

University Hospitals of Leicester NHS Trust

REPORT TO: Patient Involvement Patient Experience Assurance Committee /
Clinical Quality Review Group












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SUBJECT: Triangulation of Suggestions for Improvement through Patient
Feedback – Quarter One and Two 2020-21



















































DATE: 11th January 2021

QS Ref	Indicator Title	Quality Requirement	Data Required	KPI	Frequency
PE01	Patient Experience, Equality and Listening to and Learning from Feedback.	Demonstrate triangulation of all patient feedback information. Improve openness and transparency through listening to and acting on all available feedback from patients, carers, public, external bodies, Clinical Commissioning Groups, Complaints, Friends and Family Test (FFT), Patient Opinion and Healthwatch (not an exhaustive list) that the organisation is learning from feedback and improving services (for Emergency Department (ED), outpatients, in patients) taking into account protected characteristics where available.	Bi-annual Report to include: <ul style="list-style-type: none"> • Evidence of review, triangulation and theming of patient feedback from Complaints (re-opened and referred to Ombudsman), NHS Choices, Friends and Family Narrative, NHS Survey, National Patient Survey, Share your experience survey, Patient Opinion, GP concerns, and other sources of feedback. • Review to include theming and triangulation of: subject of feedback received (e.g. waiting times, staff attitude), type of patient activity (e.g. emergency, day case), protected characteristics and clinical area (e.g. respiratory, specialist surgery). • Provision of action plan/ strategy to improve patient experience and implement learning. • Evidence of actions being taken in response to review findings taking into account protected characteristics where available and sharing of learning across the organisation. An action plan is only required where feedback indicates an opportunity for improvement • Evidence of work being undertaken to seek feedback from hard to reach patients (i.e. visual impairment, non-English speaking and reduced level of literacy) 	Bi-annual report	Bi-annual

Summary of Triangulation of Patient Feedback - Top Themes for Improvement (Q1&2 Apr20-Sep20)

	1 st Waiting Times		2 nd Staff Attitude		3 rd Communication		4 th Medical Care
	5 th Discharge / Integrated Care		6 th Delays and Cancellations		7 th Environment		8 th Facilities
	9 th Nursing Care		10 th Medication				14 th Results

Source: Friends and Family Test, Message to Matron, Patient complaints,

Area	Sfi*	1st	2nd	3rd	4th	5th
UHL	3795					
CHUGGS (Cancer, Haematology, Urology, Gastroenterology and General Surgery)	646					
CSI (Clinical support and Imaging)	127					
EM (Emergency Medicine)	227					
Spec Med (Specialist Medicine)	590					
ITAPS (Critical Care, Theatres, Anaesthesia, Pain and Sleep)	87					
MSS (Musculoskeletal and Specialist Surgery)	958					
RRCV (Renal, Respiratory and Cardiovascular)	439					
Women's	498					
Children's	150					

***Sfi – total number of “suggestions for improvement/complaints/areas that were lacking from the patients perception” received for this period**

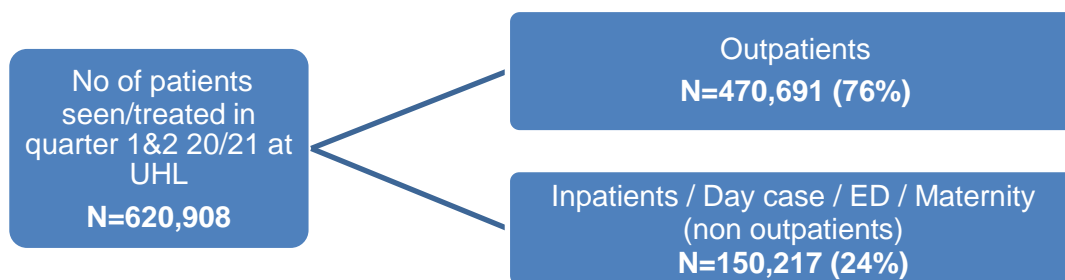
Triangulation of Patient Feedback - Methods (Q1&2 Apr 20 – Sep 20)

1. INTRODUCTION

1.1 The Trust seeks to ensure services develop in response to patient’s feedback and therefore all “suggestions for improvement/complaints/areas that were lacking from the patients perception”, referred to in the reports as Sfi’s, are triangulated allowing overall themes at Trust and Clinical Management Groups level to be derived.

