

Report to:	Board of Directors	Agenda item:	11.0
Date of Meeting:	24 th June 2020		

Title of Report:	Improving Patient and Carer Experience Report – Quarter 4
Status:	For information
Board Sponsor:	Lisa Cheek, Director of Nursing and Midwifery
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Appendices	Appendix A: Improving Patient and Carer Experience Report – Quarter 4

1. Executive Summary of the Report

The Patient and Carer Experience report for **Quarter 4 (January to March 2020)** provides an update on patient and carer experience. The report provides a Trust wide overview. More detailed analysis by Division and outpatients is provided to the Divisional Governance Leads for information and action.

- 1. Friends and Family Test (FFT)** –the Trust received **5,090 Friends and Family Test responses**. This is a **decrease of 25%** compared to Q3 (6765). Overall, inpatient wards achieved a 25% response rate with 97% of patients reporting a positive experience. This is below the Trust target of 30%. The **Emergency department response rate was 4%** (94% recommendation rate). **Medical Assessment Unit and Surgical Assessment Unit response rates were 10% and 11%** (97% recommendation rate) **which is below the Trust target of 15% target. The response rate in Maternity improved this quarter to 22% compared to 14% last quarter** (98% recommendation rate).

The comments are categorised by sentiment and a comment may be broken down into more than one category. This information is included in the report on page 1. **Attitudes/behaviour and resources** have the **highest number of positive comments with facilities and timeliness** having the **highest number of negative comments**. This remains the same areas for Q3.

- 2. Patient Advice and Liaison Service (PALS)** – There were **994 enquiries** this quarter compared to 873 in Q3. The **‘top 3 subjects’** requiring resolution were **appointments, communication and information and clinical care and concerns**.
- 3. Complaints received** – **74 formal complaints were received** this quarter. This is an increase from 69 in Q3. (Medicine 44 ↑12; Surgery 22 ↓; Women and Children’s 7 ↓6; Corporate 1 – same as Q3). This is a **7% increase from Quarter 3 19/20**.

8 complaints were re-opened this quarter, compared to 9 in Q3. (Medicine

Division 2, Surgery Division 5, Women and Children's Division 1.)
No new complaints were opened for investigation by the Parliamentary Health Service Ombudsman (PHSO).

Actions taken as a result of complaints investigated are also included in this report.

4. **'See it my way - living with and beyond cancer'** took place on **25th February 2020**. The event was filmed and will be used for staff training and education.
5. A brief summary of the first **Patient Experience awards** is also included in the report.

2. Recommendations (Note, Approve, Discuss)

To note progress to improve patient and carer experience at the RUH.

3. Legal / Regulatory Implications

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

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)

Improving patient and carer experience is impacted by nurse staffing levels and the capacity of the Patient Experience team to support the teams going through the Bath Improvement System.

The impact of COVID-19 has meant that volunteers no longer support patients and their families on the wards – Friends of the RUH volunteers in wards/departments, Friendly Faces (Alzheimer's Society), Compassionate Companions (Dorothy House) and Art at the heart musicians. This has had a negative impact on patient experience together with restrictions on visitors.

6. Equality and Diversity

Ensures compliance with the Equality Delivery System (EDS).

7. References to previous reports

Monthly Quality Reports to Quality Board and the Board of Directors and the Patient Experience Quarterly reports to Quality Board and the Board of Directors.


8. Freedom of Information

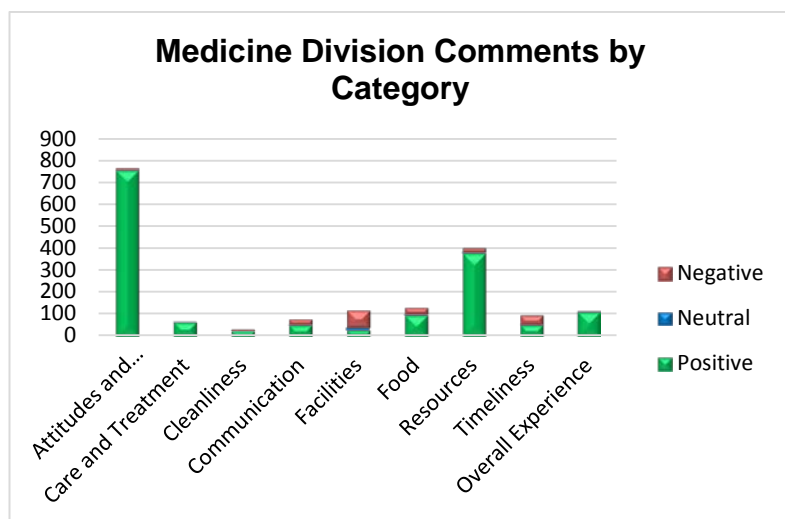
Public.

