

2018/19 Q2 Patient Experience Report

Imperial College Healthcare NHS Trust (ICHT)

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OVERVIEW

Introduction and Trust Highlights

The following paper reports on patient experience activity and developments covering the period July-September 2018.

Highlights in the period include:

Patient Feedback driving quality improvement work

As reported in Q1, the quality of food and noise at night have been highlighted through the patient experience inpatient survey and patient comments as being areas that require improvement. Work has commenced on these areas as highlighted below.

Food and Nutrition

Three sub-groups of the Nutrition Steering Committee (NSC) have been formed to lead on operational quality improvement work related to food and nutrition. All the sub-groups have met since Q1.

In Q2, we have reinstated the weekly food audits conducted across site in partnership with the Facilities team and patient experience. The audit tool has been reviewed to include food tasting and patient feedback. This forms part of a report that goes to the Nutritional Steering Committee and is used to make improvements locally to the food service.

A draft Food and Drink Strategy has been developed and will be presented to the NSC in Q3. The protected mealtimes guidelines have also been reviewed and will also be presented at the NSC in Q3.

Noise at night

The 'noise at night' quality improvement pilot projects are beginning in October. The patient experience team have identified 3 wards that will be working on this. We will pilot the use of sleep/ care packs in the first instance alongside raising staff awareness on the subject.

Eat & Drink; Move; Sleep project

As part of the above work on food and noise at night, the Trust is extending these projects to become part of a wider project that will include the Frailty team work on 'Move'. This will form an initiative referred to as Eat & drink; Move; Sleep.

This project is due to be launched in Q3 (November 2018). Staff will be actively encouraging patients to be more active and will build on the 'end PJ paralysis' work promoted nationally earlier this year.

This project recognises the impact of 'deconditioning' for patients who as a result of a period of immobilisation in hospital may experience a reduction in bone mass and muscle strength; reduced

mobility and increased dependence. These projects align as encouraging patients to sit out at meal time promotes 'moving' and aids digestion. Patients who are more active during the day are also more likely to sleep at night.

Natural Language Processing (NLP) project Update

The final stage of this project was to develop a dashboard that staff can use to help drive and measure quality improvement. In Q2 a number of focus groups have been held with staff to help develop this dashboard. This will now be piloted in Q3 in terms of how easy it is to use and whether it is sensitive enough to measure improvement.

Patient stories to the Board

In July the Board heard about a patient who was receiving end of life care. The story was presented by our palliative care consultant due to the nature of the patient story.

This patient story highlighted that the difficulties faced in planning and enabling patient's wishes and the importance of early conversations and good communication to facilitate this.

The Trust has now signed up to the National Always Events® programme, coordinated by NHS England. Always Events® are defined as 'those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system'.

End of life care is the trust's first Always Events®. Work began in Q2 to hold conversations with families in the first instance. This work is on-going and will involve more conversations and focus groups with staff, patients and families as well as incorporating the new national guidelines.

In September the Board heard from a patient who is deaf and lip reads. Her story highlighted the importance of raising staff awareness on how to communicate with people who lip read. The patient is working with us to co-design a training video that will be shared with staff across the trust.

Equality and Diversity work

The Equality and Diversity Patient report 2017-18 has been approved and published.

One of the objectives for this year has been young people and transitional care (moving from paediatric to adult services). An Adolescent Interest group has been meeting since November 2017 and in September 2018, the Young People @ Imperial (YPI) Big Room was established.

The BIG ROOM is a coached weekly meeting that brings together people, data and patient stories to drive improvement and is facilitated by a coaching pair (clinical and non-clinical coach). It provides a forum for all stakeholders to meet, share and test new ideas.

The initial focus has been on outpatient services. To date some of the work has included:

- Developing bespoke patient experience surveys in outpatient areas
- Listening to patient stories
- Developing age appropriate information leaflets for clinic areas

- Piloting transitional care tools to promote a consistent approach in clinics. This will continue to be extended across more specialities over the coming weeks.

