

**BOARD SUMMARY SHEET**

<b>Title</b>	Patient Experience
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<b>Date of meeting</b>	4 <sup>th</sup> October 2010
<b>Corporate Objectives Addressed</b>	To improve the patient experience To improve the Trusts future patient survey results To provide quality care that is recognised locally & nationally
<b>SUMMARY OF CRITICAL POINTS</b> This report provides the Board with an overview of ongoing actions following the results from the National Inpatient Survey 2009, Patient Experience Tracker results, Discharged patients telephone survey and the Trusts Quality Account priority towards improving our patient's experience.	
<b>PATIENT IMPACT</b> High – the review of patient experience feedback is paramount in identifying any aspect that can positively influence change and improve quality care and the patient experience.	
<b>STAFF IMPACT</b> High – the review of survey results allows staff to recognise elements for change and implement best practice recommendations. Improving the patient experience from their suggestions will contribute to their own feelings of satisfaction within the workplace and feelings of involvement	
<b>FINANCIAL IMPACT</b> Has a potential to affect income due to CQUIN elements based upon outcomes and patient experience for 2010/11 particularly in relation to the National CQUIN indicator.	
<b>EQUALITY AND DIVERSITY IMPACT</b> Applicable to all.	
<b>RISK ASSESSMENT</b> – raising the awareness of the National & local surveys will improve the patient experience within the Trust, reducing complaints and areas of concern.	
<b>RECOMMENDATION</b> The Trust Board is asked to note the content of the report and support ongoing actions to improve the patient experience and ultimately the National Inpatient Survey result.	

### **Introduction**

Over the past 5 months dedicated resource has been in place to increase the focus on the importance of our patient experience feedback and implementing change from the results gained.

Several action groups have been working on projects to improve on under performing elements reported via national and local surveys – implementation of these projects has gained momentum and is being cascaded throughout the Trust. The overall aim for the Trust to improve perception of the care they receive and our 2010 national benchmark position.

The continued focus on 'patient experience' and quality care improvement is essential to achieve the above which is recognised as a key priority highlighted in the Trusts Quality Account.

### **Patient Survey Action Groups**

The Board is aware of the 4 action groups initiated to drive forward specific areas of concern highlighted from the 2009 National survey.

Work from each of these groups is now coming to a natural close and each has completed projects to improve upon the objectives originally set.

The projects undertaken and work completion can be accessed via the Governance nas drive and is available to all directorate leads to continue ongoing work. The major achievements and changes from the groups will be displayed along Hospital Street in November as part of the 'patient experience' poster awareness.

### **Patient Experience Tracker (PET)**

The overall average score for the PET now stands at 93% and this overall Trust score has shown a month on month improvement for the last 5 months. The 2 questions used as a barometer for the Trust (would you recommend NGH & would you be willing to return) currently stands at 97% over a 3 month period surveying 4903 patients.

Each area that receives >95% for the month now receives a congratulatory letter from members of the executive team and they are acknowledged in the monthly patient experience newsletter, core brief and via e-mail updates. Each month 2 certificates are presented to the best performing areas – one for the wards and the other for the clinics or day care units. These 2 presentations are featured in the Point, patient experience newsletter, core brief and displayed along Hospital Street.

Through hard work and recognition the Trust overall continues to see some success and PET continues, on the whole, to show an improvement trend. As above engagement of all staff remains paramount to a culture of learning and improving. Table 1 represents the present position of the directorates taking part in PET this will be updated at the end of September to show the 2<sup>nd</sup> quarter position.

Table 1:

July – 20 <sup>th</sup> Spet 2010	Overall % Score	Volume of Responses	Number of areas Included
Head & Neck	96%	115	2
General Surgery	94%	939	3 (+2)
General Medicine	93%	1514	11
Obs & Gynae	93%	350	3
Medical OPD & Clinics	92%	856	8
Trauma & Orthopaedics	93%	636	3 (+1)
Radiology	83%	51	4
Pathology	97%	97	1
Oncology	89%	129	1

The new questions for PET have been agreed upon and ordered. As soon as these are received they will be implemented but it is anticipated this will be 1<sup>st</sup> November. It is highly probable that the overall percentage ratings will fall until the trends can be recognised and actions taken to resolve the highlighted problems.

### What's happened to improve upon the National Survey results?

Patients admitted during July and August will receive the National In-patient Survey questionnaire in November. It has been paramount to maintain the high profile of patient experience with the ongoing work by the action groups increasing the focus on improving the under performing areas. A number of developments were implemented immediately to address these areas:

- Raised awareness via various medium
- Publication of the 'quick wins'
- Patient experience posters in each staff area
- Pre-op visits to emergency trauma patients
- Take home medication leaflets with each prescription
- Catering awareness campaign
- Presentations to various staff groups
- New documentation to improve nursing indicators
- Senior nurse walk rounds
- Nutritional and feeding awareness initiatives
- Evening domestic/hostess checklist

As well as the above there are ongoing projects which are highlighted in the 'patient experience' section on the Governance nas drive and are being taken forward by the Directorate leads and facilitators. The effectiveness of these actions will only be evident on receipt of the national survey results at the end of the year.

## Discharged patients telephone survey

The telephone survey commenced in July 2010. 5 pilot wards were chosen for the project (Becket, Allebone, Spencer, Rowan and Abington) with the aim of telephoning 100 discharged patients a week asking questions regarding their overall stay and particularly about the discharge process and information. The questions were devised from a combination of the Francis Report, National Survey results and CQUIN requirements.

Patients from the 5 ward areas were contacted approximately 2 weeks after they had left hospital. In July 146 ex-patients completed the survey and 249 in August. A further 46% contacts were attempted but for a variety of reasons were unsuccessful. An average of 8 hours per week was spent contacting patients with the time of day being varied to capture as many as possible. Clinical audit are in the process of producing the final reports for July and August, but in the interim the ward areas and head nurses were provided with a preliminary report so that their own analysis could take place.

In general all areas received high praise from their ex-patients the general theme for the praise was:

- Cleanliness of the wards
- High standard of care overall
- “Wonderful staff they looked after me well”
- “Kind caring staff”

The themes for improvement have been:

- Explaining possible side effects of medications
- Overtly asking patients about their usual way of life (activities of daily living)
- Information regarding the dos and don'ts when leaving hospital
- Catering & food quality – heating system, dehydrated food
  - Powdered tea
  - Gluten & dairy free breakfast
- Staff resources and shortages especially at night and weekends
- A few attitude elements and cultural differences

The above areas have been highlighted with the areas and action plans for improvement are being worked on by the ward sister/charge nurse and Head Nurse. Unfortunately the original aim of 100 patients per week has not been realised. There are 3 main reasons for this:

- Time factor for the 2 staff members undertaking the calls
- Varying the time of calls to maximise capture
- Number of appropriate discharges from the 5 wards is insufficient (i.e. discharged to their home address & do not fall into a category that it is inappropriate to call – termination, overdose etc)

One of the key objectives was to provide the Trust with data on the national CQUIN patient experience questions (which will be compiled from the 2010 national survey results), Appendix 1 provides the Board with the data from four of the five questions asked during the telephone survey that match the National In-patient questions.

Currently Internal audit (CEAC) are undertaking a review of the ongoing 'patient experience' surveys being undertaken within the Trust, particularly reviewing the effectiveness and value of the telephone survey and other methods of gaining information. It is expected that this report will be available in November.

## **Recommendations**

The Board is asked to continue to note the ongoing work and support the ongoing dedicated resource to maintain the focus on improving the patient experience.

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