

Patient Experience Quarterly Report – Q4 2017/18 (Jan-March 2018) 4 June 2018

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Agenda Item No: 7.2

Trust Board Report

Meeting Date:	4 th June 2018
Title:	Patient Experience Quarterly Report – Q4 2017/18 (Jan-March 2018)
Executive Summary:	This report provides an update to the Board of the progress of agreed patient experience metrics, an overview of key issues arising out of feedback from patients, carers and relatives about their experience of care and an overview of progress of work programmes to improve the experience of patients at RWT.
Action Requested:	Receive
For the attention of the Board	<ul style="list-style-type: none"> • The Trust received 119 formal complaints in Q4 2017/18, compared to 100 in Q3 2017/18. This represents an overall increase of 19%. • In Q4 17/18, 102 complaints were closed compared to 98 in Q3 which is an increase of 4%. • It is noted that for Q4, Division 1 experienced a 24% increase and Division 2 experienced a 28% increase in the volume of complaints received. The remainder of complaints which fall under the Estates and Facilities and Corporate Directorates is minimal whereby only 1 complaint was received (Corporate) compared to 5 in Q3 2017/18. • In Q4 2017/18, from the 101 cases closed it can be noted that 100% of complaints were investigated and responded to within the organisational timeframe of 30 working days or consent to breach was agreed due to were extenuating circumstances or complexity. It is pleasing to note that this is consistent with the compliancy of 100% as experienced in Q3 2017/18. • As at December 2017, the Trust has an overall FFT recommendation rate of 91% and a response rate of 19%. • This quarter 3 cases were referred to the PHSO for consideration which is one additional case that the previous quarter. These relate to Division 1 – General Surgery and T & O and Division 2 – ED. The number of complaints which are considered for an investigation by the PHSO (3 cases), represents 2.5% of the total complaints received.

	<ul style="list-style-type: none"> In terms of outcomes from investigations undertaken and completed, there were 3 complaints which were closed in this period of which 2 were partly upheld (Respiratory/AMU and Head and Neck. A further case was closed by the PHSO as case dismissed. For the two cases, financial remedy was recommended for one at a total cost to the Trust of £350 (Head and Neck) and recommendations for the other related to actions and auditing (Respiratory/AMU). There have only been 4 cases partly upheld, and non-fully upheld for the whole of the financial year 2017/18.
Assure	<p>Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009¹</p> <p>Complaint handling approach based on the principles of good complaints' handling. These have been published by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman and the principles are:</p> <ul style="list-style-type: none"> Getting it right Being customer focused Being open and accountable Acting fairly and proportionately Putting things right Seeking continuous improvement Compliance with all mandatory patient surveys. <p>Number of cases breaches occurred. Internal data for complaints management. Calculations made against organisational timeframe in accordance with complaints policy.</p>
Advise	The Royal Wolverhampton Trust are below national results for FFT recommendation rate
Alert	None
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¹ http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services
Resource Implications:	None

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

1 Patient Experience Quarterly Report – Q3 2017/18

Formal Complaints' Management

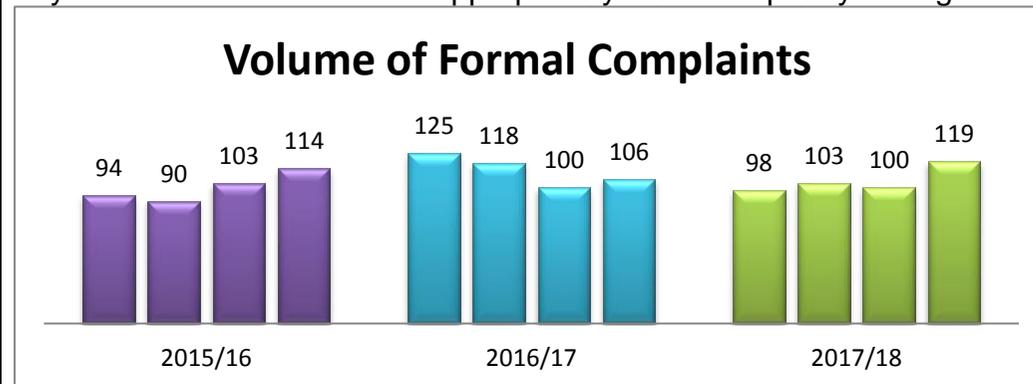
The Trust received 119 formal complaints in Q4 2017/18, compared to 100 in Q3 2017/18. This represents an overall increase of 19%.

