

HEALTH SCRUTINY COMMITTEE

TUESDAY 25TH FEBRUARY 2014

**AT 6.00 PM
IN COMMITTEE ROOM 2
AT THE COUNCIL HOUSE
DUDLEY**

If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, could you please contact Democratic Services in advance and we will do our best to help you

**MANJIT JOHAL
DEMOCRATIC SERVICES OFFICER
Internal Ext – 5267
External – 01384 815267**

**E-mail – manjit.johal@dudley.gov.uk
You can view information about Dudley MBC on
www.dudley.gov.uk**

IMPORTANT NOTICE

MEETINGS IN DUDLEY COUNCIL HOUSE

Welcome to Dudley Council House

In the event of the alarm sounding, please leave the building by the nearest exit. There are Officers who will assist you in the event of this happening, please follow their instructions.

There is to be no smoking on the premises in line with national legislation. It is an offence to smoke in or on these premises.

Please turn off your mobile phones and mobile communication devices during the meeting.

Thank you for your co-operation.

Your Ref:

Our Ref:

Please Ask For:

Telephone No:

250214/MJ

Mrs M Johal

01384 815267

17th February 2014

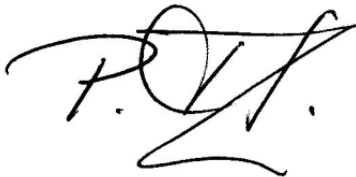
Dear Member

Meeting of the Health Scrutiny Committee

You are requested to attend a Meeting of the Health Scrutiny Committee to be held on Tuesday 25th February, 2014 at 6.00pm, in Committee Room 2 at the Council House, Dudley to consider the business set out in the agenda below.

The agenda and public reports are available on the Council's Website www.dudley.gov.uk and follow the links to Councillors in Dudley and Committee Management Information System.

Yours sincerely,



Director of Corporate Resources

AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence from the meeting

2. APPOINTMENT OF SUBSTITUTE MEMBERS

To report the appointment of any substitutes for this meeting of the Committee.

3. DECLARATIONS OF INTEREST

4. MINUTES

To approve as a correct record and sign the minutes of the Meeting of the Health Scrutiny Committee held on 23rd January, 2014.

5. PUBLIC FORUM

To receive questions from members of the public:-

The Public are reminded that it is inappropriate to raise personal cases, individual details or circumstances at this meeting, and that an alternative mechanism for dealing with such issues is available.

Please note that a time limit of 30 minutes will apply to the asking of questions by members of the public. Each speaker will be limited to a maximum of 5 minutes within the 30 minutes.

6. RESPONSES TO QUESTIONS ARISING FROM PREVIOUS COMMITTEE (PAGES 1 – 4)

To consider a report of the Lead Officer to the Committee.

7. NATIONAL HEALTH SERVICE (NHS) QUALITY ACCOUNTS (PAGES 5 - 19)

To consider a report of the Lead Officer to the Committee and information contained in the Appendices relating to quality accounts from the West Midlands Ambulance Service, Dudley and Walsall Mental Health Partnership Trust and the Dudley Group NHS Foundation Trust.

8. REALIGNMENT OF COMMUNITY PHYSIOTHERAPY CLINICS (PAGES 20 - 21)

To consider a report of the Dudley Group NHS Foundation Trust

9. PATIENT EXPERIENCE (PAGES 22 - 40)

To consider a report of the Dudley Group NHS Foundation Trust

10. TOBACCO REVIEW – FINDINGS

To consider a verbal report of the Lead Officer to the Committee

11. TO ANSWER QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8 (IF ANY)

To:- All Members of the Health Scrutiny Committee, namely

Councillors:-

**Billingham
Jordan
Mrs Rogers**

**Cotterill
Kettle (Vice-Chair)
K Turner**

**Harris
Ridney (Chair)
Mrs Walker**

**Hemingsley
Roberts
Ms Bradbury (Co-opted Member)**

Health and Adult Social Care Scrutiny Committee – 25th February 2014

Report of the Lead Officer to the Committee

Responses arising from previous Committee meetings

Purpose of Report

1. To consider progress updates and responses arising from previous Committee meetings.

Background

2. Information requests from members are regularly experienced as part of the scrutiny of Dudley's health, care and wellbeing services; with the aim of securing improved outcomes and experiences across the sector. Clearly some queries cannot be answered immediately with some prompting further investigation, or consultation, prior to being reported back to Committee.
3. To keep members briefed, updates and responses arising from previous meetings including resulting proposals are presented at appendix 1.

Finance

4. Financial implications linked to Council responsibilities will be met through existing resources.

Law

5. Section 111 of the Local Government Act 1972 authorises the Council to do anything which is calculated to facilitate or is conducive or incidental to the exercise of any of its functions.
6. The Health and Social Care Act 2012 places the scrutiny of health, care and well-being services by local authority members onto a statutory footing.

Equality Impact

7. The work of the Committee can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to

ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

8. Members approve proposals at Appendix 1.



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Mohammed Farooq – Assistant Director Corporate Resources

LEAD OFFICER FOR HEALTH SCRUTINY

Contact Officer: Aaron Sangian
Telephone: 01384 814757
Email: aaron.sangian@dudley.gov.uk

Documents used in the preparation of this report:-

1. Minutes of January 2014 Committee.

Appendix 1

West Midlands Ambulance and 111 Service

Background

WMAS have been commissioned by NHS England to 'step-in' to deliver the 111 Service following termination of the initial contract with NHS Choices. Arising from consideration of performance metrics members queried the incidence of delayed handovers experienced at Russell's Hall (RHH) Emergency Department; and resulting impact on service capacity to maintain patient safety.

Response

There is a national agreement and target of 30 minutes in regards to the turnaround of ambulances at an Emergency Department (ED). It is agreed that in the vast majority of cases, it should take no more than 15 minutes to hand the patient over to the care of the hospital and this leaves a further 15 minutes for the ambulance crew to complete their patient documentation and tidy the vehicle in preparation for the next call/patient.

