

North West London Hospital

Patient Experience Improvement Programme (We Care)

1. Introduction

“High Quality Care For All”; NHS Next Stage review (DOH 2008) set out a vision of an NHS that works in partnership to prevent ill health, providing care that is personal, effective and safe. This is an ambitious goal of putting quality at the heart of the NHS by making it a fundamental principle.

In order to achieve this goal, NHS Trusts need to re visit how they measure quality and focus on what really matters to their stakeholders i.e. clinical quality, patient safety and particularly patient satisfaction with services. In the past it has been suggested that the NHS has sometimes focused on delivering services to benefit the providers rather than the recipients of care. The way forward is more people centred and preventative, placing quality at the core of everything that it does.

The National Quality Board and the Care Quality Commission will provide guidance and an integrated oversight to drive forward these changes. Another piece of the quality jigsaw will be Quality Accounts, published by all NHS organisations at the same time and with the same weight as their financial accounts. At present, quality is marginally recognised in each NHS Trust’s income tariff. However it is planned that a much bigger proportion will be allocated in future. This will be a big culture change for the NHS, which has traditionally been paid by volume.

The emphasis on the quality agenda demands a shift from a one size fits all service, to a more open and responsive system which focuses on the needs of the individual. The development and implementation of a patient experience improvement programme directly contributes to achieving the components of the NHS Next Stage review.

2. Background

NWLH was in the lowest 20% in the Healthcare Commission National In Patient Survey in 2008. This was despite an improvement of 5-10% on 33 out of 61 questions from the 2007 survey. Improving the patient experience was one of the eight key Trust objectives of 2008/2009 and resulted in a successful application for funding from NHS London, to pilot a multi professional customised patient experience programme. Further funding was kindly provided by the Burdett Trust in December 2009 to support the roll out of Phase 2 of the programme.

The initial scoping of the project included a number of focus groups with a variety of stakeholders, to ascertain what key elements were important to them in ensuring a quality experience and give them confidence in the staff caring for them. The findings indicated that patients wanted staff to be Compassionate/caring, Consistent and better at Communicating. The findings informed the multi disciplinary training (called the 3C’s) which was developed to form the basis of the “We Care” programme.

The programme was designed to provide patients with a better experience of The North West London Hospitals. The aim was to help to re establish a culture of caring and compassion for patients in the busy ward environment and to equip staff with the attitudes, behaviours and competencies required to care for and build trust with the widely diverse communities that the Trust serves.

The programme incorporates a range of initiatives, each with its own lead and action plan, aimed at providing the Trust with information which will inform how patients and their families really feel about the quality of the services. It also provides appropriate metrics that can be used to measure performance and monitor improvements.

The programme is monitored and overseen by an Executive Steering Group. A Project Implementation Group reports to the Steering Group.

3. The programme consists of the following components;

- Delivering the 3Cs training – Compassionate care, Consistency & Communication
- Patient stories
- Nursing Promise
- Real time patient feedback
- Patient surveys on discharge
- PALS, Complaints and Compliments
- Bereavement care
- “Ask me 3” – increased patient involvement in their care
- Mystery shopping

4. Delivering 3Cs –Compassionate care, Consistency & Communication training

The training was designed and facilitated by an external consultant. The aims of the training sessions were to engage senior management and front line staff and to enable them to understand the changing needs of patients and empower them to make the changes necessary to improve the patient experience and result in a re energised workforce when they saw patients more satisfied with their experience.

All staff attending the sessions completed a staff satisfaction survey pre and post training. Heads of departments received the results and took actions to improve staff morale. The staff survey is repeated bi annually to monitor staff morale. (**Appendix 1**) The relationship between low staff satisfaction and low patient satisfaction is well recognised. A recent study has identified specific links between questions from the National In Patient survey and the National staff survey (Raleigh.V & Halit K 2008). By focusing on improving the patient experience and increasing the levels of patient involvement, a culture of staff working in partnership with patients will be created. In addition the report “ Does the experience of staff working in the NHS link to the patient experience of care?”(Aston Business School 2009) indicates that patient perceptions of staffing levels and the respect and dignity shown towards them are correlated to employee’s feelings of work pressure and staffing levels.