In Q4 2017/18, 102 complaints were closed compared to 98 in Q3 which is an increase of 4%.

It is noted that for Q4, Division 1 experienced a 24% increase and Division 2 experienced a 28% increase in the volume of complaints received. The remainder of complaints which fall under the Estates and Facilities and Corporate Directorates is minimal whereby only 1 complaint was received (Corporate) compared to 5 in Q3 2017/18.

The following chart summarises the numbers of complaints received quarter on quarter throughout the preceding 12 months. Further details of patient experience metrics can be found on appendix 1 dashboards.

The Patient Experience Department is monitoring daily how formal complaints and informal concerns are being managed, to ensure that any concerns which could be appropriately resolved quickly through an informal route are being managed informally.



Analysis of the complaints received by Directorate for Division 1 shows General Surgery (10) Obstetrics and Gynaecology (12) and Trauma and Orthopaedics (7) were the directorates where the greatest volume were received representing 57% of the total complaints received.

Obstetrics and Gynaecology received the most complaints (12) in this quarter with the themes of Clinical Care and General Care of the

Patient representing 58% and 42% respectively. Looking at the outcomes of these specific cases (10 cases closed) 8 were not upheld and 2 were partially upheld)

General surgery received the greatest volume (an increase of 50%) however upon looking at the themes, Clinical Treatment was the highest category where 6 cases were received. In terms of outcomes from the complaints closed, 5 cases were not upheld and the remaining case is still under investigation.

For Division 2, whilst many areas experienced increases in volume due to the divisional 28% increase overall, the notable increases were experienced by Community Adult Services, Respiratory and Acute Medicine. Pleasingly however, reductions were received for Elderly Medicine – a 50% reduction) and Oncology/Haematology (a 25% reduction). Accident and Emergency continue to be the directorate with the highest volume of complaints which represent 34% of the divisional total.

Division One closed 46 cases and Division Two closed 52, the remaining cases were aligned to Corporate and Estates and Facilities.

Complaint response times

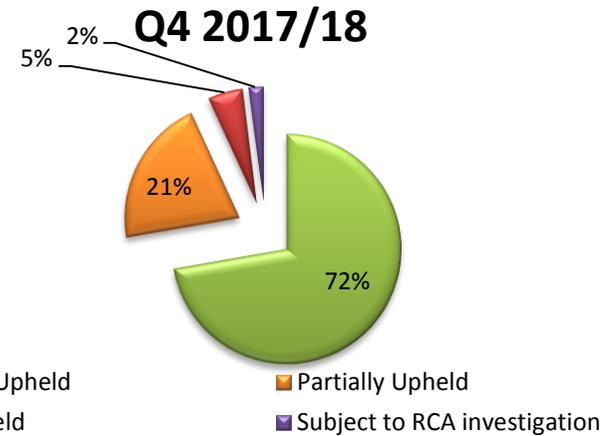
Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors its performance against its policy of 30 working days.

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

Complaint response times continue to be monitored for improvement and any Investigating Officer who 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, as introduced in August 2015. However as compliance remains consistent at 100% since September 2017 this has not been necessary.

In Q4 2017/18, from the 101 cases closed it can be noted that 100% of complaints were investigated and responded to within the organisational timeframe of 30 working days or consent to breach was agreed due to were extenuating circumstances or complexity. It is pleasing to note that this is consistent with the compliancy of 100% as experienced in Q3 2017/18.

Complaint Response Rate Compliance (%) Quarter 1 -2



In terms of outcomes, it can be noted that 72% of complaints for Q4 were not upheld compared to 62% in Q3 2017/18, and the volume of cases partially upheld has also reduced and is now 21% compared to the previous quarter results of 29%. The amount which has been upheld is relatively low and represents 5% of the total of complaints received this quarter. This is a reduction from 9% shown in Q3 2017/18.

