
Public Board Meeting, 31 May 2012

Patient Experience - Net Promoter Question

Presented by: Natalie Forrest

1. Purpose

- 1.1 This paper provides feedback to the Board on the April submission made to NHS Hertfordshire on the monthly net promoter question data. April data will be the baseline month against future in year performance will be assessed.

2. Background

- 2.1 As part of the Patient Revolution agenda the Midlands and East Strategic Health Authority has identified the requirement for all Trusts to ask at least 10% of their patients the question “How likely is it that you would recommend this service to friends and family”. This is referred to as a net promoter question (NPQ). Based on the results received Trusts are expected to make improvements that will impact on the overall patient experience.
- 2.2 As part of the commissioning agreement with NHS Hertfordshire for 2012/13 the introduction of the NPQ has been included in the 2012/13 CQUIN (Commissioning for Quality and Innovation) targets agreed with NHS Hertfordshire. Appendix A sets out the CQUIN requirements.

3. Progress with Implementation

- 3.1 Initial implementation has required the Trust to set up a mechanism to collect responses to the NPQ from at least 10% of patients discharged from hospital within 48 hours of their discharge. A simple, short questionnaire is given to all patients at the point of discharge which they are asked to complete before they leave the hospital. These are collected weekly from the wards and analysed. Any written comments are feedback to individual wards.
- 3.2 For the month of April (the baseline month) the Trust received feedback from 13% of those patients discharged. The overall NPQ score was 50%. The overall score is determined by subtracting the percentage of respondents who answered unsure, unlikely, not at all or don't know (detractors) from those who answered extremely likely (promoters). Those who answered likely are classed as passive and are not included in the calculation. Future reporting of this will be via the regular monthly Board performance report.
- 3.3 In addition to providing monthly returns to NHS Hertfordshire the Trust has to be able to demonstrate that there is monthly reporting to the Board (in future

through the Board performance report) and that the information provided can be break down by specialty, ward and collected weekly. The system in place allows for each of these elements. Attached at appendix B is the ward and specialty breakdown for the weekly data collection that has taken place in April.

- 3.4 The Board will receive reports on specific issues identified and actions taken as more data is collected and analysed.
- 3.5 In addition to the use of the NPQ for all outpatient discharges, every questionnaire created by the Trust includes the NPQ as a standard question. A broader assessment of this question will, therefore, be able to be analysed as each new questionnaire is implemented.

4. Recommendation

- 4.1 The NPQ is a new methodology of assessing the overall satisfaction with the services that the Trust provides. Achieving a high percentage of promoters in response to the questionnaire is the aim as this provides a key indicator of patient experience.
- 4.2 The Board are therefore asked to:
 - Note the baseline submission made to NHS Hertfordshire and the initial progress made with the implementation of the net promoter question
 - Agree to receiving regular updates on progress being made on the changes identified as necessary as a consequence of the introduction of the net promoter question
 - Agree that the NPQ will be reported within the integrated performance report once it is developed

Natalie Forrest
Director of Nursing
May 2012

Net Promoter Question CQUIN Requirements

In quarter 1

Demonstration that the question is established and reported for 10% of inpatient discharges, with patients surveyed at or within 48 hours of discharge

Monthly Trust board minutes for each month clearly demonstrate reporting of patient experience including Net Promoter score (broken down to organisational, speciality and ward level), board challenge and actions relating to improvement

In quarter 2

Organisations collate and review the NP score on a weekly basis, commencing in Q2

Evidence of weekly collation and review of the Net Promoter Score from Q2

In quarter 4

Monthly Net Promoter score shows either:

(A) A 10 point improvement in Net Promoter score

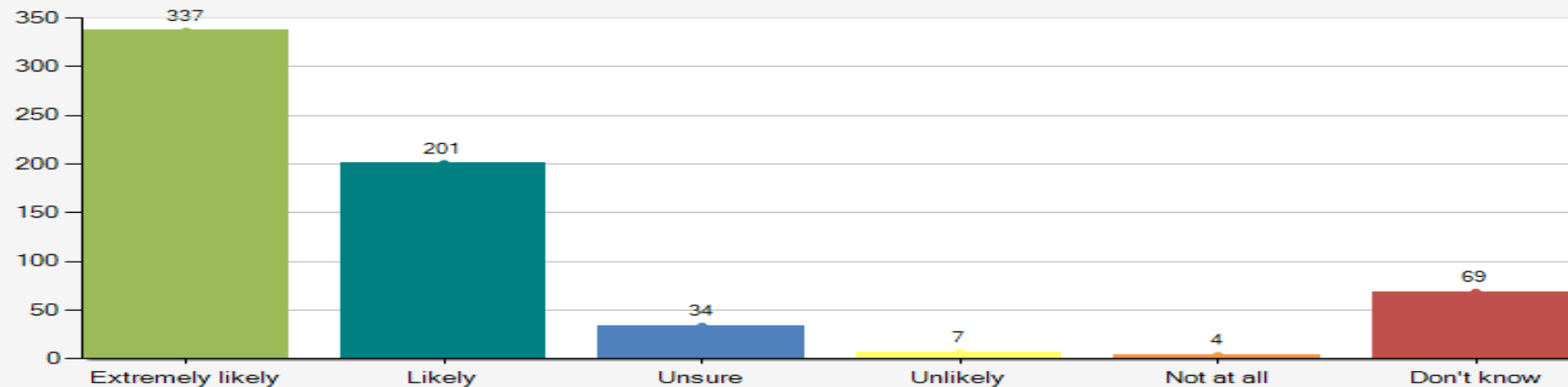
or

(B) Achievement or maintenance of top quartile performance throughout 2012-13.

