

Agenda item 9

Dudley Health Scrutiny Committee – 25th February 2014

The Dudley Group NHS Foundation Trust
Patient Experience

1.0 Purpose of Report

This document is presented to inform the committee of The Dudley Group Friends and Family Test results and to share the new Patient Experience Strategy.

2.0 The Friends and Family Test – Appendix 1

The national Friends and Family Test is an important opportunity for all our patients and those of every hospital trust across England to provide feedback on the care and treatment they receive to help improve services.

Just one of the methods that the Trust uses to gain feedback from patients on their experience, the Friends and Family Test asks patients to rate how likely they are to recommend our services to friends and family if they needed similar care or treatment. Patients can rate our services on a scale from extremely likely to extremely unlikely and scores are calculated to national methodology by deducting the proportion of respondents who would not recommend from the proportion of extremely likely responses. Scores can range from -100 to +100.

Patients are also asked whether there was anything that could have been improved.

The Friends and Family Test is currently in use for inpatients, A&E and maternity with further roll out following the national programme.

Appendix 1 (page 4) of this report shows the latest published results for the Friends and Family Test – December 2013.

3.0 Patient Experience Strategy – Appendix 2

The Dudley Group NHS Foundation Trust has systematically been collecting patient feedback for some years now and using this data to drive improvements. Data is collected from a variety of routes (around 10,000 pieces of feedback in 2012/13, and growing), for example:

- Complaints
- PALS queries

- Compliments
- National Survey programme
- Local real-time surveys programme
- Departmental surveys
- Listening events
- Patient panels
- The Friends and Family Test
- NHS Choices/patient opinion/other online methods

The Trust has been working on its Patient Experience Strategy for some time, drawing on patient feedback from the above, recommendations from national reports and also undertaking some dedicated engagement with patients and partner organisations:

- A patient experience event was held in July 2013 to listen to the priorities of patients, the public and our partner organisations in an open forum. The event was successful and well received with over 60 people attending, from patients, public, governors, board members, staff and partner organisations. Listening into Action format was used to encourage participants to be as precise and clear about changes the Trust can make to help improve its patients' experiences. Attendees were asked what a 'great' service looks like and what great things we are doing for patients. They were then asked to think about what barriers get in the way of a great service. Finally, attendees were asked to focus on specific actions the Trust could take to provide the best possible patient experience.
- We also held a listening event with a group of patients/family members who had previously made a complaint to hear their views on the way in which we responded to their complaint – what led to their complaint, how our complaints process made them feel and how we could make improvements for the future.
- Dudley Clinical Commissioning Group and Healthwatch have worked with the Trust in the development of the Patient Experience Strategy, with all organisations sharing a desire to focus attention on system wide key themes which affect patient experience.

The strategy can be seen at Appendix 2 (page 6 of this report).

4.0 Equality Impact

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

5.0 Recommendation

6.1 That the committee receive this report for information

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APPENDIX 1

Results of the Friends and Family Test – December 2013

The table below shows the nationally published figures for the Friends and Family Test for December 2013 – giving a national average and a regional picture.

It is pleasing to note that The Dudley Group scored above the national average on all elements of the Friends and Family Test and is top scorer in the region on four; potentially five (joint with Walsall) given that the score of 100 is based on just two responses.

Bham & Black Country Trusts – December 2013 FFT	Inpatients	A&E	Maternity Antenatal	Maternity Birth	Maternity Postnatal Ward	Maternity Postnatal Community
NATIONAL AVERAGE	72	56	63	75	66	74
Heart of England	60	33	61	64	57	49
Sandwell & West Birmingham	74	44	33	67	43	0
Dudley Group	79 (top)	73	76 (top)	85 (top)	83 (top)	79 (query joint top)
Royal Wolverhampton	71	64	68	67	66	56
UHB / Birmingham Women's	74	62	50	67	66	100*
Walsall	69	74	43	83	77	79

