

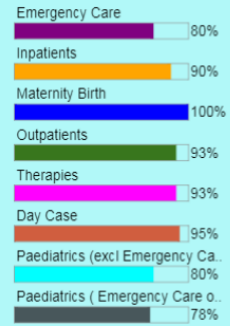
PATIENT EXPERIENCE REPORT

August 2017 (July 2017 data)

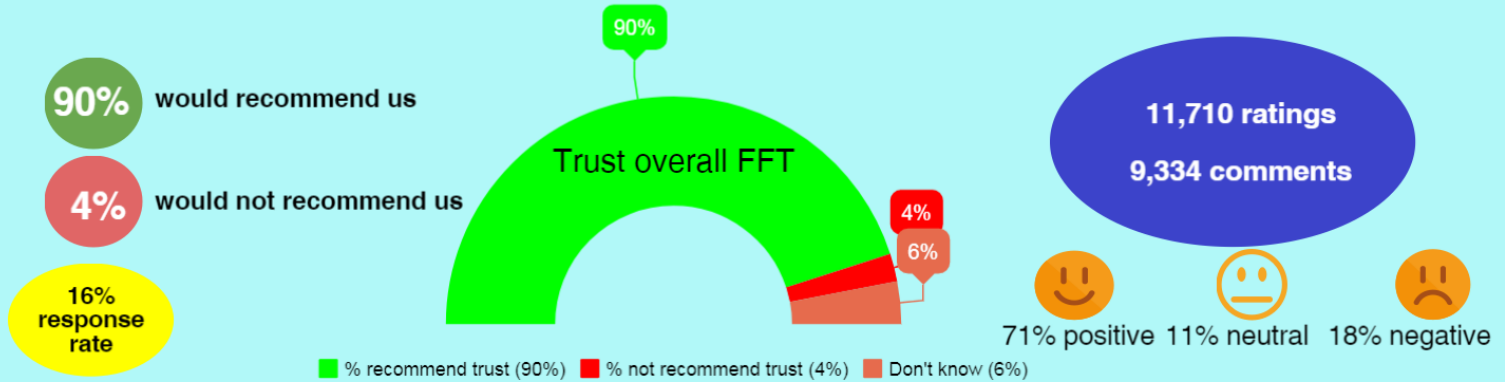
Trust level report

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

Friends & Family Test

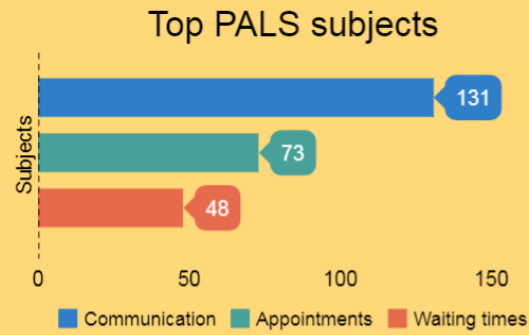


Local department overview only and may differ slightly from national reported streams



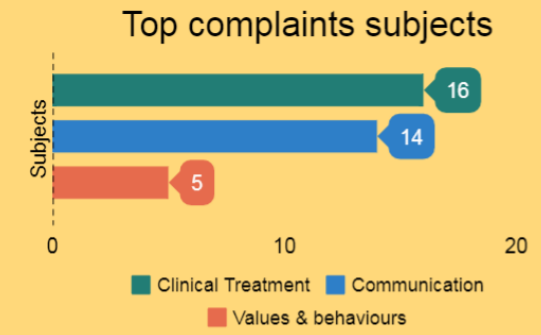
PALS

385
PALS concerns received



Complaints

55
Complaints received



61 stories posted
4,120 people have read the stories
74% positive stories

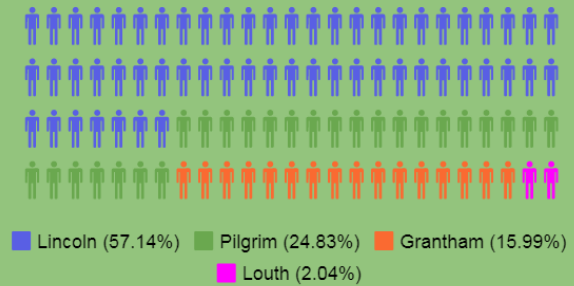
Compliments



1,695 counting compliments recorded
Compliments v Concerns
32:1*

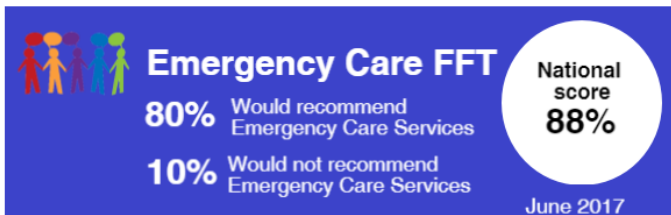
*includes counting compliments and Patient Opinion

Volunteers



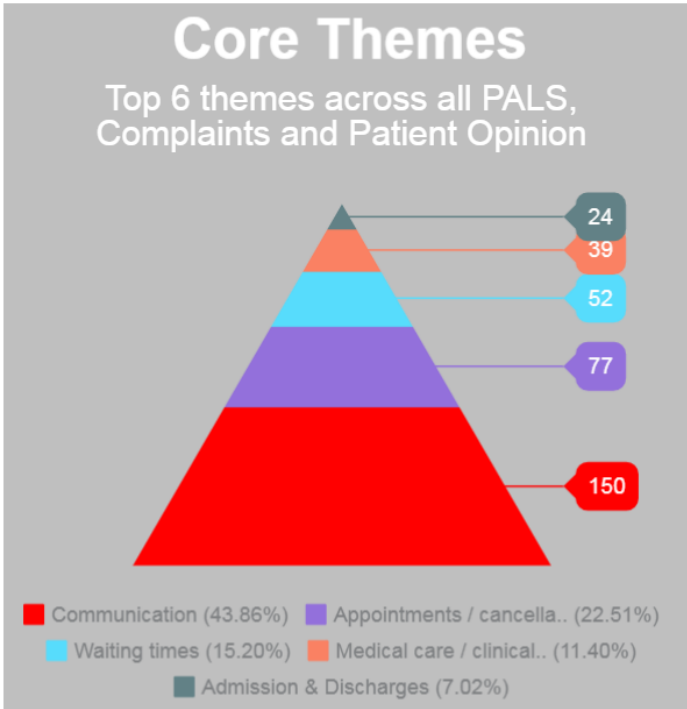


Patient Experience Report July 2017



11,710
ratings recieved

9,334
comments recieved



Care Opinion 61 stories posted
 4,120 reads

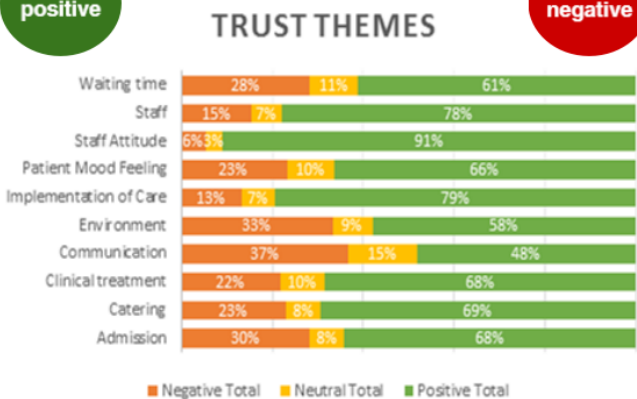
74% positive stories
 24% negative stories

Compliments vs Complaints ratio
32:1

FFT Themed Analysis

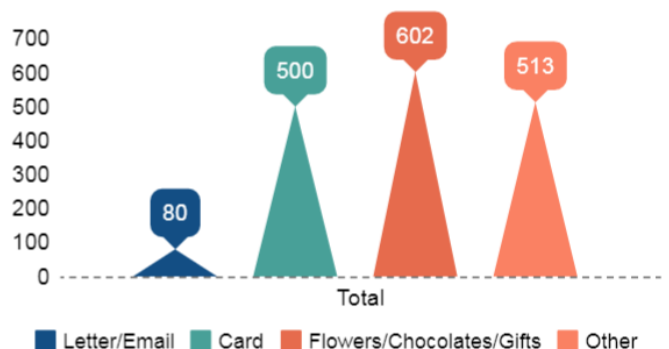
71% positive

18% negative



1,695 Counting Compliments received this month

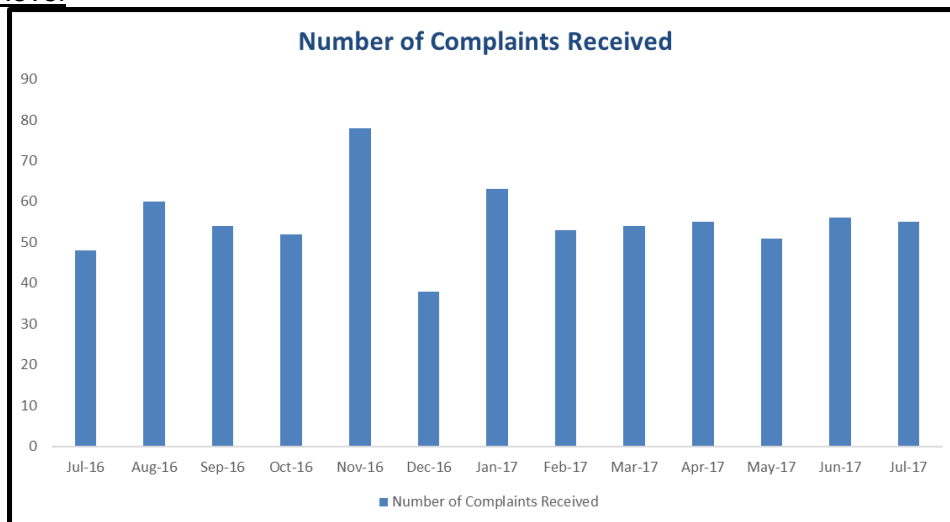
Counting Compliments by type



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

Trust level



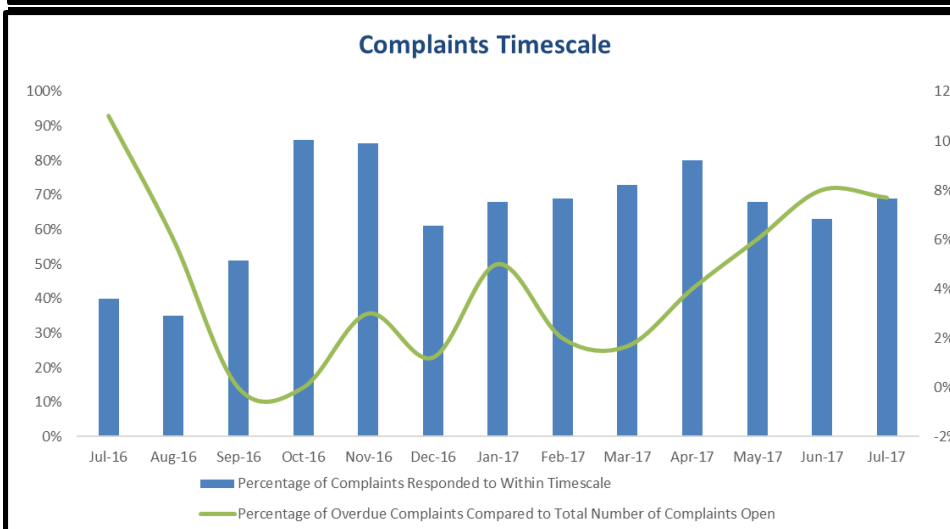
Notes:

July 2017: 55 complaints received

Subjects of complaints include:

- 34 clinical treatment
- 22 Patient care
- 41 communication
- 12 admission and discharge
- 13 values and behaviour
- 5 waiting times
- 6 safeguarding
- 6 prescribing
- 5 Privacy,Dignity & Wellbeing

2017 average monthly complaints received = 55

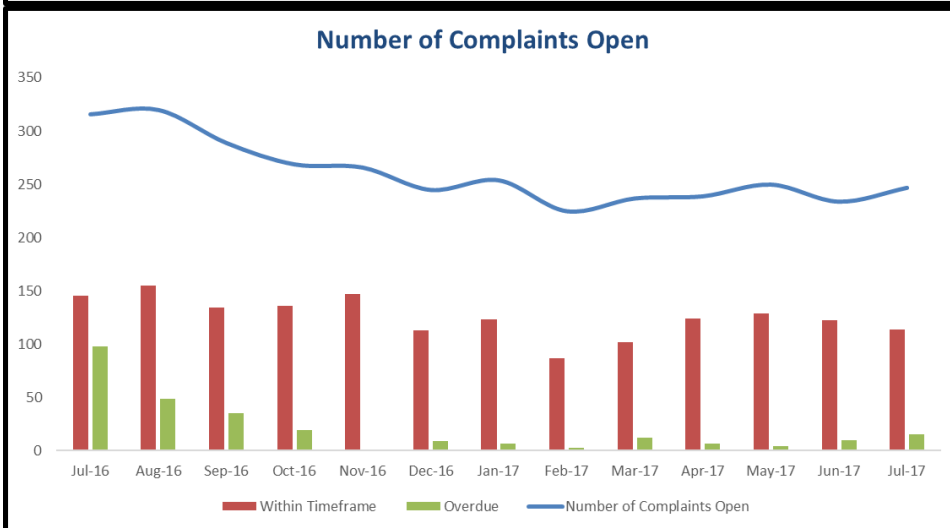


Notes:

July 2017:

16/23 complaints responded to within timescale 69%

19/247 of overdue complaints against the total number of complaints open



Notes:

July 2017:

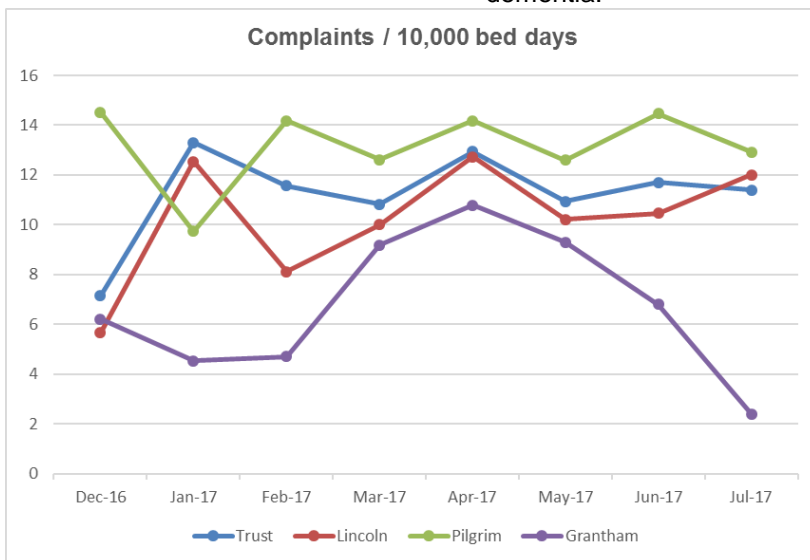
247 complaints open

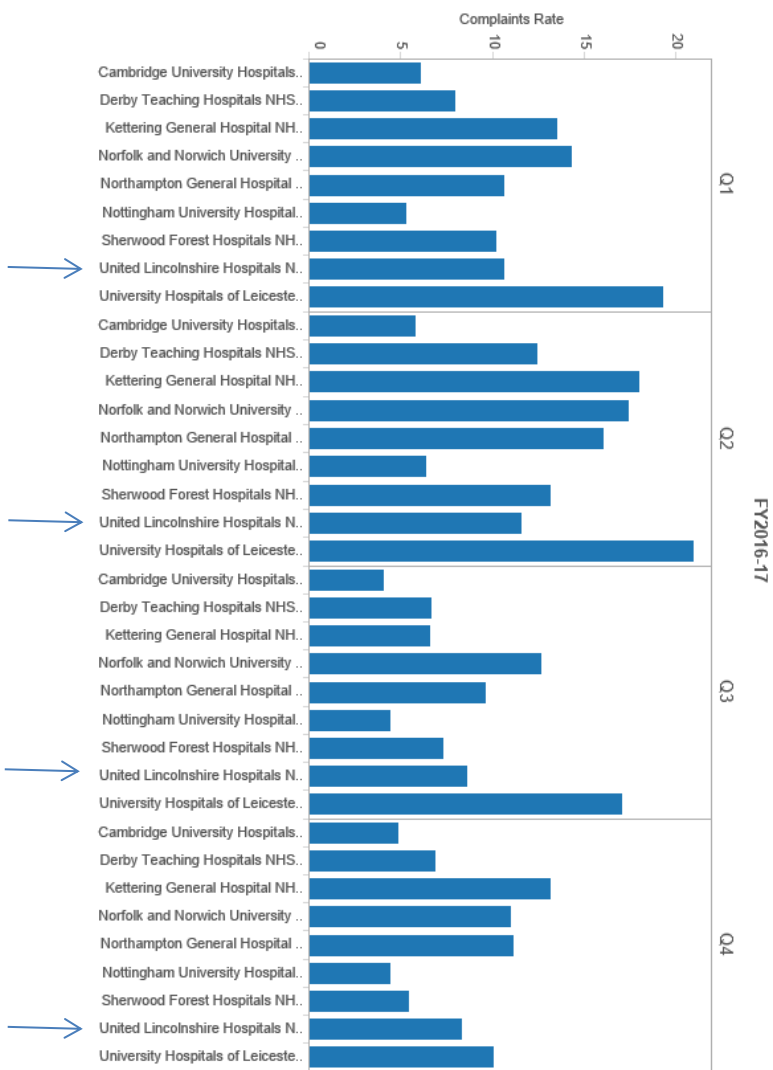
- 114 within timeframe
- 19 overdue
- 36 ongoing
- 18 PHSO/ 5 IR
- 44 awaiting closure/ 11 signing

7 overdue responses for May

At the August Trust Board meeting the number of complaints with safeguarding cited within the 'subject' was highlighted; there were 4 noted in the June data and as can be seen above 6 for July. Whenever there are any complaints that in any way relate to or could relate to a safeguarding concern the Safeguarding Team see the complaint, investigation findings and final response before they are signed off. The complaints from June and July have been reviewed and are summarised below; there were no themes in terms of location or service and the tagging of safeguarding is considered a good cautionary step to ensure any such concerns are fully investigated.

June		July	
1	Risk of aspiration as found slumped in bed	1	Adolescent with mental health needs
2	Concerns about quality of personal care	2	Fall at home and further fall in hospital
3	Concern that nurse was holding oxygen mask to patients face against his wishes.	3	Role of parent carers not acknowledged for child with complex medical and learning disability.
4	Concerns about quality of personal care	4	Admitted following fall at nursing home
		5	Personal care needs not handed over.
		6	Lack of person centred care for patient with dementia.

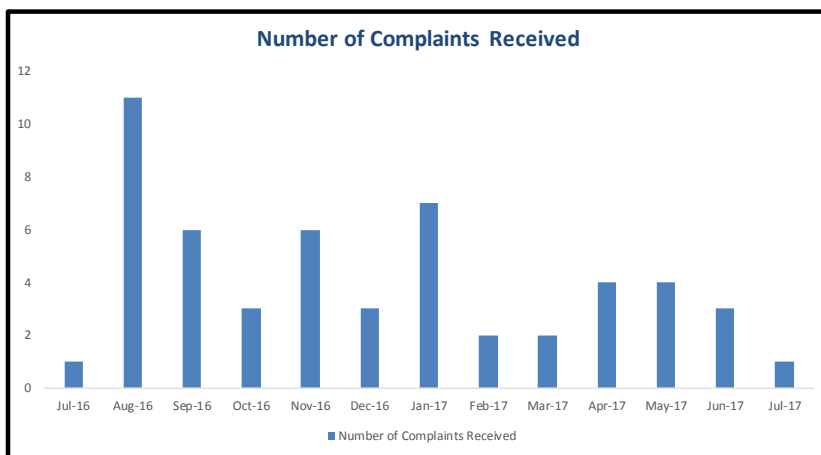




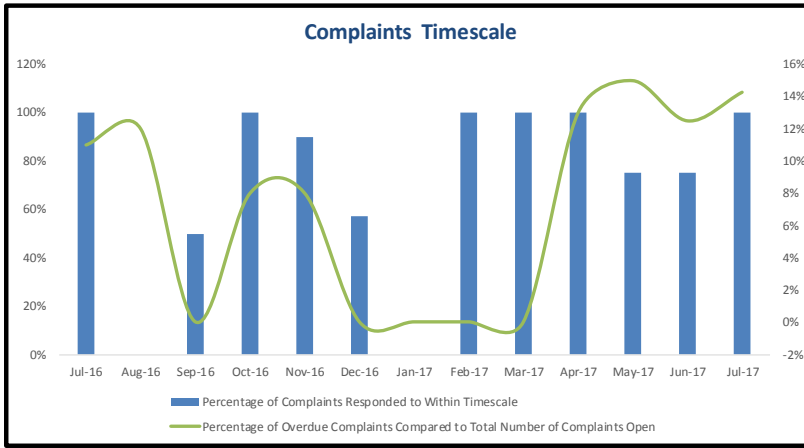
Written Complaints

Comparative extract from NHSI Patient Experience Tool; complaints rate per 1,000 members of staff in post (for that Quarter).

Grantham

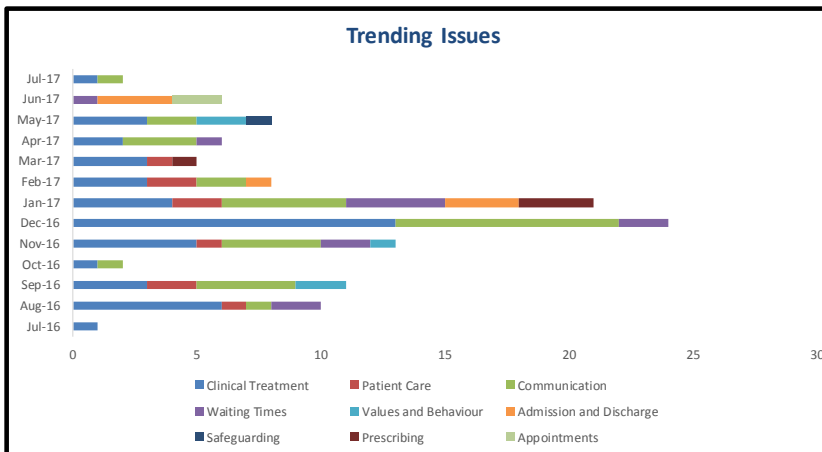


Notes:
 July 2017: 1 complaint received
 Subjects of complaints include:
 1 clinical treatment
 1 communication
 0 admission and discharge
 0 values and behaviour
 0 waiting times
 0 safeguarding
 0 prescribing
 0 Appointments
 2017 average monthly complaints received = 3



