

<b>Title</b>	<b>PATIENT EXPERIENCE during December 2015</b> The proactive approach to gathering patients' experiences within the Trust			
<b>Meeting</b>	Board of Directors			
<b>Date</b>	28 January 2015			
<b>Executive Summary</b>				
<p>From April 2015, the national CQUIN targets for the Friends and Family Test have been relaxed with a shift of emphasis from response rate targets and financial rewards to broader use of the questions and expectations of service improvements as a result. The Trust's Carer and Patient Involvement (CAPI) Team have revised their process in order to accommodate this whilst building on the good will and success of the previous process. This paper reports on progress and outcomes for information collected during December 2015.</p> <p>The Executive Board has asked for future reports to include triangulation between friends and family test analysis and other indicators such as complaints and clinical negligence claims, to enable a better appreciation of any areas of increased concern. In addition to this Executive Board has asked for further information on actions being taken to address areas that have low response rates for FFT returns.</p>				
<b>Recommendation</b>				
That the following are noted :				
<ul style="list-style-type: none"> <li>• The continued implementation of the Friends and Family Test according to national guidelines</li> <li>• The Friends and Family Test Plus results for December 2015 as the baseline measure of patient experience in South Tyneside NHS Foundation Trust</li> <li>• The additional use of Real Time Feedback reports as an additional methodology to supplement the patient experience</li> <li>• Actions planned as a result of patient feedback</li> <li>• The implementation of the NHS adult patient survey 2015</li> </ul>				
<b>Report Author</b>	Maureen Dale, Service Lead, CAPI			
<b>Executive Director/ Sponsor</b>	Bob Brown, Executive Director of Nursing and Patient Safety			
<b>Purpose of paper</b>	<b>Information</b>	X	<b>Discussion</b>	X
	<b>Decision</b>		<b>Assurance</b>	X
	<b>Specific action</b>			
<b>Implications</b>	<b>Staffing</b>			Yes
	<b>Finance</b>			None
	<b>Legal</b>			None
	<b>Public engagement</b>			Yes
	<b>Partnership</b>			None
	<b>Communication</b>			Yes
	<b>Equality &amp; Diversity</b>			Yes
	<b>Clinical</b>			Yes
	<b>Patient Safety</b>			Yes

<b>Risk assessment and mitigation (include risk register reference if appropriate)</b>	
Financial risk re: implementation and response targets (CAPI 4)	
<b>Link to STFT Business Plan</b>	Patient Safety, Quality and Experience
<b>Link to CQC outcome</b>	<b>Outcomes 1, 2, 3, 4 and 5</b>
<b>Link to Board Assurance Framework</b>	Patient Safety, Quality and Experience Workforce
<b>Link to Strategic Risk Register</b>	Patient Safety

## REPORT TO BOARD OF DIRECTORS

### PATIENT EXPERIENCE - December 2015

#### **1 Introduction**

From April 2015, the national CQUIN targets for the Friends and Family Test have been relaxed with a shift of emphasis from response rate targets and financial rewards to broader use of the question and expectations of service improvements as a result. The Trust's Carer and Patient Involvement (CAPI) Team have revised their process in order to accommodate this whilst building on the good will and success of the previous process.

The Executive Board has asked for future reports to include triangulation between Friends and Family Test analysis and other indicators such as complaints and clinical negligence claims, to enable a better appreciation of any areas of increased concern.

In addition to this, the Executive Board has asked for further information on actions being taken to address areas that have low response rates for Friends and Family Test returns. Actions taken based on December returns are outlined in section 4 of this paper and will be elaborated upon in future papers.

#### **2 Standard Process**

The Trust is required to follow national guidelines concerning the continued implementation of the Friends and Family Test but, within those guidelines, has been able to use the Test as a baseline to gather broader views in a systematic way. This builds on the national programme by providing information to clinical areas that enable them to make changes to improve patient care.

Work has progressed on the publicity campaign to encourage patients and carers to give feedback using the processes on offer. This includes new branding of the questionnaires and posters which have been used from October 2015. Clinical areas have been provided with re-styled reports the front sheet of which can be used as an attractive display in public areas.

#### **3 Friends and Family Test**

The Friends and Family Test continued within A&E, inpatient, maternity and outpatient areas in South Tyneside District General Hospital until December 2015. This enabled the conclusion of the contract with *iWantGreatCare* who provide analysis in A&E, inpatient and maternity services without cost.

