

# Patient Experience Report – Q3 Activity (October to December 2019) 4 February 2020



Agenda Item No: 7.2

## Trust Board Report

<b>Meeting Date:</b>	4 <sup>th</sup> February 2020
<b>Title:</b>	Patient Experience Report – Q3 Activity (October to December 2019)
<b>Action Requested:</b>	<b>Receive and note.</b>
<b>For the attention of the Board</b>	
<b>Assure</b>	Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009 has remained. In addition, complaint handling approach has continued to be based on the principles of good complaints handling.
<b>Advise</b>	Revised national Friends and Family Test guidance was published in September 2019 and the Trust is progressing its implementation to ensure full compliance by April 2020. In terms of the 3 closed PHSO assessments in this quarter, none were subject to a formal investigation. Risk will be dependent upon compliance with statutory timeframes for complaint handling and PHSO recommendations.
<b>Alert</b>	None in this report.
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<b>Links to Trust Strategic Objectives</b>	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services
<b>Resource Implications:</b>	Potential financial implications associated with the implementation of the revised FFT guidance.
<b>Report Data Caveats</b>	This is a standard report using the previous quarter's data. It may be subject to cleansing and revision
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>
<b>Equality and Diversity Impact</b>	None
<b>Risks: BAF/ TRR</b>	None
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	None
<b>NHS Constitution:</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>• Equality of treatment and access to services</li> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

## Brief/Executive Summary

### Patient Experience Report – Q3 Activity (October to December 2019)

Key updates in this report include:

- The Trust received 94 formal complaints in Q3 2019/20, compared to 83 in Q2 2019/20. This represents an overall increase of 13% when compared to the previous quarter and a 1% decrease compared to Q3 in 2018/19.
- 11 complaints were re-opened this quarter which is consistent with Q2 2019/20.
- During this quarter, the Trust received 193 PALS concerns in comparison to 206 received in Q2 2019/20. This represents an overall decrease of 6%.
- During this quarter, the Trust received 607 compliments in comparison to 773 received in Q2 2019/20. This represents an overall decrease of 21.50%.
- The PHSO accepted 3 new cases for investigation compared to 5 cases in Q2 2019/20. The investigation into one of the cases was discontinued as the complainant has made the decision to seek legal advice. The Trust is awaiting the PHSO's final reports for the remaining two cases.
- In terms of the outcomes from the assessments undertaken prior to potential investigation by the PHSO, the following 3 cases were closed this quarter (Paediatrics x 1; Elderly Medicine x 1; Obstetrics x1). In all three cases, the PHSO's decision was that having reviewed all the relevant correspondence and clinical information, no further action would be taken in respect of a formal investigation.
- Friends & Family Test (FFT) - the overall Trust wide response rate for November was 18%, which represents a 1% increase on the previous month. There was a 1% decrease in the overall Trust wide recommendation rate when compared with October's data which was 92%.
- Volunteering agenda continues to be progressed in line with the 3 year plan.
- The Patient Experience, Engagement and Public Involvement Strategy actions have continued to be progressed in line with the plan. There are 35 milestones for year one of which 16 are completed (graded green). The remaining 19 are graded amber and are partly completed and in progress.
- 3 national patient experience surveys have been made available in the public domain since the last report, which include the National Inpatient Survey (2018), the Children and Young People Survey (2018) and the Urgent and Emergency Care Survey (2018). Brief summaries are included in the main body of the report and additional information is available in the Board Reading Room.

Divisional dashboards are included in Appendix 1, which detail performance at divisional level and also illustrates comparisons against national averages where available.

### **Formal Complaints, PALS Concerns and Compliments**

The Trust received 94 formal complaints in Q3 2019/20, compared to 83 in Q2 2019/20. This represents an overall increase of 13% when compared to the previous quarter and a 1% decrease compared to Q3 in 2018/19 (95 received). As with the previous quarter, the theme of General Care of Patient has the most complaints aligned (46). There has been no variation in the top 3 categories this quarter with General Care of Patient and Clinical Treatment remaining consistent. The themes of Delay and Diagnosis each received 8 complaints.

In Q3 2019/20, 96 complaints were investigated, responded to and closed compared to 104 in Q2 2019/20, which is a decrease of 8%. From the 96 cases closed, 99% of the cases closed were investigated and responded to within the organisational timeframe of 30 working days or with consent to breach due to extenuating circumstances or complexity as opposed to 100% in Q2 2019/2020 and 98% in Q1 2019/2020. This minor decline in performance was due to the timeliness of receiving comments from the supporting directorate. The implementation of the action log facility on Datix to send out response milestones to the investigating officers will assist in preventing further occurrences in conjunction with continued support from the Patient Experience Team. This is planned to be rolled out during Q4 2019/20.

In this quarter, the Trust received 193 PALS concerns in comparison to 206 received in Q2 2019/20. This represents an overall decrease of 6%. In addition, the Trust received 607 compliments in comparison to 773 received in Q2 2019/20. This represents an overall decrease of 21.50%.

### **Complaint Outcomes**

In terms of the outcomes for all complaints received by the Trust, but closed within this quarter, the Trust's overall performance for cases not upheld (78%) remains above the national average of 35.6%, with a further 16% being partially upheld. Although 6% of the cases were upheld, the Trust sees this as a learning opportunity in order to initiate change of practice/service in order to ensure that the needs of our service users are being met and that care provided is in line with the Trust's visions and values.

### **Key Themes from Complaints**

The theme of general care of patient is noted as the main reason for dissatisfaction for formal complaints. The main theme for the PALS concerns was delay in receiving treatment and outpatients appointments each having 21 concerns aligned to them respectively.

The Patient Experience Team continues to triangulate and share information collated from formal complaints, PALS concerns and FFT with the Divisions. This allows them to adopt a more focused and patient centred approach when seeking to implement measures to improve the patient experience. Actions implemented include: Samples to be tested in a timely manner; current information on national and local guidelines regarding caring for HIV positive patients peri-operatively to be communicated to staff; DoLS applications to be undertaken in a timely manner in order to ensure that patients best interests are being met; a more robust process for communicating the result of gynaecology scan reports to other trusts to be implemented.