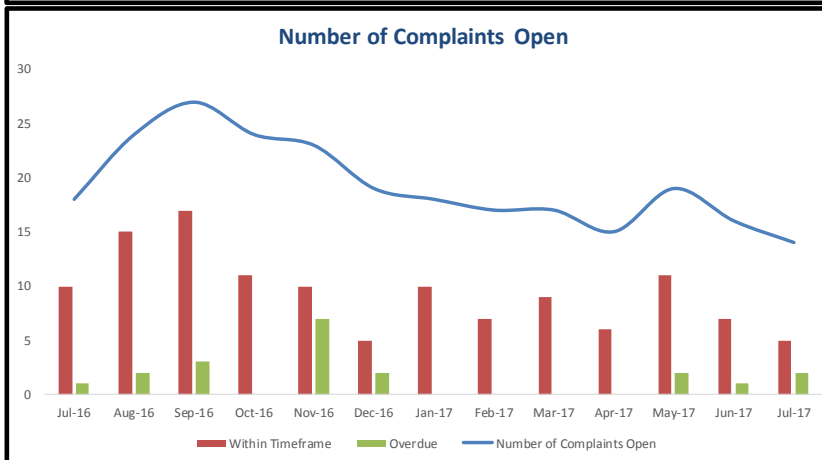
Notes:

July 2017:
 2/2 complaints responded to within timescale 100%
 2/14 of overdue complaints against the total number of complaints open 14.28%



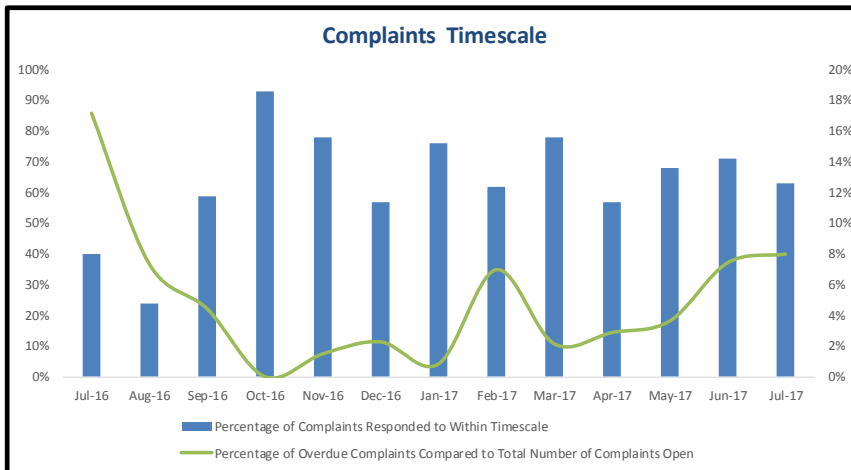
Notes:

July 2017:
 Top 2 themes for complaints for April were:
 . Clinical Treatment
 . Communication



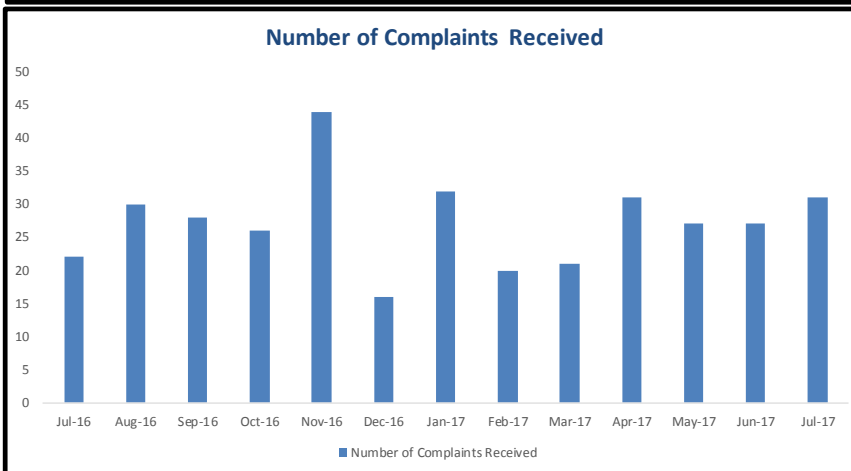
Notes:

July 2017:
 14 complaints open
 5 within timeframe
 2 overdue
 1 ongoing
 0 PHSO/IR
 6 awaiting closure/0 signing
 0 overdue responses for July



Notes:

July 2017:
 7/11 complaints responded to within timescale 63%
 10/116 of overdue complaints against the total number of complaints open



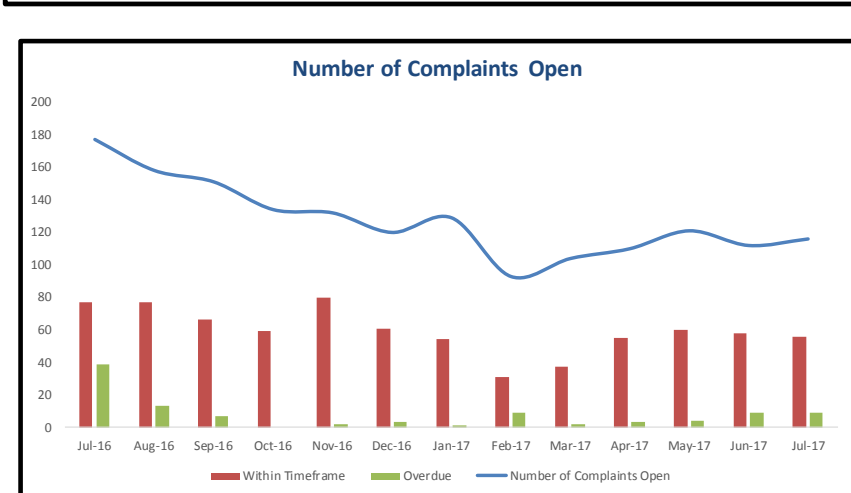
Notes:

July 2017: 31 complaints received

Subjects of complaints include:

- 17 clinical treatment
- 14 Patient Care
- 32 communication
- 8 admission and discharge
- 8 values and behaviour
- 5 waiting times
- 6 safeguarding
- 5prescribing

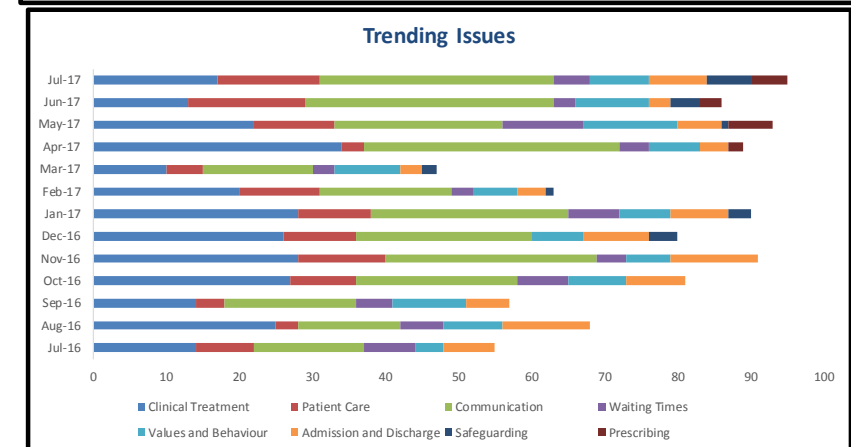
2017 average monthly complaints received = 27



Notes:

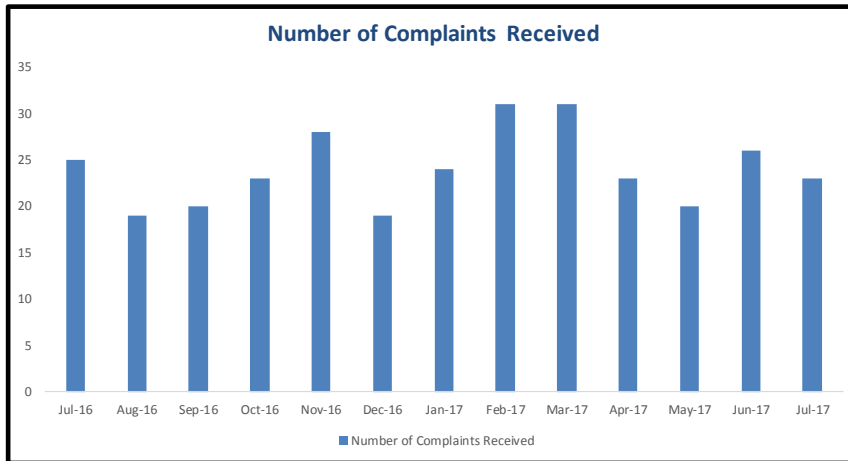
July 2017:
 116 complaints open
 56 within timeframe
 10 overdue
 15 ongoing
 6 PHSO/ 5 IR
 16 awaiting closure/ 8 signing

4 overdue responses for July



Notes:

July 2017:
 Top 3 themes for complaints for April were:
 . Communication
 . Clinical Treatment
 . Patient care



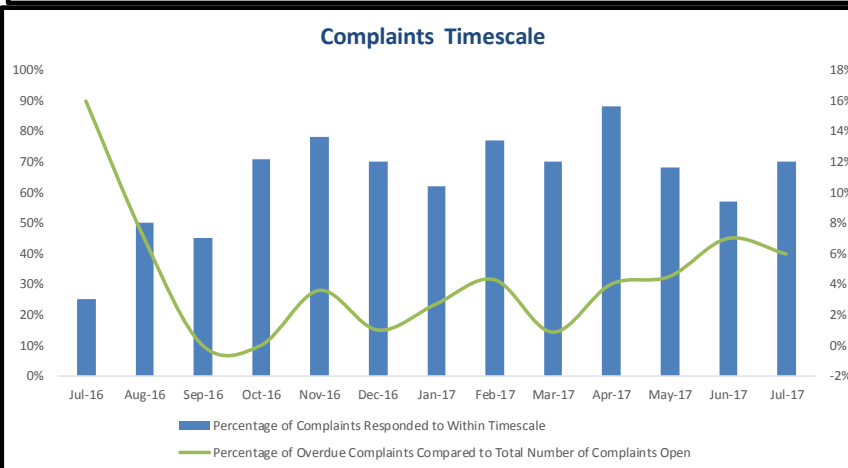
Notes:

July 2017: 23 complaints received

Subjects of complaints include:

- 16 clinical treatment
- 8 communication
- 4 admission and discharge
- 5 values and behaviour
- 0 waiting times
- 0 safeguarding
- 1 prescribing
- 2 Privacy, Dignity & Wellbeing

2017 average monthly complaints received = 25

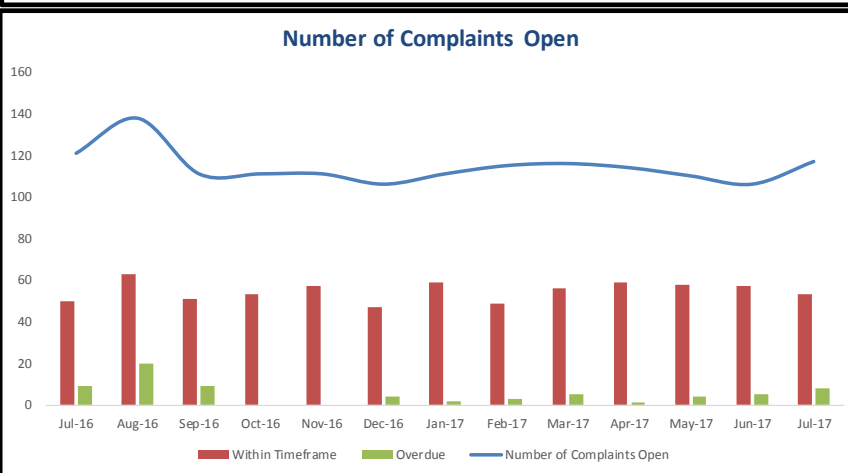


Notes:

July 2017:

7/10 complaints responded to within timescale 70%

7/116 of overdue complaints against the total number of complaints open 5.98%

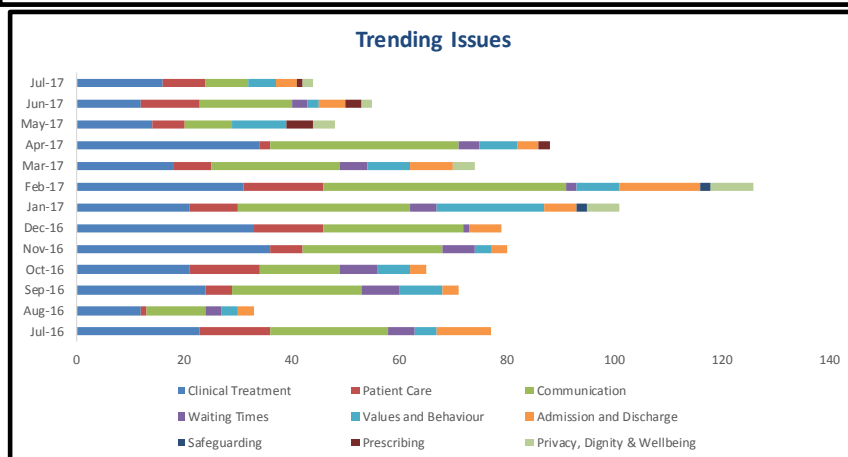


Notes:

July 2017:

- 116 complaints open
- 53 within timeframe
- 7 overdue
- 20 ongoing
- 12 PHSO/IR
- 22 awaiting closure/3 signing

3 overdue responses for July



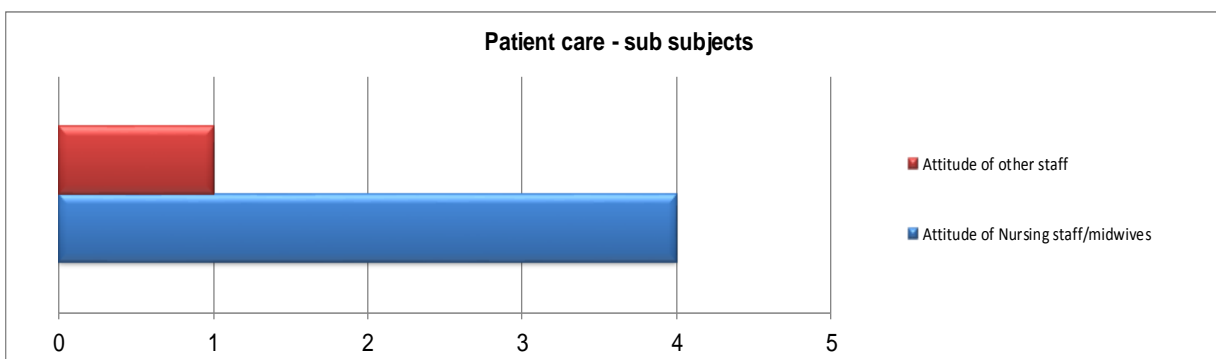
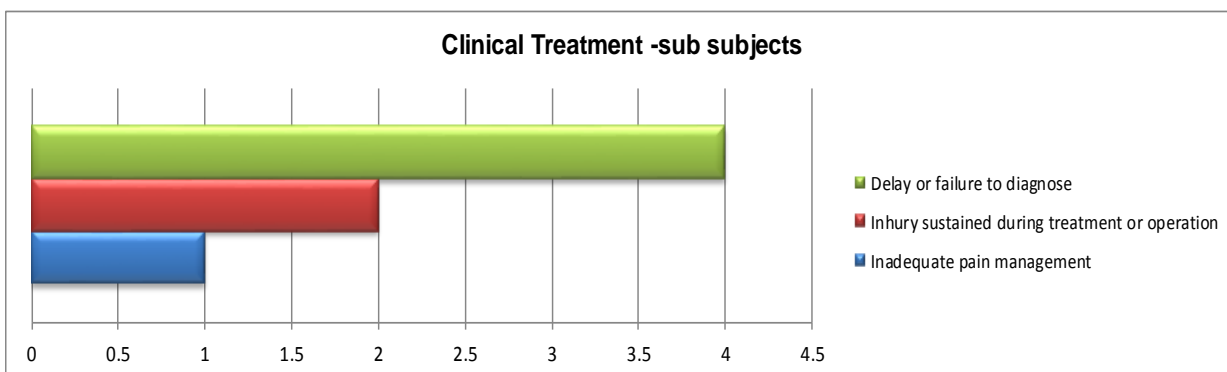
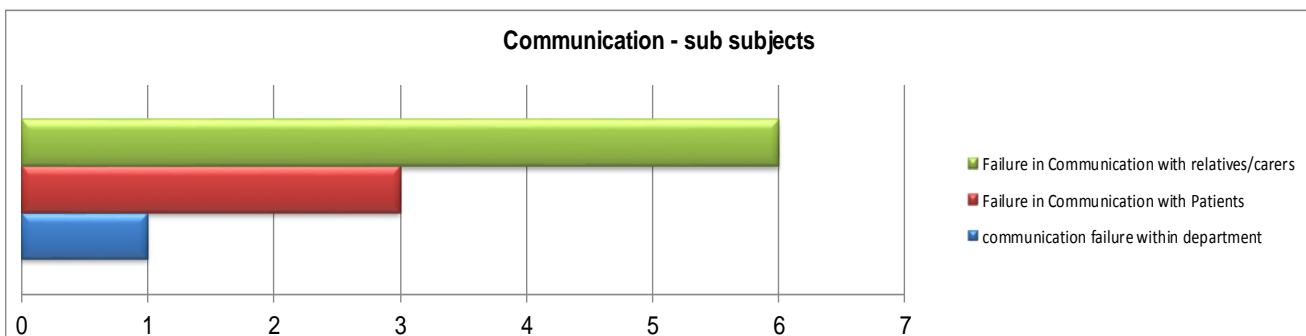
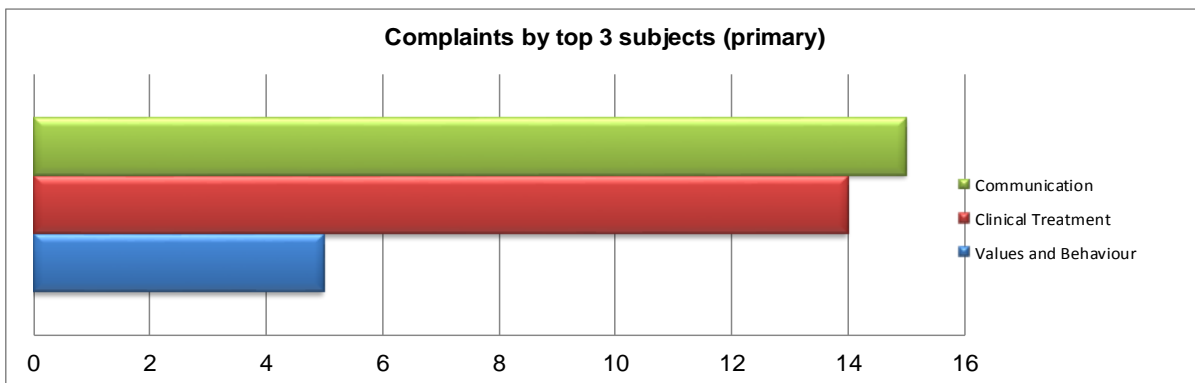
Notes:

July 2017:

Top 3 themes for complaints for June were:

- . Communication
- . Clinical Treatment
- . Patient care

The second Lessons Learned newsletter has been published (shown at Appendix) and had a focus on PALS, recognising that addressing concerns promptly can bring resolution and confidence to our patients and carers that the Trust is listening and acting.



Overdue complaints

Of the 19 overdue complaints as stated above; the position at time of this report:
 10 with executive team for signing
 4 in final stages of formatting ready for approval and signing
 5 awaiting responses from case managers who have been chased and support offered.

A focus on Mental Health and Learning Disabilities.

As part of the Mental Health and Learning Disabilities Transformation Plan (& CQC Quality Improvement Project QS06) there was an identified need to understand whether patients with MH or LD and their families were raising complaints or concerns and if so whether there were any specific trends or learning that could be drawn from them. Unfortunately this was not entirely straightforward to do as complainants do not tend to specifically categorise their concerns in such explicit ways, rather they detail the core elements such as communication or treatment.

To rectify this fields have been created within the DATIX PALS and complaints modules for the teams to indicate whether the issue refers to a MH or LD issue and this commenced on 1st August 2017. This will enable data analysis going forward and reports to the Mental Health and Learning Disabilities Strategy group and also to the Lessons Learned Forum.

To understand the current position a simple (and admittedly not entirely scientific) look back exercise was undertaken drawing on the following data sets:

- PALS – all concerns raised between 01.02.17 – 31.07.17 (6 months) – total 2,279
- Complaints – all received between 01.06.16 – 30.06.17 (12 months) – total 719

These were produced within Excel format and using the ‘find’ functionality a search was made using the following:

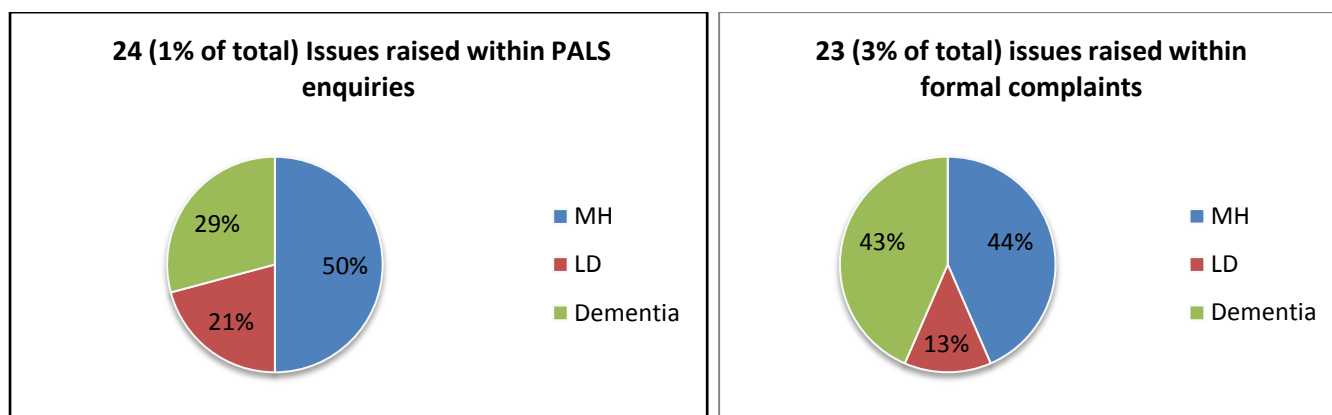
- Mental Health
- MH
- Learning Disabilities
- LD
- Dementia
- Liaison Psychiatry

All of the records where these words featured were then sorted under MH, LD and dementia and then looked at in further detail.

Findings: (For the purpose of this report the deeper detail looked just at MH and LD and at the complaint issues).

There needs to be some caution when considering these findings as there is no denominator or benchmark against which to compare; national statistics (K041a data) does not cite MH or LD as a subject or sub subject outside of MH providers; and our reporting may well increase from August 1st.

- **PALS:** out of 2,279 enquiries 24 referred to either MH, LD or dementia; this is just 1% and the split demonstrated that MH concerns accounted for 50%.
- **Complaints:** Out of 719 complaints 23 referred to either MH, LD or dementia; this is 3% and the breakdown is shown below.