1.2 This paper brings together a variety of patient feedback via formal complaints, verbal complaints, GP concerns, NHS Choices, Patient Opinion, Friends and Family Test surveys (electronic and paper formats), and Message to Matron alongside the number of patients seen/treated within the Trust over the first and second quarters of 2020/21 (see figure 1).

Figure 1 - Quarter 1&2 2020-21– Number of patients treated / seen at UHL

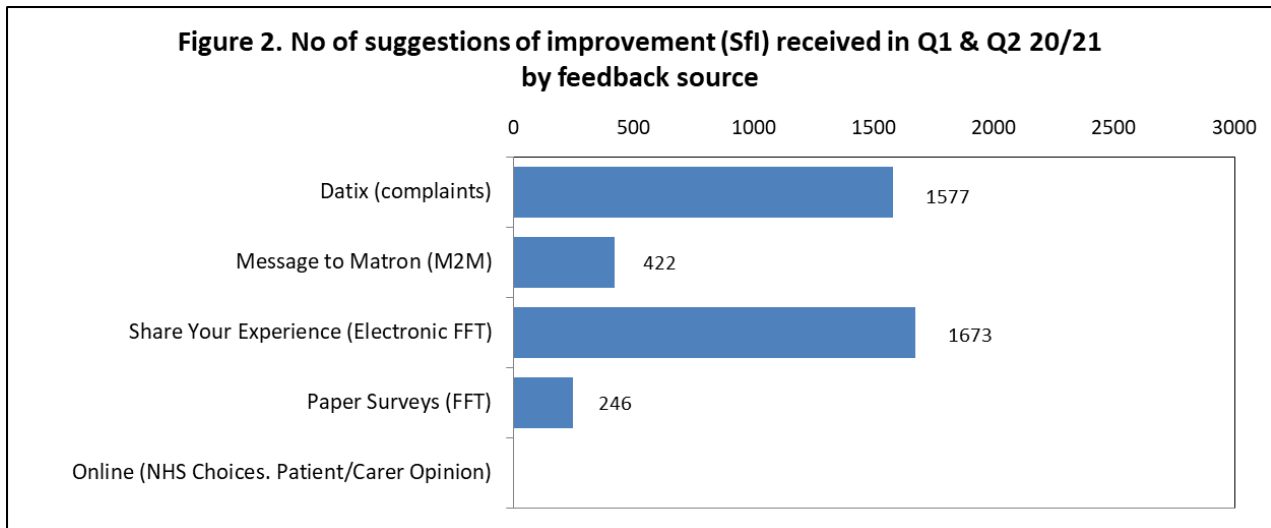


1.3 Standardised theming criteria for all patient qualitative feedback have been agreed and implemented across all feedback forms including an overarching category and then the more specific sub-categories (see appendix 1). The data used from the paper and electronic Friends and Family Test surveys are the reasons given from patients for not recommending the Trust (i.e. those that were extremely unlikely or unlikely to recommend the Trust to friends and family which equates to around 2.5% of patients who complete a paper survey & 5% who complete a survey electronically)

1.4 This report aims to provide an overview of the emerging themes across the Clinical Management Groups (CMGs) alongside our existing work programmes and previous actions taken.

2. QUARTER 1&2 2020-21 RESULTS

2.1 The total number of Suggestions for Improvement (Sfi) received in Q1&2 2020/21 is 3,795. The breakdown from each patient feedback source is shown in figure 2 across the latest two quarters.



