

## PATIENT EXPERIENCE REPORT

JUNE 2016 (May 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

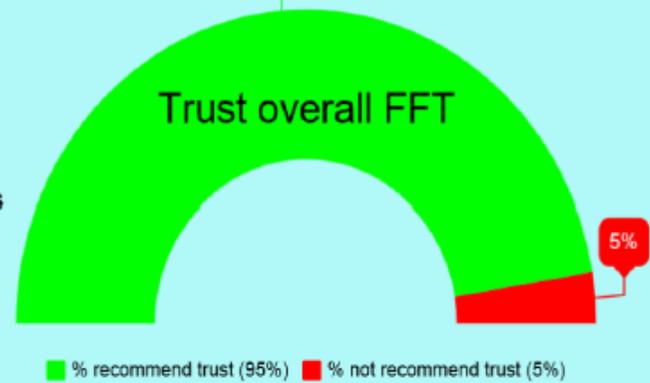
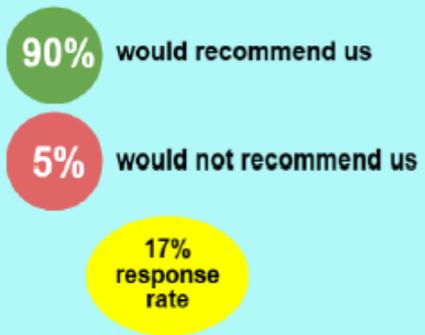
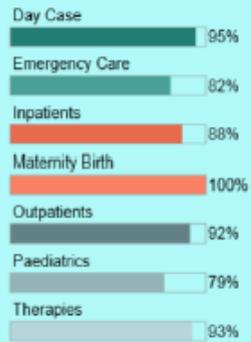
### **2. Business unit report**

Each month a different business unit will present their patient experience data as a drill down of the Trust level report.

