

# PAPER

BOD 102/2013

# Report to the Meeting of the Oxford Health NHS Foundation Trust

# Board of Directors

Quality Report: Patient Experience

September 2013. For: Information and approval of Patient Experience Strategy

**Report**

In quarter 1 the Trust received 60 complaints and 114 issues were raised and resolved through PALS, the services received 658 accolades. The four key questions used by Oxford Health to provide high level monitoring of patient experience have been extended to all forms of patient surveys. This has resulted in an increase in the number of responses available. In June and July just under nine out of ten patients were responding to the question “Overall how would you rate the care you have received?” as good or excellent. This improvement on previous months coincides with the inclusion of paper surveys from Community Services Oxford, but improvements in Mental Health and Child and Family services have also taken place.

The National Community Mental Health survey has concluded and Oxford Health NHS FT has made improvements in the areas targeted in previous years. However other Trusts have also improved and Oxford Health’ improvements have not been significant enough to be placed within the top 20% of Trusts providing mental health services.

The Community Hospitals and MIU compare favorably when benchmarked with Acute Hospitals and A&E services in the region with the Friends and Family test. However the response rates remain at a low level (4.4%) with the exception of Didcot and Bicester Community Hospitals who have achieved excellent response rates of 46.8% and 23.7% respectively. The Department of Health expects rates of 15% when this is a mandatory activity.

It is important to note that this is a summary report and is not a substitute for the detailed reports provided to or generated by clinical services and the plans that follow clinical services consideration of feedback from patients. The integrated Governance Committee received a full report on patient experience activities in September 2013. This report provides summaries on:

* Four key questions from surveys in “near/real time”
* 2013 National Community Mental Health survey
* Friends and Family test
* Complaints in quarter one
* PALS (quarter 1)
* Accolades

This report also contains a three year Patient Experience strategy that has been agreed by the Integrated Governance Committee and now requires the Board of Directors approval.

The general Quality and Safety Section provides an

* Infection Control status report
* CQC Compliance

**Recommendation**

The Board is asked to approve the Patient Experience Strategy and note the remainder of the report.

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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.

This paper provides assurance and evidence against the Care Quality Commission Outcomes: 1 Respecting and involving people who use services and 16 Assessing and monitoring the quality of service provision

**Quality Report: Patient Experience**

## Trust Real time/ near time feedback

All surveys carried out by the Trust are required to contain four key questions. These questions are used for reporting to the Board of Directors as a “temperature test” of patient experience of services as well as used by the services to monitor patient experience. The surveys also use a number of other questions and feedback is used at local level by the clinical teams.

The chart and graph below show the responses to the questions over the first five months of 2013/14.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Were you involved as much as you wanted to be in decisions about your care and treatment?  (Yes definitely and Yes some extent/ sometimes) | Do you feel you have trust and confidence in the service and/or your key clinician/worker?  (Yes definitely and Yes some extent/ sometimes) | How much information about your condition and treatment has been given to you?  (right amount) | Overall how would you rate the care you have received?  (good and excellent) |
| April 2013 | Overall | 57/69 = 82.6% | 57/68 = 83.8% | 34/68 = 50% | 46/67 = 68.7% |
| May 2013 | Overall | 56/74 = 75.7% | 52/74 = 70.3% | 38/74 = 51.4% | 36/71 = 50.7% |
| June 2013 | Overall | 676/737 = 91.7% | 716/746 = 96% | 576/741 = 77.7% | 655/745 = 87.9% |
| July 2013 | Overall | 454/487 = 93.2% | 483/499 = 96.8% | 324/437 = 74.1% | 441/499 = 88.4% |
| Aug 2013 | Overall | 283/309 = 91.6% | 300/310 = 96.8% | 161/215 = 74.9% | 226/311 = 72.7% |



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

The Community Mental Health National Service User Survey was undertaken for Oxford Health NHS Foundation Trust between February and June 2013 by Quality Health. The survey was sent to a sample of 827 patients who were over eighteen years of age and were receiving care between 1st July and 30th September 2012. Patients were from the caseloads of CMHTs, AOT, CAS, Complex Needs and secondary psychological therapy services. 58% were subject to CPA.

278 completed surveys were returned from the sample giving a response rate of 34% a slight increase on last year’s 33% and 2011 response rate of 27%. 34% response was the maximum for any Trust.

In 2011 the agreed improvement plans aimed to ensure all patients regardless of whether on CPA or not, received the same essential standards of care. Specifically this meant the following standards should be applied to those not on CPA:

* Service users should know who their care coordinator or lead professional is
* Service users should be given a copy of their care plan
* Service users should have an annual care review meeting
* Service users should have their physical health checked
* Service users should have a contact number out of hours

The information from the 2013 survey as indicated in the chart and graph below shows that the actions have resulted in an improvement of patient experience. In particular responses to the question “knowing who your care co-coordinator is” improved by 22% from the 2012 survey, which is the highest improvement score in any area in the 51 Trusts covered by Quality Health.

The actions in 2012/13 plan built on the previous year and these should show improvements in next year’s survey. However in order to ensure that a quicker PDSA (Plan: Do; Study; Act) cycle a local survey programme has been put in place that provides continuous feedback to CMHTs by team on a monthly basis. This commences in September 2013 delayed from April due to two other community surveys taking place between April and September. The actions from the 2012 survey which will be refined following the most recent results were:

* Ensuring **all[[1]](#footnote-1)** teams provide patients with a folder that contains information for carers and information about care coordinator as a minimum.
* Ensuring that the appointment cards that contain crisis contact number and name of care coordinator are **routinely[[2]](#footnote-2)** used in practice and take action where teams are not using this system.
* Minimum standards for side effect monitoring and family involvement made clear and understood by practitioners. Division to link this feedback with audit results from POMH-UK audits and develop an overarching improvement plan.
* Training to be completed by those staff in adult CMHTS requiring skills in family engagement.
* Ensure a minimum of two staff per team are training in Family Interventions
* To ensure existing local surveys are completed on a rolling basis includes questions to monitor the above action plan. Divisions to decide how best to deliver the local surveys e.g. through hand held electronic devices, local postal surveys, focus groups etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year of action plan | Question | National Survey 2011 (n=212) | National Survey 2012 (n=268) | National Survey 2013  (n=278) |
| 2011 and 2012 | Do you know who your care coordinator or lead professional in the mental health services is? | 51% | 53% | 75% |
| 2011 and 2012 | Do you have a copy of your care plan or a letter which explains what treatment you will have? | 50% | 40% | 52% |
| 2011 | Have you had a meeting to review your care in the last 12 months? | 48% | 52% | 54% |
| 2011 | Has someone spoken to you about having your physical health checked? | Not asked | 38% | 43% |
| 2011 and 2012 | Do you have a phone number to call mental health services outside of normal office hours? | 44% | 46% | 48% |
| 2012 | Where you told about possible side effects? | 71% | 78% | 69% |
| 2012 | Have services involved a member of your family or something as much as you would like? | 76% | 78% | 74% |

Overall, small advances have been made in those areas targeted for improvement from the 2011 survey and one significant improvement brought about by use of appointment cards and information folders that reiterate to patients the name of their care co-coordinator. Other Trusts have also made improvements and Oxford Health’ improvements have not been significant enough to be within the top 20% of Trusts, as can be seen by the chart below taken from the CQC report uploaded to their website on 17/9/13. A more detailed report of this survey was presented to the Integrated Governance Committee on 8/9/13 which is available through the Director of Nursing and Clinical Standards. The Section scores



**Friends and Family test**

Of 527 patients using Minor Injury Unit or Community Hospital services who were asked between 1st April 2013 and mid August 2013, “how likely are you to recommend this ward/service to friends and family if they needed similar care or treatment?” 70% said extremely likely and a further 21% said likely. This gives an overall net promoter score (NPS) of 62 over that period.[[3]](#footnote-3) The charts below show the scores by month since commencement of the pilot split by service area.