Targets, including top quartile performance targets, to be set and agreed using M1 data

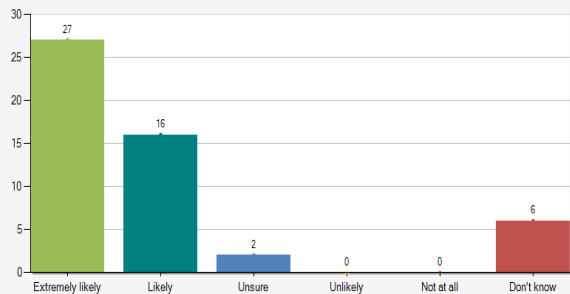
ALL SITES / WARDS / SPECIALTIES

Question: How likely is it that you would recommend this service to friends and family? (652)



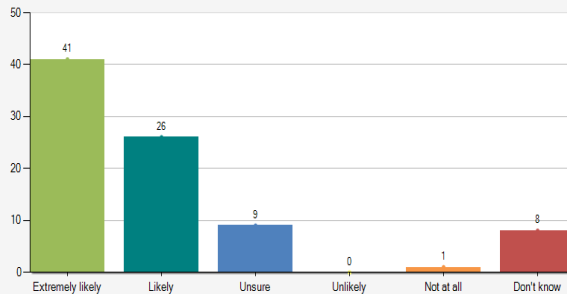
Cardiology

Question: How likely is it that you would recommend this service to friends and family? (51)



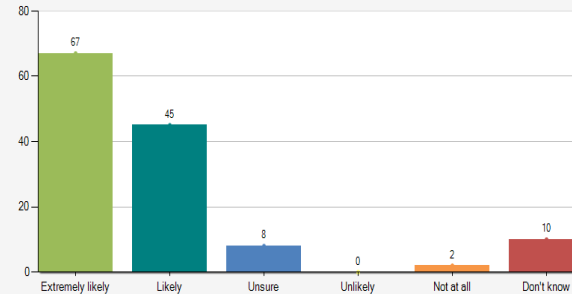
Care of the Elderly

Question: How likely is it that you would recommend this service to friends and family? (85)



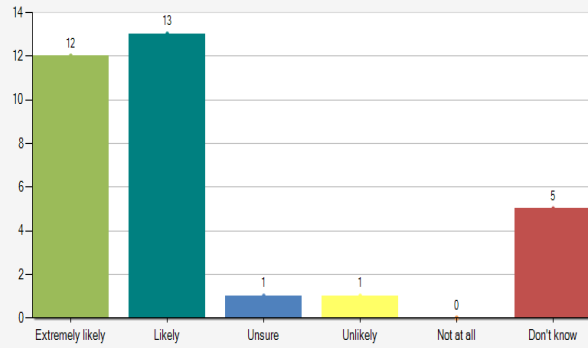
General Medicine

Question: How likely is it that you would recommend this service to friends and family? (132)



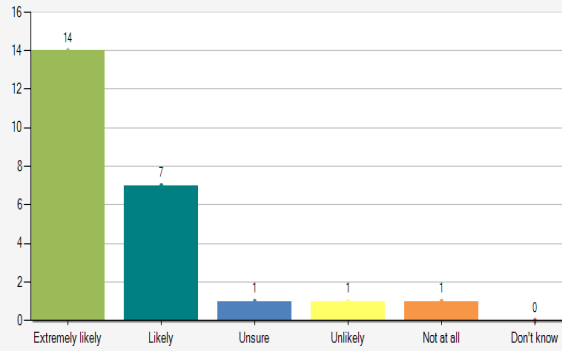
Gynaecology

Question: How likely is it that you would recommend this service to friends and family?
(32)



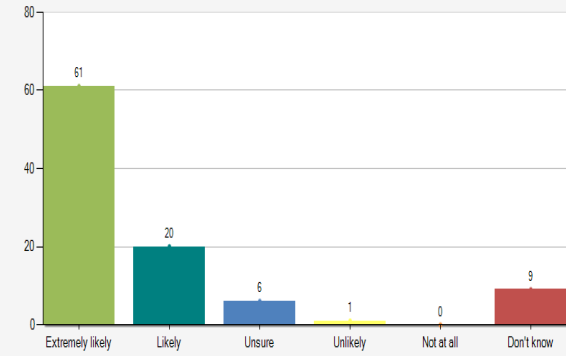
Maternity

Question: How likely is it that you would recommend this service to friends and family?
(24)



