

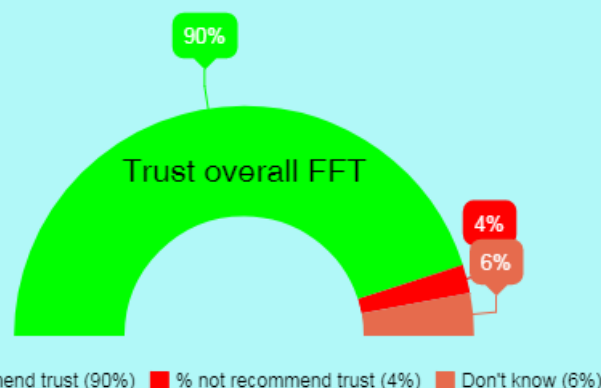
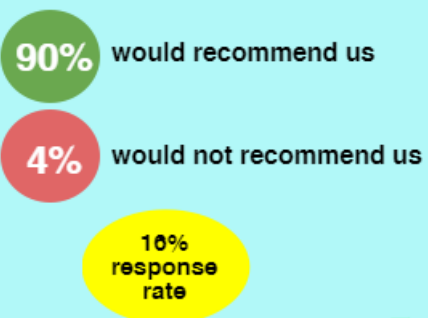
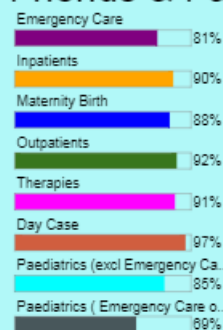
PATIENT EXPERIENCE REPORT

July 2017 (June 2017 data)

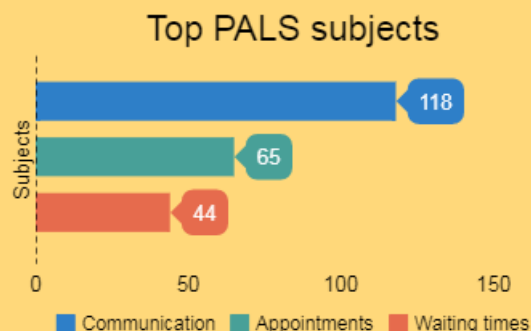
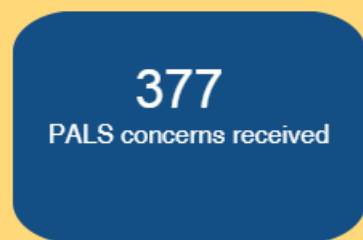
Trust level report

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

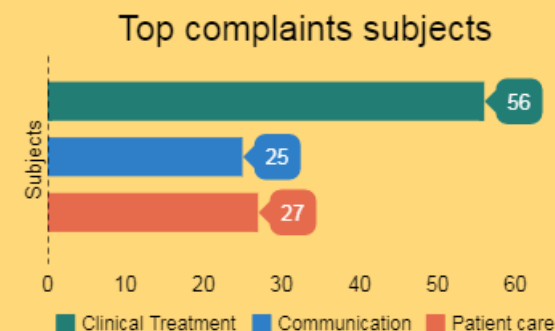
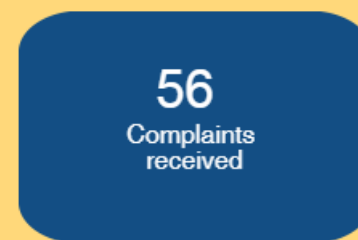
Friends & Family Test



PALS



Complaints



64 stories posted
5,978 people have read the stories

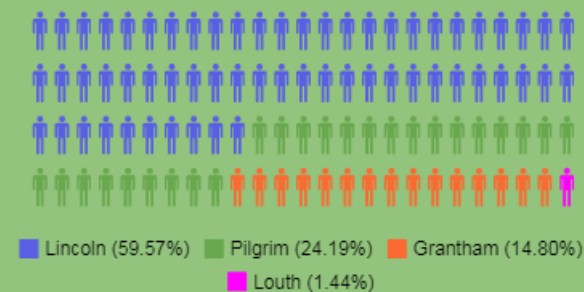
64% positive stories

Compliments



1,595 counting compliments recorded
Compliments v Concerns 29:1*
*includes counting compliments and Patient Opinion

Volunteers



Patient Experience Report June 2017



Inpatient & DC FFT

94% Would recommend Inpatient/DC Services

2% Would not recommend Inpatient/DC Services

National score
96%

May 2017



Emergency Care FFT

81% Would recommend Emergency Care Services

11% Would not recommend Emergency Care Services

National score
87%

May 2017



Maternity Birth FFT

88% Would recommend Maternity Services

6% Would not recommend Maternity Services

National score
96%

May 2017



Outpatients FFT

92% Would recommend Outpatient Services

3% Would not recommend Outpatient Services

National score
97%

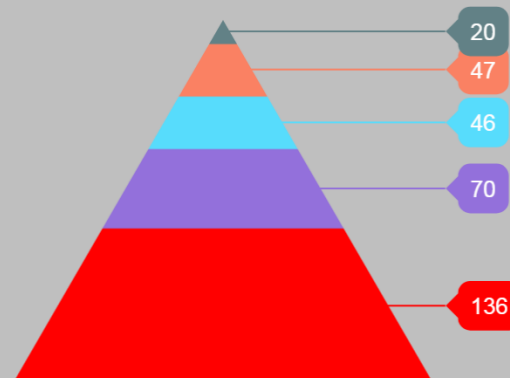
May 2017

12,481
ratings recieved

9,886
comments recieved

Core Themes

Top 6 themes across all PALS, Complaints and Patient Opinion



■ Communication (42.63%) ■ Appointments (21.94%)
■ Clinical Treatment (14.42%) ■ Waiting times (14.73%)
■ Values & behavior/attitude (6.27%)