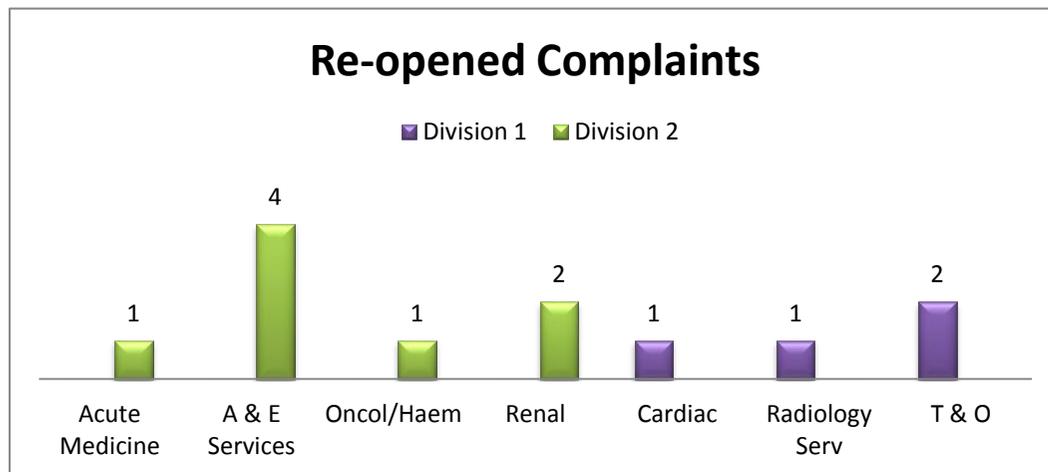
Reopened complaints

The Trust aims to ensure that a thorough investigation and response is sent to the complainant however there are instances where the complainant wishes for the complaint to be re-opened. It is disappointing whenever a patient or their representative feels the complaint response has not addressed their concerns. There is a need to differentiate between a complainant who is dissatisfied with the investigation and response, or wishes their complaint to be re-opened due to raising new issues or questions, as a result of our initial response.

During Q4 2017/18, 12 formal complaints were re-opened (representing 10% of the total of complaints received) in comparison to 21 cases (21%) in Q3 2017/18. Issues relate to general care of patient, patient discharge and diagnosis. Complainants all raised further questions following receipt of the final response asked for more clarity through lack of understanding. The Patient Experience Team Manager is currently assessing each request for the appropriateness of re-opening. This change in complaint handling is reflected in the Complaint Policy (OP08) amendment which was ratified in August 2017. In light of this increase there has been a series of complaint training addressing the appropriateness and thoroughness of the initial response.

Further analysis has been undertaken on these 12 re-opened cases and it should be noted that all have now been closed and the outcomes are as follows: Partially Upheld – 4, Not upheld – 8 and none were fully upheld. None of the outcomes, having revisited these complaints, have changed following a review of the initial investigation and response.

Complaints are reopened if a complainant does not think that their complaint has been responded to in full, or to their satisfaction.



Serious Complaint (red and amber) Investigation Outcomes

Three cases have been graded Amber this quarter.

There have been 3 cases graded amber in this quarter, in comparison to 1 in Q3 2017/18. All three are still under investigation. There were no complaints graded red for this reporting period.

Q4 Amber Complaints by Directorate and Division	DIV1	DIV2	Total
Oncology / Haematology	0	1	1
General Surgery	2	0	2
Totals:	2	1	3

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.

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 and is based on the Trust's Risk matrix. In line with Trust policy, Directorates re-grade complaints where appropriate once issues have been explored.

Parliamentary Health Service Ombudsman (PHSO) Investigations

This quarter there was 3 cases which were referred by the PHSO for consideration which is one additional case that the previous quarter. These relate to Division 1 – General Surgery and T & O and Division 2 – ED. The number of complaints which are considered for an investigation by the PHSO (3 cases), represents 2.5% of the total complaints received.

In terms of outcomes from investigations undertaken and completed, there were 3 complaints which were closed in this period of which 2 were partly upheld (Respiratory/AMU and Head and Neck. A further case was closed by the PHSO as case dismissed. For the two cases, financial remedy was recommended for one at a total cost to the Trust of £350 (Head and Neck) and recommendations for the other related to actions and auditing (Respiratory/AMU). There have only been 4 cases partly upheld, and non-fully upheld for the whole of the financial year 2017/18.

Yearly report on Safeguarding Complaints Management 2017-18

Prior to April 2017 all complaints received by the MASH (Multi-Agency Safeguarding Hub) team or submitted directly to the Trusts Safeguarding team, which did not meet the requirements of Section 42 (immediate safeguarding investigation), were dealt with outside of the complaints management process and an investigation was undertaken.

Following a further review of the Complaints Management Policy OP08 any complaints which do not meet the requirements of Section 42 Safeguarding are now managed through the Trusts formal complaints process. This was to ensure continuity of investigation management, to monitor and triangulate trends and themes, evidence of joint partnership working, and to have assurance Trustwide of lessons learned. This became effective from 1st April 2017.

During this reporting period the Trust received 31 complaints which did not meet the safeguarding criteria in comparison to 411 received overall. This represents 8% of all complaints received in 2017/18.