**Community Hospitals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of Responses | % of respondents who said extremely likely to recommend | % of respondents who would not recommend (neither likely or unlikely, unlikely and extremely unlikely | Net promoter score |
| April 2013 | 17 | 16/17 = 94.1% | 0/18 = 0% | 94.1 |
| May 2013 | 11 | 6/11 = 54.5% | 2/11 = 18.1% | 36.4 |
| June 2013 | 20 | 14/20 = 70% | 0/20 = 0% | 70 |
| July 2013 | 18 | 16/18 = 89% | 1/18 = 5.6% | 83.4 |

**Minor Injury Units**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of Responses | % of respondents who said extremely likely to recommend | % of respondents who would not recommend (neither likely or unlikely, unlikely and extremely unlikely | Net promoter score |
| April 2013 | 191 | 139/191 = 72.8% | 9/191 = 4.7% | 68.1 |
| May 2013 | 20 | 16/20 = 80% | 0/20 = 0% | 80 |
| June 2013 | 73 | 48/73 = 65.8% | 12/73 = 16.4% | 49.4 |
| July 2013 | 116 | 74/116 = 63.8% | 17/116 = 14.7% | 49.1 |

**Overall**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of Responses | % of respondents who said extremely likely to recommend | % of respondents who would not recommend (neither likely or unlikely, unlikely and extremely unlikely | Net promoter score |
| April 2013 | 208 | 155/208 = 74.5% | 9/208 = 4.3% | 70.2 |
| May 2013 | 31 | 22/31 = 71% | 2/31 = 6.5% | 64.5 |
| June 2013 | 93 | 62/93 = 66.7% | 12/93 = 12.9% | 53.8 |
| July 2013 | 134 | 90/134 = 67.2% | 18/134 = 13.4% | 53.8 |

In June the Thames Valley Cluster NPS for Accident and Emergency Units was 40 and the acute inpatient NPS was 68, whilst this is not a direct comparison, for Oxford Health it is the closest benchmark available.

Only 33 people responded between April to 11th Aug 2013 with unlikely or extremely unlikely to recommend the service:

* 1 from Abingdon Community Hospital
* 1 from Didcot Community Hospital
* 1 from Henley MIU
* 5 from Witney MIU (the majority of comments 4 were about a long wait to be seen)
* 25 from Abingdon MIU (the majority of comments 17 were about a long wait to be seen)

Didcot Community team have done exceptionally well with getting a high response rate, at 46.8% it is nearly double the Thames Valley Cluster for inpatients (25%), Bicester community hospital is comparable (23.7%) but all the other Community Hospitals are struggling to hit 5-10%. The Department of Health expectation for response rate is 15%.

|  | Apr-13 | May-13 | Jun-13 | July 2013 | Aug 2013 | Total YTD | Number of Discharges (April-July) | Response Rate  (April-July) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Hospitals | | | | | | | | 9% |
| Abingdon Ward 1 | 1 | 2 |  | 1 |  | 4 | 92 | 4.3% |
| Abingdon Ward 2 | 1 |  | 2 | 3 |  | 6 | 175 | 3.4% |
| Bicester | 1 | 1 | 5 | 1 | 1 | 9 | 38 | 23.7% |
| Didcot | 7 | 5 | 8 | 9 |  | 29 | 62 | 46.8% |
| Henley | 2 |  | 2 |  |  | 4 | 47 | 8.5% |
| Oxford City | 1 |  |  |  | 1 | 2 | 70 | 2.9% |
| Wallingford | 2 | 1 | 2 | 1 |  | 6 | 73 | 8.2% |
| Wantage | 1 |  | 1 | 1 |  | 3 | 45 | 6.7% |
| Witney, Linfoot Ward |  | 1 |  | 2 |  | 3 | 85 | 3.5% |
| Witney, Wenrisc Ward | 1 | 1 |  |  |  | 2 | 66 | 3% |
| Minor Injury Units | | | | | | | | 4.1% |
| Abingdon MIU | 37 | 3 | 72 | 93 | 15 | 220 | 5464 | 4% |
| Henley MIU | 10 | 17 | 1 | 6 | 6 | 40 | 1952 | 2.1% |
| Witney MIU | 144 |  |  | 17 | 38 | 199 | 3915 | 5.1% |
| Overall |  |  |  |  |  |  |  | 4.4% |

Positive comments made about Experience (Extremely likely and Likely):

A large number of positive comments and compliments have been made; some examples of the comments made over the last four months are:

|  | Quotes taken directly from Comments |
| --- | --- |
| Community Hospitals |  |
| Abingdon Community Hospital | * All the staff in ward 1 at Abingdon Hospital were so kind, and understanding, and were wonderful, and were always there with a smile and friendly advice. * I was looked after extremely well. * Very clean. Professional staff. Friendly atmosphere. Team work. Brilliant for rehabilitation, gives patients confidence. * The care provided by the medical and all other staff was excellent. Kindness and good humour were also shown, and the food was first class. |
| Bicester Community Hospital | * All staff took extremely good care of me and I was treated exceptionally well. * Very supportive, very caring. |
| Didcot Community Hospital | * First class treatment in every way, confirming the need for such local facilities. * The staff are all excellent and very helpful, can't do enough for you. * Nursing staff very caring and helpful, all very friendly. The food is excellent. * Everyone was lovely and caring and kind. Food was very nice. |
| Henley Community Hospital | * Everyone was very kind and helpful (and also the food was very good). * Excellent care and treatment. |
| Oxford City Community Hospital | * The staff were extremely approachable and helpful. * Very friendly staff, brilliant physio and OT |
| Wallingford Community Hospital | * The attention and care I had during my stay was excellent. * All staff pleasant, courteous and informative, I did not want to go home. |
| Wantage Community Hospital | * Outstanding care and attention from all staff. Good food. Excellent cleaning facilities. Great atmosphere - day rooms. * For the care and consideration given to me. |
| Witney Community Hospital | * I was looked after very well, and am very happy with my treatment. Everyone was so kind. * All staff extremely kind and helpful. Treatment good. * Very helpful and caring. |
| Minor Injury Units |  |
| Abingdon Minor Injury Unit | * It is very handy having an A&E just up the road from us, and today I was seen very quickly and efficiently. * Very easy to get to and always get good care. * Excellent care and information. Very helpful staff. * Staff friendly and helpful. X-ray and treatment was efficient. Seen quickly. * Excellent reception. Excellent treatment. Staff a credit to the NHS. |
| Henley Minor Injury Unit | * Immediate and careful attention. * Excellent service from start to finish. * Great service, very efficient, lovely people |
| Witney Minor Injury Unit | * Friendly, knowledgeable staff, who seemed to offer good care but still manage to do so efficiently, * The staff were very kind to me, they were professional and the service was excellent. Thanks a lot! * My treatment and care was excellent - thanks to all staff. * Quick, reliable, friendly. * The staff, including receptionist and the nurse, were fantastic in all ways: kind, empathetic and professional. |

393 people gave positive comments, 40 people gave negative comments, 10 gave both positive and negative comments, 74 did not respond and 10 gave a comment which was neither positive nor negative.

**Friends and Family staff response –** the F&F question was posed to a number of staff attending a series workshops related to the Francis report. The staff came from a number of clinical areas and 24 agreed to leave their responses which included their rating as well as comments about why they made the rating. Fourteen staff stated they were extremely likely to recommend their service, nine stated they were likely to and one stated they were neither likely nor unlikely. This would give a NPS of 54.

Examples of reasons for ratings included:

1. The care we provide is patient centred and patient focused and overall it is a fantastic service. We are often over stretched but always strive to provide the very best for our patients. Unfortunately I think that there are times when our service is put under great strain with conflicting priorities, change and increases in workload which leads to poor moral. I like to think that this does not affect patient care but it is often hard to show the levels of compassion & care we would like when out time is so stretched. Staffing has been a huge issue and I feel possibly patients have felt the effect of this and it is a huge shame.
2. The X Service provides holistic care. The aim of which is to provide the opportunity to include the patient/family in planning the care to encourage independence.
3. In some instances the process runs smoothly, however due to lack of communication, resources, poor leadership, disagreements, etc., things do not always run smoothly.
4. I would rather my friends or family came into my ward because:
   * We have a team that actually cares
   * Patients are treated with compassion & dignity
   * The focus of our work is on the patients, not money saving and paperwork.
   * Our ward has the highest staffing levels and the lowest turnover of staff.
   * Patients’ needs are met well. (Sometimes they don’t want to go home)
   * know they would be well looked after and that a holistic care approach would be taken.
5. Competent staff: Safe place: Informative – patients and carers well informed; Caring, friendly: Good engagement with families: Compassion

(NB. This information is included for interest only)

**Complaints; Quarter 1 2013/14**

There has been a decrease in the number of complaints received over a 12 month period. In Quarter One, 77% of complaints have been graded green and 60% of complaints have been responded to within an agreed timescale with the complainant. There has been an increase in the number of extensions being requested by Divisions. 43% of complaints have been received from relatives/carers, followed by 32% of complaints being received from service users/patients. The Mental Health Division continues to receive the highest number of complaints. Clinical care continues to receive the largest number of complaints, along within communication and staff attitude/behavior. In terms of complaints made about clinical care, the main sub category was around care in the community. Portland Ward and Kimmeridge ward have received a high number of concerns over a 12 month period. There has been an increase in the number of concerns raised in relation to lost property and most of these cases related to the Mental Health Division. Two complaints were received to the Parliamentary Health Service Ombudsman, of which one case was closed without further action. Oxfordshire Community Services continues to receive the highest number of compliments about their services.