Statistics for RHH show from April 2013 to Jan 2014 **average turnaround** of all crews is **29 mins 50 secs** which is within standard.

However, during this period there have been **544 over hour delays**, which is the second highest of the all hospitals within the WMAS region. The **longest delay** being **2 hrs 38 mins**.

The total number of lost hours of ambulance crews available time (over the national 30 min standard) totals at 1783 hrs. This equates to over 74 days lost or 148 crews working 12 hour shifts. This has had a direct impact on our ability to achieve our nationally set performance targets in the Dudley area.

In regards to the number of crews that can be delayed at RHH, it would be difficult to give a definitive number by hour of the day or day of the week as this is quite fluid. There are regular occasions that there are **8 resources delayed** in the department when the capacity is very tight at the hospital and given the peak ambulance output from the **Dudley hub is 14 ambulances**.

Moreover delays at one hospital may have a knock on effect in other areas too. As a regional organisation, WMAS is able to flex the regional response to provide a safe service. In practical terms, this means using ambulances from other areas to make up the shortfall in, for example, the Dudley area. However, this means that there are fewer ambulances in that area too.

Regular performance meetings are held between the Trust, Russells Hall and local commissioners geared to improve vehicle turnaround.

Proposal:

It is proposed that members note the above responses and engage scrutiny as appropriate.

Background

Arising from consideration of CCG's vision forward for Urgent Care, the cost of consultation was queried.

Response

Cost of consultation activities carried out by the CCG (documents, meetings, web developments, advertising) amounts to approx £6,500. However, it should be emphasised that this figure does not include any cost for the significant time commitment by CCG staff, senior managers and GPs throughout the consultation.

In addition, there is the cost of the separate piece of work commissioned from Healthwatch which was just under £12,000.

As such the total cost (adjusting for staff commitments mentioned above) equates to £18,500 for the consultation. It is felt that this represents CCG good value in view of the scale of activity and width of intelligence and insights attained in shaping the vision forward.

Members will have an opportunity to explore the implications of final proposals with key stakeholders, including Dudley Group of Hospitals and West Midlands Ambulance Services at a special scrutiny meeting envisaged early April.

It is proposed that members note the above and refer any observations to the April meeting.

Health and Adult Social Care Scrutiny Committee – 25th February 2014

Report of the Lead Officer to the Committee

NHS Quality Accounts

Purpose of Report

1. To consider the delivery of NHS providers against current Quality Account improvement priorities and leading issues moving into 2014/15.

Background

Quality Accounts

2. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and plans for improvement with the aim of enhancing accountability; and supporting the local quality improvement agenda.
3. Government has re-affirmed its commitment to them as part of an 'information revolution' to increase the amount of information about NHS services available to the public. In the White Paper, Equity and Excellence: Liberating the NHS, government stated its intention to 'revise and extend quality accounts to reinforce local accountability for performance, encourage peer competition, and provide a clear spur for boards of provider organisations to focus on improving outcomes'
4. Most health service providers have been required to submit Quality Accounts since July 2010, with the exception of small providers, primary care, continuing care and community care. Providers of community care as of 2012, also have to produce a Quality Account.
5. A Quality Account is split into three elements: initial statements on quality, priorities for improvement and a review of quality performance. Providers are encouraged to keep in mind the three domains of quality; safety, effectiveness of care and patient experience established in Lord Darzi's final report in the NHS Next Stage Review in 2009, when writing their quality reports.
6. In addition, a central change for 2013/14 is the incorporation of the Friends and Family Test.

7. Publication of Quality Accounts occurs annually; providers are required to publish their Quality Accounts on the NHS Choices website by **30 June**.

Improvement Priorities

8. Quality Accounts are developed in accord with prescribed standards and indicators; and form part of internal quality assurance processes. Also included are locally agreed priorities for improvement based on consultation with public and patient representatives and local scrutineers to ensure priorities are representative of quality of services experienced.
9. The Committee commented on the development of draft QA's across Dudley's main healthcare providers in February 2013 and agreed to keep a watchful eye on resulting quality improvement priorities in 2013/14 – progress summaries by healthcare Trusts are set out in the Appendices for consideration.
10. Also in the Appendices are emerging priorities moving into 2014/15 which Committee may wish evaluate in the light of its scrutiny experiences in maintaining local relevance.

Proposals

11. That members review the progress against the improvement priorities and identify areas for future scrutiny, as appropriate.
12. Members comment on planned priorities for improvement going into 2014/15 in order to ensure they are representative of the quality of services provided and cover areas of importance to the local communities.
13. Finally, views expressed at this meeting form the basis of the Committee's commentary on final Quality Accounts expected early April 2014.

Finance

14. There are no direct financial implications arising from the content of this report.

Law

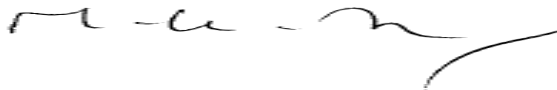
15. In the White Paper, Equity and Excellence: Liberating the NHS the government stated its intention to 'revise and extend quality accounts to reinforce local accountability for performance, encourage peer competition, and provide a clear spur for boards of provider organisations to focus on improving outcomes'. The Health and Social Care Act 2012 places this requirement onto a statutory footing.

Equality Impact

16. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

17. To note contents of report and approve the proposals at paragraphs 8 to 10.



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**LEAD OFFICER TO THE HEALTH AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE**

Contact Officer: Aaron Sangian, Senior Policy Analyst, Directorate of
Adult Community and Housing
Telephone: 01384 – 814757 (ext. 4757)
Email: aaron.sangian@dudley.gov.uk

List of Background Papers

Quality Accounts - report of the Lead Officer to the Committee February 2013

WMAS Quality Account update for Dudley HOSC

Performance 999

There are nationally set standards for ambulance services to achieve as a service:

Red 1: Respond to 75% of calls within 8 mins.

These are for the most life threatening conditions, the most time critical patients

Red 2: Respond to 75% of calls within 8 mins

These calls may be life threatening but less time-critical and should receive an emergency response within 8 minutes in 75% of cases.