This month = TACC Lincoln & Louth

# Patient Experience Headlines

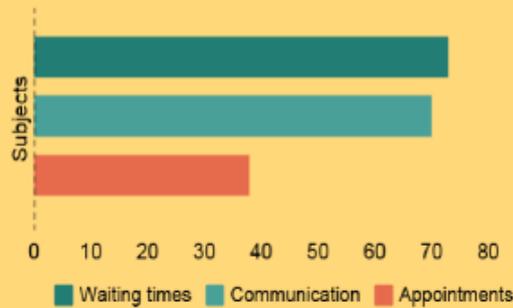
## Friends & Family Test



## PALS

354 PALS concerns received

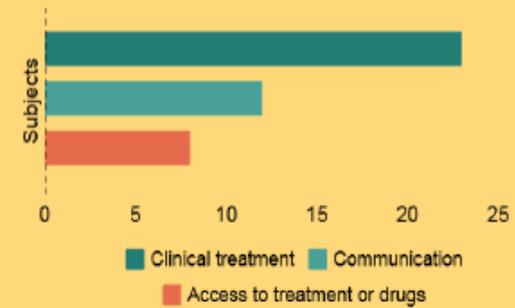
### Top PALS subjects



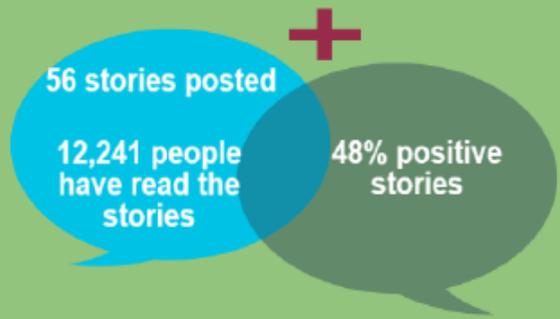
## Complaints

63 Complaints received

### Top complaints subjects



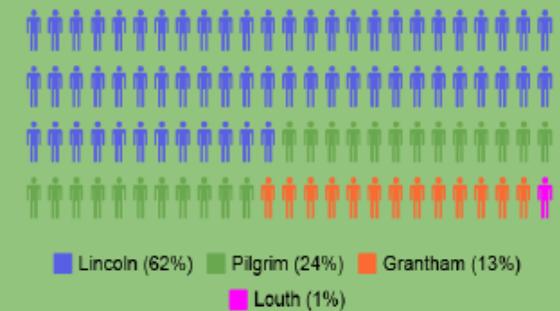
## Patient Opinion



## Compliments



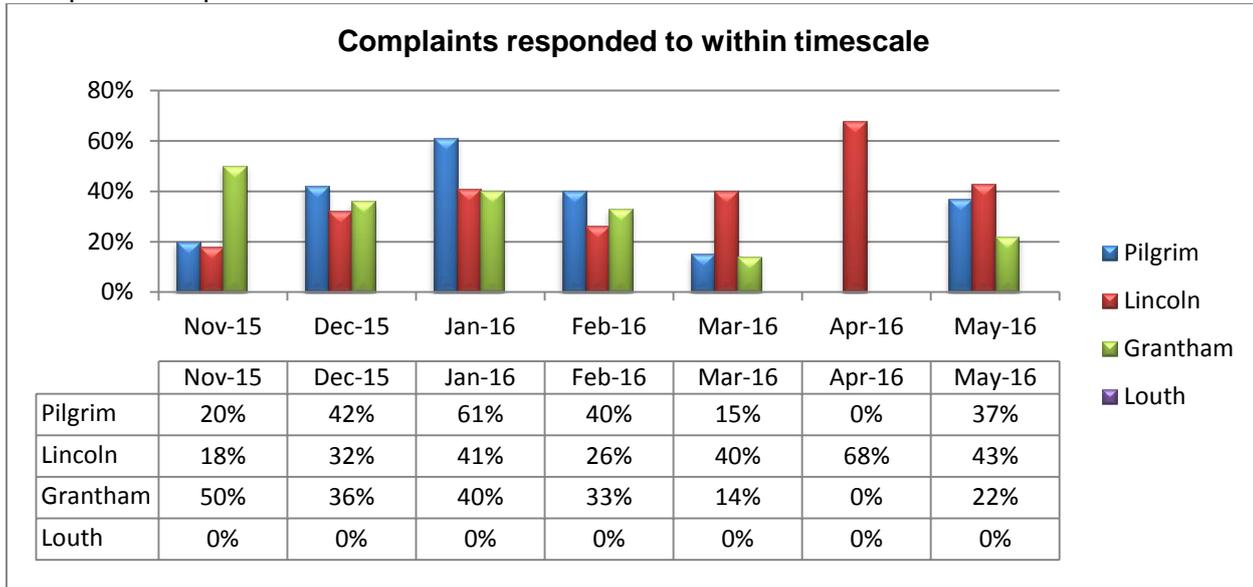
## Volunteers



## SECTION 1 - TRUST LEVEL REPORT

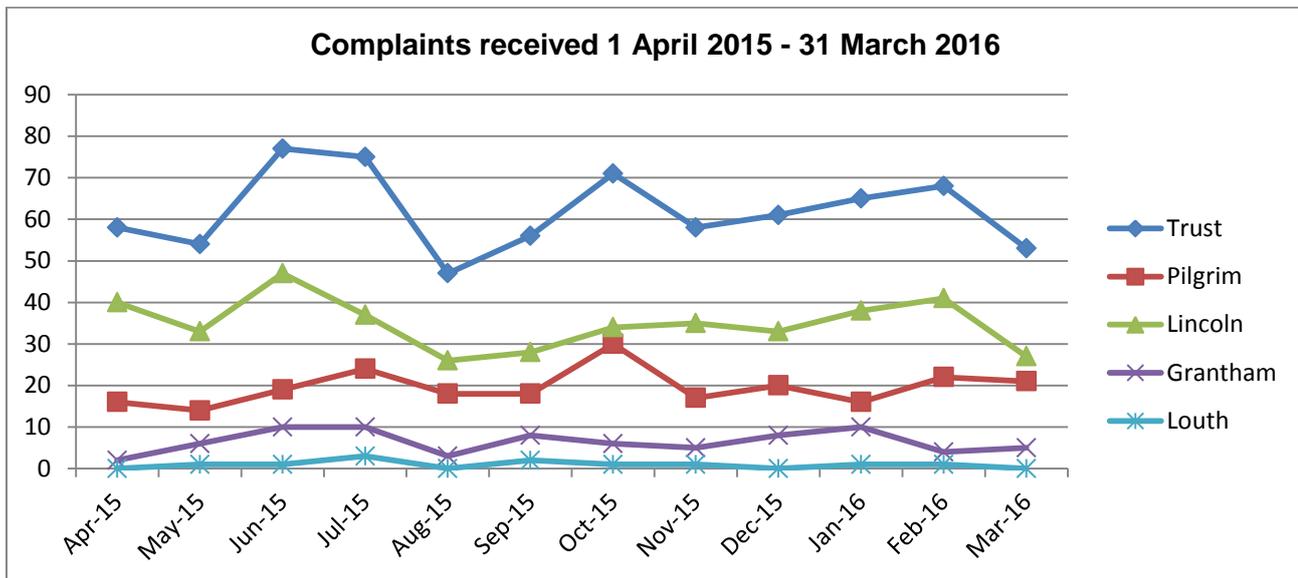
### Complaints

Complaints responded within timescale continues to be the main focus for services.

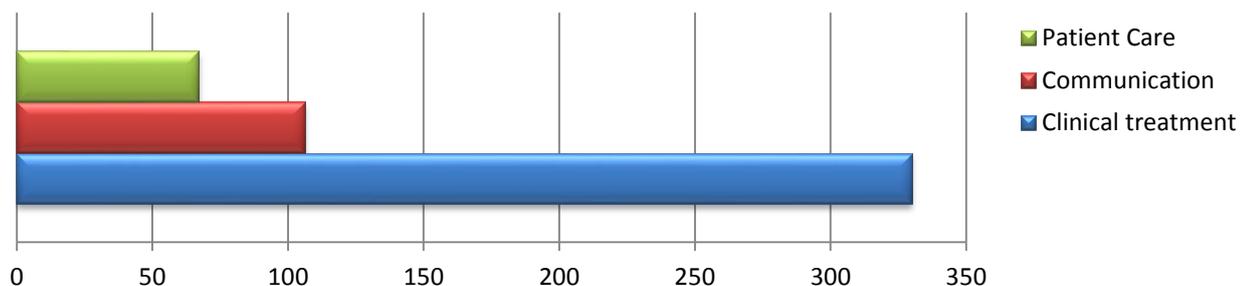


Remedial work continues to improve response times with additional support in place particularly to clear overdue complaints at the Lincoln site and to thereby return to an 'even keel' enabling timely responses going forward. A new monthly report to CD's and senior managers indicating current stage by case manager showing where delays sit will be circulated from 8<sup>th</sup> July but is available in the meantime via the monthly scorecards that are produced.

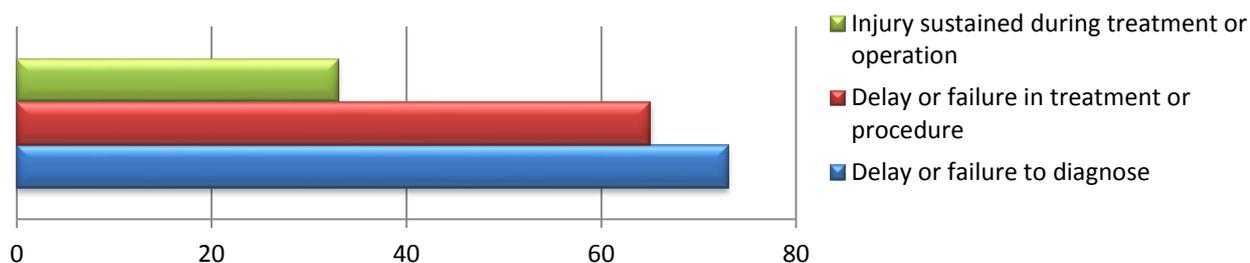
The required annual reports for complaints has been produced this month as per national complaints regulations. The key elements are as follows:



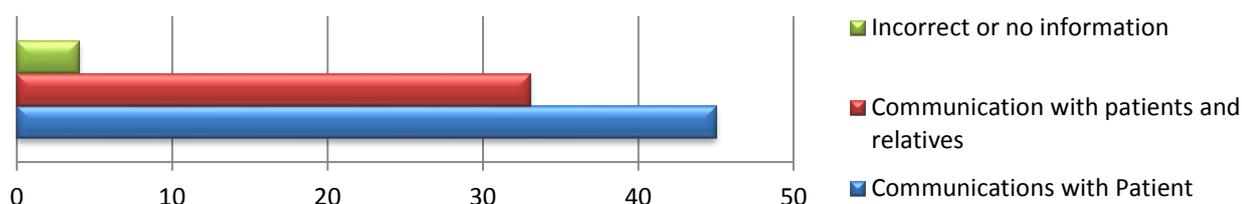
### Complaints by Subject (primary) for the Trust 2015/2016



