

## Trust Board Report

<b>Meeting Date:</b>	31 October 2016
<b>Title:</b>	Patient Experience Quarterly Report – Q1 2016/17
<b>Executive Summary:</b>	<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> <ul style="list-style-type: none"> <li>• The Friends and Family Test results in Q1 show that the Trust overall response rate is 21% with a recommended rate of 91%.</li> <li>• A full analysis has been undertaken with regard to last year' FFT results and direct work is being undertaken with the areas highlighted for improvement.</li> <li>• The trust received 125 formal complaints in this quarter; compared to 114 the previous quarter. Volume of complaints has increased by 10.68% when compared to the previous quarter.</li> <li>• The volume of Parliamentary Health Service Ombudsman cases remain low in number and represents 2% of the complainants who remain dissatisfied with the response and seek progression to stage 2 of the statutory complaints procedure. This demonstrates thoroughness in the investigations undertaken and the responses provided to complainants.</li> <li>• It is noted that for this quarter, Division 1 experienced a reduction of complaints of 11.48% and Division 2 experienced an increase of 38%. The volume of complaints for the remainder of the Trust which falls under the corporate directorate is minimal where only two complaints were received for Q1.</li> <li>• During quarter 1 there were 112 cases closed; 87 were closed within 30 working days or had consent to breach, 25 cases took 31 days or more to complete without consent to breach.</li> <li>• This shows that overall 78% of complaints were handled either within the organisational timeframe of 30 working days or were given consent to breach due to extenuating circumstances or complexity. However as at September 2016 this has now increased to 94%.</li> <li>• It is important to note that since the revised policy has been implemented the response compliance rate has fluctuated whilst the investigating officers are familiarising themselves with the new timescales.</li> </ul>
<b>Action Requested:</b>	To note the content of the report and support the development work being undertaken.
<b>Report of:</b>	Cheryl Etches, Chief Nurse/Deputy Chief Nurse

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<b>Links to Trust Strategic Objectives</b>	
<b>Resource Implications:</b>	Revenue: Capital: Workforce: Funding Source:
<b>Equality and Diversity Assessment</b>	(Include here details as to the equality and diversity impact of the recommendation (if any), specifically in relation to the Protected Characteristics under the Public Sector Equality Duty, namely age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and belief, sex, and sexual orientation)
<b>Risks: BAF/ TRR (describe risk and current risk score)</b>	
<b>Public or Private: (with reasons if private)</b>	Public Session
<b>References: (eg from/to other committees)</b>	
<b>Appendices/ References/ Background Reading</b>	
<b>NHS Constitution: (How it impacts on any decision-making)</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>

Background Details	
1	Click To Add Heading

*Guidance to authors (please delete the following **before** submitting your report):*

*As a minimum, reports need to include:*

- *The question to be decided (succinctly expressed)*
- *The relevant facts, including – according to circumstances – sufficient background history to set the matter in context, definitions of words and concepts, a note of the Trust’s need/duty to take the action proposed, its existing policy on the subject matter or related topics, narrative about (where applicable) financial background, clinical issues, patient safety and quality, workforce, national and local policy, any implications for the local health economies, patient and public consultation, and legal issues.*
- *The options open, and the consequences of pursuing each alternative proposed*
- *An indication of the particular course recommended and reasons for the recommendation*



# Patient Experience Quarterly Report

## Q1 2016/17 – October 2016

An NHS organisation that continually strives to improve patients' experiences and outcomes



Safe &  
Effective

Kind &  
Caring

Exceeding  
Expectation

## **1. Purpose**

To provide an update on progress in terms of agreed patient experience performance metrics; an overview of key issues arising out of feedback from patients, carers and relatives about their experiences of care; and an overview of progress with work programmes intended to improve the experience of patients. As an organisation, the Trust recognises that by responding well to complaints and feedback from patients we improve the patient and carer experience and increase public confidence in the services that we provide.

### **Narrative**

## **2. Background**

Information about how service users view the trust is collated from a variety of sources, including PALS, complaints, incident reports, claims, Coroners Court, patient surveys (national and local), local audits and through the NHS friends and family test.

Whilst the trust has a legally binding contract with the Clinical Commissioning Groups identifies a range of quality metrics related to the patient experience and which are regularly reported.

This report also acts as a source of evidence to demonstrate compliance with national standards and recommendations made in respect of patient experiences and complaints management. Notably the Care Quality Commission Regulation 16: Receiving and acting on complaints and those related standards in Regulation 13: Safeguarding service users from abuse and improper treatment, Regulation 17: Good governance and finally Regulation 20: Duty of Candour.

This report being cognisant of the requirements to demonstrate compliance of national standards and implementation of various recommendations and the commissioning contract will cover the following areas:

- Formal complaints management
- The Friends and Family Test (FFT)
- PALS
- NHS Choices & Patient opinion
- Learning from experiences

The specific patient feedback contained in this report will now be specific to the divisions to enable a greater level of scrutiny and for remedial action to be taken. Personalised dashboards have been created for the specific Division 1 (surgical) and Division 2 (medical) and the remainder of the patient feedback which falls under the corporate division, it should be noted is so minimal that the data will be given within the context of the report rather than a specific dashboard.

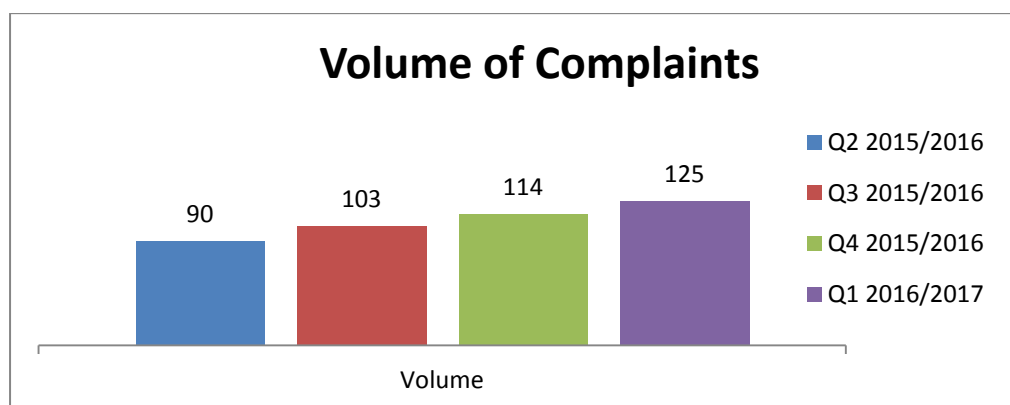
Where possible all forms of patient feedback will be shown and this will include FFT, PALS, Complaints and cases referred to the Parliamentary Health Service Ombudsman (PHSO).

## Formal Complaints Management

The trust received 125 formal complaints in this quarter; compared to 114 the previous quarter. This represents an overall increase of 7.90% although it is slightly less than the increase of 10.68% which was experienced in Q4.

It is noted that for this quarter, Division 1 experienced a reduction of complaints of 11.48% and Division 2 experienced an increase of 38%. The volume of complaints for the remainder of the Trust which falls under the corporate directorate is minimal where only two complaints were received for Q1.

The following chart summarises the numbers of complaints received quarter on quarter throughout the preceding 12 months.



Upon analysis of the category of complaints, it is evident that for Division 2 discharge has had a substantial increase to 16 cases compared to 3 in Q4. The complainants have detailed that the actual cause for complaints around discharge relate to a failure to communicate with relatives, incorrect formation on discharge letter and patients inappropriately discharged from ED or a ward.

Division 2 has however experienced a decrease in four of the categories namely attitude, clinical treatment, facilities and waiting times.

Division 1 has experienced a positive reduction for those considered to be in relation to clinical treatment and delay although an increase in those relating to cancellation and administration.

This information has been shared with the respective division and any remedial action will be reported on next quarter's report.

The one complaint for the corporate division related to patient confidentiality.

