

PATIENT EXPERIENCE REPORT

September 2016 (August 2016 data)

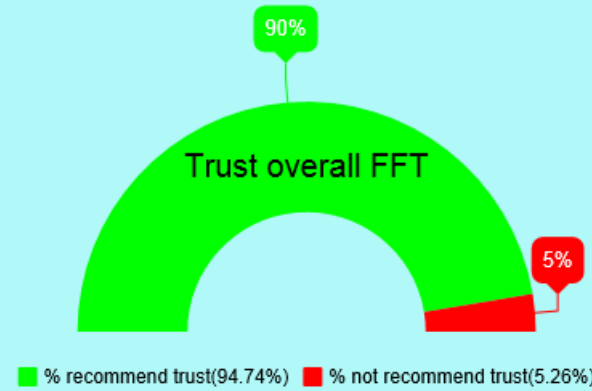
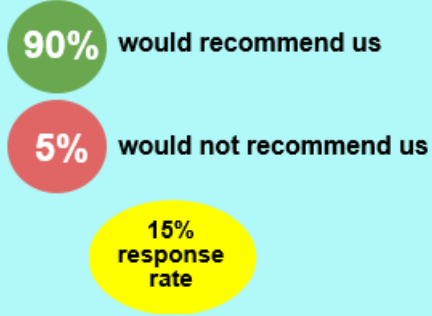
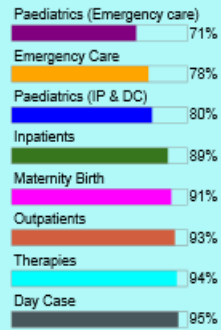
This report is in two sections:

1. Trust level report

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

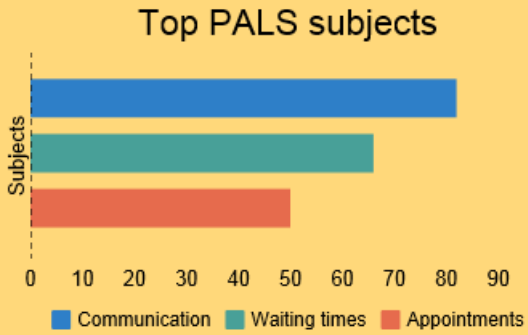
2. Paediatrics

Friends & Family Test



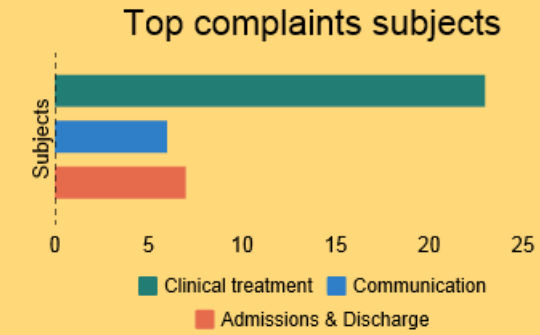
PALS

366
PALS concerns received

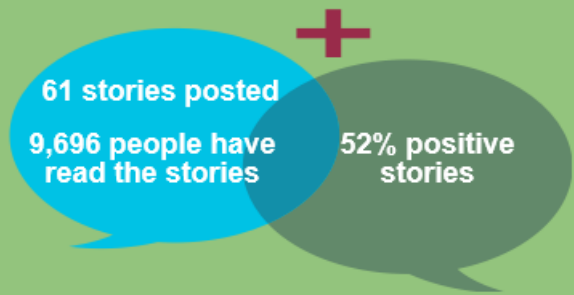


Complaints

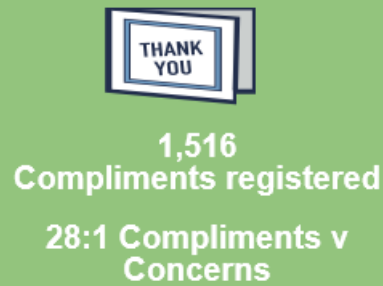
60
Complaints received



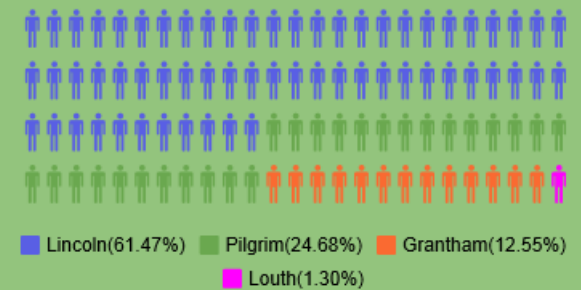
Patient Opinion



Compliments



Volunteers



Patient Experience Report August 2016



Inpatient & DC FFT

92% Would recommend Inpatient Services
3% Would not recommend Inpatient Services



(July 2016)



Emergency Care FFT

78% Would recommend Emergency Care Services
13% Would not recommend Emergency Care Services



(July 2016)



Maternity Birth FFT

91% Would recommend Maternity Services
9% Would not recommend Maternity Services



(July 2016)



Outpatients FFT

93% Would recommend Outpatient Services
3% Would not recommend Outpatient Services



(July 2016)