### Clinical Treatment - Sub Subjects

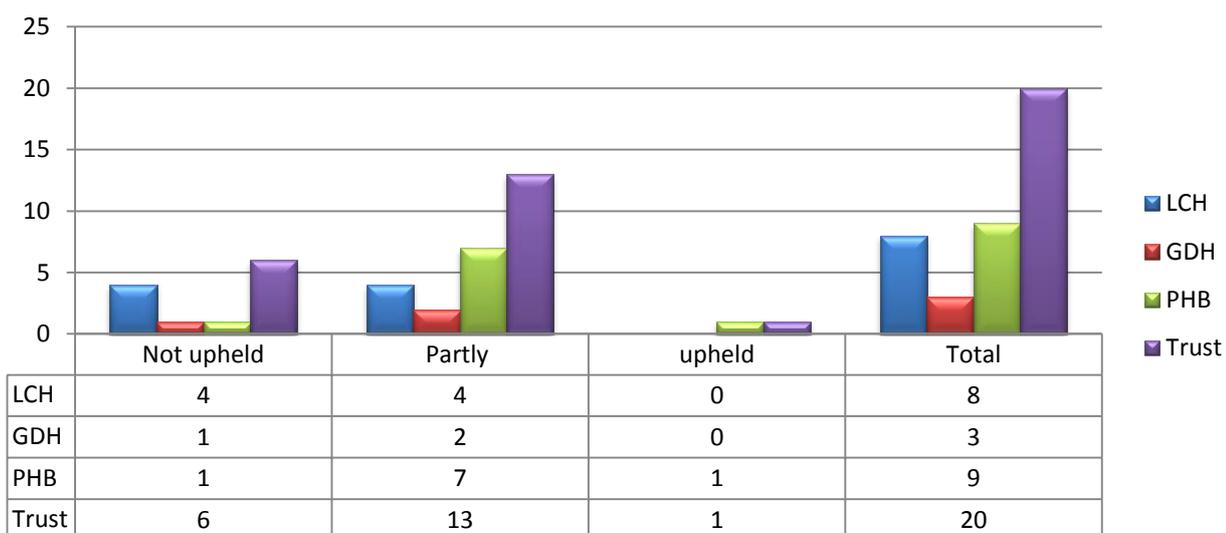


### Communication - Sub Subjects



### Parliamentary and Health Service Ombudsman

#### Outcomes and number of complaints referred to PHSO 1 April 2015 - 31 March 2016

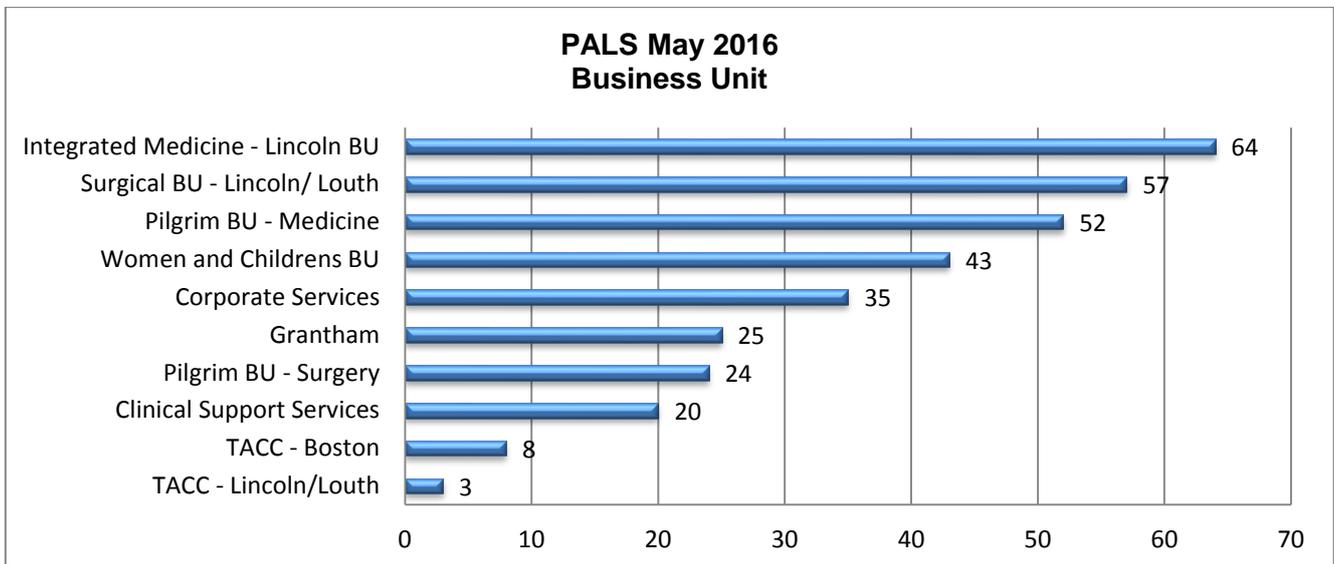
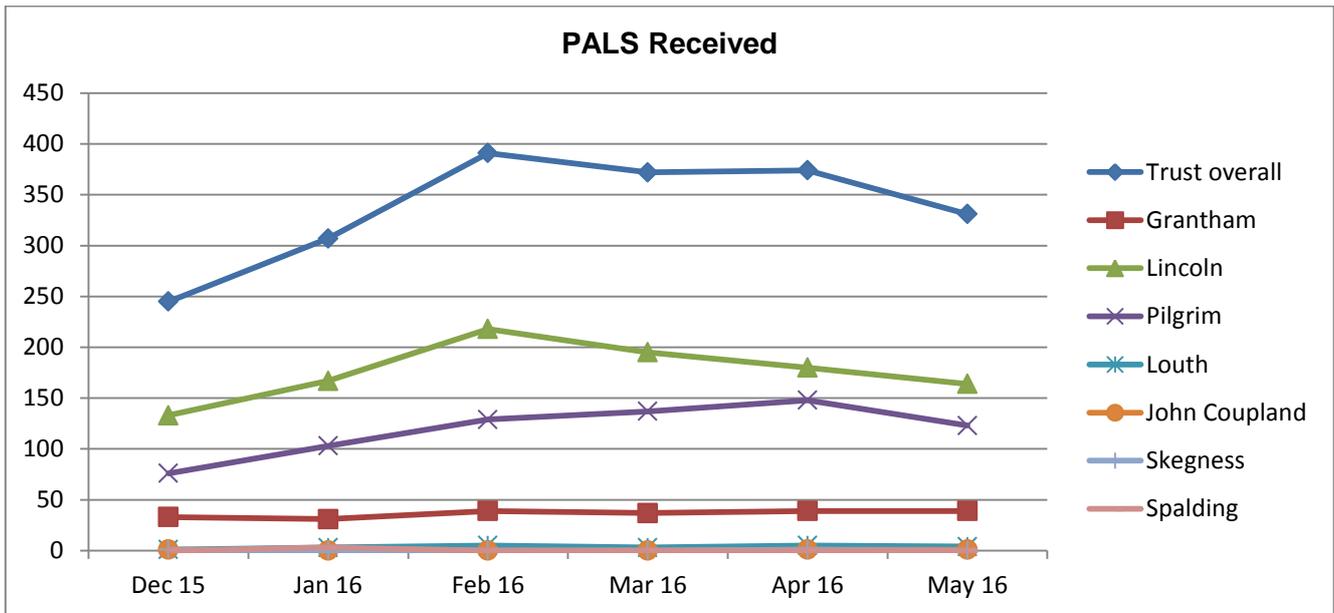


