

North West London Hospital

Patient Experience Improvement Programme (We Care)

1. Introduction

“High Quality Care For All”; NHS Next Stage review (DOH 2008) set out a vision of an NHS that works in partnership to prevent ill health, providing care that is personal, effective and safe. This is an ambitious goal of putting quality at the heart of the NHS by making it a fundamental principle.

In order to achieve this goal, NHS Trusts need to re visit how they measure quality and focus on what really matters to their stakeholders i.e. clinical quality, patient safety and particularly patient satisfaction with services. In the past it has been suggested that the NHS has sometimes focused on delivering services to benefit the providers rather than the recipients of care. The way forward is more people centred and preventative, placing quality at the core of everything that it does.

The National Quality Board and the Care Quality Commission will provide guidance and an integrated oversight to drive forward these changes. Another piece of the quality jigsaw will be Quality Accounts, published by all NHS organisations at the same time and with the same weight as their financial accounts. At present, quality is marginally recognised in each NHS Trust’s income tariff. However it is planned that a much bigger proportion will be allocated in future. This will be a big culture change for the NHS, which has traditionally been paid by volume.

The emphasis on the quality agenda demands a shift from a one size fits all service, to a more open and responsive system which focuses on the needs of the individual. The development and implementation of a patient experience improvement programme directly contributes to achieving the components of the NHS Next Stage review.

2. Background

NWLH was in the lowest 20% in the Healthcare Commission National In Patient Survey in 2008. This was despite an improvement of 5-10% on 33 out of 61 questions from the 2007 survey. Improving the patient experience was one of the eight key Trust objectives of 2008/2009 and resulted in a successful application for funding from NHS London, to pilot a multi professional customised patient experience programme.

The initial scoping of the project included a number of focus groups with a variety of stakeholders, to ascertain what key elements were important to them in ensuring a quality experience and give them confidence in the staff caring for them. The findings indicated that patients wanted staff to be Compassionate/caring, Consistent and better at Communicating. The findings informed the multi disciplinary training (called the 3C’s) which was developed to form the basis of the “We Care” programme.

The programme was designed to provide patients with a better experience of The North West London Hospitals. The aim was to help to re establish a culture of caring and compassion for patients in the busy ward environment and to equip staff with the attitudes, behaviours and competencies required to care for and build trust with the widely diverse communities that the Trust serves.

The programme incorporates a range of initiatives, each with its own lead and action plan, aimed at providing the Trust with information which will inform how patients and their families really feel about the quality of the services. It also provides appropriate metrics that can be used to measure performance and monitor improvements.

The programme is monitored and overseen by an Executive Steering Group. A Project Implementation Group reports to the Steering Group.

3. The programme consists of the following components;

- Delivering the 3Cs training – Compassionate care, Consistency & Communication
- Patient stories
- Nursing Promise
- Real time patient feedback
- Patient surveys on discharge
- PALS, Complaints and Compliments
- Bereavement care
- “Ask me 3” – increased patient involvement in their care
- Mystery shopping
- Staff satisfaction survey

4. Delivering 3Cs –Compassionate care, Consistency & Communication training

The training was designed and facilitated by an external consultant. The aims of the training sessions were to engage senior management and front line staff and to enable them to understand the changing needs of patients and empower them to make the changes necessary to improve the patient experience and result in a re energised workforce when they saw patients more satisfied with their experience.

Staff were trained in their ward teams and this was well evaluated, as it provided a good team building opportunity and encouraged them to reflect on how they manage their individual areas and what they would like to improve and change.

To date 18 wards/departments and 679 staff have undergone training and the next group of wards are being identified for Phase 2. An E learning tool has been developed and is currently being evaluated.

Following the training, each area had a follow up meeting attended by the Ward Manager, Matron and General Manager to discuss the inputs from their team and to draw up an action plan. The plan addresses the constraints that staff feel compromise the efficiency and quality of the service. Issues raised included: information to patients, Protected Mealtimes, visiting hours, communication between members of the Multi Disciplinary Team

(MDT), delayed discharge and transfer between wards. Solutions were discussed in ward meetings and have resulted in significant changes to practice. A corporate "Coming into Hospital" patient information leaflet has been developed, protected mealtimes is being re launched and wards are using communication books to improve communication between the MDT.

