

Patient Experience Quarterly Report – Q1 2018/19 (April – June 2018) 1 October 2018

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Agenda Item No: 7.2

Trust Board Report	
Meeting Date:	1 st October 2018
Title:	Patient Experience Quarterly Report – Q1 2018/19 (April – June 2018)
Executive Summary:	<p>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.</p> <p>Divisional dashboards are attached which detail performance at divisional level and also show comparisons against national average.</p>
Action Requested:	Receive
For the attention of the Board	
Assure	<p>Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009¹</p> <p>Complaint handling approach based on the principles of good complaints' handling. These have been published by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman and the principles are:</p> <ul style="list-style-type: none"> • Getting it right • Being customer focused • Being open and accountable • Acting fairly and proportionately • Putting things right • Seeking continuous improvement • Compliance with all mandatory patient 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
Author + Contact Details:	Tel 01902 695363 alison.dowling1@nhs.net

¹ http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_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 Formal Complaints

The Trust received 86 formal complaints in Q1 2018/19, compared to 119 in Q4 2017/18. This represents an overall decrease of 28% when compared to the previous quarter and a reduction of 12% compared to Q1 in 2017/18.

In Q1 18/19, 84 complaints were closed compared to 102 in Q4 which is a decrease of a decrease of 18%.

This quarter sees the first reporting for the new three divisions, where it noted that all divisions have experienced a reduction based on volume of complaints activity for the respective directorates in previous quarters. Reductions in volume were 22% for Division 1 and 33% for each of Division 2 and 3.

No complaints were received or closed for Estates and Facilities and Corporate Directorates compared to 1 case in Q4 2017/18.

In Q1 2018/19, from the 84 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 Q4 2017/18. The dashboards will in future show the timescales regardless of whether consent has been sought or not.

Overall in terms of outcomes for all divisions the Trust has experienced 68% of cases not upheld, 27% partially and 5% upheld. However both Division 1 (73%) and 2 (80%) are above the national average of 35.7% for complaint cases **not upheld**, and all divisions are significantly lower than national average of 33.60% for cases **Upheld**.

In terms of key themes, general care of patient features highly for Divisions 2 and 3, and a deep dive into these cases will be undertaken and shared with the divisions to address any concerns relating to these increases.

12 complaints were re-opened this quarter. The Patient Experience Team Manager is currently assessing each request for the appropriateness of re-opening.

This quarter 4 cases were referred to the PHSO for consideration. These relate to Dermatology, general surgery (2 cases) and T & O (joint with UHNM). The number of complaints which are considered for an investigation by the PHSO (1 case), represents 4.65% of the total complaints received.

In terms of outcomes from investigations undertaken by the PHSO and completed, there were 2 complaints which were closed in this period of which 1 was not upheld (ED) and another partially upheld (Respiratory) although there was no financial redress.

Friends and Family Test

The volume of PALS concerns continues to reduce where in quarter 1 285 were received Trustwide. The themes for PALS concerns mirror those for formal complaints with Delay, General Care of Patient and Attitude being the top 3 categories.

As at June 2018, the Trust has an overall FFT recommendation rate of 93% and a

response rate of 18%. The Trust is above national average for recommendation rates for ED, Outpatients and some Maternity areas. Whilst resources have been supplied there is still minimal uptake for FFT for some paediatric areas and work is on-going to promote further and to address issues with the FFT contracted provider.

In terms of FFT response rates, all main areas are above national average with the exception of some maternity services touch points. A new system has been implemented and testing is underway for the automatic transfer of data for all touch points to be delivered ensuring higher level of responses.

Volunteering

In conjunction with Finance, Nursing and HR colleagues we have revised and updated our records of volunteers. We will review our volunteer list on a three monthly basis with the units/departments to ensure the Trust has an up to date and accurate database.

Volunteers supported the PLACE audit in April (Patient Led Assessment of the Care Environment) on behalf of our Estates team. As part of a structured survey volunteers went out to clinical areas with staff to consider food choice and standards for patients, and also hygiene and cleanliness of areas. Results should be published very soon.

