

Patient Experience Report

January– March 2023

The RUH, where you matter



People we care for | Executive Summary

Executive Summary

Formal Complaints

88 complaints were received in Q4 (compared to 63 in Q3).

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 a theme in the majority 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 formal complaints (53% to 74%)

Patient Advice and Liaison Service (PALS)

1147 contacts in Q4 (compared to 1055 in Q3). The top 3 issues for resolution remain the same however there was an increase in the number of patients contacting PALS about **appointments and communication and information**.

- **Appointments** – top contributors are Cardiology, Radiology, Gastroenterology, Orthopaedics, General Surgery and Gynaecology. Patients were contacting about the length of time they are waiting for appointments.
- **Clinical care and concerns** – top contributors were General Surgery, Emergency Department, Orthopaedics, Cardiology and Radiology. The majority of contacts related to patients chasing test results in addition to inappropriate care/treatment.
- **Communication and information** – top contributors are Orthopaedics, General Surgery, Cardiology and Rheumatology. The majority of contacts related to telephone issues (phones not answered).
- The **PALS outreach service** started in February 2023. The PALS team have been making regular visits to wards to speak with patients and their families. The feedback is given to ward managers to share with staff and respond to areas for improvement. Wards with high numbers of PALS contacts are prioritised first. Since the launch of the Outreach Service, the team have made 25 ward visits across the 3 Divisions and spoken to approximately 270 patients.
- An **update on the Family Liaison Facilitator (FLF) service** is also included in this report.

Friends and Family Test (FFT)

There has been **an increase in the overall patient experience score** this quarter from **95.1% in Q3 to 96.4% in Q4**.

However, the number of FFT responses remains low – these are received by card and online. At the time of writing this report, 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.

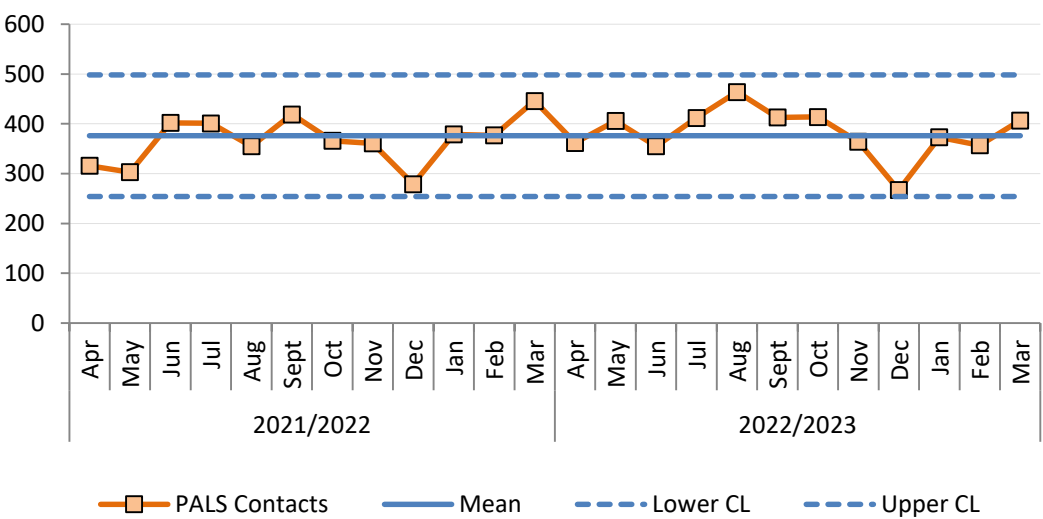
Patient Engagement

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 slides 13 and 14 of this report.

PALS – performance/issues requiring resolution

Historic Performance

Number of PALS Contacts – April 2021 to March 2023



Performance in Q4

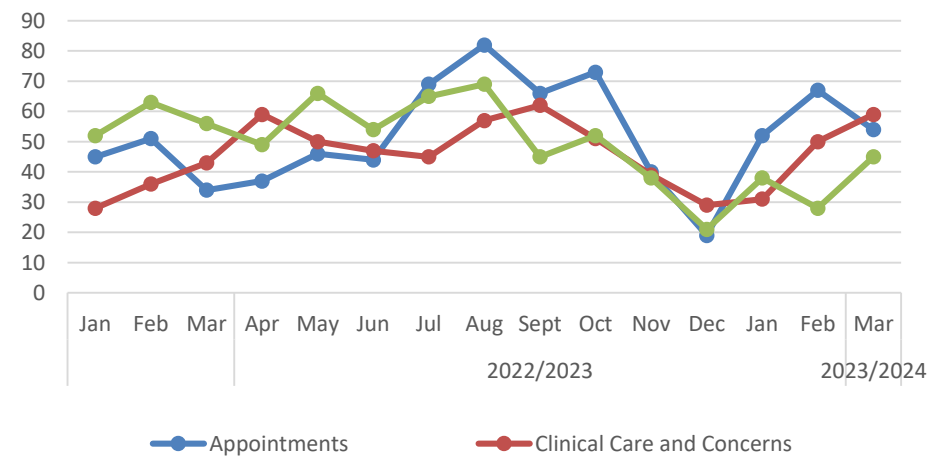
There were **1147** PALS contacts (this compares to 1055 in Q3) **592 issues for resolution**.
Top 3 issues were:

1. **Appointments = 173**
2. **Clinical Care and Concerns = 140**
3. **Communication and Information = 111**

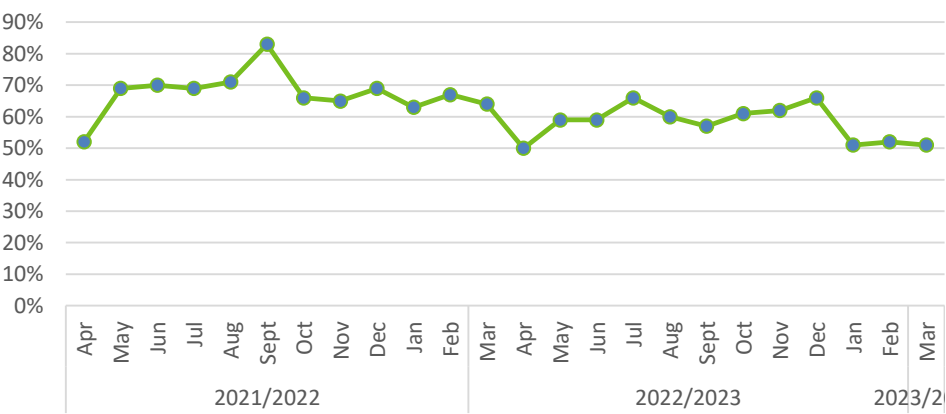
Closure of the **592** PALS issues for resolution within the 48 hour target fluctuates, due to the complexity of some cases which require more than 48 hours to investigate and the capacity/availability of PALS and clinical staff to respond to enquiries. There is a vacancy for a PALS officer (0.8wte) which is out to advert in May 2023.

The number of PALS cases has continued to remain high in Q4 in addition to the complexity of cases which is impacting on the Trust response times.