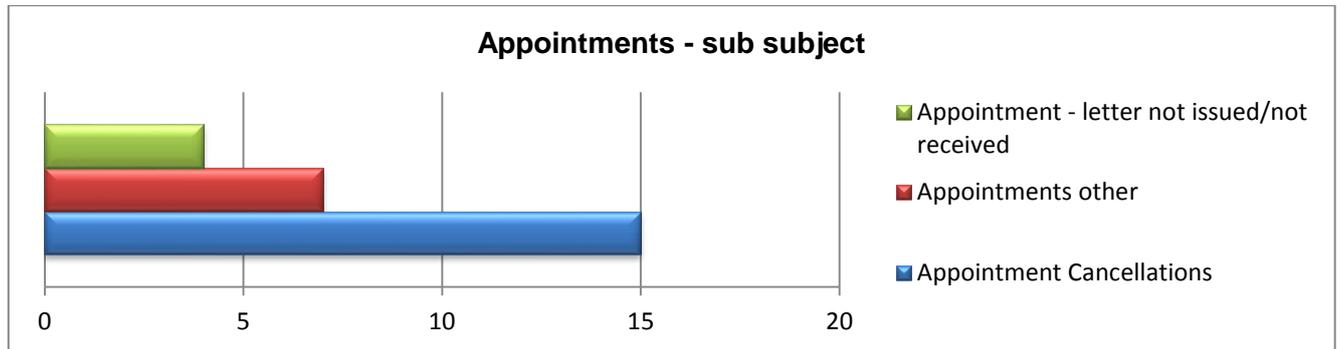
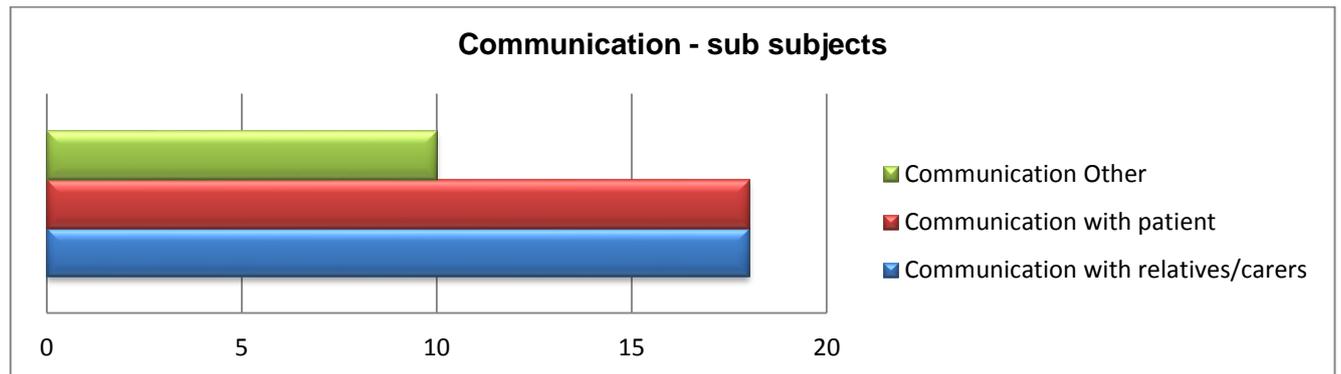
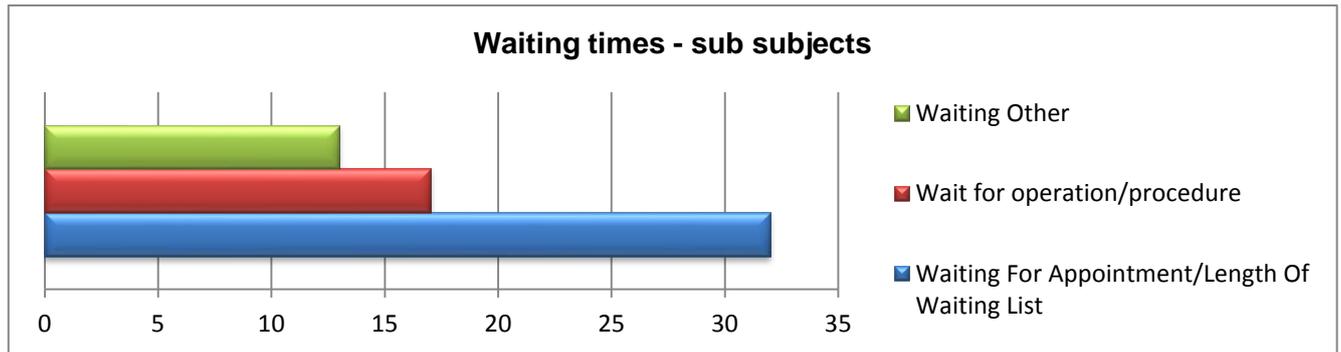
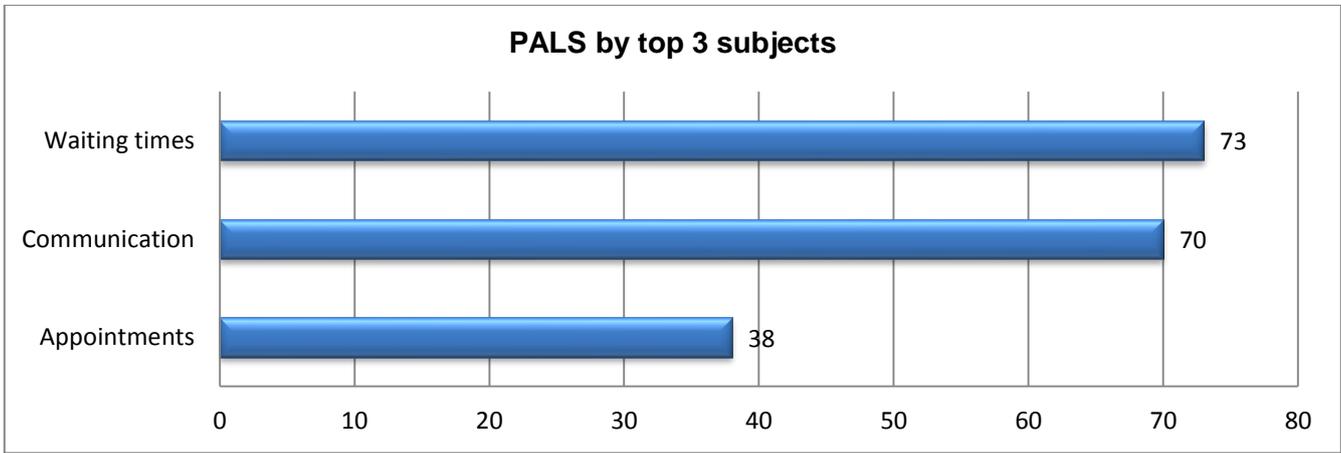
#### Examples of learning and actions from PHSO cases