Red 19 Mins: Respond to 95% of calls within 19 mins

West Midlands regionally set standards are:

Green 2: Respond to 90% of calls within 30 mins

Green 4: Triage 90% of calls in 60 mins

Category (standard)	Dudley CCG YTD (Apr – Dec 13)	Trust YTD (Apr – Dec 13)
Red 1 (75%)	81.8%	86.6%
Red 2 (75%)	73.1%	73.9%
Red 19 (95%)	98.9%	98.9%
Green 2 (90%)	84.8%	83.9%
Green 4 (90%)	99.4%	99.5%

Demand in the Dudley CCG area is in line with contract so far this year.

Unfortunately, R2 performance is currently not being achieved to the national standard, which is a due to a variety of reasons such as unusual spikes in demand . To counteract this, we have been increasing the number of resource available to help patients and this is leading to an improvement in the standard. Another cause of the disappointing position are the significant delays we have been encountering at the local hospital. Having vehicles tied up at A&E means ambulances are not available to respond to the next patient. We are continuing to work with CCG commissioners and the hospital to resolve this issue.

Hospital Turnaround

There is a national agreement and target of 30 minutes in regards to the turnaround of ambulances at an Emergency Department (ED). It is agreed that in the vast majority of cases, it should take no more than 15 minutes to hand the patient over to the care of the hospital and this leaves a further 15 minutes for the ambulance crew to complete their patient documentation and tidy the vehicle in preparation for the next call/patient.

Hospital	Ave Turnaround YTD (mins)	Hours lost over 30 mins YTD (hours)	Longest handover YTD	Over hour delays YTD
Russell's Hall	29:50	1783	2:38:35	544

Incident Disposition for 999 calls

This is a breakdown in percentages of how the calls are managed by either being telephone triaged by a clinician (hear & treat), where we attend and discharged at scene (see & treat) and where we attend and convey the patient to a treatment centre (see & convey). The Trust is contracted to achieve under 64% of patients being transported to hospital

	Dudley YTD (Apr – Dec 13)	Trust YTD (Apr – Dec 13)
Hear & Treat	6.4%	7.3%
See & Treat	32.5%	33.1%
See & Convey	61.2%	59.1%

High Volume Service Users

There is assertive, proactive management of people who frequently use the 999 service, very often inappropriately. In the Dudley CCG area we have identified 30 such patients (Q1-3). We have brought together a multi-agency response to these cases. Together we are able to establish why the individual repeatedly dials 999 and work together to put in place solutions to reduce the number of calls. This could be through additional care packages or making changes to the individuals surrounds which for example reduces the number of falls the patient has.

Patient Experience

To date this year there have been 20 formal complaints and 73 PALS incidents reported to the Trust for the Black Country. This compares to the 126 complements received in the same period.

Staffing, skill mix and vehicles in the Dudley CCG Area

Number of staff	157 WTE
Paramedic skill mix	54%
Date to achieve 70% paramedic skill mix	March 2016
Mandatory training (completed / planned)	95%
Staff appraisals (completed / planned)	95%
Ambulances	25
Rapid Response Vehicles	13
Hub	1
Community Ambulance Stations	5

Patient Safety Priorities 2013/14

An update of these priorities will be presented at the meeting

DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST QUALITY ACCOUNT SUMMARY FOR 2013/14

Report from the Head of Nursing, Quality and Innovation, Dudley and Walsall Mental Health Partnership NHS Trust

1. Introduction

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2013 and which were included in the published Quality Account for 2012/13. It gives an indication of where the Trust is at with these priorities at the time of writing this report (February 2014) and so it has to be appreciated that a final complete analysis and conclusion can only be done at the end of the year, which is 31st March 2014. It also indicates how the Trust has been identifying its priorities for quality improvement for 2013/14. At the time of writing, the priority topics have not yet been formally decided by the Trust for 2013/14.

The full Quality Account will be circulated to the committee when available. This will include full end of year data, the statutory statements from the organisation on quality and a quality overview to include a selection of local and national quality indicators.

2. Quality priorities for 2013/14

Following a process of service review and consultation with staff, service users and carers and other partners, the Trust identified nine quality goals to be priority areas for 2013/14. These formed the basis of the Trusts' 2013/14 Quality Account.

The Trust believe that these goals were especially pertinent as 'barometers' for service quality as they reflect the current priorities of the organisation, are distributed across the three domains of quality, represent both local and national agenda and will be applicable to new services being developed as part of the Trust's Service Transformation work.

The following shows progress against the priorities stated in the 2012/13 Quality Account. The position at the end of the year will be available and reported within the Trust's Quality Account in June.

Delivering high quality safe services

Quality Goal 1: Caring for people in a safe environment and protecting them from avoidable harm relating to falls

Rationale for Inclusion

The Trust has identified through the National Safety Thermometer and local incident reporting that there is a need to continue to embed a targeted falls prevention programme within the organisation. During 2012/13 the Trust undertook a deep dive looking at falls incidents and has subsequently renewed the falls prevention programme. The Trust is keen to ensure that this programme is embedded and high quality standards are maintained.

Figure 1: Progress against Priority 1

Progress
Launched a new Trust wide falls prevention programme which has led to a downward trend in service users experiencing falls
Introduced and trained staff in the use of a single evidenced assessment tool to assess people's risk of falls and offer advice on preventing falls
On-going and monitoring and scrutiny of fall incidents through Trust Quality dashboard.

Quality Goal 2: Protecting people from avoidable harm from the use of medicines

Rationale for Inclusion

Following feedback from the National Community Patient Survey, Psychiatric Observatory for Mental Health (POMh) Clinical audits, local clinical audits and lessons learned from incident reporting, the Trust has identified medicines management as a priority for 2013/14. The aim is to deliver the Trust's Medicine Management Strategy to further improve the safe and cost effective use of medicines.