PALS top contributors to Issues for Resolution
January 2022 - March 2023

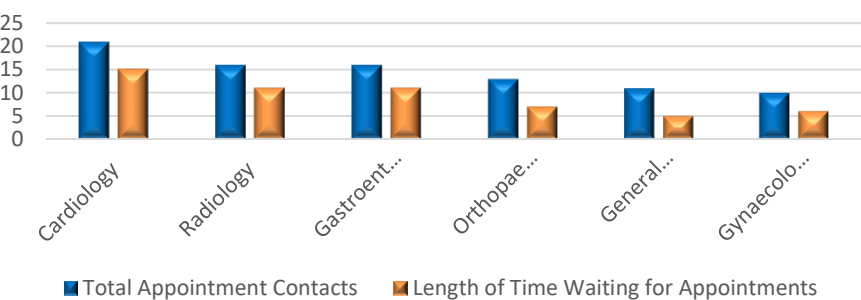


PALS percentage of cases with 'issues for resolution' closed within 48 hour target

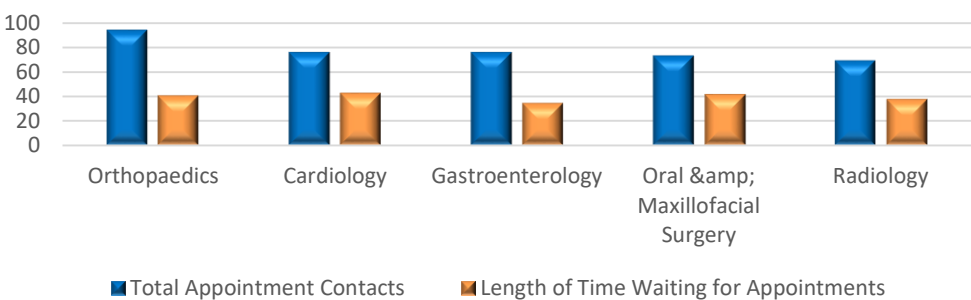


PALS - issues requiring resolution

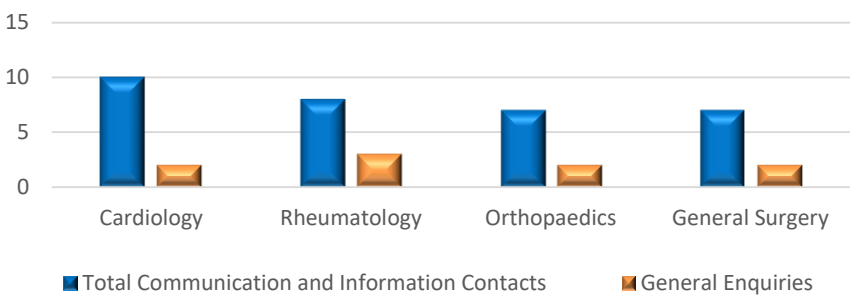
Q4 Top Contributor to Appointments by Specialty



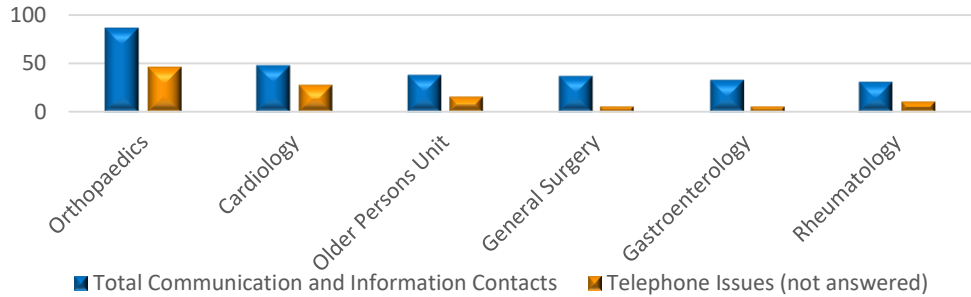
Top Contributor to Appointments by Specialty Jan 22 – Mar 23



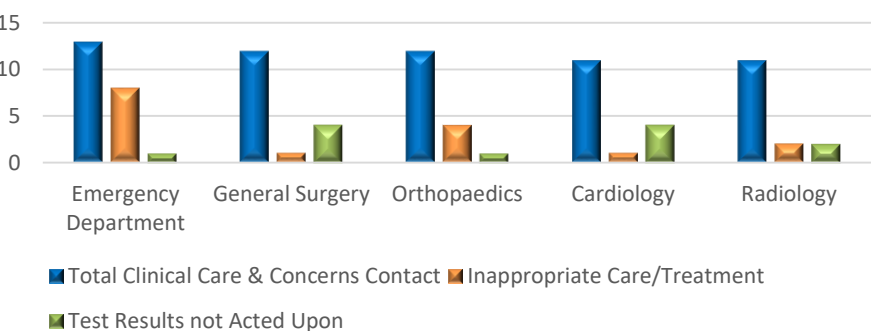
Q4 Top Contributor to Communication & Information by Specialty



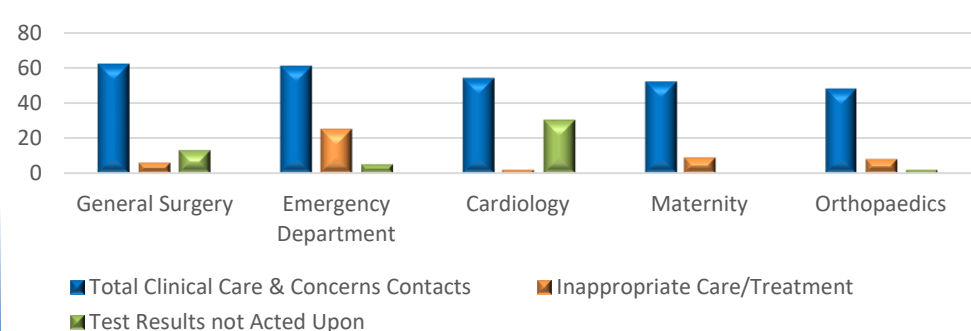
Top Contributor to Communication & Information by Specialty Jan 22 – Mar 23



