

Listen, Learn, Share

July 2020

Vision Statement

The Patient Experience Team exists to achieve the best possible journey for patients and those who care for and support them. Through continuous improvement we will strive to enhance the Patient Experience, whatever the outcome.

Introduction

In our title of 'The Royal Wolverhampton NHS Trust' the word 'trust' is key to everything that we aim to achieve. We are entrusted to be safe and effective. We are entrusted to be kind and caring in delivering our services, and to exceed expectations in all that we do.

Trust is based on developing an effective relationship, in our case with patients, with families, with carers and with the many organisations with whom we work. In delivering care, however, trust isn't just given freely. Trust is intimate and has to be earned through honest, effective communication about what is realistic, given the constant pressures between patients' expectations, our aims for excellence and the constraints that the current environment places upon us.

The Trust prides itself on being a 'learning organisation' and aims to ensure that we achieve our obligations under the Health Act (2006) to involve users of our services in the planning and provision of all that we do, and all that we plan to do. Our focus

is always to put the patient at the centre of our considerations. All of these intentions are written into the Patient Experience, Engagement and Public Involvement Strategy 2019-2022. Additionally, to make sure that we do listen effectively, we have drawn together a group of 'Engagement Champions' who are passionate about engaging, listening and learning from our patients, their loved ones and stakeholders. We also listen and work closely with Healthwatch and listen to their observations.

There are a variety of mediums of feedback we receive, such as the 'Friends and Family Test' results, the Care Quality Commission National Surveys, and formal and informal complaints, of which all are important, enabling the Trust to understand how the care that we deliver impacts on patient experience.

Complaints, conversely are not a negative experience for the Trust but a positive source of identifying where our weak areas are and how we can modify our service to make it even better. The complaints and compliments that we receive



combine, therefore, to build an excellent framework on which we can build improvement and the excellence for which we aim. By listening meaningfully and analysing all these sources of information, the Trust can introduce effective change and monitor developmental progress as a response to deliver what you, the patients, family and friends who visit us, tell us that you want.

The Patient Experience Team is at the heart of these schemes and strategies. This publication aims to explain some of the positive changes which have taken place at RWT as a result of such feedback to deliver better care to you

Alison Dowling,
Head of Patient Experience and
Public Involvement.



Patient Experience

Complaints and PALS Concerns

Once a formal complaint is received by the Trust it is subject to triage, grading, acknowledgment and allocation to the appropriate specialty and identified Investigating Officer. The NHS procedure for handling complaints is divided into two stages;

1. **Local resolution** - This provides the quickest and fullest resolution to a complaint. This process must be fair, open, flexible and conciliatory to both complainant and staff. The Trust will send a response, following investigation, to the complainant making the complaint.
2. **Independent review** by the Parliamentary & Health Service Ombudsman (PHSO).

The Trust timescale for responding to formal complaints is 30 working days. Some complaints within healthcare can be very complex and can require a lengthy investigation process in order to provide a high quality response proportionate to the concerns raised. On completion of the investigation the draft response is quality assured at divisional level to ensure that the concerns raised have been addressed openly and honestly. For those complaints where the outcome is partly or fully upheld an action plan will be compiled to address any gaps in service provision or patient safety and care.

In 2019/20 the Trust received 386 formal complaints in comparison to 414 in the previous year (2018/19).

Within the same timeframe there were 773 PALS concerns received in comparison to 1011 the previous year.

The following examples relate to two formal complaint summaries, and outlines actions identified following the complaint investigation:



Case 1

Prior to admission a patient had a fall at home which resulted in a broken hip and wrist.

The patient lived independently with support from carers and family members and had a number of ongoing health issues which were being managed by the GP and hospital.

Following surgery the patient was given physiotherapy but was showing signs of confusion which was limiting the progress of the physiotherapy.

The family were informed that patient was being transferred to West Park Hospital to progress their rehabilitation potential however the family felt that the transfer of the patient from RWT to West Park Hospital was inappropriate and not in the best interests of the patient.

Actions Taken

A review of the discharge/transfer process has taken place to ensure all staff are following Situation Background Assessment Recommendation (SBAR) guidance correctly and checking plans. SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication about a patient's condition.

