

## **PATIENT EXPERIENCE REPORT**

**October 2016 (September 2016 data)**

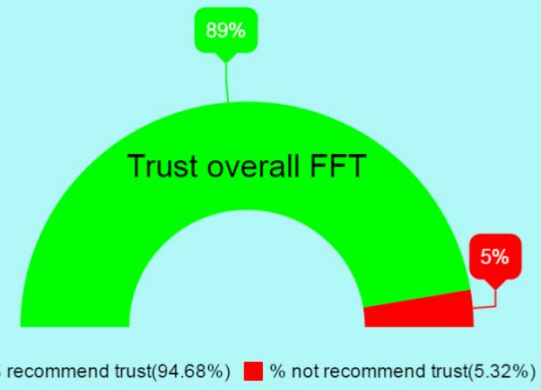
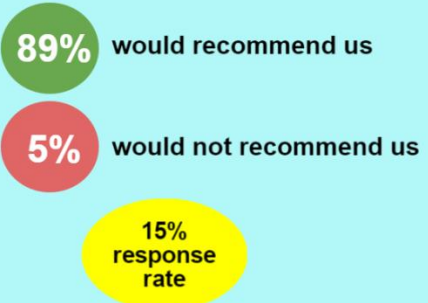
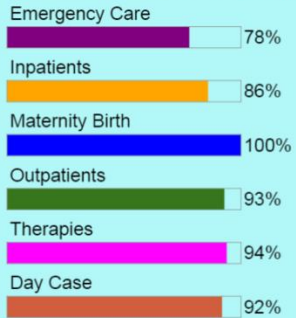
**This report is in two sections:**

### **1. Trust level report**

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

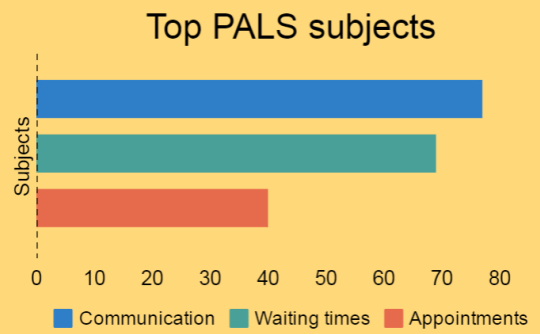
### **2. Cancer patient experience**

## Friends & Family Test



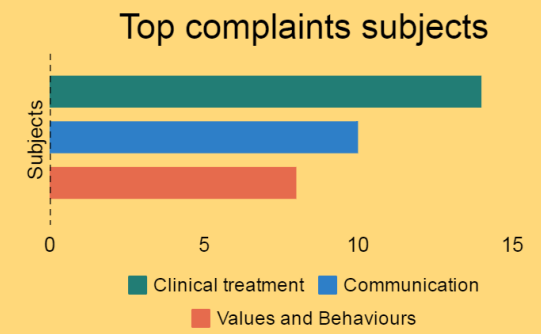
## PALS

**357**  
PALS concerns received

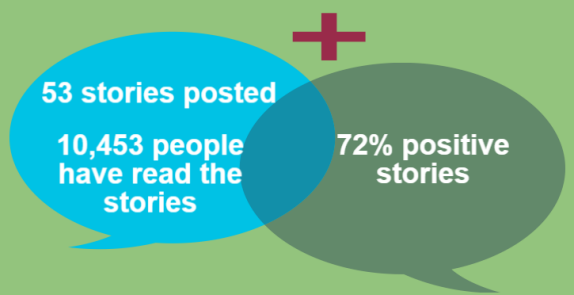


## Complaints

**52**  
Complaints received



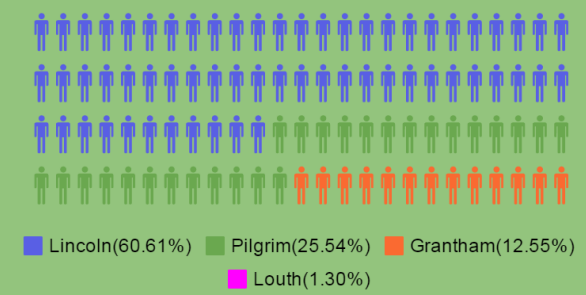
## Patient Opinion



## Compliments



## Volunteers



# Patient Experience Report September 2016



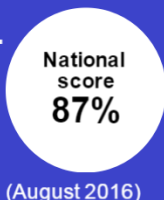
## Inpatient & DC FFT

**91%** Would recommend Inpatient/DC Services  
**4%** Would not recommend Inpatient/DC Services



## Emergency Care FFT

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



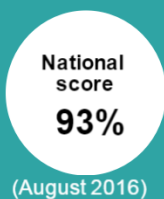
## Maternity Birth FFT

**100%** Would recommend Maternity Services  
**0%** Would not recommend Maternity Services



## Outpatients FFT

**93%** Would recommend Outpatient Services  
**2%** Would not recommend Outpatient Services



**11,450**  
ratings received

**9,956**  
comments received

72% positive stories  
2% neutral stories  
26% negative stories



**Patient Opinion** 53 stories posted  
10,453 reads

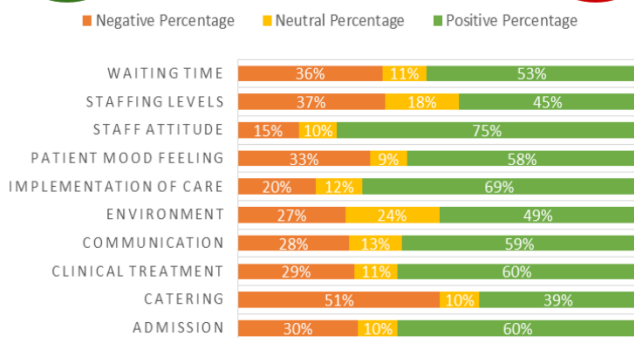
**1,437** Compliments received this month