Q4 Top Contributors to Clinical Care & Concerns

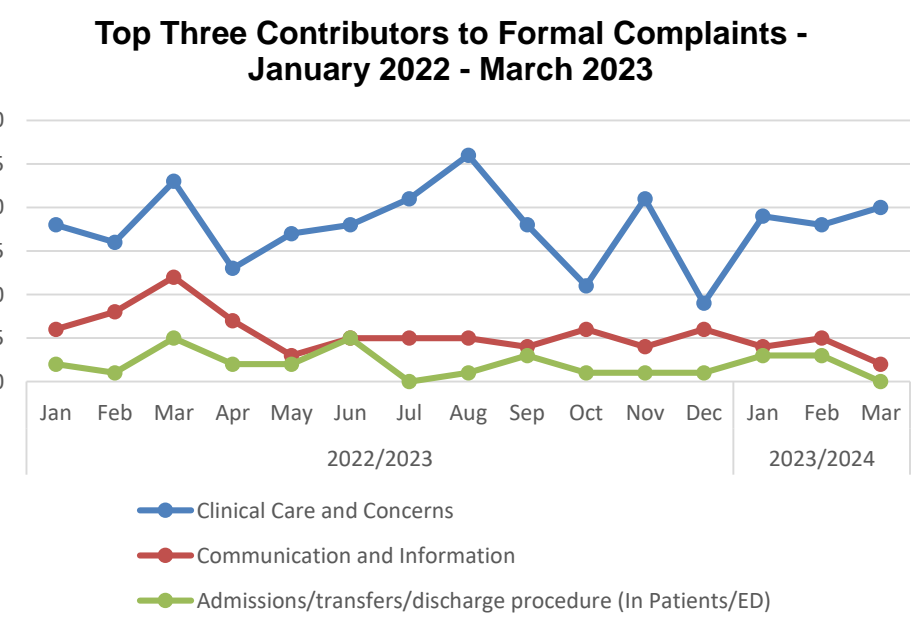
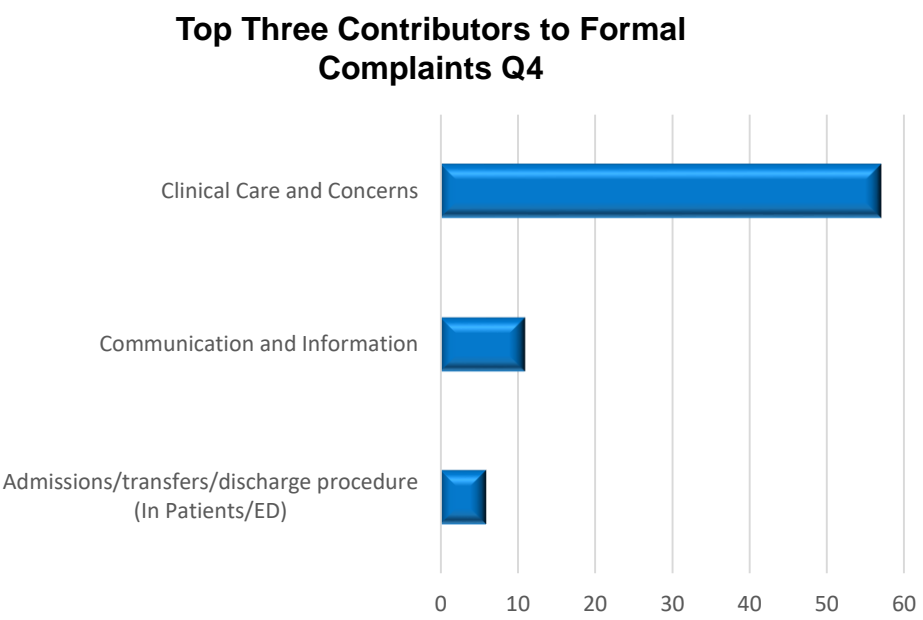
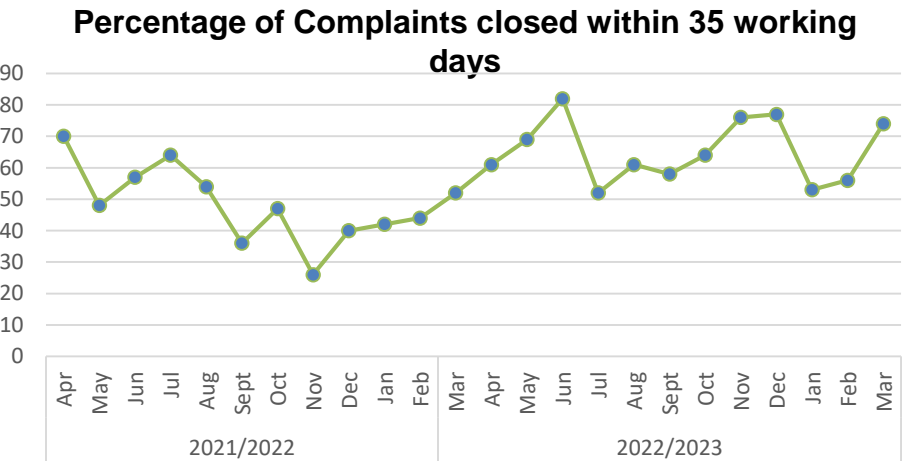
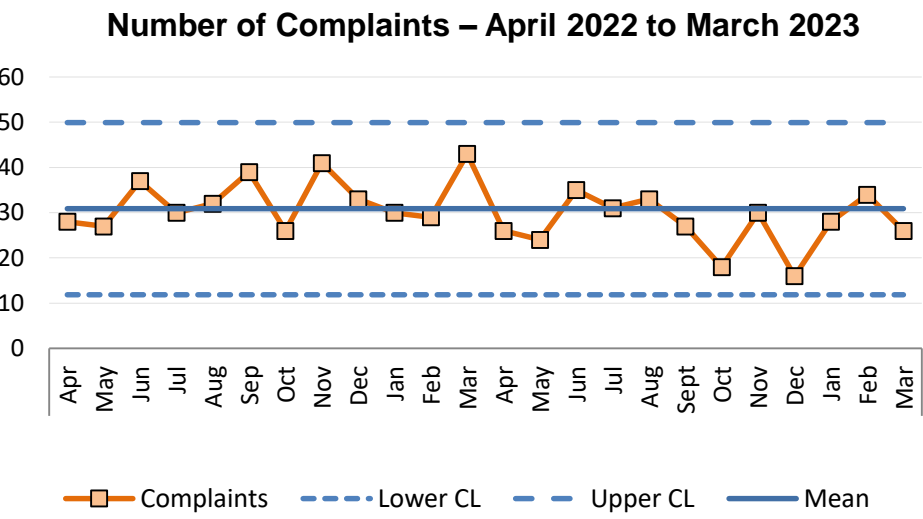


Top Contributor to Clinical Care & Concerns Specialty Jan 22 – Mar 23



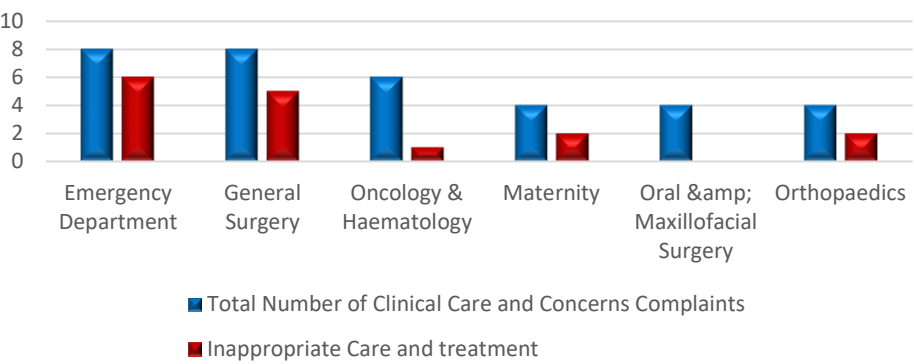
Complaints – performance/top contributors

Performance in Q4
There were **88 complaints received in Q4** (this compares to 63 in Q3). Surgery 34, Medicine 27, F&SS 18, Corporate (includes ED) 9.

