

Patient Experience Quarter 4 Activity and Annual Overview 13 May 2019



Agenda Item No: 7.2

Trust Board Report	
Meeting Date:	13 May 2019
Title:	Patient Experience Report – Q4 Activity and Annual Overview (April 2018 to March 2019).
Executive Summary:	<p>This report provides details of formal complaints, informal PALS (Patient Advice and Liaison Service) concerns, Friends & Family Test (FFT) and compliments received by The Royal Wolverhampton NHS Trust from 1 April 2018 to 31 March 2019 and an overview of the work undertaken within the volunteering remit.</p> <p>The report identifies the numbers and themes of formal written complaints which are reported on a quarterly basis to NHS Digital (formally known as the Health and Social Care Information Centre (HSCIC), alongside compliments received.</p> <p>This report provides an update on progress in terms of agreed patient experience metrics; an overview of key issues arising out of feedback from patients, carers and relatives about their experience of care with the Trust and an overview of progress with work programmes intended to improve the experience of patients in the care of the Trust.</p>
Action Requested:	Receive
For the attention of the Board	
Assure	<p>Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009¹</p> <p>Complaint handling approach based on the principles of good complaints' handling. These have been published by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman and the principles are:</p> <ul style="list-style-type: none"> • Getting it right • Being customer focused • Being open and accountable • Acting fairly and proportionately • Putting things right • Seeking continuous improvement • Compliance with all mandatory patient

¹ http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

	surveys. Number of cases breaches occurred. Internal data for complaints management. Calculations made against organisational timeframe in accordance with complaints policy.
Advise	
Alert	None
Author + Contact Details:	Alison Dowling Head of Patient Experience and Public Involvement Tel 01902 695363 Email: alison.dowling1@nhs.net
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services
Resource Implications:	None

CQC Domains	Safe: patients, staff and the public are protected from abuse and avoidable harm. Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. Caring: Staff aim to involve and treat everyone with compassion, kindness, dignity and respect. Responsive: services are organised so that they meet people's needs. Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	None
Risk: Appetite	Risk will be dependent upon compliance with statutory timeframes for complaint handling and PHSO recommendations.
Public or Private:	Public
Other formal bodies involved:	None
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

1 **Formal Complaints**

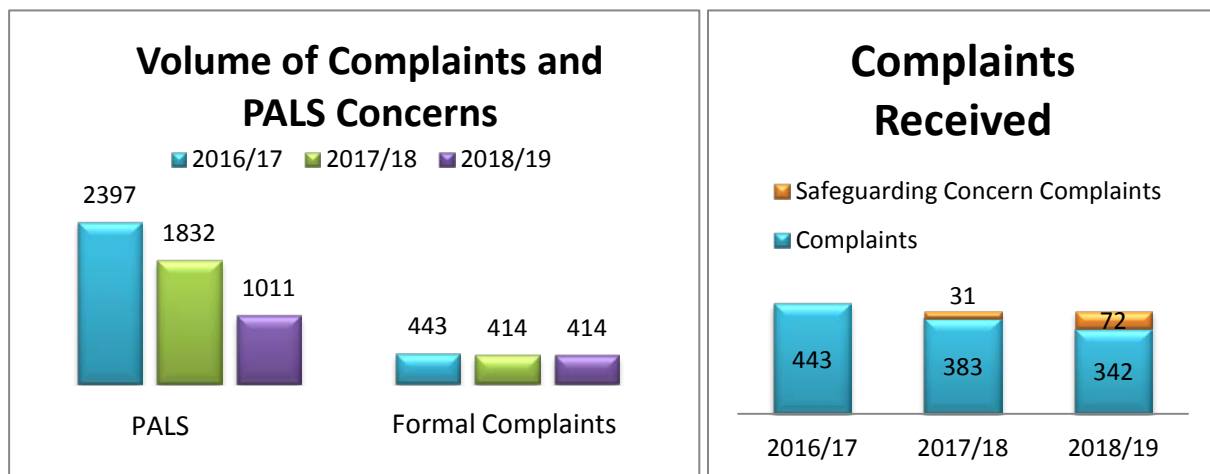
The Royal Wolverhampton NHS Trust is organised into three clinical divisions, namely Surgical Services, Emergency and Medical Services and Community, Children’s and Support Services Division. These are then collectively supported by Corporate Services and Estates and Facilities.

The formal complaint numbers received during 2018/19 have been collected for each division and the number and type of complaints received for the Royal Wolverhampton NHS Trust have been closely monitored and analysed in order to collate themes and trends to assist in shaping future service improvements.

All new complaints are triaged by the central complaints team with complainants given the opportunity of having their experience addressed informally through PALS where timely intervention is felt possible.

In 2018/19 the Trust received 414 formal complaints: 86 in Q1, 110 in Q2, 94 in Q3 and 124 in Q4. This is consistent with the volume received for the previous financial year. Complaints performance against activity (inpatient episodes for 2018/19) equates to 0.3% which is consistent with the previous year.

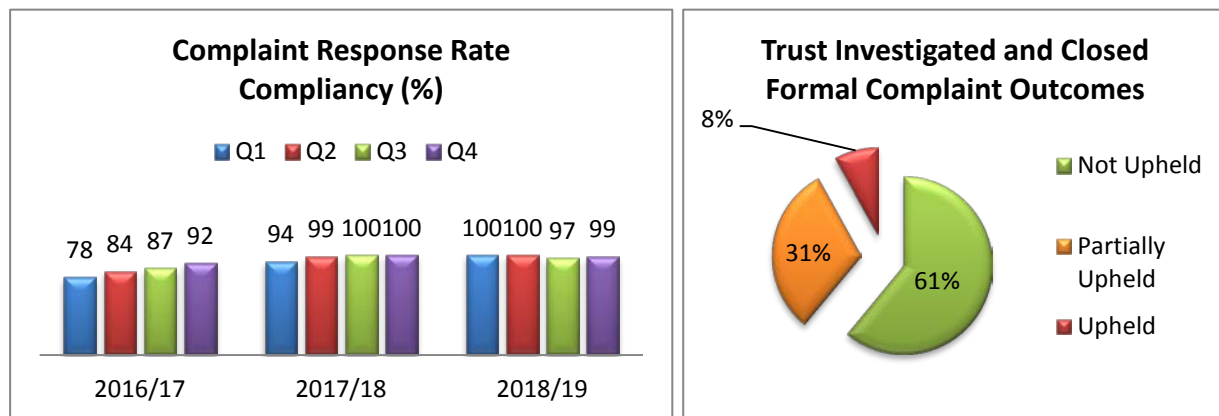
The volume of formal complaints and PALS concerns received by the Patient Experience Team each quarter is illustrated in the table below.