### **Parliamentary and Health Service Ombudsman (PHSO)**

The PHSO accepted 3 new cases for investigation compared to 5 cases in Q2 2019/20. The investigation into one of these cases was discontinued as the complainant has made the decision to seek legal advice. The Trust is awaiting the PHSO's final reports for the remaining two cases and these relate to Diabetes and Emergency Department.

In terms of the outcomes from the investigations undertaken and completed by the PHSO, following 3 cases were closed this quarter (Paediatrics x 1; Elderly Medicine x 1; Obstetrics x1).

In all three cases, the PHSO's decision was that having reviewed all the relevant correspondence and clinical information, no further action would be taken in respect of a formal investigation. This provides assurance that the Trust's investigation into complaints is robust, open and honest.

The Paediatric complaint related to a delay in referring the patient to another hospital. The complaint aligned to Elderly Medicine related to the care and treatment received by the patient from the Trust from April to May 2019. The complaint aligned to Obstetrics related to aspects of care received by the patient whilst in labour.

## 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, learning however relates to departmental working practices as opposed to a requirement for service or policy procedure change. A few examples include:

- Ensure the patients discharged from the Emergency Department out of hours are provided with an interim supply of medication until they are able to visit the pharmacy.
- Emergency Department consultants will review x-rays in complicated cases.
- If a patient's ENT condition can be treated in the Emergency Department, staff will do so and discharge the patient accordingly.
- If the patient requires a review by an ENT specialist, arrangements will be put in place for the patient to be seen in the appropriate specialist clinic as an emergency.
- If the patient requires immediate emergency ENT treatment by a specialist which requires hospital admission, the relevant specialist will be called down to the department to see the patient.

In conjunction with the Parliamentary Health Service Ombudsman (PHSO), the Trust is due to deliver some bespoke complaint handling training in Q4 2019/20 and focus will be on the importance of learning from complaints.

A full listing of the complaints learning log for Q3 2019/20 has been extracted from Datix. The actions are monitored by the Patient Experience Advisors to ensure compliance, provide assurance and where relevant, share good practice and learning with the wider Trust.

## Complaints Management Review

In December 2019, a panel consisting of four Council of Members undertook a review of the Trust's complaints handling. This involved reviewing 3 complaints which were subject to an investigation in Quarter 2 2019/20, against the Patient Association Standards for NHS Complaint Handling. The panel used the "complaints management scorecard" to review how well the complaints were handled by the Trust. This score card is based on 8 standards of complaints handling.

## Results

Assessment level and score definition	Case A	Case B	Case C	Total Scores
Level 1 - Poor practice	0	0	0	0
Level 2 – Less than satisfactory practice	11	4	2	17
Level 3 - Satisfactory practice	11	6	3	20
Level 4 - Good practice	8	22	19	49
Level 5 - Excellent practice	0	0	0	0
Not completed as N/A (blank)	2	0	0	2
<b>Grand Total</b>	<b>32</b>	<b>32</b>	<b>24</b>	<b>88</b>

## Analysis

Upon reviewing the overall scores across all the standards (1 - 8) it is pleasing to note that 88.9% of the complaints reviewed achieved an overall grade of level 3 or above. The standard which achieved the highest score related to Standard 8 (The investigation of the complaint is complete, impartial and fair). The standard which received the lowest score was Standard 3 (Investigations are thorough, where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks). There are Trust wide training sessions planned and will be delivered by PHSO during February and March 2020 concentrating on the principles of good complaint handling.

The reviewers feedback for the overall assessment question: *Are there any concerns relating to serious misconduct and/or issues of patient safety that you feel have been responded to inadequately that you would like to feedback to the Chief Executive with immediate effect?* was always 'No'. This feedback is consistent with the previous quarter's review. This demonstrates that appropriate accountability is accepted by the directorate/division with appropriate and proportionate action taken.

### Friends and Family Test (FFT)

- The overall Trust wide response rate for November (latest information available) was 18% with 4,907 (91%) recommending the Trust and 278 (5%) not recommending the Trust. This represents a 1% increase in the overall Trust wide response rate (October's rate was 17%), and 1% decrease in the overall Trust wide recommendation rate when compared with October's data which was 92%.
- In terms of the FFT response rate (Trust wide – excluding Emergency Department), the overall response rate for November was 12%. This represents a 2% increase when compared with October's data which was 10% and the recommendation rate for November was 94% which was the same when compared with October's data of 94%. In terms of the FFT response rate (Emergency Department), the overall response rate for November was 15%. This represents a 1% increase when compared to October's data of 14%. In addition, there was a 2% decrease in the recommendation rate when compared with October's data of 85%. A local survey is currently being undertaken in respect of the Emergency Department to gather additional local patient experience feedback and understand the reported drop in the recommendation rate.
- It is noted that Maternity Services experienced a decrease in the recommendation rate by 2.5% in November. The Patient Experience Team will meet with the directorate to discuss this decrease and where additional support can be provided.

In conjunction with these remedial actions, action plans will be requested from all applicable clinical areas in order to drive improvements.

In terms of the Primary Care FFT, a total response rate across all the primary care in November 2019 was (1,453) when compared to October (1,803) which is a 19% decrease. The Head of Patient Experience is arranging a meeting with the most underperforming GP practice to better understand what support can be provided. In addition, monthly meetings with the practice managers will be set up from Q4 2019/20 to discuss patient experience metrics.

### Volunteering

Key updates for Q3 2019/20 pertaining to the volunteering agenda include:

#### Volunteer Ward Support Development Day

An event was held on 18<sup>th</sup> November 2019 for all ward based volunteers across 3 hospital sites, to meet and discuss issues of importance to them, to seek clarity on their volunteer role and to discuss development opportunities. The event featured a presentation from the Care of the Elderly Directorate focusing on volunteer roles at West Park Hospital and from the Senior Sister of Ward C22 focusing on volunteering with patients who have dementia. In addition, there was a presentation delivered by the Infection Prevention Team focusing on infection prevention (IP) and importance of maintaining robust IP practice during the winter pressures.