## Complaint response times

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust has previously monitored performance internally against both a 25 working day timeframe and formally, the renegotiated timescale. Metrics have been gathered and recorded against both of these timescales.

For the beginning of this quarter the Trust reviewed and ratified its complaints policy which offered greater clarity around complaint waiting times which was amended to 30 working days.

The investigating managers continue to make contact with complainants directly to renegotiate timescales for complaints where there has been a delay and these are recorded on the online complaints monitoring system.

Complaint response times continue to be of concern and actions have been identified and implemented to address these concerns. Any Investigating Officer who now breaches the agreed completion deadline is required to complete a breach report to the reasons why and present this to the Chief Nurse / Deputy Chief Executive at the Check and Challenge meeting. This was introduced in August 2015.

During quarter 1 there were 112 cases closed; 87 were closed within 30 working days or had consent to breach, 25 cases took 31 days or more to complete without consent to breach.

This shows that overall 78% of complaints were handled either within the organisational timeframe of 30 working days or were given consent to breach due to extenuating circumstances or complexity.

It is important to note that since the revised policy has been implemented the response compliance rate has fluctuated whilst the investigating officers are familiarising themselves with the new timescales.

In quarter 1 there were 25 cases where consent to breach was not sought or agreed; a marginal decrease from the previous quarter (28). These issues will be addressed by the continual awareness raising of the revised Complaints Management policy OP08 which was ratified in March 2016, with operational teams currently being trained on the key changes in the policy.

The Patient Experience Team continues to provide supportive and informative measures to assist the directorates in order to reduce the potential for breaches to happen. One of these is the implementation of the Divisional Dashboards, which also includes information in relation to the Friends and Family Test. The information provided on the dashboards will help to identify and triangulate key themes. The key focus is to keep the complainant informed as much as possible and to negotiate any extension to timescales.

### **Reopened complaints**

During Q1 11 formal complaints were re-opened which is a decrease on the previous quarter (18 reopened in Q4).

The Directorates with the re-opened in this quarter as follows;

For Division 1 – Cardiology x1, Critical Care x 1, General Surgery x 1, Urology x 1, Trauma & Orthopaedic x2,.

Division 2 – Respiratory x 1, Cancer Services x 2, Community Rehab x 1, Community Adult Services x 1,

## **Serious Complaint (red and amber) Investigation Outcomes**

There were 15 complaints graded amber during this reporting period, of these 1 complaint is still under investigation.

There were no complaints graded red for this reporting period.

Complaints are graded on receipt according to likelihood and consequence and grading is undertaken on the basis of the content of the complaint prior to investigation by directorates. In line with Trust policy, directorates re-grade complaints where appropriate once issues have been investigated.

Key:

- Amber rating = A complaint involving substantiated lack of care/attitudinal issues/potential for litigation/settlement less than £50K.
- Red rating = Multiple substantiated complaints. Attract media publicity. External inquiry likely if substantiated and has the potential for litigation in excess of £100k. A Never Event or serious incident resulting in major or serious enduring harm.

## **Ombudsman (PHSO) investigations**

There were 3 complaints referred within this quarter.

In terms of outcomes from investigations undertaken, there was 1 complaint which was not upheld (Respiratory).

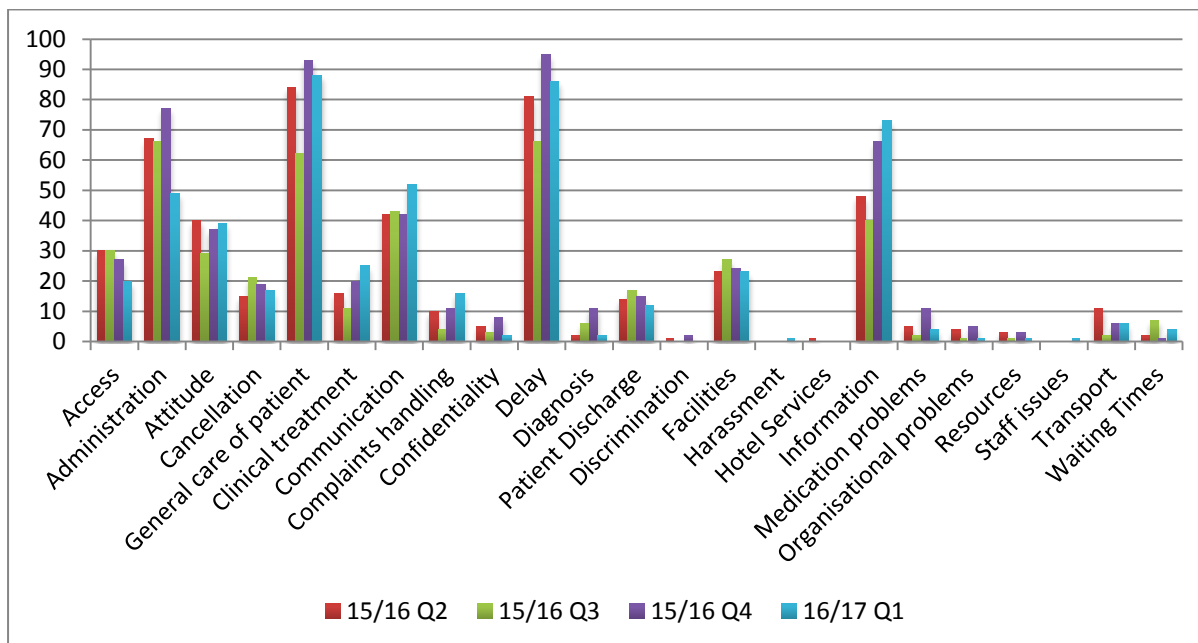
## **Patient Advice & Liaison Services (PALS)**

The following graph depicts the themes in PALS enquiries for this quarter compared with the previous quarter. The consistent emerging themes are particularly relating to general care of patients and delay receiving the most contacts.

The theme general care of patient has seen a 5% decrease this quarter as opposed to a 33% increase in the previous quarter.

Considerable decreases have also been experienced for Administration (36%) and Delay (9%).

The number of PALS contact this quarter has shown a slight decrease this quarter to 522 compared to 570 in Q4 2015/16. This is detailed in the table below.



### PALS contact number by Quarter

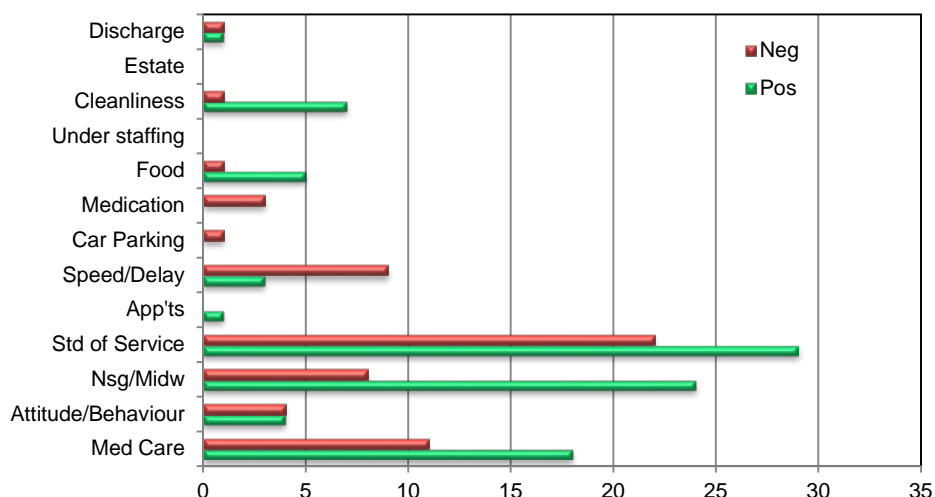
Quarter	Contacts
15/16 Q2	504
15/16 Q3	438
15/16 Q4	570
16/17 Q1	522
<b>Totals:</b>	<b>2037</b>

### NHS Choices & Patient Opinions

Patient and carers can exercise the option of leaving details of their experiences / views about the providers of healthcare services they have recently used on websites such as NHS Choices and Patient Opinions. The following chart summarises the comments left during the last three months.

