

# PAPER

BOD 85/2012

(Agenda Item 7)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 June 2012**

**Quality and Safety Report (Patient Experience)**

**For: Information**

**Report**

This report summarises the activities carried out in the Trust to monitor the patient experience and act on their feedback. It covers the following areas:

* Community Mental Health Service User Survey 2012 and update on the 2011 improvement plan
* Update on the progress The National Inpatient survey improvement plan
* Quarter 4 : Responses to Trust wide Patient Experience Questions in 2011-2012
* Quarter 4 and year end Complaints
* Divisional updates

**Recommendation**

The Board is asked to note this report.

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1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper (including all appendices) has been assessed against the Freedom of Information Act and the following applies*
* *THIS PAPER MAY BE PUBLISHED UNDER FOI except for Appendix 4.*
1. *This paper provides assurance and evidence against the Care Quality Commission Outcome: 1 Respecting and involving people who use services and 16 Assessing and monitoring the quality of service provision*

**Quality and Safety Report: Patient Experience**

**Care Quality Commission Community Mental Health Service User Survey 2012**

The 2012 Community Mental Health Service Users Survey commenced Mon 27th Feb 2012 and closed on 15th June 2012. This survey was mandated by the Care Quality Commission (CQC). The number of patients surveyed (sample size) was 850 and on the 18th May 2012 the response rate was 32%, this is 6% more than the final response rate of the 2010 Community MH survey which ended at a 26% response rate. The Trust will receive the full report from Quality Health at the end of July 2012.

The action plan developed following the 2011 national community mental health service user survey was to ensure all patients regardless of whether on CPA or not, received the same essential standards of care. Between February and March 2012 a local survey was coordinated to repeat some of the key questions from the national survey that would test the success of the improvement plan. Two of the questions were slightly re-worded to help patients understand the question, for example, “have you been given (or offered) a written or printed copy of your NHS care plan?” was reworded in the local survey to “do you have a copy of your care plan or a letter which explains what treatment you will have?”

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| --- | --- | --- | --- |
| Question | 2011 National CQC Survey  | 2012 Local Survey  | Comparison  |
| Overall (n=208) | Not on CPA (n=144) | Overall (n=271) | Not on CPA (n=47) (17%) | Overall | Not on CPA |
| Do you know who your care coordinator or lead professional in the mental health services is? | 67% | 59% | 88% | 96% | Increased 21% | Increase 37% |
| Do you have a key person who you can talk to about your care in the mental health services? | Not asked | Not asked | 89% | 92% | Not asked in national survey | Not asked in national survey |
| Do you have a copy of your care plan or a letter which explains what treatment you will have? | 75% | 55% | 67% | 62% | Decreased 8% | Increase 7% |
| Have you had a meeting to review your care in the last 12 months?[[1]](#footnote-1) | 71% | 48% | 94% (n=171) | 90% (n=30) | Increased 23% | Increase 42% [[2]](#footnote-2) |
| Has someone spoken to you about having your physical health checked? | 38% | 51% | 63% | 62% | Increased 25% | Increase 11% |
| Do you have a phone number to call mental health services outside of normal office hours? | 50% | 46% | 82% | 70% | Increased 32% | Increase 24% |
| Chart 1 – Comparison 2011 – 2012 on key National survey questions |  |

The results (Chart 1) show that overall there is a significant improvement in four of the five questions, indicating improvements in ensuring patients know the person who is managing their care, how to make contact outside of office hours, checking physical health and having care reviewed. There was a moderate overall decline in patients getting a copy of their care plan either in original form or outlined in a letter. However for patients not on CPA there was a small improvement on last year’s results. The results show that patients not subject to CPA respond equally favorably to questions as those on CPA, with the exception of having a number to contact out of hours. Patients not on CPA also respond more favorably to knowing who manages their care. Further work will be undertaken to understand what some of the teams are doing who performed better (over 80%) to the question: “do you have a copy of your care plan or a letter which explains what treatment you will have?” to see if this can be shared and rolled out across all community teams. 101 patients (37%) of patients did not know whether they were on CPA or not. Overall the survey completed in quarter 4 indicates that the actions taken by the Mental Health Division in response to the 2011 National survey were successful.

**The National Inpatient survey**

The Trust commissioned Quality Health to rerun the National Inpatient survey in 2011 as did 26 other Mental Health Trusts. A summary of results was presented in the March quality report to the Board of Directors, including the agreed action plan. The Mental Health Division is making progress with the plan and an update is included in Appendix 1, there is minor slippage on timescales which are largely due to the Division not having all substantive Modern Matrons and Service Managers in post. As of the end of May all the vacancies have been filled and people have commenced in post.

In order to reduce the duplication of questions in surveys and the number of surveys for patient feedback being undertaken in Mental Health services one questionnaire has been developed to be used across the wards, this will cover the productive ward questions, the Trust top 4 questions and also includes key questions to monitor the progress of the inpatient action plan. This is due to be implemented this month (June) and is attached as Appendix 2.

