

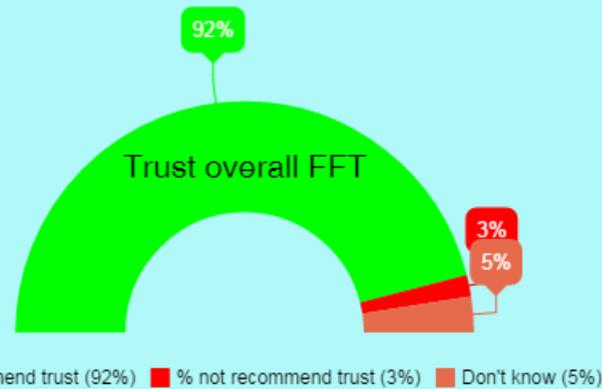
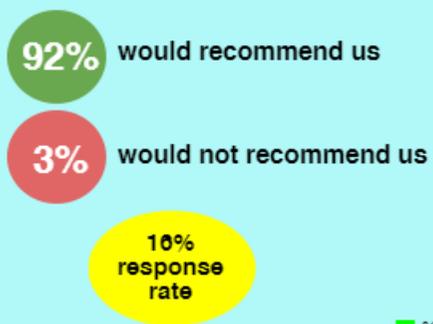
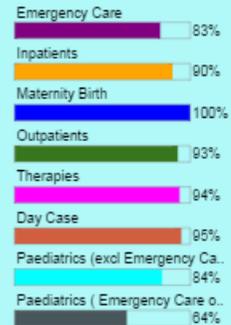
PATIENT EXPERIENCE REPORT

February 2017 (January 2017 data)

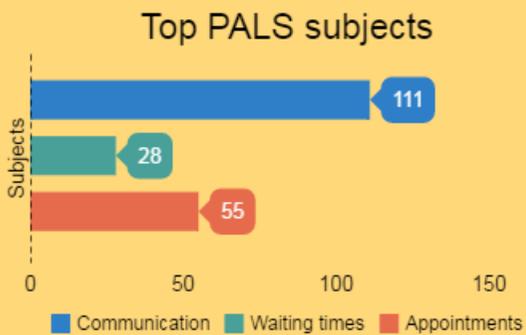
Trust level report

- Complaints
- PALS
- Friends & Family Test
- Patient Opinion
- Voluntary Services
- Patient Experience news and developments

Friends & Family Test



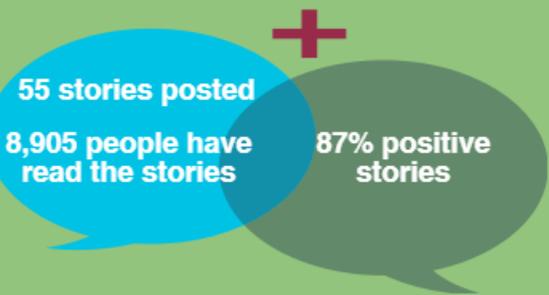
PALS



Complaints



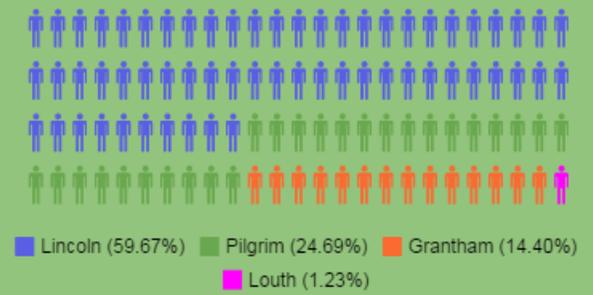
Patient Opinion



Compliments



Volunteers



Patient Experience Report January 2017



Inpatient & DC FFT

93% Would recommend Inpatient/DC Services

3% Would not recommend Inpatient/DC Services

National score
95%

December 2016



Emergency Care FFT

83% Would recommend Emergency Care Services

10% Would not recommend Emergency Care Services

National score
86%

December 2016



Maternity Birth FFT

100% Would recommend Maternity Services

0% Would not recommend Maternity Services

National score
96%

December 2016



Outpatients FFT

93% Would recommend Outpatient Services

2% Would not recommend Outpatient Services

National score
93%

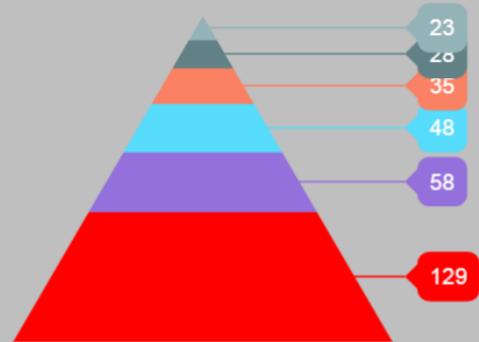
December 2016

12,286
ratings received

10,469
comments received

Core Themes

Top 6 themes across all PALS, Complaints and Patient Opinion



- Communication (40.19%)
- Appointments / cancella.. (18.07%)
- Medical care / clinical.. (14.95%)
- Waiting times (10.90%)
- Values & behaviour / attitude (8.72%)
- Admission & Discharges (7.17%)



