

Report to:	Public Board of Directors	Agenda item:	8
Date of Meeting:	14 December 2016		

Title of Report:	Quarterly Patient Experience Report
Status:	For information
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Author:	Sharon Manhi, Lead for Patient and Carer Experience Laura Davies, Patient Experience Manager Jenny Evans, Complaints Manager Jess Hughes, PALS Manager
Appendices	Appendix A: Patient and Carer Experience Report – Quarter 2

1.	Executive Summary of the Report
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The Patient and Carer Experience report for **Quarter 2 (July to September 2016)** provides an update on patient and carer experience. The key themes are:

1. **Friends and Family Test (FFT)** – During quarter 2, the Trust received **9948** Friends and Family Test responses. This has increased from quarter 1 where the total was **8565**. In quarter 2 2016, **96%** (9605) of patients who completed an FFT card said that they would be **Extremely Likely/Likely** to recommend the Trust to Friends and Family if they needed similar care or treatment. The positive comments refer to staff and outweigh the negative comments which relate to facilities and timeliness (at discharge, answering call bells and waiting in outpatients).

2. **Patient Experience survey results (from e-Quest)** – during quarter 2 we introduced the first of our quarterly surveys. The quarter 2 survey asked inpatients and outpatients for their views of **how well we communicate and the written information we provide**. All of the **positive responses focus around patient experience of the communication they had with staff on the ward**. The highest number of positive responses referred the staff communication being clear and easy to understand. Unfortunately three of the four questions that received a more **negative response were regarding the written information received by patients on the wards**. The highest negative response was in reference to written information that was unclear and not easy to understand. This patient feedback supports the provision of a project to provide guidance and advice to staff to improve the written information provided to patients and their carers.

3. **Improving written patient and carer information** - the focus for this initial nine-month project is to:
 - a) **Improve accountability** by standardising the approval processes and management of written patient information

- b) **Improve efficiency** by rationalising processes and reducing duplication and subsequent costs
- c) **Improve National inpatient Survey results for written patient information**
- d) **Meet Accessible Information Standards**

4. **An update on Patient Experience activities** to include a **summary of the visit to Northumbria hospital**, feedback from ‘**See it My Way – living with cancer**’

5. **Patient Advice and Liaison Service (PALS)** – there were 814 contacts with the PALS service this quarter. There has been a **5% decrease on the number of contacts from the previous quarter** but the Trust has seen an increase in the number of contacts from last year. 468 of the 814 contacts **required resolution**. The main areas requiring resolution were care and treatment, communication and information and appointments.

6. **Complaints received – 46 formal complaints were received in Q2**. This compares to 56 formal complaints in the previous quarter. There were a particularly low number of complaints received in September 2016. **The majority of complaints refer to ‘clinical care and concerns (29), appointments (5) and staff attitude/behaviour (5)**. From 1st August 2016, the Board agreed a 35 working day response target for all complaints. Performance against this target is included in the report however, further work needs to be undertaken to ensure each complaint is ‘tracked’ on Datix and the recording of meetings is documented. 11 complaints were re-opened in Q2, 5 for the Medical Division, 5 for the Surgical Division and 1 for Women's and Children's. Review of the cases indicated that the complainants presented further questions and requested further written response. Learning and service improvement as a result of patient feedback is included in the report.

Three cases were investigated by the Parliamentary Health Service Ombudsman in Q2. One was not upheld and two were partially upheld.

2.	Recommendations (Note, Approve, Discuss)
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To note progress to improve patient and carer experience at the RUH.	
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3.	Legal / Regulatory Implications
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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	
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4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
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A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.

5.	Resources Implications (Financial / staffing)
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Improving patient and carer experience is dependent on meeting the agreed nurse staffing levels across the Trust and sufficient IT resource to continue to develop and refine e-Quest – the Trust's patient feedback system.

6.	Equality and Diversity
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Ensures compliance with the Equality Delivery System (EDS).

7.	References to previous reports
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Monthly Quality Reports to Management Board and the Board of Directors and the Patient Experience Quarterly reports to Quality Board and the Board of Directors.

8.	Freedom of Information
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Public.

Patient and Carer Experience Summary report

Quarter 2 - July to September 2016

Everyone
Matters
Working
Together
Making a
Difference

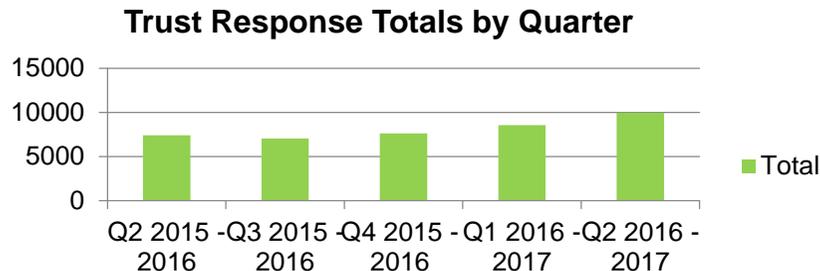
Quarter 2: Friends and Family Test (FFT) Responses

