



# Health Scrutiny Panel

## 25 September 2014

**Time** 2.00 pm      **Public Meeting?** YES      **Type of meeting** Scrutiny  
**Venue** Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

### Membership

**Chair** Cllr Claire Darke (Lab)  
**Vice-chair** Cllr Zahid Shah (Con)

#### Labour

Cllr Milkinderpal Jaspal  
Cllr Bert Turner  
Cllr Greg Brackenridge  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Cllr Daniel Warren

#### Conservative

Cllr Paul Singh

#### Liberal Democrat

Quorum for this meeting is two Councillors.

### Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

**Contact** Tessa Johnson  
**Tel/Email** Tel: 01902 554003 [tessa.johnson@wolverhampton.gov.uk](mailto:tessa.johnson@wolverhampton.gov.uk)  
**Address** Democratic Support, Civic Centre, 2<sup>nd</sup> floor, St Peter's Square,  
Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

**Website** [www.wolverhampton.moderngov.co.uk](http://www.wolverhampton.moderngov.co.uk)  
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**Tel** 01902 555043

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

# Agenda

## Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i>  |
|-----------------|---|
| 1               | <b>Apologies</b>  |
| 2               | <b>Declarations of Interest</b>   |
| 3               | <b>Minutes of previous meeting (17 July 2014) (Pages 1 - 4)</b>   |
| 4               | <b>Matters arising</b>  |
| 5               | <b>The Royal Wolverhampton NHS Trust - Patient Experience Friends and Family Test ,the work of The Patient Advice and Liaison Service (PALS) and Complaints (Pages 5 - 36)</b><br>[To review and comment upon the feedback received by the Royal Wolverhampton NHS Trust.]  |
| 6               | <b>NHS Capital Programme Projects - GP premises in Wolverhampton (Pages 37 - 42)</b><br>[To consider the report detailing the NHS Capital Programme Projects and offer comments.]   |
| 7               | <b>Provision of planned care services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital - public consultation interim report (Pages 43 - 58)</b><br>[To note the progress of the public consultation and the communication and engagement plan underpinning the consultation, and provide comments.] |



# Health Scrutiny Panel

## Minutes - 17 July 2014

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Claire Darke (Chair)  
Cllr Milkinderpal Jaspal  
Cllr Bert Turner  
Cllr Greg Brackenridge  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Cllr Daniel Warren

#### Employees

Viv Griffin	Assistant Director - Health, Well Being and Disability
Adam Hadley	Scrutiny and Transparency Manager
Tessa Johnson	Graduate Management Trainee
Jayne Salter-Scott	Sandwell and West Birmingham Clinical Commissioning Group
Elizabeth Green	Sandwell and West Birmingham Clinical Commissioning Group
Debbie Mason	Black Country Partnership Foundation Trust
Maxine Bygrave	Healthwatch
Johnathan Odum	Royal Wolverhampton Hospital Trust
Maxine Espley	Royal Wolverhampton Hospital Trust
Noreen Dowd	Wolverhampton Clinical Commissioning Group
Sarah Fellows	Head of Mental Health Commissioning
John Campbell	Black Country Partnership Foundation Trust

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1 Apologies**  
Apologies for absence were received from David Loughton.
- 2 Declarations of Interest**  
There were no declarations of interest.
- 3 Minutes of the previous meeting (10.6.14)**  
Resolved:

That the minutes of the meeting held on 27 March 2014 be approved as a correct record and signed by the Chair.

4 **Matters arising**

There were no matters arising.

5 **Mental Health Strategy - Black Country Partnership NHS FT**

John Campbell introduced the strategy and gave a presentation. Cllr O'Neill asked if there was sufficient provision for prisoners with mental health issues. JC responded that there was on-going work to support such patients in the community. There was a debate regarding how the service supports patients who miss appointments, and the role of the voluntary sector in providing support. Cllr O'Neill asked what the procedure was for detaining patients under the Mental Health Act and JC responded that often there was insufficient cover of Section 12 doctors and there was a potential to merge with Sandwell to improve cover. The panel requested that the pathways relating to suicide amongst young people be brought to scrutiny in due course. There was a debate about bed shortages and JC responded that the reablement programme would help alleviate this issue, although there was a severe shortage.

Resolved:

To approve the recommendations and return the CAMHS to Scrutiny in Autumn 2014.

6 **Hyper Acute Stroke Services - Sandwell & West Birmingham CCG**

There was a presentation regarding the consultation on the stroke services. It was explained that this was part of the pre-consultation exercise and that the panel would be formally consulted at a future date, and the findings would be shared with the panel. Cllr Jaspal commended the service for the work it had done. Cllr Darke queried whether the key health priorities of the Council (obesity and smoking) could be incorporated into acute care.

Resolved:

To approve the recommendations and receive the findings of the consultation at a later meeting.

7 **Provision of elective services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital - commencement of the public consultation**

Dr Odum gave a presentation regarding the elective surgery being relocated to Cannock Chase. He outlined the benefits of such a change, including fewer cancellations. He reassured the panel that there would be sufficient consultant numbers to cover both sites. There were concerns raised regarding transport links between the two hospitals, and how patients would be able to access Cannock Chase, particularly those who are vulnerable. Maxine Espley told the panel that this had already been raised and the issue would be extensively reviewed, however it was very unlikely that patients would need to be transferred between the two sites. Vulnerable patients eligible for ambulance transport would still be able to access this service. There were questions raised regarding patient choice. ME responded that many surgeries will only be available on one site. The consultation will be published during the week following the meeting and close during the first week of September.

The consultation window needs to cater for feeding the results back to scrutiny and enabling patients to start being treated in Cannock Chase in the busy winter period.

Resolved:

To approve the recommendations.

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# Health Scrutiny Panel

## 25 September 2014

<b>Report title</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>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>		
<b>Originating service</b>	The Royal Wolverhampton NHS Trust	
<b>Accountable employee(s)</b>	Tessa Johnson	Graduate Management Trainee
	Tel	01902 554003
	Email	Tessa.johnson@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>		

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

The Panel is recommended to:

1. Scrutinise the feedback received by the Trust and offer comments.

## 1.0 Purpose

1.1 The principal purpose of this report is to give members of the Panel an overview of the feedback provided to The Royal Wolverhampton NHS Trust from patients, carers and relatives via the Patient Advice and Liaison Service (PALS), Complaints and the results of the Friends and Family Test (FFT). This report is presented at the invitation of the Panel.

## 2.0 Background

2.1. For patient experience to be used effectively within an NHS Trust, the organisation needs to be prepared to embrace change. There should be no 'tick box' exercise, but rather a long-term, fundamental engagement process, starting with the patient. Becoming an organisation that focuses on listening and acting on patient feedback involves real culture change; and this can be challenging.

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.

Royal Wolverhampton NHS Trust is an organisation that is committed to adhering to this aim.

Key policy drivers in achieving improvement are:

- The NHS Constitution.
- NICE Quality Standards for Patient Experience in Adult NHS Services.
- NHS Operating Framework 2013/14.
- 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.
- Clwyd Hart Review

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.

## 3.0 Progress, options, discussion, etc.

3.1 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 Environmental implications**

None

**8.0 Human resources implications**

None

**9.0 Schedule of background papers**

None

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# Friends & Family Test

June Results

# Contents

Introduction

Trust Overview

A&E

Inpatients

Maternity

# Introduction

The purpose of this report is to provide an update of The Friends & Family Test (FFT) within The Royal Wolverhampton NHS Trust.

The Friends & Family Test Survey is currently live within

- A&E
- Inpatients
- Maternity

## What is The Friends & Family Test?

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

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

## The Friends & Family Test Question:

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

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

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

## The Friends & Family Test Ratings:

The ratings 1 – 6 apply to the following feedback:

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

## What is the Friends and Family score?

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

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

A higher score indicates a more satisfied patient base.

# Trust Overview

<b>22%</b>	<b>80</b>
<b>Response Rates</b>	<b>FFT score</b>

## The Royal Wolverhampton NHS Trust

<b>16%</b>	<b>63</b>
<b>Response Rates</b>	<b>FFT score</b>

**A&E**

<b>12%</b>	<b>88</b>
<b>Response Rates</b>	<b>FFT score</b>

**Maternity**

<b>46%</b>	<b>96</b>
<b>Response Rates</b>	<b>FFT score</b>

**INPATIENTS**

## Trust Feedback Cloud

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

- Positive = Ratings 1 & 2
- Negative = Ratings 3, 4 & 5



### Positive

a&e advice advised although **always** amazing ambulance  
 appointment area arrived assessed attended attention attentive  
 available away bad **being** best better blood both **brilliant** broken  
**busy** called **care** cared **caring** cdu centre checked circumstances  
 class clean clearly clinic **could** cross daughter day **dealt** department  
 didnt **doctor** doctors due **ease** efficient efficiently  
 enough **especially** everybody **everyone** everything  
 examination excelent **excellent** expected **experience** explain  
 explained **extremely** eye fantastic fast fault feel  
 felt first found freindly friendly give **good** got great  
 happy help helpful helpfull her here home hour  
**hours** however immediatly impressed information informative informed  
 injury its job **just** kept kind less let level like likely lin listen listened  
**long** looked lot lovely making many medical midwives mind  
 minutes **more** most much myself need needed needs new nice  
 nothing **nurse** nurses nursing offered once only our overall own  
**pain** patient patients people **pleasant** pleased polite  
 problem professional prompt provided put questions  
 quick quickly quite ray **really** reason reasonable reassuring  
 received reception receptionist relaxed results room sarah **see**  
 seeing **seen** sent **service** she sister **staff** straight support  
 supportive taken **team** test tests **than** thank thanks  
 thankyou then things think thorough though through throughout  
**time** times today told toni tony took **treated**  
**treatment** triage two under understanding **very** visit  
 wait waiting walk ward well while will within  
 wonderful work

### Negative

a&e again another asked **back** **being** busy called care **could** didnt  
**doctor** doctors eye good got head her **home** hour **hours** just  
 left like **long** medical more name needed **nurse** off offered only  
**pain** patient **people** problem receptionist room rude **said** **see**  
**seen** sent she **staff** still tell **then** though **time** times **told**  
 treatment **very** wait waited **waiting**