#### **4 Friends and Family Test Plus and Easy Read**

As the Friends and Family Test was implemented across Trust outpatient and community services in accordance with the national timetable in 2014-15, additional questions were added to enable patients to comment on their experiences in

specific areas. This Friends and Family Test Plus questionnaire is now used in community services and will be introduced to outpatients over the coming months.

The Easy Read version of the questionnaire is available for all services to use if they have patients or clients who would benefit. However, it is predominately used in services providing care to children and people with learning disabilities, communication difficulties or cognitive problems.

As the focus of each question is the same as the Friends and Family Test Plus, feedback can be combined into one report for the clinical area.

The following table summarises the Friends and Family Test results for December 2015. In order to spread the pressure on community staff, pace the requirements for analysis and avoid survey overload with some patient groups, a rotation programme for community services has been implemented. In December, the community services are based in Sunderland. Similarly, hospital outpatients have agreed a rota so each clinic is surveyed once per quarter. These rotations explain some changes in the month by month variation of numbers of patients responding.

<b>Service</b>	<b>no returned</b>	<b>% satisfaction</b>	<b>star</b>
A&E	166	88	4.37
Community matrons	17	100	4.88
Recovery at Home	31	96.77	4.9
District nurses	4	100	4.75
Acute care team (South Tyneside)	48	100	4.77
Bowel and Bladder	46	100	4.83
AHP - OT/Physio St Benedict's	6	100	5
Respiratory domiciliary service	11	100	5
Health and Exercise Lifestyle Programme	7	100	5
Pulmonary Rehab	18	100	4.89
Physiotherapy	39	100	4.97
Diabetic Specialist Nurses	65	98.46	4.84
Retinal Screening Service	368	98.64	4.88
Respiratory Specialist Nurses	15	100	4.73
Community Dental	218	98.62	4.93
Dermatology	134	100	4.99
Falls Specialist Exercise Practitioner	12	100	4.92
Specialist palliative care nurses	12	83	5
Out of hours palliative care team	11	100	4.9
Specialist Nurses Cancer Services - lung	21	90	4.8
Specialist Nurses Cancer Services - upper GI	7	100	4.86
Specialist Nurses Cancer Services - bowel	18	100	4.94
Specialist Nurses Cancer Services - gynae	50	98	4.74
Radiology CT	30	96.66	4.86
Radiology ultrasound	45	97.78	4.84
Radiology plain imaging	2	100	4.5
Radiology MRI	9	100	4.78
Uro-gynaecology	9	100	4.89
Cardiology	46	97.83	4.69
Medical physics	52	100	4.94
Family nurse partnership	17	100	4.94