*2 responses only

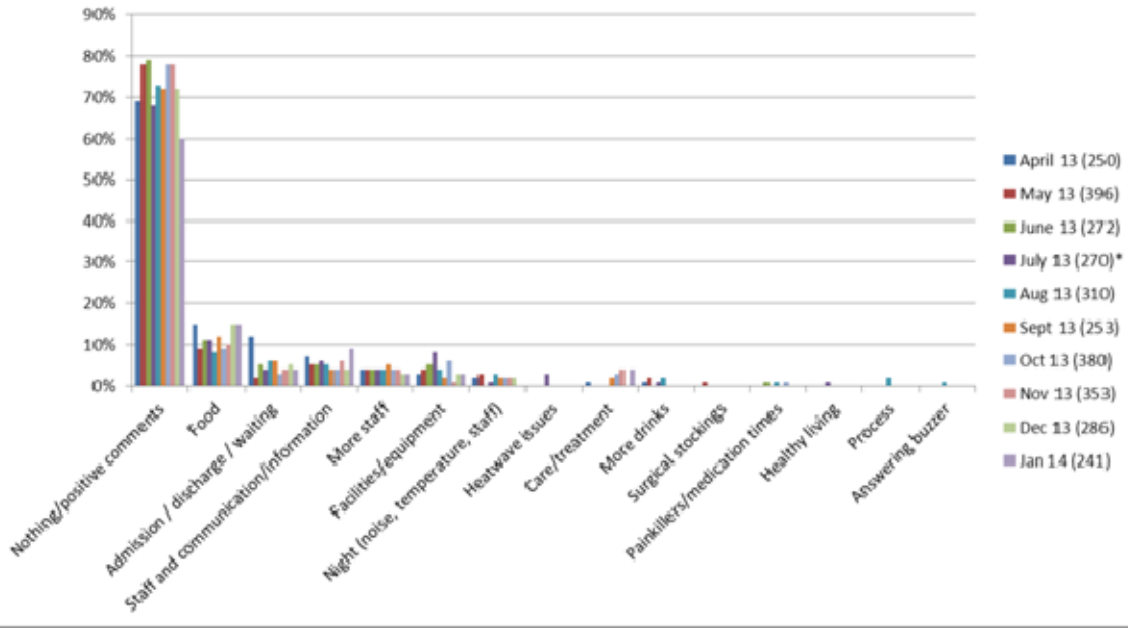
Driving service improvements

As well as generating a score, the Friends and Family Test asks patients “Was there anything that could be improved?”

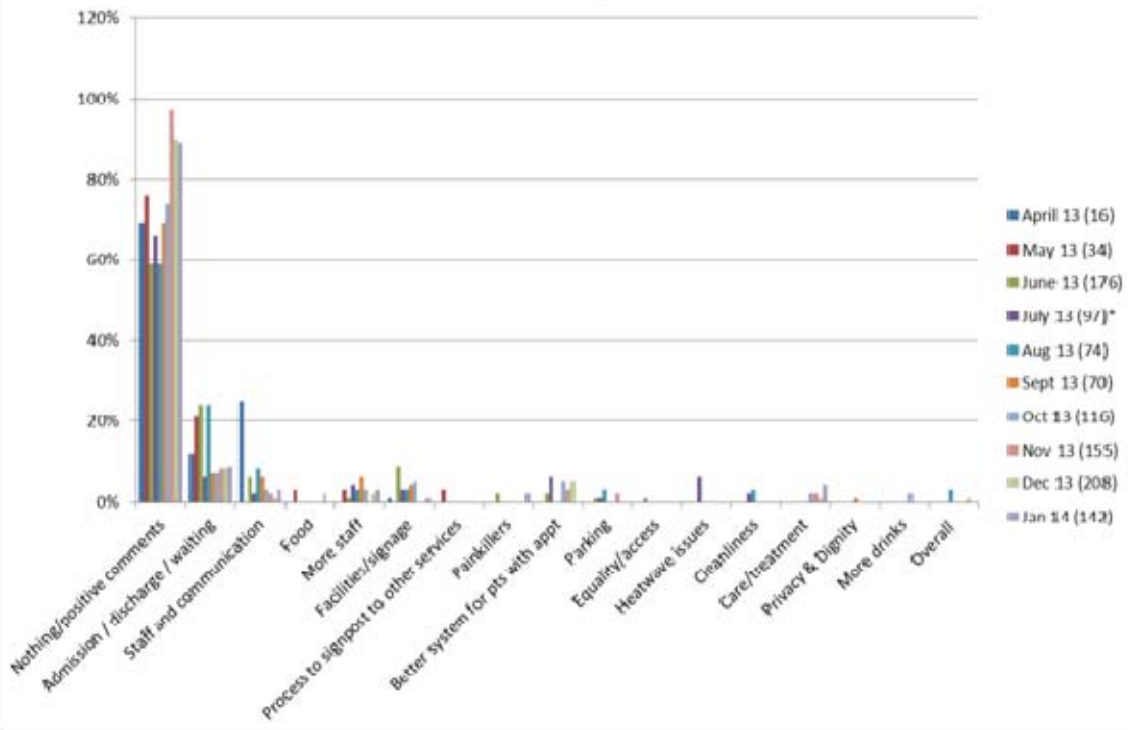
The Trust receives a high volume of positive responses to this question, praising staff and services – this is much appreciated by staff who receive the feedback for their ward/department. Areas use the feedback to create local action plans for improvement. Trust-wide improvements are also planned from trend data. For example, the most requested area for improvement is food. A complete menu review is now underway and the Trust will be involving patients and staff in choosing their preferred dishes to go on the menu.

