed on the FFT questionnaire. The responses are included in the Trust wide total, but not included in the Divisional reports for Medicine, Surgery and Family and Specialist Services.*

## Key points of learning

Of the total number of FFT **free-text comments** received, 94.5% (2113) were positive 1.1% (25) neutral and 4.4% (99) 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.

*‘Care and procedure was done with a lot of compassion and thought’*

*‘Staff attitude and their attention to detail. The whole experience I felt listened to, looked after and safe’*

*‘Everyone I met was very helpful and listened to everything I wanted and in the end helped me to get the experience I wanted’*

Top contributors for positive comments were Obstetrics (n=271) and Geriatric Medicine (n=242).

There are no significant trends in negative comments. Top contributors for negative comments by specialty were Geriatric Medicine (n=20), General Surgery (n=14) and Trauma & Orthopaedics (n=12).

## Top negative comment categories are:

**Facilities** (n=23) – ward/ waiting area temperature – too hot/ stuffy/ not enough ventilation or cold at night, Lack of space – bay small/ cramped/ too many patients in bay/ waiting area, dated ward décor/ bathrooms.

**Communication and information** (n=20) – lack of/ poor communication and information - medication/ appointment type/ access to records, conflicting information - appointment, poor communication from doctors, lack of awareness needs (autistic patient) lack of communication between staff groups.

*‘Kept in the dark a little bit. Need a bit more communication’*

*‘I told the lady who greeted me that I was at the unit for an MRSA swab but she told the staff I was there for a Covid test which caused some problems’*

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

Three additional questions measure whether we are achieving the RUH True North goal; to be recognised as a listening organisation; patient centred and compassionate.

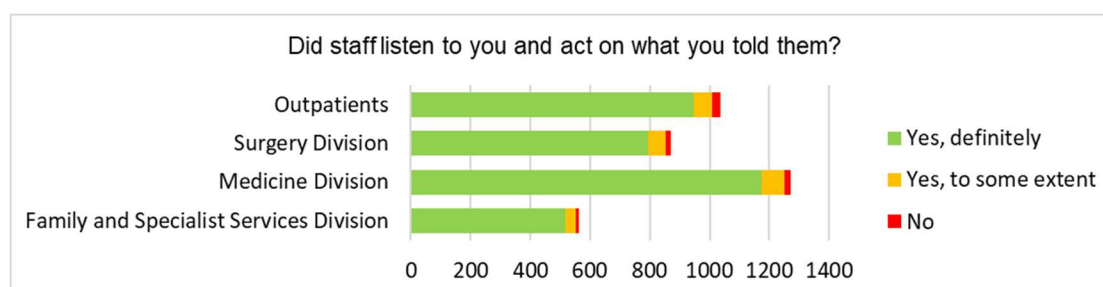


Table 2: Trust Goal Response Totals by Division and Outpatients

92% (n=2486) responded as ‘yes, definitely’, 6% (n=169) responded ‘yes, to some extent’ and 2% (n=47) responded ‘no’.

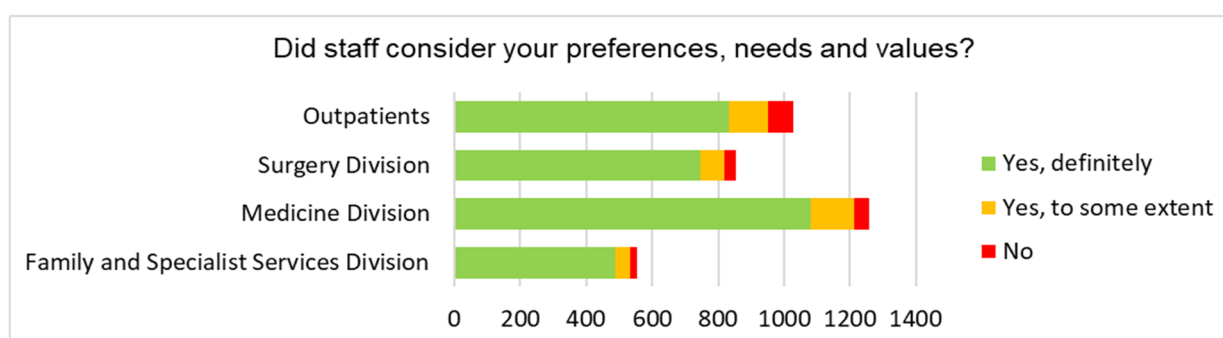


Table 3: Trust Goal Response Totals by Division and Outpatients

87% (n=2316) responded 'yes, definitely', 9% (n=250) responded 'yes, to some extent', and 4% (101) responded 'no'.



Table 4: Trust Goal Response Totals by Division and Outpatients

94.5% (n=2523) responded 'yes, definitely', 4.2% (n=113) responded 'yes, to some extent' and 1.3% (n=34) 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 61% were positive, 34% negative, 5% neutral.

### The top categories 'could have done better' comments are:

**Facilities** (n=51) – predominantly relate to noise/ lights and non specific noise at night, ward/ department temperature/ not enough air, washing/ toilet facilities/toilet height/ cracked toilet seat, ward maintenance and décor, signage, uncomfortable beds/ mattress, accessibility of wheel chairs/ porters, disabled parking.

The Facilities team have investigated and resolved faults with lights, completed a functional checks of thermostatic radiator valves and included additional signage for hot water boilers. Some concerns have been received about the temperature of the ward as a result of the window restrictors, unfortunately these are a statutory requirement for clinical areas. Wards were able to request mobile air conditioning units during the summer months.

**Communication** (n=49) – predominantly relate to poor communication between staff groups, lack of communication/ information/ explanation to patient about condition/ waiting list/ pre surgery assessment/ procedure, not listening, conflicting information, unprofessional.