Appendices	
1	Emerging issues/themes and Assurance
2	Q1 2018/19 Dashboards for Division 1, 2 and 3

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
<p>Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009²</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 			<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>

² http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf

Key issue	Assurance level*	Committee update	Next action(s)	Timescale
proportionately <ul style="list-style-type: none"> • Putting things right • Seeking continuous improvement • Compliance with all mandatory patient surveys. 				
Number of cases breaches occurred. Internal data for complaints management. Calculations made against organisational timeframe in accordance with complaints policy.			Breach meetings to continue to be held monthly, where appropriate. Although no meetings required since September 2017.	Monthly review.

Appendix 1 Emerging issues/themes and Assurance

Theme	Specific Item Reviewed (Data source)	Information used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)		IA * (use key below)	Emerging Issue/Outcome and any on-going risk (So what factor)	Action required	Lead	Action due date
		Positive	Negative					
Number of cases breaches occurred.	Specific data in relation to complaints management for Q1 activity	Internal data for complaints management. Calculations made against organisational timeframe in accordance with complaints policy. These are not necessarily statutory timescales.	Internal data although is nationally reported. Comparisons against previous quarters previously meant there had been a downward trend of compliance although since the new policy this has subsequently reduced.	3	Low compliance with timescales given in complaints policy or no compliance with ensuring consent sought from complainant. Audit of six months indicated high level of extensions sought completed.	Check and challenge meetings booked for remainder of the year.	A Dowling	Through out the year.
						Audit of complaint checklist outcomes to continue to ensure full compliance with the policy	A Dowling	monthly
Below national results for FFT recommendation rate	NHS England and on TDA website.	Comparisons of results published on websites and those received from our FFT provider.	Low comparison for some areas, although the response rate is greater for some.	3	Potential for recommendation rate to continue to decline when compared to national and regional averages.	To monitor continual recommendation rates monthly and compare to national/regional average.	A Dowling	Monthly
Obs and Gynae received the highest volume of complaints for third quarter for Div 1.	Complaint activity data from Datix.	Internal data for complaints management received for the quarter.	Comparisons against previous quarters have shown increased	3	Increased volume could be indicator for negative patient experience metrics.	Senior nursing staff in area to monitor weekly real time information from FFT results to	Hazel Remmett-Booth	Weekly

Theme	Specific Item Reviewed (Data source)	Information used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)		IA * (use key below)	Emerging Issue/Outcome and any on-going risk (So what factor)	Action required	Lead	Action due date
		Positive	Negative					
(An increase of 17%).		Directorate information not reported on nationally	volume (17%). Directorate information not reported on nationally although effects Trust's national average.		Although looking at FFT results for Ward D7 Gynae, recommendation rate improved from 82% to 88%.	highlight key themes from % of patients who would not recommend service.		
Percentage of FFT non-recommend for some areas above 10%.	NHS England and on TDA website.	Directorate information not reported on nationally	Directorate information not reported on nationally although effects Trust's national average score.	3	High % of non - recommend may be indicator for declining care although must be taken into context for volume of survey responses.	(a) Patient Experience to deliver some outreach sessions for areas where higher than 10% would not recommend. (b) Wards C24 and C25 to increase FFT response and recommendation rate by installing survey on electronic ward devices.	Patient Experience Team Heather Woodward	31 August 2018 30 Sept 2018
FFT – lack of uptake on survey for community and paed's areas.	NHS England and on TDA website.	Internal data for complaints management received for	Directorate information not reported on nationally	3	Lack of surveys in key areas does not allow accurate information to	(a) Meeting arranged with FFT provider to address these	Alison Dowling	8 th August 2018.

Theme	Specific Item Reviewed (Data source)	Information used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)		IA * (use key below)	Emerging Issue/Outcome and any on-going risk (So what factor)	Action required	Lead	Action due date
		Positive	Negative					
		the quarter. Directorate information not reported on nationally	although effects Trust's national average score.		identify declining performance of delivery of care.	gaps. (b) Local survey to be undertaken by council of members (c) Play specialists are targeting children in PAU, A21 and Day Care specifically to encourage submission of FFT.	Alison Dowling Matron Plant	31 August 2018 On-going review.