- Visiting Psychiatric doctors will write in ULHT documentation any relevant information about the patient or print off their recommendations on care required so that this can be shared with other providers.

- Amendments made to the to the 'Standard for communication of critical urgent unexplained significant radiological findings' which will ensure that unexpected findings are communicated effectively between radiology and the requesting clinician.
- A&E clinicians to ensure that information is included in the EDD to advise GPs when they need to chase results and review patients.
- The Trust has implemented a new 'algorithm' for use across the organisation which highlights potential discharge complexities on initial assessment of each patient. This will be further embedded through a dedicated nurse training programme which runs from July to September.

## PALS

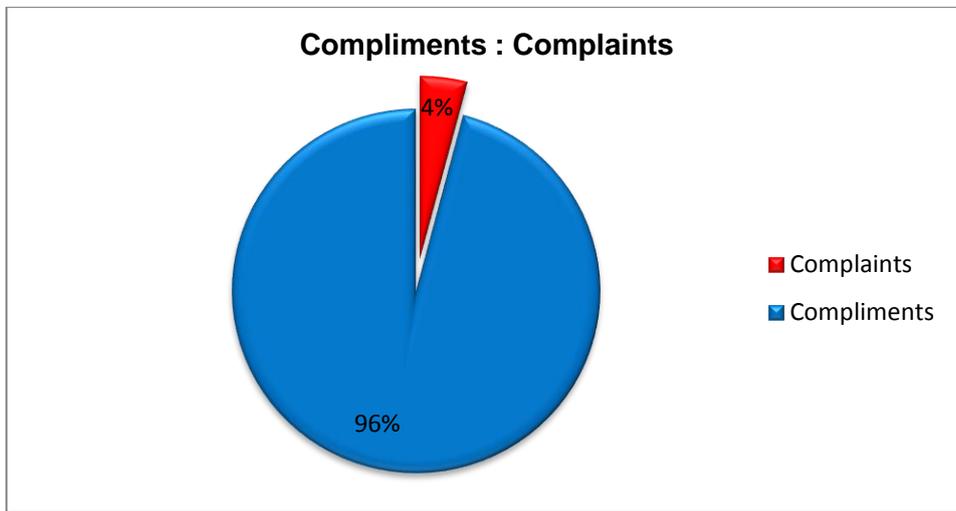




## Compliments

The ratio on compliments vs complaints for May is **23:1**

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.

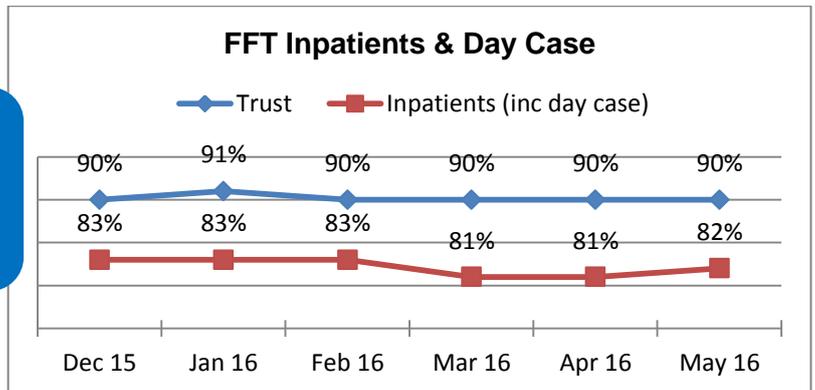


## Friends and Family Test

During April the Trust received **13,663** FFT ratings and **11,690** 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. Having business units involved with board level reporting will improve engagement and actions to improve.

