

Title	PATIENT EXPERIENCE during February 2016 The proactive approach to gathering patients' experiences within the Trust			
Meeting	Board of Directors			
Date	29 th March 2016			
Executive Summary				
<p>From April 2015, the national CQUIN targets for the Friends and Family Test have been relaxed with a shift of emphasis from response rate targets and financial rewards to broader use of the question and expectations of service improvements as a result. The Trust's Carer and Patient Involvement Team have revised their process in order to accommodate this whilst building on the good will and success of the previous process.</p> <p>The Carer and Patient Involvement Team are making progress on identifying and mapping indicators of patient feedback as recorded across the Trust. This triangulation will provide a more holistic picture of patient experience resulting in a single approach by clinical services to take action and make improvements.</p> <p>The Carer and Patient Involvement Team have responded to the Executive Board's request for actions to be taken to address areas that have low response rates for Friends and Family Test returns.</p> <p><i>The Executive Board discussed this report on 14th March and asked that any service area that has a trend of lowering response rates and/or reducing user satisfaction, receives greater scrutiny and, if appropriate, support from the Carer and Patient Involvement Team to triangulate a range of safety, quality and experience indicators. Similarly, the Executive Board asked that any team with a consistently strong response rate and good satisfaction is recognised; as should be the case for the patient experience award winners referred to in section 7 of this report.</i></p>				
Recommendation				
<p>That the following are noted and agreed:</p> <ul style="list-style-type: none"> • The continued implementation of the Friends and Family Test as a baseline measure of patient experience according to national guidelines via the Friends and Family Test Plus process and its inclusion in national reporting • The development of bespoke survey work responding to indicators from the wider patient experiences reported to the Trust • The promotion of 'you said ... we did' action planning to ensure patient experience influences service development • To note the success of the Trust at the national Patient Experience Network national awards 2015 				
Report Author	Maureen Dale, Service Lead, Carer and Patient Involvement			
Executive Director/ Sponsor	Bob Brown, Executive Director of Nursing and Patient Safety			
Purpose of paper	Information	X	Discussion	X
	Decision		Assurance	X
	Specific action			

Implications	Staffing	Yes
	Finance	None
	Legal	None
	Public engagement	Yes
	Partnership	None
	Communication	Yes
	Equality & Diversity	Yes
	Clinical	Yes
	Patient Safety	Yes
Risk assessment and mitigation (include risk register reference if appropriate)		
Financial risk re: implementation and response targets (CAPI 4)		
Link to STFT Business Plan	Patient Safety, Quality and Experience	
Link to CQC outcome	Outcomes 1, 2, 3, 4 and 5	
Link to Board Assurance Framework	Patient Safety, Quality and Experience Workforce	
Link to Strategic Risk Register	Patient Safety	

REPORT TO BOARD OF DIRECTORS

PATIENT EXPERIENCE – during February 2016

1 Introduction

From April 2015, the national CQUIN targets for the Friends and Family Test have been relaxed with a shift of emphasis from response rate targets and financial rewards to broader use of the question and expectations of service improvements as a result. The Trust's Carer and Patient Involvement Team have revised their process in order to accommodate this whilst building on the good will and success of the previous process.

The Carer and Patient Involvement Team are making progress on identifying and mapping indicators of patient feedback as recorded across the Trust. This triangulation will provide a more holistic picture of patient experience resulting in a single approach by clinical services to take action and make improvements.

In addition to this, the Executive Board has asked for further information on actions being taken to address areas that have low response rates for Friends and Family Test returns. Actions taken based on January returns are outlined in section 4 of this paper and will be elaborated upon in future papers.

2 Standard Process

The Trust is required to follow national guidelines concerning the continued implementation of the Friends and Family Test but, within those guidelines, has been able to use the Test as a baseline to gather broader views in a systematic way. This builds on the national programme by providing information to clinical areas that enable them to make changes to improve patient care.

3 Friends and Family Test Plus

The Friends and Family Test Plus questionnaire has been rolled out and is now in use across all the services in the Trust. It is available in standard and easy read forms to enable patients of all ages and abilities to take part. As the focus of each question is the same in both versions of the Friends and Family Test Plus, feedback can be combined into one report for the clinical area.