Response total for all services

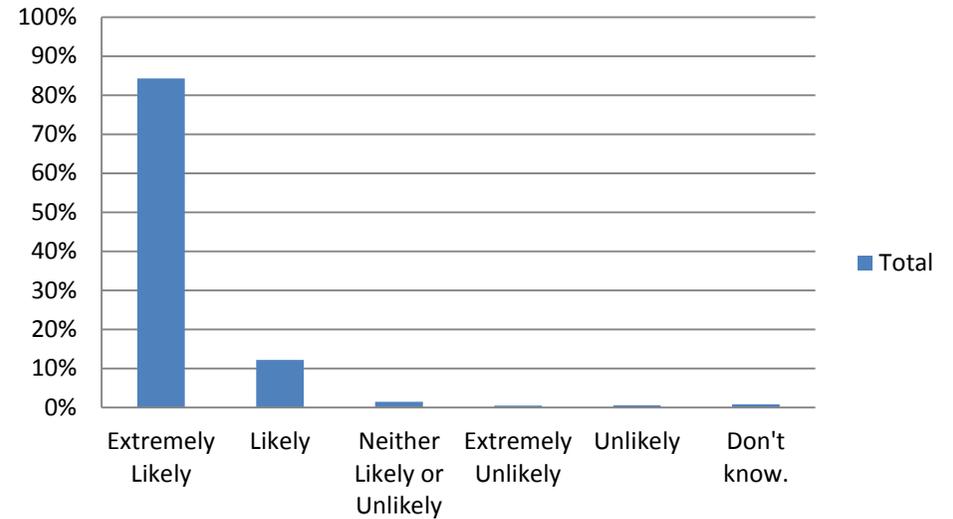
During quarter 2, the Trust received **9948** Friends and Family Test responses. This has increased from quarter 1 where the total was **8565**. The distribution for quarter 2 across Trust services is as follows:

Service	Quarter 2 Response Totals	Increase/Decrease in Responses from Quarter 1	Distribution of Quarter 2 Trust Response Total
Emergency Department	2978	↑ 1364	30%
Inpatient / day case	3486	↑ 300	35%
Maternity services	879	↑ 98	9%
Outpatients	2605	↓ 351	26%

There has been a 13% increase in the number of FFT responses compared to quarter 1 this year. This continues an increasing trend since quarter 3 2015. However there was a 12% decrease in the number of outpatient responses.



Distribution of Recommendation Responses



In quarter 2 2016, **96%** (9605) of patients who completed an FFT card said that they would be **Extremely Likely/Likely** to recommend the Trust to Friends and Family if they needed similar care or treatment. The **Extremely Likely/Likely** percentage recommendation has remained stable, between **95% - 97%** since quarter 2 2015.

Quarter 2: Friends and Family Test (FFT) Responses – Inpatient & Day case

Inpatient and Day Case Experience

The majority of inpatient comments are **compliments** referring to the **Attitudes and Behaviour of ward and support staff** e.g.
‘Friendly staff, empathetic doctor who was reassuring when I explained I was feeling scared’

Analysis of inpatient comments shows the overall theme for **Areas to Improve** as **Resources**, The largest proportion are referring to **Staffing levels**, e.g.

‘Staff levels were low and constantly managing understaffed was not only having obvious impact on staff morale but also on care and treatment being provided’

‘Not enough staff to answer buzzers quickly leading me to have ‘accidents’

Responsiveness to call bells is included in the Ward Accreditation programme and will be included in the matron survey.

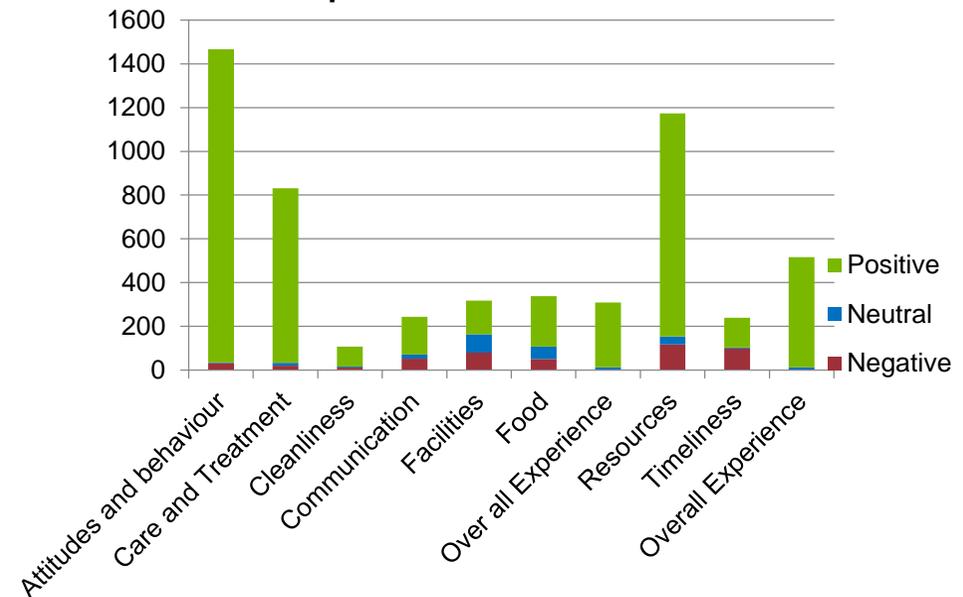
Timeliness is the next significant **Area to Improve**, the largest proportion of comments within **Timeliness** refer to **Discharge - waiting to go, prescriptions, pharmacy**, e.g.

‘Long wait for discharge’

‘Why does it take so long for medication when discharged?’

This information is shared with the Discharge Project Board.

Inpatient FFT Theme Totals



Quarter 2: Friends and Family Test (FFT) Responses – Emergency Department and Maternity

Emergency Department (inc MAU & SAU) Experience

The majority of ED patient comments are **compliments** referring to the **Attitudes and Behaviour of staff** e.g.

