

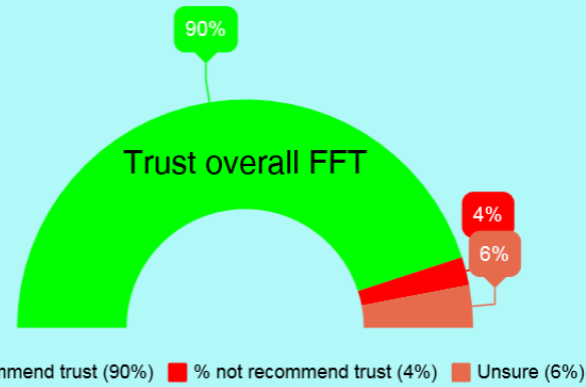
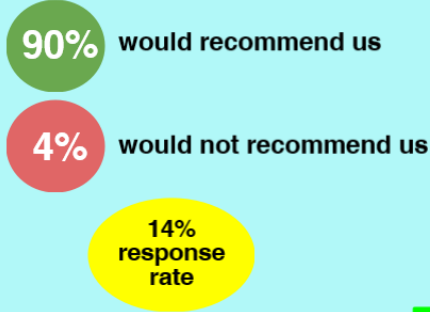
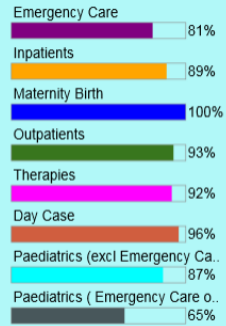
PATIENT EXPERIENCE REPORT

January 2017 (December 2016 data)

Trust level report

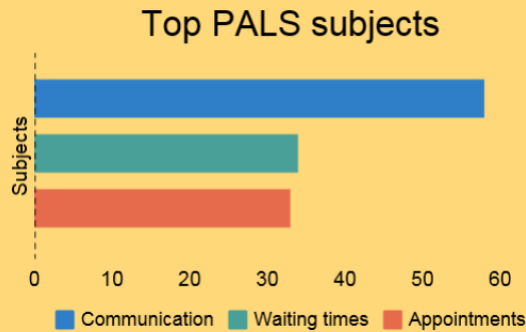
- Complaints
- PALS
- Friends & Family Test
- Patient Opinion
- Voluntary Services
- Patient Experience news and developments

Friends & Family Test



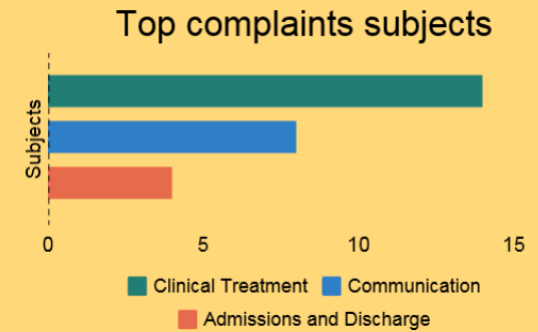
PALS

226
PALS concerns received

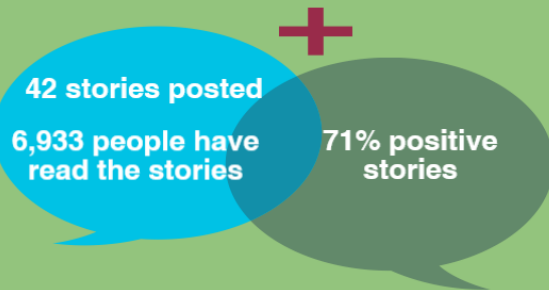


Complaints

38
Complaints received



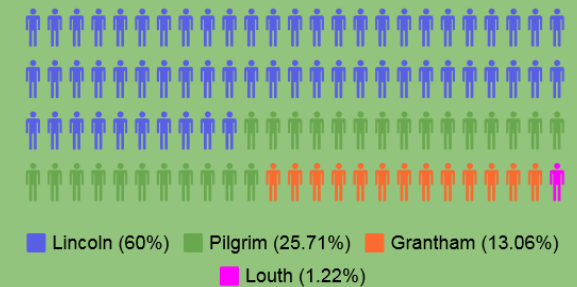
Patient Opinion



Compliments



Volunteers



Patient Experience Report December 2016



Inpatient & DC FFT

93% Would recommend Inpatient/DC Services

3% Would not recommend Inpatient/DC Services

National score
96%

November 2016



Emergency Care FFT

81% Would recommend Emergency Care Services

11% Would not recommend Emergency Care Services

National score
86%

November 2016



Maternity Birth FFT

100% Would recommend Maternity Services

0% Would not recommend Maternity Services

National score
97%

November 2016



Outpatients FFT

93% Would recommend Outpatient Services

2% Would not recommend Outpatient Services

National score
93%

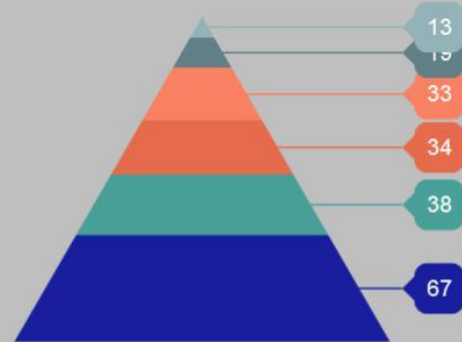
November 2016

9,993
ratings received

8,496
comments received

Core Themes

Top 6 themes across all PALS, Complaints and Patient Opinion



■ Communication (32.84%) ■ Medical care / clinical.. (18.63%)
■ Waiting times (16.67%) ■ Appointments / cancella.. (16.18%)
■ Admission & Discharges (9.31%)
■ Values & behaviour / attitude (6.37%)



42 stories posted
6,933 reads

71% positive stories
0% neutral stories
2% negative stories

Compliments vs
Complaints ratio

61:1

FFT Themed Analysis

67%
positive

24%
negative

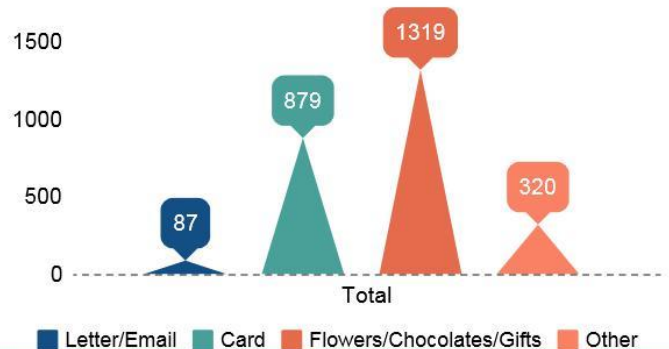
TRUST THEMES

■ Negative Percentage ■ Neutral Percentage ■ Positive Percentage



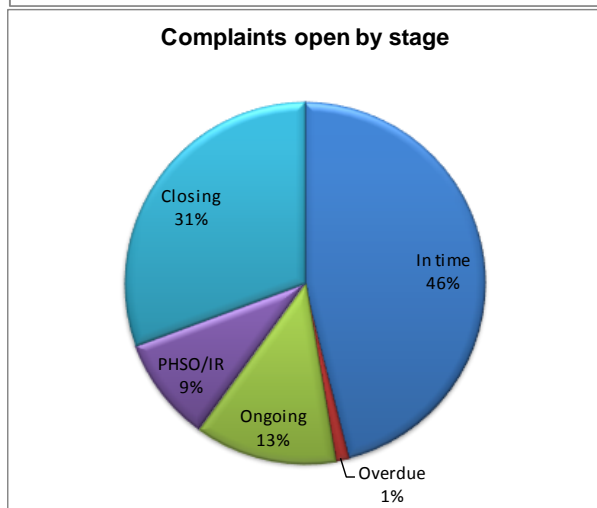
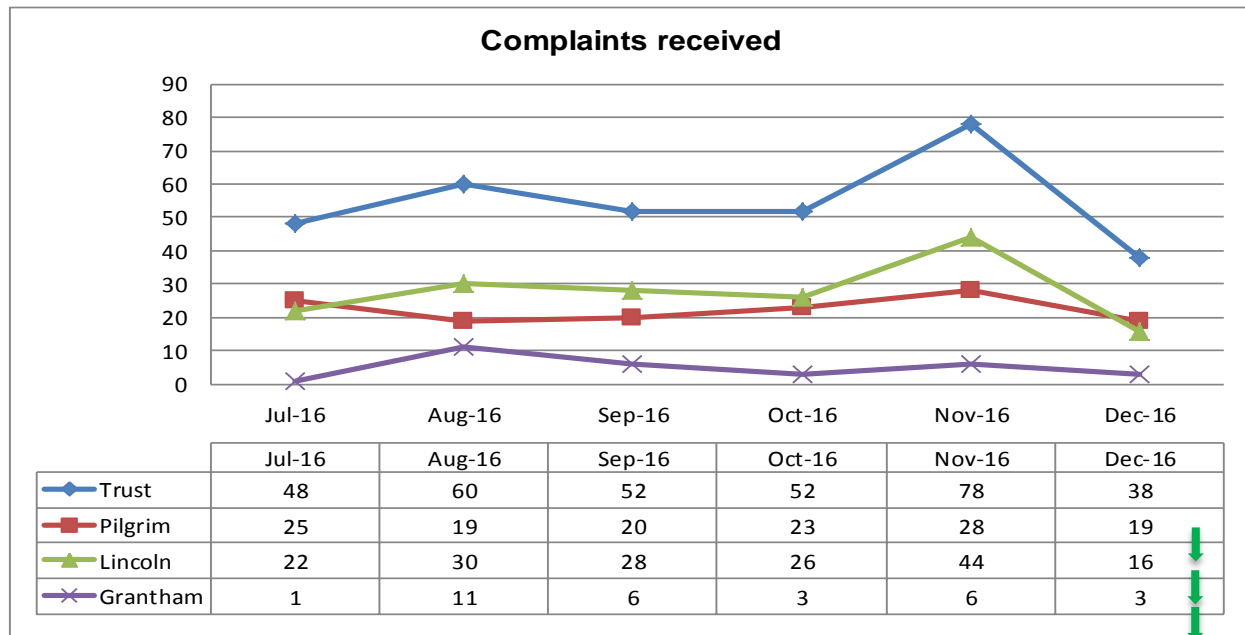
2,605 Compliments received this month