Friends and Family Test Trust overview

Comment				
Categories	Positive	Negative	Neutral	Total
Attitudes and behaviour	2537	20	2	2559
Care and Treatment	155	2	1	158
Cleanliness	74	14	1	89
Communication	302	102	5	409
Facilities	129	203	21	353
Food	153	60	9	222
Resources	998	40	5	1043
Timeliness	297	114	2	413
Overall Experience	310	2	2	314
Total	4955	557	48	5560

89% of the total number of comments were positive, of those 51% were regarding positive staff attitudes and behaviours. Frequently used words to describe staff – *Friendly, helpful, caring, kind, efficient, welcoming and reassuring*. This is reflected in the comments across all Divisions and outpatient departments.

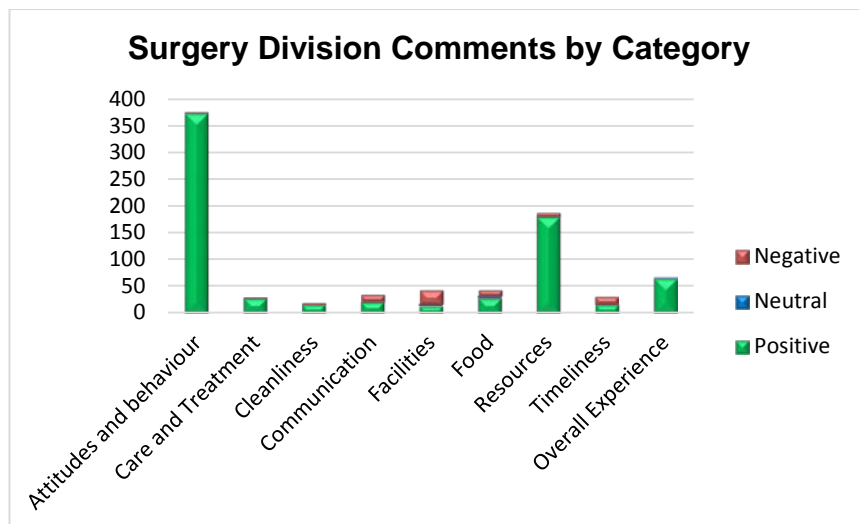
On 15th March, due to the COVID-19 pandemic, the collection of FFT cards from wards and departments was stopped. However, the Patient Experience Team have been working in conjunction with the Communications Team to introduce 'Feedback Friday'. Using social media and the RUH website we are encouraging patients and families to feedback about their recent experience hospital. This is the information that patients/families see  *'While some of the interactions patients have with the hospital are currently conducted over telephone and video call, we are still listening and want to hear from you about your recent experiences. Tell us about your experience.'* www.ruh.nhs.uk/FFT



Areas to improve: **Facilities**

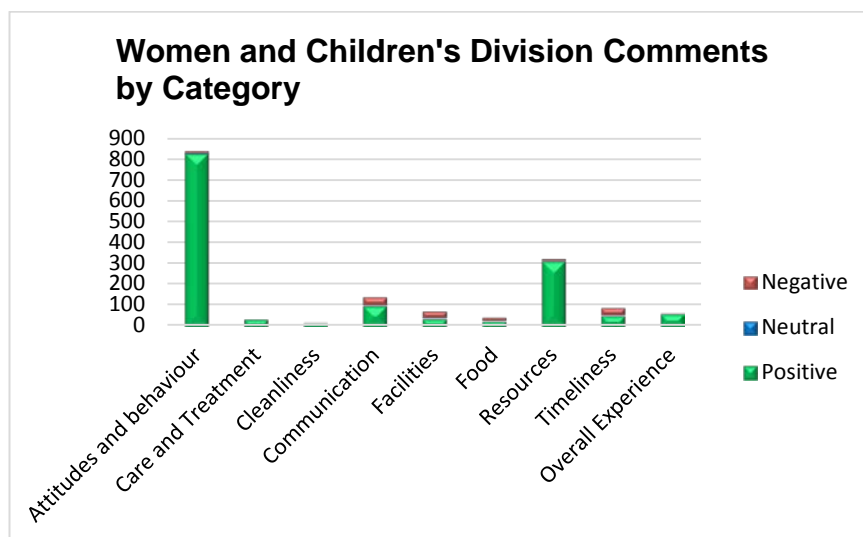
- Noise and noise at night e.g. building work, machines/equipment, staff and other patients
- Ward temperature – cold at night

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Areas to improve: Facilities