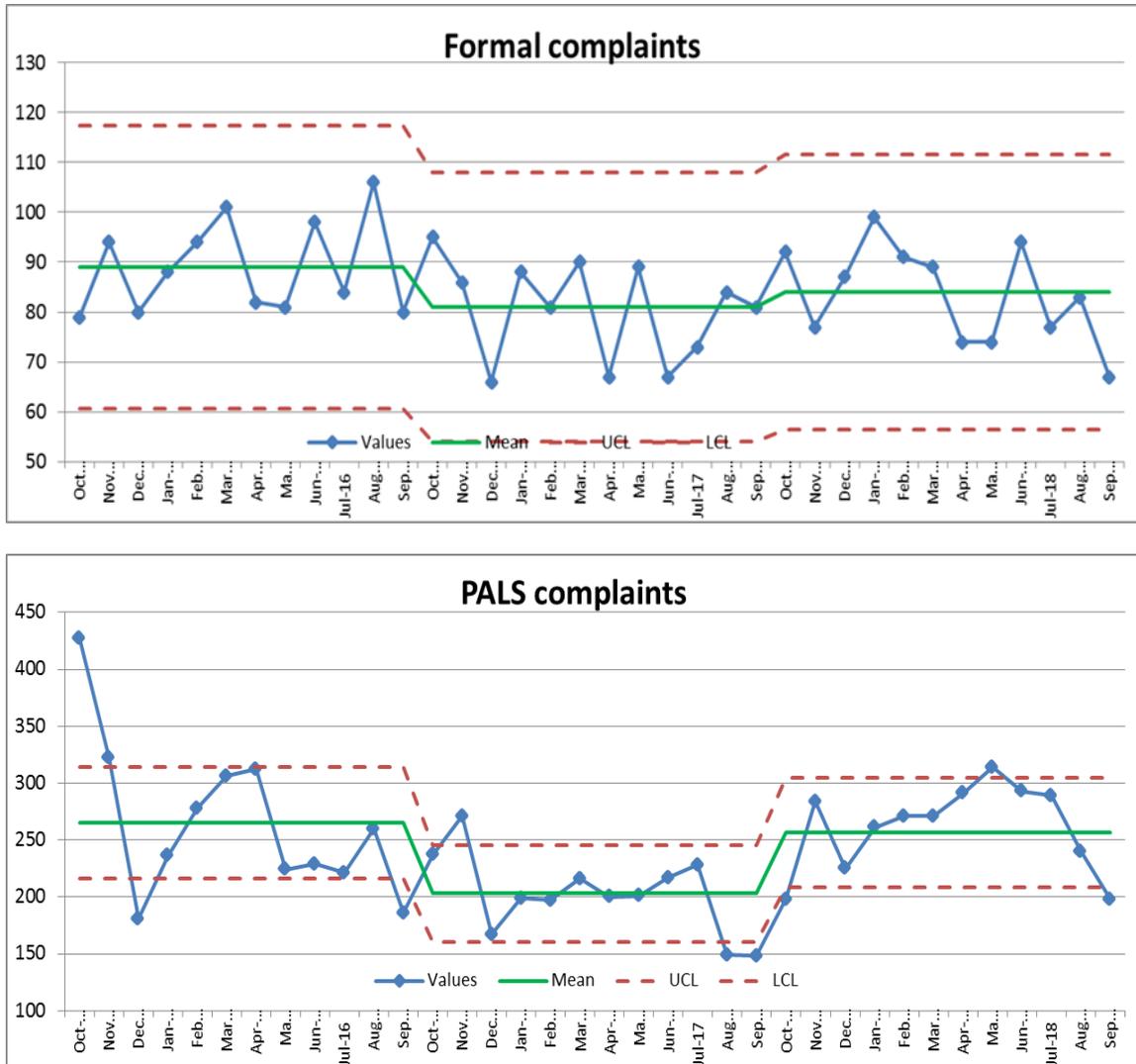
Volunteers

We are continuing to recruit to our patient support volunteers and will be interviewing for Hammersmith Hospital site in November.

APPENDIX

PALS & Complaints

The following graphs show the volume of PALS and formal complaints over the last 3 years.



In Q2 one complaint was acknowledged late (on the 4th day) and 99.6% were responded to within the timeframe agreed with the complainant.

The increase in PALS complaints seen in Q1 is now on a downward trend. A detailed complaints report for Q2 is attached as an appendix.

Friends & Family Test (FFT)

The charts below show the FFT data including the Q2 results. The inpatient FFT (Fig 1) % likelihood to recommend remains high and greater than the national average. The response rate during Q2 dipped in August to 27%. This was still above the national average however was disappointing. Annual leave over this period had a significant impact on our response rates, which have improved again to >30% in September. This highlights the impact of ward level leadership on driving FFT.

The A&E FFT (Fig 2) % likelihood to recommend remains above 90% which remains greater than the national average for the same period. The response rate did increase in July but this trend did not continue in August. Although below local target, both the % recommend and the response rate for A&E continue to be above the national averages. We are continuing to look at ways to improve our A&E response rates and are hoping to have a new kiosk in operation in Q3 at St. Mary's A&E. Please see attached paper for further information about efforts to increase the response rate in A&E.

The outpatient FFT (Fig 3) has remained consistent over the past quarter with high response rates and good likely to recommend rates. The Trust continues to perform well when compared with similar organisations.