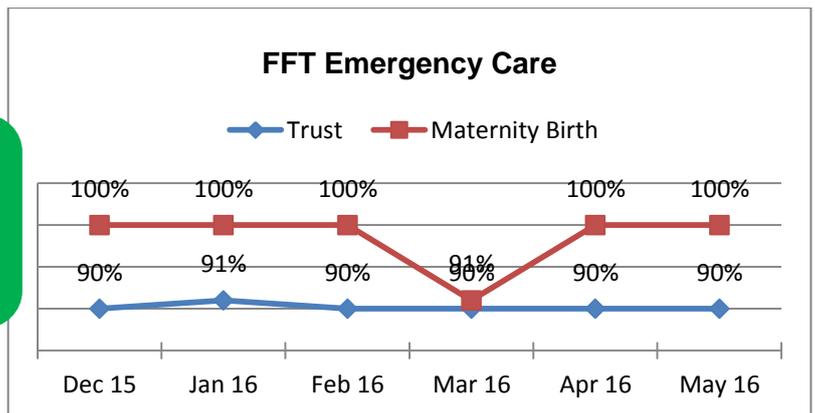
### Inpatient & DC FFT

**92%** Would recommend our services  
**4%** Would not recommend our services



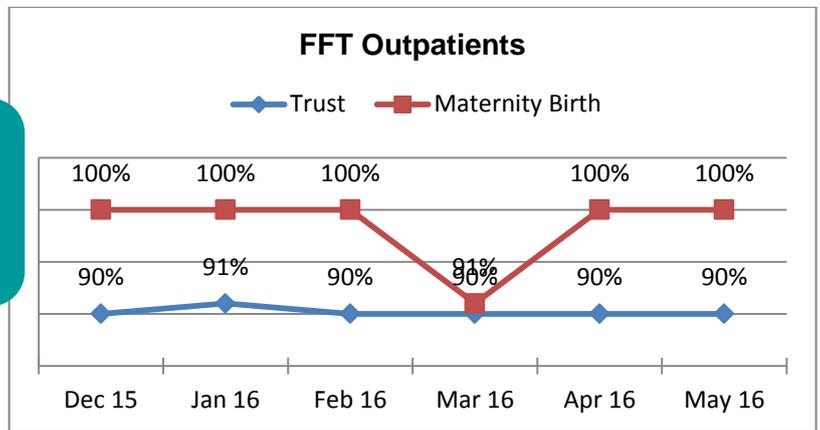
### Emergency Care FFT

**82%** Would recommend our services  
**10%** Would not recommend our services



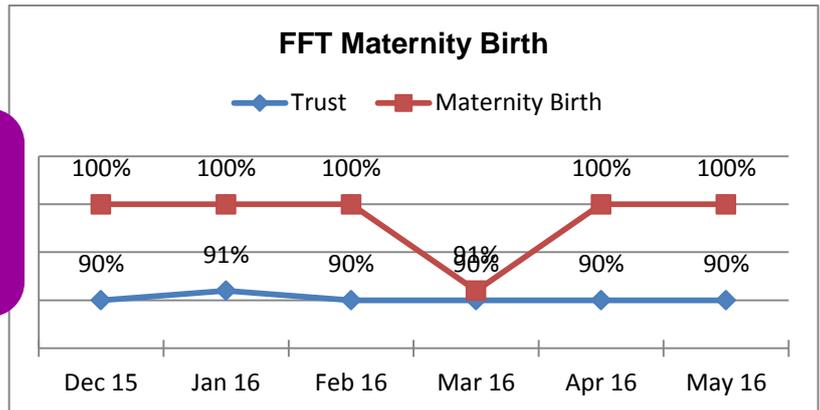
### Outpatients FFT

**81%** Would recommend our services  
**11%** Would not recommend our services



### Maternity Birth FFT

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

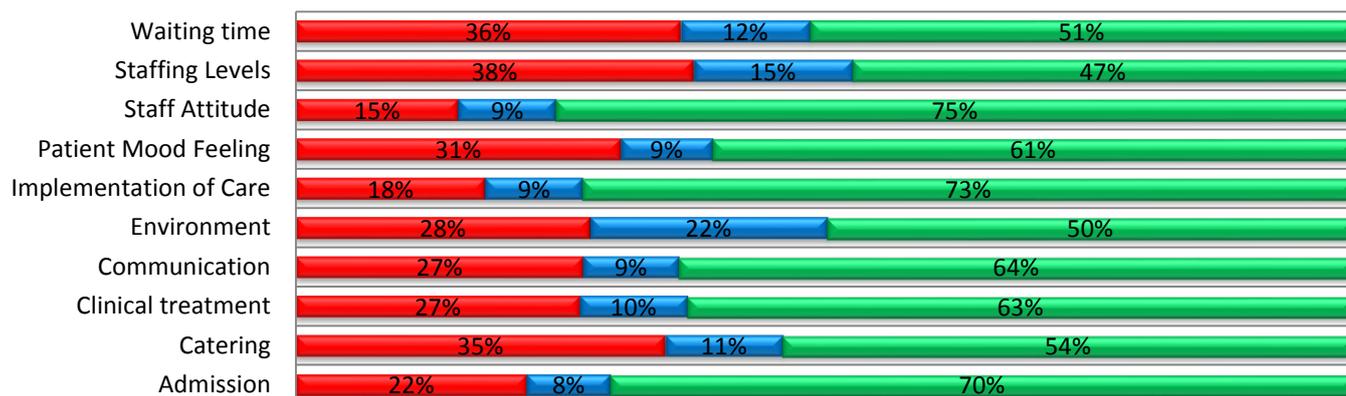


### FFT Sentiment Analysis

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.

### Trust Themes

■ Negative Percentage   ■ Neutral Percentage   ■ Positive Percentage



### Trust overview

■ Negative Percentage   ■ Neutral Percentage   ■ Positive Percentage



### Patient Opinion

56 stories have been posted during April and have been read 12,241 times. This equates to each story being read 219 times. We know from twitter and Facebook that increasing numbers of staff are aware of and are engaging with Patient Opinion.

### Patient Opinion stories - by type May 2016



	Skegness	Pilgrim	Louth	Lincoln	Grantham
■ Positive	100%	72%	100%	59%	100%
■ Neutral	0%	6%	0%	4%	0%
■ Negative	0%	22%	0%	37%	0%

**Well looked after during 2 stays**  
**About: Lincoln County Hospital. Read 552 times**  
**Posted by Anonymous 2 weeks ago**

Admitted to SEAU in Feb16 with suspected gallstones, ward was busy but was very well looked after with exemplary level of care.

Spent 36hrs on SEAU before being transferred to Clayton Ward my only gripe would be the level of communications between other dept's, the ward and myself could have been

### Trust responses

Thanks for taking the time to post this feedback – it gives us a valuable insight into your overall experience.

I'm sorry that there were issues with poor communication with your transfer from SEAU to Clayton Ward, but very pleased to hear that you were well cared for on both wards.