In order to spread the pressure on community staff, pace the requirements for analysis and avoid survey overload with some patient groups, a rotation programme for community services has been implemented. In February, the community services are based in South Tyneside. Similarly, hospital outpatients have agreed a rota so each clinic is surveyed once per quarter. These rotations explain some changes in the month by month variation of numbers of patients responding.

The following table summarises the Friends and Family Test results for February 2016.

Service	no returne	% recom	Star
Elmville Short Break Unit	5	100	4.8
Community Matrons	0		
Intermediate Care	14	100	4.86
Urgent Care Team	29	100	4.97
District Nurses Ellison	42	100	4.87
SQUAD - Orthopaedic outreach	5	100	4.8
Adult SALT	48	97.92	4.79
Wheelchair Services- STDH	36	100	4.97
Podiatry	61	93.44	4.78
Physiotherapy	62	100	4.84
Bowel and Bladder	35	100	4.86
Colposcopy	15	100	5
LD Physiotherapy	9	100	4.88
Orthotics	36	86.11	4.34
Gynaecology physiotherapist	10	100	4.8
ARAS Team	6	100	5
MSK-Cats	33	87.88	4.48
Biomechanics	44	95.45	4.64
Diabetic Specialist Nurses	57	100	4.89
Tier 4 Diabetes Service	0		
Retinal Screening Service	195	98.48	4.89
Cardiology Specialist Nurse	38	97.37	4.84
Phlebotomy	29	89.66	4.55
Sexual Health	133	100	4.93
Community Dental	214	98.13	4.87
Radiology fluoroscopy	3	100	5
Radiology MRI	47	100	4.89
Radiology Palmer	73	98.63	4.89
Radiology CT	19	100	4.95
Radiology ultrasound	4	100	4.75
Radiology plain imaging	46	93.47	4.73
Dietetics	13	92.31	4.62
Specialist Palliative Care Nurses	24	100	5
SPC - OT	15	100	4.93
LD Community Nurse	32	94	4.93
LD Liaison Nurse	24	100	5
Community Stroke Team	29	100	4.83
Community Falls Clinic	16	93.75	4.87
Sexual Health Matrix	18	100	4.83
Uro-gynaecology nurse	12	100	5
medical physics	32	100	4.84
Children's Therapies (OT)	7	100	4.86
Children's Therapies (SALT)	36	100	4.83
Children's Therapies (Physio)	42	100	5
Family Nurse Partnership	25	100	4.84
Health Visitors Hebburn / Jarrow	285	99.3	4.93
Children's Community Nurses	8	100	4.88
Children's bowel and bladder service	22	95.45	4.9
Ambulatory care	2	100	5
Talking Therapies	129	99.22	4.8

CAMHS	22	95	4.8
A&E	179	92.18	4.57
Ward 12	17	100	4.88
Endoscopy Day Ward	0		
St Benedict's DC	20	100	4.95
OHDCU	0		
EAU	17	100	4.88
Ward 1	40	85	4.28
Ward 5	19	89.47	4.47
Ward 6/ CCU	29	96.55	4.79
Ward 10	59	94.92	4.76
Ward 3	16	71.3	4.48
Ward 7	10	100	4.9
Ward 9	38	75.5	4.65
ITU/ HSDU	0		
Ward 2	7	85.72	4.43
Ward 19	33	96.96	4.76
Primrose Hill (now ward 20)	5	60	3.2
Ward 8 - Stroke Unit	15	93.33	4.67
St Benedict's IPU	7	100	5
Ward 25	13	100	4.85
Ward 22	59	100	4.85
SCBU	0		
A/N Consultant 36wk	29	89.66	4.32
Community A/N 36 wk	9	88.89	4.67
Community P/N	4	100	5
Homebirth Delivery	0		

Satisfaction rates and star ratings are included in the table. From April 2015, NHS England has used the percentage satisfaction rates to replace the Net Promoter Score. This is calculated by reporting the number of people who rated 'extremely likely' and 'likely' expressed as a percentage of the total number of respondents, including those rating 'don't know'.