During the year there were 72 complaints which did not meet the safeguarding criteria section 42 and were subject to a complaint investigation, compared to 31 for year 2017/18.

The Trust will be undertaking a detailed analysis of these 72 cases to determine whether these cases have been inappropriately referred or whether Trust’s processes/practices have resulted in the need for the referral to be made. From these 72 cases it is noted that 50 were not upheld, 12 partially and 3 fully upheld. The remainder are still under investigation and the outcomes are yet to be determined.

The patient experience team will meet with the Safeguarding team to discuss where there may be a need to consider bespoke training in these nursing homes or with specific staff to increase awareness.



For the year, 62 complaints were re-opened, of which only 6% were upheld. Each further letter received is assessed on its own merit in order to determine the appropriateness of re-opening the complaint.

Response Rate Compliance

In 2018/19 the Trust investigated, responded and closed 393 formal complaints (Q1 84; Q2 99; Q3 103; Q4 107). Overall the Trust responded to an average of 99% in accordance with the organisational timeframe of 30 working days (or consent to breach was agreed due to extenuating circumstances or complexity).

The response rate compliance ranges between 97% and 100% per quarter in comparison to 87.00% and 100% in 2017/18. This increase in performance demonstrates the effectiveness of and compliance with the complaints policy.

Please note that the cases closed during the period may not necessarily agree with the cases received due to the receipt date or completion dates falling outside of reporting period.

Complaint Outcomes

The Trust is required under the relevant complaints legislation to assess and record whether or not the issues were considered to be substantiated following investigation. The Trust returned the required quarterly KO41a collections to NHS Digital (formally known as the Health and Social Care Information Centre (HSCIC)). The returns record the number of written complaints received about hospital and community services made by (or on behalf of) patients received between 1 April 2018 and 31 March 2019.

The data includes the outcome of all complaints which are upheld, not upheld or partially upheld and is broken down by service area (who was complained about) and by subject area (what was complained about) and is available on the public website¹. The outcome of a complaint is determined by the investigating officer and is substantiated by information gained as part of the investigation process and categorised using the methodology used by NHS Digital.

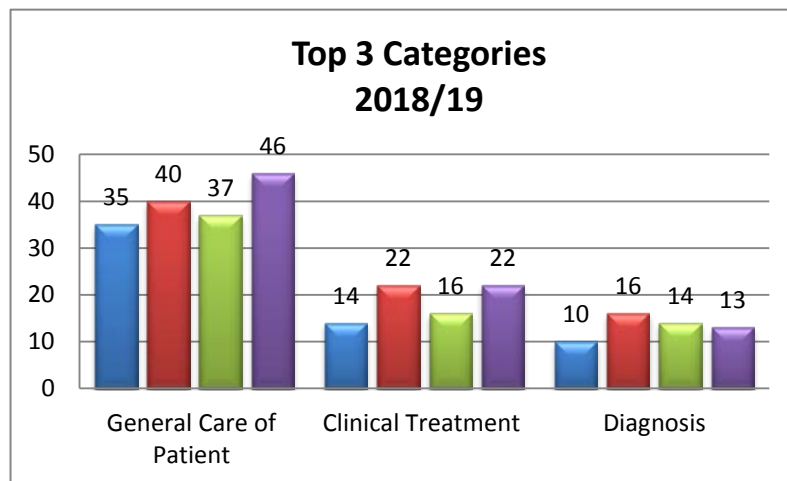
Overall during the year 2018/19, the Trust has experienced 61% of cases not upheld, 31% partially and 8% upheld, with all divisions significantly lower than the national average of 33.60% (as recorded by NHS Digital) for cases **upheld**.

Where a complaint has been partly or fully upheld, the Trust will be asked to provide an action plan which sets out how it will improve services in the areas where the failings have been identified. Any identified learning can be shared Trust wide via the Risky Business newsletter.

Key Themes

There is little variation between the key themes of complaints year on year, with the highest subjects being, general care of patient, clinical treatment and diagnosis. (this is also reflected in the key themes quarter on quarter).

A deep dive into the highest volume category (general care of patient with 46 cases) has shown that the largest volume of sub-subject category is for general lack of care, and features consistently across all divisions as in 2017/18. The table below illustrates the top 3 categories.



Of the 158 complaints aligned to this category only 4% (6 cases) were upheld.

Data from the various feedback mechanisms such as complaints, PALS concerns and FFT is triangulated and used as a trigger for the areas which will be subject to inclusion in the Patient Experience Outreach programme. The feedback received during outreach is fed back directly to the area concerned in real time, which allows for any immediate changes required to be made in order to improve the current patient experience.

Each quarter a summary of all actions is provided to the divisional management teams in order to assist in promoting an ethos of reflection and learning Trust wide and to ensure that accountability at divisional level is customary. In conjunction with the information provided on the divisional dashboards the Patient Experience Team liaise with relevant directorates to monitor and ensure compliance to identified actions.

Parliamentary and Health Service Ombudsman (PHSO)

During quarter 4 2018/19, there were 4 new cases referred to the PHSO for consideration, for which we are awaiting the provisional views reports.

23 complainants were subject a full PHSO investigation during 2018/19. This represents 5.5% of the total of complaints received. Pleasingly this is an indication of the thoroughness of the response letters provided and of the remedial work undertaken to bring complaints to a resolution satisfactory.

The table below summarises the volume of cases referred to the PHSO for investigation for the year 2018/19.

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
AMU				1
AMU/Elderly Medicine			1	
AMU/Respiratory	1			
Cardiology				1
Cardiology/Dalt		1		
Community Adults		1		
Dermatology	1			
ED			2	
ED/Gynae	1			
Gastro				1
General Surgery	2		1	
General Surgery/Radiology	1			
Head and Neck			1	
Oncology/Respiratory/ED			1	
Renal		1	1	1
Renal/Haem		1		
Renal/Local Authority			1	
T & O / UHNM	1			
Total	7	4	8	4

In terms of outcomes from investigations undertaken by the PHSO and completed, for quarter 4 2018/19 there were two cases closed, Renal (not upheld) and Cardiology (partially upheld with a financial redress of £1750). No other financial redress was awarded during the year.