\* To review the Feedback Cloud for the time period 1<sup>st</sup> – 30<sup>th</sup> June within your department and ward please go to Envoy Messenger

## Top Ten Keywords

Positive
STAFF
VERY
FRIENDLY
HELPFUL
GOOD
SERVICE
SEEN
CARE
QUICKLY
TIME

Negative
WAITING
DOCTOR
WAIT
HOURS
TIME
COULD
LONG
TOLD
NO
VERY



# A&E

## FFT Response Rates

	Eligible Discharges	FFT Surveys	Response Rate	FFT Score
A&E	6381	1041	16%	63

## FFT Ratings

	Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't Know
A&E	693	173	57	34	67	17

	Promoters	Passives	Detractors
A&E	693	173	158

## Feedback Cloud



### Positive

a&e advised although always amazing ambulance area arrived assessed attended attention attentive away bad being blood both brilliant broken busy called care cared caring cdu class clean clinic could daughter dealt department didnt doctor doctors due ease efficient efficiently enough especially everyone everything excellent experience explained extremely eye fantastic fast fault feel felt first found freindly friendly good got great happy help helpful helpfull her home hour hours however immediately impressed informative informed injury job just kept kind less like likely lin listened long looked lot lovely medical minutes more most much myself need needed needs nice nothing nurse nurses nursing once only overall pain patient patients people pleasant pleased polite problem professional put quick quickly ray really reason reassuring received reception receptionist relaxed results room see seeing seen sent service she sister staff straight taken team tests than thank thanks thankyou then things think thorough though through throughout time times told toni tony took treated treatment triage under understanding very visit wait waiting ward well within work

### Negative

a&e again asked back being called care could didnt doctor doctors eye good got head home hour hours just left like long medical more name needed nurse off offered only pain patient people problem receptionist room rude said see seen sent she staff still tell then though time times told treatment very wait waited waiting

# Inpatients

## FFT Response Rates

	Eligible Discharges	FFT Surveys	Response Rate	FFT Score
Inpatients	2123	985	46%	96

## FFT Ratings

	Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't Know
Inpatients	824	131	12	2	2	14

	Promoters	Passives	Detractors
Inpatients	824	131	16

## Feedback Cloud



### Positive

2ish advised ago allways amanda angel answered appintment arrived award awesome **being** best **better** blood bolly bread break brilliant c18 canula cardiology **care** cared caring carole **cases** catering cheerfull choice chris chu class cleaners cleanliness closed commended considerate consultant **could** courteous crisps crosaa **dawn** **day** days **debbie** dedicated delivered department deserve didn didnt direct discharged discrimination doctor domestic **donna** down due duty **dyrnell** each ease equal especially everitt **everybody** **everyone** **everyone** **excelent** **excellent** exceptionally explained extremely faith **fantastic** farme feel felicity felt finally find first focussed **food** found friendliness **friendly** gev gluten **good** **great** happy hayley help helpful hostesses immediatly including intolerant involved its jean joe kam kay kept **kind** **let** like likeable link listen long **looked** lovely many margaret martin medication **members** mention more most moved mucg **much** names natalie needs nell new nice night non **nothing** nurse nurses nursing offered operation ordered painlessly particularly patient **patients** perfect played pleasant please polite power **prefer** prescriptions previous professionalism prompt proud put questions raj ral **really** received registrar remember respect role rossan royal **sarah** scheduling second **service** she sheila shortaages shower sleep sonia special spotless **staff** start stay student superb **team** than **thank** thanks thankyou **theatre** thermometres think thomas thorough those though throughout till **time** took top towards **treated** **treatment** tripping **trouble** tympanic understanding until **very** veryu vicky vix wait ward week **well** wellthank willing **wish** wonderful wonderful work worry wrigley yvonne

### Negative

another busy care consulted day days diarrhoea distressing drug fair her isolation more night nurse replaced resulted rintindine satisfactory **staff** stopped time trained unit **very** working

## Ward Results – Response Rates

Ward	Elidgible	Responded	Response Rates
A12W	128	55	43%
A14W	107	27	25%
A23W	40	18	45%
A5W	61	41	67%
A6W	81	31	38%
A7W	34	19	56%
A8W	45	7	16%
A9W	193	71	37%
B13 ASU	34	9	26%
C21 - AMU	145	11	8%
B7W	62	8	13%
BSSU	134	2	1%
C15	47	30	64%
C16	69	17	25%
C17	70	10	14%
C18	76	30	39%
C19	67	27	40%
C22	32	7	22%
C24	81	5	6%
C25	60	20	33%
B3 - Cardiac OP	27	1	4%
B14 Cardiology	112	47	42%
B8 - CTW	112	45	40%
C35 - DEANSLEY WARD	19	13	68%
C12 - Discharge Lounge	177	23	13%
WPARK 1	23	4	17%
WPARK 2	21	6	29%
WPARK 3	23	3	13%

## Ward Results – Ratings & NPS

Ward	1	2	3	4	5	6	NPS
A12W	42	9	2	0	1	1	72
A14W	19	7	1	0	0	0	67
A23W	16	1	1	0	0	0	83
A5W	23	15	0	2	0	1	53
A6W	26	4	0	0	0	1	87
A7W	17	2	0	0	0	0	89
A8W	4	2	0	0	0	1	67
A9W	58	12	1	0	0	0	80
B13 ASU	9	0	0	0	0	0	100
C21 - AMU	8	3	0	0	0	0	73
A16 - APPLEBY	73	10	0	0	0	0	88
B7W	7	1	0	0	0	0	88
C40 - BEYON DAY CASE	58	4	0	0	0	3	94
C39 - BEYON SHORT STAY	104	9	0	0	0	0	92
BSSU	2	0	0	0	0	0	100
C15	23	7	0	0	0	0	77
C16	13	4	0	0	0	0	76
C17	9	1	0	0	0	0	90
C18	26	4	0	0	0	0	87
C19	21	4	1	0	0	1	77
C22	5	2	0	0	0	0	71
C24	4	1	0	0	0	0	80
C25	17	3	0	0	0	0	85
B3 - Cardiac OP	1	0	0	0	0	0	100
Cardiac Rehab	1	0	0	0	0	0	100
B14 Cardiology	38	7	1	0	0	1	80
B8 - CTW	40	3	2	0	0	0	84
B11 - CHU	38	5	1	0	0	1	84
CHUDC	19	3	0	0	0	4	86
DCU	11	2	0	0	0	0	85
C35 - DEANSLEY WARD	12	1	0	0	0	0	92
C12 - Discharge Lounge	21	1	0	0	1	0	87
A24 - Durnall	2	0	0	0	0	0	100
A33 - MJW	47	2	1	0	0	0	92
WPARK 1	1	2	1	0	0	0	0
WPARK 2	6	0	0	0	0	0	100
WPARK 3	3	0	0	0	0	0	100

# Maternity

## FFT Response Rates

	Eligible Discharges	FFT Surveys	Response Rate	FFT Score
Maternity	600	71	12%	88

## FFT Ratings

TouchPoint	1	2	3	4	5	6	NPS
ANTE	3	2	0	0	0	0	100
BIRTH UNIT	1	0	0	0	0	1	100
MLU	41	1	0	0	0	0	100
POSTNATAL WARD	15	5	0	0	0	1	100
COMMUNITY	1	0	0	0	0	0	100

## Feedback Cloud Birth



Positive

Negative

amazing birth care caring comfortable could couldn  
 delivery enough especially everything excellent experience  
 extremely facilities fantastic feel friendly good great help  
 helpful kookie labour listened loved lovely lyndsey making midwife  
 midwives midwives mlu much needs our patient really relaxing  
 rooms sarah service staff support thank thanks through  
 very welcoming Well wonderful

## Feedback Cloud Postnatal Ward



Positive

Negative

attentive available brilliant calm care caring complaints d10 delivery  
 everybody experience experiences extremely facilities friendly  
 good helpful here informative kind little lot  
 lovely manor midwives more most neonatal overall past  
 patients pleasant previously professional request responsive seriously  
 service slow staff support take understanding very ward will wonderful

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*“Hypno –birthing sessions - a very empowering experience. Thanks”.*

**Our patient, Maternity-Led Unit  
June 2014**

The Royal Wolverhampton   
NHS Trust

## Patient Experience Report for Health Scrutiny Overview Committee

Quarter 1 2014

Carol Bott, Head of Patient Experience  
and Public Involvement

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## **CONTENTS**

- 1. Friends & Family Test and Patient 's Voice**
- 2. Compliments/Appreciation**
- 3. Internet Feedback**
- 4. Patient Experience Forum**
- 5. Quality Walkabouts**
- 6. Further Developments**

## **APPENDIX**

**Appendix I          FFT Report for June 2014**

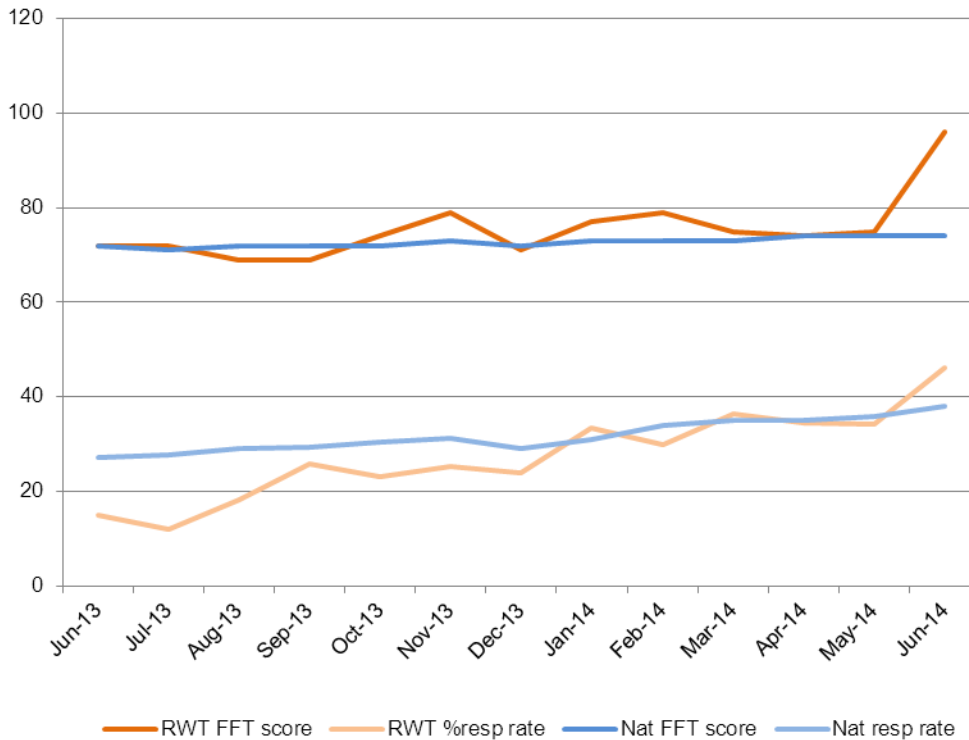


# 1. Friends and Family Test and Patient's Voice

## a. Inpatient

### Friends and Family Test April to June 2014

The graph below shows RWT performance against the national score. During this quarter the RWT score remained in line with the national score.