Compliments by type

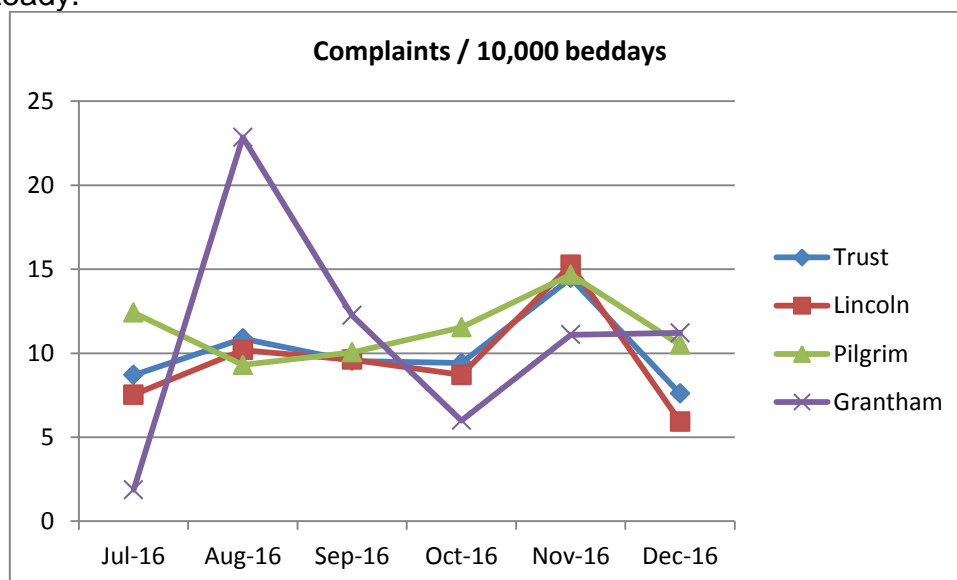


To find out more please visit our patient experience intranet pages <http://ulhintranet/patient-experience> or contact Sharon Kidd, Patient Experience Manager - Sharon.kidd@ulh.nhs.uk or 01476 464560

COMPLAINTS



Discussions have been held with Information Services to provide monthly statistics to enable complaints to be reported against per 10,000 bed-days and this has now been supported. The graph below shows the first such analysis. This demonstrates that Grantham had a significant peak in August which is being analysed whereas Lincoln, Pilgrim and across the Trust the rate has been largely steady.



NHSI developed a Patient Experience Headline Tool which tracks performance and provides comparisons across all Trusts. The source of the data is our K041a returns to UNIFY which are now submitted quarterly. Complaints data is RAG-rated within the tool in that 'High' is regarded as less desirable (red) group.

[Go to Index](#)

Trust	Complaints				
	Q1 2015/16		Q1 2015/16		
	Written Complaints - rate	Rate of enquiries to PHSD	Enquiry per Acting Upheld	Partial Upheld	
Derby Hospitals NHS FT	28.8	6.5	20.3		
East and North Hertfordshire NHS Trust	62.3	4.5	25.1		
George Eliot Hospital NHS Trust	28.4	5.6	13.8		
Heart Of England NHS FT	28.0	9.8	59.9	12.0%	
Hinchingbrooke Health Care NHS Trust	35.9	1.9	5.2		
Ipswich Hospital NHS Trust	50.1	4.3	13.3		
James Paget University Hospitals NHS FT	22.0	20.0	38.1		
Kettering General Hospital NHS FT	34.7	12.0	37.6	7.7%	
Luton and Dunstable Hospital NHS FT	42.9	6.8	23.2		
Mid Essex Hospital Services NHS Trust	69.4	5.4	30.0	21.4%	
Milton Keynes Hospital NHS FT	46.8	8.7	34.8	9.1%	
Norfolk and Norwich University Hospitals NHS FT	0.0		9.8	12.5%	
Northampton General Hospital NHS Trust	36.1	7.4	26.1		
Nottingham University Hospitals NHS Trust	11.9	14.2	24.5	5.3%	
Papworth Hospital NHS FT	7.5	7.7	8.8		
Peterborough and Stamford Hospitals NHS FT	35.3	6.3	17.3	12.5%	
Sandwell and West Birmingham Hospitals NHS Trust	0.0		21.1		
Sherwood Forest Hospitals NHS FT	17.4	11.9	18.5	12.5%	
Shrewsbury and Telford Hospital NHS Trust	15.5	15.1	18.2		
South Warwickshire NHS FT	11.3	25.6	36.3	10.0%	
Southeast University Hospital NHS FT	0.0		41.8		
The Dudley Group NHS FT	17.2	10.0	14.1	14.3%	
The Princess Alexandra Hospital NHS Trust	37.2	13.9	38.9		
The Queen Elizabeth Hospital, King's Lynn, NHS FT	28.5	5.3	11.1		
The Robert Jones and Agnes Hunt Orthopaedic Hos	15.9	0.0	0.0		
The Royal Orthopaedic Hospital NHS FT	18.6	6.3	11.6		
The Royal Wolverhampton NHS Trust	0.0		20.8	7.1%	
United Lincolnshire Hospitals NHS Trust	29.2	13.5	33.0	20.0%	
University Hospital Of North Midlands NHS Trust	0.0		17.2		
University Hospitals Birmingham NHS FT	20.0	12.7	34.9	45.0%	
University Hospitals Coventry and Warwickshire NHS	24.7	16.6	33.1		
University Hospitals Of Leicester NHS Trust	38.9	2.8	10.1	8.3%	
Walsall Healthcare NHS Trust	23.5	2.3	6.1	50.0%	
West Hertfordshire Hospitals NHS Trust	64.3	6.7	33.3	6.3%	
West Suffolk NHS FT	25.0	1.5	3.1		
Worcestershire Acute Hospitals NHS Trust	27.0	3.6	7.1	60.0%	

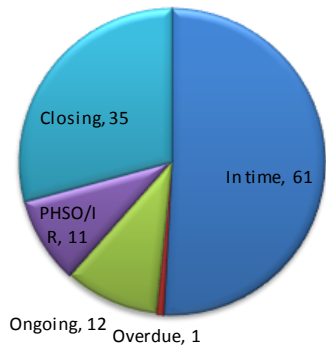
Green denotes bottom 20% nationally; red denotes top 20% nationally.

It is understood that a high complaint rate can be indicative of a proactive culture with Trusts that seek feedback via a complaints process. However it is difficult to judge that from the published data, and therefore the view is taken that a high complaint rate is less desirable:

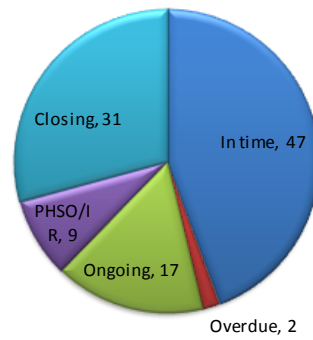
NHSI have recently redeveloped the tool that will be formally launching soon; the new foremdenominator for this is complaints per 1000 members of staff in post (for that quarter).