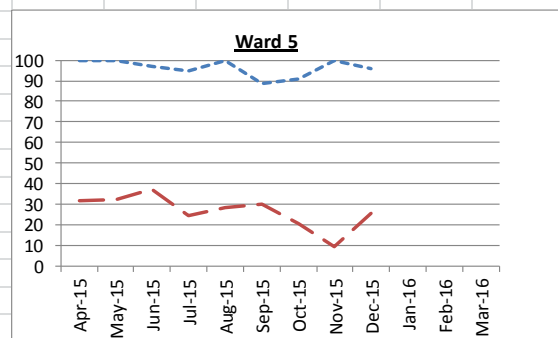
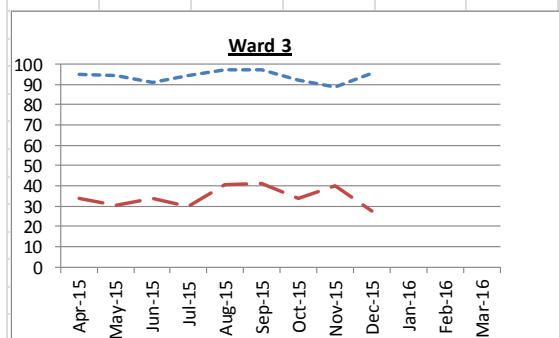
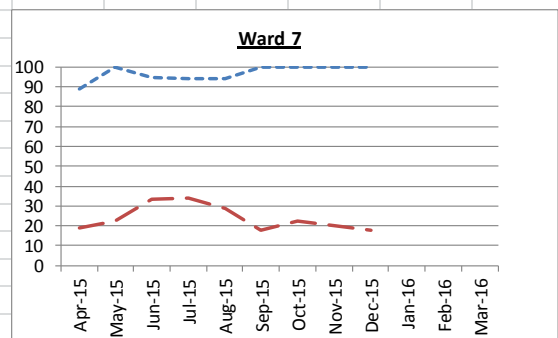
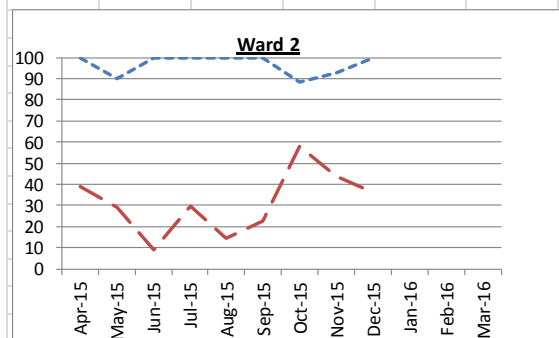
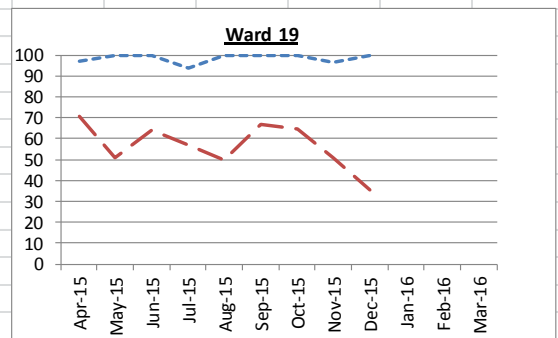
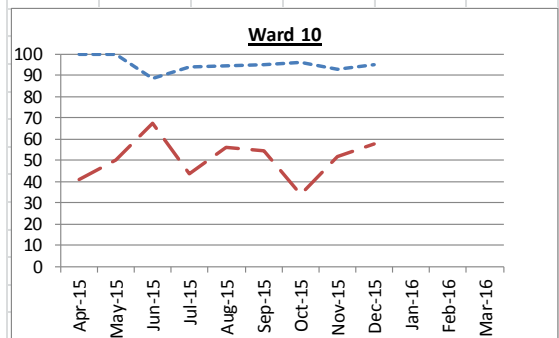
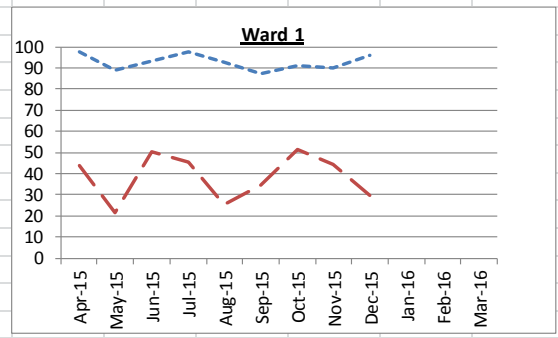
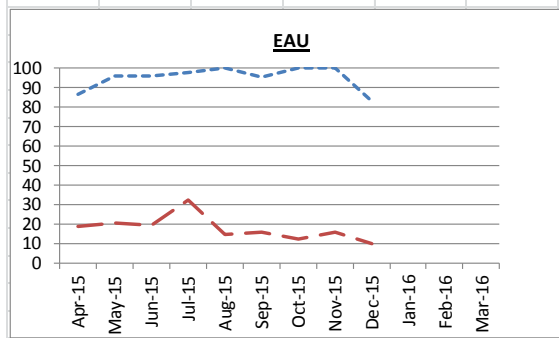
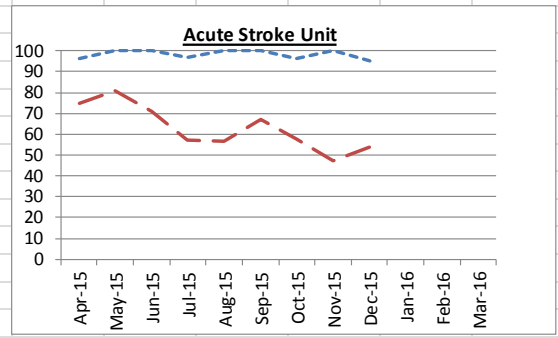
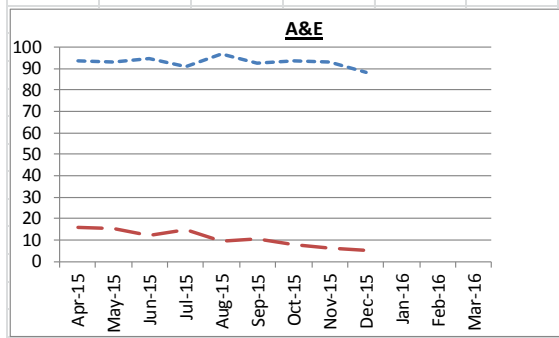
Health visitors	217	99.54	4.88
School nurses	24	100	4.79
Paediatric A&E	6	66.67	4.2
Ambulatory care	14	100	4.93
Ward 4	57	98.25	4.74
Endoscopy Day Ward	4	100	4.75
St Benedict's Day Care	18	100	5
Oncology Haematology Day Case Unit	6	100	4.8
Emergency Assessment Unit	12	83.3	4.73
Ward 1	26	96.2	4.76
Ward 5	23	95.65	4.82
Ward 6 / CCU	18	100	4.72
Ward 10	59	94.9	4.77
Ward 3	45	95.6	4.69
Ward 7	8	100	5
Ward 9	27	100	4.78
Ward 2	18	100	4.72
Ward 19	15	100	4.8
Primrose Hill (now ward 20)	2	100	5
Ward 8 - Stroke Unit	20	95	4.79
St Benedict's In Patient Unit	3	100	5
CAMHS	35	89	4.62
Ward 25	11	100	4.91
Ward 22	23	100	5
A/N Consultant 36wk	24	95.8	4.57
Community A/N 36wk	11	100	4.91
Community P/N	8	100	4.88
OP Cardiology	30	100	4.26
OP Gastroenterology Medicine	10	100	4.4
OP General Surgery	3	67	5
OP Gynaecology	33	94	4.5
OP Nurse Led Fertility	2	100	5
OP Ophthalmology	7	100	4.57
OP Orthopaedics	32	100	4.72
OP Orthopaedics - Fracture	1	100	5
OP Orthopaedics - Trauma	77	100	4.64
OP Plastic Surgery	4	100	4.75
OP Respiratory	2	100	4.5
OP One Stop Respiratory	2	100	4.5
OP Nurse Led ARAS (Respiratory)	1	100	4.2
OP Stroke/ TIA	5	100	4.5
OP Urology	15	93	4.46
Unidentified outpatients	15	93	5

