



# ANNUAL PATIENT EXPERIENCE REPORT 2017 / 2018

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## Summary:

	Risks	Highlights
<b>Friends and Family Test (FFT)</b>	<p>Some areas are still only receiving small numbers of responses; for the year Ambulance only achieved <b>0.4%</b> response rate, Mental Health <b>2%</b>; Community and Emergency Department <b>4%</b>; and Maternity <b>7%</b>.</p> <p>Ambulance only achieved a <b>49%</b> recommend score and ED only a <b>89%</b> recommend score. Areas not all displaying action taken in response to the feedback</p>	<p>All other areas of the Trust achieved recommend score of above <b>90%</b> with outpatients achieving a <b>97%</b> recommend score.</p>
<b>iWantGreat Care (iWGC)</b>	<p>Due to the contract with iWGC ceasing on 31 March 2018; it has not been possible to provide robust reporting from the system for the years data.</p>	<p>The Trust received <b>17,392</b> reviews from iWGC of which 95% would recommend Trust services. Clinical Support Cancer and Diagnostic Services received the highest amount of reviews <b>9080</b>; Breast Screening was the department receiving the most reviews at 3080.</p>
<b>National Patient Surveys</b>	<p>The Community Mental Health Survey 2017, saw the Isle of Wight NHS Trust being worst performing Trust in the Country.</p>	<p>In the Mental Health Inpatient survey 2017 the Trust had the best overall scores across the whole of the survey, except in one area in which the Trust was in the bottom <b>20%</b>.</p> <p>The Trust continues to participate in all patient surveys as part of the CQC programme, including this year the voluntary Mental Health Inpatient Survey.</p>

## Summary:



	Risks	Highlights
<b>Healthwatch Isle of Wight</b>	Pathways of care (220) and quality of care (132) were the most common themes of feedback received about the Isle of Wight NHS Trust. Communication was also a theme from across the areas of feedback (62)	Reports received from Emergency Department and Discharge Planning; the Trust is acting on the findings of the review and the Trust will continue to work with the Healthwatch to ensure recommendations are embedded.
<b>Bereavement Survey</b>	The current survey that is offered to bereaved relatives needs to be improved, and offered during the last days of life, to ensure we are afforded the opportunity to make a difference in the last days of life.	The Bereavement team are offering the survey to bereaved relatives, and collating the results which are shared with the Medical Director on a quarterly basis.
<b>Patients with a Disability Group</b>	Concerns raised about information not being available in accessible formats; identified issues for patients with autism and dementia. Following allocation of funding for a 'Rempod' – reminiscence room for patients with dementia in 2016 – still not completed.	Group supported the funding of fidget boxes in wards and clinic settings to support patients with autism and dementia; group agreed to fund the design and printing of a number of key leaflets in easy read format. New members recruited to group

## Feedback overview:

This section shows the top 10 most commonly raised negative themes across all feedback; in some areas the information is limited or not available, but work is on-going to improve this during 2018/19. Complaints and concerns data is included in the report for this section only. (full data on complaints is available in the Annual Complaints Report 2017/18)

The table below represents the ranking of each negative theme received through each feedback mechanism. For example, 1 indicates that this was the most raised theme from that feedback source, 2 indicates the second most raised theme and so on. The colour coding is applied to show the ranking, where areas had the same quantity of feedback the same ranking has been applied.

The colour coding applied to the table below is as follows:

Ranked 1 – 3 **RED** (most raised)

Ranked 4 – 7 **AMBER**

Ranked 8 – 10 **YELLOW**

Top 10 themes	Annual Report 1 April 2017 – 31 March 2018			
	Formal Complaints (n=279)	Concerns (n=809)	iWantGreat Care incorporating FFT* (n=17,392)	Website, social media & Healthwatch
Communication	1	1	N/A	1
Values and Behaviours	2	3	N/A	2
Appointments	7	2	N/A	N/A
Prescribing	10	Not in top 10	N/A	
Patient Care	3	5	N/A	N/A
Privacy, Dignity & well-being	9	Not in top 10	N/A	N/A
Clinical treatment (ED)	8	8	N/A	N/A
Clinical treatment (general medicine)	6	Not in top 10	N/A	N/A
Clinical treatment (surgical)	5	6	N/A	N/A
Admissions and Discharges	4	9	N/A	N/A

## Feedback



The Trust provides a number of methods for patients to provide unsolicited feedback. Since July 2016 patients have been able to provide feedback across the Trust using iWantGreatCare, which incorporates the FFT question.