**Food** (n=48) – predominantly relate to food could be improved – disappointing/ tastier/ poor, cold on delivery/ could have been hotter, poor quality, portions too small, special diet availability – fat free/ dairy free/ gluten free, meals missed.

There is a gluten free menu available (this changes every 2 weeks). Staff are encouraged to access the menus and offer patients who need it, a gluten free diet. A number of the dishes are offered on the standard patient menu as gluten free – for instance, all of our penne pasta is gluten free as standard.

A digital menu system, which will have a 'gluten free' diet option is being introduced. Selecting this diet will offer the full range of gluten free options for that day, and should provide patients requiring this diet (or other diets) more opportunity to select from the full range of dishes on offer.

### Top contributors for 'could have done better' comments in these categories

Facilities comments distributed across 25 wards/areas, top contributor – Parry Ward (n=11)

Communication comments distributed across 25 wards/ areas, top contributor – Pulteney Ward (n=7)

Food comments are distributed across 19 wards, top contributors – Helena Ward (n=9), Pulteney Ward (n=7), Robin Smith Ward (n=6)

The number of negative comments for communication and facilities has shown a notable increase from Q4 2020. This will continue to be monitored.

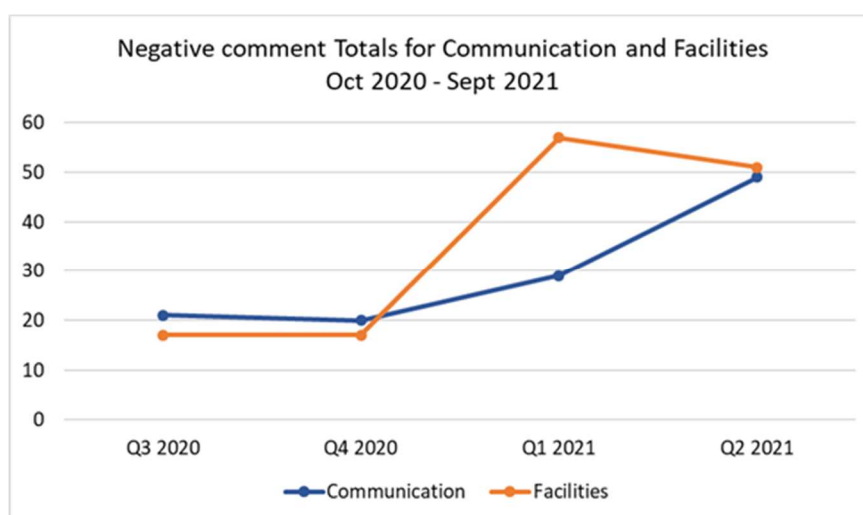


Table 5: The total number of negative comments for top contributors – October 2020-September 2021

### Telephoning discharged patients

To increase FFT responses the Patient Experience Team telephone discharged patients to ask them about their recent admission. When asked 'was the opportunity to feedback on the telephone helpful/valuable?' of the **35 telephone calls made** - 79% (n=27) responded 'yes, definitely', 12% (n=4) 'yes, to some extent', 9% (n=3) 'no'. The information gathered is included in the FFT data.

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

The Trust received 1209 enquiries to the PALS service in Q2. This is an increase of 10% (n=106) compared to 1103 in the previous quarter. This is a 50% increase (n=401) in contacts from the same period last year, which totalled 808 contacts over the quarter. This is a significant increase from last year's Q2 period. PALS has seen an increase in contacts **raising concerns around appointment and elective surgery wait times in addition to difficulties contacting wards and departments across the Trust**. These issues are related to the impact of Covid-19 on the Trust's services and staff shortages in wards and departments during this quarter.

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

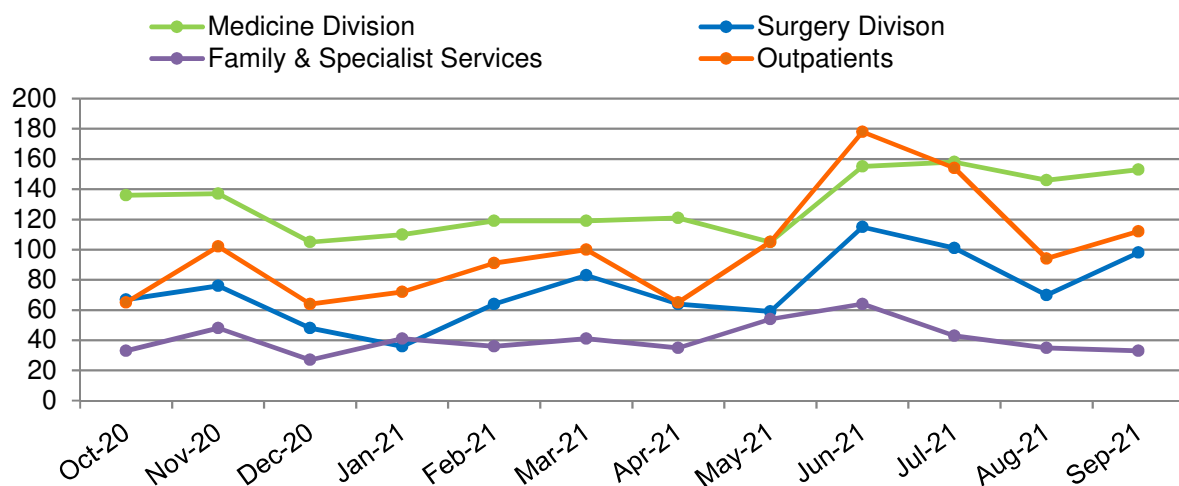


Figure 1: The total number of PALS contacts broken down by Division

There has been a significant increase in PALS contacts in Medicine and Surgery. The main concerns raised relate to communication, such as telephone's not being answered and the length of time patients are waiting for a new or follow up outpatient appointment. There has been a reduction in the number of PALS contacts for the Family & Specialist Services Division in Q2.