The table below shows that the inpatient 'patient's voice' scores, which are the questions we use in addition to and at the time of asking the FFT. There were marginal decreases in the months of April and May. A marked increase was recorded in June 2014.

### Patient's Voice: April to June 2014

Question	RWT Nat inpt (n=415)	Apr 14 (n=av 944)	May 14 (n=av 867)	June 14 (n=av 746)
Did you feel cared for?	NA	95.0%	95.5%	96.3%
Pain control	79%	96.0%	95.4%	97.4%
Responses patient buzzers	60%	76.9%	77.2%	88.2%
Discussing worries/fears	54%	90.1%	89.8%	93.5%
Involvement discharge decisions	65%	89.3%	86.1%	92.0%
RWT Score	64.5%	89.5%	88.8%	93.5%

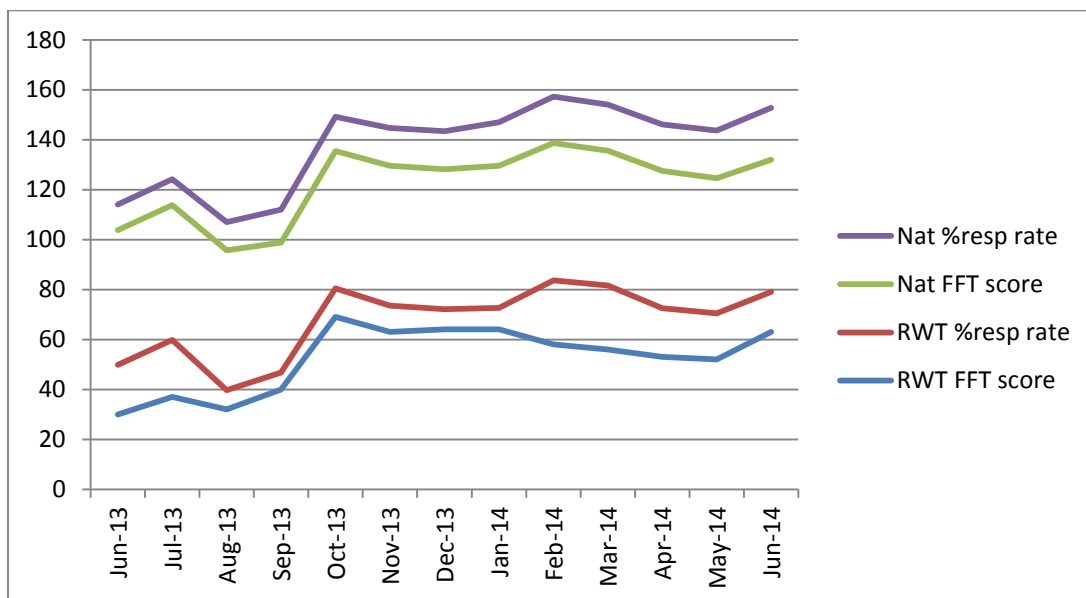


This data shows stability over Q1 with minimal month on month variation, the data is consistent across both divisions.

## b. Emergency Department

Friends and Family Test April 2013 – March 2014

The graph below shows RWT ED performance against the national score for the last 12 months. The method of data collection will be accompanied by IVM as an added measure. The RWT' score consistently remains higher than the national ED score.



### ED Patient's voice Q4

Since the introduction of the specific patient's voice questions, improvements above the baseline have been maintained at 90% or above, with a minimal decrease during Q 1.

Question	Sept 13 (n=av 213)	Oct 13 (n=av 765)	Nov 13 (n=av 579)	Dec 13 (n=av 414)	Jan 14 (n=av 476)	Feb 14 (n=av 545)	Mar 14 (n=av 311)	Apr 14 (n=av 439)	May 14 (n=av 279)	Jun 14 (n=av 323)
Cared for?	87.2%	92.3%	94.0%	91.5%	92.9%	93.4%	95.4%	92.0%	90.5%	93.4%
Pain	84.1%	92.0%	89.0%	91.3%	91.7%	93.6%	95.8%	90.3%	89.1%	92.4%
Worries/fears	79.6%	86.9%	86.8%	87.5%	89.2%	87.6%	85.9%	87.7%	85.8%	82.3%
<b>ED Score</b>	<b>83.6%</b>	<b>90.4%</b> ↑	<b>90.0%</b> ↓	<b>90.1%</b> ↑	<b>91.3%</b> ↑	<b>91.5%</b> ↑	<b>92.4%</b> ↑	<b>90.0%</b> ↓	<b>88.5%</b> ↓	<b>89.3%</b> ↑

>95%
≥85%<-95%
<85%

### Patient Comments - Emergency Department

Below is an example of the type of comments received via patients who attended ED.

## The Friends and Family Test Service Report

comments excellent staff	1
comments, right from the moment i walked in to the moment i left all the staff were friendly, kind and caring, especially the eye nurses, they constantly kept me in the loop and informed me of all that was going on.	1
comments...i thought the staff were very nice, looked after me all night, kept checkin on me askin was i ok they deserve a medal for what they do.	1
comments i got seen within 40 minuets and taken strait into majors with less than a 15minyet wait for me to get a cubical and once id been by the dr she can back to me with in 10 for my results .. i was verry please i got seen so quickly :)	1
comments the nurses ag your department were very helpful zympthetic and very knowlaged. exactly what i would expect when visiting the hospital	1
comments because of how quick and nice the staff sorted my problem	1
comments staff were amazing	1

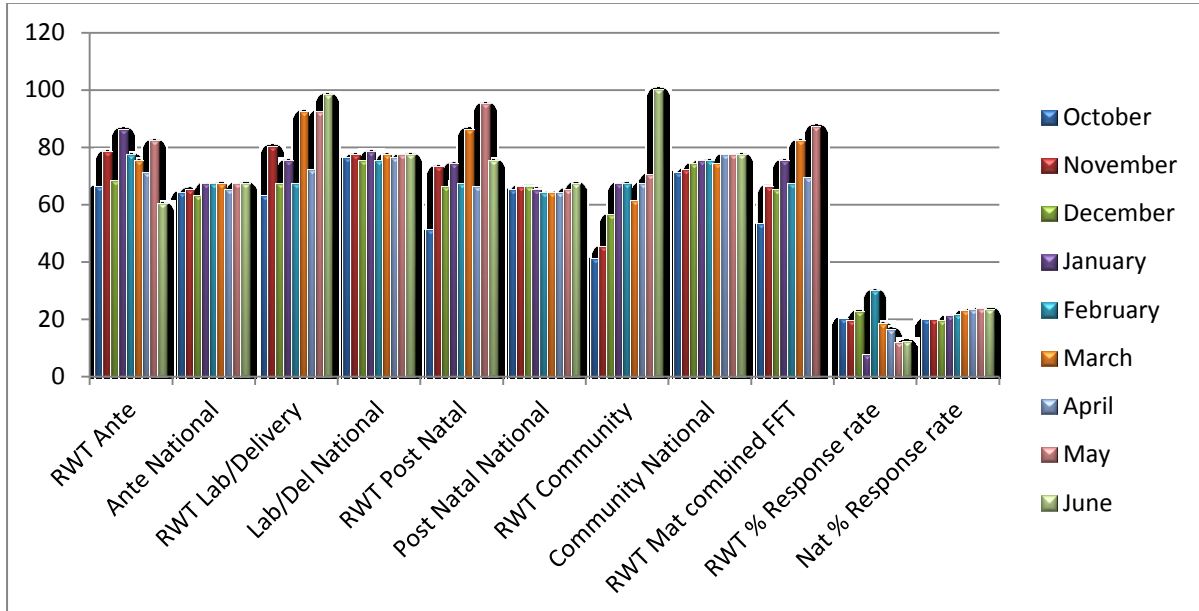
Qualitative comments are collected and analysed as part of the FFT process in the ED. Since September over 4000 reflections have been identified.

Many patients commented positively about the care and treatment provided.

## Maternity

Friends and Family Test October 2013 – June 2014

FFT is operational in RWT Maternity across the four touch-points. Scores from October to June 2014 are provided in the graph below. A review of the questions being asked has recently taken place and from 1 June 2014 a more standardised approach has been implemented with just one question being asked with the opportunity for service users to provide more comments about service change or personal experiences.

