

Progress update on patient experience

December 2013

1. Overview

Barts Health is committed to using patient feedback and patient experiences to continuously improve our services. This report provides an update to the outer north east London Joint Overview and Scrutiny Committee on how the Trust involves patients in improving the delivery of our care. Tracey Carter, Deputy Chief Nurse, and Lyn Hinton, Associate Chief Nurse will attend the meeting of the committee on the 7 January to answer any questions on this paper.

2. Patient stories at Trust Board

The Trust Board meetings begin with a story from a patient's experience. The patient story is an account of one event or episode of care, given directly to the Board so that we can understand what happened and why. By actively listening to real experiences the Board will see our organisation through the patients' eyes and be able to maintain a focus on continually improving patient safety and experience from the patients' perspective. The story is discussed in detail with the patient and recorded in the public minutes with relevant actions. The story is also discussed within the Clinical Academic Group and action plans are implemented and monitored at quality and safety meetings.

The Board has agreed that each CAG will support a patient and a staff story from their services to Trust Board each year, and members may also request stories that relate to a specific Trust objective or that highlights a prominent theme from complaints. An annual event will also be held where all patients who have told their story to the Trust Board, will be invited to meet with members, hear how their story has made a difference and to review any changes made as a result. The first event will be held in spring 2014.

3. Patient forums and representatives

Although the development of the original patient engagement forums was slowed down earlier this year, the Trust continues to support and nurture all the volunteers recruited and use their valuable expertise and knowledge. In addition, the Whipps Cross patient panel has continued to give robust support and commitment to the site.

The patient panels and representatives currently in place provide support and are involved in the CAG Boards and service line activities and formal peer review inspections. We have also strengthened involvement in key areas of work – for example in our dedicated excellence in older people's care programme we are working closely with an external assurance panel and Age UK London, and members of the Whipps Cross Patient panel and other local patient representatives are working with us to support ward managers and speak to patients to help influence decisions and improve patient experience. Individuals recruited to CAG Boards also continue to work closely with clinical leaders to ensure patient feedback is directly used in service improvement.

The development of revised patient panels will be picking up pace in the New Year and will be linked to the improvements we are making in site based leadership and support. We will work with patient representatives and Healthwatch to develop a model which is sustainable and suitable to local needs. This may include exploring communities of interest and for task and finish groups. It is expected that this work will begin in January next year and we would be happy to attend a future meeting of the committee to update on progress.

4. Working with Healthwatch

Senior nursing and communications colleagues regularly meet with City, Hackney, Tower Hamlets, Newham, Redbridge and Waltham Forest Healthwatch leads to discuss patient experience and share ideas for improvement. As part of this partnership, a new process to share detailed information from our PALS and complaints services has been agreed. The raw data which will be provided consistently on a monthly basis will be anonymised to enable Healthwatch analysts to manipulate the data into reports they require. An overview report of PALS and complaints data including the top three themes and issues, the cases by site, the initial contact method, PALS data by CAG and the top 10 themes will also be provided to Healthwatch every six months. A copy of this report is provided as an appendix to this paper.

We have also agreed a more robust and efficient process to consider recommendations and agree actions as a result of Healthwatch enter and views. The new process will be led by Hospital Directors and CAGs, with appropriate action plans monitored at service quality and safety meetings and reported to the Quality Assurance Committee.

Healthwatch continue to receive written briefings, request to support structured, formal Peer Reviews and other engagement opportunities in the Trust, and we expect relationships will be further strengthened with the introduction of Hospital Directors and lead site nurses. Healthwatch are also keen to work with the Trust in the New Year on developing local communities of interest and patient forums and we welcome their support.

In addition to the above, and in partnership with the CCGs, Healthwatch managers attend on a quarterly basis the WELC and Barts Health strategy meeting to support discussions around local health services.

5. Listening to patient feedback

The Trust is committed to improving patient experience by actively responding to the results received from national patient surveys. On 1 October, we also introduced real time feedback questions that we scored poorly on in the inpatient survey, the Care Quality Care Commission (CQC) indicators and the commissioning for quality innovation (CQUIN) questions.

- Did you have confidence and trust in the Doctors treating you?
- Did you have confidence and trust in the Nurse's treating you?

- Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you involved in decisions about your discharge from hospital

The questions are on the reverse of the Friends and Family (FFT) cards and in all inpatient adult wards.

The Trust has also implemented the Friends and Family Test (FFT) in adult inpatient and emergency departments since April 2013. The FFT is a temperature check for the organisation measured by how likely they are to recommend the service to a loved one. The percentage of patients taking part has increased at Barts Health and is average when compared nationally. The wards have responded well to the task of engaging patients with the initiative and the Emergency Department have made good progress, including securing funding for a counter system in the department. This will enable patients to rate their experience by dropping a coloured counter into a box thereby reducing barriers such as not having a pen, insufficient literacy or English language. Patients can still write comments on a card if they wish to clarify their rating choice.

The introduction of FFT across our maternity departments in October this year will also help further improve the service for patients. Feedback for maternity is sought at the 36 week antenatal appointment, at the end of the delivery/hospital episode and 10 days after, when the mother and baby's care is handed over to the health visitor and GP.

We expect FFT will be implemented in outpatients and day-care across all our hospitals in 2014 and all areas by April 2015.

6. Improvements to our PALS service

A change to the way that the PALS operate was introduced as a pilot on 1 July 2013.

The purpose of providing a centralised PALS Hub is to achieve the timely and effective triage of patients who call to request information; raise a concern; provide feedback or to make a complaint and thereby facilitate the earliest possible resolution. Contact is available through fax, email and telephone. There are 3 lines available and a voicemail facility for people to leave a message should the lines be engaged.