Quarter on quarter comparisons have shown the volume of cases remain pretty consistent across the quarters with a marginal increase experienced in Q3 2017/18.

In terms of the themes, 16 of the 31 cases related to General Care of Patient although a deep dive of these indicate that the reasons for the safeguarding referral were specifically around the receiving care homes not made aware that the patient had pressure sores. Some of those concerns were made by community nurses upon visits to the patients in the care homes or by care home managers themselves.

The second highest categories for these concerns were around patient discharge. The reasons for the referrals were around discharge arrangements and the possible unsuitability of discharge because of pressure injuries.

Pleasingly it is noted that 27 out of the 31 cases investigated resulted in an outcome of 'not upheld'. For those cases which were 'partially upheld' these tend to be lack of clarity of information giving upon discharge, and the need for improved communication with nursing staff and relatives.

A review of the lessons learned recorded on Datix showed that for all of the three areas which were partially upheld have identified contributory factor again was a poor level of communication and information between patients and staff. This is historically one of the top categories for dissatisfaction.

From the 30 cases investigated and closed (1 case remains open and is subject to an RCA investigation) 26 were completed within the organisational timeframe of 30 working days. The remaining 4 took longer than 30 days; however all had gained consent to breach. The longest response rate (47 working days) was attributed to the Emergency Department.

Whilst it is apparent that a high proportion of these complaints were not upheld, there is clearly a need to consider the reasons why other professionals have made these referrals and whether Trust processes/practices have resulted in the need for the referral to be made.

The patient experience team will meet with the Safeguarding team to discuss where there may be a need to consider bespoke training in these nursing homes or with specific staff in the hope to increase awareness. The patient experience team will also contact the wards where the greatest volumes of referrals were received in order to establish whether any changes to information giving may be necessary. Further focus regards discharge communication is also addressed as part of the inpatient survey results action plan. A dashboard showing relevant data in respect of these safeguarding complaints is shown at appendix 2.

Learning from Complaints

Each quarter a summary of all actions is provided to the divisional management teams in order to assist in promoting an ethos of reflection and learning Trust wide and to ensure that accountability at Divisional level is customary.

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 consultation with nursing clinicians, all complaint action plans have been amended to mirror those used for RCA's. This will provide consistency of monitoring and record keeping across various work streams.

Particular Actions include:

- **Obs and Gynae:** 1. To ensure all ward midwives are familiar with the bladder care guideline and raise awareness on the safety brief, to ensure ward staff are informed of concerns regarding breastfeeding during next departmental meeting, ensure all nursing staff are aware of the importance of measuring urine passed after the removal of a catheter and ensure treatment sheets are written in a timely manner to ensure drugs are not missed or delayed. To be raised at Junior Dr Teaching.
- **Radiology:** To reinforce that patients have the right if they wish to have a chaperone present during the examination, chaperone poster (CP36 Appendix 1) to be displayed in waiting area, Inform patients/ relatives that this a teaching hospital and that students and trainees may complete examination with an opt out clause, poster to be displayed in waiting area, Signage confirming the occupancy of the ultrasound room to identify when room are in use and consideration to be given to installing signage confirming the occupancy of the ultrasound rooms

It has been discussed in the divisional governance management meetings of the need to ensure that learning from complaints and incidents is vital and a cohesive system should be adopted. A quarterly report detailing actions from complaints is presented to the group to assist with their monitoring.

Patient Advice & Liaison Services (PALS)

In Q4 315 PALS concerns were raised compared to 390 in Q3 2017/18 which shows a decrease of 19%. This can be attributed to the implementation of a PALS Standard Operating Procedure (SOP) which includes clarity around what is recorded as a PALS concern. Since this was implemented in Q2 there has been a reduction of 44%. This reduction could also be attributed to the implementation of a new telephony system within the PALS department which provides the patient automated options upon telephoning the PALS contact numbers.