The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are ‘extremely likely’ to ‘extremely unlikely’ to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity, Ambulance and community services.

Patients can also submit feedback about their experience of the Trust via the Trust website ([www.iow.nhs.uk](http://www.iow.nhs.uk)) or via independent websites such as NHS Choices and Care Opinion (formally called Patient Opinion).

All feedback received is recorded and actioned by the Trust. Other sources of unsolicited feedback that may be received by other organisations’ websites, such as Healthwatch, are also recorded and actioned, so the Trust can build a clear picture of what patients and relatives feel about their experience within the Trust.

Patients and carers can also feedback via social media, and Twitter and Facebook are monitored and responded to by the Trusts Communication Team.

The Trust also undertakes a number of patient surveys which are Endoscopy Survey, 111 Survey and Bereavement Survey.

The Trust also participates in the CQC programme of national surveys, these are reported regularly in the Trusts patient experience reports as and when results become available. This report will include a summary of the reports that we have received during this year.

The Trust also has an active Patients with a Disability Group and Patients Council who provide feedback and support improving us with improving the patient experience.

# Friends and Family Test



Apr-18

## iwantgreatcare (formerly Friends & Family test) - Local targets

Individual months are RAG rated against the individual monthly target with the YTD target rated against the comparative YTD position. Data is taken directly from validated Unify returns to NHSE

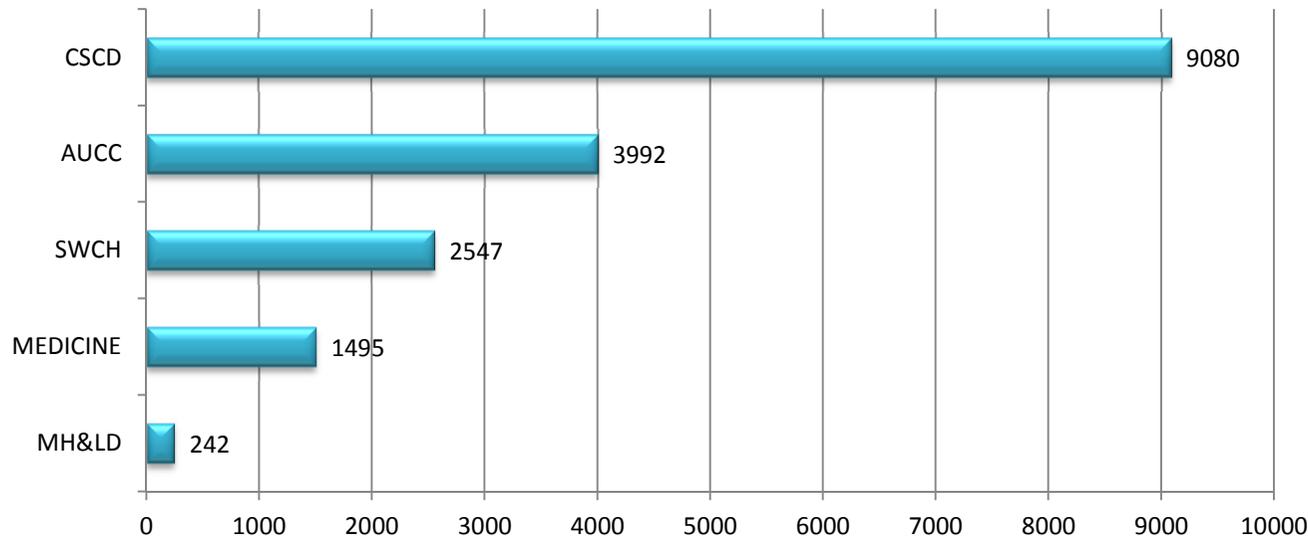
Measure	Target	Period	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Total	Total
Inpatient areas (Acute hospital wards)	Response rate	N/A	34%	33%	14%	26%	25%	29%	26%	8%	24%	25%	15%	17%	23%	22%
	% Recommended	90%	96%	96%	94%	99%	96%	96%	95%	94%	94%	96%	96%		96%	
Outpatient areas	% Recommended	90%	96%	95%	96%	96%	96%	96%	99%	97%	95%	96%	98%	99%	97%	97%
	Response rate	N/A	3%	5%	4.9%	2.5%	4.1%	4%	4%	3%	1%	5%	2%		4%	
Accident & Emergency	% Recommended	90%	89%	84%	88%	94%	87%	86%	88%	92%	90%	92%	92%	92%	89%	90%
	Response rate	N/A	15%	18%	9%	1%	7%	0%	4%	0%	9%	12%	7%	0%	7%	6%
Maternity (birth point)	% Recommended	90%	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%		91%	
	Response rate	N/A	2.8%	4.1%	4.2%	4.2%	5.7%	6%	4%	4%	2%	4%	2%	5%	4%	4%
Community Services	% Recommended	90%	97%	97%	88%	89%	86%	96%	93%	99%	99%	95%	97%	97%	94%	94%
	Response rate	N/A	1.5%	2.4%	1.2%	2.0%	1.60%	2%	2%	2%	1%	1%	1.4%		2%	
Mental Health Services	% Recommended	90%	92%	95%	98%	98%	95%	94%	83%	97%	97%	94%	94%		94%	
	Response rate	N/A	0.0%	0.8%	0.4%	0.1%	0.2%	0%	0%	2%	0%	0%	0%	0%	0.3%	
Ambulance (including Patient transport service)	% Recommended	90%	0%	91%	100%	100%	100%	0%	0%	100%	0%	0%	0%		45%	