There continues to be a greater volume of positive comments compared to negative comments with the exception of speed/delay which can be varied and subjective to the patient.





### **Actions taken in response to Feedback and Lessons Learned**

Continuous analysis of patient experience data has contributed to the development of a series of improvement programmes that tackle key trends and issues of concern.

Following receipt of the concerns raised in relation to ASD, a validation assessment was undertaken and confirmed that the patients status of discharged was due to an administration error. Processes within the admin teams have since been reviewed and a regular validation check has now been implemented.

The implementation of the Organisational Learning Action Plan document as part of the ratified Complaints Management Policy OP08 should evidence an increase in learning from complaints. The information recorded will assist in promoting an ethos of reflection and learning trust wide and will ensure that accountability at divisional level is customary.



### **The Friends & Family Test (FFT)**

The Friends and Family Test (FFT) is a tool based on the commercial Net Promoter Score Test and is a tool used for providing a simple, headline metric, which when combined with a follow up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice. The overall aim of the process is to identify ways of improving the quality of care and experience of the patients and carers using NHS services in England.

FFT is a simple, single question survey which asks patients to what extent they would recommend the service they have received at a hospital department to family or friends who need similar treatment. All data collected is used to calculate a score (the Net Promoter Score).

Scoring ranges from extremely likely to extremely unlikely. Based on the response, respondents fall into one of three categories: a) detractors, b) promoters or c)

passives. To calculate the NET Promoter Score, the percentage of detractors is subtracted from the percentage of promoter respondents.

Within the trust, the FFT survey is currently live within the following areas:

- A&E
- Inpatients
- Maternity
- Outpatients
- Day Case
- Community Services

Arrangements have been put into place to ensure that the FFT is inclusive for Children and Young People in an electronic and paper format.

The latest information for this quarter, (i.e. June 2016) currently available for each of the above areas is given on the dashboards given at appendix 1 and 2. The current trust level of performance is as follows:

### Trust Overview

	April		May		June	
	Numbers	%	Numbers	%	Numbers	%
Trust Response Rate		23%		22%		21%
Would Recommend	11165	91%	11752	91%	11487	91%
Would Not Recommend	606	5%	564	4%	533	4%

\* ED, IP, OP, Day Case & Birth Combined – remaining % neither recommends nor not recommend

The overall picture of FFT recommendation and response rates are shown by divisional and ward level however some notable points are as follows:

- Inpatient response rates for Division 1 are 28% with a recommendation rate of 93% and for Division 2 this is 22% and 89% respectively.
- Overall this provides the Trust with an inpatient response rate of 26% compared to regional average of 11.7% and national average of 13.4%.
- The Trusts overall inpatient recommendation rate of 92% compares to a regional average of 83% and national average of 86%.
- Outpatient rates currently stand at 93% for recommendation rate and national and regional figures are 92% and 93% respectively.
- Division 1 has shown that 67% of areas are rated with a recommendation rate of 90% or above and 15% showing 79% or below.
- Division 2 has shown that 52% of areas are rated with a recommendation rate of 90% or above however 26% showing 79% or below.

The previous area of concern was Ward A9 where the % recommends had suffered a reduction for the second consecutive month. This has however increased to 93% following direct work and support.

Each month the reports in relation to FFT are analysed and the lowest five performing areas for response and recommendation rate are targeted with direct work for improvement.

All areas of the Trust have been asked to undertake a full audit of their implementation and governance of FFT and where any gaps are identified, arrangements are made for assessments to be undertaken and improvement schedules are put in place.

## Trust Feedback Cloud

The Feedback Cloud is a visual representation of the number of times a keyword appeared throughout the comments. The larger the keyword in the Feedback Cloud the more times it occurred in the comments.



The following charts details the trust performance against the response rates for the three key indicators a) Inpatients b) A & E and c) maternity care.

Considering the data taken from the TDA comparison tool, regionally the Trust overall compares as follows:

### **Patients FFT Results**

<u>Trust</u>	Inpatients			A & E			Mat FFT June 16		
	Recommend	Not Recommend	Response Rate	Recommend	Not Recommend	Response Rate	Recommend	Not Recommend	Response Rate
Birmingham Children's Hospital NHS FT	99.1%	0.2%	18.1%	98.3%	0.7%	8.8%			
Birmingham Women's NHS FT	98.6%	0.0%	17.6%				92.5%	5.0%	6.1%
Derby Hospitals NHS FT	95.4%	1.9%	17.9%	84.9%	8.1%	15.3%	98.9%	0.0%	17.8%
Heart Of England NHS FT	94.0%	2.2%	27.8%	79.4%	12.7%	17.3%	88.6%	8.1%	15.1%
Nottingham University Hospitals NHS Trust	97.3%	0.7%	43.0%	91.1%	4.9%	21.9%	100.0%	0.0%	8.5%
Sandwell and West Birmingham Hospitals NHS Trust	83.2%	8.4%	17.1%	86.4%	9.3%	8.3%			0.0%
Shrewsbury and Telford Hospital NHS Trust	98.1%	0.7%	23.3%	93.7%	2.0%	7.2%	96.9%	1.6%	16.8%
The Dudley Group NHS FT	97.0%	1.7%	13.9%	88.2%	4.4%	1.7%	98.9%	0.0%	25.2%
The Royal Wolverhampton NHS Trust	91.4%	3.9%	25.0%	82.1%	11.3%	16.1%	100.0%	0.0%	16.3%
University Hospitals Birmingham NHS FT	97.8%	0.9%	28.3%	81.8%	12.3%	17.0%			
University Hospitals Coventry and Warwickshire NHS Trust	90.8%	4.8%	23.6%	81.8%	12.2%	13.8%	97.5%	0.0%	21.3%
Walsall Healthcare NHS Trust	96.5%	0.8%	40.5%	96.0%	1.3%	2.4%	99.0%	0.0%	27.4%

In terms of regional comparisons for A and E, The Trust is amongst the lowest for recommendation but however has the second highest response rate. The difference in demographics regionally could have an impact when undertaking direct comparisons.

It is noted that there are areas for improvement and in recognition of this, FFT results has been agreed to form the Trust CQUINS for Patient Experience during 2016/17 and development and improvement work is on-going. Patient Experience is also one of the key priorities for the Trust in the Quality Account Report.

As part of the CQUINS for Q1 for patient experience there has been a full analysis of last financial years FFT activity and feedback. A copy of this report is shown at appendix 3 and details actions highlighted following the analysis.

### Staff FFT Results

	CARE		WORK		
<u>Trust</u>	Recommend	Not Recommend	Recommend	Not Recommend	Response Rate
Birmingham Children's Hospital NHS FT	96.9%	1.0%	72.3%	6.2%	5.3%
Birmingham Women's NHS FT	76.7%	6.0%	58.6%	21.1%	7.6%
Derby Hospitals NHS FT	88.7%	2.7%	70.8%	10.8%	16.1%
Heart Of England NHS FT	62.0%	13.5%	54.6%	18.6%	4.7%
Nottingham University Hospitals NHS Trust	86.5%	3.0%	67.8%	13.8%	26.9%
Sandwell and West Birmingham Hospitals NHS Trust	62.0%	11.4%	47.4%	28.0%	12.5%
Shrewsbury and Telford Hospital NHS Trust	79.7%	8.5%	62.3%	19.3%	3.8%
The Dudley Group NHS FT	89.5%	3.6%	75.5%	12.3%	12.9%
The Royal Wolverhampton NHS Trust	83.0%	4.2%	68.4%	15.6%	5.1%
University Hospitals Birmingham NHS FT	91.7%	1.4%	74.7%	9.7%	12.9%
University Hospitals Coventry and Warwickshire NHS Trust	87.2%	3.7%	71.4%	12.3%	18.7%
Walsall Healthcare NHS Trust	50.8%	21.6%	45.2%	28.5%	16.5%

The trust is continuing in its work to implement a work programme to improve FFT response rates and to ensure this is maintained. This includes a revision of information poster/leaflets which inform patients of the FFT. A programme to increase staff awareness and understanding of the FFT processes, the use of independent volunteers to assist patients to complete the survey and making response cards more readily available to patients has commenced.