The event was very successful and appreciated by the volunteers. The aim is to repeat it at regular intervals.

#### Volunteer and Charity Awards Event 2019

The annual Volunteer and Charity awards event was held on 29<sup>th</sup> November at the Ramada Hotel and Spa Complex, Wolverhampton. Alongside colleagues and supporters from the Trust's Charity, 100 volunteers attended the event which was also attended by the Mayor of Wolverhampton and Executive Directors from the Trust. From 4 different Volunteer Award categories, 18 separate nominations were received. Four winners were selected and presented with certificates, with 2 highly commended winners also. Colleagues from the Infection Prevention Team also attended the event to offer volunteers a flu vaccine, the offer of which was taken up by around 7 volunteers.

The following tables provide Q3 2019/20 data pertaining to volunteers:

Number of new volunteer applications received	51
Number of new starters (from induction dates)	29
Number of leavers	6
Number of active volunteers	330
Number of volunteers on break from service	26
Number of volunteers on waiting list to start	74

Destinations of new starters was as follows:

A7 - Care of the Elderly Ward	1
C17 - Renal Ward	1
C2 - Patient Experience	2
C22 - Dementia Ward	6
C25 - Renal Ward	1
C35 - Deansley Centre	1
CCH - Hilton Main	1
CCH - League of Friends Café	1
Chaplaincy Department	3
Drug & Alcohol Liaison Team	1
Falls Prevention	1
Not Assigned Yet	10

### National Patient Experience Surveys

During Q3 2019/20, the following national patient experience surveys have been shared internally via the agreed governance process and are now available in the public domain:

- The National Inpatients Survey 2018 (annual)** - a summary of the findings is enclosed in the Board reading room. In summary, positive feedback related to the hospital wards and facilities; food; confidence in the nurses; privacy; involvement of patients in their care and treatment, including information provision and confidence in decision making. In terms of the areas for improvement, these related to communication; seeking feedback from patients on the quality of care; provision of procedure related information and medicines management matters. In response to the survey, an action plan has been developed to focus on the key areas to drive improvements.
- Children and Young People Survey 2018 (bi-annual)** - a summary of the findings is enclosed in the Board reading room. In summary, the results indicated a decline in the scores, particularly related to the experiences of children and young people aged 0-7. Positive feedback related to ward facilities for 12-15 year old children; children and young people being enabled to ask questions; involving child/young person in the decisions about their care and staff providing advice about self-care upon the child/young person leaving the hospital. In terms of the areas for improvement, these related to facilities (privacy, cleanliness and facilities for parents/carers); staff communication and information provision (consistency, understandable format, keeping parents informed, procedure related information provision); pain management and staff relates matters (confidence and trust, approachability, team working, listening, friendliness, dignity and respect). In response to the survey, an action plan has been developed to focus on the key areas to drive improvements. In addition, as this is a bi-annual survey, an internal survey mirroring the questions in the national survey will be undertaken in Q4 2019/20.
- Urgent and Emergency Care 2018 (bi-annual)** - a summary of the findings is enclosed in the Board reading room. In summary, improvements from the last survey and positive areas included provision of privacy; being informed of the waiting times; information provision in an understandable way; cleanliness and access to suitable food and drinks whilst waiting in the Emergency Department. In terms of the areas for improvement, these related to pain control; communication related to the patient's condition (side effects of medication and when normal activities could be resumed) and staff taking the home situation into consideration when discharging patients from the Emergency Department. In response to the survey, an action plan is being finalised to focus on the key areas to drive improvements. In addition, as this is a bi-annual survey, an internal survey mirroring the questions in the national survey is currently being completed.

### Patient Experience, Engagement and Public Involvement Strategy Update

The Patient Experience, Engagement and Public Involvement Strategy was ratified and launched in June 2019. The strategy sets out how the Trust will approach and strengthen patient experience, engagement and public involvement. The table below outlines the year one milestones and high level progress for Q2 and Q3 2019/2020.

In summary:

Status	%
Completed actions = 16	46%
In progress actions = 19	54%
Total actions = 35	100%

## Ongoing Actions:

Overall Action	Q2 update	Q3 update
Develop Patient Experience and Engagement champions.	Role profile developed	Role profile developed and continued to be embedded.
Invite each Division to nominate two individuals to become Patient Experience and Engagement champions at service/operational level.	6 champions identified and more being sought from Divs 1 and 2.	7 champions identified and more being sought from Divisions 1 and 2. Currently Div1- 3 champions, Div 2- 1 Champion, Div 3- 3 Champions.
Deliver training for the Patient Experience and Engagement champions and ensure ongoing support.	Training dates arranged for the 5/11/19 and 13/11/2019.	Ongoing. Two training dates delivered so far with more to follow.
Evaluate the Observe and Act initiative within Division 3 to inform wider implementation.	To be evaluated during Q4 2019/20.	Amber - more training dates set up.
Pilot the NHS England Initiative of 'Always Events' within Paediatrics and design key always events as part of a co-production approach with patients.	Introduced and in progress.	Introduced and in progress. Always Event identified and currently being implemented. This is focusing on improving signage around the ward.
Evaluate the pilot of 'Always Events' within paediatrics to inform wider implementation.	Pilot to be evaluated during Q4 2019/20.	Pilot to be evaluated during Q4 2019/20.
Ensure triangulation of patient experience with wider quality, safety, workforce and performance metrics.	In progress	Themes from PALS and complaints are included within the recently reviewed Patient Experience Action Log which is shared with the directorates on a monthly basis.
Increase ways and means of how patient feedback is obtained	In progress	Bespoke survey planned/twitter account planned/7 day services patient feedback planned.
Undertake an analysis of patient experience data to better understand patient experience across week day and weekend and set up a process for this analysis to be undertaken and reported going forward.	Survey approach agreed and to be taken forward.	Survey approach revised by the new lead and being taken forward.
Achieve improvement pertaining to all patient experience metrics as defined in the measurement section of the PE strategy for year 1.	To be completed at the end of Year 1.	To be completed at the end of Year 1.
Undertake and share a self-assessment against the NHSI Patient Experience Improvement Framework to identify areas for improvement.	Assessment commenced.	Assessment completed and to be evaluated during Q4 2019/20 and presented to the Board in Q1 2020/21.
Continue to promote Council of Member role internally / externally with specific focus on branding and advertising through social media platforms.	Promotional opportunities being maximised.	Promotional opportunities continue to be maximised and the use of social media to further promote the role will commence in Q4 2019/20.