Staff were trained in their ward teams and this was well evaluated, as it provided a good team building opportunity and encouraged them to reflect on how they manage their individual areas and what they would like to improve and change.

18 wards/departments and **679** staff attended training in Phase 1 (**Appendix 2**)

Following the training, each area has a follow up meeting attended by a Clinician, the Ward Manager, Matron and General Manager to discuss the issues raised in the training sessions from their team and to draw up an action plan. The plan addresses the constraints that staff feel compromise the efficiency and quality of the service. Issues raised included: information to patients, Protected Mealtimes, visiting hours, communication between members of the Multi Disciplinary Team (MDT), delayed discharge and transfer between wards. Solutions were discussed in ward meetings and have resulted in significant improvements to practice and team working This is demonstrated in one ward's development of a pledge for patients and staff .(Appendix 3)

In addition, Clinicians have presented issues raised in the training and action planning sessions with colleagues on the Grand Rounds and Medical committee. This has raised awareness of how the patient's perception of their experience significantly influences their overall satisfaction.

Tools including Observations of Care and Patient stories are used to monitor progress and sustainability and to give feedback to staff. These tools also demonstrate to patients and relatives that the Trust is constantly reviewing and improving its services

Phase 2 of the 3C training is in progress and **180** staff have attended training to date.

Next steps

- Share changes in practice and improvements from action plans with the wider team, organisation and all NWLH stakeholders
- Engage more disciplines in the process
- Ensure systems in place to sustain change and maintain the momentum
- NWLH is working with Thames Valley University to develop a module for staff, based on the 3C concept. This is planned to commence later in 2010 and will be available at Degree and Masters levels
- The staff survey will be repeated on a regular basis to monitor and action results
- The Director of Nursing and HR Director are working to development a staff engagement strategy

5. Patient stories

Patient stories are interviews with service users about their experience of receiving care. This is a powerful way of involving the person in their care and helping to find out which aspects they value and which areas need improving. The strength of the story is that the content is led by the individual involved and so reflects the issues that they feel are important.

An action plan is developed based on the themes emerging from the story and key stakeholders are informed of the major themes for improvement and sharing good practice. Themes can be included in business planning and also influence objectives for training and development.

Patient stories are carried out by all disciplines and themes raised are discussed and actioned at local and divisional meetings Matrons have “ Buddied” up to take stories in each other's areas.. Key themes emerging are: communication, information, feeling treated as an individual and dignity and respect which are pertinent to all clinical areas. are also stories and sharing themes with the wider team.

Patient stories are now an agenda item at the Trust Board

Next steps

- Training sessions are attended by all staff
- Themes are shared with a wider audience
- Patient stories remain on the Trust Board agenda

6. Nursing & Midwifery Promise

A body of work has been undertaken with NWLH nurses and midwives to identify what their values are for the organisation. These have now been adopted as Trust wide values and incorporated into Our Promise to NWLH patients and reflects the NHS Constitution and the importance of delivering high quality care, the 3Cs, dignity and respect. The Promise is displayed in all wards and public areas throughout the Trust. **(Appendix 4)**

Next steps

- The Promise is incorporated into the Trust values and included in the Coming into Hospital booklet
- An audit is planned by members of the Hospital User Bank (HUB) to measure the impact of the Promise on patients and find out from staff how it relates to practice
- The Promise will be incorporated into the next Nursing and Midwifery Strategy

7. Real time patient feedback

a) Use of real time patient experience Trackers (PET'S)

In order to help evaluate the impact of the programme, the Trust introduced Dr Foster Patient Experience Trackers (PETS) in 12 clinical areas. The questions are based on themes from the 3Cs in particular, Caring, Compassion and Communication. Results are sent directly to the ward and the ward manager and staff devise an action plan based on the findings. This information is displayed for patients and staff to see the progress/improvements that are being made and monitored. The visibility of the actions highlights to patients that the Trust is open to feedback and keen to make improvements wherever possible.