Figure 2: Progress against Priority 2

Progress
Signed up to the 'Choice and Medication' website to offer service users more choice and information regarding their medication
Support service users to help them manage and minimise the side effects of their medication
Introduced and implemented medicines management competency framework for staff.

Quality Goal 3: Protecting people from avoidable harm through comprehensive clinical risk assessment

Rationale for Inclusion

The Department of Health (2007) document 'Best Practice in Managing Risk' provides a clear framework of principles that should underpin best practice across all mental health settings.

The Trust recognises that an effectively planned, organised and controlled approach to clinical risk assessment and mitigation is the cornerstone of sound practice.

Recommendations arising out of Serious Incident investigations, together with staff

feedback on the current risk assessment methods, have led to the identification of a new clinical risk assessment tool with associated training.

Figure 3: Progress against Priority 3

Progress
Introduced new evidence based risk assessment tool (FACE) as part of service users care management processes.
Clinical staff trained to be FACE trainers
Staff have received suicide prevention and risk mitigation training
Audit planned to monitor effectiveness as part of Trust annual Care Programme Approach Clinical Audit

Quality Goal 4: Ensuring effective communication with primary care following discharge from services

Rationale for Inclusion

During 2012/13 the Trust has focussed on improving pathways for service users through the transformation of its services. As part of the evaluation, the Trust has received feedback from General Practitioners (GP's) and Commissioners, regarding the need to improve communication with Primary Care following discharge from services. This has also been identified as an area for improvement through the Trust's "Hear and Now Quality Reviews", which are peer reviews for internal quality monitoring.

Figure 4: Progress against Priority 4

Progress
Working closer with GPs to improve service users' discharge from services
Developed new standard discharge letter based on Royal College of Psychiatrist best practice standards
Audit planned in April 2014 to evaluate GP satisfaction

Quality Goal 5: Ensuring the effectiveness of physical healthcare pathways and interfaces between the Trust and primary care

Rationale for Inclusion

The Trust identified physical healthcare monitoring as a quality improvement priority for 2012/13 and significant work was undertaken to ensure physical healthcare is embedded within clinical processes. This will be a continued priority for the Trust during 2013/14 to ensure the effectiveness of the improvements and to develop improved physical healthcare pathways and interfaces between the Trust and Primary Care. This work will be aligned with the National Outcomes Framework and incorporate learning from the National Schizophrenia Audit.

Figure 5: Progress against Priority 5

Progress
Introduced new physical healthcare equipment across our services
Improved training for staff to assess both the physical and mental health of service users
Making sure service users' physical health is embedded in their assessment and care plan
Introducing Wellbeing Clinics in the community
Inpatient physical health clinical audit in progress
Physical health care policy reviewed to take on new evidence based principles of NEWs (Early Warning Signs)

Quality Goal 6: Ensuring care plans are underpinned by personalisation and re-enablement

Rationale for Inclusion

The Trust is working in partnership with Dudley and Walsall Local Authority to ensure that personalisation and re-enablement are embedded in the Trust’s clinical processes and ethos of care. Whilst some key initiatives, including personal budgets, underpin personalisation, fitting services around people’s needs will lie at the heart of empowerment and recovery support.

Figure 6: Progress against Priority 6

Progress
Raising awareness of personalisation to staff and service users through information, training and events
Service users can now request an assessment for a personal budget to help meet their outcomes
Working with local councils to make the processes simpler and easier for staff

Quality Goal 7: Ensuring service users are active participants in the formulation and implementation of their care plans and are provided with a copy of their care plan

Rationale for Inclusion

The Trust endorses the Care Quality Commission report ‘no decision about me, without me’ and that:

- care plans become the driving force, or action plan, behind a person’s recovery
- care plans need to be collaboratively developed to co-create understanding and co-produce knowledge between the service user and their care co-ordinator.

Whilst the Community Patient Survey results published June 2012 show the Trust has improved overall in relation to care planning, further work is needed in relation to copies of care plans, where it still falls slightly below the national average (41% said they had had a copy of their care plan within a year, compared to 29% last year and a national average of 42%).

Figure 7: Progress against Priority 7

Progress
Raised awareness of care plans to service users
Produced new ‘Crisis Card’ for service users to help them in a crisis
Promoted the importance of Involving service users in the development of their care plan
Producing ‘My Care Pack’ – a folder for service users to keep all the information they need about their care

Quality Goal 8: Ensuring and enabling effective engagement with family and carer involvement

Rationale for Inclusion

The National Strategy for Mental Health – No Health without Mental Health (Department of Health 2011) – describes the importance of involving families and

carers in care and treatment. Hence one of the Trust's 2012/13 Quality Improvement Priorities was to improve engagement with families and carers with care and treatment. As a consequence the Trust signed up as a member of the Triangle of Care Network in January 2013; this is a nationally recognised model of partnership working between the service user, his or her carer and the professionals involved. Over the next year, the Trust will be focussing on rolling the model out within our Adult Services and has determined that this area will remain a quality improvement priority for 2013/14 to ensure the Triangle of Care is implemented effectively within the Trust.

Figure 8: Progress against Priority 8

Progress
Introduced a set of standards to ensure that staff involve families and carers in a service user's care
Adopted the 'Triangle Of Care' model to help service users, carers and staff to be equally involved in the care and recovery of service users
Undertaking clinical audit in February to monitor effectiveness of standards

Quality Goal 9: Ensuring service users and carers have a positive experience of services underpinned by the principles of excellent customer care and compassion

Rationale for Inclusion

The Trust is committed to ensuring service users and carers have a positive experience of services which is underpinned by the principles of excellent customer care and compassion, as set out within the Trust's vision and values.

To ensure this remains high on the agenda during 2013/14, the Trust will delivering to staff a full programme of customer care training, embedded in leadership development. This initiative will incorporate lessons learnt from the Francis report and also local lessons learned from complaints.

In particular the Trust will be relaunching its **Professional Respect Innovation Dignity Effectiveness (PRIDE)** initiative valuing the nursing workforce, originally launched in 2011. PRIDE puts nurses at the centre of the delivery of high quality services.

