


The North West London Hospitals 	Agenda Item	
<b>Brent Health Partnerships OSC</b>	Paper	
<b>Meeting on: 26<sup>th</sup> July 2011</b>	Attachment	
<b>Subject: Patient Experience and 'We All Care' Report</b>		
<b>Director Responsible:</b> Carole Flowers, Director of Nursing	<b>Author:</b> Carole Flowers, Director of Nursing	
<b>Summary:</b> This report updates the Brent OSC on: <ul style="list-style-type: none"> <li>• The key issues highlighted in the 2010 National in-patient survey results</li> <li>• A number of Initiatives undertaken during 2010/11</li> <li>• Planned actions for 2011/12</li> </ul> Improving the patients experience continues to be a high priority for the Trust. The results of the national in-patient survey remain disappointing but have improved from the 2009 results.		
<b>Communication &amp; Consultation Issues (including PPI):</b> Survey findings and details of future actions are widely disseminated throughout the Trust. Stakeholders will be informed and updated via the Trust Patient and Public Partnership Committee (PPIPSCO), new Trust Patient Experience Operational Group and Overview & Scrutiny Committees.		
<b>Workforce Issues (including training and education implications):</b> Findings from the Inpatient survey are considered by the Trust patients experience and HR, Education & Training Committees. Themes arising from the survey are incorporated into the trust wide "We All Care" Patient Experience Improvement Program training for all staff and local ward / department action plans.		
<b>How this Policy/Proposal Recognises Equality Legislation:</b> Improving the patient experience supports equality legislation		
<b>What impact will this have on the wider health economy, patients and the public?</b> Stakeholders will require regular, timely information about the trust response and subsequent actions taken to address the issues highlighted in the inpatient survey to improve the trust reputation and support patient choice.		
<b>What is required of the Brent Overview &amp; Scrutiny Committee.</b> The committee is asked to: <ul style="list-style-type: none"> <li>• Note progress made and planned actions</li> <li>• and support the proposed strengthening of the feedback, reporting and performance management framework.</li> </ul>		

## Patient Experience Report

This report provides information on the 2010 National in-patient results. Also examples of initiatives undertaken during the year as part of the 'We All Care' programme to continually improve the patient's experience.

### **1. National In Patient Survey results (2010)**

#### **Introduction**

The Care Quality Commission (CQC) National In patient survey 2010 results were published on 21<sup>st</sup> April 2011. The results for NWLH are based on 333 respondents (41%) compared to 357 (52%) last year. This accounts for 0.34% of our admissions during 2010/11.

Of interest is the demographic breakdown of those who completed the national survey:

- NWLH received feedback equally from 50% female and 50% male patients. 'All trusts' benchmark reports slightly more feedback from females at 54%
- Age group breakdown suggests that slightly more NWLH patients aged 66 and older responded to the survey at 54% compared to the 'All trusts' benchmark which is 51%.
- Ethnicity, there are number of ethnic categories listed but NWLH responses were from 58% white ethnic group compared to the 'All trusts' benchmark of 91% white and 24% Asian or Asian British compared to the 'All trusts' benchmark of 2% Asian or Asian British.

This is the eighth national survey of adult in-patients services. It involved 162 acute and specialist NHS trusts. There were responses from more than 66,348 patients (69,000 last year) with an average response rate of 50%. Patients were eligible for the survey if they were aged 16 years or older, had at least one overnight stay and were not admitted to maternity or psychiatric units.

The CQC National In Patient report is presented in two formats:

1. The first format is a detailed Trust report that is made available to the Trust by the agency commissioned by NWLH to undertake the audit.
2. The results of the surveys are provided to the Care Quality Commission who publish on their website a summary of how well the Trust is performing under categories of either being "better", the "same as", or "worse" than other trusts. This means that a lay audience does not need to interpret the statistical details, though they can choose to if interested.

## NWLH scores to survey questions

NWLH results are better when compared to last year impacting on three of the ten question themes compared to five last year see table overleaf.

NWLH 2010 results when compared to the 2009 results have improved in 40 of the questions, remained the same in 1 question and need to improve in 27 questions where performance worsened, although in many areas only marginally.