2.2 The 'Sfl' rate, as a proportion of patients seen/treated during the 6 month period and is shown along with the previous 2 years in figure 3 below. The 'Sfl' rate remains consistently between 0.6 and 0.7. The rate equates to approximately one patient in every 200 treated leaves a suggestion for improvement via the various feedback options available to patients. The number of patients seen for this period is down due to the global pandemic. The FFT paper surveys were also not given out to patients during some of this time so the SFI is down for this source. The online feedback has not been processed for this report due to capacity of the communications team.

Figure 3

Quarter	No. of patients treated	No. of Suggestions for Improvement (Sfl)	SFI rate
Q1&2 2017/18	858,911	5,197	0.61%
Q3&4 2017/18	862,083	5,203	0.60%
Q1&2 2018/19	871,779	6,073	0.70%
Q3&4 2018/19	894,644	6,034	0.67%
Q1&2 2019/20	889,426	5,905	0.66%
Q3&4 2019/20	895,559	6,274	0.70%
Q1&2 2020/21	620,908	3,795	0.61%

2.3 In addition to the summary at the beginning of this report - the data has been separated by the different sources of feedback for the main themes and CMGs and is shown in appendix 1. The top 5 subthemes for each of CMGs is also provided in figure 4 to give the CMGs more specific feedback so colleagues are able to take relevant action if required.

3. TRUST RESPONSE TO PATIENT FEEDBACK

3.1 Patient feedback that is received is available at ward/department level in real time; this allows the clinical areas to be responsive to patients and suggestions for improvement. There are various methods that patients and their families can give feedback, these are:

- Paper (adult, easy read, children's 0-7 years, children's 8 and above, children's easy read, family, carers and friends, alternative languages - Gujarati, Punjabi and Polish)
- Paper family and carers postal survey

- Electronic devices
- SMS/text
- QR cards given to the clinical areas
- Trust website

3.2 The Patient Involvement and Patient Experience Assurance Committee, the Executive Quality Board and other senior meetings regularly discuss the feedback received from patients and their families, looking at the suggestions for improvement. The themes from the feedback received are triangulated and inform the strategic direction of the Trust.

4. CLINICAL MANAGEMENT GROUP RESPONSE TO PATIENT FEEDBACK

4.1 Complaints and any feedback that requires a direct response to patients and their families are responded to by each CMG in real time. Any areas for improvement that are identified are acted upon. The feedback received from patients and their families is used to shape the services offered by each CMG.

4.2 To highlight the response to patient feedback all clinical areas have a 'Patient Feedback Driving Excellence Board', the suggestions for improvement and actions taken to make improvements in response are shown on these boards, which are visible to patients and any visitors to the area.

4.3 The Chief Nurse chairs the Patient Involvement, Patient Experience Assurance Committee, where the CMG's all share the feedback they have received and any actions that they have taken in response.

5. EVIDENCE OF FEEDBACK FROM HARD TO REACH PATIENT GROUPS

5.1 Last year analysis of survey returns by ethnic group identified that there was a shortfall in the numbers of Asian Indian or Asian British Indian group completing feedback. A patient opinion survey found that this particular group often opted to use the English language easy read form, a simplified feedback form which did not collect ethnic group information.

5.2 Demographic information was therefore added to the back page of the easy read feedback form this year, so that patient ethnicity would be identified. Since this introduction the responses are being monitored to see if people from these ethnic groups are indeed making use of the easy read forms.

5.4 Figure 4 shows the percentage survey uptake of adult easy read forms collected this year, compared to the percentage of all patients discharged for the same ethnic group, 2019-20 annual demographic data has been used for comparison.

Figure 4

Ethnic group	Survey Count	% of adult easy read surveyed	% of admissions
BRITISH	489	77%	72%
INDIAN	81	13%	13%
ANY OTHER WHITE BACKGROUND	17	3%	4%
PAKISTANI	12	2%	1%
IRISH	8	1%	1%
ANY OTHER MIXED BACKGROUND	6	1%	0%

ANY OTHER ASIAN BACKGROUND	5	1%	2%
WHITE AND BLACK CARIBBEAN	5	1%	0%
AFRICAN	5	1%	1%
WHITE AND ASIAN	4	1%	0%
WHITE AND BLACK AFRICAN	3	0%	0%
CHINESE	2	0%	0%
BANGLADESHI	1	0%	1%
CARIBBEAN	1	0%	1%

5.5 As expected, a proportionate number of patients who self-reported as Indian (13%) have completed the adult easy read form this year. Inclusion of the demographics questions has therefore enhanced the analysis of feedback form usage from an equality perspective.