## FFT Themed Analysis

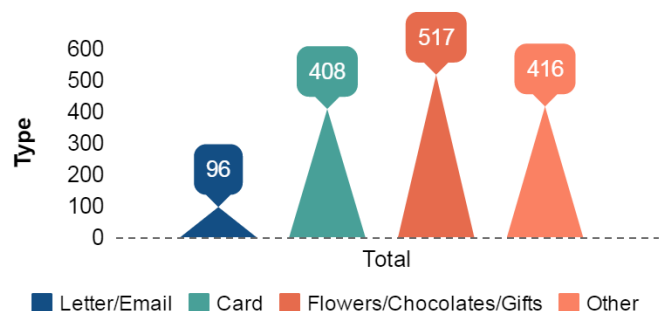
63% positive

25% negative

### TRUST THEMES



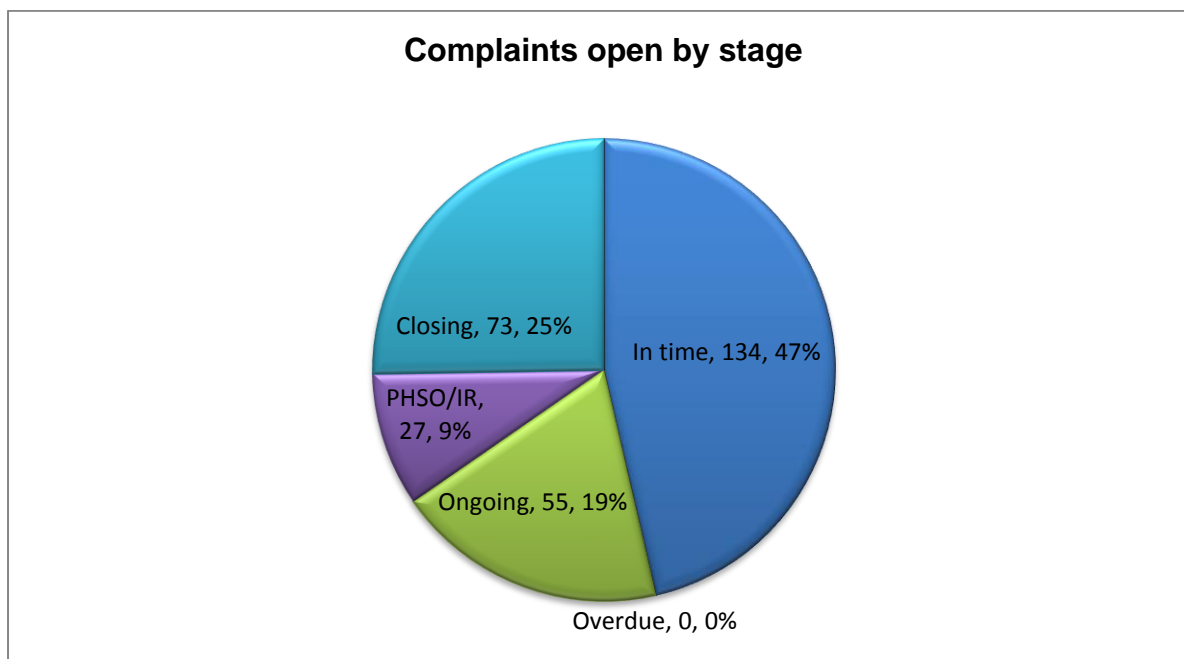
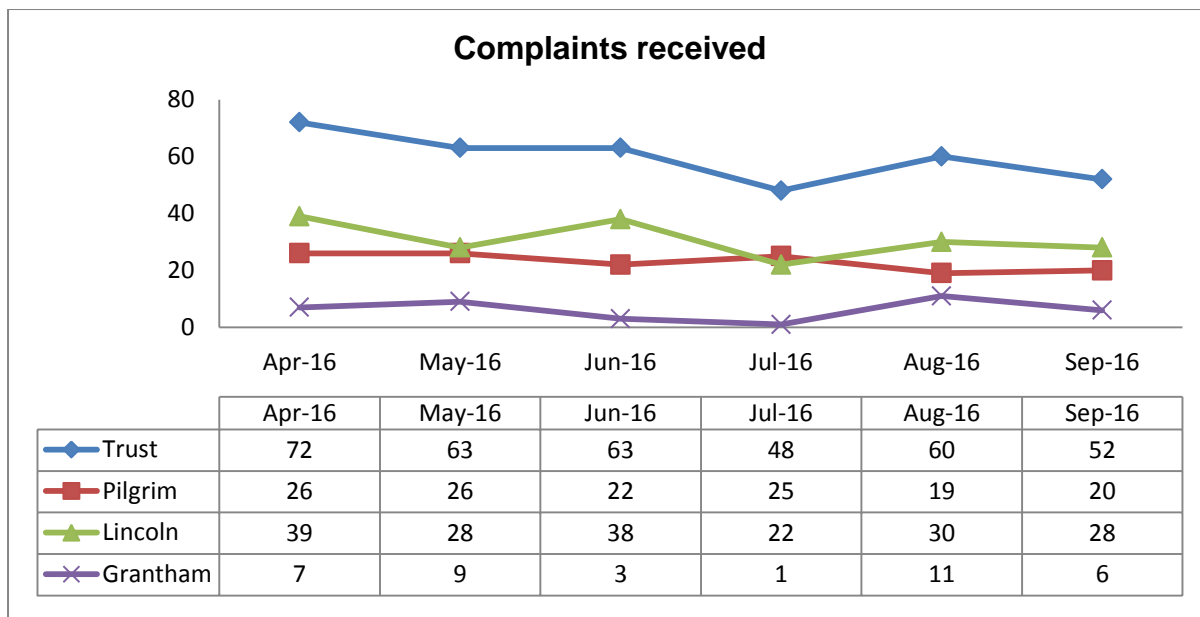
## Counting Compliments by type - September 2016



To find out 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

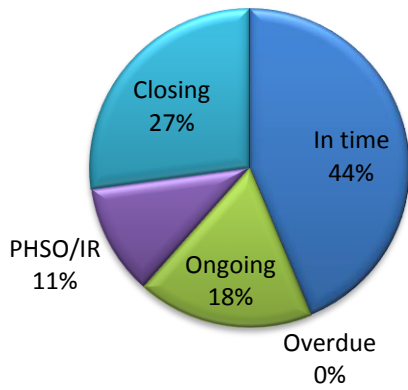
## SECTION 1 - TRUST LEVEL REPORT

### COMPLAINTS



- Closing = final response has been sent; waiting 30 days in case of further issues or feedback.
- PHSO / IR = with ombudsman or independent review.
- Ongoing = waiting meeting, further issues.
- In time = in progress and within timescales for response.