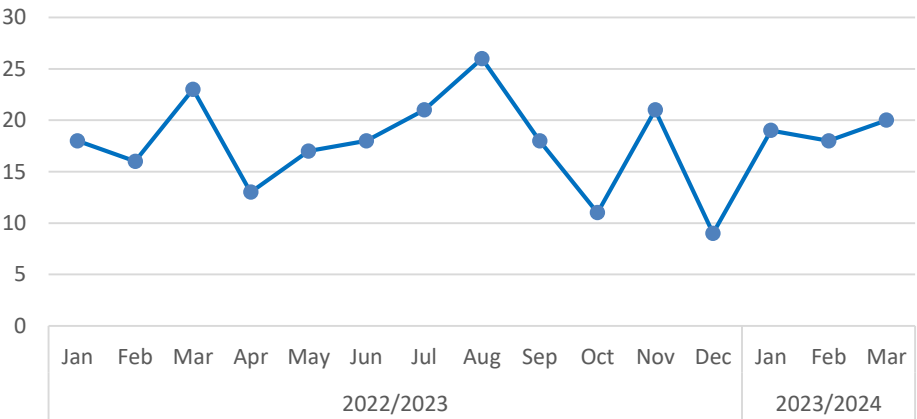


Complaints – clinical care and concerns

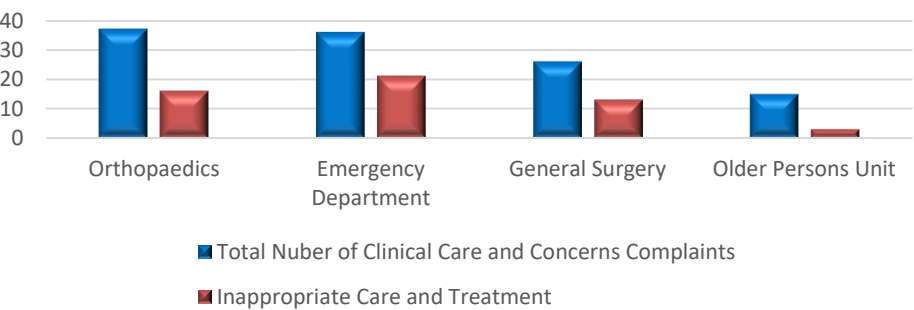
Q4 Top Contributors to Clinical Care and Concerns by Specialty



Complaints Clinical Care and Concerns January 2022 - March 2023



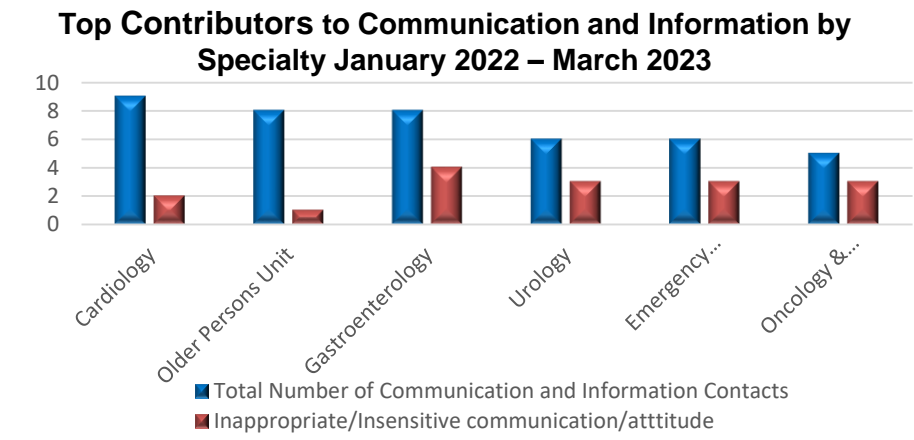
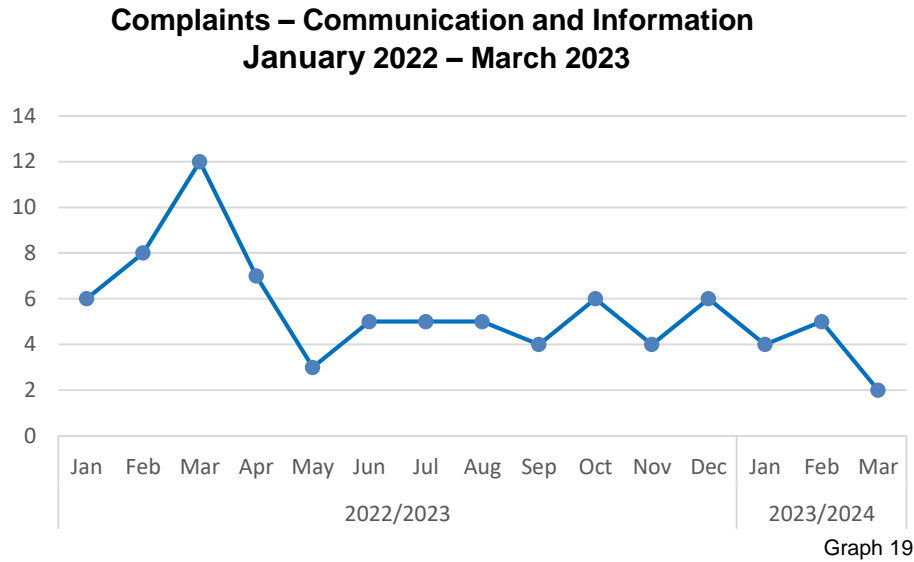
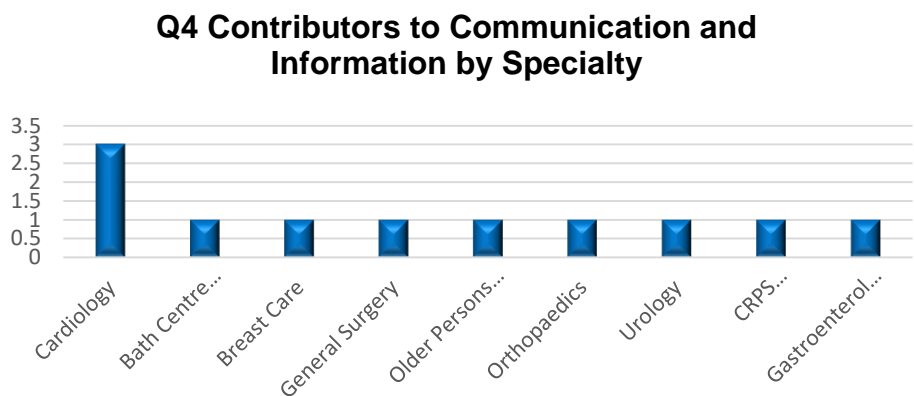
Top Contributors to Clinical Care and Concerns by Specialty January 2022 - March 2023