12,826
ratings received

11,166
comments received

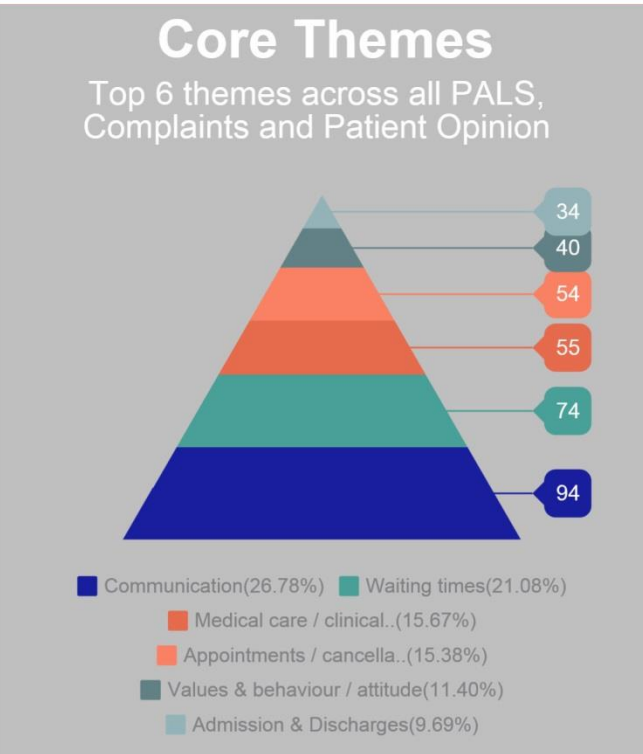
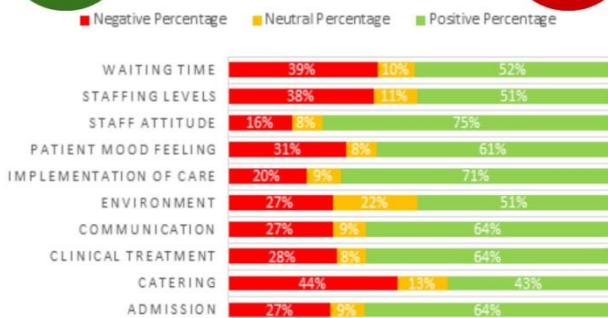
52% positive stories
 2% neutral stories
 47% negative stories

FFT Themed Analysis

65% positive

25% negative

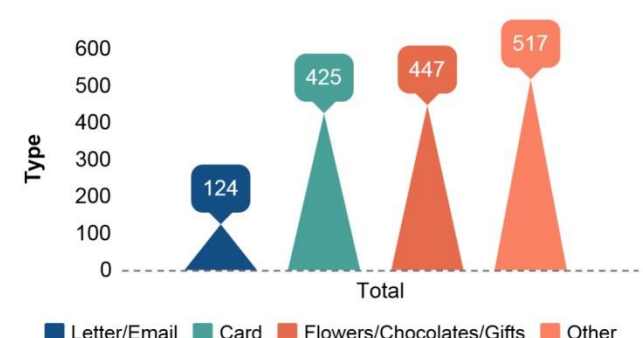
TRUST THEMES



54 stories posted
9,128 reads

1,516 Compliments received this month

Compliments by type - August 2016



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

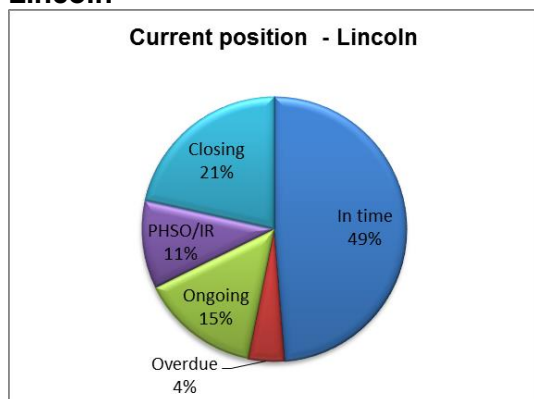
SECTION 1 - TRUST LEVEL REPORT

COMPLAINTS

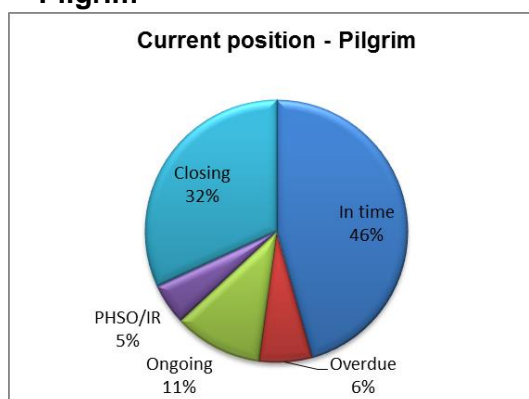
Complaints Received 2015/2016					
	May	June	July	Aug	Movement
Trust	63	63	48	60	↑
Pilgrim	26	22	22	19	↑
Lincoln	28	38	25	30	↑
Grantham	9	3	1	11	↑