In terms of the outcomes of PHSO investigations closed during the year (17 cases), it is noted that no cases were fully upheld and 47% of cases considered were not upheld.

The PHSO refer to their Principles of Remedy when determining the outcome of their investigations and recommendations. The rationale for partially upholding complaints would be because they consider that poor service has led to injustice or hardship.

The below details all cases where the PHSO undertook a full investigation, the outcomes and the respective directorates for 2018/19.

	Not Upheld	Partially Upheld	Upheld
AMU			
AMU/Elderly Medicine	1		
AMU/Respiratory	1	1	
Cardiology		1	
Cardiology/Dalt		1	
Community Adults			
Dermatology	1		
ED	1		
ED/Gynae		1	
Gastro			
General Surgery	1		
General Surgery/Radiology	1		
Gynaecology		1	
Head and Neck			
Obstetrics	1		
Oncology/Respiratory/ED			
Oncology		1	
Renal	1		
Renal/Haem	1		
Renal/Local Authority			
Respiratory		1	
T and O/UHNM			
T and O	1		
Total	10	7	

PALS Concerns

The Trust received 232 PALS concerns for quarter 4. The volume of PALS concerns received for the year 2018/19 had reduced from 1832 cases to 1011, Q1 (285), Q2 (268) and Q3 (226) and Q4 (232).

This reduction had been achieved by a review of local processes and procedures, and the implementation of a new telephony system allowing the appropriate allocation or signposting of patients' informal concerns.

The top 3 categories have remained consistent (general care of patient, delay and attitude), and in the majority mirrors the key themes for formal complaints.

Learning from Complaints

A deep-dive approach was undertaken with regards to actions taken and learning from those complaints where the outcome was fully or partially upheld. It has been established that although some areas of improvement have been identified the learning is low level and around predominantly the working practice of individuals (which necessitates supervision) and communication as opposed to a requirement for service or policy procedure change.

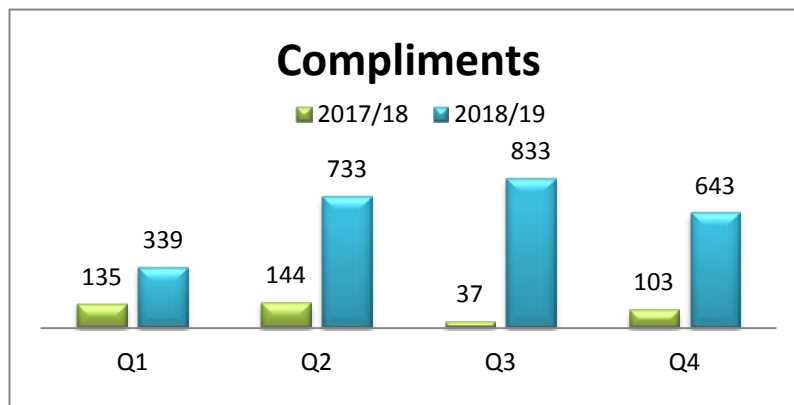
A few examples include:

Developing a pathway to keep mothers and birthing partners together in theatre.
Teams to ensure the results of all assessments are communicated, confirming whether or not a referral for a full assessment of eligibility for NHS continuing health care is considered necessary and a copy of the relevant document provided.
Trauma/Orthopaedics/Learning Disabilities to ensure that 'alerts' are created and attached to electronic patient records so that staff are aware of potential risk factors.
Information leaflet to be designed by Radiology department with input from infant feeding team in relation to VQ tests.
Trauma/Orthopaedics/Learning Disabilities to review care pathway for vulnerable patients in planned care.
Nursing staff are now inputting all information, including skin conditions, onto the discharge letters to improve communication channels with community services.
To ensure all nursing and medical staff are trained to competently fit a collar brace
Design an admission leaflet that patients and relatives will be able to refer to throughout their stay to be more informed and involved with their care
A 'prompt sheet' will be developed to ensure that when hoist assessments are conducted, the clinical record reflects the context in which it was performed.
All staff alerted to risk of using scissors and immediate action to implement two people at cot side when using sharps. A Standard Operating Procedure to be written and implemented regarding any procedure requiring any sharp instruments use near to a baby.
Patients need to be afforded good and appropriate communication at all times, including the use of a translator
Alterations to new-born hearing service - New full time hearing personnel in Antenatal Clinic, Maternity Support Workers now trained to do this at home.
Consultant on Ward A7 to identify one doctor each morning to complete all discharges for that day and pre-empt any for the following day. To ensure that relevant letters are produced in a timely manner.
Check the discharge letter and medication instructions with what is being prescribed is correct

A full listing of the learning log for Q4 (along with previous quarters) has been extracted from Datix and actions monitored by the Patient Experience Advisors to ensure compliance, provide assurance and where relevant share good practice and learning with the wider Trust.

Compliments

The Trust recognises the importance of also gathering positive feedback which not only provides an opportunity to recognise the good work provided by staff but an opportunity to share best practice. The Trust has recorded 2548 compliments for the year 2018/19 compared to 419 for the previous year. Throughout 2018/19 there has been a change in process to ensure that such positive feedback is captured, recorded and fed back to the relevant staff/departments.



The Friends and Family Test (FFT)

The FFT provides patients the opportunity to submit feedback to the Trust by using a simple question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, they would recommend the service to their friends and family if they needed similar care or treatment.

Results of these surveys are received monthly and shared at directorate, divisional and Trust Board level in the form of divisional dashboards.

Throughout the year, the Trust had considered where there are gaps in surveying patients and worked with the provider to improve the feedback for those areas.

Improvements included:

- Timely and accurate real time feedback direct to ward level automatically, providing the ability to consider the feedback and make instant actions to improve the patient experience
- Continuation of hand held devices used to capture FFT responses in real time on wards
- Monthly metrics were analysed and the lowest five performing areas for response and recommendation rate were targeted with direct work for improvement
- Some key areas may find it difficult to attract survey responses due to the nature of the patient, e.g. patients with dementia, elderly. The Trust met with its FFT provider to ascertain other methodologies for such areas. This includes agent calls and automated telephone surveys
- There had also been difficulties with maternity systems and 'touch points' for survey reporting, however a new system has been implemented and configuration is underway for the automatic transfer of data for all touch points to be delivered ensuring higher level of responses

- An increase in participation within the Paediatric Emergency Department and Children's Ward reporting recommendation rates of 96% and 100% respectively. The Trust's FFT provider had updated the paediatric locations on their system which allows for additional surveys to be undertaken in each of these internal and external areas

In March 2019 the Trust had an overall FFT recommendation rate of 93% and a response rate of 20%. Whilst the Trust had seen a fluctuation in recommendation rates over the year, it is pleasing to note that the response rates are much higher than the national average for most key areas, and the recommendation rates are higher than the national average for Outpatients and Birth.