## Public Summary Report – At a glance

### North West London Hospital Results

For questions about:	Comparison with other Trusts 2010	Comparison with other Trusts 2009	Comparison with other Trusts 2008
The A&E department	The Same	The Same	The Same
Waiting lists and planned admissions	The Same	The Same	The Same
Waiting to be admitted to a ward bed	The Same	The Same	The Same
The hospital and ward	The Same	The Same	Worse
Doctors	The Same	Worse	The Same
Nurses	Worse	Worse	Worse
Care and treatment	Worse	Worse	Worse
Operations and procedures	Worse	Worse	The Same
Leaving hospital	The Same	The Same	The Same
Overall views and experiences	The Same	Worse	Worse

Each healthcare organisation received scores out of 10, based on the responses given by their patients'. A higher score is better. The results from each trust take into account the age and sex of respondents, and whether their admission to hospital was planned or an emergency, compared with the age and sex of all people across England that returned the questionnaire. This helps to remove any differences between the results from trusts that may simply be due to differences in the type of people responding. However ethnicity is not factored into the results

## Improving performance

There are 40 questions in which the trust has made positive improvement.

### Areas for most attention:

These are outlined in the three areas categorised where the trust continued to score worse than other trusts

- Nurses
- Care and treatment
- Operations and procedures

Outlined below are a number of questions where the Trust performance requires improvement.

- Were you involved as much as you would want to be in your care?
- How much information about your condition and treatment was given to you?
- Did the hospital staff do everything they could to help control your pain?
- Were you told how you could expect to feel after you had the operation or procedure ?
- Did a member of staff tell you about any danger signals you should watch for?
- Were you offered a choice of food?
- Where you given enough privacy when discussing your condition or treatment?
- Did you feel you were involved in the decisions about your discharge from hospital?

## Benchmarking

The CQC cautions that it is extremely important that any comparisons across the results from different trusts are made appropriately, and can only say that trusts are 'significantly worse' or 'significantly better' than the national average. The CQC cannot say much more about the score itself, because it is taken from a sample of patients rather than from *all* patients at each trust. For this reason the CQC strongly advises against focusing on the scores when looking across the results from different trusts.

There are currently no national benchmark survey results or league tables, however the Trust has reviewed the CQC Inpatient Survey reports of some other Trusts in North West London, see results below:

Questions	NWLH	Imperial College	Hillingdon	Ealing
The A&E department	The Same	The Same	Worse	The Same
Waiting lists and planned admissions	The Same	The Same	The Same	The Same
Waiting to be admitted to a ward bed	The Same	The Same	The Same	Worse
The hospital and ward	The Same	The Same	The Same	Worse
Doctors	The Same	The Same	The Same	The Same
Nurses	Worse	The Same	Worse	Worse
Care and treatment	Worse	The Same	Worse	The Same
Operations and procedures	Worse	The Same	The Same	Worse
Leaving hospital	The Same	The Same	The Same	The Same
Overall views and experiences	The Same	The Same	The Same	The Same

### Comparison between NWLH survey results and other NHS London Hospitals

For questions about:	NWL H Score	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
<b>The A&amp;E department</b>									n/a	n/a							n/a						
<b>Waiting lists and planned admissions</b>																							
<b>Waiting to be admitted to a ward bed</b>																							
<b>The hospital and ward</b>																							
<b>Doctors</b>																							
<b>Nurses</b>																							
<b>Care and treatment</b>																							
<b>Operations &amp; procedures</b>																							
<b>Leaving hospital</b>																							
<b>Overall views and experiences</b>																							

- |                         |                                |                                  |
|-------------------------|--------------------------------|----------------------------------|
| 1 Imperial              | 9 Royal Brompton and Harefield | 16 RNOH                          |
| 2 Barnet and Chase Farm | 10 Kings College               | 17 Newham                        |
| 3 North Middlesex       | 11 Homerton                    | 18 Kingston                      |
| 4 West Middlesex        | 12 Guys & St Thomas's          | 19 Mayday                        |
| 5 Hillingdon            | 13 C&W                         | 20 Barking, Havering & Redbridge |
| 6 Ealing                | 14 Royal Free                  | 21 Lewisham                      |
| 7 UCL                   | 15 St George's                 | 22 Barts and The London          |
| 8 Royal Marsden         |                                |                                  |

## 2011/12 CQUINN performance

As can be seen from the aggregate scores presented below the Trust's performance slightly deteriorated in the National In-Patient Survey results (2010) that related to these questions.