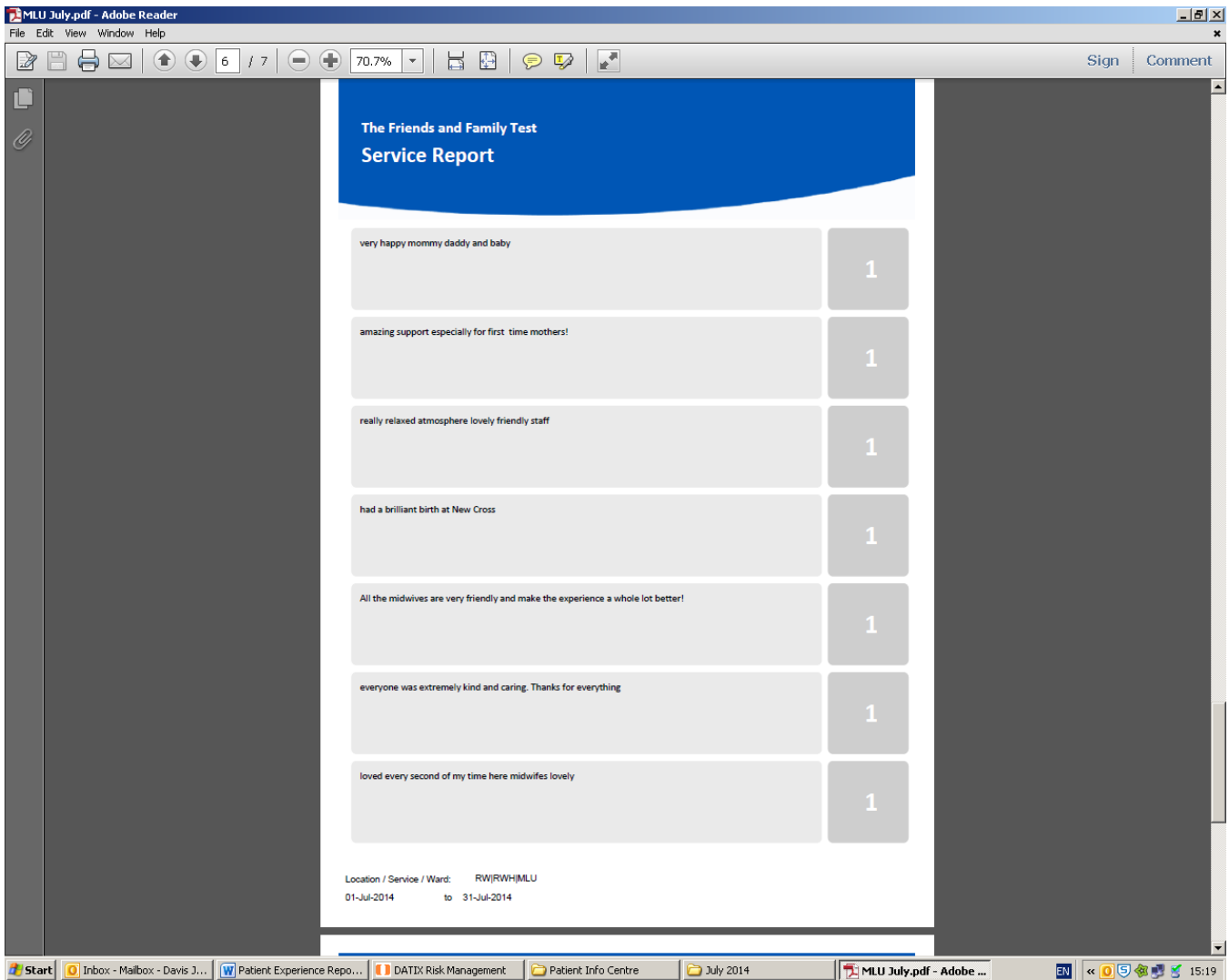


### 2.3.2 Maternity Patient's voice October to May 2014

The metrics below have been introduced in line with the FFT and responses.

Question		Oct 13 (n= 228)	Nov 13 (n= 177)	Dec 13 (n= 120)	Jan 14 (n=114)	Feb 14 (n=163)	Mar 14 (n=)	Apr 14 (n=)	May 14 (n=)
Ante Natal	Enough info to decide w here to have baby?	95.2%	93.6%	91.4%	96.9%	90.6%	96.7%	96.4%	92.6%
	Telephone number midw ifery team that you could contact?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Time to ask questions or discuss pregnancy?	96.8%	94.8%	94.8%	100.0%	97.1%	100.0%	100.0%	100.0%
	Information or explanations needed?	96.8%	97.9%	94.8%	100.0%	97.1%	93.3%	100.0%	98.2%
Delivery	Start of your labour - appropriate advice/support w hen contacted midw ife (MLU)?	92.9%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Left alone at a time w hen it w orried you (MLU)?	86.7%	95.2%	86.7%	89.7%	94.7%	93.3%	96.0%	96.0%
	Start of your labour - appropriate advice/support w hen contacted midw ife?	96.8%	100.0%	95.8%	82.4%	96.4%	100.0%	85.7%	90.0%
	Left alone at a time w hen it w orried you?	84.2%	81.3%	69.0%	87.8%	72.3%	75.0%	79.1%	70.0%
Maternity Ward	Call Buzzer (MLU)	85.0%	92.3%	100.0%	96.2%	95.5%	100.0%	100.0%	95.5%
	Treated w ith kindness and understanding (MLU)?	90.6%	100.0%	100.0%	100.0%	100.0%	98.9%	98.9%	98.0%
	Call Buzzer	78.9%	86.7%	80.0%	83.8%	87.9%	92.4%	83.3%	94.7%
	Treated w ith kindness and understanding?	89.0%	90.6%	89.7%	97.1%	91.3%	96.0%	88.9%	95.0%
Discharge from Comm'y	Telephone number for a midw ife or midw ifery team that you could contact?	98.0%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	96.4%
	If contacted a midw ife - given the help that you needed?	70.3%	77.3%	75.0%	79.2%	96.4%	84.8%	100.0%	81.8%
<b>Total</b>		<b>90.1%</b>	<b>93.2%</b> ↑	<b>91%</b> ↓	<b>93.8%</b> ↑	<b>94.2%</b> ↑	<b>95.3%</b> ↑		

		>95%							
		≥85% - <95%							
		<85%							



The document above provides a snap shot of some of the comments received via FFT relating to Maternity.

Healthcare Communications is now the provider with responsibility for the further implementation and monitoring of the FFT. The use of an automated texting system in tandem with cards is proving to be successful and will maximise the Trust ability to achieve the 2014/15 CQUIN.

Healthcare Communications use a system known as Envoy which provides robust and instant feedback live via a website. **Appendix 1** illustrates the initial June FFT Report which comprises of ED, Inpatients and Maternity data has been well received by the Trust. As well as providing qualitative data the report is a useful tool as an indicator for where service change needs to take place in order to promote a more positive patient experience.

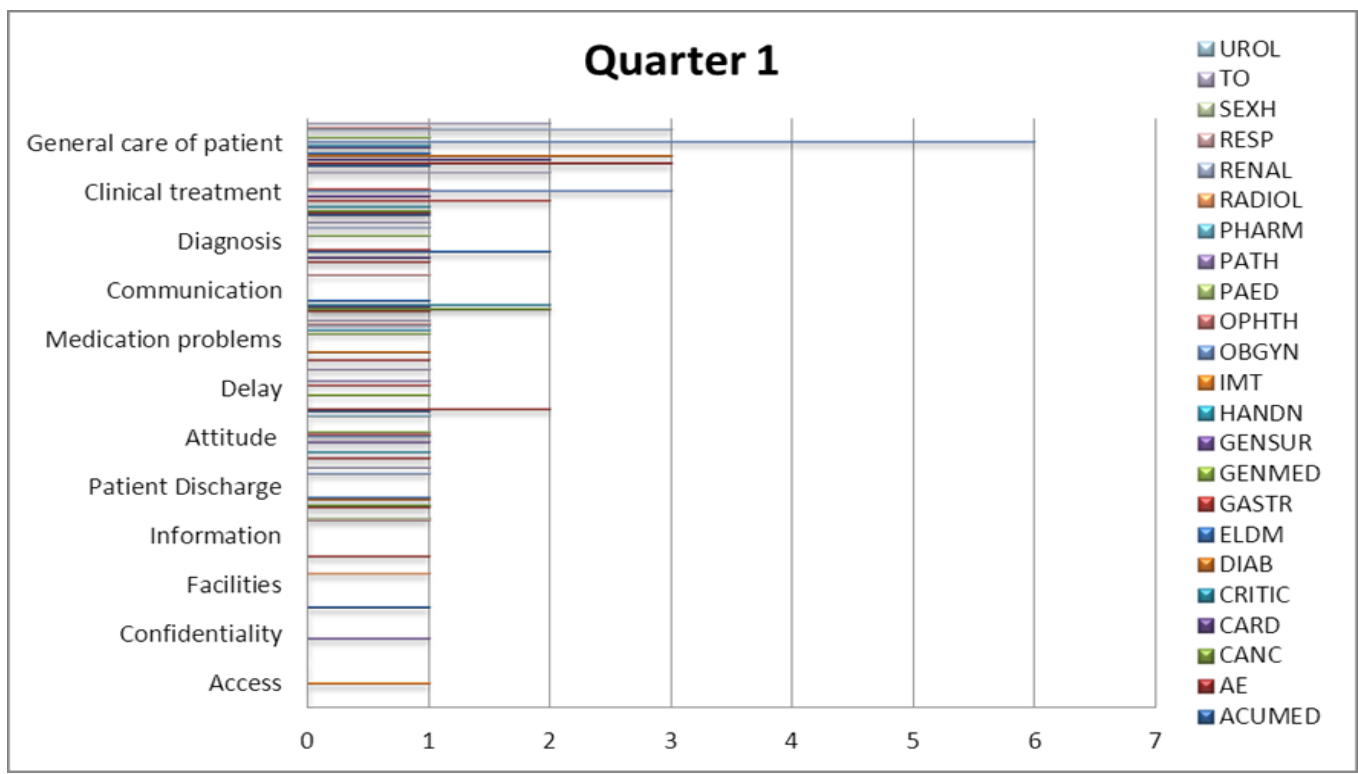
## 2 Complaints

### Themes

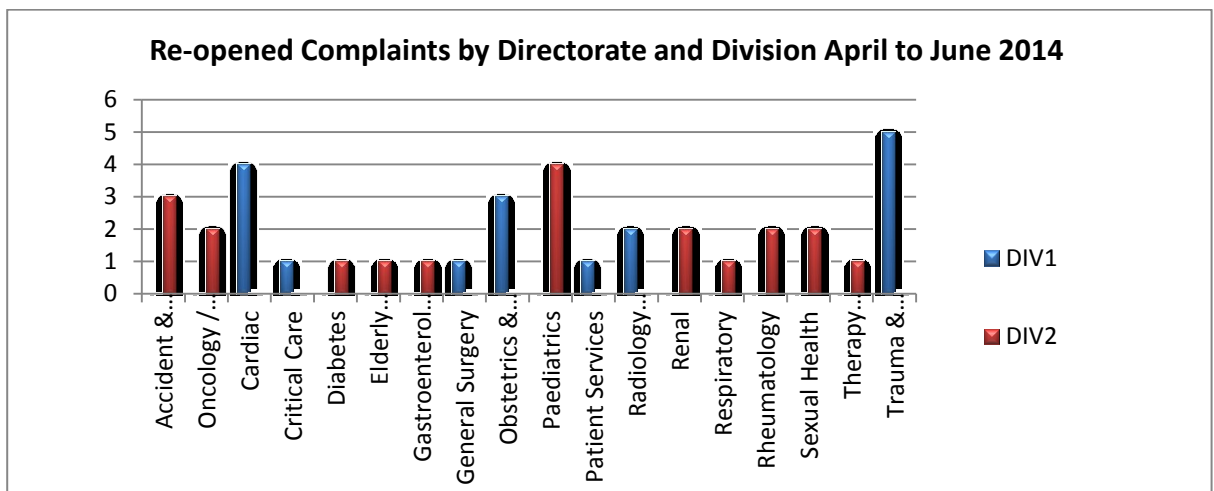
Graph 1 below shows the main themes raised in formal complaints in Quarter 1. 89 formal complaints were made during this period.