Graph 16

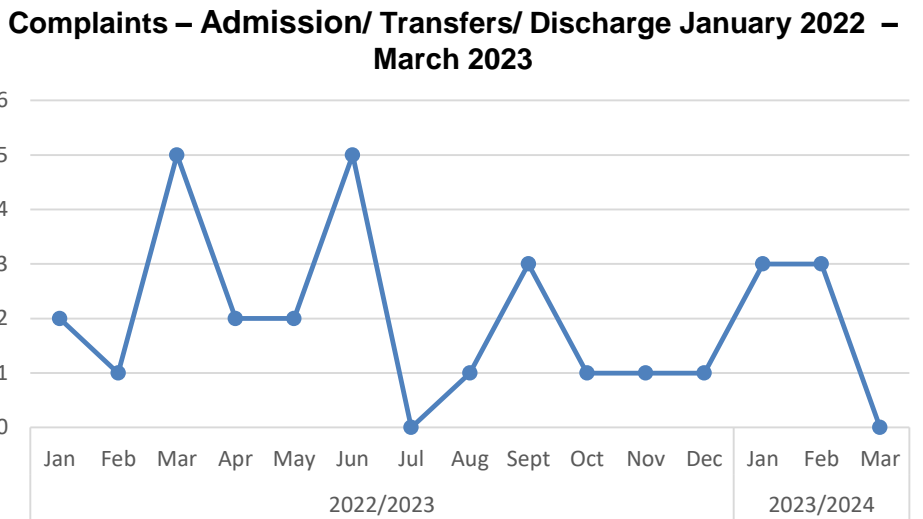
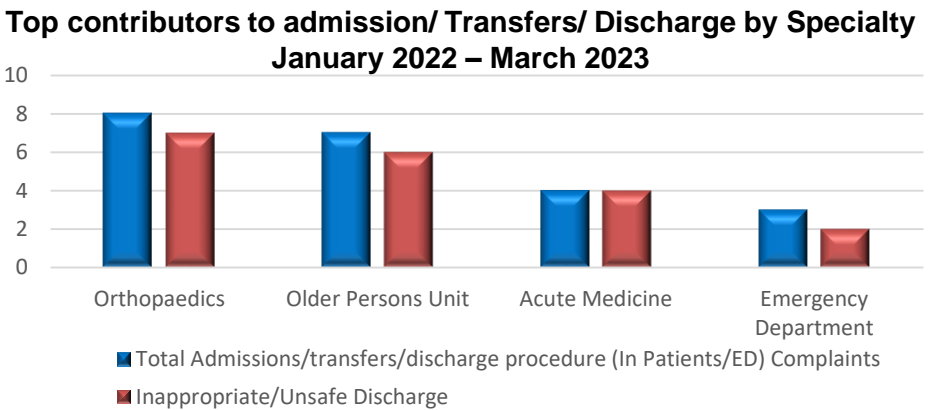
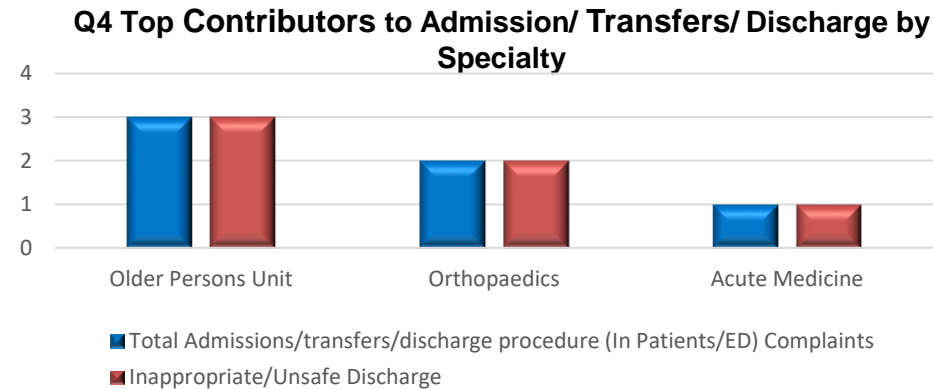
Division	Actions taken/countermeasures
Medicine	Concerns about some aspects of care after death, particularly with regard to personal belongings, communication and information. Happy with care from staff on ward. Partner with visual impairment. Outcome – Meeting with Lead for Patient & Carer Experience and Associate Director of Vulnerable people. Partner will contribute to the Vulnerable People Strategy and will share their story at the Quality Governance Committee. Bereavement booklet to be made available for visually impaired/blind people.
Surgery	Patient sustained a burn injury to hand from contrast dye during CT scan (due to extravasation – leakage of fluid into the tissues) . Patients family had concerns about the identification of the injury. Outcome - staff reminded that extravasation must be recorded in the imaging report and patient notes. The patient/ward must receive a completed extravasation leaflet and the checklist should be scanned onto CRIS (clinical records in Radiology). Staff to contact the Tissue Viability team to follow up on inpatient extravasations.

Complaints – communication and information



Division	Actions taken/countermeasures
Medicine	There was a lengthy delay in a patient receiving their cardiology scan results. Patient found out from a rheumatology appointment sometime later. Outcome A review of the process of informing patients of test results was undertaken. This focussed on communication between the Radiology Department and the Cardiology team to ensure that all results are forwarded to referring clinicians in a standardised way.
F&SS	A patient was unhappy with attitude of a doctor during their consultation. They felt that their anxiety and neurodiversity was not taken into account. The patient asked to see another clinician who was supportive and compassionate. Outcome Acknowledgement of need to take into account individual requirements during consultation. Departmental and individual reflection of the event undertaken.

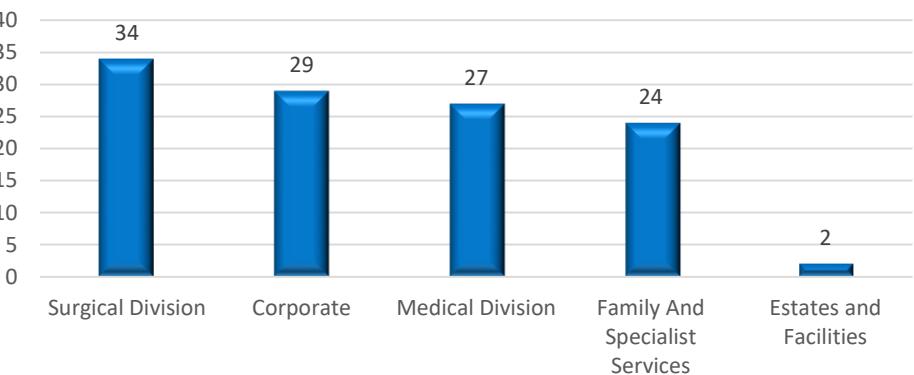
Complaints – admissions/transfers/discharge