Current Position

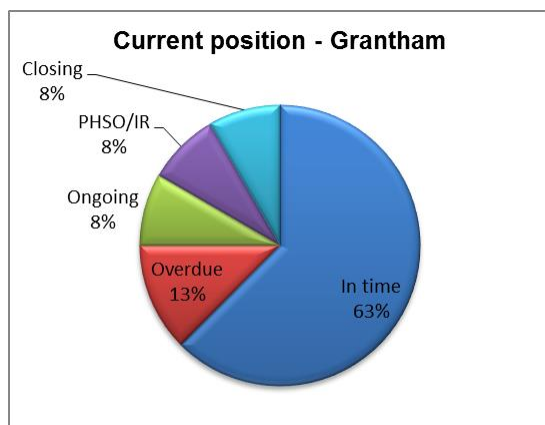
Lincoln



Pilgrim



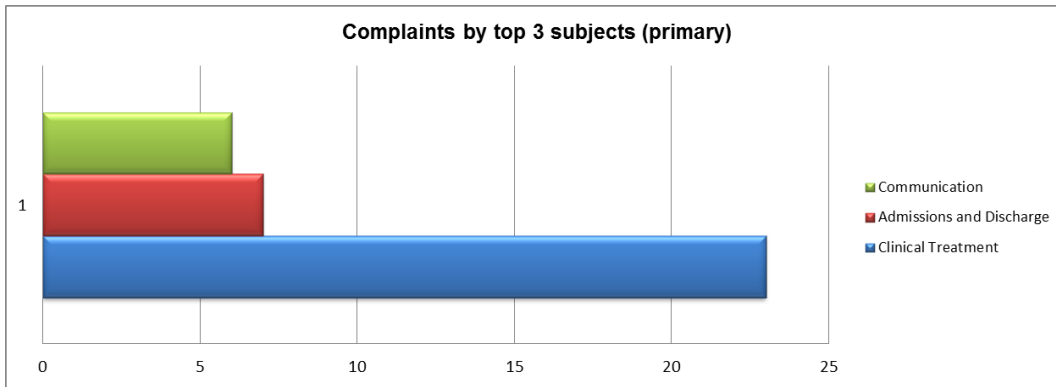
Grantham



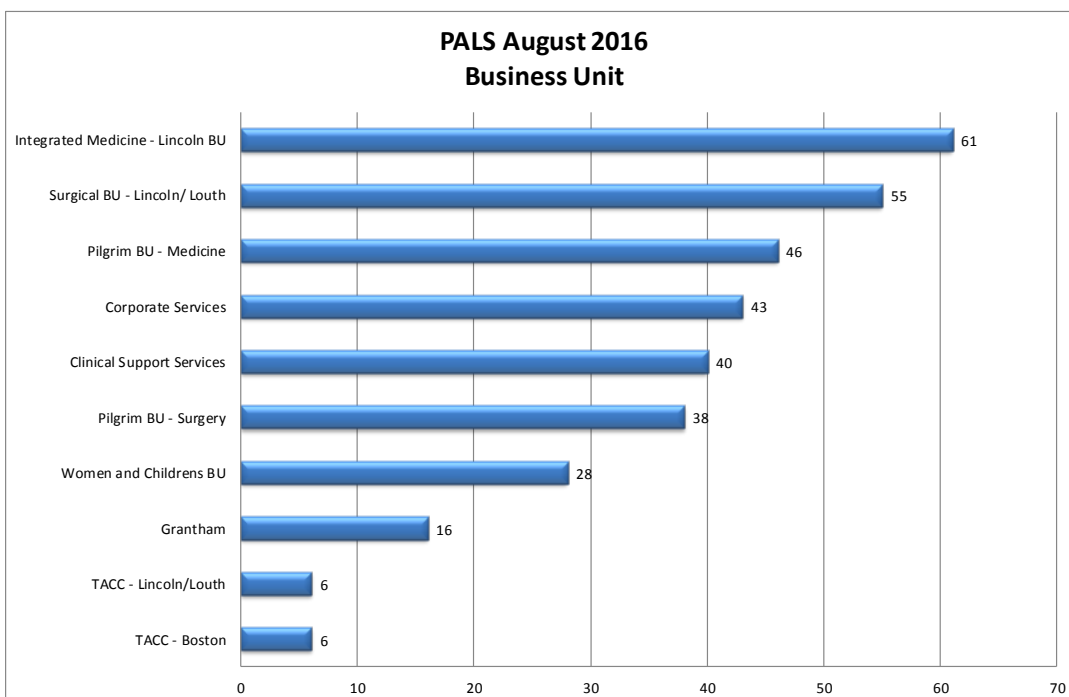
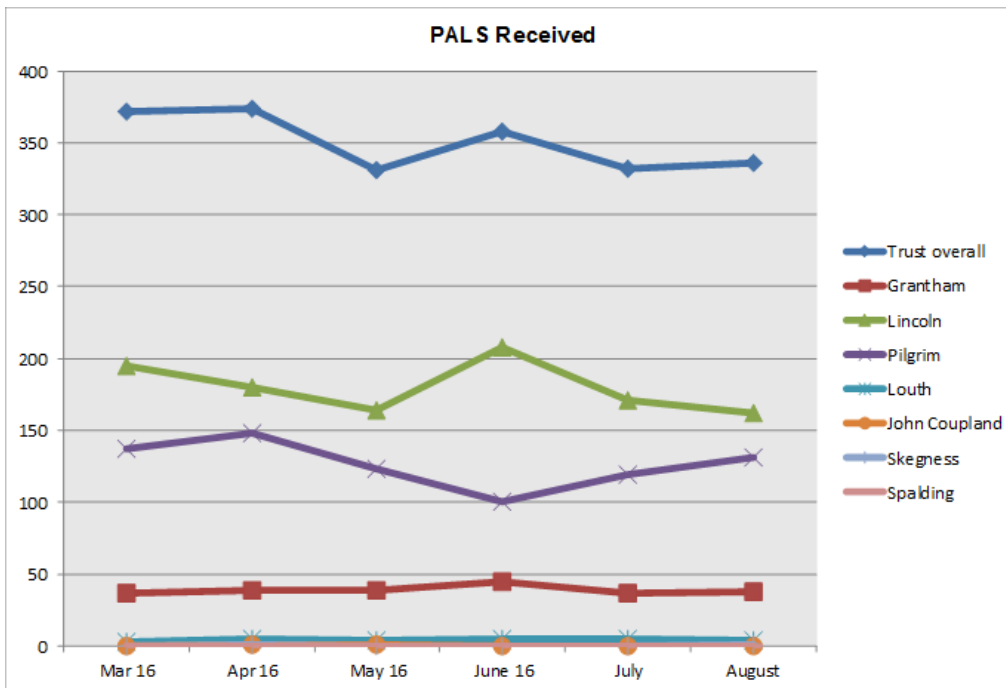
We put a plan in place to clear the overdue complaints by the end of September and we are on track to do this. We currently have 18 overdue complaints across the Trust. 11 of these are at Trust Headquarters awaiting approval and sign off, the remaining 7 are in the final stages and have been requested to be back with complaints by the week ending 23 September. This information is reported monthly in the scorecard and also to the Trust Board..

