The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Catherine Morgan Director of Nursing	Decision		High	Med	Low
	Discussion	✓		✓	
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Claire Roberts Associate Director of Patient Experience	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Emma Harrison Paul Holley-Smith Susan Hollins Sophie Wilson Vicky Townsend / Elaine Gooderson			FFT Update report 18.09.15		
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: 24th November 2015

Report Title: Patient Experience – update report on developments during last six months

PURPOSE:

To provide the Board with an update on the developments that have taken place within the Patient Experience departments during the last six months and to advise how it is intended to take these developments forward into 2016.

SUMMARY:

This period has been characterised by a significant level of change in all the Patient Experience departments with the appointment of new leads, re-structuring and the launch of a number of new initiatives to improve the experience of patients and their families. Alongside individual improvement plans, these departments are now forging a common identity and developing joint initiatives to provide support and leadership to departments to help them improve patient experience. This report provides a resume of the developments that have taken place to date, an indication of future plans and concludes with how this work will come together in the launch of a new Patient Experience and Public Involvement Strategy in December and a refresh of the work of the Patient Experience Steering Group.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

Improvements in patient experience underpin organisational improvement.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓		✓		✓

RECOMMENDATIONS:

The Board is requested to note recent developments undertaken by the Patient Experience departments and their future plans.

PATIENT EXPERIENCE – UPDATE REPORT ON DEVELOPMENTS DURING LAST SIX MONTHS

1. INTRODUCTION

Improving the experience of the patient is obviously a concept that underpins our service provision throughout the organisation. However, there are a number of related departments that particularly come under the banner of 'patient experience' and this report aims to provide the Board with an update on the activity and achievements of these various departments during the last six months and to illustrate how the departments have come together to create a distinctive patient experience focus within the Trust.

This process has been supported and aided by the circumstance that each of the contributory departments has appointed a new lead within this financial year and this has provided an opportunity for new ways of working and for developing an integrated team from the outset.

The leads for each of these services have now joined the Patient Experience Steering Group and this group now provides a clearer vehicle for coordinating and monitoring the various aspects of patient experience and setting a direction of travel for future developments.

2. PATIENT EXPERIENCE DEPARTMENT

A new Lead for Patient Experience and Public Involvement, Emma Harrison, was appointed in May and this enabled a slight re-structure within this small department so that some funded hours could be subsequently used to create an additional supportive administrative post. This has enabled a more comprehensive level of cover and support to be provided to the wards and departments to improve compliance with the requirements of the Friends and Family Test (FFT) and to look at how the results of the FFT process can be better utilised to improve patient experience.

The Board has already been made aware that the change in the reporting parameters for FFT at the beginning of the financial year led to a decline in performance and the focus for the Lead has been to restore the Trust's compliance with the target response rates. This has involved a significant number of initiatives including training for those new areas now brought into the scheme, the use of coloured cards for procedures, the introduction of processes for outlying activity such as in clinics at North Cambridgeshire Hospital, the identification of local champions and the creation of new posters and ballot box branding to promote the value of FFT with both the public and members of staff. The Trust's performance in terms of inpatient and day case activity is now sustained and above the target response rate. The Emergency Department continues to have a more variable performance but in recent weeks has demonstrated a more reliable performance in line with the target response rate.

The Patient Experience Lead works closely with the Voluntary Services Manager and a number of volunteers have been identified to provide support to individual patients on the wards to enable them to participate in providing feedback via the FFT process and in doing so, support the Trust in meeting its response target.

This has been only half of the story as the critical element is what the Trust does with the information it receives. The Lead now provides half weekly updates to wards on their response rates in addition to the weekly and monthly detailed reports on response rates, response scores and individual patient comments. Negative comments are shared with the wards and departments on the day of collection to allow actions to be taken immediately to address or rectify problems and then each department receives a compilation of all the other comments on a monthly basis. The monthly reports are formatted for sharing with the team

and include the response rate, the numbers recommending or not recommending the service and the 'you said, we did' actions that have followed the comments.

In addition to this level of information, any comments on Patient Opinion or NHS Choices are immediately shared with the departments or services concerned and departments have demonstrated a real willingness to investigate and address adverse comments where it is possible to do so. Bespoke reports are also provided to committees and groups such as the Learning Disability Steering Group to ensure the views of more vulnerable patients are captured and acted upon.

The Lead has provided information to enable the patient voice to be heard in the business planning process and this has included information for the Clinical Systems Project Manager reviewing the maternity pathway. Clear changes have been implemented as a result of comments received including now booking women for induction straight into the Central Delivery Suite rather than onto Castleacre ward.