The feedback is timely and enables the Ward Manager to pick up on issues quickly and feedback to the ward team about successes and areas of practice that need to be monitored and revise. The survey results are reported to the Trust Board monthly as part of the Quality Scorecard.

Clinical Quality- We Care	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Patient Experience- Dr Foster Trackers																	
Staff looking after me had a caring and compassionate attitude	LR	G	80%	80%	84.8%	94.1%	83.4%	84.0%	85.1%	85.7%	84.1%	84.6%	84.7%	85.8%	86.9%		
Staff looking after me did things they said they would do	LR	G	80%	80%	82.5%	83.8%	80.2%	81.7%	83.6%	84.8%	82.6%	81.4%	83.7%	83.6%	83.8%		
I feel fully informed about what was happening with my treatment	LR	G	80%	80%	80.7%	75.0%	78.3%	80.2%	80.9%	82.7%	80.0%	80.3%	83.3%	80.1%	83.1%		
I was involved as much as I wanted to be in decisions about care	LR	G	80%	80%	80.0%	73.5%	76.5%	79.4%	81.0%	82.9%	80.2%	79.4%	83.0%	78.8%	82.8%		
Overall I was very satisfied with the care I received	LR	G	80%	80%	84.9%	88.2%	83.4%	84.3%	84.2%	86.9%	83.9%	84.6%	84.8%	86.0%	88.0%		
Environment																	
% of patients in mixed sex accommodation	LR	G	<10%	<10%	4.6%	4.5%	4.6%	5.2%	5.3%	4.0%	3.1%	4.8%	4.2%	4.8%	5.7%		

Next steps

- Encourage staff to give the PET's to patients and relatives as often as possible to increase usage
- Sustain the actions/improvements highlighted by the PET's
- Re tendering to explore other hand held devices and roll out to all departments
- Inclusion of results in divisional clinical scorecards

NB Monitoring of mixed sex accommodation is measured in the patient discharge survey which is discussed later in the paper

8. Mystery Shoppers/ Hospital User Bank (HUB)

The NWLH Hospital User Bank (HUB) is made up of NWLH past & current patients and visitors who have volunteered to become involved in service improvement activity. The HUB data base currently stands at approx 170 members. A group of activities that the HUB are actively involved in is "Mystery Shopping". This involves HUB members observing various aspects of the Trust's services to identify what could be improved. Examples of this include:

Infection control equipment audit – where HUB members observe the equipment and cleanliness on the wards and various departments

Environmental audits – work is underway with the Trust domestic care contractor to adapt the hand held device that is used by supervisors to monitor cleaning. This will enable HUB members to use the same device to monitor the cleaning of public areas in the Trust.

Staff behaviours –Outpatient and reception staff are observed to ensure they welcome patients and that various other professional standards are observed.

Walking the "Northwick Park and Central Middlesex Way - members of staff and HUB members have undertaken a number of journeys from local transport and car parks to access various departments within the hospitals. Signage, WC facilities, environmental issues and disabled access issues have been noted and actioned by a working group chaired by the Director of Corporate Services.

A HUB member has been recruited to help coordinate HUB members' activities, recruitment and manage the HUB data base. HUB members also sit on various NWLH committees including the Trust Board, Patient Information, Patient Safety, We Care implementation and Steering Groups and the Patient and Public Involvement Committee. HUB members are being offered training on carrying out audits and giving feedback by CLAHRC (Collaboration for Leadership in Applied Health Research & Care)

The HUB will be used as the core of the Foundation Trust shadow membership development.