Star ratings have been included as they have been reported to the Trust Board and staff since Friends and Family Test started. These are calculated by allocating a score to each rating (5 for 'extremely likely', 4 for 'likely' etc.), multiplying by the number of raters and dividing by the total number who rated. This gives a rating out of 5 stars and excludes the 'don't knows'. It is proposed to continue to use the star rating in order to differentiate clinical areas which score 100% with a mixture of 'extremely likely' and 'likely'.

The Carer and Patient Involvement Team are working with staff and patients to display results in an attractive and understandable way. The following word cloud represents Friends and Family Test comments made by patients during February 2016.



From December 2015, a service receiving fewer than five responses in a given month, will not receive a report from the Carer and Patient Involvement Team. When additional responses are received in subsequent months, a combined report will be prepared and shared. This is to ensure that information given to services is of significance and developments are not based on minority opinions.

The Carer and Patient Involvement Team monitor every service closely, working with clinical teams to facilitate improvements in uptake, e.g. use of promotional materials, re-positioning of collection boxes, education of newly appointed staff. The Team work with services to record and implement actions resulting from patient feedback.

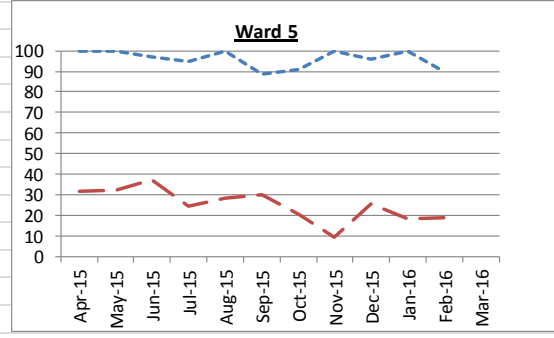
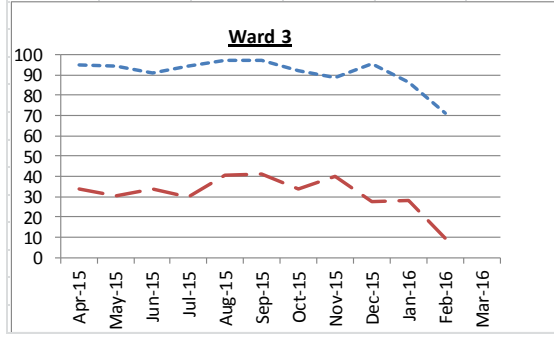
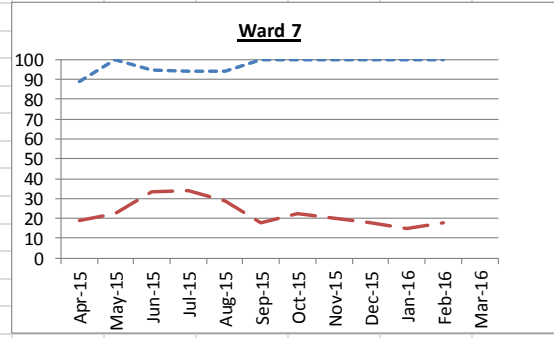
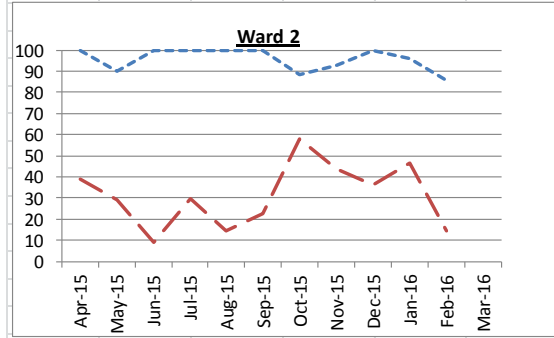
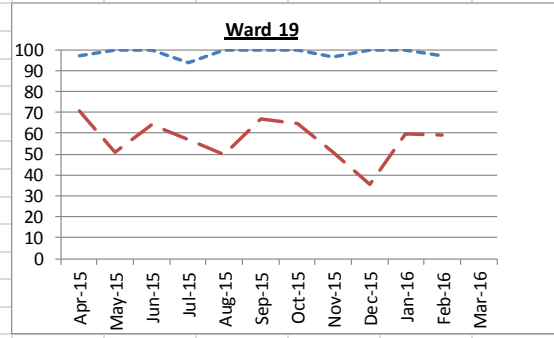
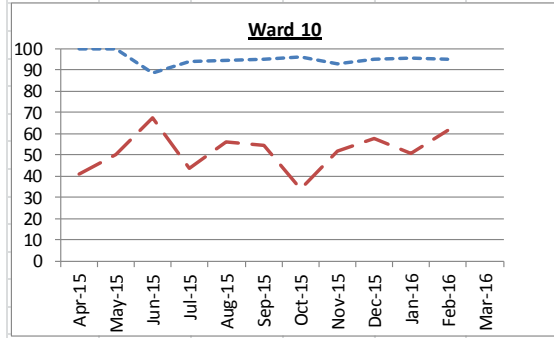
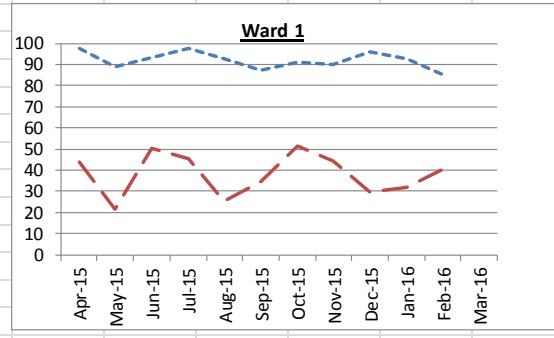
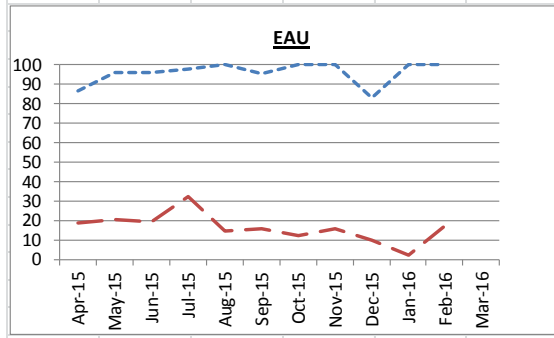
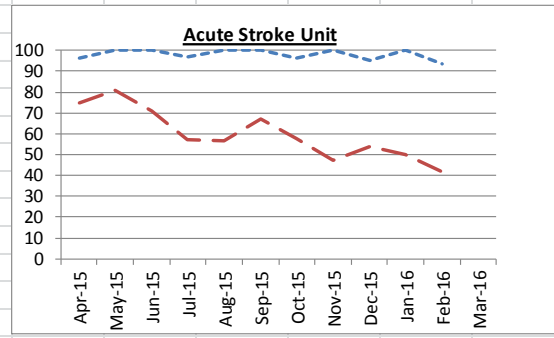
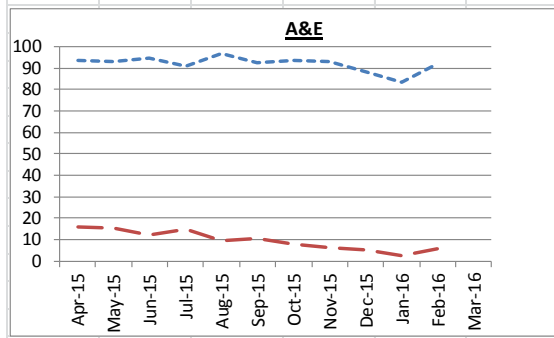
Action is also taken to improve response rates from services. Facilitators liaise with service areas to determine reasons for falling rates and suggest strategies for improvement. Reasons for reducing rates include:

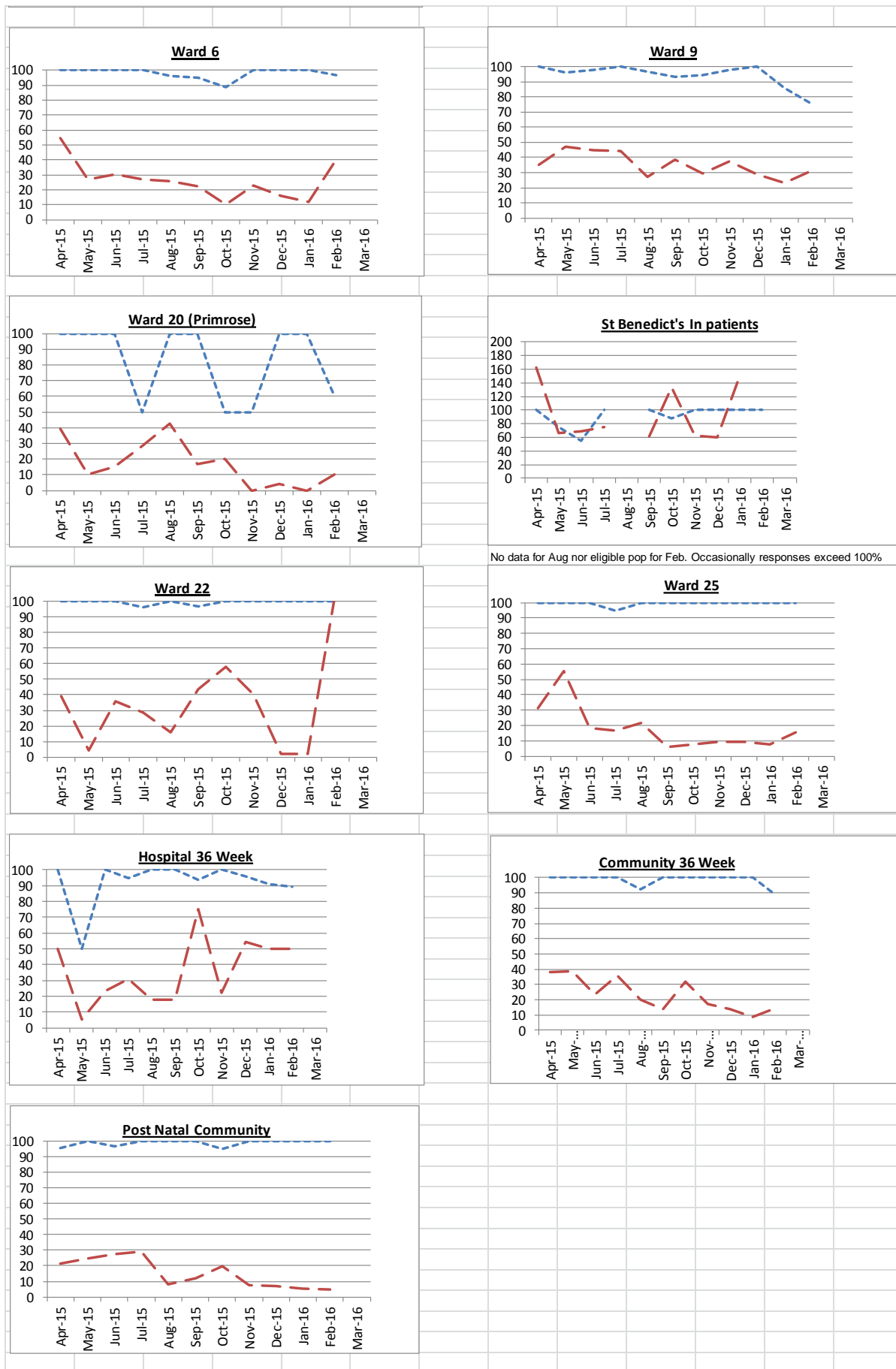
- 'questionnaire fatigue' – numbers of patients who decline the questionnaire are being monitored to assess the scale of this.
- key members of staff are unavailable through sickness or maternity leave – the service is encouraged to allocate deputies
- services required to treat acutely ill patients who may not be well enough to complete a questionnaire at the end of the team's involvement – other methods of completing the forms are being explored

Following active promotion from CAPI Facilitators, response rates in inpatient areas during February improved when compared with January results. However, the reduced levels in wards 2 and 3 and maternity services demonstrate the importance of consistent reminders.