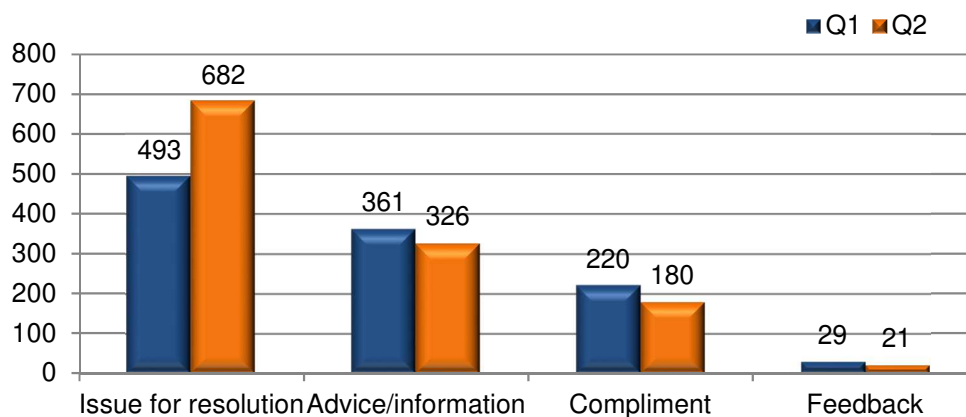


Table 6: The total number of PALS contacts broken down by type

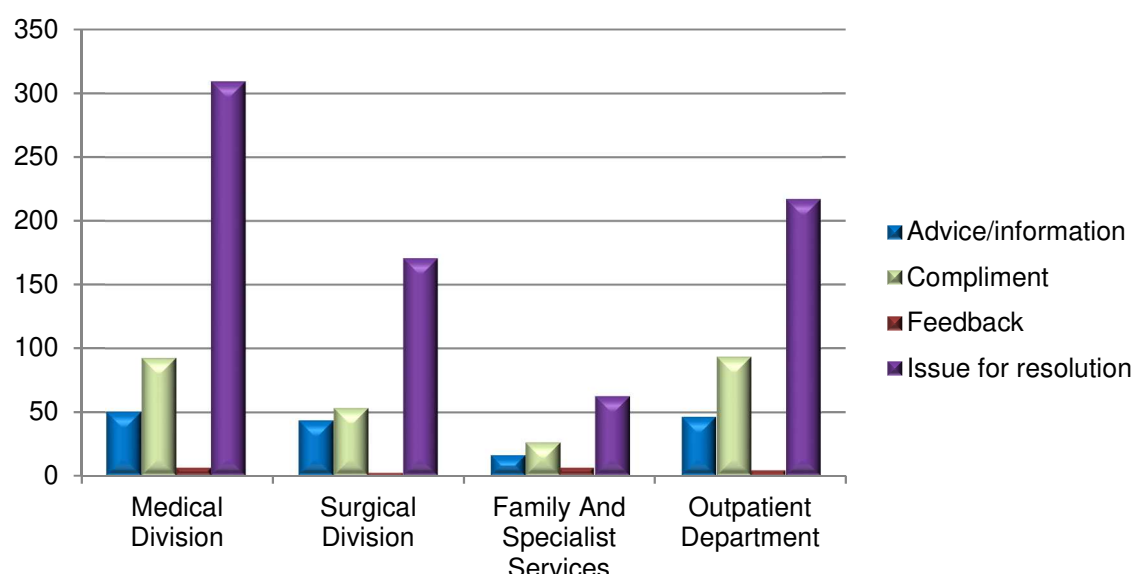


Table 7: The total number of PALS contacts broken down by type and by Division and Outpatients

The issues for resolution have increased by 38% (n=189) from Quarter 1 to Quarter 2 2020/21. Requests for advice and information decreased over the quarter, by 9% (n=35) from Q1. Patients/family members contacted PALS for advice on how to access their medical records, for information about appointments and general enquiries. There has been a decrease of 18% (n=40) in compliments over the quarter. This is due to the FFT outpatient text-messaging pilot ending in July 2021.