# iWantGreatCare (iWGC)



Due to the end of the iWGC contract on 31 March 2018, a more detailed report from the feedback has not been possible for the end of year.

During the year the Trust received 17,392 reviews on the care in the Trust. Below is the breakdown of this by Clinical Business Unit (CBU), as can be seen Clinical Support, Cancer and Diagnostic Services (CSCD) received the most feedback during the year. The area receiving the most reviews in the CBU was Breast Screening with 3080 reviews received.



All staff extremely helpful, nice to see so many smiling faces.

You will struggle to improve this brilliant service

"Seen twice in 3 days with concerns re wounds. No problems, all very courteous - very pleased with treatment. 5\*."

Communication between staff and carers also doctors and consultants would help. All very understaffed to the point of being dangerous.

From the overall feedback received:  
 95% of patients said they would recommend the Trust Services.  
 91% of patients said they were treated with dignity and respect  
 87% felt involved in their care and treatment  
 86% felt they were given enough information  
 75% felt the area visited was clean  
 Of those respondents who commented on kindness 99% felt staff were kind; 96% felt staff listened to them; and 96% felt safe

# National Patient Survey Results



The Trust participated in the National Survey Programme during the year and a below is a summary of these surveys.

- **National Adult Inpatient Survey 2017** - results are under Embargo until 13 June 2018
- **National Cancer Patient Experience Survey 2017**– The survey closed officially on 8 May 2018, and results are awaited the Trust achieved a **68%** response rate against the national average of **63%**. Findings are due to be published during the Summer date yet to be confirmed.

Results have been received during the year for the following surveys, all surveys have been reviewed as part of the work programme of the Patient Experience Sub-Committee.

## National Community Mental Health Survey 2017

The results of the survey were published in November 2017. The Trust received responses from 196 service users / carers which was a response rate of 24%. For all areas the Trust was in the bottom 20% of trusts with the exception of one, for which we were about the same. The Trust fared much worse than expected against the previous survey in 2016 and was lowest overall in the Country.

Those in which we scored worse were:

Health and social care workers 6.4/10;  
Organising care 7.9/10;  
planning care 6.0/10;  
reviewing care 6.2/10;  
changes in who people see 4.6/10;  
treatments 6.3/10; support and wellbeing 3.5/10;  
overall views of care and services 5.9/10.

The actions to be taken to improve the experience of patients, have been aligned to the on-going improvement in response to the Care Quality Commission (CQC) findings.

# National Patient Survey Results



- **National Mental Health Inpatient Survey 2017**

The Trust participated in this voluntary survey this year. The Trust received 16 responses from a sample of 118. Giving a 15% response rate.

The Trust scores were in the top 20% compared to the 18 organisations surveyed by Quality Health and had the best overall scores across the whole of the survey, except in one area in which the Trust was in the bottom 20% this related to services users being aware of how to make a complaint if they needed to. There were also a number of areas where the Trust scored less than 60% these were:

- Told completely about the ward routine on arrival
- Always felt safe in hospital
- Always had confidence and trust in the nurses
- Purposes of medications explained completely
- Definitely involved as much as wanted in decisions about care and treatment
- Had talking therapy if wanted

The results have been reviewed at the Patient Experience Sub-Committee during the year, and the results fed into the on-going improvement work in response to the CQC findings.