The charts on the next page show the trend data from the Friends and Family comments for inpatients and A&E – the numbers in brackets are the number of comments that month. Maternity trends are not yet available since the Friends and Family Test has not been running for very long in that area.

What could be improved - inpatient FFT



What could be improved - A&E



THE DUDLEY GROUP NHS FOUNDATION TRUST

PATIENT EXPERIENCE STRATEGY 2014 - 2017

1. INTRODUCTION

The Trust is committed to providing patient-centred services that meet the health needs of the communities it serves. One of its core strategic objectives is to *provide the best possible patient experience*, in an organisation *where people matter*. The Trust values of *care, respect, responsibility* underpin all of the work within this strategy and are the basis upon which we want to build our patient experience.

We will achieve this by achieving the following strategic goals:

- Mobilising the workforce with a passion for getting things right for patients every time
- Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and or/recovery
- Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

Translated into three key areas below.



2. STATEMENT OF INTENT/PURPOSE

This strategy sets out The Dudley Group NHS Foundation Trust (the Trust) commitment to continuously improving our patients' experience of our services.

It aims to set out how the Trust will raise the standards and set expectations of patient, family and carer experience. It provides guidance to support further development of patient experience and public involvement within the Trust, and aims to ensure that Trust plans are driven by patient priorities wherever possible, both locally and across the wider health community.

It sets out the main responsibilities and systems the Trust will use to make changes and monitor progress towards our vision of being *a highly regarded healthcare provider for the Black Country and West Midlands, offering a range of closely integrated acute and community based services, driven by the philosophy that people matter.*

In order to do this successfully, patients, carers, the public and other stakeholders need to be involved in planning, delivering and monitoring of services. This is alongside the need and right for patients and carers to be involved in decisions about their healthcare at a personal level.

3. SCOPE

This strategy applies to the whole Trust. This strategy has been developed following thorough research of this fast paced evolving topic and in depth analysis of our own and national patient experience benchmarks. A public and stakeholder listening event helped shape this strategy and the strategies of our commissioners were also taken into account.

It also outlines work already underway with our commissioners, along with local patient group Healthwatch, and key areas all organisations want to further develop work, to improve the patient experience across the health economy.

It is important to recognise in the current financial climate the Trust will not be able to do some things that patients have said they would like to see such as making parking free or bedside TVs at all beds. Consequently this may have an impact on patients' views of our services. Therefore it is vital we manage expectations whilst we tackle as many of those things patients wish to see changed that are in our gift.

4. DEFINITIONS

The Kings Fund in 2008 described patient experience as follows
“ Patients’ experience of hospital is intrinsically difficult to grasp. It is richly textured and complex. By definition subjective, the experience is such that no one else can know how it works from one moment to the next, how different aspects of the experience (the process of care, the manner in which it is delivered, the environment in which it occurs, the physical sense of the place) come together, or what they mean for this particular person at this particular moment in their life.”