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

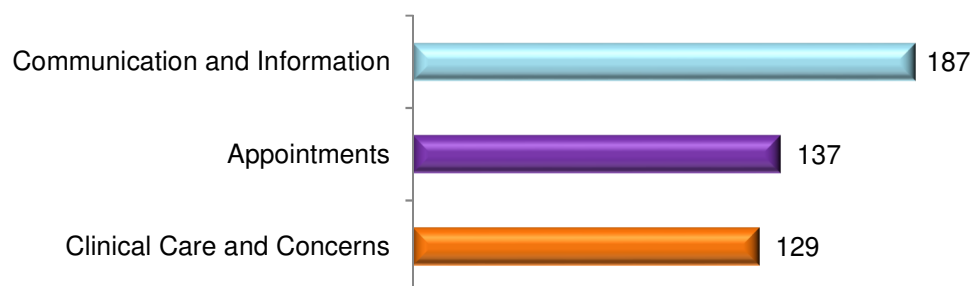


Table 8: Top three PALS subjects in Quarter 2 requiring resolution



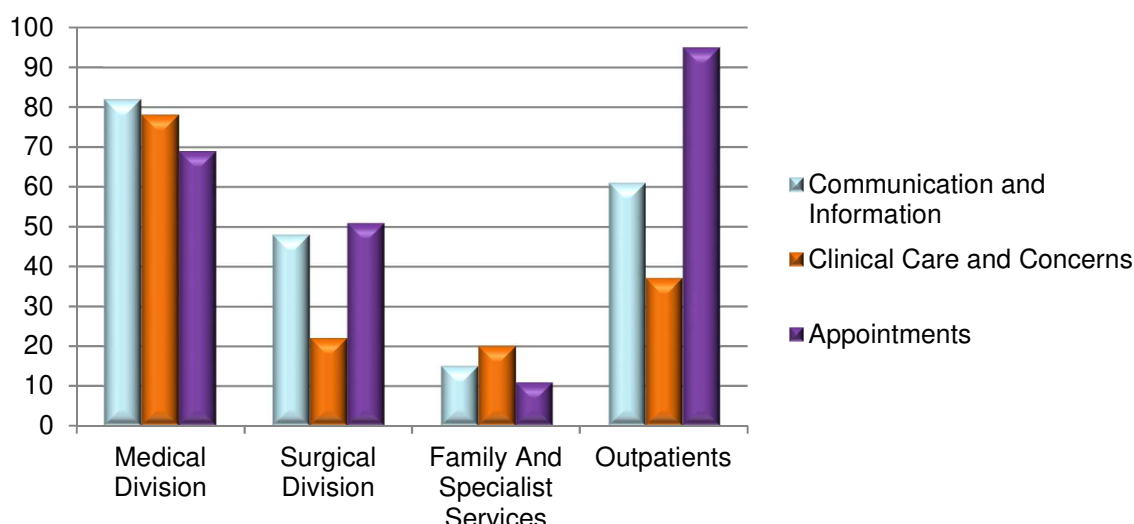


Table 9: Top three PALS subjects in Quarter 2 requiring resolution by Division and Outpatients

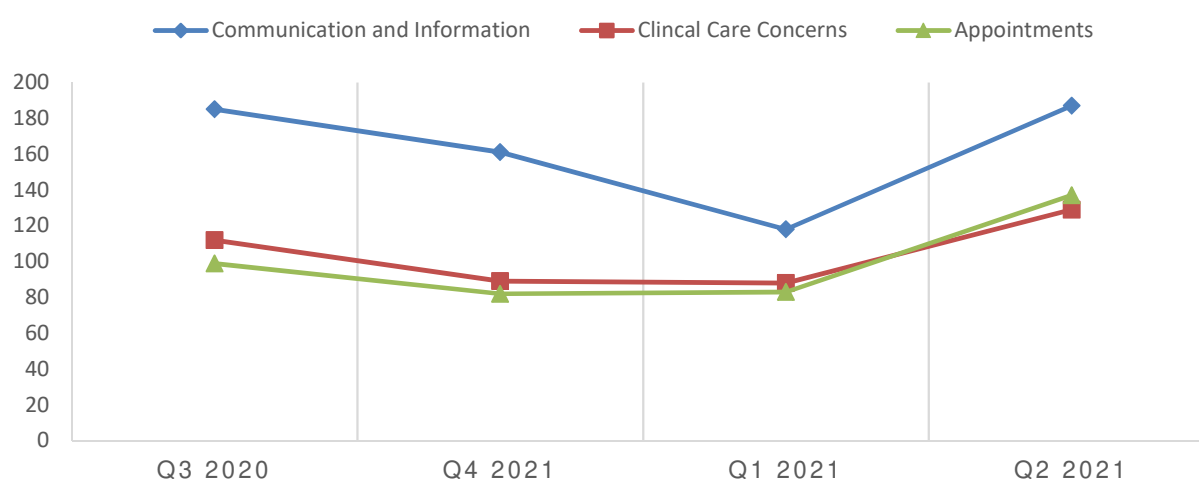


Table 10: Top three PALS subjects requiring resolution – October 2020-September 2021

## Learning and actions

### Communication and Information

Of the 187 contacts, 41% (n=77) were relating to telephones not being answered; of these 35 related to outpatient departments, 20 to wards and 16 to Administration Services. Hotspot areas include the Appointment Centre, Orthopaedic Outpatients, Oral & Maxillofacial Surgery, Medical Assessment Unit and Cardiology Outpatients.

The Improving Patient Experience Operational Group have identified this as a priority. The HR team is reviewing a draft job description for the role of a Patient Liaison Support worker. The Medicine Division has supported this. It is anticipated that these staff will be recruited on a 6 month fixed term contract and cover the admissions wards and older persons wards in Medicine. Their role will be to proactively communicate with families about their loved one in hospital and ensure that communication is also received from the relatives.

The telephone numbers for outpatient departments have been reviewed and updated to ensure patients are connected to the correct service when contacting the hospital.

## Clinical Care and Concerns

Of the 129 contacts 26% (n=33) were general enquiries, no trends were identified. A further 17% (n=22) were in relation to test results not being acted upon; of these 6 contacts were for Cardiology and a further 4 for Radiology. The RUH is using two outsourcing companies to support reporting times of CT and MRI scans. The Radiology department remains in constant communication with these companies and requests any additional capacity that may be available. The department are managing the demand on services to ensure appropriate use of existing capacity and have created an email account for GP's and other referrers to support expediting reports if clinically appropriate.

The Emergency Department has changed the process when offering advice to patients about presenting for triage. Patients are advised to call 111 to determine whether they should present to the department.

## Appointments

Of the 137 enquiries about appointments, 51% (n=69) were concerns relating to the length of time patients are waiting for new and follow up appointments. Of these, the Specialities with the highest number of contacts were Neurology 9, Gastroenterology 8, Oral & Maxillofacial 6 and ENT 5. A further 8% (n=11) were relating to follow up appointments not being given.

The Trust is continuing to respond to the backlog of appointments because of the response to the pandemic. PALS are advising patients of current wait times and the process for expediting appointments, where appropriate, in addition to working with departments to book appointments where possible. Outpatient wait times are continuing to be updated on the Trust website.

## Compliments

Compliments are e-mailed to the PALS inbox or made over the phone and shared with the Directors Office to be shared with the relevant teams. The Chief Executive also sends a response to the patient/family member. An online compliment form is now on the external webpages.

