

Friends and Family Test (FFT)

During Q3 the Trust received 1105 Friends and Family Test (FFT) responses. There was a 9.3% increase in responses in Q3 compared to Q2 2020. 93% (1032) of responses were received via the FFT cards, 7% (73) responses received via RUH webpage.

Patient experience feedback using the FFT question

98.2 % (1085) of responses were positive (Very good/good), 0.8% (9) negative (Poor/very poor).

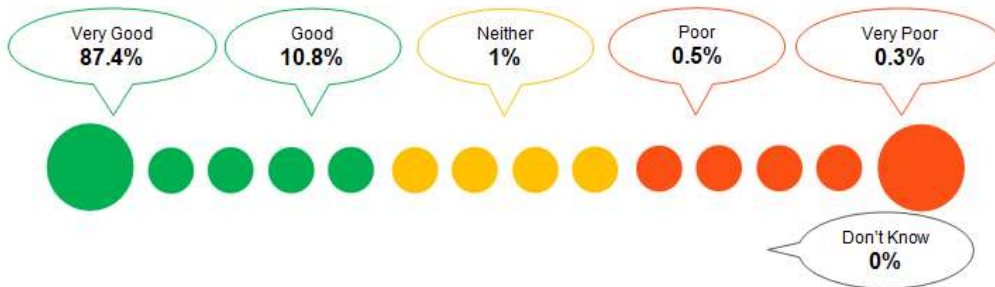


Figure 1: Friends and Family Test question responses

To note: It is not possible for FFT comments entered via the RUH webpage to be assigned sentiments or categories, this means they are not included in any sentiment/category data. The comments are shared in the monthly reports for teams to review.

The data below details the sentiments and categories received via FFT cards; a comment may be broken down into more than one category and/or sentiment.

	Positive	Negative	Neutral	
Attitudes and behaviour	28.2% (240)	32% (8)	40% (8)	Overall Experience
Resources	20.7% (176)	24% (6)	25% (5)	Resources
Care and Treatment	20.1% (171)	12% (3)	10% (2)	Communication
Overall Experience	13.7% (117)	12% (3)	10% (2)	Food
Communication	9.2% (78)	8% (2)	5% (1)	Attitudes and behaviour
Timeliness	3.8% (32)	8% (2)	5% (1)	Timeliness
Food	2.2% (19)	4% (1)	5% (1)	Facilities
Facilities	1.4% (12)	0% (0)	0% (0)	Care and Treatment
Cleanliness	0.8% (10)	0% (0)	0% (0)	Cleanliness

Figure 2: The total number of FFT comments by category

Key points of learning

Of the total number of FFT free-text comments received, 95% (852) were positive, 2% (20) neutral and 3% (25) were negative. Of the positive comments, overwhelmingly patients tell us that they appreciate the way staff make them feel when they are in the hospital.

‘The care I have been given from arriving to discharge has been exceptional; friendly, calm, caring and empathetic’

‘All the staff were very kind and caring. Never felt like a bother or malingerer for needing so much pain relief. Always felt well cared for and listened to’

There are no significant trends in negative comments and the patients making these comments were from different ward and day case areas. However the top themes are:

Communication (8 comments) – lack of information sharing with patients regarding process, treatment, delays, miscommunication.

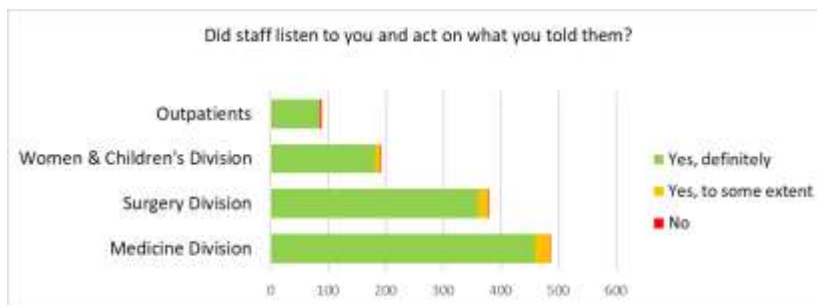
‘The staff were amazing, communication poor. My experience was one of two extremes. The care, kindness, professionalism of the staff was outstanding. The lack of communication as to my situation and process of treatment caused me an incredible amount of emotional and mental distress’

Timeliness (6 comments) - waiting for surgery/procedure, waiting in ED for a bed.

‘Delays long, insufficient information, long wait for surgery’

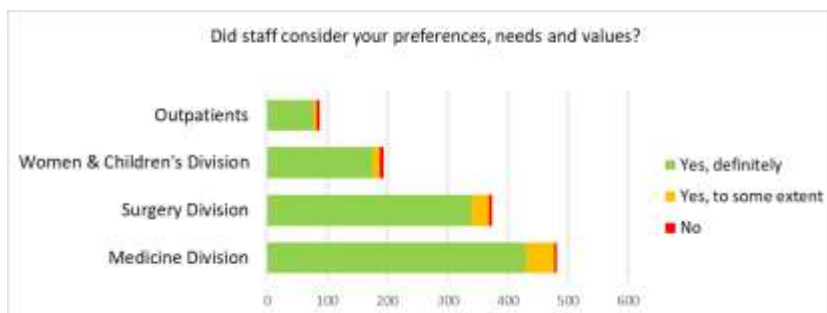
Patient experience feedback using the Trust questions to measure the patient goal

There are now **three new additional questions** that measure whether we are achieving the RUH patient goal; to be recognised as a listening organisation; patient centred and compassionate.



