

Patient Experience Report

April– June 2023

The RUH, where you matter



People we care for | Executive Summary

Executive Summary

Complaints

59 complaints were received in Q1 (compared to 88 in Q4).

The primary themes of complaints across all departments was **clinical care and concerns (40)** – this includes, general enquiries, the co-ordination of medical treatment, inappropriate care and treatment, wrong diagnosis and the wait for treatment. Concerns relating to **communication and information** are included in a number of complaints but is not always the primary subject of the complaint.

There continues to be an improvement in the **35 working day target response** to complaints – **this was 88% in June.**

Patient Support & Complaints Team (PSCT)

1179 contacts in Q1 (compared to 1147 in Q4). The top 3 issues for resolution remain the same however there was an increase in the number of patients asking about **appointments and Clinical Care and Concerns.**

- 1. Appointments** – top contributors are Cardiology, Radiology, Gastroenterology, General Surgery and Gynaecology. Patients were contacting about the length of time they are waiting for appointments.
- 2. Clinical care and concerns** – top contributors were General Surgery, Emergency Department, Orthopaedics, Cardiology and Gastroenterology. The majority of contacts related to patients chasing test results in addition to inappropriate care/treatment.
- 3. Communication and information** – top contributors are general administration, Orthopaedics, General Surgery and Cardiology. The majority of contacts related to telephone issues (phones not answered).

Friends and Family Test (FFT)

There has been an **increase** in the overall patient experience scores this quarter from **96.4% in Q4 (22/23) to 97.5% in Q1 (23/24).** The Trust has signed a years contract with Healthcare Communications. This will support real-time feedback to wards and outpatient departments via a text messaging service and staff access to a dashboard with analysis of themes and patient comments. This will be introduced into the Trust in September 2023.

Family Liaison Facilitator Service (FLF)

Information about the FLF service is included on slide 13 of this report.

Patient Engagement

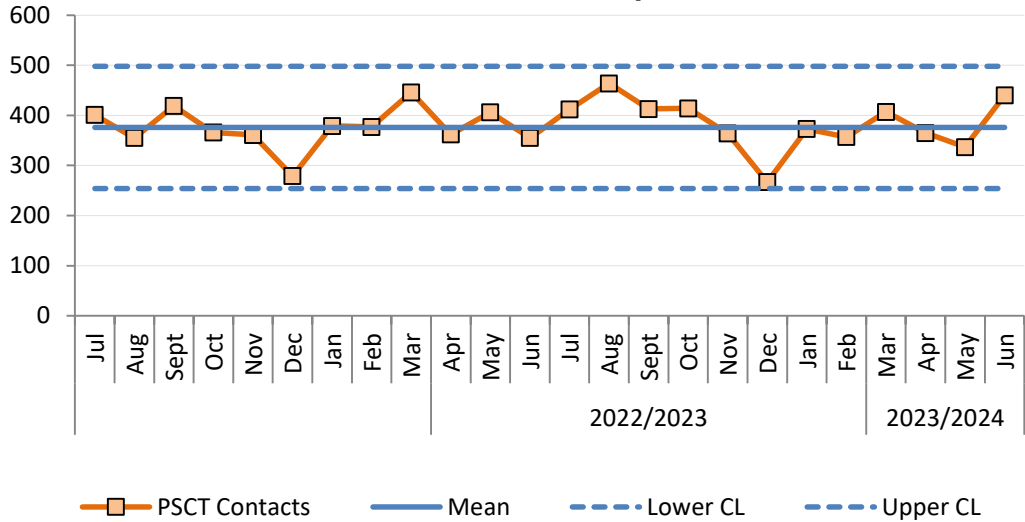
The Patient Experience Team advises and supports clinicians and specialty teams to involve and engage with patients and families. This includes supporting them to create questionnaires, run focus groups, conduct telephone interviews, review patient information leaflets and co-designing services. Examples of activities are included on slide 12 of this report.

Information about our four new Patient Safety Partners (PSP's) is included in slide 14.

PSCT – Performance/Issues Requiring Resolution

Historic Performance

Number of PSCT Contacts – April 2021 to March 2023



Performance in Q1

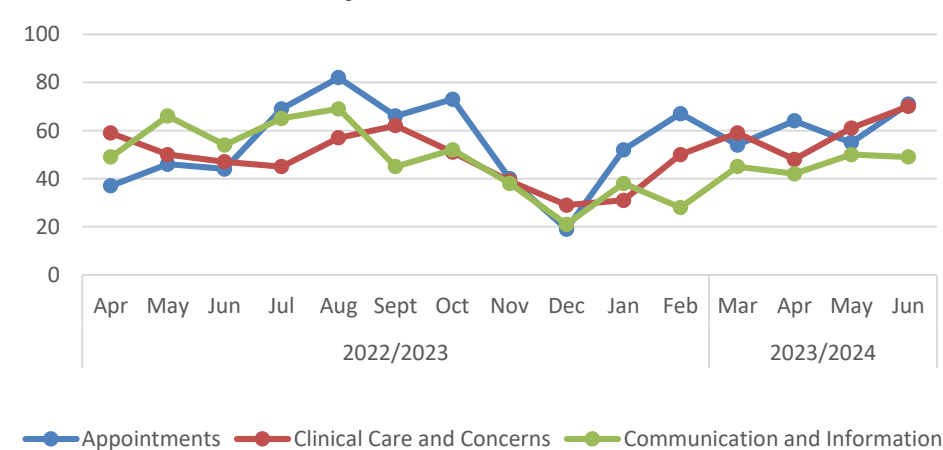
There were **1179** PSCT contacts (this compares to 1147 in Q4) There were **707 issues for resolution**.
Top 3 issues were:

1. **Appointments = 190**
2. **Clinical Care and Concerns = 179**
3. **Communication and Information = 141**

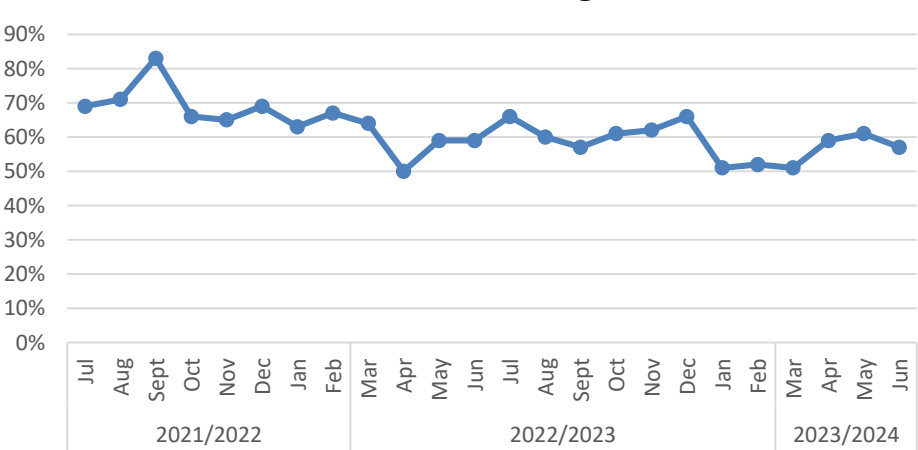
Closure of the **707** PSCT issues for resolution within the 48 hour target fluctuates, due to the complexity of some cases which require more than 48 hours to investigate and the capacity/availability of clinical staff to respond to enquiries.