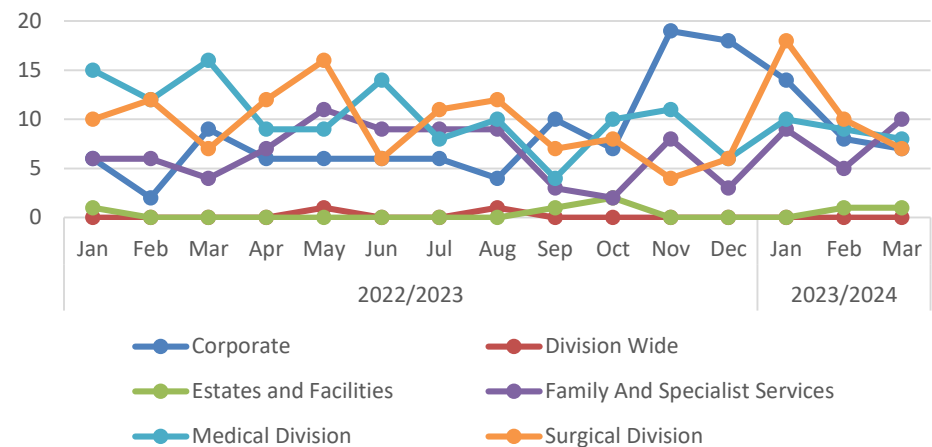
Subject area	Actions taken/countermeasures
Surgery	Family raised concerns that late patient's discharge was unsafe and the care package insufficient. Outcome Ward sister worked with clinical team to ensure that patients and their families are aware of the discharge process and that when a patient is medically fit for discharge and waiting for a package of care, this could be arranged with little notice. Case to be discussed with all teams involved to improve communication between ward therapists and community teams/care agencies to ensure up to date information is given. It is also important to share as much information as possible with the next of kin/family members, if the patient consents to do so. This should also include whether any equipment has been declined.
Medicine	Concerns about discharge whilst patient still had delirium. Outcome Actions to improve our record keeping and communication with family members and documenting the names of the people we speak with. To signpost other available resources to help patients and their families with delirium. To explain the natural course of delirium more clearly. Therapies committed to discuss the assessment and lack of communication with the family with the therapist involved.

Compliments

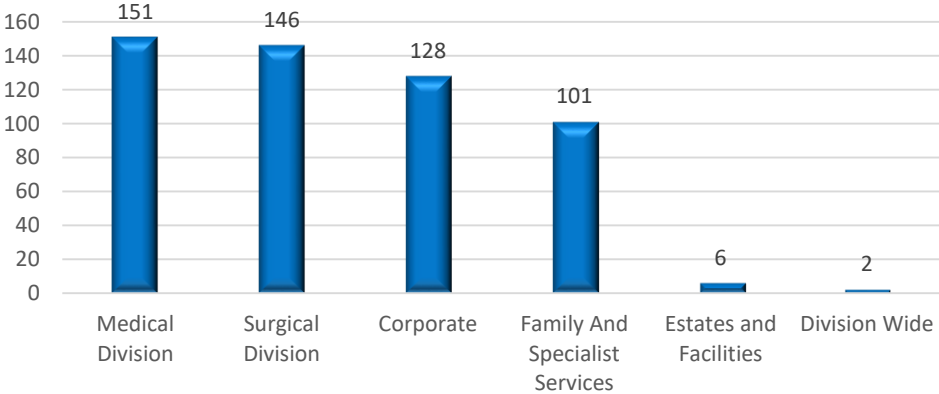
Compliments by Directorate Q4



Compliments by Directorate January 2022 - March 2023



Total Compliments by Directorate Jan 22 - Mar 23



116 compliments were received by PALS and the Directors Offices in Q4.

Themes	Caring and kind staff, empathetic and professional, compassionate and understanding, felt listened to.
Examples	<ul style="list-style-type: none">Staff put the patient at ease during their appointment. They wouldn't have been able to have the scan without their kindness and understanding. RadiologyThanks to staff on Mary ward for making them feel comfortable and care for.Thank you to staff for being a shoulder to cry on and for helping them through their anxieties. Robin Smith WardPatient was very thankful for the prompt service from Reception Cardiology.Thank you to the ENT Consultant and Student for making the patient feel listened to and cared for.Thank you to staff who were kind, helpful and always took time to answer their questions. Emergency Department

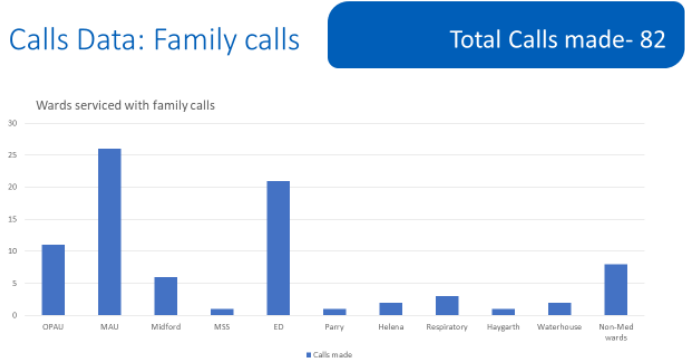
Family Liaison Facilitator (FLF) service

The FLF service was reinstated in the Medicine Division in Q4. 2 staff were appointed to the role working 8-6pm 6 days a week. The staff carry a bleep and families can call them directly on their mobile. The team updated the web pages so that families can request a service through 'send love to a loved one'. In addition the team have made:

- 130 patient visits
- 35 services
- 10 referrals
- 3 special requests
- Completed 82 telephone calls to patients after discharge

Some particular highlights include arranging for a relative to join a virtual funeral and supporting a married couple to visit each other whilst both were inpatients on different wards.

'I wish to thank 'Mims' for her help and support whilst my father-in-law was in hospital at the RUH last week. It was a very difficult time for us as unfortunately my husband was diagnosed with Covid the day before he went into hospital. My mother-in-law is vulnerable and she felt very alone. The team were fantastic in keeping us informed and arranging for my father-in-law to speak to us until I could get his mobile phone to him. This was so important as unfortunately we had difficulty getting through to initially A+E and then Midford ward. I have never had to use this service before but really appreciated it at our time of need.'



Discharge summaries

89.7% had a discharge summary when contacted

6.8% did not have a discharge summary

Medications on discharge

90.4% had no problems or concerns regarding medications

Only 6.9% had a query/problem

Discharge concerns are recorded on Datix and shared with the ward managers and patient safety team to action.

Send love to a loved one

Your name:

Your telephone number:

Your email address:

Patient's name:

Service or item:

☐ Activity kit

☐ Audio book

☐ Book

☐ Support contacting a loved one

☐ Special request

☐ Virtual visit

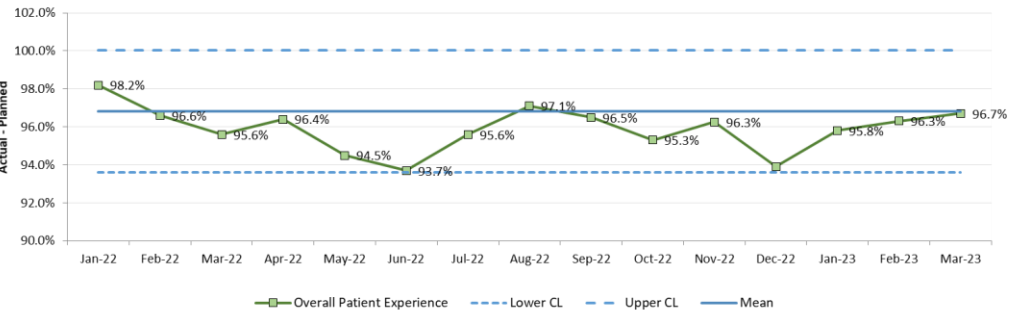
☐ Other (please let us know)