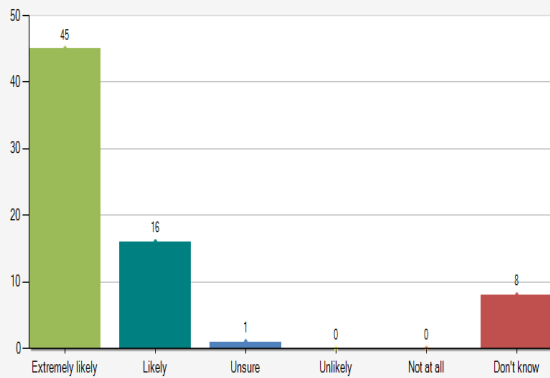
Orthopaedics

Question: How likely is it that you would recommend this service to friends and family?
(97)



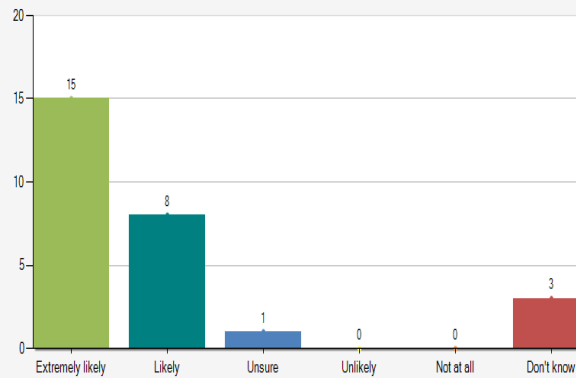
Paediatrics

Question: How likely is it that you would recommend this service to friends and family?
(70)



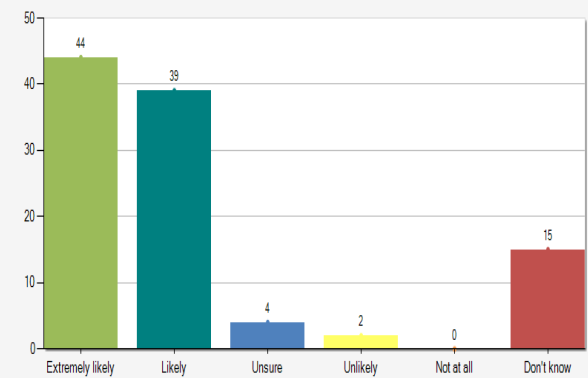
Stroke Unit

Question: How likely is it that you would recommend this service to friends and family?
(27)



Surgery

Question: How likely is it that you would recommend this service to friends and family?
(104)



Ward	w/c Apr 2	Responses	w/c Apr 9	Responses	w/c Apr 16	Responses	w/c Apr 23	Responses	Total
(AAU1) AAU LEVEL 1 WGH	117	9	123	21	148	15	153	20	541
(AAU3) AAU LEVEL 3 WGH	118	25	101	0	84	3	104	9	407
(HCHU) CHURCHILL WARD HHGH	24	0	22	3	20	0	25	6	91
(HSIM) SIMPSON (STROKE UNIT) HHGH	13	0	13	5	13	0	22	4	61
(SBEC) BECKETT WARD SACH	38	0	25	0	48	3	50	5	161
(SDLM) DE LA MARE SACH	60	14	34	0	56	26	50	13	200
(WALD) ALDENHAM WARD WGH	32	4	57	4	29	4	34	7	152
(WCAS) CASSIO WARD WGH	53	12	31	3	52	10	27	6	163
(WCCU) CORONARY CARE UNIT WGH	26	9	30	2	53	15	44	10	153
(WCLE) CLEVES WARD WGH	33	5	19	0	26	14	19	6	97
(WCRO) CROXLEY WARD WGH	47	10	37	1	32	10	10	2	126
(WELI) ELIZABETH WARD WGH	71	12	56	12	77	18	81	4	285
(WFLA) FLAUNDEN WARD WGH	35	9	42	0	46	3	50	4	173
(WGAD) GADE WARD WGH	14	4	13	2	27	0	32	8	86
HERONSGATE	43	0	13	1	28	10	28	2	112
(WKAT) KATHERINE WARD WGH	140	0	141	4	165	11	155	1	601
(WLAN) LANGLEY WARD WGH	22	3	22	4	31	7	24	7	99
(WLET) LETCHMORE WARD WGH	13	1	15	0	18	4	12	2	58
(WRID) RIDGE WARD WGH	38	9	37	12	46	21	50	25	171
(WSAR) SARRATT WARD WGH	48	16	31	3	35	16	42	8	156
(WSCB) SPECIAL CARE BABY UNIT WGH/TRANSITIONAL CARE	6	0	7	13	11	0	9	0	33
(WSTA) STARFISH WARD WGH	74	12	52	4	66	4	66	36	258
(WSTR) STROKE UNIT WGH	26	2	29	5	33	6	18	4	106
(WVIC) VICTORIA WARD WGH	21	0	22	0	26	0	14	2	83
	1112	156	970	100	1170	200	1119	193	4373

