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| **Report to:** | Clinical Governance Committee  | **Agenda item:**  |  |
| **Date of Meeting:** | 24 September 2018 |

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| **Report Title:** | Patient and Public Experience and Involvement Progress on our Priorities – July 2019 (mid-year update)  |
| **Status:** | **Information** | **Discussion** | **Assurance** | **Approval** |
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| **Prepared by:** | Katrina Glaister, Head of Patient Experience |
| **Executive Sponsor (presenting):** | Lorna Wilkinson, Director of Nursing |
| **Appendices (list if applicable):** | Patient and Public Experience - strategy |

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| Recommendation:  |
| The Board is asked to note this report. |

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| **Executive Summary:** |
| This report provides a mid-year update of report of progress against our Patient and Public Experience and Involvement Priorities:1. **Communication**

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients their families and their carers 1. **Working together**

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved1. **Outstanding care**

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staffAreas where the PALS team have identified work for 2019/20 are also presented |

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| Board Assurance Framework – Strategic Priorities  | Select as applicable  |
| Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do |[x]
| Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population |[ ]
| Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered |[x]
| Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm |[x]
| People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams |[ ]
| Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources |[ ]

Patient and Public Experience and Involvement Progress on our Priorities – July 2019

# Our priorities 2019 - 2022

The priorities for 2019 – 2022 were discussed and agreed with patients, the local Health Watch Manager, Health Watch patient representatives and an NHS England Patient Engagement Fellow and are set out within the Patient/Public Engagement Strategy (will be published on the PPI website).

1. **Communication**

**We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients their families and their carers**

In 2018/19:

**Proactively capturing the experiences of our patients**

Patient Stories are heard at the Public Board meeting on alternate months. These stories have been recorded so that the learning can be shared with clinical teams.

The process for sharing stories that the Trust has in place has been shown to increase equality in access to the Board. This has been shared at an International Conference where our process and the way we hear stories generated much interest. <https://www.artsinhealth.wales/programme.html>

**Learning from Serious Incident Incidents**

The daughter of a woman who died from sepsis has been attending the hospital at monthly education sessions run by the Critical Care Outreach Team. Her story has now been captured digitally so that she does not now have to attend in person to recount it. This story has also been shared with the Board.

Due to the increased number of serious incidents across the organisation linked to cancer pathways a Risk Summit is being held in September 2019. This is an opportunity to explore, discuss the themes and trends that have been highlighted and provide fresh solutions. Stories from two patients with a delayed/missed diagnosis of cancer will open the Summit.

**Communicating learning from complaints**

Feedback from complainants unhappy with our response to their complaint show that not having a formal mechanism to share learning is hampering our demonstrating that learning is shared beyond the particular clinical/non-clinical team involved in the complaint. A newsletter is in production and will be broadcast out to the Trust every quarter. The newsletter will include key learning from complaints and incidents.

**Translating feedback into actions**

Twice a year we work with a multidisciplinary group of staff from each ward to review and theme any negative feedback received via real time feedback, complaints and the inpatient survey. The ward team put actions in place with the aim that the themes will not recur next time around. Recent themes include tackling cold food and recruiting additional play volunteers to run activity sessions for children on Sarum ward.

**Communicating all our feedback channels**

The ‘Handling Comments, Concerns, Complaints and Compliments’ Policy has been updated and information around how we receive and share compliments has been added.

A Governor noted that the hospital’s website gave clear advice on how to make a complaint but there was no guidance on how a member of the public/patient could send a compliment. A link to the SOX (Sharing Outstanding Excellence) form has been added and patients are now using this facility to send positive feedback.

Compliments received via real time feedback and inpatient surveys are now sent to the relevant individual/team in a SOX. The graph below shows that the number has grown month on month and patients and their families are now accessing the SOX form directly.



**National inpatient survey**

The 2018 survey (published 2019) results showed that we had had a significant decrease in a positive response to the question ‘During your hospital stay, were you ever asked to give your views on the quality of your care?’ We will speak to Trusts who score higher on this question to see what we can do to improve responses to this question next year. One patient we spoke to suggested there was a disconnect between the questions we ask as part of real time feedback and the ward-based questions asked as part of Perfect Ward app and the question in the survey which refers to ‘quality of care’. Those speaking to patients have been asked to alter how they ask the question and say that the questions they would like to ask are about ‘quality of care’.

We also scored poorly on the question ‘Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?’ We have explored how other Trusts advertise their complaint process to improve responses to this question. The one difference between how they do it and how it is done here is that their PALS office is sited in a patient-accessible area.

New complaint posters have been designed, printed and distributed to all patient areas.