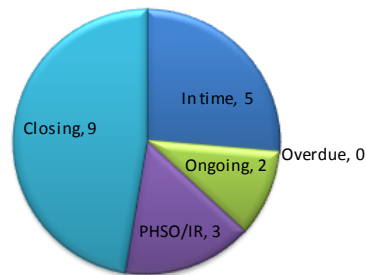
Lincoln current position - December 2016



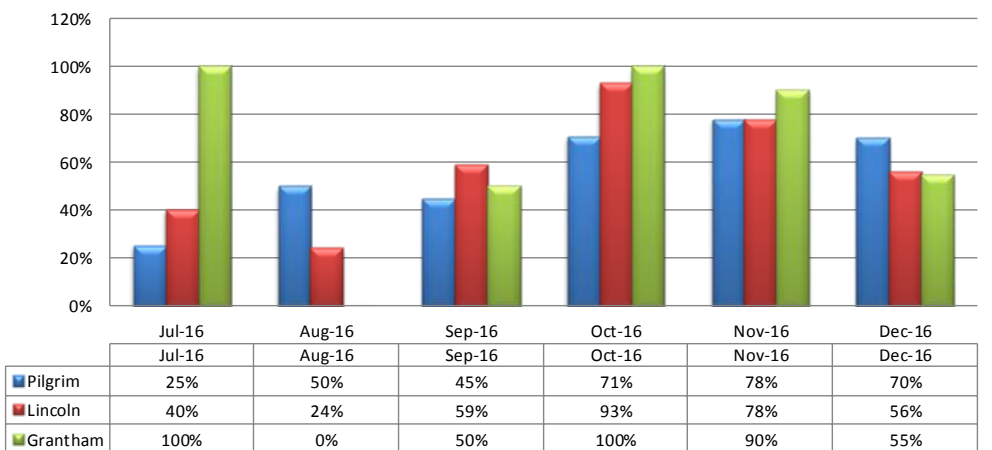
Pilgrim current position - December 2016



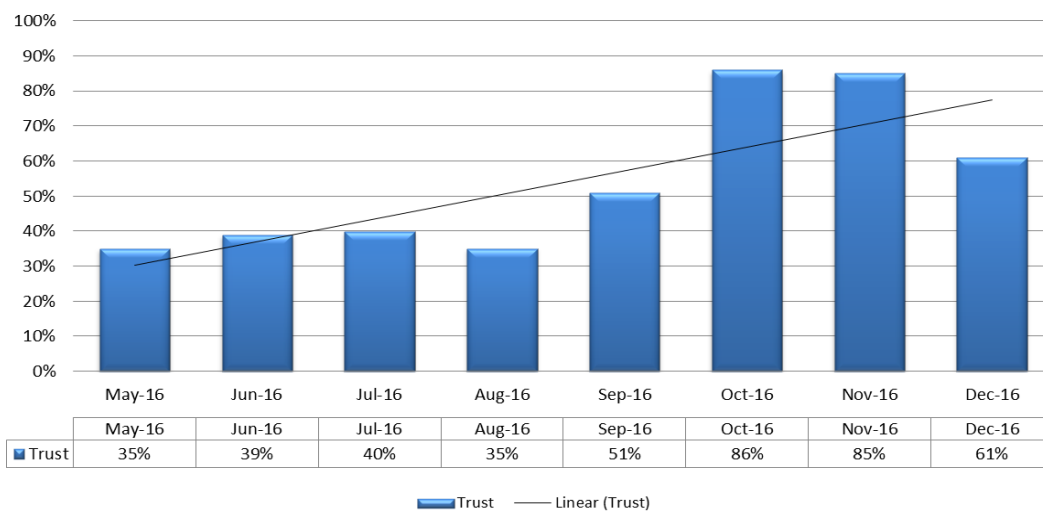
Grantham current position - December 2016

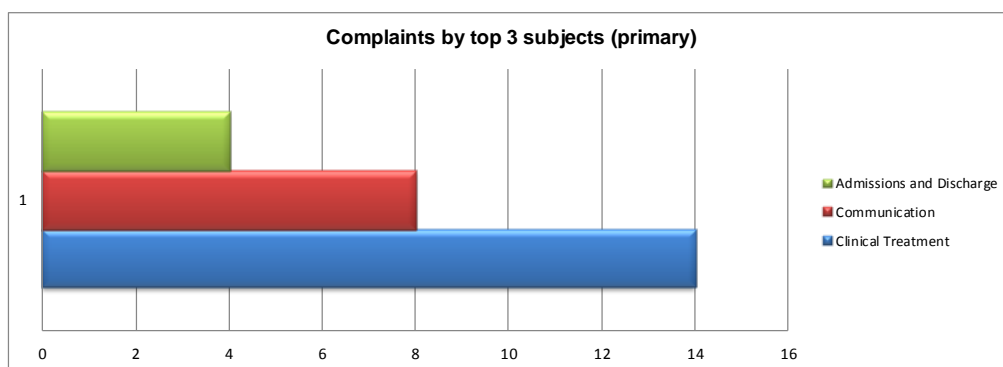
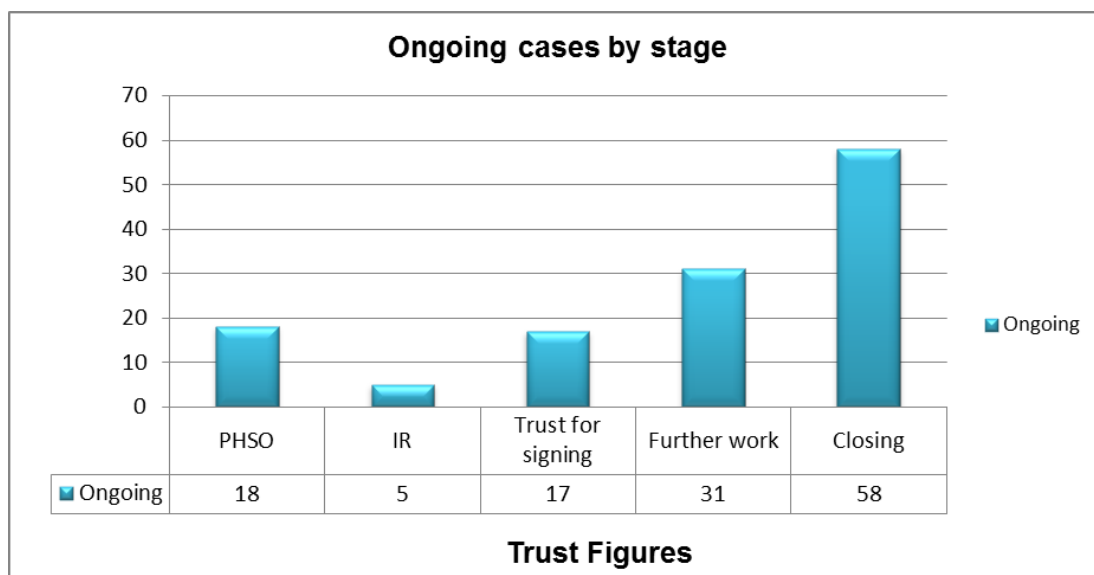


Complaints responded to within timescale



%'age of responses within agreed timescale





LSE project

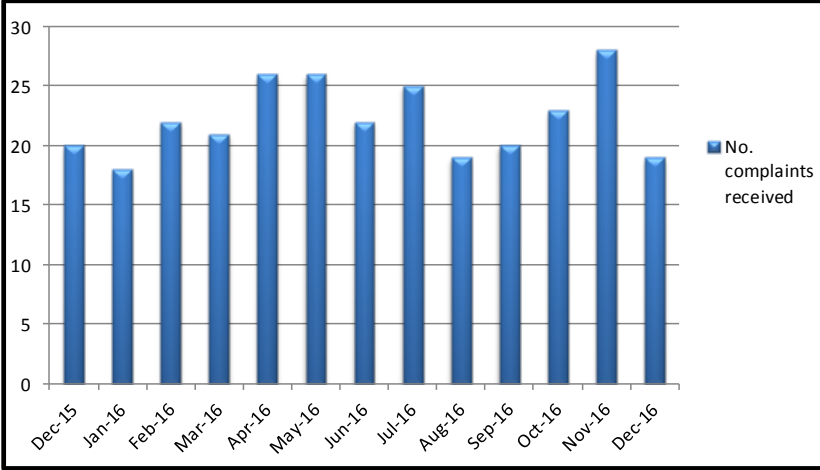
The report has been received and will be considered in greater detail at the Lessons Learned Forum; the headline findings are:

- The Trust receives a slightly lower proportion (28%) of high severity complaints, relative to other trusts (vs 32% average), which is a good thing.
- Conversely, few complaints are of a low severity (7% vs 17% average), indicating that service users are primarily reporting more serious problems; the vast majority of complaints (65%) are medium severity.
- Compared to the average, the trust receives more medium and high severity complaints about examinations, and discharge; these stages of the care pathway should therefore be an area of focus for the trust.
- Positively, ULH receives fewer than average medium and high severity complaints about procedures (e.g. operations) and care on the ward.
- Most high and medium severity complaints relate to the medical staffing group.
- The majority of severe complaints relate to the quality and safety of clinical care (as opposed to management or relationship issues).
- Learning opportunities are expected in the areas of diagnosis, nursing care and monitoring, as these were consistent themes in many complaints.

Pilgrim Complaints

Following the request at November Trust Board below is an example of the site level detailed complaints scorecards that are sent to business units each month; these are also used within the Lessons Learned Forum and inform business unit performance dashboards. There was interest about the more granular detail into complaints at Pilgrim which is not routinely included within Trust Board reports but assurance required that this data is available and is used.