# National Patient Survey Results



- **National Maternity Survey 2017**

The survey was undertaken between April and August 2017 and the sample was women who had a live birth between 1 – 28 February 2017. The Trust achieved a 43% responses (79) from a usable sample of 184.

The majority of the Trusts scores were in the middle 60%, so about the same as all other Trusts when compared to other organisations participating in the survey. For the 3 sections the Trust scored the following:

- Labour and birth 9.2/10
- Staff during labour and birth 9.0/10
- Care in hospital after birth 8.1/10

From the Trusts previous results in 2015, a small number of scores declined within the section of care at home after birth.

The service have incorporated the actions in the national patient survey, with the findings of Healthwatch and the CQC , and have an action plan in place to ensure that actions are embedded to address the poorer performing areas, whilst continuing to embed and maintain the improvements seen since the 2015 results.

Since the survey has been undertaken there has been a reconfiguration of the community midwifery service, and this has provided the team the ability to work more flexibly to offer women appointments after normal office working hours.

## Website and Social Media Feedback

- The Trust has continued to respond to feedback via NHS choices and Care opinion as well as monitor and respond as appropriate to social media feedback.
- During the year the Trust received 57 reviews via NHS choices / Care opinion, of these 44 (77%) were positive, 11 (19%) were negative and 2 (3%) were a neutral or mixed review.

At the time of reporting the Trust has a review of 4.5 stars on NHS Choices.

Each reviewer is asked to star rate the following areas – cleanliness, staff co-operation, dignity and respect, involvement in decisions and same sex accommodation. All areas received a 4.5 star rating with the exception of involvement in decisions which achieved a 4 star rating. This aligns to the feedback received via other surveys.

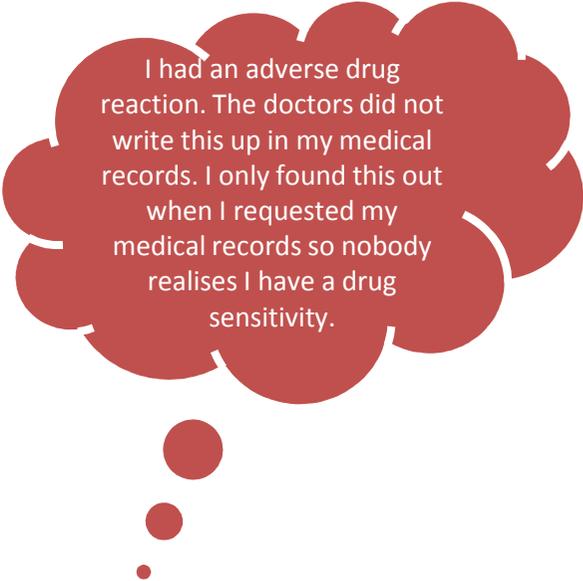
Below are some examples of comments left during the year:



From the excellent staff on reception to the superb professional staff in podiatry a very pleasant experience. I always feel well looked after



Day Surgery for a hernia . Brilliant . After being very concerned re: this surgery the day unit Staff, put me at ease and looked after me pre n post op - Thank you very much.



I had an adverse drug reaction. The doctors did not write this up in my medical records. I only found this out when I requested my medical records so nobody realises I have a drug sensitivity.

## Local Patient Satisfaction Survey Results



As well as participating in national patient surveys the Trust undertakes a number of local surveys to ensure we are capturing feedback from patients across all services. Some of the examples of these include:

- Complainants survey – a survey is sent with every first final response letter;
- Bereavement / End of Life Care Survey;
- 111 Survey;
- Endoscopy Survey.

The Following pages provide a brief summary of the findings of these surveys. The results of these are used to support improvements and are used as part of contractual and accreditation programmes in some areas.

### **Complainants Survey:**

The Trust received a low response for this survey with 30 response received. Whilst 93% of respondents said they had received a written acknowledgement of their complaint, 61% advised they did not get a response within agreed timescales with only 46% reporting that they felt the outcome of the investigation addressed their concerns.

The findings of this survey have identified and supported the Trusts vision to ensure that high quality and timely responses are provided to complainants. The Trust continually reviews its complaints handling to response to this feedback.