Recruit additional 4 members.	<b>3 new members recruited.</b>	<b>Amber - planning further ways of how we can further promote the role by using social media.</b>
All survey leads to produce action plans and updates involving staff in their area by agreed deadlines.	<b>In progress</b>	<b>Patient Experience Team monitoring divisions and providing support with action plan development.</b>
Include stakeholders, patients and/or their carers to contribute and co-produce a variety of documents and initiatives to improve the patient experience.	<b>In progress. Example includes the Council of Members having been involved with the letter template for easy read appointment letters.</b>	<b>Ongoing. Council of members have recently reviewed two different drafts of patient letters for easy read access.</b>
Involving families in the learning from deaths process.	<b>In progress via the Bereavement Nurse.</b>	<b>SJR process reviewed – changes will be included in the LfD policy in due course. An action plan which includes national recommendations has been developed and will be overseen by MRG and EoL Group.</b>
Ensure that patients and carers participate in local and commissioner-led consultations.	<b>In progress</b>	<b>Amber – in progress and further opportunities to be identified via the multi-stakeholder Joint Engagement Assurance Group.</b>
Select two areas where a co-production approach could be implemented and focus on embedding this approach.	<b>Specific projects identified and are in progress.</b>	<b>Specific projects identified and are in progress (paediatrics always events and patient information tablemat project).</b>
Evaluate the approach implemented in year 1.	<b>To be completed at the end of Year 1.</b>	<b>Amber – evaluation to be undertaken in Q1 2020/21.</b>
<b>Actions completed during Q3 2019/20:</b>		
Result posters to be developed and displayed in areas where surveys have taken place to inform patients and carers.	<b>Poster design developed and awaiting printing by Medill.</b>	<b>Completed - Poster designed, printed and released. Template to be used for forthcoming results</b>
The Trust's website will be updated to include patient survey summaries and resulting service improvements.	<b>In progress</b>	<b>Completed - Results via poster and internet to be released once results pass embargo date and reported via Trust Board.</b>
Develop training and support programme for Patient Experience and Engagement champions.	<b>Patient Engagement Toolkit developed and to be used for training of the PE champions.</b>	<b>Completed - Patient Engagement Toolkit developed and to be used for training of the PE champions.</b>
Implement the Complaints Survey Toolkit to enhance feedback mechanisms and patient satisfaction.	<b>Developed and being introduced.</b>	<b>Completed - Developed and being introduced.</b>
Undertake training needs analysis of members and where possible ensure regular mandatory training.	<b>TNA completed and members asked to submit their individual TNAs to the PE team.</b>	<b>Completed</b>
Work with local community organisations (where appropriate) to introduce Community Bereavement Hubs in Trust locations.	<b>New location has been identified – final arrangements being made.</b>	<b>Completed - Location secured and the volunteers are being recruited.</b>

Establish whether a co-production is in place across any services at the Trust.	<b>Baseline of patient engagement and co-production established and being regularly updated.</b>	<b>Completed - Baseline of patient engagement and co-production established and being regularly updated.</b>
<b>Actions completed during Q2 2019/20:</b>		
Ensure that patient experience is a standing agenda item on Directorate and Divisional governance meetings.		<b>Completed - Complaints as standing agenda item. PE dashboards presented monthly.</b>
Introduce the Observe and Act initiative within Division 3, including self-assessment and delivery of training.		<b>Completed and to be evaluated during Q4 2019/20.</b>
Patient Stories to be regularly shared at Trust Board, Nursing, Midwifery and Health Visiting forums and Senior Managers' Briefings.		<b>Completed</b>
Each patient story will be available Trust-wide where it is accessible for senior managers to consider as part of their Divisional management meetings.		<b>Completed</b>
Patient Stories to be included at induction and where consent is gained to be made available through social media platforms.		<b>Completed</b>
Establish a formal complaints review panel with Council of Members as external reviewers.		<b>Completed</b>
Review and develop Council of Member role outline.		<b>Completed</b>
Appoint Chair and Vice Chair.		<b>Completed</b>
Develop clear objectives for recruitment and retention of volunteers.		<b>Completed</b>

<b>Appendices and Reading Room</b>	
1	Appendix: Q3 2019/20 Dashboards for Division 1, 2 and 3
2	Reading Room: <ul style="list-style-type: none"> <li>National Inpatient Survey 2018 summary</li> <li>Children and Young People Survey 2018 Summary</li> <li>Urgent and Emergency Care Survey 2018 Summary</li> </ul>

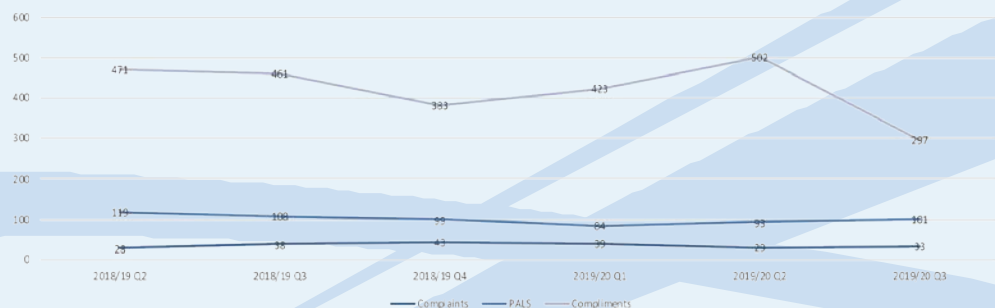
# Patient Experience Feedback - Division One

Quarter Three 2019/20



The Royal Wolverhampton  
NHS Trust

Formal Complaints, PALS Concerns and Compliments



Response Rates



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

However:



## Highlights

- PHSO – No cases accepted by PHSO for investigation.
- FFT – Only 2 inpatient areas have been rated red for their recommendation rate (score of 79% or below).
- FFT - 94% overall divisional recommendation rate.