The number of PALS cases has continued to remain high in which is impacting on the Trust response times.

PSCT top contributors to Issues for Resolution
April 2022 - Jun 2023

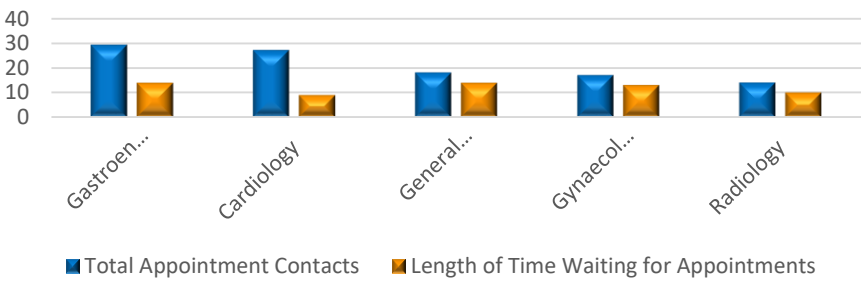


PSCT percentage of issues for resolution closed
within 48 hour target

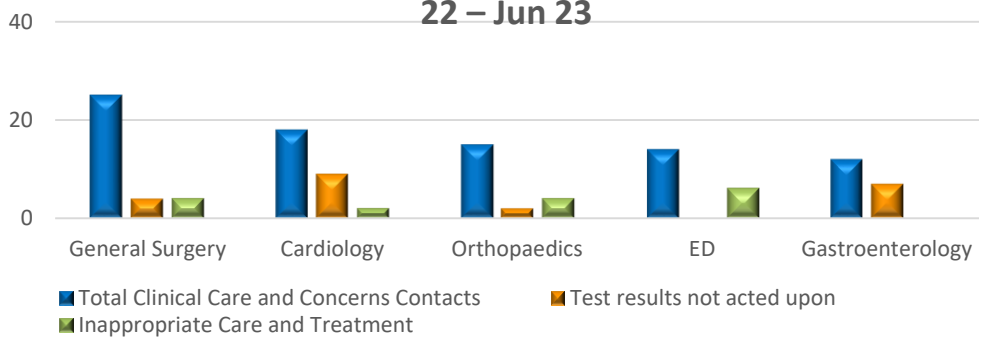


PSCT - Issues Requiring Resolution

Q1 Top Contributor to Appointments by Specialty



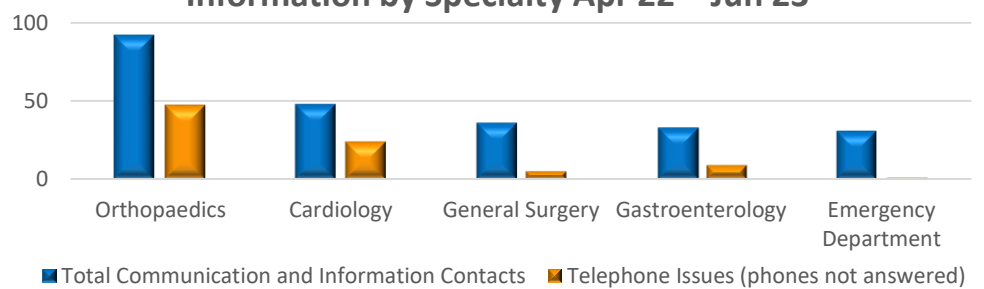
Top Contributor to Appointments by Specialty Apr 22 – Jun 23



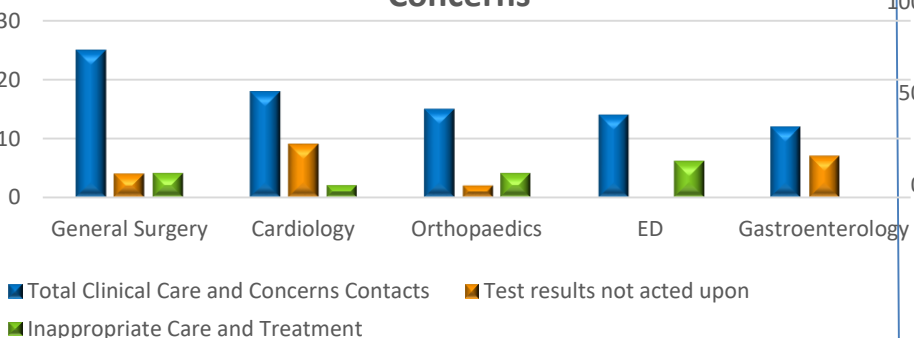
Q1 Top Contributor to Communication and Information by Specialty



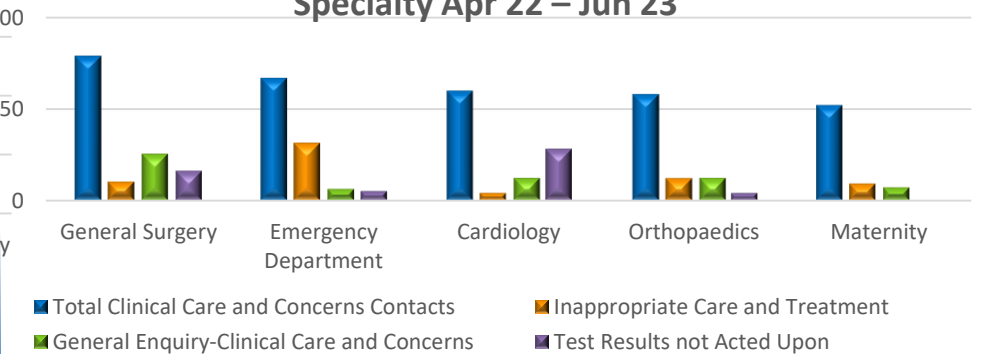
Top Contributor to Communication and Information by Specialty Apr 22 – Jun 23