**PALS received 180 compliments in Q2**, 35 related to Wards and 93 to Outpatient departments. A further 19 were for the Emergency Department. Patients and family members said that staff showed kindness and compassion and that they were reassuring putting patients and their families at ease. Many compliments thank staff for the excellent care they provided and for going the extra mile to support their patients.

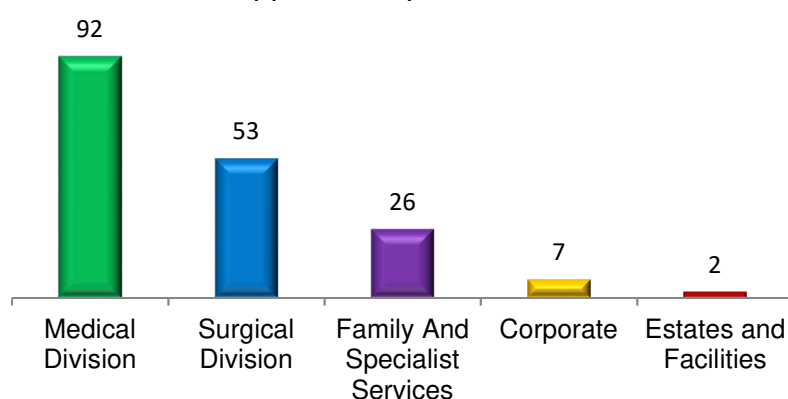


Table 11: Total Compliments received in Q2 by Division/Directorate



## Patient/ family experience feedback – complaints

The Trust received **101** complaints in Q2 2021. Medicine Division (n=52), Surgery Division (n=29), Family and Specialist Services (F&SS) (n=19), and Corporate (n=1). There was a 10% increase in the number of complaints received, compared to the previous quarter. There have been **four consecutive months where the Trust has received 30 or more complaints**. There have only been two other months in the last 24 months that have exceeded this number. Four complaints were re-opened in Q2, this compares to three re-opened complaints in the previous quarter. Six complaints are open for investigation by the Parliamentary and Health Service Ombudsman (PHSO) in Q2.