**Responses to Trust wide Patient Experience Questions in 2011-2012**

Over the year the 26 hand held devices have been rotating around the services, excluding Community Service Oxfordshire. The feedback received for the 4 key questions has remained fairly stable and none falling outside the limits of normal variation. This would suggest that patients’ views of services are consistent across the Trust. Chart 2 below shows a small reduction in January in overall satisfaction and patients feeling helped to manage difficulties however this did not fall below the lower confidence level (Chart 3) and has not be a sustained deterioration. At this time the devices were in Oxford City CAMHS. The month by month results are shown in Appendix 3.



Graph 1 – Responses to four key Trust patient experience questions 2011-2012



Graph 2 – Response trend for key patient experience question

**Complaints**

**Performance Targets**

*Quarter 4 Acknowledgement Times:* 100% (47) complaints were acknowledged within three working days of receipt.

Quarter 4 *Response Times:* 74% (35) were responded to within the set timescale. 26% (12) were responded to within an extended timescale which had been agreed with the complainant. None were outside of agreed timescales.

**Parliamentary Health Service Ombudsman (PHSO)**

During Quarter Four, the Trust was notified of four cases that had been referred to the PHSO for consideration. Of these cases, one was closed without any further action and three remain open at this time.

Of the 13 cases referred to the PHSO for the year 2011 – 2012, 10 related to the MH Division.  Of these, seven complainants remained unhappy when followed up after receiving the response to their complaint, but did not want to work with the Trust further.  Two complaints were joint with the PCT and the PCT were leading on the response and therefore followed up the cases. One complainant did agree to a follow-up meeting but remained unhappy.

Three complaints related to the C&F Division.  Two complainants remained unhappy, despite offers of meeting with them, they did not wish to work with the Trust towards resolution, the other cases was managed directly by the Division.

**Complaints**

47 complaints were received in Quarter 4 making the total for the year 203. The chart below shows the number of complaints received by each division during the year.



Graph 3- Complaints by Division

In Quarter Four, the highest number of complaints 21 (45%) were about Adult & Older Adult Mental Health Services, this was in keeping with the previous quarter. 15 (32%) complaints were about Community Services Oxfordshire. Children & Families Services received six (12%) complaints and Specialised Services received five (11%) complaints.

The Trust receives a small number of complaints given the volume of activity and patient contact, Chart 4 shows the number of teams that have been free of complaints by division in quarter 4.

|  |  |  |  |
| --- | --- | --- | --- |
| Division | No of Complaints | Number of teams receiving complaints | No of Complaint free teams |
| Mental Health | 21 | 17 | 103 |
| Community Services Oxford | 15 | 11 | 229 |
| Specialist Services | 5 | 2 | 53 |
| Child and Family | 6 | 6 | 185 |

Chart 2 – Team complaints

**Complaint Categories**

The chart below shows the categories in which people have complained about. In Quarter Four, communication was the main category complained about and half of these (6) related to poor communication with a relative or carer.

Graph 4 – Complaints Categories

**Red Complaints**

There was only one complaint risk rated as red in Quarter Four the details of which are in Appendix 4 to be removed prior to publication of this report.

**Complaints Outcomes**

Some examples of actions taken as a result of complaints are:

* On Watlington Ward earphones were purchased to allow patients to listen to music privately.
* Following a complaint on Cherwell Ward, a patient was helped to access an independent advocate when attending professional meetings.
* The Oxford Clinic has reviewed and made improvements to the Friday Community Meeting held on the ward. The Complaints & PALS Department has since received positive feedback from patients on the ward.
* Portland Ward have reviewed and re-designed the handover sheet to ensure that there is a clear section for safeguarding issues.

**Mental Health Division**

The Mental Health Division received 21 complaints in quarter 4, but no team received three or more complaints in the quarter. The Division also received 150 accolades throughout the last year. During PALS surgeries in quarter four patients have reported concerns about staff attitude on Wintle ward, which is consistent with two complaints in quarter 4 in the same category to which the Trust has made an apology in both cases. The newly appointed Modern Matron visits the ward most days and is working with the Ward Manager to ensure management is available to patients to resolve concerns at source. In Bucks issues were raised about activities on the wards, on Portland this related to the number of activities actually taking place on the ward for those patients who couldn’t leave the unit. On Kimmeridge the matters raised were resolved by ensuring the patients were aware of where the list of activities was displayed on the ward. Eighteen patients responded to the Productive Ward survey in quarter 4 on Kimmeridge and reported activities being “helpful”, this followed a member of staff being allocated to arranging activities evenings and weekends. Patients have commented favorably on the type of activities offered on Vaughan Thomas.