Comments:

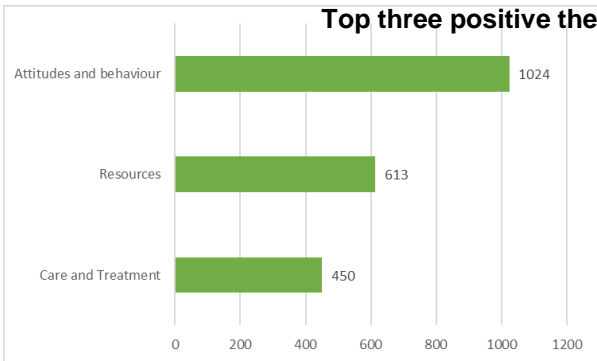
Friends and Family Test responses and themes

Historic Performance

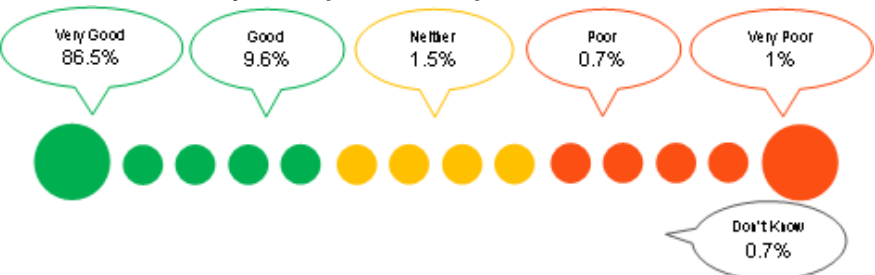
Royal United Hospital
1st January 2022 - 31st March 2023
SPC Overall Patient Experience
Source: eQuest (as 17th April 2023)



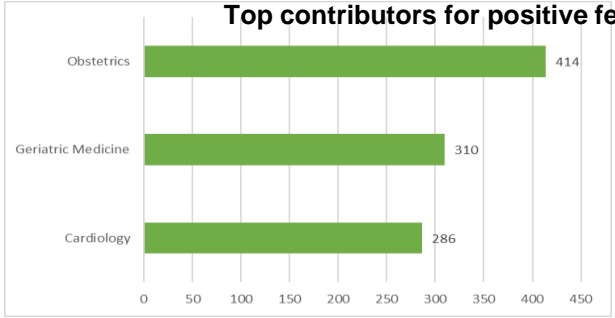
Top three positive themes in Q4



Friends and Family Test question responses



Top contributors for positive feedback in Q4

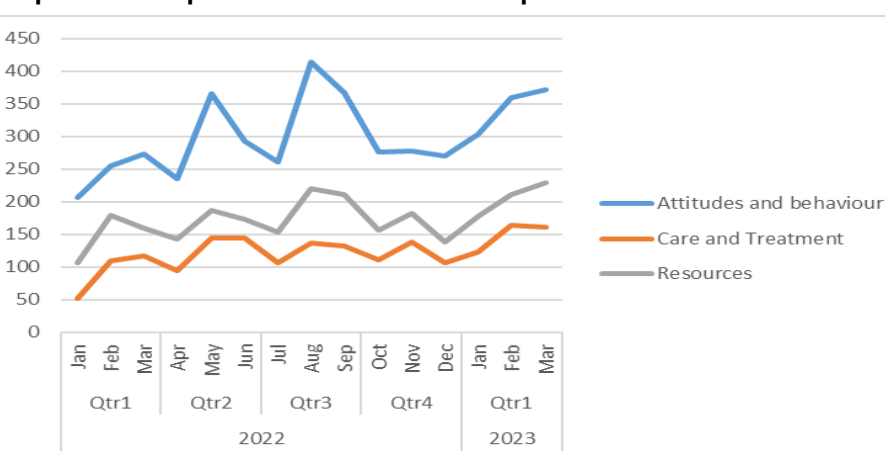


Is standard being delivered?

In Q4 2023 the proportion of patients across the Trust that responded positively (**very good or good**) about their overall experience was 96.4%. This is an increase from 95.1% in Q3 2022.

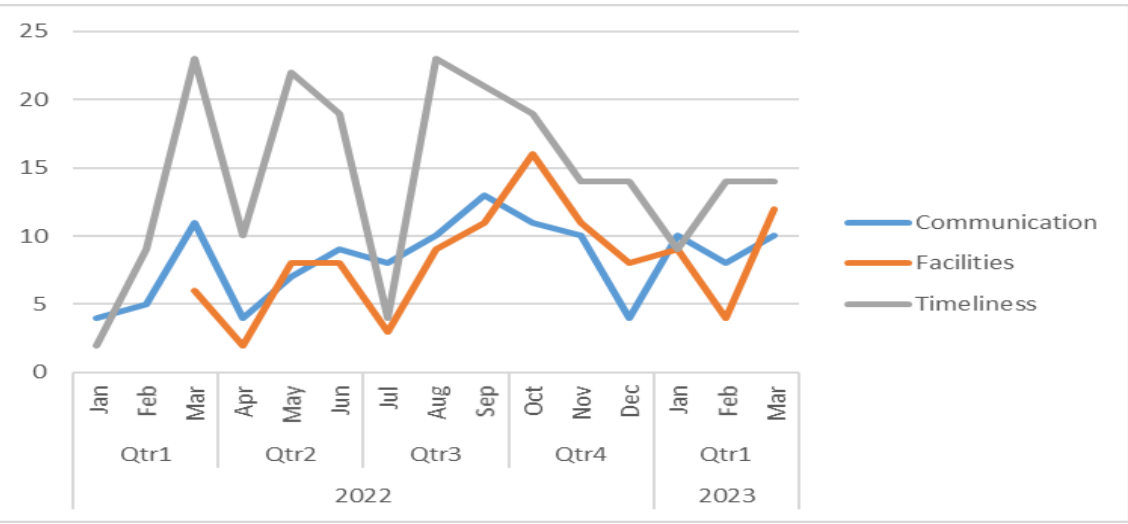
FFT responses Q4 2023	Overall Patient Experience numbers			
	Medicine Division	Surgery Division	F&SS	Corporate (ED)
Very good/ good	96% (1208)	98.4% (488)	97.7% (557)	84% (84)
Poor/ very poor	1.5% (19)	1% (5)	1.1% (6)	14% (14)
Neither good nor poor	2.5% (31)	0.6% (3)	1.2% (7)	2% (2)

Top three FFT positive themes – historic performance



Friends and Family Test comments

Top three FFT negative themes – historic performance



Top three negative themes in Q4 and top contributors

Timeliness (37) patients are reporting very long waits in the hospital for care and treatment and medication.

Communication (28) patients have stated their concerns regarding a lack of information being communicated to them whilst in the hospital about what is happening next or at time conflicting information from staff.