Figure 9: Progress against Priority 9

Progress
Increase in number of compliments about our staff and services
Majority of staff have taken part in new Customer Care training
Improved results from our service user surveys
Invested in improving healthcare environments

3. Quality Improvement Priorities for 2014/15

The Trust is currently in the process of developing its quality improvement priorities and is currently undergoing consultation with key stakeholders. Once agreed there will be articulated in the 2013/14 Quality Account which will be distributed for consultation and published in June 2014

THE DUDLEY GROUP NHS FOUNDATION TRUST
QUALITY ACCOUNT/REPORT SUMMARY FOR 2013/14

1. Introduction

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2013 and which were initially published in the Quality Account for 2012/13. It also gives an indication of where the Trust is presently at with the majority of these targets (not all of the targets as two of the targets are based on the results of an annual survey for which the results are not yet available) but it has to be appreciated that a final complete analysis and conclusion can only be undertaken after the end of the financial year which falls on 31st March 2014. The paper also indicates how the Trust is deciding on the quality priorities for 2014/15. At the time of writing, the full details of those priorities have yet to be agreed as these will be dependent on the final results against the 2013/14 targets. In addition, the paper summarises the present position at the Trust with regards to nurse staffing.

A draft of the quality account/report will be circulated to the committee for formal comment when available. The final version will be provided too, which will include full end of year data, the statutory statements from the organisation on quality and a quality overview to include a selection of local and national quality indicators as set out in the NHS Compliance Framework.

2. Quality Priorities/Targets for 2013/14

PATIENT EXPERIENCE

Hospital: a) Maintain an average score of 85 or above throughout the year for the patients who report receiving enough assistance to eat their meals. b) By the end of the year, at least 80 per cent of patients will report that their call bells are always answered in a reasonable time.

Community: a) Increase the number of patients who use their Single Assessment Process folder/Health and Social Care Passport to monitor their care from 49.4 per cent to 80 per cent by the end of the year. b) Increase the number of patients who would know how to raise a concern about their care and treatment if they so wished from 86.8 per cent to 90 per cent by the end of the year.

PRESSURE ULCERS

Hospital: a) Reduce avoidable grade 4 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 50 per cent in 2013/14. b)

Reduce avoidable grade 3 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

Community: Reduce avoidable grade 3 and 4 acquired pressure ulcers that occur on the district nurse caseload so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

INFECTION CONTROL

Reduce our MRSA and *Clostridium difficile* (*C. diff*) rates in line with national and local priorities. a) MRSA Bacteraemia (blood stream infections) target is to have no post 48hr cases. b) *C.diff* is no more than 38 post 48hr cases in 2013/14.

NUTRITION

a) Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2014). b) Increase the number of patients having a food recording chart and a fluid balance chart in place if the MUST score is 1 or above. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2014).

HYDRATION

Increase the number of patients who have their fluid balance charts fully completed. Through the year on average at least 90% of patients will have their charts fully completed and this will rise to at least 93% by the end of the year (March 2014).

3. Present position (at quarter 3 – December 2013) with the above 2013/14 targets

Patient experience – With regards to patient's perceptions of receiving enough help to eat at meal times the survey results up to December 2013 indicate a score of just under 80 and so the target score of 85 is not being met. Of the 1114 patients surveyed, 56 indicated they needed help and 15 of these reported they sometimes or never got the help they needed. Senior nurses are informed of these patients immediately so the problem can be resolved straightaway. Over 89% of patients are indicating that their call bells are always answered in a reasonable time which is above the set target. The community targets are based on an annual survey and this is not yet completed.

Pressure ulcers – With regards to the hospital targets, the Trust has recorded no Grade 4 and 15 Grade 3 pressure ulcers up to the end of December. With the hospital having had 23 Grade 3 and 28 Grade 4 for the whole of 2012/13, this year's targets are well on track to be achieved. The

picture in the Community is even better with only three Grade 3 and no Grade 4 pressure ulcers being recorded in nine months compared to seven Grade 3 and 11 Grade 4 in the whole of 2012/13. It is therefore very likely that all of the pressure ulcer targets will be achieved at the end of the year (March 2014).

Infection control – The Trust is on track to achieve the MRSA target having had no cases up to the end of December 2013. With regards to C. Difficile, the target set by the government in 2012/13 was no more than 77 and the Trust achieved this with just 56 in the year. When the Trust was set the target of 38 for this year, it always knew this would be difficult to achieve and that has proved to be the case. Up to the end of December 2013 the Trust has had 37 cases which is an improvement in the numbers at the same time last year (at December 2012 there were 43 cases) but it does mean that the end of year target is unlikely to be met.

Nutrition – For the weekly re-assessments of the MUST scores, during the first nine months of 2013/14 the average Trust score is 89%, slightly under the 90% target. Food and fluid balance charts have to be instigated for all patients with a MUST score of one and for the first nine months of 2013/14 the average Trust figure is 90% and so the target is presently being met.

Hydration – For the first nine months of 2013/14 the average Trust figure is 90% for the completion of fluid balance charts and so presently the target is being met.

The above means that for the three Nutrition and Hydration targets, two out of three are presently being met. These results are discussed at the Link nurse meetings and highlighted at the Matrons meetings. A special meeting has been arranged with Lead nurses to improve these results especially in light of the end of year target of 93%.

Overall – With the data available for 10 of the 12 targets, it can be seen that seven are on track to be met. Of the remaining three, it is unlikely that one will not be met (C. Difficile) but work is being undertaken to ensure that improvements will be made to get the two other figures back on track.

4. Prioritisation of quality priorities for 2014/15 and involvement of patients and the public in our decisions

The Trust Board of Directors are of the view that the existing topics are still key care issues of importance to patients and the public and so should remain priorities next year. This view was endorsed at a recent meeting of the Council of Governors. It was agreed to keep the priority topics the same for 2014/15 to allow further progress to be made with these key issues.

In addition, following the recent review of the Trust by Sir Bruce Keogh the usefulness of mortality as a quality indicator is accepted and it is proposed to include this within the quality priority list.