Complaints about general care and clinical treatment received the most complaints in this reporting period.

**Graph 1 – Quarter 1 (April to June) 2014 Formal Complaints by Theme and Directorate**



**Graph 2 – Re-opened Complaints Quarter 1**

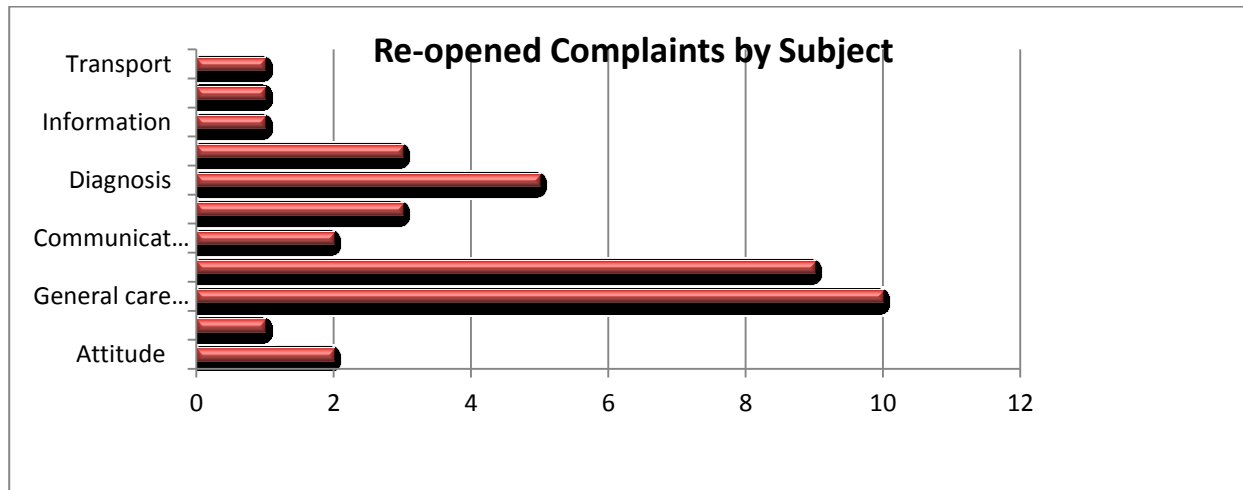


37 formal complaints were re-opened during Quarter 1. Of these complaints 17 were attributed to Division 1 and 20 to Division 2. There were no re-opened complaints for Corporate or Estates and Facilities. Graph 2 shows the overall

number of complaints which were re-opened by Directorate and Division during this quarter with Trauma and Orthopaedics having the most re-opened complaints (5).

### **Graph 3 – Re-opened Complaints by Subject Quarter 1**

The bar chart below demonstrates topics for reopened complaints/ General care of patients received the most. Some of the sub-sets of these complaints included falls, appropriateness of treatment and lack of basic nursing skills.

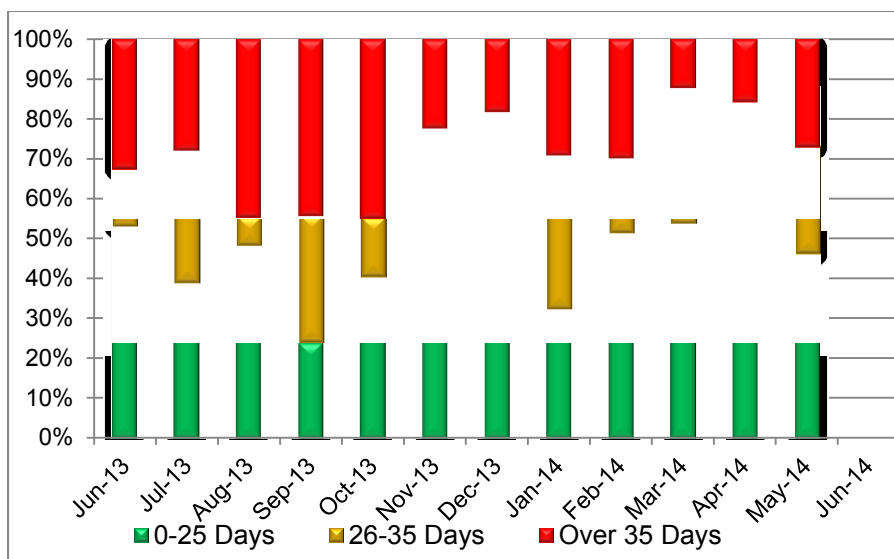


In response to the previous suggestion by the Trust Development Agency (TDA) in relation to the management of complaints, the Surgical Directorate has commenced their pilot of the new complaints process. The agreed specialities which will be included in this pilot are General Surgery and Urology. The pilot will be audited and reviewed after a six month period.

### **Performance**

The graph below shows RWT responsiveness to formal complaints from June 2013 to May 2014 and the number responded to within 25 working days. 33 complaints were closed in June 2014 of which 14 complaints were responded to within 25 days. 8 complaints took between 25 to 35 working days to investigate and respond with the remaining 11 complaints taking longer than 36 working days.





The table below shows the rate of complaints received in this quarter against inpatient activity. The previous Trust target of less than 0.5% has been met.

Month	Number of complaints received	% of activity
April	31	0.2%
May	30	0.2%
June	28	0.2%

#### Ombudsman (PHSO) Investigation Findings (upheld cases)

No formal complaints were referred to the Ombudsman during April to June 2014. 2 complaints which were referred to the PHSO in November and December 2013 (Emergency Services x 1 and Cardiology x 1) were partly upheld by the PHSO with a financial cost of £1,000 for the Trust. 1 complaint (Paediatrics) which was referred to the PHSO in January 2014 was declined for investigation by the PHSO in April. This information is shown in table 1 below.

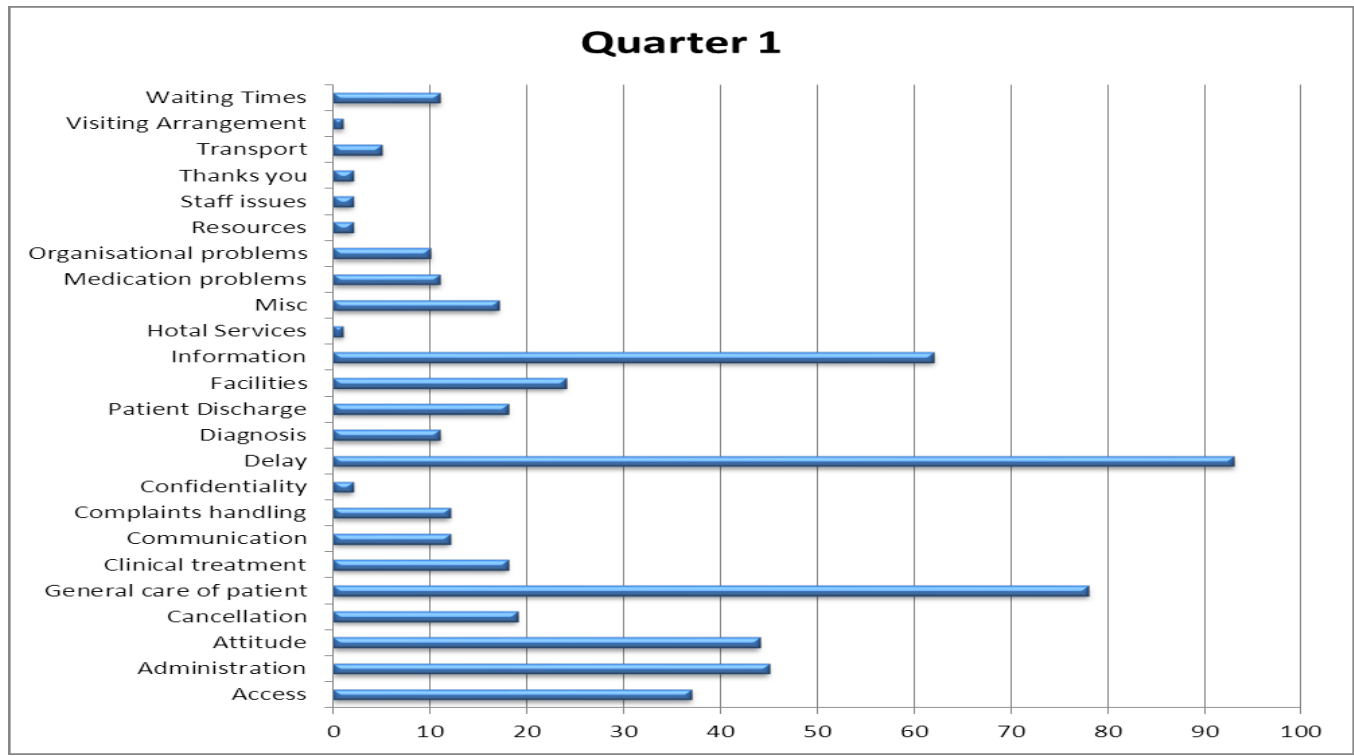
PHSO Complaints by Outcome	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Upheld Recommendations made	0	0	0	0	0	0	0	0	0	0	0	2	1	0	1
Issues turned down	0	1	1	2	0	0	2	0	0	1	1	1	1	0	0
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>

#### Patient Advice and Liaison Service (PALS)

##### Themes

Graph 3 below shows the themes in PALS enquiries for this quarter. Themes relating to delay and general care of patient received the most contacts. The category of 'information' is in the main a range of low level requests. Typically, relatives and carers calling in or telephoning to find out where a patient is staying, how

to find a department, how to access social services or requests for reference material about specific medical conditions. A number of these items could be appropriately responded to by a presence at a front desk with access to PAS and a range of information to help signpost visitors and patients. Concerns relating to 'delays' are usually about the patient experiencing a delay in receiving an appointment or results of clinical tests.