The trust has now rolled out FFT to children and is now considering how to also collect the views of users with learning disabilities.

### **Arts in Health Service**

Work is continuing to re-establish the on-going '***Patient Wellbeing and Art Activity Programme***' for wards C22 New Cross and wards at West Park Hospital. *Involving re-building a team of art volunteers who facilitate arts activities for patients to improve patient experience, support recovery and promote a sense of wellbeing.*

Previous Arts Council funding supported the production of the Arts in Health electronic resource toolkit for use with the arts volunteers during training by Arts Manager – this now underpins the ability to maintain quality standards of arts activities offered to patients.

On-going support is being given to Occupational Therapy ***Neuro Rehabilitation Arts Group*** at West Park Rehabilitation Hospital by training art volunteers to facilitate the group. Patients attending the arts group are stroke out patients and stroke inpatients. Aims are to encourage patients to use their affected limb as part of on-going therapy and socialise with other patients practising speaking within a group that understands their problems.

The Trust Arts in Health Service delivers a range of arts in health projects and initiatives, including incorporating art into the patient environment as research evidences that art in hospitals can contribute to creating healing environments and play a role in supporting provision of patient-centred care, and offering participatory arts activities to hospital patients to promote well-being and support recovery.

### **Volunteer Services**

#### **Therapy Services at West Park Hospital**

Recruitment has again been very active for Therapy Services at West Park Hospital, both with patient activity groups for rehabilitating stroke patients, and vocational rehabilitation volunteers (Volunteers who were themselves former patients and receive support from Occupational Therapy to re-join training/ employment after a serious illness or long term health condition).

#### **Presentations**

Presentations by Volunteer Services were given in the Dementia Public Reference Group in August on how volunteers contribute to supporting those with dementia and how we would like to develop the service further.

#### **Recruitment**

The Trust continues to recruit on a monthly basis for a variety of roles throughout the Trust.

## **Equality, Diversity and Inclusion**

The first Equality, Diversity and Inclusion steering group meeting has now taken place (May 2016). This continues to drive the equality agenda forward with regards to the range of compliance work that must be undertaken.

The Trust's equality information report and equality objectives are being drafted. Regular equalities monitoring takes place with quarterly progress reported to Wolverhampton CCG's Clinical Quality Review Meetings. Internal equalities reporting is being reviewed.

The Trust's Annual Equalities Report for workforce and non-workforce is in its final draft stages and will be reviewed by the Equality, Diversity and Inclusion Steering Group in September prior to being ratified and published.

The Trust's Equality, Diversity and Inclusion Strategy has been written and will also be shared once ratified.

### **3. Conclusion and Recommendations**

This report has given an overview of the work being undertaken by the trust in managing and improving the patient experience and responding to patient concerns.

An overview has been given where further work is required and brief description of improvement work given. It is recommended that the trust continues to support the work being undertaken and note that the development of these reports will be on-going.



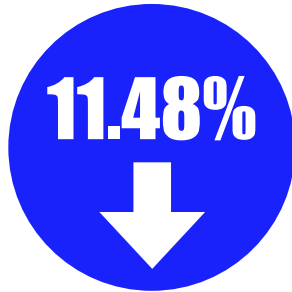
# Patient Experience Feedback - Division One

## Quarter One 2016/17

### Formal Complaints and PALS Concerns



Total complaints recorded represent a decrease of



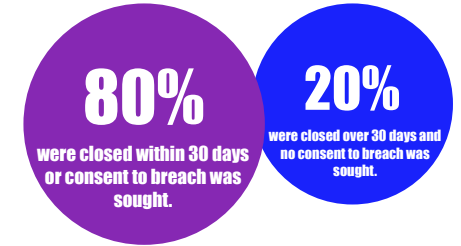
### PHSO Complaint Upheld Average\*



\* The upheld rate is based on complaint investigations undertaken, discontinued or closed.

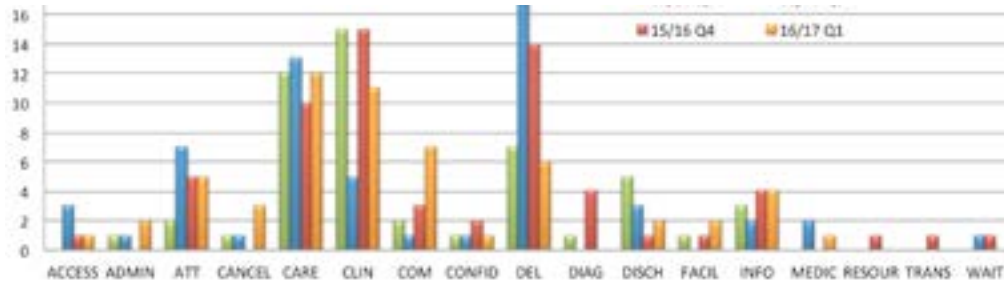
The total volume of complaints received in Q4 were 16. 6 had completed investigations, of which 4 were upheld or partially upheld.

### Response Rates and outcomes for complaints closed

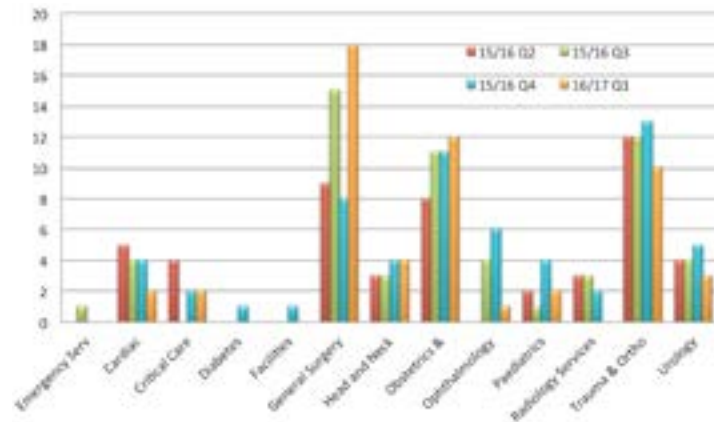


- 25 complaints not upheld.
- 19 partially upheld.
- 15 upheld.

### Complaint Themes



### Complaints received by location



- There has been a decrease of 11.48% in the receipt of formal complaints this quarter when compared to the previous quarter.
- Ophthalmology has received the largest reduction in complaints (83% reduction) however General Surgery has experienced the greater volume of increase with a rise of 125%.

- The ratio of PALS to complaints is currently 3.81:1 – The greater the ratio of PALS is an indication that less complaints are being received formally and more concerns are being resolved at first point resolution.
- The top themes of complaints are Care, Clinical Treatment and Communication. Delay has experienced a large reduction from 14 cases to 6. Representing a reduction of 57%

- 80% of complaints were closed within 30 days or consent to breach was sought. This is the first quarter where the new policy has been introduced and timeframes have changed from 25-45 working days to 30 working days.
- 64% of areas where FFT data is collected score above 90% or above, and only 16% scoring 79% or below.