The Trust is consulting with the public and various interested bodies on these proposals. A questionnaire has been designed for this purpose. It has been sent to a variety of statutory and voluntary organisations, it has been distributed at public open days and it is available on the Trust website until early February 2014.

5. Proposed Quality Priorities/Targets for 2014/15

PRIORITY 1: PATIENT EXPERIENCE

A Patient Experience priority to be retained. With the community results for 2013/14 still awaited, the details of both the hospital and community targets for 2014/15 have not yet been decided.

PRIORITY 2: PRESSURE ULCERS

This topic to be retained. Discussions will occur with the commissioners to agree the exact target; however this will involve a requirement to reduce further the incidence of pressure ulcers acquired whilst in both the hospital and on the community district nurse caseload.

PRIORITY 3: INFECTION CONTROL

This topic to be retained and the Trust will be set targets by the Department of Health. For MRSA Bacteraemia a zero tolerance is likely to continue.

PRIORITY 4: NUTRITION

This topic to be retained and the target set will depend on the outturn figures for 2013/14.

PRIORITY 5: HYDRATION

This topic to be retained and the target set will depend on the outturn figures for 2013/14.

FURTHER POTENTIAL PRIORITY

Mortality

(As stated, please note that the topics and detail of the associated targets still need final confirmation).

6. Nurse Staffing

Safe Nurse staffing levels has been a theme in the Robert Francis report on Mid-Staffordshire Hospital and the Sir Bruce Keogh mortality visit reports. Since that time, the Chief Nurse has produced a detailed report outlining a number of expectations of what Trusts should be doing to ensure safe staffing levels. The Trust is actively implementing the recommendations of that report. As part of those actions, the Trust has been monitoring its qualified nurse staffing levels each shift against the number of patients on the ward. The Safe Staffing Alliance (a group of nursing organisations together with the Patients Association) recommends that a staffing ratio of one registered nurse to eight patients is the level below which there is a significant risk of harm and so the Trust measures itself against this standard. In the spirit of 'openness'

this information is now displayed on each ward every day and this is being combined with other information on new boards being introduced at present (see attached). When necessary, in the short term the Trust will employ bank and agency staff to achieve this level of staffing. This is contributing to the Trust's present overspend. In the medium term, the Trust is recruiting permanent staff to reduce the use of temporary staff, however, there is a national shortage of qualified nurses available. We have a support programme in place for nurses from Nursing Homes, who have very little acute care experience. We also have a programme advertised for nurses trained overseas working locally as care support workers as they are unable to complete or afford an adaptation course. Like many Trust's we are also recruiting abroad and we have offered 30 places to nurses from Portugal and Spain. We also aim to recruit 75 nurses from Ireland and Romania.

7. Equality Impact

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

8. Recommendation

8.1 That the committee receives this report for information and provides its view on the quality priorities for 2014/15.

Derek Eaves
Quality Manager
The Dudley Group NHS Foundation Trust

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Contact Officer: Mandy Green
Telephone: 01384 244404
Email: Mandy.Green@dgh.nhs.uk

Agenda item 8

Dudley Health Scrutiny Committee – 25th February 2014

The Dudley Group NHS Foundation Trust **Realignment of Community Physiotherapy Clinics**

1.0 Purpose of Report

This document is presented to inform the Committee of necessary changes to the provision of community musculo-skeletal physiotherapy by The Dudley Group NHS Foundation Trust (The Trust).

2.0 Background

- Community musculo-skeletal physiotherapy is commissioned by Dudley CCG for patients registered with a Dudley GP to a detailed service specification and is also available to Dudley residents registered to out of Borough GPs
- The Trust is one of a number of providers and operates a central booking system from Brierley Hill Health & Social Care Centre (BHH&SCC)
- When a patient is referred to the service they are offered the first available appointment at any clinic within the borough, however if they would prefer to access a clinic closer to home or work they will be offered the next available appointment at that clinic
- Patients are generally seen for assessment and up to three follow up appointments for musculo-skeletal physiotherapy
- The Trust also offers community physiotherapy as part of its rehabilitation service for long term conditions such as stroke which can provide longer intervention. Rehabilitation takes place at Corbett Outpatient Centre, The Guest Outpatient Centre and, if required, in patients' own homes.

3.0 Clinic changes

A group of GPs in the North of the Borough previously commissioned musculo-skeletal physiotherapy only at Russells Hall Hospital; in May 2013 the CCG moved this activity into the community contract so that these patients can now access all clinic locations where community physiotherapy is available from the Trust. In order to transfer this activity from acute to community the Trust took the opportunity to maximise space at The Guest Outpatient Centre as a better long term solution to manage increasing numbers of referrals. This necessitated the closure of sessions in some smaller clinic locations which were unable to support increased activity.

The service currently operates from the following 14 locations and patients can choose which they attend for community musculo-skeletal physiotherapy:

Albion House Brierley Hill, BHH&SCC, St James Medical Practice Dudley, Central Clinic Dudley, Three Villages Amblecote, Stourbridge Health & Social Care Centre, The Limes Lye, Kingswinford Health & Social Care Centre, St Margaret's Well Surgery Halesowen, Halesowen Health Centre, Castlemeadows Surgery Dudley, The Guest Ambulatory Centre, Meadowbrook Road Halesowen and The Northway Sedgley.

The Trust recognised that it should have consulted regarding these changes and although there were ongoing discussions with the CCG regarding the service model the changes were made without communication with patients or the CCG. The Trust has publicly acknowledged and apologised for this in the media

The Trust has received no direct complaints or negative feedback from patients, GPs, carers or elected members regarding the changes. There have been a number of compliments from patients regarding the facilities at The Guest Outpatient Centre.

4.0 Benefits to patients

- Service delivered in better facilities
- Improved staff skill mix offering a wider range of interventions available in clinic settings
- Wider choice of clinics for patients of GPs in the North of the Borough (who previously could only attend Russells Hall Hospital)
- Waiting times have reduced from 8 weeks to 4 weeks
- The service is able to accept self referral from patients

The Trust continues working with the CCG on locality working and the best way to deliver a range of community services to Dudley residents as well as a sustainable model to reduce waiting times.