In terms of an outward focus, the Lead coordinates communication with Healthwatch and has been instrumental in organising follow up to the Healthwatch report on Children and Young People and more recently on Migrant Workers accessing health care. The Lead is a member of West Norfolk Patient Partnership and so is able to respond to feedback from local GP practices and is working with Community Action Norfolk and the Norfolk Rural Community Council in their work with young people, ensuring that young people can have a voice in service developments within the Trust.

The department has coordinated the Trust's participation in national surveys of patient opinion and in the last six months the Trust has received and acted upon the National Children and Young People's survey, including holding a multi-agency workshop to develop an appropriate action plan. The national inpatient survey collections have recently been completed and the next cancer survey is due to begin shortly.

Impending developments include further work with migrant workers; work with 'Iwantgreatcare' to develop and provide more comprehensive report matrices for individual wards and departments and to display these for the patients and public to see; and engaging local schools in redesigning our FFT ballot boxes.

3. VOLUNTARY SERVICES

The Voluntary Services Manager, Paul Holley-Smith, was appointed at the beginning of July and he has endeavoured to deal with some of the legacy issues in terms of governance and personnel management as well as develop a new, more visible role for volunteers within the organisation. He is a member of the National Association of Voluntary Service Managers and as such has been able to benefit from sharing information on best practice with other managers.

Significant improvements have been made with the recruitment process and the management of personnel records for the volunteers. There is now a streamlined recruitment process and the Trust now has 250 'live' volunteers with another 30 in progress. The details of all volunteers are now recorded on ESR so that training needs and DBS requirements can be adequately monitored and followed up. All volunteers have now got a personnel record and those identified that have not been subject to DBS clearance in the past have now been issued with a DBS form to complete (34 identified with 40% completed to date). Along with these improvements changes have been made to the meal voucher scheme to ensure more equity and improved oversight of its usage.

The Saville report highlighted the need for volunteers to have adequate recruitment checks but also to receive training in terms of safeguarding and other key skills. A bespoke

programme is now in place to ensure compliance with this requirement by the end of the financial year. All new recruits receive training at the outset and existing volunteers have been informed that they must attend one of the scheduled training sessions over the next few months in order to be able to continue as a volunteer. The training programme has commenced with 27 volunteers attending the first session. Additional training is being sought and provided for volunteers in key areas to provide them with the skills to support their role. This has included customer service training, language lessons and dementia awareness training. Relationships have been established with MIND and it is hoped to offer Mental Health First Aid courses in the future.

New opportunities for volunteers have been identified and this has included an interdepartmental information exchange in which ward sisters and departmental heads can ask for additional support, sometimes at short notice. The Voluntary Services Manager has supported the Lead Chaplain in recruiting volunteers from Alcoholics Anonymous (AA) to provide support for wards in helping patients with alcohol problems to be successfully befriended and supported on discharge. There are now 14 AA volunteers recruited.

Volunteers are now supporting all the other patient experience departments, including the PALS and Complaints Department, where they are assisting in managing the patient travel claim process. A bank of volunteers is being established who will be available to be called upon if a Major Incident occurs. The Voluntary Services Manager has established links with the College of West Anglia and Springwood School and with the Work Experience and Apprenticeship schemes to look at how the Trust can provide opportunities for young people to volunteer and to look at the possibilities for young people to gain 'work ready' experience. The Board will note that the Trust now has a young school girl volunteering on the front desk on occasions.

Communication with volunteers has been improved through the provision of a monthly electronic newsletter that not only keeps volunteers up to date but highlights particularly good work by volunteers and forthcoming training and volunteering opportunities. As part of an overall strategy to try and improve volunteers' sense of being valued and being a vital part of the Trust, a question and answer session was held with the Chief Executive.

Other recent developments have included the re-establishment of the Pets as Therapy scheme.

Developments for the future include updating the image of the volunteers by providing a more modern uniform, the possible introduction of the 'Time Credit' scheme to provide an incentive and reward scheme for volunteers, increased partnership and network working outside the Trust, to work towards formal accreditation of the service and the possible introduction of a volunteer driven buggy to transport infirm patients around the Trust.

4. CHAPLAINCY SERVICE

This is the most recent member of the patient experience group but it has been a very mutually beneficial addition. A new Lead Chaplain, the Rev'd Susan Hollins, was appointed in June this year and she has since led a consultation process to look at the role of the chaplaincy service within the organisation. The consultation focused on the changing patient profile and how the Chaplaincy service could best support patients and their families within the resources available.

The outcome of the consultation led to two main outcomes:

- Three chaplains will continue to provide a 7 day service with full on call cover but the on site presence will be better distributed with two chaplains available during week days with one chaplain working on site Saturday and Sunday morning.