Number of complaints received



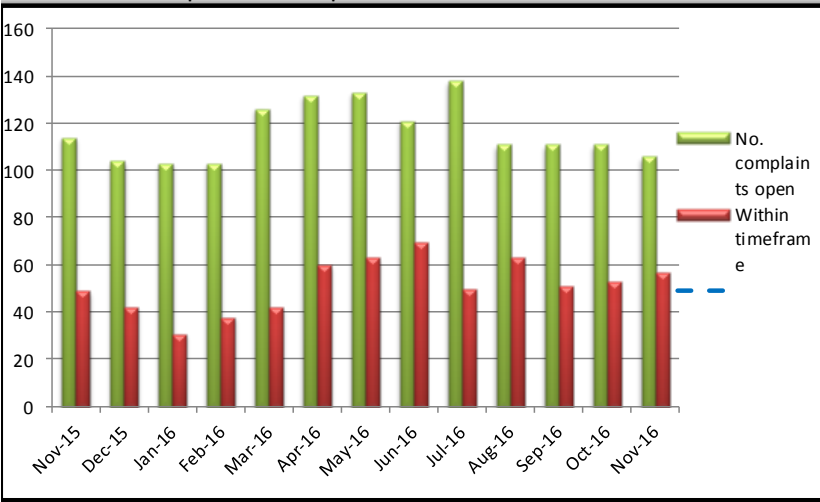
December 16 : 19 Complaints received

Subjects of complaints include:

- 13 Patient care
- 33 Clinical treatment
- 26 Communication
- 6 Admission and discharges
- 0 Values and behaviour
- 1 Waiting
- 0 Appointments
- 0 Discharge
- 0 Record management

2016 average number of complaints received: 20 a month

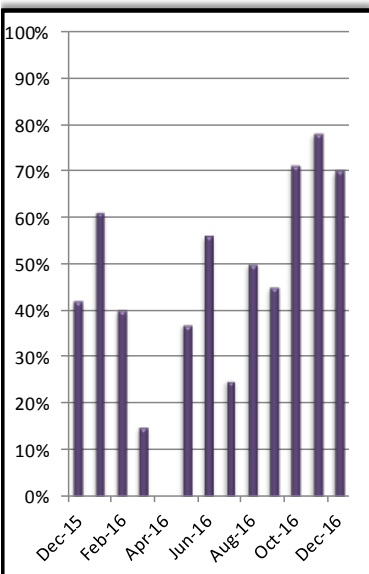
Number of complaints still open



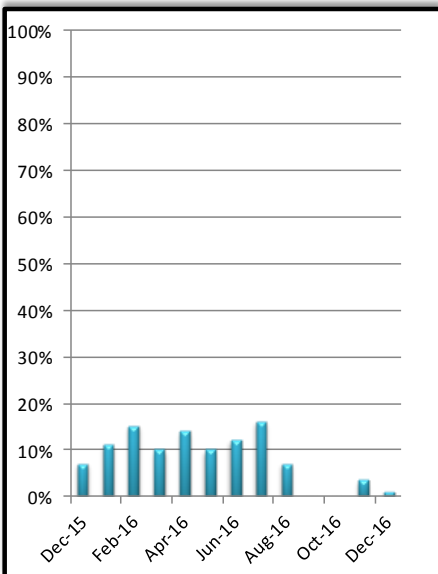
December 16:

- 106 Complaints open
- 47 Within timeframe
- 2 Overdue
- 17 Ongoing
- 9 PHSO
- 25 Awaiting closure/ 6 sign off

Percentage of complaints responded within timescale



Percentage of overdue complaints against the total number of complaints

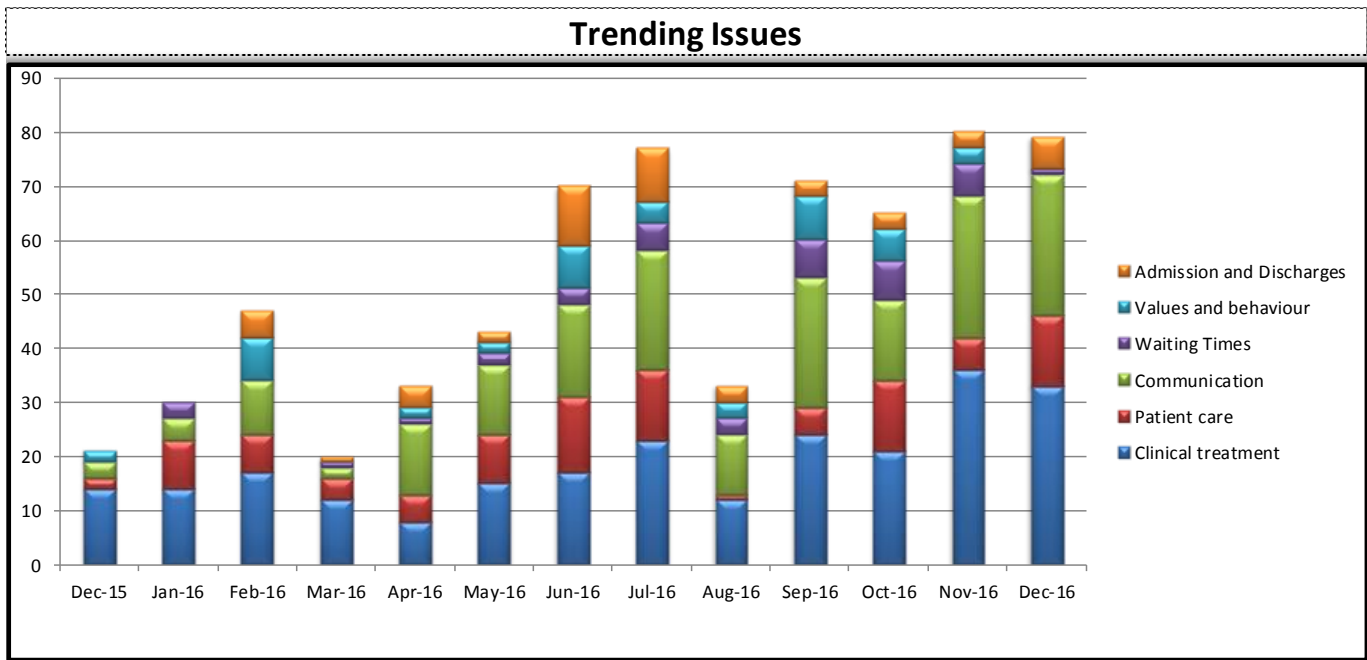


December 16:

14/20 Complaints responded within timescale

There are 2 overdue complaints for the month of December.

Overdue Complaints												
Pilgrim Hospital, Boston												
Business Unit	Jan-16	Feb-16	Mar-16	Apr-16	Apr-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Surgical	3	4	4	6	6	5	5	4	0	0	1	0
Medicine	8	9	6	8	7	3	10	5	0	0	3	2
Grantham	0	0	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Women and	1	3	1	3	0	1	5	0	0	0	0	0
Clinical Support	0	0	0	1	0	0	0	0	0	0	0	0
Corporate Services	0	0	0	0	0	0	0	0	0	0	0	0
Path Links	0	0	0	0	0	0	0	0	0	0	0	0
Totals	12	16	11	18	13	9	20	9	0	0	4	2