Specialty	Subject	Complaint
LD	Communication	Very poor communication with parents & between hospitals, don't know what tests were done, wasted 100 mile round trip to Sheffield.
LD	Clinical treatment	Dr wanted son admitted immediately & didn't understand how difficult this would be. Plans then made and agreed but did not happen such as own room, care approach.
LD	Waiting times	Son is being discriminated against because of LD; waiting for treatment of bowel condition.
MH	Discharge	Discharged in poor hygiene and mental state, no liaison with MH team, no MH bed.
MH	Attitude	When patient got distressed and upset staff threatened to get MH team to 'calm him down', made assumptions because has MH problems.
MH	Diagnosis	MH consultant said dad had perforated bowel, ED said not; sent back to Manthorpe unwell.
MH	Communication	Patient was scared of being discharged and coping, no one liaised with CPN or MH team, been admitted x 3 in last year but no one recognising not coping.
MH	Diagnosis	Why referred to MH team and transferred to QMC with post-partum psychosis when had infection.
MH	Attitude	Preconceived ideas because of my MH and anxiety problems; dismissive, belittling.
MH	Diagnosis	Doctors and nurses in ED did not believe him or treat him for his contagious foreign strain of mite bites.
MH	Discharge	Patient should have been detained under MHA and not discharged.

Conclusions

- For LD patients whilst there are different core subjects there is undoubtedly a basis about appreciating and being aware of the specific adjustments needed for patients and grasping the need for support. Cancellations and delays can have a huge impact particularly for patients with autism.
- Whilst the recorded subjects for MH concerns do not on their own show a trend the content of the concerns do; the issues about communication arguably have their roots in attitude and there is an indication in the narrative that liaison across services and providers could be a factor.
- Appreciation and understanding of reasonable adjustments for patients with LD and communication, attitude and understanding features in all of the MH complaints.

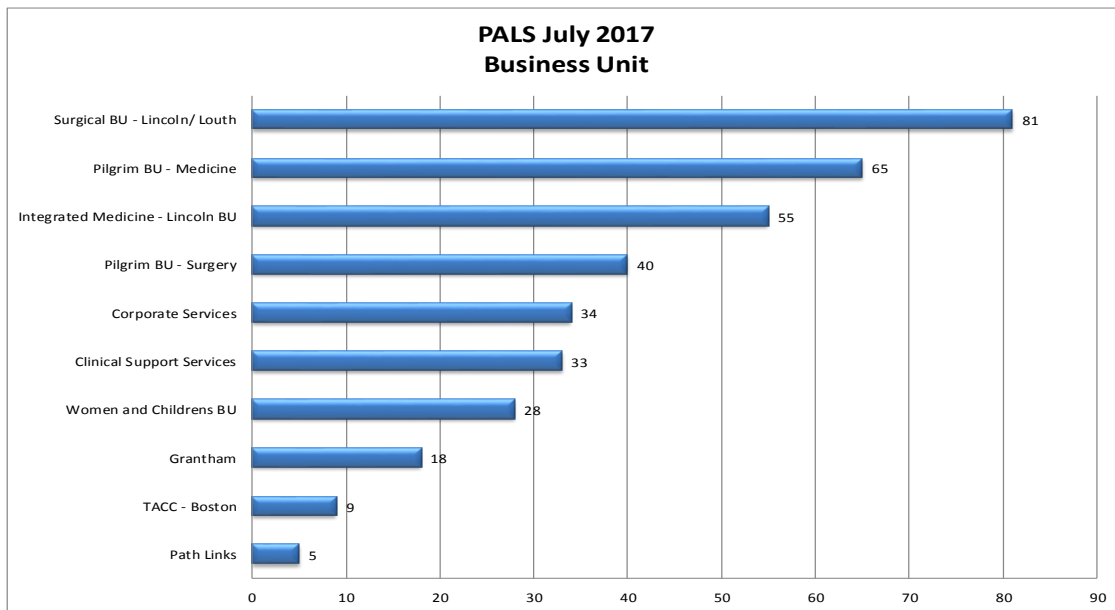
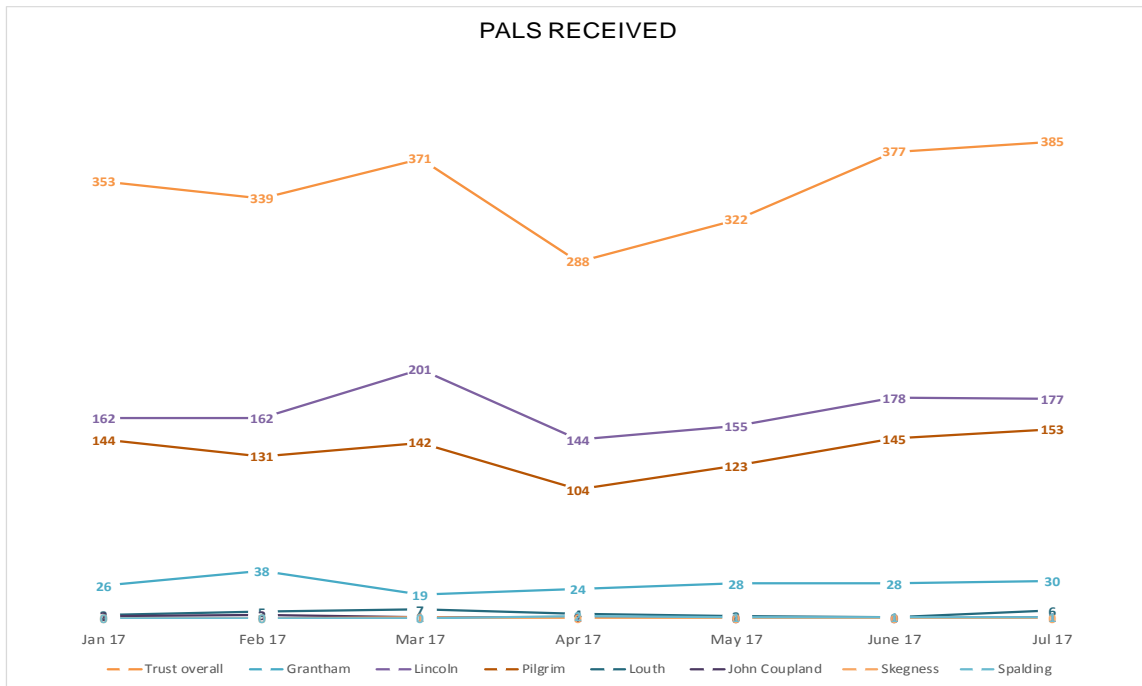
Next steps

Despite this being a small review there are enough pointers to demonstrate where action is required. The MHL D Strategy group and the QS06 project plan have a number of milestones within that will work towards improvements; for example:

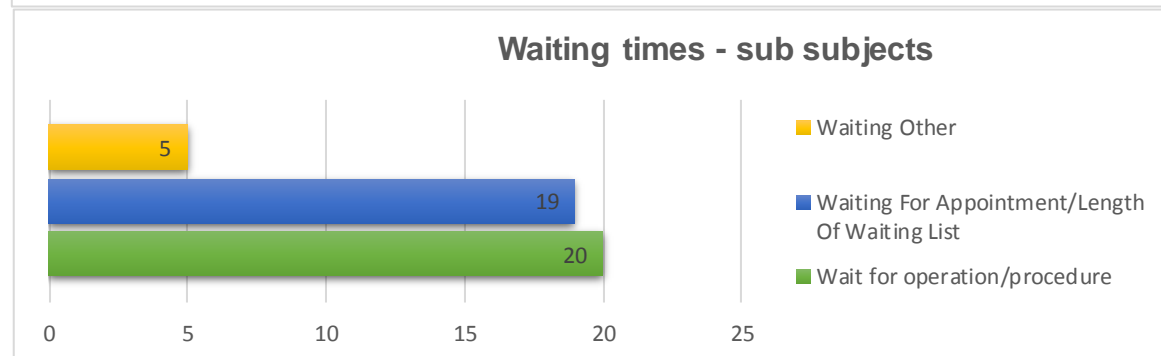
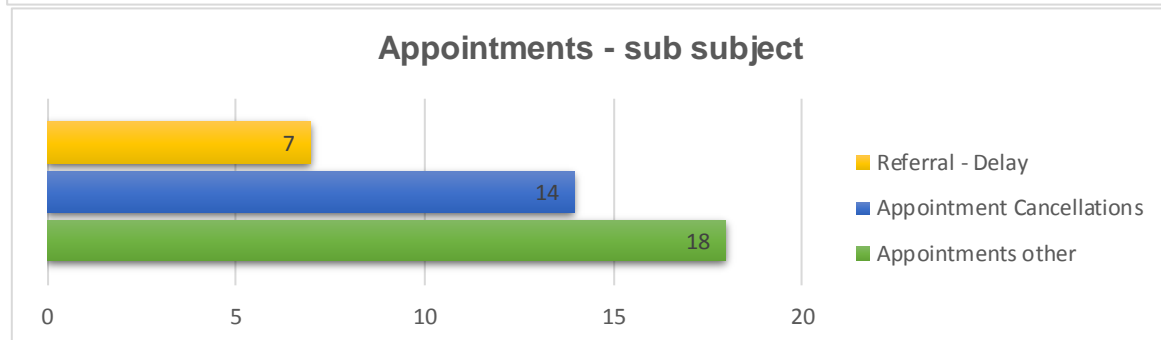
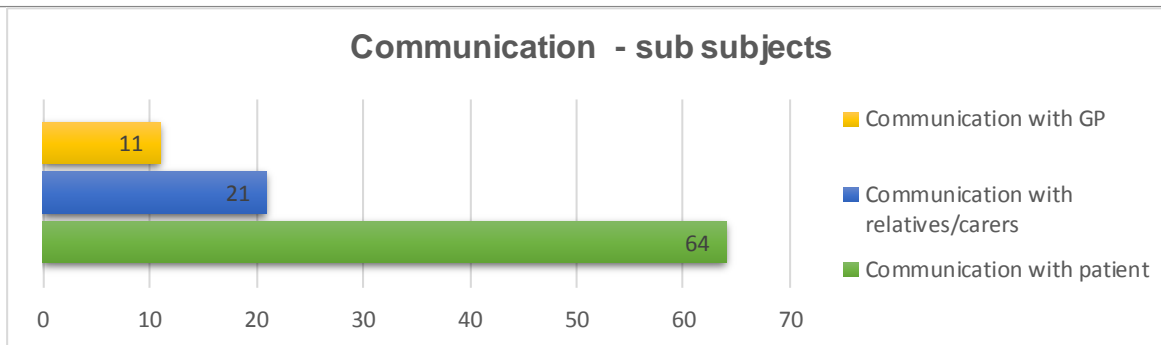
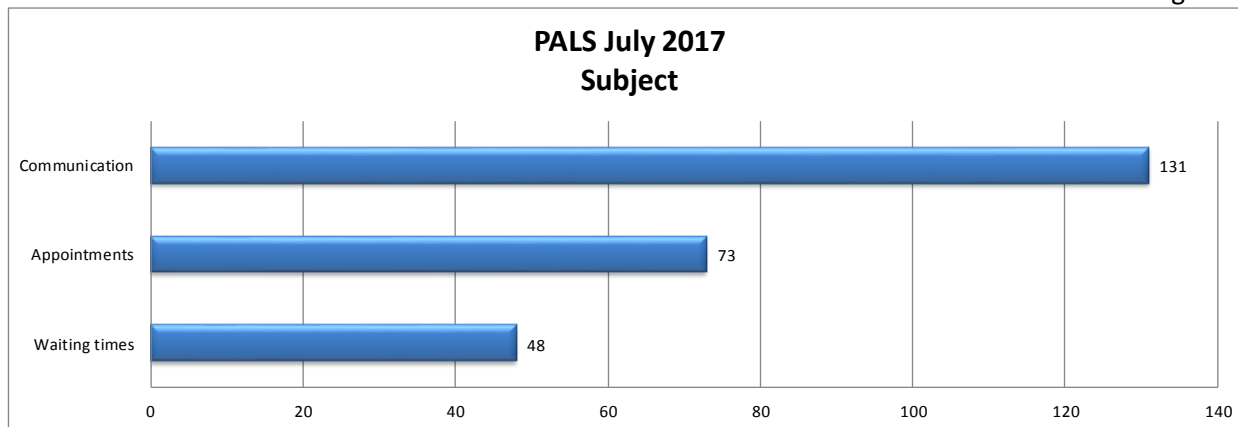
- Training needs analysis completed and currently awaiting approval to include awareness training to core training.
- DCN meeting with Autism leads from commissioning groups and Lincolnshire County Council.
- MHL D message of the month launched and can be used to spread awareness.
- Multi-agency case review process designed and commenced to review complex cases and incidents relating to MH and LD.
- ULHT active partner within county Mental Health Crisis Concordat.
- Communications / briefings prepared for marking Worldwide Suicide Prevention Day on 10th September and plans underway to mark National Mental Health Day on 10th October.
- Patient Story to Trust Board on 3rd October relates to an LD patients care and includes the experience and impact of his patients.