Q1 Top Contributor to Clinical Care and Concerns



Top Contributor to Clinical Care and Concerns by Specialty Apr 22 – Jun 23



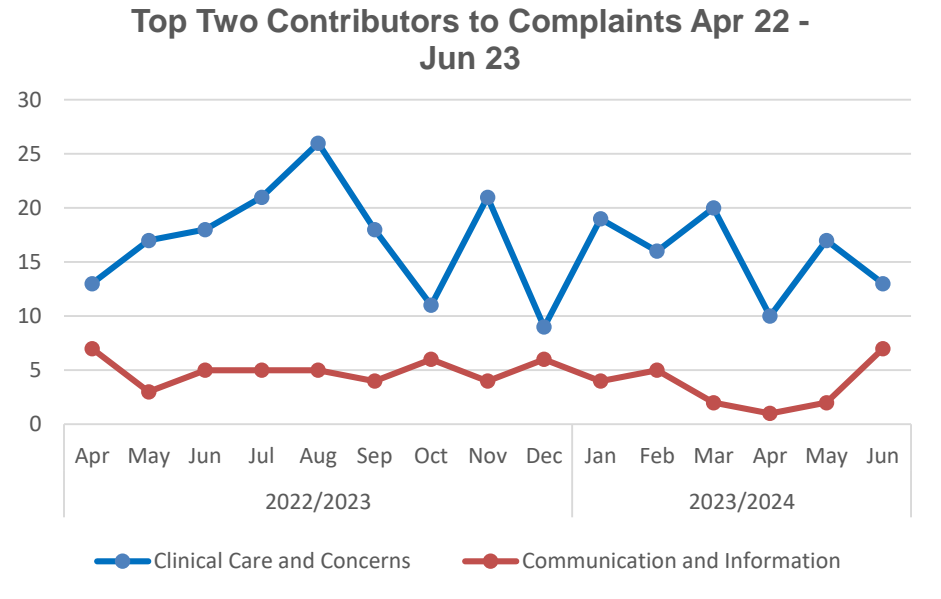
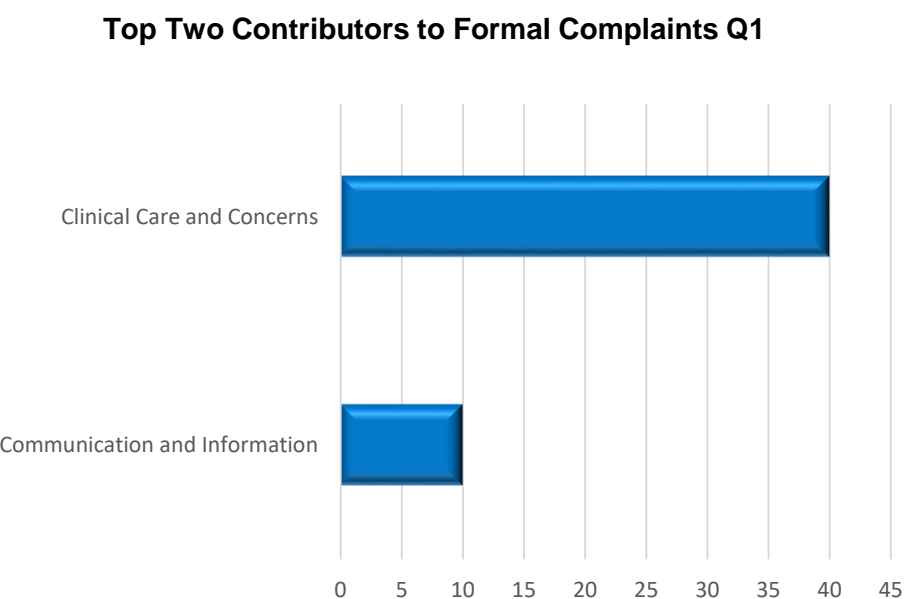
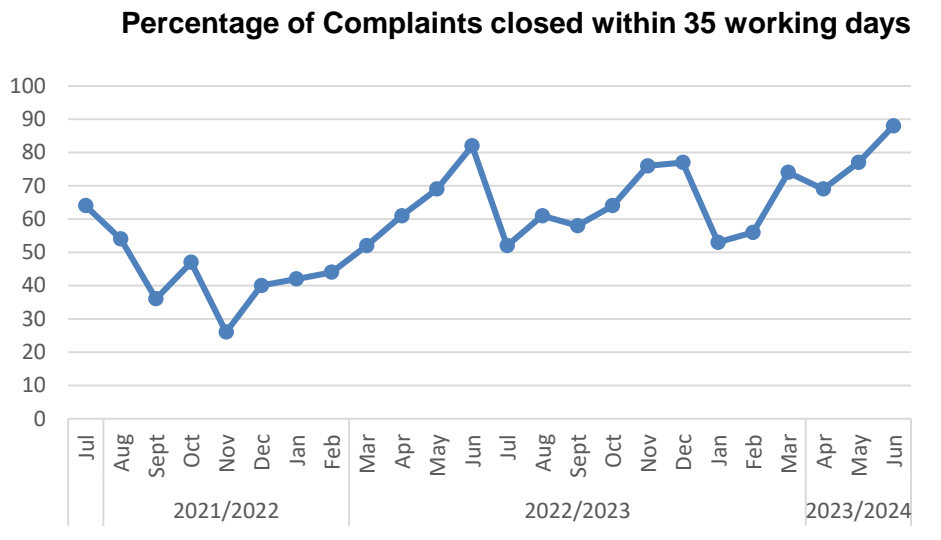
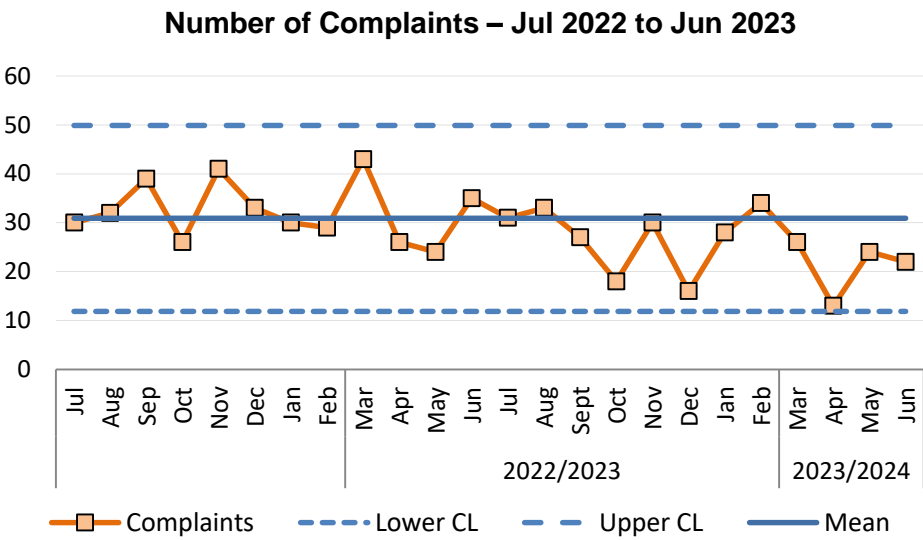
PSCT – Actions Taken/Countermeasures