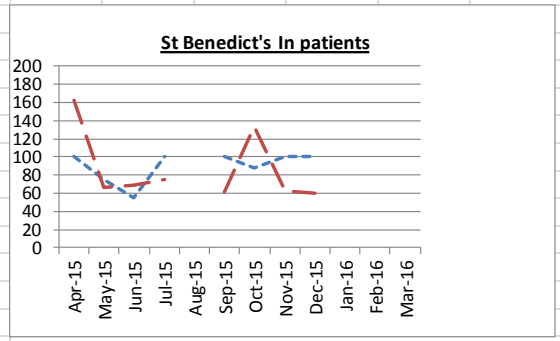
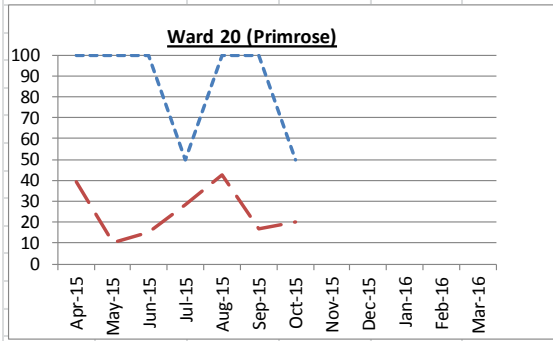
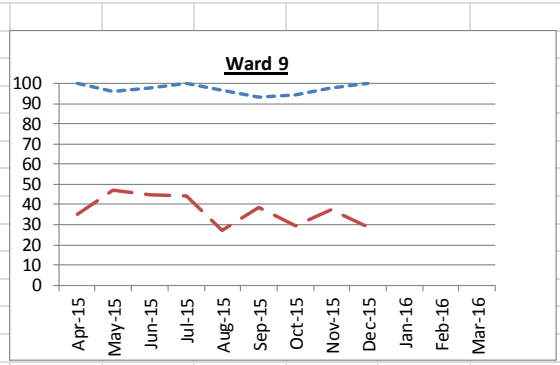
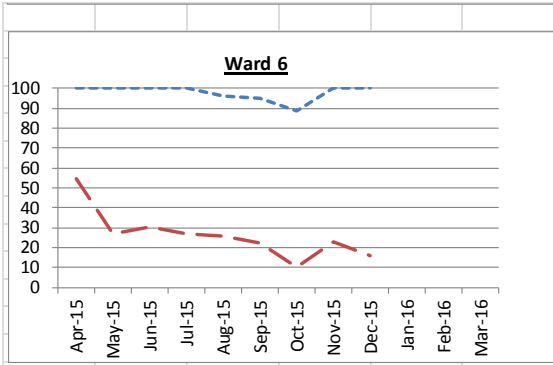
Satisfaction rates and star ratings are included in the table. From April 2015, NHS England has used the percentage satisfaction rates to replace the Net Promoter Score. This is calculated by reporting the number of people who rated 'extremely likely' and 'likely' expressed as a percentage of the total number of respondents, including those rating 'don't know'.