64 stories posted
5,978 reads

64% positive stories
33% negative stories

Compliments vs
Complaints ratio

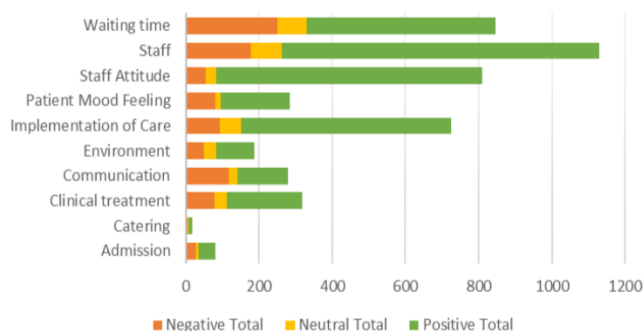
29:1

FFT Themed Analysis

72% positive

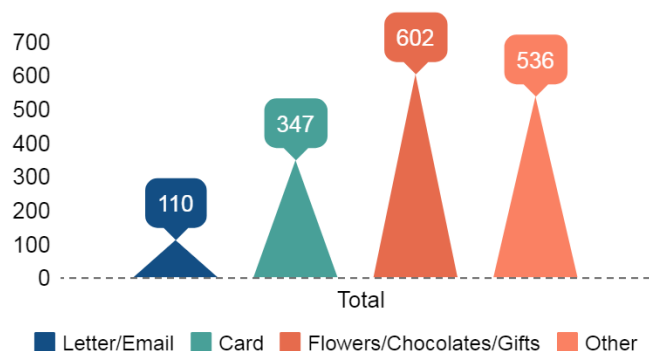
20% negative

TRUST THEMES



1,595 Counting Compliments received this month

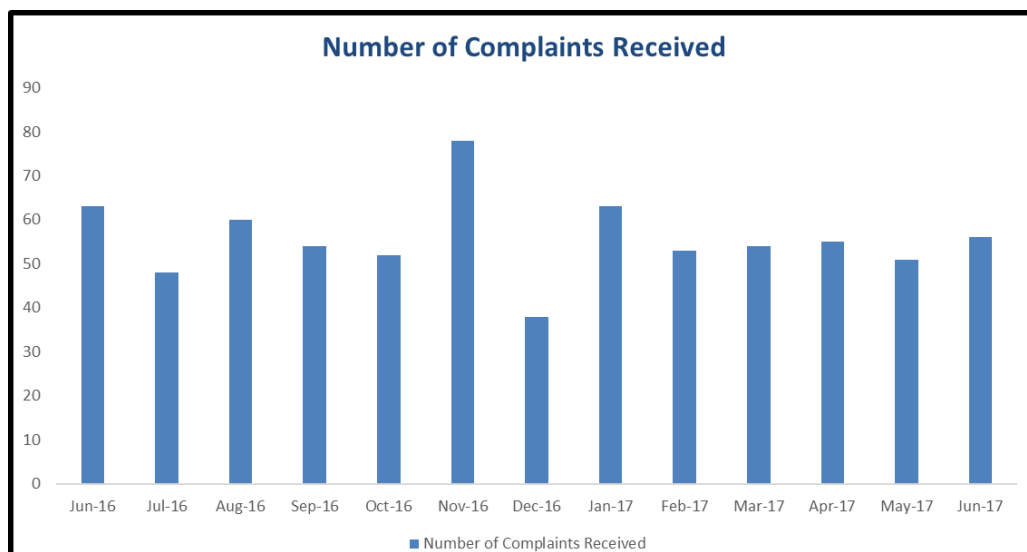
Counting Compliments by type



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



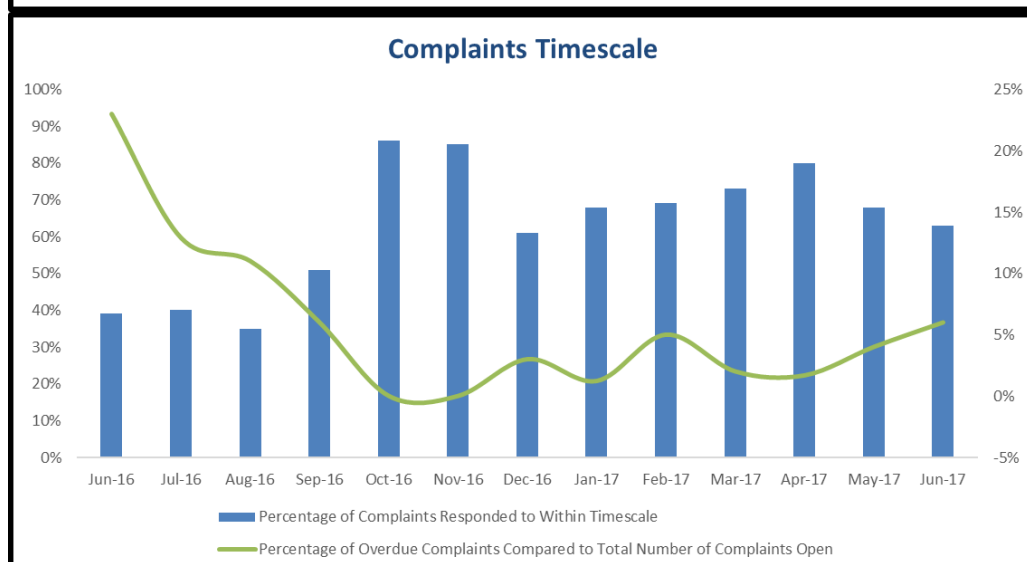
Notes:

June 2017: 56 complaints received

Subjects of complaints include:

25 clinical treatment
27 Patient care
51 communication
11 admission and discharge
12 values and behaviour
6 waiting times
4 safeguarding
6 prescribing
10 Privacy, Dignity & Wellbeing

2017 average monthly complaints received = 55

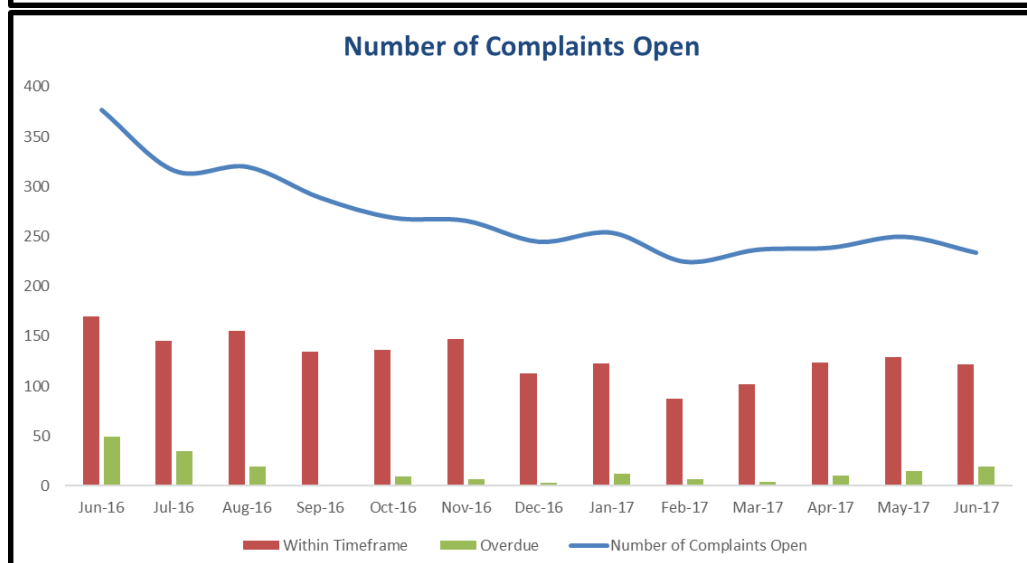


Notes:

June 2017:

40/63 complaints responded to within timescale 63%

19/234 of overdue complaints against the total number of complaints open

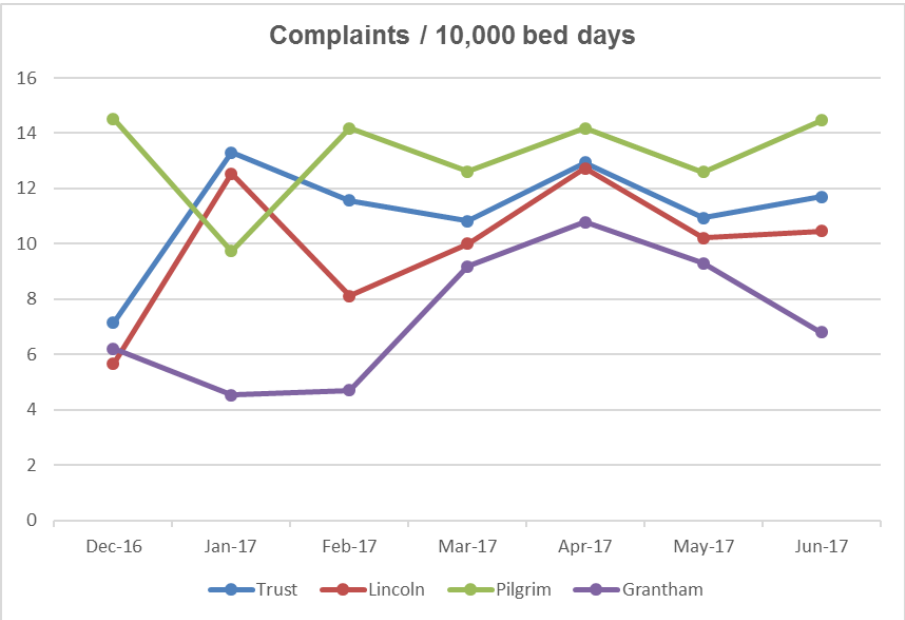


Notes:

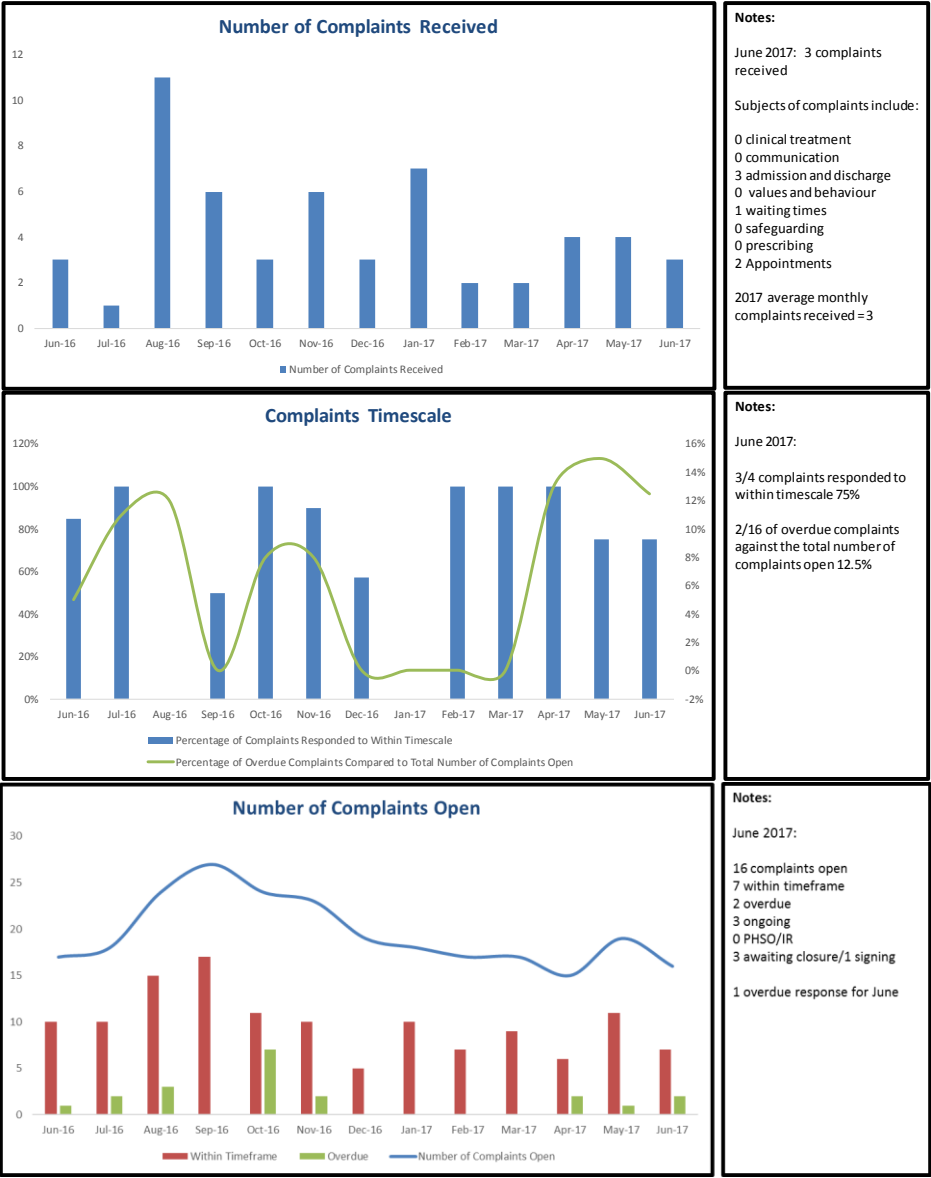
June 2017:

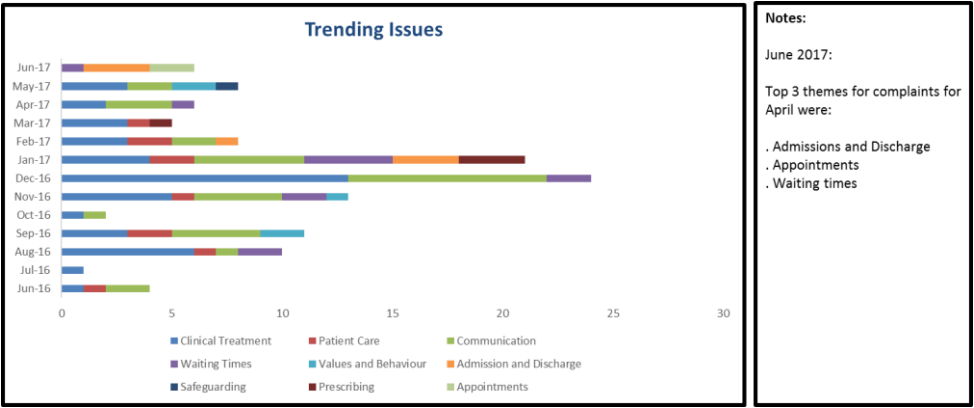
234 complaints open
122 within timeframe
19 overdue
32 ongoing
16 PHSO/ 4 IR
34 awaiting closure/ 7 signing

23 overdue responses for June

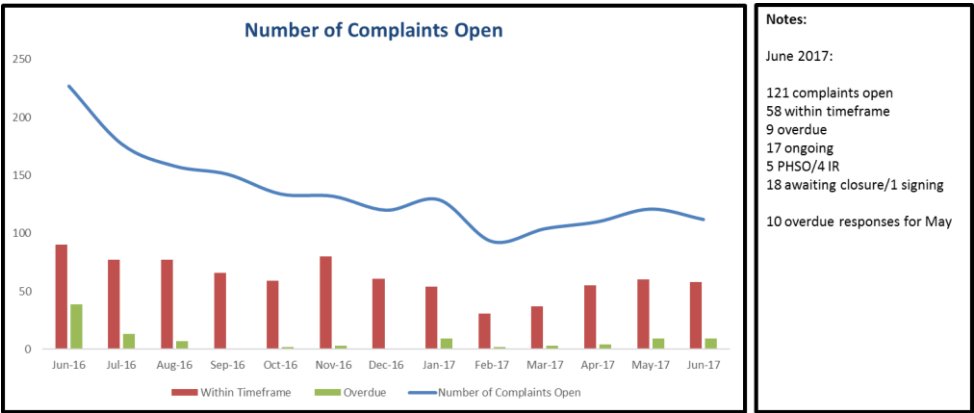
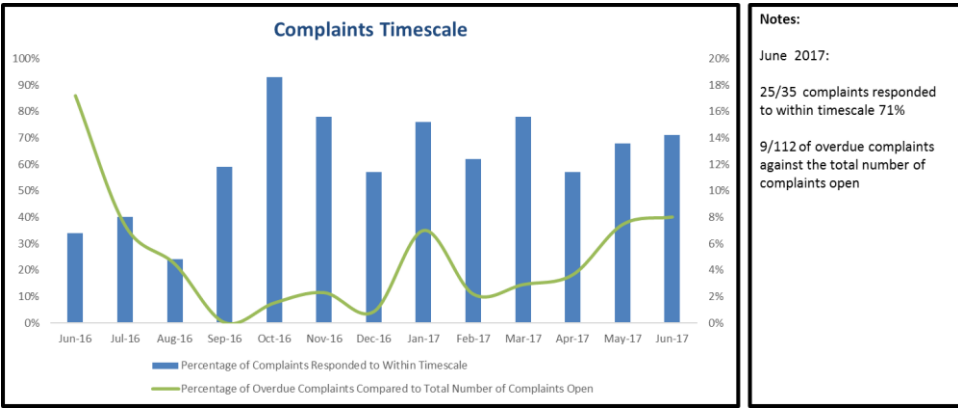
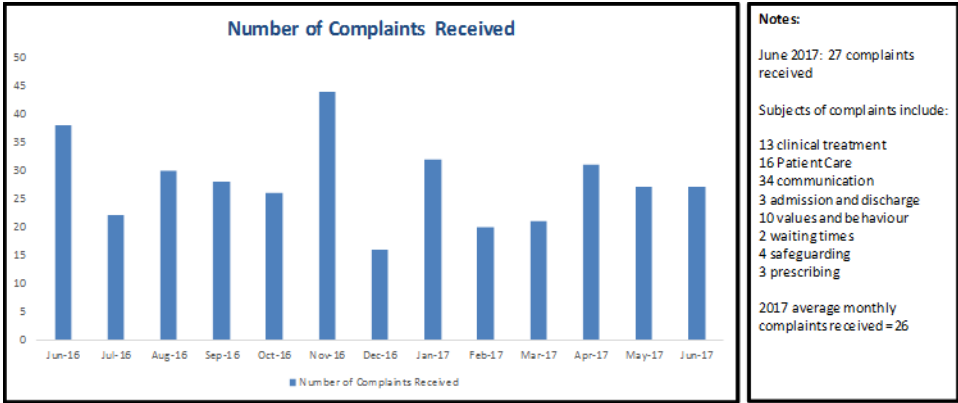


