**Trust Board Meeting in Public: Wednesday 16\textsuperscript{th} January 2019**

**TB2019.16**

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<th>Title</th>
<th>Patient Experience Delivery Plan</th>
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<th>Board Lead(s)</th>
<th>Sam Foster Chief Nurse</th>
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Executive Summary

1. The patient experience delivery plan will run over the next two years. The improvements involve nine aspects of Trust care and services, identified from the national patient surveys and complaints received by the Trust over the previous year.

   The aims of the delivery plan are to improve the Trust’s patients and staff experience in the highlighted areas. These are
   - Delivery of Same Sex Accommodation
   - Cancelled procedures and admissions
   - Patient centred care plans for patients with cancer
   - Patient waiting times in ED
   - Home First
   - Reduction of Noise at night
   - Bridging the gap: discharge
   - Car parking on hospital sites
   - End of Life Care
   - Improvements from PLACE assessments

2. The team will use a PDSA approach. The nine aspects of the plan will be featured in turn in the monthly patient experience focus in the Board Quality Report, as a patient story and on the Trust’s website. A communication plan will support the implementation plan.

3. Recommendation

   Trust Board is asked to note and approve the contents of the report.
Patient Experience Delivery Plan

1. Purpose and background

1.1. The patient experience delivery plan will run over the next two years. The improvements involve nine aspects of Trust care and services. They have been identified from the national patient surveys and complaints received by the Trust over the previous year.

1.2. The aims of the delivery plan are to improve the Trust's patients and staff experience in these highlighted areas.

2. Rational for the inclusions in the delivery plan

2.1. The Delivery of Same Sex Accommodation (National Annual Inpatient Survey 2017). This is an NHS Improvement priority across the South East and in the inpatient survey 2017, the Trust performed in the bottom 20% of Trusts. The delivery of Same Sex Accommodation is key aspect of the provision of privacy and dignity in patient care. The national guidelines were published in 2010 and following this, NHS Trusts were required to look after patients in same sex accommodation unless it was deemed unnecessary because of patient safety and acuity. Following the clarification from NHS Improvement (NHSI) in June 2018 Trusts across the South East now report all critical same sex accommodation breaches to NHS Digital.

The delivery of same sex accommodation has been included in the plan for two reasons; firstly to ensure the Trust is complaint with national reporting requirements and secondly to ensure any mixed sex accommodation is kept to a minimum.

2.2. Cancelled appointments, admissions and procedures (National Annual Inpatient Survey 2017). For the question, 'Was the admission changed by the hospital?' the Trust performed in the bottom 20% nationally with a mean score of 89% indicating 80% of other Trust scored higher that 89%.

The impact of cancellations or delays on individual patient and family experience is considerable and disruptive. A personal experience of this is presented in the patient story for Quality Committee for the month of November 2018.

This has been shown in comments from FFT surveys, the 2017 National Inpatient Survey and complaints. Chart 1 below shows the spread of 98 complaints received over the previous year relating to these issues (8.12% of the total complaints received over the calendar year).

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Chart 1: Complaints for cancelled procedures and appointments

The data from the most recent National Inpatient Survey in 2017, surveyed patients who were discharged from hospital in July 2017, found that 26% of planned admissions had their admission date changed by the hospital. During September 2018, 14 comments were received from the Friends and Family Test (FFT) Survey about rescheduled treatment and operations. The reasons for the cancellations or delays were no beds available, the prioritisation of emergency care or procedures or no capacity in scanner units.

The concern surrounding cancelled appointments and admissions has been included in the plan because of the disruption to patients and their families.

2.3. Patient centred care plans for patients with cancer (National Cancer Experience Survey 2017 and individual provider results published on 28th September 2018). Locally and nationally, some patients identified that they felt unable to express fears and concerns with staff during visits, they were not given enough support from health or social services during and after treatment and they did not receive a care plan. The Cancer Management Team has developed an action plan which will be part of the 'living with and beyond cancer (LWBC)'. Progress will be reported in Cancer MDT annual reports and additionally, for patient care plans, through the patient experience delivery plan.

Patient centred care plans have been included in the plan because of the discrepancy between the number of care plans identified by clinical staff and the perception of people answering the national survey.

2.4. Patient waiting times in ED: (National Emergency Department Survey 2016): In answer to the question ‘Overall, how long did your visit to the emergency department last?’ the Trust performed in the bottom 20% nationally with a mean score of 63 which indicated that 80% of other Trusts scored higher than 63. The Team have already started addressing these concerns expressed by patients. ED waiting times has been included in the plan because of the distress to patients, families and staff when the waiting times are long.