| Action | |
|---|---|
| Development of the Patient Support and Complaints team (PSCT) Single Point of Access. | A rebrand of the PALS and complaints team has been completed to create a single point of access. The service will support patients and families to achieve resolution of their concerns in a way that works for them – whether that be a meeting, providing feedback or through a formal investigation. |
| Launch of the PSCT Outreach Service | The Outreach service provides staff with the opportunity to take a more pro-active approach to the resolution of concerns and sharing of patient feedback. The PSCT carry out weekly ward visits to speak with patients and their families providing real time support (as needed) to resolve any queries or concerns and feedback to ward staff. |
| Work with top 3 ‘contributor’ specialties to improve patient experience | The Lead for Patient Experience to share the information in this report with the Divisional Managers and at Clinical Governance meetings. This information will also be shared at Specialty Performance meetings. |

Complaints – performance/top contributors

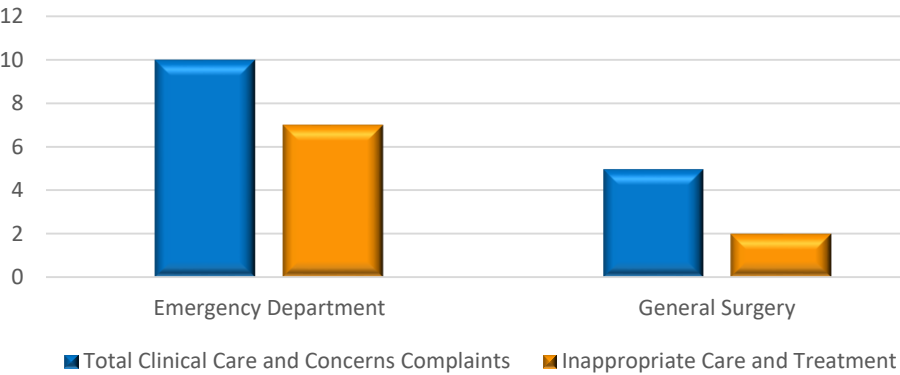
Performance in Q1

There were **59 complaints received in Q1** (this compares to 88 in Q4). Medical Division (32) this includes ED, Surgery Division (18), FASS (9)

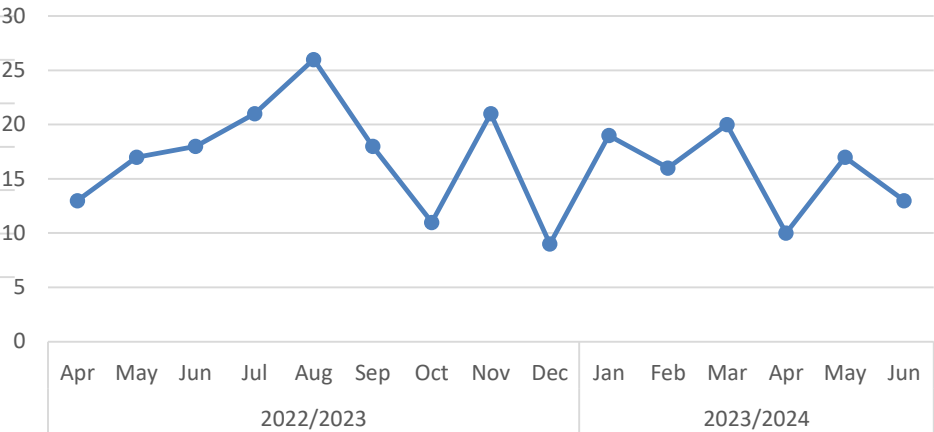


Complaints – Clinical Care and Concerns

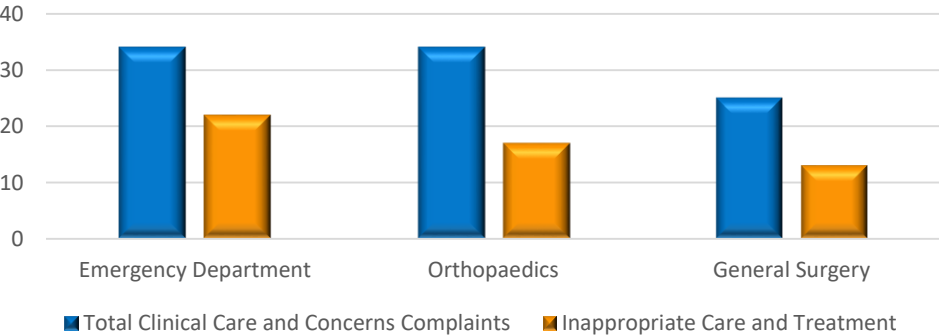
Q1 Top Contributors to Clinical Care and Concerns by Specialty



Complaints - Clinical Care and Concerns Apr 22 - Jun 23



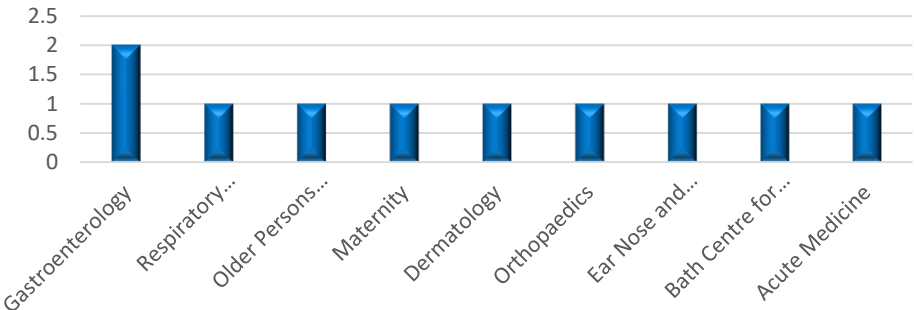
Top Contributor to Clinical Care and Concerns by Specialty Apr 22 - Jun 23