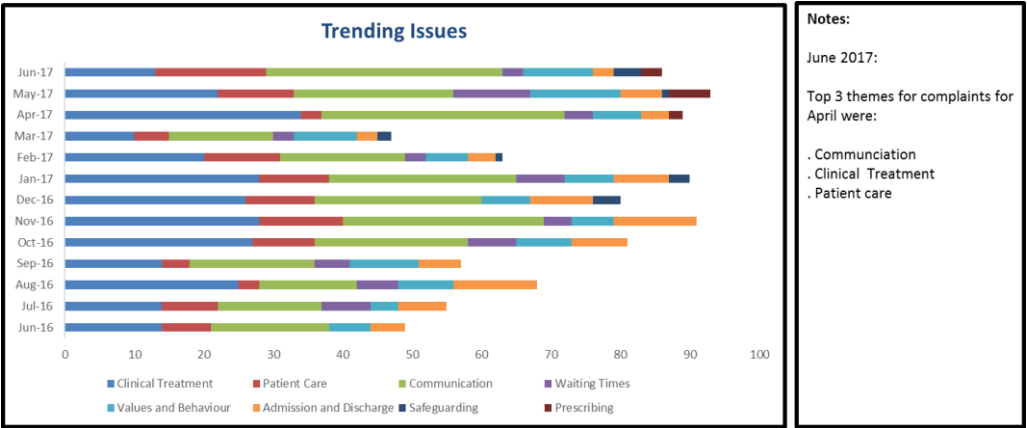
Grantham



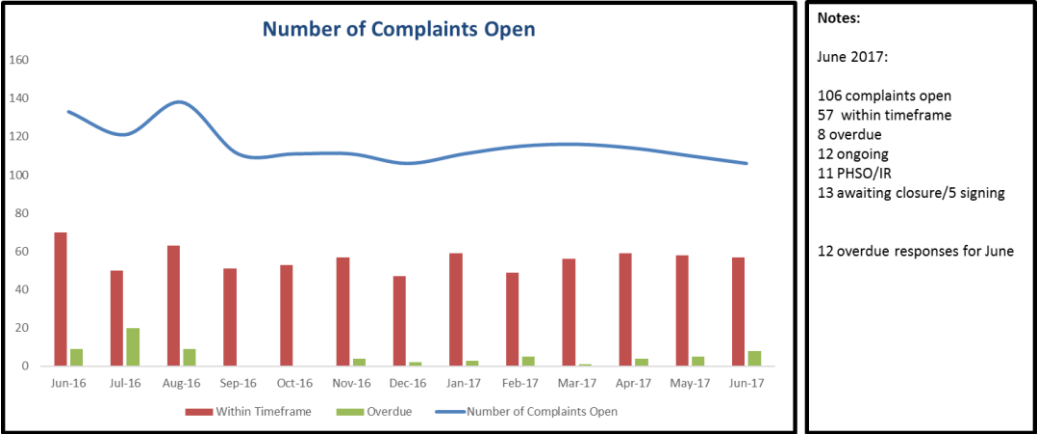
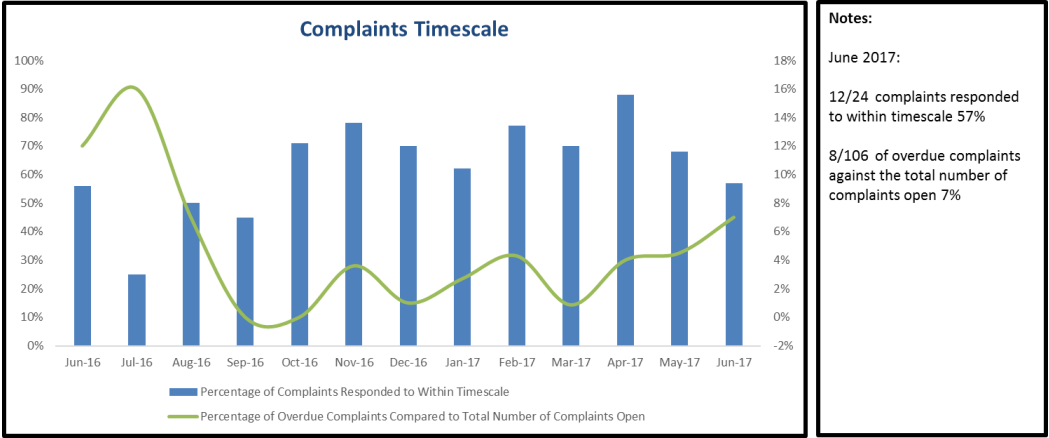
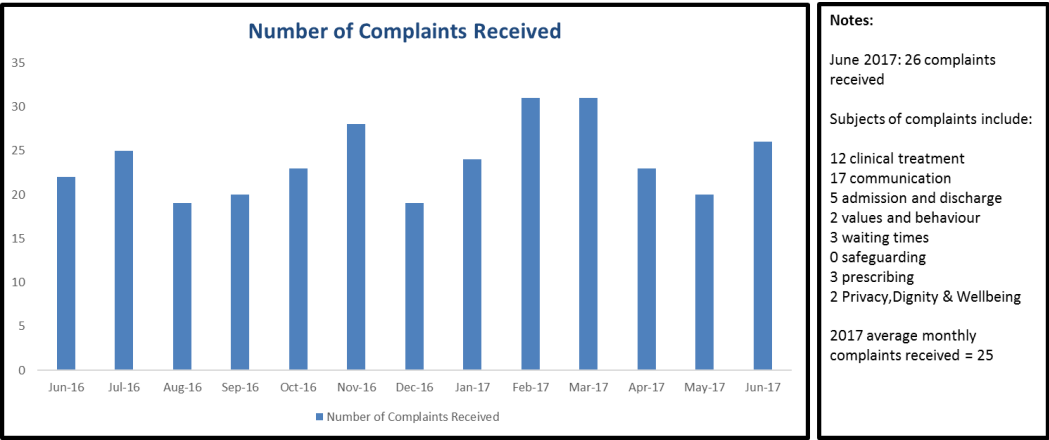


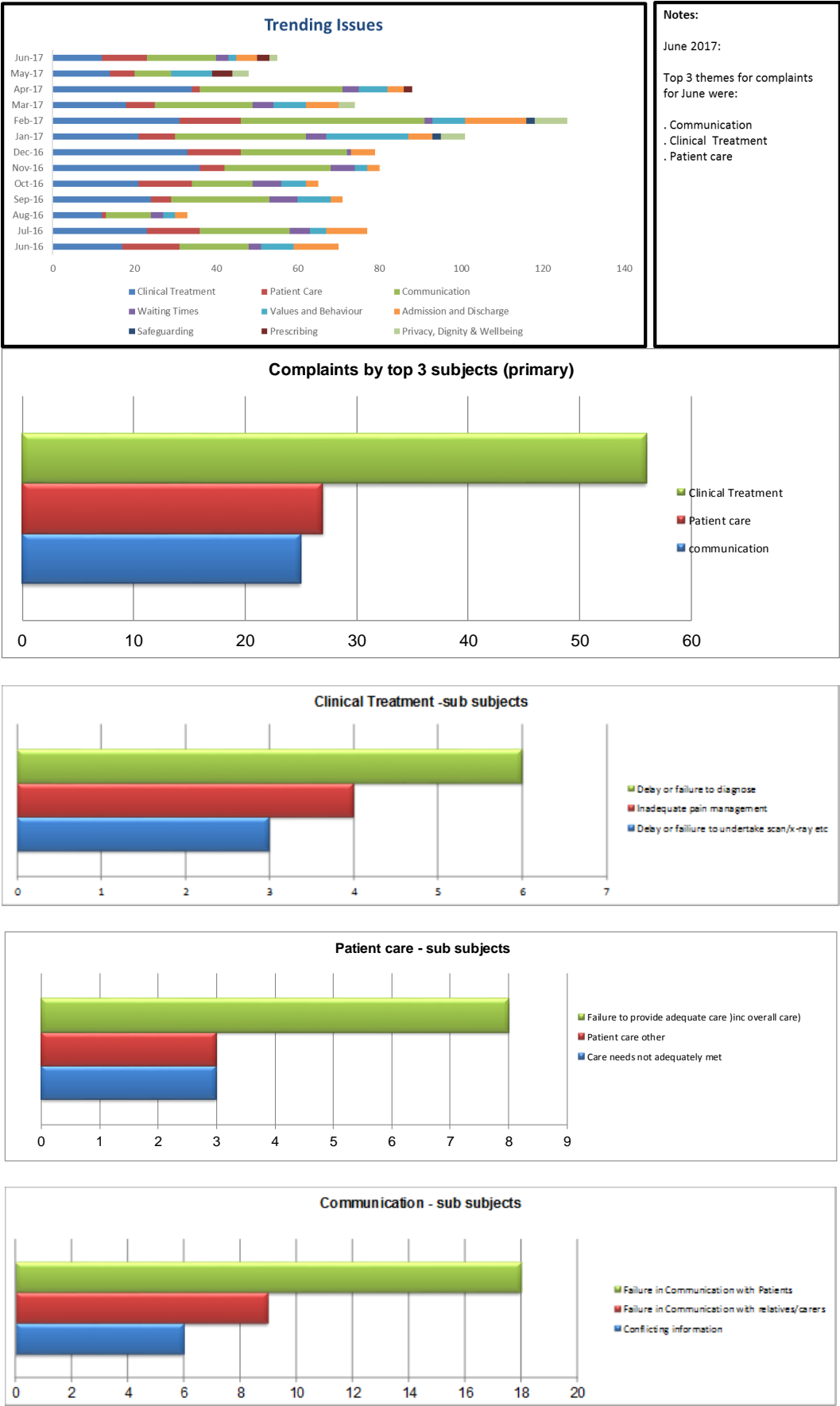
Lincoln





Pilgrim

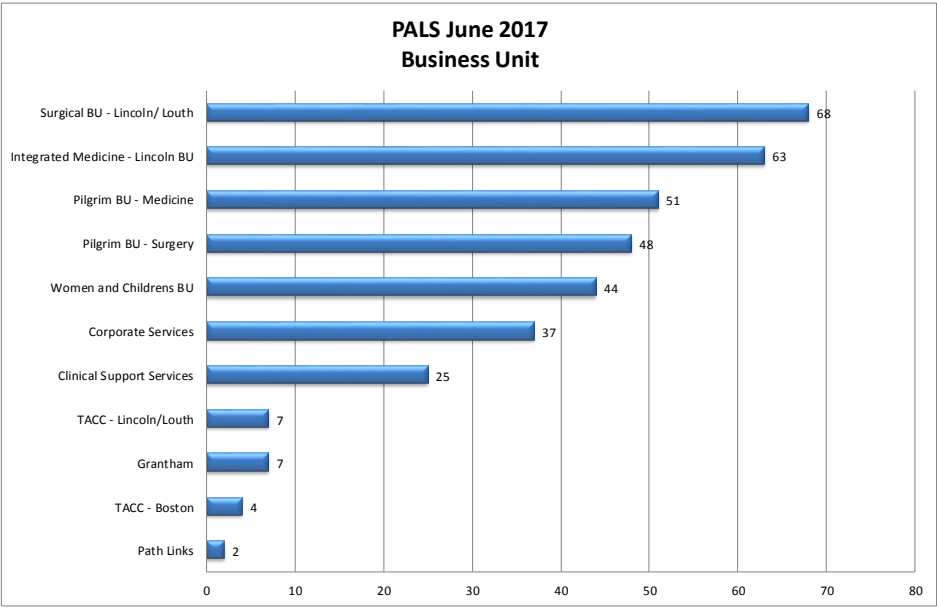
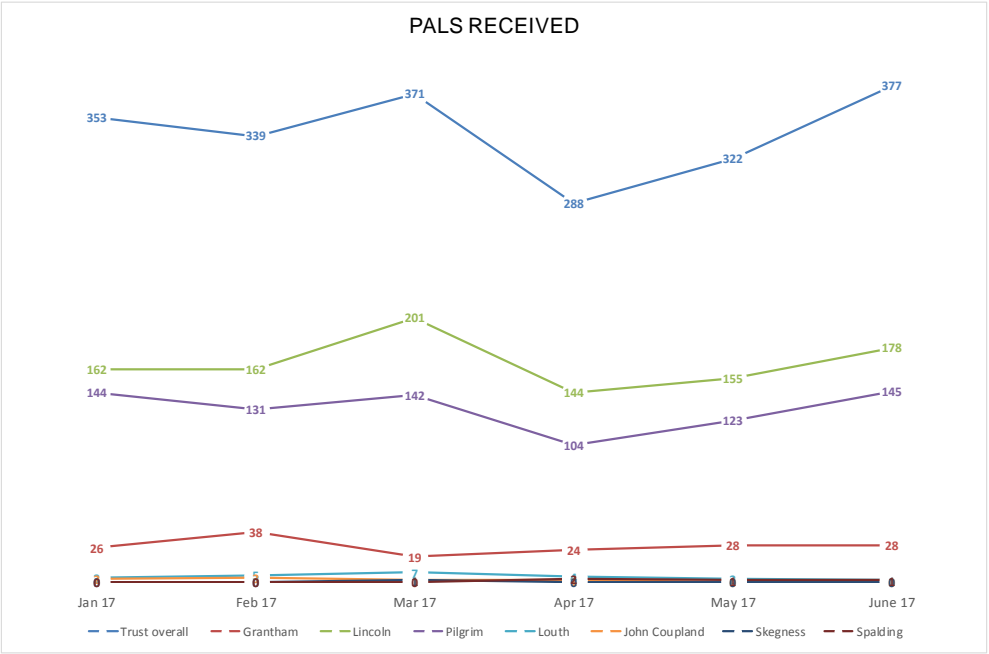