9. Patient surveys on discharge

The Trust has implemented a discharge survey which is given to all patients in ward areas on the day of discharge.(**Appendix 5**) Staff in the Discharge Lounge ensure all patients using the facility have completed the survey. The survey includes questions re single sex compliance and the Trust is sending completed surveys of 100 patients x 3 in Quarter 4 of 2010 to NHS London to monitor compliance.(**Appendix 6**)

Survey results are also used to demonstrate the impact of the 3Cs training. The Ward managers receive the feedback on a weekly basis and feedback the results to the multi disciplinary team and take action as appropriate. Heads of Nursing are monitoring the results and initiate actions when scores for any questions fall below 80%

Next steps

- Ensure all patients complete the survey on their day of discharge
- Improve compliance with single sex accommodation

10. PALS, Complaints and Compliments

The impact and key improvement areas of the programme are reflected in the number of PALS issues, formal complaints and compliments to staff. The Trust has also monitored the improvement in complaints in relation to nursing care since the introduction of the programme in Quarter 1.

	Q1 09/10	Q2 09/10	Q3 09/10
Nursing & Midwifery Complaints	42	31	52
Clinical care complaints involving nursing	44	34	54
Compliments re: Patient care	44	55	73

Clinical treatment relating to all of the professions remain the most common cause for complaint. There is a significant increase in Q3 (445 of the total number compared to 37% in the same period last year) A detailed review will be carried out by the Patient Safety committee Complaints categorised as clinical care are primarily about medical care but may also include issues raised about nursing care There is an increase in the compliments received since the programme commenced in Q1 2009 .

Communication complaints

Good communication was one of the key issues that stakeholders identified was essential to improving their trust and confidence in staff caring for them. It is a component of the 3C training

	Q1	Q2	Q3	Total
08/09	19	35	18	72
09/10	14	13	16	43

There has been an overall reduction of 40% in complaints in relation to communication issues compared to the same period last year

Next steps

- Continue to monitor and share themes from Complaints, PALS and compliments with staff
- Ensure that actions are taken and progress monitored

11. Bereavement care

The Trust appointed a Bereavement Co-ordinator in order to focus on the needs of patients and families. The postholder provides support and advice to bereaved families and helps them to navigate the End of Life care pathway. The service has improved communication between staff and families and also the debriefing of staff in relation to themes from complaints. It has also facilitated more effective and efficient discharge from hospital for patients who wish to die at home. Advice for bereaved relatives has been improved to include details of local bereavement services and advice on funeral arrangements. A sympathy card from the Trust has been produced and is sent to bereaved relatives

Bereavement Complaints

	Q1	Q2	Q3	Total
08/09	14	13	12	39
09/10	8	6	11	25

It can be seen that there has been a 48% reduction in complaints received between 2008/9 and 2009/10 to date, as a result of the actions taken as part of the programme.

Next steps

- Continue to work collaboratively with external support agencies such as Cruse, to improve services
- Develop the information and resources on the web site

12. “Ask Me 3” (Patient involvement in their own care)

Ask Me 3 is a health promotion programme originating in the USA. It identifies three questions that are fundamental to promoting health education and effective communication

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

The questions promote patient involvement in their care. The process is currently being piloted with patients attending for pre operative assessment. They are sent information about their role in the process and the questions to reflect on prior to their appointment

Next steps

- The process will be cascaded following review of the pilot

CONCLUSION

The implementation of the We Care programme at NWLH has had a significant impact on both patients and staff .It has given the staff the opportunity to stand back from their areas of work and view the service, attitudes and behaviours of their teams from the patient's perspective .It has also reinforced the importance of small things in the patient's journey, and how improving these issues can make a huge impact on the overall patient experience .It has also helped them to understand each other's roles and the importance of working together as a cohesive team to make the necessary changes to the service

The metrics that have been used to evaluate the impact of the programme indicate that the patients are beginning to have a more positive experience They are able to see that the Trust is endeavouring to make improvements in the environment as well as the attitudes and behaviours of the staff who are caring for them during their stay

Phase 2 of the programme is focusing on:

- Improving engagement from the wider MDT
- Sharing good practice and achievements both internally and externally
- Ensuring that improvements are monitored and reviewed
- Incorporating key components of the programme into Trust scorecards