‘HCA was very helpful, fun and informative’

‘Service was absolutely fantastic, staff were warm, concerned and careful’

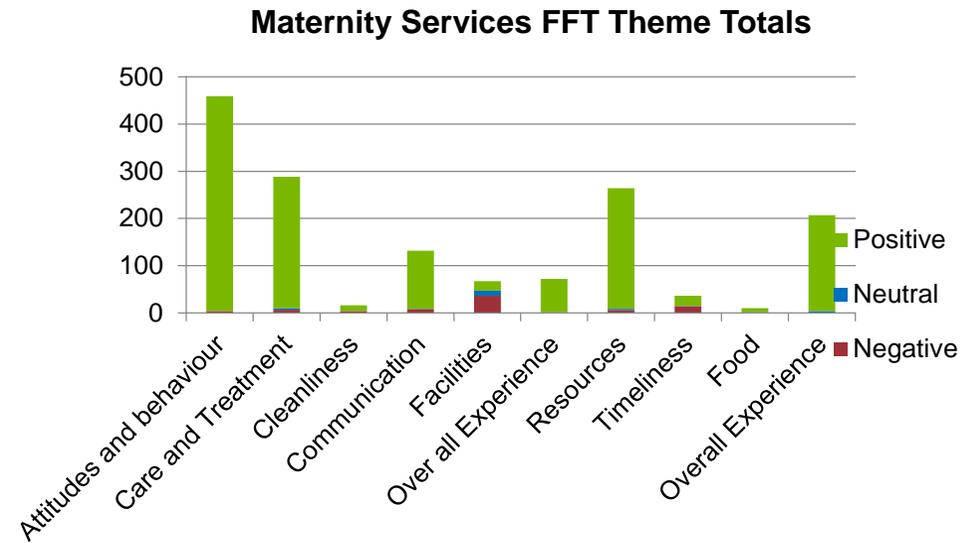
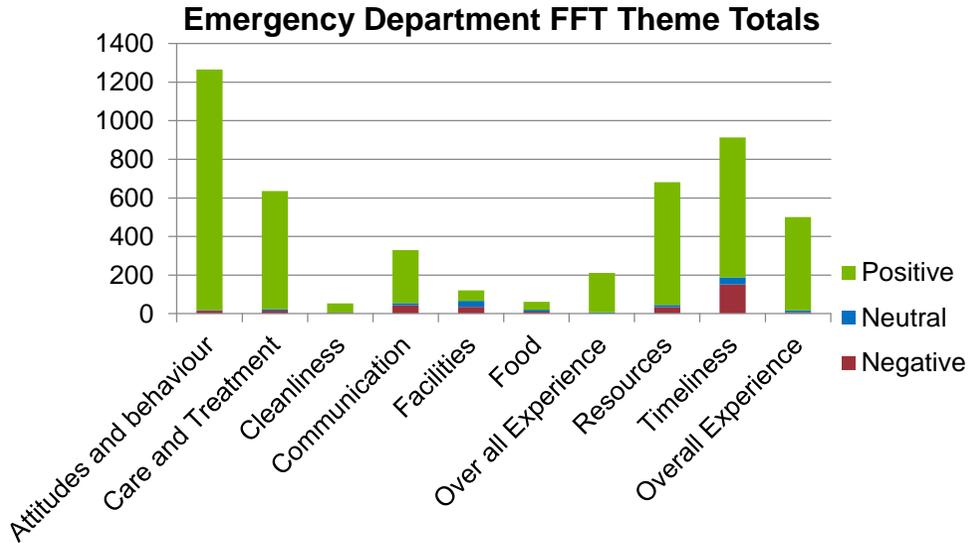
Analysis of ED comments shows the overall theme for **Areas to Improve** as **‘Timeliness’ - waiting to be seen**, however positive comments outweigh negative comments .

Maternity Services Experience

The majority of Maternity service comments refer to the **attitudes and behaviour of staff**. The largest proportion of **compliments** refer to the **Attitudes and Behaviour of staff** e.g.

‘Staff were very warm and welcoming’

Analysis of comments show the overall theme for **Areas to Improve** as **Facilities** - The two main areas are **toilets** in the RUH Antenatal Clinic and **parking** outside Antenatal Clinic which continues from quarter 1. The new car parking system allows visitors to the RUH to pay on exit.



Quarter 2: Friends and Family Test (FFT) responses - Outpatients

Outpatient Experience

The majority of **Outpatient** comments **compliments** refer to **Attitudes and Behaviour of staff** e.g.

'The staff have been very friendly and approachable'

'To be received for interview with good grace and understanding was very satisfying and very commendable. Thank you'

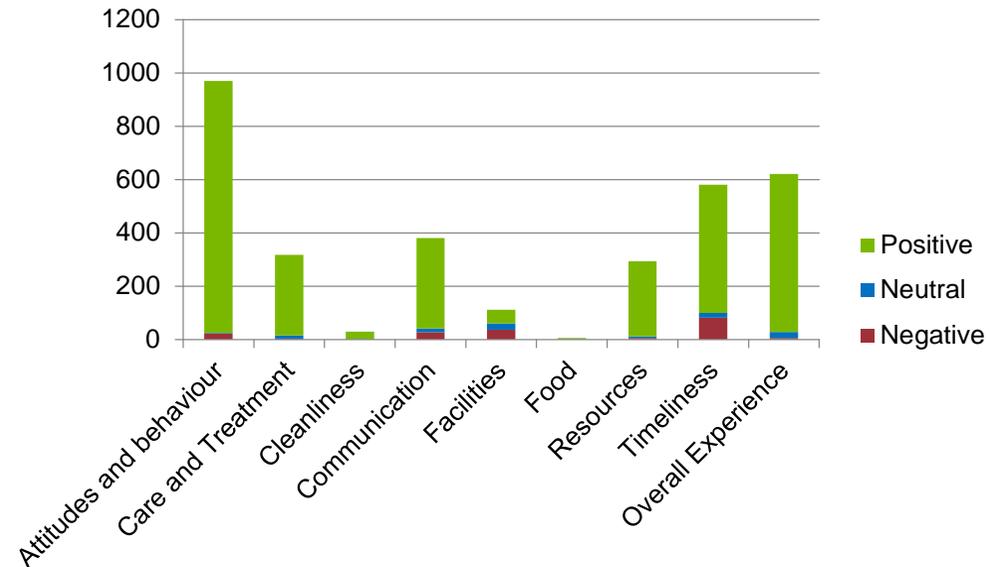
Analysis of comments shows the overall theme for **Areas to Improve** as **Timeliness - waiting in clinic areas**, e.g.