Case 2

A patient was diagnosed with Squamous Cell Carcinoma to the lower lip in 2018 and was receiving treatment under the Head and Neck department at RWT.

The cancer was successfully removed however no follow-up treatment was given as agreed. In 2019 the cancer returned to the patients head and again the cancer was removed with the patient being informed that they would need to have radiotherapy. The wound was slow healing and required weekly cleaning and dressing.

The patient then identified a lump to the neck, and following consultation, biopsies were taken which in turn identified further lumps to the neck and head. A treatment plan was put in place which included the commencement of Chemotherapy. Having attended the initial appointment the patient was informed that the cancer had progressed and was now stage 4.

The family felt the cancellation of appointments for cancer treatment and the delay/missed diagnosis of cancer were all contributory factors.

Actions Taken

Chemotherapy delays caused by prescribing timings:

- Prescribing and chemotherapy staff have been reminded of lead times to enable delivery and preparation of chemotherapy treatment.

No documentation regarding cancelled appointment:

- Staff have been reminded of the importance of documentation and the need to communicate all appointment updates and delays to patients and relatives.

Lack of communication:

- Staff have ensured that robust procedures are adhered relating to the importance of documenting and communicating any delays to patients and families.

Parliamentary Health Service Ombudsman (PHSO)

Where a case has been partially or fully upheld, the Trust will receive recommendations from the PHSO to consider and implement. Some examples of cases completed are as follows:

Case one

This related to aspects of care received by the patient from the Trust during their admission, specifically following a medical assessment. The theme of the PHSO's findings related to clinical care and treatment received.

The PHSO's decision was to partly uphold this case with the following recommendations;

- The Trust should apologise for its failure to undertake the appropriate assessments during the patients initial admission.
- Within three months of the date of this report the Trust should provide the PHSO with evidence that it has taken steps to ensure it prevents a recurrence of this failing.

The PHSO's final recommendation for this case included a financial redress of £1,000.



Case two

This case related to a joint specialty complaint and related to care received by the patient towards the end of their life. The patient was suffering from gastric cancer and had received chemotherapy treatment. Following treatment the patient had periods of admission due to being in severe pain but pain relief received was ineffective. The family felt that they were not listened to or communicated with and that information received was limited.

The theme of the PHSO's findings related to information and communication with the patient's relatives.

Following a full investigation the PHSO decided that there would be no recommendations or financial redress for this case. It was concluded that the failing identified with regards to the provision of information had already been rectified by the Trust, therefore negating the requirement for a further response to be provided.



New Initiatives

As a Trust we are constantly looking for new initiatives to gain more insightful information from our service users in order to enhance the patient experience.

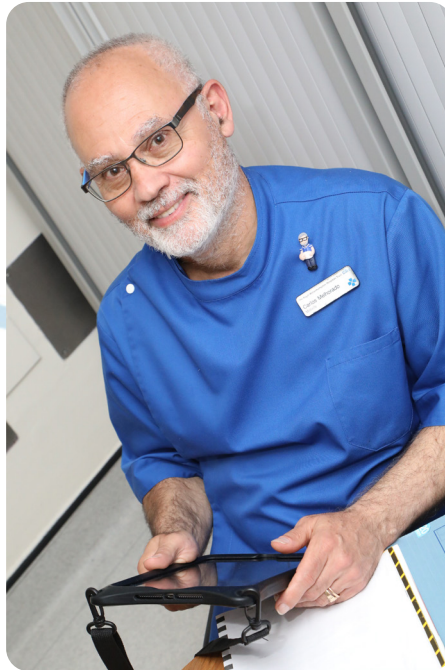
The following are examples of service review from the patients' perspective and the resulting actions implemented.

Observe and Act

Observe and Act is one of the new initiatives implemented and is a fantastic way to network. It's open and transparent and ensures that we continue to strive to make improvements within the Trust from the patient's perspective of a service. It is important to ensure that the patient's opinion is the primary factor and ensure that any recommendations for service improvements are in conjunction with the patients' beliefs.