2.5. Home First: This service was featured in the Patient Story presented at Trust Board in November 2018 and marks a radical change in the care of frail and older people.

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Footnote:
3 The division with the least cancellations was MRC (17%), then S&O (22%), then NOTSS (27%). The wards with the highest cancellations was the Cardio-thoracic ward (45%, 22 respondents affected), NOC Wards B, D, E F and Orthopaedic Short Stay Unit (32%, 69 respondents affected), and Neurosciences Green Area (35%, 11 respondents affected).
Home First aims to reduce length of stay in hospital and to raise awareness that providing care in the patient’s own home, can be better for the patient.

Practically, this means:

- Therapy within the first two hours of arrival in ED identifying frailty and an early intervention and clinical management plan
- Rapid deployment of ‘Acute Hospital at Home’ (AHAH) and ‘Home Assessment Re-ablement Team’ (HART) services to deliver a discharge to assess service
- Increasing the proportion of people presenting with mild to moderate frailty seen within an ambulatory (walking) emergency care setting

Home First has been included in the plan to support the project and clinical team to understand the impact of the service on patient care, from patient, family and staff perspective.

2.6. **Reduction of noise at night** (National Children's Survey 2016): Work has already commenced for this project with the Yippee sleep over to establish the level of noise and practical solutions to making the children’s hospital quieter.

Noise at night has been included in the plan as the Chief Nurse is keen to establish the lessons to be learned for the Trust’s Adult services.

2.7. **Patient’s discharge** (Patient Forum Focus identified in 2017): The ‘Bridging the Discharge Gap Group’, has been included in the delivery plan because of the extreme importance of safe and well planned discharges from hospital.

The Trust’s hospitals discharge over 201,000 patients each year with 191,000 discharged home. A Patient focused Group has already been formed to support the work of the Trust’s Discharge Assurance Group, generated as a result of a patient forum organised by the Patient Experience Team in November 2017. The forum raised issues around discharge and communication about navigating the hospital. The group is planning to:

- Review the FFT data and comments and the national surveys
- Develop a ‘leaving hospital’ questionnaire which will be distributed via the survey monkey system to the Trust Membership circa 8,000 members to run over 4 weeks, this is proposed to commence 7th January 2019.

2.8. **Car parking**: The Trust has received 24 formal complaints pertaining to car parking from 1 Oct 2017 to 1 Oct 2018. Of these 17 complaints were about car parking availability, with the remaining seven relating to maintenance, cost, disability issues and lighting. Some complaints surrounding availability have involved families being placed in considerable distress.

The Chief Nurse’s decision to include car parking in the delivery plan is to support the Transport Team’s planned changes and initiatives which will improve access to the hospital sites.
2.9. **End of Life Care:** End of Life Care has been included following discussion of the plan at Quality Committee on 12th December 2018. The Trust’s End of Life Care Group already undertakes a survey of bereaved relatives as part of learning from deaths. The reason for inclusion in the patient delivery plan is to secure the patients experience team’s involvement in supporting patient and staff feedback.

2.10. **PLACE:** There are a number of opportunities to improve patient experience following the 2018 PLACE report regarding privacy and dignity, standards of food, dementia and cleanliness. This an additional element following recommendation at Trust Management Executive

3. **Methodology**

3.1. The nine aspects of the plan will be featured in turn in the monthly patient experience focus in the Board Quality Report, as a patient story and on the Trust’s website. A communication plan will support the implementation plan.

3.2. The teams will take a methodological PDSA\(^4\) approach. The patient experience teams’ role will be to support the teams already working on the eight aspects of the plan.

  Stage one: Understand the issues, problems and good practice from both patient, relatives and staff perspective
  
  Generate options for improvements, including benchmarking and focus on the approaches to trial
  
  Pilot preferred approach/ option
  
  Canvas views from patient, relatives and staff on the approaches that have worked

  Stage Two: Roll out across the Trust.

3.3. Appendix 1 shows the staggered approach to Stage one and end stage reporting timescales.

4. **Conclusion**

4.1. It is envisaged by highlighting these areas of patient experience and actively collaborating to problem solve improvements, patient, family and staff experience will be improved.

4. **Recommendation**

5.1. Trust Board is asked to note and approve the contents of the report.

**Board Lead:** Sam Foster Chief Nurse

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\(^4\) [https://improvement.nhs.uk/resources/pdsa-cycles/](https://improvement.nhs.uk/resources/pdsa-cycles/)
Author
Caroline Heason Head of Adult Safeguarding

10\textsuperscript{th} January 2019
## Appendix 1

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