



# Health Scrutiny Panel

19 September 2013

<b>Report Title</b>	<b>The Royal Wolverhampton NHS Trust - Patient Experience Friends and Family Test ,the work of The Patient Advice and Liaison Service (PALS) and Complaints</b>	
<b>Classification</b>	Public	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director</b>	Sarah Norman, Community	
<b>Originating service</b>	<b>The Royal Wolverhampton NHS Trust</b>	
<b>Accountable officer(s)</b>	Jamie Emery Tel Email	Patient Experience Lead 01902 695363 <a href="mailto:jamieemery@nhs.net">jamieemery@nhs.net</a>

**Recommendation(s) for action or decision:**

The Panel is recommended to:

1. Comment on results of the Friends and Family Test and the work being done respond to patient and visitor complaints about the quality of the services provided.

## 1.0 Purpose

1.1 The purpose of this report is to present feedback provided to The Royal Wolverhampton NHS Trust from patients carers and relatives via the Patient Advice and Liaison Service, Complaints and the results of the Friends and Family Test. This report is presented at the invitation of the Panel

## 2.0 Background

2.1 The profile of patient experience has increased dramatically in recent years and the need to improve experience is also widely acknowledged in policy, rhetoric and in the new systems and structures. The Darzi Review in 2008 represented a pivotal moment in the need to consider experience alongside safety and quality. This was strengthened by the white paper published in 2010, 'Equity and Excellence: Liberating the NHS'.

The need for NHS organisations to do this in today's healthcare environment is not so much based purely on a legislative obligation. More so, there is a need to be locally engaged with users to build trust, reputation and understanding across the various geographical areas and within communities.

The relationship of healthcare provider and patient has evolved over recent years and is continuing to do so apace. Patients and carers increasingly see themselves as consumers of healthcare services and the word '*service*' in the NHS banner is becoming ever more relevant to how healthcare is being provided and received. The NHS is familiar with the challenges of providing safe and effective care and treatments. Our challenge over the years ahead lies in continuing to provide high quality healthcare in a way that meets need and expectation.

Public expectations of what a health service should deliver are also increasing. Post war and younger generations have different expectations to those before and are increasingly computer literate. They have wider access to technology. This is now and will be used further to express opinions and research matters relating to health and health services. This presents an opportunity to the Trust in how it develops services based on the needs and feedback of patients.

Understanding patient satisfaction and experiences are therefore crucial to an organisation's ability to react to what patients and carers want and need; understanding that how we do things is just as important as what we do.

Key policy drivers are:

- The NHS Constitution.
- NICE Quality Standards for Patient Experience in Adult NHS Services.
- NHS Operating Framework 2012/13.
- NHS Outcomes Framework.
- Quality Accounts.
- Section 242 The Statutory Duty to Involve.
- Essence of Care.
- Equity and Excellence: Liberating the NHS.

- Healthy Lives, Healthy People.
- The Government response to the Francis Report.

### **3.0 Progress, options, discussion, etc.**

3.1 Implementation of the Friends and Family Test in hospitals shows the intent and requirement to shift culture. Whilst this can be a crude or blunt measure, it does present a reliable and sensitive indicator of the changes of how patients and carers feel about healthcare services.

Data and narrative provided for discussion and comment.

### **4.0 Financial implications**

None

### **5.0 Legal implications**

None

### **6.0 Equalities implications**

None

### **7.0 Schedule of background papers**

None

### **Patient Experience Feedback Data – Summary**

The Royal Wolverhampton NHS Trust (RWT) collects and analyses Patient Experience data from a range of sources. The following charts show the findings from some of these sources.

It is vital that patient experience data is viewed in the context of a range of methods rather than relying on one single source to obtain a representative view of patient experience.

### **Figure 1: Inpatient Friends and Family Test April 2012 – August 2013**

From an initial baseline of 69 in April 2012, RWT has maintained an FFT score around the low 70's having peaked at 79 in July 2012. This has kept RWT in line with the national and regional average scores for FFT.

To ensure the FFT at RWT remains representative further work will be done regarding response rates. Other methodologies are in place help us to understand the FFT score in more detail.

### **Figure 2: A&E Friends and Family Test April – June 2013**

Whilst RWT FFT scores in the A&E department are disappointing, the Department has witnessed severe pressure in recent times. RWT has performed well in terms of the response rate and in this respect some of the scores returned for comparator Trusts are not wholly representative as some response rates are very low and therefore open to wide variation.

Further work is due to start imminently in A&E asking further questions of patients which will help us to better understand the scores.

### **Figure 3: Friends and Family Test Response Rates and Scores by Ward Q1**

Analysing FFT data in this way helps us to understand which wards are performing well with FFT and which need further support. For example ward c25 has a high response rate and high patient numbers combined with a high FFT score. Further questions are asked of patients through the FFT methodology (Figure 7 below) which help us understand the scores by ward.