The Trust received 60 complaints (excluding withdrawn complaints) during Quarter One. This is a decrease when compared to the previous three quarters, 68 complaints were received in Quarter Two; 86 complaints were received in Quarter Three; and 81 complaints were received in Quarter Four. The number of complaints received by month is shown in the graph below. The average number of complaints received since 1 April 2012 is 19 per month.

In Quarter One, 8 concerns which were initially raised as a formal complaint have since been withdrawn by the complainant and resolution has been reached informally. The graph below shows the number of calls made to the PALS free phone to discuss and log either formal complaints or informal concerns.

\*Please note that the system crashed in January 2013 and April 2013, therefore the figures are understated.

Between 1 April 2013 to 30 June 2013, 68 cases have been received (including the 8 withdrawn complaints) of which 97% were acknowledged within the NHS Complaints Regulations (2009) of three working days.

36 of the 60 complaints received have been responded to within a timescale agreed with the complainant. Of the seven complaints responded to outside of the agreed timescale, five related to either the Division not providing complaints papers in a timely manner or there were delays in the Division in sending out the letter of response. The remaining two complaints were outside of the timescale because the Complaints & PALS Department was unable to agree an extension with the complainant. At the time of writing this report, 17 (28%) of Quarter One complaints remain open. Divisions have been asked to set more realistic timeframes with complainants in order to ensure the Trust meets their expectations.

The breakdown of complaints by Division was;

Children & Families Division 11

Oxfordshire Community Services Division 15

Mental Health Division 27

Specialised Services Division 7

The graph below shows the number of complaints received by each Division since April 2012.

All complaints are graded using the NPSA risk matrix based on likelihood of reoccurrence and impact to patient(s) across a rating of green, yellow, orange or red. From the 60 complaints received, 46 (77%) have been graded as green, 13 (22%) have been graded as yellow and one (1%) complaint was graded as orange. No red cases were received during this period.

The primary categories of the complaints received across the Trust in Quarter One were, aspects of clinical treatment (32); attitude of members of staff (7); poor/inappropriate communication about decisions about care (7). These are broken down further as shown below for clinical care complaints.

Of the nine complaints raised about care in the community, four related to Children & Families Services. Two complaints were received about Melksham CAMHS, and whilst one complaint was received about Abingdon CAMHS and Salisbury CAMHS. There is no significant pattern about the reason for the concerns when these are broken down by team/ward.

During Quarter One, two cases have been referred to the PHSO. Of these, one case has been closed and the PHSO has advised that no further work will need to be undertaken. Five cases are currently open with the PHSO.

Themes -There have been a number of issues of concern highlighted through complaints:

* Portland Ward: 30 concerns received over a 12 month period. 3 were received in the last 3 months and 11 were received in the month of March. Of the 30 cases, 6 related to communication issues, 5 related to staff attitude and 3 related to access to the garden area and other clinical care issues, including concerns being raised about two members of staff falling asleep whilst undertaking level 3 observations.
* Kimmeridge Ward: 21 concerns received over a 12 month period. 4 received in the last 3 months. Of the 21 complaints, 5 related to a patient being discharged from hospital (being discharge too early, involvement in discharge planning), 3 related to communication issues, 2 related to control and restraint and 2 related to staff attitude.
* Increase in the number of concerns/complaints received in relation to lost property. These are mostly related to the Mental Health Division.
* Increase in the number of concerns/complaints being received in the Children & Families Division, specifically Melksham CAMHS. Some of the issues raised relate to communication with relatives/carers and assessments for ADHD.
* Increase in the number of patients telephones on wards being out of order and the length of time it is taking to rectify the problems.

**Learning from complaints**

After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then a complaints improvement plan is developed by the investigating officer in liaison with the relevant service manager. Each Division now has a “performance report” to enable them to monitor the actions and ensure completion.

The following actions have been taken or will be taken:

* On Portland Ward patient’s property is now being logged into the property book and a working group has been set up to look at issues around loss of property as this has been a theme in a number of complaints
* Development of a new protocol relating to incident debriefing on Kimmeridge ward
* Training to be provided to staff on Chaffron Ward in relation to accurate note writing.
* A review is being undertaken in Henley Urgent Care to ensure that the current x-ray referral pathway is functioning.
* Psychological Services to communicate treatment plans in writing to clients following assessment, including initial length of treatment and then a review process.
* Community Children’s Nursing to review the induction package in place for new starters and sessional staff to respite nursing service.
* All staff in Wycombe CAMHS have been reminded that following CPA meetings, care plans are circulated to all those involved in a timely fashion.

**Compliments and Accolades**

The Complaints and PALS Team collate compliments sent to teams within the Trust including thank you letters and cards. The number of compliments received can be seen in the graph below, work continues to ensure all teams share the compliments they receive as there seems to be under-reporting.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ward/Team | Apr  ‘12 | May  ‘12 | Jun  ‘12 | July  ‘12 | Aug  ‘12 | Sep  ‘12 | Oct  ‘12 | Nov  ‘12 | Dec  ‘12 | Jan  ‘13 | Feb  13 | Mar  ‘13 | Apr  ‘13 | May ‘13 | Jun  ‘13 |
| Specialised Division | 12 | 4 | 14 | 17 | 22 | 20 | 46 | 46 | 30 | 39 | 37 | 27 | 29 | 62 | 22 |
| Children & Families Division | 41 | 16 | 21 | 32 | 41 | 54 | 34 | 41 | 91 | 71 | 50 | 31 | 98 | 44 | 54 |
| Oxfordshire Community Services Division | 115 | 90 | 215 | 265 | 258 | 70 | 243 | 257 | 185 | 281 | 60 | 289 | 84 | 78 | 91 |
| Mental Health Division | 9 | 16 | 16 | 30 | 26 | 45 | 45 | 63 | 93 | 36 | 45 | 48 | 31 | 33 | 32 |
| Trust wide | 177 | 126 | 266 | 344 | 347 | 189 | 268 | 407 | 399 | 427 | 192 | 395 | 242 | 217 | 199 |

Extracts from compliments

*‘The attention from staff has been absolutely superb; everyone has been kind, compassionate and caring. I have nothing but praise for them all’*

Bicester Hospital

*‘You made our smile better….’*

Banbury Dental Service

*‘I would like to say a huge thank you for everything that you have all done to support us. You have shown compassion and total dedication to help us through this difficult time in our life.’*

Cotswold House (Wiltshire)

*‘Thank you for your support over the past few months since the arrival of our little boy. We are looking forward to the future as a family.’*

Central East CMHT

**Patient Advice and Liaison Service (PALS)**

The Trust has expanded the availability of the Patient Advice and Liaison Service to resolve concerns and issues, if possible at a local level, before a complaint is raised. The Complaints & PALS Team currently runs 34 PALS surgeries across the inpatient areas of the Trust on at least a monthly basis.

The table below shows the number of contacts with PALS where advice has been provided or issues have been resolved locally by month from 1 April 2012 to 30 June 2013.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ward/Team | Apr  ‘12 | May  ‘12 | Jun  ‘12 | July  ‘12 | Aug  ‘12 | Sep  ‘12 | Oct  ‘12 | Nov  ‘12 | Dec  ‘12 | Jan  ‘13 | Feb  13 | Mar  ‘13 | Apr  ‘13 | | May ‘13 | Jun  ‘13 |
| Specialised Division | 2 | 4 | 3 | 7 | 8 | 8 | 4 | 4 | 6 | 7 | 7 | 5 | | 3 | 5 | 6 |
| Children & Families Division | 4 | 4 | 4 | 5 | 5 | 6 | 15 | 10 | 1 | 10 | 12 | 8 | | 3 | 6 | 1 |
| Oxfordshire Community Services Division | 11 | 16 | 7 | 14 | 19 | 16 | 9 | 11 | 11 | 20 | 17 | 16 | | 15 | 9 | 14 |
| Mental Health Division | 15 | 12 | 20 | 20 | 23 | 27 | 34 | 22 | 14 | 38 | 38 | 55 | | 27 | 18 | 17 |
| Support Services | 6 | 4 | 4 | 9 | 9 | 14 | 9 | 16 | 2 | 2 | 1 | 2 | | 2 | 2 | 3 |
| Trust wide | 38 | 40 | 38 | 55 | 64 | 71 | 71 | 63 | 34 | 77 | 75 | 86 | | 50 | 40 | 24 |

The primary categories of concerns received by Division and dealt with with the appropriate manager at local level were:

Children and Families Division:

* Appointments/Referrals
* Quality of care in the community
* Attitude/behavior of staff
* Environment/Facilities

Mental Health Division:

* Admissions/Discharge/Transfer
* Care plan
* Side effects of medication
* Attitude/behavior of staff
* Poor communication
* Loss of patients property

Oxfordshire Community Services Division:

* Poor discharge arrangements
* Continuing care assessment
* Attitude/behavior of staff
* Poor communication

Specialized Division:

* Appointment/referrals
* Dental Hygiene/treatment
* Attitude/behavior of staff

Feedback from PALS Surgeries across the Trust also includes a number of accolades, examples of which are:

*Fiennes Centre*

* Wonderful staff.
* The care you receive here is very good and the food is nice.
* I enjoy doing the activities, as it’s nice to keep active.