PALS

385 PALS concerns were received in July 2017.



Top 3 subjects & sub-subjects



Outcome of PALS enquiries

Of the 385 enquiries received:

- 339 resolved
- 6 passed to formal complaints
- 3 just required information which was given.
- The remaining 37 at the time of report were still being addressed.

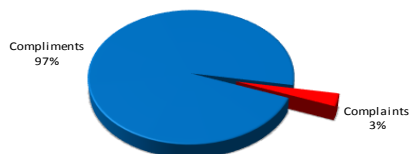
Time spent:

- 159 (46%) were resolved within an hour
- 111 (32%) were resolved within 24 hours
- 62 (18%) within one week
- 16 (4%) within a month

COMPLIMENTS

Compliments vs Complaints

The ratio on compliments vs complaints for July is **32:1**



FRIENDS & FAMILY TEST

The table below shows June performance against ULHT internal target and the variance against May performance.

Stream	Would recommend			Would not recommend		Response rate		
	Monthly performance	Against target	Change from last month	Monthly performance	Change from last month	Monthly performance	Against target	Change from last month
Trust overall	90%	n/a	0%	4%	0%	16%	n/a	0%
Inpatients	90%	-7%	0%	5%	2%	30%	4%	-1%
Emergency care	80%	-7%	-1%	10%	-1%	20%	1%	-1%
Day Case	95%	-2%	-2%	1%	0%	21%	-5%	-2%
Outpatients	93%	-1%	1%	2%	-1%	16%	2%	1%
Paediatrics	79%	n/a	0%	14%	0%	3%	n/a	0%
Therapies	93%	-1%	2%	2%	-1%	32%	18%	5%
Antenatal community	98%	0%	4%	0%	-2%			
Labour Wards	100%	3%	12%	0%	-6%	8%	-15%	-3%
Postnatal wards	85%	-10%	-8%	5%	-2%			
Postnatal community	97%	-1%	3%	0%	-3%			

July variance headlines:

- Trust overall - 0%
- IP - 0%
- EC - 1% down
- Day case - 2% down
- Therapies - 2% up
- Paediatrics - 0%
- Outpatients - 1% up

Benchmarking

July 2017

Area	%age recommend	%age non recommend
Day Case	95%	1%
Emergency Care	80%	10%
Inpatients	90%	5%
Maternity Birth	100%	0%
Outpatients	93%	2%
Paediatrics	79%	14%
Therapies	93%	2%

Area	Response Rate
Day Case	21%
Emergency Care	20%
Inpatients	30%
Maternity Birth	8%
Outpatients	16%
Paediatrics	3%
Therapies	32%

The charts below show the Trust rankings for all nationally published FFT streams, both for recommendation and response rates (noting the caution in comparisons).

ULHT ranking against national data

Recommendation rate														
Ranked out of*	Stream	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	
141	Emergency Care	127	130	130	115	114	119	108	119	124	117	116	124	
173	Inpatients	158	153	161	152	158	143	147	147	127	142	152	142	
233	Outpatients	161	167	151	162	163	155	167	189	174	177	173	198	
135	Maternity Antenatal	1	116	46	1	83	81	1	102	80	1	78	83	
135	Maternity Birth	1	118	1	1	1	1	1	121	127	1	81	126	
135	Maternity Postnatal ward	115	90	110	78	99	111	96	120	122	122	74	91	
135	Maternity Postnatal community	1	1	101	1	1	1	1	75	94	78	105	95	

Response rate														
Ranked out of*	Stream	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	
141	Emergency Care	39	42	26	45	39	30	40	40	38	40	43	41	
173	Inpatients	108	109	101	101	109	114	91	111	81	106	123	110	
233	Outpatients	38	30	31	41	42	30	28	29	30	24	33	32	
135	Maternity Birth	124	126	126	128	131	129	131	130	126	123	90	96	

* 'Ranked out of' is an approximate figure, as the number of trusts can vary slightly month on month.

Response rates

The graphs below demonstrate that the Trust is well above the national average for response rates across emergency care and outpatients and only slightly below for inpatients up to the published June data.

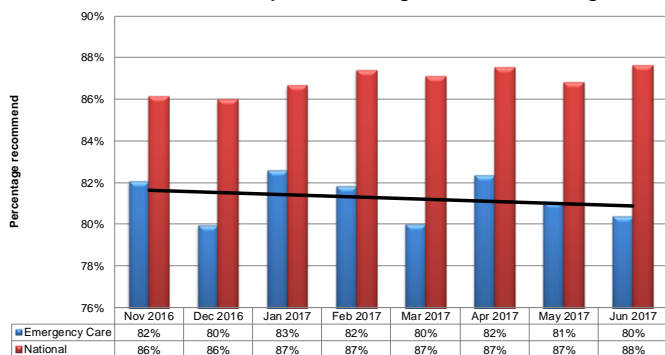
Emergency Care

124 from 141 Trusts (worse than last month-116th)

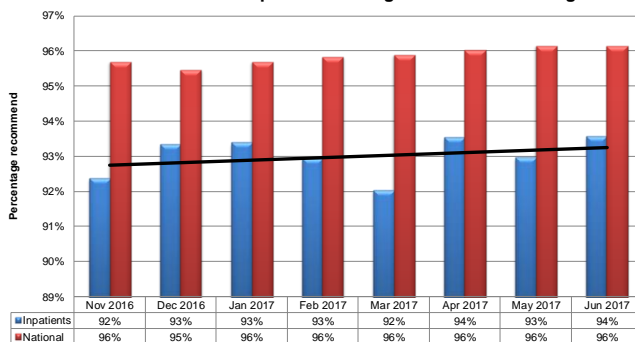
Inpatients

142 from 173 Trusts (better than last month- 152nd)

Trust recommendation performance against National average

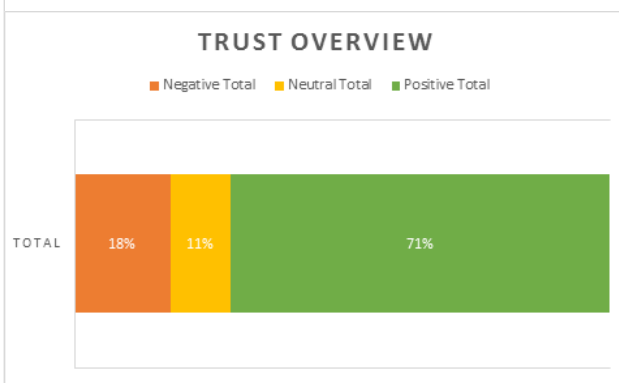
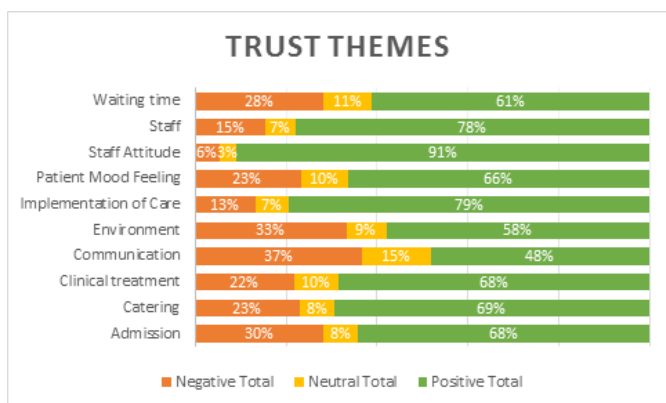


Trust recommendation performance against National average



A 95% confidence level with a 5% variance is the industry expected standard and against all streams of FFT July data this was demonstrated showing the Trust can be 95% confident that the % recommend' accurately reflects the rest of the eligible patients within a variance of plus or minus five percent.

The charts below show the overall number of positive, neutral and negative themes based on all FFT comments by theme. There has been a slight decrease within the positives over the last month at 71% and there has been a reduction in the negatives down to 18%.



During June – **12,481** FFT ratings for FFT and **9,886** individual comments were received.

Themes		
Positive themes		
Staff	3913	40%
Staff attitude	3645	37%
Clinical Treatment	1975	20%
Implementation of care	1331	13%
Waiting time	1233	12%

I went in with severe pain in my chest and arm they took really good care of me didnt have to wait long at all for them to make sure I was fine so I could go back home I would definitely recommend anyone to be send to A&E if they would need to

All the staff and volunteers were amazing as usual. Couldnt have been more caring and helpful. Very happy with the treatment I had through the whole day. Thank you.

Negative themes		
Waiting time	330	3%
Staff	199	2%
Communication	177	2%
Clinical Treatment	140	1%
Implementation of care	82	1%

I received free healthcare from the BEST NHS service in the world by under paid and overworked staff who work tirelessly to help the people of our country because they want to make a difference & help people. What more can you ask for, I am grateful to be in a part of the world where I have this privilege.

The staff and doctors were very attentive whilst under massive pressure Incredible people A massive thanks to Andy the Greek doctor who diagnosed my complaint Thanks again

Doctor was rude and did not communicate. He was rushed to the decision he made. Was not friendly. I understand the NHS is under extreme pressure, but Ive had a much better experience at other hospitals

As I had registered my arrival on the machine in Reception only to find that after waiting for half an hour after my appointment time, then trying to find someone to ask would I be waiting much longer - only to be told I wasnt even registered! Luckily my file was still there and not archived. Definitely not impressed. My reason has been fully explained following my mark of 5.

Words		
Positive words		
Staff	3607	36%
Attitude	2515	25%
Treatment	1801	18%
Clinical	1642	17%
Time	803	8%

I left without any information about the surgery I had and my future condition. I wasnt offered any pain relief to take away with me. Before my surgery I felt I wasnt given the emotional support I needed.

Due to lack of information when I asked why my surgery has been canceled already three times. The unworthy and meaningless answers they have given me. Lack of communication between hospitals about my medical history. The bad effort of the NHS to solve my problem ... it is awful .. and I am still waiting to be assured if I am going to be operate or not

Negative words		
Waiting	216	2%
Time	208	2%
Staff	95	1%
Treatment	76	1%
Communication	73	1%

You said we did (YSWD)

YSWD is a great tool to give patients and their family's confidence that we are listening and 'doing something' with their feedback. Even if a solution to an issue has not yet be found, it is important for our patients to know it is being addressed. Templates were sent out asking for 5 examples from each clinical directorate. Whilst we heard discussion across the Trust about completing their YSWD templates, we unfortunately received fewer templates than July at the time of writing this report. We will continue to work with the services to collect going forward.