Fig 1; Inpatient FFT

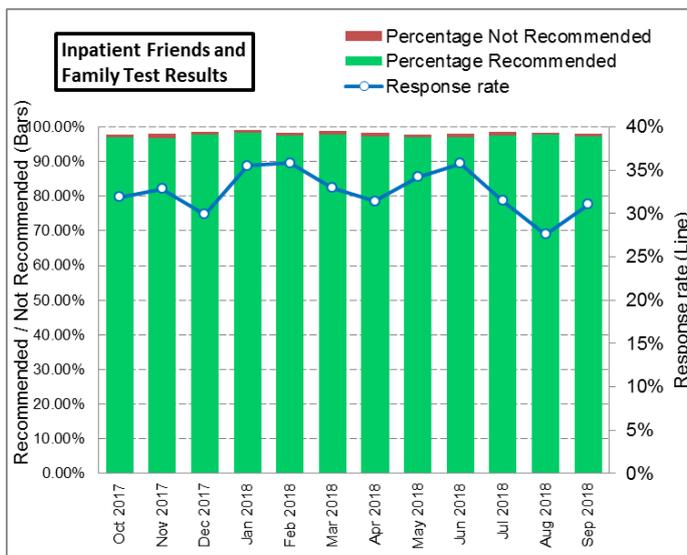


Fig 2; A&E FFT

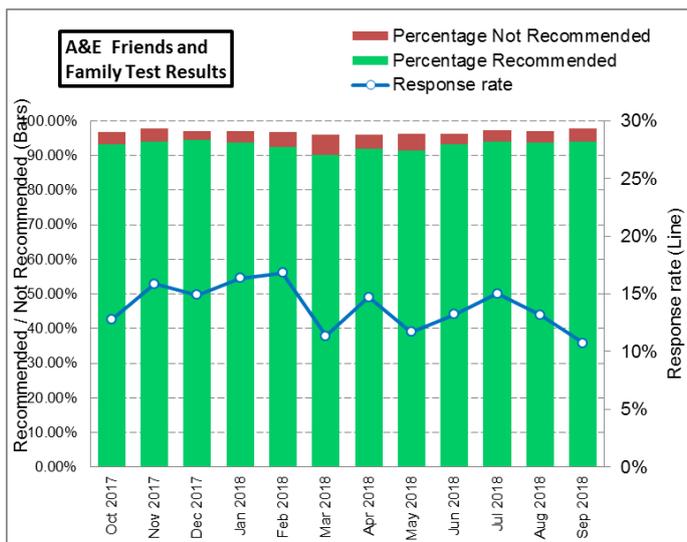
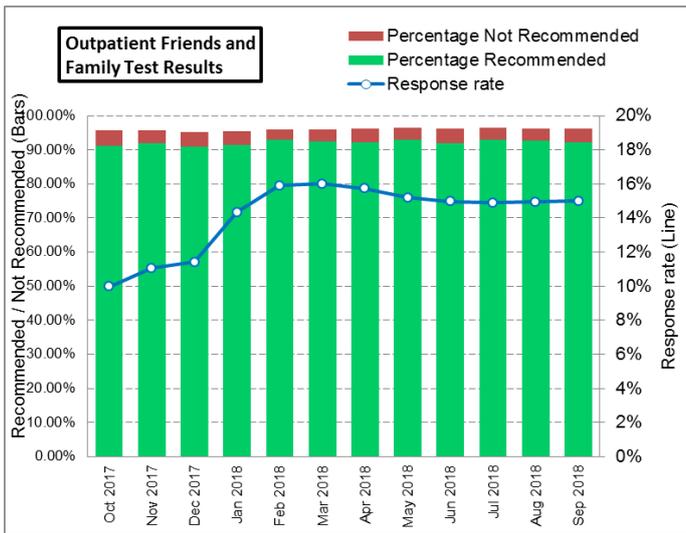
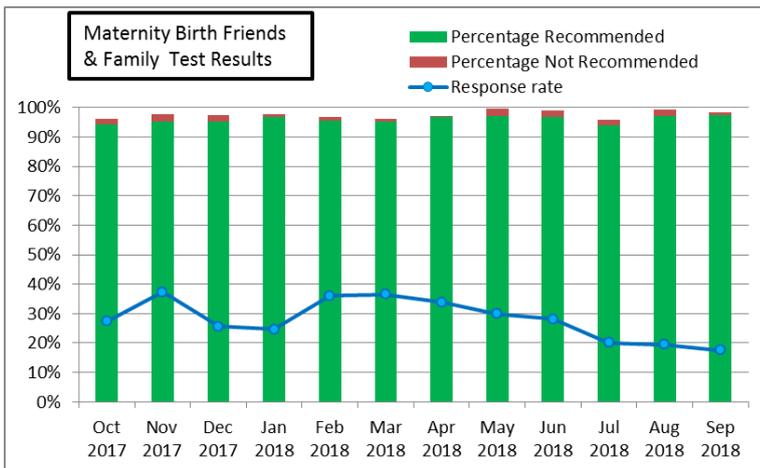


Fig 3; OPD FFT



The maternity FFT results for touch point 2 (birth) are shown in figure 4. The response rates have reduced over the past quarter and were marginally below the 20% target in September. There had been some technical issues with the devices used to capture patient feedback in September that had impacted on the response rates. These have now been resolved and we are hoping this will improve in October.

Fig 4; Maternity FFT



Patient transport services (PTS)

The PTS response rate remained low throughout Q2.

The percentage of patients who would recommend continues to be > 90%. This is a significant increase from May and has been sustained.