Appendices

Staff Satisfaction Survey

Appendix 1

We Care - Staff Satisfaction Survey

Date: 31 October 2009

The North West London Hospitals 



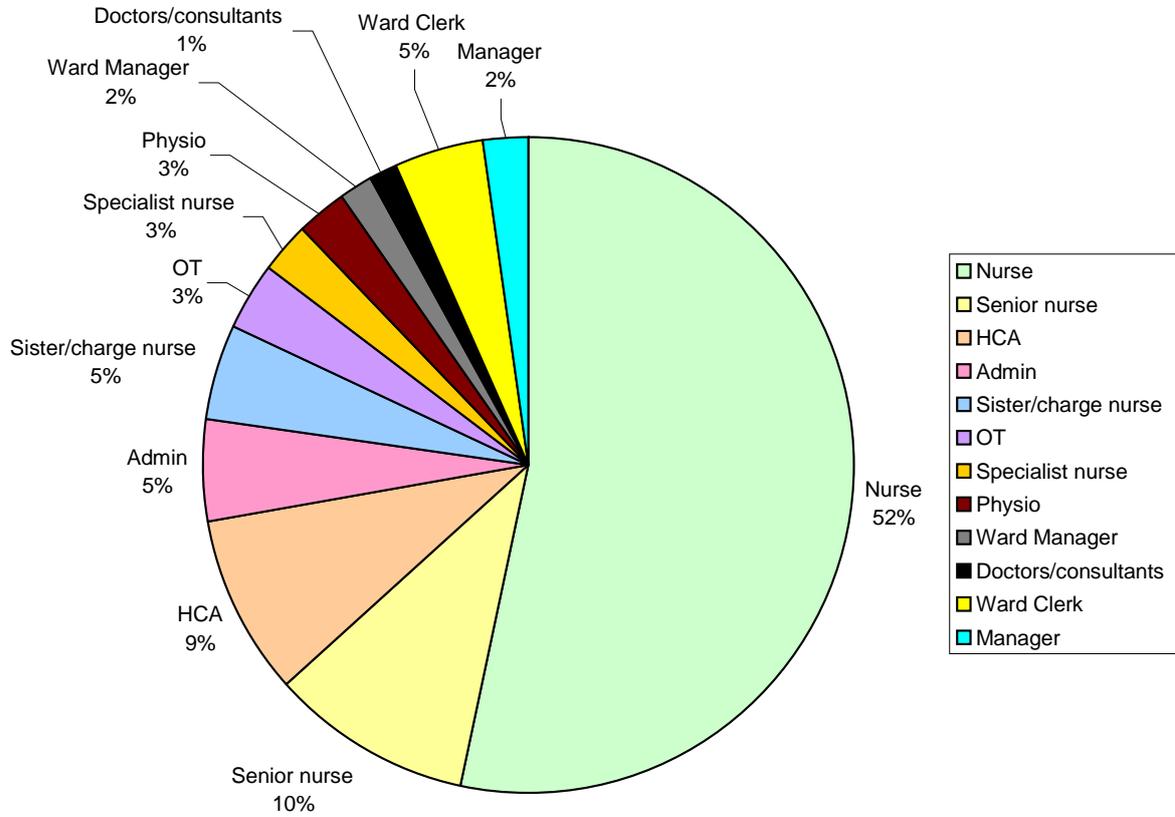
- Q1 I feel valued by the Trust
 Q2 My opinion matters in how the ward/dept is run
 Q3 I feel part of a strong team with good team spirit
 Q4 I am happy in my work
 Q5 If a member of my family needed hospital treatment I would recommend that they come to this Trust