55 stories posted
8,905 reads

87% positive stories
0% neutral stories
13% negative stories

Compliments vs
Complaints ratio

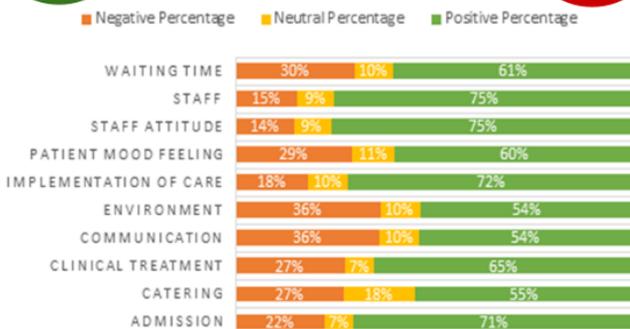
18:1

FFT Themed Analysis

70% positive

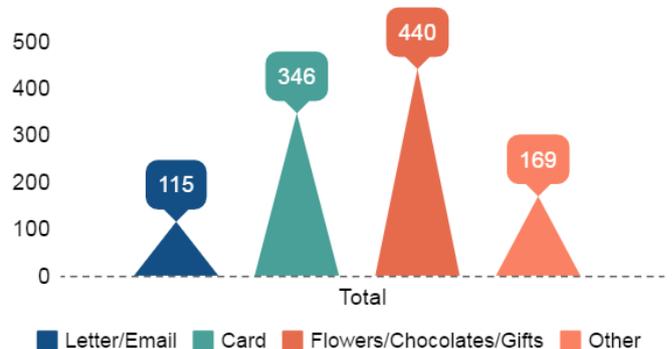
21% negative

TRUST THEMES



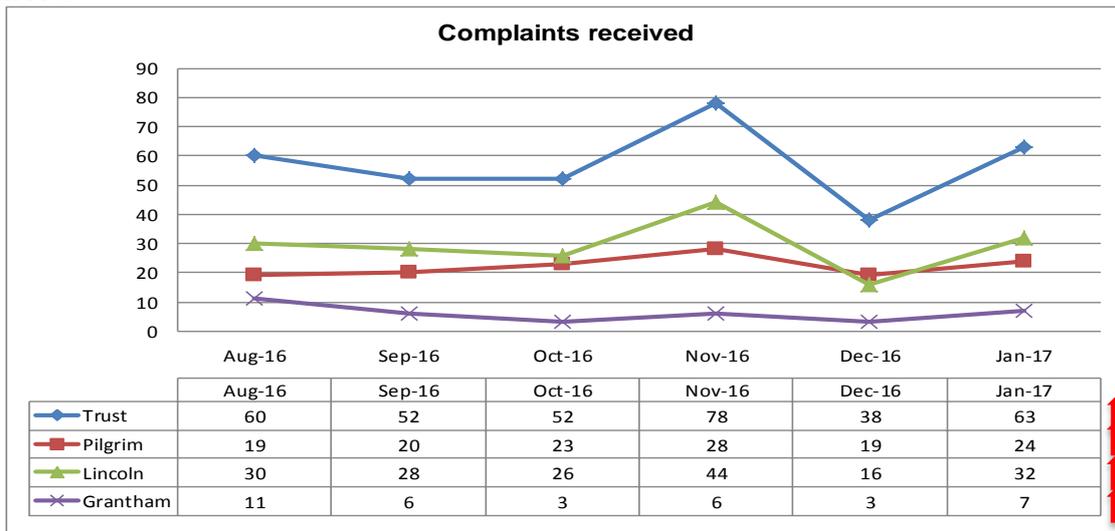
1,070 Counting Compliments received this month

Counting Compliments by type

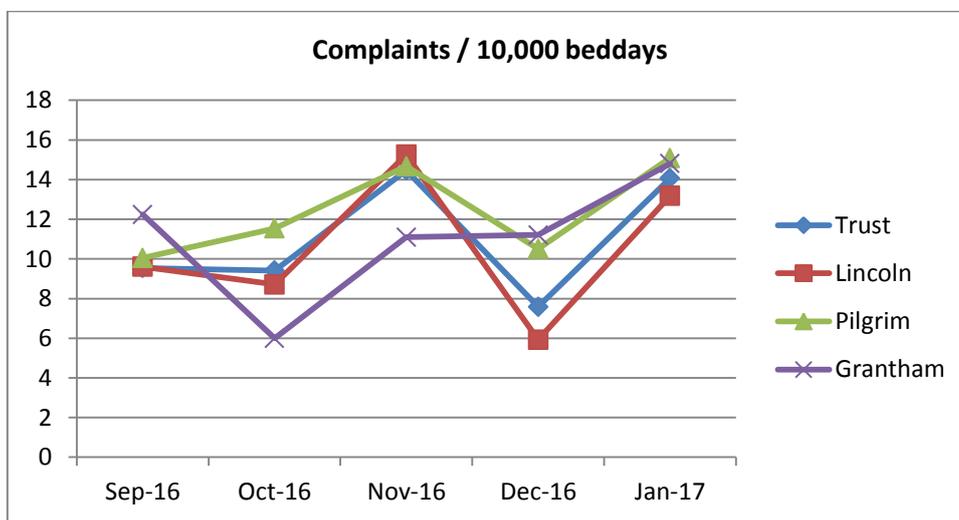


To find our more please visit our patient experience intranet pages <http://ulhintranet/patient-experience>
or contact Sharon Kidd, Patient Experience Manager - Sharon.kidd@ulh.nhs.uk or 01476 464560

COMPLAINTS



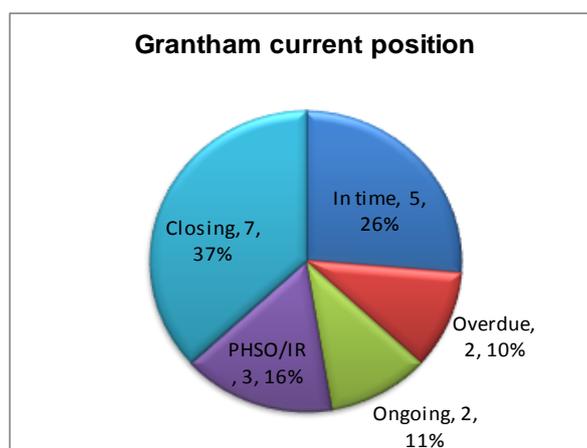
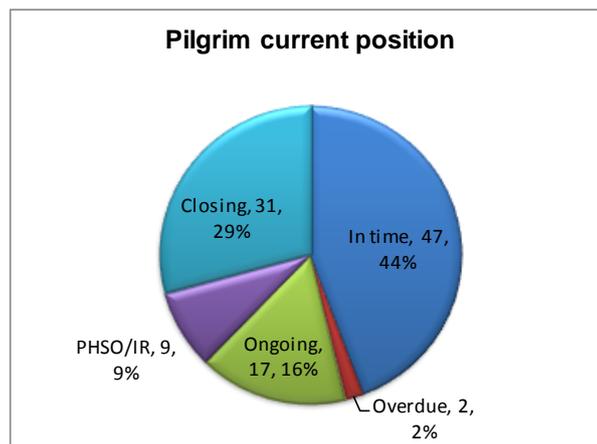
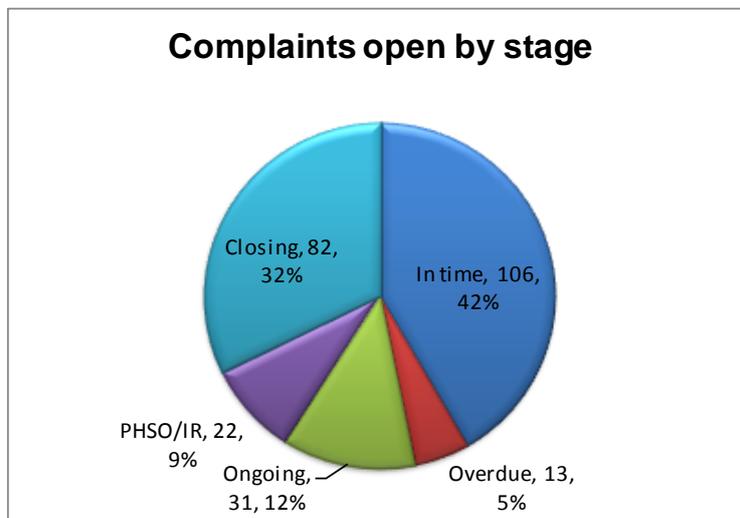
Whilst complaints have increased in January it is important to note the particular fall in December.