A patient’s direct experience of specific aspects of treatment or care
NQB SECRETARIAT (2011, p2)

This definition is further expanded to include the elements listed under the section entitled NHS Patient Experience Framework 2011/12 see appendix 1 for further background and definitions of patient experience and the national context.

5. DUTIES (RESPONSIBILITIES)

The Trust Executive lead for Patient Experience is the Chief Executive supported by the Communications and Patient Experience Team.

The Non Executive lead for patient experience is the Chair of the Clinical Quality Safety and Patient Experience Committee (CQSPE). This Board Committee takes the lead for patient experience within the Trust and elements of it are monitored regularly directly by Board, for example the Friends and Family Test and real time surveys. The Board also receive a patient story at each meeting.

The Patient Experience Group will report to the CQSPE and ensure operational implementation of this strategy and action plans for patient experience improvements.

This strategy is intrinsically linked to the Staff Engagement Strategy which is also led by the Chief Executive and Communications Team. This is because a large number of research studies have shown that organisations with high levels of staff engagement achieve better quality standards, more innovation, increased productivity and better customer service. Therefore the Staff Engagement Strategy reinforces the fact good patient experience is the responsibility of every member of staff, based on the vision of creating an environment *where people matter* through treating everyone with *care, respect and responsibility* by living the Trust values.

6. STRATEGY

6.1 OVERVIEW OF PROCESS

The failings at Mid Staffordshire Hospitals NHS Foundation Trust and other more recent NHS care failures have signalled a new era for patient voice and how trusts can make improvements as a result of proactively gathering and using patient feedback. The Trust currently gathers over 10,000 pieces of patient feedback each year is therefore well placed to meet the challenges posed by this new environment.

As an integrated service provider the Trust has real opportunities to ensure seamless services for patients thereby helping to provide the best possible patient experience from door to door. The Trust has the desire to be amongst the very best for patient experience, consistently scoring in the top 20 per cent of Trusts in national surveys being the long term aim.

Dudley Clinical Commissioning Group and patient group Healthwatch have worked with the Trust in the development of this strategy, with all organisations sharing a desire to focus attention on system wide key themes which affect patient experience such as:-

- Handover of care
- Communications between professionals and organisations
- Managing vulnerable people through transition

Listening events with the public and complainants have been held to further develop the patient experience improvement actions all of which are designed to fulfil the intent of the strategy. These will be delivered through time-lined, measurable action plans which will be updated each year and reviewed along with the strategy in 2017.

6.2 Mobilising the workforce with a passion for getting things right for patients every time

We will inspire all our staff to provide the best possible experience every time for every patient through effective recruitment, training and management processes. This will enable everyone to take responsibility for their actions and the experience of their patients, their carers and families.

By 2017 we will:

- Have reduced the numbers of complaints that cite staff behaviours or attitudes as their cause
- Have patients rate the Trust amongst the top performers in the NHS (as measured by national patient surveys upper quartile)
- Have consistently high levels of patient's recommending the Trust to friends and family (as measured by the Friends and Family Test)
- Continue and further develop ways to involve patients in their care throughout their journey to help understanding of what they can expect from their healthcare services.
- Developed our workforce to excel at customer service delivered with care, compassion and empathy.

Action:

The staff engagement strategy defines actions we will take to engage our workforce to deliver the best possible patient care through our clinical strategy, the patient experience strategy focuses on ensuring we pick up the focus on customer care from the patient's perspective not the Trust's.

- Hold regular listening events with public and patients to ensure our action plans are relevant and evolving with the Trust.
- Further develop the complaints process to ensure when it does go wrong patients receive the best possible outcome
- Ensure ownership of patient feedback both good and bad across all service and clinical levels empowering staff to make changes
- Ensure every ward/ department has patient feedback
- Work alongside the Nursing Directorate in the delivery of their strategy "The Way We Care"

6.3 Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and/or recovery

The Trust is developing an Estates Strategy which deals specifically with ensuring our excellent facilities remain as such and we take opportunities to provide services in the best possible clinically appropriate environment. This strategy will therefore focus on ensuring patients have a way to make suggestions for improvements to the environment and that a process is in

place to monitor patient comments about environmental topics and ensure a system for improvements is in place. Patient feedback on care of their holistic needs will also be monitored for improvement.