- General noise and noise at night (cause not identified)
- Maintenance of bathrooms and toilets
- General updating of ward décor



Area to improve: Communication

- Lack of communication between staff groups
- Problems with communication between staff & patient/parent
- Lack of/conflicting/confusing/timing of information

Area to improve: Timeliness

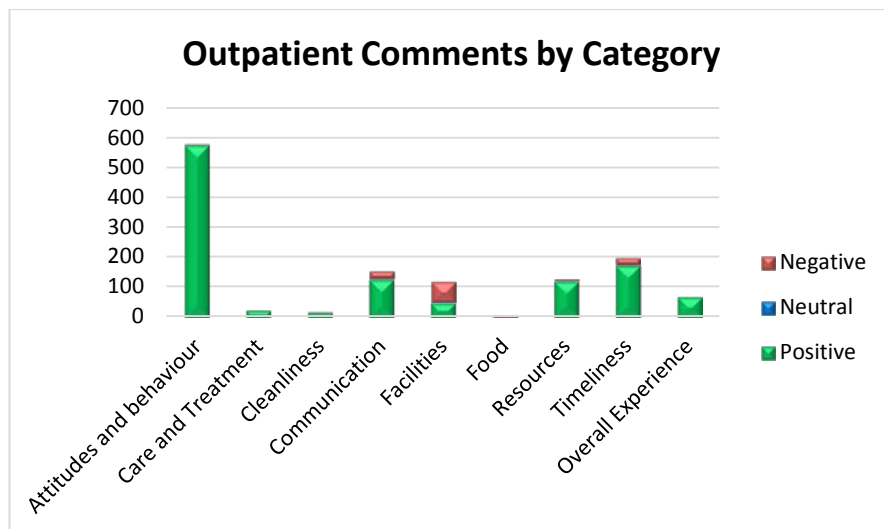
- Non-specific waiting
- Waiting for pain relief/medication

Actions taken to improve patient experience

The Estates and Facilities review the feedback from FFT. This includes regular updates in patient areas regarding building works and use the information to prioritise upgrades to bathrooms/toilets. The Medical Physics team have also undertaken 'noise at night' assessments on MAU and SAU and actions to reduce the noise at night is being taken forward by the Respect and Dignity group.

Communication on the Children's ward is included in the work on the ward as part of the 'Improving Together' programme.

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Area to improve: Facilities

- Lack of Parking

Phase 1 – launching FFT electronically online – 1st July 2020

The national implementation of the new FFT due to be re-launched on 1st April was delayed due to the COVID-19 pandemic. A new question replaces the original FFT question about whether people would recommend the service they used to their friends and family. The replacement question invites feedback on the overall experience of using the service and patients and their families can feedback on multiple occasions. The Trust has combined this question with 3 additional questions linked to the objectives of being a ‘*listening organisation, patient-centred and compassionate.*’

The focus will be less on targets (there is no response target) and more on how hospitals evidence that they are listening to patients and making improvements as a result of patient/family feedback.

From 1st July, the Trust will launch the new FFT online – via Facebook, Twitter, Website, TV screens, posters for patients, daily brief for staff and then build up the communications over July and August so we can produce useful reports for staff from the beginning of September. The icons below have been developed for each of the areas. – Emergency department, maternity, outpatients and inpatients.

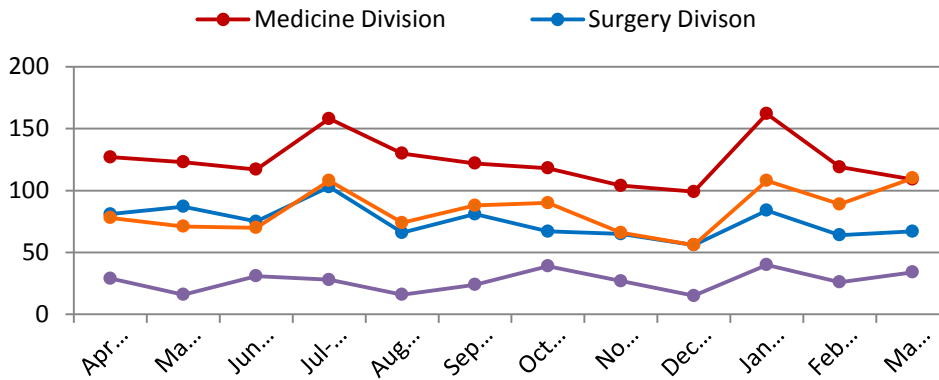


We will encourage dialogue between staff and patients and encourage patients/families to feedback their experiences. There will be a page on the intranet with the above icons and some useful sentences (using the key messages) that staff can use and add to emails, letters, etc.