*Highfield Unit*

* All staff are awesome.
* All staff have been compromising to meet our son half way which has been really good and has been boosting his confidence.

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*Cotswold House, Marlborough*

* Patients have said that they feel that communication has improved.
* They are really pleased with the new cushions that have been purchased.
* Members of staff have made a real effort to change the atmosphere and this has been noticed and feels to be improving.

*Didcot Community Hospital*

* The care I have received is very good although I feel I am ready to go home now.
* I enjoy the activities we do my favourite so far was when we decorated the straw summer hats with flowers.
* The staff are always willing to help and always cheerful.

*Elms Centre*

* All staff are really helpful and supportive.
* I really enjoy the relaxation group.

*Vaughan Thomas Ward*

* Nursing staff have given me the support that I needed to get on with my life, to see that there is a future and I would not have been able to get better without the help of the team.

*Wenric Ward*

* The OT’s here are brilliant, they aren’t pushy which makes you want to join in and there’s always a load on.
* Very pleased with the excellence in nursing input on the ward, especially in relation to how compassionate, caring and patient focused they are.

**Patient Experience Strategy**

A new Trust Patient Experience Strategy 2013 - 2016 (Annex 1) was presented to and recommended by the Integrated Governance Committee on 17th July 2013 for approval. The Trusts vision is that every patient receives good care in the way they expect, and therefore they have a positive experience.

The aims of the strategy are to:

1. Use feedback to make improvements in the way care is delivered

2. Share with patients and the public how their feedback has contributed to improvements

3. Provide opportunity for every patient to give feedback

4. Give staff the support and resources to be able to look and act on regular patient feedback

The strategy is focused on the Trust making a move to more effectively take action and act on patient feedback.

14 objectives are identified to implement the strategy’s aims. The implementation of the objectives and the monitoring for the strategy will be carried out by a new Trust wide group to be established called the Patient Feedback to Improve Care Group.

**Infection Prevention and Control Report – August 2013**

**Infection Prevention and Control Update**

**Community health services**

There have been a total of 3 cases of *Clostridium difficile* infection (CDI) in community hospitals in August. There has also been 1 case in September at City hospital (3.9.13)

1. The first case occurred on 8th August at City Community hospital.

A full RCA has been completed and although a sample could have been sent slightly sooner, the patient was managed appropriately, isolated and started on the correct treatment.

1. The second CDI case occurred on 9th August on Ward 2 at Abingdon hospital. A full RCA has been completed. The patient should have started vancomycin earlier however there were new doctors in post and were not familiar with the procedure.
2. The third case occurred in a patient who was admitted via EMU to ward 2 Abingdon. This patient was tested with 3 days of admission and therefore does not count in the Trust numbers. A full RCA was completed. The patient was managed appropriately although the specimen should have been clearly labelled with the date and time when taking.
3. The case in September occurred on 3rd September on City hospital. A full RCA has been completed and the patient was isolated appropriately, however vancomycin should have been started earlier.

We now have 5 CDI cases against the target of 8.

We are involved with a monthly CDI health economy review meeting with the OUH, Public Health England and OCCG commissioners. At this meeting selected CDI cases across the health economy are discussed to ascertain whether they meet the criteria to be removed from the target numbers.

These 4 recent cases for Oxford Health have been reviewed and discussed at the monthly review meeting held on 9th September. All 4 cases were deemed unavoidable but will not be removed from our target numbers. Further meetings with commissioners are being planned.

**Mental health services**

There have been no CDI cases in August 2013.

**Outbreaks**

There have been no reported outbreaks since the last report.

There have been no MRSA or MSSA bacteraemias in either community or mental health services.

**CQC Inspections** – there have been no CQC inspections in August or to date in September 2013.

**Trust wide Patient Experience Strategy**

**From 2013/14 to 2015/16**

**Summary**

**“Seeking and acting on patient feedback is key to improving the quality of healthcare services and putting patients at the centre of everything we do.”**

The Trust’s vision is that every patient receives good care in the way they expect, and therefore they have a positive experience. To effectively put patients at the centre of everything we do the Trust is committed to ensure support and resources are available to help each service to work through the following cycle on a continuous basis:

1. Regularly ask patients for feedback
2. Analyse this feedback
3. Share good feedback and identify any improvements with clinical teams
4. Work with clinical teams to implement the improvements
5. Share feedback and actions being taken with patients and the general public

1. Ask patients for feedback

2. Analyse this feedback

5. Share feedback and actions being taken

4. Implement improvements

3. Share good feedback and identify any improvements

Patient experience can be defined as feedback from a person about their individual feelings, views and opinions on the care they have received and which sometimes also explores level of satisfaction. This strategy focuses on patient’s experiences of care; as patient involvement, family and carer experiences and patient reported outcomes are covered by other strategic documents.

A patients experience is essential to ensure high quality care, and should be seen as equally important to providing the most effective interventions and safe care.

How a patient experiences the care and treatment provided is a priority for the Trust and needs to be part of every staff member’s role to ensure every patient has a good experience of care. The strategy supports this by recognising the link that staff who feel supported and valued deliver a good patient experience, by identifying senior leadership and setting out how the Trust will engage and empower staff to be able to identify and make changes to improve a patient’s experience.

The aims of the strategy are to:

* Use feedback to make improvements in the way care is delivered
* Share with patients and the public how their feedback has contributed to improvements
* Provide opportunity for every patient to give feedback
* Give staff the support and resources to be able to look and act on regular patient feedback

To ensure the effective use of patient feedback there are seven stages, shown below. The Trust has already developed a number of approaches to collect quantitative and qualitative patient feedback and has a rich resource of patient experience information. The direction of the strategy is for the Trust to move from focusing on collecting to acting on patient feedback more effectively, focusing on stages 3-7 below.



There is an infrastructure of support and an external contract to support Divisions with the collection and reporting of feedback through postal and electronic surveys, this will continue to be monitored. The need for more resources; specialist skills, time and funds, is likely to expand during the course of this strategy, to enable Divisions to work towards being able to provide the opportunity for all patients to give continuous feedback and for clinical teams to receive this feedback regularly to be able to take action.

14 objectives are identified to implement the strategy’s aims listed from page eight. The implementation of the objectives and the monitoring for the strategy will be carried out by a new Trust wide group to be established called the Patient Feedback to Improve Care Group.

Once approved the strategy will be launched by circulating to each of the groups involved in the consultation (see Appendix 3) including an all staff user announcement, the Trusts governors, publishing on the internal intranet and the Trusts website. The initial meeting of the new Patient Feedback to Improve Care Group will also be asked to consider how to further promote the strategy and the work carried out by the group.

**Trust wide Patient Experience Strategy**

**From 2013/14 to 2015/16**

Vision and Aims

**“Seeking and acting on patient feedback is key to improving the quality of healthcare services and putting patients at the centre of everything we do.”**

Patient experience is a key element of providing high quality services, alongside providing the most effective interventions and safe care.

The Trust’s vision is that every patient receives good care in the way they expect, and therefore they have a positive experience. To effectively put patients at the centre of everything we do the Trust needs to be committed to ensure support and resources are available to help each service to work through the following cycle on a continuous basis:

1. Regularly ask patients for feedback
2. Analyse this feedback
3. Share good feedback and identify any improvements with clinical teams
4. Work with clinical teams to implement the improvements
5. Share feedback and actions being taken with patients and the general public

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The aims of the strategy are to:

* Use feedback to make improvements in the way care is delivered
* Share with patients and the public how their feedback has contributed to improvements
* Provide opportunity for every patient to give feedback
* Give staff the support and resources to be able to look and act on regular patient feedback

This strategy has been developed in consultation with staff and the Trust Governors, Appendix 3 lists the staff and groups who have directly contributed to the Strategy prior to adoption.