# Division 1

## Quantitative (Response Rates)

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A5	3	4	0	1	1	0	9	47	38%	19%
A6	10	3	0	0	2	0	15	43	30%	35%
A9	10	3	0	0	0	1	14	315	3%	4%
A12	13	6	3	0	2	1	25	78	42%	32%
A14	41	10	2	0	0	1	54	111	65%	49%
A23	58	11	0	0	0	0	69	128	33%	54%
B8	38	5	1	0	1	1	46	123	50%	37%
B14	73	14	2	0	0	4	93	175	51%	53%
BSSU C39	40	17	3	3	1	1	65	219	37%	30%
D7 Gynae	60	13	3	1	6	0	83	262	30%	32%
Hilton Main	22	1	0	0	1	2	26	113	20%	23%
Lea Hall	104	10	0	0	0	0	114	415	15%	27%
B15	7	0	0	0	0	0	7	162	2%	4%
<b>Total</b>	<b>479</b>	<b>97</b>	<b>14</b>	<b>5</b>	<b>14</b>	<b>11</b>	<b>620</b>	<b>2191</b>	<b>25%</b>	<b>28%</b>

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

Birth	1	2	3	4	5	6	Last month Total	Total
Birth CDS	16	2	0	0	0	1	31	19
MLU	45	0	0	0	0	0	58	45
Total	61	2	0	0	0	1	89	64

Postnatal Ward	1	2	3	4	5	6	Last month Total	Total
Postnatal	39	19	1	0	1	1	68	61
MATYW	45	19	6	0	3	1	77	74
Total	84	38	7	0	4	2	145	135

Postnatal Community	1	2	3	4	5	6	Last month Total	Total
Total	13	3	0	0	0	0	12	16

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A10	0	0	0	0	0	0	0	0	100%	0%
A16 APPLEBY	102	14	0	1	1	3	121	374	43%	32%
A33MJW	80	11	1	10	1	1	104	337	33%	31%
C40 BDCU	1	0	0	0	0	0	1	41	20%	2%
DCU	32	7	0	0	2	0	41	188	30%	22%
DURNALL	23	7	3	1	3	1	38	301	11%	13%

Outpatients	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	7238	1644	284	131	164	141	9602	45554	22%	21%

## Qualitative (Recommendation Rate)

Inpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A5	9	7	2	22%	100%	78%
A6	15	13	2	13%	85%	87%
A9	14	13	0	0%	63%	93%
A12	25	19	2	8%	96%	76%
A14	54	51	0	0%	93%	94%
A23	69	69	0	0%	83%	100%
B8	46	43	1	2%	99%	93%
B14	93	87	0	0%	97%	94%
BSSU C39	65	57	4	6%	86%	88%
D7 Gynae	83	73	7	8%	95%	88%
Hilton Main	26	23	1	4%	100%	88%
Lea Hall	114	114	0	0%	100%	100%
B15	7	7	0	0%	100%	100%
Total	620	576	19	3%	94%	93%

Antenatal	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	6	6	0	0%	100%	100%

Birth	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Birth CDS	19	18	0	0%	97%	95%
MLU	45	45	0	0%	100%	100%
Total	64	63	0	0%	99%	98%

Postnatal Ward	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Postnatal	61	58	1	2%	97%	95%
MATYW	74	64	3	4%	90%	86%
Total	135	122	4	3%	93%	90%

Postnatal Community	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	16	13	0	0%	100%	100%

Day Cases	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A10	0	0	0	0%	0%	0%
A16 APPLEBY	121	116	2	2%	94%	96%
A33MJW	104	91	11	11%	93%	88%
C40 BDCU	1	1	0	0%	100%	100%
DCU	41	39	2	5%	93%	95%
DURNALL	38	30	4	11%	93%	79%

Outpatients (Trust wide)	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	9602	8882	295	3%	93%	93%

## RAG Rating Key

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

# Patient Experience Feedback - Division Two

## Quarter One 2016/17

### Formal Complaints and PALS Concerns



Total complaints recorded represent an increase of



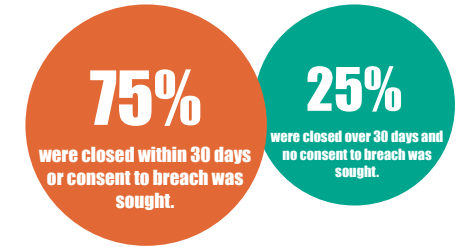
### PHSO Complaint Upheld Average\*



\* The upheld rate is based on complaint investigations undertaken, discontinued or closed.

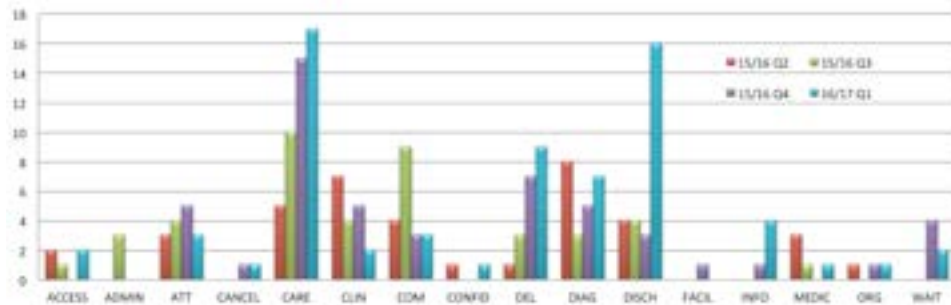
The total volume of complaints received in Q4 were 16. 6 had completed investigations, of which 4 were upheld or partially upheld.

### Response Rates and outcomes for complaints closed

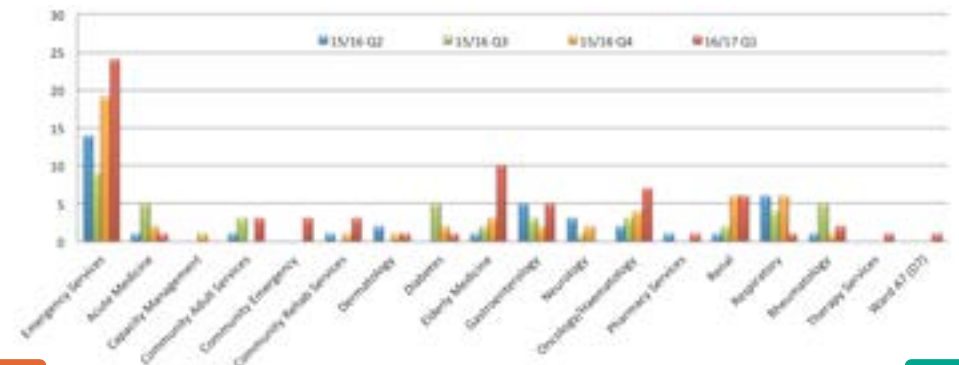


- 30 complaints not upheld.
- 19 partially upheld.
- 4 upheld.

### Complaint Themes



### Complaints received by location



- This is the fourth consecutive quarter that a rise in the volume of complaints has been experienced. The areas where the largest increases have been experienced are Elderly Medicine, 10 compared to 3 previously, and Emergency Department rising from 19 to 24.
- The ratio of PALS to Complaints is currently 2.42:1

- Response Rate: 75% of complaints were closed within 30 days or consent to breach was sought. This is the first quarter where the new policy has been introduced and timeframes have changed from 25-45 working days to 30 working days.
- 43% of areas where FFT data is collected have experienced an increase in response rate, with over 53% scoring 90% or above.

- 40% of areas have experienced an increase in the recommendation rate.
- FFT for Emergency Department has seen an increase from 80% to 82% for recommendation rate, however has experienced a rise of 26% for formal complaints.