### **Figure 4: [www.patientopinion.org.uk](http://www.patientopinion.org.uk) – Feedback January – June 2013**

The Patient Opinion website is a rich source of qualitative information which helps us to analyse feedback provided anonymously and from the comfort of patient's and relative's homes.

The themes from the last 8 months of stories posted by patients show the contrast between positive and negative feedback. This is helpful in understanding what we do well for patients as well as what we can improve upon.

### **Figure 5: Formal Complaints Themes July 2012 – June 2013**

Analysis highlights the 8 key subject areas which account for 93% of the issues complained of. Investigation of clinical concerns often indicates it is not the care and treatment provided, it is how it has this been explained. In this respect 6 of our top 8 complaint themes above can in many instances be related to an over-arching theme of communication.

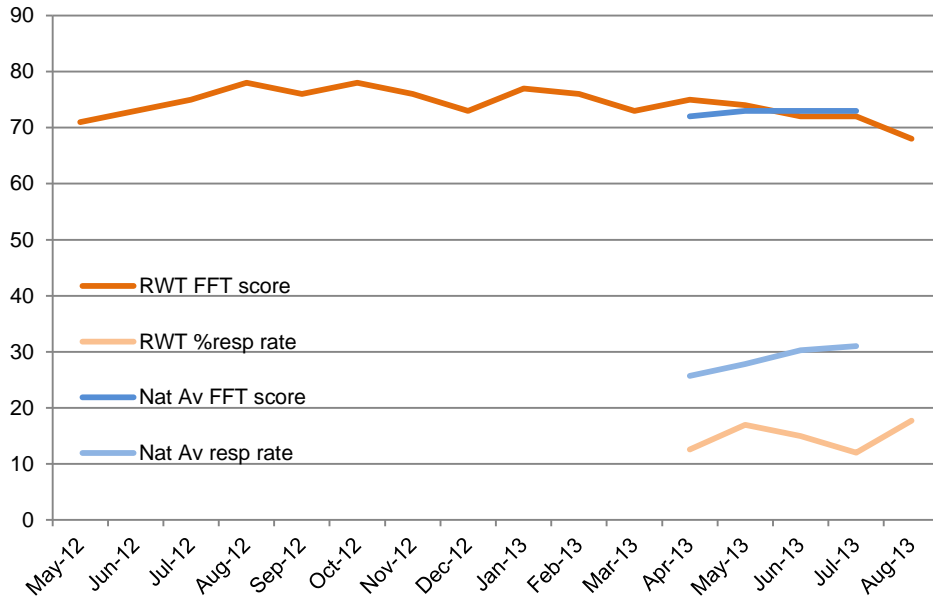
### **Figure 6: PALS Themes October 2012 – June 2013**

PALS themes tend to mirror those evident in formal complaints. In addition RWT receives many enquiries via PALS regarding administrative and organisational issues such as verifications of outpatient appointments or concerns about their cancellation. Also enquiries about operation waiting times are often received.

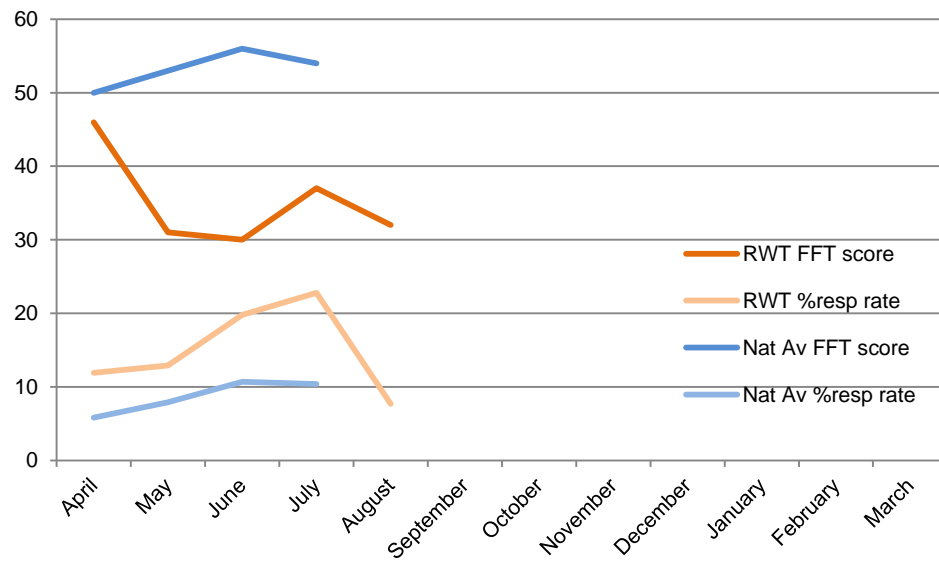
### **Figure 7: Discharge Survey (Real Time) April – July 2013**

Questions 2-5 were selected as they were highlighted as areas for action by the findings of the 2012 National Inpatient Survey (NIS). Whilst there has been a significant improvement against the NIS baseline, this has to be viewed in the context of differing methodology. Surveying patients at the point of discharge will have a positive bias opposed to patients who have reflected on their experience and are completing a survey away from RWT premises. Nonetheless RWT has seen month on month improvement to June. Whilst the July and August figures dipped they are an improvement on the April baseline.