The Productive ward surveys for this division indicate that patients report many improvements as a result of actions taken by ward staff, largely nurses, in response to previous surveys. Improvements are particularly in the areas of mealtimes, activities on the wards, ward rounds and the wards being organized, a full summary is included as appendix 5.

**Community Services Oxfordshire**

15 complaints were received in Community Services Oxfordshire (CSO) in quarter 4 but only one team received three or more complaints; this was the AES Carers Re-ablement, Reglan House. Of these cases, two related to poor continuity of care and one related to a delay in responding to a referral. CSO received an impressive 732 accolades during the financial year.

The Productive ward programme continues to go well in CSO and the following actions have resulted in positive satisfaction scores from patient feedback surveys;

* Townlands Hospital have introduced a meal co-ordinator following feedback from their survey regarding meal times and have introduced a training programme for the domestic staff – satisfaction now measuring 96%
* Abingdon Ward 2 have introduced a prompt sheet for explanations regarding medication and sharing discharge planning information – satisfaction now measuring 89%
* Didcot Hospital have classical music playing at 11.45am every morning so that the patients know that lunch is coming and all staff stop what they are doing to help get the patients ready and taken to the dining room where possible -  satisfaction now 82%
* Witney Wenrisc Ward are focusing on explaining care plans and medicines – satisfaction  now measuring 84%
* Wantage Hospital has introduced the term ‘locker logic’ to help maintain patient privacy and dignity regarding continence products – these are now stored out of site inside the lockers in a coloured basket.

Patient Perspective has reported on seven patient surveys commissioned for this Division in quarter 4, a summary of each is included in appendix 6.

Most patients are very complimentary about the care which they receive and they compliment the nursing team and the food on the ward when participating in PALS surgeries. However, comments have been made about the heating system at both Abingdon and Witney Community Hospitals. These issues relate to the antiquated heating system and that the Estates Department worked on the issues raised prior to shutting heating off for the summer. Some negative comments have also been made about the quality of food provided at the larger sites, where the food is cook chill, rather than made fresh on site.

**Specialised Services Division**

Of the five complaints received in quarter 4, four related to Bullingdon Prison. Two related to medication issues, one related to communication and one related to lack of care/treatment. Bullingdon Prison has received a total of 21 complaints over the year. The Bullingdon Integrated Action Plan covers medication and the actions have progressed;

* The Productive Ward team have helped to process map the key areas of screening and administration of medications on the wings.
* Standard Operating procedures for medication have now been signed off and are in operation.
* Extra senior pharmacy and technician support has been put in place.

The Performance Notice was lifted by the commissioners after a review of progress against the action plan on the 17th May.

This Division received 124 accolades during last year. PALS surgeries have resulted in the following comments being made: patients of Kennet Ward are very keen to have more varied activities, as opposed to their current structured activities. Patients on Thames House had been concerned about the recent staff shortages which they said was impacting on their care. This matter was relayed to management. Patients on Lambourne House and Chaffron Ward regularly report satisfaction with food, staff attitude and cleanliness. Kennet Ward is looking to introduce a comments/compliments/suggestion scheme to encourage patients to report their experiences on the ward.

**Forensic Mental Health Services**

The Essen Climate Evaluation Schema (EssenCES) (Schalast et al., 2008) was conducted across the nine inpatient forensic wards in March 2012. The EssenCES questionnaire measures three domains of ward atmosphere:

1. Patient Cohesion and Mutual Support – how supportive patients are of each other.
2. Experienced Safety – how safe the ward is perceived to be i.e. level of perceived tension and threat of aggression and/or violence.
3. Therapeutic Hold – the extent to which staff and the ward is perceived to be therapeutically supportive of patient’s needs.

Overall, staff perceived Therapeutic Hold to be high across all wards, Experienced Safety was perceived as low for all but two wards and Patient Cohesion was perceived as low across all wards. Similarly, overall patients perceived Patient Cohesion to be low across all wards whilst Experienced Safety was low for all but three wards and Therapeutic Hold was comparatively low across all wards.

*Patient Satisfaction Survey*

A Patient Satisfaction Survey is due to be conducted in Jun 2012 across all Forensic Inpatient Wards.

**Prison Service**

HMP Bullingdon and HMP Huntercombe both conducted Patient Satisfaction Surveys, with the support of Patient Perspective, in early 2012.

HMP Bullingdon patients felt the care they received was ‘fair’ in most cases (30%). 38% of patients felt they were treated with respect and dignity ‘always’. Patient comments included concern over how long patients had to wait to see a GP. As a result waiting times are now being monitored on a monthly basis and for the period Feb-Mar’12 reduced from 9 days average wait to 6 days. This continues to be closely monitored.

In 60% of cases HMP Huntercombe patients felt the care they received was ‘very good’. 57% of patients felt they were treated with respect and dignity ‘always’. Patient comments included the time it took to see a Dentist. As a result it is currently being investigated whether additional Dental clinics could be conducted.

