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## Public Session

# PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE REPORT

**NHS ROTHERHAM CCG**

**2<sup>nd</sup> May 2018**

*Your life, Your health*

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## 1. WHAT WE ARE HEARING...

RDaSH have kindly shared this story with us.

In November 2017 Susan's dad was admitted to hospital. Over the next 2 weeks his health deteriorated considerably. Mid November doctors made the decision to discharge Dad home but Susan did not feel this was the right decision and at this stage The Ferns at the Woodlands in Rotherham became involved. A transfer to The Ferns was delayed due to complications in Dad's health. However, a successful transfer was made in December. This transfer was a positive step for both Dad and family encouraging independence, re-introducing a normal routine to Dad, reviewing medication and engaging fully with family throughout his stay. Slowly, Dad began to improve enough to make a home visit. Following this visit Dad made the difficult decision not to return home on a permanent basis but to be discharged to nursing care. The Ferns made it possible for Dad to make this choice, which in turn made it more acceptable to family.

This is Susan's story .....

*"My dad became really ill and we felt that we really needed to get him to hospital so called an ambulance. The paramedic staff worked really hard but were unable to raise dad's blood sugar level so the decision was made to take dad to a local hospital so that dad could have the treatment he needed. Dad had been in hospital for 4 days when doctors identified further complications with his health. However, later that week we were told that he could be discharged.*

*Myself and the family were extremely concerned as we felt that dad was not well enough to go home as he lived alone. Dad was also experiencing a great deal of pain at this time.*

*Fortunately a Physiotherapist was asked to comment whether or not she felt that dad was fit to be discharged and it was at this time that The Ferns was suggested to us – Hospital Liaison came the very next day. **Our experience changed almost at that moment ... we were all spoken to, as a family, about the options that were available to us and to dad.***

*There were a couple more delays due to dad's fluctuating health but eventually Dad was transferred to the Ferns. The Ferns gave dad the time to recover. They provided a routine... Something dad had been used to when he was at home. They adjusted Dad's treatment to suit him and not just the illness.*

*I believe that The Ferns is based on understanding and supporting an individual's qualities taking into account their likes and dislikes and individual abilities and where treatment is not just based on a person's illness.*

*Thank you to everyone at The Ferns".*

Susan

## 2. FRIENDS AND FAMILY TEST (FFT) – February data

The national level data summarised as a one page infographic.

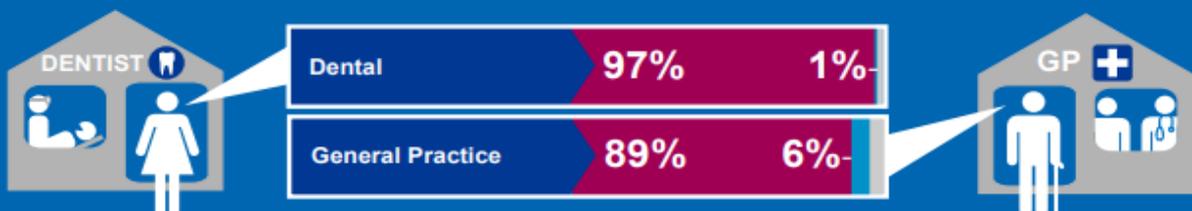
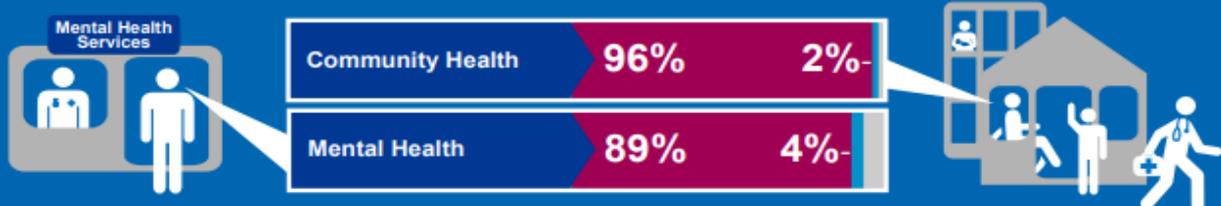
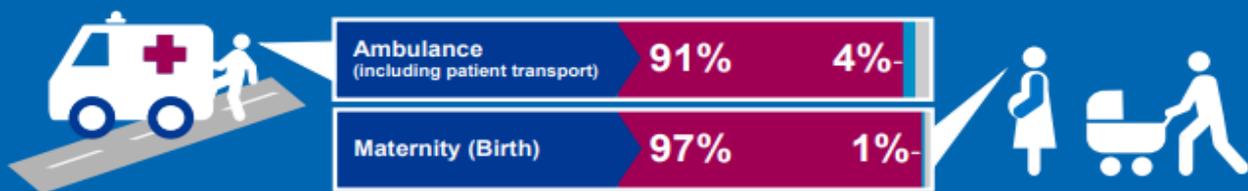
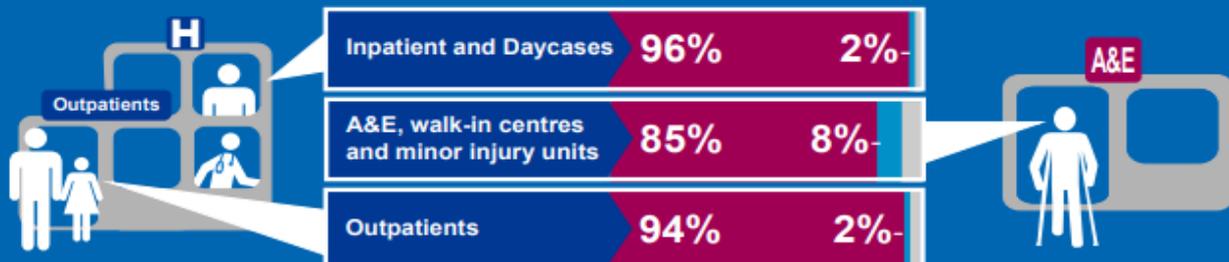
# Friends and Family Test