Further work is required with other key areas (ED, Birth and some inpatient areas) to target with improvement tools.

The table below shows the Trust's score (as at March 2019) against the National Average.

Response Rate		
Department	Trust	National Average
A&E	16%	11%
Inpatients & Day Case	31%	22%
Outpatients	22%	5%
Birth	7%	18%

Recommendation Rate		
Department	Trust	National Average
A&E	86%	86%
Inpatients & Day Case	95%	96%
Outpatients	95%	94%
Birth	100%	97%

Non Recommendation Rate		
Department	Trust	National Average
A&E	8%	8%
Inpatients & Day Case	3%	2%
Outpatients	2%	3%
Birth	0%	1%

*Please Note, national average taken from NHS England statistics for December.

Patient and Public Engagement and Co-production

The Trust is in the process of developing a 3 year strategy for Patient Experience, Engagement and Public Involvement, which will identify the benefits of local engagement, and provide a framework to achieve our objectives. The Trust is committed to the people of Wolverhampton, Cannock and the Black Country being involved at the heart of our work and decision making.

The Trust will continue to listen and act upon individual and carer feedback to help inform and shape the services we provide and the experiences and aspirations of our patients.

Initiatives for the year 2018/19 had included:

- Patients and carers were encouraged to express how it feels to receive care from the Trust by the sharing of their 'Patient Stories'. Such stories provided the Trust with an opportunity to learn as an organisation, bringing experiences to life and making them accessible to other people. They can, and do, encourage the Trust to focus on the patient as a whole person rather than just a clinical condition or as an outcome
- In July 2018, the Trust participated in a job fair for people with a health condition or disability at Wolverhampton Job Centre.
- The Council of Members, established in 2017, had continued to make strides by working together more effectively as a group and as individuals contributing to initiatives and meetings at the Trust. This group of committed individuals from our local community was part of key work streams, for example:
 - The Policy Group Committee and the Equality and Diversity Steering Group
 - Supporting the hospital with the design of a new Bereavement Centre
 - Participating in PLACE assessments to assess the quality of the patient environment
 - Contributing to a stakeholder panel to recruit a new Chair for the Board of Governors for the Trust

The Council of Members have been fundamental in ensuring that the patients' views are always considered in the way in which the Trust shapes its services. The group meet on a regular basis and have now produced their own Council of Members Newsletter informing others of the various work streams they are part of. A new work plan has been developed for the forthcoming months.

Volunteering

The Trust is fortunate to have the support of volunteers, who are unpaid members of our local community who offer their time willingly to help.

As always, the Trust holds provision of a positive patient experience at the forefront of its volunteering activity, and we aim to place volunteers into roles which complement, but do not replace, paid members of staff. Volunteers add an important additional factor

to helping the Trust provide a positive patient and visitors experience at the Trust.

Volunteer services had seen a successful year achieving many of its objectives and a busy period for volunteer recruitment with new volunteers joining the organisation during 2018/19 in a variety of roles.

What we set out to achieve:

- More focus with recruitment of younger volunteers in the Trust, as statistics show this group is under represented
- Improving communication with our volunteers and reward initiatives
- Increasing volunteer support with uptake of patients Friends and Family Test
- Improving our collection and storage of volunteer data
- Streamlining processes and the way we work with our stakeholders

Achievements have included:

- Renewed focus with recruitment of younger volunteers, as statistics showed that this group was under represented. The Trust has now offers a supportive programme for younger volunteers, which provides regular reviews and one to ones to discuss their volunteer placements and offer interventions when there are challenges
- The collection of case studies of successful placements involving young volunteers. One of the Trust's successes included the creation of a film about two of our young volunteers and which was shown at the Charity and Volunteer Awards ceremony in November 2018
- Communication with our volunteers had been improved and reward initiatives introduced. The Trust held a consultation event in November 2018 with Patient Experience volunteers at New Cross Hospital. Following this consultation, the Trust developed a quarterly volunteers liaison forum, and held a coffee morning Christmas drop in session
- Trust volunteers had been instrumental in helping with uptake of patients undertaking the Friends and Family Test to ensure inclusivity. Particular areas of focus included, ophthalmology outpatients, maternity, care of the elderly and dementia wards
- We had improved our collection and storage of volunteer data
- We had streamlined processes and the way we work with our stakeholders. As there are many volunteer involving organisations within the Trust that sit under the volunteering umbrella, we developed a toolkit for recruiting and managing staff to be able to recruit their volunteers to ensure compliance with Trust's procedures, returning their checklist when completed to volunteer services for data collection

Patient Experience New Initiatives

Volunteer Liaison Meetings - Volunteer Liaison meetings have been implemented in response to feedback received from volunteers around communication. Within these meetings the volunteers who provide wayfinding and patient transport services (scooter service) around New Cross Hospital receive updates on any changes within the hospital. It also provides the volunteers with a forum to enable open discussions on

issues which are important to them.

Volunteer Uniforms - Uniforms were purchased for volunteer way finders and scooter drivers to enable them to be more easily identifiable by staff and the public and are now being worn. The uniform design chosen is based on a high visibility tabard, light blue in colour, with the words 'Volunteer' and 'Here to Help'.

Volunteer KPI's – The introduction of Key Performance Indicators is being scoped to include the following:

- Diversity- to have a diverse volunteer workforce reflective of local population
- To increase number of younger volunteers (in age 18- 30 years category) by 25%
- To have a target for time between us receiving the application to them starting their placement to 6 weeks
- To prioritise placements of ward support or patient experience roles as 75% of all new volunteer placements
- To complete 4 weekly volunteer reviews with all new volunteers who are ward supporters or patient experience volunteers

Friends and Family Test - Based on requests from staff supportive work has continued with placing volunteers on wards to undertake the Friends and Family Test survey with patients. Wards A7 and A8 have been allocated a volunteer with a view to providing further FFT volunteer support for wards at West Park Hospital.