### **Bereavement / End of Life Care Survey:**

The Bereavement Service has been offering relatives the opportunity feedback on the care received for their loved one during the last days of life; and following bereavement. The current questionnaire is under review and will be replaced with a shortened version. During the year a total of 51 responses were received, at the time of reporting an annual report has not been prepared, as there are ongoing discussions on how this data is presented due to the length of survey.

## Local Patient Satisfaction Survey Results



### 111 Survey:

As part of the Trusts contractual requirement the Ambulance Service are required to undertake a 111 survey; this is reported 6 monthly to NHS England. The Trust has during the year revised the survey in order to improve responses, and has introduced an online version to support with this. The response rate for 2017/18 was 21.5%.

Below is a summary of some of the key findings:

My husband needed help. On call Dr heard the call 10AM Sunday but could not come as the call was transferred to the mainland. He came 5PM & was very disappointed with new protocol.

This is the third time in 5yrs I have used 111 service - very good each time.

70% of users of the 111 service reported being very satisfied with the service. With the same number saying they found the advice given very helpful. 85% of respondents said they fully complied with the advice given by the service.

The majority of respondents were complimentary in their comments about the service stating they got the advice and care they needed, but there were a few comments about the time the patient / caller was waiting to receive a follow up call/visit from the GP.

This survey is now being fully managed by the Ambulance Service and improved reporting will be available as the MES system supports data capture and analysis.

# Local Patient Satisfaction Survey Results



## Endoscopy Survey:

The Endoscopy survey is undertaken to support the service in both improving the patient experience, but to also ensure that the service is accredited to the standard required. A sample of 10 patients each month are surveyed at random from those patients who have undergone and investigation by the team. The reports are shared with the Team and used to inform and improve practice where necessary.

Below are some of the key findings from the survey from respondents from July – December 2017.

- 90% said they received written information explaining a bit about what the test involved.
- 96% said they were dealt with promptly and efficiently at Endoscopy Unit reception
- 86% said the staff discussed what the test would involve with them
- 94% said they were satisfied with the consent process for their procedure
- 71% said they definitely had the opportunity to ask questions before having a test
- 94% said staff were definitely courteous and considerate
- 92% said they had trust and confidence in the staff doing the test
- 92% said they felt they were treated with respect and dignity whilst in the unit.

The survey usually received positive responses to the survey – the team also monitor waiting times and comfort levels on a regular basis to ensure that patients are receiving a high level of quality care and treatment, and this supports the service in their accreditation process.

## Healthwatch Isle of Wight



The Trust works closely with Healthwatch Isle of Wight and a representative is a member of the Patient Experience Sub-Committee. During the year Healthwatch published reports on the Emergency Department and the Discharge process; these have both been shared with the Trust and discussed at the sub-committee.

### **Emergency Department:**

Healthwatch visited the department in October and November 2016; and on receipt of the report in January 2018 the findings were shared with the service. A number of the issues raised related to the environment especially in relation to ensuring privacy and dignity to patients who were using the service and for suitable areas to be in place for Children. The Trust has been undertaking some refurbishment work in the department and this will address the issues raised on completion of this work.

A key concern was in relation to communication of information / test results with both patients and GP's and this is being resolved by ensuring that patients are also provided a copy of their discharge summary on leaving the department.

Healthwatch have been invited back to visit on completion of the refurbishment work.

### **Discharge Report 2017:**

The Trust received the Healthwatch report in December 2017. Whilst Healthwatch had recognised that noticeable improvements that had been made since their previous review; patients were reporting being treated with dignity and respect and being more informed of date of discharge. It was clear that there was further work to do to ensure that we were getting the discharge process right for patients. A plan has been put in place by the Deputy Chief Operating Officer and a number of initiatives have been introduced to improve the discharge planning work; the red bag initiative has been developed in partnership with the Isle of Wight Commissioning group and representatives from the Isle of Wight Care Homes and supports improvements in the transition between inpatient hospital setting and care home.

The Trust has also signed up to the End PJ Paralysis campaign which aims to keep patients safe and independent whilst in hospital, and preparing them for discharge at an earlier stage.

The Trust is continuing to roll out these initiatives and working on improving the discharge procedure which will be audited to ensure that we are fully implementing and embedding the actions required.

An update on the full action plan is to be presented to the August 2018 meeting of the Patient Experience Sub-Committee.