**2. Working together**

**We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved**

In 2018/19:

**Reaching out and working in partnership with our patients**

A PALS out-reach clinic has been running at Salisbury Medical Practice since April 2019. A member of the team attends every month and is available to speak with patients/general public, signpost and deal with any queries about the hospital.

A number of focus groups and workshops with patients/carers/families have been held (see appendix 1). Reports on the findings have been written up and actions taken as appropriate. The reports are shared with all of the group’s participants.

A campus redevelopment workshop was held with local stakeholders and patients at the City Hall in July 2019. The workshop was facilitated by PALS and ArtCare and a creative approach to the workshop was taken; resulting in an entertaining and engaging afternoon with great suggestions as to how health and wellbeing could be improved in the development of the site going forward.

There is a patient/governor on the Food and Nutrition Steering Group and the Signage Group. The patients’ voices shape the agenda and the groups’ work streams. For example the maps that are now displayed on the lecterns in the carparks have been designed with patients and the final designs were tested with patients. The clear favourite is the design on display.

**Carers Café**

Our Carers Cafés are held each week and is managed by 2 volunteers. On average 3 carers make use of the café each week.  Issues that have been brought to the café include:

* staff not recognising that the carer is an expert in the care of the patient
* not listening to carers
* Timing of Parkinson’s disease medication
* Lack of involvement in the discharge process

A signposting service is also provided. A tablet donated by Carers Support Wiltshire is available for carers to look up and download relevant literature.

**Veterans**

A special Armed Forces Carers Café was held in honour of Armed forces week and another is being planned for Remembrance Day in November. The Defence medical welfare service (DMWS) were in attendance along with the British legion and the regular Carers café volunteers. The DMWS try to attend weekly and gain a lot of their referrals this way. They are based in the Hospital part of the week. They are beginning to work closely with PALS to build a relationship that will be of benefit to any Veterans, serving soldiers and their families.

**Wessex Cancer Trust ‘What now…’**

A focus group was held to talk about the closure of the Wessex Cancer Trust and how this will have affected patients and the wider community. Past members of Wessex Cancer Trust are running the group from the Salisbury Medical Practice whilst there is room availability and time but the feeling of those present at the focus group is that they would very much appreciate help from the Hospital if it were on offer.  There are many successful centres that could be looked at for guidance including Jane Scarfe House in Romsey.  The ideal would be that the local community could access classes, sessions, cafes and chats, holistic treatments and counselling. The focus group discussed a change of name, location, press and social media support.

Each of the members felt they would have benefited from being offered this support at different stages in their journey from diagnosis right up to a year on therefore a central accessible place with good internet presence would be welcomed by the local community.

The Trust’s cancer nurses are sending out a survey to the wider patient/general public population and an action plan will be developed going forwards.

**Learning from deaths**

A recent audit has shown significant improvement in end of life care in Salisbury NHSFT since 2014. Improvements have been seen around the number of patients who received specialist support by the end of life care team or hospital palliative care team (52% vs 38% nationally) and an improvement in the percentage of patients who had the opportunity to be involved in discussions about their care (30% vs 20% nationally). A ‘Your views matter’ survey on was completed in July and an EOLC telephone bereavement service started in July. Condolence cards and helpful information is now sent 3 weeks after a death.

**Dementia Steering Group**

The Dementia Steering Group meets quarterly and provides leadership and expert advice drawing from a wide range of representatives from the local community. This partnership working is essential to the delivery of dementia care within Salisbury hospital as part the National Dementia Strategy and the Wiltshire Dementia Strategy. The group monitors training compliance, the use of the delirium care bundle and blue wrist band usage for people with cognitive issues. The group actively supports the use of ‘stay with volunteers’ who provide therapeutic social engagement and interaction for those patients who have no family/visitors.

**Carers Group**

Salisbury Hospital works in close partnership with Carer’s Support Wiltshire to ensure that hospital services are developed to support carers in their caring responsibility. The group promotes the health and independence of carers; ensuring they are involved during the cared for person’s stay in hospital, and in particular, in planning for discharge from hospital. The group are currently refreshing the Memorandum of Understanding and have surveyed around 150 local carers in doing so.

1. **Outstanding care**

**We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff**

In 2018/19:

**Public and Patient Initiatives (PPI)**

We are supporting a number of patient and public involvement initiatives at department level and providing areas with the tools to carry out their projects. Recently we have been offering an extra level of support by way of our facilitation skills and time; helping them gather feedback via a variety of methods including focus groups, surveying patients, taking forward actions and becoming ambassadors for Trust wide campaigns.