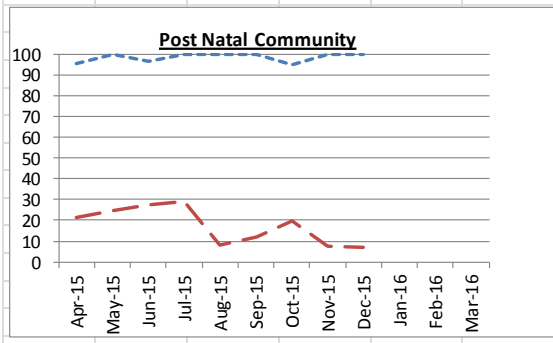
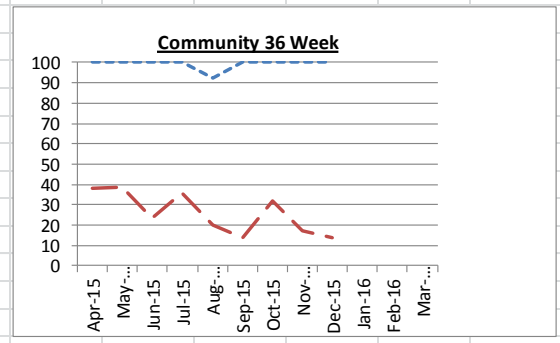
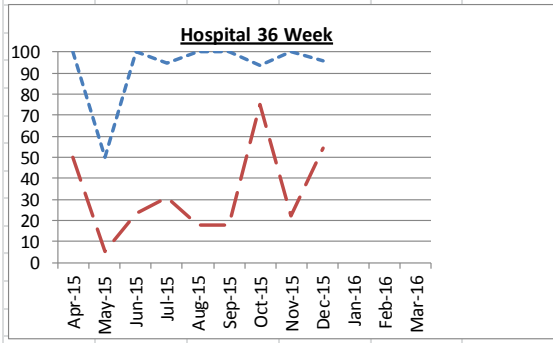
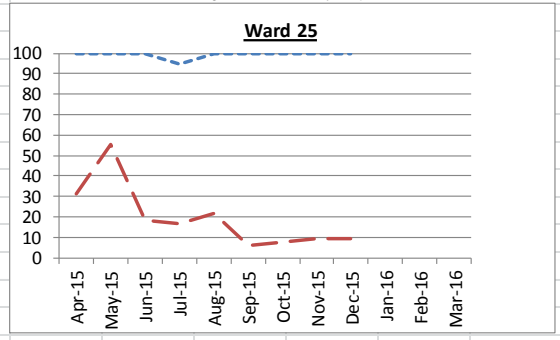
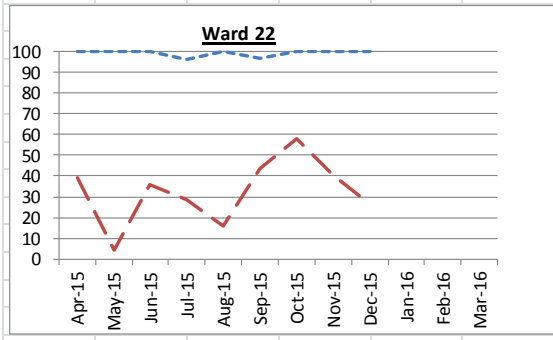
ensure that information given to services is of significance and developments are not based on minority opinions.