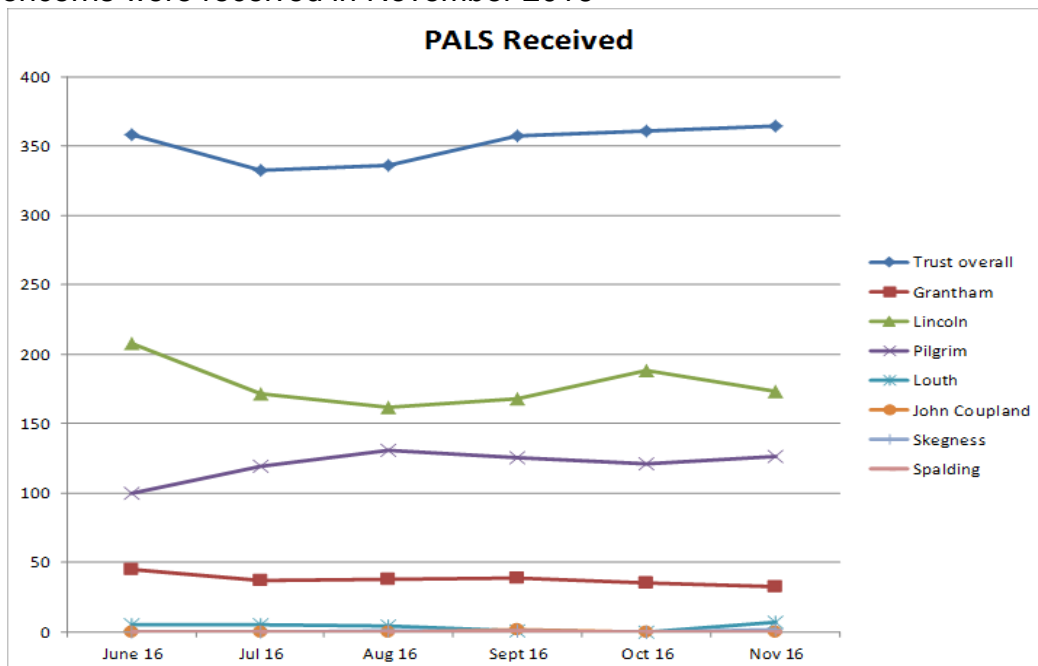


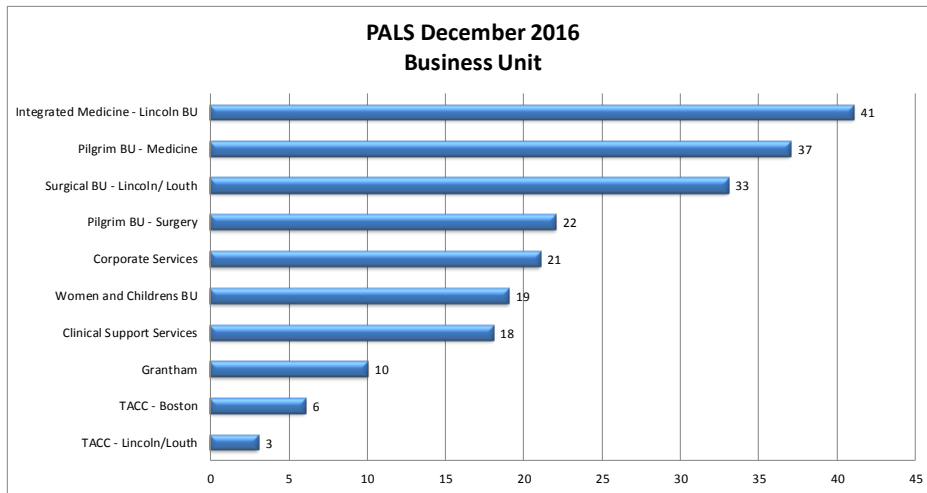
Lessons Learned Forum

This group is settling in well and at the December meeting the first report was generated and is attached as an appendix.

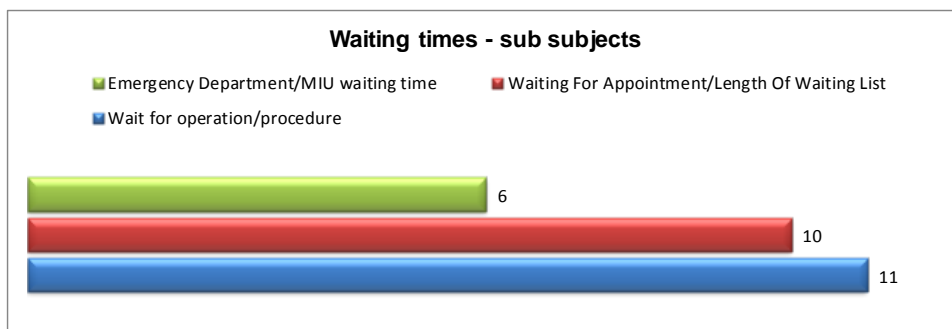
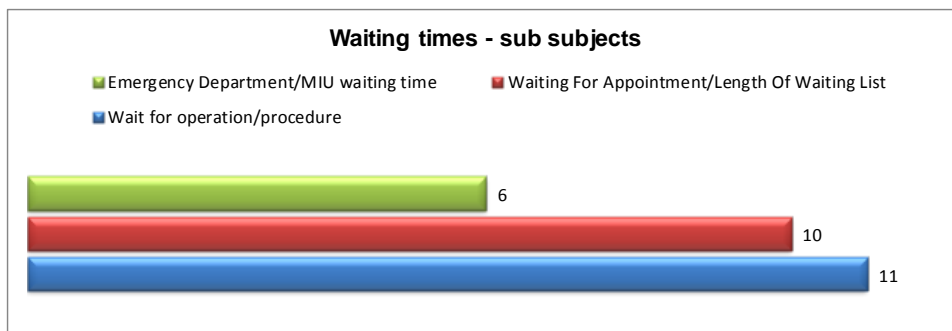
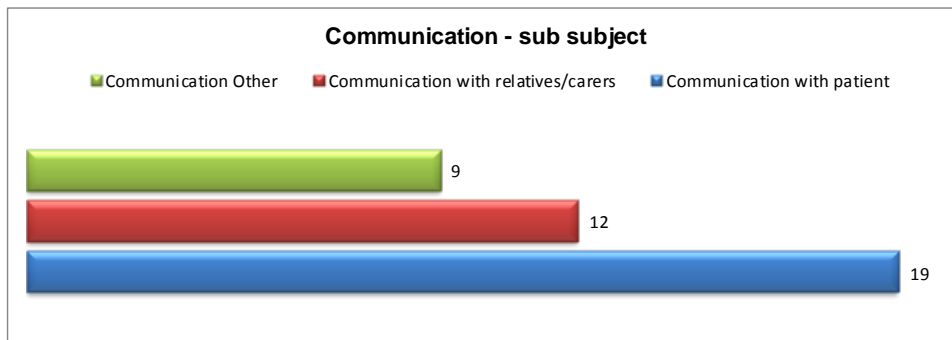
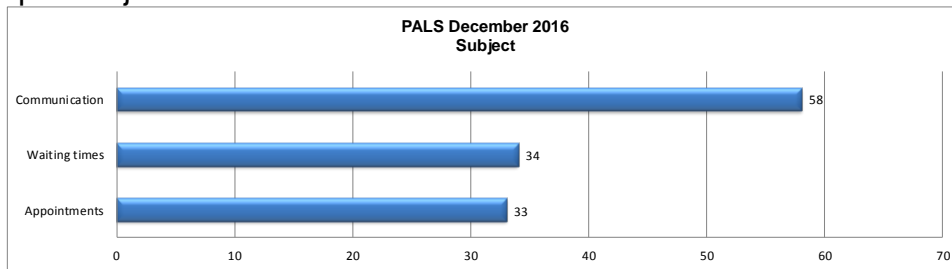
PALS

226 PALS concerns were received in November 2016





Top 3 subjects

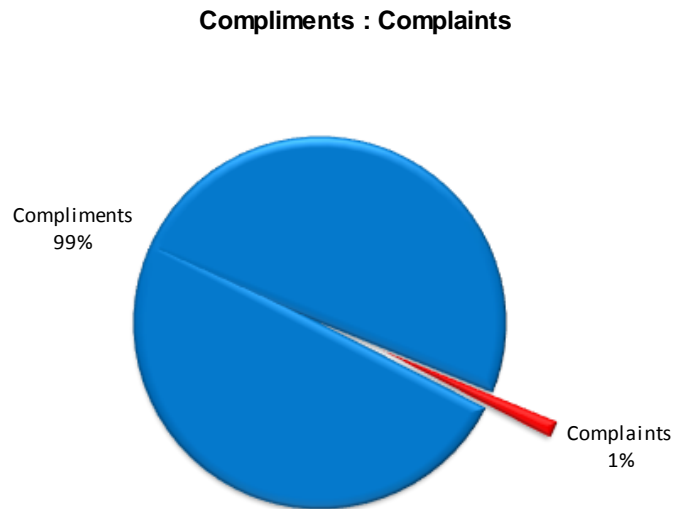


- Outcome:
 - 190 resolved
 - 8 signposting & information given
 - 5 passed to formal complaints
- Time spent:
 - 97 were resolved within one hour
 - 50 within one day
 - 45 took a week to resolve
 - 12 required a month until resolution

COMPLIMENTS

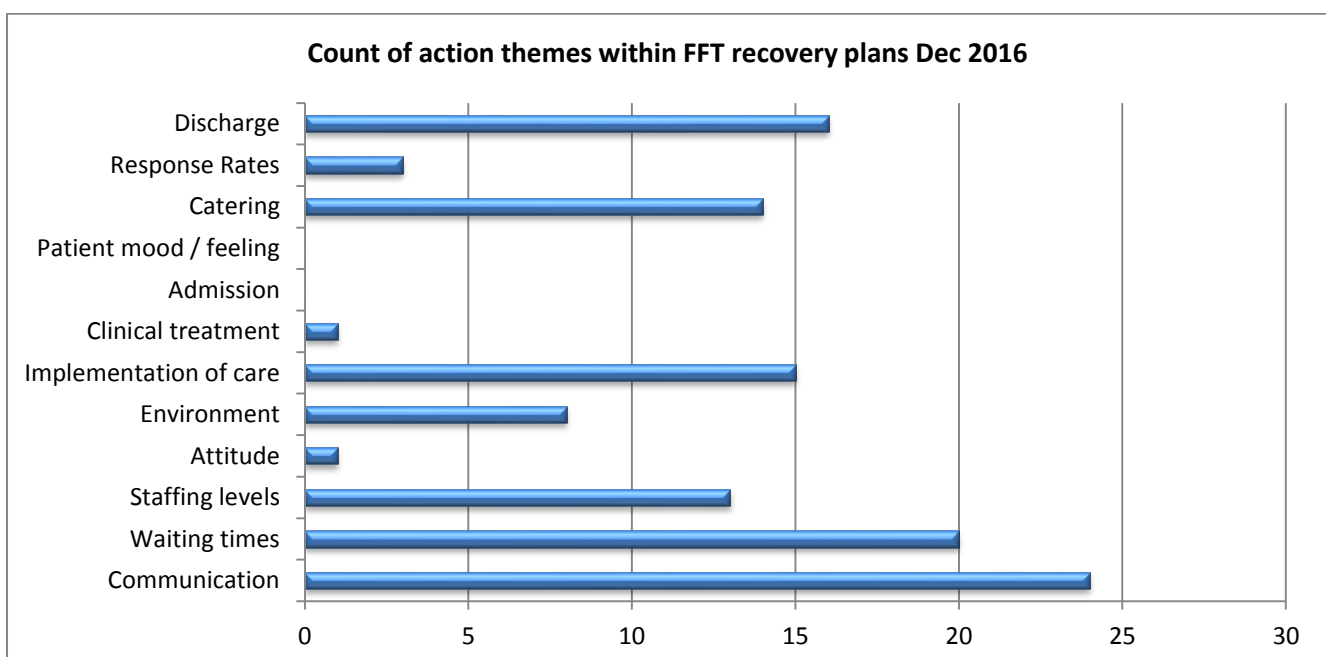
The ratio on compliments vs complaints for December is **69:1*** clearly the reduction in complaints for december was a factor but there were a record number of compliments received.