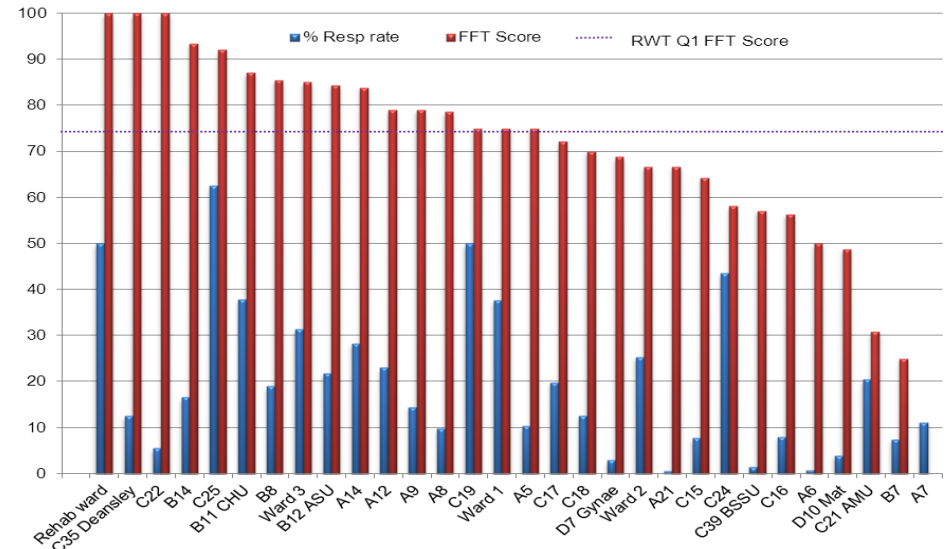
**Figure 1: Inpatient Friends and Family Test April 2012 – Aug 2013**



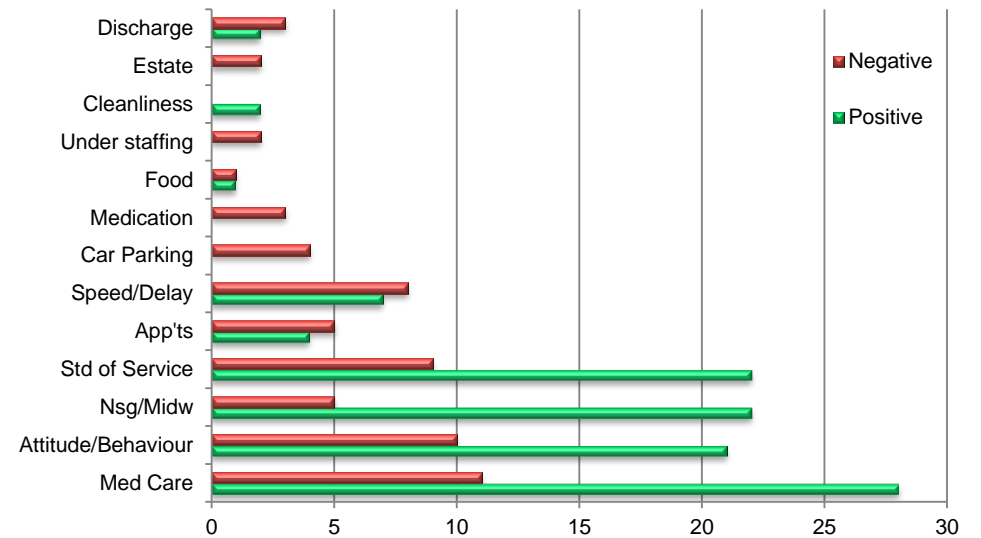
**Figure 2: A&E Friends and Family Test April – Aug 2013**