Any independent assurance provided in the above table is time limited – please indicate (x) the overall level of independent assurance based on descriptions below (where applicable in the IA* column above).

3 ***	Recent (less than one year old) independent assurance.
2 **	Less Recent (more than one less than two years old) independent assurance.
1 *	Historical (more than two years old) independent assurance.

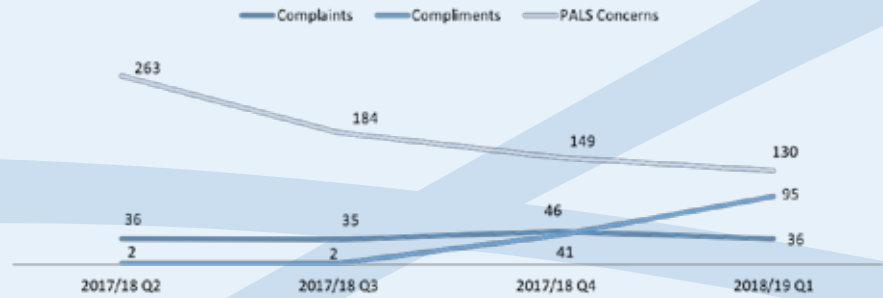
Patient Experience Feedback - Division One

Quarter One 2018/19



The Royal Wolverhampton
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Formal Complaints, PALS Concerns and Compliments

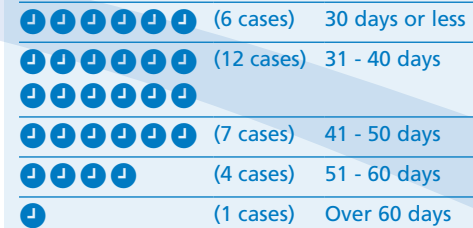


Response Rates

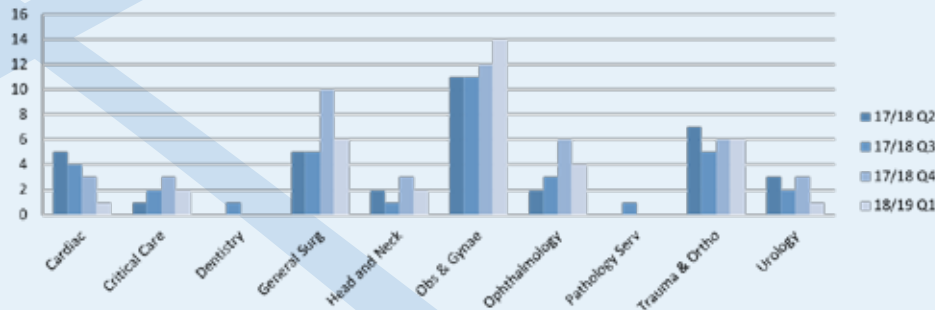


were closed within 30 days or consent to breach was sought.

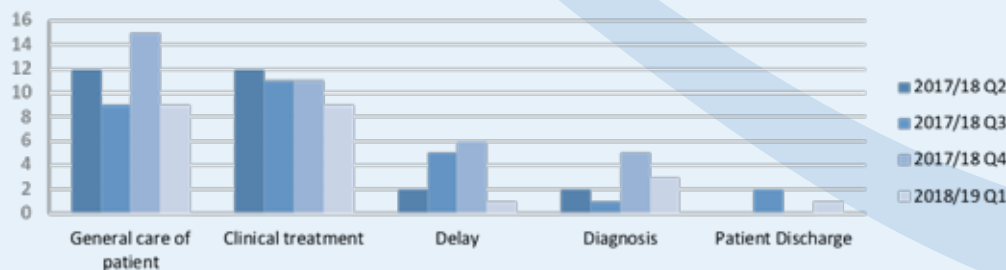
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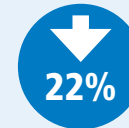
Complaints Received by Directorate



Top Five Themes of Closed Complaints



Total complaints recorded represent a decrease of



Outcomes for complaints closed

RWT Outcomes (Div 1)	NHS Digital National Average
16% Not upheld	35.7% Not upheld
69% Partially upheld	30.7% Partially upheld
15% Upheld	33.6% Upheld

Highlights

- PHSO No cases closed this quarter but 3 referrals – 2 for General Surgery and 1 for T & O (jointly with UHNM).
- All directorates received a reduction in complaints received with the exception of Obs and Gynae who experienced an additional 2 cases (or 17%) increase.
- PALS Concerns have reduced by 53% when compared to Q1 2017/18.