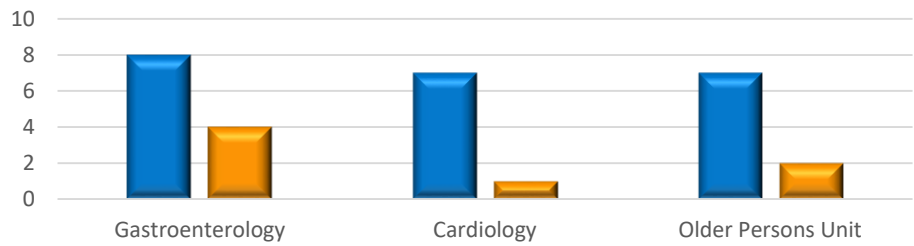
| Division | Actions taken/countermeasures |
|----------|---|
| Medicine | Concerns about care of patient and support for family at the end of life. Outcome: Additional training for ward staff in care at the end of life with a focus on communication and support for the family, especially when a patient has deteriorated unexpectedly. Also, training for ward staff in using the Butterfly Bundle. |
| Medicine | Concern about care and treatment received in the Emergency Department (ED) for a dislocation of the right knee and the subsequent follow up from Orthopaedics. Outcome: Increase training/awareness for staff in ED of how children with neurodiversity (variation in cognitive understanding) cope with new situations and with strangers. |

Complaints – Communication and Information

Q1 top Contributors to Communication and Information by Specialty

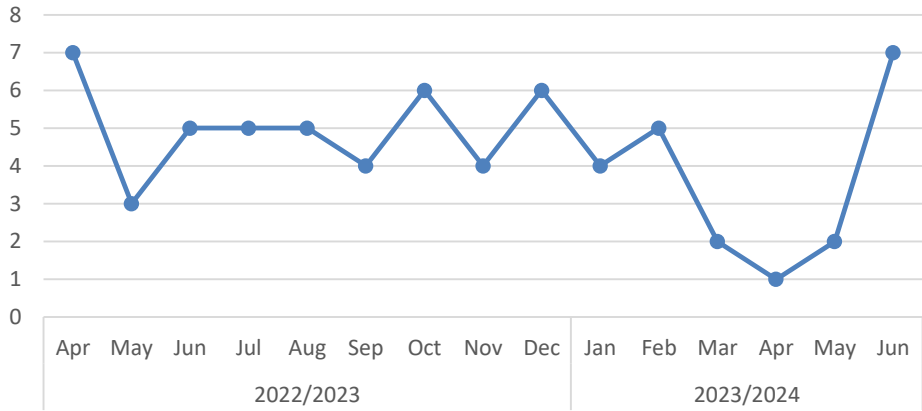


Top Contributor to Communication and Information by Specialty Apr 22 - Jun 23



■ Total Communication and Information Complaints
■ Inappropriate/Insensitive Communication/Attitude

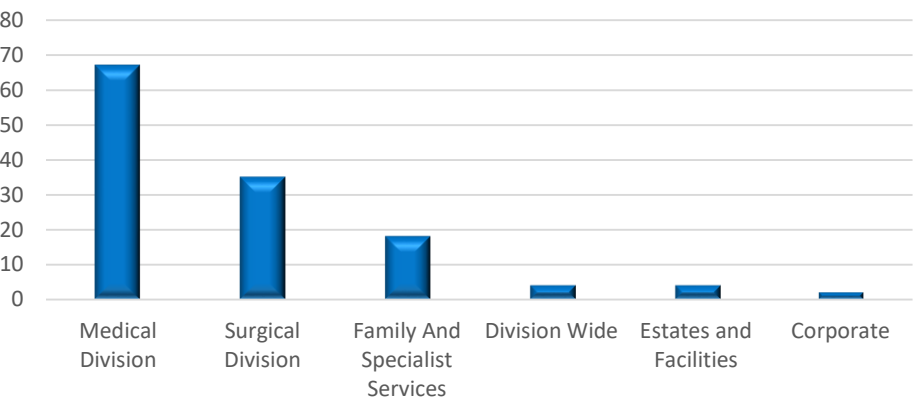
Complaints – Communication and Information Apr 22 – Jun 23



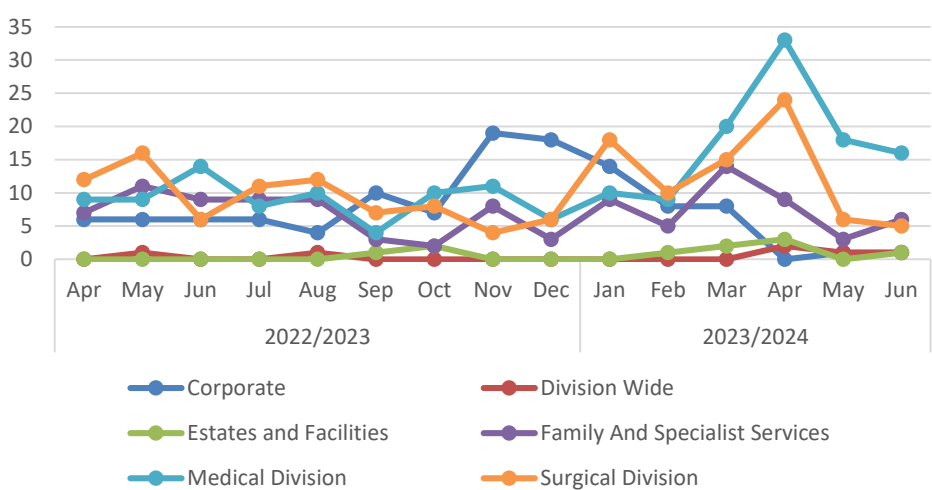
| Division | Actions taken/countermeasures |
|----------|--|
| Medicine | Concern raised about the management of a burn in ED and the attitude of staff when patient returned for a dressing change. Patient has since been seen by Southmead plastics team Outcome: Process for managing burns in the Urgent Treatment Centre under review by the Matron |
| F&SS | Concerns regarding baby born with bloodshot eyes and Mongolian blue spot which was not recorded in the baby's notes. Health visitor then referred the baby to social services as there was no recorded evidence of these issues. Outcome: Cultural competency training for midwifery staff arranged, starting in September. Implementation of neonatal body map to effectively document marks identified at birth/during neonatal review. |
| Surgery | Patient unhappy that outpatient appointment rescheduled for a second time with very short notice. Outcome: Appointment Centre to inform specialty manager of pending cancellations for patients with exceptional circumstances. |