One area where this initiative was carried out was within the 'Boots Pharmacy' at New Cross Hospital by a member of staff from the Radiology Department.

The areas for improvement from the patients perspective related to signage, information in respect of waiting times, notice boards and provision of hand gel. In response to this feedback the following has been implemented:



- Signage to the department has been improved.
- Information - Electronic screen has been implemented displaying waiting times and prescription updates.
- Notice Boards - These have been placed within the location and display Public Health information leaflets.
- Hand Gel - A hand gel station has been installed in the corridor outside of Boots, on the wall by the seating area and also on the counter.

In addition, to try and ensure further privacy when patients are collecting their prescription, railings have also been put in place.

Message to a loved one

In April the Trust implemented the new initiative 'Message to a loved one' which is facilitated by the Patient Experience Team and in response to feedback received from our service users.

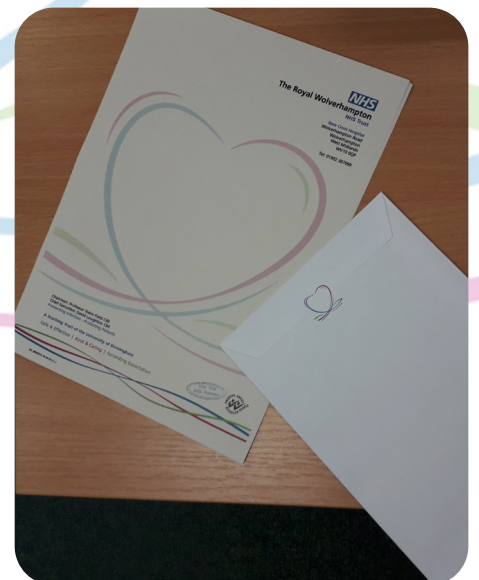
At a time when visiting has been suspended for patient safety it has been very well received and helps to let patients know they have not been forgotten.

The messages are emailed to: rwh-tr.patientexperienceteam@nhs.net. Additionally, there is a dedicated phone service (01902 695118) which is available between 10 am – 12 noon each weekday.

All phone and email messages are collated by a dedicated patient experience team during the morning on the day the message is received, printed and distributed to the hospital wards during the afternoon. All messages will then be distributed by the ward staff, which patients can then keep.

In addition to this service the Trust has also been gifted with Ipad's which have been allocated to each ward to further enhance communication and patient experience. In today's technological world the provision for family and friends to use facetime/video calling as a way of keeping in touch with their loved ones is invaluable.

During the pandemic the Trust lost a large portion of their volunteers however the message received by the Trust was that you wanted to help. So in response this is what we did; we recruited 350 clinical volunteers. Thank you for showing such overwhelming support for the Trust during such challenging and unprecedented times.



Collaborative Working



Patient feedback can be received in a number of ways including via our external stakeholders.

The following is an example of how feedback received from our service users resulted in an improved service and patient experience within the Radiotherapy department.

The department received patient feedback from Healthwatch in relation to the following;

- Length of wait for patients
- Short notice appointments
- Change of appointments due to mechanical failure

In order to gain further feedback an End of Treatment survey was undertaken between November and December 2019 in their outpatients department. The purpose of the survey was to assess patient satisfaction and identify areas for service improvement.

The response rate was extremely high which was encouraging as noted below;

- 84% of patients were offered a permanent record or summary of their initial consultation with the doctor.
- 76% of patients were satisfied with the information they received prior to their CT scan.

- 91% of patients were satisfied with the information they received prior to starting radiotherapy treatment.
- 67% of patients were satisfied with their appointment times for treatment with 9% of patients being least satisfied with their appointments
- 94% of patients were satisfied with the attitude of staff in the radiotherapy department.
- 69% of patients were satisfied with their wait each day with 3% of patients being least satisfied with their wait.
- 79% of patients were satisfied with the general environment within the department
- 97% of patient felt that side effects of the radiotherapy treatment were fully explained to them.
- 97% of patients that did experience side effects received information from staff on how to manage these.
- 92% of patients were satisfied with the information they were given at the end of Radiotherapy treatment.
- 100% of patients felt they were given enough information on who to contact if they had any concerns once the treatment had finished.
- 90% of patients were satisfied with the overall communication from staff.