'Usual issue of time being seen having no relation to time of appointment'

'Booked appointment for 2.30, it's 3pm and I still haven't been seen. I'm here every two weeks and they're never on time! Bad'

The information is shared with the Outpatient Steering group. The recent 15 steps initiative, which involved patients and carers, has drawn on patients' experiences, including the waiting at appointment, to work on improvement.

Outpatient FFT Theme Totals



The Patient Experience Team and Patient Experience Volunteers continue to support the completion of Friends and Family Test cards across the Trust. The Team is aiming to increase this support and is advertising through the RUH Membership Office for dedicated Patient Experience Volunteers who will work across wards and outpatient departments to support the collection of patient and carer experience through FFT and local patient and carer surveys.

Quarter 2: RUH Surveys - Summary

During quarter 2 the first quarterly survey focused on **Communication and Information**. This was highlighted as an area for development by the Picker Inpatient Survey 2015. The following information obtained from the surveys will focus on those questions with the highest percentage of positive responses and those with highest percentage of negative responses. **215** Inpatient and **84** Outpatient surveys were completed.

Inpatient Communication and Information Survey

Positive responses

Q1. Did staff communicate with you in a way that was clear and easy to understand? Of the 215 inpatients that completed the survey **92.56%** (199) responded, 'Yes, definitely'

Q3. Did you feel able to ask questions? **92.96%** (198) responded 'Yes, definitely'

Q6. Did you feel staff communicated effectively with each other regarding your care and treatment? **86.14%** (174) responded 'Yes, definitely'

Areas for Improvement

If required, were you given written information that was clear and easy to understand? **34.69%** (34) responded 'No'

Yes, definitely	Yes, to some extent	No
59.18%	6.12%	34.69%

If required, were you given written information in the way/format that supported your needs? **19.72%** (14) responded 'No'

Yes, definitely	Yes, to some extent	No
71.83%	8.45%	19.72%

Were you given the right amount of written information about e.g. your condition, medication, discharge, etc?

Yes, definitely	Yes, to some extent	No
71.05%	10.53%	18.42%

Did staff talk about you in front of you as if you weren't there? (30) responded 'Yes, definitely'

Yes, definitely	Yes, to some extent	No
13.95%	9.30%	76.74%

Quarter 2: RUH Surveys Summary

This patient feedback supports the provision of a project to provide guidance and advice to staff to improve the written information provided to patients and their carers.

The visit to wards by members of the Patient and Carer Experience group in November will focus on the provision of written information. The members will be asking patients more specific questions about the provision of written information.

Outpatient Survey

Positive Responses

As in the Inpatient Survey question 3 and question 1 have the highest positive response percentage.

Q3. Did you feel able to ask questions? Of the 84 outpatients that completed the survey **97.59%** (81) responded **‘Yes, definitely’**

Q1. Did staff communicate with you in a way that was clear and easy to understand? **96.39%** (80) responded **‘Yes, definitely’**

Q4. Did you get answers that you could understand? **94.87%** (74) responded **‘Yes, definitely’**

Areas to improve

Q2. If required, was support provided to communicate with staff?
 Of the **84** outpatients that completed the survey **31.71%** (13) responded **‘No’**

Yes, definitely	Yes, to some extent	No
60.98%	7.32%	31.71%

Q7. Did staff talk about you in front of you as if you weren't there?
18.29% responded **‘Yes, definitely’** (15)

Yes, definitely	Yes, to some extent	No
18.29%	4.88%	76.83%

Quarter 2: RUH Surveys

Q10. Were you given the right amount of written information about e.g. your condition, medication, discharge, etc?

Yes, definitely	Yes, to some extent	No
79.25%	3.77%	16.98%

Q8. If required, were you given written information that was clear and easy to understand?

Yes, definitely	No
83.33%	16.67%

Q9. If required, were you given written information in the way/ format that supported your needs?

Yes, definitely	Yes, to some extent	No
77.50%	7.50%	15.00%

The main focus for improvement across inpatient and outpatient services relates to the following questions:

- Did staff talk about you in front of you as if you weren't there?
- Were you given written information that was clear and easy to understand?
- Were you given written information in the way/ format that supported your needs?
- Were you given the right amount of written information about e.g. your condition, medication, discharge, etc?

This patient feedback supports the project to provide guidance and advice to staff to improve the written information provided to patients and their carers.

The results for the inpatient and outpatient surveys have been sent to the Matrons to review and agree priorities for improvement.

Quarter 2: Patient and Carer Experience Report – NHS Choices and Patient Opinion Websites

NHS Choices website reviews from patients and their carers (Patient Opinion covers the same reviews as posted on NHS Choices)



Based on 158 ratings for this hospital (snapshot as of 17/10/2016)

Cleanliness



(160 ratings)

Staff co-operation



(163 ratings)

Dignity and respect



(164 ratings)

Involvement in decisions



(164 ratings)

Same-sex accommodation



(127 ratings)

During quarter 2, 27 patients provided feedback about RUH services, received during July, August and September 2016, through NHS Choices reviews and ratings:

21 of the 27 comments were positive. 23 comments included a star rating and of these 18 rated the RUH with five stars. Of the positive comments seven were in reference to the Emergency Department (ED) and four for Cardiology. Two positive comments were in reference to the Ankylosing Spondylitis (AS) course at the RNHRD, Poultney Ward and Ophthalmology. One positive comment each for the Children's Ward, Breast Unit, ENT, Urology, Maternity, Gynaecology Ward, Orthopaedics, Acute Assessment Unit and Colorectal Cancer Service. *(Note: some patients and their carers referred to more than one service in their comment.)*

Of the 21 positive comments 18 were regarding staff attitude and behaviour, two about the care and treatment provided and one about timeliness. Examples of the comments:

“At all times, in all departments and by all staff, I was treated with dignity, respect and consideration. I cannot praise the RUH too highly. Thank you for looking after me so well.”