Observe and Act - The purpose of the Observe and Act (O&A) is to look at “a person’s total experience of a service from the service user/carer perspective, learn from it, share good practice and where necessary act to make improvements”. The value of Observe and Act is that it contributes to service development and improvement by adding a layer of information about what users of services view as important. The method provides immediate feedback of the findings to staff giving both praise for good practice and identifying areas where improvements can be made. Members of the Patient Experience Team have completed the final training and will be delivering in-house training on this initiative for Trust staff to consider across all specialities. The initiative will be initially piloted within Division 3.

Appendices

1	Q4 2018/19 Dashboards for Division 1, 2 and 3
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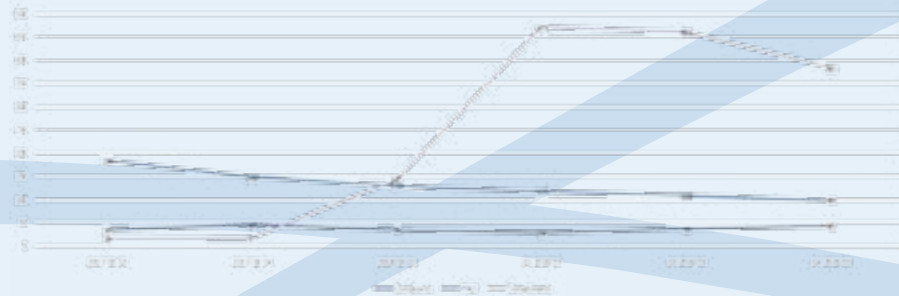
Patient Experience Feedback - Division One

Quarter Four 2018/19

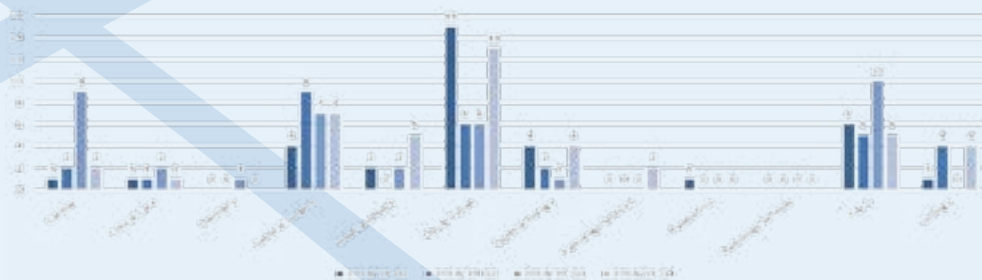


The Royal Wolverhampton
NHS Trust

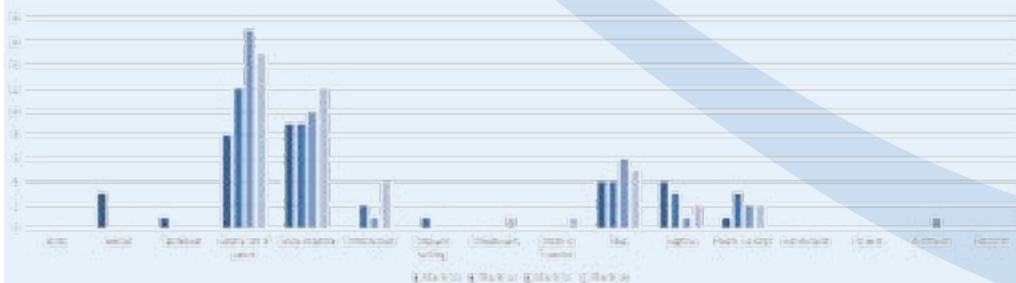
Formal Complaints, PALS Concerns and Compliments



Complaints Received by Directorate



Themes of Closed Complaints

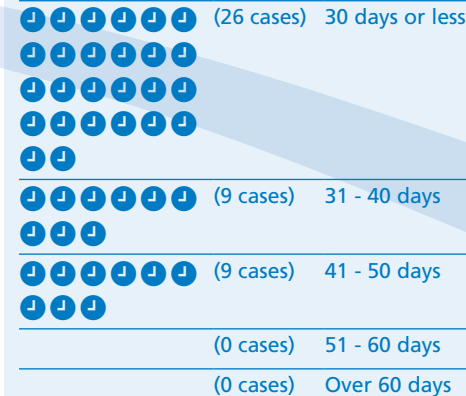


Response Rates



were closed within 30 days or consent to breach was sought.

However:



Total complaints recorded represent an increase of



Outcomes for complaints closed

RWT Outcomes (Div 1)	NHS Digital National Average
58% Not upheld	35.8% Not upheld
40% Partially upheld	30.9% Partially upheld
3% Upheld	33.4% Upheld

*Please note, National England average from NHS Digital Statistics for Q2 2018/19

Highlights

- 62% of the closed complaints responded to within the organisational 30 working day timeframe
- FFT – 95% overall divisional recommendation rate
- FFT – 85% of the inpatient areas have been rated green for the recommendation rate (score of 90% or above).

Lowlights

- PHSO – 1 case closed this quarter. Outcome was partly upheld with a financial redress of £1750

Actions

- Patient Experience Team to review the Improvement Toolkit form to allow for narrative around themes and comments to accompany the numerical data from complaints, FFT and PALS concerns.
- Local escalation process to be implemented by wards/ departments for those areas where underperformance has been identified.

Division 1

Quantitative (Response Rates)

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A12	15	2	0	0	0	0	17	54	32%	31%
A14	14	3	0	0	1	1	19	57	28%	33%
A21	3	0	0	0	0	0	3	7	155%	43%
A23	19	2	0	0	0	0	21	59	19%	36%
A5	22	2	1	0	0	0	25	52	27%	48%
A6	18	3	0	0	0	0	21	49	26%	43%
A9 SEU	53	18	3	2	2	0	78	326	29%	24%
B14	62	5	1	1	0	0	69	165	38%	42%
B8	52	4	0	0	1	0	57	150	47%	38%
C39 BSSU	46	11	2	0	2	0	61	161	35%	38%
D7 Gynae	39	9	1	0	2	0	51	177	33%	29%
HILTON	49	10	1	0	0	1	61	130	50%	45%
ICCU	0	0	0	0	0	0	0	2	0%	0%

Antenatal	1	2	3	4	5	6	Last month Total	Total
Total	2	0	0	0	0	0	2	2

Birth	1	2	3	4	5	6	Last month RR	Response Rate
Birth CDS	4	0	0	0	0	0	3%	2%
MLU	23	0	0	0	0	0	15%	12%
Total	27	0	0	0	0	0	9%	7%