PALS contact number by Quarter

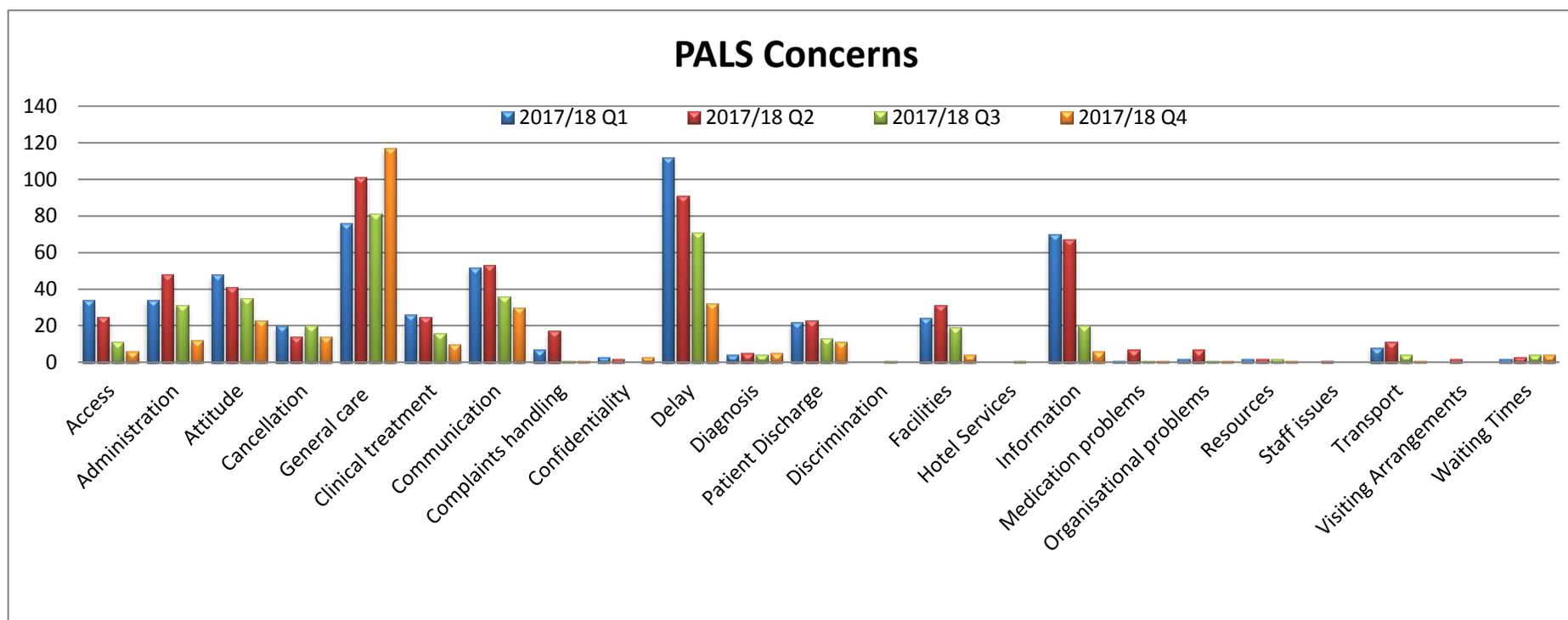
Period	Contacts	Period	Contacts
2016/17 Q1	522	2017/18 Q1	549
2016/17 Q2	628	2017/18 Q2	562
2016/17 Q3	551	2017/18 Q3	390
2016/17 Q4	696	2017/18	315

On-going action:

The Patient Experience Team continues to monitor the volume of PALS concerns received in relation to the top three categories. These will be correlated against the formal complaints and FFT and highlighted to the respective divisions for remedial action to be taken. Any Trust wide learning identified will be brought to the attention of the governance department to be included in their Risky Business newsletter.

The following graph depicts the themes in PALS enquiries for this quarter. Emerging themes are particularly relating to General Care of Patient (117) Delay (32). The concerns relating to Delay have seen a 55% reduction for Q4.

Most of the top categories have experienced a reduction in volume, the greatest being information where for a second consecutive quarter there has been a 70% reduction in volume. Only one category has experienced an increase in volume General Care of Patient (44%) although the numbers are still relatively low compared to the overall volume of PALS concerns received.