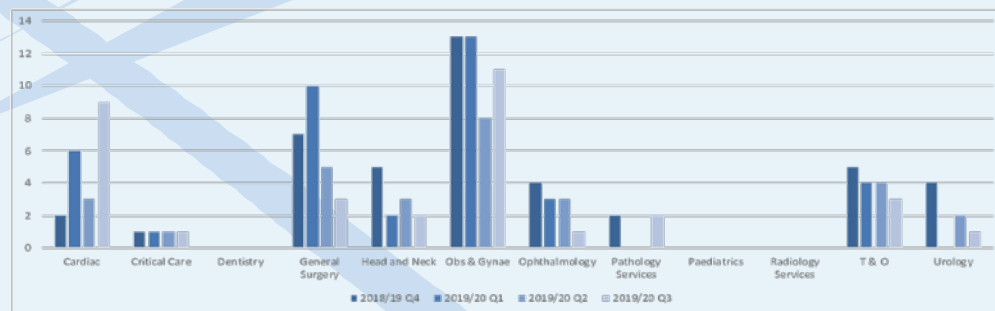
## Lowlights

- FFT - 12% decrease in the overall response rate for the division.

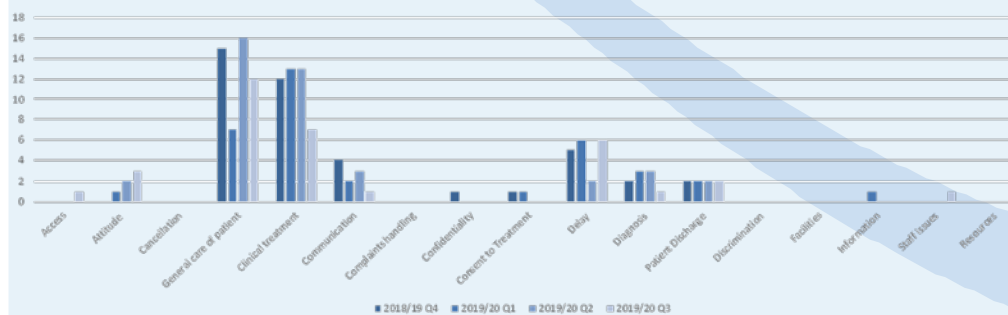
## Actions

- Division 1 – FFT provider to provide outpatients and community report by speciality to assist with targeted approach for under performing areas.
- FFT provider to deliver training on Envoy system to encourage access to real time information in order to assist in improving the patient experience / recommendation rates.

Complaints Received by Directorate



Themes of Closed Complaints



Total complaints recorded represent an increase of



Outcomes for complaints closed

RWT Outcomes (Div 1)	NHS Digital National Average
<b>76% Not Upheld</b>	<b>35.6% Not Upheld</b>
<b>18% Partially Upheld</b>	<b>33.6% Partially Upheld</b>
<b>6% Upheld</b>	<b>30.8% Upheld</b>

\*Please note, National England average from NHS Digital Statistics for Q1 2019/20

# Division 1

## Quantitative (Response Rates)

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A12	9	1	0	0	1	0	11	57	24%	19%
A14	11	2	0	0	0	0	13	68	26%	19%
A23	16	0	1	1	0	0	18	81	10%	22%
A5	15	4	0	0	0	0	19	45	67%	42%
A6	1	0	0	0	1	0	2	29	66%	7%
A9 SEU	44	9	3	1	0	0	57	272	26%	21%
B14	56	1	0	0	0	0	57	157	41%	36%
B8	37	2	0	0	0	0	39	128	34%	30%
C39 BSSU	39	12	0	0	1	0	52	173	34%	29%
D7 Gynae	40	6	1	0	1	0	48	220	35%	22%
HILTON	89	9	2	1	0	2	103	135	73%	76%
ICCU	0	0	0	0	0	0	0	1	0%	0%

Antenatal	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
Total	16	4	1	2	6	0	29	463	6%	6%

Birth	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
Birth CDS	27	2	1	1	1	0	32	345	10%	9%
BORN BEFORE ARRIVAL	1	0	0	0	0	0	1	7	0%	14%
HOME	0	0	0	0	0	0	0	1	100%	0%
MLU	2	0	0	0	0	0	2	24	95%	8%
Total	30	2	1	1	1	0	35	377	14%	9%

Postnatal Ward	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
Total	29	4	1	1	1	0	36	377	26%	10%

Postnatal Community	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
Total	26	4	0	0	1	0	31	343	11%	9%

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
ADML	74	11	0	0	0	0	85	356	34%	24%
CARDDAYW	52	5	0	0	0	1	58	203	40%	29%
DCU	39	6	0	0	1	0	46	204	28%	23%
DURNALL	23	8	1	0	0	0	32	358	13%	9%
HOLLYBANK	56	6	2	0	0	1	65	264	27%	25%
MJW	110	25	1	1	0	3	140	428	37%	33%
Total	354	61	4	1	1	5	426	1813	28%	23%

Outpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
Total	1740	387	44	16	22	20	2229	12784	17%	17%

## Trust vs National Average

	Department	Trust	National Average
Response Rate	A&E	15%	12%
	Inpatients & Day Case	27%	25%
	Outpatients	17%	7%
	Birth	9%	20%
Recommends	A&E	83%	85%
	Inpatients & Day Case	95%	96%
	Outpatients	95%	94%
	Birth	91%	97%
Non Recommends	A&E	10%	9%
	Inpatients & Day Case	2%	2%
	Outpatients	2%	3%
	Birth	6%	1%