Families, Carers and Friends

Leicester's Hospitals re-introduced the collection of feedback from patients during June 2020, following the suspension in March 2020. Due to restricted visiting gathering feedback from family, carers and friends has proved difficult therefore Leicester's Hospital have had to be creative to securing opportunities to obtain feedback from this group.

Patient Experience secured COVID-19 funding to collect feedback from families, carers and friends in the following ways:

- Paper postal survey – each week a set CMG is given 100 feedback forms for their wards. Patients who are discharged are given a survey to take home for their family, carers or friends to complete and return. To encourage completion of the postal feedback form, Leicester Hospitals Charity has donated a £25 voucher for a prize draw on 2nd November 2020
- Business cards directing to an online survey or a QR scan - These have been distributed to Matrons to give to the clinical teams
- Maternity areas via an electronic survey device
- Childrens areas via an electronic survey device

The collection of feedback using the above methods commenced in July 2020, up until the 30th September, there have been 415 pieces of feedback received. On average the Trust is reviewing approximately 35-40 pieces of feedback a week from this group, who with the restrictions on visiting the Trust would not have been able to do so if this project were not in place.

5.9 **Virtual Engagement Cafes**

To offer another opportunity for family and carers to give their feedback, an afternoon tea was planned for April 2020, however due to the COVID – 19 restrictions, it was reluctantly decided to postpone the event.

In light of the continued restrictions, it was decided that family members and carers would be offered the opportunity to attend a virtual event using Microsoft teams. Four events were set up and invites were sent out to a list of family and carers who had registered for the April planned engagement event.

The feedback gathered from these events is going to be considered for future work in improving the experience of family members and carers while their loved one is in hospital.












6. CONCLUSION

- 6.1 The Triangulation of feedback data is used by the Trust to shape the direction of development plans of the future. The feedback is shared with the clinical management teams in real time, which gives the opportunity for immediate actions to be undertaken to facilitate improvements.
- 6.2 This paper illustrates the Trust's activity in monitoring and responding to hard to reach groups and provides reassurance that feedback is representative of the local population.

Appendix 1

Triangulation of Patient Feedback

- Top Themes for Improvement (Q1&2 Apr20-Sep20)

	1 st Waiting Times		2 nd Staff Attitude		3 rd Communication		4 th Medical Care
	5 th Discharge / Integrated Care		6 th Delays and Cancellations		7 th Environment		8 th Facilities
	9 th Nursing Care		10 th Medication				14 th Results

Source: Friends and Family Test, Message to Matron, Patient complaints,

Top 5 Suggestions for Improvement (Sfi) - Main Themes & sub-themes for UHL / each CMG (main theme coloured coded as per above)

UHL

Total no. of Sfis: 3795

Rank	Main Theme	No of Sfis
1	Waiting Times	1115
2	Staff Attitude	482
3	Communication	393
4	Medical Care	386
5	Discharge / Integrated Care	310

Rank	Sub-theme	Main Theme	No of Sfis
1	For Appointment	Waiting Times	849
2	Consultant / Medical	Staff Attitude	275
3	Inadequate communication	Communication	182
4	Management of Care	Medical Care	166
5	Cancellations – Appointments	Delays & Cancellations	87

Top 5 in each CMG

CHUGGS

Total no. of SFIs: 646

Rank	Main Theme	No of Sfls
1	Waiting Times	150
2	Medical Care	83
3	Staff Attitude	69
4	Communication	65
5	Discharge / Integrated Care	57