“From the moment I arrived I was given excellent care and service. Every member of staff, from the cleaner to the surgeon, were polite and caring.”

“I was seen quickly. Given a full examination with blood tests and X-ray. Treated appropriately. Thank you all so much.”

There is no theme to the six negative comments. They refer to waiting time in ED, delay in receiving a dermatology clinic letter, cancellation of an operation, an RNHRD outpatient appointment, cleanliness of the RUH building, and the attitude and behaviour of one member of the administration team in ED.

Quarter 2: Patient and Carer Experience - Improving written patient and carer information

Improving written patient and carer information

During quarter two the Patient Experience Team initiated a project to support staff to improve the written information provided to patients and their carers.

Project Aims:

- **Improve accountability** – clarify and standardise approval processes and management of written patient information through a central audit and written information system
- **Improve efficiency** – rationalise processes and reduce duplication and subsequent costs
- **Improve National In-Patient Survey results** - for written patient information
- **Meet Accessible Information Standards** – centralised process to provide information.



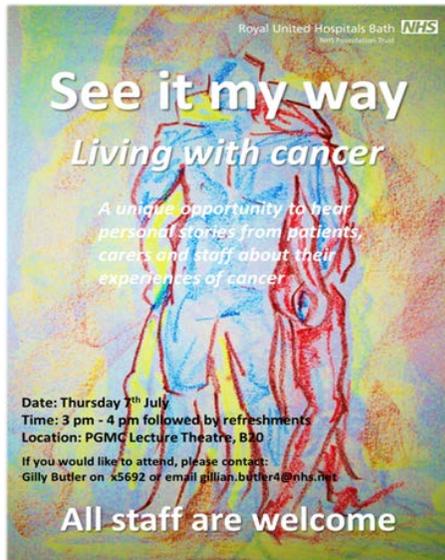
Quarter 2: See it My Way – ‘living with Cancer’ 7th July 2016

The **See it My Way – living with Cancer** event took place on 7th July. It was well-attended and the feedback from staff was very positive. 30 staff completed feedback forms. Staff were asked what they had learned from the session and what they would do differently as a result. These are some of the comments:

‘Remember the importance of emotional support for cancer survivors.’

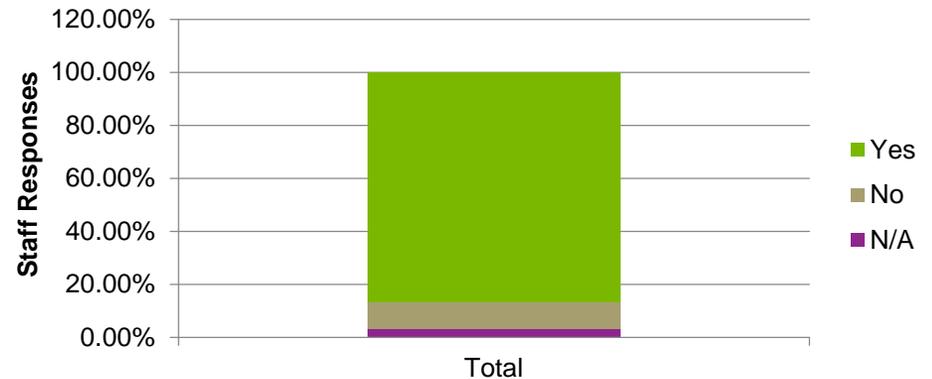
‘Recognise that portacath insertion may be incredibly painful for some patients.’

‘lack of join up/knowledge of outpatient and community based services for cancer survivors’