For those questions which related to appointment times and waits for treatment, from the comments noted at the end of the questionnaire it was established that appointment times can be varied which makes it difficult for patients to plan around. Also, that machine servicing during clinical hours has a negative impact on the patient experience as there can often be delays and interruptions to treatment due to this.

Sample of comments received are:

- *'I would like to thank all the staff for the excellent service, attention to detail and commitment to all patients and dedication to their work'.*
- *'Faultless experience from start to finish – Excellent staff, helpful and considerate'.*
- *'All staff have been very professional, helpful and friendly – especially making sure I heard and understood as I have a hearing problem'.*
- *'All members of staff were extremely professional and caring. No waiting about for treatment to commence, relaxed atmosphere. Very positive experience! Thank you so much to everyone involved'*

You said...We did

Service Improvements

In response to the patient feedback and the identified gaps in service provision the following actions have been implemented in order to improve the patient experience;

You said...

"Even when given a time this cannot be relied upon as maintenance work is often carried out during the day"

"Appointment times are sporadic, waiting times are long. Could improve by giving appointment times in advance and maintaining equipment outside of appointment times".

We did....

Three new machines have been purchased which will be more reliable and stable

You said...

"Random appointment times are frustrating"

"If patients were given block appointments for a whole week this would be much better rather than day to day appointments"

We did...

Each patient now leaves the department after the initial visit with a three month plan of appointments

Three Consultant Radiographers are now in post who can assist with consent, planning and initiate treatment.

External Stakeholder Feedback

Healthwatch Enter & View Visits

Healthwatch have a legal power to visit health and social care services and see them in action.

The purpose of an 'Enter and View' visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide¹.

During the visit, Healthwatch should focus on:

- Observing how people experience the service through watching and listening
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views
- Observing the nature and quality of services
- Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit

In January 2020 Healthwatch carried out two unannounced Enter and View visits at The Royal Wolverhampton NHS Trust in the following areas:

- Acute Medical Unit (AMU)
- Rheumatology Services at RWT and Cannock Hospital

The areas of focus were Environment, Essential Services, Access, Safe, Dignified and Quality Service, Information and Education, Choice, Being Listened to and Being Involved.

Service User comments and feedback in relation to Rheumatology

Patients felt treated fairly and had never been harassed or discriminated against by anyone in the ward; staff or patients.

Patients commented that they were very happy with the level of care they received on the ward and "wouldn't make any improvements".

Helpline - sometimes it could be 48 hours before they had a response and would really welcome a person on the line who might be able to get a response quicker.

"They advise on what's best and I go along with it, if there's an issue I can phone the helpline".

The feedback received from both inspections were extremely positive and the resultant recommendations were addressed by the implementation of action plans for the specific areas.

Rheumatology recommendations and actions put in place

Recommendation	Proposed action(s)
Consider allowing patients to wait in the waiting room for appointments with consultant, rather than waiting in the corridor as this is a nicer atmosphere.	Purchase new chairs and make corridor more airy. TV to display Rheumatology educational information.
Consider making the phone service a manned service so patients feel that they are being listened to straight away, rather than waiting the 48 hours.	Business plan approved. The Rheumatology Advice line is currently been approved and plans to make the service more user friendly with appropriate slot times and clinical nurse specialists will have designated sessions in their job plan. The answering machine will no longer be used due to the robust business case that has been devised.
Ensure that patients feel involved at every step of their treatment process.	We always encourage patients to be fully informed but will reiterate this message to all nursing staff to ensure patients are informed of their treatment process.

Consider sending discharge letters to patients as well as their GP.	All patients to be offered letters following review Letters will be issued to patients following their consultation-ensuring the language used is user friendly for the patient to understand
Ensure that patients are aware of the complaint's procedure, should they ever need to use it.	Patient Feedback leaflet readily available
Ensure that staff are communicating with patients if there is a delay in appointments.	Review current process Allocate Healthcare Assistants (HCA) to clinics to manage and be responsible for keeping patients informed
Consider introducing a 'you said – we did' board to demonstrate changes made by patient feedback	"You said" "we did" board in the Day Unit to be replicated within the OPD departments at New Cross and Cannock Hospitals
Ensure staff are regularly collecting patients views and use them to make changes to the unit.	We have a Rheumatology User group that meets regularly at Cannock and New Cross this takes into account the patients views of what they envisage a rheumatology service should look like.