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

## Qualitative (Recommendation Rate)

Inpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A12	11	10	1	9%	71%	91%
A14	13	13	0	0%	100%	100%
A23	18	16	1	6%	75%	89%
A5	19	19	0	0%	95%	100%
A6	2	1	1	50%	100%	50%
A9 SEU	57	53	1	2%	84%	93%
B14	57	57	0	0%	100%	100%
B8	39	39	0	0%	93%	100%
C39 BSSU	52	51	1	2%	92%	98%
D7 Gynae	48	46	1	2%	88%	96%
HILTON	103	98	1	1%	97%	95%
ICCU	0	0	0	0%	0%	0%

Antenatal	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
Total	29	20	8	28%	88%	69%

Birth	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
Birth CDS	32	29	2	6%	91%	91%
BORN BEFORE ARRIVAL	1	1	0	0%	0%	100%
HOME	0	0	0	0%	100%	0%
MLU	2	2	0	0%	100%	100%
Total	35	32	2	6%	94%	91%

Postnatal Ward	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
Total	35	33	2	6%	96%	94%

Postnatal Community	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
Total	31	30	1	3%	85%	97%

Day Cases	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
ADML	85	85	0	0%	95%	100%
CARDDAYW	58	57	0	0%	94%	98%
DCU	46	45	1	2%	98%	98%
DURNALL	32	31	0	0%	85%	97%
HOLLYBANK	65	62	0	0%	96%	95%
MJW	140	135	1	1%	98%	96%
Total	426	415	2	0%	95%	97%

Outpatients Trustwide	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
Total	2229	2127	38	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.

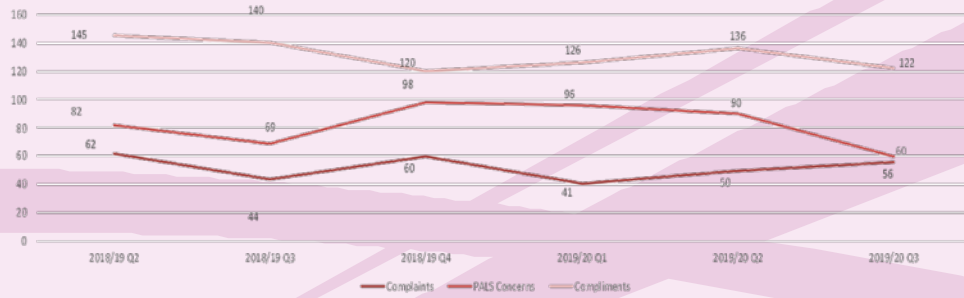
# Patient Experience Feedback - Division Two

## Quarter Three 2019/20



The Royal Wolverhampton  
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### Formal Complaints, PALS Concerns and Compliments



### Response Rates



98% were closed within 30 days or consent to breach was sought.

However:



### Highlights

- FFT – Only 4 inpatient areas have been rated red for their recommendation rate (score of 79% or below).
- FFT - 96% overall divisional recommendation rate .

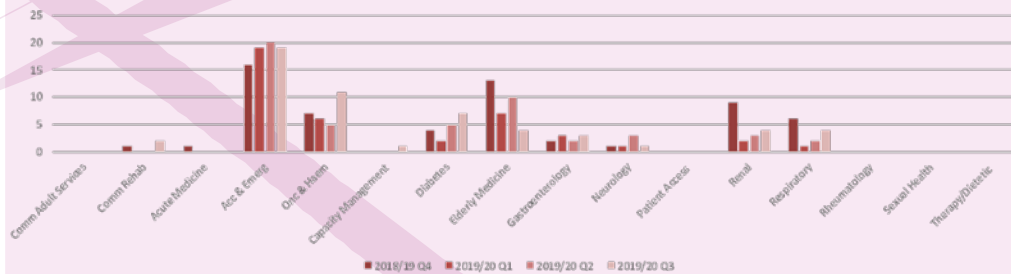
### Lowlights

- FFT - 8% decrease in the overall response rate for the division.
- PHSO – 2 cases accepted for formal investigation.

### Actions

- Implement trial in ED of QR Codes to allow wider opportunity to capture FFT feedback.
- Patient Experience Team to meet with Matron / Ward Manager for low performing areas to discuss and agree actions to assist in implementing targeted improvements.

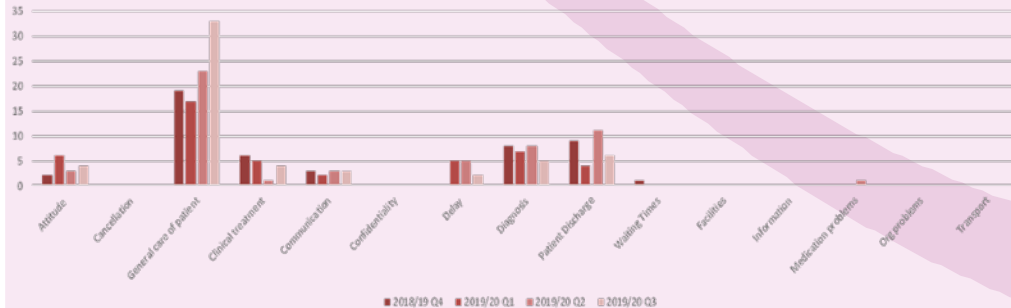
### Complaints Received by Directorate



Total complaints recorded represent an increase of



### Themes of Closed Complaints



### Outcomes for complaints closed

RWT Outcomes (Div 2)	NHS Digital National Average
<b>80.70% Not Upheld</b>	<b>35.6% Not Upheld</b>
<b>15.79% Partially Upheld</b>	<b>33.6% Partially Upheld</b>
<b>3.51% Upheld</b>	<b>30.8% Upheld</b>

\*Please note, National England average from NHS Digital Statistics for Q1 2019/20

# Division 2

## Quantitative (Response Rates)

Emergency Department	1	2	3	4	5	6	Responses	Eligible	RR last month	Response Rate
AE	837	216	65	38	77	22	1255	7748	16%	16%
MIU	136	17	3	4	6	2	168	997	22%	17%
PAED_AE	139	29	11	14	33	0	226	2246	12%	10%
PAED_MIU	24	3	1	1	1	0	30	191	21%	16%
Total	1136	265	80	57	117	24	1679	11182	15%	15%