Trends in response and satisfaction rates for inpatient areas since April 2015 are shown below. Since there are no CQUIN targets for response rates in 2015/16, there is no longer a financial incentive and commitment is now competing with many other priorities facing services. This is reflected in some services showing downward, or fluctuating, responses. However, the national Quality Observatory monitors the numbers of responses every month and flags exceptions, requiring explanation from the Trust where there are significant increases or decreases.

Key : short dashed line is satisfaction percentage; long dashed line is response rate





No data for Aug nor eligible pop for Feb. Occasionally responses exceed 100%

Demonstration of trends will continue and will be extended to include other Trust services in future reports.

4 Specific Patient Experience Studies

The Carer and Patient Involvement Team offer a suite of methods for gathering patients' experiences in order to plan bespoke work, tailored to suit the requirements of the individual service. These studies have the potential to explore in more detail the patients' perspectives on recent service developments, in depth views on issues identified via other means, e.g. NHS Choice comments, Open and Honest Care interviews or to explore patients' views in advance of changing the way services are delivered. Additional methods in this suite can also include narrative based patient stories. The Carer and Patient Involvement Team have begun to plan this work and initiated studies and have planned projects with clinical services focusing on issues raised in Open and Honest Care audits and also to support tender and funding bids.

5 Reporting to cross cutting services

Reports of patient feedback made via Friends and Family Plus and other surveys conducted by the Carer and Patient Involvement Team on services that cut across clinical fields e.g. domestic services, catering, car parking are provided to relevant managers regularly according to volume of feedback and urgency. Comments made by services provided by organisations other than the Trust are shared with the appropriate patient experience contact. Issues relating to other NHS Trusts are forwarded to the appropriate patient experience lead.

6 Actions planned as a result of patient feedback

Clinical areas are encouraged, as part of open and honest care, to plan developments as a result of feedback and noting when developments are not immediately possible to implement. This is part of the 'You said ... we did' process and demonstrates the potential for utilising patients experiences to continually improve services.

The action plans are shared with colleagues in order to monitor progress, providing support when necessary, to ensure improvements are made.

The following action plans were developed from comments made by patients via Friends and Family Test Plus and Real Time Feedback during January 2016.

Clinical Team	You said We did
Radiology	MRI Better seating in the patient waiting area. A much quieter machine.	 We are currently sourcing a set of new chairs for patient waiting area. Plans are in place to procure a new MRI scanner with quieter imaging functionality. (action as part of the equipment replacement programme, importance of quieter functionality based on previous similar comments)

	<p>Plain Imaging</p> <p>Do you need a hand to complete form (damage to hand!)</p> <p>Ultrasound</p> <p>Staff could be more empathetic on arrival.</p>	<p>Radiographers and Radiology Assistants reminded to offer support if a patient or carer is unable to complete the form.</p> <p>Feedback shared with the Sonographer, Radiology Assistant and A&C cohorts to support reflective practice.</p>
<p>School Nurses</p>	<p>They could tell you (quietly) your weight I would like to have known my weight I would like you to whisper our weight into our ears That they told you your weight as well</p> <p>Shorter waiting time</p>	<p>The majority of negative comments relate to the National Child Measurement Programme (NCMP) over which we have little control.</p> <p>The procedure is for school nurse assistants <u>NOT</u> to tell children their weight.</p> <p>I can only assume this relates to the NCMP. Staff can liaise with schools and request that fewer pupils are brought to sessions. This would slow the process for the school nursing service but reduce wait time for children. Wait time is a matter of minutes only.</p>
<p>Children and Adolescent Mental Health Service</p>	<p>I think parents should be able to stay</p> <p>Get more pens</p> <p>Do more den building</p>	<p>Staff to continue to ensure that where appropriate parents are offered the opportunity to attend appointments, contribute to assessments and attend reviews with their children.</p> <p>That pens and stationary are available in the waiting areas and are checked on a weekly basis.</p> <p>We work in creative ways with children and young people and aim to tailor sessions to meet individual needs. All assessments include interests and hobbies which are used to inform our practice and approach.</p>
<p>Ward 10</p>	<p>Carried out everything we say we will..76%</p>	<p>Try to ensure if we say we are going to do something then carry it</p>