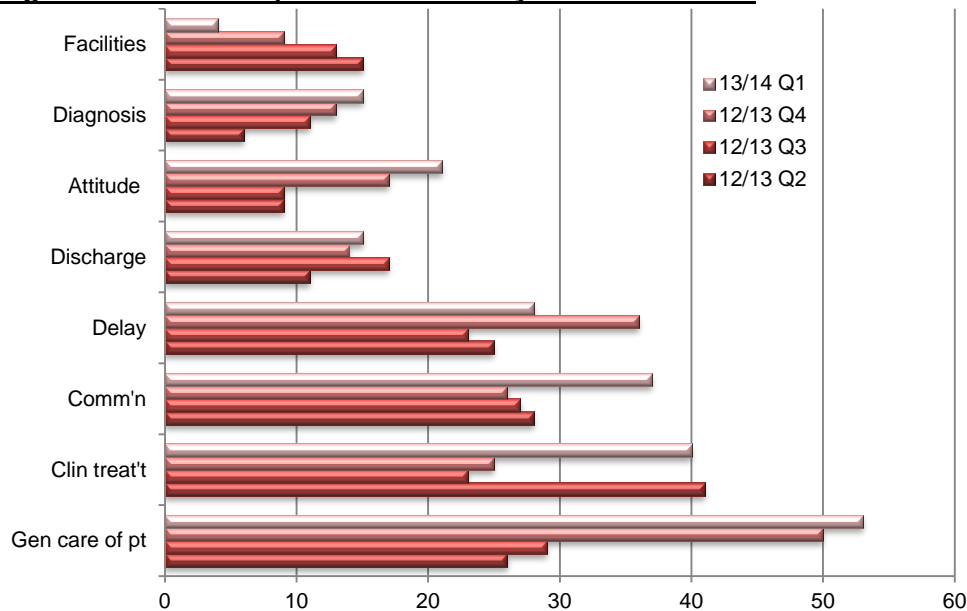
**Figure 3: Friends and Family Test Response Rates and Scores by Ward Q1 2013**



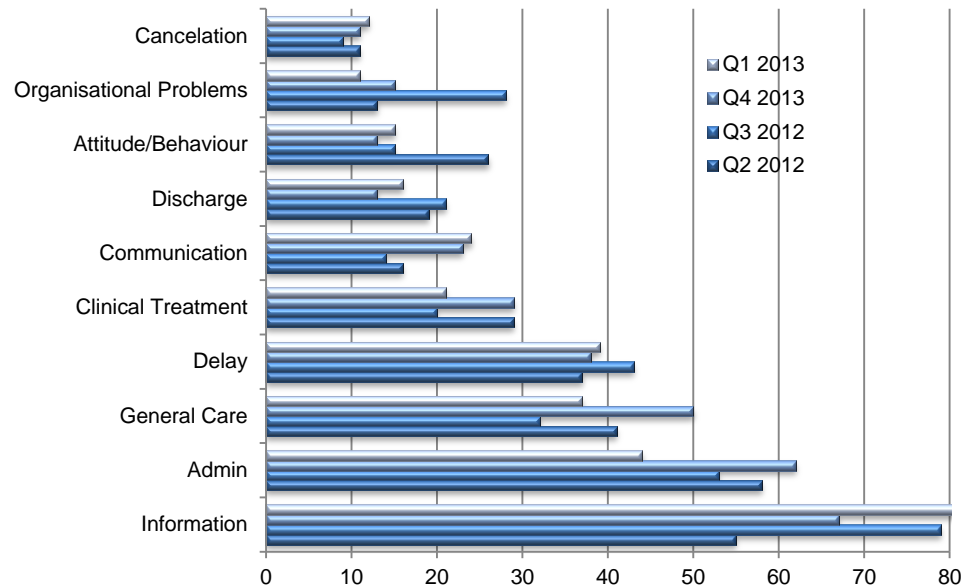
**Figure 4: www.patientopinion.org.uk and www.nhs.uk - Feedback January – August 2013**



**Figure 5: Formal Complaints Themes July 2012 – June 2013**



**Figure 6: PALS Themes October 2012 – June 2013**



**Figure 7: Discharge Survey (Real Time) April – August 2013**

Question	RWT Nat Survey (n=415)	Apr-13	May-13	Jun-13	Jul-13	Aug-13
		(n= av 421)	(n= av 538)	(n= av 442)	(n=av 481)	(n=av 549)
Did you feel cared for?	NA	92.3%	95.5%	96.0%	95.5%	93.6%
Pain control	79%	91.3%	94.7%	95.4%	93.6%	92.0%
Responses to patient buzzers	60%	74.4%	78.6%	81.6%	77.2%	75.8%
Discussing worries and fears	54%	88.3%	86.5%	91.5%	92.7%	86.0%
Involvement decisions about discharge	65%	85.6%	87.2%	88.6%	88.1%	86.6%
<b>RWT Score</b>	<b>64.5%</b>	<b>86.5%</b> ↑	<b>88.6%</b> ↑	<b>90.6%</b> ↑	<b>89.4%</b> ↓	<b>86.8%</b> ↓

≥95%
≥85%-<95%
<85%