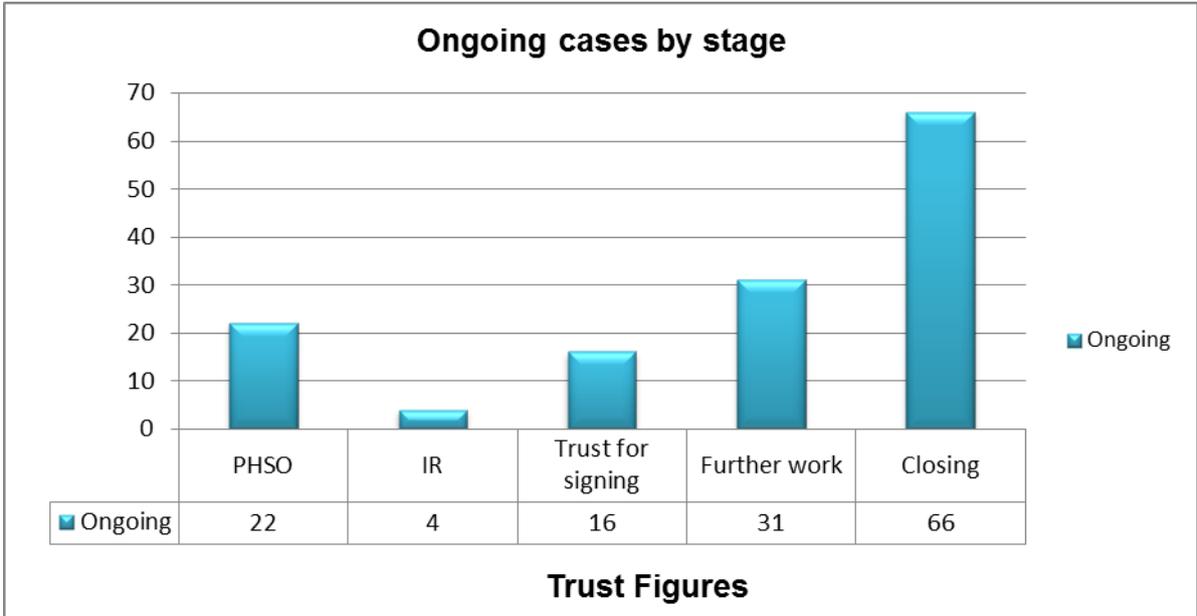
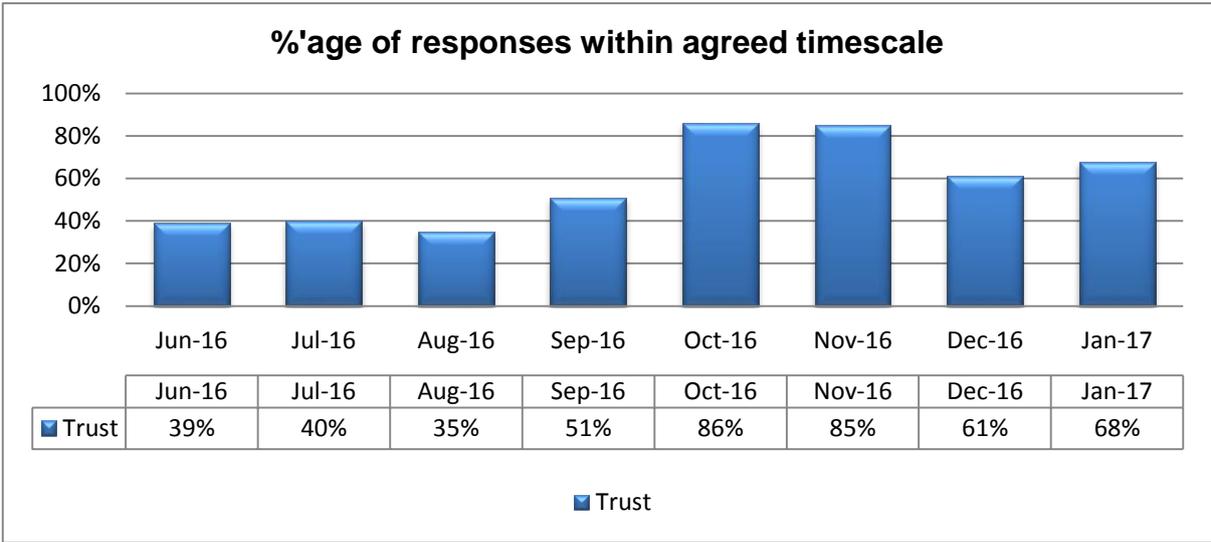
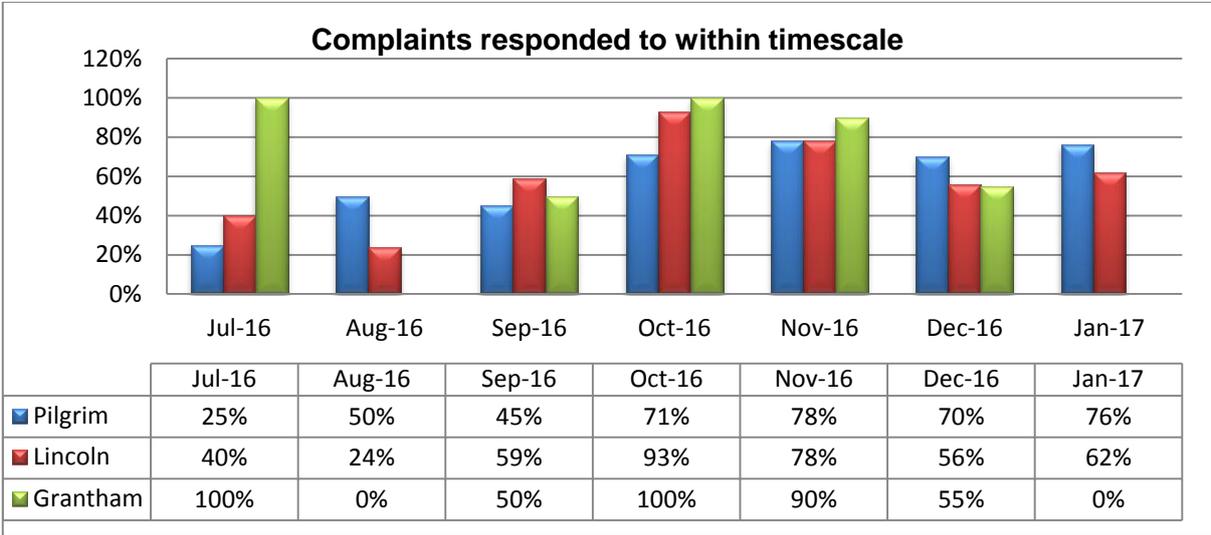