QUESTION	2009	2010
<b>Q 41</b> Were you involved as much as you wanted to be in decisions about your care and treatment?	<b>65.3</b>	<b>62.1</b>
<b>Q 44</b> Did you find someone on the hospital staff to talk to about your worries and concerns?	<b>49.3</b>	<b>51.8</b> ↑
<b>Q 45</b> Were you given enough privacy when discussing your condition and treatment?	<b>78.8</b>	<b>76.5</b>
<b>Q 64</b> Did a member of staff tell you about medication side effects to watch for when you went home?	<b>38.3</b>	<b>40.4</b> ↑
<b>Q 69</b> Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<b>69</b>	<b>66.9</b>
<b>Aggregate Score</b>	<b>60.1</b>	<b>59.5</b>

### Positives

- Improved score of 76.5% for ' were you given enough privacy when discussing your condition or treatment'
- Improved score of 66.9% for ' Were you told who to contact if you were worried about your condition'

### Issues

- Full impact of related projects not seen within year as many started 6-8 weeks before 2010 survey undertaken.
- High staff vacancy rates and use of temporary staff.
- Technical delay to implementation of 'Real time patient feedback' device, which supports local feedback based on the national questions to inform local actions and monitor performance improvement of Trust wide actions.
- Historic issues for the Trust e.g. Reputation management, External perception of the Trust, negative local publicity, poor response rates to patient survey

Mainly seen / managed as a nursing work stream, although some multidisciplinary ownership; need to engage more with all healthcare professionals

## **2. Examples of 'We All Care' initiatives undertaken during 2010/11**

### **Delivering 3C's- compassionate care, consistency & communication training**

The training has been reviewed to incorporate the RCN dignity training and is being rolled out to all staff. Emphasis is placed on issues raised at training sessions and also patient stories. These include meeting and greeting patients and relatives, giving appropriate information at the right time, showing compassion, listening and dealing with concerns, reassuring patients and treating them as individuals.

The Matrons are currently undertaking a Dignity audit of their areas to identify issues that need to be addressed to improve the patient experience. Results will be available in August 2011. A 3 day module commencing in October 2011 has been developed in conjunction with North West London University to explore these issues in greater depth and raise staff awareness of the importance of getting these things right to ensure a positive patient experience.

The next steps are to re-launch and rebrand the programme as 'We All Care', establish a Patient Experience Board with Divisional leads responsible for patient experience in August 2011 and for staff to sign a contract of responsibility at training to promote buy in and sustainability.

### **Real time patient feedback**

The Trust has rolled out forty hand held patient feedback devices and 6 kiosks are due to be installed shortly, across both sites. They will house the National In-Patient and Outpatient surveys. Patients and relatives will be encouraged to use them whenever they want to comment on the services. They will also be asked to complete a survey on their discharge. The aim is to provide the Trust with real time information on the total patient experience. Results will be displayed on Patient Experience Boards in all areas. There will also be specialised surveys for Stroke, Accident and Emergency, Paediatrics and relatives in Intensive and Neonatal Care. The system enables staff to access a variety of reports which can be used for monitoring feedback and identifying where problems are.

### **Outpatient Satisfaction Survey**

The Trust has implemented monthly surveys to ascertain how patients feel about their experience in outpatients. The surveys started in January 2011 and to date have shown that 91% of patients rate the overall care as excellent or very good. Results are collated and returned to the General Managers for dissemination and action.

Positive Comments include:

"Very organised and caring department"

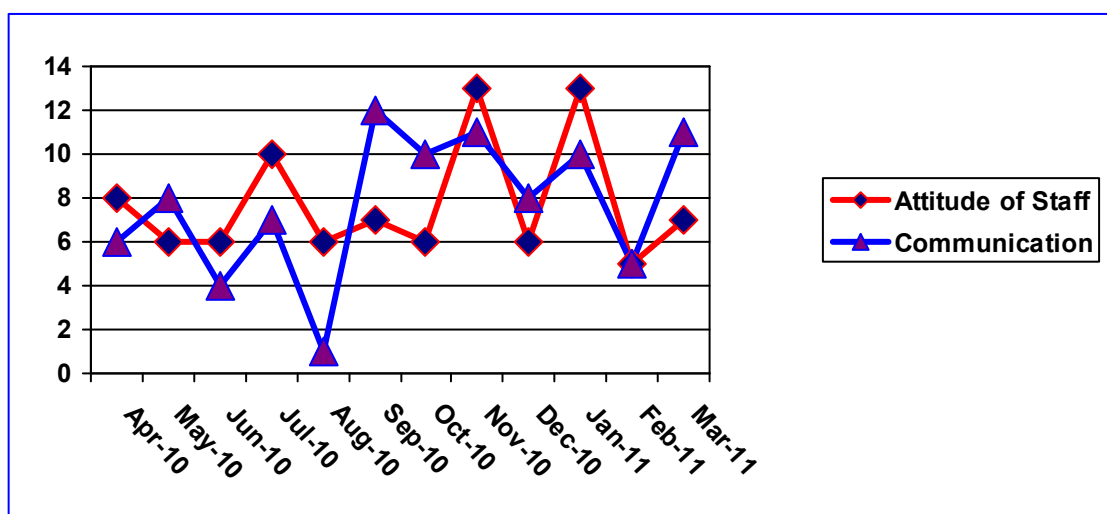
"They have treated me with respect and given me my confidence back".