Postnatal Ward	1	2	3	4	5	6	Last month Total	Total
Total	63	7	0	0	0	0	68	70

Postnatal Community	1	2	3	4	5	6	Last month Total	Total
Total	101	20	0	0	1	0	48	122

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
ADML	116	12	2	2	1	2	135	373	33%	36%
C41W	3	2	0	0	0	0	5	37	16%	14%
DCU	53	12	0	0	1	1	67	192	32%	35%
DURNALL	29	9	0	1	1	0	40	308	11%	13%
MJW	90	9	0	0	0	0	99	315	31%	31%
REHAB DAY UNIT	6	0	0	0	0	0	6	6	100%	100%
Total	297	44	2	3	3	3	352	1231	26%	29%

Outpatients Trustwide	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	2980	584	88	21	43	30	3746	17076	21%	22%

Trust vs National Average

	Department	Trust	National Average
Response Rate	A&E	16%	11%
	Inpatients & Day Case	31%	22%
	Outpatients	22%	5%
	Birth	7%	18%
Recommendations	A&E	86%	86%
	Inpatients & Day Case	95%	96%
	Outpatients	95%	94%
	Birth	100%	97%
Non Recommendations	A&E	8%	8%
	Inpatients & Day Case	3%	2%
	Outpatients	2%	3%
	Birth	0%	1%

*Please note, National average taken from NHS England statistics for November 2018.

Qualitative (Recommendation Rate)

Inpatients	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
A12	17	17	0	0%	93%	100%
A14	19	17	1	5%	88%	89%
A21	3	3	0	0%	100%	100%
A23	21	21	0	0%	86%	100%
A5	25	24	0	0%	88%	96%
A6	21	21	0	0%	93%	100%
A9 SEU	78	71	4	5%	75%	91%
B14	69	67	1	1%	94%	97%
B8	57	56	1	2%	93%	98%
C39 BSSU	61	57	2	3%	95%	93%
D7 Gynae	51	48	2	4%	95%	94%
HILTON	61	59	0	0%	96%	97%
ICCU	0	0	0	0%	0%	0%

Antenatal	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
Total	2	2	0	0%	100%	100%

Birth	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
Birth CDS	4	4	0	0%	100%	100%
MLU	23	23	0	0%	100%	100%
Total	27	27	0	0%	100%	100%

Postnatal Ward	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
Total	70	70	0	0%	99%	100%

Postnatal Community	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
Total	122	121	0	0%	96%	99%

Day Cases	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
ADML	135	128	3	2%	98%	95%
C41W	5	5	0	0%	88%	100%
DCU	67	65	1	1%	96%	97%
DURNALL	40	38	2	5%	95%	95%
MJW	99	99	0	0%	84%	100%
REHAB DAY UNIT	6	6	0	0%	100%	100%
Total	352	341	6	2%	93%	97%

Outpatients (Trust wide)	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
Total	3746	3564	64	2%	95%	95%

RAG Rating Key

90% and above recommendations
80 – 89%
79% and below

The Trust is required to report FFT scores nationally on five areas overall. These are A&E, Community, Inpatient, Outpatient and Maternity. There is no contractual requirement to report on location specific. The Trust is widening the scope of the data collection reporting, to identify location at local level. This does not affect the national reporting but enables more specific data analysis and action to be undertaken. This is ongoing work with the provider and the Trust and where locations are added and gaps in survey identified, remedial action will be taken in forthcoming months.

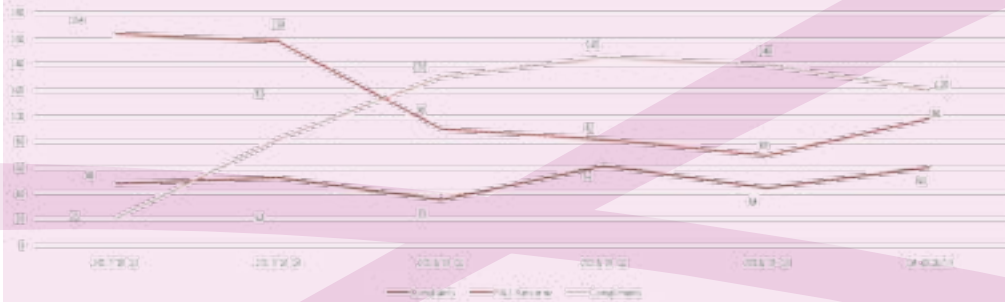
Patient Experience Feedback - Division Two

Quarter Four 2018/19

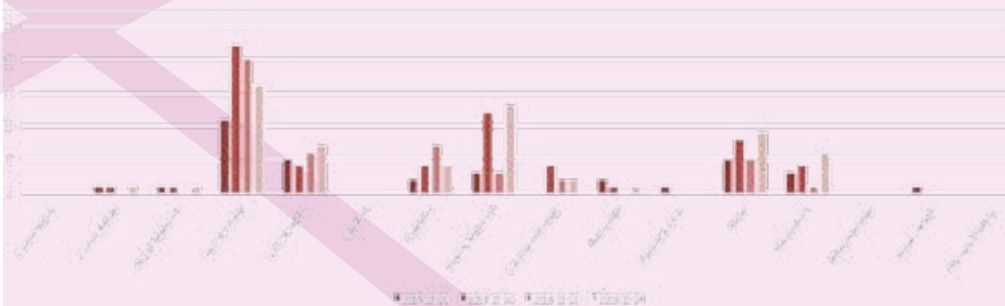


The Royal Wolverhampton
NHS Trust

Formal Complaints, PALS Concerns and Compliments



Complaints Received by Directorate



Themes of Closed Complaints

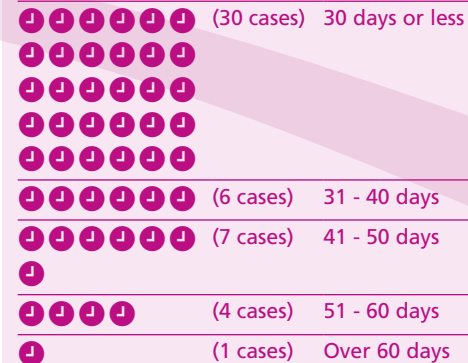


Response Rates



100% were closed within 30 days or consent to breach was sought.