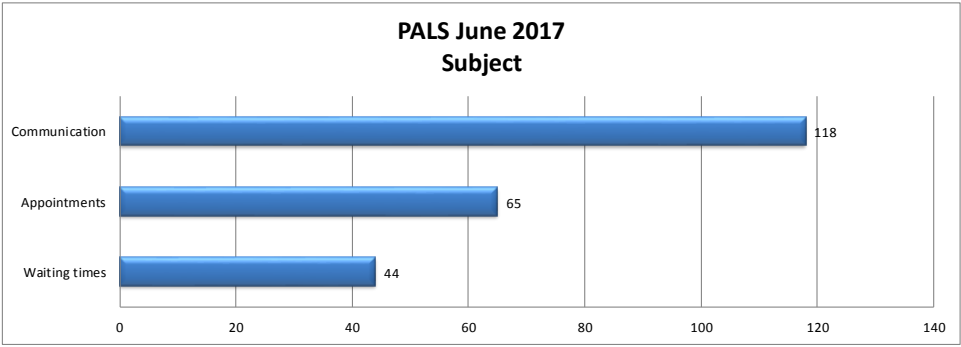
The first Lessons Learned newsletter has been published and will now be shared monthly with staff drawing on themes from across complaints and PALS. The complaints team are also preparing a report of response rate hotspots at a directorate level to provide to Clinical Directors.

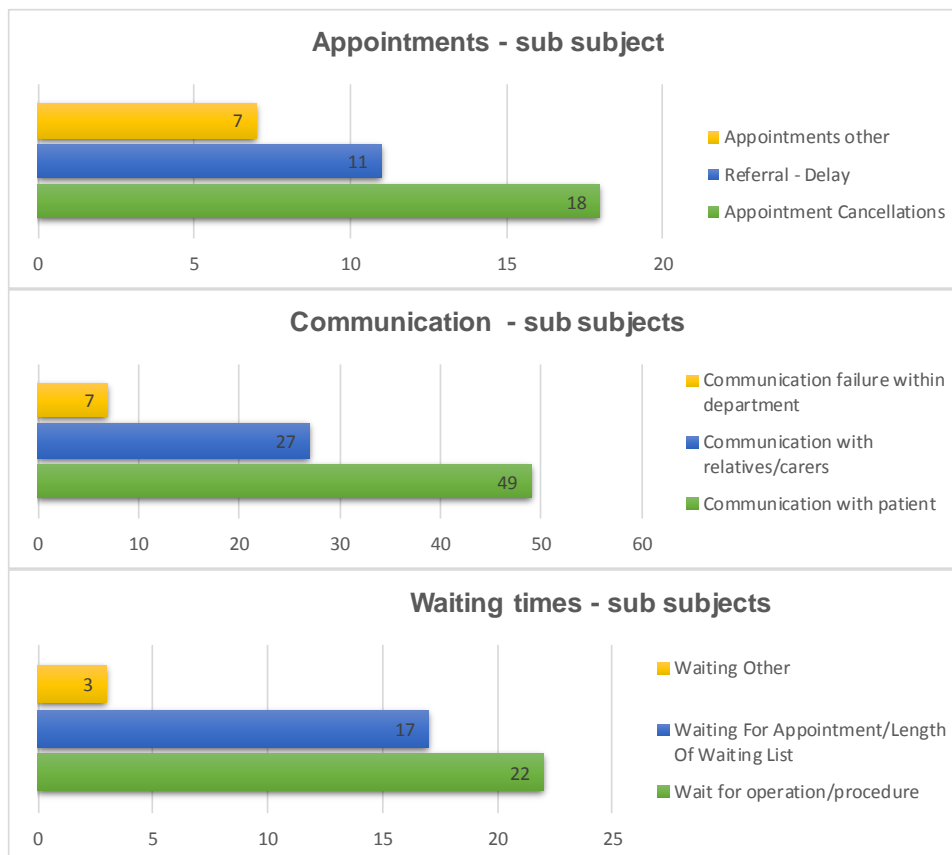
PALS

377 PALS concerns were received in June 2017.

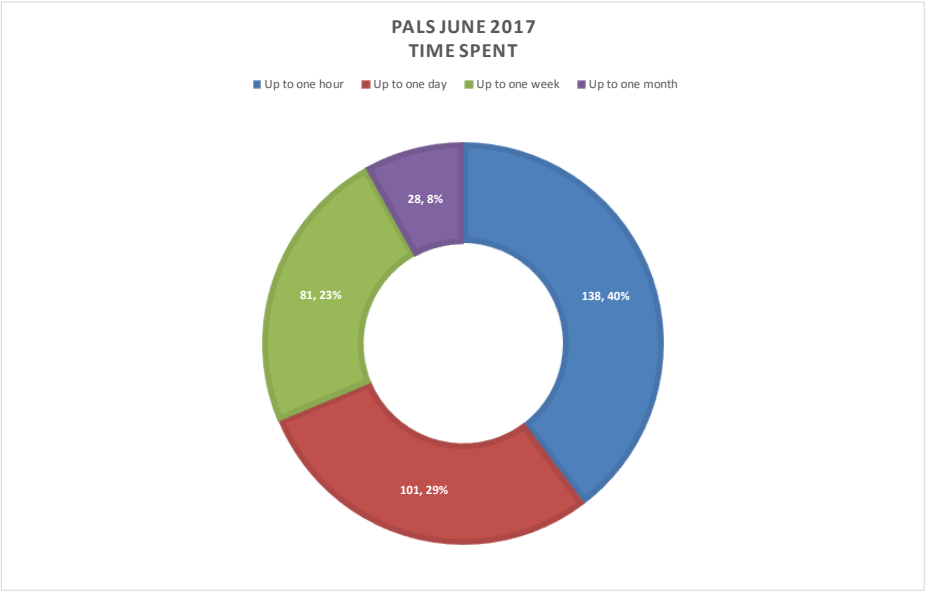
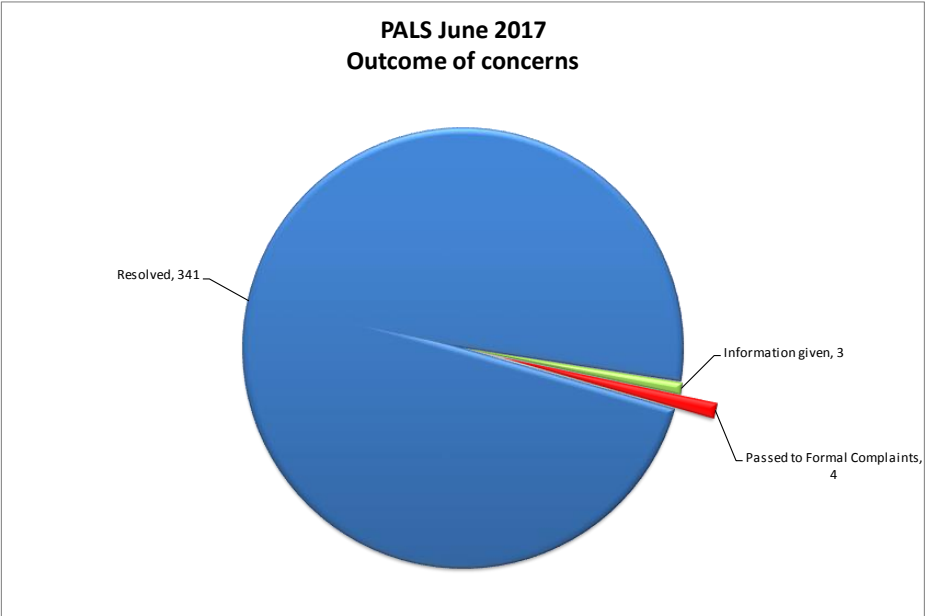


Top 3 subjects

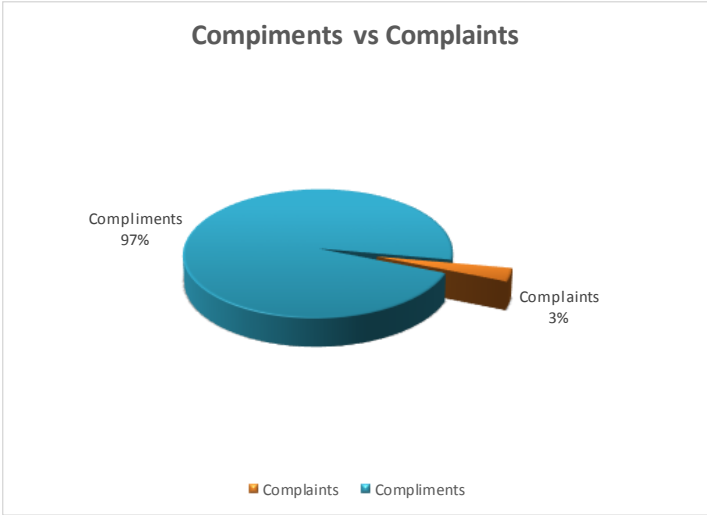


Top 3 *sub* subjects

A high level of contacts over recent weeks has been in relation to a standard letter generated to a significant number of patients. These referred to not having a further scheduled appointment, asking patients to contact within 4 weeks if this was not the case and if we had not heard within that time they would be discharged from the service. Many patients have complained to PALS about this; some relating to the wording which had been perceived as a 'threat' and that it has not been signed by anyone, a high number due to the telephone not being answered and an unhelpful attitude when it is and also from patients who are still receiving treatment or on a waiting list and so are anxious or confused thinking their treatment is being stopped. The PALS team have escalated these concerns and they are being addressed.