Definition

Patient experience can be defined as feedback from a person about their individual feelings, views and opinions on the care they have received and which sometimes also explores level of satisfaction. The feedback received can be used to confirm we are delivering care in the way a patient expects, to share good practice, and to make improvements.

Each individual patient’s feedback is valued and a member of staff may want to take immediate action. This strategy focuses on the collective experience concentrating on themes, patterns and overall how a patients experiences care.

Background

This strategy supports and contributes to the vision, priorities, and strategic goals of the Trust set out in the Annual Strategic Plan and Annual Quality Account. The national patient choice survey in England (DoH 2010) revealed that patient experience is one of the key factors for patients when choosing a provider.

Patient experience cannot be seen in separation from staff wellbeing, family and carer experiences. It is also closely connected to patient involvement and patient outcomes. These areas are covered in other strategic documents e.g. Communications and Involvement Strategy, Carers Strategy, the Trusts Health and Wellbeing Group have developed a staff wellbeing guide and plan and the work on equality and inclusion using the framework of the NHS Equality Delivery System.

The method for collecting patient experience feedback, patient involvement and patient reported outcomes can overlap and can be carried out in a similar way and at the same time, although the purpose and use of the information is different. Figure 1 represents the interrelations and provides a definition of patient experience; patient involvement and patient reported outcomes.

Figure 1. Interrelations between patient experience, outcomes and involvement



Definitions:

Patient experience = feedback from a person about their individual feelings, views and opinions on the care they have received and which sometimes also explores level of satisfaction.

Patient involvement = person or people engaged and consulted to give their feedback on planning service provision and/ or service change. The person could be representing a group of people’s views.

Patient reported outcomes = feedback from a person about whether they feel their treatment has helped them to feel better, recover, achieve their treatment goal or reduce their symptoms/problems

The focus of the strategy is to put the patient at the centre and to ensure the Trust’s values of being caring, safe and excellent are consistently part of everyone’s experience. To achieve this, patient’s experiences of their care have to be fed back to staff that have direct patient contact on a regular basis so that information is used to make continuous improvements to care.

To ensure effective use of feedback there are seven key stages (DoH, 2009);

1. Collection
2. Collation and storage
3. Interpretation and analysis
4. Reporting and dissemination
5. Taking action
6. Monitoring and evaluation
7. Feeding back progress on actions

The Trust has developed a number of approaches to collect quantitative and qualitative patient feedback at different times within the patient’s journey of care, see Appendix 5 for details. Consequently the Trust is rich in sources of information and now need to focus on, stages 3-7 above e.g. linking different feedback to identify themes to prioritise improvements, and to identify services which are meeting patient’s expectations. This enables us to recognise staff achievements and to enable them to share what they are doing with others.

The stages are summarised below with each being addressed within the strategy with a focus on stages 3-7.



National Context

Government policy places an emphasis on the personalisation of services for patients and recognises patient experience as an important and equal partner to patient safety and effectiveness of treatment (outcomes) in achieving high quality services. It is proven a better patient experience leads to a better treatment outcome for a patient. There are a vast number of national policies and drivers to ensure improving patient’s experience of health and social care continues to be a high priority for all NHS Trusts. A summary of the national policies and drivers are listed in Appendix 1, this strategy meets and aims to exceed all the national targets and recommendations.

The focus on patient experience will only increase, making it key for the Trust to fully understand how to capture and use patient experience for service improvement.

Senior Leadership

Strong leadership is vital for improving patient experience. The Board of Directors must take a lead in the development and implementation of this strategy by showing how it takes patient views into account in its decisions.

Leaders throughout the Trust will own and drive the patient experience agenda to ensure a clear and consistent message on valuing the importance of patient experience, and embodying behaviour that reflects the high standards and values needed for a positive patient experience.

This leadership will ensure the importance of good patient experience is a fundamental part of everything each member of staff does.

Staff Engagement and Empowerment

Staff delivering direct patient care are crucial to the patients experience, they need to listen and promptly respond to any concerns or issues (individual or collective) at the point they are raised. This could be for example from an individual patient, in a patient council meeting or receiving the results of a patient survey. Other staff e.g. managers, support services, are important to create the circumstances and environment to deliver good care and a good experience.

Research has found staff that feel supported and valued deliver a good patient experience of care. Where staff had clear and planned goals, patients were more likely to report good communication and being involved in decisions about their care. The quality of care is closely related to how well organisations engage, manage and support their own staff. (NHS Staff Management and Health Service Quality, 2011). See Appendix 1 for the national evidence to show further evidence of the link between staff and patient experience.

Factors for Success

For this strategy to be successful the following factors need to be in place:

* Patient centred and inclusive approach to work with patients and support them to articulate their experience and involve them in making changes to improve services
* Commitment, direction and leadership on the importance and value of patient experience
* Investment of time, staff and money for the collection, analysis, reporting and action planning from patient feedback
* Engagement and empowerment of staff to enable staff to make changes to improve a patients experience
* Staff are held to account to demonstrate how they have listened and improved patients experiences

Monitoring of Strategy

Once approved the strategy will be launched by circulating to each of the groups involved in the consultation (see Appendix 3) including an all staff user announcement, the Trusts governors, publishing on the internal intranet and the Trusts website. The initial meeting of the new Patient Feedback to Improve Care Group will also be asked to consider how to further promote the strategy and the work carried out by the group.

The Director of Nursing and Clinical Standards is accountable for delivering the strategy, via the new Trust wide Patient Feedback to Improve Care Group. See Appendix 4 for the draft terms of reference for the new Group.

Current Position

Figure 2 developed by the DoH shows improving the patient experience is a continuous cycle from collecting feedback to demonstrating and reporting how feedback has led to the improvement of services. Over the last three years the Trust has developed multiple approaches to collect feedback across services, see Appendix 5.

This strategy outlines how the Trust will move from collecting to using feedback more effectively and demonstrating what has been achieved to patients, carers, the general public and staff to ensure the full cycle is completed.

*Figure 2. DoH Patient Experience Feedback Cycle (May 2009)*



Each Division is supported to use a selection of different approaches to collect information about patients experiences recognising the different patient groups we offer services to and also to recognise people like to give their feedback in different ways. See Appendix 5 for a list of the approaches used across the Trust. A summary of the key approaches being used by each Division in 2013/14 and the frequency of feedback is shown in Appendix 6.

There is an infrastructure of support and an external contract to support Divisions with the collection and reporting of feedback through postal and electronic surveys, this will continue to be monitored. The need for more resources; specialist skills, time and funds, is likely to expand during the course of this strategy, to enable Divisions to work towards being able to provide the opportunity for all patients to give continuous feedback and for clinical teams to receive this feedback regularly to be able to take action.

The strategy encourages Divisions to develop and try new initiatives around patient feedback and also identify any additional support and direction from corporate services that they require to ensure patient experience is robust across the organisation.

In the future the proposal is for services to be managed and aligned into the developing care pathways and service clusters. This will support improving the patient’s experience of integrated services.

Implementation Plan

The following 14 objectives have been developed to implement the strategy, with the expectation that additional objectives will be highlighted as the strategy progresses. The objectives have been developed through consultation (see Appendix 3), a review of the Trusts current position, and the use of a self assessment tool to help Trusts use patient experience feedback to promote improvements in services (Institute for Innovation and Improvement, 2012).