Key : short dashed line is satisfaction percentage; long dashed line is response rate





St Benedict's : No data for August. Occasionally responses exceed 100%





Demonstration of trends will continue and will be extended to include other Trust services in future reports.

## 5 Real Time Feedback

The CAPI Team are using the Friends and Family Test Plus questionnaire as an interview schedule which is being used to provide 'Real Time Feedback' of patients' experiences to clinical areas.

By visiting inpatient areas and interviewing a small number of patients and relatives, there is the opportunity for the patient to elaborate on their experience, and also for the facilitator to enquire about specific developments or issues implemented by the clinical area. With the introduction of the Friends and Family Test Plus to inpatient areas from January 2016, the use of Real Time Feedback will be reviewed in order to provide in-depth feedback from clinical areas across the Trust.

The report of these interviews is compiled and returned to the manager of the clinical area within eight working hours, but often on the same day. This enables the manager to raise the feedback at the next daily 'huddle' with the potential that care improvements are made within 24 hours of the interviews taking place. The report is designed to be displayed in public areas to share key points with staff and the public.

The scoring using percentage satisfaction and star rating is the same as in Friends and Family Test.

The following table demonstrates the activity and levels of satisfaction reported during December 2015.

Clinical Service	No of responses	% satisfaction	star rating
A&E	4	100.00%	4.5
EAU	3	100.00%	5
Ward 1	4	100.00%	4.25
Ward 5	6	66.67%	4
Ward 6 / CCU	4	100.00%	4.75
Ward 10	4	50.00%	4
Ward 3	5	100.00%	5
Ward 2	6	83.00%	4.6
Ward 19	6	100.00%	5
Ward 8 - Stroke Unit	4	50.00%	5
Ward 4 (now ward 12)	5	100.00%	5

Whilst Real time feedback has predominately taken place within inpatient areas, the CAPI Facilitators are beginning to roll out to clinical areas in the community, at first in clinics.

## 6 Reporting to cross cutting services

In feedback from the Friends and Family Test and real time feedback, patients often comment on services that cut across clinical fields e.g. domestic services, catering,

car parking. From October 2015, separate reports have been prepared using comments made by patients during these surveys and provided to managers of those services either monthly or quarterly depending on volume of feedback and urgency.

## 7 Actions planned as a result of patient feedback

Clinical areas are encouraged, as part of open and honest care, to plan developments as a result of feedback and noting when developments are not immediately possible to implement. This is part of the 'You said ... we did' process and demonstrates the potential for utilising patients experiences to continually improve services.

The action plans are shared with Assurance Matrons and the Continuous Quality Improvement Team in order to monitor progress, providing support when necessary, to ensure improvements are made.

The following action plans were developed from comments made by patients via Friends and Family Test Plus during November 2015.

Clinical Team	You said ...	... We did
Community Learning Disabilities Team	<p>It eases anxiety</p> <p>Happy with everything / Everything, take care of me</p> <p>Very understanding. Really listened to the issues. Good communications</p> <p>That I always feel better after each visit and always get the help that a need</p> <p>Brilliant care / Well looked after</p> <p>You look after me. I trust you / Very good, very friendly!</p> <p>Everything - you listen to me and understand me</p> <p>Your always there when I need you both / When you're not well you come out to see me</p> <p>Happy because things are explained to me. She is good at her job</p> <p>Tells me about my tablets and diabetes. Goes to the doctors to help me</p>	<p>We have shared all the reports with the Community Learning Disabilities Team.</p> <p>Thanked the team for their excellent work which has resulted in very positive feedback for all the disciplines.</p> <p>We are committed to keep up the excellent work we deliver!!</p>