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	106
2	Management of Care	Medical Care	43
3	Consultant / Medical Staff	Staff Attitude	42
4	Inadequate communication	Communication	27
5	Appointments/Choose & Book	Appointments	17

CSI

Total no. of SFIs: 127

Rank	Main Theme	No of Sfls
1	Waiting Times	23
2	Staff Attitude	22
3	Communication	14
4	Results	13
5	Delays & Cancellations	8

Rank	Sub-theme	Main Theme	No of Sfls
=1	For Appointment	Waiting Times	13
=1	Other Staff attitude/clinical	Staff Attitude	13
3	Results/ Reports not received or delayed	Results	7
4	Appointment Information	Delays & Cancellations	6
=5	Car Parking Availability	Car Parking	5
=5	Other Staff attitude/clinical	Staff Attitude	5

Emergency Medicine

Total no. of SFIs: 227

Rank	Main Theme	No of Sfls
1	Waiting Times	48
2	Medical Care	33
3	Discharge / Integrated Care	30
4	Communication	29
5	Staff Attitude	25

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	23
2	Property/Lost property	Security	19
3	In Emergency Department (A&E)	Waiting Times	14
4	Management of Care	Medical Care	13
=5	Other Nurse/Midwife Staff attitude	Staff Attitude	12
=5	Inadequate Communication	Communication	12

Specialist Medicine

Total no. of SFIs: 590

Rank	Main Theme	No of Sfls
1	Waiting Times	127
2	Discharge / Integrated Care	82
3	Communication	80
4	Staff Attitude	79
5	Medical Care	44

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	103
2	Consultant / Medical Staff attitude	Staff Attitude	52
=3	Communication - Medical Staff	Communication	24
=3	Communication - Inadequate	Communication	24
5	Property / Lost Property	Security	22

ITAPS

Total no. of SFIs: 87

Rank	Main Theme	No of Sfls
1	Waiting Times	30
2	Staff Attitude	14
3	Communication	12
4	Medical Care	8
5	Delays & Cancellations	5

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	25
2	Consultant Medical Staff attitude	Staff Attitude	9
3	Communication – Inadequate	Communication	5
=4	Communication – Delayed	Communication	3
=4	Results/ Reports not received or delayed	Results	3

MSS

Total no. of SFIs: 958

Rank	Main Theme	No of Sfls
1	Waiting Times	464
2	Staff Attitude	135
=3	Communication	77
	Medical Care	
5	Delays & Cancellations	51

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	392
2	Consultant Medical Staff attitude	Staff Attitude	94
3	Communication – Inadequate	Communication	50
4	Cancellation - Appointments	Delays And Cancellations	30
5	Management of Care	Medical Care	27

RRCV

Total no. of SFIs: 439

Rank	Main Theme	No of Sfls
1	Waiting Times	118
2	Discharge / Integrated Care	77
=3	Communication	36
	Medical Care	36
4	Staff Attitude	34

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	62
2	In Clinic	Waiting Times	41
=3	Consultant Medical Staff attitude	Staff Attitude	19
=3	Management of Care	Medical Care	19
5	GP – To Investigate	Discharge / Integrated Care	18

Women's

Total no. of SFIs: 498

Rank	Main Theme	No of Sfls
1	Waiting Times	117
2	Staff Attitude	90
3	Medical Care	83
4	Communication	60
5	Environment	28

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	95
2	Consultant Medical Staff attitude	Staff Attitude	50
3	Communication – Inadequate	Communication	38
4	Management of Care	Medical Care	34
5	Other Nurse/Midwife Staff attitude	Staff Attitude	18

Childrens

Total no. of SFIs: 150

Rank	Main Theme	No of Sfls
1	Waiting Times	31
2	Facilities	27
=3	Communication	13
	Delays And Cancellations	
5	Medical Care	12

Rank	Sub-theme	Main Theme	No of Sfls
1	For Appointment	Waiting Times	26
2	Management of Care	Medical Care	10
=3	Appointments/Choose & Book	Appointments	8
=3	Choice of food	Facilities	8
=3	Appointment Information	Delays And Cancellations	8