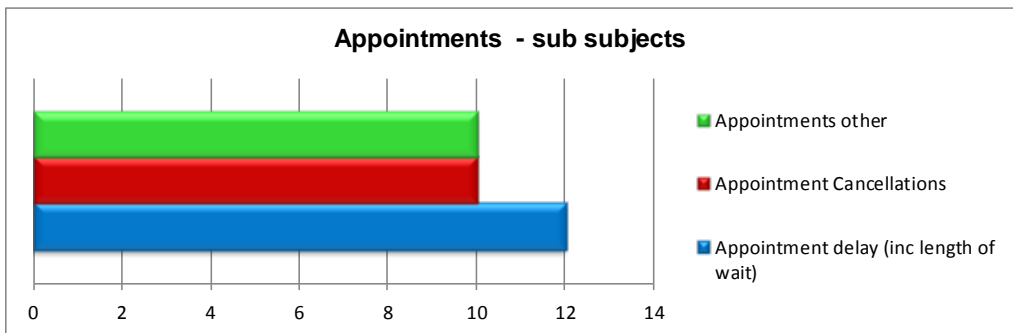
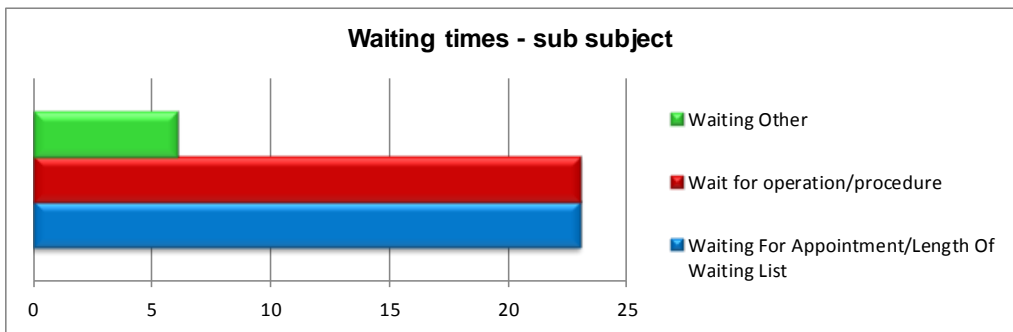
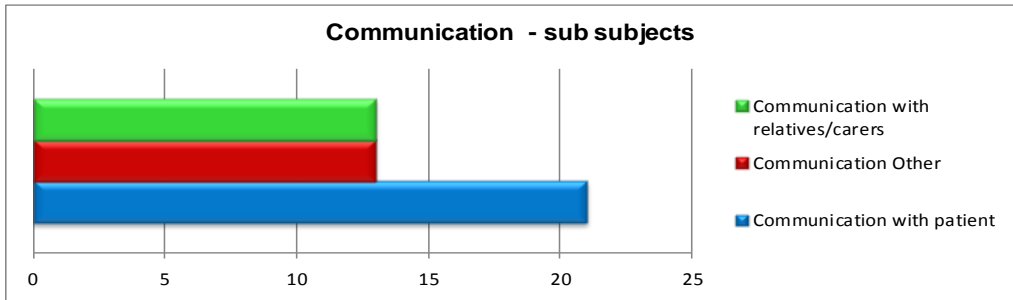
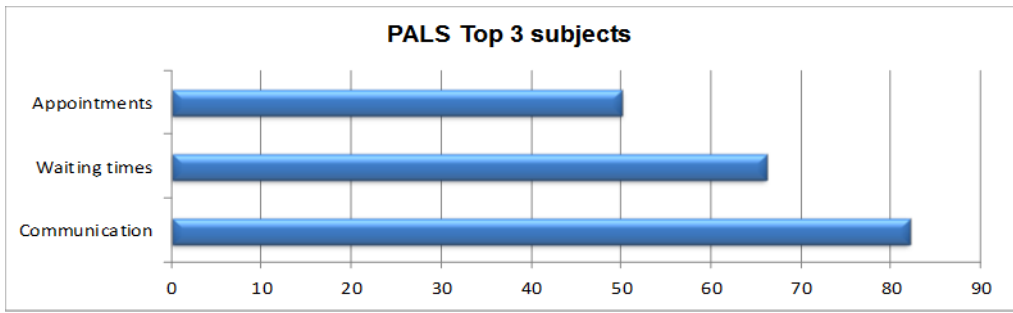
Case Manager training is being delivered across all sites at least once a month and this will be advertised on the weekly communications. However small group training and 1-1 training can be requested at any time and the complaints team will be more than happy to deliver more sessions. The training is designed to ensure that all relevant staff are familiar with the “see it my way” process and their responsibility should they become involved in investigating a complaint. There is a lot of discussion around response writing, sharing good and bad practice and delivering open

and honest responses within the timescale agreed. The aim of the training is to provide quality responses on the first occasion.



PALS

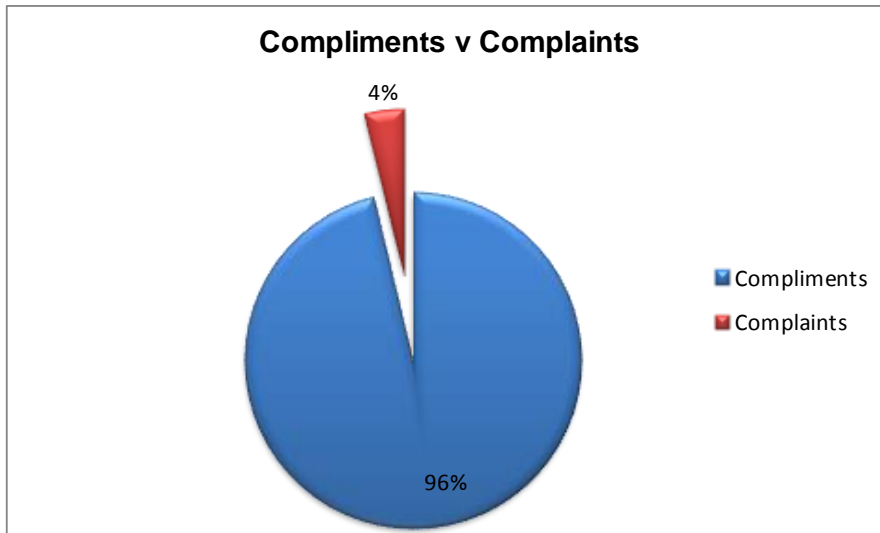




COMPLIMENTS

The ratio on compliments vs complaints for August is **28:1**

Compliments data is drawn from the patient experience 'counting compliments' project which is reliant on teams counting their thank you cards and gifts and completing a return; understandably this is not a scientific process however it is a good 'temperature' check. Patient Opinion compliments are also included.