The leads and timescales for each objective will be developed and monitored by the Trust wide Patient Feedback to Improve Care Group (see Appendix 4 for terms of reference).

|  | Aim | Objective | Year to be completed | Actions |
| --- | --- | --- | --- | --- |
| 1 | Use feedback to make improvements in the way care is delivered | Set up a Trust wide Patient Feedback to Improve Care Group | 2013/14 | This group will be responsible for:   * Overseeing the implementation of the objectives set out in the strategy * Triangulation of feedback from the multiple approaches being used (see Appendix 5 and 6) * Overseeing actions are taken as a result of feedback and these are published * Maintaining a central list of the different methods being used in each service to collect feedback. * Promotion of the strategy and the work carried out by the group |
| 2 | The existing Trust wide questions to be implemented across all feedback mechanisms as far as possible to enable comparisons as a high level indicator of patient experience (Appendix 2) | 2013/14 | Include agreed questions in all surveys.  In light of the equality legislation we need to review adding “about you” questions e.g. age, disability and race. |
| 3 | Publish the results and actions taken from complaints | 2013/14 | Develop the monitoring and follow up of actions identified from complaint investigations, and improve how information about upheld complaints and the actions taken are published (recommendation from Mid Staffordshire NHS FT) |
| 4 | Giving staff the support and resources to ensure good care and a positive patient experience | Engagement with staff and promotion of the importance of listening and responding | 2013/14 | Review with front line staff how they would like to be engaged, involved and empowered so that they encourage patients to give feedback, can listen to feedback, identify and take action to make service improvements.  Possible examples could include a regular sharing and learning event; a staff champion in each service; regular communication to celebrate good feedback, areas for improvement and to share actions being taken; standing item on patient feedback/ experience on team business meetings and Division away days; slot at the staff corporate induction program; questions around patient experience used as part of staff recruitment, short films of patients experiences to be used in staff training and away days. |
| 5 | Agree and promote a set of clear standards for staff that constitute good care | 2013/14 | Ask patients what is important to them in their care to develop standards.  Clinical strategies to include ‘what is good care’ with reference to person centred and individualised care, privacy, informed, choice, compassionate, dignity, involved and safe. Reference documents: the two NICE quality standards, the NHS Patient Experience Framework, What Matters to Patients guide, and the 6Cs Compassion in Practice (2012).  Standards to be shared with new starters through induction. |
| 6 | Develop staff competence in interpreting information | 2014/15 | Identify training and specific staff to complete training to develop competence. Need to ensure support from senior managers that enough time is given to allow teams/ services to review feedback and agree actions to take forward. |
| 7 | Develop staff competency in identifying key solutions and writing SMART actions | 2014/15 | Identify training and specific staff to complete training to develop competence. Need to ensure support from senior managers that enough time is given to allow teams/ services to review feedback and agree actions to take forward. |
| 8 | Develop clinician level feedback | 2014/15 and 2015/16 | Identify which services and how they will start to collect and report on clinician level feedback from 2014/15.  Review effectiveness and value of clinician level feedback, and identify if the model can be introduced across more services 2015/16. |
| 9 | Share with patients and the public how their feedback has contributed to improvements | Demonstrate the impact of improvements following feedback | 2013/14 | At least quarterly feedback of results and actions being taken to staff, patients and the general public.  Possible examples patient experience section on the Trusts website; “you said, we did” posters in service areas; PALS surgery posters; staff fact sheet using patients own words; share compliments to a wider audience; annual patient experience report expanding on what is included in the Quality Account; and look at how to better link and use Healthwatch and  Foundation Trust Governors |
| 10 | Provide opportunity for every patient to give feedback | All teams to be offering patients the opportunity to feedback about their experiences on a continuous basis | 2013/14, 2014/15 and 2015/16 | 2013/14: ensure every service collects and uses feedback from patients at least once in the year.  2014/15: each Division has at least one service which offers patients the opportunity to give feedback continuously. Review opportunities to provide feedback in real time in specific service areas e.g. within 24 hours to be able to react and resolve immediately.  2015/16: to be determined following progress in year 1 and 2. |
| 11 | Streamline patient surveys in use | 2014/15 | Review number of surveys to ensure the same patient group are not being asked to complete multiple surveys. |
| 12 | Postal surveys to be developed along care pathways within the Trust. | 2013/14, 2014/15 and 2015/16 | 2013/14: the DoH are working with the Trust to pilot surveying 1000 patients along their care pathway in mental health services.  2013/14: the Oxfordshire Community Services Division are piloting collecting feedback from patients along a pathway.  Following evaluation of the above two surveys in 2013/14, objectives for 2014/15 and 2015/16 to be agreed. |
| 13 | Explore different methods of collecting feedback | 2013/14, 2014/15 and 2015/16 | 2013/14: introduce the Mystery Shopper initiative recruiting current patients to anonymously feedback in depth about their experience of their last contact/ inpatient stay etc.  2013/14: prepare for the roll out of the friends and family test to other services within the Trust e.g. involvement in pilot for mental health inpatient discharges  2013/14: implement the agreed structure and feedback loop for Executive Team “walk arounds” (consider structure of 15 step challenge)  2014/15: establish a system to regularly capture patient and staff stories about the same issues ‘Both Sides’ so both are listened to and engaged to make improvements e.g. each Division is asked to identify and support the capture of at least 6 stories per year, with a selection of stories shared at the Board of Directors meeting.  2014/15: Look at ways to better capture positive experience data from PALS surgeries e.g. poster in each inpatient area to identify positive feedback and areas of concern from each surgery updated regularly with what actions have been taken  2014/15: Use of telephone interviews e.g. this is an initiative for the Crisis Acute Service as part of the Safer Care Program, could be something senior managers carry out for example each Division talking to a random sample of 5-10 patients monthly (link with 15 step challenge).  2014/15: (to be confirmed) A single standard on-line survey on the Trust website that any patient receiving a service could complete (e.g. what went well, what could have been improved, overall satisfaction and any other comments). Could add link to on-line survey on clinic letters and information leaflets. |
| 14 | Conduct an equality analysis | 2013/14, 2014/15 and 2015/16 | Each year complete an equality analysis to identify any particular groups or sections of the communities we serve who are not reached effectively by the current approaches to collect patient feedback. |

**Appendix 1. Key National Policies and Drivers**

* Putting Patients First, The NHS England business plan for 2013/14 – 2015/16 (April 2013) identifies measuring patient and staff satisfaction as priorities 1 and 2, recognising the good academic evidence of a relationship between patient experience of care and staff feeling supported and valued in their work. Improving patient experience is also highlighted in priority 6 and throughout the document there are deliverables against the NHS Mandate objectives for developing experience measures and making it easier for patients and carers to give timely feedback e.g. Friends and Family Test and the aim to ensure that all NHS funded patients will have the opportunity to leave feedback in real time (at point of receiving care or discharge) for any service by 2015.
* Report of Mid Staffordshire NHS Foundation Trust from the public inquiry (Robert Francis QC 2013) highlighted the importance of timely, effective mechanisms to draw attention to where hospitals are failing to provide adequate levels of care and the need to ensure that these failures are made clear to people at all levels of the organisation. The reports makes two recommendations in relation to patient experience these are: patient feedback results to be made available to all stakeholders in near real time as possible and proactive feedback systems to follow up patients after discharge to get feedback about care. The National Commissioning Board has asked commissioners to work with providers to ensure the recommendations are addressed.
* NHS National Commissioning Board, Every Counts: Planning for Patients 2013/14 (NHS Commissioning Board) states the importance of listening to patients and offering a world class customer service. The Board sets out expectations “offers” for clinical led commissioners around patient experience including ensuring providers have mechanisms in place for systematically capturing real time patient and carer feedback on any service by 2015 (starting with the implementation of the Friends and Family Test), and building capacity and capability in both providers and commissioners to act on patient feedback.
* Compassion in Practice: Our Vision and Strategy (Dec 2012) and Implementation Plans (March 2013). The values and behaviours of Compassion in Practice are: Care, Compassion, Competence, Communication, Courage and Commitment, the 6 Cs. Compassion in Practice sets out six interrelated areas of actions to embed Compassion in Practice for everyone in our care, every day. Action area 2 is working with people to provide a positive experience of care (being led by the Chief Nurse, South of England, NHS England)
* The Mandate from the Government to the NHS Commissioning Board 2013 to 2015 (DoH 2012). One of the five objectives is making sure we experience better care so that we can expect to be treated with compassion, dignity and respect.
* The NHS Patient Experience Framework (DoH 2012) outlines eight elements critical to the patients experience: respect for patient centres values, preferences and expressed needs; coordination and integration of care; information, communication and education for patients; physical comfort; emotional support; welcoming the involvement of family and friends; transition and continuity; and access to care.
* The NHS Constitution: the NHS belongs to us all (DoH 2012) sets out the rights of NHS patients to expect high quality care that is safe, effective and focused on patient experience.
* Commissioning for quality and innovation (CQUIN) 2013/14 guidance (NHS Commissioning Board 2012). One of the four national CQUIN goal for 2013/14 relates to patient experience; to implement Friends and Family Test for acute service providers. The goal is not applicable for this Trust; however the locality group for South Central have asked NHS providers in the region to also introduce the test across community hospitals and Minor Injury Units (MIUs) from 1st April 2013. In addition each commissioner has also negotiated a local patient experience goal as part of the CQUIN scheme with the Trust.
* Costs and Benefits of Implementing a Patient Experience Strategy; Or Why Every Director of Finance Should be Investing in Patient Experience (Excellence Framework for Patient Experience, July 2012), makes the management case for investing in patient experience, proposing that there are sound management and financial reasons for going do. It points out that patient experience is now a central issue for the NHS Commissioning Board, Clinical Commissioning Groups and service providers.
* NICE Quality Standard and Clinical Guideline on patient experience in adult NHS services (QS15 Feb 2012). The NHS Litigation Authority reviews an organisations system for implementing and monitoring NICE guidelines.
* The Equality Delivery System for the NHS and Equality Objectives Action Plan 2012-2013 (DoH 2012) are documents which rely on engagement with patients and carers. One of the four goals of the Equality Delivery System is improved patient access and experience.
* The Operating Framework for the NHS in England 2012/13 (DoH 2011) makes clear the priority for the NHS to put the patient centre stage and to have a focus on improving patient experience, “NHS organisations must actively seek out, respond positively and improve services in line with patient feedback. This includes acting on complaints, patient comments, local and national surveys and results from “real time” data techniques.”
* The NHS Outcomes Framework 2012/13 (DoH 2011) identifies one of the five outcomes as ensuring that people have a positive experience of care, with eight improvement areas identified.
* Equity and excellence: liberating the NHS (DoH 2011) identified more emphasis needs to be placed on improving the patient and carer experience of NHS care.
* NICE Quality Standard and Clinical Guideline on service user experience in adult mental health (QS14 Dec 2011). The NHS Litigation Authority reviews an organisations system for implementing and monitoring NICE guidelines.
* Care Quality Commissions Essential Standards of Quality and Safety (Care Quality Commission 2010), every provider of health and adult social care services in England is monitored by the CQC for their compliance with a regulatory framework of essential standards. Registration with the CQC is dependent upon meeting these standards evidenced from the experiences by patients. The CQC identify patient feedback as the main source to identify and monitor if the essential standards are being met, all inspections place an emphasis on speaking and listening to patients about their experiences.
* High Quality Care for All (DoH 2009) sets quality as the organising principle behind everything NHS Trusts do and separates patient experience from the other two aspects (safety and effectiveness) of quality.
* NHS 2010-2015: from good to great (DoH 2009) identifies that hospital income will increasingly be linked to patient satisfaction, possibly rising to 10% of their payments over time