	<p>Patients feel not always involved in decision making. 69%</p> <p>Lots of positive feedback.</p>	<p>through.</p> <p>Ensure information from ward rounds is relayed to patients in an understandable way.</p>
<p>Infection Prevention and Control</p>	<p>10% of patients replies “<i>I am undecided</i>” when asked, ‘do you feel you can ask questions?’</p> <p>10% of patients replied “<i>I agree a bit</i>” when asked if ‘staff talked to me about what is going to happen’</p> <p>10% of patients replied “<i>I agree a bit</i>” when asked, ‘do staff ask permission before they carry out care and treatment?’</p> <p>10% of patients replied “<i>I agree a bit</i>” when asked, did ‘Staff do what they said they would?’</p>	<p>We will ask all patients if they have any questions. Ensuring we give our contact details in case further information required.</p> <p>We will ensure we clearly explain to patients what is happening at the time and any planned IPC care to follow.</p> <p>We will ensure we explain and gain consent from patients before we carry out care and treatment.</p> <p>We will ensure we ask patients if they feel we have not fully preformed any planned IPC care.</p>

7 The Patient Experience Network National Awards 2015

The Patient Experience Network is an independent, ‘not-for-profit’ membership based network. They welcome all involved or interested in delivering the patient experience – with a commitment to continuously improve. The Network’s goal is to provide a valuable resource and service for NHS and other organisations wishing to improve patient experience.

The Patient Experience Network National Awards 2015 ceremony was held at Birmingham Repertory Theatre, March 2nd 2016. Of the seven shortlisted Trust entries, there was one winner, four runners up and two finalists as follows:

WINNER of the Communicating Effectively with Patients and Families category
Screening people with a learning disability for bowel cancer
 Author: Mandy Bowler, Clinical Business Manager; Peter Nash, Learning Disabilities
 This entry was also a **FINALIST** in the Staff Engagement / Improving Staff Experience category

RUNNER UP of the Bringing patient experience closer to home category
The introduction of using Entonox in the Community for children facing distressing and /or painful procedures
 Author: Team members of Children’s community nursing team South Tyneside Foundation trust. G Gunn, A Long, C Riley and AJ Swindon

RUNNER UP of the Partnership Working to Improve the Patient Experience category

One stop for healthcare checks for diabetic patients

Author: Helen Bone, Safe Care Lead – Diabetic Screening Service

RUNNER UP of the Access to Information category

Rapid Response Pathway Initiative

Authors: Michelle Newton: Clinical Lead Speech and Language Therapist, Special Needs Team; Sian Crichton: Specialist Speech and Language Therapist, Rapid Response

RUNNER UP of the Innovative Use of technology / social media category

Technology Enabled Care Solution in Maternity Care

Author: Sue Unsworth, Senior Clinical Informatics and Benefits Facilitator. Business Change Team

FINALIST of the Support for caregivers, friends and family category

Supporting Carers of people using hospice services

Author: Joy MacDonald, Day Services Manager, St Benedict's Hospice



L to R : Carol Singleton representing the Business Change Team; Joy McDonald from St Benedict's Hospice Day Care; Peter Nash, from the Learning Disabilities Team; Maureen Dale, representing Children's Community Nursing, Diabetic Screening and Speech and Language Team who were unable to attend

8 Recommendation

That the following are noted and agreed:

8.1 The continued implementation of the Friends and Family Test as a baseline measure of patient experience according to national guidelines via the Friends and Family Test Plus process and its inclusion in national reporting

8.2 The development of bespoke survey work responding to indicators from the wider patient experiences reported to the Trust

8.3 The promotion of 'you said ... we did' action planning to ensure patient experience influences service development

8.4 To note the success of the Trust at the national Patient Experience Network national awards 2015