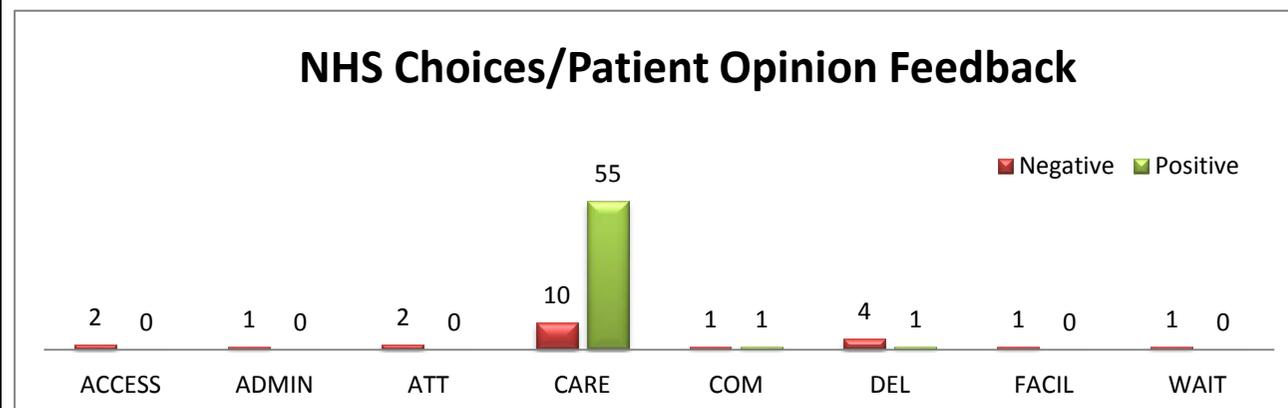
Website and Social Media Feedback - NHS Choices & Patient Opinions

As well as the formal feedback methods on offer, visitors to the Trust also comment about their experience using popular web and social media sites. 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 (57) compared to negative comments (22). The volume of feedback through these social media platforms has decreased this quarter for both positive and negative comments.

Such comments are triangulated alongside the themes for complaints and PALS and shared with Directorates (where possible). Service users and/or their carers who leave negative comments are encouraged to speak to senior management from the Patient Experience team in an attempt to help resolve any issues and prevent, where possible, escalation through formal processes.

Positive comments are also shared with the Directorates and to individuals named as an opportunity to reinforce much of the good work undertaken within the Trust.



NHS Choices Rating:
Patient Feedback/ Would Recommend

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:

- ED
- 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. March 2018) currently available for each of the above areas, is given on the dashboards given at Appendix 1. The current Trust level of performance is as follows:

Trust Overview

	January 2018		February 2018		March 2018	
	Numbers	%	Numbers	%	Numbers	%
Trust Response Rate		19%		19%		19%
Would Recommend	11358	92%	9897	92%	9843	91%
Would Not Recommend	442	4%	387	4%	490	5%

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

The Trust is no longer promoting paper surveys with the exception of a few designated areas for inclusivity, to ensure that wherever possible the surveys are undertaken electronically by SMS, IVM and online. This will provide a greater level of confidence in governance.

The Trust's approach to FFT implementation has been considered to ensure that the provision is as effective as it can be and with a focus on concentrating resources where the greatest improvements can be made in both the response rate and recommend rate for all other areas.

Between January and March 2018, 1963 inpatients, 5169 ED patients, 447 maternity services patients, 25338 outpatients, 2417 Day Case and 1020 community patients from the Trust completed the FFT survey, giving a total of 36354 responses this quarter. Q4 has seen an increase in response rates of over 23%. Overall the Trust has a recommend rate of 91% and a response rate of 19%.

The overall picture of FFT recommendation and response rates (March 2018) are shown by Divisional and Ward level on the attached dashboards, however some notable points from February 2018 (as reported to NHS England) reports show that:

- Emergency Services which includes the ED Department and the Phoenix Centre show an overall response rate of 13.0% compared to a national average of 11.6%, the recommendation rate however is slightly less than average of 85% at 82%.
- Inpatient and Day case response rate is currently 28% which is higher than the national average of 23.9% and the recommendation rate is 91% which is lower than the national average of 96%
- Maternity services for both Birth and Postnatal show a recommendation rate which is above national average.

The Trust is now gathering information from the Family and Friends Test specifically for Paediatric Services. In addition to analyse FFT data to highlight the ratings received from patients to see if their experience is affected by the day of their admission.

Each month the reports in relation to FFT are analysed and where appropriate, the lowest five performing areas for response and recommendation rate are targeted with direct work for improvement. Amendments have been made for the surveys for children and young people to ensure surveys are age appropriate and additional materials have been ordered.