	Date	Number of Responses	Q1 Valued	Q2 My opinion	Q3 Team spirit	Q4 Happy	Q5 Recommend
CMH A&E							
Baseline	12.06.09	42	36%	47%	66%	68%	68%
Follow-up							
Dickens							
Baseline	21.06.09	19	47%	60%	76%	75%	60%
Follow-up	15.10.09	17	53%	75%	86%	75%	64%
Dryden							
Baseline	15.06.09	22	36%	56%	69%	62%	47%
Follow-up	16.09.09	16	46%	64%	71%	67%	65%
Frederick Salmon							
Baseline	12.06.09	22	42%	43%	50%	62%	52%
Follow-up	15.10.09	6	54%	54%	79%	79%	54%
Gladstone 1							
Baseline	21.06.09	19	40%	47%	65%	61%	56%
Follow-up	02.10.09	24	54%	62%	81%	82%	65%
NPH A&E							
Baseline	16.07.09	55	41%	47%	69%	61%	54%
Follow-up	15.10.09	21	50%	57%	75%	65%	66%
James							
Baseline	21.07.09	30	48%	53%	53%	58%	48%
Follow-up	15.10.09	11	27%	22%	40%	43%	22%
Gray							
Baseline	20.07.09	18	36%	52%	68%	61%	51%
Follow-up							
Gladstone 3							
Baseline	17.07.09	8	78%	62%	65%	81%	71%
Follow-up							
Fletcher							
Baseline	17.07.09	44	25%	27%	28%	36%	21%
Follow-up	10.10.09	17	64%	66%	75%	70%	69%
Pædiatrics							
Baseline	25.07.09	11	63%	68%	84%	77%	54%
Follow-up							
Jenner							
Baseline	26.08.09	20	52%	51%	72%	71%	56%
Follow-up							
Cath Lab							
Baseline	26.08.09	10	67%	80%	95%	85%	60%
Follow-up							
Gladstone 4							
Baseline	17.07.09	13	42%	61%	65%	76%	48%
Follow-up	29.09.09	8	65%	59%	96%	93%	62%
Outpatients							
Baseline	22.06.09	12	37%	37%	58%	68%	50%
Follow-up	17.09.09	37	43%	50%	58%	56%	56%
Roundwood							
Baseline	17.09.09	10	57%	50%	82%	80%	70%
Follow-up							
Florence							
Baseline	05.10.90	1	50%	50%	50%	50%	50%
Follow-up							
Fielding							
Baseline	29.09.09	28	46%	38%	45%	57%	39%
Follow-up							

	Number of Responses	Average percentages				
BASELINE	384	47%	52%	64%	66%	53%
FOLLOW-UP	157	51%	57%	73%	70%	58%

Staff Trained in Phase 1
Appendix 2

Breakdown of staff trained in the We Care program



Appendix 3

The Dryden Way

We will:

- ✓ Check patients have understood what we said to them.
- ✓ Try hard to communicate well with each other, so we can all keep patients informed.
- ✓ Welcome patients personally (introduce ourselves, welcome to Dryden, how things work ...).
- ✓ Be honest with patients, whatever the news.
- ✓ Apply basic rules consistently (visitors, etc.).
- ✓ Document things as well as we can (care plans, medication on notes ...).
- ✓ Always put patient records back where we got them from.
- ✓ Watch out for patients looking worried, upset ...
- ✓ Ensure patients feel important, they matter to us.
- ✓ Find time when we can to get to know patients a little.
- ✓ Smile and be cheerful with patients (as much as possible).
- ✓ Nudge each other when someone has a face on or is losing their touch/sense of humour.
- ✓ Accept feedback in the right spirit.
- ✓ Try to see situations from the patients' viewpoint.
- ✓ Bring new colleagues 'up to speed' with the Dryden Way.
- ✓ Support each other and look out for signs of stress.

Our promise to you

- To treat you with **dignity and respect**.
- To provide **high quality care**. If we don't, we will listen and act on your feedback so we can learn and do better next time.
- To show **compassion** by finding the time to listen and talk, and do the small things that matter so much to you.
- To be **consistent and reliable** and do what we say we will.
- To work with your carers and family, and our colleagues so that we **put your needs first**.
- To **communicate effectively**, keep you fully informed, and explain if something has not happened.
- To help **improve your health and wellbeing** by ensuring excellence in care and professionalism.