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A7	14	6	0	0	0	0	20	34	46%	59%
A8	7	9	0	0	0	1	17	48	55%	35%
B11 CHU	4	3	2	0	0	0	9	59	23%	15%
B12 ASU	83	6	0	1	0	0	90	86	98%	105%
C15	4	0	0	0	0	0	4	46	29%	9%
C16	4	1	1	0	1	0	7	42	17%	17%
C17	4	3	0	0	1	0	8	33	47%	24%
C18	4	1	0	0	0	0	5	35	24%	14%
C19	2	2	0	0	0	0	4	58	22%	7%
C21 AMU	38	8	1	2	0	1	50	228	33%	22%
C22	6	6	0	1	1	0	14	35	35%	40%
C24	2	1	0	0	0	0	3	61	29%	5%
C25	6	3	0	0	0	0	9	64	29%	14%
C35 Deanesly	3	1	1	1	0	0	6	41	26%	15%
C41	8	2	0	0	0	0	10	72	16%	14%
FAIROAK	4	1	0	0	0	0	5	20	67%	25%
W1	9	0	0	0	0	0	9	15	113%	60%
W2	7	2	1	0	1	0	11	21	17%	52%
West Park Rehab Ward	0	0	0	0	0	0	0	0	17%	0%

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
ADML	74	11	0	0	0	0	85	356	34%	24%
CARDDAYW	52	5	0	0	0	1	58	203	40%	29%
DCU	39	6	0	0	1	0	46	204	28%	23%
DURNALL	23	8	1	0	0	0	32	358	13%	9%
HOLLYBANK	56	6	2	0	0	1	65	264	27%	25%
MJW	110	25	1	1	0	3	140	428	37%	33%
Total	354	61	4	1	1	5	426	1813	28%	23%

Outpatients Trustwide	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	1740	387	44	16	22	20	2229	12784	17%	17%

## 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	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
AE	1255	1053	115	9%	85%	84%
MIU	168	153	10	6%	93%	91%
PAED_AE	226	168	47	21%	72%	74%
PAED_MIU	30	27	2	7%	94%	90%
Total	1679	1401	174	10%	85%	83%

Inpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A7	20	20	0%	0%	100%	100%
A8	17	16	0%	0%	100%	94%
B11 CHU	9	7	0%	0%	100%	78%
B12 ASU	90	89	100%	1%	98%	99%
C15	4	4	0%	0%	100%	100%
C16	7	5	100%	14%	100%	71%
C17	8	7	100%	13%	89%	88%
C18	5	5	0%	0%	89%	100%
C19	4	4	0%	0%	100%	100%
C21 AMU	50	46	200%	4%	96%	92%
C22	14	12	200%	14%	100%	86%
C24	3	3	0%	0%	93%	100%
C25	9	9	0%	0%	75%	100%
C35 Deanesly	6	4	100%	17%	100%	67%
C41	10	10	0%	0%	88%	100%
FAIROAK	5	5	0%	0%	83%	100%
W1	9	9	0%	0%	92%	100%
W2	11	9	100%	9%	100%	82%
West Park Rehab Ward	0	0	0%	0%	100%	0%

Day Cases	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
ADML	85	85	0	0%	95%	100%
CARDDAYW	58	57	0	0%	94%	98%
DCU	46	45	1	2%	98%	98%
DURNALL	32	31	0	0%	85%	97%
HOLLYBANK	65	62	0	0%	96%	95%
MJW	140	135	1	1%	98%	96%
Total	426	415	2	0%	95%	97%

Outpatients Trustwide	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
Total	2229	2127	38	2%	95%	95%

## Trust vs National Average

	Department	Trust	National Average
Response Rate	A&E	15%	12%
	Inpatients & Day Case	27%	25%
	Outpatients	17%	7%
	Birth	9%	20%
Recommends	A&E	83%	85%
	Inpatients & Day Case	95%	96%
	Outpatients	95%	94%
	Birth	91%	97%
Non Recommends	A&E	10%	9%
	Inpatients & Day Case	2%	2%
	Outpatients	2%	3%
	Birth	6%	1%

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

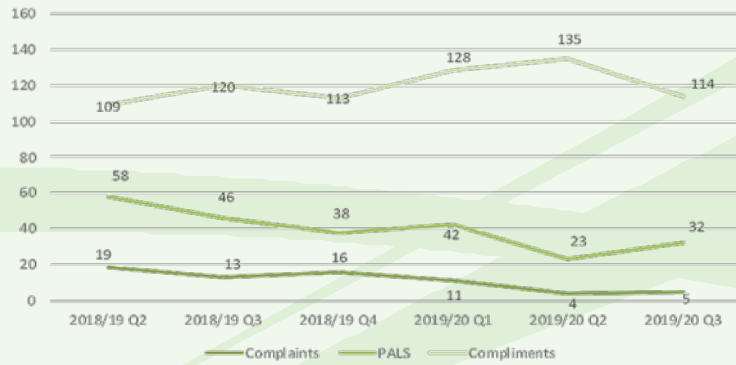
# Patient Experience Feedback - Division Three

Quarter Three 2019/20

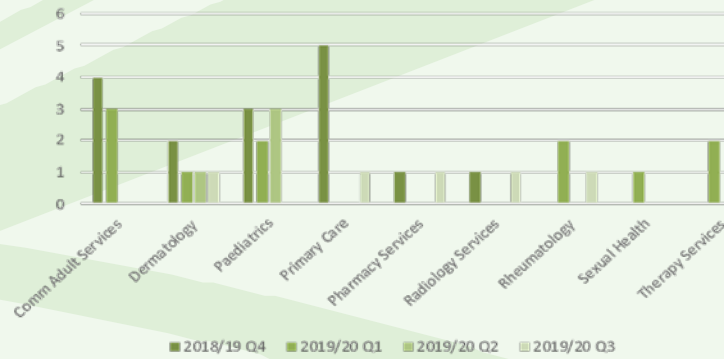


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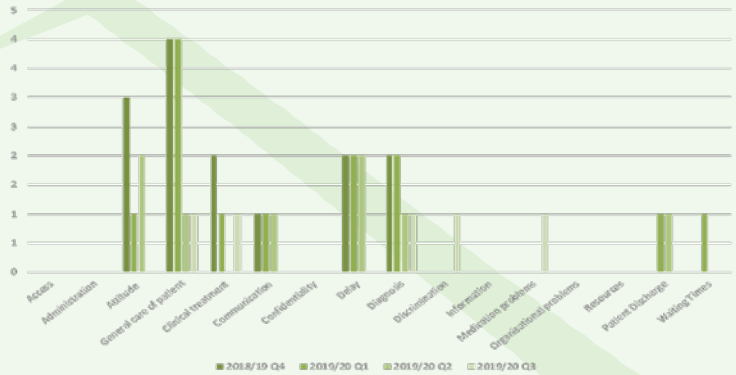
Formal Complaints, PALS Concerns and Compliments