The following charts details the trust performance against the recommendation and response rates (where available) for the main key indicators. Considering the data taken from the NHS England website for March 2018, regionally the Trust overall compares as follows:

	ED		Inpatient		Outpatient	Community	Maternity			
							Antenatal	Birth	Postnatal	Postnatal Comm
Trust Name	Response Rate	Recommendation Rate	Response Rate	Recommendation Rate	Recommendation	Recommendation Rate				
England National Average	11.6	85	23.9	96	94	96	97	97	95	98
The Royal Wolverhampton NHS Trust	13	82	28	91	94	91	---	99	98	---
Birmingham Women's and Children's NHS foundation trust	2.9	95	28.6	99	97	---	100	100	100	97
George Eliot Hospital NHS Trust	26.7	84	20.5	96	98	---	96	93	94	100
Heart of England NHS Foundation Trust	14.7	79	21.7	93	92	99	83	86	98	---
Sandwell and West Birmingham Hospitals NHS Trust	6.7	77	9.1	86	88	---	---	97	97	---
South Warwickshire NHS Foundation Trust	6.5	95	21.3	96	92	98	100	100	96	100
The Dudley Group NHS Foundation Trust	22.6	76	34.5	95	89	97	96	99	100	100
University Hospitals Coventry and Warwickshire NHS Trust	11.9	77	21.9	92	92	92	98	99	92	98
Walsall Healthcare NHS Trust	8.0	79	41.6	97	91	99	---	100	100	100

Paediatric Friends & Family Test

The Trust now collects monthly data on the Friends and Family Test for paediatric services. A copy of the report for March 2018 is shown at Appendix 3.

Whilst there are still some gaps in receiving data and the response rate is relatively low at 12%, where responses have been received, the recommendation rate is 100%. We do not report nationally separate results for paediatric services however to be able to identify and analyse the results allows us to better understand the views of our younger patients.

7 Day Services

Rating	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	72	79	73	80	74	23	22
2	17	21	17	16	13	8	7
3	3	3	3	1	3	2	3
4	4	3	3	2	1	2	1
5	3	1	6	6	2	1	1
6	0	4	1	1	3	0	1
Total	99	111	103	106	96	36	35

Recommends	89	100	90	96	87	31	29
%	90%	90%	87%	91%	91%	86%	83%
Non Recommends	7	4	9	8	3	3	2
%	7%	4%	9%	8%	3%	8%	6%

1	73%	71%	71%	75%	77%	64%	63%
2	17%	19%	17%	15%	14%	22%	20%
3	3%	3%	3%	1%	3%	6%	9%
4	4%	3%	3%	2%	1%	6%	3%

Insights

- Patients admitted on a Thursday had a higher percentage of 'Extremely Likely' ratings than any other day in the week.
- Wednesday and Thursday had the Highest 'Extremely Unlikely' percentage throughout the week.
- Overall recommends (percentage) is highest on Thursday and Friday.
- Wednesday had the Highest Non Recommend percentage throughout the week.

5	3%	1%	6%	6%	2%	3%	3%
6	0%	4%	1%	1%	3%	0%	3%

As Wednesday admittance was the greatest percentage of 'unlikely' to recommend this service to their friends and family , upon further analysis it can be noted that for the month of March 2018, there were 803 patient discharges in total, of which 277 were released on a Wednesday, 248 of those being the same day of admittance. 217 of these were for non-elective surgery, with the remaining being for elective surgery (13) and maternity provision (42). The directorates where the greatest volume of dissatisfaction from these 217 were Paediatrics (58), General Medicine (45) and A &E (43).

Further work is needed to understand why these patients and/or their representatives feel dissatisfied and appropriate action plans compiled to address areas for possible improvement.

Volunteer and Engagement Services

We have recently increased our engagement with local community and training providers in order to source volunteers to provide support in our priority areas.

Wolverhampton University students

We piloted a programme with the University of Wolverhampton offering students a 30 hour placement with us to provide patient activities and ward support either at New Cross Hospital, West Park Hospital, or Cannock Chase Hospital. We chose the duration of a 30 hour placement as we have found from experience that University students find it difficult to commit to long term placements. The students who came forward for the project were signposted to us from the 'Volunteering Central' office in the University and were either health, or Psychology students. During the pilot, 8 students were signposted to us. From these 6 then felt that they could not commit and we received support from 2 students who completed the 30 hour placements at New Cross Hospital.

We wish to try this approach again with the University students and will invite students again to participate in the 30 hour ward placements.

Nova Training

We have also successfully worked with Nova training to be provided with students on hairdressing courses, to provide voluntary hairdressing services to patients in elderly care wards. To date we have had one student successfully complete a placement on ward A7, and a second student hopefully to start soon.

Pets as Therapy

With the charity Pets as Therapy we still continue to have regular fortnightly visits with trained therapy dogs to Fair oak ward at Cannock Chase Hospital, and we have also had a visit to ward C22 at New Cross Hospital.