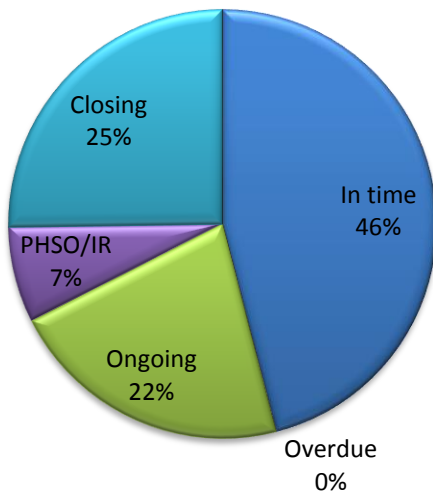
### Lincoln



### Current position – September 2016

Open complaints	151
In time	66
Overdue	0
Ongoing	27
PHSO/IR	17
Closing	41

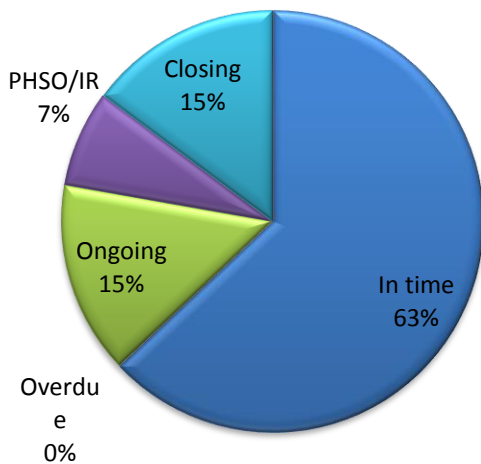
### Pilgrim



### Current position September 2016

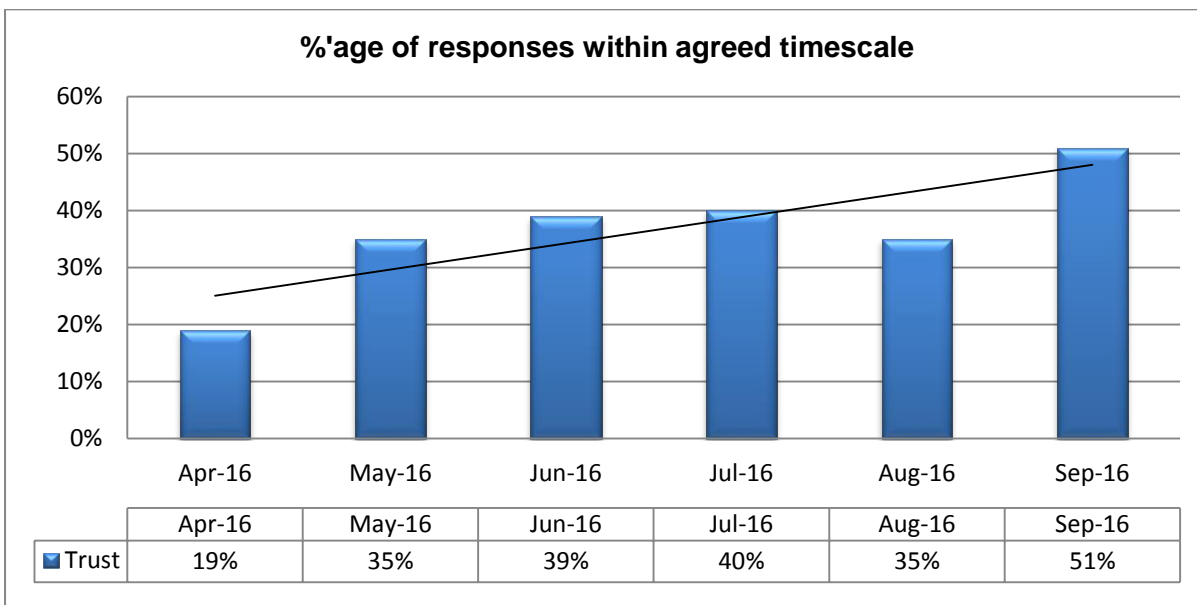
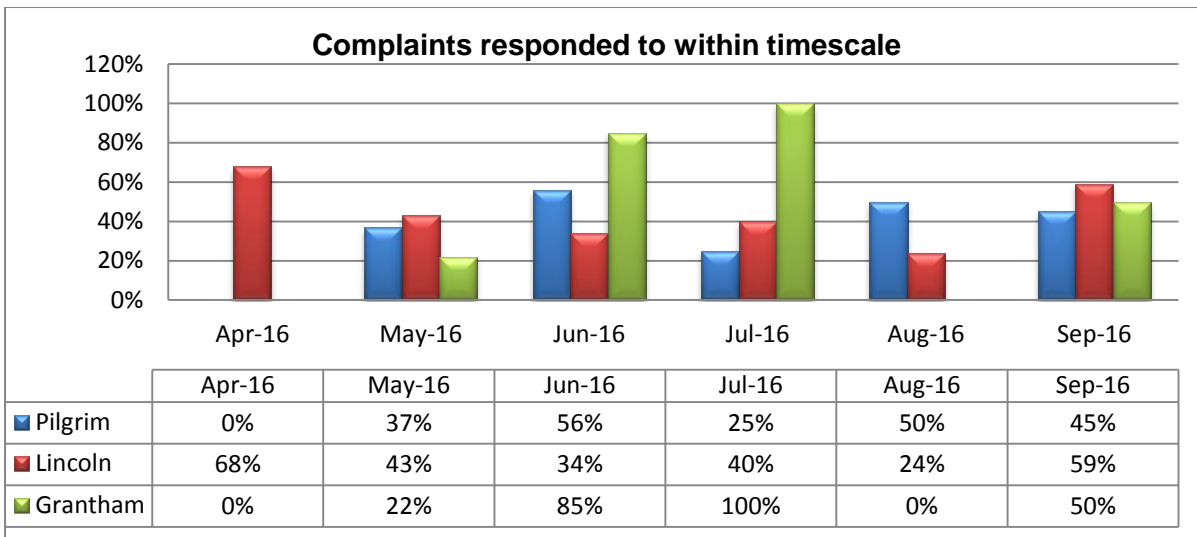
Open complaints	111
In time	51
Overdue	0
Ongoing	24
PHSO/IR	8
Closing	28

### Grantham



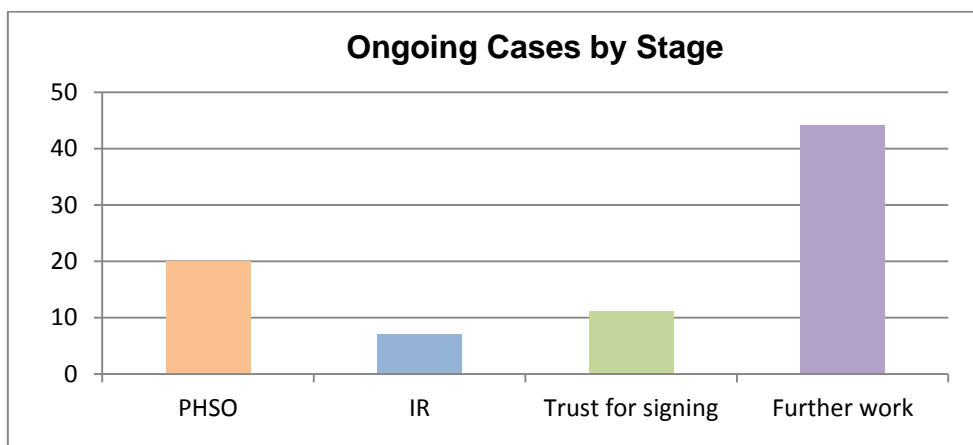
### Current position September 2016

Open complaints	27
In time	17
Overdue	0
Ongoing	4
PHSO/IR	2
Closing	4



## Ongoing complaints

These have had their complaint investigated and have been provided with a written response. Following this response we keep the case open for a further 30 days which allow the complainant to contact us if they are not happy with their response and we will review to establish the best way forward. As you can see on the chart below all of the ongoing cases for all 3 hospital are all at different stages.



Now that the backlog of complaints has been cleared the team will begin to have the capacity to commence surveying complainants during this 30 day closing period using a survey format developed by the PHSO and NHSE which is currently being nationally piloted (permission given to ULHT to trial locally). This will enable us to measure and understand complainant experience and potentially 'formally close complaints sooner than in the current 30 day time period.

## **Overdue complaints**

There are currently no overdue complaints.

The services are now focusing on ensuring that no further responses exceed the agreed response date and importantly that the quality of the responses being written continues to improve. This will be supported by continuous training and support provided by the complaints team.

An audit of complaints files and process steps has been commenced to identify areas that need improvement and share good practice where this is evident. This information will be fed back to the staff and an action plan compiled for any required changes or improvements that have been identified.

## **Lessons Learned Forum**

Complaints are a valuable source of information about our services that can help us identify recurring or underlying problems and potential improvements. The new Lessons Learned Forum now meets alternate months and consists of senior nursing staff, Associate Medical Director, Quality & Safety Officers, nominated business unit representatives, complaints team and patient representatives including Healthwatch and POhWER advocacy. The primary role of this group is to review the handling of complaints in a systematic and detailed way to ascertain where lessons have, or could have been learned to ensure improvements are made and shared.

The group will review the effectiveness of complaints handling and actions taken in response to complaints and share good practice throughout the Trust. It is critical that we are able to demonstrate how we take lessons from complaints and concerns and share them across the organisation ultimately enabling us to evidence improvements.

A new learning report is now being pulled from DATIX to show all complaints that have been closed within the month; this will include the learning and actions that have been identified and enable Quality Safety Officers to review prior to the Lessons Learned forum so these can be shared and signed off.