A directory of users who have said that they wish to be involved in helping us improve patient experience is being pulled together.

**Treat me well**

‘Treat me well’ is Mencap’s campaign to transform the way people with a learning disability are treated in hospital. Simple adjustments make a big difference. More time, better communication and clearer information can all help to make sure someone with a learning disability is treated well in hospital.

Following an initial presentation in September 2019, two workshops were held in March and May with staff and patients/service users/families.

Areas identified for improvement are signage (to be included with the campus redevelopment), LD Ambassadors, use of hospital passports and care cards, provision of quiet spaces, support for parents of younger adults with learning disabilities when they are in-patients and staff talking in a way that all patients can understand.

Hospital walks with staff and patients are planned for September 2019.

Salisbury NHS Foundation Trust is now one of Mencap’s 14 ‘Treat me well’ target areas for England. Not only will this allow Mencap to support us in our campaign but we will be included in their evaluation and report on the national campaign.

**Eat, Drink, Move**

‘Eat Drink Move’ supports health, well-being and recovery and aims to maintain functional capacity as far as possible during a hospital admission. Following its launch, an engagement event was held on Spire Ward in June 2019. Feedback showed that offering the day room as a social room for relevant patients to attend for social events/mealtimes would be welcomed. All of the patients who attended appeared to enjoy the experience in their own way. One enjoyed observing and eating throughout the entire session, another joined in with singing once the music started. Relatives we spoke to felt really involved in their relative’s care and in the plan for their care. All of the patients we spoke to felt they were offered enough to eat and drink.

**Responding to children/family feedback**

Following a collaborative planning day with Wiltshire creative and representatives from the community, a patient engagement project was identified. A mental health signposting card for relevant young people and their parents/carers would be offered to act as a bridge between discharge and follow up/referral. We are working with a patient and his parents to create this card along with ward staff, medical team, the safeguarding team, community staff and local charities.

Following a regular review ofreal time feedback, an action was formulated and request was put to members of the local community to see if anyone would like to be a play volunteer. The suggestion was that they could run regular sessions involving crafting, storytime, singing etc; whatever they would like to bring to the schedule based on their own creative talents. We have 3 respondents that we are now working with and will soon be able to offer a regular timetable for activities on the ward.

**The experiences of patients with urinary stomas**

Research has shown that whilst the needs of patients with a colostomy are well understood by healthcare professionals; the needs of patients with a urostomy as less so. A focus group was held in June 2019 with 8 patients and 2 carers.

Key learning that emerged was that specialist wards (surgical) were very knowledgeable but if patients were admitted as an emergency to another ward; healthcare professionals’ knowledge was not as good. The need for a central emergency store holding urostomy equipment was suggested. This is because urinary sepsis is a frequent cause for admission to hospital in this group and patients often did not have time or were too unwell to pick up their supplies.

The group particularly highlighted the need for all public toilets in the Trust to be stoma friendly (to have a shelf, hook on the back of the door and a mirror at waist level). The report is being written and will be shared with the participants. Actions will be driven by the stoma nurses.

**Rehabilitation**

Two focus groups/workshops have been held with patients being cared for at Wessex Rehabilitation Centre. The first group resulted in a patient story being presented to the Board. The focus groups were felt to be valuable by those present and the staff that received the feedback. As well as praising the service, patients were incredibly helpful and honest about their thoughts and feelings about the services available to them and in defining what matters to them.

Following the first focus group, a website is now being designed for patients to refer to both before and during their time at Wessex Rehab.

**Training in complaint handling**

Links to nationally available complaint handling computer-based learning have been made via our MLE. The four modules are:

* Valuing feedback and complaints
* Encouraging feedback and using it
* The NHS complaints and feedback process
* The value of apology.

The modules are relevant to all healthcare professionals.

PALS will run additional workshops every quarter.

# PALS - identified work for 2019/20

**Patient experience resources**

We have had permission to set up a Patient and Public Involvement website. The design has been mapped out and sent to IT. The website will host and signpost additional resources for staff carrying out PPI projects, report on completed projects and also allow patients/pubic to contact us if they want to be involved. The PPI toolkit on the Intranet has not been reviewed for many years and this will be reviewed and published along with the website.

**Improving how patient information is made available electronically**

For many years all our patient information has been published on ICID and our website. The way that the information has been structured is not patient-friendly; although attempts have been made to improve the index. MicroGuide (an app with additional web-view) is the new home for all our clinical and non-clinical information and all procedural documents have been moved from ICID and the Intranet.

A workshop with patients/families and staff was held in July 2019. The patients and family members were very supportive of an app-based solution and were happy to help us design the look and feel of the app going forward.