5.0 Equality Impact

All clinics we operate from have access for disabled people.

6.0 Recommendation

6.1 That the committee receives this report for information and reassurance

Carrie Spafford
Interim Deputy Director of Community Services & Integrated Care
The Dudley Group NHS Foundation Trust

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Contact Officer: Mandy Green
Telephone: 01384 244404
Email: Mandy.Green@dgh.nhs.uk

Agenda item 9

Dudley Health Scrutiny Committee – 25th February 2014

The Dudley Group NHS Foundation Trust
Patient Experience

1.0 Purpose of Report

This document is presented to inform the committee of The Dudley Group Friends and Family Test results and to share the new Patient Experience Strategy.

2.0 The Friends and Family Test – Appendix 1

The national Friends and Family Test is an important opportunity for all our patients and those of every hospital trust across England to provide feedback on the care and treatment they receive to help improve services.

Just one of the methods that the Trust uses to gain feedback from patients on their experience, the Friends and Family Test asks patients to rate how likely they are to recommend our services to friends and family if they needed similar care or treatment. Patients can rate our services on a scale from extremely likely to extremely unlikely and scores are calculated to national methodology by deducting the proportion of respondents who would not recommend from the proportion of extremely likely responses. Scores can range from -100 to +100.

Patients are also asked whether there was anything that could have been improved.

The Friends and Family Test is currently in use for inpatients, A&E and maternity with further roll out following the national programme.

Appendix 1 (page 4) of this report shows the latest published results for the Friends and Family Test – December 2013.

3.0 Patient Experience Strategy – Appendix 2

The Dudley Group NHS Foundation Trust has systematically been collecting patient feedback for some years now and using this data to drive improvements. Data is collected from a variety of routes (around 10,000 pieces of feedback in 2012/13, and growing), for example:

- Complaints
- PALS queries

- Compliments
- National Survey programme
- Local real-time surveys programme
- Departmental surveys
- Listening events
- Patient panels
- The Friends and Family Test
- NHS Choices/patient opinion/other online methods

The Trust has been working on its Patient Experience Strategy for some time, drawing on patient feedback from the above, recommendations from national reports and also undertaking some dedicated engagement with patients and partner organisations:

- A patient experience event was held in July 2013 to listen to the priorities of patients, the public and our partner organisations in an open forum. The event was successful and well received with over 60 people attending, from patients, public, governors, board members, staff and partner organisations. Listening into Action format was used to encourage participants to be as precise and clear about changes the Trust can make to help improve its patients' experiences. Attendees were asked what a 'great' service looks like and what great things we are doing for patients. They were then asked to think about what barriers get in the way of a great service. Finally, attendees were asked to focus on specific actions the Trust could take to provide the best possible patient experience.
- We also held a listening event with a group of patients/family members who had previously made a complaint to hear their views on the way in which we responded to their complaint – what led to their complaint, how our complaints process made them feel and how we could make improvements for the future.
- Dudley Clinical Commissioning Group and Healthwatch have worked with the Trust in the development of the Patient Experience Strategy, with all organisations sharing a desire to focus attention on system wide key themes which affect patient experience.

The strategy can be seen at Appendix 2 (page 6 of this report).

4.0 Equality Impact

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

5.0 Recommendation

6.1 That the committee receive this report for information

Liz Abbiss
Head of Communications and Patient Experience
The Dudley Group NHS Foundation Trust

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Contact Officer: Mandy Green
Telephone: 01384 244404
Email: Mandy.Green@dgh.nhs.uk

APPENDIX 1

Results of the Friends and Family Test – December 2013

The table below shows the nationally published figures for the Friends and Family Test for December 2013 – giving a national average and a regional picture.

It is pleasing to note that The Dudley Group scored above the national average on all elements of the Friends and Family Test and is top scorer in the region on four; potentially five (joint with Walsall) given that the score of 100 is based on just two responses.

Bham & Black Country Trusts – December 2013 FFT	Inpatients	A&E	Maternity Antenatal	Maternity Birth	Maternity Postnatal Ward	Maternity Postnatal Community
NATIONAL AVERAGE	72	56	63	75	66	74
Heart of England	60	33	61	64	57	49
Sandwell & West Birmingham	74	44	33	67	43	0
Dudley Group	79 (top)	73	76 (top)	85 (top)	83 (top)	79 (query joint top)
Royal Wolverhampton	71	64	68	67	66	56
UHB / Birmingham Women's	74	62	50	67	66	100*
Walsall	69	74	43	83	77	79