However:



Total complaints recorded represent an increase of



Outcomes for complaints closed

RWT Outcomes (Div 2)	NHS Digital National Average
73% Not upheld	35.8% Not upheld
21% Partially upheld	30.9% Partially upheld
6% Upheld	33.4% Upheld

*Please note, National England average from NHS Digital Statistics for Q2 2018/19

Highlights

- 62% of the closed complaints responded to within the organisational 30 working day timeframe.
- FFT – 59% of the inpatient areas have been rated green for the recommendation rate (score of 90% or above).
- 90% overall divisional recommendation rate.

Lowlights

- PHSO – 3 cases referred to the PHSO for investigation.

Actions

- Patient Experience Team to review the Improvement Toolkit form to allow for narrative around themes and comments to accompany the numerical data from complaints, FFT and PALS concerns.
- Local escalation process to be implemented by wards/ departments for those areas where underperformance has been identified

Division 2

Quantitative (Response Rates)

Emergency Department	1	2	3	4	5	6	Responses	Eligible	RR last month	Response Rate
AE	1078	253	76	43	90	11	1551	8931	17%	17%
ED > PAEDS	0	0	0	0	0	0	0	0	100%	0%
MIU	145	20	5	4	2	4	180	1060	16%	17%
PHOENIX	146	61	5	12	13	4	241	2451	9%	10%
Total	1369	334	86	59	105	19	1972	12442	15%	16%

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A7	14	7	1	1	1	0	24	32	160%	75%
A8	3	16	3	2	0	0	24	17	33%	141%
B11 CHU	7	6	0	1	1	0	15	48	20%	31%
B12 ASU	23	4	0	0	0	0	27	42	36%	64%
C15	9	3	0	0	1	0	13	43	10%	30%
C16	4	1	0	0	1	1	7	50	21%	14%
C17	6	1	0	0	0	0	7	24	14%	29%
C18	9	3	0	0	0	0	12	43	21%	28%
C19	8	1	0	0	0	1	10	49	18%	20%
C21 AMU	57	6	1	1	3	0	68	282	21%	24%
C22	5	3	0	0	1	0	9	27	13%	33%
C24	9	1	2	0	1	1	14	85	23%	16%
C25	2	4	0	1	0	0	7	37	14%	19%
C35 Deansley	5	0	0	0	0	0	5	32	19%	16%
FAIROAK	6	2	0	0	0	0	8	23	89%	35%
W1	2	2	0	0	0	0	4	13	38%	31%
W2	1	3	0	0	0	0	4	17	28%	24%

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
ADML	116	12	2	2	1	2	135	373	33%	36%
C41W	3	2	0	0	0	0	5	37	16%	14%
DCU	53	12	0	0	1	1	67	192	32%	35%
DURNALL	29	9	0	1	1	0	40	308	11%	13%
MJW	90	9	0	0	0	0	99	315	31%	31%
REHAB DAY UNIT	6	0	0	0	0	0	6	6	100%	100%
Total	297	44	2	3	3	3	352	1231	26%	29%

Outpatients Trustwide	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	2980	584	88	21	43	30	3746	17076	21%	22%

RAG Rating Key

90% and above recommendations
80 – 89%
79% and below

The Trust is required to report FFT scores nationally on five areas overall. These are A&E, Community, Inpatient, Outpatient and Maternity. There is no contractual requirement to report on location specific.

The Trust is widening the scope of the data collection reporting, to identify location at local level. This does not affect the national reporting but enables more specific data analysis and action to be undertaken. This is ongoing work with the provider and the Trust and where locations are added and gaps in survey identified, remedial action will be taken in forthcoming months.

Qualitative (Recommendation Rate)

Emergency Department	Total Surveys	Recommendations	Positive Last Month	% Recommendations	Non Recommendations	% Non Recommendations
AE	1551	1331	85%	86%	133	9%
ED > PAEDS	0	0	93%	0%	0	0%
MIU	180	165	100%	92%	6	3%
PHOENIX	241	207	82%	86%	25	10%
Total	1972	1703	86%	86%	164	8%

Inpatients	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last month	% Recommendations
A7	24	21	2	8%	88%	88%
A8	24	19	2	8%	100%	79%
B11 CHU	15	13	2	13%	91%	87%
B12 ASU	27	27	0	0%	67%	100%
C15	13	12	1	8%	33%	92%
C16	7	5	1	14%	80%	71%
C17	7	7	0	0%	75%	100%
C18	12	12	0	0%	100%	100%
C19	10	9	0	0%	89%	90%
C21 AMU	68	63	4	6%	92%	93%
C22	9	8	1	11%	100%	89%
C24	14	10	1	7%	79%	71%
C25	7	6	1	14%	83%	86%
C35 Deansley	5	5	0	0%	100%	100%
FAIROAK	8	8	0	0%	100%	100%
W1	4	4	0	0%	100%	100%
W2	4	4	0	0%	80%	100%

Day Cases	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last Month	% Recommendations
ADML	135	128	3	2%	98%	95%
C41W	5	5	0	0%	88%	100%
DCU	67	65	1	1%	96%	97%
DURNALL	40	38	2	5%	95%	95%
MJW	99	99	0	0%	84%	100%
REHAB DAY UNIT	6	6	0	0%	100%	100%
Total	352	341	6	2%	93%	97%

Outpatients Trustwide	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last Month	% Recommendations
Total	3746	3564	64	2%	95%	95%

Trust vs National Average

	Department	Trust	National Average
Response Rate	A&E	16%	11%
	Inpatients & Day Case	31%	22%
	Outpatients	22%	5%
Recommendations	Birth	7%	18%
	A&E	86%	86%
	Inpatients & Day Case	95%	96%
Non Recommendations	Outpatients	95%	94%
	Birth	100%	97%
	A&E	8%	8%
Non Recommendations	Inpatients & Day Case	3%	2%
	Outpatients	2%	3%
	Birth	0%	1%

*Please note, National average taken from NHS England statistics for November 2018.