Lowlights

- Obstetrics & Gynaecology received the highest volume of complaints for the third consecutive quarter.
- Drop in recommendation rates for several key inpatient areas.

Actions

- D7 Gynae currently monitoring weekly real time information in relation to FFT results to highlight key themes of the 7% of patients who would not recommend.
- Patient Experience Team to deliver some outreach for the month of August specifically to gain views of patients who would not recommend for A9 SEU.
- Meeting arranged with contracted FFT provider in August to specifically concentrate on capturing and improving recommendation rates.

Division 1

Quantitative (Response Rates)

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A12	11	5	0	0	1	0	17	54	30%	32%
A14	13	5	0	0	0	0	18	55	31%	33%
A21	5	0	0	0	0	0	5	8	107%	63%
A23	15	6	1	0	1	0	23	71	26%	32%
A5	12	3	2	1	1	0	19	57	24%	33%
A6	14	1	1	1	0	0	17	50	17%	34%
A9 SEU	63	11	4	4	6	0	88	297	24%	30%
B14	49	7	2	0	0	1	59	163	42%	36%
B8	45	6	0	0	2	1	54	119	40%	45%
C39 BSSU	35	4	1	1	0	0	41	135	37%	30%
D7 Gynae	39	11	3	2	2	0	57	194	33%	29%
HILTON	43	6	0	0	1	0	50	135	49%	37%
ICCU	0	0	0	0	0	0	0	2	33%	0%

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

Birth	1	2	3	4	5	6	Last month RR	Response Rate
Birth CDS	3	0	0	0	0	0	1%	2%
MLU	35	1	0	0	1	0	19%	19%
Total	38	1	0	0	1	0	20%	10%

Postnatal Ward	1	2	3	4	5	6	Last month Total	Total
Total	20	3	1	1	0	1	50	26

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

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A16 Appleby	103	15	3	0	2	0	123	366	27%	34%
A33 MJW	98	19	5	3	0	1	126	344	35%	35%
DCU	54	5	2	2	0	0	63	216	26%	29%
DURNALL	17	6	4	0	0	0	27	327	9%	8%

Outpatients Trustwide	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	7053	1458	223	82	125	97	9038	53032	18%	17%

Trust vs National Average*

Department	Response Rate		Non Recommendations		Recommendations	
	Trust	National Average	Trust	National Average	Trust	National Average
A&E	16%	13%	8%	9%	86%	84%
Inpatients & Day Case	30%	23%	4%	2%	91%	96%
Outpatients	17%	6%	2%	3%	94%	93%
Birth	10%	21%	3%	0%	98%	97%

*Please Note, national average taken from NHS England statistics for March, this figure will be updated on a quarterly basis

Qualitative (Recommendation Rate)

Inpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A12	17	16	1	6%	100%	94%
A14	18	18	0	0%	100%	100%
A21	5	5	0	0%	87%	100%
A23	23	21	1	4%	100%	91%
A5	19	15	2	11%	80%	79%
A6	17	15	1	6%	100%	88%
A9 SEU	88	74	10	11%	87%	84%
B14	59	56	0	0%	98%	95%
B8	54	51	2	4%	92%	94%
C39 BSSU	41	39	1	2%	94%	95%
D7 Gynae	57	50	4	7%	82%	88%
HILTON	50	49	1	2%	96%	98%
ICCU	0	0	0	0%	100%	0%

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

Birth	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Birth CDS	3	3	0	100%	100%	100%
MLU	37	36	1	97%	97%	97%
Total	40	39	1	98%	97%	98%

Postnatal Ward	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	26	23	1	4%	98%	88%

Postnatal Community	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	0	0	0	0%	0%	0%