**Patient Experience Improvement Framework**

This framework enables organisations to carry out an organisation-wide diagnostic to establish how far patient experience is embedded in its leadership, culture and operational processes. The self-assessment tool will be worked on in Q2 (in a workshop with all relevant stakeholders) and findings presented in Q3/4.

**Customer Care boards**

Customer Care boards on wards will be updated to reflect the changes to the department name and contact details. We will also be working with wards to personalise the boards and ensure that the information given is relevant to patients and their visitors.

**Patient letters**

Appointment letters are sent from this hospital but the appointment itself can be held in a number of different community hospitals. Because the letters are all printed with our logo and address at the top; the fact that the appointment is not at the hospital can be difficult to spot. The Governors have had many reports of patients arriving at the hospital when their appointment was elsewhere and are continuing their work to make the letters clearer; with an emphasis on the clinic location this time.

**Real time feedback**

We are exploring a different way of capturing real time feedback; using the PerfectWard app. Adding the data to the app will allow the ward leaders to see the results in real time and gives us an easierway to report the data. The downside is that any comments added to the app are not exported within any reports so we will alter the questions to give yes/no answers so that we can better track trends.

**Friends and Family Test**

The Friends and Family test has been running since 2013 and NHS England have collected 60 million pieces of feedback. On average 9 out of 10 people say they would recommend the service they used to friends and family.

However, since the launch of the initiative many people have identified areas where the question does not work as well as it could (including the question itself) and in response NHS England will launch a new question in spring 2020. The requirement for the question having to be given to patients within48 hours of their appointment will go, as will the fixed ‘touchpoints’ within maternity.

To save paper and printing costs when departments run out of their existing stock of FFT cards we will not be ordering replacements but will print small batches on A5 paper to tide us over. The new question will be implemented from 1 April 2020 and reported on in June 2020.

**Outpatient Transformation Programme**

The Outpatients Transformation Programme aims to redesign outpatient pathways and our outpatient services; taking a patient-centered, co-creation approach. Clinical staff, GPs, local CCGs are involved in the Programme Board. Patient involvement will be key in testing, designing and shaping the changes. Health Watch volunteers have said they would be very interested in helping us. Patients from the eight clinical specialties (ophthalmology, urology, dermatology, rheumatology, trauma & orthopaedics, paediatrics, gastroenterology and respiratory) will be identified by the clinical teams and will work with the Programme Board/PALS.

**Patient Flow**

A multidisciplinary team have been working with PALS this year to develop a ‘table talker’ to promote patients and their relatives to ask questions of staff regarding plans for the discharge from hospital. This has been shared with and shaped by patients/members of the general public who have helped us design the table talker and have translated the clinical language used into patient-friendly accessible language. The table talker will be piloted in September 2019, tested with patients and their families before rolling out Trust-wide later this year.

**Appendix 1**

**Focus groups held**

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| Topic | Date |
| Wessex Rehabilitation Centre | January 2019 |
| Moving on after cancer | March 2019 |
| Eat Drink Move | June 2019 |
| Urostomy | June 2019 |
| Wessex Rehabilitation Centre | June 2019 |
| Moving on after cancer | July 2019 |
| Patient Information App | July 2019 |

**Public Meetings Attended**

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| Topic | Date |
| Learning Disability – Stay Active, Stay Well – Five Rivers Leisure Centre | May 2019 |
| Dementia Awareness – Salisbury Medical Centre | May 2019 |
| Learning Disability Day – Salisbury Play House | June 2019 |

**PALS - Public and patient involvement initiatives underway**

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| --- | --- |
| Topic | Date |
| Treat me well campaign in collaboration with SW Mencap | Commenced April 2019 |
| Eat Drink Move | Commenced April 2019 |
| Youth mental health signposting card | Commenced February 2019 |
| Play volunteers on Sarum Ward | Commenced May 2019 |
| Table talker to encourage patients to ask questions about their discharge from hospital | Commenced April 2019 |

**Other initiatives in the Trust in progress/planned for this year**

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| --- | --- |
| Title | Lead |
| Carers experience audit | Helen Dowse |
| Removal of teeth prevention clinic feedback | Gemma Burrows |
| Laser clinic patients focus group (TBC) | Tom Lister |
| Parkinson’s patient/carer feedback | Emily Scotney |
| Spinal Bowel prep | Mel Williams  |
| Rapid assessment clinic for IBD patients | Mark Adamson |
| Nurse led prostate clinic | Cheryl Daniels |
| Head and neck cancer | John Battersby |
| Spinal unit engagement project | Penny Calvert |