## Voluntary services

The role of Patient Companion has been developed for volunteers to undertake. It has been piloted on Dryden ward and has proved to be very successful and is now being implemented throughout the Trust. Companions help patients to use the patient feedback devices, assist with feeding patients and provide companionship. There are now more volunteers to meet and greet patients and relatives in main reception and outpatients and the role has been extended to Accident and Emergency. A new Mystery Shopper programme is being rolled out to include the Good Loo Guide and monitoring dignity, attitude and behaviour in all areas throughout the Trust.

## Complaints and Compliments

One of the key elements of the 3C and Dignity training is to raise staff awareness of how attitude and communication influence patient's perception of their treatment and care



### Communication/ information given to patients (13%)

In the previous year, communication was the third highest subject, accounting for **12%** of complaints received. This has increased slightly to **13%** during the year 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011. This has overtaken the percentage of complaints related to staff attitude which has now dropped to 3<sup>rd</sup> place.

Work is taking place to improve information to patients which are listed below:

- Improving the Patient information letter which will be sent to elective patients as well as being available on the wards.
- Launch a new in-patient information leaflet
- Discharge coordinators are being employed to meet with patients and their relatives to ensure that the discharge information is complete and understood.
- A discharge information card for patients is being developed.
- Under medicines management, the role of the pharmacists will be stepped to include seeing patients at discharge to explain the tablets, their functions and possible side-effects and cautions that may be required.
- "We All Care" is being re-launched to incorporate all staff, clinical and non-clinical.



- “Together We Care” is currently being piloted on Fletcher and Fielding wards. This involves the nurses, on admission of the patient, meeting with both the patient and the relatives and establishing the level of care that the relatives may wish to be involved in. Many relatives are the patient’s main carer and this would allow them to remain included in caring for them if they so wished.

### Attitude of staff (12%)

This is a slight decrease on the previous year when 14% of complaints received were related to staff attitude. It had been hoped that complaints in relation to staff attitude would have reduced as the ongoing result of the ‘We Care’ programme, which was intended to re-establish a culture of caring and compassion for patients in the busy ward environment.

More recently a workshop related to customer service and attitude took place. Managers as well as staff from all disciplines were invited to take part to discuss issues and methods by which to improve customer service, one of which is the development of expected attitudes and behaviours of staff and patients. In addition the Trust 2011/12 objectives includes undertaking a review of customer care programmes delivered to staff who work on Trust premises and to agree a minimum standards. It is hoped that these initiatives will reduce the number of complaints about staff attitude and the number of complaints that praise staff attitude, compassion and caring will continue to increase and echo the examples given below.

- “the care I received was compassionate, efficient, prompt and professional at all times..... I am a retired nurse and extremely proud of the NHS and all it has to offer. I feel the service I received in ACAD epitomises 1<sup>st</sup> class patient-centred care.”
- “the professional way you all carry out your duties is 1<sup>st</sup> class but what makes the difference is the love, care and compassion you show to those in your care.”