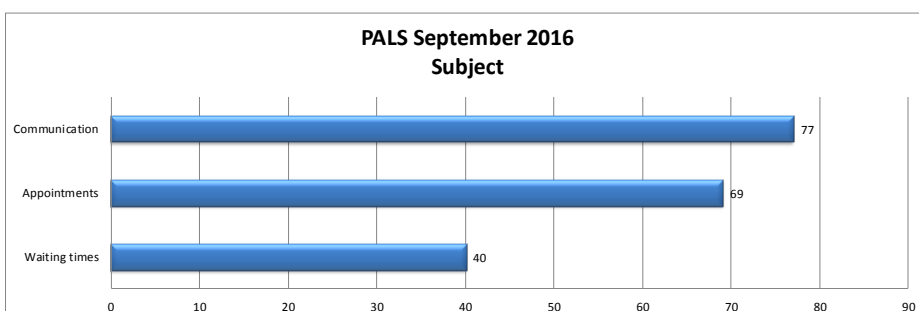
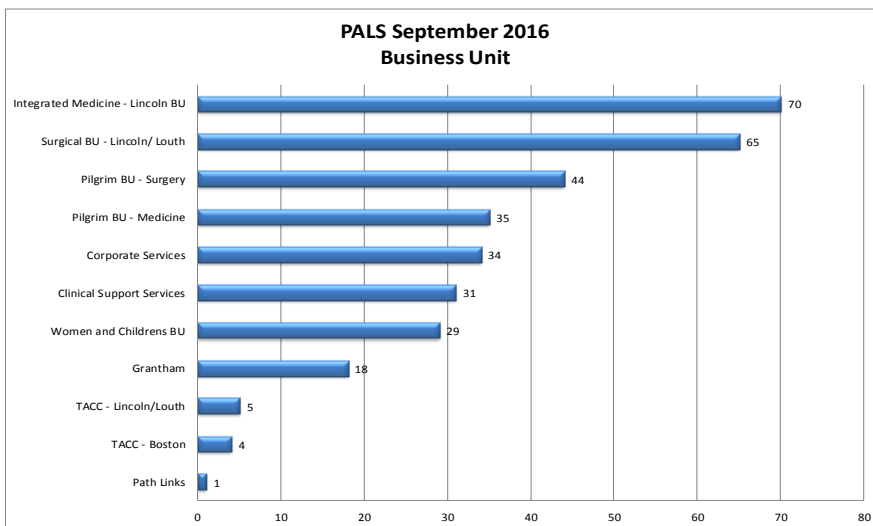
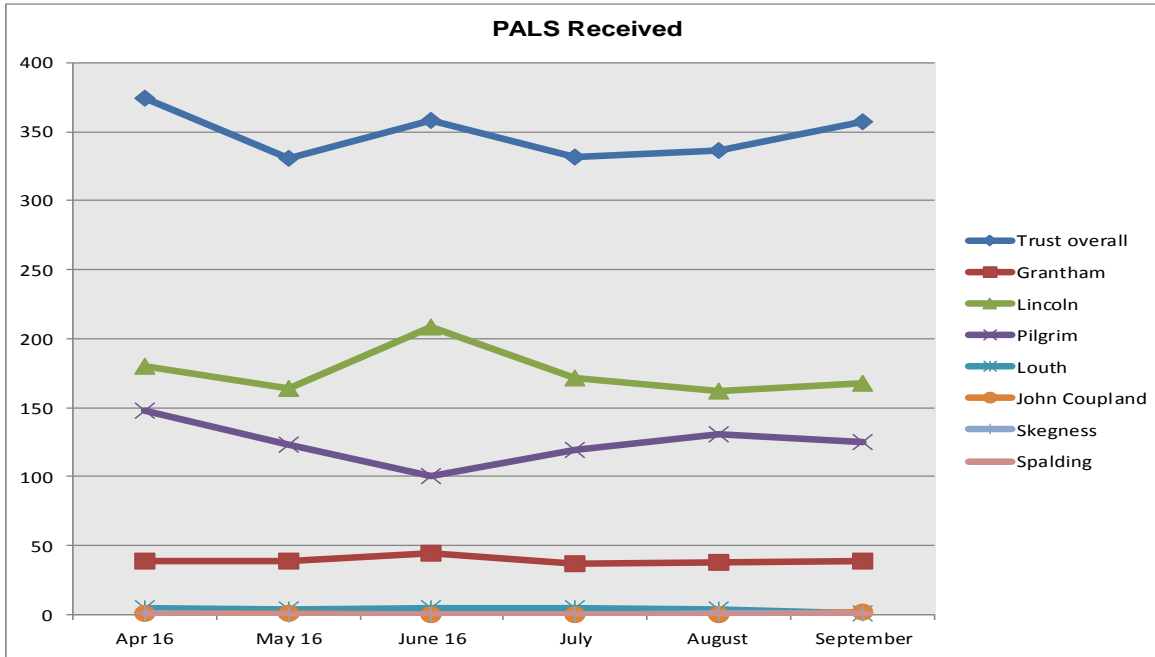
## **London School of Economics project;** Testing a method for supporting learning from patient complaints.

Work is progressing with Professors Alex Gillespie and Tom Reader from LSE following our direct approach to them to consider ULHT piloting their Healthcare Complaints Analysis Tool (HCAT). The trial aims to investigate how we can better analyse, report on, and learn from data reported in the written complaints to healthcare trusts and to test the application of the new and validated tool HCAT for supporting quality improvement within the NHS. LSE are now working with 5 Trusts and the project is being supported by the Cabinet Office and The Behavioural Insight Team (a social purpose company jointly owned by UK Government and Nesta <http://www.behaviouralinsights.co.uk/about-us/>) to evaluate the effectiveness of HCAT and consider how reports and benchmarking can be made as useful as possible for each trust whilst also considering scale up. This involves developing an understanding of our processes and how