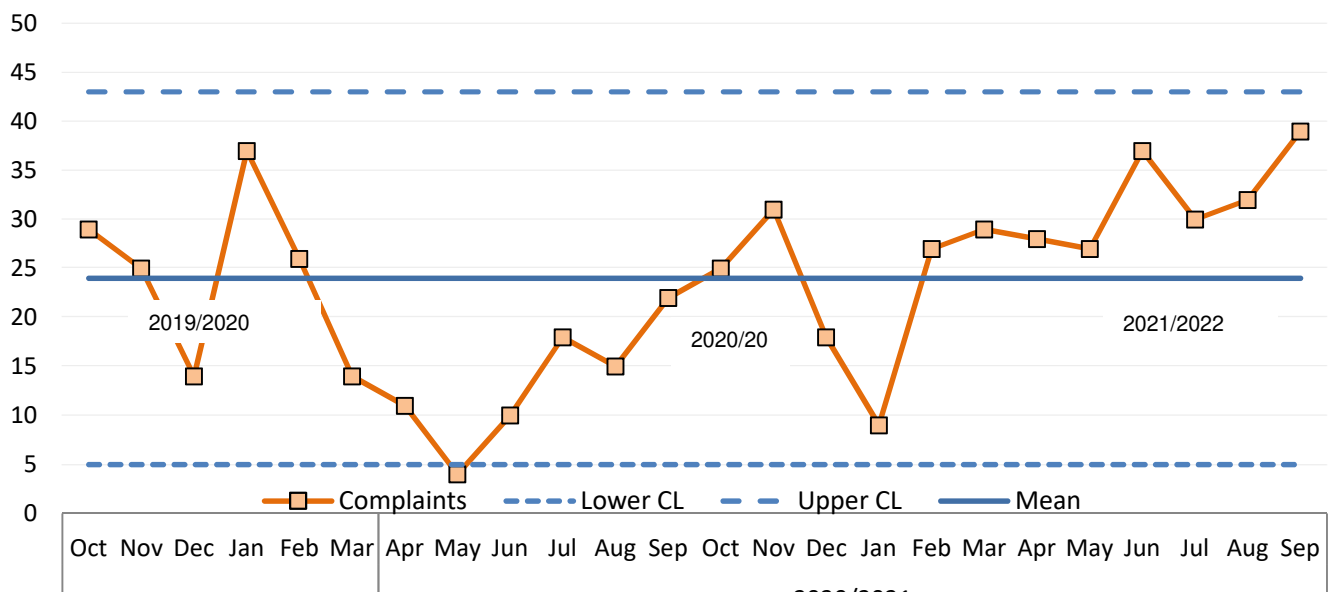


Figure 3: Total number of complaints received each month

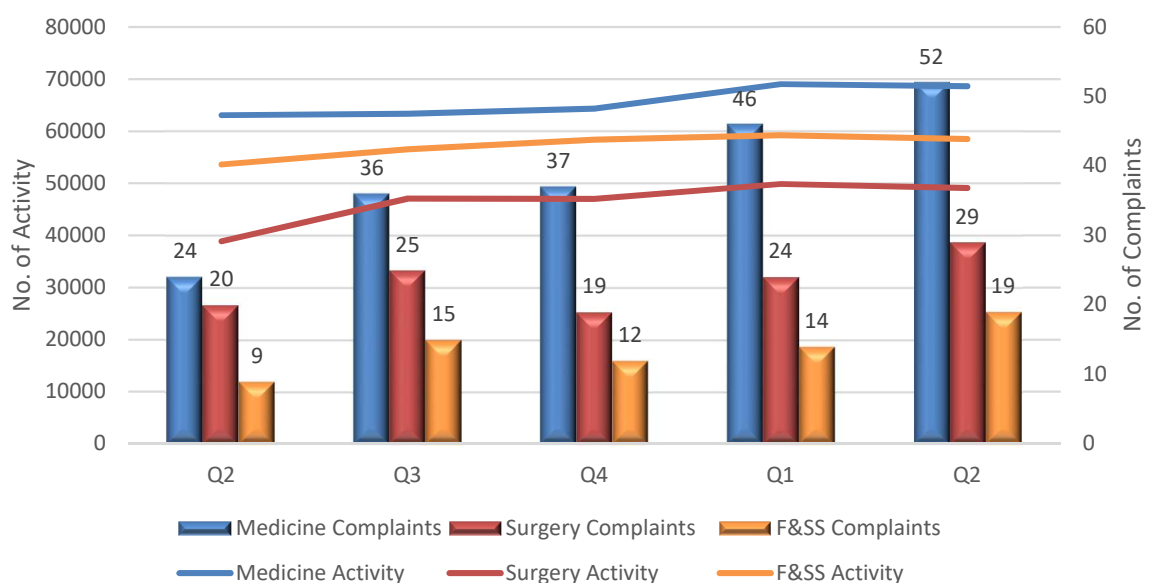


Table 12: Activity by Division in comparison to complaints by Division Q2 2020/21 – Q2 2021/22

The number of complaints received in Q2 2021/22 compared to Q2 2020/21 is disproportionately higher than the increase in activity. This has resulted in a complaint rate of 0.034% for Q2 2020/21 and 0.057% for 2021/22. The overall complaint rate for the year 2020/21 was 0.035%.

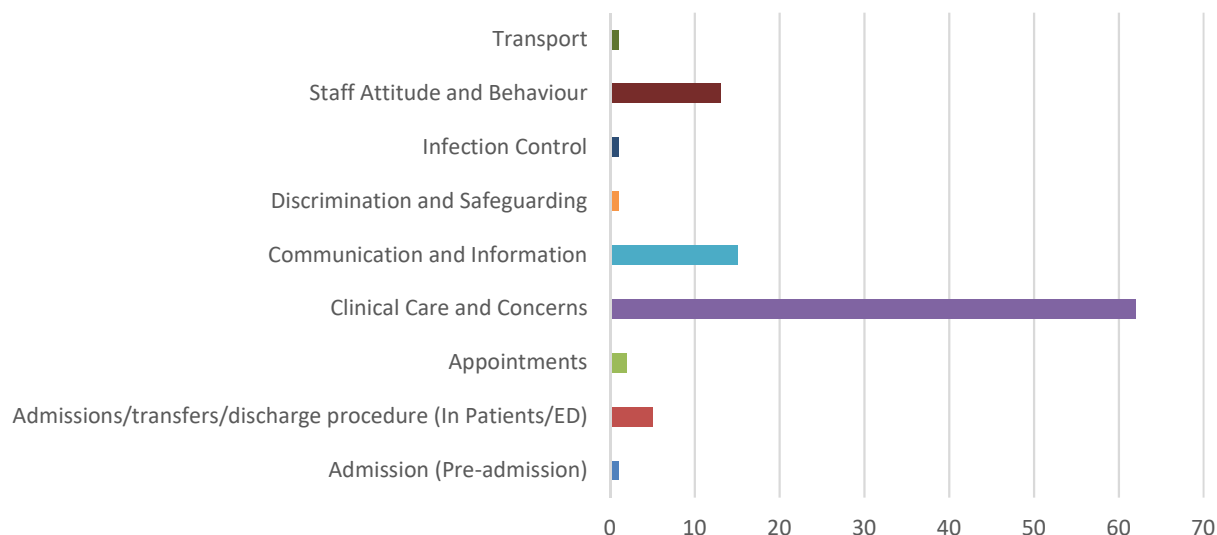


Table 13: Complaints received in Quarter 2 by subject category

Clinical Care and Concerns accounts for the highest number of complaints across the Trust (n=62). Within this category, the highest number of complaints relate to inappropriate care/treatment (n=16), coordination of medical treatment (n=11) and competence/ knowledge of staff (n=6).