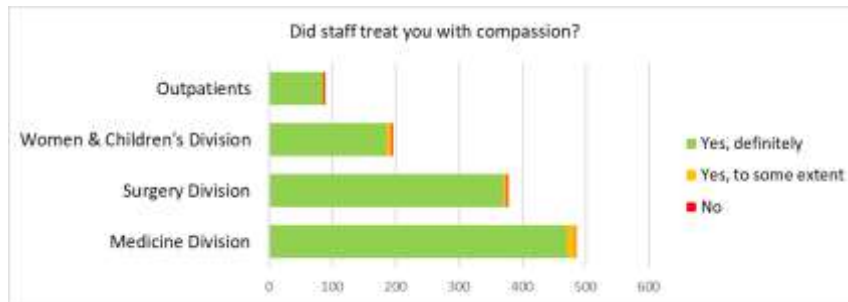
Graph 1: Trust Goal Response Totals by Division and Outpatients

94.53% (1002) of responses were positive, *yes, definitely*, 5% (53) responded *yes, to some extent* and 0.47 % (5) responded *no*.



Graph 2: Trust Goal Response Totals by Division and Outpatients

90% (945) of responses were positive, *yes, definitely*, 9% (90) responded *yes, to some extent*, and 1% (15) responded *no*.



Graph 3: Trust Goal Response Totals by Division and Outpatients

97.16% (1028) of responses were positive, *yes, definitely*, 2.36% (25) responded *yes, to some extent* and 0.47% (5) responded *no*.

Key points of learning

Trust goal comments in response to ‘Please tell us about anything we could have done better’

Of the 161 comments assigned categories/ sentiments 23% were positive regarding ‘Overall experience’, 57% negative, 20% neutral. The top categories for negative comments are:

Communication (21 comments) – negative comments relate to lack of information regarding tests, lack of explanations about treatment/procedures, lack of communication from staff, not feeling listened to.

Timeliness (20 comments) – negative comments regarding timing of treatment/tests, waiting for medication/pain relief/discharge meds, waiting for procedures, response to call bell.

Facilities (17 comments) – negative comments relate to toilet and bathroom facilities, noisy bins, and the TV system.

Top contributors for negative comments in these categories

Acute Stroke Unit - (102 cards completed this quarter) 12 comments. 5 relate to communication – of these 3 refer to communication and information from doctors/medical staff, 1 not knowing what was happening, 1 more information about treatment.

Charlotte ward – (67 cards completed this quarter) 10 comments. 4 relate to communication, of these 2 refer to lack of information/ instructions, 2 Doctor communication.

Pulteney Ward - (126 cards completed this quarter) 8 comments. 5 relate to communication, of these 3 refer to not being listened to, 1 lack of information about procedure, 1 lack of communication.

These areas were also top contributors for negative comments in Q2 for communication. However, for each area there is no significant trend in the total number or content of the comments from Q2 to Q3 and they are the wards that are in the top 6 for numbers of responses.

Patient Entertainment System

The Hospedia contract will be ending on 18th March 2021 (Hospedia provides the TV and radio system for the inpatient wards). The Patient Experience Team conducted a hospital entertainment questionnaire to understand what patients and their carers expect from a hospital entertainment system. This was accessible via the RUH website and promoted via social media, as well as sent to membership and to Healthwatch members.

197 responses were received from staff and 385 responses from patients. Patients told us they want good Wi-Fi and to be able to use their own devices to access social media, catch up on demand TV, or subscriptions channels as well as listen to music. Those who don't have their own devices want access to televisions.

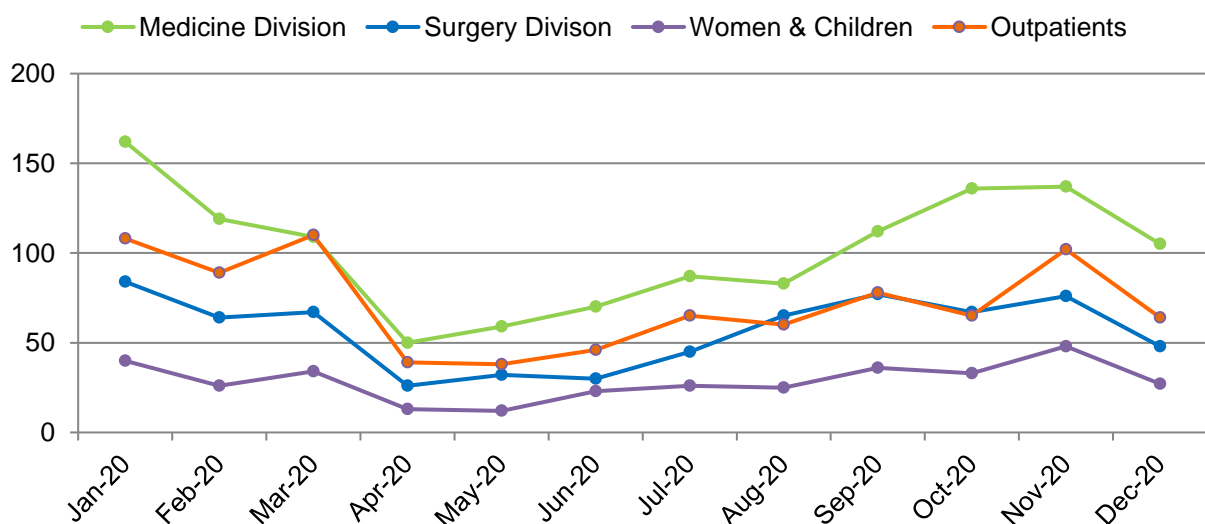
A small project group consisting of Estates, IT and the Patient Experience Team are working to provide free Wi-Fi that enables streaming, looking at options to provide televisions for patients on the older people's wards and arranging the removal of the current Hospedia units across the Trust. The cost of removing and replacing the current television units is being assessed.