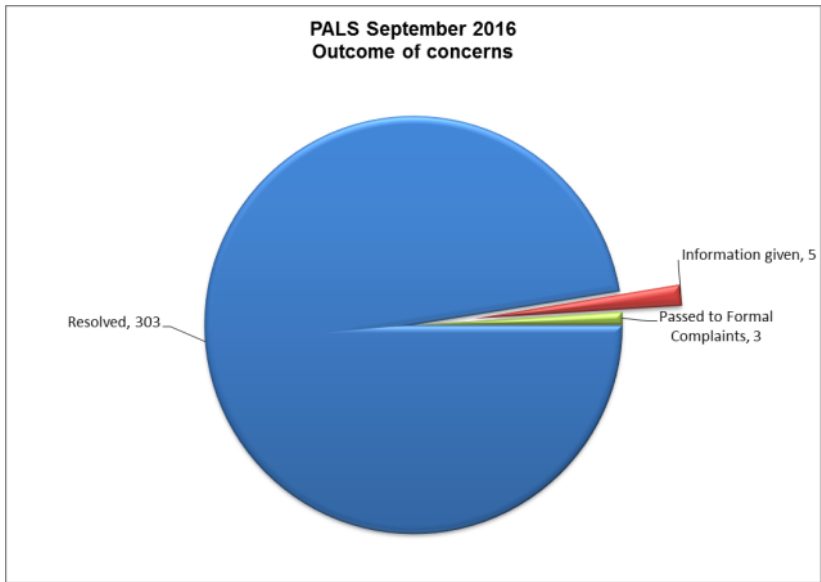
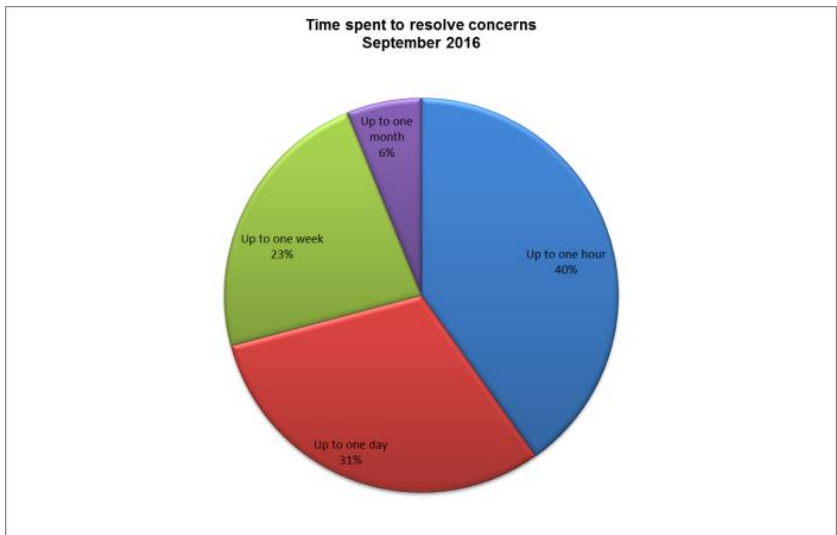
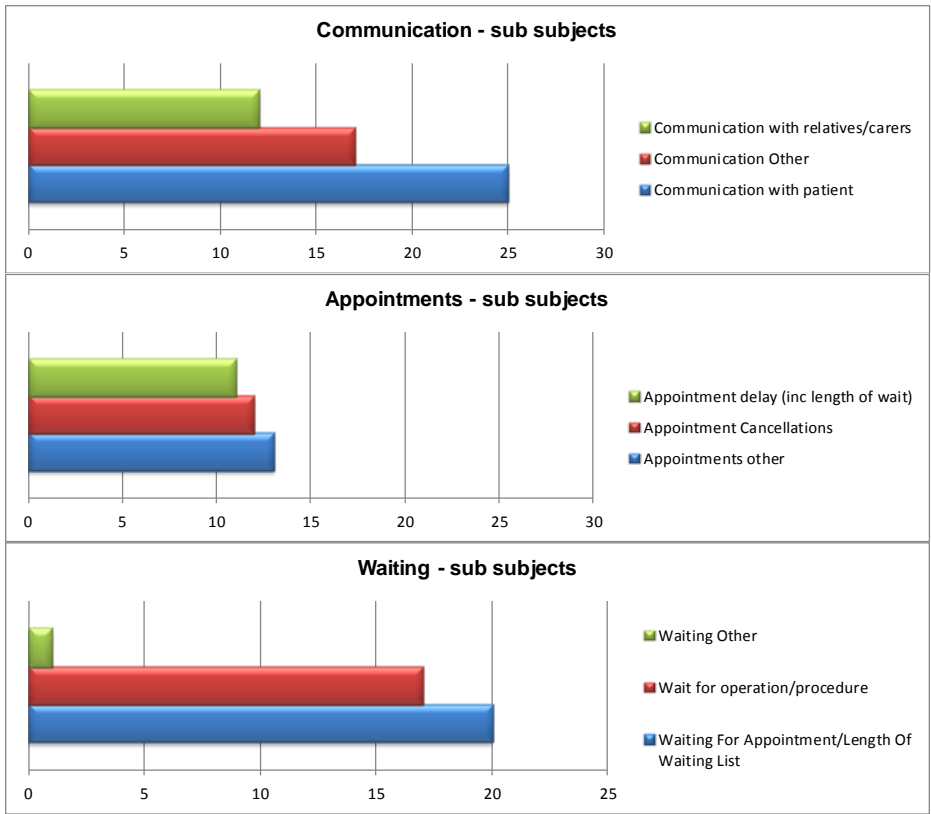
we currently learn from complaints and what information would be particularly useful to include in the report; there has been an initial telephone interview and the Behavioural Insight team will be visiting ULHT within the next few weeks. Alongside this the last 100 complaints received at ULHT have been provided to LSE (fully redacted) for them to test using the HCAT tool; once this is complete and discussions held with the Behavioural Insight Team a full report will be provided.

## PALS

357 PALS concerns were received in September 2016



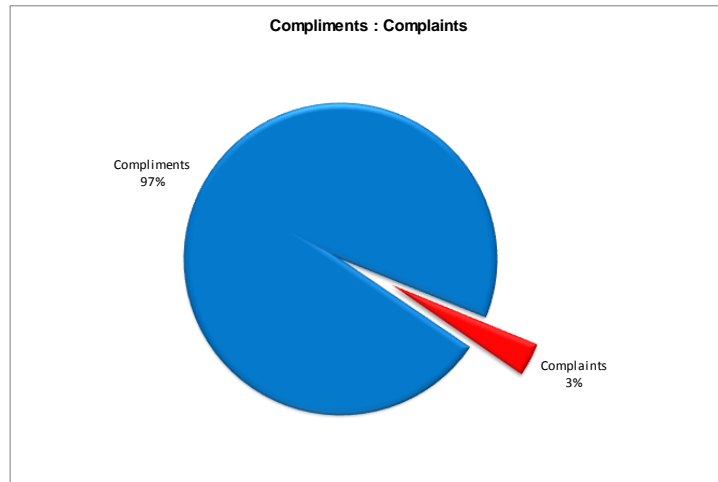




## COMPLIMENTS

The ratio on compliments vs complaints for September 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.



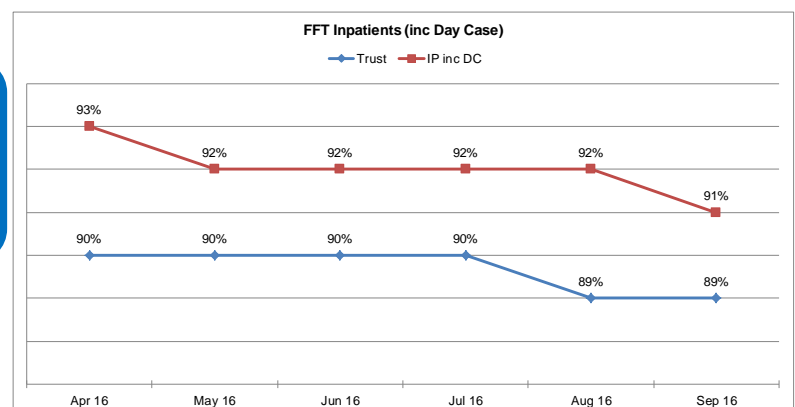
## FRIENDS & FAMILY TEST

During September the Trust received **11,450** FFT ratings and **9,956** comments; response rates overall are good and within national averages; however the Trust is currently within the 10% of lowest performing Trusts in terms of percentage recommends. Actions include:

- An action plan for the recovery of FFT has been presented and approved by Executive Team.
- 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.
- 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