Comments from these surveys have been used by the Practice Managers to devise action plans, with the support of the Clinical Governance Officer. These action plans are regularly reviewed and updated with action outcomes and ‘You said, we did’ posters are being developed. The surveys are due to be conducted again from Aug-Oct’12.

**Specialised Community Services**

*Forensic Community MH Team*

The team is currently working with Patient Perspective to conduct a Forensic Community patient survey. Results are due by 31 May 2012. Once the results have been analysed the Performance & Audit Facilitator will work with the Forensic Community Team Manager and Service Head to devise actions to address any areas in need of improvement.

*Luther Street Medical Centre*

The service had a patient survey completed by Patient Perspectives in Jan 2012. The results were disseminated in Mar-12, and were very positive. The quality of care, professionalism of the staff and waiting times all received commendation, and patients felt they were listened to and consulted appropriately. One comment for consideration was that it would be helpful if the service had a 24 hour help line beyond core hours for advice.

*Bucks Addiction Service*

The service commissioned handheld device surveys from the service users (Jan-Mar’12). Overall results felt reception staff very friendly although there were a number of patients who found one particular member of staff difficult to address. This is something Management will raise with the member of staff in question.

**Children & Families Division**

The Children & Families Division received six complaints. No one team received more than one complaint during the reporting period. 176 accolades were received during the last year. Few concerns have been raised at PALS surgeries in the last quarter, those raised related to the behavior of other patients, staff attitudes and privacy; these were all dealt with on an individual level.

CAMHS have fully utilized the Trusts handheld devices used for securing patient feedback throughout the year. In quarter four 97% of service users asked, responded positively to the question “Overall how would you rate the care you are receiving form mental health services?” Responses to other questions included;

* *“Do you feel the person you talked to were kind to you?”* 96% answered positively
* *"Do you feel the person you talked to understood you?”* 84% answered positively
* *“Do you feel the person you talked to made you feel safe?”*84% answered positively
* *“Do you feel the person you talked to explained your treatment well?”* 89% answered positively
* *“Do you know who will have access to information about your care?”* 71% said no or not sure
* *“Have you been given information about advocacy services?”* 25% said yes, 30% could not remember

The Division have not only used the feedback given by their users to make improvements but have also made some progress in feeding back to users what they have done, an example of this is the poster below prepared and displayed by one of the reception staff.



**Initiatives**

**Service User and Carer Groups – Mental Health Division**

Historically the Trust had run a bi-monthly service user and carer group which was facilitated by a member of the Communications and Involvement Team. Over the previous year the membership of the group had decreased, and as such there was no-one in the group who had recent service user experience, and some of the carer members no longer had a friend or family member who was still actively engaged with Oxford Health NHS FT services. It was also felt that having a meeting with representative from both counties was not beneficial as attendees understandably wanted to focus on issues with their own local services. It was therefore agreed with the support of Eddie McLaughlin, Divisional Director, Mental Health Division, and Carrie-Ann Wade-Williams, Head of Communications and Involvement that the group would be temporarily suspended to allow a review of user and carer involvement across the division, and look at how we could engage with people who were still open to services.

With the help of the founder of Oxford Mental Health Forum (and a former service user herself) we are currently running a survey on involvement within the Trust, and asking people to share with us their thoughts on how they would like to become involved, and what, if any, their limitations, or hesitations for not becoming involved. This survey has been shared very widely through all of our existing channels; website, social network sites, People Bank, reception areas, wards and teams, voluntary organisations as well as being promoted through the Oxford Mental Health Forum. The survey is still live (having only been published in April 2012) but initial responses indicate that more people would be happy to be involved by being asked to provide feedback via email as location and times of meetings are a challenge than attend a regular group. People have also expressed their concerns about being able to commit to a group on a regular basis.

It is therefore proposed that once we have a sufficient number of responses that the Communications Lead for the Mental Health Division and the Complaints and PALS Manager work together to come up with a proposal to review how we involve our patients and carers across the division, but with the aim to look to run a new forum, which would be a joint venture between the two teams. This would be run on a two county basis and it would be hoped that the new groups could be more autonomous, and drive their own agenda and workplan, with the support of Trust staff, as well as with the linkages to the PALS team be able to actively engage current service users and carers with recent service experience.