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

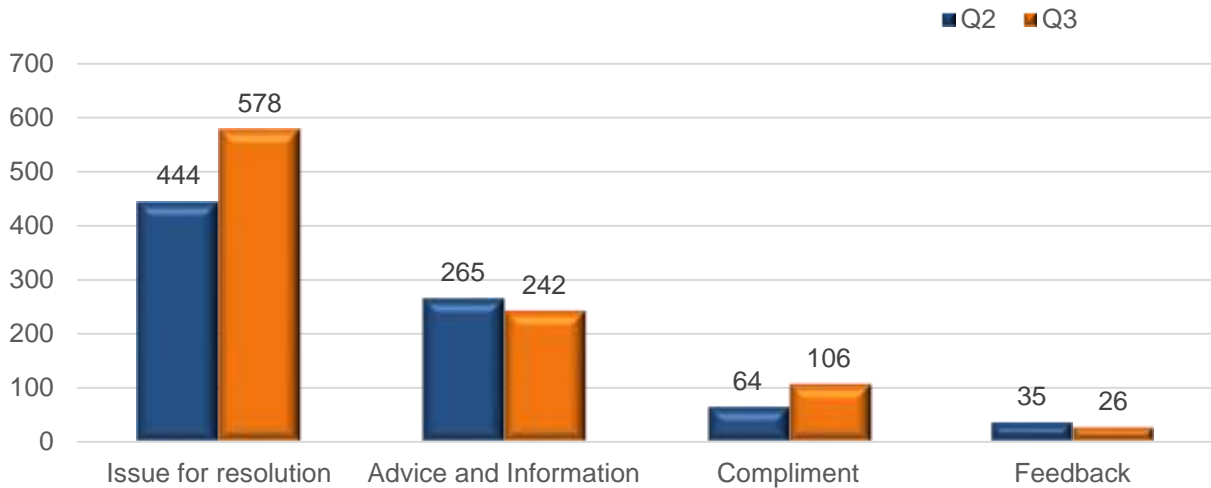
The Trust received **952** enquiries to the PALS office during **Q3 2020**. This was an increase of 18% (144) compared to 808 in Quarter 2 2020. This is a 43% increase of contacts from Quarter 3 2019 (668).

Detailed reports of patient enquiries through the PALS office by Divisions and Speciality are provided to Divisions and Outpatient Departments on a monthly and quarterly basis.

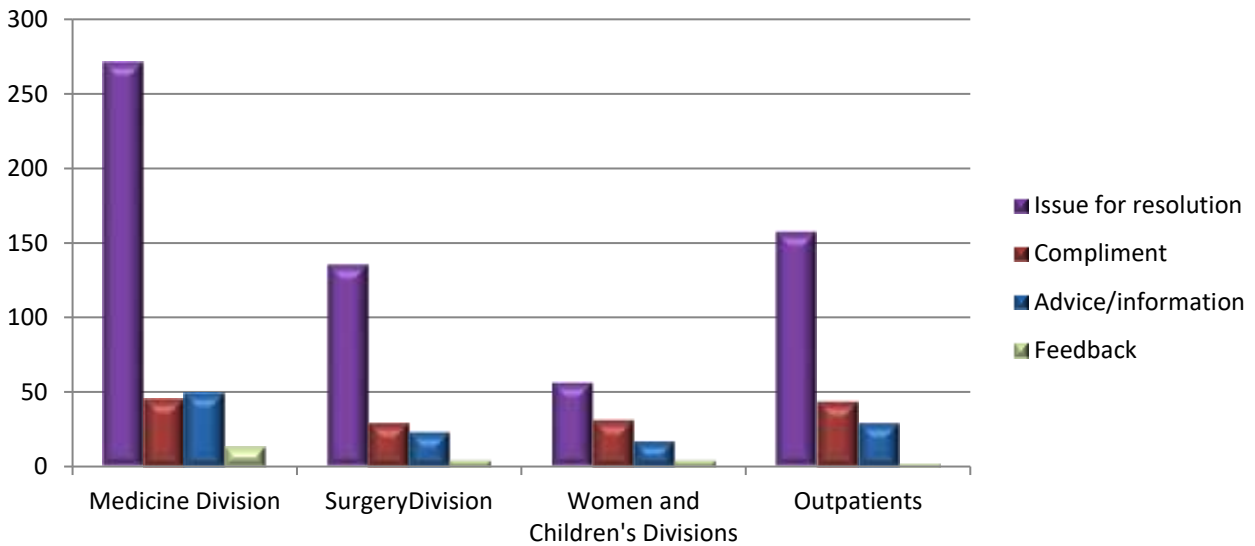
Please Note: The Outpatients data in this report is not independent of the Divisional data – the clinical divisional data includes Outpatient areas.



Graph 4: The total number of PALS enquiries broken down by Division



Graph 5: The total number of PALS enquiries broken down by type

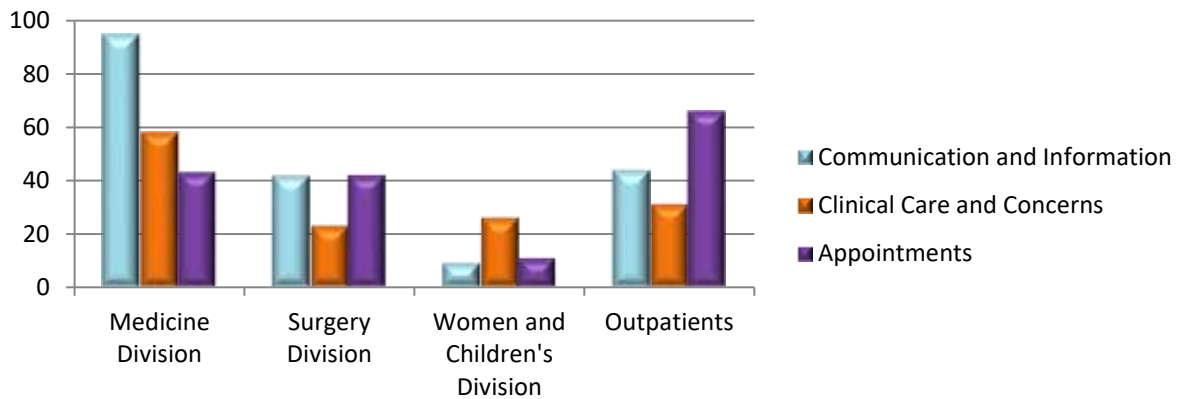


Graph 6: The total number of PALS enquiries broken down by type and by Division and Outpatients

The issues for resolution have increased by 30% (134) from Quarter 2 to Quarter 3 20/21. Requests for advice and information increased slightly over the quarter, by 9% (23) from Q2. Patients/family members contacted PALS for advice on how to access their medical records, for information about appointments and general enquiries regarding clinical care. There has also been an increase of 66% (42) in compliments over the quarter. The top three subjects requiring resolution and the breakdown by Division are shown in the graphs below.