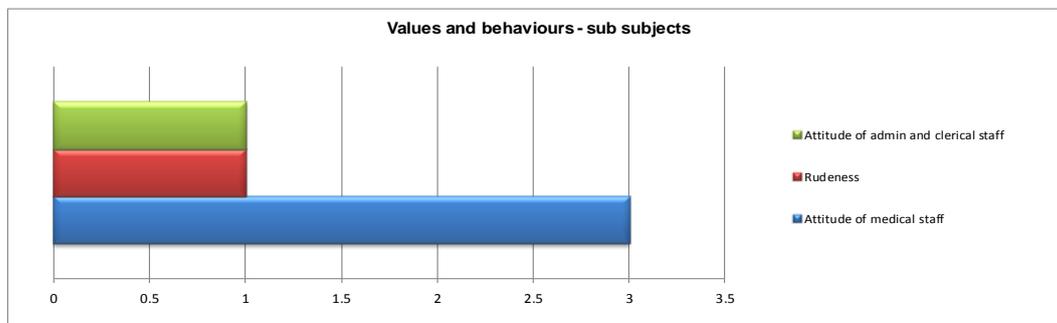
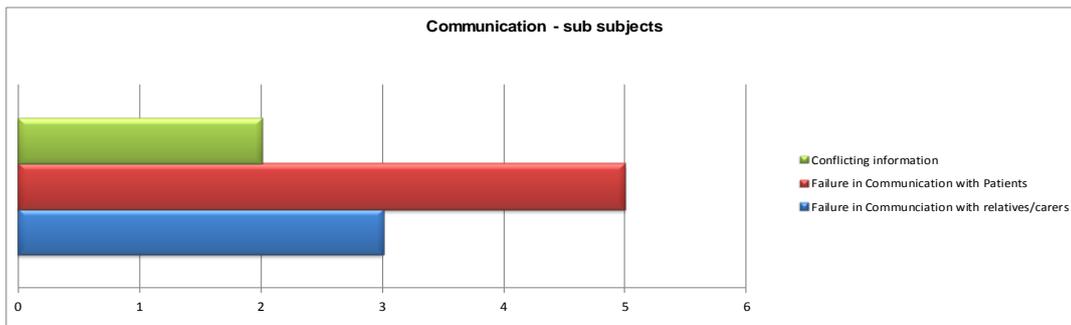
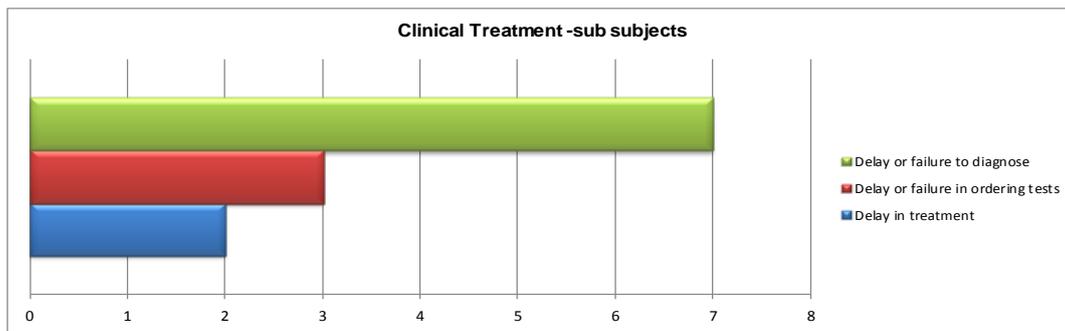
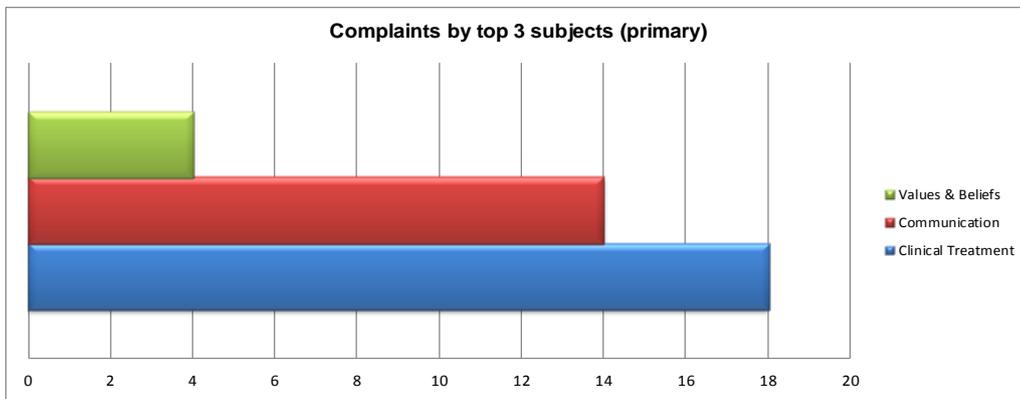
The recently redeveloped NHSI Patient Experience Headline Tool uses the new denominator of complaints per 1000 members of staff in post (for that quarter). The chart below shows Q1 and Q2 based upon trusts within the NHS England Central Midlands



Disappointingly there has been a small creep in number of overdue complaints; a core reason being staff involved in investigating or responding being away over the Christmas and New Year period and being drawn into managing the significant operational pressures. The previously introduced overdue tracking report has been reintroduced which details at individual level where delays are and the stage of delay such as still being investigated, drafting or waiting amends. The numbers are relatively small but the team are ensuring this doesn't build again.





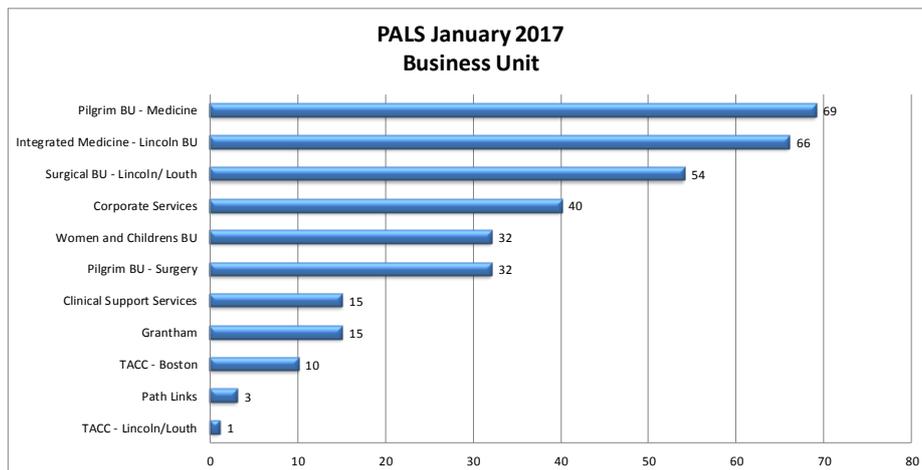
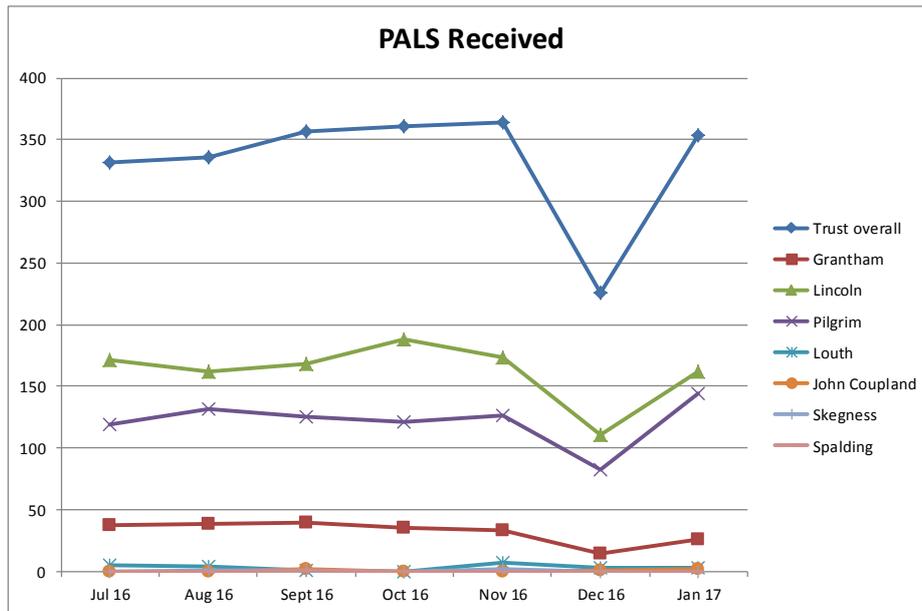


LSE project

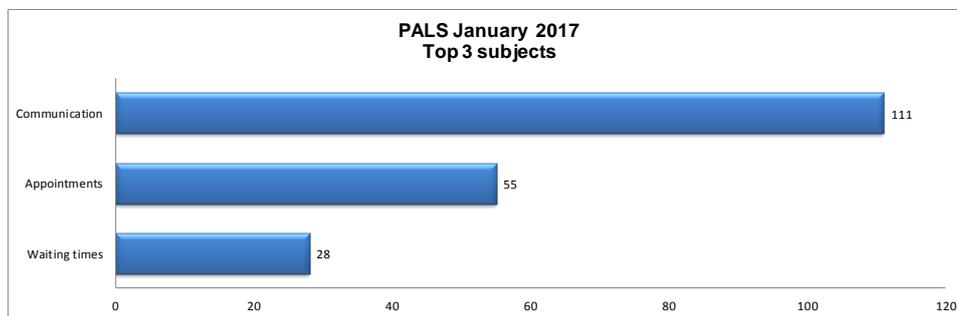
We continue to work with LSE and the Cabinet Office Behavioural Insights Team and the Trusts in the pilot are to be networked and it is understood that NHSI were interested to know which Trusts were involved and innovating in this field. Following receipt of the report the team are keen to continue reporting in line with severity of the concerns raised and the stage in care that they refer to. This will be introduced once DATIX is able to be configured to these fields.