**Appendix 2. Trust wide Patient Experience Questions (Introduced between April – June 2012)**

Agreed Questions for all Services except where variation agreed (see below):

|  |  |  |
| --- | --- | --- |
|  | Question | Answer Options |
| 1 | Overall how would you rate the care you have received? | excellent, good, fair, poor, very poor |
| 2 | Were you involved as much as you wanted to be in decisions about your care (and treatment) (delete/ add as applicable)? | yes definitely, yes to some extent, no |
| 3 | Do you feel you have trust and confidence in the service and/ or your key clinician/ worker (delete as applicable)? | yes definitely, yes to some extent, no |
| 4 | How much information about your condition and treatment has been given to you? | not enough, right amount, too much, i was not given any information |

Variation for CAMHS:

|  |  |  |
| --- | --- | --- |
|  | Question | Answer Options |
| 1 | Overall how would you rate the care you have received? | excellent, good, fair, poor, very poor |
| 2 | Were you involved as much as you wanted to be in decisions about your care? | yes definitely, sometimes, no |
| 3 | Do you feel you have trust and confidence in your key worker? | yes definitely, sometimes, no |
| 4 | How much information about the service has been given to you? | not enough, right amount, too much, i was not given any information |

Variation for School Nurses and Health Visitors:

|  |  |  |
| --- | --- | --- |
|  | Question | Answer Options |
| 1 | Overall how would you rate the care you have received by the school nurse/ health visitor (delete as applicable)? | excellent, good, fair, poor, very poor |
| 2 | Were you involved as much as you wanted to be in decisions about your health? | yes definitely, yes to some extent, no |
| 3 | Do you feel you have trust and confidence in the school nurse/ health visitor (delete as applicable)? | yes definitely, yes to some extent, no |
| 4 | How much information was given to you by the school nurse/ health visitor (delete as applicable)? | not enough, right amount, too much, i was not given any information |

Variation for Oxfordshire Community CFS/ME Team:

|  |  |  |
| --- | --- | --- |
|  | Question | Answer Options |
| 1 | Overall how would you rate the care you have received? | excellent, good, fair, poor, very poor |
| 2 | Were you involved as much as you wanted to be in decisions about the way your programme with OCCMET was delivered? | yes definitely, yes to some extent, no  (if no answered secondary question what would have improved your experience) |
| 3 | Do you feel you have trust and confidence in the service and/ or your key clinician/ worker (delete as applicable)? | yes definitely, yes to some extent, no |
| 4 | How much information about your condition and treatment has been given to you? | not enough, right amount, too much, i was not given any information |

**Appendix 3. Consultation of Strategy**

The strategy was circulated and discussed in meetings with each of the following groups and people:

Internal

CEO and Executive Directors 9th April 2013

Patient experience leads in the Mental Health Division 15th April 2013

Patient experience leads in the Children and Families Division 16th April 2013

Patient experience leads in the Specialised Division 29th April 2013

Patient experience leads in the Oxfordshire Community Services Division 15th April 2013

Programme Lead within the Leading Improvement & Innovation 18th April 2013

Divisional Directors via email in May 2013

Associate Director of Operations via email in May 2013

Clinical Directors via email in May 2013

Head of Communications and Involvement 16th April 2013

Deputy Director of HR 1st May 2013

Equality and Diversity Officer 16th April 2013

Complaints and PALS Manager 29th April 2013

Integrated Governance Committee in July 2013

All staff through an all user announcement in June 2013

External

Foundation Trust Governors via email in June 2013

Picker Institute Europe (Director of Improvement) in June 2013

Parent Carer Participation Group (CAMHS) in June 2013

**Appendix 4. Draft Terms of Reference for the Patient Feedback to Improve Care Group**

**Objective and Purpose**

To ensure senior leadership on embedding the collection and use of patient feedback across the organisation, by monitoring the implementation the objectives identified in the Patient Experience Strategy.

**Accountability**

The Group will report progress quarterly against the objectives in the Patient Experience Strategy to the Service and Estates Quality Improvement Committee (within CQC outcomes 1 and 16), the Trust Integrated Governance Committee and Trust Board of Directors through the current patient experience report.

**Membership**

Deputy Director of Nursing (Chair)

Associate Director of Operations

Head of Complaints and PALS

Lead(s) for patient experience from each service Division/ care group

Professional Leads eg from social care, occupational therapists, physiotherapists and medics

Deputy Director of Human Resources

Representative from the Communications and Involvement Team

Representative from the Clinical Audit Team

Representative from the Improvement and Innovation Team

Equality and Diversity Officer

Representative(s) from the Trusts Governors

Representative(s) from Health Watch

Lead for Registration and Quality

**Quoracy and Frequency of meetings**

The Group will meet bi-monthly. It is quorate with a representative from each Division and the Chair or a member of the Nursing and Clinical Standards Team.

**Responsibilities**

One of the first tasks for the Group will be to identify the leads and timescales for the objectives identified in the Strategy (creating a SMART action plan), and to review and identify any new objectives on an annual basis.

The main duties of the Group are to:

1. Oversee the implementation of the Patient Experience Strategy (and objectives)
2. Act as a point to triangulate patient feedback received from the variety of approaches used
3. An opportunity to share approaches and learning from patient feedback
4. Recommend actions to improve the experience for patients
5. Monitoring actions are taken
6. Monitoring actions and outcomes as a result of feedback are fed back to staff and patients.

**Date Terms of Reference Accepted**

The terms of reference will be reviewed annually from the date of approval.

**Appendix 5. Trust wide approaches to collecting feedback**

The Trust has developed the following approaches to collect quantitative and qualitative patient feedback at different times within the patient’s journey of care; these have been grouped into three strands. The approaches highlighted in blue at the time of writing the strategy were not yet fully introduced. To move to a centralised approach to triangulate and consider all feedback together a lead involved or responsible for each type of feedback will be represented at the new Trust wide Patient Feedback to Improve Care Group.

**Complaints and PALS**

**(quantitative and qualitative)**

- Formal complaints: themes, outcomes and actions

- PALS surgeries

- Patient experience Volunteers (experts by experience)

- Central collation of Compliments

**Quantitative Surveys**

- Externally coordinated postal survey program (17,000 questionnaires per annum)

- Electronic surveys (kiosk, handheld devices and on-line)

- Friends and Family Test across Community Hospitals and MIUs

- Local team level surveys/ comment boxes

- Productive Care Programme: quarterly patient, carer and staff surveys

- National audit patient surveys eg EssenCES, NAS and NAPT

- Commissioner survey on NHS 111 service

- National patient survey in Mental Health whether required by the CQC or not.