## Healthwatch Isle of Wight



As well as targeted reviews Healthwatch provide quarterly reports to the Trust to be included as part of the quarterly Patient Experience Reports of the feedback received by them, on Trust services.

During the year the main issues raised with Healthwatch have been in relation to pathways of care, communication and quality of care

Most of the feedback received was negative in respect of Trust services, and this spanned across a number of services in the Trust. The amount of feedback received during this time was increased due to targeted pieces of work that Healthwatch were undertaking, this related to Cancer Care, Maternity Services, Adult Mental Health Services, and dementia care. Further reports will be released on completion of these reviews, shared with the Trust and discussed at the Patient Experience Sub Committee.

The key themes across the feedback for \*April – December 2017 were:

Pathway of care 220

Quality of Care 135

Communication 62

The information shared with the Trust is all anonymous and very little information is provided; but the Trust are grateful to Healthwatch for providing this information.

*\*At the time of reporting January – March data not available*

## A review of Patient Experience in 2017 / 18



The Trust has undergone a number of changes in the last year, including the recruitment of a new executive team and a change in the team who support the work of patient experience. In line with this, a number of changes have been made to systems and processes across the Trust which has impacted on the way in which we engage and learn from patient experience; some of these have caused a change in which we capture and report on patient experience activity, and this has led to a limitation on the information that can be reported in this annual report. .

During the past year, the Trust took the decision to review the systems used to capture and report on patient feedback following recognition that the current systems were not flexible to the needs of the Trust.

From 1 April 2018; a new system has been introduced which allows for improved analysis, unfortunately the change in system has meant that the ability to provide detailed analysis 2017 / 2018 has been limited; however, reports were provided on a monthly basis at both a CBU and service level until 1 March 2018.

The Trust has been focussed this year on improving the complaints process this year, and improvements are still being implemented to ensure that we are high quality responses in a timely way. The Trust has also been improving the use of our Patient Experience Management system for complaints, compliments, concerns and comments and more details can be found in our annual report.

The Trust has also been developing a Quality Strategy, this includes a number of quality priorities, those specific to patient experience are dementia care, end of life care and learning from patient experience, the strategy and these priorities will underpin the work of the Patient Experience Team.

The Patient Experience Sub-Committee was formed during the year and held its inaugural meeting on 19 February 2018. The committee is made up of senior staff, representatives from Healthwatch, the Clinical Commissioning Group and patient council, the sub-committee has a work plan in place; and reports to the Quality Committee.

The sub-committee and Trust Board are also reviewing how patient stories presented to ensure the patients voice is truly heard and that we are acting on feedback.

Two issues that have been raised as areas of concern include the full implementation of the Accessible Information Standard and the provision of a face to face translation / interpreting service for patients. This work will continue during 2018/19 and forms part of the sub-committees work plan.

The key them across all elements of feedback again is communication, and also attitudes and behaviours of staff. Improvements in this will be monitored over 2018/19 through the key performance indicators aligned to the Quality Priorities.

## Actions to be taken forward in 2018/2019



The Trust has replaced the Patient Feedback solution in the Trust; iWGC has been replaced by a system known as MES (Membership Engagement Services) from 1 April 2018, new questionnaires are being developed following engagement with patients and staff. The system is more flexible and able to provide deeper analysis of patient feedback.

The Trust will receive presentations on the results of National Patient Surveys, and ensure that learning occurs from this valuable feedback, to improve the experience of patients, where relevant this will be captured in the actions required under the Quality Priorities.

The Trusts Quality Strategy 2018/2020 is being implemented, and key priorities include Learning from Experience, Dementia Care and End of Life Care, each priority has key performance indicators to measure improvements, and progress will be reported via the quarterly patient experience reports.

The Patient Experience Sub-Committee formed during 2017/18, will be monitoring the patient experience priorities of the strategy, as well as reviewing patient feedback and ensuring action is taken and fully embedded to improve the patient experience.

Staff as patients programme will be introduced in the Trust, and patient / carer stories will be recommenced at Patient Experience Sub-Committee and Trust Board.

A Patient Engagement Strategy will be developed, and more patient experience / engagement events held to ensure that patients and carers are able to feedback direct to staff about Trust services.

More Patient Experience Volunteers will be recruited to assist us in gaining feedback, including reaching out to those hard to reach groups.

Work will continue to fully implement the Accessible Information Standard and to ensure that we improve access to face to face translation / interpreting service.