### **Nursing, Midwifery and Allied Health Professionals Strategy**

The Strategy was launched in December 2010 and establishes a clear direction to develop and deliver seamless, appropriate, knowledgeable and skilled practitioners to support high quality care. One of the key work streams of the strategy is Patient Experience offering a better patient experience by:

- Empowering patients to have more choice and control by providing responsive and personalised care
- Involving patients and their carers in decision-making about their care and treatment
- Respecting the privacy and dignity of our patients
- Listening, learning and taking action from all feedback
- Providing patients and carers with an opportunity to participate in discussion and consultations regarding care delivery and future service planning
- Enhancing previous work on the ‘We all Care’ initiative to focus on improving care and compassion
- Developing a carer’s strategy

## **Care of Patients with Dementia**

An audit of dementia patients on Fletcher, Dryden and Evelyn wards in March 2011. The results demonstrated that although essential needs of patients were being met, patients with dementia required a higher level of input which was not being met at all times due to lack of resources. All staff undertake Basic Dementia Awareness training on Trust Induction, which is in line with National Guidelines

### **Next Steps**

- Develop a passport for patients with dementia and their carers
- Rollout enhanced training,
- Involve families in care to improve resources
- Recruit more patient companions

A working group has been established to progress and develop the above aims. This will link to the Carer's Strategy which is also being developed with patient and carer involvement

## **Nutrition and Protected Mealtimes**

The Trust re-launched Protected Mealtimes in April 2011. The aim is to ensure that patient's nutritional needs are met and nurses are able to assist patients with feeding and monitor their food intake. Nutritional assessment continues to be audited to improve compliance and the Trust is working with G4S to improve the patient catering service.

## **Stroke Focus Group**

The Group was set up to find out from patients how they felt about the service they received at in-patients and identify areas for improvement. There have been a number of developments including:

- Information folders for Aphasic patients
- The key worker role has been reviewed
- The Trust has developed an educational DVD for patients post stroke and their families in conjunction with Harrow Council

## **Learning Disability Passport**

The Trust is working with Harrow PCT and Harrow Association of Disabled and Mencap to develop a Patient Passport to be used when the patient is in hospital. The passport contains essential, individualised information about the patient which is invaluable for staff caring for them. It will also improve communication between the Acute and Primary Care sector. Brent Mencap is facilitating a rolling programme of workshops to raise staff awareness of caring for patients with a Learning Disability

## **The Patient & Public Involvement & Partnership Committee**

The Terms of Reference have been reviewed in order to encourage wider external participation and sharing of information across a number of sectors. Progress and developments will be included in the next report.

## **Patient information Group**

- The group has reviewed 27 new leaflets in 2010/11.
- A new “Coming into Hospital” booklet to be sent to all elective patients prior to admission and will be available on all wards is being implemented
- Eido has been made more accessible to medical staff by adding a link to the intranet home page
- Following last year’s patient information audit, patient information has been added to the Trust register due to insufficient resources to continually monitor and update information

## **The way forward**

The findings of the national in-patient, out-patient, cancer, other national surveys and other local feedback such as patient stories, observation of care and mystery shopping, complaints trends and will be used to inform the patient experience delivery plan for the year ahead.

Acute Trusts with scores in the upper quartile will be approached to support shared learning which will influence actions in the Trust action plan. A concerted effort will be made to make a real difference to the patients experience in the five questions linked to CQUIN performance target to reduce the risk to the trusts income.

The “We Care” program will be strengthened to ensure that continued implementation and further roll out is effective. Local progress will be supported and performance managed via an updated patient experience dashboard. Progress will be monitored monthly by an operational group and reported to the Trust Patient and Public Partnership Committee (PPIPICO), Trust Executive Committee and Trust Board.

### **3. Details of some of the many initiatives to improve performance**

- Establishment of an operational Patient Experience Board, which will include divisional performance management.
- Establish divisional PPI Leads to monitor and support action plans
- All clinical areas must have a local patient experience action plan
- 'Matrons' (nursing) ward rounds
- Revised staff discharge checklist
- Patient discharge card
- New in-patient information booklet
- Patient information / communication plan
- Pharmacy Project progression and impact
- Continuation of patient Stories at Trust Board – learning and understanding what went wrong and how we can improve
- Launch of NWLH Charter (attitudes & behaviour) – 'Working together and in partnership'
- Focus on communication with vulnerable client groups e.g. Learning Disability Passport, Stroke Group
- Real Time Patient feedback devices in all clinical areas
- Increased feedback via patient's stories, observations of care, audit and mystery shopping to monitor compliance and inform actions.
- Patient Experience Action Plan 2011/12 to identify key work streams and build upon previous years' work and progress
- Dignity Training

#### **In Summary**

Improving the patients experience continues to be a high priority for the Trust. The results of the national in-patient survey remain disappointing but have improved from the 2009 results. Work continues to continually improve the patient experience in all Trusts settings and specialties.

Trust wide and local progress will be supported and performance managed via an updated patient experience dashboard and performance will be reported to the Trust Board.