- Single standard survey on Trust website (tbc)

- Adult CMHTs introduced care clusters from April 2013 with 6 month review point that includes asking patients about level of satisfaction

- CAMHS ROMs includes patient satisfaction

**Qualitative Face to Face Approaches**

- Mystery shopper initiative

- Patient stories and annual video diaries

- Results of 15 step challenge (including use of telephone approach for community teams)

- Telephone interviews

- Executive Team “walk around”

- PLACE assessments (replacing PEAT)

- Face to face interviews eg at Luther Street homeless GP practice

- Focus groups with patients who do not normally give feedback eg patients with a learning disability, speech and language difficulties, who are hard to engage in services

- Healthwatch feedback

- Service user councils in Forensic services

- Review social networking/ media sites

- Review NHS Choices, Patient Opinion, Rate your Doctor sites

- Local audits including patient feedback e.g. Essential Standards

- 360 degree feedback including patient/ family feedback for medical revalidation

**Appendix 6. Division approaches to collect patient feedback in 2013/14**

**(as of June 2013)**

| Division | Feedback approach | How frequent is the feedback being collected and fed back to staff (robust feedback to patients is identified as objective 1) |
| --- | --- | --- |
| Specialised  (adult forensics inpatients and community patients, dental, homeless GP, prisons and drug/ alcohol addiction services) | Local inpatient forensic survey | 6 monthly  (previously 18 monthly and last completed Sept 2012) |
| Productive programme of patient, carer and staff surveys across forensic wards | 6 monthly |
| Local surveys used within forensic wards eg through the Essential Standards audit tool, Harm Minimisation continuous survey & comment book asking for visitors experiences at Oxford Clinic. | Essential Standards Audit: bi-monthly  Harm Minimisation/ SCAS: continuous via paper survey/ use of kiosk  Oxford Clinic forensic wards: continuous (comment book) |
| Secret shopper exercise in Harm Minimisation (Addictions) | 6 monthly  (last completed 2012/13 Q4) |
| Service user Patient Council (forensic inpatients) | Monthly |
| Externally coordinated survey (through contract) for community forensic patients | To be completed in Aug 2013 and then review future approach and frequency |
| Externally coordinated survey (through contract) in Prisons | Huntercombe: 6 monthly  Prison in-reach service: to be completed for first time in Aug 2013 and then review future approach and frequency |
| Externally coordinated survey (through contract) in Dental/ Orthodontic Service (and possibly focus groups to be developed in 2013/14) | 6 monthly |
| Face to face interviews at Luther Street (plus a productive patient survey) | 6 monthly |
| Complaints and compliments | Complaints: each week as received  Compliments: monthly |
| Annual Patient-led Assessments of the Care Environment for all inpatient wards | Annually |
| Children and Families  (children and adolescents mental health inpatients and community patients, community children’s services, contraception services, psychological therapies and eating disorder inpatients and community patients) | SQ survey used on 13 handheld devices and 1 kiosk across community CAMHS (paper surveys used when devices are moved around teams) | Continuous collection, formally reported to teams quarterly |
| SQ survey is also used for young people and carers as a discharge survey when leaving Highfield ward | Continuous when each patient is discharged, reported quarterly |
| Local surveys within PCAMHS, CAMHS IAPT, IPPS, FASS (Family Assessment and Safeguarding Service), TB and Smoking Cessation | CAMHS IAPT: continuous as part of routine outcome measures reported quarterly  IPPS and FASS: annual  PCAMHS: annual  TB: continuous  Smoking Cessation: continuous |
| Local surveys within PCAMHS, Neuro CAMHS, Forensic CAMHS, OSCAS CAMHS and LD CAMHS | To be confirmed |
| Child and Adolescent harmful behaviour service have been conducting telephone interviews | Annual |
| Psychological therapies use a local survey at end of therapy | Continuous when each patient is discharged from therapy, reported quarterly (which is incorporated with outcome questions) |
| NAPT national audit about psychological therapies | Bi-annual |
| Productive programme of patient, carer and staff surveys across CAMHS and Eating Disorder wards | To be confirmed |
| Local survey used within CAMHS and EDS wards eg through the Essential Standards audit tool | Essential Standards Audit: bi-monthly |
| Externally coordinated survey (through contract) across a number of services | * Community Childrens Nursing: continuous collection (on-line feedback) to be reviewed in Sept 2013 and report quarterly * Health Visitors: continuous collection and report quarterly * School Nurses: 6 monthly * CAMHS: continuous collection and report quarterly * Childrens SALT: 6 monthly * Childrens Physiotherapy: 6 monthly * Childrens OT: 6 monthly * TB Service: to be confirmed * Smoking Cessation: to be confirmed |
| Article 12 and patient/ carer participation/ involvement groups. The Division have started to publish parent’s experiences on the internet. | Quarterly |
| Parent and carer involvement group which is also used to collect regular feedback, published on the internet. | Quarterly |
| Health visitors produce an annual video of patient’s experiences of services. | Annual |
| CAMHS parent and carer survey (new survey being introduced) | To be confirmed |
| Complaints and compliments | Complaints: each week as received  Compliments: monthly |
| Annual Patient-led Assessments of the Care Environment for all inpatient wards | Annually |
| Oxfordshire Community Services  (adult community hospitals, Minor injury units, NHS 111 service and community adult services) | Friends and family test in Community Hospitals and Minor Injury Units (externally coordinated) | Continuous, on discharge for Community Hospitals and for each contact at Minor Injury Units, reported monthly |
| Productive programme of patient, carer and staff surveys across Community Hospitals, District Nursing, MSK Physiotherapy and Podiatry. | Monthly, reported quarterly |
| Externally coordinated survey (through contract) in the majority of services | * Community Hospitals: continuous, reported quarterly * EMU: continuous, reported quarterly * Urgent Care OOH: continuous, reported quarterly * Urgent Care MIU: continuous, reported quarterly * District Nursing: continuous, reported quarterly * Re-ablement: continuous, reported quarterly * Hospital at Home: annual * Musculoskeletal Physiotherapy: annual * Podiatry: 6 monthly * Community Therapy Service: annual * Physical Disability Physiotherapy: annual * Dietetics: annual * HIV: annual * Bladder & Bowel Service: annual * OCCMET: annual * Home Oxygen: annual * Respiratory Team: annual * Heart Failure: annual * Case Management: annual * Community Matrons: annual * Stroke Pathway: annual * Adult SALT: to be confirmed |
| Commissioner survey on NHS 111 service | Continuous, reported 6 monthly(?) |
| 15 step challenge has been completed in some of the Community Hospitals. | Ad hoc |
| 15 step challenge via telephone interviews is being introduced for district nursing service | Ad hoc |
| Complaints and compliments | Complaints: each week as received  Compliments: monthly |
| Annual Patient-led Assessments of the Care Environment for all inpatient wards | Annually |
| Mental Health  (adult and older adult mental health services for inpatients and community patients and complex needs service) | Productive programme surveys used on 12 handheld devices across the adult and older adult wards (some wards use paper surveys instead) | Continuous, reported quarterly |
| NAS national audit about patients being treated with schizophrenia in adult CMHTs | Bi-annual/ annual |
| National community mental health survey (externally coordinated) n=850 | Annual |
| National inpatient mental health survey (externally coordinated), sample of all patients discharged in a 6 month period | Annual |
| Local survey used within the adult and older adult wards eg through the Essential Standards audit tool (in 2013 development of similar tool for community teams) | Essential Standards Audit: bi-monthly |
| Externally coordinated survey (through contract) across the adult and older adult CMHTs including Complex Needs Service | Continuous, reported quarterly |
| PICU pilot in early 2013 the use of “have your say” patient sessions in addition to community meetings and PALS surgeries (PALS surgeries also handing out patient experience surveys). | Monthly |
| In 2013 patient councils across the adult acute wards are being introduced. | To be confirmed |
| Pilot with DoH to survey along a care pathway for mental health patients | Ad hoc |
| Adult CMHT care clusters introduced have a 6 month review point which includes satisfaction. | 6 monthly |
| Telephone interviews of carers for patients discharged from the Crisis Service | Continue basis |
| Complaints and compliments | Complaints: each week as received  Compliments: monthly |
| Annual Patient-led Assessments of the Care Environment for all inpatient wards | Annually |

1. Information folders had been piloted in Buckinghamshire and needed to be extended to all CMHTs. [↑](#footnote-ref-1)
2. Appointment cards were used in some teams but this was not a consistent practice across the service. [↑](#footnote-ref-2)
3. The net promoter score is calculated using the national guidelines of % of patients who would strongly recommend minus those who would not recommend, or who are indifferent. [↑](#footnote-ref-3)