COMPLIMENTS



The ratio on compliments vs complaints for June is **29:1**

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	-1%	4%	0%	16%	n/a	0%
Inpatients	90%	-7%	1%	3%	-3%	31%	5%	1%
Emergency care	81%	-6%	0%	11%	1%	21%	2%	0%
Day Case	97%	0%	1%	1%	0%	23%	-3%	2%
Outpatients	92%	-2%	-1%	3%	1%	15%	1%	-1%
Paediatrics	79%	n/a	-6%	14%	5%	3%	n/a	0%
Therapies	91%	-3%	-1%	3%	-1%	27%	13%	3%

Antenatal community	94%	-4%	-1%	2%	2%			
Labour Wards	88%	-9%	-9%	6%	3%	11%	-12%	-3%
Postnatal wards	93%	-2%	-2%	7%	4%			
Postnatal community	94%	-4%	9%	3%	-7%			

June Headlines:

- Trust overall 1% decrease
- IP 1% increase
- EC static
- Day case 1% increase
- Therapies 1% decrease
- Paediatrics 6% decrease
- Outpatients 1% decrease

Benchmarking

Recommendation rates - June 2017

Area	%age recommend	%age non recommend
Day Case	97%	1%
Emergency Care	81%	11%
Inpatients	90%	3%
Maternity Birth	88%	6%
Outpatients	92%	3%
Paediatrics	79%	14%
Therapies	91%	3%

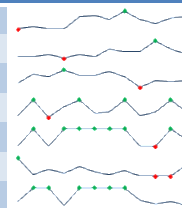
Response rates - June 2017

Area	Response Rate
Day Case	23%
Emergency Care	21%
Inpatients	31%
Maternity Birth	11%
Outpatients	15%
Paediatrics	3%
Therapies	27%

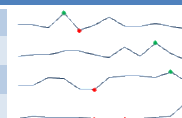
The charts below show the Trust rankings for all nationally published FFT streams, both for recommendation and response rates (noting the caution in comparisons).

ULHT ranking against national data

Recommendation rate													
Ranked out of*	Stream	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17
141	Emergency Care	131	127	130	130	115	114	119	108	119	124	117	116
173	Inpatients	157	158	153	161	152	158	143	147	147	127	142	152
233	Outpatients	179	161	167	151	162	163	155	167	189	174	177	173
135	Maternity Antenatal	103	1	116	46	1	83	81	1	102	80	1	78
135	Maternity Birth	121	1	118	1	1	1	1	1	121	127	1	81
135	Maternity Postnatal ward	40	115	90	110	78	99	111	96	120	122	122	74
135	Maternity Postnatal community	76	1	1	101	1	1	1	1	75	94	78	105



Response rate													
Ranked out of*	Stream	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17
141	Emergency Care	39	39	42	26	45	39	30	40	40	38	40	43
173	Inpatients	111	108	109	101	101	109	114	91	111	81	106	123
233	Outpatients	37	38	30	31	41	42	30	28	29	30	24	33
135	Maternity Birth	129	124	126	126	128	131	129	131	130	126	123	90



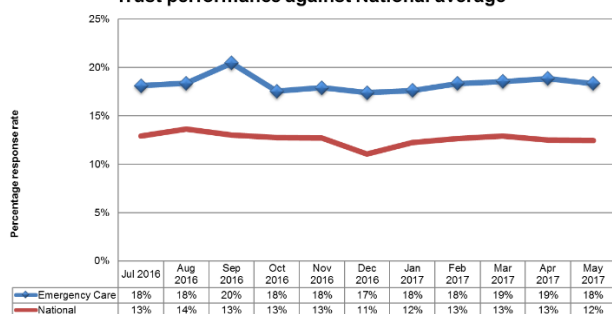
* 'Ranked out of' is an approximate figure, as the number of trusts can vary slightly month on month.

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 May data.

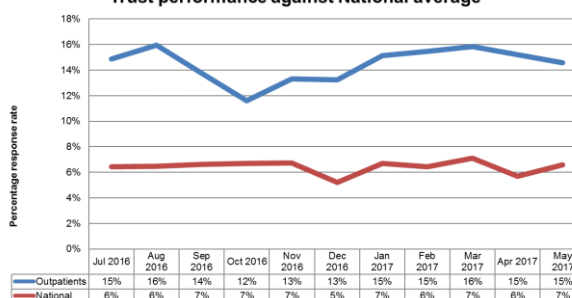
Emergency Care

Friends & Family Test - response rate
Trust performance against National average



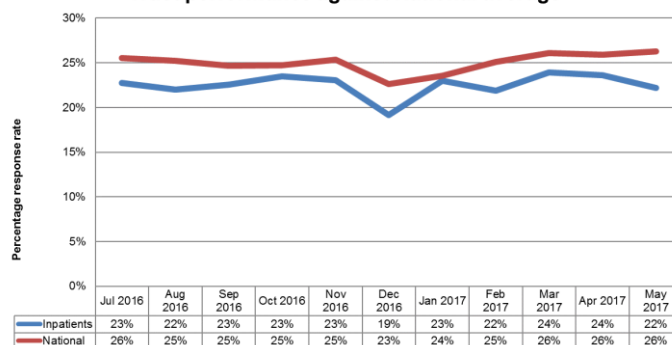
Outpatients

Friends & Family Test - response rate
Trust performance against National average



Inpatients

Friends & Family Test - response rate
Trust performance against National average



Confidence Intervals

A 95% confidence level with a 5% variance is the industry expected standard; the following values use June 2017 data.

Trust level Emergency Care

Site level	Eligible sample size	Required sample size	FFT % recommend	Confidence interval
Grantham	1493	306	92%	95% ± 5
Lincoln	4033	351	76%	95% ± 5
Pilgrim	3282	344	81%	95% ± 5

Trust level Inpatient

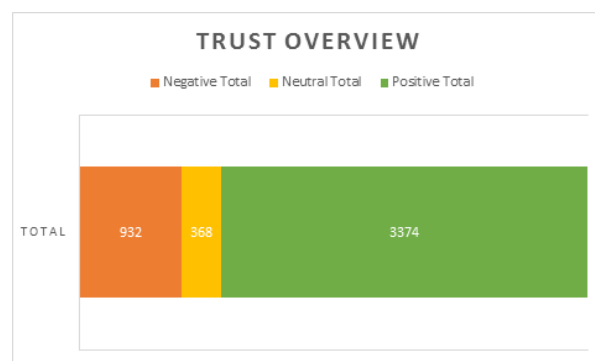
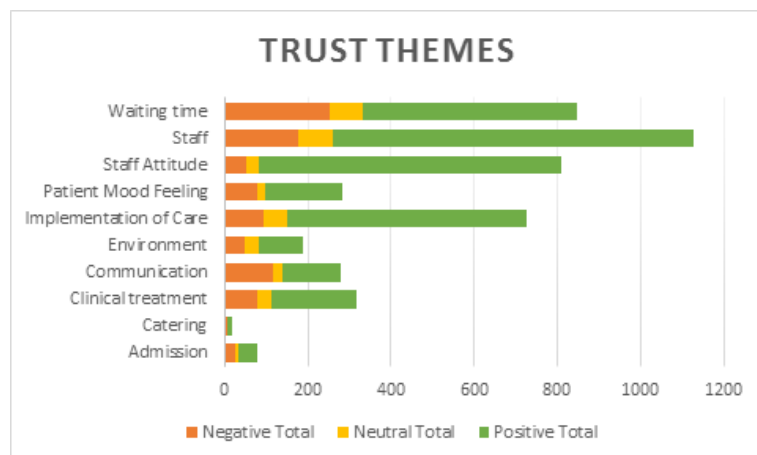
Site level	Eligible sample size	Required sample size	FFT % recommend	Confidence interval
Grantham	142	104	96%	95% ± 5
Lincoln	1352	300	91%	95% ± 5
Pilgrim	1168	290	86%	95% ± 5

Trust level Day Case

Site level	Eligible sample size	Required sample size	FFT % recommend	Confidence interval
Grantham	645	241	91%	95% ± 5
Lincoln	2,749	338	91%	95% ± 5
Pilgrim	1,687	314	92%	95% ± 5

As the number giving feedback is larger than the required sample sizes across Trust wide and site based, we 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 improvement within the positives over the last month at 75% and there has been a reduction in the negatives down to 17%.