*Compliments data derived from counting compliments project and Patient Opinion stories



FRIENDS & FAMILY TEST

Progress against recovery plans was shared and discussed at Clinical Executive Committee in January. The majority of local recovery plans have been received and thematically analysed to enable focused support and 'buddying' where there is similarity.



Current FFT performance (December 2016 data)

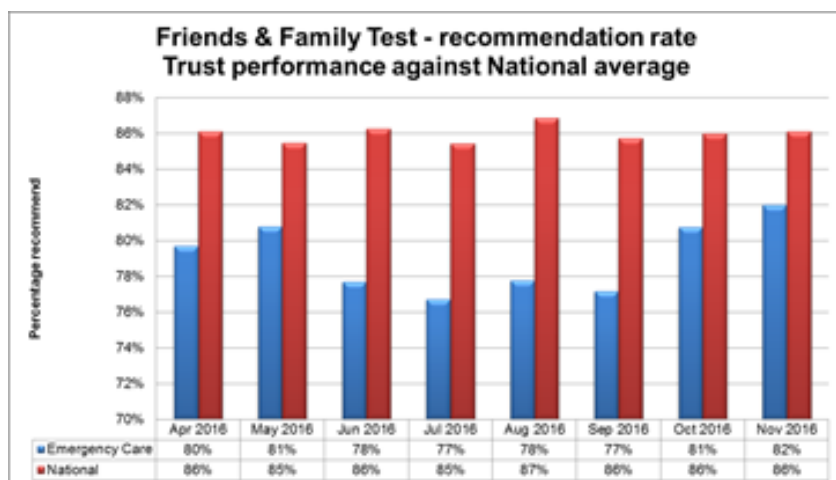
- Trust overall 1% decrease
- IP 3% decrease
- EC 1% decrease
- Day case 1% increase
- Paediatrics (excl A&E) 3% increase
- Paediatrics (A&E only) 9% decrease
- Outpatients static

Stream	Would recommend			Would not recommend	
	Dec 2016	Against target	Change from last month	Dec 2016	Change from last month
Trust overall	91%	n/a	0%	4%	-1%
Inpatients	89%	-7%	-3%	5%	1%
Emerg care	81%	-6%	-1%	11%	2%
Day Case	96%	0%	1%	1%	-1%
Outpatients	93%	1%	0%	2%	-1%
Maternity					
ANC comm	93%	-2%	0%	7%	5%
Labour	100%	3%	0%	0%	0%
PNC wards	90%	-4%	-2%	7%	3%
PNC comm	100%	2%	0%	0%	0%

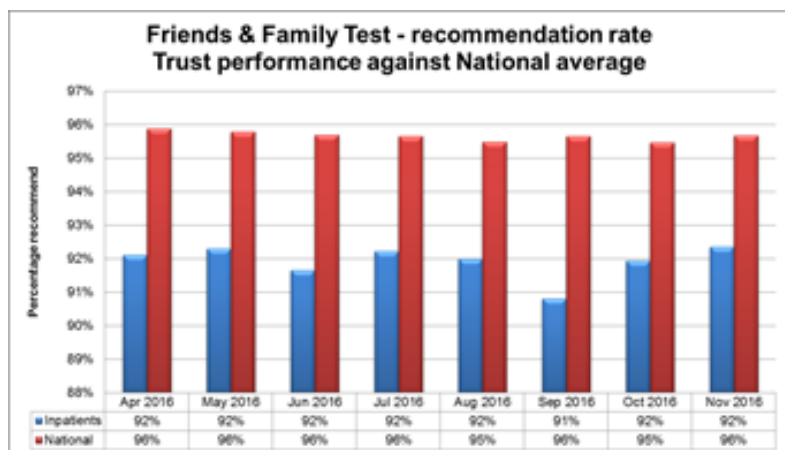
- The 'target' as stated above is a ULHT internal target as we stretch to reach the national averages.
- Response rates are not an issue and NHSE Patient Experience leads have been very clear that the focus must be on service improvements based upon our feedback.
- We break down inpatients and day case internally but nationally these are combined in benchmark figures.
- Paediatrics is still relatively new nationally and not yet benchmarking; however internally we have split our responses to show paed emergency care separately and we can see this has deteriorated significantly.
- Outpatients is close to the national average and not a concern.
- Maternity nationally has its challenges as each woman is surveyed four times during her pregnancy and capturing within the community is difficult.

Benchmarking

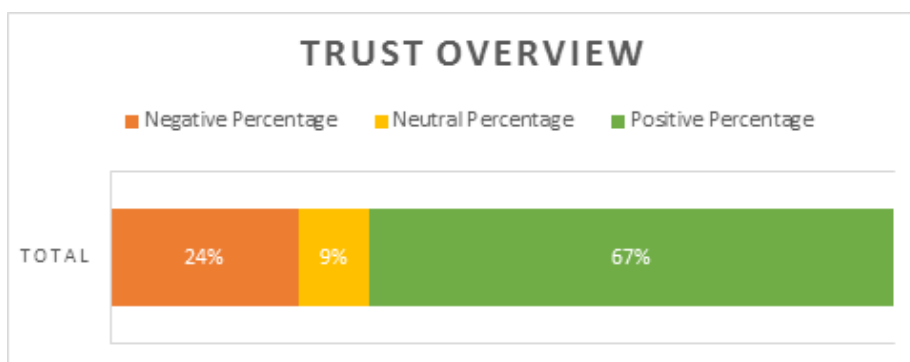
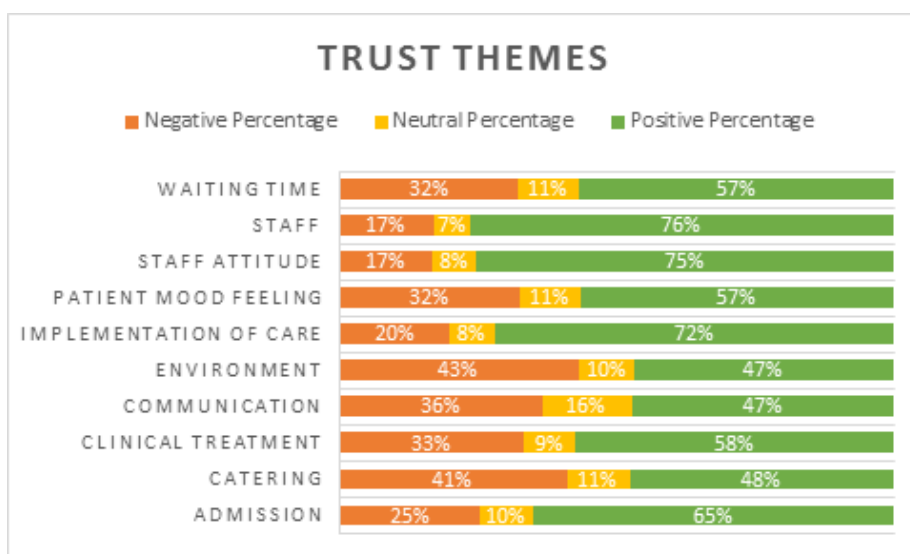
Emergency care – ULHT is still below national % recommends but had been improving gradually. December comparisons are not yet published but for November despite the improvement ranked against 141 Trusts ULHT was at 114. December %'age recommends has fallen so this ranking is likely to slip.





Inpatients including day case – ULHT is still below the national % recommends; scores dropped in September but lifted marginally in October & November. Benchmarked with 173 Trusts ULHT is ranked 158. December scores have dropped by 3% so this will fall further.