By 2017 we will:

- Continue to have some of the most up to date estate and facilities in the NHS which are fit for purpose
- Develop facilities and support services that centre around our patients needs involving them in development and improvements, ensuring patient feedback forms part of any estates and facilities reconfiguration or development
- Value the diversity of our population and provide facilities that make it easy for all people to navigate and to get around

Action:

Patient opinion and experience should always be taken in to consideration when planning and designing new facilities and service redesign.

- Deliver annual programme of patient panels to tackle priority areas for improvement
- Continue to report estates issues highlighted in patient feedback
- Continue to focus on improvements to hotel services with our PFI partners

6.4 Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

The Trust's Clinical strategy sets out clearly the clinical priorities for the Trust while the Quality strategy states the key performance measures for the quality of those services. This strategy outlines how we will deliver better outcomes with less money whilst also continuing to improve our patients' experiences of our services. We will make patient feedback part of valued core performance information which drives service improvements from patients' perspectives

By 2017 we will:

- Further develop shared decision making tools and embed across the clinical services to ensure there is "*no decision about me without me*" widely embraced throughout the Trust
- Have a systematic approach to collecting patient experience data ensuring we learn from both good and bad feedback and demonstrate how practice has changed.
- Develop and embed key performance indicators for patient experience ensuring they have equal weight alongside the financial and clinical safety and quality ones from ward to Board level.

Action:

- Communicate clearly Shared Decision Making tools across the Trust

- Develop and implement action plans in response to national and local patient experience feedback monitored through the Patient Experience Group
- Continue to publish results to our patients and public of the Friends and Family test and further develop 'You said we did' approach to feedback of changes made.

7. TRAINING/SUPPORT

Guidance and training is offered to staff as requested for implementation of the Friends and Family Test system and where concerns are raised about particular issues advice is given on what training is available to support development.

The patient experience team work closely with wards/departments to ensure they understand the role they all play in improving patient experience.

Training and Development are working to further develop Customer Care Ambassador and Customer Care training programmes.

8. PROCESS FOR MONITORING COMPLIANCE

Patient feedback is evaluated and monitored at all levels across the Trust and this strategy sets out specific measures and checks to ensure it remains a key focus for the Trust. The CQSPE committee will continue to receive regular reports on all the forms of patient feedback the Trust uses to ensure the action plans remain on track and monitor progress.

9. EQUALITY IMPACT ASSESSMENT

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

10. REFERENCES

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11. MONITORING THE EFFECTIVENESS OF THIS STRATEGY

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
PE Quality priorities	Trust Board	Audit PE database Reports	Quarterly	Quarterly report to CQSPE	Identify actions required and delegate individuals to take forward	Communications department to determine appropriate methods of communication dependent upon target audience
PE CQUIN targets	Trust Board	Reports National/ local surveys	Annual and quarterly	Quarterly report to CQSPE and quarterly CCG joint quality review meeting	Identify actions required and delegate individuals to take forward	Communications department to determine appropriate methods of communication dependent upon target audience
National patient surveys	Trust Board	Reports Survey	As per national programme of surveys	As required following publication of results nationally to CQSPE	Patient Experience Group to deliver action plan Deputy Head of Communications and Patient Experience	Communications department to determine appropriate methods of communication dependent upon target audience
Friends and family test	Trust Board	Reports	Monthly	Monthly to CQSPE and Board Externally reported on UNIFY	Patient Experience Group and Deputy Head of Communications and Patient Experience	Communications department to determine appropriate methods of communication dependent upon target audience

APPENDIX 1 (to the Patient Experience Strategy)

Background and key guidance

This strategy provides an important focus for the organisation and has facilitated the commitment of the Trust Board. There has been a plethora of national documents, initiatives and guidance which have highlighted the need to focus on measuring and improving patient, family and carer experience. For most, experiences of care are mixed and patient stories will often describe variability in the experience of care across the Trust and the NHS as a whole. Nationally the NHS has not made significant progress in the area of service experience and there is a need for more concerted effort to be made by all staff.