## 2 Compliments/Appreciation

During this reporting period the Trust received the following;

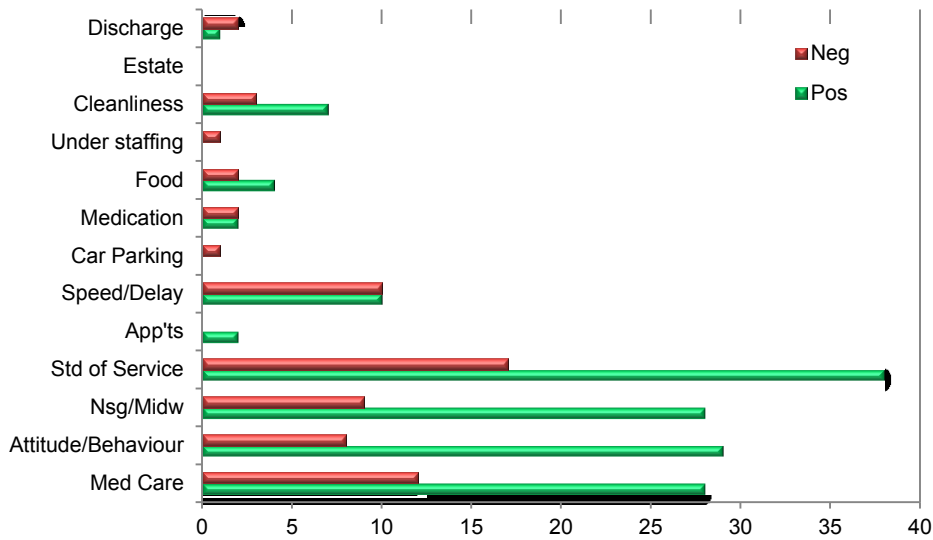
- 615 Thank you cards
- 43 Letters
- 644 Boxes of chocolates/gifts
- 82 boxes of biscuits
- £12,766.06 in monetary donations

Additionally, £1.000 was raised at the Dementia Ball.

## 3 Internet Feedback

Patients and Carers can leave details of their experiences or views about providers of healthcare on websites such as NHS Choices or Patient Opinion. Each comment is read, sent to the relevant department and an online response is provided, usually asking the author to make contact if they would like us to feedback specific information to them. This is undertaken by the Head of Patient Experience and Public Involvement.

Each experience left in this way is analysed and the themes are shown in the graph below from April to July 2014.



More specific information obtained from the Patient Opinion website is given below.



Patient Opinion users' overall rating based on 155 ratings.

What are people saying about this service?

**What's good?**

- consultant
- good care
- birthing pool
- excellent care
- helpful

**What could be improved?**

- explanation
- great care
- long wait
- nothing
- uncomfortable

How have people rated this service?

9 people would recommend this service  
 4 people would not recommend this service

Cleanliness	Environment	Information	Involved	Listening
★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
(11 ratings)	(13 ratings)	(13 ratings)	(24 ratings)	(13 ratings)
Medical	Nursing	Parking	Respect	Timeliness
★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
(11 ratings)	(11 ratings)	(11 ratings)	(24 ratings)	(24 ratings)

"I was admitted to New Cross on 17 March, 2014 for total bilateral knee replacements. I cannot praise the surgeon, Appleby suite staff and the A6 staff enough. After four nights in hospital, I was released to go home. Sixteen days following surgery, I am off the elbow crutches and using only one cane! I was treated with nothing but respect by all the staff. The only "downside" that I could see was that A6 is understaffed during the night time hours (there were only 4 staff on the nights I was in for the whole A6) but they did an excellent job of getting to everyone as quick as they could. Thank you all from the bottom of my heart, you have given me back my mobility and my life!"

I broke the top of my femur after I fell whilst mowing the lawn on 15 May 2014. I was attended by a paramedic followed by ambulance and had a full femur pin operation on 16 May. I would like to thank all the staff on ward A5. The staff were extremely busy but cared for everyone with care and efficiency. At 67 I was one of the youngest on the ward and made me appreciate how lucky I was. Special mention for the food and menu options. I was very pleasantly surprised.

"Had a procedure at eye infirmary today and I would like to thank the consultant and all the wonderful staff for the excellent care and treatment I received. 5 star".

The information given below relates to social media specifically relating to healthcare, which most individuals will not be familiar with. In terms of more populist social media RWT does not as yet have systems of engagement and monitoring in place. However more and more members of the public are using this as a forum for comment particularly Iwantgreatcare.com and Patient Opinion linked to NHS Choices. June will see even more data about staffing and services placed on the NHS Choices website which will potentially prompt more enquiries about our services and particularly staffing. A priority for the new Head of Patient Experience and Public Involvement is to work closely with the Head of Strategy and Redesign to identify systems and processes to identify external social media comments and manage them accordingly and this will include linking with IT to support an upgrade of the Trust's external facing website



Instagram

## **4 Patient Experience Forum (PEF)**

4.1 The PEF continues to meet bi monthly and from September 2014 onwards will be jointly chaired by Matron Coan and Carol Bott, Head of Patient Experience and Public Involvement. The membership will undergo review and be more outcomes focussed.

## **5 Quality Walkabouts**

The PALS team participate in the Quality and Safety Walkabout and provide issues relating to patients' care and experience to them. Between April and June the following areas have been included in this process:

- Gynaecology
- Renal Unit – Pond Lane
- Outpatients Department 1
- Cannock Satellite Unit
- Rheumatology OPD
- Urology OPD
- Children's OPD

## **6 Further Developments**

The new Head of Patient Experience and Public Involvement, Carol Bott, commenced in post on 4 August 2014 and is reviewing the processes and service delivery around Patient Experience and complaints. She looks forward with much enthusiasm in working alongside staff to improve the patient journey within the Royal Wolverhampton NHS Trust.

Carol is taking forward the recommendations emanating from the Clwyd Hart Review. This will involve the use of a Task and Finish group. The initial meeting shall take place on 23 September 2014.

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# Health Scrutiny Panel

## 25 September 2014

<b>Report title</b>	NHS Capital Programme Projects – GP premises in Wolverhampton	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>		
<b>Originating service</b>	NHS England	
<b>Accountable employee(s)</b>	Tessa Johnson	Graduate Management Trainee
	Tel	01902 554003
	Email	Tessa.johnson@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>		

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

The Panel is recommended to:

1. Scrutinise the report detailing the capital programme of GP premises in Wolverhampton and offer comments.

## **1.0 Purpose**

1.1 To inform the scrutiny panel of the capital programme project.

## **2.0 Background**

2.1 Representatives from NHS England, Wolverhampton CCG and NHS property services met with Council employees to discuss the Council and NHS development plans. This report summarises the meeting.

## **3.0 Financial implications**

3.1 None detailed in the report.

## **4.0 Legal implications**

4.1 None detailed in the report.

## **5.0 Equalities implications**

5.1 None detailed in the report.

## **6.0 Environmental implications**

6.1 None detailed in the report.

## **7.0 Human resources implications**

7.1 None detailed in the report. .

## **8.0 Corporate landlord implications**

8.1 None detailed in the report.

## **9.0 Schedule of background papers**

9.1 N/a



David Johnston  
Project Lead – Primary Care Regeneration  
25<sup>th</sup> September 2014

**NHS Capital Programme Projects - GP Premises in Wolverhampton  
Wolverhampton Health Scrutiny Committee Meeting  
Thursday 25th September 2014**

Representatives from NHS England, Wolverhampton CCG and NHS Property Services met with Council Officers on the 12th September to discuss the council and NHS development plans with a view to understanding how those plans can best be co-ordinated. Meetings will be held on a regular basis in the future.

**Bradley**

There are two practices in Bradley operating from premises that are in need of improvement. One of them is in a council owned premise which is converted from a school. Consideration is being given to whether a new development to house both practices would be a suitable solution or investment in the current premises to bring the practices up to a good standard. We discussed this at the above meeting and an assessment will be made as to whether the school building could be sufficiently improved.

**Bilston Urban Village**

NHS England has approved in principle the development of a new Health Centre on the Urban Village site. Work is now progressing towards a full business case and a project board has been formed to manage that process. Regular meetings have commenced to work towards the production of a business plan with the site developers that is in line with the timescales envisaged for the Urban Village generally. The sale of the site by Homes and Community Agency to the developers, Stofords, can be finalised as soon as the business case for the development is finalised and approved by NHS England. But all parties are now content that the project is progressing in the timescales required and the plan for the building are largely complete..

**The Scotlands**

Two practices are now operating from the Cannock Road surgery and have merged, as the practices that were formerly on Blackhalve Lane have now moved into these premises. Plans are now being drawn up for the extension of those premises to cope with the increased list size and additional GPs in the premises. Capital resources have been secured for the development and NHS Property Services are working with the practice to agree the extension needed. Car Parking is an issue and we discussed this at our meeting with the council and options to improve that situation are being explored.

**Heath Town**

A number of discussions have been held with the practice and with officers of the council. The council had made NHS England aware of the availability of a building they own on Hobgate Road that could be converted to a surgery and replace the one that is due for demolition in the centre of Heath Town. However an alternative site is now looking preferable on the site of the former Duke of York pub that will possibly also have Extra Care facilities. The GP in Heath Town has been a single handed practice but the intention is to make it a two GP practice to allow for the recruitment of a new partner for the practice that will provide succession when the current GP retires. This also takes account of the increased housing units that will be in Heath Town after the area development.

**Showell Park**

The prospective development of this area has been discussed with the council and will be considered with regard to decisions about the future development of the practice and walk in centre in that locality.