Tools including Observations of Care and Patient stories are being used to monitor progress and sustainability and to give feedback to staff. These tools also demonstrate to patients and relatives that the Trust is constantly reviewing and improving its services

Next steps

- Review the content of the 3Cs training to appeal to a wider audience and improve attendance especially from medical staff
- Cascade the E learning package
- Share changes in practice and improvements from action plans with the wider team and organisation
- Explore feasibility of a Higher Education Institute facilitating the ongoing training

5. Patient stories

a) Patient Experience trackers

Patient stories are interviews with service users about their experience of receiving care. This is a powerful way of involving the person in their care and helping to find out which aspects they value and which areas need improving. The strength of the story is that the content is led by the individual involved and so reflects the issues that they feel are important.

An action plan is developed based on the themes emerging from the story and key stakeholders are informed of the major themes for improvement and sharing good practice. Themes can be included in business planning and also influence objectives for training and development.

Matrons have attended the Patient Story training and have "Buddied" up to take stories in each other's areas. Themes and actions are shared at the Matron's meeting every month. Key themes emerging are: communication, information, feeling treated as an individual and dignity and respect which are pertinent to all clinical areas.

A patient story was presented to the Trust Board in August 2009 and a patient is attending the December meeting to discuss themes from his own story.

Next steps

- Patient stories are carried out by other disciplines
- A consultant paediatrician is booked to undertake a story in November 2009
- A session is booked for pre registration medical students in December 2009
- Themes are shared with other disciplines
- Stories are a regular item on the Trust Board agenda and other key meetings

b) Mixed sex accommodation

Single sex sleeping and washing facilities are a key issue for patients. The Trust monitors this carefully at daily bed meetings to reduce the occasions that mixed gender accommodation occurs. It can be seen from the graph that generally this has been improving and we continue to focus on this key area of improving the patient experience.

6. Nursing & Midwifery Promise

A body of work has been undertaken with NWLH nurses and midwives to identify what their values are for the organisation. These have now been adopted as Trust wide values and incorporated into Our Promise to NWLH patients and reflects the NHS Constitution and the importance of delivering high quality care, the 3Cs, dignity and respect. The Promise is displayed in all wards and public areas throughout the Trust. **(Appendix 1)**

Next steps

- An audit is planned by members of the Hospital User Bank (HUB) to measure the impact of the Promise on patients and determine from staff how it relates to practice
- The Promise will be incorporated into the next Nursing and Midwifery Strategy

7. Real time patient feedback

In order to help evaluate the impact of the programme, the Trust introduced Dr Foster Patient Experience Trackers (PETS) in 12 clinical areas. The questions are based on themes from the 3Cs in particular, Caring, Compassion and Communication. Results are sent directly to the ward and the ward manager and staff devise an action plan based on the findings. This information is displayed for patients and staff to see the progress/improvements that are being made and monitored. The visibility of the actions highlights to patients that the Trust is open to feedback and keen to make improvements wherever possible.

The feedback is timely and enables the Ward Manager to pick up on issues quickly and feedback to the ward team about successes and areas of practice that need to be monitored and revise. The survey results are reported to the Trust Board monthly as part of the Quality Scorecard.

Clinical Quality- We Care	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09
Patient Experience- Dr Foster Trackers												
Staff looking after me had a caring and compassionate attitude	LR	G	80%	80%	84.4%	94.1%	83.4%	84.0%	85.1%	85.7%	84.1%	84.6%
Staff looking after me did things they said they would do	LR	G	80%	80%	82.1%	83.8%	80.2%	81.7%	83.6%	84.8%	82.6%	81.4%
I feel fully informed about what was happening with my treatment	LR	G	80%	80%	80.2%	75.0%	78.3%	80.2%	80.9%	82.7%	80.0%	80.3%
I was involved as much as I wanted to be in decisions about care	LR	R	80%	80%	79.6%	73.5%	76.5%	79.4%	81.0%	82.9%	80.2%	79.4%
Overall I was very satisfied with the care I received	LR	G	80%	80%	84.4%	88.2%	83.4%	84.3%	84.2%	86.9%	83.9%	84.6%
Environment												
% of patients in mixed sex accommodation	LR	G	<10%	<10%	4.5%	4.5%	4.6%	5.2%	5.3%	4.0%	3.1%	4.8%

Next steps

- Encourage staff to give the PET's to patients and relatives as often as possible to increase usage
- Sustain the actions/improvements highlighted by the PET's
- Translations of the questions to improve utilisation by all patients from non English speaking communities
- New posters and action plans to make the function and outcomes of PET's more explicit and encourage patients and families to actively ask to use the machines
- Re tendering to explore other hand held devices and roll out to all departments
- Inclusion of results in divisional clinical scorecards

8. Mystery Shoppers/ Hospital User Bank (HUB)

The NWLH Hospital User Bank (HUB) is made up of NWLH past & current patients and visitors who have volunteered to become involved in service improvement activity. The HUB data base currently stands at approx 170 members. A group of activities that the HUB are actively involved in is "Mystery Shopping". This is where HUB members observe various aspects of the Trust's services to identify what could be improved. Examples of this include:

Hand Hygiene Monitoring – Help us to combat hospital infection

Infection control equipment audit – where HUB members observe the equipment and cleanliness on the wards and various departments

Environmental audits – work is underway with the Trust domestic care contractor to adapt the hand held device that is used by supervisors to monitor cleaning. This will enable HUB members to use the same device to monitor the cleaning of public areas in the Trust.