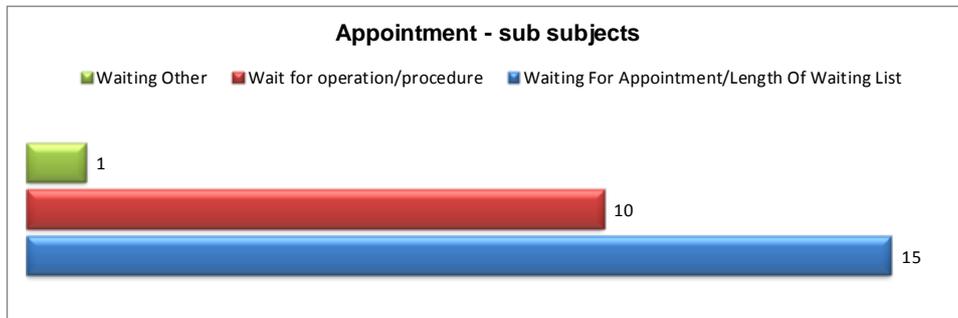
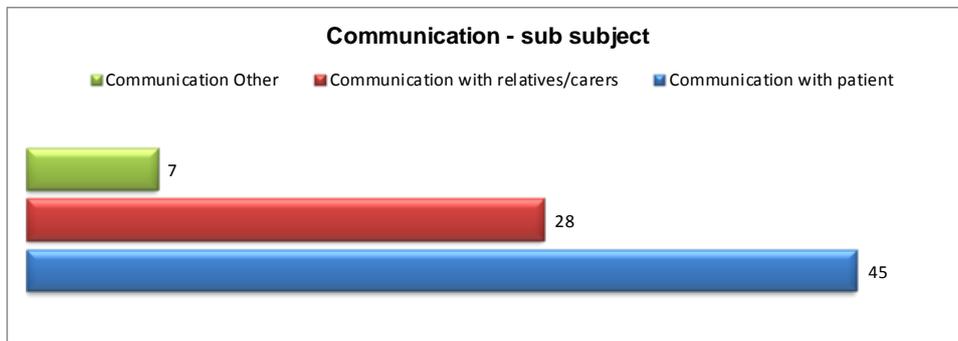
PALS

353 PALS concerns were received in January 2017.



Top 3 subjects

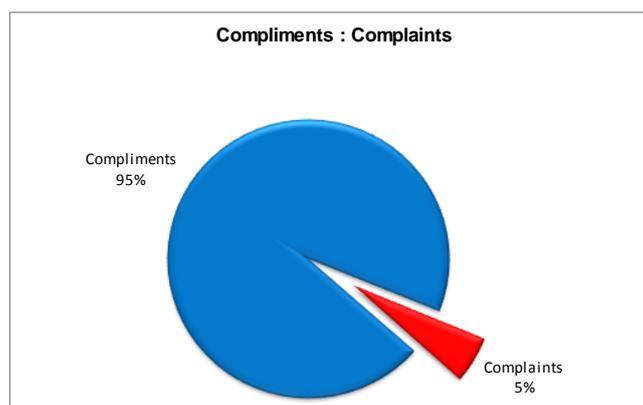




- Outcome:
 - 300 resolved
 - 12 signposting & information given
 - 8 passed to formal complaints
- Time spent:
 - 110 were resolved within one hour
 - 112 within one day
 - 73 took a week to resolve
 - 25 required a month until resolution

COMPLIMENTS

The ratio on compliments vs complaints for January is **18:1*** clearly the increase in complaints for January and the reduction of counting compliments received have seen an overall reduction on the ratio. *Compliments data derived from counting compliments project and Patient Opinion stories



FRIENDS & FAMILY TEST

Current FFT performance against national averages (January 2017 data)

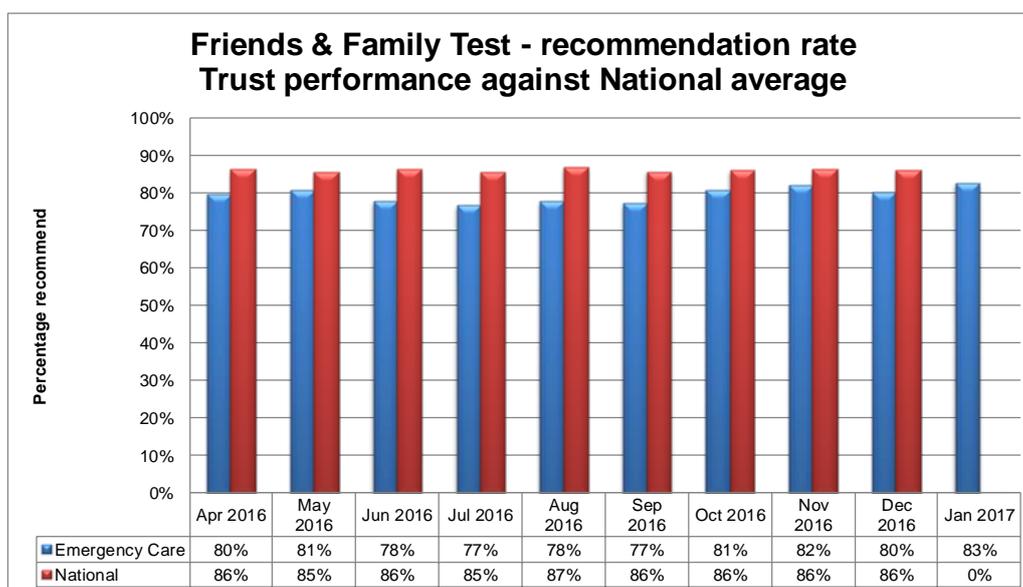
- Trust overall 1% improvement
- IP 1% improvement
- EC 3% improvement
- Day case 1% decrease
- Therapies 2% improvement
- Paediatrics 1% improvement
- Outpatients static

Stream	Would recommend			Would not recommend	
	Monthly performance	Against target	Change from last month	Monthly performance	Change from last month
Trust overall	92%	n/a	1%	3%	-1%
Inpatients	90%	-6%	1%	5%	0%
Emergency care	84%	-3%	3%	9%	-2%
Day Case	95%	-1%	-1%	2%	1%
Outpatients	93%	1%	0%	2%	0%
Paediatrics	77%	n/a	1%	16%	-3%
Therapies	94%	2%	2%	2%	-1%
Radiology	0%	-92%	n/a	0%	n/a
Antenatal community	100%	5%	7%	0%	-7%
Labour Wards	100%	3%	0%	0%	0%
Postnatal wards	92%	-2%	2%	2%	-5%
Postnatal community	100%	2%	0%	0%	0%