Graph 7: Top three PALS subjects in Quarter 3 requiring resolution across the Trust



Graph 8: Top three PALS subjects in Quarter 3 requiring resolution by Division and Outpatients

Communication and Information

Of the 185 contacts 58% (108) were general enquiries with patients/families asking advice and enquiries regarding paperwork from their Consultants. Patients also contacted PALS for updates on the progress of their referrals. A further 17% (31) related to telephones not being answered, of these 7 concerned MAU, the rest were spread across various wards/departments.

Clinical Care and Concerns

Of the 112 contacts 29% (32) were general enquiries, no trends were identified. A further 23% (26) concerned the co-ordination of patient's medical treatment. The cases were specific to patient's individual treatment.

Appointments:

Of the 99 enquiries about appointments, 41% (41) were concerns relating to the length of time patients are waiting for new and follow up appointments. A further 20% (20) were appointment changes by patients.

Learning and Action

In response to concerns relating to telephones not being answered, the Communications team have developed information for families on the best times of day to contact wards. Families have also been asked to nominate one family member to be a point of contact to help manage communication. A meeting has been held between the Director of Nursing and Midwifery and the ward managers to discuss solutions and best practice for communication with patients' families. This has included a review of telephone line usage, ensuring the correct telephone numbers are given out and general discussion that it is the responsibility for all staff to answer telephones. This work will inform the setting of communication standards and expectations of 'customer' service both internal and external.

The Keeping in Touch service has received approximately 960 messages since the service began. The service has seen a significant increase in numbers during periods of lockdown when families are not able to visit their relatives.

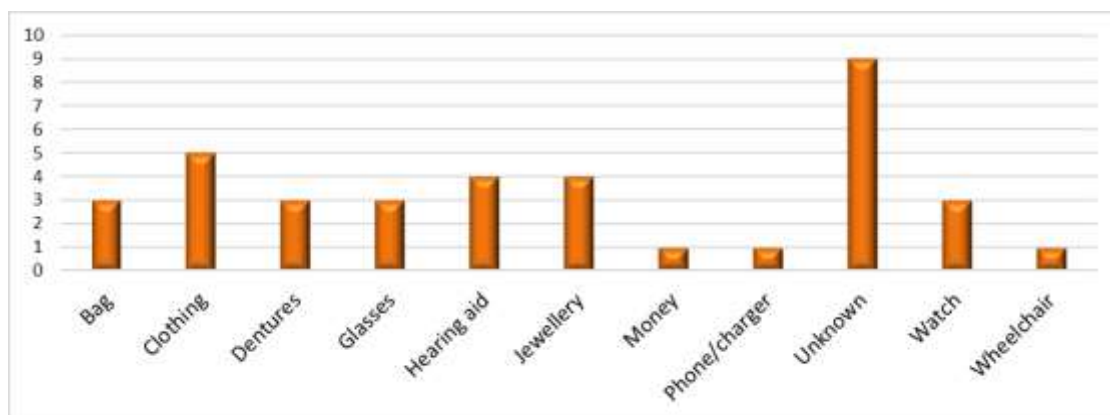
The Trust is keeping patients informed of the current waiting times for first outpatient appointments. Up to date information is updated at the beginning of each month on the Trust

external web pages. Virtual clinics continue to be held where possible and patients are being advised what to do should their conditions change or worsen. The patient correspondence work stream are continuing to look at ways of improving communications between outpatient departments and patients about waiting times for appointments. The Patient Experience team are working closely with the Operational Improvement Manager for outpatients.

The patient property policy is nearing consultation stage. Work is underway to include the recording of patient property on Millennium as part of a review of the patient property record. Nursing staff will be prompted to complete the property form and will not be able to continue with the patient's paper work until it has been completed. Further detailed analysis and planned actions for improvements to managing patient property are detailed below.

Managing Patient Property at the RUH – Issues with lost/ missing property

During Q3 there were 38 PALS contacts regarding lost/missing patient property. 18% of these were clothing, 14% hearing aids and 14% jewellery.



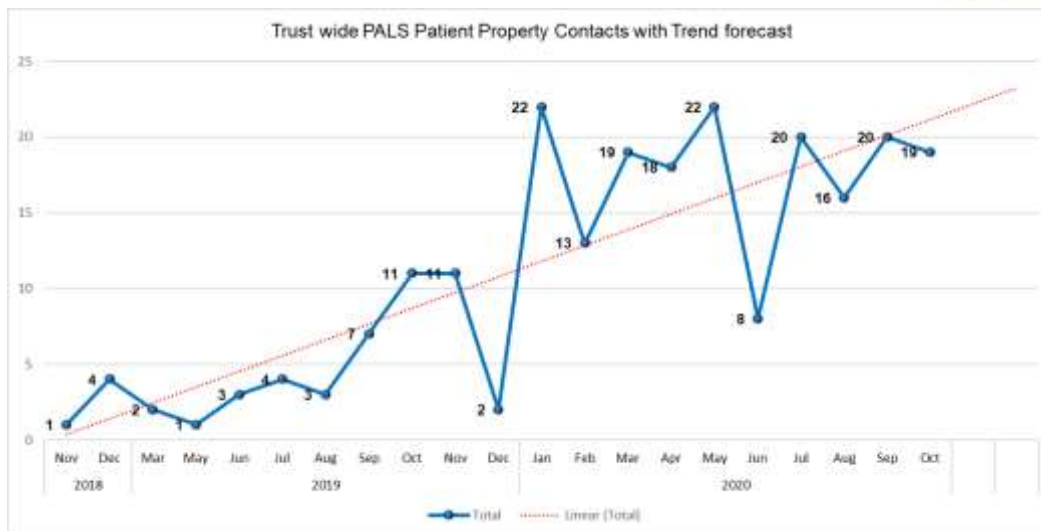
Graph 9: Property by type

Property items found

Of these only 30% were found, with 54% not found and 16% not known if found on or offsite. *To note: Offsite refers to patients' home/nursing home/ambulance, etc.*