## **Voluntary Services**

- Active volunteers at the month end numbered 229.
  - 141 (62%) are based at Lincoln
  - 56 (24%) at Pilgrim
  - 29(13%) at Grantham
  - 3 (1%) at Louth.
- This reflects a drop of 22 (9%), due primarily due to the review of database data.
- The number of hours achieved was 3031 for the month, equating to 81 Full Time Equivalent staff (@ 37.5 hours per week).
- The Department received 28 new applications during the month, of these 57% heard about volunteering through local Social Media activity, and 36% from the ULHT website.
- 75 applications are currently being processed. Of these 27 people had been interviewed and had not yet started, with an average wait time of 52 days since interview. This is due to a number of factors, the main reasons are delays in DBS clearance and referrals made to Wards/Clinics etc. but not yet actioned. 28 Vacancy roles are currently being advertised on the ULHT Website and at the local Volunteer Centres across the county.
- New workwear was launched this month.
-

Active Volunteers					
	Lincoln	Pilgrim	Grantham	Louth	
<b>On Ward</b>					
C/F	23	8	3	0	
In	0	1	0	0	
Left	-1	0	0	0	
<b>Total</b>	<b>22</b>	<b>9</b>	<b>3</b>	<b>0</b>	
<b>Day Wards</b>					
C/F	23	10	4	1	
In	0	0	0	0	
Left	0	0	-2	0	
<b>Total</b>	<b>23</b>	<b>10</b>	<b>2</b>	<b>1</b>	
<b>OPD/Clinics</b>					
C/F	21	13	5	2	
In	0	0	0	0	
Left	-1	0	-1	-1	
<b>Total</b>	<b>20</b>	<b>13</b>	<b>4</b>	<b>1</b>	
<b>A&amp;E/Assessment units</b>					
C/F	7	0	2	0	
In	1	0	0	0	
Left	-2	0	0	0	
<b>Total</b>	<b>6</b>	<b>0</b>	<b>2</b>	<b>0</b>	
<b>Pharmacy</b>					
C/F	4	0	6	0	
In	0	0	0	0	
Left	0	0	0	0	
<b>Total</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>0</b>	



<b>Chaplaincy</b>					
C/F	18	19	4	1	
In	0	0	0	0	
Left	-3	-3	-1	0	
<b>Total</b>	<b>15</b>	<b>16</b>	<b>3</b>	<b>1</b>	
<b>Macmillan</b>					
C/F	5	6	5	0	
In	0	0	0	0	
Left	0	0	-1	0	
<b>Total</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>0</b>	
<b>Catering</b>					
C/F	36	0	0	0	
In	0	0	0	0	
Left	-2	0	0	0	
<b>Total</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Admin/Other</b>					
C/F	18	2	5	0	
In	0	0	0	0	
Left	-6	0	0	0	
<b>Total</b>	<b>12</b>	<b>2</b>	<b>5</b>	<b>0</b>	
<b>Total By Site</b>	<b>141</b>	<b>56</b>	<b>29</b>	<b>3</b>	

## Patient Experience news and developments

### DisabledGo

The Trust has recently signed an agreement with DisabledGo who are the UK's leading provider of accessibility and equality services. The DisabledGo service is unique as it seeks to provide personally assessed, pan disability relevant access information which enables people to make informed, confident choices about places they would like to access. The service covers all types of venues regardless of how accessible they are, recognising that people will need to know what is not accessible to them as much as what is. It also appreciates what constitutes 'good access' very much depends on the individual and their own access requirements. The service seeks to give people the information to make an informed choice, not make these choices on someone's behalf.

Whilst our Trust website provides maps and basic details, it does not provide any level of focus for disabled patients and visitors as DisabledGo.

An access guide is an empowering tool that enables people to make informed choices about the services they want to access. The access guide is the product of the surveyor's assessment and aims to take the user on a logical journey to the service or venue they would like to access.

In regards to the Trust's, the provision of accessibility information should be viewed as a key part of providing excellent and safe patient-centred care. Being unsure what to expect when visiting a hospital can

be a stressful and unpleasant experience. Enabling people with access concerns to find out about the Trust in advance and plan with confidence should be considered an important part of delivering an excellent service, which looks to give access to all.

An access guide to the Trust's hospitals would cover all the different journeys patients and visitors would make to departments and wards. Accessibility information could be integrated into [www.ulh.nhs.uk](http://www.ulh.nhs.uk) and also promoted by PALs and different departments, who DisabledGo could train. Other trusts have also included the availability of access information in their patient letters and promoted it to staff, patients and visitors via internal and external communications. Integrating accessibility information in this way is a clear, visible statement of a trust's commitment to supporting equality and access to services. This would be an innovative way of enhancing information provision across the Trust and making existing resources more inclusive.

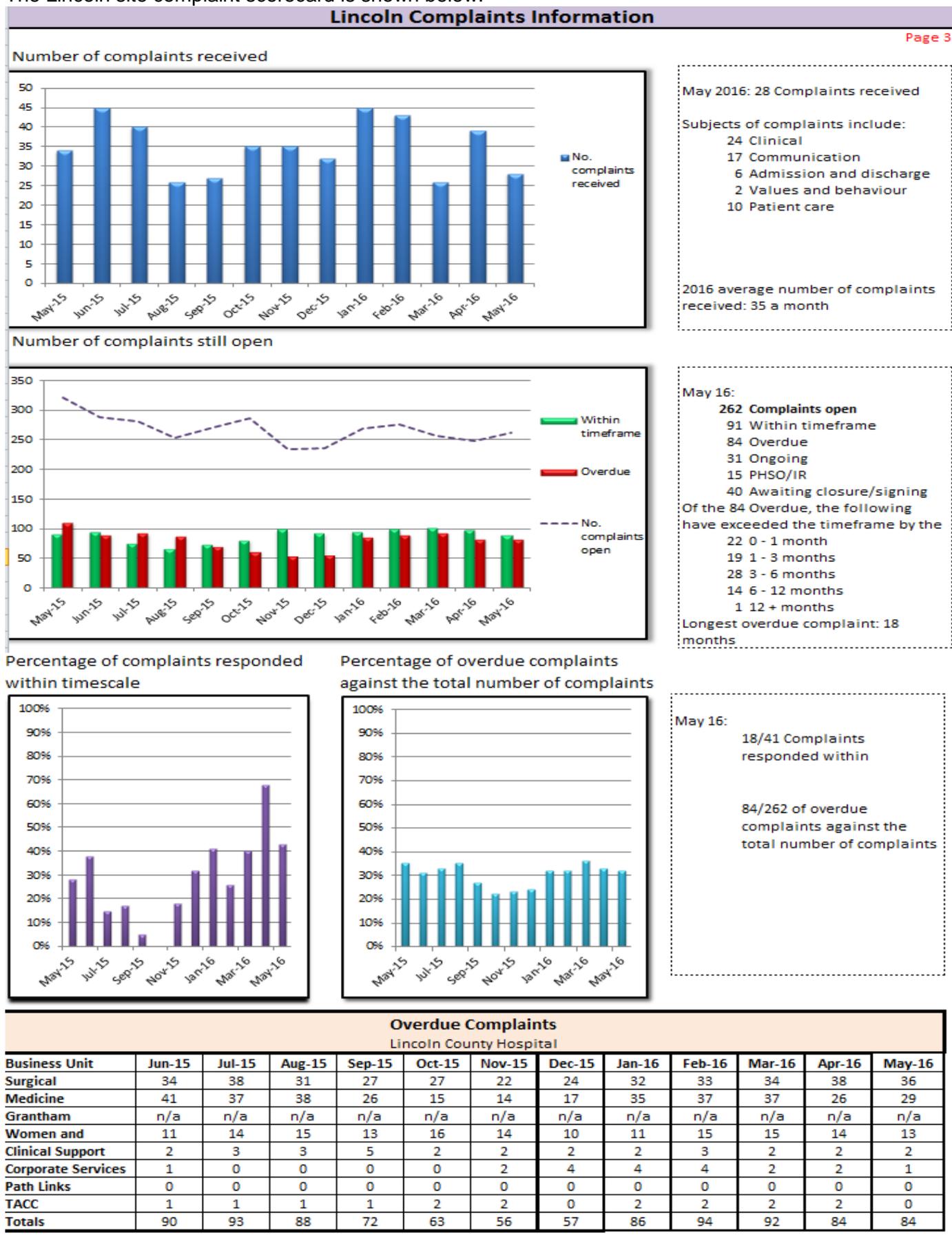
The provision of accessibility information is not only of value to patients and visitors; it is equally of value to current and potential employees. Providing information would ensure that the trust attracts and retains people from the most diverse pool of talent. The surveyors' visit and provision of access information would positively promote the importance of equality to current staff and the importance of accessibility when delivering patient care. If the Trust wished the project could be expanded to include some staff only areas.