Staff behaviours –Outpatient and reception staff are observed to ensure they welcome patients and that various other professional standards are observed.

Walking the "Northwick Park and Central Middlesex Way - members of staff and HUB members have undertaken a number of journeys from local transport and car parks to access various departments within the hospitals. Signage, WC facilities, environmental issues and disabled access issues have been noted and actioned by a working group chaired by the Director of Corporate Services.

A HUB member has been recruited to help coordinate HUB members' activities, recruitment and manage the HUB data base. HUB members also sit on various NWLH committees including the Trust Board, Patient Information, Patient Safety, We Care implementation and Steering Groups and the Patient and Public Involvement Committee

The HUB will be used as the core of the Foundation Trust shadow membership development.

9. Patient surveys on discharge

The Trust has implemented a discharge survey which is given to all patients in ward areas that are not using the Patient Experience Trackers (PET's). Results are used to demonstrate the impact of the 3Cs training. The ward managers receive the feedback on a weekly basis and are able to feedback the results to the multi disciplinary team and take action as appropriate. **(Appendix 2)**

Next steps

- Survey revised to incorporate questions from the National InPatient Survey and Quality specification in the contract including questions to monitor compliance with single sex accommodation
- More robust system introduced to ensure efficient collection collation and feedback of data

10. PALS, Complaints and Compliments

The impact and key improvement areas of the programme are reflected in the number of PALS issues, formal complaints and compliments to staff. The Trust has also monitored the improvement in complaints in relation to nursing care since the introduction of the programme in Quarter 1.

	Q1 09/10	Q2 09/10
Nursing & Midwifery Complaints	42	31
Clinical care complaints involving nursing	44	34
Compliments re: Patient care	44	55

Between Q1 and Q2 for this year, the figures demonstrate a 26% reduction in nursing and midwifery complaints overall. The complaints categorised as clinical care are primarily about medical care but may also have an issue raised about nursing. Those complaints in the latter category have also reduced by 23% during this year. There is also a 25% increase in the compliments received this year to date.

Communication complaints

	Q1	Q2	Total
08/09	19	35	54
09/10	14	13	27

One of the key elements of the 'We Care' programme is to help staff to communicate

more effectively with patients. The above table demonstrates that there is a 50% reduction in complaints regarding communication in the first 6 months of 2009 compared to the first 6 months of 2008/09.

Next steps

Continue to monitor and share results with a wider audience

11. Bereavement care

The Trust appointed Bereavement Co-ordinator in order to focus on the needs of patients and families. The postholder provides support and advice to bereaved families and helps them to navigate the End of Life care pathway. The service has improved communication between staff and families and also the debriefing of staff in relation to themes from complaints. It has also facilitated more effective and efficient discharge from hospital for patients who wish to die at home. Advice for bereaved relatives has been improved to include details of local bereavement services and advice on funeral arrangements. A sympathy card from the Trust has been produced and is sent to bereaved relatives.

Since the post has been introduced, there has been a significant decrease in bereavement themed complaints.

Bereavement Complaints

	Q1	Q2	Total
08/09	14	13	27
09/10	8	6	14

It can be seen that there has been a 48% reduction in complaints received between 2008/9 and 2009/10 to date, as a result of the actions taken as part of the programme.

Next steps

- Develop the bereavement information available on the intranet
- Cascade training for dealing with bereaved families to front line staff
- Continue to work collaboratively with external support agencies such as Cruse, to improve services

12. “Ask Me 3” (Patient involvement in their own care)

Ask Me 3 is a health promotion programme originating in the USA. It identifies three questions that are fundamental to promoting health education and effective communication.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

The questions promote patient involvement in their care. The process is currently being piloted with patients attending for pre-operative assessment. They are sent information about their role in the process and the questions to reflect on prior to their appointment.

