Quality Report
A focus on Patient experience

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Patient experience – A range of actions

- Opportunity for the whole Board to understand the range of systems and processes in place to support improvements

- Process for reviewing and triangulating pt experience information

- The role of PEIP and senior Nurses & work programme

- How our work aligns with national and regional patient experience programmes for improvement.
Fundamentals- Baseline data

- Patient services team – Complaints and PALS
  - 3.5% increase in complaints in 2011/12

- Refined and improved process-
  - Case management approach to making a personal approach to patients and families.
  - Clinical centre focus on building on making personal contact to support complaint investigations.
  - 42% increase in closure rate in Quarter 4

- PALS- 1,962 concerns but 3000 compliments

- Serious Complaints presented to a Trust wide “High risk Scrutiny” group- looking at joint issues and “hot spots”
Main themes

• PALS and complaints in 2011/12 identify
  – Care, monitoring and delays
  – Outpatient appointment problems
  – Communication issues involving patients & carers

• Main areas complained about were
  – Outpatients
  – A&E
  – Car Parking
Ward to Board – Quality Assurance

• Range of questions used to test out patient experience as well as care standard issues
• Sept to date – providing a picture of the areas of priority
• Privacy and Dignity surveys - future approach
  – Timely response to call bells
  – Discussion on medication
  – Preparing patients for discharge
Comfort rounds and improvements

• A process of comfort rounds- Sept ’11
  – Improved evaluation by patients and staff
  – Recognised improved focus on tissue viability
  – Refined document –
    • to include hydration,
    • pain, SKINN care bundle
    • & Dementia care plan where required

• National process and alignment
Inpatient and Outpatient action plans for improvement

• Outpatient survey published February 2012 – Bi-annual
  – patient information
  – Waiting times information in OPD
  – Involvement in care choice/ treatment
  – Explanations given to patients about tests & treatment

• Action plan for improvement

• Ward to Board measures- enabling real time patient feedback will be rolled out in A&E, Outpatient Dept during the summer of 2012

• PEIP work programme will support other methods of feedback
Inpatient national survey

- Annual survey-
  - consistent with last published report
  - Month on month improvements
  - Consistent with real time patient feedback (ward to Board).
  - Need for patient representatives to work with us to keep the pace of improvements
- Information about discharge & contact points after discharge
- Information on medication and side effects
- Improve the quality of the patient experience – mealtimes (protected mealtimes)
Patient experience Action team

- **PEAT- annual survey- Excellent in each section**
  - Monthly planned PEAT visits across both sites
  - Monitoring estate, facilities and cleanliness
  - Patient representatives

- **PEIP**
  - Supporting putting patients first
  - Training programme
  - Expanding group representing all patient / client groups
PEIP programme

• Real time patient feedback- Protected meal time audits
• Observations of Care
• Collecting patient stories and Diaries
• Ward reviews following triggers/ concerns
• Planned reviews
• PEAT inspections
• Committee challenge and holding to account
• Real time patient emerging from 2010 white paper- strengthening efforts to tackling poor clinical outcomes & perceived insufficient focus on patient experience and patient engagement.

• “No decision about me, without me”
  – 10% of all discharges per week
  – “How likely is it that you would recommend this service to friends and family?”
  – Answers mapped to
    • Promoters (extremely likely)
    • Passive (likely)
    • Detractors (neither likely or unlikely)

5500 discharges in March- 138 pts per week across both sites