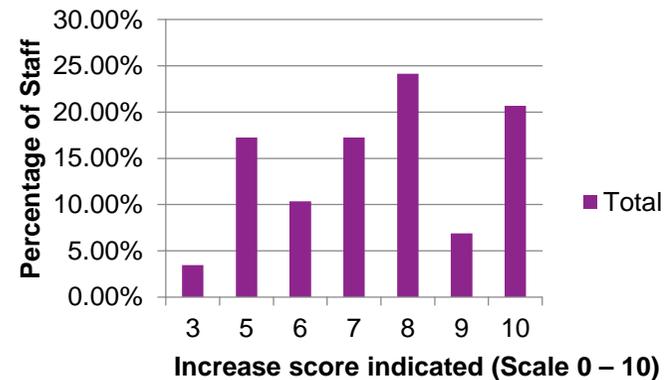


Staff Feedback

Changing or Improving the way staff do things as result of session

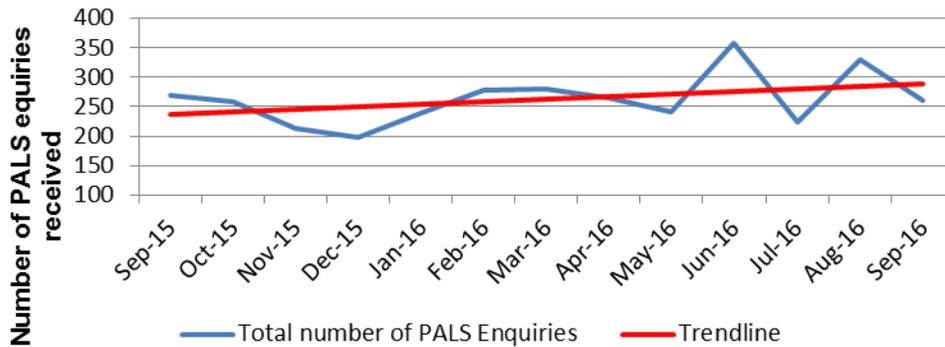


Increase in Knowledge & Understanding



Quarter 2: Patient Advice and Liaison Service (PALS) Report

Total number of PALS enquiries



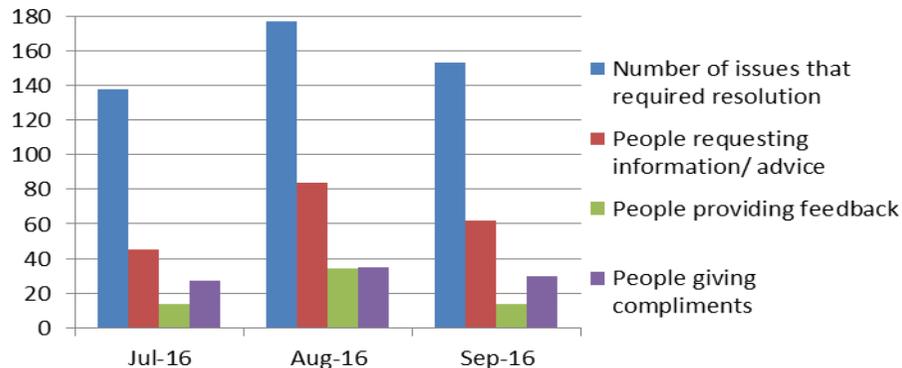
In quarter 2 2016, PALS received 814 enquiries. This is a 5% decrease in contacts from the previous quarter (865) but a notable increase from quarter 2 in 2014 and 2015:

Q2 2014 – 465

Q2 2015 – 759

During this quarter 468 of the 814 contacts **required resolution**. This is an increase on the previous quarter when 340 contacts required resolution. Further review of the data shows the increasing complexity of PALS contacts with clinical care and concerns from patients and their families showing a particular increase. The PALS team continue to support patients and staff on the wards to resolve issues at the point of contact, rather than patients having to go through the formal complaints procedure. Further details of this are on the next page.

Types of PALS enquiries received



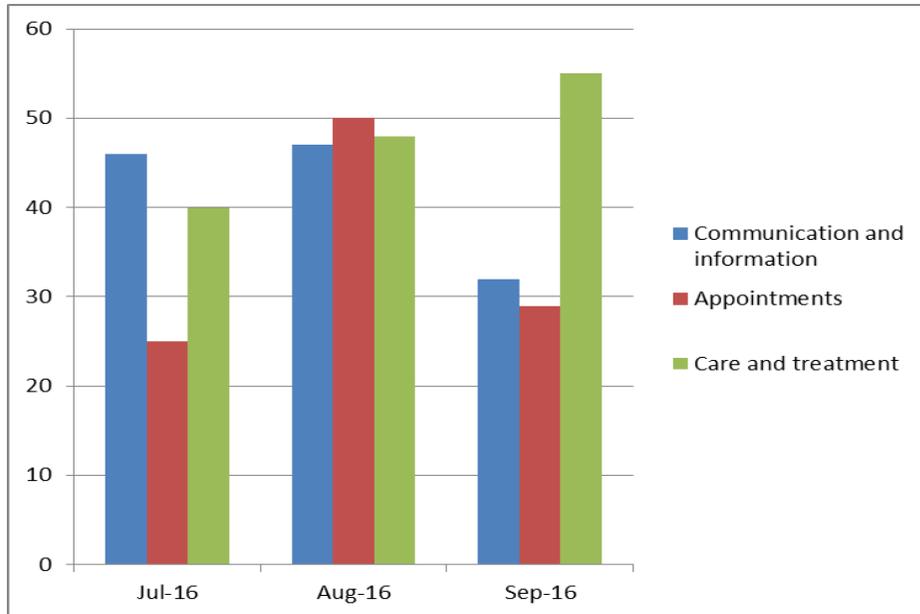
Of the 191 people who contacted PALS for **information or advice**, 94 were in regard to communication and information and 57 were in reference to clinical care. There are no trends in these requests.

62 people **provided feedback** to the PALS service regarding six service areas, for example: communication and information, clinical care, and the premises.

During quarter 2, 92 people (11.3%) provided PALS with **compliments** about the service they received from the RUH. Of these, 85 compliments referred to staff attitude and behaviour, in particular the caring and kind behaviour shown to them by staff.

Quarter 2: Patient Advice and Liaison Service (PALS) Report

Top three subjects requiring resolution



Care and treatment (38.4%)

Patient contacts regarding care and treatment has shown a month on month increase over the quarter. This trend has continued from the previous quarter. Further analysis of the contacts shows that patients/carers are dissatisfied about aspects of care, in particular the number of nursing staff on duty and the length of time taken for staff to respond to patients needs, and waiting for medication. This is similar to the feedback from the FFT responses and the pressure on the nursing staff on the wards.

Of the **143 contacts** regarding care and treatment, 49 related to wards – 36 medical, 8 surgical and 5 for Women and Children.

29 contacts related to outpatients – no particular themes/trends have been identified.

Communication and information (33.6%)

Of the 125 contacts about communication and information 49 (39.2%) were in regard of quality and patient safety. Updating incorrect patient demographic information was a common recurrence.

Appointments (28%)

Of the 104 contacts about appointments, 54 (52%) were regarding appointments and operations in the Surgical Division. Of these, 31 related to appointment and operation time, date and location. It is anticipated that when the Patient Portal is operational that patients and their families will be able to review their appointments online and notify staff of any appointments that are not convenient/need to be rearranged. Work to develop the Patient Portal is expected to take place next year.