Service User comments and feedback in relation to AMU

All patients engaged with felt safe on the ward, as did their relatives. All patients felt treated with respect and compassion saying; "definitely – brilliant, professional, caring and helpful".
"The staff here are angels, marvellous they are".

AMU recommendations and actions put in place

Recommendation	Proposed action(s)
Ensure End of Life paperwork is being completed as standard	Ensure all staff are aware and competent at completing end of life paperwork - staff to be informed through the safety brief and walk around.
	Ensure adequate SWAN champions in place on AMU.
	Practice Education Facilitators to focus on the end of life paperwork/SWAN care in order to ensure that all staff members are fully competent.
Ensure that relatives of patients are kept informed regarding their family members' treatment	Content of the Healthwatch report will be shared with both medical and nursing staff as way of reminding them of the importance of ensuring that relatives are kept informed.
Consider having a chart of the different staff and their uniforms on the ward	Chart to be located and displayed.
Ensure the unit is catering to patients' dietary requirements and these are taken seriously	Unit to review the current process for all meal services to ensure that a process for identifying dietary needs is in place and followed.
Ensure Friends and Family Tests results that are displayed are up to date	Implement a process which ensures that the FFT posters are changed at delivery to ensure no out of date information is displayed.

National Inpatient Survey 2019

The 2019 Inpatient Survey was part of a national survey programme run by Care Quality Commission (CQC) to collect feedback on the experiences of inpatients using the NHS services across the country. The results contribute to the CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS trusts, which they can then use to improve patient experience.

During 2019, a questionnaire was sent to all inpatients that used the service in July 2019. Results were published by the CQC 2nd July 2020.

Obtaining feedback from patients is vital for bringing about improvements in the quality of care and this is an excellent way for inpatients to directly influence services locally.

Pleasingly, the Trust has experienced double the volume of questions in the top 20% nationally when comparing 2018, and a reduction from 4 questions to 2 in the bottom 20%.

The categories for improvements relate to leaving hospital, and the themes are related to discharge and delays.

What we're doing well:

- Information giving about condition or treatment
- Separate sleeping areas from patients of opposite sex
- Hospital cleanliness
- Confidence in nurses treating you
- Beforehand, questions about operation or procedure were answered in a way which could be understood
- Pre and post discharge information giving both written and verbal

Where we can improve?

- Leaving hospital communication including discussions about whether you may need any further health or social care services
- Seeking your views and actively listening
- Giving you enough notice about when you are going to be discharged?

So what are we doing about this?

We are currently developing an action plan to address the key findings of the report which are yet to be agreed. This will be reported on in due course and monitored through the Trust's governance arrangements to ensure that appropriate improvements are made.

In 2018 you gave us a score of 7.9

When asked about being moved 'Did the hospital staff explain the reasons in a way you could understand?'

What we did:

- Ensured robust and clear transfer information is given to patients and their significant others,
- Considered a patient leaflet for patients who are moved.
- Considered audit of patient experience post move
- Considered a protocol/SOP identifying: the following
- There is documented discussion explaining:
- the reasons for the move to the patient.
- A documented 'welcome' to the receiving ward and patient feedback regarding the transfer.

In 2019 you scored us 8.2

In 2018 you gave us a score of 8.9

When asked 'After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?'

We did..

- Ward staff to inform patient that they will receive communication asking for feedback to ask about their stay.
- Discuss results with all levels of staff from all professions.
- Regular agenda item for Heads of Nursing, Midwifery and Leaders Group
- Band 7s to include this feedback at their ward and department team meetings.
- Staff to fully document discussions with patients and their loved ones during their stay and at discharge.

In 2019 you scored us 9.1

Patient Story

If you have a patient experience you are happy to share please contact a member of the Patient Experience Team.

Contact us: rwh-tr.patientexperienceteam@nhs.net