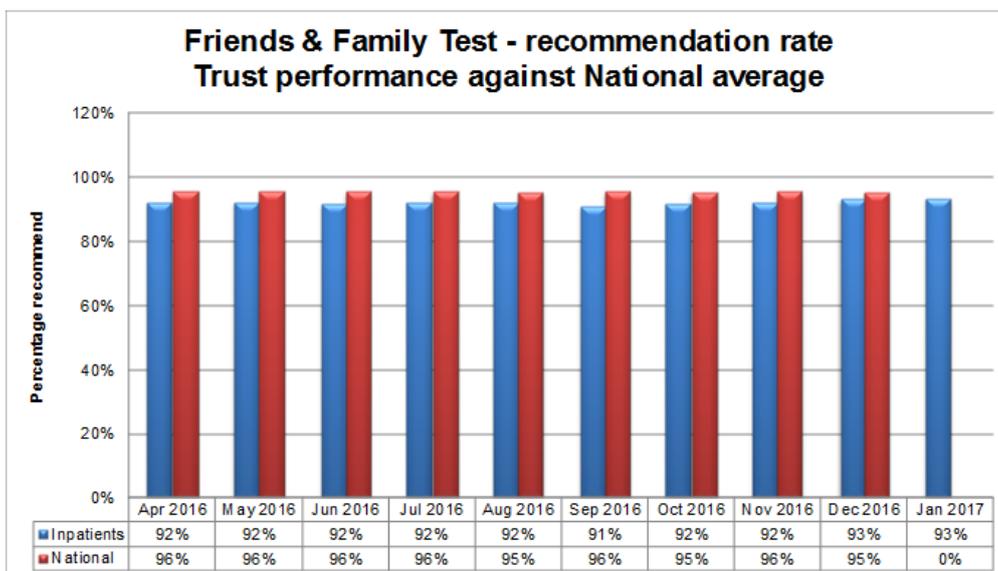
The 'target' is a ULHT internal target as we stretch to reach national averages.

Benchmarking

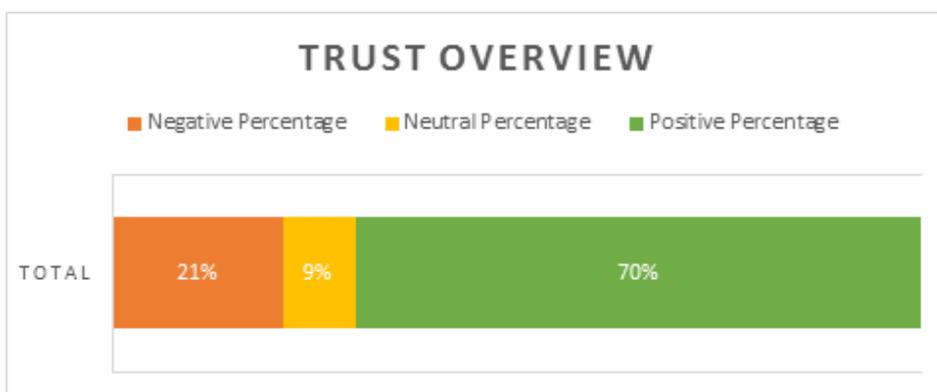
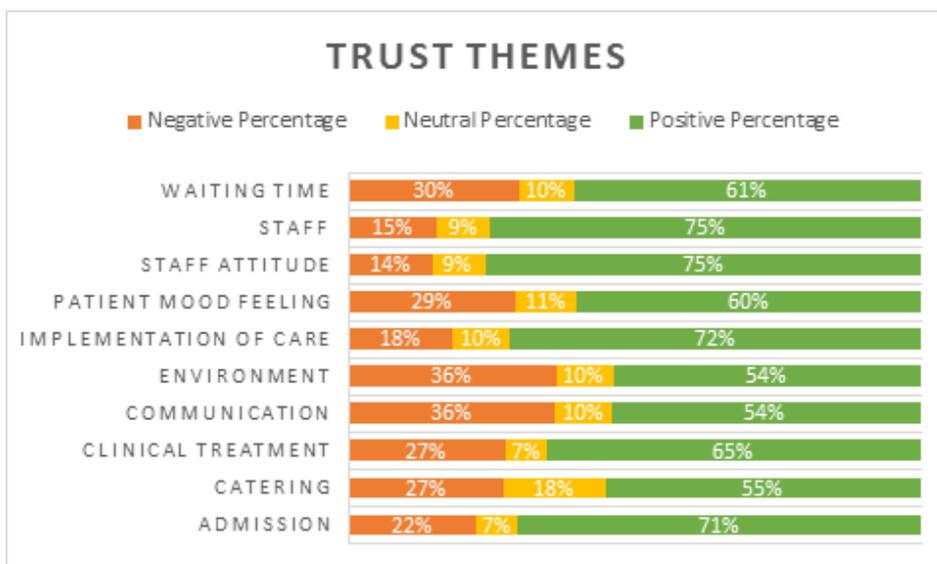
Emergency care – ULHT is still below national % recommends but had been improving gradually. Comparison with the published December national data shows slippage in the % recommends and has resulted in ULHT being ranked 119 against 141 Trusts



Inpatients including day case – ULHT is still below the national % recommends; scores dropped in September but lifted marginally in October & November. A comparison against the national December published data shows ULHT no increase % recommends. Benchmarked with 173 Trusts ULHT is ranked 143.

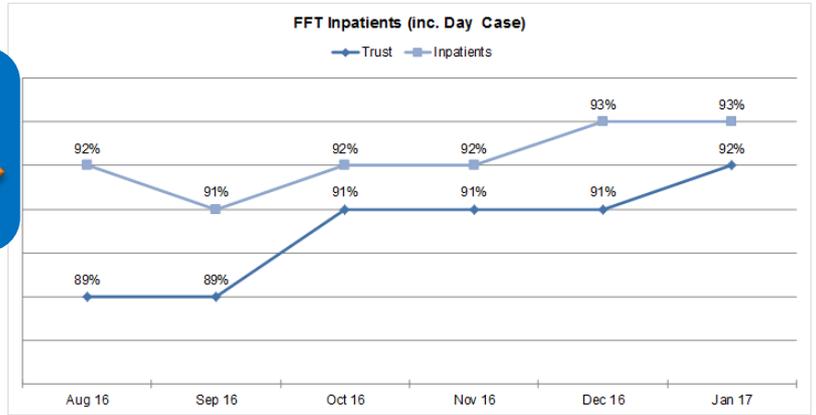


The charts below show the overall number of positive, neutral and negative themes based on all FFT comments by theme. There has been a 3% improvement within the positives over the last month.