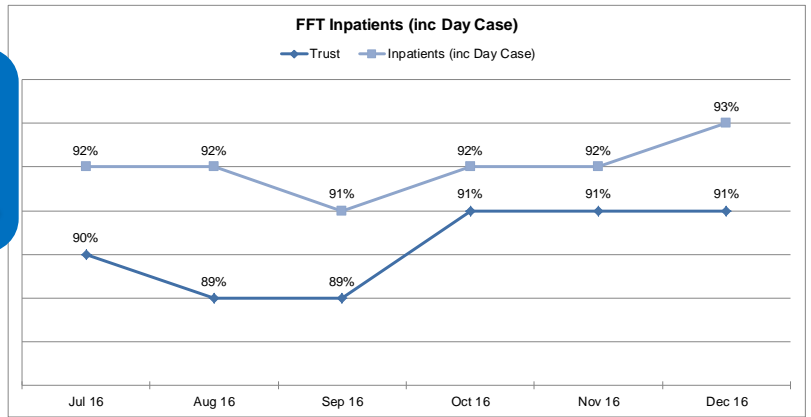


The charts below show the overall number of positive, neutral and negative based on all FFT comments by theme. There has been a 1% improvement within the positives over the last month, seeing negative % remaining static and 1% increase in neutral %





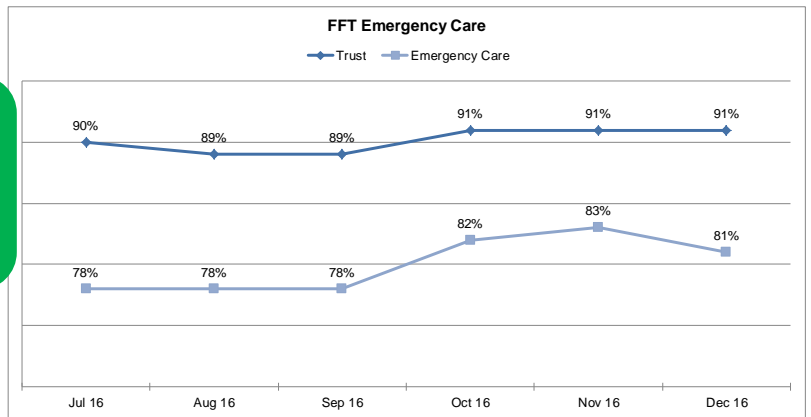
Inpatient & DC FFT

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





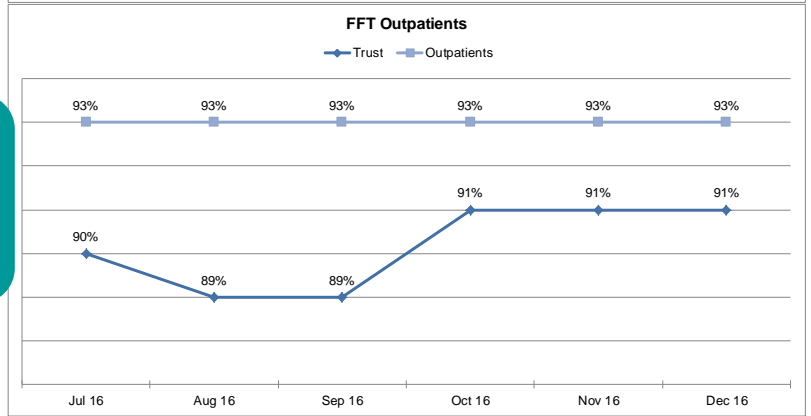
Emergency Care FFT

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





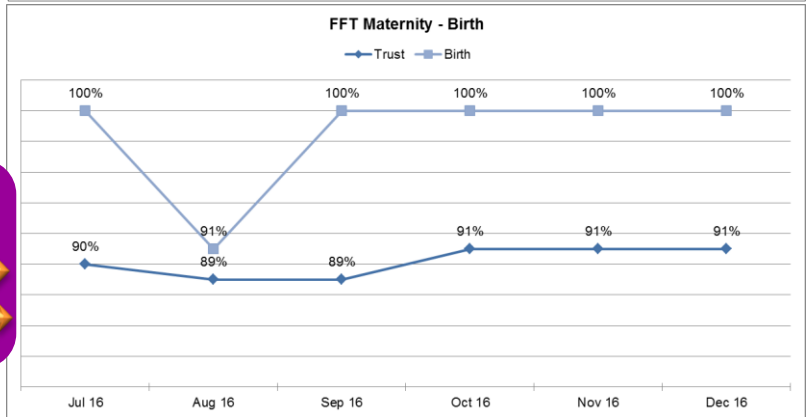
Outpatients FFT

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



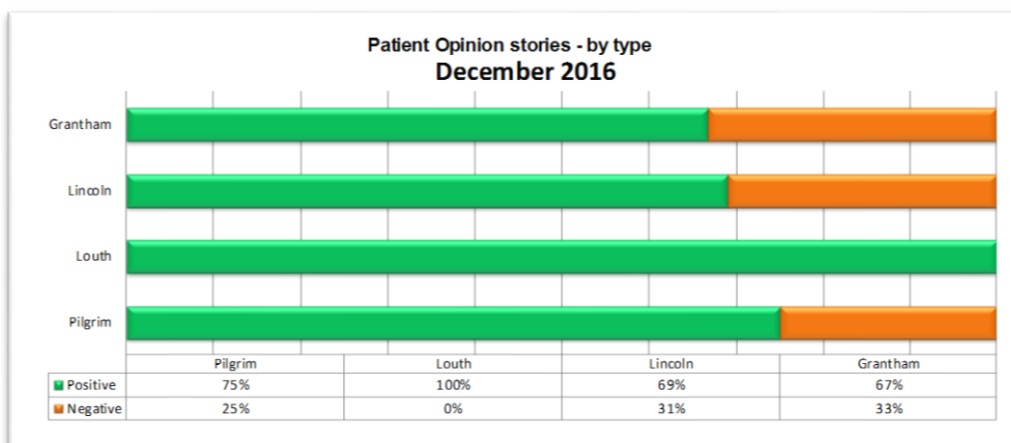
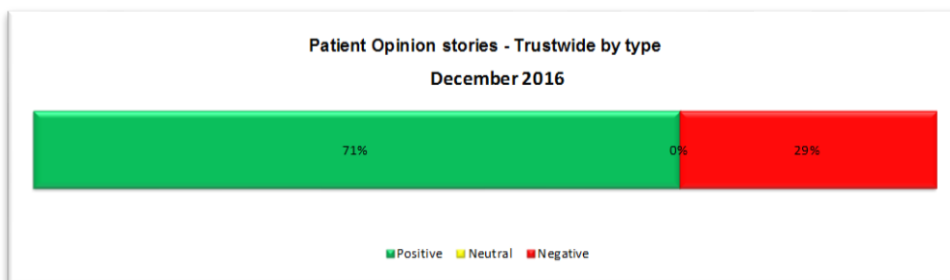
Maternity Birth FFT

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



PATIENT OPINION

42 stories have been posted during August and have been read 6,933 times. This equates to each story being read 165 times.



It was so nice to feel reassured

About: [Lincoln County Hospital / Accident and emergency](#)

Posted by: Mummy24, the patient on 21/12/2016

Read: 415 times

I walked in with abdominal pain and bleeding, I got seen in 2 hours which is twice as fast as other hospitals. The staff were very nice and helpful to me, at one point I collapsed in the loo, it was so nice to feel reassured that everything was okay!

So once again, Thank you to all the staff at Lincoln hospital

Trust response

Dear Mummy24

Thank you for the comments regarding your recent visit to A&E, the team in A&E always like to read this positive feedback, they will be pleased that they made you feel reassured.

I would like to thank you for taking the time to post on Patient Opinion.

Regards

Karen Hansord, A&E Sister

VOLUNTARY SERVICES

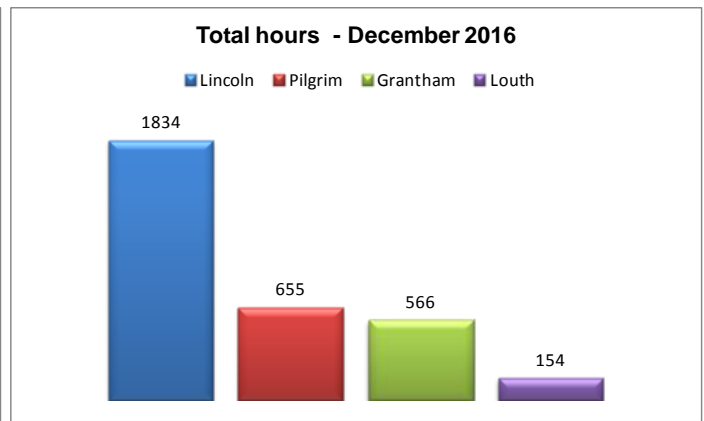
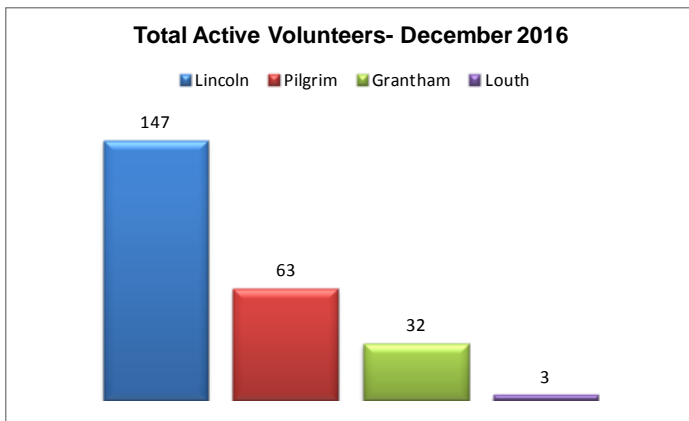