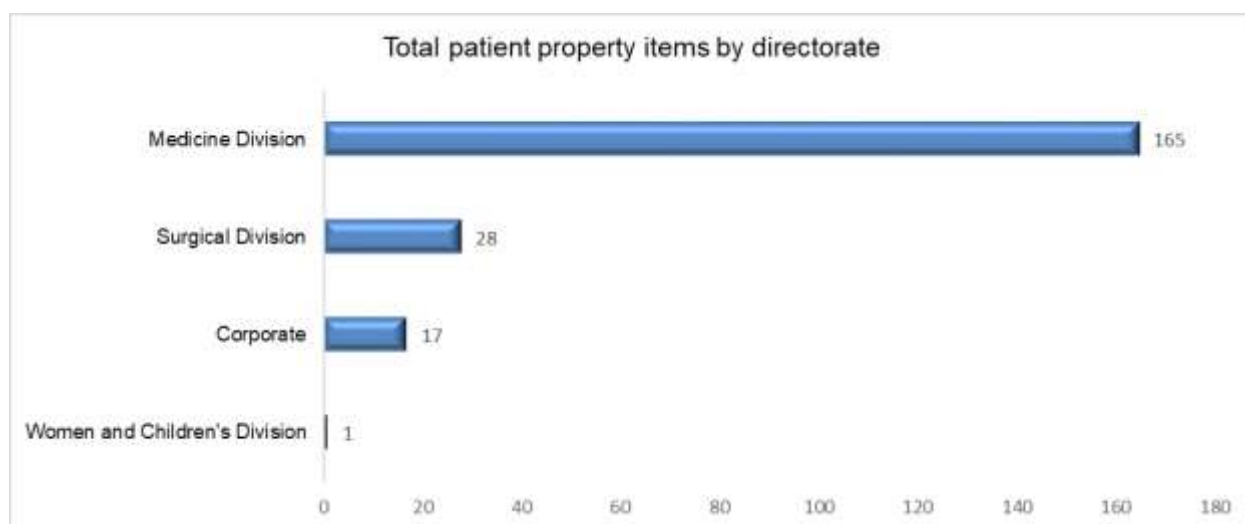
Analysis of issues regarding lost/ missing property

From October 2018 to October 2020 the Patient Advice and Liaison Service (PALS) received 226 enquiries (contacts) regarding lost/missing patient property. Between October 2018 and December 2019 there were 49 contacts and between January 2020 and October 2020 there were 177 contacts; this equates to a 261% increase in lost property contacts in 2020 when comparing the totals for these time periods.



Graph 10: Contacts with PALS regarding lost/ missing patient property - totals each month

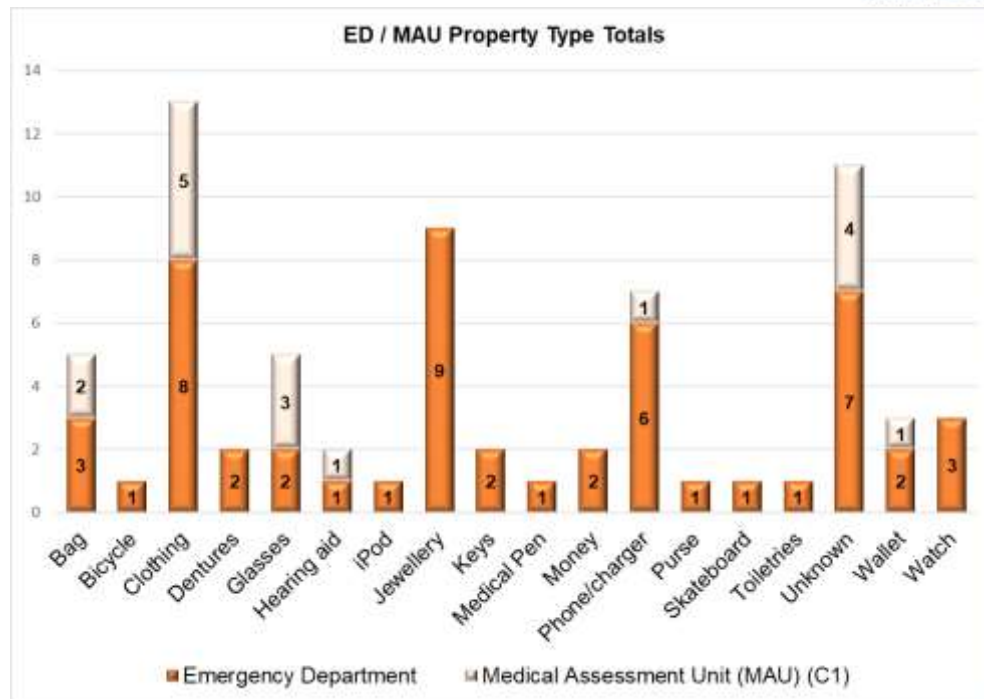
Of these the top five lost/missing patient property types were: Jewellery (17.1%), Clothing (15.6%), Glasses (10%), Hearing aids (8.5%) and Dentures (7.6%).



Graph 11: Lost/ missing property totals by directorate – October 2018 to October 2020

There are two areas where most property is reported lost/missing; Emergency Department/ MAU and Older People’s Wards

In the Medical Division the total lost items recorded for Emergency Department (ED) was 53 and MAU was 17: the number of lost items for ED recorded by exact location were 43% Emergency Department, 28% Emergency Department Majors, 13% Emergency Department reception.