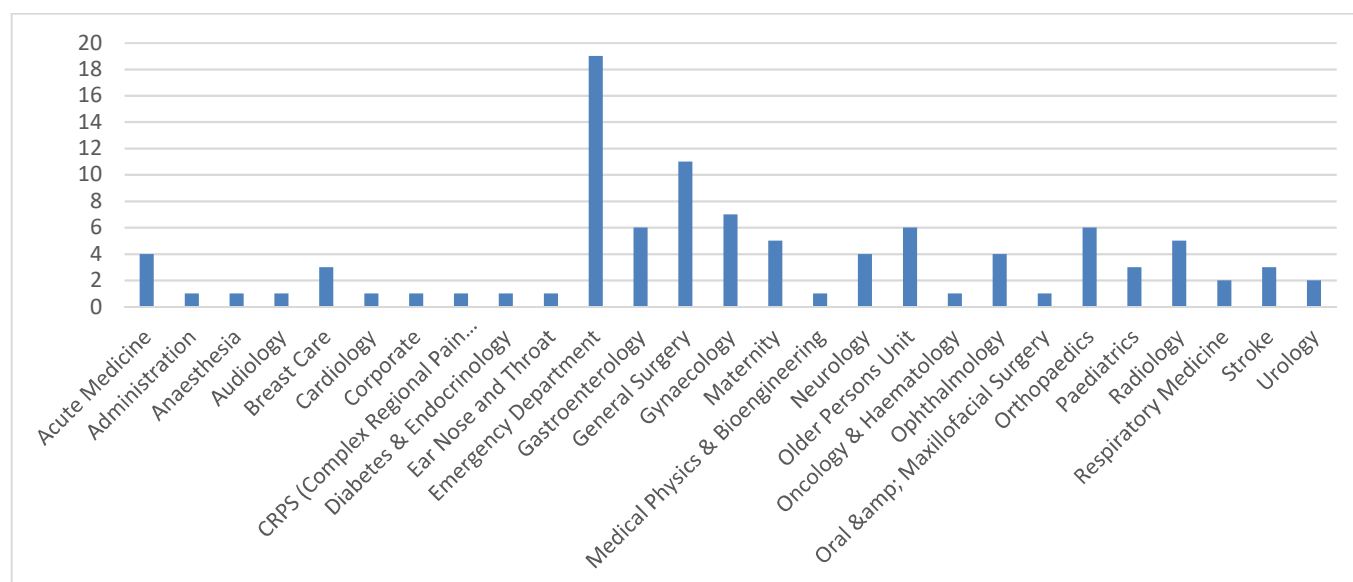


Table 14: Complaints received in Quarter 2 by Specialty

Of the 101 complaints received in Q2 the Emergency Department, Older Person's Unit and Gynaecology account for 37% (n=37) of all complaints. The Corporate Complaints Team will be handling ED complaints from 18<sup>th</sup> October due to the increased numbers of complaints and capacity of the ED team to draft responses.

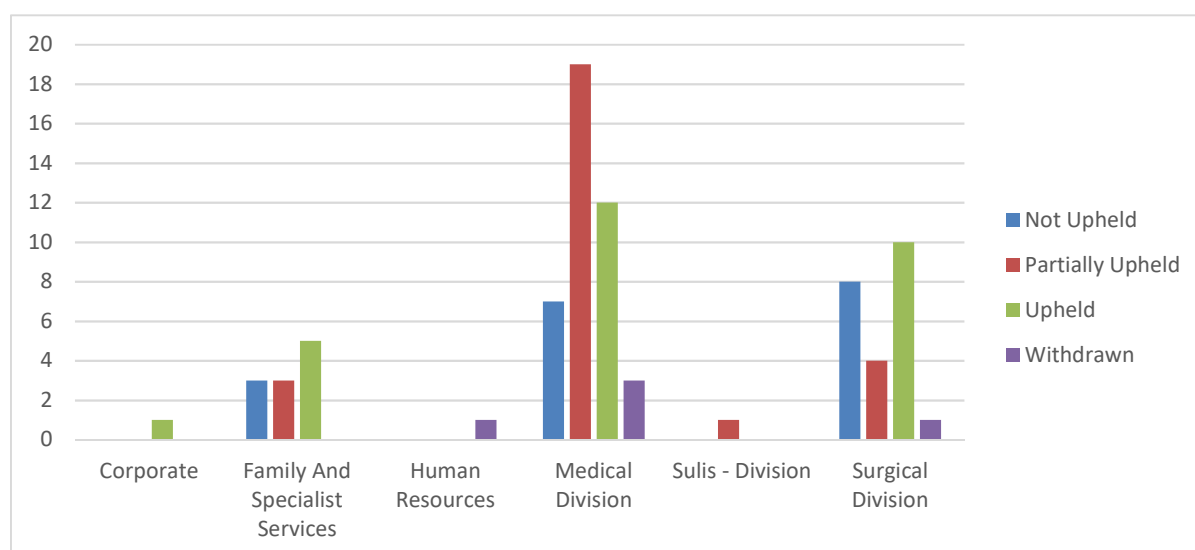


Table 15: Outcome of complaints due for response in Quarter 2 by Division

28 complaints were upheld this quarter, 27 were partially upheld and 18 were not upheld. In F&SS and Surgery upheld complaints account for the highest number. In the Medical Division partially upheld is the most used outcome code with 19/41 (46%).

Complaints responded to within 35 working days	Medicine	Surgery	F&SS
	44% (18/41)	65% (15/23)	27% (3/11)

Table 16: Compliance with 35 working day breach date by division. (1 Corporate, 1 HR and 1 Sulis all met timescale)

Of the 78 complaints closed across the Trust within Q2, 50% (n=39) were completed within timescale. We are struggling to meet timescales largely because we are dealing with an unprecedented volume of complaints (*see figure 3*) and the challenging staffing situations in clinical teams results has resulted in a reduced capacity for responding to complaints. The capacity for quality checking complaints within the Executive team is limited and currently drafts are requiring significant editing.

To address this issue we are a) introducing flexible timescales proportionate to complaint complexity, b) moving responsibility for handling ED complaints into the corporate complaints team c) asking the divisional triumvirates to lead on quality checking all written complaints responses.

Training for complaints handlers is scheduled for 18<sup>th</sup> November with a focus on improving the quality of written responses.

### Actions taken as a result of complainants' feedback

You Said	We Did
A complaint was made regarding the care and treatment of a newborn baby boy whose mother was taking a beta-blocker called 'Nebivolol'. The effect of this medication on the baby was not sufficiently reviewed as it could have caused a risk to the baby. For example,	A clinical review of Nebivolol in pregnancy is being undertaken and will be discussed at the Maternity and Neonatal Governance meetings.

the baby's heart rate was not closely monitored. In this case, the baby did not come to any harm.	
A patient sustained a burn to their thigh during gynaecological surgery when a surgical telescope was placed on the surgical drapes covering the thigh.	A new process has been put in place to ensure surgical instruments are placed in holders when not in use and not laid on drapes covering the patient.
A patient was taken from theatre to the Intensive Care Unit (ICU) however; his family were not informed about this for some time and were left very worried about what was going on. When a ward clerk contacted them, it was not done in a kind and compassionate way.	The Theatre Recovery Area team have been reminded of the importance of both prompt and kind communication with relatives when patients leave theatre.

