

Report to:	Resilient Communities Scrutiny Committee
Relevant Officer:	Mrs Pat Oliver, Director of Operations
Date of Meeting	2 July 2015

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST – PATIENT EXPERIENCE

1.0 Purpose of the report:

1.1 The Committee is asked to consider the Trusts update report regarding patient experience.

1.2 The report demonstrates how patient experience continues to be monitored robustly by the team who are working hard to ensure that learning is shared across the organisation.

2.0 Recommendation(s):

2.1 To consider the contents of the report and ask questions and make recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is "Improve health and well-being especially for the most disadvantaged."

5.0 Background Information

5.1 Members from the Trust and Patient Experience Team will be in attendance at the meeting to address any questions.

5.2 Patient Experience

5.2.1 In April 2015 the Trust received feedback from 4061 people, a summary of ways patients gave their feedback is as follows:-

- 51 complaints
- 394 compliments
- 124 informal complaints
- 166 general enquiries
- 115 patient interviews as part of the listeners programme
- 3373 responses to the NHS Friends and Family Test
- 4 stories displayed on the patient opinion website

5.2.2 In April 2015 there were 9046 admissions to Blackpool Teaching Hospitals NHS Foundation Trust. During this period 51 complaints were received which required formal investigation, 41 were written complaints and 37 related to care in the hospital, this equates to 0.40 per cent of hospital admissions. Four cases related to care in a community setting. Of these, 10 complaints were dealt with at the point of origin and documented on the Trust's e-complaint referral form. One of these cases proceeded to have a formal investigation and all other clients were happy with the actions taken by staff at a service level.

5.3 The NHS Friends and Family Test

5.3.1 The breakdown of patients' expressions of recommendation against the question "how likely are you to recommend our service to friends and family if they needed similar care or treatment" are:-

Recommendation	Number of responses	Percentage
Extremely likely	2652	78.62
Likely	554	16.42
Neither likely or unlikely	51	1.51
Unlikely	24	0.71
Extremely unlikely	23	0.68
Don't know	69	2.04

5.4 Qualitative feedback mechanisms

5.4.1 As part of the expanded patient experience programme there has also been rapid expansion of the qualitative feedback processes, which are based on patient observations and comparisons in a non-fixed numerical manner. These include:-

- **The Patient Stories Programme** – Patient/Carer stories are collected and delivered to the monthly Trust Board, Quality Committee and CCG Patient and Public Involvement Forums on a monthly basis, representing patients’ and carers’ first person encounters of all the services we deliver across the Fylde Coast.
- **The Patient Panel** – feedback from established individuals who have developed a degree of expertise in a condition or circumstance to debate and support service redesign, representing the patient voice in all Trust strategies and developments. Last year they did a comprehensive review of our hospital food making a number of changes which led to our national rating improving significantly in the Inpatients 2014 survey.
- **The Mystery Shopper Scheme** – Patients/observers give a personal diary or account of how well areas are doing, looking at how well staff communicate with and help our patients and visitors.
- **The Tell Us Campaign** – This information campaign was shortlisted for the 2014 Nursing Times Awards and won the National 2014 Association for Healthcare Communications and Marketing (AHCM) award for “best patient engagement and consultation” for highlighting to all patients who access our services the different ways they can leave opinions about their care, internally and externally. Since the scheme was launched there has been a 40 per cent increase in patient feedback overall.
- **The Re-launch of the Patient Relations Team** (previously known as PALS), relocating the team to the main entrance in Blackpool Victoria Hospital and publicising their services widely has seen a 13% increase in demand for the support and signposting that is available from the team for patients and their carers.
- **Focus Groups** – bringing small groups together to discuss and explore their views provides the opportunity to listen to a range of opinions and experiences. So far these have been held to review discharge processes and the stroke pathway.
- **Regular Engagement with Health Watch Blackpool and Lancashire** – Clinical Commissioning Groups, membership and volunteers, local community and third sector organisations get representation on issues from the wider community, working on joint engagement projects.
- **Introduction of an online e-complaint and e-compliment referral form** has seen an increase in the variety of activities reported by the Trust staff as well as creating a single process for escalating positive and negative feedback received on

the spot. The wide range of compliments that are now being reported alongside the complaints is really giving us a “helicopter view” of the experience of our service users, and has led to a 23 per cent increase in the annual tokens of appreciation reported for 2014/2015 (4,666 compliments were registered last year, an increase of 877 from 2013/2014).

5.5 Summary of findings

- 5.5.1 From reviewing this data it is evident that a range of measures and tools have been created as part of the patient experience programme to help monitor and evaluate progress in individual participation in the organisation. The changes which have happened demonstrate how we are actively trying to create a truly people centred organisation where we are acknowledging that patients, their families and carers are the experts in terms of their experience of our care.
- 5.5.2 However there is still work to do, providing greater patient choice, be it over clinical team, setting, location or provider hasn't equated to the widespread adoption of shared decision-making within the organisation. This is restricted to an individual level currently, with certain areas leading the way. It is clear some areas may need more specific or targeted support in the decision making process to help us achieve our quality goal, and they will be selected to be involved in the patient and carer involvement programme moving forward in 2015.
- 5.5.3 This will hopefully bring about a vast range of benefits so best practice of patient involvement within the Trust starts to become common practice, with better consultations, clearer risk communication, improved health literacy, more appropriate decisions, fewer unwanted treatments, healthier lifestyles, improved confidence and self-efficacy, safer care, reduced costs and better health outcomes.

No

Does the information submitted include any exempt information?

List of Appendices:

None

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None