**Appendix 1 - Action Plan - Inpatient survey (National) 2011**

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| Area of Improvement | Actions to be taken | Timescale | Progress at End of May 2012 |
| Welcome and admission | * Ward maps to be developed that indicate ward layout
* Production of a brochure for bedrooms (similar to those found in Hotels) that would include information about observations, mealtimes, ward maps, times of ward rounds etc. This will supplement the ward information leaflet given on admission.
* Ward information leaflet to be revised and streamlined, one leaflet to cover all inpatient wards.
* Complete the Customer Awareness training programme
* Purpose of admission form to be used on every ward which will include the length of admission.
* The admission template to be rolled out across all wards and revised to include clear objectives for admission and expected date of discharge (EDD)
 | June 2012 | Matrons working with estates and communication to devise ward leaflets, brochures and the ward maps and are on target for completion for June.All wards have now completed Customer Care training. 346 of 398 staff (Band 6 and below) have participated. The remaining 52 and new starters will be picked up this year.Purpose of Admission form in use for all Bucks admissions as is the admission template. Completion of the EDD section continues to require active management. |
| Food provision | * Menu Quality - new menu and supplier to be implemented 28th March, training to place week commencing 05.03.12, this will cover ordering process to enable team to order correct meals / special diets for individual clients.
* Special Diet / Religious meals – meals will be held at ward level as well as main stores to ensure there is sufficient supplies for late admissions or special request, wards will need to inform CM if orders are not placed directly so that emergency supplies can be supplied by facilities team.
* Allergies / special diets – new menu’s will cover 90 % of diets, ward level staff will need to order food direct, any emergency food will need to be ordered via an emergency diets request form, this should be completed by a competent person will checks on medical history to prevent any risk, this should be sent to the CM in first instance so that diet can be communicated to facilities team.
* Any A/Crown diet information can be checked by full ingredient / nutritional assessment pack that will be supplied to each individual ward from the 28.02.2012.
 | April 2012monitored for 12 weekswill be implemented by the 21.02.2012 | The catering service have now changed across Tindal, JHU, Manor, Fullbrook, Warneford & Littlemore, a new menu was implemented the 28th March with full consultation with patient groups and PALS. A repeat survey will be sent out again soon, these will be reported again on the next divisional and CQC reports. Additionally information will be collated from all wards and dieticians so that the menu can be redeveloped and a new one implemented late August. |
| Staff spending time with patients | * Reduce time spent in Clinical Review meetings (ward rounds) by implementing the Medical reviews in both counties.
* Ensure that RIO is fully available in clinical reviews so that care plans can be developed and written up with the patient as they are agreed.
* Review how the “released time” under the Productive programme is being used.
 | June 2012 | All 1:1 meetings with Medical staff in Bucks completed, Oxford remains to be completed. Slippage on deadline which is revised to September.RiO available in all Bucks ward clinical reviews, problems remain in Oxford. |
| Activities on Wards | * STRW are in place substantively in Oxford and Activity Co-ordinators in Bucks since end of 2011.
* PALS team to run focus groups during PALS surgeries to determine patients’ expectations for activities and preferences in collaboration with the ward team. Programme to be reviewed based on feedback.
 | May 2012 | Delayed due to be completed by the end of June 2012. |
| Discharge from ward | It is anticipated that some of the admission actions will also impact on discharge i.e. purpose of admission; EDD additionally* Crisis worker will attend one handover a week to improve communications with wards and identify people coming up for discharge.
 | April 2012 | CAS staffs in Bucks are attending several handovers a week and are working towards attending one handover a day. In Oxford the Crisis team are attending ward handovers once a week. |

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| Appendix 2

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| ***Releasing Time to Care*** Logo |

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| **Mental Health Inpatient Wards** |  |
| **Patient Satisfaction Questionnaire** |  |
| In order to continually monitor and improve patient satisfaction we would appreciate if you could answer the following questions: |  |
| Please tick the box with the most appropriate response to each question, indicating how much you agree or disagree with each statement: |  |
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|  |  | **1** Strongly disagree | **2**Disagree | **3**Neither agree nor disagree | **4**Agree | **5**Strongly agree |  |
|  | **COMMUNICATION** |  |  |  |  |  |  |
| 1 | I am given enough information about my treatment / condition |   |   |   |   |   |  |
| 2 | I am involved as much as I want to be in decisions about my care and treatment |   |   |   |   |   |  |
| 3 | A doctor has seen me at regular intervals throughout my stay |   |   |   |   |   |  |
| 4 | I am given time to ask questions about my care / treatment |   |   |   |   |   |  |
| 5 | I was satisfied with the amount of time my Care Co-coordinator spent with me when I was in hospital |   |   |   |   |   |  |
| 6 | I am actively involved in my discharge plans |   |   |   |   |   |  |
| 7 | I feel that I have been listened to by the service in which I am receiving care / treatment from |  |  |  |  |  |
| 8 | I have been actively involved in ward rounds and clinical reviews |  |  |  |  |  |

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|  | **PRIVACY** |  |   |   |   |   |  |
| 9 | I am given enough privacy when discussing my condition and being treated |  |  |  |  |  |  |
| 10 | I feel that I am treated with courtesy and respect |  |  |  |  |  |  |

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|  |  | **1** Strongly disagree | **2**Disagree | **3**Neither agree nor disagree | **4**Agree | **5**Strongly agree |  |
|   | **ENVIRONMENT** |  |  |  |  |  |  |
| 11 | The ward, toilets and bathrooms are clean and tidy |  |  |  |  |  |  |
| 12 | I was not disturbed during the night |  |  |  |  |  |  |