Next steps

- The process will be cascaded following review of the pilot

13. Staff survey

The relationship between low staff satisfaction and low patient satisfaction is well recognised. A recent study has identified specific links between questions from the National In Patient survey and the National staff Survey (Raleigh.V & Halit K 2008).By focusing on improving the patient experience and increasing the levels of patient involvement, a culture of staff working in partnership with patients will be created.

The Trust has developed a staff survey to demonstrate the link between staff satisfaction and the patient experience.

The questionnaire was given to all staff to complete pre and post and attendance of the 3Cs training component of the “We Care” programme.

(Appendix 3)**Next steps**

- The survey will be repeated in three months to assess sustainability following the 3C training
- The Director of Human Resources and Director of Nursing are working together to monitor the impact of increased staff engagement on patient satisfaction

CONCLUSION

The implementation of the We Care programme at NWLH has had a significant impact on both patients and staff .It has given the staff the opportunity to stand back from their areas of work and view the service, attitudes and behaviours of their teams from the patient’s perspective .It has also reinforced the importance of small things in the patient’s journey, and how improving these issues can make a huge impact on the overall patient experience .It has also helped them to understand each other’s roles and the importance of working together as a cohesive team to make the necessary changes to the service

The metrics that have been used to evaluate the impact of the programme indicate that the patients are beginning to have a more positive experience They are able to see that the Trust is endeavouring to make improvements in the environment as well as the attitudes and behaviours of the staff who are caring for them during their stay

Phase 2 of the programme will focus on sustaining the changes and improvements achieved by Phase 1 and to ensure that the 3C’s Compassionate care, Consistency and Communication continue to be re-inforced and are embedded in the culture of the organisation.

Appendices

Appendix 1

Our promise to you

- To treat you with **dignity and respect**.
- To provide **high quality care**. If we don't, we will listen and act on your feedback so we can learn and do better next time.
- To show **compassion** by finding the time to listen and talk, and do the small things that matter so much to you.
- To be **consistent and reliable** and do what we say we will.
- To work with your carers and family, and our colleagues so that we **put your needs first**.
- To **communicate effectively**, keep you fully informed, and explain if something has not happened.
- To help **improve your health and wellbeing** by ensuring excellence in care and professionalism.

From our nurses and midwives

The North West London Hospitals 
NHS Trust

Appendix 2

Discharge survey results over period from early August to end September (8 weeks)						
Questions:						
1. Staff looking after me had a caring and compassionate attitude 2. Staff looking me did the things they said they would do 3. As far as I am aware, staff would wash or clean their hands between touching patients 4. I felt fully informed about what was happening with my treatment				5. I was involved as much as I wanted to be in decisions about my care 6. The hospital room or ward was kept clean 7. In my opinion the hospital food was good 8. Overall, I was satisfied with the care I received		
	CARING	CONSISTENCY	HAND HYGIENE	COMMUNICATION	INVOLVEMENT	CLEANLINESS
Fletcher						
Start	70%	70%	66%	75%	79%	75%
End	85%	80%	85%	75%	80%	85%
Fielding						
Start	75%	75%	75%	62%	50%	62%
End	91%	100%	91%	91%	83%	91%
Gladstone 4						
Start	87%	81%	93%	68%	68%	93%
End	84%	87%	90%	87%	81%	90%
Eliot						
Start	83%	75%	75%	83%	75%	75%
End	86%	88%	100%	97%	91%	97%
Paediatrics CMH						
Start	93%	87%	75%	87%	87%	93%
End	93%	93%	87%	93%	100%	100%

Appendix 3

	Date	No. of returns	Q1: Valued	Q2: Opinion matters	Q3: Team Spirit	Q4: Happy	Q5: Recommend family
Questions: 1. I felt valued by the Trust 2. My opinion matters in how the Ward Dept is run 3 I feel part of a strong team with a good team spirit				4. I am happy in my work 5. If a member of my family needed hospital treatment I would recommend that they come to this Trust.			
Dickens							
Baseline	21/06/09	19	47%	60%	76%	75%	60%
Follow-up	15/10/09	17	53%	75%	86%	75%	64%
Dryden							
Baseline	15/06/09	22	36%	56%	69%	62%	47%
Follow-up	04/10/09	16	46%	64%	71%	67%	65%
Gladstone 1							
Baseline	21/06/09	19	40%	47%	65%	61%	56%
Follow-up	02/10/09	9	58%	66%	77%	83%	63%
NPH A&E							
Baseline	16/07/09	55	41%	48%	69%	61%	53%
Follow-up	15/10/09	21	50%	57%	75%	65%	66%
Gladstone 4							
Baseline	17/07/09	13	42%	61%	65%	76%	48%
Follow-up	29/09/09	8	65%	59%	96%	93%	62%