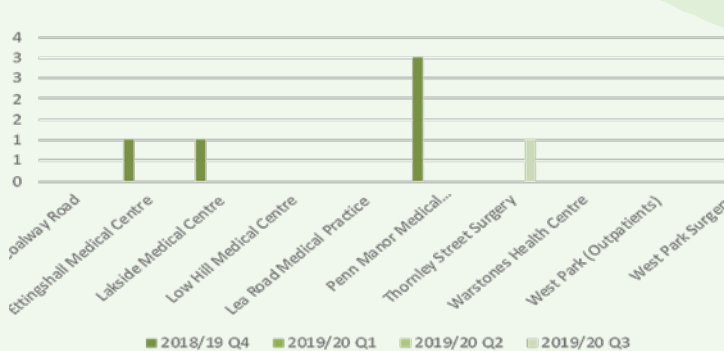
Complaints Received by Directorate



Themes of Closed Complaints



Complaints Received by Primary Care - GP Practices



## Highlights

- PHSO – no cases accepted by the PHSO for investigation.
- FFT – 100% of VI practices with a recommendation rate of 80% or above.

## Lowlights

- FFT - 19% overall reduction of Primary Care response rate.

## Actions

- Patient Experience Team to meet with underperforming Primary Care practices and relevant Paediatric areas to discuss and agree actions to assist in implementing targeted improvements.

Total complaints recorded represent a increase of



## Response Rates



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

## Outcomes for complaints closed

RWT Outcomes (Div 3)	NHS Digital National Average
60% Not Upheld	35.6% Not Upheld
0% Partially Upheld	33.6% Partially Upheld
40% Upheld	30.8% Upheld

\*Please note, National England average from NHS Digital Statistics for Q1 2019/20

# Division 3

## Quantitative (Response Rates)

Location	1	2	3	4	5	6	Responses	Eligible	Response Rate
Children's Outpatients	32	8	1	0	2	0	43	1072	4%
Children's Ward (A21)	25	5	0	0	2	0	32	261	12%
Paediatric Assessment Centre	18	10	0	3	7	0	38	541	7%
Children's Community	13	3	2	0	3	1	22	1418	2%
PAED_CDW	0	0	0	0	0	0	0	24	0%
PAED_TCUNIT	1	0	0	0	1	0	2	63	3%
<b>Total</b>	<b>89</b>	<b>26</b>	<b>3</b>	<b>3</b>	<b>15</b>	<b>1</b>	<b>137</b>	<b>3379</b>	<b>4%</b>

GP Surgery	1	2	3	4	5	6	Responses
Alfred Squire	202	45	4	5	6	1	263
Dr Bilas	4	14	2	0	0	0	20
Coalway Road	94	31	0	8	2	0	135
Lakeside	133	27	5	1	3	0	169
Lea Road	76	19	4	0	13	4	116
Penn Manor	171	57	18	8	7	3	264
Thornley St.	65	22	6	2	6	2	103
Warstones	2	0	0	0	0	0	2
West Park	86	18	3	3	2	0	112
<b>Total</b>	<b>833</b>	<b>233</b>	<b>42</b>	<b>27</b>	<b>39</b>	<b>10</b>	<b>1184</b>

## Trust vs National Average

	Department	Trust	National Average
Response Rate	A&E	15%	12%
	Inpatients & Day Case	27%	25%
	Outpatients	17%	7%
	Birth	9%	20%
Recommends	A&E	83%	85%
	Inpatients & Day Case	95%	96%
	Outpatients	95%	94%
	Birth	91%	97%
Non Recommends	A&E	10%	9%
	Inpatients & Day Case	2%	2%
	Outpatients	2%	3%
	Birth	6%	1%

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

## Qualitative (Recommendation Rate)

Location	Total Surveys	Recommends	Non Recommends	% Non Recommends	% Recommends
Children's Outpatients	43	40	2	5%	93%
Children's Ward (A21)	32	30	2	6%	94%
Paediatric Assessment Centre	38	28	10	26%	74%
Children's Community	22	16	3	14%	73%
PAED_CDW	0	0	0	0%	0%
PAED_TCUNIT	2	1	1	50%	50%
<b>Total</b>	<b>137</b>	<b>115</b>	<b>18</b>	<b>13%</b>	<b>84%</b>

GP Surgery	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Alfred Squire	263	247	11	4%	93%	94%
Dr Bilas	20	18	0	0%	93%	90%
Coalway Road	135	125	10	7%	91%	93%
Lakeside	169	160	4	2%	97%	95%
Lea Road	116	95	13	11%	87%	82%
Penn Manor	264	228	15	6%	87%	86%
Thornley St.	103	87	8	8%	79%	84%
Warstones	2	2	0	0%	100%	100%
West Park	112	104	5	4%	89%	93%
<b>Total</b>	<b>1184</b>	<b>1066</b>	<b>66</b>	<b>6%</b>	<b>89%</b>	<b>90%</b>

Community	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
<b>Total</b>	<b>564</b>	<b>521</b>	<b>8</b>	<b>1%</b>	<b>91%</b>	<b>92%</b>

Outpatients Trustwide	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
<b>Total</b>	<b>2229</b>	<b>2127</b>	<b>38</b>	<b>2%</b>	<b>95%</b>	<b>95%</b>

## RAG Rating Key

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

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