Graph 12: Lost/missing property Totals for ED and MAU – October 2018 to October 2020

On older peoples wards there were 52 lost patient property items recorded. The three areas with highest totals were:

- Waterhouse 21% (11)
- Midford 17% (9)
- Ace OPU 15% (8)

Not including unknown property type, the top five most frequently lost patient property types were Dentures 21%, Glasses 17%, Jewellery 15%, Clothing 13% and Hearing aids 13%.

Overall the data shows that there was a broad range of property type lost between October 2018 and October 2020. The issues are multi-factorial and include:

- Poor documentation/completion of the patient property record
- Lack of designated bags/containers to help keep patient property including valuables safe
- Reduced numbers of visitors in 2020 so that patient property has accumulated
- Multiple ward transfers
- Patients without capacity and ability to keep their property safe

Improving the management of patient property

The Patient Experience Team are leading a piece of work to improve the management of patient property at the hospital. This includes the following actions:

- Developing 'Managing patient property' intranet guidelines and resources for staff

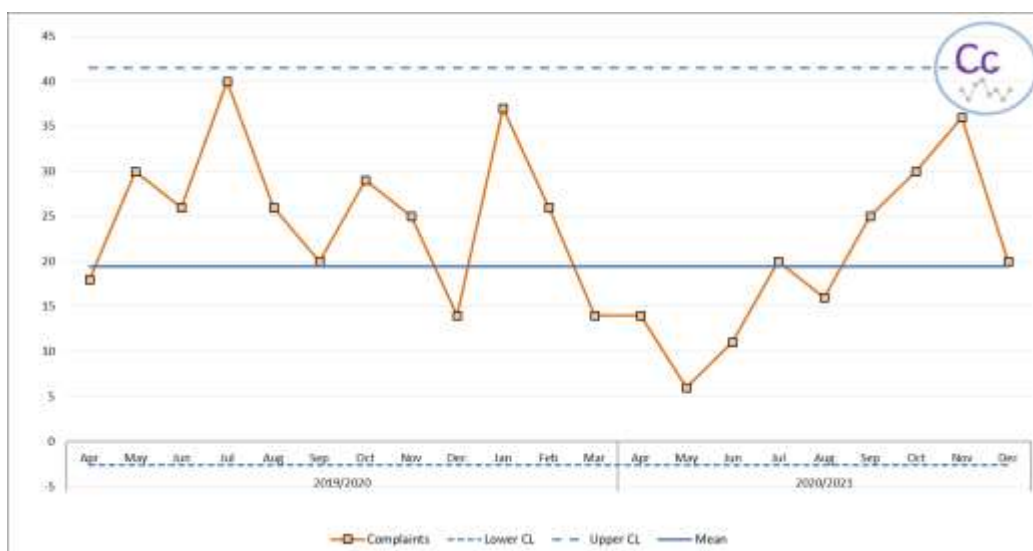
- Consultation and Trust decision on a policy for managing and reimbursement of patient property
- Engagement with staff in ED, MAU and on Older Peoples Wards to understand the challenges of managing patient property and identify root causes of lost/missing property
- Development of a new nurse paperless property form
- Trust wide communications for staff regarding patient property policy and protocols
- Identify patient stories to show emotional and physical impact on patients and families
- External communication plan for patients and their families reinforcing the messages not to bring in valuables, such as jewellery in to hospital
- Investigate appropriate storage for dentures, glasses, hearing aids and implement as appropriate, particularly in the 'hotspot' areas

Patient and family experience feedback – complaints

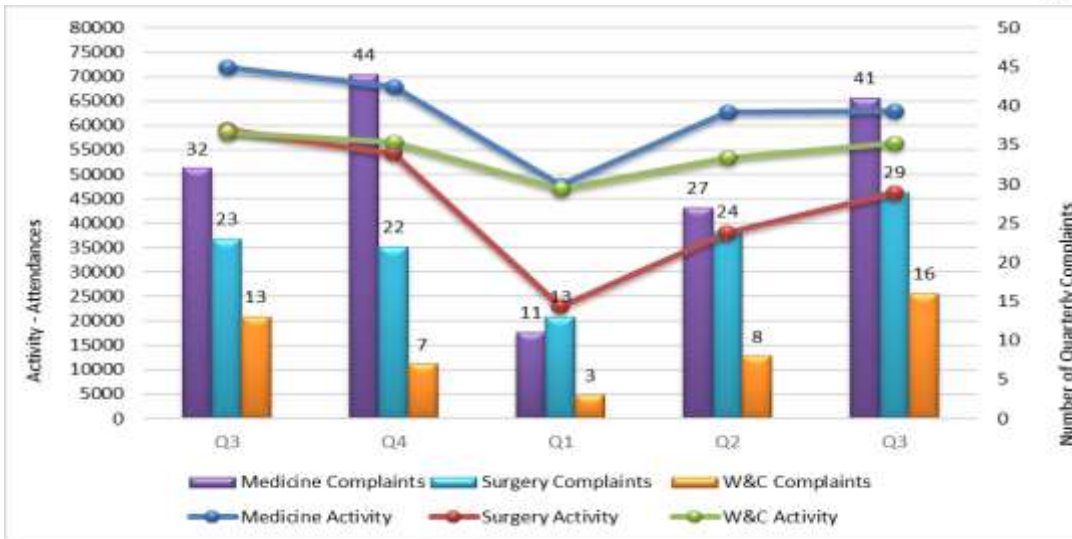
Details of complaints by Divisions and Speciality are reported to Divisions and Outpatient Departments on a monthly and quarterly basis.

The Trust received 87 complaints across the Divisions and Corporate services in Q3. Medicine Division 41, Surgery Division 29, Women and Children’s Division 16 and Corporate 1. There was a 47% increase in the number of complaints received, compared to Q2 20/21. There was 13 complaints re-opened in Q3, this compares to 4 complaints re-opened in Q2 20/21.