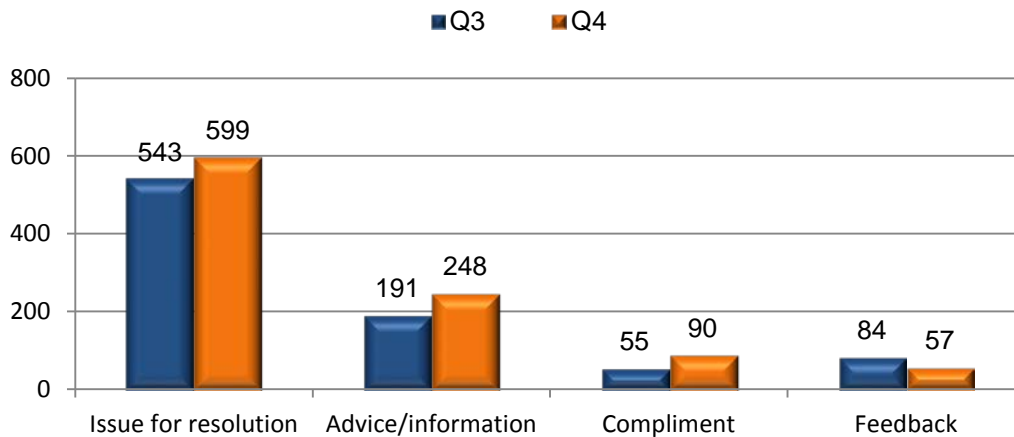
FFT is one of the ways in which we collect feedback as well as social media, PALS, complaints, national and local surveys.

**Patient and family experience feedback – Patient Advice and Liaison Service (PALS)
 Patient Advice and Liaison Service contacts**

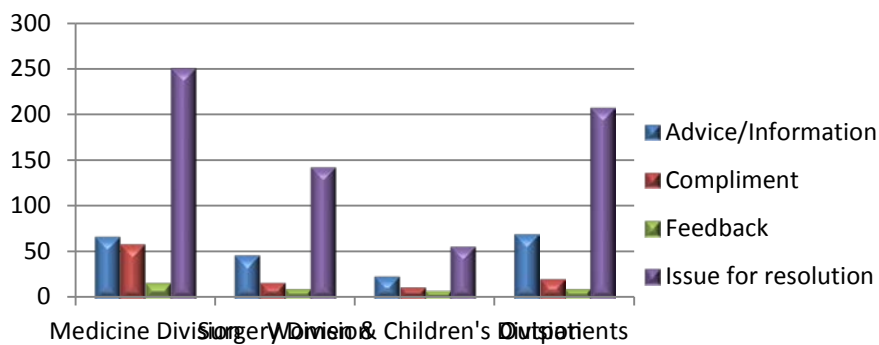
The Trust received **994** enquiries to the PALS office during **Q4 2020**. This was an increase of 14% (121) compared to 873 in Quarter 3 2019. It is an increase of 4 contacts from Quarter 4 2019 (990). For details of patient enquiries through the PALS office by Divisions and Speciality, reports are provided to Divisions and Outpatient Departments on a monthly and quarterly basis.