Day Cases	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A16 Appleby	123	118	2	2%	93%	96%
A33 MJW	126	117	3	2%	94%	93%
C41	42	39	2	5%	80%	93%
DCU	63	59	2	3%	96%	94%
DURNALL	27	23	0	0%	76%	85%
REHAB DAY UNIT	11	10	0	0%	0%	91%
Total	392	366	9	2%	91%	93%

Outpatients (Trust wide)	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
Total	9038	8511	207	2%	93%	94%

RAG Rating Key

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

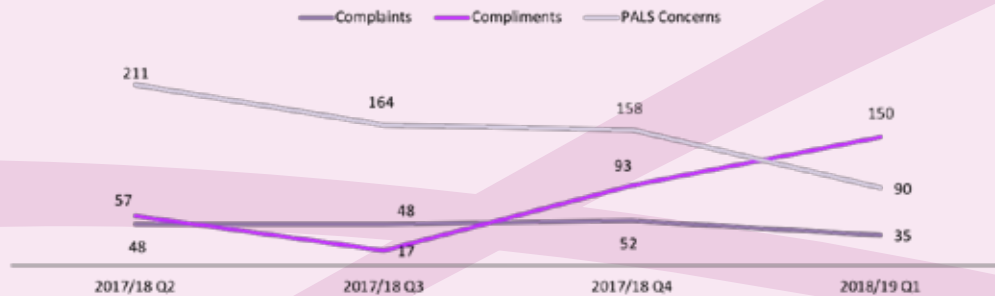
Patient Experience Feedback - Division Two

Quarter One 2018/19

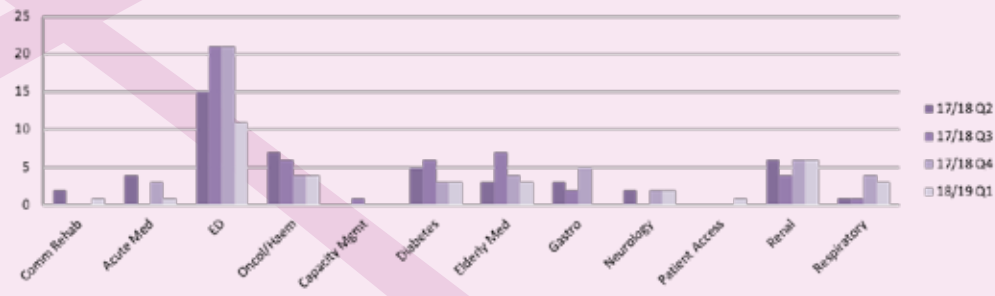


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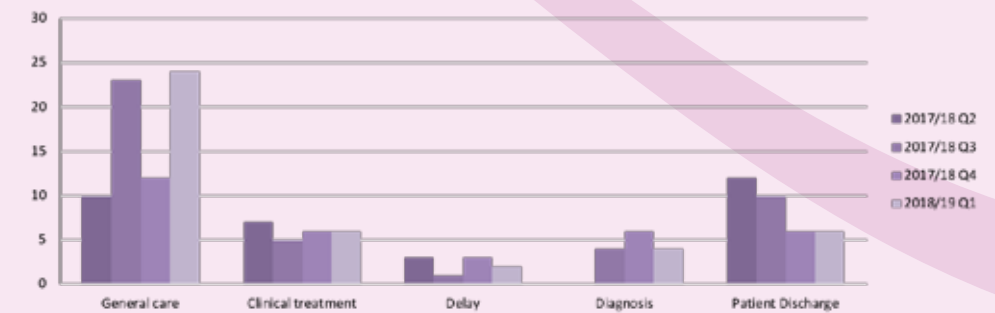
Formal Complaints, PALS Concerns and Compliments



Complaints Received by Directorate



Top Five Themes of Closed Complaints

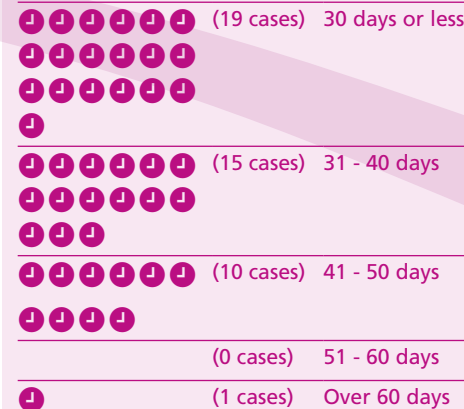


Response Rates



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

However:



Total complaints recorded represent a decrease of



Outcomes for complaints closed

RWT Outcomes (Div 2)	NHS Digital National Average
80% Not upheld	35.7% Not upheld
16% Partially upheld	30.7% Partially upheld
4% Upheld	33.6% Upheld

Highlights

- PHSO – There were 2 cases closed this quarter, ED (not upheld) and Respiratory (partly upheld with no financial redress).
- ED experienced a reduction of complaints of 48% - and the FFT recommendation rate is above national average at 86%.

Lowlights

- Drop in recommendation rates for several key inpatient areas.
- Wards C24 and C25 FFT recommendation rates are rated red (score 79% or below).

Actions

- Meeting arranged with contracted FFT provider in August to specifically concentrate on capturing and improving recommendation rates.
- Wards C24 and C25 to increase the FFT response and recommendation rates – the survey will be installed on electronic ward devices.

Division 2

Quantitative (Response Rates)

Emergency Department	1	2	3	4	5	6	Responses	Eligible	RR last month	Response Rate
AE	954	224	63	45	88	17	1391	8323	100%	17%
ED > PAEDS	36	3	1	3	0	3	46	46	15%	100%
MIU	167	37	4	5	6	2	221	1016	21%	22%
PHOENIX	172	43	7	2	11	1	236	2105	100%	11%
Total	1329	307	75	55	105	23	1894	11490	16%	16%

Inpatients	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
A7	3	5	0	0	0	0	8	18	94%	44%
A8	18	5	1	0	1	0	25	71	52%	35%
B11 CHU	12	2	0	0	0	0	14	31	22%	45%
B12 ASU	13	4	1	0	1	1	20	63	44%	32%
B7	0	0	0	0	0	0	0	0	100%	0%
C15	3	2	0	0	0	0	5	44	16%	11%
C16	8	3	1	0	0	1	13	61	13%	21%
C17	5	0	0	0	0	0	5	20	29%	25%
C18	4	3	0	1	0	0	8	40	35%	20%
C19	6	3	0	0	0	0	9	43	41%	21%
C21 AMU	45	9	4	0	3	0	61	250	27%	24%
C22	9	0	1	0	0	0	10	20	14%	50%
C24	19	4	1	1	4	1	30	104	19%	29%
C25	5	2	1	0	3	0	11	34	17%	32%
C35 Deansley	6	1	0	0	0	0	7	20	20%	35%
FAIROAK	5	4	0	0	0	0	9	21	26%	43%
W1	13	5	0	0	0	1	19	25	20%	76%
W2	6	2	0	1	0	0	9	16	83%	56%

Day Cases	1	2	3	4	5	6	Responses	Eligible	Last month RR	Response Rate
REHAB DAY UNIT	10	0	0	0	0	1	11	11	0%	100%

Outpatients Trustwide	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	7053	1458	223	82	125	97	9038	53032	18%	17%

Trust vs National Average*

Department	Response Rate		Non Recommends		Recommends	
	Trust	National Average	Trust	National Average	Trust	National Average
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Birth	10%	21%	3%	0%	98%	97%

*Please Note, national average taken from NHS England statistics for March, this figure will be updated on a quarterly basis

Qualitative (Recommendation Rate)

Emergency Department	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
AE	1391	1178	133	10%	100%	85%
ED > PAEDS	46	39	3	7%	85%	85%
MIU	221	204	11	5%	95%	92%
PHOENIX	236	215	13	6%	88%	91%
Total	1894	1636	160	8%	87%	86%