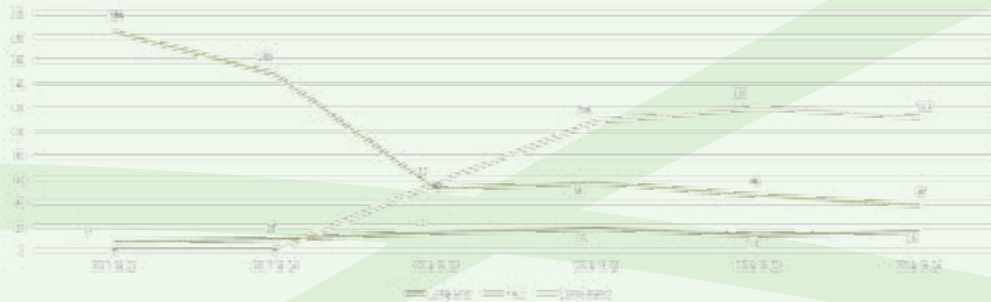
Patient Experience Feedback - Division Three

Quarter Four 2018/19

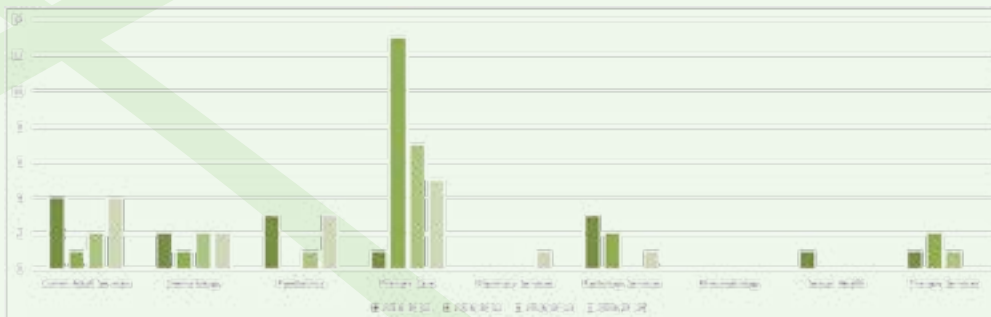


The Royal Wolverhampton
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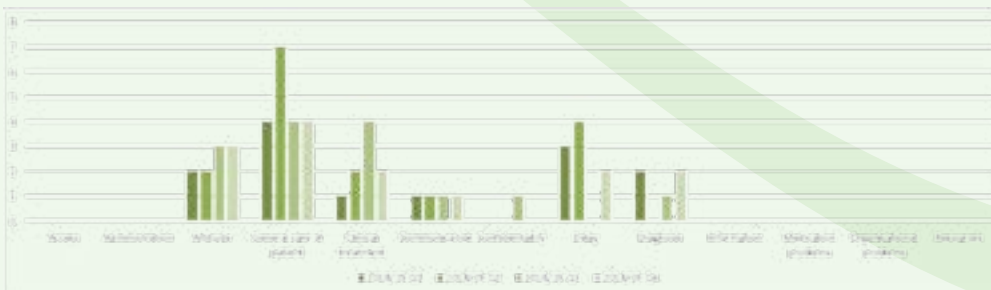
Formal Complaints, PALS Concerns and Compliments



Complaints Received by Directorate



Themes of Closed Complaints



Response Rates



99% were closed within 30 days or consent to breach was sought.

However:

↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	(8 cases)	30 days or less
↓ ↓ ↓	(3 cases)	31 - 40 days
↓	(1 case)	41 - 50 days
	(0 cases)	51 - 60 days
↓	(1 case)	Over 60 days

Total complaints recorded represent an increase of



Outcomes for complaints closed

RWT Outcomes (Div 3)	NHS Digital National Average
50% Not upheld	35.8% Not upheld
36% Partially upheld	30.9% Partially upheld
14% Upheld	33.4 % Upheld

*Please note, National England average from NHS Digital Statistics for Q2 2018/19

Highlights

- 64% of the closed complaints responded to within the organisational 30 working day timeframe
- PHSO - No new cases referred to the PHSO.

Lowlights

- Primary Care – 1 complaint exceeded the Trust 30 day response timeframe without consent to breach.

Actions

- Patient Experience Team to review the Improvement Toolkit form to allow for narrative around themes and comments to accompany the numerical data from complaints, FFT and PALS concerns.
- Local escalation process to be implemented by wards/ departments for those areas where underperformance has been identified.

Division 3

Quantitative (Response Rates)

Location	1	2	3	4	5	6	Responses	Eligible	Response Rate
Children's Day Case	0	0	0	0	0	0	0	0	0%
Children's Outpatients	39	2	0	0	0	0	41	41	100%
Children's Ward (A21)	3	0	0	0	0	0	3	7	43%
Community Children's Nursing Team	0	0	0	0	0	0	0	0	0%
Gem Centre (Clinical Suite)	0	0	0	0	0	0	0	0	0%
Health Visiting	0	0	0	0	0	0	0	0	0%
Looked After Children's Service	0	0	0	0	0	0	0	0	0%
Neonatal Unit	0	0	0	0	0	0	0	0	0%
Paediatric Assessment Centre	0	0	0	0	0	0	0	0	0%
Partnering Families Team	0	0	0	0	0	0	0	0	0%
School Nursing	0	0	0	0	0	0	0	0	0%
Transitional Care Unit	15	2	0	0	0	0	17	17	100%
Total	57	4	0	0	0	0	61	65	94%

Trust vs National Average

	Department	Trust	National Average
Response Rate	A&E	16%	11%
	Inpatients & Day Case	31%	22%
	Outpatients	22%	5%
	Birth	7%	18%
Recommends	A&E	86%	86%
	Inpatients & Day Case	95%	96%
	Outpatients	95%	94%
	Birth	100%	97%
Non Recommends	A&E	8%	8%
	Inpatients & Day Case	3%	2%
	Outpatients	2%	3%
	Birth	0%	1%

*Please note, National average taken from NHS England statistics for November 2018.

Qualitative (Recommendation Rate)

Location	Total Surveys	Recommends	% Recommends	Non Recommends	% Non Recommends
Children's Day Case	0	0	0%	0	0%
Children's Outpatients	41	41	100%	0	0%
Children's Ward (A21)	3	3	100%	0	0%
Community Children's Nursing Team	0	0	0%	0	0%
Gem Centre (Clinical Suite)	0	0	0%	0	0%
Health Visiting	0	0	0%	0	0%
Looked After Children's Service	0	0	0%	0	0%
Neonatal Unit	0	0	0%	0	0%
Paediatric Assessment Centre	0	0	0%	0	0%
Partnering Families Team	0	0	0%	0	0%
School Nursing	0	0	0%	0	0%
Transitional Care Unit	17	17	100%	0	0%
Total	61	61	100%	0	0%

Community	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends	Total
Total	624	567	15	2%	93%	91%	335

Outpatients Trustwide	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends	Total
Total	3746	3564	64	2%	95%	95%	335

RAG Rating Key

90% and above recommendations
80 – 89%
79% and below

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