PALS enquiries by Division



PALS enquiries broken down by type

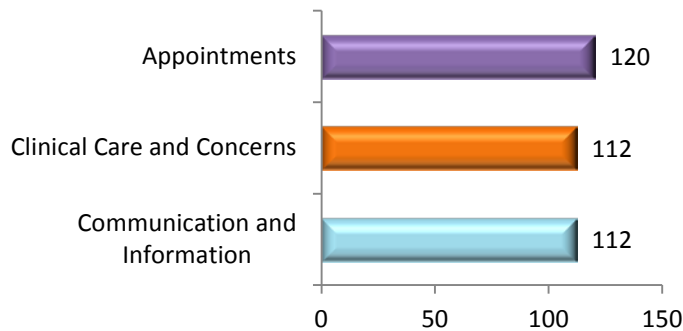


PALS enquiries by type, by Division and Outpatients

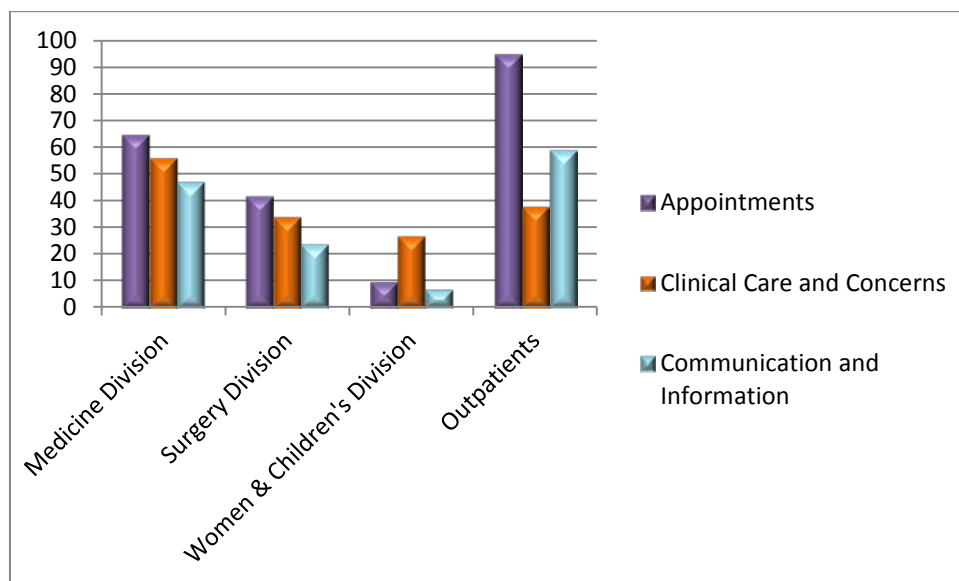
The Outpatients data is not independent of the Divisional data – the clinical divisional data includes Outpatient areas.

The contacts from patients and their families with the PALS service increased from Quarter 3 to Quarter 4 19/20. There was also an increase of 64% in compliments over the quarter, particularly for the Medicine division who received 58, of these 25 were for the Emergency Department. The requests for advice and information also increased by 30% due to COVID-19. Members of the public offered donations and support through volunteering. Patients asked whether clinics were running and whether it was safe to attend appointments. Patients also asked for advice on shielding.

Key points of learning and actions



Top three PALS subjects in Quarter 4 requiring resolution



Top three PALS subjects in Quarter 4 requiring resolution by Division and Outpatients

Appointments:

Of the 120 enquiries about appointments, 36% (44) were appointment changes by patients with many choosing to rearrange or cancel due to COVID-19. Medicine Division had the highest number of contacts (65) for appointments in Q4.