- The provision of a Sunday Service in the Sacred Space has ceased from the 11 October. This decision reflected the increased frailty of most inpatients and the inappropriateness of trying to transport such patients to the Sacred Space. This will be replaced over the weekend by bedside administrations.

The consultation has provided the opportunity for establishing new ways of working with an emphasis on ensuring a more integrated pastoral role for chaplains in service provision. This includes attendance at multi-disciplinary team meetings in key areas such as the Stroke Unit, Macmillan etc and an increased presence in departments such as the Emergency Department, where the presence of a chaplain can provide support for patients and their families in challenging or emergency situations.

The Lead Chaplain has been instrumental in developing and establishing the links with Alcoholics Anonymous and the Norfolk Recovery Partnership to initiate the support scheme for patients with alcohol problems admitted into hospital. This scheme aims to support the patient in hospital and then provide a bridge into the community and ongoing support on discharge to prevent re-admittance and a failure in completing detox therapy and in attending Alcoholics Anonymous meetings. This scheme has been launched in conjunction with the Voluntary Services Manager and is now up and running.

The Lead Chaplain is also working closely with Alexis Mack, Macmillan Information and Support Service, in developing the ward companion concept. Volunteers joining either as ward companions or Chaplaincy volunteers will now receive the same training over a period of one month and this will equip them for either role and in any ward area in the Trust.

The chaplains are now taking on individual portfolios and will focus on paediatric services, stroke services and working with the frail elderly. It is hoped that this will lead to a greater pastoral presence in these areas and the development of new services such as a 'sensory' service on West Raynham and West Newton ward one afternoon a week.

Alongside these service developments the Lead Chaplain has submitted a business case which is in the final stages prior to full approval to introduce Ulysses, a bespoke IT system for chaplaincy services that integrates with the hospital administration system and meets all the requirements for information governance. This will support improved communication, continuity of service to individual patients and provide measurable outcomes to ensure transparency in how the service contributes to improving patient experience.

Future developments will include the provision of ward-based sensory services, the strengthening of the ward companion / chaplaincy volunteer programme, the implementation of Ulysses in December and the development of links with all local parishes and deaneries to develop an increased understanding of the role of a hospital chaplain and better integrated working.

5. PALS AND COMPLAINTS

The Board receives regular reports on performance indicators in relation to complaints and PALS activity so this report will focus on new developments in the service. Like the other departments this service has also seen the appointment of a new Complaints Manager, Sophie Wilson, and this month the recruitment of a replacement Complaints Officer.

During the last six months the service has launched and fully rolled out the complaints module onto DATIXweb. All complaints are now managed via DATIXweb and all correspondence and other communications are stored electronically. This has led to a streamlining of the service and an increased ability to track and monitor performance. Since the appointment of the current Complaint's Manager the Trust has consistently met the response target of >90% of response letters being sent within 30 days.

The department has recently assumed responsibility for processing all patient travel claims alongside its other activities. The Complaints Manager is working with the Voluntary Services Manager to enable volunteers to become involved in processing the claims so that the PALS officers remain free to visit the wards and to deal with the almost continual level of face to face enquiries at the main entrance.

The provision of a PALS and Complaints email address and the contact details provided on responses on NHS Choices and Patient Opinion has led to an increased number of people approaching the department or the Associate Director of Patient Experience directly for support in addressing concerns or complaints.

Future developments will include the provision of more detailed reports for Divisional and Specialty governance meetings providing information on the individual aspects of complaints and themes affecting particular services or departments. It is also intended to roll out a training programme for those who investigate and respond to letters of complaint to improve the standard of investigation and the quality of the letter of response.

6. INTERPRETER SERVICES

This service is hosted and managed within the Patient Experience portfolio. The coordination and recording of bookings ensures the Trust has an accountable system for booking face to face interpreters. This year has seen the role become a job share post.

It is intended to review the system over the next two months prior to the commencement of the tender process for the new contract in April 2016. As part of this review, a survey of all the Trust staff will be undertaken to establish what languages are spoken within the organisation and to look at how the Trust's internal resource could be utilised to provide a responsive service to supplement the use of external interpreters, enhance patient experience and reduce the cost of the service.

7. IN CONCLUSION

The Patient Experience departments have over the last six months forged a supportive and collegiate relationship. This has enabled the development of initiatives to improve patient experience and has led to increased awareness amongst staff of the importance of viewing all service provision through the eyes of the patient. In December the Associate Director of Patient Experience will be submitting a proposed Patient Experience and Public Involvement Strategy for approval that will encompass some of these programmes and work streams described in this report but also other initiatives that will look to focus on safeguarding the experience of patients that are particularly vulnerable due to mental illness, learning disability, frailty or migrant status. The strategy will also recognise the need to consider carer and family experience as an integral part of patient experience.