There is much learning in relation to clinical effectiveness and safety, our understanding of what matters to patients in relation to their experience of healthcare and how it can be improved is still evolving. Despite the NHS gathering a lot of data in relation to patients' experiences of our services there is little hard evidence on how best to make that data into real quality improvements. Studies have seen improvements where there is systematic collection of patient experience feedback.

The **NHS Constitution (2010)** promotes 'high quality care for all' and clearly signposts patients, public and staff to their responsibilities and rights whilst reiterating the enduring principles and values of the NHS. Its importance has recently been reinforced through the report into Mid Staffordshire Hospitals. There has never been a more important or pertinent time in the history of the NHS to focus on delivering good patient experiences every time. The **Health Act 2010** saw the introduction of a legal obligation on Trusts to take the NHS constitution into account in all their decisions and actions.

The **Equality Act 2010** replaces all previous anti-discrimination legislation, and includes a public sector equality duty requiring public bodies to have due regard to the need to eliminate discrimination and to advance equality of opportunity and foster good relations between people who share certain protected characteristics and those who do not. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act provides an important legal framework which should improve the experience of all patients using NHS services.

Despite these policy initiatives, there is evidence to suggest that further work is needed to deliver the best possible experience for users of NHS services. The Government signalled in its White Paper '**Equity and excellence: liberating the NHS**' (2010) that more emphasis needs to be placed on improving patients' experience of NHS care. It focused on generic

patient experiences and is relevant for all people who use adult NHS services in England and Wales. The aim of this paper was to provide the NHS with clear guidance on the components of a good patient experience. The guidance provided the evidence and the direction for creating sustainable change that will result in an NHS cultural shift towards a truly person-centred service.

Equity and excellence: Liberating the NHS placed a greater emphasis on Involvement of patients and public, putting patients and public first through the following measures:

- Shared decision making: **nothing about me without me.**
- An NHS information revolution: much more public information about safety, effectiveness and experience.
- Specific public information on every NHS Trust's performance and clinical outcomes.
- Strengthening the collective voice of patients by *HealthWatch England*, a new independent consumer statutory body, coming into force in April 2013.

Outcome 1 of the **Essential Standards of Quality and Safety** (Care Quality Commission/CQC) is a key standard for patient experience.

The **NHS Outcomes Framework** is structured around five domains, which set out the high level national outcomes that the NHS should be aiming to improve. Domain 4 provides indicators to ensure that people have a positive experience of care.

The purpose of the *NHS Outcomes Framework* is to provide a national level overview of how well the NHS is performing, to provide an accountability mechanism between the Secretary of State for Health and the *NHS Commissioning Board* and to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change culture and behaviour.

In February 2012 the NHS National Quality Board (NQB) published the **NHS Patient Experience Framework**, agreed by the National Quality Board in October 2011, (see below), based on the *Picker Institute Framework* and can be the starting point to explore the patient experience in a particular service. A team of staff involved with a service might want to focus on one or two dimensions and look at improvements in those areas. Once the team has decided what kind of service they are striving to deliver, they can outline the types of behaviour that would be expected from staff to make this happen.

NHS Patient Experience Framework 2011/12:

Respect of patient-centred values, preferences, and expressed needs including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making.

1. **Coordination and integration of care** across health and social care system.
2. **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion.
3. **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings.
4. **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances.
5. **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers.
6. **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.
7. **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

The **National Institute for Health and Clinical Excellence (NICE 2012)** have condensed the 65 recommendations contained in their Patient Experience Clinical Guideline into 14 quality statements.

No.	Quality statements
1.	Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2.	Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3.	Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
4.	Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

5.	Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6.	Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7.	Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8.	Patients are made aware that they can ask for a second opinion.
9.	Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
10.	Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11.	Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12.	Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13.	Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14.	Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

November 2012 saw the publication of the first **Mandate** between Government and the NHS Commissioning Board setting out the ambitions for the Health Service for the next two years.