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|  | **MEDICATION** |  |  |  |  |  |  |
| 13  | The ward team advise me about possible side effects |  |  |  |  |  |  |

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|  | **FOOD** |  |  |  |  |  |  |
| 14 | The food is good and varied |  |  |  |  |  |  |
| 15 | I can access food at any time of day |  |  |  |  |  |  |
| 16  | I am given time to enjoy my meal |  |  |  |  |  |  |
| 17 | My dietary needs have been accounted for |  |  |  |  |  |  |

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|  | **HAND HYGIENE** |  |  |  |  |  |  |
| 18 | Staff wash their hands before and after doing physical care procedures |  |  |  |  |  |  |

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|   | **THERAPUTIC INTERVENTION** |  |  |  |  |  |  |
| 19 | The ward team **explain** to me the importance of taking my medication |  |  |  |  |  |  |
| 20 | I have been given the opportunity to be involved in activities taking place on the ward |  |  |  |  |  |  |
| 21 | I have been given the opportunity to spend individual time with key staff involved in my care |  |  |  |  |  |  |
| 22 | How well did the activities available meet your interests |  |  |  |  |  |  |

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|  | **OBSERVATION** |  |  |  |  |  |  |
| 23 | When I was on nursing observations the reason for them was clearly explained to me |  |  |  |  |  |  |
| 24 | I was given a clear explanation of any restrictions on my movements and my rights during observation |  |  |  |  |  |  |
| 25 | I had the opportunity to speak to and raise any concerns to the nursing staff during observation |  |  |  |  |  |  |

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|  |  | **1** Strongly disagree | **2**Disagree | **3**Neither agree nor disagree | **4**Agree | **5**Strongly agree |  |
|  | **STAFF** |  |  |  |  |  |  |
| 26 | There are enough nurses on duty to care for me |  |  |  |  |  |  |
| 27 | The ward team understand my needs |  |  |  |  |  |  |
| 28 | On admission the ward team made me feel welcome and comfortable |  |  |  |  |  |  |
| 29 | The ward team work together in an organised way |  |  |  |  |  |  |
| 30 | The staff have helped me to feel safe on the ward |  |  |  |  |  |  |

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|  | **GENERAL** |  |  |  |  |  |  |
| 31 | I feel that my physical health needs have been met during my stay on the ward  |  |  |  |  |  |  |
| 32 | Overall the care that I am receiving is being delivered to a standard that I would expect |  |  |  |  |  |  |
| 33 | I feel that I have trust and confidence in the service that I am receiving care and treatment from |  |  |  |  |  |  |
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| Date questionnaire completed |  |  |  |  |
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| Is there anything you would like to add? |  |
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**Appendix 3 - Responses to Trust wide Patient Experience Questions in 2011-2012**

Data source: real time feedback devices

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Mean |
| Number of Responses (based on overall question) | 41 | 42 | 125 | 172 | 84 | 46 | 92 | 120 | 49 | 55 | 153 | 37 |  |
| Overall, how would you rate the care you are receiving from the mental health services? (excellent and good) | 100% | 89% | 79% | 80% | 76% | 89% | 75% | 78% | 78% | 65% | 89% | 78% | 81 |
| Have we helped you to manage your difficulties better? (includes CAMHS equivalent question) (yes fully and yes to some extent) | 97% | 100% | 90% | 87% | 84% | 90% | 88% | 89% | 90% | 76% | 87% | 83% | 88 |
| Have we treated you with respect? (includes CAMHS equivalent question) (always and mostly) | 91% | 98% | 93% | 95% | 93% | 93% | 86% | 94% | 89% | 89% | 99% | 98% | 93 |
| Have we done everything we can to make you feel safe? (always and mostly) | 95% | 85% | 88% | 88% | 80% | 82% | 81% | 87% | 87% | 88% | 93% | 90% | 87 |

REDACTED INFORMATION – PATIENT IDENTIFIABLE

**Appendix 5 - Mental Health Division: Patient Experience 2011-12**

Introduction and Context to Results

All adult and older adult inpatient wards introduced the Productive Ward patient survey in 2011-2012. The survey used was based on the template from the NHS Institute for Innovation and Improvement to ask patients about their experiences with regard to the organisation of the ward, time with staff, activities, observations, meals, medication and physical health needs.

From rolling out the survey in 2011-2012 the services have decided to develop the survey question and answer options for 2012-2013 following feedback from respondents. For the Buckinghamshire older adult dementia ward (Cromwell) a carers’ survey is used to understand experiences rather than a patient survey.