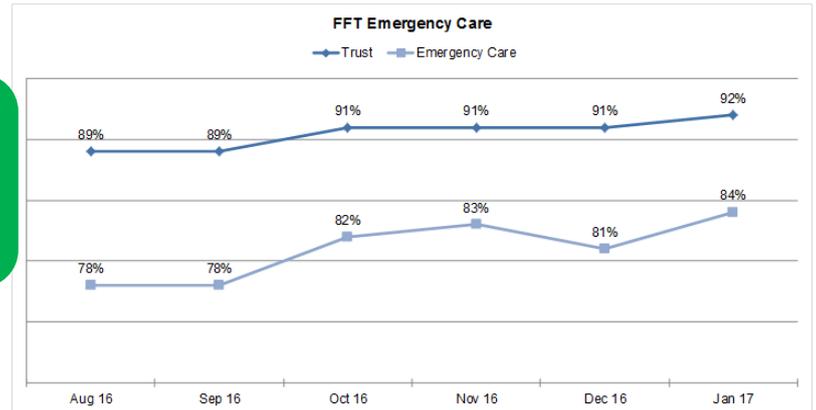
Inpatient & DC FFT

93% Would recommend our services ↔
3% Would not recommend our services ↔



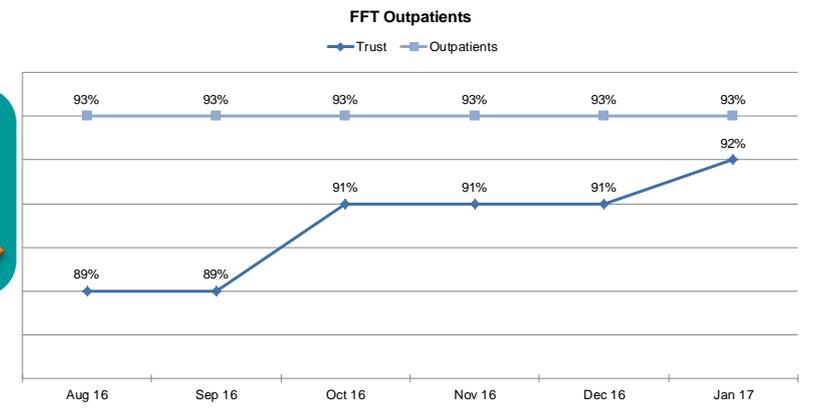
Emergency Care FFT

83% Would recommend our services ↑
10% Would not recommend our services ↑



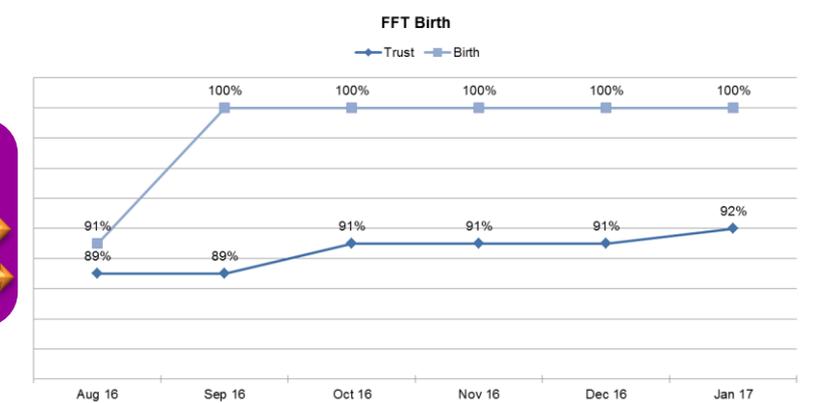
Outpatients FFT

93% Would recommend our services ↔
2% Would not recommend our services ↔



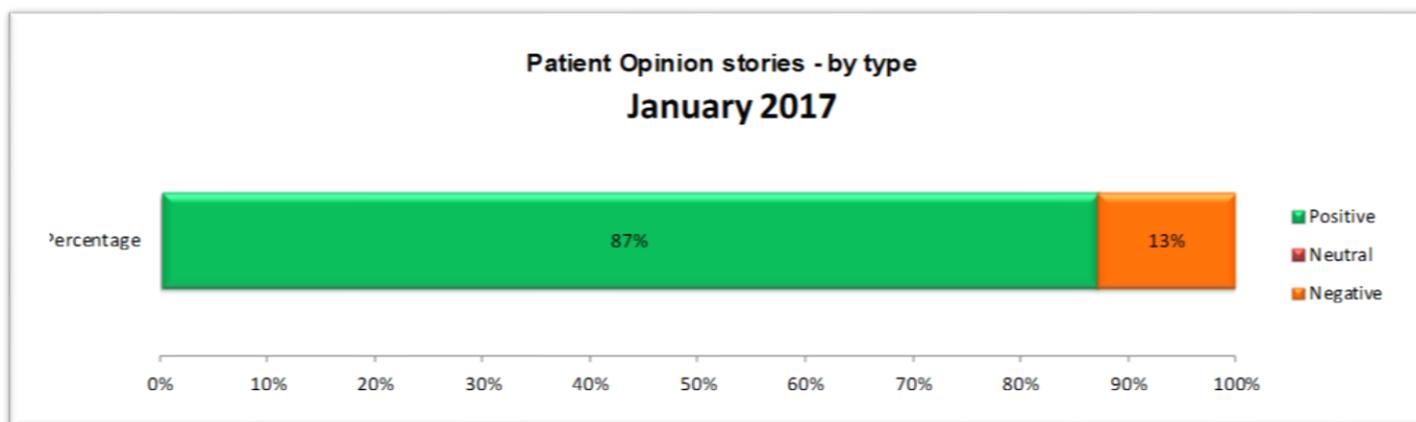
Maternity Birth FFT

100% Would recommend our services ↔
0% Would not recommend our services ↔



PATIENT OPINION

55 stories have been posted during August and have been read 8,905 times. This equates to each story being read 1652 times.



“They provided me and my husband with all the information we needed at that awful time”

LCH. Read 720 times

After a routine 12 week scan, it showed that I had miscarried at around 6 weeks, but without any symptoms. I was referred onto the early pregnancy unit. I cannot praise them enough for their support. They provided me and my husband with all the information we needed at that awful time, but in a tactful supportive manner. Most importantly, to me anyway, provided hope for the future. Which in your time of need has a very profound impact. I opted for medical management (which unfortunately didn't work), but the staff on Branston ward were fantastic, throughout the whole process. They provided excellent holistic care, but also respected me and my husband's privacy as and when we needed it. I was thankfully discharged home for the weekend and returned on Monday for the surgical management. Again staff on Branston ward provided me with the necessary information and support I needed. The anaesthetic team in theatres were so very nice, chatty and friendly, putting me at ease. Same goes for the recovery nurses. After a busy bank holiday, they all still had a smile on their face and chatted with me, like I could have been the first patient of the day. They made a difficult situation more bearable. For which I will be forever grateful. The aftercare on Branston ward was second to none. They tended to my every need which thoughtfulness and definitely kept my dignity in place at all times. So thank you all so much!



Firstly, can I thank you so much for taking the time to post this feedback. I try to ensure the team on the ward are fully aware of the impact their attitudes and actions can have on patients, and it is very rewarding when someone takes the time and trouble to let us know that we are, both as a team and as individuals, getting it right. I am delighted we were able to support both you and your husband through this difficult time, and will be pleased to be able to share your comments with both my team on Branston ward and the anaesthetic team. Thank you once again Sister Dupe Adewuyi, Branston Ward