# Division 2

## Quantitative (Response Rates)

Emergency Department	1	2	3	4	5	6	Responses	Eligible	RR last month	Response Rate
AE	812	242	77	48	123	25	1327	6832	22%	19%
CDU	0	0	0	0	0	0	0	0	4%	0%
ERU	0	0	0	0	0	0	0	0	100%	0%
Minor Injuries CCH	52	0	0	0	0	0	52	901	6%	6%
Phoenix Walk In Centre	209	65	5	8	10	4	301	2691	12%	11%
Total	1073	307	82	56	133	29	1680	10424	18%	16%

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A7	2	2	0	1	1	0	6	72	13%	8%
A8	12	4	0	0	0	2	18	48	21%	38%
B7	10	1	0	0	0	0	11	36	13%	31%
B11 CHU	8	3	1	0	0	0	12	59	13%	20%
B12 ASU	7	1	0	0	0	0	8	29	17%	28%
C15	6	1	0	0	0	0	7	59	16%	12%
C16	4	2	2	1	0	1	10	74	12%	14%
C17	7	2	1	0	0	0	10	21	74%	48%
C18	5	3	0	0	0	0	8	71	25%	11%
C19	7	1	1	0	1	0	10	77	22%	13%
C21 AMU	40	10	2	0	1	1	54	265	20%	20%
C22	5	0	0	0	0	0	5	35	19%	14%
C24	3	2	0	2	0	1	8	56	13%	14%
C25	2	1	4	0	0	0	7	77	20%	9%
C35 Deansley Ward	24	6	2	1	1	0	34	28	33%	121%
Rehab ward	8	2	1	0	0	0	11	2	0%	550%
Ward 1	5	0	0	0	0	0	5	15	0%	33%
Ward 2	6	2	0	0	0	0	8	22	25%	36%
Ward 3	0	0	0	0	0	0	0	18	44%	0%
Fairoak	11	2	1	0	0	2	16	26	0%	62%
RHEUM CCH	27	1	0	0	0	0	28	156	-	18%

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
C41	29	10	1	0	0	1	41	140	24%	29%
DISL	19	6	1	2	0	1	29	267	10%	11%

Community	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	145	32	1	1	2	10	191	2883	4%	7%

Outpatients (Trust Wide)	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	7238	1644	284	131	164	141	9602	45554	22%	21%

## Qualitative (Recommendation Rate)

Emergency Department	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
AE	1327	1054	171	13%	79%	79%
CDU	0	0	0	0%	50%	0%
ERU	0	0	0	0%	0%	0%
Minor Injuries CCH	52	52	0	0%	96%	100%
Phoenix Walk In Centre	301	274	18	6%	89%	91%
Total	1680	1380	189	11%	80%	82%

Inpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A7	6	4	2	33%	71%	67%
A8	18	16	0	0%	100%	89%
B7	11	11	0	0%	100%	100%
B11 CHU	12	11	0	0%	88%	92%
B12 ASU	8	8	0	0%	100%	100%
C15	7	7	0	0%	83%	100%
C16	10	6	1	10%	60%	60%
C17	10	9	0	0%	93%	90%
C18	8	8	0	0%	92%	100%
C19	10	8	1	10%	91%	80%
C21 AMU	54	50	1	2%	81%	93%
C22	5	5	0	0%	100%	100%
C24	8	5	2	25%	89%	63%
C25	7	3	0	0%	56%	43%
C35 Deansley Ward	34	30	2	6%	90%	88%
Rehab ward	11	10	0	0%	0%	91%
Ward 1	5	5	0	0%	0%	100%
Ward 2	8	8	0	0%	100%	100%
Ward 3	0	0	0	0%	100%	0%
Fairoak	16	13	0	0%	0%	81%
RHEUM CCH	28	28	0	0%	-	100%

Day Cases	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
C41	41	39	0	0%	100%	95%
DISL	29	25	2	7%	85%	86%

Community	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	672	578	25	4%	88%	86%

Outpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	9602	8882	295	3%	93%	93%

## RAG Rating Key

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

# Patient Experience

## Analysis of Friends and Family Results for 2015/16

Alison Dowling

Head of Patient Experience and Public Involvement

July 2016



## **Introduction**

### **What is The Friends & Family Test?**

The Friends and Family Test (FFT) is a tool based on the commercial Net Promoter Score Test and is a tool used for providing a simple, headline metric, which when combined with a follow up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice. The overall aim of the process is to identify ways of improving the quality of care and experience of the patients and carers using NHS services in England.

The Friends and Family Test (FFT) is a two question survey which asks patients whether they would recommend the NHS service they have received to family and friends who need similar treatment or care.

The objective of FFT is to gain patient feedback in order to use the information to deliver clinical and non-clinical service improvements

### **The Friends & Family Test Question:**

*We would like you to think about your experience in our ward/A&E department where you spent the most time during this stay. How likely are you to recommend our ward to friends and family if they needed similar care or treatment? 1 Extremely likely, 2 Likely, 3 Neither likely nor unlikely, 4 Unlikely, 5 Extremely unlikely, 6 Don't know.*

The patient is then invited to give a reason for the score they have given:

*Please can you tell us the main reason for the score you have given?*

### **The Friends & Family Test Ratings:**

The ratings 1 – 6 apply to the following feedback:

- |   |                                    |
|---|------------------------------------|
| 1 – Extremely Likely (Promoter)           | 4 – Unlikely (Detractor)           |
| 2 – Likely (Passive)                      | 5 – Extremely Unlikely (Detractor) |
| 3- Neither Likely or Unlikely (Detractor) | 6 – Don't Know                     |

### **What is the Friends and Family score?**

The FFT score is based on patients being divided into three categories, Promoters, Passives & Detractors. By asking the FFT question we can track Promoters, Passives & Detractors to measure the delivery of service and care through our patients eyes.

Promoters are highly loyal, advocates of the organisation, whereas detractors are less satisfied, and would not recommend our Trust.

A higher score indicates a more satisfied patient base.

The purpose of this report is to provide an update of The Friends & Family Test (FFT) within The Royal Wolverhampton NHS Trust for the year 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016.

The Friends & Family Test Survey is currently live within

- A&E
- Inpatients
- Maternity
- Outpatients
- Day Case

## Trust Annual Overview

### The Royal Wolverhampton NHS Trust

**18%**

Response Rates

<b>139,260</b>	<b>90%</b>
Would Recommend	%

<b>6,990</b>	<b>5%</b>
Would Not Recommend	%

## Findings

In order to effectively evaluate performance, consideration will be given to the indicators and their results as this provides an ability to tap concepts which are less quantifiable.

It should be noted that a single question will provide an excessively high level of generality and so may not reflect the true state of affairs for those interpreting and relying on the information. Therefore this report will only consider FFT results as an isolated form of feedback but does however provide a mechanism to measure those multiple-indicator measures of the survey. This should be seen as only one mechanism amongst many that we triangulate.

Performance is measured, not just on the level of response rate but also the recommendation rate.

## Data collection methods

The collection of data to carry out the survey is undertaken in a variety of methods including electronic (SMS text), IVM (telephone call) and paper format.

During the financial year 2015/16, there were 50 specific areas where the survey was undertaken. From those 50 locations, 52% were asked the question electronically through the receiving of an SMS text following discharge. The remaining 48% who did not receive an electronic SMS text, either received a phone call or a paper survey.

There were 24 cases (representing 48%) where the use of paper survey was the sole use of data collection. This does not appear to have a negative effect on the results as, from those 24 cases, 92% (22 cases), the response rate was 100%.

12 cases (24%) were not using paper surveys, and whilst it may be ideal to use electronic methods to capture feedback, it is noted that from these 12 cases, the average response rate was 27% (ranging from 15% to 36%). This is an area which specifically needs to be addressed for potential to increase the response rates directly. **(action 1)**.