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%

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

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.

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)

In July 2017, Trust Board requested examples of the actions taken at clinical directorate level in order to demonstrate improvement actions against FFT scores and to provide assurance. YSWD is a great tool to give patients and their family's confidence that we are listening to 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. With this being the first month of asking it is acknowledged that the timespan was short and we expect to see more completed templates returned going forward. Grantham clinical directorates led the way, returning completed YSWD templates for 6 areas covering individual wards. Outpatients also sent a detailed action plan using their FFT comments. Three were returned from Lincoln Integrated Medicine, one more generic covering a range of areas, one

specifically for Ingham Ward and another for Waddington Ward. Lincoln Surgical services also returned a completed template.

The following are a selection from across the returns.

The Friends and Family Test

You Said, We Did

You said.....

Waiting a long time for chemotherapy to arrive on ward sometimes causing extra night stay in hospital.

'I was waiting for an hour nobody came and said we are running late. I appreciate that we all take different times but it would be nice to know what's happening.'

Upset and annoyed about waiting time for discharge, especially waiting for EDD + TTOs.

We have a really nice team.

Discharge process could have been better.

Facilities in room 8 basic and dated.

We did.....

Patient information leaflet has been written by one of the chemotherapy pharmacists to inform patients of the process followed "behind to scenes" to provide clarity on why it appears that chemotherapy is delayed when in fact it may not be.

All staff are expected to communicate any delays, and this will be discussed at our daily Time 2 Talk meetings.

Discussed with Drs and pharmacy.

Fully informing relatives and patients regarding reasons for waiting.

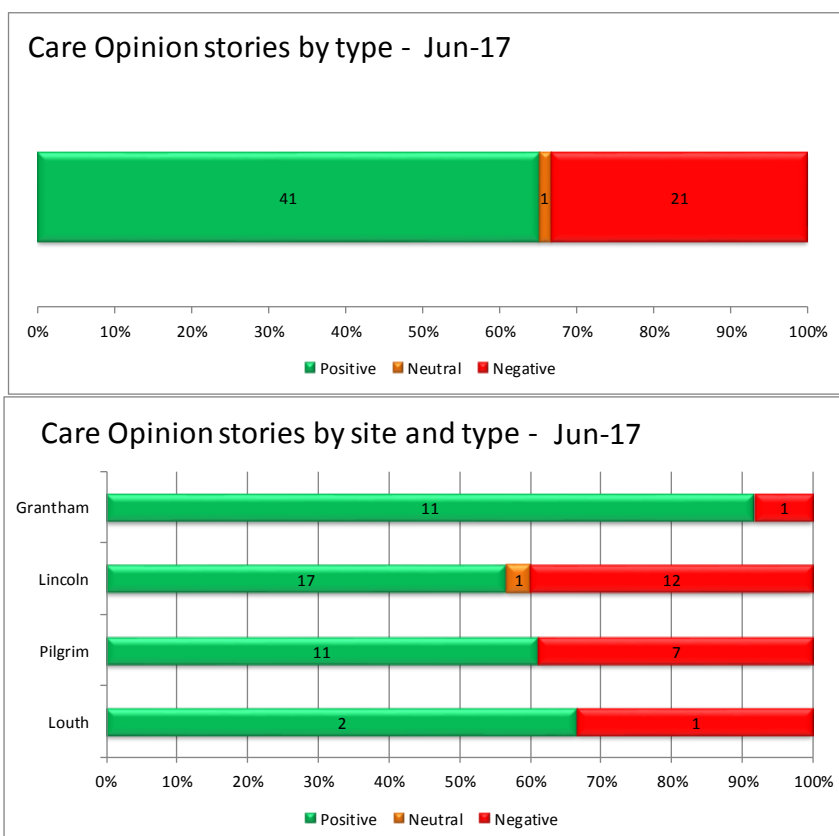
Thank you; we try hard and use our Time 2 Talk daily to maintain this.

Ensure daily ward pharmacist orders medications in the morning.

New TV, DVD and stereo have been provided.

CARE OPINION

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



Excellent Hospital - Pilgrim Hospital / Respiratory medicine Read: 464 times

I was admitted to this hospital a couple of weeks ago via A & E then MAU and finally to Respiratory ward 7b.

I have been asthmatic since childhood so have been in quite a few hospitals over the years and I can honestly say that this is the best hospital I have ever been in.

The quality of care right through the different departments and seamless handover to the next dept was very impressive. I would like to thank all the nursing staff and Doctors for looking after me so well.

Also the food was excellent I cannot praise this hospital enough and would have no hesitation in recommending it.



Trust response

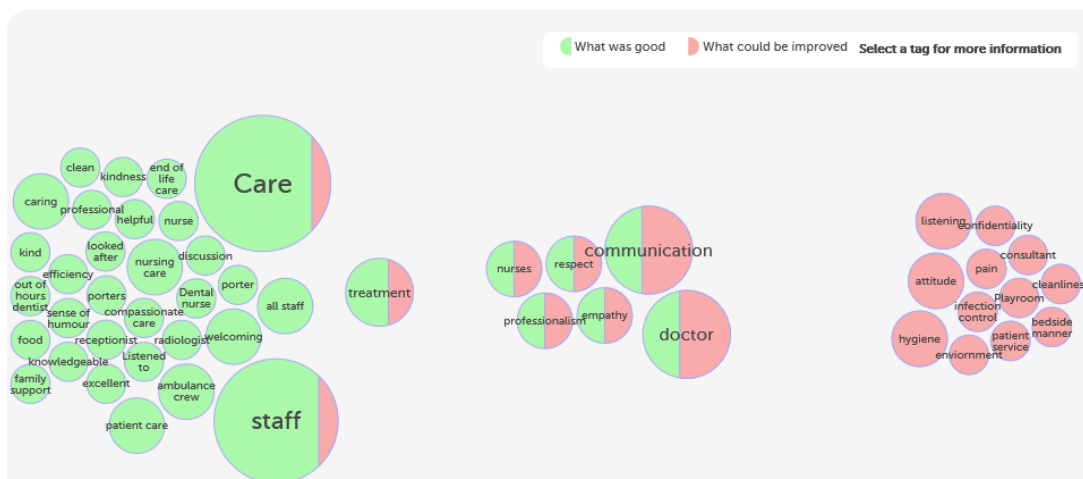
Dear Dawnd,

Myself and the team on ward 7b would like to thank you for your kind comments. We always appreciate feedback, and wish you well for the future.

Jennifer Simpson
Ward Sister - Acute Cardiac Unit & 7b

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.



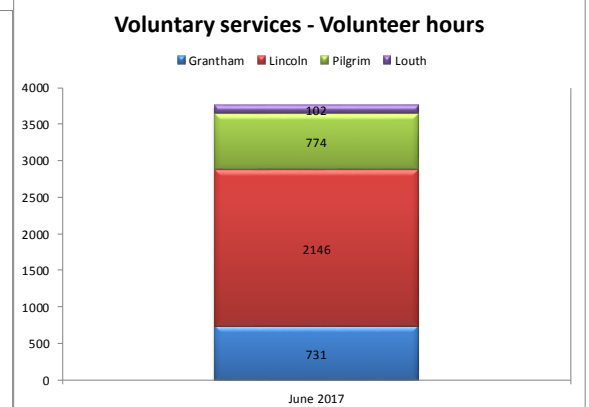
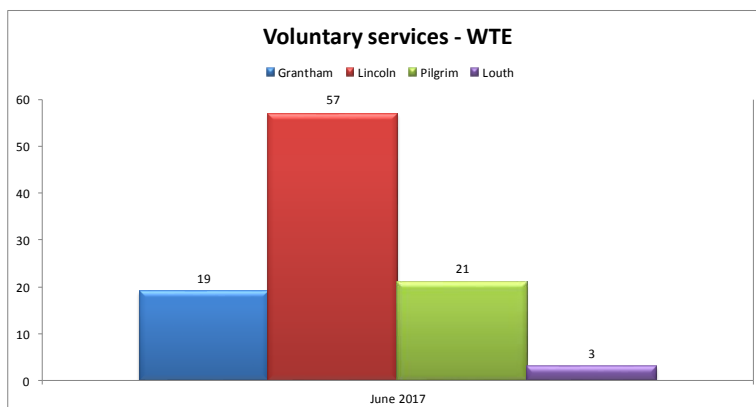
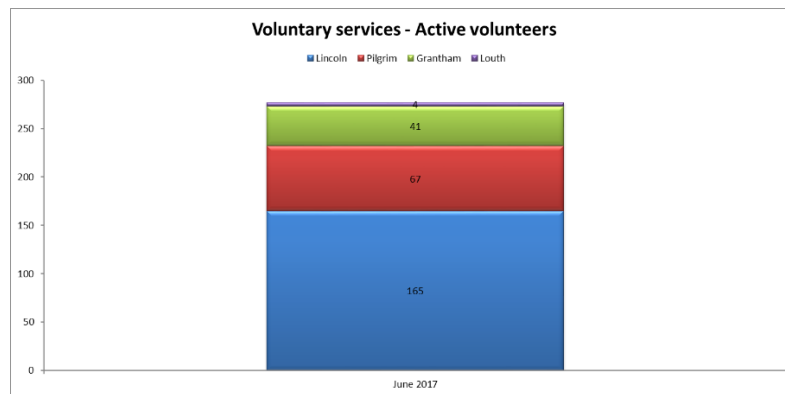
Tag bubbles – June 2017