New Volunteer Activity	Lincoln	Pilgrim	Grantham	Louth	Total
New Applications	4	3	2	0	9
Started During Month	3	1	1	0	5
Applications in progress	39	11	6	1	57
Total	46	15	9	1	71
Volunteer Placements	Lincoln	Pilgrim	Grantham	Louth	Total
On Ward	27	12	4	0	43
Day Wards	24	9	1	1	35
OPD/Clinics	20	12	2	1	35
A&E/Assessment units	6	0	6	0	12
Pharmacy	5	0	9	0	14
Chaplaincy	12	17	4	1	34
Macmillan	6	7	3	0	16
Catering	29	0	0	0	29
Admin/Other	18	6	3	0	27
Total Active Volunteers	147	63	32	3	245
Total Hours	1834	655	566	154	3209
WTE	49	17	15	4	86

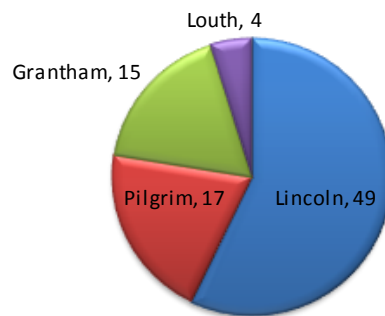
- There has been an exceptional 333% increase in completed applications since December moving from 9 in month to 30 which is as a result of very successful recruitment events held across hospital main receptions, at Boston Market and high profile social media coverage.
- Grantham hub has been decorated and opens officially on 25th January.
- Invitation to attend Women's Institute Spring meeting on March 7th to recruit.

Leavers				Applications - Marketing Sources					
Reasons for leaving	Month	YTD	%			Month	YTD	%	
Unknown	0	22	25%			ULHT Website	1	40	45%
Deceased	0	3	3%			Volunteer Centre	1	4	5%
Moved	0	6	7%			Hospital Posters	0	16	18%
Health	0	15	17%			Family/Friends	3	18	20%
Family	0	13	15%			Current Volunteers	2	13	15%
Employment/UL	0	10	11%			Local Media	1	36	41%
Other	0	18	20%			Recruitment Events	0	0	0%
Unhappy @UL	0	1	1%			Other	1	20	23%
	0	88					9	147	

Barbara , A&E Volunteer, A&E Lincoln County Hospital	Karen Hansord, A&E Sister, Lincoln County Hospital
<p>Barbara has volunteered in Lincoln A/E for just over a year and she absolutely loves what she does. She has met people and families out in the community and they thanked her for the assistance she has provided to them as a volunteer when they were in A&E. She has received a lovely personal note of thanks from a young boy who was treated in A/E whilst she was on duty.</p> <p>Barbara also makes handmade chocolates which go down very well with the staff and she is known as the 'chocolate volunteer'</p>	<p>The volunteers who give up their time for the A&E Department have provided valuable support. The role assists patients and relatives as they arrive in A&E at a time where a friendly face and kindly word can help to relieve their anxieties.</p> <p>The A&E team are appreciative of the time that Barbara and the other volunteers give, they have become a valuable asset to our team.</p>



Total WTE - December 2016



Patient Experience news and developments

New customer care training

Following communication featuring as a consistent theme across patient feedback a new customer care training has been developed that is centred on perceptions, assumptions and the impact we have as individuals. The session is to be called 'Communication First', is very interactive and a trial run is being held on 31st before the programme commences monthly from February rotating around the sites.

Womens Institute / Johns Campaign

The National Federation of Women's Institutes passed a resolution that every WI in England and Wales is mandated to take forward; this resolution is now a mandate and states: 'We call upon HM Government and the NHS to provide facilities to enable carers to stay with people with Alzheimers disease and dementia who have been admitted to hospital'. This in essence is a call to support the national Johns Campaign which ULHT are already committed to. Following a meeting in early January with WI Federations from across the county a programme of support is being developed. This includes:

- The making of 'twiddle' mitts and fidget quilts.
- The supply of carers overnight bags with toiletries
- The promotion and support of ULHT Carers Badge and All About Me books
- The recruitment of volunteers

This is an exciting partnership for which we are very appreciative.

Also in relation to Johns Campaign Sharon Kidd Patient Experience Manager and Tracey Pemberton Sister on Ward 6 at Grantham have been asked to be Johns Campaign ambassadors; which is a great testimony to their passion, hard work and commitment to the campaign.

Lessons Learned Forum Report – December 2016

Introduction

The LLF was established in July 2016 with core objectives of reviewing the effectiveness and performance of complaint and concerns handling within the Trust and to identify lessons learned to share across the organisation. The group meets alternate months. The first two meetings in July and September were focused on practicalities and how data will be supplied and analysed.



Capture – through identifying actions and learning as a part of the complaint response.

Analyse – the LLF receives and reviews reports on the progress of actions and lessons themes.

Action – the LLF members are the responsible leaders in ensuring actions are completed.

Report – reports from LLF and a bi-monthly ‘Sharing Lessons Learned’ newsletter is produced with the LLF members being the editorial group.

The Change Register

The core source of information for understanding the learning is our evolving ‘change register’. This has been designed by the Trust and was initially a simple spreadsheet where identified actions and learning from the investigation template were collated and tracked; however it was cumbersome and difficult to manage and so in July was transferred to DATIX by creating a field within the database against each complaint and then running a report. It is important to note that this is an evolving process and will become more sophisticated over time and from links with peers it appears that ULHT are the first to be working in this way.

Actions and learning lifted from the complaint investigation grid are entered back into DATIX against each logged complaint. These include a completion date. The Quality & Safety Officers are the gatekeepers for tracking the actions for their specialties and updating DATIX accordingly and a report is then run working with the Complaints Manager. For the December LLF the report was the first to be fully run and highlighted a few issues and cautions in how the data is used and interpreted:

- There are a high number of duplicate actions listed as one action may be tagged across a number of issues raised; for example presenting the complaint to the specialty governance meeting or asking a member of staff to reflect on their behaviour could be the action against three or four issues.
- Some of the actions cross specialties or may not be within the gift of the allocated specialty; for example a complaint may span integrated medicine and also surgery or may refer to car parking or transport.
- The number of actions in itself should not be seen as a direct correlation to the number of complaints as there can be just one action for one complaint but for another there may be four actions.
- There are some complaints where no actions are identified; this should not be considered as a negative as in many cases immediate action is taken; for example a complaint may refer to a cancelled operation which has been rescheduled or a test result that has been communicated and as such the action completed ahead of the final response being sent.
- Reporting from DATIX is reliant on good data entry in the first place and there are areas where this needs to be improved as gaps were evident.

December report

- Not included = those not currently due or a completion date is not indicated (these will be reviewed for February report)

Specialty	Total actions	Not included	Due	Duplicate actions	Total 'actionable'	Progress
Lincoln medicine	115	49	66	41	25	<ul style="list-style-type: none"> • 7 cardiology to go to next mtg (tbc as CD off sick) • 9 oncology actions going to January governance meeting for allocating responsibility and progress • 7 A&E actions going to February governance for allocating responsibility and progress • 2 joint MEAU / diabetes actions, already discussed/shared at speciality governance, but require evidence of discussion at ward meetings which has been requested from the ward sisters.
Surgery & TACC	169	161	22	14	8	<ul style="list-style-type: none"> • 1 anaesthetics consultant to progress. • 2 SEAU ward sister & surgeons actioning • 1 operating theatres action in progress • 1 orthodontic going to December governance with expected outcome. • 3 outpatient team and pre assessment team to discuss at next governance meeting.
Pilgrim surgery	97	87	19	13	6	<ul style="list-style-type: none"> • 3 Ophthalmology – to next governance meeting • 2 general surgery – to next governance meeting • 5 orthopaedics – completed but not yet updated on DATIX
Learning themes	<ul style="list-style-type: none"> • Waiting times in outpatients; business unit are finding capacity & putting on extra clinics. • A&E – patient information leaflets; paediatric A&E space; Safeguarding level 3 training. • Cardiology – ward environment; communication with relatives; handover to other sites over Christmas. • Diabetes – trialling a poster to inform who the consultant of the week is to encourage patients to speak with them and not go home with any worries.; delayed discharges due to bloods and phlebotomy. • Elderly care – DNACPR / end of life training, simulation training. • Gastro – nurse to be on ward round. • Consultant commencing ward round by liaising with coordinator over who is sick and potential discharges. • MEAU – GP admissions waiting times. 					

The first issue of the Sharing Lessons Learned Newsletter is being developed and will be circulated in the New Year.

Jennie Negus.
Deputy Chief Nurse.