Learning and Actions

Some outpatient clinics moved to a virtual service with appointments taking place over the phone or on an online video service. Patients were contacted if they were suitable for this service. Feedback received

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through conversations with patients in PALS has been largely positive, especially for elderly patients and those who suffer mobility issues, who find attending appointments difficult. Patients still feel physical examinations are important particularly when diagnosing and providing treatment for certain conditions. A survey has been developed on e-quest for all patients to feedback on their experience of their virtual appointment, however the numbers are low at present to give any meaningful data. This work is ongoing.

Clinical Care and Concerns

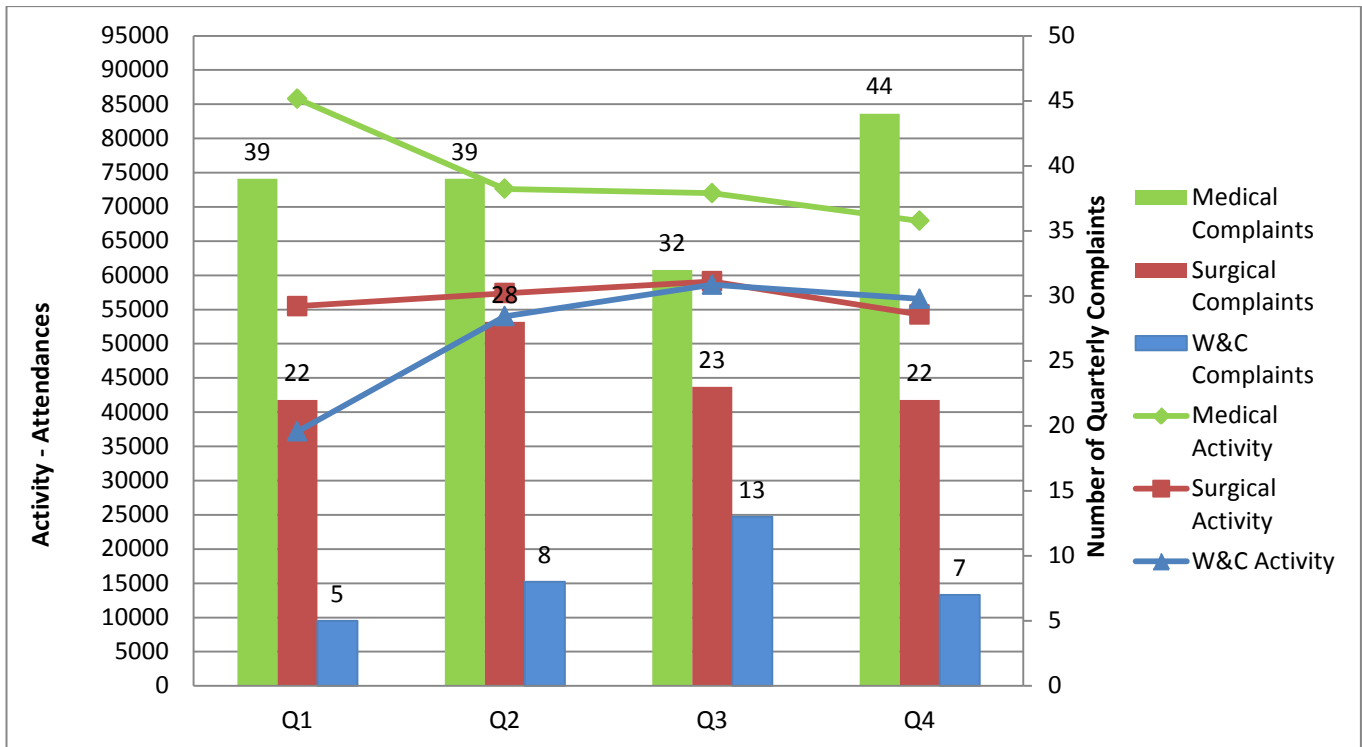
Of the 112 contacts around Clinical Care and Concerns, 42% (47) of the contacts were general enquiries with patients/family members contacting PALS to raise concerns relating to their treatment in departments and on the wards. There were no trends or themes in these contacts. Medicine Division had the highest number of contacts (56) for Clinical Care and Concerns in Q4.