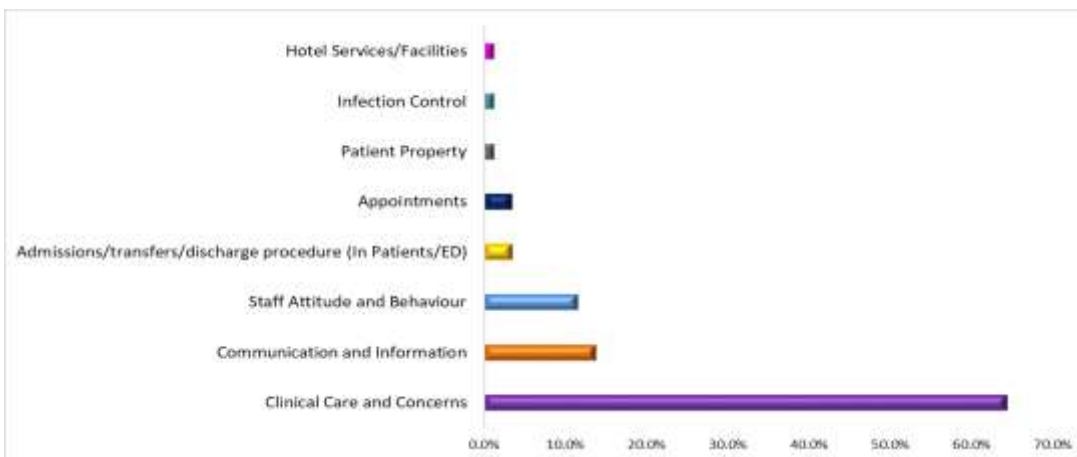
There were no complaints open for investigation by the Parliamentary and Health Service Ombudsman (PHSO) in Q3.



Graph 13: Total complaints received each month

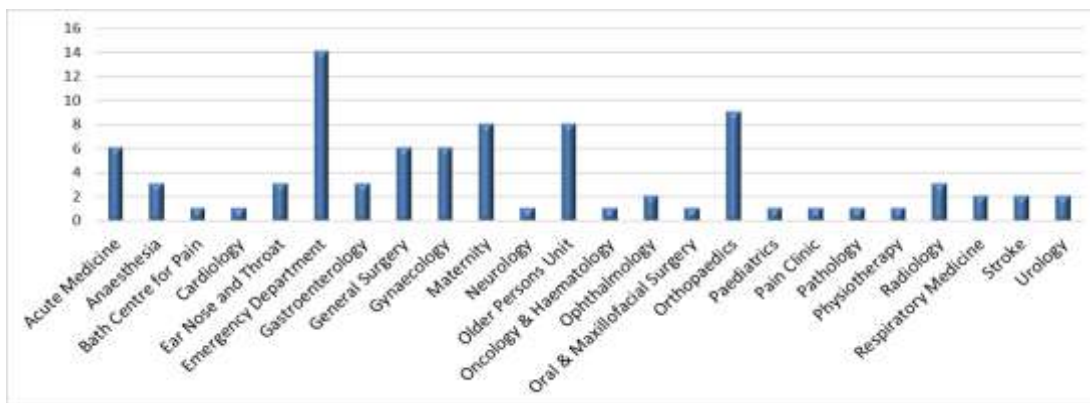


Graph 14: Activity by Division in comparison to Complaints by Division



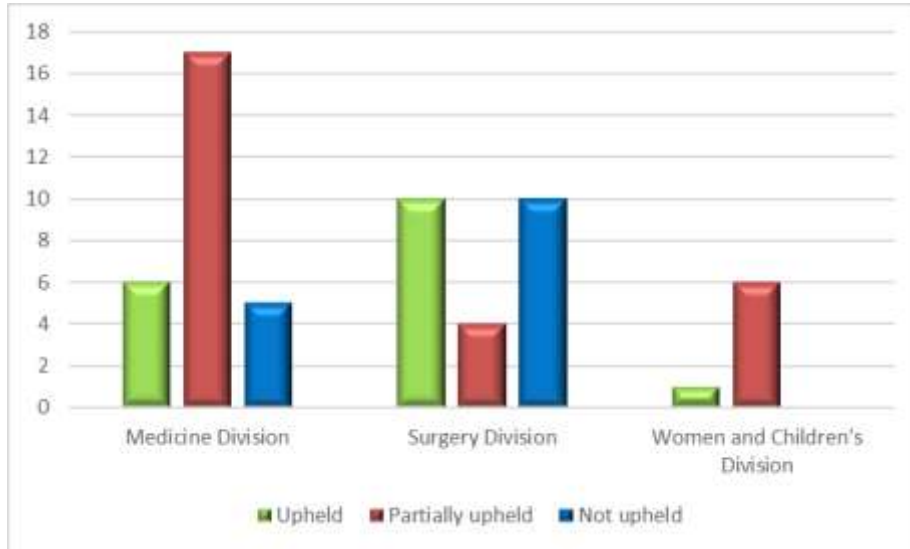
Graph 15: Complaints received in Quarter 3 by category

Clinical Care and Concerns accounts for the highest number of complaints across the Trust (56). Within this category, the highest totals related to - inappropriate care/treatment (25), coordination of care and treatment (14), error in performing a procedure on a patient (4) and clinical care (4).



Graph 16: Complaints received in Quarter 3 by Specialty

Of the 87 complaints in Q3, 14 related to the Emergency Department. Of these 7 related to concerns about clinical care, 4 to staff attitude and behaviour, 2 communication and information and 1 to loss of patient property. 9 related to Orthopaedics – no trends; 8 to Maternity – 3 related to care prior to still birth and 8 related to care in the Older Persons’ Unit – no trends.



Graph 17: Outcome of complaints due for response in Quarter 3 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. Below are some examples of learning in the Divisions:

Examples of learning and actions in the Divisions:

Medicine Division

Further training for junior doctors in the Emergency Department around Seymour fractures (finger injury).

Concerns raised by a family member whose relative was a patient on the Acute Stroke Unit regarding information being given out to other family members where there are issues around power of attorney. Ensure the identity of callers is checked before providing information about a patient. Staff reminded about the use of a password for the nominated relative.