David Johnson  
Project Lead – Primary Care Regeneration

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# Health Scrutiny Panel

## 25 September 2014

<b>Report title</b>	<b>Provision of planned care services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital – public consultation interim report</b>	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>		
<b>Originating service</b>	The Royal Wolverhampton NHS Trust and Wolverhampton Clinical Commissioning Group	
<b>Accountable employee(s)</b>	Maxine Espley Noreen Dowd	Director of Planning & Contracting, RWT Interim Director, WCCG
	Tel	01902 695944
	Email	Helen.davis4@nhs.net
<b>Report to be/has been considered by</b>		

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

The Panel is recommended to:

1. Note the progress of the public consultation and the breadth of the communication and engagement plan underpinning the consultation

## 1.0 Purpose

- 1.1 To provide the Health Scrutiny Panel with an update joint consultation being run by The Royal Wolverhampton NHS Trust (RWT) and Wolverhampton Clinical Commissioning Group (WCCG) on proposals to move some planned care services to Cannock Chase Hospital. This will follow the transfer of Cannock Chase Hospital to RWT as part of the acquisition of services and estate from Mid Staffordshire NHS Trust.
- 1.2 A public consultation is currently running from 18 July to 17 October 2014. This has been extended from nine weeks (as approved by Health Scrutiny Panel) to 13 weeks in order to allow a maximum number of local people to get involved.

## 2.0 Communications and Consultation approach

### 2.1 Consultation events

Four local 'round table' events are being held. These have been spread across Wolverhampton's three localities (SE, SW and NE) and the city centre, and comprise approximately 50 places. The sessions allow people to learn about the plans and take part in a discussion exercise. They are:

- Wednesday 6 August, 6–8pm, Mercure Wolverhampton, Penn Road.
- Tuesday 12 August, The Workspace, All Saints Road, Wolverhampton.
- Tuesday 2 September, Wolverhampton Science Park.
- Wednesday 8 October, 6-8pm, The Molineux.

The final event has been added following the extension to the consultation period. The attendance at the events has been good with more people attending than had booked. We anticipate that this will be the case for the final meeting given the further promotion of the consultation.

### 2.2 Communications

Raising awareness of the proposals and the opportunities people have to get involved is of prime importance. To ensure we do this we have set a comprehensive communications schedule (shown below) that helps us to promote the consultation and make sure that as many people as possible take the opportunity to comment on the proposals:

Type of communication	Description	When
Website	A consultation website has been established in order to provide information about the consultation. Contains documents in a range of community languages. Information is also posted on RWT website	18 July 2014
Letter to councillors, MPs, Healthwatch, GPs, providers	This will provide notice of the consultation (outline proposals have already been shared with some of these bodies)	18 July 2014

Staff message within RWT/WCCG	This will provide notice of the consultation	18 July 2014
Joint press briefing and/or news release – launches consultation	Brief provided to the media with a follow-up option of a face-to-face briefing	18 July 2014
Announcement on the start of the consultation to be sent to all stakeholder groups (see lists in section 4)	To be sent by email with a link to the web resources.  To be added to the Wolverhampton One City database.	18 July 2014
Poster and copies of the consultation document to be sent to GP practices, hospital waiting areas and other community venues	Summarise the consultation process and set out how people can get involved.	18 July 2014
Email	Consultation information sent to relevant groups	18 July 2014
Media coverage – Express & Star	A number of articles have been published. A journalist attending one of the public events	Ongoing
News release – round-table events	Inviting residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day.	28 July 2014
Email reminder	Reiterate key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/Wolverhampton City Council</li> <li>• RWT patient members</li> <li>• CCG patient members</li> </ul>	28 July 2014

Email to carers' groups	A reminder of key messages send to recipients of the carers' newsletter	30 July 2014
Signal radio interview (Maxine Espley)	Maxine Espley took part in a 5 minute interview on Signal 107 radio to promote key messages and opportunities to get involved.	30 July 2014
Information stall at Family Fun day event, Lowhill	An opportunity to meet with local residents at Low Hill and share/discuss proposals and promote the engagement events	7 August 2014
Email reminder for open events	Reiterate key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/ Wolverhampton City Council</li> <li>• CCG patient members</li> </ul> <p>To update people on the consultation.</p>	13 August 2014
BBC WM radio interview	Gwen Nuttall took part in a live radio interview to promote key messages and opportunities to get involved.	15 August 2014
Update media release	To update people on the consultation	w/c 18 August 2014
Wolverhampton Today (social media)	A story added to the council's Facebook page having almost 30k followers	w/c 18 August 2014
Follow up calls to patient and public groups	Courtesy call to check receipt of document, respond to any queries and offer meetings.	w/c 18 August 2014
Pop up event – Mander Centre	Opportunity to promote key messages and opportunities to get involved	28 <sup>th</sup> August 2014
Consultation documents	Further consultation documents sent to all practices, libraries, community clinics, pharmacies and dentists.  A new poster has been shared to promote the new event date and consultation documents have been redesigned to include the new consultation end-date.	1 September 2014
Health & Wellbeing	RWT/WCCG directors presentation to the	3 <sup>rd</sup> September



Board meeting	H&WB on the proposals	2014
Signal 107 radio campaign	A radio campaign with 1 minute messages that will play out multiple times per day will take place on Signal Radio (107 FM) to highlight the consultation and opportunities to get involved.	w/c 15 September
wcfFM – radio interview	To address questions/comments highlighted by the community to the radio station	w/c 15 September 2014
Equality survey	To seek views from hard to reach groups and those with protected characteristics	15 September – 17 October 2014
Email reminder for open events	Reiterate key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/ Wolverhampton City Council</li> <li>• CCG patient members</li> </ul> <p>To update people on the consultation.</p>	15 September 2014
WCCG AGM	Opportunity to promote key messages and opportunities to get involved	16 <sup>th</sup> September 2014
Healthwatch meeting	Executive teams from RWT/WCCG to meet Wolverhampton Healthwatch Board members to discuss the proposals	22 <sup>nd</sup> September 2014
RWT AGM	Opportunity to promote key messages and opportunities to get involved	29 <sup>th</sup> September 2014
Media release	To highlight people have just under three weeks to get involved	w/c 29 September
Tweets to the CCG's 2,351 twitter followers	To highlight forthcoming consultation events	Weekly
End of consultation		

## 2.3 Outreach

As part of the radio campaign with Signal Radio, street teams will be attending a number of local places to share information and speak to people about the proposals. Dates are to be decided but the locations will be:

- Bilston Market
- Wednesfield Market
- Bentley Bridge
- Wolverhampton Market
- Tettenhall Village Centre
- Whitmore Reans Shopping Centre

## 2.4 Equality and diversity research methodology

As part of the equality impact assessment, a survey is being undertaken with the city's key equality and diversity groups, cascaded through the Equality and Diversity Forum. To date we have:

- Used the document that formed part of the Trust Special Administrator's report on Mid Staffordshire FT and the document that formed part of the work on Urgent & Unscheduled Care in Wolverhampton to inform our approach
- Ensured our contact and engagement plan fully covered all groups within the protected characteristics
- Ensured our proposals take account of equity of and access to services
- Ensured our feedback mechanisms capture information that will support the final HEIA action plan

## 3.0 Interim feedback

The consultation is a little over 8 weeks in and the responses and measures we have so far are as follows:

Website hits:	<b>1,545</b>
Facebook reach (number of people):	<b>34,025</b>
Facebook comments	90
Facebook shares	190
Facebook likes	135
Twitter reach (number of people/organisations):	2,351
Number of survey responses:	373
Attendance at events (as at 15 <sup>th</sup> September)	127

A quantitative update mid-way through the consultation can often mislead as the final outcome may vary owing to wider reach gained and greater explanation made on the case for change. There have been wide ranging comments so far:

- Main theme is transport – people are worried about the impact and cost of travelling, especially for those who use public transport. People want to know what support there

will be for friends/relatives of in-patients at Cannock Chase Hospital. Some are concerned about the journey time of emergency vehicles between the two sites. Many people think Cannock is a greater distance from Wolverhampton than it is.

- Some people have concerns about how the Trust will operate across sites – issues of quality standards, data sharing, staffing patterns were highlighted.
- Some people are very positive and think this is the right thing to do
- Some people have already experienced services at Cannock Chase Hospital and think it is very good
- Some Wolverhampton patients already have treatment at Cannock eg renal dialysis, eye surgery

#### **4.0 Next Steps**

The public consultation runs until 17<sup>th</sup> October. During this time we will continue to actively promote the consultation and encourage people to have their say. Once the consultation has finished work will commence on analysing the responses from all sources and the preparation of the final report and Health Equality Impact Assessment. These will be presented to the Health Scrutiny Panel along with the responding action plan at the Panel's meeting in November.

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# **The Royal Wolverhampton NHS Trust & Wolverhampton CCG consultation on proposals to deliver planned care at Cannock Chase Hospital**

## **Supplementary Briefing Paper**

### **Introduction**

This paper provides more detailed context to supplement the consultation document and presentation material being used to inform the consultation on proposals to deliver planned care at Cannock Chase Hospital

The current constraints on capacity at New Cross Hospital driven by a number of factors, including increasing demand on unscheduled (emergency and unplanned) care, have resulted in the need to implement a clinical model that separates elective (planned surgery and medical treatment) and unscheduled/ complex care. The Trust is unable to make suitable changes on the New Cross site therefore delivering this model on the New Cross site is not an option.

### **Background and Context**

Following the announcement by the Secretary of State for Health that Mid Staffordshire Foundation Trust (MSFT) will be dissolved (date confirmed as 1<sup>st</sup> November) The Royal Wolverhampton NHS Trust (RWT) will acquire some services from MSFT and take over the running of Cannock Chase Hospital. This transfer will be a legally binding Transaction which will result in a new Statutory Instrument for RWT.

This acquisition is critically important for clinical pathways and improving patient experience for the whole population we treat. There is a growing national evidence base that supports the separation of routine elective and unscheduled activity onto separate sites. Around the country Trusts who operate in this way either independently or through arrangements with other providers deliver an enhanced patient experience with greater certainty, the potential for better clinical outcomes and improved efficiency both of the patient pathway and the use of resources.