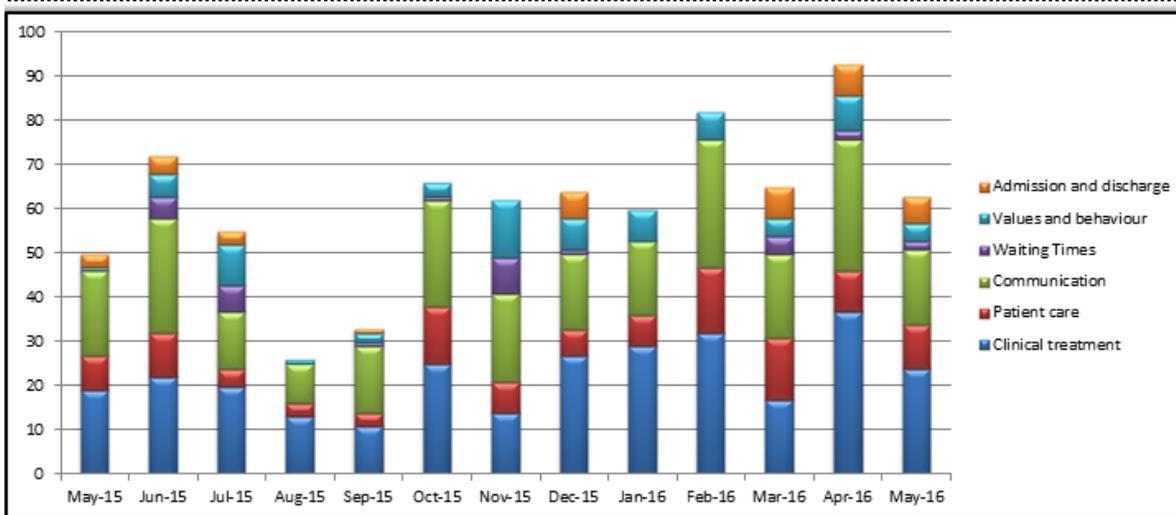
The Patient Experience and Facilities Teams will be working closely with DisabledGo over the next 6 months whilst site surveys are being undertaken.

## SECTION 2 - BUSINESS UNIT LEVEL REPORT – TACC LINCOLN BUSINESS UNIT

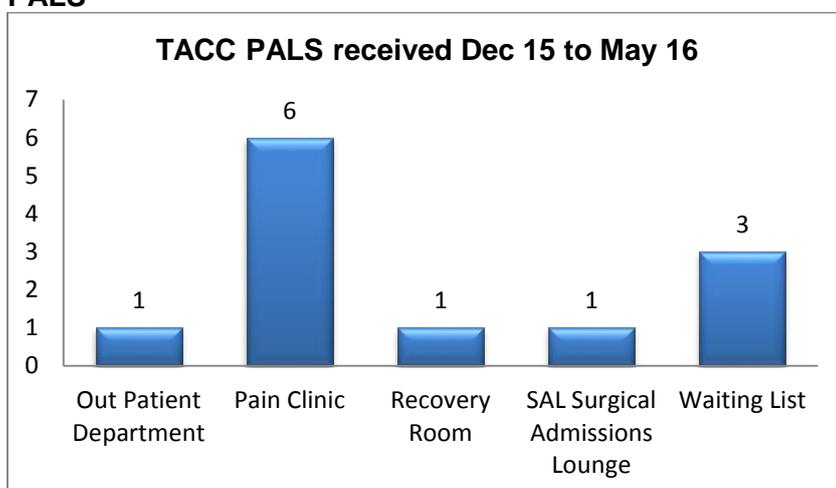
### Complaints

There is currently one complaint assigned to Lincoln TACC and this is within timescale.  
The Lincoln site complaint scorecard is shown below.





## PALS



### Example: PALS concern

The patient had a pain injection in her back in May 2015, this injection was a complete success and worked immediately. Unfortunately in October the patient had a major car accident; she had to be cut out of the car and suffered a displaced kneecap.

During her treatment, her physiotherapist advised her that there was a muscle in her back that holds the kneecap in place and that this muscle had been weakened due to the pain she was experiencing. He advised her to arrange another injection as, in his opinion, this would not only to help her back pain but to sort out her kneecap out too.

On 20 December 2015 the patient called the pain clinic and spoke to the clinic sister. Sister suggested that the patient get her GP to write to her and she would see what she could do about arranging another injection. The letter was done and the patient was added to the waiting list.

As the weeks passed the patient made continuous calls to the clinic sister, as did her GP. Sister kept promising to contact them back and never did. The patient finally spoke to the pain management team and was told that it was likely that her injection would now not be until May. Despairingly the patient contacted PALS on 22<sup>nd</sup> February 2016, she was in so pain that she felt she would not be able to cope if she was made to wait much longer for her injection.

### Outcome

The PALS Team advised that they would speak to the Support Manager for the Pain Management Service and see if they could help arrange a date for her injection. On 25<sup>th</sup> February PALS were able to communicate a date of 11 March for the patient's injection. The patient was extremely grateful to PALS for their help.