Ward	Mode			RR%
	SMS	IVM	Paper	
A24			Y	100%
Rheumatology Cannock Chase			Y	100%
A12W	Y	Y	Y	56%
A14W	Y	Y	Y	41%
A16 APPLEBY			Y	100%
A23W	Y	Y	Y	47%
A29RDCU			Y	100%
A33 MJW			Y	100%
A5W	Y	Y	Y	40%
A6W	Y	Y	Y	48%
A7W	Y	Y	Y	25%
A8W	Y	Y	Y	44%
A9W	Y	Y	Y	30%

ADML	Y	Y		31%
AE			Y	100%
AMU	Y	Y		27%
B12			Y	100%
B14			Y	100%
B15			Y	100%
B7W	Y	Y	Y	25%
B8			Y	100%
BSSU	Y	Y		33%
C15W	Y	Y		24%
C16W	Y	Y	Y	33%
C17W	Y	Y	Y	42%
C18W	Y	Y	Y	48%
C19W	Y	Y	Y	27%
C22W			Y	100%
C24W	Y	Y		19%
C25W	Y	Y		23%
C35 DEANESLY			Y	100%
C39			Y	100%
C40			Y	100%
C40 BDCU			Y	100%
C41			Y	100%
CARDTHOR	Y	Y		36%
CARDW1	Y	Y		35%
CHU	Y	Y		33%
DCU			Y	31%
DEA	Y	Y		25%
DISL	Y	Y		22%
DURNALL	Y	Y		15%
GYNW	Y	Y	Y	35%
Hilton Main			Y	100%
Lea Hall			Y	100%
NRU			Y	0%
REHAB WARD			Y	100%
WEST PARK 1			Y	100%
WEST PARK 2			Y	100%
West Park 3			Y	100%

### **Response Rates**

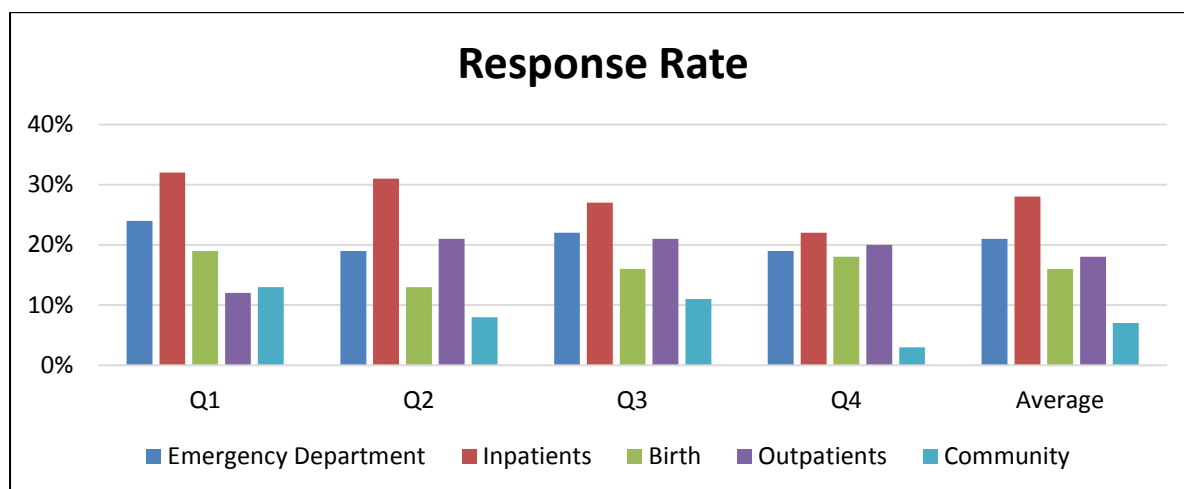
During the year 154,819 responses were received from a possible 884,471 patients. This represents a response rate of 18%.

Looking at the overall five areas, some have shown considerable improvement over the year.

Outpatients had a recommendation rate of 12% in Q1 which has then increased considerably to 21% in Q2 and has been pretty consistent with this improvement,



showing 21% and 20% for Q3, and Q4 respectively. Upon analysis it appears that only 817 responded to the survey in Q1 compared to 5906 in quarter 2. There was the same eligible volume of patients for Q1 and Q2. This is an indication that alternative methods of collection were chosen for Q2 and the survey was made electronic rather than the reliance of paper surveys.



Inpatients; however is an area of deteriorating response rate. Q1 showed a rate of 32% which has now declined to 31%, 27% and 22% for quarters 2, 3 and 4 respectively. This shows an average response rate of 28% which is however the highest response rate across the five key areas. Since the beginning of the new financial year however there has been an increase in response rates to 26% as at the end of June 2016.

The second highest key area for average response rate for the year has been the Emergency Department where a 21% average response rate was experienced. There has however been a slight decline in this percentage from 24% in Q1 down to 19% in Q4. This coincided with the opening of the new Urgent Emergency Care Centre which opened in November 2016. Current results have shown however that the current rate for response rate as at June 2016 is 16%. This is a key area for improvement for the new financial year (**action 2**).

For those which fall under the category of data collection the Emergency Department includes the following:

Emergency Department	1	2	3	4	5	6	Responses	Eligible	Response Rate
AE	812	242	77	48	123	25	1327	6832	19%
CDU	0	0	0	0	0	0	0	0	0%
ERU	0	0	0	0	0	0	0	0	0%
Minor Injuries CCH	52	0	0	0	0	0	52	901	6%
Phoenix Walk In Centre	209	65	5	8	10	4	301	2691	11%
<b>Total</b>	<b>1073</b>	<b>307</b>	<b>82</b>	<b>56</b>	<b>133</b>	<b>29</b>	<b>1680</b>	<b>10424</b>	<b>16%</b>

Data as at June 2016

It can be seen however that the actual response rate for the Emergency Department (Accident and Emergency) is 19% however there is a poor response rate for the community location Phoenix Walk-In Centre (6%) and the Minor Injuries at Cannock Chase Hospital (11%). These specific areas will be directly targeted for improvement under action 2.

Birth, whilst has an average throughout the year of 16%, has experienced a steady rate where it showed 19% in Q1, suffered a significant drop to 13% in Q2, however since then has shown an upward trend in Q3 and Q4 where it experienced 16% and 18% respectively.

FFT response rates in the community appear to be much lower than the other key areas. This is a worrying downward trend from 13% in Q1 to 3% in Q4, with an average of the year of 7%. 139,177 instances of eligibility to respond in community locations however from this number, 9,814 were the total responded. However when considering the TDA toolkit, the Trust have the second highest response rate when comparing against our regional colleagues.

There could be many reasons for this, including vacancies, high caseloads and FFT not being promoted enough.

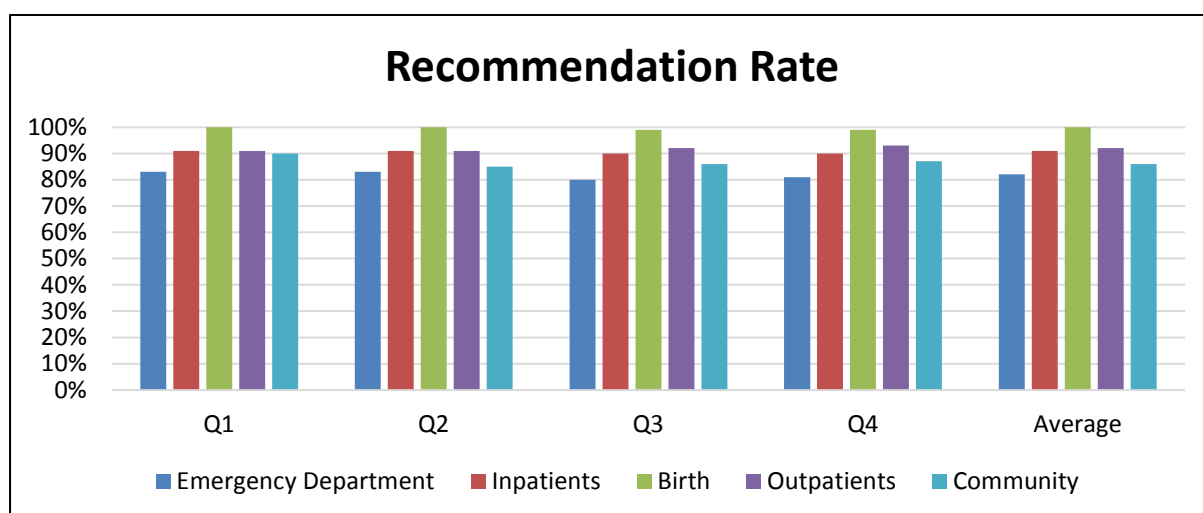
Targeted work will commence to improve this response rate for community locations for the forthcoming quarter (**action 3**).

### **Recommendation Rates**

Results for recommendation rates show a consistent pattern throughout the four quarters for the five key areas.