Quarter 2 Complaints Report – numbers received

Formal complaints received in Q2 2016/17

In Q2 the Trust received 46 formal complaints:

- 19 Medical Division
- 20 Surgical Division
- 4 Women and Children's Division
- 1 Estates and Facilities
- 2 Quality Patient Safety

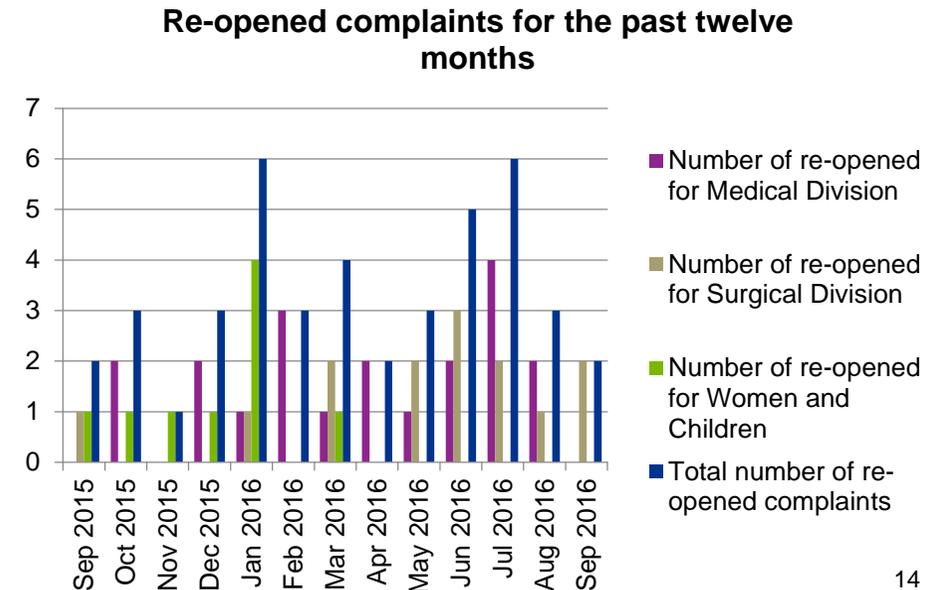
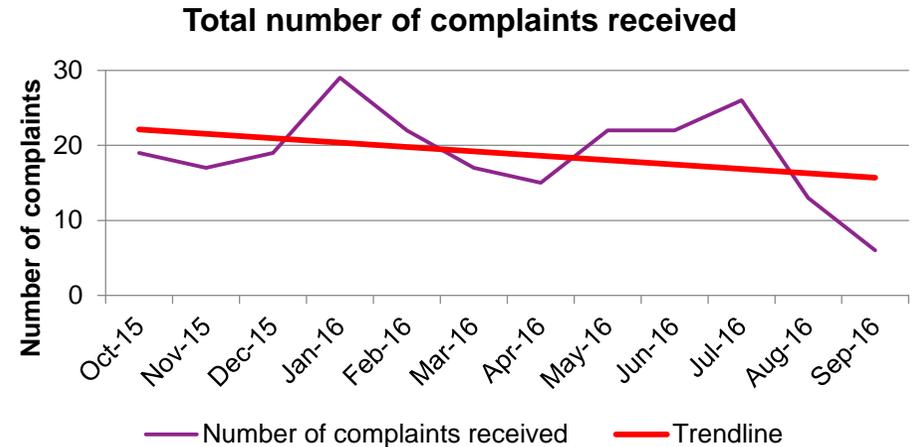
Number of complaints by Quarter/Year

Year	Q1	Q2	Q3	Q4	Total
2013/14	110	117	97	61	385
2014/15	86	81	75	68	310
2015/16	100	82	55	66	303
2016/17	56	46			

The table above shows there is a significant decrease in the number of formal complaints received in Q2 compared to the same quarter in 2015/16.

Reopened Complaints in Q2 2016/17

11 complaints were re-opened in Q2 2016/2017, 6 for the Medical Division and 5 for the Surgical Division. Review of the cases indicated that people raised further questions and requested further written response.



Complaint by subject

Complaints- Subjects	Number
Clinical care and concerns	29
Appointments delay/cancellation	5
Attitude of staff	5
Admissions, discharge and transfer arrangements	2
Communication/information	1
Bereavement	1
Complaint Handling	1
Car Parking	1
Patient Property	1
Total	46

Clinical Care and Concerns	Number
Inappropriate care and treatment	11
General Enquiry	10
Quality/Concerns regarding Medical Care	3
Lack of pain management	2
Treatment against will	1
Quality of aftercare	1
Treatment didn't have expected outcome	1
Total	29

Ward Area	Subject	Number
Cardiac Ward	Clinical Care and Concerns	3
Mary Ward	Clinical Care and Concerns	3
Acute Stroke Unit	Admissions/Transfer	1
	Patient Property	1
Haygarth Ward	Staff Attitude	1
Pulteney Ward	Staff Attitude	2
Respiratory Ward	Clinical Care and Concerns	1
Surgical Admissions Unit	Clinical Care and Concerns	1
Total		13

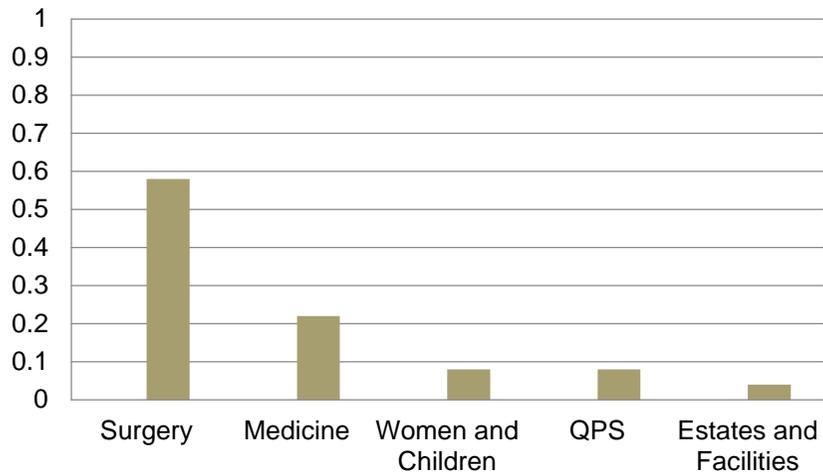
Outpatient Service Complaints

30% (14) of the complaints received in Q2 relate to outpatient services. **14%**(2) related to the Medical Division, **72%**(10) related to the Surgical Division and **14%** (2) related to Women and Children's Division. The subjects for outpatient complaints across all Divisions for Q2 are very similar to those reported in Q1, that is clinical care and concerns, appointments and staff attitude.