Clinical support services	1 template with e.g. from therapies. Diagnostics and OPD
Lincoln Integrated Medicine	1 template from Ingham Ward
Lincoln Surgical services	1 template with e.g. from Surgery, orthopaedics and TACC
Pilgrim	None received
Women and Children	1 template received from Rainforest
Grantham	1 template received from ward 6

The following are a selection from across the returns.

The Friends and Family Test
You Said, We Did



You said.....

We did.....

Pharmacy waiting times are too long.

We liaised with pharmacy about implementing a predicted date of discharge for patients and aiming to get the medication onto the ward the day before discharge.

To have new patient talks prior to first cycle of chemotherapy

Aim to have new patient talks prior to commencing chemotherapy. Several given at time of consent by CNS

Greetwell ward - Communication could have been better.

Drs and nurses to be more engaging with patients and relatives daily, fed back to ward staff at surgical governance and ward meetings.

The receptionists could do with a bit more customer facing training, but the rest of the staff are kind, caring, excellent at making you feel at ease, supportive and empathetic.

All reception staff are expected to undertake Customer Service training. This comment has been shared with the Team Lead for reception staff to discuss and share.

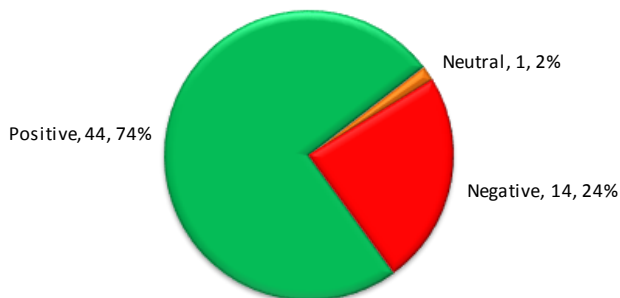
Noise and light levels are disturbing for patients and parents at night.

We are going to try a lights down rule at 9pm which will mean night light on only unless there is a medical need for the main ward lights on. Also trial of sound ear to make staff aware of noise levels at night.

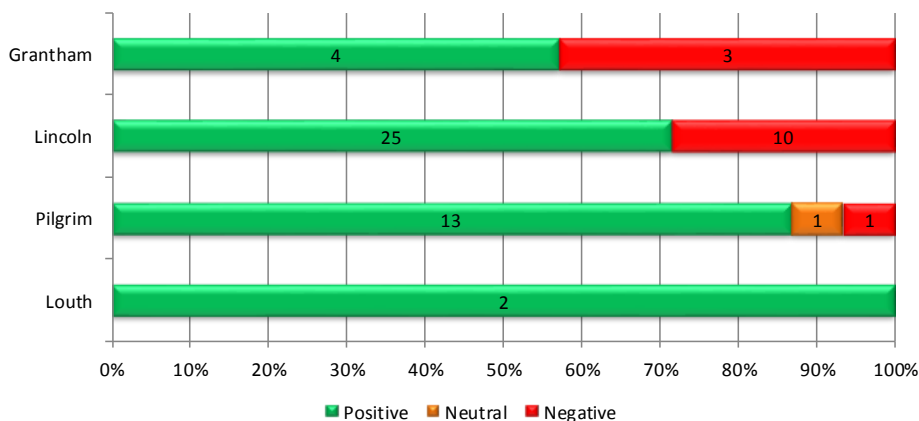
CARE OPINION

61 stories have been posted during June and have been read **5,978** times. This equates to each story being read **95** times.

Care Opinion stories by type, Jul-17



Care Opinion stories by site and type -Jul-17



Bilateral knee replacement Pilgrim Hospital: Viewed 385 times

I am 63 years old. I was admitted to Pilgrim Hospital Boston for a right knee replacement. My consultant Mr Raj has been monitoring my situation since 2016. Having had X-Rays and MRI scans, he decided to replace both knees. One at a time. I went in for a pre-assessment and as I am not so good with needles; I almost passed out for the second taking of blood sample. I was overwhelmed with the number nurses who rushed to help me recover – thank you. I had to go back for the second blood sample and an X-Ray, without passing out, I’m happy to say. Mr. Raj and his crew operated on my right knee. I woke up in Ward A3 – DCU early afternoon. The operation was a great success – thanks to ALL members of staff. My aftercare in the ward was superb. Every member of day and night staff was caring, kind and attentive. I cannot thank all involved enough for the care I received. Many, many thanks. PS. I shall be back to have the left knee replaced when Mr. Raj deems it necessary as I’m still under his care and in great pain.



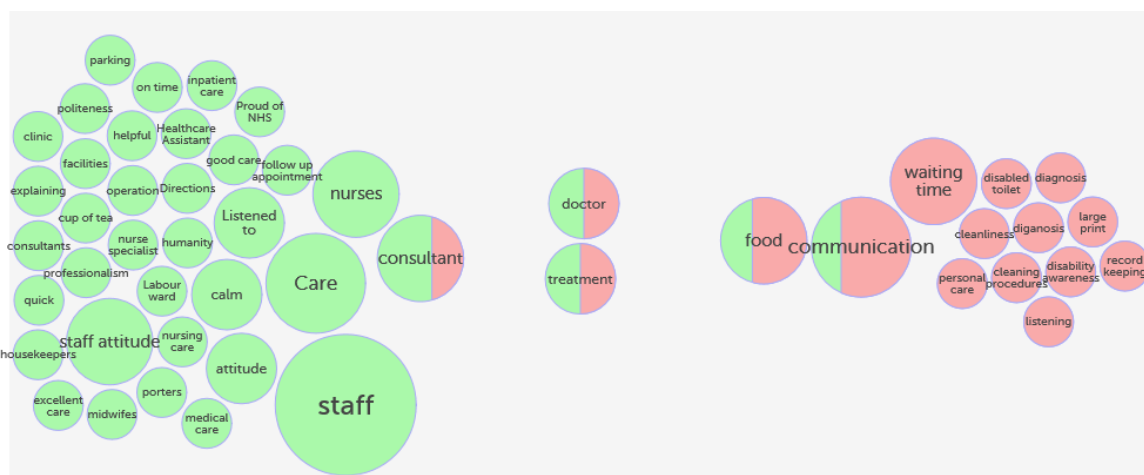
Trust response

I would like to thank you for the positive comments that you posted informing us about the good experience you received during your recent pre-assessment appointment here at Pilgrim Hospital. I’m pleased to hear that you were attended to promptly by the nurses when you were feeling unwell whilst having a blood sample taken. We always value receiving feedback, it is especially heart-warming for all staff involved in your care to receive such complementary comments from you. Wishing you good health and we look forward to seeing you again in the future when you return for your second knee replacement.

Regards,
Karen Woulds, Pre-Assessment Sister, Pilgrim Hospital

Tag bubbles

The bubbles are split according to how often the tag is used to say "what was good", or "what could be improved". This visualisation provides a lot of information in a very easy to understand way.



Tag bubbles – July 2017



VOLUNTARY SERVICES

Volunteer – Colin Parker - Lincoln County Outpatients – Clinic 6

I am an ex-serviceman in the RAF and retired 6 years ago. I joined the ULHT in 2016 in Clinic 6 in the Outpatients Department at Lincoln County.

I feel I have still got something to give back to the community and give something back through volunteering.

The ULHT provides me with the platform to help them and to alleviate any concerns and anxieties whilst they are waiting for appointments.

My volunteering helps take the weight of staff releasing them to do their clinical work.

My duties include answering the phone and taking messages, shredding, circulating mail and messages and liaising with the public welcoming and updating staff as needed.

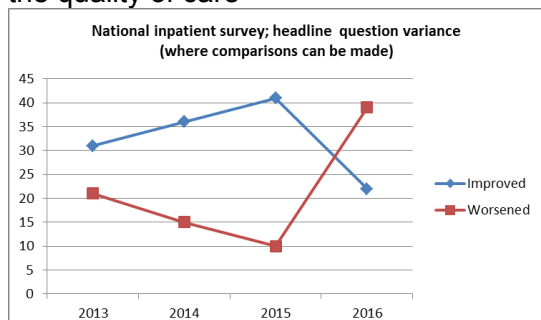
I really feel valued by the staff including nurses and consultants, including Mr Eng.

I was delighted to be invited to the staff BBQ recently and really made to feel an integral part of the team.

- 25 new applications began to be processed with 11 applications on hold pending reduction of current applications to ensure application levels are manageable.
- A total of 67 applications are currently being processed.
- 19 new volunteers started with the Trust during July an increase of 10 against last month and a record number of placements for a single month.
- The Training Department ELearning platform for volunteers continues to record excellent core training with 46 modules completed in July.
- Active volunteers at the month end numbered 292. A net increase of 15 for the month.
- 166 (57%) are based at Lincoln, 72 (25%) at Pilgrim, 48 (16%) at Grantham and 6 (2%) at Louth.
- The number of hours achieved was 4070 for the month, up 317 hours on previous month, and again is a new record of hours achieved in a single month.

National in-patient survey

Disappointingly this year's report (2016 sample) saw a marked fall for the first time in 4 years in the overall number of questions that had improved. The CQC benchmark report ranks ULHT as 'about the same' across all domains with just one question alerting: 'during the hospital stay being asked to give views about the quality of care'



Overall views of care and services	Score	Rating
Overall views of care and services	5.3/10	About the same
• Respect and dignity for being treated with respect and dignity	9.0/10	About the same
• Care from staff for feeling that they were well looked after by hospital staff	8.9/10	About the same
• Patients' views during their hospital stay, being asked to give their views about the quality of their care	0.9/10	Worse
• Information about complaints for seeing, or being given, any information explaining how to complain to the hospital about care received	2.2/10	About the same

Improvements

- Length of time on waiting list
- Admission date being changed
- Mixed sex accommodation
- Bothered by noise from other patients
- Hospital food rated good
- Confidence and trust in nurses
- Involved in decisions about care
- Privacy when being examined
- Pain control
- Answering questions in an understandable way
- Equipment, adaptations and community services were discussed.
- Overall (scored 8,9 or 10 out of 10)

Deteriorations

- Wait for a bed on the ward
- Stayed on 3 wards or more
- Noise at night from staff
- Feeling threatened by other patients
- Ward and bathroom cleanliness
- Choice of food and enough help to eat meals.
- Doctors: answering in an understandable way, trust and confidence
- Doctors and nurses talking over as if not there
- Enough nurses on duty
- Privacy during discussions about care
- Call bell response
- Discharge: involved in decisions, given enough notice, delayed on the day.
- Leaving hospital: information and explanations, danger signals and who to contact

Actions:

- Full report and action plan presented to Patient Experience Committee.
- Revised dignity pledges developed from this survey feedback and also complaints, PALS, FFT and Care Opinion themes.
- Many elements are also integral within other improvement work streams such as patient flow, discharge effectiveness, IPC.
- Ward accreditation process includes 46 measures for patient experience that have been drawn from the national survey results; for example:
 - ✓ Has the patient raised any concerns while an inpatient?
 - ✓ Patients have confidence and trust in nursing and medical staff.
 - ✓ Call Bells are answered within 1 minute by the ward staff.
 - ✓ Patients are not bothered by noise at night.
 - ✓ Staff do not talk over patients as if they are not there and include patients in their conversations.