## Patient Experience Activities

In Q2, the Patient Experience Team supported 12 services to collect patient/carer experience feedback, for example:

- Dietetics – Experience and impact of waiting for clinic appointment
- Endocrinology – Adrenal Insufficiency patient experience of steroid medication management
- Discharge information – Review of information provided to inpatients at discharge
- Diabetes – To gather patient experience of new 'one stop clinic'
- Cancer Nurse Specialist – CNS staff survey
- Rheumatology – Staff experience of service changes to patient advice line
- Diabetes – Diabetic inpatient experience questionnaire

## Patient Stories to the Board of Directors

### July

Giles shared his experience of Oncology services (brain) at the hospital. He suggested that there are four pillars that support a positive patient experience:

- Clinical Excellence – RUH to aspire to be a Centre of Excellence
- Communication – appointment letters, using IT to improve communication
- Information – more information in the letters, open evenings
- Environment – impact of this on patient experience

The Oncology team are reviewing clinic letters to include more information about the appointment and its purpose. The feedback was also shared at the Outpatient Steering group and will be used to inform the business case for a Patient Portal/improved outpatient communication. The team are also planning to implement an electronic pre-habilitation programme for all tumour sites.

The design of the new Cancer building has included feedback from patients and their families.

## September

Abi shared her experience of the Endocrinology service at the RUH at the Board meeting on 1<sup>st</sup> September. She highlighted what she felt were the **key qualities for staff** working in the hospital:

- The ability to listen – patients feel valued and involved in their treatment
- The ability to explain – explain the diagnosis and gauge the interest of the patient
- The ability to empathise – understanding the experience of another person and the value of small acts of kindness

The Associate Director of Learning and Development and the Consultant Endocrinologist who attended the meeting agreed to link the Trust work around civility and values to a wider piece of work across the Trust on communication.

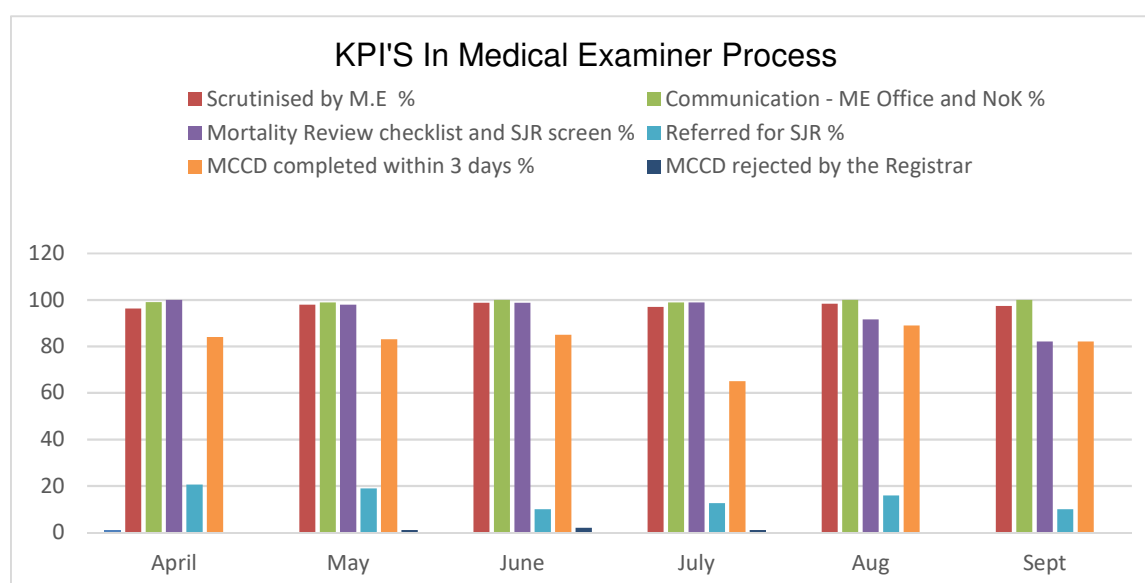
## Bereavement and Medical Examiner Office

The Bereavement and Medical Examiner Office:

- Support (predominantly junior) qualified attending practitioners (QAPs) with the completion of medical certificates for the cause of death (MCCDs) and cremation forms. Their focus is to improve the quality of death certification and reduce the risk of MCCDs being rejected by the Registrar for Births, Deaths & Marriages.
- Assist with decisions relating to referral to HM Coroner.
- Support the deceased's next of kin by explaining cause of death and answering questions in relation to the sequence of events that happened in the last days/hours of the patient's life.
- Seek out any potential problems with the quality or safety of a patient's care through scrutiny of the patient's medical records; communicate with the QAP and the patient's next of kin. Any concerns on the care of the patient are raised through the Trust's Mortality Review process.

	April	May	June	July	August	September
Number of adult deaths at the Trust	107	96	78	97	119	111

Table 17: Number of adult deaths at the RUH April to September 2021



*Table 18: Key Performance Indicators for Medical Examiner Process*

**Improvements to the Medical Examiner Service:**

- Training and information on the Medical Examiner System was given to junior doctors joining the Trust in August
- Scrutiny of deaths has been maintained at more than 95% for the last six months
- The Medical Examiners maintained Structured Judgement Review (SJR) screening at an average of 95% of deceased patients.

**Next steps:**

- Extension of the service to include scrutiny of deaths at Dorothy House Hospice. This involves approximately 170 deaths per year. The Medical Examiners have been trained on System1 to allow scrutiny of Dorothy House records. It is expected that this service will go live in November 2021.
- From April 2022, there is a mandatory requirement for the service to be extended to all community deaths. This will increase the workload from approximately 1,400 deaths a year to 2,600. This will require recruitment of more MEs and MEOs and additional office space.