	<p>Always pleasant. Help me with medication and my epilepsy</p> <p>Provide information in a way that helps me to understand</p> <p>There when I need them, very helpful, very caring and considerate.</p> <p>Knowing I can ring for support. I am happy to see staff</p> <p>Support me to health appointments</p> <p>Excellent service. Gold star/five star service</p> <p>It's good I can understand things a little bit better</p> <p>You listened to me - I could talk and get my feelings out which helped</p> <p>I am pleased to have a visit from the learning disabilities nurse. It's good to know they are here</p> <p>Pauline, excellent staff in E58 Sunderland and Ward 8 South Shields</p> <p>Having contact numbers</p> <p>It was fantastic / It was fun / Like and enjoy sessions</p> <p>Found her very approachable, caring and understanding</p> <p>Enjoyed travelling independently</p> <p>Got to go to an event in the community</p> <p>Always come when say / Very in depth</p> <p>Helping with independent travel</p> <p>Like to see me every week / Like to see (unreadable) every week</p> <p>Therapist is genuinely interested</p>	
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	<p>and engages well with all the service users at our day centre</p> <p>Instructions to follow up and hand over to the staff team. Very person centred/ specific. A lot of useful information to take away</p> <p>Staff remained calm and I felt relaxed</p> <p>I can still enjoy the foods I like and keeping me safe at the same time</p> <p>It's all about me / Informative</p> <p>Barbara was included in all</p> <p>Find me more day centres to attend or card making</p> <p>Longer hours or visits</p> <p>I personally found I had to repeat my son's information from birth onwards and feel this should be in his notes or on computer. This is to all NHS staff over the years</p> <p>Go out more / To go to more events</p> <p>Stop asking daft questions (questionnaires)</p> <p>See more of you</p>	<p>Staff to signpost to social services where extra day services are needed</p> <p>Staff will work outside core hours if needed to meet individual needs eg: after 5pm</p> <p>We have developed our assessment in 3 separate parts to support each discipline not having to ask repeated questions.</p> <p>Service Users should always be offered the choice of completing questionnaires and only do so if they wish too!</p>
<p>Children's Speech and Language Therapy</p>	<p>The staff are very friendly and helpful</p> <p>X is always very professional and has helped my child greatly</p> <p>Set appointments but easy to change at short notice</p> <p>Possibly early evening appointments so he doesn't have to come out of school to attend</p> <p>Less waiting time between blocks of treatment</p>	<p>Inform staff re patients' positive feedback re friendly and welcoming manner and to encourage greater number of Returns next time to check % responses over a wider number of cases</p> <p>Remind staff re keeping Outlook diaries up to date to allow optimum management of cancellations/changes to appointments</p> <p>Admin cover hours increased for</p>

	<p>More sessions in blocks and consistency of Therapist</p>	<p>phone queries and Opt in process from Oct 215</p> <p>Appointments can be provided between 4-5pm and parents can be offered later appointments at other clinics/with other Therapists if after school time important to family</p> <p>Waiting list initiatives being put in place to reduce waiting times</p> <p>Referral guidelines updated and to be circulated to schools/via Intranet to encourage appropriate early access to the Service</p> <p>Staff to be reminded re explaining to parents/carers reason for timing of therapy blocks and any necessary changes in Therapist</p>
Palmer Outpatients	<p>Very friendly staff and informative</p> <p>Staff are so kind and helpful.</p> <p>Everything was superb, prompt service</p> <p>Caring staff and efficient</p> <p>Happy smiling staff</p> <p>Was seen on time, made to feel like an individual rather than a statistic</p>	<p>To continue to provide a good service and to keep patients informed throughout their visit if any problems or delays</p>
EAU	<p>Medications had been left</p>	<p>Ensure nursing staff explain what medications are to be given and ensure patients have a drink available</p>

## 8 National Inpatient Survey

The NHS adult inpatient survey is currently underway.

The survey is based on the responses of patients who have been inpatients during July. The sample of 1250 patients has been taken by the Trust's Information Dept. and sent to Picker which is the company that the Trust has commissioned to conduct the survey on its behalf. Picker will post the survey out, analyse returns, provide a report to the Trust and forward required information to the Coordination Centre at the Care Quality Commission in accordance with the national guidance. The final report will be available with national comparisons in February 2016.

The questionnaire is used by all Trusts and consists of 82 questions prefixed by an explanation of the survey and instructions for completion. Reminders will be sent to non-respondents following a check by Picker with the Trust Information Dept. to de-select deceased patients.

Posters were displayed in the inpatient areas of South Tyneside District Hospital during July, notifying patients of the survey and the opportunity to opt out. Patients may decline to take part in the survey at any point. Picker will provide a 'helpline' for patients who need help to complete it or have queries about the survey.

Any calls concerning Trust services will be forwarded by Picker to the Trust Customer Services Team.

## **9 Recommendation**

That the following are noted:

- 9.1** The continued implementation of the Friends and Family Test according to national guidelines
- 9.2** The Friends and Family Test Plus results as the baseline measure of patient experience in South Tyneside NHS Foundation Trust
- 9.3** The additional use of Real Time Feedback reports as an additional methodology to supplement the patient experience
- 9.5** The implementation of the NHS adult patient survey 2015