**NHS**  
England

February 2018

This month there were **1,236,651** responses to the Friends and Family Test. The following numbers show the proportion of responses that would recommend or not recommend these services to a friend or family member.\*

Recommend  
Not Recommend  
Neither/ Don't know



\*Please note that some of these people may have responded to adapted versions of the Friends and Family Test recommend question to support an inclusive approach.

[www.england.nhs.uk/FFTdata](http://www.england.nhs.uk/FFTdata)

## **TRFT data for February**

Overall, both response rates and positivity remain strong with the exception of the rates within the Urgent and Emergency Care Centre (U&ECC). There were a total of 3,055 responses with only 39 being negative.

The negative responses contained 23 postings, of these (some covered more than one theme):-

- One was wholly positive, several commented positively on some staff
- One post criticised the FFT itself as a waste
- 3 were comments specific to the person's medical complaint
- 4 mentioned staff being busy or too busy; or not enough staff
- 6 referred to waiting times in some way
- 4 related to some element of communication or staff attitude
- 8 comments related to comfort issues such as food, temperature, parking, cleanliness; 2, related to the cost of parking

**Inpatient and day cases** - Response rate of 51%, solid satisfaction at 97%, which is higher than the national average.

**Maternity** - Response rates reliable at 44%; overall positivity is also good at over 98%.

**UECC** - response rate of 4.1%, this equates to 213 responses. Positivity increased to 99%, which is substantially higher than the national average of 85%. This remains the only weak area of data collection, and continues to be challenged.

**Community services** – 531 responses received, with high positivity rating of almost 98%.

**Outpatients** – 862 responses, and over 97% positivity, which is higher than the national average.

## **Rotherham GP Practices - data for February.**

A total of 5567 responses were collected in February; an increase from the previous month.

Only 6 Practices failed to submit any data in February, a drop from the 14 of the previous month. Of these 6 practices, 3 practices have submitted no FFT data in a year, (Magna, Broom Lane, and Broom Valley).

This data is routinely shared with the primary care team; and feeds into quality reports.

**Note** -Comments for GP practices are not routinely seen or reported on to the CCG, or any cross practice thematic analysis carried out.

## **Mental Health/RDASH**

The responses submitted by RDASH remain low; at this level the data received is not sufficiently robust to be particularly useful; however the collection rates are similar across other providers. The number of responses has been raised at quality meetings. Data for Rotherham only patients has not been made available over the last few months, neither have free text comments, this has been requested.

In February 109 responses were received, just under 20,000 eligible – this is similar to previous months, and covers all RDASH patients, not just Rotherham

## **Yorkshire Ambulance Service**

Response rates are habitually low; in February, 7 responses were received across 2 categories from a potential of just under 90,000 patients. This is in line with previous months, and cannot be used in terms of determining satisfaction.

### **3. OTHER WORK & CONTACTS – February - March**

- Work with commissioning lead and comms lead to develop engagement plans in support of the re-procurement of the Integrated Equipment Service.
  - We are working closely with a voluntary sector organisation, which is leading and directing our work; in order to ensure that what matters to service users will be fundamental to the service specifications, as this work is developed. A simple survey has now gone live, and is being widely shared, and a number of telephone interviews have taken place. The survey has been promoted to a number of community groups and at various events and meetings, to raise awareness; and a letter is being sent to service users. A focus group is planned for mid-April.
- Attendance and involvement in the Integrated Care System (ICS) meetings; feeding back to colleagues as appropriate
- Support to the Yorkshire & Humber Patient Experience Network task and finish group, planning an engagement and experience conference in April 2018; helping to develop presentations and source presenters.
- Working with the Equality & Diversity lead to establish templates for Equality Impact Assessments and engagement planning that mirror the ICS paperwork, ensuring consistency across South Yorkshire & Bassetlaw
- Planning and preparation for the CCG Annual General Meeting (AGM) and NHS 70; including linking with community organisations, and seeking interviews.
- Working with Patient Participation Group members to consider opportunities for increased involvement with the CCG.

**Sue Cassin**  
**Chief Nurse**

**Helen Wyatt**  
**Patient and Public Engagement Manager**