Communication:

Of the 112 contacts around Communication and Information, 37% (41) were telephone issues (telephones not being answered). Of these 35 were spread across different outpatient departments. There were no hotspot areas and all had similar levels of contacts relating to telephone issues. Medicine Division had the highest number of contacts (47) for Communication and Information in Q4. PALS resolved the patients concerns and provided an important 'back-up' service.

Patient and family experience feedback - complaints

The data below summarises the complaints received by the Trust Quarter 4. Details of complaints by Divisions and Speciality are reported to divisions and Outpatient Departments on a monthly and quarterly basis

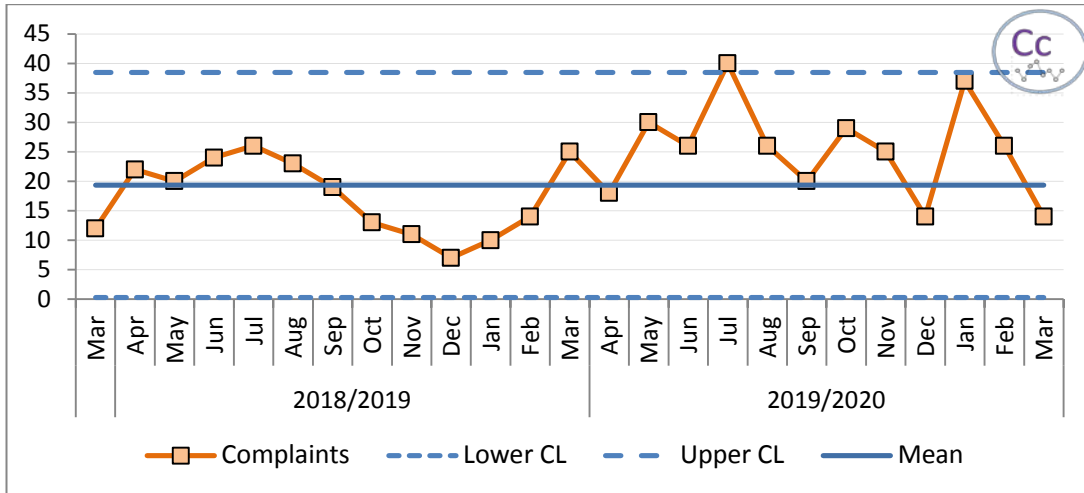


Activity by Division in comparison to Complaints by Division

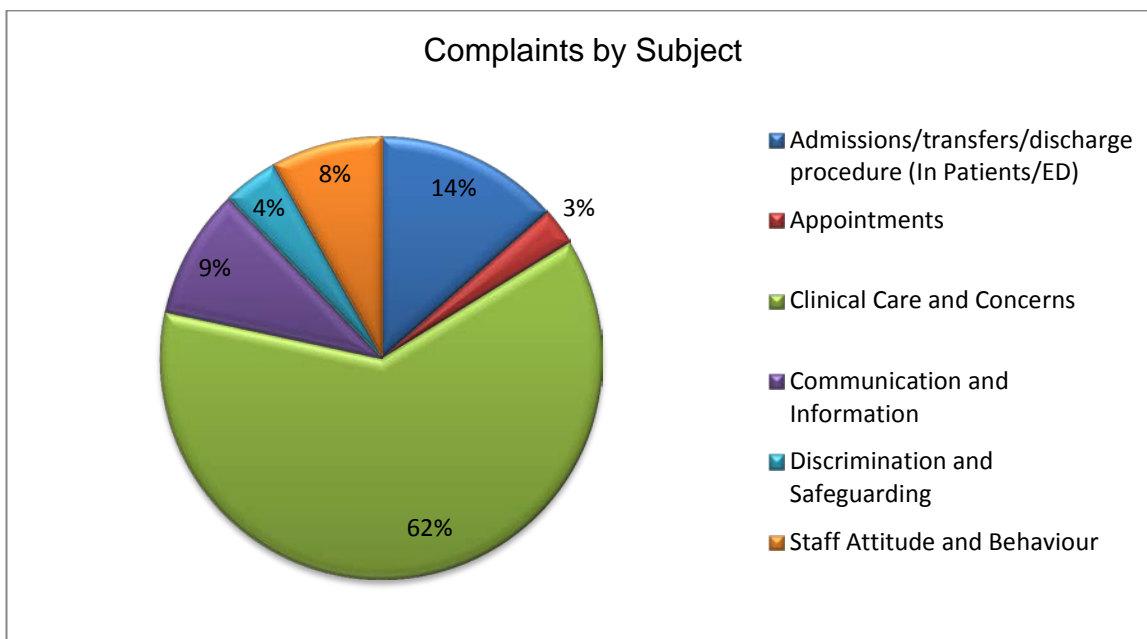
The Trust received 74 complaints across the three Clinical Divisions and Estates & Facilities in Quarter 4. Medicine Division **44**, Surgery Division **22**, Women and Children's Divisions **7** and corporate **1**. This was a 7% increase from Quarter 3 19/20 in the total number of complaints received and compared to Quarter 4 19/20 there was a **48% increase** in the number of complaints received.

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There were 8 re-opened complaints; Medicine Division 2, Surgery Division 5, Women and Children’s Divisions 1 in Q4. This compares to 9 complaints re-opened in Q3. The complaints were re-opened because the complainants requested meetings with staff or had further questions following receipt of the response letter. There were no complaints open for investigation by the PHSO (Parliamentary and Health Service Ombudsman) during this quarter.



Complaints received each month

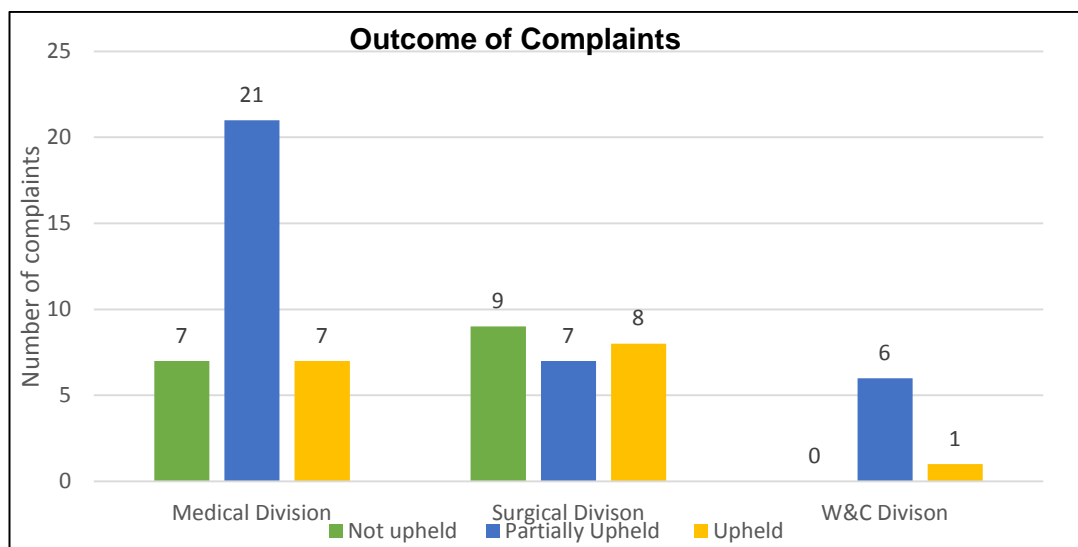


Complaints received in Quarter 4 by category

Clinical Care and Concerns regularly accounts for the highest number of complaints across the Trust. Within this category 14 complaints related to the coordination of treatment, 10 to inappropriate care/treatment and 8 inappropriate/unsafe discharges.