Ensuring our clinical models support staff, particularly clinical staff in delivering high quality services and getting the range of experience through the level of activity they undertake to remain highly skilled, means that the Trust is able to recruit and retain the best staff. This has a direct impact on the range and quality of care we can deliver to our patients and helps to secure a comprehensive range of services locally.

It is also strategically important for RWT and the patients it treats. Economic evidence shows that for long term service viability acute trusts need to serve a catchment population for secondary care services of around 500,000 and to have an operating budget of around £500 million – this acquisition takes RWT to those thresholds.

People in Wolverhampton and surrounds have benefitted from RWT's ability to secure a range of tertiary and specialist services. Securing the catchment population and income levels described above will enable the Trust to maintain these services in the longer term and positions it well to bid for regional and networked services such as hyper acute stroke and major Emergency Department as commissioners redefine service locations in response to clinical evidence on outcomes.

### **Delivering services for patients**

The Trust's priority is to deliver safe and effective services for our patients and to increase the certainty for delivery of routine elective surgery. Over the last couple of years we have faced increasing pressure on all our services due to the rise in unscheduled care including admissions from A&E and other emergency portals. This has resulted in an increase in cancellations of patients about to undergo elective surgery.

As part of its bid for the services from MSFT, RWT proposed a clinical model which will enable the Trust to more effectively schedule elective care and prevent cancellations resulting from unscheduled admissions. The Trust presented its clinical model to the National Clinical Advisory Group (comprising the chairs of all the Royal Colleges and Associations). The proposals which are outlined below were approved by this Group as being clinically safe.

The Trust has presented to the Health Scrutiny Panel and other forum on a number of occasions regarding the pressures on its services. Most recently we have discussed the City wide Urgent & Unscheduled Care Strategy which we are enacting with Wolverhampton CCG. Wolverhampton CCG has discussed the Trust's plans for Cannock and agrees that the proposed model will address the current pressures on elective care and give patients a better experience.

### **Service Provision at Cannock Chase Hospital**

The Trust has delivered a range of services at Cannock Chase Hospital under contractual arrangements with MSFT.

Current service provision includes:-

- Day Case Ophthalmic Surgery for the population of South Staffordshire and Wolverhampton
- Outpatient Haemodialysis Service in an 18 stationed satellite Haemodialysis facility, linked to the Renal Service at New Cross Hospital, Wolverhampton, for the population of South Staffordshire and Wolverhampton

Previous service provision included a range of orthopaedic inpatient and day case surgery now proposed in the new model.

In establishing our plans for Cannock Chase Hospital it is proposed that new services will be provided from this location to patients, including Wolverhampton residents.

***Day Case Surgery:***

We will provide services for adults in the following specialties:-

- General Surgery, including Breast Surgery
- Orthopaedics
- Dermatology/Plastic Surgery
- Urology

***Day Case Medicine:***

We will provide services for adults in the following specialties:-

- Endoscopy (consistent with current service provision on this site)
- Rheumatology (consistent with current service provision on this site)
- Dermatology

***Elective Inpatient General Surgery:***

This is for adults only and will be limited to patients who meet international clinical criteria for measuring overall fitness and will include the following services:-

- 23 hour stay surgery
- General Surgery including Breast Surgery
- Urology
- Orthopaedics

**The Clinical Model at Cannock Chase Hospital**

**Surgical Services**

***Pre and Post-Operative Management***

All patients will have a pre-operative anaesthetic assessment to assess the level of risk for them of surgery/anaesthesia prior to listing for surgery at Cannock.

All patients will remain under the care of their named consultant for their surgery and in-patient stay.

Surgery will be performed by the consultant led team (including their trainees/junior doctors). This team will undertake the immediate post-operative assessment prior to handing over care to the on-site out of hours team which will include:-

- Surgical cover will be provided by an SHO equivalent, who will cover general and orthopaedic surgery patients
- Separate middle grade surgery cover for orthopaedic and general surgical patients
- Anaesthetic cover will be provided by a middle grade doctor (ST3+ equivalent) with consultant anaesthetist support off site but with availability to attend, if required

There will be on-call consultants for general/urology surgery and orthopaedic surgery off site. These consultants will be available to attend Cannock Hospital for patient assessment and management if required in the same way as they do now for New Cross.

In the case of a patient deteriorating and requiring urgent/emergency care, then the patient will be stabilised (and, if necessary under exceptional circumstances intubated and ventilated) and transferred as an emergency to New Cross Hospital, Wolverhampton. Time for transfer from Cannock to Wolverhampton using blue light paramedic ambulance is 15 - 18 minutes.

Pre-operative and post-operative ward rounds will be undertaken by the surgical and anaesthetic team, on a daily basis. In addition there will be ortho-geriatric availability to advise on the medical management of the pre-operative and post-operative care of relevant orthopaedic and surgical patients when requested/required (see below)

### ***Medical Services***

A 28 bedded Rehabilitation Unit (Care of elderly) will be located on the Cannock site which will be supported by a consultant Care of the Elderly physician and a middle grade doctor, in hours. This service is already provided on Fair Oak Ward.

Out of hours cover will be provided by a middle grade doctor off site with on-call Consultant support and attendance, when required. This is the same as the model in use for West Park Hospital. Patients deteriorating and requiring emergency treatment would be seen by the on-site anaesthetist, stabilised and transferred back to New Cross Hospital.

This service will provide routine care of the elderly medical support and input into pre- and post-operative surgical patients.

Endoscopy, Dermatology and Rheumatology Services will be provided on the Cannock site. These will mainly be outpatient and day case services.



## The Patient Pathway

All patients will follow a pathway that supports care close to home as far as is safe and efficient. Service provision will be as follows:-

- **Outpatients:** new, follow up and pre assessment will be offered at both sites for patient convenience
- **Day case surgery:** some services will be offered at both sites for patient convenience
- **In patient:** all routine elective surgery for those services listed will be undertaken at Cannock except for those patients assessed as high risk
- **Trauma:** all trauma will be undertaken at New Cross
- **Physiotherapy:** will be offered at both sites for patient convenience

## What this means for Patients

As outlined in the section above the majority of pre and post-operative services will be delivered on both sites which means that in many instances patients will be able to choose which site they go to.

For a number of patients undergoing day case and inpatient care travel to Cannock Chase Hospital will be the same distance or possibly closer than travel to New Cross. For some patients the distance will be longer but we believe the benefits of greater certainty and choice within their clinical pathway will offset this to a great extent.

The actual number of patients will fluctuate dependent on types of referral and patient suitability however we anticipate in the region of 10,000 inpatient and day cases (c.21.5%) and 23,000 outpatients (new/follow up/procedures) (c.4.3%) a year will be treated at Cannock for all specialties (this number includes non-Wolverhampton residents currently treated at New Cross. The detail by specialty will be provided in the consultation document.

## The benefits

As previously stated, RWT's priority is to deliver safe and effective services for our patients. Wolverhampton CCG through their commissioning expect RWT to deliver high quality services and achieve national and local targets and standards – these provide a level of assurance about the quality and effectiveness of services. The changes to the way RWT delivers services will bring the following:-

- More certainty over the date of your procedure – too many patients have their operation cancelled on the day. This causes stress and inconvenience for the patient and their family and should not happen. In the first 3 months of this year RWT cancelled 156 operations. In 2013/14 RWT cancelled 671 patients - appendix 1 shows the breakdown by specialty and 2012/13 figures

- A better experience for all patients - we know that the current situation results in some or all of the following happening every day:-
  - Delays in admission from the Emergency Department and Assessment Units
  - Moves between wards
  - Delays in seeing the right consultants
  - Delays in discharge
  - Delays in having your operation, once you're admitted
  - And, sometimes we don't get it right leading to poor care and experience
  
- Improved quality of clinical services and health outcomes – this model will ensure that staff are able to maintain and further develop their skills. It will help us to build our research and development work which brings significant benefit for patients who can access a wider range of treatment options at their local hospital
  
- Keeping local services safe - a clinically and operationally sustainable service model – we know that not all hospitals will be able to deliver a wide range of services in the future. Our plans will mean we can be viable in the longer term
  
- Treatment in an improved environment – RWT will get some money from the Department of Health to carry out significant work at Cannock Chase Hospital. This will create facilities that are fit for purpose in 21<sup>st</sup> century healthcare. By relieving the pressure on facilities at New Cross patients being treated there will also have an improved environment in terms of minimised disruption both personal and around them
  
- More effective use of public resources – using the income the Trust receives to deliver better quality and efficiency thereby reducing avoidable cost

## **Communication Plan**

The Trust has developed a detailed communication and engagement plan which is shown in full in the consultation document. The plan includes:-

- information on both the Trust and WCCG websites including an online comments form
- a public meeting in each locality
- hard copy and electronic consultation document available (available in other formats and languages as required)
- information posted in key areas across the Trust including the Patient Information Centre, in GP practices across the city and signposting through links on other agencies websites

- information provided to patient groups electronically and hard copy as required and through social media
- meetings with forum such as Healthwatch

## **Equalities implications**

RWT and Wolverhampton CCG are fully committed to promoting equality of opportunity, eliminating unlawful and unfair discrimination and valuing diversity, so that we can remove or minimise disadvantages between people who share a protected characteristic and those who do not

The clinical model the Trust will implement mirrors that in place in a number of places across the country and will ensure that services are appropriate and do not discriminate on the basis of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or beliefs, sex and sexual orientation.

The TSA commissioned an extremely comprehensive independent Health Equalities Impact Assessment report as part of its work. Whilst this assessment was for the Staffordshire population, many of the findings and recommendations will apply to the population of Wolverhampton in the context of the move of services to Cannock. RWT took account of these recommendations when planning its clinical model. Both RWT and Wolverhampton CCG will further review the recommendations in the context of people in Wolverhampton as part of this consultation.

The rights and pledges contained in the NHS Constitution will be upheld at all stages of the patient journey

## **Creating the right environment**

It is important to both RWT and Wolverhampton CCG that the clinical environment meets the same standards as that in the rest of RWT. As part of the transfer of services from MSFT RWT has been able to get some funding from the Department of Health to refurbish and remodel the facilities at Cannock Chase Hospital including:-

- Building a new Endoscopy Unit
- Creating a Musculoskeletal Unit for rheumatology patients
- Refurbishing the inpatient and day case Wards
- Refurbishing the outpatient areas
- Building some new theatres

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