Key Improvements Q4

| Ward andResponses | Improvement from survey in Q1 to Q4 2011-2012 | Actions Taken 2011-2012 which effected improvement |
| --- | --- | --- |
| Kimmeridge18 | - Ward team organised- Time spent with nursing staff- Activities helpful- Meal times unhurried | Improved co-ordination of shiftsTime evaluated & discussed in supervision meetings, resulting in improved co-ordination. Staff able to concentrate on protected time.Staff allocated to a timetable of ‘out of hours’ activities – evaluated by patients at weekly community meetings.Increased structure of meal times; liaison with housekeeping staff to ensure consistency |
| Portland14 | - Ward round helpful | Patients pre-meet with nurse the day before ward round to discuss any issuesNamed Nurses contact carers to obtain their view before the ward round |
| Mandalay9 | - Nursing observations explained- Kept occupied during nursing observations- Admission/ transfer process smooth- Ward team organised- Time spent with nursing staff- Staff understand my needs | New branded booklet has been produced – this is handed out & discussed with named nurse, and covers every process/system & activity patients are involved in; e.g., why attending groups/community meetings communal meals & rota are important  |
| Allen13 | - Staff understand my needs | Improved patient information pack on admission. Work on importance of new admissions being introduced to ward environment. |
| Vaughan Thomas16 | - Ward team organised- Staff understand my needs- Nursing observations explained- Kept occupied during nursing observations- Ward rounds helpful and meets my needs- Therapeutic activity helpful | New electronic Allocations BoardStaff ID Board introducedNew Admissions pack, including Obs explanation sheetStaff encouraging patients to respond to surveyWard round times displayed on Electronic Notice Board1:1 support for patient on nursing obs to attend activity programmes |
| Phoenix15 | - Time spent with nursing staff- Therapeutic activity helpful- Nursing observations explained- Kept occupied during nursing observations- Meal times unhurried | Inpatients provided with copies of Nursing Obs Leaflet and Allocated Nurse to spend time explaining. If patient does not appear to understand, Allocated Nurse to continue to explain this daily until the patient shows an understanding of rationale, rights and restrictions.Patients given copy of Care Plan for Nursing Obs on admission and at every change.Nursing Obs Leaflet included in patient/carer admission pack.Each time Obs Level reviewed/changed, Allocated Nurse gave patient the info leaflet and verbal explanation again All patients on Level 2, 3 or 4 had 1:1 time with Ward OT or Allocated Nurse to draw up a timetable / Care Plan of activities to keep them occupied.Allocated Nurse each shift documents if patient has followed the routine / care planTherapeutic time protected/enforcedActivities worker employed |
| Ashurst5 | - Ward team organised- Time spent with nursing staff- Staff understand my needs- Medications explained- Physical health needs met- Patients feeling safe on the ward | Productive Ward and LIPs interventionsPatients have allocated nurse on admissionAdmission Form usedMeds discussed at Ward ReviewsPhysical health checks carried out weeklyAll patients concerns are actioned |

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| --- | --- | --- |
| Cromwell (carers survey) 8 | - Information amount and type- Therapeutic activity helpful- Enough involvement with staff- Nursing observations explained | Implementation of ‘Patient Status at a Glance’ (PSAG) board containing all relevant information, clearly presented.Patients encouraged to participate in structured therapeutic activities – gives an opportunity to further assess cognitive function and distraction through engagement.Staff proactively engage carers – offer time to answer questions. Observation information leaflet included in the carers pack. |
| Harding8 | - Nursing observations explained- Ward rounds helpful and meets my needs- Medication explained- Staff understand my needs- Time spent with nursing staff | Information leaflet added to admission packs.Ward review preparation improvedStaff made more aware of full range of patient information leaflets.Protected therapeutic time has been embedded.Shift co-ordination improved. |
| Wintle13 | - Medications explained- Meal times unhurried- Admission/ transfer process smooth | Patients given written and verbal info re: medication Housekeepers & Staff worked together to encourage patients to attend meals in a timely manner Raising awareness of others, e.g.: Medical staff re: protected meal times.Improved patient information in admission pack.  |
| Sandford21 | - Ward team organised(note results in Q2 were good ranging from 83%-100% yes response, so difficult or ward to show improvement in Q4)  | Clearly defined roles have been agreed to include staff support/supervision and responsibilities for quality issues & documentation. |
| Cherwell10 | - Ward team organised- Admission/ transfer process smooth- Therapeutic activity helpful- Meal times unhurried- Physical health needs met | Increased non-OT activity, particularly out of hoursIncreased engagement of housekeepersIncreased variety in OT programmeMedical staff encouraged re: physical health checks |
| Fiennes9 | - Kept occupied during nursing observations- Ward rounds helpful and meets my needs- Staff understand my needs- Therapeutic activity helpful | Improved staff interaction with patients – evidenced in notes. Staff spending more 1:1 time with patients.Patients are invited to ward reviews and are kept informed of discussions.Extra funding allowed to employ activity worker |