FRIENDS & FAMILY TEST

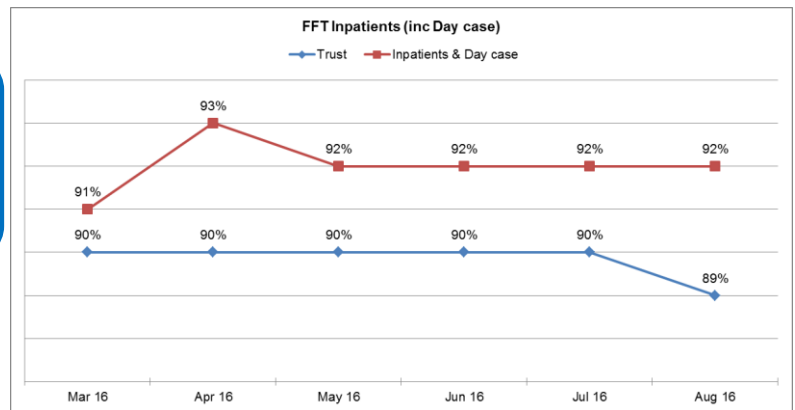
During July the Trust received **12,826** FFT ratings and **11,166** comments; response rates overall are good and within national averages; however the Trust remains within the 20% of lowest performing Trusts in terms of percentage recommends. Actions include:

- All teams are being asked for the local recovery plans on actions in place to improve their local % recommends by using the key themes and feedback received from patients.
- The patient experience team are currently contacting other trusts who have improved FFT scores to gain an understanding of how manage their FFT.
- The patient experience team have sent 'Top 10 FFT 'fixes' so teams can consider using in their local action plans.
- An expectation that every area uses their You Said – We Did posters and to keep them up to date; patients can then see that we are listening and that their feedback is making a difference

Inpatient & DC FFT

92% Would recommend our services

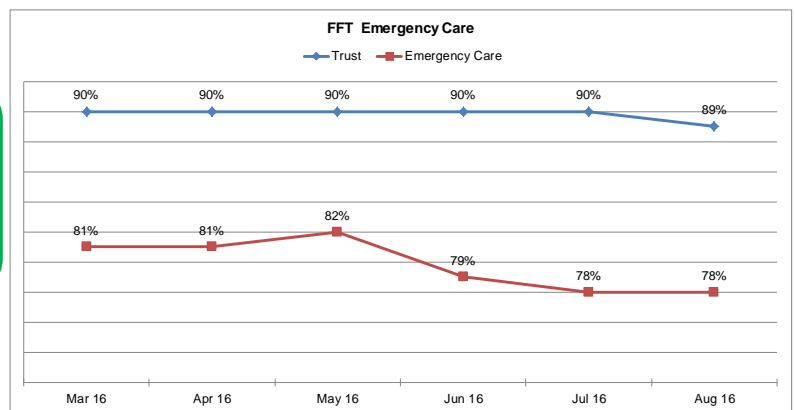
3% Would not recommend our services



Emergency Care FFT

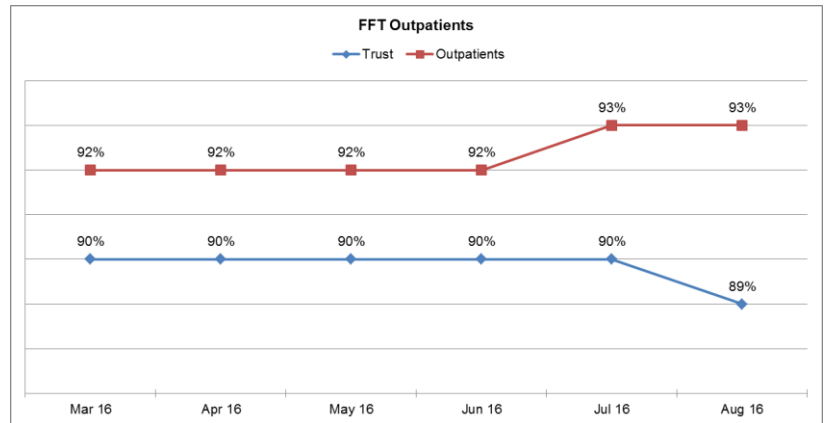
78% Would recommend our services

13% Would not recommend our services



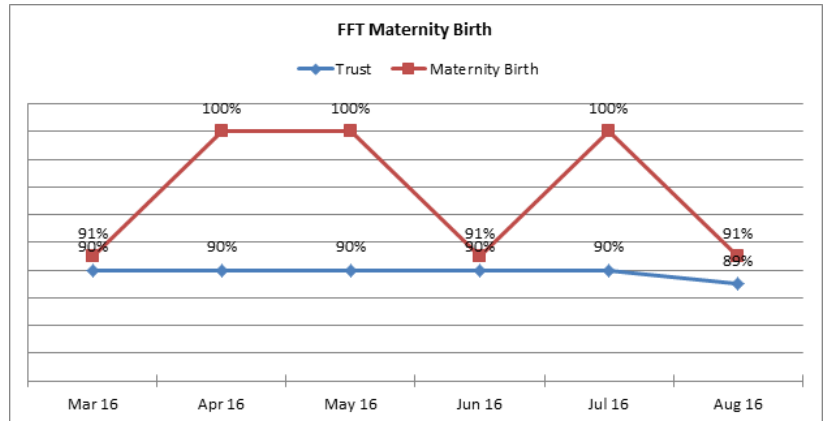
Outpatients FFT

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



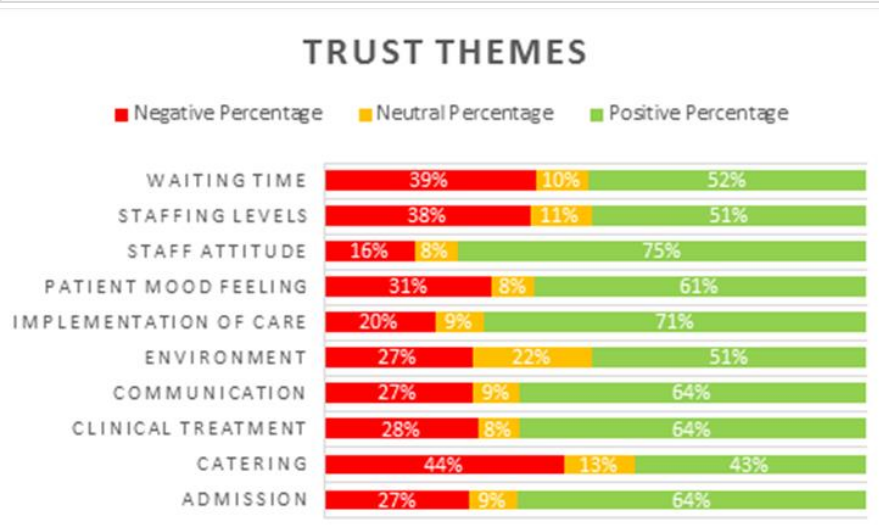
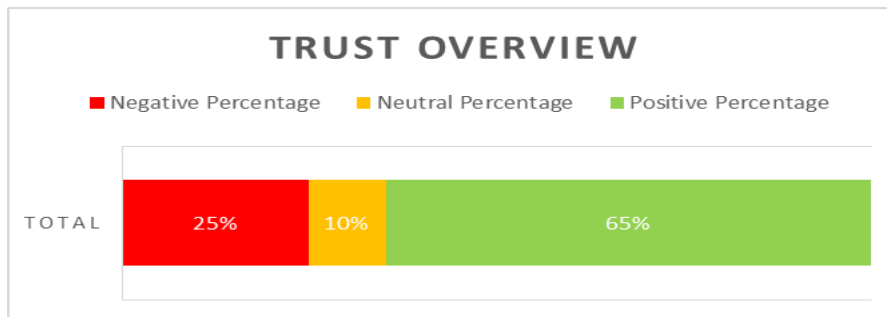
Maternity Birth FFT