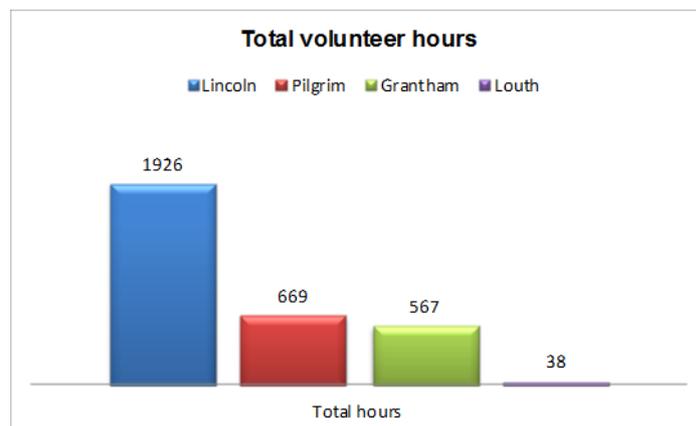
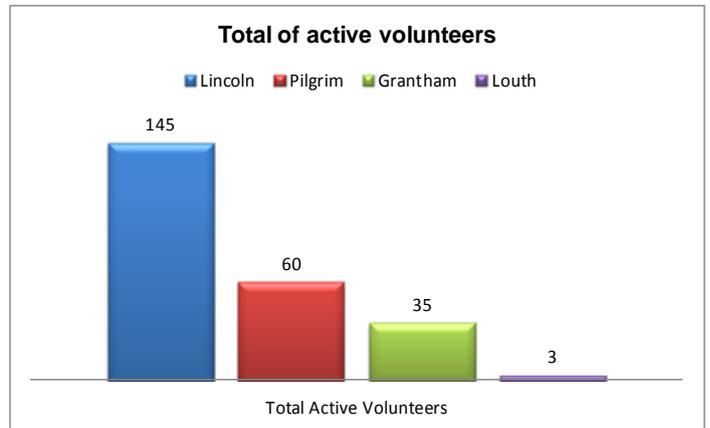
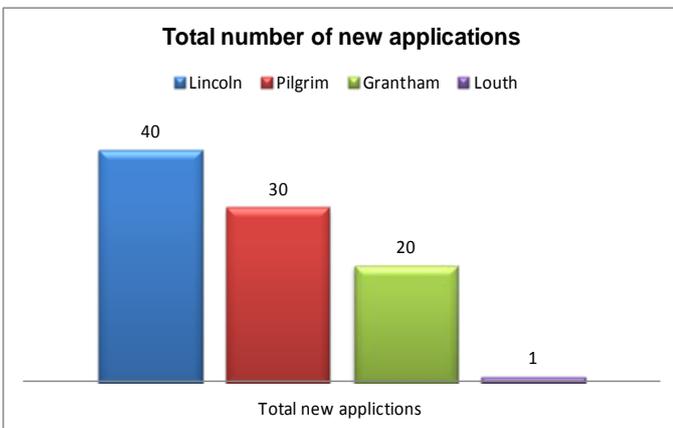
Thank you for the feedback and we really appreciate that you have taken the time to post your kind words, ULHT staff are committed to providing a kind, caring, supportive service to our patients and I'm pleased that staff on Branston ward were able to support you and your family during a difficult time.
Nicky Kirk, Specialist Bereavement Midwife ULHT

VOLUNTARY SERVICES



New Volunteer Activity	Lincoln	Pilgrim	Grantham	Louth	Total
New Applications	10	22	12	1	45
Started During Month	2	0	3	0	5
Applications in progress	28	8	5	0	41
Total	40	30	20	1	91
Volunteer Placements	Lincoln	Pilgrim	Grantham	Louth	Total
On Ward	28	9	4	0	41
Day Wards	24	9	1	1	35
OPD/Clinics	19	12	2	1	34
A&E/Assessment units	5	0	7	0	12
Pharmacy	4	0	9	0	13
Chaplaincy	12	17	4	1	34
Macmillan	6	7	3	0	16
Catering	29	0	0	0	29
Admin/Other	18	6	5	0	29
Total Active Volunteers	145	60	35	3	243
Total Hours	1926	669	567	38	3200
WTE	51	18	15	1	85

Leavers				Applications - Marketing Sources			
Reasons for leaving	Month	YTD	%		Month	YTD	%
Unknown	0	22	23%	ULHT Website	4	44	46%
Deceased	0	3	3%	Volunteer Centre	1	5	5%
Moved	0	6	6%	Hospital Posters	4	20	21%
Health	2	17	18%	Family/Friends	3	21	22%
Family	2	15	16%	Current Volunteers	0	13	14%
Employment/Uni	2	12	13%	Local Media	25	61	64%
Other	1	19	20%	Recruitment Events	0	0	0%
Unhappy @ULHT	0	1	1%	Other	8	28	29%



Patient Experience news and developments

New customer care training



Communication *First!*

Having seen a continued trend in complaints and feedback that communication is a core issue the patient experience team have developed and launched a new 'customer care' training programme and initial evaluation has been very positive. The highly interactive 2 hour sessions focus on Trust values and behaviours and also consider perceptions first impressions but also lasting impressions; sessions are scheduled monthly rotating around the sites and to date 107 staff have booked places.

'Ask Me' Campaign

Our new campaign developed as a result of widespread discussions with our patients and particularly the Boston Disability Forum and Lincs Sensory Services is being launched in February. Many of our patients may have needs that aren't always immediately evident. Whilst our nurses and doctors involved in day to day care will be aware of such needs and they will be documented in care plans and medical records there are many of our staff and colleagues who 'dip in and out' of care and may not know, for example pharmacists, housekeepers, porters or volunteers. People with physical disabilities or sensory impairments face a variety of challenges that are unique to each individual, and each individual will subsequently develop coping strategies and ways to manage these challenges on a day to day level. Imagine adding a physical illness to that challenge and the need to be admitted to hospital – all the techniques and ways of doing things that maintain dignity and control can become utterly lost, you can become completely dependent on the people who are caring for you.

Our patients told us:

**You are the experts in healthcare,
but I am the expert
about me, so please just**

'Ask me'

It was suggested that an ID bracelet would be a good way for staff to easily identify a patient who had a sight or hearing loss or impairment. A selection of bracelets were provided to the forum, mindful that as a Trust we already use a red version to highlight drug allergies, and the members voted on the different colours choosing the orange and pink one shown below as they felt that these would stand out easily to staff. The band will not have any writing on so whilst the initial concept related to sensory impairment it could be used for wherever an additional or 'hidden' need is identified.



For example a blind patient may be able to manage their dinner without assistance but only if you put their plate and cutlery in a particular position and to have the plate turned so that the vegetables are placed at 11am if the plate was like a clock, or a deaf person who lip reads always needs to see staff when they are speaking so if they are lying flat may not know what we are trying to say. Everyone is individual – so we need to just ask. The simple aim is that if any of our staff see a patient wearing one of these bracelets then this should prompt them to just ask.

What this will look like in practice:

- A patient with a sight or hearing impairment is admitted and you consider that not all staff will be aware of the need for some extra help then explain that we have these brightly coloured wristbands so staff are aware and ask them if they would like to wear one. Remember however that if for some reason they don't want to then you still need to consider how their particular needs can be met.
- Apply the wristband – ensure it doesn't interfere with the formal ID or allergy wristbands to maybe use the other arm.
- Provide one of the information flyers to the patient so that they or one of their relatives / carers can complete a survey afterwards and we can evaluate how the initiative is going.
- Document that a wristband has been given in the patients care plan and tell staff at handovers and board rounds.
- If you come across a patient wearing one of the wristbands consider first that they may be blind (and this is not always obvious) gently touch their arm or shoulder and perhaps say something like "Hello, my name is Jennie, I am a nurse, I notice you have one of our 'Ask Me' wristbands on – what extra can I do to help you?"
- If the patient has a hearing impairment the above approach is still entirely acceptable as gently touching the patient will probably gain their attention and they will look at you and you will be able to see if they are lip reading or if they are responding to you.
- It may be that the patient for whatever reason is unable to respond to you – the wristband still acts as a prompt to ask another member of staff or to check the care plan.
- The rest is basically up to all of us wherever we work; if we see the wristband we know we need to talk to the patient