Compliments

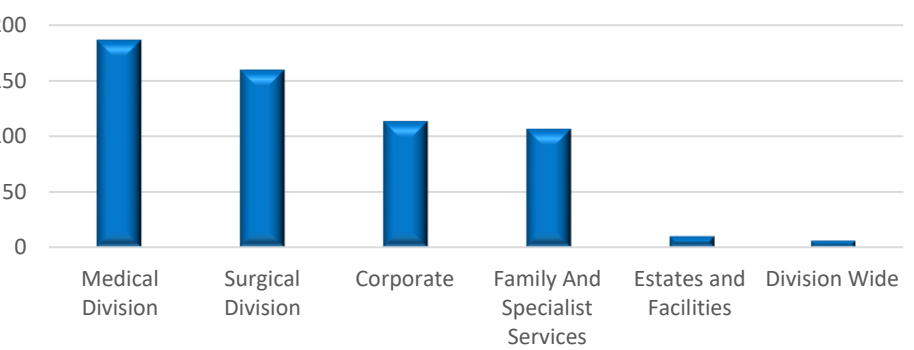
Compliments by Directorate Q1



Compliments by Directorate Apr 22 - Jun 23



Compliments by Directorate Apr 22 - Jun 23



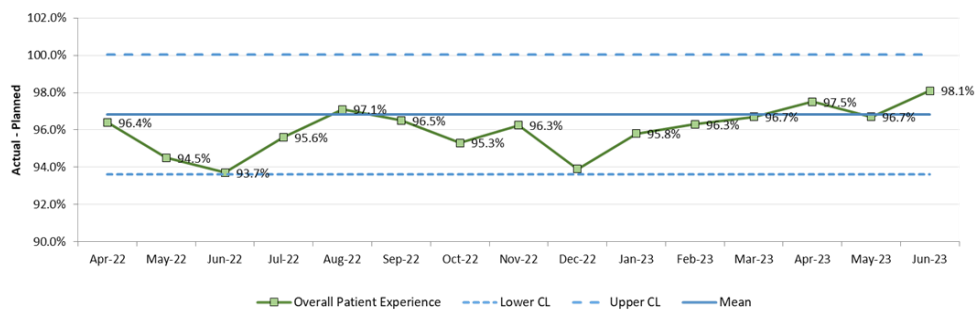
130 compliments were received by PSCT and the Directors Offices in **Q1**. There has been decrease in Corporate compliments following the reallocation of the Emergency Department to the Medicine Division.

| | |
|----------|--|
| Themes | Caring and kind staff, thorough and professional, compassionate and understanding, felt listened to and took time to explain. |
| Examples | <ul style="list-style-type: none">Despite extreme pressures on the department, patient was treated was triaged, examined and treated in a calm, thorough and effective manner. Emergency Department.The care was so thorough and staff acted quickly to save the patients eye. Reception and the Nurses were so kind. Eye Outpatients.Unceasingly kind and helpful care despite a turbulent day. SAUAmazingly clean departments and corridors in the Brownsword Therapies Building. Estates & FacilitiesGreeted by a friendly and efficient receptionist. The department had a good atmosphere. Cardiology OutpatientsThanks to staff for their dedication and passion towards patient who passed away peacefully. Parry Ward |

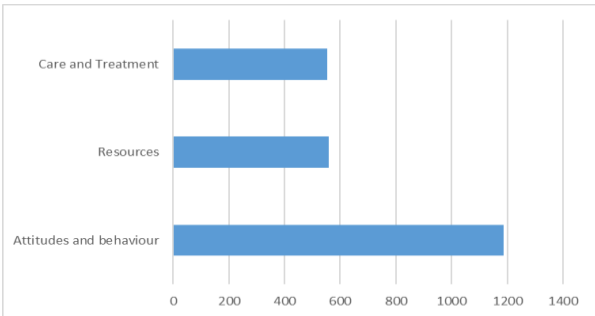
Friends and Family Test (FFT)

Historic Performance

Royal United Hospital
1st April 2022 - 30th June 2023
SPC Overall Patient Experience
Source: eQuest (as 10th July 2023)



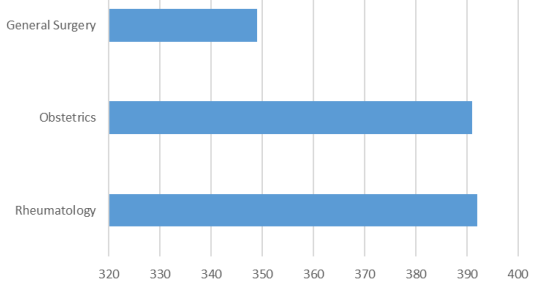
Top three positive themes in Q1



Friends and Family Test question responses



Top contributors for positive feedback in Q1

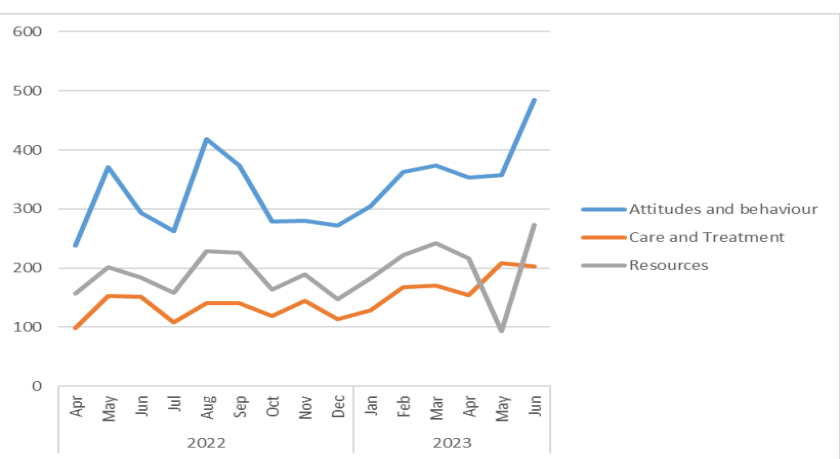


Is standard being delivered?