Women & Children’s Division

A complaint was received from a woman about her care on the ward following the birth of her baby. The matron contacted the woman and listened to her concerns. An appointment was arranged with a gynaecologist and the concerns were shared with the ward manager. A summary of her experience in her own words ‘My story’ was shared with all staff to generate conversation, reflection and learning.

Surgery Division

A complaint was raised following a concern that a family member was not able to get through to a ward to speak with staff about discharge plans for their relative. As a result of this an additional clerical member of staff has started on the ward to support answering of telephones.

A patient was a victim of a near miss incident regarding a transfer to theatre. This was a no harm incident, but it did flag to the theatre and pre-assessment teams the importance of ensuring the safe and accurate transfer of patients to theatre. Following this incident the Standard Operating Procedure (SOP) has been reviewed and rewritten and agreed with the theatre governance team.

Poor communication in the ENT department prior to surgery resulted in a patient not eating/drinking before the procedure. However the patients surgery took place under local anaesthetic (LA) and so this was unnecessary. As a result of this complaint, the booking staff have been reminded that LA patients do not need to be 'nil by mouth.'

Patient Experience Activities

During Q3 the Patient Experience Team supported 18 patient/carer/staff engagement projects – for example:

- **Hospital Multimedia Entertainment System** – A review of TV, radio facilities available to patients, to understand what patients and potential patients, and their carers and families would like available whilst they are in hospital. Feedback from staff will also be used to inform what system will replace Hospedia when the contract ends in March 2021.
- **Interpreter and Translation Services** – A review was undertaken of the provision of interpreting and translation services to understand what works well and what could be improved. This has fed into the STP Service Tender Submission for Interpreting and Translation Services.
- **Rheumatology Patient Advice Line** – Review of patient and staff experience of the Rheumatology Nurse Advice Line Service, including service changes. Awaiting learning /improvement report.
- **Maternity Educational Videos for Women** – Feedback and suggestions regarding video information/content. This is an ongoing project, not yet due review.
- **Osteoporosis Outpatient Appointment Experience** – Review of patient experience of appointment types e.g. Telephone, video call, Hospital – face to face. Collection of patient experience started.

Patient Stories to the Board of Directors

October – A male patient shared his experience of the Frailty Assessment Unit (FAU) which at the time was located in the Emergency Department (ED). He was very impressed with the care and treatment that he received there and felt it was an area of calm away from the large numbers of patients in ED. However, he felt that the parking facilities were poor as there were

no spaces located near to FAU and there were no immediate toilet facilities in FAU. He explained that patients had to access toilets in ED which were inadequate and unpleasant, and in his opinion a definite contamination problem. As a result of Richard's experience a review of FAU has been undertaken. The unit is being re-located to ACE ward where there are better and improved toilet facilities close to the assessment area. A review of parking spaces near to the new location has also been undertaken.

November – A female patient shared her experience of having elective orthopaedic surgery (hip replacement) during the COVID pandemic and her experience on Philip Yeoman ward. She said she felt well-prepared coming in to hospital and reassured by the measures that the Trust had put in place to protect her from getting COVID – Perspex panels between bed spaces, staff compliance with Personal Protective Equipment (PPE) and regular swabbing.

As a result of the pandemic, the Physiotherapy team have had to adapt the 'hip and knee club' face to face meetings and have developed a short film for patients preparing them for surgery. Patients can watch the film at home or on an iPad during their pre-assessment as well as on admission to hospital. The advice booklets have also been updated.

There was no Board meeting in **December**.

Patient experience feedback mechanisms continued and adapted during the pandemic

We have continued to collect patient experience feedback throughout the pandemic, using the same formats as before; for example PALS, complaints, FFT, hospital patient experience questionnaires, national patient surveys, patient stories, etc.

Due to infection control the number of FFT cards collected within the hospital has considerably reduced, however we have adapted by collecting more feedback through electronic web-based questionnaires which are promoted on our appointment letters, website, social media, etc. We continue to promote and collect FFT cards within the Trust for those patients who are unable to feedback their views electronically.

Responding to patient experience feedback during the pandemic

There are operational groups and services who are using patient experience feedback to direct their focus, actions and work, for example;

Outpatient Appointment Questionnaire informs Outpatient Correspondence workstream actions, all of the following work was in response to patient feedback: for example guidance for patients preparing for telephone appointments, information about why we collect patients' ethnicity information, encouraging patients to phone their next of kin when attending an outpatient appointment alone, updating appointment letters, providing easy to understand waiting list times on the website

The feedback received from patient, carers, staff and members in response to the **Hospital Multimedia Entertainment System Questionnaire** has informed the decisions made by a working group set up to replace the current system.

PALS, the patient experience team, the Art and Design work have all responded and adapted their work dependent on patient changing need: for example the family Keeping in Touch service, iPads and iPhones provided to all wards to support communication with families, developing patient activities and resources to alleviate boredom on the wards, adapting

volunteers roles dependent on what is needed to support patients and working with ward staff to improve the safe keeping of patient property in the hospital.

Planned actions to increase opportunities to collect and respond to patient experience feedback

A virtual **See It My Way** is planned for March 2021 and will focus on patients' Lived Experience of COVID.

To increase FFT responses we are piloting a **Friends and Family Test Telephone project** where the Patient Experience Team telephone discharged patients about their experience following their admission, attendance at the hospital or an OP appointment.

A **Patient Experience Partnership Group** will be set up in March 2021 which will see a collaboration between the hospital and local health and social care organisations, for example HealthWatch and Carer Support Services to collect the local communities experiences of the RUH, particularly those with protected characteristics and hard to reach groups.

A new Trust-wide operational **Improving Patient Experience Group** is planned for March 2021. This group will focus on how the Trust responds to patient experience feedback collected across all mechanisms including the Patient Experience Partnership Group. It will ensure learning is identified and ensure that actions are taken that in response to patient feedback.

The group will also be responsible for the Trust's A3 relating to the patient goal to be a listening organisation, patient-centred and compassionate and will drive the work to achieve the associated milestones.