**91%** Would recommend our services  
**4%** Would not recommend our services



### Emergency Care FFT

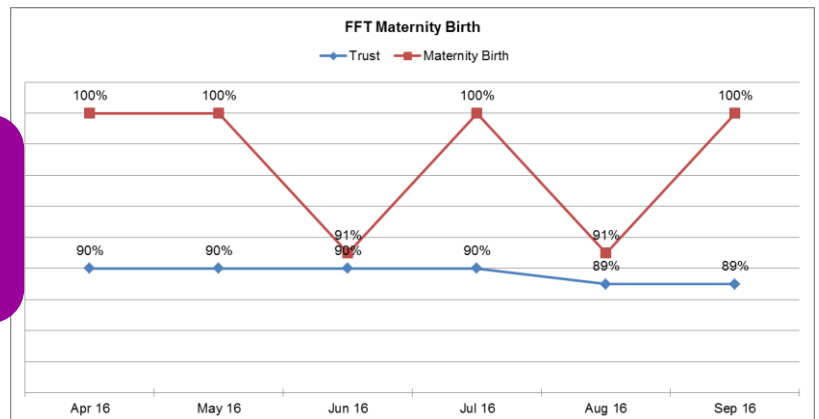
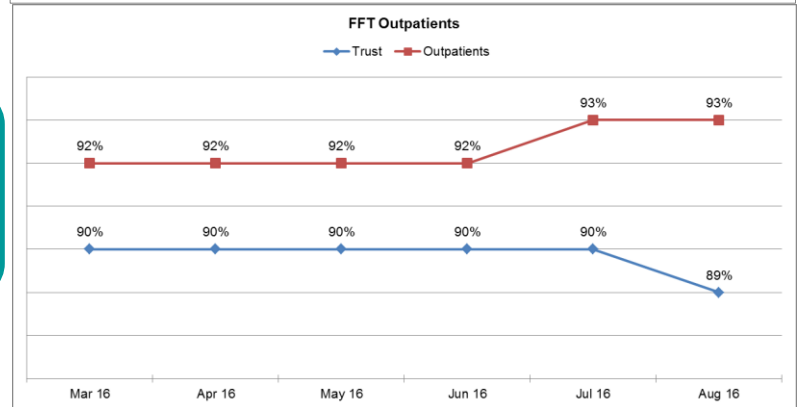
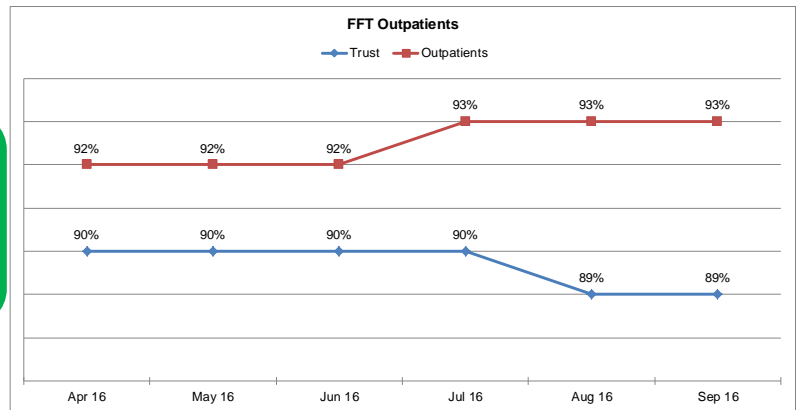
**78%** Would recommend our services  
**13%** Would not recommend our services

### Outpatients FFT

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

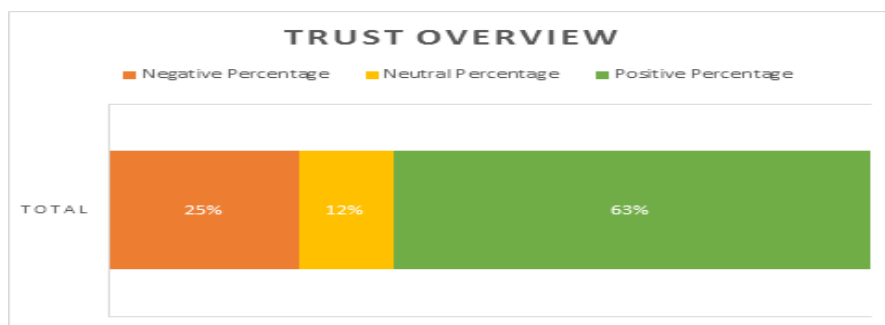
### Maternity Birth FFT

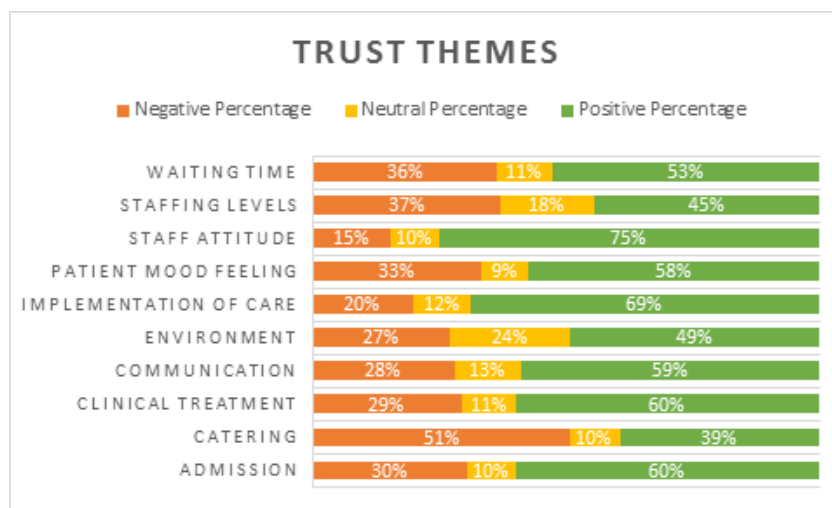
**93%** Would recommend our services  
**0%** Would not recommend our services



### FFT Sentiment Analysis

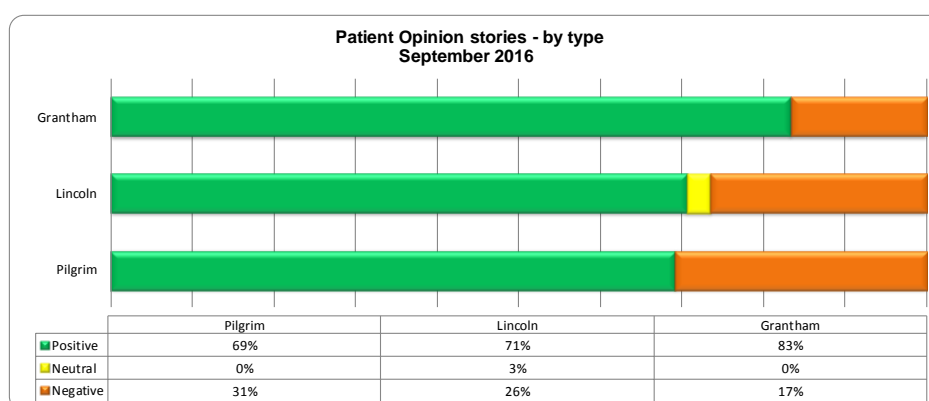
Sentiment analysis breaks down each comment received by from patient into phrases, using punctuation and scored according to the sentiment within in the phrase – positive or negative. A score is given to every phrase and then an average score is applied to the whole comment. The charts below show the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





## PATIENT OPINION

53 stories have been posted during August and have been read **10,453** 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.