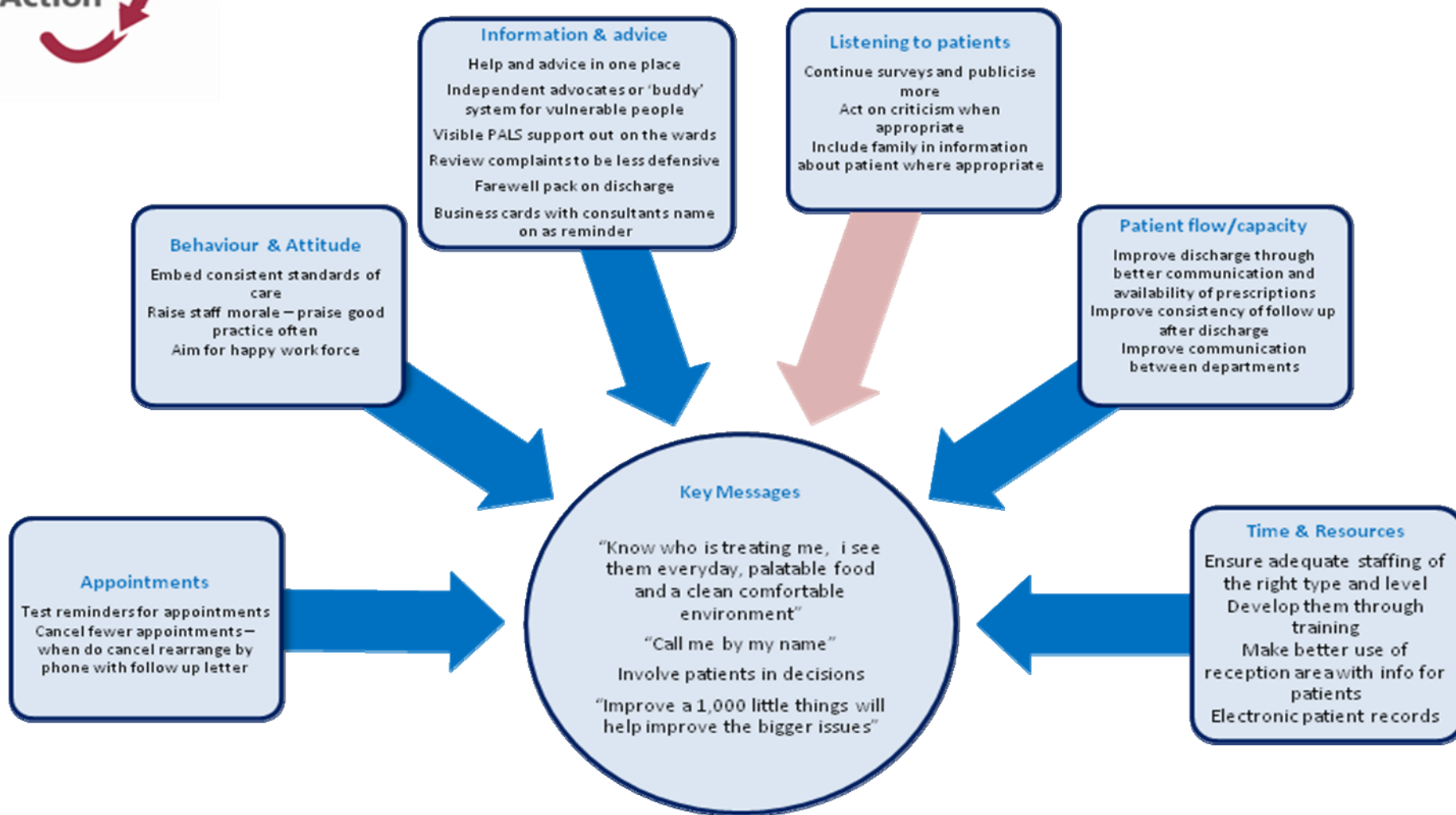
The objectives in this mandate focus on those areas identified as being of greatest importance to people and one of the five areas to make improvements is ensuring people have a positive experience of care. It sets an objective and therefore importance to ensure all patients can give feedback on their care via the Friends and Family Test so that people can tell which wards, A&E departments, maternity units and hospitals are providing the best care.

Appendix 2 (to the Patient Experience Strategy) - Listening into Action feedback



Patient Experience LiA- what people want

The Dudley Group **NHS**
NHS Foundation Trust



Here is your feedback from the Patient Experience LiA conversation showing the main themes and top features you'd like to see