91% Would recommend our services
0% Would not recommend our services



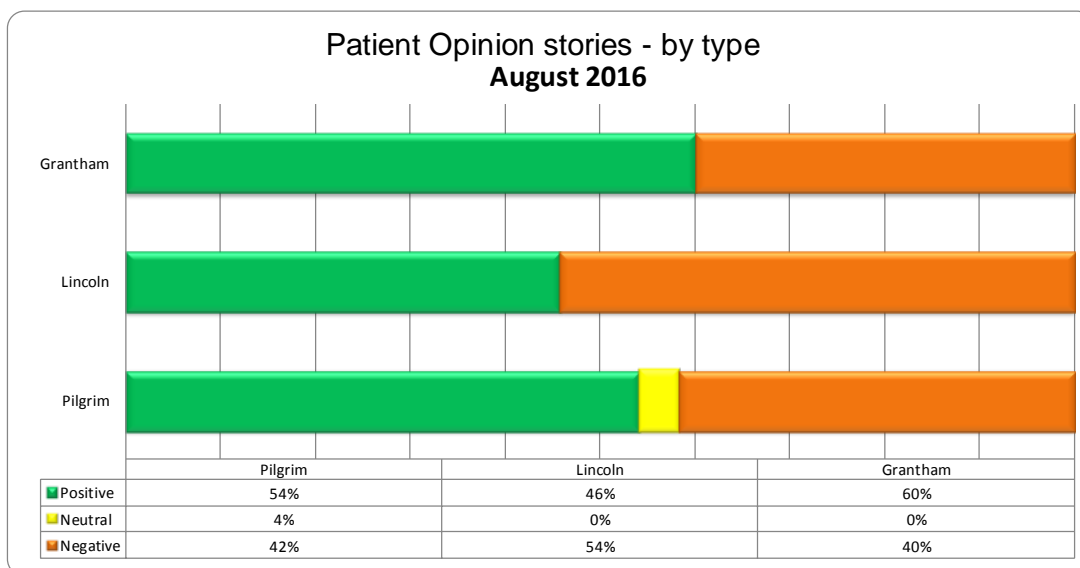
FFT Sentiment Analysis

Sentiment analysis breaks down each comment received by from patient into phrases, using punctuation and scored according to the sentiment within in the phrase – positive or negative. A score is given to every phrase and then an average score is applied to the whole comment. The charts below show the overall number of positive, neutral and negative based on all FFT comments by theme.



PATIENT OPINION

61 stories have been posted during August and have been read 9,696 times. This equates to each story being read 169 times. We know from twitter and Facebook that increasing numbers of staff are aware of and are engaging with Patient Opinion.



Dementia awareness

About: Pilgrim Hospital

Posted by Anonymous 2 weeks ago

Read 596 times

Sadly my elderly father has severe dementia and needed to have all his remaining infected teeth removed. I have been impressed at all our appointments that virtually all of the staff we encountered were very understanding of the difficulties we face. Yesterday's experience on daycase ward was made as easy as it could be by the wonderful staff of every profession. It had been agreed at pre assessment that it was in everybody's best interest if I stayed all day to support my father and that he would have a side room. This happened which made things much better for Dad and prevented him getting stressed and possibly violent. My thanks to all the staff who treated us so well whilst being highly professional.

Trust responses

Dear Anonymous,
Thank you for your lovely feedback. I will share with the teams involved in your father's care.

Kind regards

Sister Cindy Devlin - Day Surgery Unit

VOLUNTARY SERVICES



New Volunteer Activity	Lincoln	Pilgrim	Grantham	Louth	Total
New Applications	5	1	0	0	6
Started During Month	5	1	2	0	8
Applications in progress	18	10	8	0	36
Total	28	12	10	0	50
Volunteer Placements	Lincoln	Pilgrim	Grantham	Louth	Total
On Ward	26	11	3	0	40
Day Wards	24	7	1	1	33
OPD/Clinics	19	11	2	1	33
A&E/Assessment units	6	0	5	0	11
Pharmacy	3	0	8	0	11
Chaplaincy	15	19	3	1	38
Macmillan	6	6	3	0	15
Catering	28	0	0	0	28
Admin/Other	15	3	4	0	22
Total Active Volunteers	142	57	29	3	231
Total Hours	1802	530	489	198	3019
WTE	48	14	13	5	81

Leavers				Applications - Marketing Sources			
Reasons for leaving	Month	YTD	%		Month	YTD	%
Unknown	0	19	26%	ULHT Website	1	22	30%
Deceased	0	2	3%	Volunteer Centre	0	1	1%
Moved	0	6	8%	Hospital Posters	3	12	16%
Health	4	11	15%	Family/Friends	1	7	10%
Family	0	11	15%	Current Volunteers	0	3	4%
Employment/Uni	1	7	10%	Local Media	0	26	36%
Other	0	16	22%	Other	1	4	5%
Unhappy @ULHT	0	1	1%				
	5	73			6	75	

Ian Johnson Ward - Lincoln Hospital

I have been volunteering at ULHT for 6 months on the Johnson Ward.