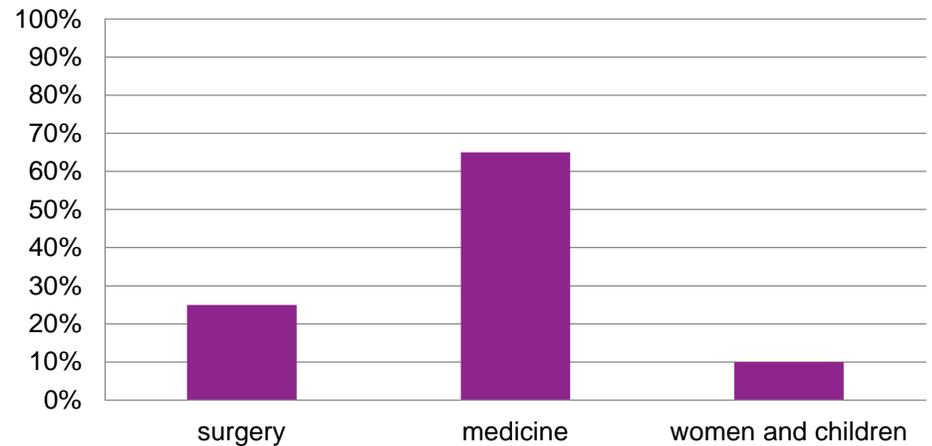
Subject	Sub-subject	Number
Admission (Pre-admission)	Cancellation of admission	2
Appointments	Cancellation of appointment	3
	Length of time for new appointment	1
Clinical Care and Concerns	Lack of pain management	1
	Inappropriate care and treatment	1
	General Enquiry – Clinical Care	4
	Quality/ concerns medical care	1
Staff Attitude and Behaviour	Inappropriate/insensitive information/diagnosis	1
Total		14

Complaints Report – Complaint by subject and Response rate

**Within 25 working days Q2 complaints
 (01/07/2016-31/07/2016)**



**Within 35 working days complaints
 01/08/2016-30/09/2016**



The response targets for complaints changed on 1st August 2016 and the above tables reflect this new target. In quarter 3, we will be able to analyse the data in a more effective and meaningful way.

Parliamentary Health Service Ombudsman (PHSO) report

PHSO Summary for the Trust

The table below shows the number of complaints received by the PHSO, how many were investigated and the outcome of the investigation.

Quarter	Complaints received	Accepted for Investigation	Partially or fully upheld	Not upheld
Q1 2015-16	7	2	0	1
Q2 2015-16	7	0	1	2
Q3 2015-16	6	2	2	0
Q4 2015-16	8	7	0	0
Q1 2016-17	1	1	0	0

PHSO report - October to December 2015

The Trust was cited in the above report by the PHSO. The case goes back to 2012, and the PHSO investigation found that the **'Trust did not tell the family that the patient had fallen in hospital'**.

The PHSO found that the Trust failed to tell the family about the patient's fall and delayed telling the family about her decline. It also didn't carry out the appropriate neurological observations. Nursing records were unclear, documentation and treatment was poor, and there was a lack of monitoring of the patient. This resulted in unnecessary distress for the family and they felt let down by the Trust. However, the PHSO found that there was no clinical impact on the patient as a result of the failings identified. The Trust had previously apologised to the family.

Investigations by the Parliamentary and Health Service Ombudsman (PHSO) in Q2, 2016/17 for RUH

Three cases were investigated by the PHSO in quarter 2.

1. Women and Children's Division - this **case was partially upheld** due to the delay of the baby's post mortem and the way the complaint was handled. The Trust have been advised to make a payment of £900 to reflect the impact on the family of the failings identified.
2. Medical Division – this **case was not upheld**. The investigation found that the care and treatment provided by the Trust was appropriate and in line with established good practice.
3. Surgical Division – this **case was partially upheld**. The case was unusual and involved the mortuary. This was not investigated as a formal complaint however the Trust did undertake an internal investigation. It was felt that the absence of a formal complaint meant that a number of questions raised by the family went unanswered.

Quarter 2: Learning and service improvement from complaints

Issue	Division	Lessons learned
A CT head scan was not performed and the patients family were not aware of discharge	Medical	Ensure that staff communicate all appropriate clinical information to the next of kin, in particular the arrangements regarding discharge.
Family felt hospital interfered in their arrangements for a care home for a patient	Medical	To listen to concerns highlighted by the families of patients and be explicit when discussing the costs of care or if it has been planned by other organisations, ensure that hospital staff pass on the correct information.
Patient was denied pain killers following a motorbike accident and had issues surrounding referral waiting times after being an inpatient.	Surgery	In the case of patients who are admitted/discharged within 24 hours, the patient's name will remain on the trauma list until the patient's case has been presented at the trauma meeting to the on call consultant. Therefore a consultant will always make the decision as to whether or not further management is required e.g. investigations or follow up.
Patient concerned regarding the extent of bruising following surgery and the length of time for the outpatient procedure.	Surgery	Full explanation of the type of surgery that will be undertaken to be provided and for hospital staff to check that the patient understands this.
Baby swallowed a foreign object and family wanted to know why no other procedure was performed other than an x-ray	Women's & Children	Any child presenting to the Paediatric Assessment Unit on three occasions with the same problem will receive a Consultant opinion. The importance of listening to parents and their concerns is also a lesson learned from this.
Misdiagnosis of a patient's condition by Consultant Paediatrician.	Women's & Children	The Division is working more closely with St Michaels Hospital, Bristol and is running a number of joint clinics, these will further increase in 2017. This includes Consultants from both Trusts working alongside each other in a local shared care clinic. In addition, an anonymised case study has been added to training for Paediatric Junior Doctors as a learning across the trust.