The number of complaints for the Medical Division increased despite a decrease in activity, whereas the numbers of complaints in the Surgical Division were similar to previous quarters. There was a decrease in the number of complaints in the Women and Children’s Division. The highest number of complaints were received by the Emergency Department (10) and Older Persons Unit (9) followed by General Surgery (6) and Acute Medicine (4). This pattern is similar to previous quarters.

Key points of learning and actions from closed complaints in Q4



Outcome of complaints due for response in Q4 by Division

The majority of complaints closed in this quarter were either partially or fully upheld. Learning from each complaint is identified and recorded on DATIX.

- Governance leads in the Medical Division have shared within their specialties the need to improve communication between the medical multi-disciplinary teams and family members and community teams where we are expecting to handover care
- Governance leads in the Medical Division are working with Clinical staff regarding their approach and way in which they are having discussions with patients and their families around 'Do Not Attempt resuscitation (DNAR)' decisions, ensuring that they do so with empathy and compassion. This includes the communication with families about the wishes of the patients where possible.
- Women & Children's Division have focused on communication in their learning and actions from complaints. Including the importance of regular, open and honest communication with women, families and patients and ensuring regular updates are communicated as well as clarifying understanding.
- A cross-divisional task and finish group is being set up to address discharge summary problems. Discharge summaries must be completed and a copy provided to patients and their families (where relevant) on discharge.
- Theatre staff have been reminded of the need to report use of last item so that consumables are re-ordered and appropriate stock levels maintained.
- Essential information to support patient care is included in safety briefings on surgical wards

Further work is being undertaken with the Divisions as part of the Improving Together programme to ensure we have meaningful actions resulting from complaints and the learning becomes embedded in line with the focus of the recent Healthwatch report (2020) '*Shifting the mindset*'.

Improving Patient Experience Award 2020

The first RUH Improving Patient Experience Awards Ceremony and Celebration was due to take place on 31st March 2020. Unfortunately, due to COVID-19 this event was cancelled, however we were delighted to receive 23 applications for the award. These were the finalists:

Winner - Inflammatory Bowel Disease (IBD) Team

This was awarded to the IBD team for improving patient attendance at its twice yearly information evenings.

The event was advertised through RUH social media channels and on the IBD Patient Website (Crohn's and Colitis UK). Messages via Facebook were sent to their followers in the local area. Posters were also displayed in the RUH Gastroenterology Outpatients area. Patients often contacted the IBD team for advice via e-mail and at the end of the reply to patients, an invite to the IBD evening was added.

Changes were also made to the quality of the evening, with shorter, patient-focussed lectures with a guest speaker e.g. a speaker was invited from London to give a talk about the 'IBD passport', so patients would have a better understanding of how to prepare for travelling.

Second Place - Riverside Sexual Health Team - Telephone consultations in preparation for intrauterine device technique (IUT) fitting

A short questionnaire was designed by clinicians asking patients whether they were happy with telephone consultations versus face to face counselling and preparation for IUT fitting. The feedback from patients was overwhelmingly positive and as a result of this, clinicians routinely telephone consultations with women prior to their IUT fitting appointment. Prior to this patients had to make several visits to the clinic.

Joint Third Place Therapies Oncology Team - Information and support for patients during their cancer journey

A patient experience questionnaire was developed to give patients the opportunity to input into the development of the services offered by the Therapies Oncology Team.

In partnership with patients, the therapies oncology team are co-creating a pre-habilitation pathway with the head and neck cancer and lung cancer clinical teams. A patient information leaflet has been developed explaining what the service can offer at the pre-treatment talk given by Cancer Support Workers from the Cancer Information and Support Centre.

Joint Third Place - Oncology Menopause Team - Aftercare Pathway for patients with breast and gynaecological cancers receiving hormone treatments

A patient questionnaire based on a validated Menopause questionnaire was adapted to find out what the experience at the hospital was like for this particular group of patients and whether there was a need to develop a specialist service.

Using the feedback from patients, a multidisciplinary clinic was set up with a Menopause Specialist, Dr Kate Kerr, Oncologist, Dr Rebecca Bowen, and Breast and Gynaecology Clinical Nurse Specialist (Jane O'Mahoney) to support patients on appropriate therapy, switching to safe alternatives where necessary and stopping therapies where they may no longer be beneficial and risks outweigh benefits, allowing them to make clearly informed decisions about their treatment while improving the quality of their life living with and/or beyond cancer.