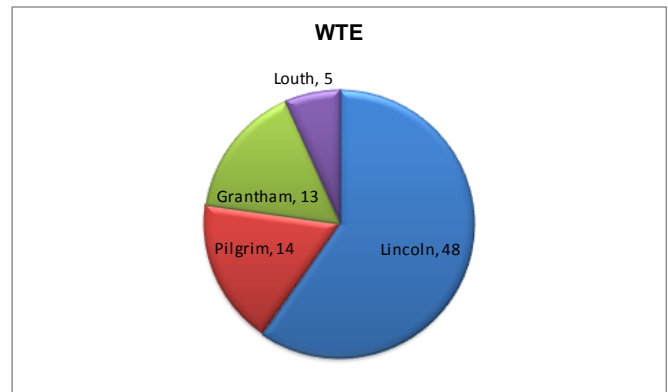
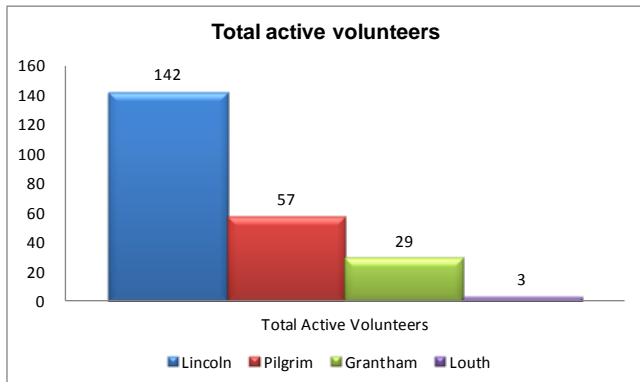
I have been helping the staff and housekeepers by doing various job e.g. dusting about the ward where the curtains are and damp dusting around the TVs to ensure all areas are clean for the patients, I also do the tea run for patients and making conversation with them to ensure they are ok and happy.

The staff are very helpful and very kind to me and have welcomed me into the Ward as part of their team. I have just retired from my place of work with I completed 37 years. Last year my father passed away and I wanted to become a volunteer to give something back due to the fantastic care my father received when he was in hospital.

Tracy Duke Ward Sister Johnson Ward – Lincoln Hospital

Ian has only been with us a short time and I have already had feedback from staff members saying what a difference he is making with the housekeeping team and how friendly and kind he is with our patients.

I very much like volunteering as it gives me the joy knowing that I am part of a team and enjoy helping others, The staff on the Johnson Ward are a great team to work with. I am proud and honoured to be working as a volunteer at ULHT.



Patient Experience new and developments



NHS Change Day started in 2013 and was the biggest day of collective action for improvement in the history of the NHS.

A countrywide event in England, NHS Change Day was a grassroots initiative devised and driven by a small group of emerging clinicians and improvement leaders (the hubbies).

Their idea was to create a mass movement of NHS staff demonstrating the difference they can make by one simple act, proving that large-scale improvement is possible.

Change Day occurred in a context in which the NHS was under great financial, organisational and reputational strain (so no change there then 😊).

This combination of factors create a climate in which NHS staff were under internal pressure and negative external scrutiny. NHS Change Day 2013 connected with that moment, providing an opportunity to transform anger or frustration into constructive action.

The most significant learning from NHS Change Day is that change of this kind is possible; the most significant impact is that tens of thousands of staff have now had the experience of taking part in collective action for change.

In 2014 and 2015 Change Day successfully built on these foundations.

Now, in 2016 Change Day is Changing; firstly NHSE asked #FabNHS to take the lead and it is now known as *FabChangeDay* and will be taking place on Wednesday 19 October 2016.

Jennie Negus, Deputy Chief Nurse (& FabNHS Ambassador), Sharon Kidd, Patient Experience Manager and Sam McCarthy- Phull, Clinical Education Nurse attended a 'FabChangeDay Activist School' session at the end of August for tips and strategies for taking this great initiative forward at ULHT and have pulled together the a proposal for the day focused on Appreciation.

- Appreciating colleagues by saying thank you

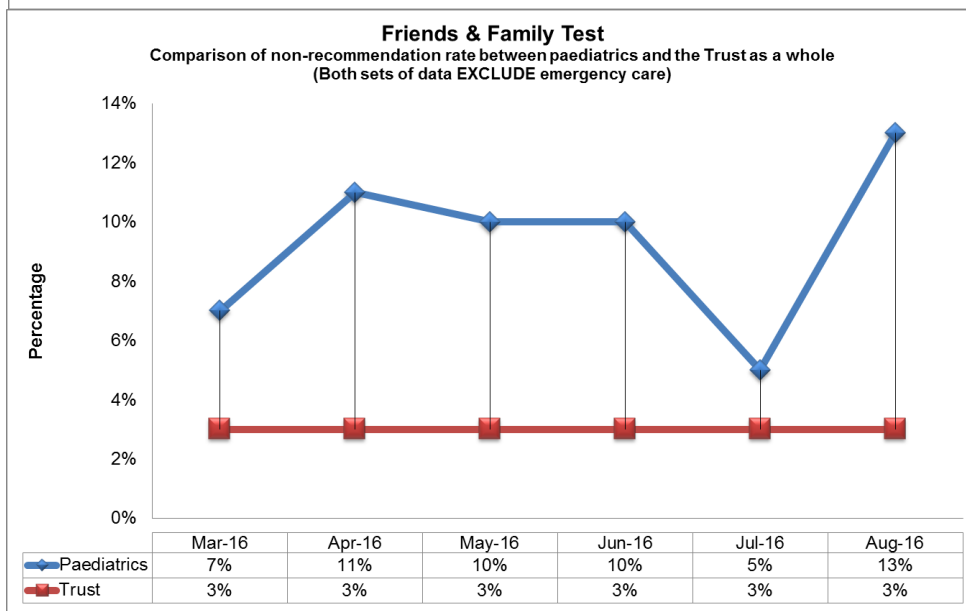
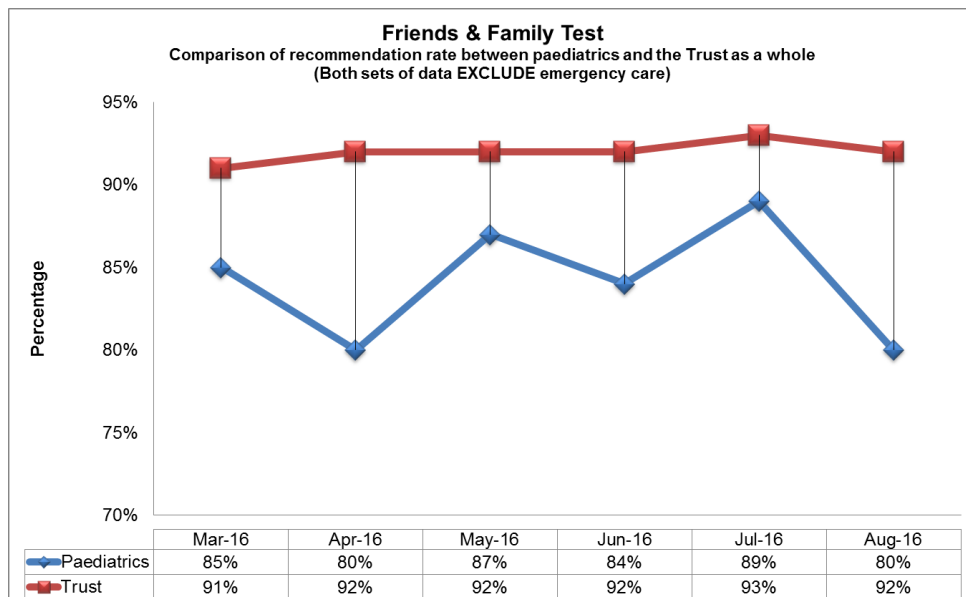
- Being appreciated - carrying out a random act of kindness
- Appreciating the difference we can make individually by making a pledge
- Appreciating others roles by participating in the world record breaking attempt for the largest 'Randomised Coffee Trial'; this brings staff randomly together for a coffee and chat.