### Amazing - Read 1,451 times

About: Lincoln County Hospital / Accident and emergency 2 weeks ago

I attended Grantham A and E on Saturday morning with chest pains. I was seen within 10 mins and then, after about 1.5 hrs of tests and lots of Q and A, was moved Blue Light to Lincoln. Waiting for the Ambulance to arrive was a Cardiology Team. I was taken immediately to the Cardiology Lab and underwent an urgent Angioplasty, which prevented an impending Heart Attack. I was moved to Johnson Ward by 1:30pm. I have nothing but absolute praise for everyone involved from Grantham Reception, EMAS, all of the medical staff particularly the Cardiology team, housekeeping. Too many to mention. Words can barely express my gratitude to all of you working on the frontline, under intense pressure. Thank you so very very much.

On behalf of the Emergency Department at Grantham, thank you for sharing your kind comments. I will ensure the whole team here get to see them.

Get well soon. **Teresa Shepherd, Sister - Accident and Emergency Department, Grantham**

Thank you for your positive feedback. I will ensure this is forwarded to all the team on Johnson Ward, as it is always nice to hear that their hard work is paying off. We hope that you are making a good recovery. **Ward Sister Tracey Duke, CCU/Johnson Ward**

Thank you for taking the time to offer such positive feedback which I will ensure is shared with the team I know they will be pleased to receive it. I hope you continue to make good progress.

**Michaela Ireland, Senior Sister - The Lincolnshire Heart Centre**

## VOLUNTARY SERVICES



	Lincoln	Pilgrim	Grantham	Louth	Total
New Applications	17	6	1	2	26
Started During Month	1	4	2	0	7
Applications in progress	22	6	5	1	34
<b>Total</b>	<b>40</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>67</b>
<b>Volunteer Placements</b>					
	Lincoln	Pilgrim	Grantham	Louth	Total
On Ward	25	12	3	0	40
Day Wards	24	7	1	1	33
OPD/Clinics	19	12	2	1	34
A&E/Assessment units	6	0	5	0	11
Pharmacy	4	0	8	0	12
Chaplaincy	14	18	4	1	37
Macmillan	6	8	3	0	17
Catering	27	0	0	0	27
Admin/Other	15	2	3	0	20
<b>Total Active Volunteers</b>	<b>140</b>	<b>59</b>	<b>29</b>	<b>3</b>	<b>231</b>
<b>Total Hours</b>	<b>1909</b>	<b>738</b>	<b>375</b>	<b>224</b>	<b>3246</b>
<b>WTE</b>	<b>51</b>	<b>20</b>	<b>10</b>	<b>6</b>	<b>87</b>

Leavers				Applications - Marketing Sources			
Reasons for leaving	Month	YTD	%		Month	YTD	%
Unknown	3	22	28%	ULHT Website	11	33	41%
Deceased	0	2	3%	Volunteer Centre	1	2	3%
Moved	0	6	8%	Hospital Posters	2	14	18%
Health	1	12	15%	Family/Friends	3	10	13%
Family	2	13	16%	Current Volunteers	1	4	5%
Employment/Uni	1	8	10%	Local Media	2	28	35%
Other	0	16	20%	Other	6	10	13%
Unhappy @ULHT	0	1	1%				
	<b>7</b>	<b>80</b>			<b>26</b>	<b>101</b>	

### Phil Hatton Ward - Lincoln Hospital

I have been volunteering at ULHT since May 2012 on the Hatton Ward.

I really enjoy my volunteering on the ward and I feel part of the ward team.

I have two particular experiences that help to make my volunteering a real pleasure .

Last Remembrance Day I helped two males ex - servicemen patients , who were able to partake in the two minute silence by being able to stand and observe the two minute silence even though they were very frail. This meant an awful lot to them .

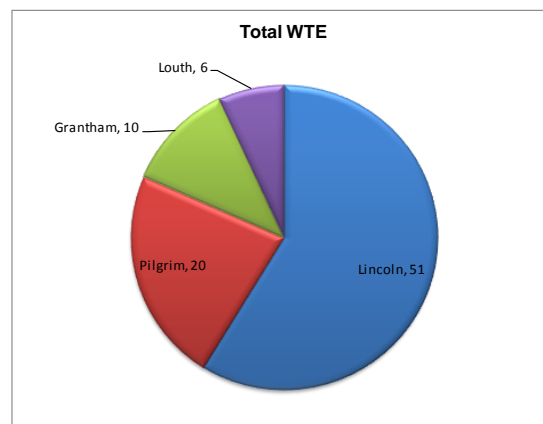
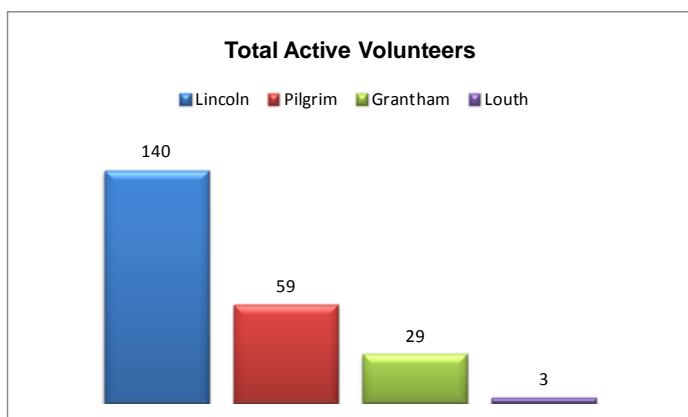
The other memorable experience was being able to run a regular quiz for 3 bed bound patients who really looked forward to my shift to help provide a little additional fun to their stay.

### Nicola Hine Ward Sister, Hatton Ward – Lincoln Hospital

Phil is a valued member of the team, always willing to help, nothing is ever too much trouble. He is always cheerful and our patients warm to him. He's kind, approachable, respectful and we always look forward to seeing him.

I often ask him to support and mentor other volunteers as he's very good at showing them the 'ropes'.

He has become part of the furniture and we would miss him loads if he were to ever leave.



## Patient Experience news and developments

### Research Project: Feedback Stories – An Ethnography of Web-based Patient Feedback

The patient experience team have been approached by Malte Ziewitz, Assistant Professor of Science and Technology studies at Cornell University, USA to participate in the research project following discussions with James Munro, Chief Executive of Patient Opinion

The purpose of this study is to better understand how patients, carers, staff, and managers make use of public patient feedback. What does it take to mobilise experiences of care and make them useful for improving services? Rather than looking at online feedback as a technical solution, the study seeks to provide a detailed account of the day-to-day and often complex work of managing public patient feedback.

The research project started in 2010 and has been following the work of Patient Opinion and its users, partners, and competitors by following the stories of 16 authors and interviewing more than 60 staff members, health advocates, commissioners, and policy-makers. A key part of this research has been the reconstruction of individual feedback journeys by following postings from the living rooms of patients through the moderation process back into the hospital and Trusts.

Professor Ziewitz now requires three more in-depth case studies with specific hospitals and Trusts. The goal is to better understand the organisational challenges of soliciting, processing, and responding to feedback. What are the challenges of making feedback useful within a complex organisation? How is feedback used (or not used) by different staff members and teams? How do new feedback schemes interact or interfere with existing mechanisms like PALS, complaints, and performance measures?

A scoping meeting has taken place and we have agreed to participate in this exciting project. Professor Ziewitz will return to ULHT at the end of December to discuss future plans. He will spend four weeks with the patient experience team, accompanying and supporting them in their day-to-day activities. This will not only allow him to observe the processing of feedback as it happens, but also give him time and flexibility to conduct (brief) interviews with staff working at all levels of the organisation. The focus will be to capture the views of managers and those who work in quality improvement and complaints, but also other stakeholder groups who may be relevant to online feedback, such as staff working in cleaning, catering, or administrative roles.