Appendix 6 - Patient Experience – Oxfordshire Community Services

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| **service** | **You said** | **We did/will do** |
| Home oxygen | The results of this survey were mostly excellent. Comments show that the team are friendly and helpful, for example:“Oxygen nurses excellent, reassuring and helpful.”*Do you have enough information about how many hours to use home oxygen for?*Yes – 35 respondents, 95%No – 2 respondents, 5% | All patients have been given a copy of the updated oxygen information leaflet when visited at home, which details how and when to use their oxygen, safety information and how to contact the service. |
| HIV | Results for all questions were excellent. Team developed an action plan based on the comments for improvement. The comments showed that the team often goes the extra mile for patients, for example, “The team have always responded to my enquiries immediately and with professionalism and kindness. On more than one occasion, they have gone way beyond what I have expected.”One of the comments requested: “Services for those who are living with HIV communicated regularly and have a group that is anonymous to meet every so often.” | .Actions to address this are:* Patient group events to be scheduled for the year ahead and dates sent to patients
* Team to publicise events held by Terence Higgins Trust and the Open Access evenings

Due to be completed by end of August 2012. |
| Continence/ Bladder and Bowel Service | Most scores on this survey showed that patients were treated with dignity and respect. For example, Were you given enough privacy when discussing your condition or treatment?Yes, definitely – 26 respondents, 100%.Two of the areas identified for improvement were:Were you involved as much as you want to be in decisions about your care and treatment?Yes, definitely - 24 respondents, 89% Yes, to some extent - 2 respondents, 7% No - 1 respondent, 4%  Did staff ask you what was important to you in managing your condition?Yes, definitely - 20 respondents, 77% Yes, to some extent - 2 respondents, 8% No, but I would have liked this - 2 respondents, 8% This was not necessary - 2 respondents, 8%  | To improve on this, staff will ensure that all relevant professional training is completed, including attendance at the Self management for Life training. This course aims to improve the way patients are involved in their care. Due to be completed by end of December 2012. |
| Case management | Results were mainly very positive. Comments were also good – people said the case manager listened and helped their needs to be met and found the service very valuable. For example, “Clear, helpful reassurance that help is only a telephone call away.”One of the areas for improvement was: 67% of patients said they had a care plan.  | Patients often have a number of care plans from different services and this is confusing for them and staff cannot always find the relevant information. A new system has been implemented where all care plans are put in one yellow folder. To ensure that all patients have one and that they understand this, the service will:* Audit the number of yellow folders issued (due 30/6/12)
* For those Patients with yellow folders, ensure they know what it is and where it is (due 30/7/12)
* For those without yellow folders work towards issuing them to patients and explaining what they are (due 03/01/13)
 |
| Home IV | Most questions on this survey scored 99-100 and the comments reflected how friendly, professional, committed and caring the nurses are.“The efficiency and the pleasant bedside manner of the district nurses, particularly [name removed] and [name removed]. Nothing was too much trouble for the team. [Name removed] even offered to walk 8 miles to continue the IV in deep snow should the need be.”All results on this survey were excellent except for one question, which was answered by 8 respondents (this question was not applicable to all respondents; there were 38 in total).*Was the information you were given on administering the antibiotics easy to understand?*Yes, very easy - 6 respondents, 75%Yes, fairly easy - 2 respondents, 25%No, not easy – 0 | The information provided will be reviewed in the team meeting and action taken accordingly. |
| Falls | Most scores on questions were above 90 and 95, with positive comments saying how well the nurses had understood patients’ needs and involved them in their care, such as:“I found it really useful to discuss the management of my health problems at some length. The person carrying out the risk assessment was a most caring and efficient member of the team. The information given about my multiple health conditions, which when combined, add to a greater risk of falling, together with a discussion about the day-to-day management of my health problems, was helpful.”One area for improvement was:“How useful was the written or printed information you were sent about what would happen at the Falls Clinic?”Very useful – 15 respondents, 47%Fairly useful – 17 respondents, 53%Not very useful – 0 Not at all useful – 0 | To address this, the team reviewed the leaflet in the team meeting and the service manager is working on this with the communications team. The new leaflet is due to be finalised by August 2012. |
| MIU | Most scores were above 90, and comments revealed that staff were helpful and friendly and patients thought they were seen quickly.However, in response to:*Did a member of staff tell you about medication side effects to watch for?*Yes, completely – 18 respondents, 64%Yes, to some extent – 3 respondents, 11%No – 7 respondents, 25% | To improve, MIU staff will be informed of the results and reminded to explain side effects of medications. The service will ensure that a patient leaflet is available for all medications and that this is handed to patient. Due to be completed by 01/08/12. |

1. sample only includes those that answered they had been receiving care from mental health services for over 12 months. [↑](#footnote-ref-1)
2. Note small sample size compared to 2011 survey [↑](#footnote-ref-2)