Emergency Department has an average rate of 82% for the year but whilst suffered a reduction from 83% in quarter 2 to 80% in Q3, is now showing a slight improvement in Q4 of 81%. This is interesting to note as the actual response rate fell for the Emergency Department Category for the Q4 following the opening of the new UECC in November 2015.

The average recommendation rate for Emergency Department throughout England, as detailed by the official NHS England<sup>1</sup>, as at the end of March 2016 was 84%, with the West Midlands average being 81%. This indicates that Royal Wolverhampton NHS Trust as slightly higher than the regional average.



The category for Inpatients includes those patients who attend the Trust for Day Case surgery. It is important to understand if there are any differences between these two groups of inpatients and their respective recommendation rates.

<sup>1</sup> <https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

Generally Inpatients overall category has shown a constant recommendation rate of between 90% and 91%, with an average of 91%.

When looking at the statistics in more detail, figures show that day case patients according to March 2016 data, gave a recommendation rate of 97% and inpatients was 90%.

This is an indication that further improvement could be made for those inpatients who are not patients of the wards which fall under category of day case surgery. **(action 4).**

Birth recommendation rate is consistently high, with an average throughout the year of 100%.

Outpatient recommendation rate average for the year was 92% and this is equal to the national average for March 2016 England (excluding Independent Sector Providers) according to the national and regional statistics held by NHS England for March 2016.<sup>2</sup>

Specific themes in relation to outpatients are shown below:

#### Outpatients - Theming

Positive		Negative	
Staff attitude	2387	Staff attitude	164
Implementation of care	1071	Waiting time	124
Environment	838	Environment	110
Waiting time	679	Communication	99
Clinical Treatment	546	Admission	86
Admission	504	Implementation of care	82
Patient Mood/Feeling	452	Patient Mood/Feeling	73
Communication	440	Clinical Treatment	67
Staffing levels	82	Staffing levels	25
Catering	10	Catering	11

As you can see from the data above, whilst staff attitude forms the highest category of negative comments, it also forms the highest category of positive comments.

The Trust has actively increased the volume of data collection for outpatients throughout the year.

Recommends	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
<b>Emergency Department</b>	1,219	1,406	1,268	1,588	1,487	1,111	1,298	1,601	1,616	1,764	1,524	1,528
<b>Inpatients</b>	1,287	1,443	1,401	1,415	1,127	1,220	1,233	1,135	1,182	826	1,119	861
<b>Birth</b>	66	79	67	72	46	32	54	69	56	42	80	67
<b>Outpatients</b>	751	5,324	10,116	9,897	8,352	9,626	10,011	8,983	8,526	8,533	9,236	9,037
<b>Community</b>	263	254	265	1,077	765	869	909	1,244	1,042	604	649	538

<sup>2</sup> <https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

Further analysis will be undertaken to identify in more detail the feedback from specific outpatient clinics **(action 5)**.

Whilst the response to community FFT survey's is lower than the other key areas, the where data has been captured, it shows that the average recommendation rate was 86% for the year. This is however the lowest regionally (as at March 2016), where the regional average is 95%. This is an area for improvement to be considered during the next quarter. **(action 6)**.

## **Summary**

Whilst it is accepted that there are areas where improvements can be made, the Trust is able to evidence that it is continually expanding the implementation of FFT across all wards and patient areas.

There is a need to ensure that more detailed analysis is made of the data provided by the external organisation on the results of such feedback and use it to drive forward service improvements. **(action 7)**.

Reporting of the results of FFT is made at senior management level and Trust board, however it appears that such information is not passed to the operational teams for timely action to be taken.

The FFT provider has undertaken a raising awareness session to highlight the facility to have real time information specific to their respective areas to be automatically generated however there has been little commitment to use this tool. This will be promoted further at Matron level. **(action 8)**.

## Action Plan including Metrics for FFT Following analysis of annual data

Ref no.	Aim/Outcome (relates to policy, function, practice)	Rationale	Engagement Activity	Action Required	Lead	Time scale
1	To improve FFT response rates for areas where paper surveys are not being undertaken	Annual review of FFT data for 2015/16 has shown that 12 key areas do not use paper survey as a method of data collection and have the lowest response rate. The average response rate for these 12 areas was 27%	Liaise with key personnel for respective areas.	Review why paper survey not in use and why there is such a low response rate to electronic surveys.	A Dowling	Sept 2016
2	To improve response rate for all areas considered under category of Emergency Department  Metrics:  (a) Increase average response rate to 20%. Current average response rate for Q1 is 18%  (b) Improve recommendation rate to 82% to match regional average.	Analysis shown that there has been a decline in response rates from 24% in Q1 to 19% in Q4. Average for year 2015/16 was 21%.  Current average for recommendation rate is 80%. Regional is 82% and National 85%.	Liaise with key personnel for respective areas.	Consider wider promotion of FFT within these areas. Posters to be in place and FFT to be considered as part of the discharge process.	A Dowling	Sept 2016
3	Improve FFT response and recommendation rate for community locations.  Metrics:  (a) Response rate to be increased from 3% to 5% in Q2  (b) Recommendation rate as June 2016 was 86%. To be increased to 93% in Q2.	Response rates for Community lower than other key areas. Downward trend from 13% in Q1 to 3% in Q4.  Regional response rate 2.7% and National is 3%.  Recommendation rate nationally is 95% and regionally 93%.	Meet with senior Matron for community locations.	Consider wider promotion of FFT within these areas.  Formulate a plan to roll out FFT in wider community locations.	A Dowling	Sept 2016

<p><b>4</b></p>	<p>Improve FFT response and recommendation rate for inpatient locations. (This includes day case).</p> <p>Metrics:</p> <p>(a) <b>Day case</b> - improve response rate to 27% from 23% and recommendation rates from 91% to 93%</p> <p>(b) <b>Inpatients</b> – improve response rate from 26% to 28% and recommendation rate from 92% to 94%.</p>	<p>Inpatients show a recommendation rate of 90%. These are added to the Day case data for national reporting, this affecting the overall rating.</p> <p>Overall response rate (day case and inpatient added together) are:</p> <p>Response rate: 24.9% Nationally 23.3% Regionally</p> <p>Recommendation rate: 96% Nationally 24.1% Regionally</p>	<p>Liaise with key personnel for respective areas.</p>	<p>Target each month lowest performing inpatient locations and create improvement plan.</p>	<p>A Dowling</p>	<p>Sept 2016</p>
<p><b>5</b></p>	<p>Provide individual FFT results for specific outpatient clinics.</p> <p>Metrics: 21% Response Rate 93% Recommendation Rate</p>	<p>Outpatient data is generic and does not give meaningful data to specific clinics.</p> <p>Response rate: 6.2% Nationally 6.6% Regionally</p> <p>Recommendation rate: 92% Nationally 92% Regionally</p>	<p>Arrange for better recording of FFT data for all outpatient locations and for this to be fed back into the respective areas. Ensure electronic and paper format provides mechanism to stipulate clinic specialism</p>	<p>Amendments to be made to capturing and recording of data.</p>	<p>A Dowling</p>	<p>Sept 2016</p>
<p><b>6</b></p>	<p>Improve recommendation rate for community locations</p>	<p>Average recommendation rate is 86% which is lowest regionally.</p>	<p>Meet with senior Matron for community locations.</p>	<p>Formulate a plan to roll out FFT in wider community locations.</p>	<p>A Dowling</p>	<p>Sept 2016</p>

7	Developing standards to ensure consistent process with regards to FFT improvements.	More detailed analysis to be made of the FFT data provided by the external organisation. Use it to drive forward service improvements. (action 7).	Liaise with key personnel for respective areas.	Ensure monthly analysis of data is given and reported at operational level. FFT data to be included within dashboards at operational level on quarterly basis. Implement "you said we did" posters trust wide when learning/improvements identified.	A Dowling	Sept 2016
8	Ensure real time data used to drive forward service improvements.	Minimal interest in option to use real time reports at operational level.	Liaise with key personnel for respective areas.	Arrange for information to be provided to all senior nursing staff at operational level.	A Dowling	Sept 2016