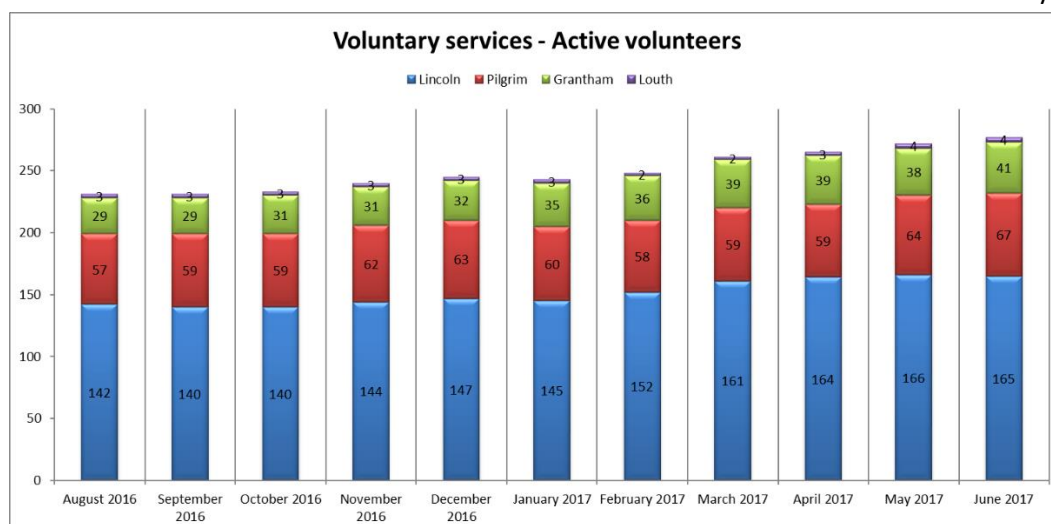


VOLUNTARY SERVICES

- 3 new applications began to be processed with 16 applications on hold until the existing backlog is cleared.
- A total of 68 applications are currently being processed. This is down on previous months 90 reflecting the necessity to reach more manageable levels.
- 10 new volunteers started with the Trust during June.
- 5 new Volunteer positions were set up during the month, an admin role in Macmillan Acute Oncology Service, a Dining Companion and General Ward Volunteer on Ward 6a at Pilgrim. In addition, an admin volunteer role covering both Pilgrim and Lincoln was launched for the Bowel Cancer Screening Program.
- The Training Department ELearning platform for volunteers continues to record excellent core training with 97 modules completed in June.
- Active volunteers at the month end numbered 277. A net increase of 5 for the month.
- 165 (60%) are based at Lincoln, 67 (24%) at Pilgrim, 41 (15%) at Grantham and 4 (1%) at Louth.
- The number of hours achieved was 3753 for the month, down 279 hours on previous month, due primarily to late data returns.
- This total equates to 100 Full Time Equivalent staff (@ 37.5 hours per week) a slight decrease on last month's 108 figure.
- At the end of June 68 applications were currently being processed. Of these 40 people had been interviewed and had not yet started. The average wait time was 61 days since interview, up on last month's 45-day average.
- 38 Vacancy roles are currently being advertised on the ULHT Website and at the local Volunteer Centres across the County.
- 5 Volunteers left the Trust during the month and one of these were dissatisfied with their volunteering experience. Investigations found that this was due to two volunteers unable to work positively together.

	Lincoln	Pilgrim	Grantham	Louth	Grand Total
New applications	1	2	0	0	3
Applicant started	3	3	4	0	10
Apps in progress	32	16	14	3	65
Total	36	21	18	3	78
	Lincoln	Pilgrim	Grantham	Louth	Grand Total
On Ward	38	11	5	0	54
Day Wards	24	10	0	0	34
OPD/Clinics	27	13	4	3	47
A&E/Assessment Units	5	1	4	0	10
Pharmacy	5	0	10	0	15
Chaplaincy	12	18	4	1	35
Macmillan	6	7	3	0	16
Catering	29	0	0	0	29
Admin/Other	19	7	11	0	37
	Lincoln	Pilgrim	Grantham	Louth	Grand Total
Active volunteers	165	67	41	4	277
Volunteer hours	2146	774	731	102	3753
WTE	57	21	19	3	100





Volunteers Story

After losing my dear wife 6 yrs. ago to Pancreatic Cancer, I felt that my world had suddenly exploded. We had been married some 42 years and travelled to many parts of the globe whilst serving in the RAF.

Shortly after losing Judy, I decided to retire from my duties in the security sector. I had worked non – stop, since leaving school at the age of 15 in my home town of Carlisle.

I soon found that after tidying the garden and exercising my 2 spaniels, retirement could also bring boredom and loneliness. It was my wonderful daughter Barbara who works as a care support nurse on the Waddington Unit @ LCH who suggested going for an interview to join the team of volunteers at LCH. That was some 2 yrs. ago when I was accepted and began assisting the nursing staff on the Cancer Ward.

From day one of attending the ward all staff including the House Keepers made me feel welcome and VALUED. Initially I worked twice weekly in the afternoons but of late found I could only manage one afternoon weekly. However, each week I look forward to travelling to the Hospital because I feel that whatever time one can contribute to patient care it is greatly appreciated by staff and patients. I particularly enjoy wheeling my Tea Trolley into the ward and exchanging banter

I return home after a shift feeling very humbled but happy that I've shared some of my spare time with people who are experiencing pain and unhappiness and are less fortunate than me.
George - Waddington Ward - Lincoln

Patient Experience news and developments

#hello my name is...

In 2015 ULHT formally signed up the Kate Granger *#Hellomynameis* international campaign; a simple campaign borne out of Dr. Kate Grangers own experience as a patient and the fundamental, basic need to ensure we introduce ourselves to our patients. Staff are asked to make a conscious effort to introduce themselves to all patients by saying “hello my name is....and I will be looking after you today”; or “hello my name is.....can I help you?”

The campaign also reminds staff to ask patients how they wish to be addressed and ensure name badges are visible at all times and also to introduce other members of staff who may be taking over on shifts. Knowing who is caring for them or telling them something, knowing who to go to for help or return to for

clarification is a key feature of our ULHT patient feedback. We need to remember that this relates to telephone contact too; after all if you phone private companies the first words you invariably hear are 'Good morning, you are through to Michael; how may I help you?'

23rd July 2017 marks the first anniversary of Kate Grangers death and her husband Chris Pointon has kept the campaign going as a legacy and a tribute to Kate and has asked all who support #Hellomynameis to celebrate the day. The Patient Experience Team are asking staff across the Trust to pose for a photo holding a #Hellomynameis poster with their name and role on and then to mark the day by tweeting their photos using the hashtag #Hellomynameis and we hope to be able to develop a photo wall somewhere in our hospitals showing our commitment. We would also like to encourage as many staff as possible to add a

hello my name is...



image to their email signature.

Patient Experience Ambassadors

Meetings continue with the Patient Experience Ambassadors and have a major focus on improving FFT within their areas and how they can help with supporting volunteers. Ambassador feedback has been that they feel 'inspired' by the patient experience agenda and we hope this will spread and that we can recruit more. We will be promoting the use of Envoy, the live FFT system throughout August as activity on the dashboards and accessing the system is quite low. Patient Experience Ambassadors believe this would be beneficial in order to promote positive changes in FFT.

Communication First training

A constant theme presented within negative comments continues to be communication. In January 2017 the new 'Communication First' training was introduced and has received excellent feedback from participants, with over 95% telling us they believe it will make a positive impact upon all colleagues within ULHT. Within the training session participants are asked to nominate at least two colleagues who they believe would benefit from attending the session and during August we will be sending invites to all those nominated.

Attended	84
Grantham	
31/01/2017	14
25/04/2017	14
Lincoln	
27/02/2017	12
30/05/2017	15
Pilgrim	
07/02/2017	11
27/03/2017	18
Booked	156
Grantham	
31/07/2017	19
31/10/2017	7
Lincoln	
08/08/2017	2
29/08/2017	22
05/10/2017	1
28/11/2017	20
Pilgrim	
30/06/2017	25
24/07/2017	9
28/09/2017	26
18/10/2017	1
19/12/2017	24
Grand Total	240

Available spaces:

Pilgrim	24/07/2017	16
Grantham	31/07/2017	0
Lincoln	08/08/2017	28
Lincoln	29/08/2017	8
Grantham	11/09/2017	20
Pilgrim	28/09/2017	0
Lincoln	05/10/2017	29
Pilgrim	18/10/2017	24
Grantham	31/10/2017	13
Lincoln	28/11/2017	10
Pilgrim	19/12/2017	1

Impact of the training though difficult to triangulate and measure directly will hopefully be demonstrated through a reduction in poor communication being cited within feedback. Directorates are being urged to send staff to the sessions and also to consider requiring staff to attend where individual communication problems have been identified. Increasing impact requires greater coverage and buy in and ultimately the patient experience team would like to see this training to become mandatory.