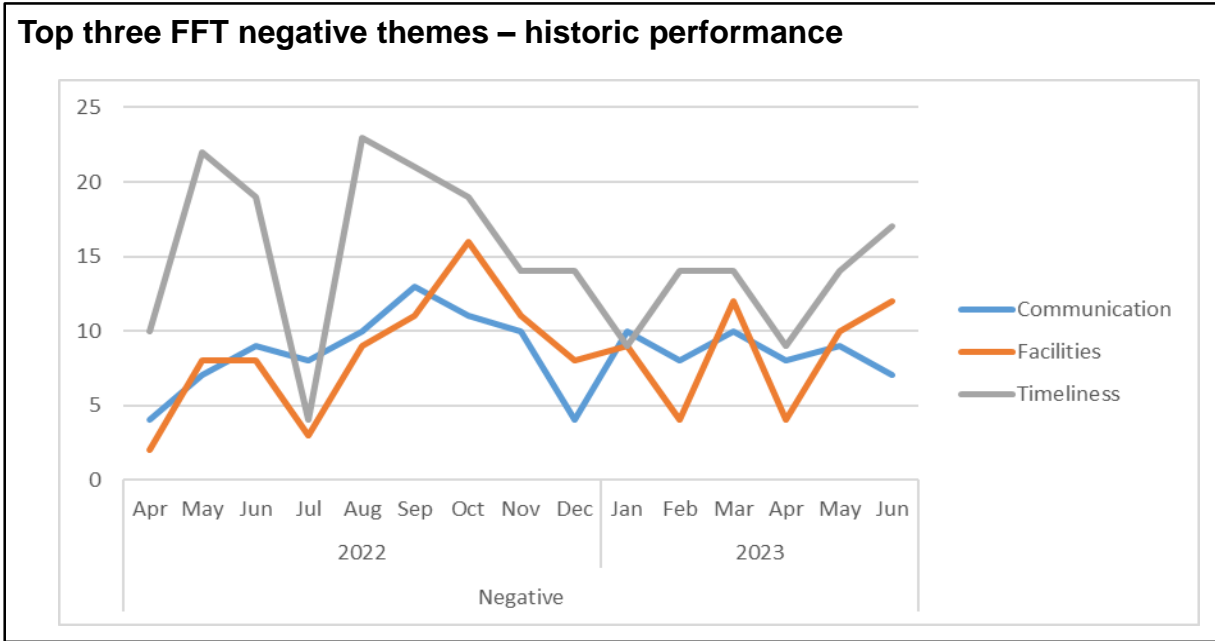
In Q1 2023-24 the proportion of patients across the Trust that responded positively (**very good or good**) about their overall experience was **97.5%**. This is an increase from 96.4% in Q4 2022-23. The Emergency department are now included in the Medicine Division.

| FFT responses Q1 2023 | Overall Patient Experience numbers | | |
|-----------------------|------------------------------------|------------------|---------------|
| | Medicine Division | Surgery Division | F&SS |
| Very good/ good | 97.5% (1438) ↑ | 97.7% (649) ↑ | 97.8% (437) ↓ |
| Poor/ very poor | 1.3% (19) | 0.9% (5) | 1.5% (7) |
| Neither good nor poor | 1.2% (18) | 1.4% (9) | 0.7% (3) |

Top three FFT positive themes – historic performance



Friends and Family Test



Top three negative themes in Q1 and top contributors

Timeliness (40) patients are reporting very long waits in the hospital for care and treatment and medication. e.g. waiting to be seen in ED.

Facilities (26) Inpatients are telling us the ward areas can be hot and noisy at night. Rheumatology patients state that the building is not fit for use by disabled people, e.g. non automatic doors and low chairs.

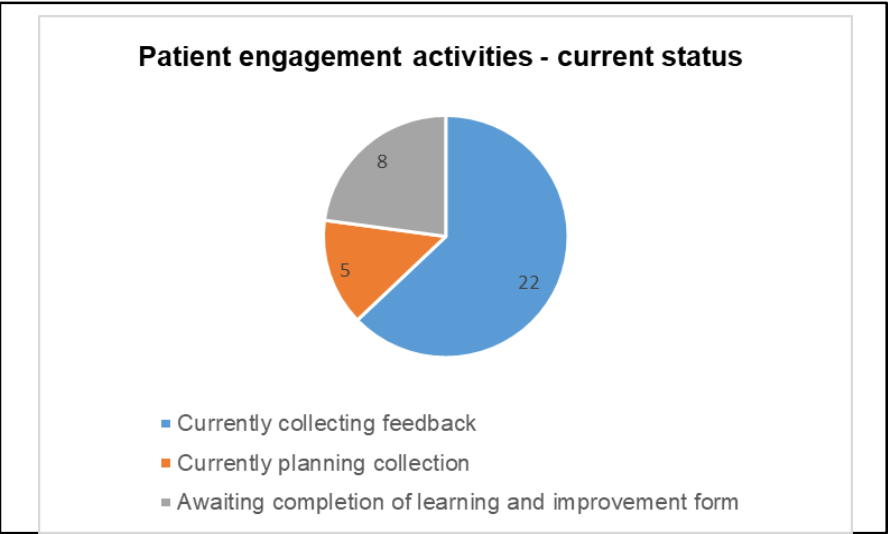
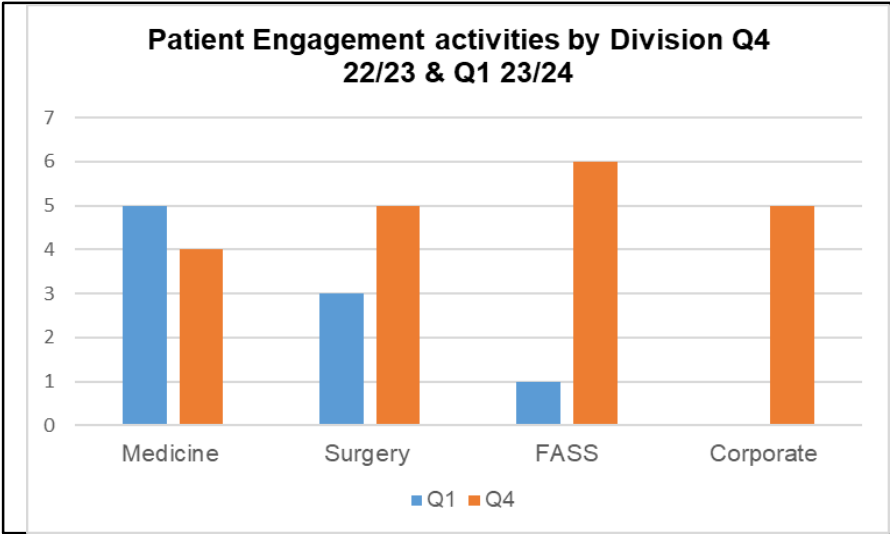
Communication (24) Inpatients have stated their concerns regarding a lack of information about what is happening next or conflicting information from staff.