Inpatients	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last month	% Recommends
A7	8	8	0	0%	94%	100%
A8	25	23	1	4%	96%	92%
B11 CHU	14	14	0	0%	90%	100%
B12 ASU	20	17	1	5%	83%	85%
B7	0	0	0	0%	100%	0%
C15	5	5	0	0%	86%	100%
C16	13	11	0	0%	71%	85%
C17	5	5	0	0%	80%	100%
C18	8	7	1	13%	82%	88%
C19	9	9	0	0%	93%	100%
C21 AMU	61	54	3	5%	86%	89%
C22	10	9	0	0%	75%	90%
C24	30	23	5	17%	67%	77%
C25	11	7	3	27%	100%	64%
C35 Deansley	7	7	0	0%	100%	100%
FAIROAK	9	9	0	0%	100%	100%
W1	19	18	0	0%	100%	95%
W2	9	8	1	11%	100%	89%

Day Cases	Total Surveys	Recommends	Non Recommends	% Non Recommends	Positive Last Month	% Recommends
C41	42	39	2	5%	80%	93%

RAG Rating Key

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

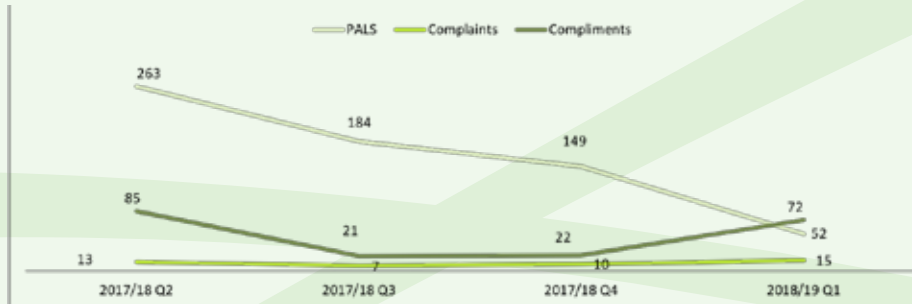
Patient Experience Feedback - Division Three

Quarter One 2018/19

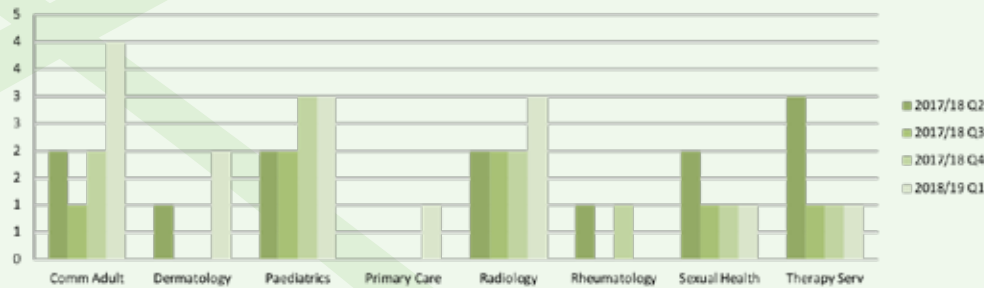


The Royal Wolverhampton
NHS Trust

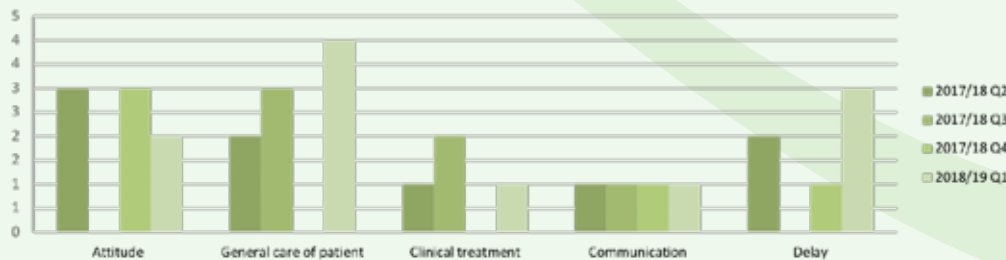
Formal Complaints, PALS Concerns and Compliments



Complaints Received by Directorate



Top Five Themes of Closed Complaints



Response Rates



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

However:

13 cases	30 days or less
(0 cases)	31 - 40 days
(0 cases)	41 - 50 days
(0 cases)	51 - 60 days
(0 cases)	Over 60 days

Total complaints recorded represent a decrease of



Outcomes for complaints closed

RWT Outcomes (Div 3)	NHS Digital National Average
15% Not upheld	35.7% Not upheld
70% Partially upheld	30.7% Partially upheld
15% Upheld	33.6% Upheld

Highlights

- PHSO – No cases closed this period although one case has been referred for consideration (Dermatology).
- All complaints closed were completed within the organisational 30 working day timeframe.
- FFT for Community has increased its recommendation rate from 89% to 92%.