From our nurses and midwives

The North West London Hospitals 
NHS Trust

DATE:Patient Satisfaction Survey

We want to find out what you think about your experience whilst on this Ward. The form should be completed on the day you are discharged. All information given will be treated in strict confidence and is anonymous. Your answers will be used to monitor and improve our services.

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS: *Please tick a box*

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	I had trust and confidence in the Doctors and Nurses looking after me	<input type="checkbox"/>				
2.	I found that there were members of the hospital staff that I could talk to about my worries and fears	<input type="checkbox"/>				
3.	I was involved as much as I wanted to be about my care and treatment	<input type="checkbox"/>				
4.	I felt I was treated with respect and dignity whilst on this ward	<input type="checkbox"/>				
5.	The toilets and bathrooms on the ward were clean	<input type="checkbox"/>				
6.	Hospital staff did everything they could do help control my pain	<input type="checkbox"/>				
7.	I was told about medication side effects	<input type="checkbox"/>				
8.	Staff helped me to eat my meals if I wanted or needed assistance	<input type="checkbox"/>				
9.	Whilst staying in hospital, I never shared a room or bay with a person of another sex	<input type="checkbox"/>				
10.	Whilst staying in hospital I never used the same bathroom or shower areas as patients of another sex	<input type="checkbox"/>				
11.	I was told who to contact if I was worried about my condition after leaving hospital	<input type="checkbox"/>				
12.	If a member of my family needed treatment, I would recommend that they come to this hospital	<input type="checkbox"/>				

Appendix 6

NWLH - Patient Experience Data Analysis

QUESTIONS:

1. **Trust:** I had trust and confidence in the Doctors and Nurses looking after me.
2. **Talk to Staff** I found that there were members of the hospital staff that I could talk to about my worries and fears.
3. **Involved** I was involved as much as I wanted to be in decisions about my care and treatment.
4. **Dignity** I felt I was treated with respect and dignity whilst on this ward
5. **Cleanliness** The toilets and bathrooms on the ward were clean.
6. **Pain** Hospital staff did everything they could to help control my pain.
7. **Medication** I was told about medication side effects.
8. **Meal Help** Staff helped me to eat my meals if I wanted or needed assistance.
9. **Mixed Rooms** Whilst staying in the hospital, I never shared a room or bay with a person of another sex.
10. **Mixed Bathrooms** Whilst staying in the hospital, I never used the same bathroom or shower areas as patients of another sex.
11. **Contact After** I was told who to contact if I was worried about my condition after leaving the hospital
12. **Recommend** If a member of my family needed treatment, I would recommend that they come to this hospital.



	Date	No of Responses	1. Trust	2. Talk to Staff	3. Involved	4. Dignity	5. Cleanliness	6. Pain	7. Medication	8. Meal Help	9. Mixed Sex Rooms	10. Mixed Sex Bathrooms	11. Contact after leaving	12. Recommend
NWLH Trust-Wide	30.01.10	52	89%	82%	80%	88%	85%	90%	73%	78%	92%	90%	82%	85%
(excluding NWP A&E)	08.02.01	47	91%	87%	88%	87%	87%	87%	75%	79%	88%	90%	76%	82%
	13.02.10	30	92%	88%	84%	92%	84%	88%	75%	83%	86%	84%	79%	87%
	20.02.10	35	94%	90%	90%	93%	90%	90%	85%	81%	82%	85%	84%	92%
	27.02.10	63	90%	88%	87%	90%	87%	90%	81%	80%	92%	93%	83%	89%
	08.03.10	48	87%	84%	80%	88%	79%	84%	70%	74%	85%	84%	76%	85%
	Average	46	91%	86%	85%	90%	85%	88%	77%	79%	88%	88%	80%	87%
Total responses over period		273												

NWLH - Patient Experience Data Analysis