### National Patient Surveys

Currently the trust is undertaking 4 of the mandated national patient surveys.

#### Inpatients 2016 (sample July 2016)

August 16	Send out first questionnaires to service users
January 17	Survey ends
January 17	Management report received
TBA	Publication by CQC

#### Emergency Department 2016 (sample September 2016)

October 16	Send out first questionnaires to service users
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March 17 Survey ends  
March 17 Management report received  
TBA Publication by CQC

**Cancer Services (sample April to June 2016)**

October 16 Send out first questionnaires to service users  
March 17 Survey ends  
March 17 Management report received  
TBA Publication by CQC

**Children and Young People's Survey (sample November to December 2016)**

October 17 Send out first questionnaires to service users  
June 17 Survey ends  
June 17 Management report received  
TBA Publication by CQC

## SECTION 2 – BUSINESS UNIT LEVEL REPORT – Cancer care

### National Cancer Patient Experience Survey (NCPES) 2015

The NCPES was published in July 2016 from a sample of patients who received care during the summer of 2015. The national survey is designed to monitor national progress on cancer care; to provide local information to drive quality improvements; to support commissioners and providers of cancer services and inform stakeholders and charities supporting cancer patients.

Headline conclusions from 2015:

- Significant changes were made to the NCPES in 2015 so some caution was advised in directly comparing data from previous surveys, even for identical questions.
- 2015 survey data has been published for the first time as Official Statistics.
- The survey provides important baselines from which to measure the successful delivery of the national cancer strategy at a local level.
- 1,288 ULHT patients participated (70% response rate, national 66%)
- Patients rated ULHT on a scale of zero (very poor) to 10 (very good), respondents gave an average of 8.5 (national average 8.7)
- 88% of respondents said that overall, they were always treated with dignity and respect when they were in hospital (national 87%)
- 92% said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital (national 94%)
- In 2015 ULHT was **below** the lower limit of expected range for 10 of the 59 questions - 17% (in 2014 this was 44 of 70 questions - 63%)
- In 2015 ULHT was higher than or the same as the national average for 12 of the 59 questions - 20% (in 2014 this was 16 of the 70 - 23%)
- The NCPES is repeated annually and there will be few if any expected changes, therefore going forward we will be able to compare results year on year. Sampling is currently underway for this year.

### High level actions for Questions which scored outside expected range

(local tumour site actions plans are being monitored through Cancer Management Committee).

Question	2015	Nat' Ave	High level actions
<b>Domain: Clinical Nurse Specialist</b>			
<b>Q17</b> Patient given the name of the CNS who would support them through their treatment	85%	90%	<ul style="list-style-type: none"> <li>• Improvement on last year (83%)</li> <li>• Better utilisation of resource available/ reduced variation across sites</li> <li>• Patient focus group work to establish high impact contact points</li> <li>• Shared learning from performing tumour sites</li> </ul>
<b>Domain: support for people with cancer</b>			
<b>Q20</b> Hospital staff gave information about support groups	75%	83%	<ul style="list-style-type: none"> <li>• Supportive care package being developed across health system</li> <li>• Developing website in partnership with Healthwatch / Lincolnshire Patient and Carers Forum</li> </ul>
<b>Domain: hospital care as an inpatient</b>			
<b>Q29</b> Patient had confidence and trust in all doctors treating them	80%	84%	<ul style="list-style-type: none"> <li>• Feedback through CD's and development of detailed action plans to be monitored through Cancer Management Committee (CMC) and tumour site governance</li> </ul>
<b>Q38</b> Given clear written information about what should/ should not do post discharge	81%	84%	<ul style="list-style-type: none"> <li>• Deterioration on last year (84%)</li> <li>• Review core and tumour site Trust wide written information and cascade process</li> </ul>
<b>Domain: hospital care as a day patient / outpatient</b>			
<b>Q41</b> Patient was able to discuss worries and fears with staff during visit	65%	70%	<ul style="list-style-type: none"> <li>• Feedback through tumour site governance and action plan monitoring</li> </ul>



<b>Q42</b> Doctor had the right notes and other documentation with them	<b>94%</b>	<b>96%</b>	<ul style="list-style-type: none"> <li>• Tumour site analysis and shared learning through governance</li> </ul>
<b>Domain: home care and support</b>			
<b>Q49</b> Hospital staff gave family or someone close all information needed to help with care at home	<b>53%</b>	<b>58%</b>	<ul style="list-style-type: none"> <li>• Deterioration on last year (57%)</li> <li>• Macmillan Information service outreach development</li> <li>• Shared learning from performing tumour sites</li> </ul>
<b>Domain: overall care</b>			
<b>Q55</b> Patient given a care plan	<b>28%</b>	<b>33%</b>	<ul style="list-style-type: none"> <li>• Improvement on last year (21%)</li> <li>• Developing “next steps” initiative</li> <li>• Increased use of technology available</li> </ul>
<b>Q56</b> Overall the administration of the care was very good / good	<b>85%</b>	<b>89%</b>	<ul style="list-style-type: none"> <li>• Shared learning and focus on lower performing tumour sites</li> </ul>
<b>Q59</b> Patients average rating of care scored from very poor to very good	<b>8.5</b>	<b>8.7</b>	<ul style="list-style-type: none"> <li>• MDT lead feedback and monitoring of action plan through CMC</li> </ul>

The additional comments section that forms part of the NCPES is particularly powerful as these tell us why our patients answered the way that they did; how they articulate their experience and what is important to them. Below are a selection of comments.

<b>Brain/ central nervous system</b>	“My care has been first rate from start to present, absolutely no complaints”
<b>Breast</b>	“All the staff involved in my treatment were very polite, respectful and patient. I commend them for their dedication and kindness.”
<b>Colorectal/ lower gastrointestinal</b>	“Excellent service and care from the colorectal department and very well looked after from the chemotherapy suite staff.”
<b>Gynaecological</b>	“The entire experience at the chemotherapy unit and attitude of consultant and staff was extremely good. Everyone was very informative and caring.”
<b>Haematological</b>	“As an ex nurse I was very impressed with all the staff, every one treated me with great kindness and consideration and were extremely professional.”
<b>Head and neck</b>	“As far as I am concerned, my care and treatment for my cancer and all my doctors and nursing staff couldn't have treated me better. I take my hat off to them all!”
<b>Lung</b>	“All the staff involved with my care from receptionists to consultants was very considerate, kind and helpful. I felt as though I was treated exceptionally well by all concerned, making it easier to cope with my condition.”
<b>Other</b>	“Consultant doctor and nurses have been brilliant my treatment is going well. A big thank you to everyone involved.”
<b>Prostate</b>	“The whole treatment from diagnosis to discharge was of a very high standard. All staff were friendly and treated you as an individual and not a number.”
<b>Sarcoma</b>	“Good to have familiar faces at chemotherapy treatments, and the use of christian names.”
<b>Skin</b>	“Very prompt service. Kind and caring staff who took my mental state into account.”
<b>Upper gastrointestinal</b>	“In all the years I have been having treatment, I cannot fault anything. I have been very well treated by doctors and nurses.”
<b>Urological</b>	“All the staff and nurses were very supportive and caring to me, they treated me as an individual and helped me with my fears.”