ULHT Dignity Pledges

Our staff will treat patients the way they would wish to be treated

"I am a person first and a patient second"

(quote with permission from patient Barbara Jones)

→ We will greet you and your visitors in a welcoming and sincere way and introduce ourselves and our roles.	→ We will ensure that all staff involved in your care know about your needs.
→ We will explain care and treatment and offer you time to check you have understood what has been said and ask any questions.	→ We will ensure we meet your food and drink needs and assist you whenever necessary
→ We will make sure we use your preferred name and communicate with you in your preferred language and in a format that meets your needs.	→ We will provide you with the information you need to make choices and decisions about your care. We will also make sure you have had time to understand the information you have been given.
→ We will maintain your privacy during care and treatment, ensure our curtain dignity signs are used and we will respond promptly if you need any assistance.	→ We will support you with your daily personal needs in a sensitive and compassionate manner.
→ We will ensure we support your family and carers when you wish or need them to be involved in your care.	→ We will ask you about your personal preferences and do all we can to meet them.
→ We will consider your confidentiality at all times and be particularly careful at the bedside and on the telephone.	→ We will ask you for your feedback and use this to make any changes to your care and treatment and to help us to improve our services.

If at any time you feel that we are not meeting these pledges or could do better, then please ask to speak to the nurse or person in charge and let us know.

National Cancer Patient Experience Survey**Headlines:**

- 70% local response rate, national 67%
- Patients rated ULHT on a scale of zero (very poor) to 10 (very good), respondents gave an average of 8.3 (national 8.7)
- Positive scores at the start of pathway correlate with 14 day cancer performance, equally the deteriorating scores further along correlate with 62 day performance
- Whilst the detail demonstrates an overall deteriorating picture, only 2 questions show a statistically significant change;
 - Q47. Beforehand patient had all information needed about chemotherapy treatment ↓
 - Q58. Taking part in cancer research discussed with patient ↑
- Examples of individual tumour site excellence to learn from, such as 100% of Gynaecology patients describe having enough information prior to their operation

Actions:

- The report will be fed back through Cancer Management Committee, Patient Experience Committee and cascaded through BU specific governance meetings.
- Detailed action plans will be developed by October and monitored through the above and quarterly updates submitted as part of the Quality Schedule.

Patient Experience news and developments

Fab Change Week 2017 – see staff information flyer below.



FAB Change Week 13-17th Nov 2017



Do you remember the fun on 19th October last year when ULHT joined thousands of people from over 150 NHS organisations along with many others across health and social care and made pledges to improve services?

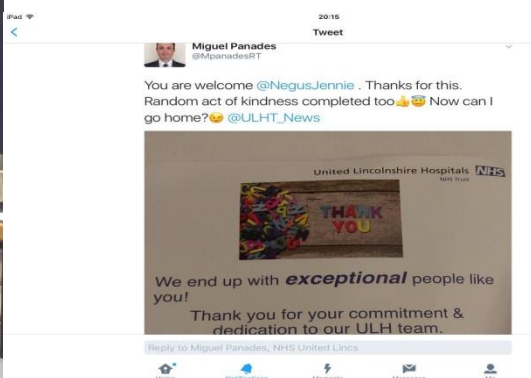
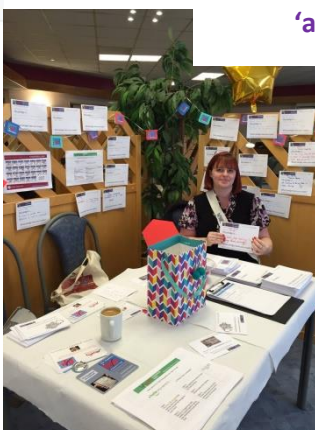
We had thank you cards, random acts of kindness, pledges and the really successful Randomised Coffee Trial! Here are a couple of pictures to jog your memory!

Staff selected a random act of kindness from a lucky dip!



Our theme was 'appreciation'

There were pledges galore!



Our CEO & chairman completed their random acts of kindness



We placed hundreds of thank you cards on hundreds of our amazing staff cars!



And we even had staff using a big pointy 'space here' sign for visitors looking for somewhere to park!

Across the NHS those hundreds of pledges and changes turned into real actions and made a difference on so many levels.

Fab Change Day is changing in 2017

This year it is all about making your pledges beforehand and then during Fab Change Week running from the 13th to 17th November you can share where you are with your pledge, how far you have come, how your plans have gone or even if you have completed it! This year is about the commitment and the sharing; the taking of inspiration and energy from others – don't ever think you can't make a change happen – the FABNHS 'super power' is in each and every one of us and we just need to release it!

SO.....WHAT WILL BE YOUR 2017 FABNHS CHANGE WEEK PLEDGE?

Check out our ULHT intranet site: <http://ulhintranet/fab-nhs-academy>



POSITIVE DEVIANCE & BEING A REBEL!



Positive deviance is an alternative to traditional quality improvement because we know that there's so much to learn from others by sharing exceptionally good practice and performance. Being a rebel is about challenging the norm, being innovative and pointing to the horizon. The amazing Academy of FABNHS Stuff (<https://fabnhsstuff.net/>) has literally hundreds of FAB ideas and shares from rebels that we can 'steal' & that have been shown can be transferred to any number of different services and organisations. Do you need some inspiration?

It is SO easy to take part:

1. Think of something you want to pledge about
2. Write your idea or pledge on the pledge sheet below or even on any bit of paper!!
3. Take a photograph of it and send it to one of the ULHT FAB ambassadors (Jennie Negus, Sharon Kidd, Samantha McCarthy-Phull or Tracey Pemberton) and we will upload it to the website for you

or you can upload it directly to the website yourself; it's as easy as Facebook!

Simply click the 'add your pledge' link 😊



Be part of FabChangeWeek 13-17th November 2017

It's quick and simple to upload your pledge idea photo here

[ADD YOUR PLEDGE HERE](#)

Idea Action Share!

Latest News from the Academy of Fabulous Stuff

4. Then start to put your idea / pledge into action and be ready to share your progress and successes during FAB Change Week – so we can all celebrate together!
5. There are 5 themes this year: FAB Fringe (covers just about anything!); Service Improvements; Staff Well-being; Patient Experience and Patient Safety.

That light bulb moment; that idea.....



Make a pledge!

To get you all started here are the pledges from your ULHT FAB Ambassadors:

Jennie Negus Deputy Chief Nurse	Sharon Kidd Pt Experience Manager	Tracy Pemberton Ward Sister	Sam Mccarthy-Phull Clinical Education Nurse
<p>I have 2 pledges:</p> <ul style="list-style-type: none"> • I have developed a Dementia Care Bundle (a bit like the Sepsis care Bundle) that focuses on patient and family experience and emotional support rather than the clinical aspects. My pledge is to have finalised the draft and to have recruited wards and departments to pilot it! • I also pledge to sign ULHT up to the national Join Dementia Research initiative led by the National Institute for Health Research and working alongside our mental health Trust. 	<p>I have 2 pledges too!</p> <ul style="list-style-type: none"> • I pledge to encourage our patients and their carers to raise any worries and concerns. Our national in-patient survey told us we are not very good at this. Using a FAB Academy idea I am developing a 'I don't want to complain but....' small poster explaining to patients how they can talk about their worries and anxieties. • I also pledge to roll out 'sleep packs' and review the noise on our wards at night; our patients tell us they often struggle to sleep. 	<p>I also have 2 pledges!!</p> <ul style="list-style-type: none"> • I am pledging to work with our porters at Grantham to implement a FAB Academy idea called the 4W's. This is about considering our patients when they are going to or being brought back from somewhere: <ul style="list-style-type: none"> ➢ Warm welcome using Hello my name is...; ➢ Warmth, is the patient warm enough? ➢ Water, can the patient reach their drink, do they need a drink? ➢ Wellbeing, is the call bell in reach, are they safe? • I am also pledging to take forward the '#endPJPparalysis' initiative on my ward and across Grantham. 	<p>Not to be beaten I have 2 pledges as well!</p> <ul style="list-style-type: none"> • We are introducing a new way of working to support our bank and agency staff called 'Key to Care'. I pledge to gather as many surveys as I can to understand what training needs our staff need and to support this great project. • I also pledge to lead our Change Week campaign on our ULHT Together Facebook page and be chief Fab Ambassador twitterer!!

We are also planning another Randomised Coffee Trial (get paired up with someone randomly to have a cuppa and a chat!); but this year with a difference.....so watch this space ☺

Has this inspired you? Have a think, have a browse on the Fab Academy webpages and see what

difference you can make; they don't have to be big & fancy; even the smallest changes make a huge difference.

Be a positive deviant!

Be a rebel!

Make a pledge!

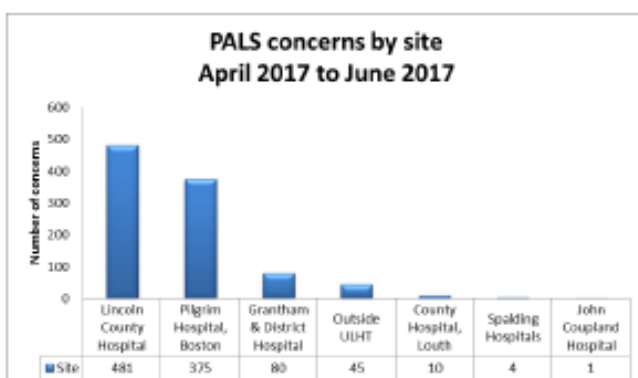
Make a change!

Sharing lessons learned from complaints and concerns

Welcome to our second newsletter where we will share a core lesson that the forum members feel should be communicated widely. If you have any queries or comments please contact: claire.tamowski@ulh.nhs.uk

A focus on PALS

Between 1 April 2017 to 30 June 2017 a total of 996 concerns were recorded on the Datix system (compared to 1,135 for the same period in 2016). The breakdown by site is shown below.



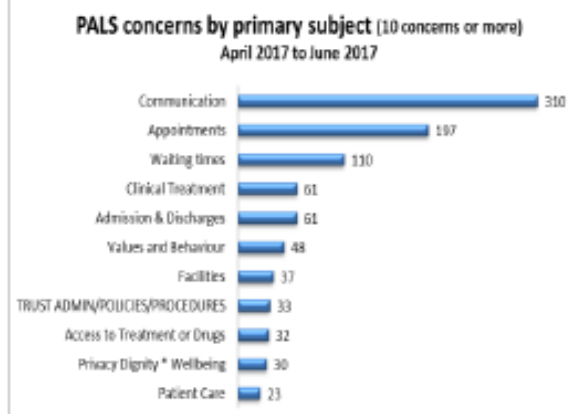
Examples:

Patient has a special shoe with a brace holding it onto his leg and this has become broken, had apt today with orthotics and it needs to be fixed with no further apt until May. How is he meant to walk without this shoe he has had a stroke and his wife has been told to keep him walking but without this he can't walk. Wife is frustrated that he has to wait so long.

My first couple of appointment seeing the Consultant made me feel at ease. Showed they understood what my problem is and saw me as a person rather than a problem that needs to be solved quickly so that next patient can be seen. I have had the same problem for almost 5 years, but the consultant I first saw has changed and now I'm seeing someone else who doesn't seem to understand or care about my concerns. This is hindering my diagnoses, different doctors tell me different things and doesn't feel like they care about the problem. I am sick and tired! Hospital's keep changing doctors which means I have to go over my problems with every new doctor and repeat history every time and get different opinion.



All concerns are logged onto DATIX and we can drill down into the subjects and sub subjects. Clearly with high numbers it can be difficult to report on so below is a graph detailing those issues that were raised 10 or more times during this period.



Do you know what issues are being raised through PALS about your service?
Are you sharing actions and learning across your directorate?
Speak to you site PALS team if you want some more detail or information.