There will be high profile coverage of FabChange Day 2016 particularly on social media and led by Dr. Terri Porrett, Roy Lilley and Helen Bevan and her Horizons team at NHSE – and as such a great opportunity for ULHT to step up and be involved.

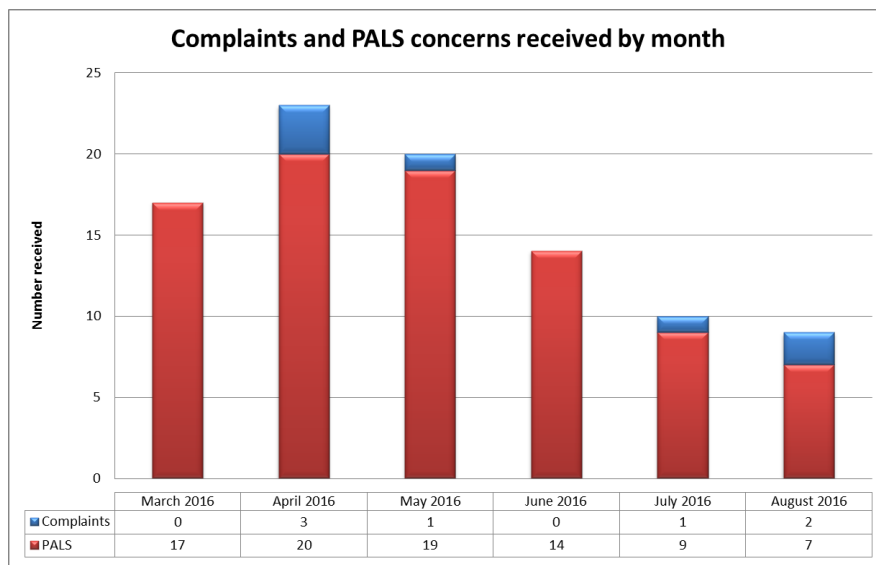
A detailed trust campaign will be issued at the end of September for all staff.

SECTION 2 – BUSINESS UNIT LEVEL REPORT – PEADIATRICS

Friends and Family Test



Complaints and PALS



Example: PALS Concern

The new mum had her baby at Lincoln County Hospital and unfortunately mum had to be taken to theatre straight after due to a retained placenta.

The mum was discharged, despite her still feeling quite poorly. The next day, the midwife came to visit and noticed that baby was looking slightly jaundice. They took the baby immediately to safari ward despite mum still not feeling well and struggling with mobility.

They saw a junior doctor and they told mum that she would need to top up her baby with formula and they were allowed to leave as all the tests results were fine.

The midwife came to visit again the next day and weighed the baby. Baby had lost 11.5% of her body weight since birth. The midwife was happy with how the baby looked, checked her latch and agreed that she wasn't concerned by the weight loss. The mum's milk was due to come in which can be at any point in the days following birth. The plan was for the midwife to come back the very next morning to check baby's weight again, something the parents were more than happy with. A call was made to safari ward to confirm the plan with them. The midwife spoke to the same doctor who had seen the parents the night before and said that the parents needed to attend safari ward immediately, despite the assurances from the midwife that the baby appeared well, hydrated and having a plan in place for the next morning.

Mum spoke to the doctor herself and explained that she had gone through surgery just two days before, wasn't feeling well (actually readmitted to hospital the next day for three days) and the visit to safari ward the day before had taken its toll. The doctor was very rude and refused to listen to the parent's wishes. The midwife and parents were then told that failure to attend would be regarded as a safeguarding issue.

The midwife decided to continue with the plan that they would check baby's weight the next morning. If the baby had not maintained her weight, then the parents would attend safari ward immediately.

That evening a telephone call was received from the same doctor demanding to know why the parents hadn't attended the hospital. The doctor again threatened the parents with safeguarding. Parents were horrified that this "professional" should call them at that time of night to threaten them again.

Thankfully the next morning the midwife confirmed that the baby had maintained her weight and has since gone on to put about 100 grams a day on. Mum wonders how many other families have been in this awful position.

Outcome

PALS referred this to sister of safari ward who then asked a senior consultant to call the parents who explained to them that the doctor was right to consider safeguarding when patients do not present to the hospital however understood it was the manner in which this was communicated to them that caused distress. A summary of the conversation will be sent to the parents.

At this point the family were still considering whether to raise this as a formal complaint since they felt the consultant was backing up the junior doctor however will not take any further action until the letter is sent to them.

The letter confirms that the junior doctor has now left the Trust and moved to a new rotation however the consultant has spoken to the junior doctor and they are planning to add this complaint to their e-portfolio and undertake reflective learning.