Lowlights

- Several key areas for Paediatrics do not appear to have any responses for FFT, promotional material previously provided.

Actions

- Meeting arranged with contracted FFT provider in August to specifically concentrate on capturing and improving recommendation rates.
- Investigative work ongoing with FFT provider and informatics team as to the reasons why Paediatrics are not showing automated FFT surveys.
- Local survey being undertaken by Council of Members on children's ward to supplement findings of the National Children and Young People Survey.
- Children's services continue to meet on monthly basis to review and address patient feedback and methodologies for consideration.
- The play specialists are targeting children in PAU, A21 and Day Care, specifically to encourage submission of FFT

Division 3

Quantitative (Response Rates)

Location	1	2	3	4	5	6	Responses	Eligible	Response Rate
Paediatric Emergency Department	36	3	1	3	0	3	46	46	100%
Children's Day Case	0	0	0	0	0	0	0	0	0
Children's Outpatients	11	1	0	0	0	1	13	13	100%
Children's Ward (A21)	5	0	0	0	0	0	8	5	63%
Community Children's Nursing Team	0	0	0	0	0	0	0	0	0
Gem Centre (Clinical Suite)	0	0	0	0	0	0	0	28	0%
Health Visiting	0	0	0	0	0	0	0	0	0
Looked After Children's Service	0	0	0	0	0	0	0	0	0
Neonatal Unit	0	0	0	0	0	0	0	0	0
Paediatric Assessment Centre	0	0	0	0	0	0	0	0	0
Partnering Families Team	0	0	0	0	0	0	0	0	0
School Nursing	0	0	0	0	0	0	0	0	0
Transitional Care Unit	11	0	0	0	0	0	11	11	100%
Total	63	4	1	3	0	4	78	103	76%

Community	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	235	72	5	6	7	10	335	37834	1%	1%

Outpatients Trustwide	1	2	3	4	5	6	Total	Eligible	Last month RR	Response Rate
Total	7053	1458	223	82	125	97	9038	53032	18%	17%

Trust vs National Average*

Department	Response Rate		Non Recommendations		Recommendations	
	Trust	National Average	Trust	National Average	Trust	National Average
A&E	16%	13%	8%	9%	86%	84%
Inpatients & Day Case	30%	23%	4%	2%	91%	96%
Outpatients	17%	6%	2%	3%	94%	93%
Birth	10%	21%	3%	0%	98%	97%

*Please Note, national average taken from NHS England statistics for March, this figure will be updated on a quarterly basis

Qualitative (Recommendation Rate)

Emergency Department	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	% Recommendations
Paediatric Emergency Department	46	39	3	7%	85%
Children's Day Case	0	0	0	0%	0%
Children's Outpatients	13	12	0	0%	92%
Children's Ward (A21)	8	5	0	0%	63%
Community Children's Nursing Team	0	0	0	0%	0%
Gem Centre (Clinical Suite)	0	0	0	0%	0%
Health Visiting	0	0	0	0%	0%
Looked After Children's Service	0	0	0	0%	0%
Neonatal Unit	0	0	0	0%	0%
Paediatric Assessment Centre	0	0	0	0%	0%
Partnering Families Team	0	0	0	0%	0%
School Nursing	0	0	0	0%	0%
Transitional Care Unit	11	11	0	0%	100%
Total	78	67	3	4%	86%

Community	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last Month	% Recommendations
Total	335	307	13	4%	89%	92%

Outpatients	Total Surveys	Recommendations	Non Recommendations	% Non Recommendations	Positive Last Month	% Recommendations
Total	9038	8511	207	2%	93%	94%

RAG Rating Key

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