Timeliness – comments received in Q1
208 comments about timeliness
5 neutral and 40 negative comments – as detailed in the top three negative themes section above.
It is important to note that 163 of the 208 comments were positive - for example, *very prompt and professional, quick and efficient. Very punctual, kind and supportive.* **Nuclear Medicine patient**
I was treated quickly and with respect and by happy staff. **Vascular Studies patient**

Facilities – comments received in Q1
59 comments about communication
1 neutral and 26 negative – as detailed in the top three negative themes section above.
32 of the 59 comments were positive – for example, *excellent facility, clean environment, comfortable bed. Ward was bright, light and with sun was first class.* **Phillip Yeoman Ward patient**

Communication – comments received in Q1
406 comments about communication
2 neutral and 24 negative comments – as detailed in the top three negative themes section above.
Please note of the 406 comments 380 were positive – for example, *staff were informative, gave good advice, shared knowledge. The instructions were clear and concise and the nurse was pleasant and answered my questions ...* **Respiratory patient**

Patient engagement



| Engagement activity | Examples of learning |
|--|--|
| Antenatal Screening Questionnaire Helen Spurell | 98.08% women rated their experience with the Antenatal screening service as <i>very good</i> . |
| | 98.56% women felt they had been treated with dignity and respect by all staff. This includes the community midwives and the antenatal screening team/screening sonographers. |
| | <p>The question <i>'have you received the results when expected?'</i> relates to the booking bloods. These percentages were lower-12 % responded <i>no, not at all</i> and a further 3.41% responded <i>no, not really</i>.</p> <p>Action - further investigation to review how each birth centre disseminates their blood results to the women, check local guidelines relating to providing blood results and see if any amendments or shared learning is required to improve this.</p> |
| | <p>The question <i>'did the health professional explain screening blood options in a way that you understand specifically relating to booking bloods?'</i> - 79.61% responded yes, definitely and 13.59% responded yes, to some extent.</p> <p>Action - changes in practice from providing a paper version of the <i>'screening tests for you and your baby'</i> leaflet to signposting via a QR code to download the information. The format of the information could have an impact on women's understanding of this information. Staff to check understanding of information provided.</p> |

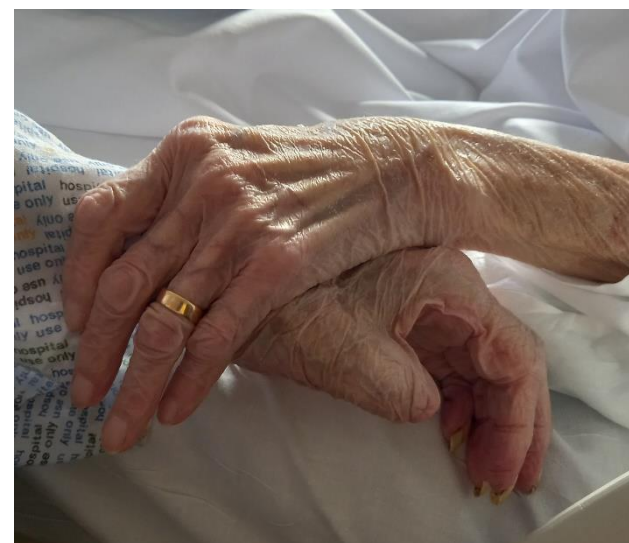
Family Liaison Facilitator (FLF) Service

| | |
|-----------------------------|---|
| Discharge calls made | 106 calls made in June 93% of patients had a discharge summary 93% had no questions or concerns This information is shared with the Divisional and discharge teams. |
| Family feedback | The majority of family calls are supporting patients in the Emergency department, Combe ward, Medical Assessment Unit, Helen ward and the Older Persons Assessment Unit. <i>'Every member of staff was really good and did a fantastic job – even though they are clearly under pressure' 'I'm thankful for all you did and for all your help' "Thank you so much for reassuring me."</i> |
| Staff feedback | After scribing for a consultant on a whiteboard for a hard of hearing patient, <i>"Wow, I didn't know this service existed. This is so helpful."</i> (Consultant) |
| Daily tasks | <ul style="list-style-type: none"> • Repatriated a phone to a patient • Amazon delivery • Filling out FFT forms for all patients on the ward, providing real time feedback to Midford ward • Shop – for magazines and newspapers for patients • Talked with a patient at length who was feeling lonely • Provided ear plugs to patients struggling to sleep |
| Future plans | Increase numbers of FLF staff and coverage across the whole hospital Enhance support for the Emergency department# Promote service to staff and patients/families when fully established Support with delivering 'Bob's boxes' to the wards to support patients who are blind/have visual impairment |

Two 'moving' photos taken by staff at the RUH in Bath were featured in a 'prestigious' national exhibition celebrating the NHS' 75th birthday, with the gallery on display at Fujifilm's House of Photography in London.

The photo below featured in a few articles and our Family Liaison Facilitator, Mims received a congratulatory letter from Wera Hobhouse MP for Bath.

The hands are of a husband and wife, who were reunited when they were being cared for at the RUH on different wards.



Patient engagement - recruitment of Patient Safety Partners

NHS England has published the new Patient Safety Incident Response Framework (PSIRF), outlining how NHS organisations should respond to patient safety incidents for the purpose of learning and improvement. As part of this work we have recruited four Patient Safety Partners (PSP). They will be actively involved in the design of safer healthcare at all levels of the RUH. This includes roles in safety governance and in the development and implementation of relevant strategies and policy. The PSPs will champion a diversity of views; ensuring that the voice of patients, carers, families and hard to hear groups are represented during discussion and delivery of the Trust's patient safety policy and strategy.

Anne



In my working life as a healthcare lawyer, I have advised a broad range of NHS bodies and their staff during the many and various processes in which standards are called to account. I undertook a Masters in Legal Aspects of Medical Practice about 10 years ago in order to refresh and expand my knowledge. Since then I have developed particular expertise in the Mental Capacity Act and DoLs, and have advised on the practicalities around implementing the law and I have taken complex cases to the Court of Protection. I am conscious that my own background has made it easy for me to advocate for my own family to ensure that they get the treatment they need, but that it is very much more difficult for most people.

I strongly believe that positive change and good outcomes in healthcare and treatment result from a partnership between healthcare professionals and patients. I have spent the last 30 years working in patient-led healthcare advocacy and medical research charities. Most recently I was chairman of an international meningitis NGO and a trustee of RICE. I have a particular interest in immunisation and I was also a consultant to Pfizer Vaccines for seven years.



Chris

In my last role, as a CQC inspector, it was my job to observe, question and challenge practice in the NHS. Now, as a patient and a carer, I continue to have a vested interest in ensuring the highest possible standards of health care and safety. I also have a passion for making things right. I am fortunate enough to have the time, curiosity and confidence to participate in important dialogue about patient safety. I want to help the trust transform its approach to investigating patient safety incidents by "walking in the shoes of patients". I hope to do this by giving a voice to patients and carers, offering a different and independent perspective, and advocating for those who are less able or less willing to speak up.



Elaine

My most recent employment was as a Patient Safety Manager for the National Patient Safety Agency, much of whose work I am delighted to see has been widened and developed in the roll-out of the current NHS Patient Safety Strategy. This job involved training large numbers of NHS staff in how to investigate and learn when things go wrong, and how to be open and candid with patients and families.

Jean