Facilities (25) Inpatients are telling us that the bed spaces are too small and cleanliness could be improved

Timeliness – comments received in Q4

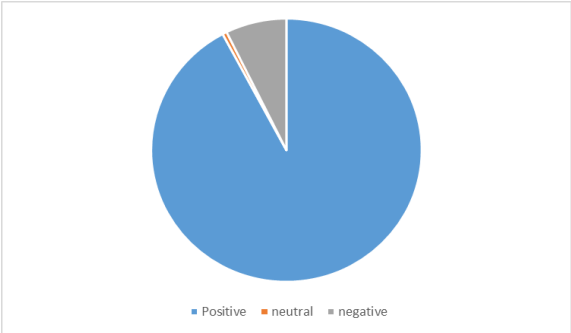
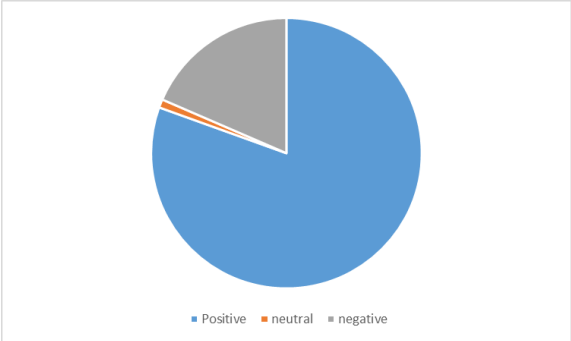
200 comments about timeliness
2 neutral and 37 negative comments – as detailed in the top three negative themes section above.
It is important to note that 161 of the 200 comments were positive - for example, *very prompt and professional, quick and efficient, Everything was punctual, brilliant care.*

All staff friendly and warm both in surgical and recovery. Time keeping was brilliant. **Pain Clinic patient**

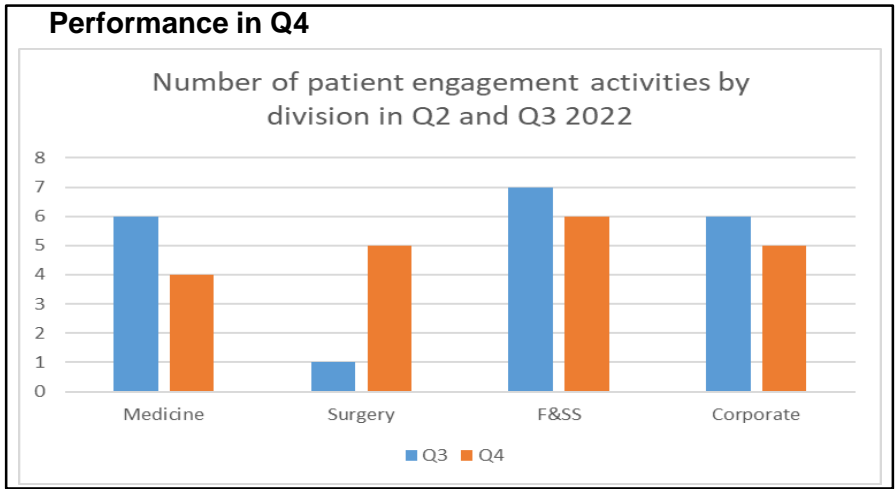
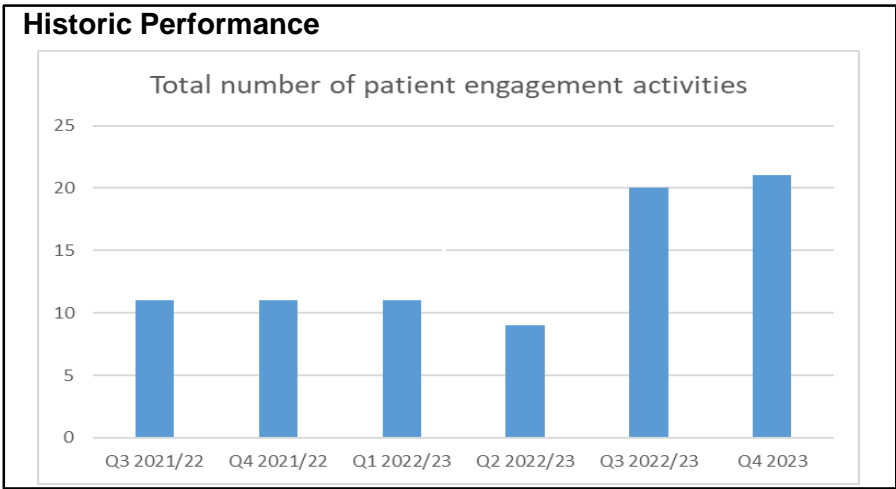
Communication – comments received in Q4

394 comments about communication
2 neutral and 28 negative – as detailed in the top three negative themes section above.
354 of the 394 comments were positive – for example, *information explained clearly, Very considerate, talked through what was happening at all times, Very informative.*

All nurses are amazing and took the time to answer any questions we had and to put our minds at rest. **Family of paediatric patient**



Patient engagement



Engagement activity	Learning	Actions taken as a result of patient feedback	Lead
Family, friend carers survey: Learning Disabilities and Autism	The team found that communication between carers and the LD team should be improved along with a need to simplify joined up care across the MDT.	Regular update emails are sent to the site team, matrons, and discharge team to advise of the current inpatients with learning disabilities to provide wider overview of patient flow A champion's network was launched in March 2023 which will provide: quarterly huddles, monthly updates with advise to staff The team are going to pilot a "Transfer of Care" tool, to improve communication with the team and patient families and carers.	Lois Mitchell, Learning Disabilities and Autism Lead
	Patients felt they were ignored due to not being seen despite self referrals	It is recognised there is not sufficient provision within the team and a business case has been submitted to consider expansion of the service.	Jo Baker, Associate Director of Vulnerable People
	Need to improve person centred care as some carers identified disempowerment	RUHX have kindly provided the LD team £1000 to purchase and create boxes of resources for wards to include sensory toys, distraction tools etc. These resource boxes will be rolled out alongside the champions network. Installation of Changing Places facility following a number of concerns from families about the lack of accessible facilities.	

Patient engagement

Engagement activity	Learning	Actions taken as a result of patient feedback	Lead
Introduction of the Diabetes Ypsomed Pump and App	<p>Patients said that the department should keep pre information clear and concise</p> <p>Patients showed caution for the new pumps and also informed of app connectivity issues</p>	<p>The team simplified the existing pre information so that there wasn't an overload, and shared with the readers panel for feedback before implementing</p> <p>The team created a small cohort of patients to trial the new pump and spoke with the provider to fix the connectivity issues prior to being rolled out to all patients</p>	Sally Wylie, Community Diabetes Specialist Nurse
Patient Experience of the Audiology department	It was identified that it was important to gather feedback from patients to help with strategy work and also to highlight patient's experience of the service.	<p>The team analysed data from PALS, Complaints and FFT to create a patient experience questionnaire, the results of which are currently forming improvements within the department.</p> <p>Patients noted that the waiting area is small and out of sight of staff which could hold safety issues along with no ventilation.</p>	Anna Bassedone, Speciality Support Manager Audiology/ ENT

Areas of improvement by division - 2022-2023