Princes Trust and RWT Work Experience A presentation was delivered recently to a cohort of Princes Trust placement students who had just completed placements at New Cross Hospital under the Trust work experience team. It was hoped that the students would want to carry on supporting the Trust as volunteers now that their short term placements had ended, hopefully enhancing their career skills even further. We hope to work further with our work experience department and the Princes Trust in this way.

Equality, Diversity and Inclusion

To enable the Trust to have a clearer picture of adherence to its obligations under the various equality work streams, a monitoring plan has been developed.

This action plan is monitored on a monthly basis in an effort to ensure actions are progressed. This plan currently covers:-

- Equality Objectives 2012-2016 monitoring (employment and services action plans).
- Wolverhampton CCGs Contractual Obligations (now includes Accessible Information Standard as an overview).
- Report on Equality Analysis. Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services Wolverhampton to 2016/17
- Accessible Information Standard (AIS)

The Equality, Diversity and Inclusion steering group continue to meet and this continues to drive the equality agenda forward with regards to the range of compliance work that must be undertaken.

For the financial year 2017/18, the goal for the Equality Delivery System (EDS2)² was goal 2 'Improved Patient Access and Experience', of which the four outcomes are:

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds'
- People are informed and supported to be as involved as they wish to be in decisions about their care.
- People report positive experiences of the NHS

² <https://www.england.nhs.uk/wp-content/uploads/2013/11/eds/nov131.pdf>

- People's complaints about services are handled respectfully and efficiently

The Trust has gathered evidence to support the criteria to meet these goals and facilitated their EDS2 Grading Event in January 2018 of which, results are shown in Appendix 4. Community groups, patients, council of members and stakeholders of the Trust were all involved in this grading event. The Trust is currently compiling an action plan following recommendations of those stakeholders to address any gaps in service provision.

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 recommendation that the Trust continues to support the work being undertaken and note that the development of these reports will be on-going.

Key areas of achievement/note worthy

- In Q4 2017/18, from the 101 cases closed it can be noted that 100% of complaints were investigated and responded to within the organisational timeframe of 30 working days or consent to breach was agreed due to were extenuating circumstances or complexity. It is pleasing to note that this is consistent with the compliancy of 100% as experienced in Q3 2017/18.
- As at December 2017, the Trust has an overall FFT recommendation rate of 91%.
- The newly formed Council of Members has been established and working to an agreed work plan for the next six months.
- The Trust has gathered evidence to support the criteria to meet goal 2 for EDS2 and facilitated their grading event in January 2018. Community groups, patients, council of members and stakeholders of the Trust were all involved in this grading event.

Key areas of concern/action

- Fluctuating FFT results for some areas. On-going work to drive forward improvements.
- Need to evidence learning from complaints.
- Below national average for FFT recommendation rates for some key areas.

Appendices	
1	Q4 2017/18 Dashboards for Division 1 and Division 2
2	Safeguarding Complaint Dashboard for 2017/18
3	Paediatric FFT Report (March 2018)
4	EDS2 Summary Report and grading proforma

OVERVIEW REPORT TO BOARD

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Assurance level*	Colour to use in 'Assurance level*' column below
Assured	Green – there are no gaps in assurance
Partially assured	Amber - there are gaps in assurance but we are assured appropriate action plans are in place to address these
Not assured	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"

Key issue	Assurance level*	Committee update	Next action(s)	Timescale
Below national results for FFT recommendation rate			Each month the reports in relation to FFT are analysed and where appropriate, the lowest five performing areas for response and recommendation rate are targeted with direct work for improvement.	30 June 2018

Key issue	Assurance level*	Committee update	Next action(s)	Timescale
<p>Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009³</p> <p>Complaint handling approach based on the principles of good complaints handling. These have been published by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman and the principles are:</p> <ul style="list-style-type: none"> • Getting it right • Being customer focused • Being open and accountable • Acting fairly and proportionately • Putting things right • Seeking continuous improvement • Compliance with all mandatory patient surveys. 			<p>Ensuring complaints training delivered annually and is based on principles from the PHSO, and this is also reflected in current policy.</p>	<p>31 March 2018. Complaints training delivered 15th February 2018.</p> <p>The policy is currently being amended to include Primary Care practices and will be ratified in the forthcoming quarter.</p>
<p>Number of cases breaches occurred. Internal data for complaints management. Calculations made against organisational timeframe in accordance with complaints policy.</p>			<p>Breach meetings to continue to be held monthly, where appropriate. Although no meetings required since September 2017.</p>	<p>Monthly review.</p>

³ http://www.legislation.gov.uk/ukxi/2009/309/pdfs/uksi_20090309_en.pdf