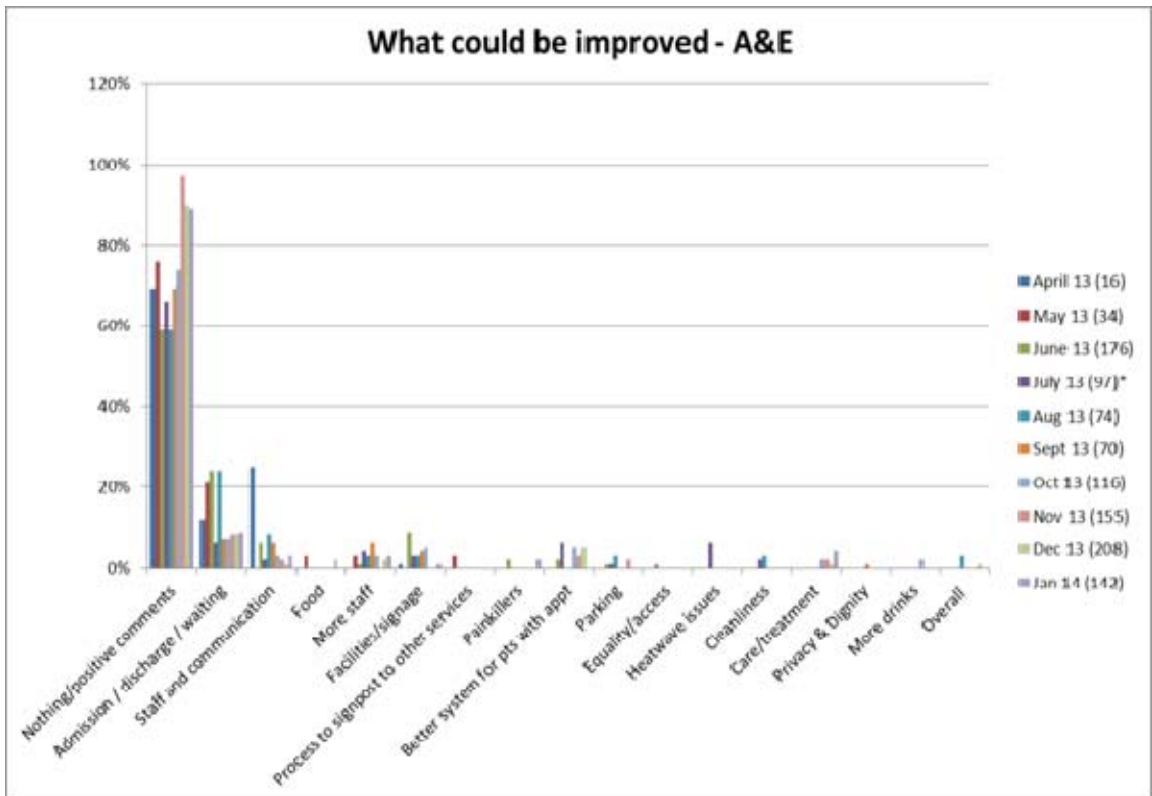
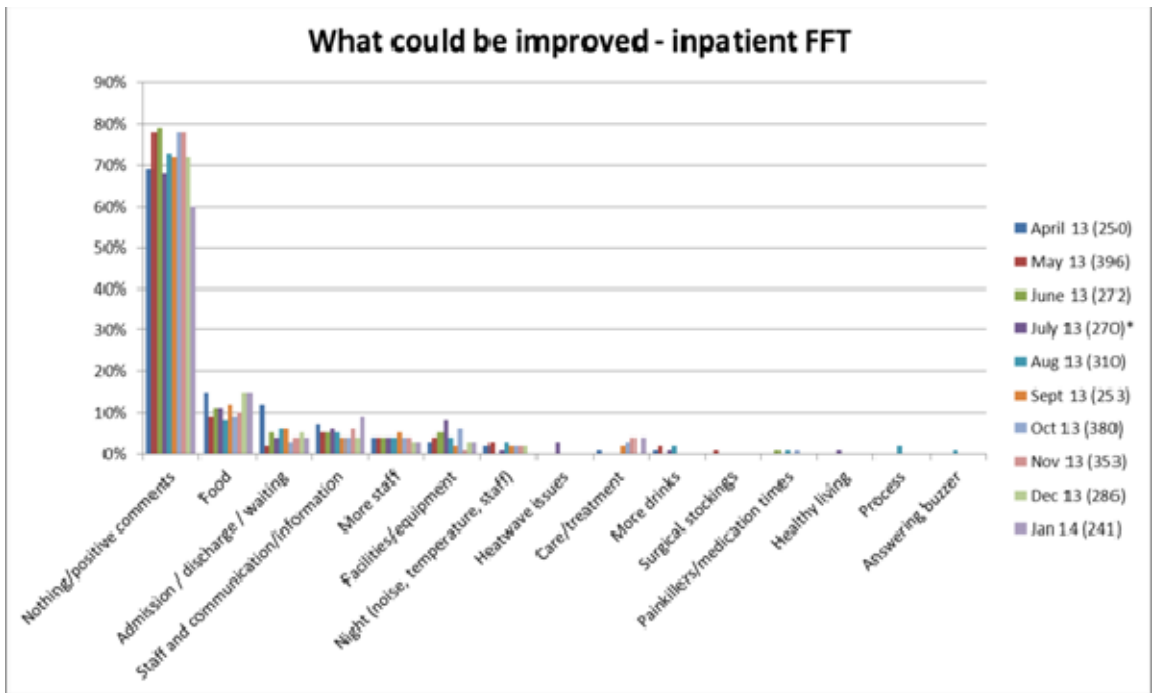
*2 responses only

Driving service improvements

As well as generating a score, the Friends and Family Test asks patients “Was there anything that could be improved?”

The Trust receives a high volume of positive responses to this question, praising staff and services – this is much appreciated by staff who receive the feedback for their ward/department. Areas use the feedback to create local action plans for improvement. Trust-wide improvements are also planned from trend data. For example, the most requested area for improvement is food. A complete menu review is now underway and the Trust will be involving patients and staff in choosing their preferred dishes to go on the menu.

The charts on the next page show the trend data from the Friends and Family comments for inpatients and A&E – the numbers in brackets are the number of comments that month. Maternity trends are not yet available since the Friends and Family Test has not been running for very long in that area.



THE DUDLEY GROUP NHS FOUNDATION TRUST

PATIENT EXPERIENCE STRATEGY 2014 - 2017

1. INTRODUCTION

The Trust is committed to providing patient-centred services that meet the health needs of the communities it serves. One of its core strategic objectives is to *provide the best possible patient experience*, in an organisation *where people matter*. The Trust values of *care, respect, responsibility* underpin all of the work within this strategy and are the basis upon which we want to build our patient experience.

We will achieve this by achieving the following strategic goals:

- Mobilising the workforce with a passion for getting things right for patients every time
- Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and or/recovery
- Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

Translated into three key areas below.



2. STATEMENT OF INTENT/PURPOSE

This strategy sets out The Dudley Group NHS Foundation Trust (the Trust) commitment to continuously improving our patients' experience of our services.

It aims to set out how the Trust will raise the standards and set expectations of patient, family and carer experience. It provides guidance to support further development of patient experience and public involvement within the Trust, and aims to ensure that Trust plans are driven by patient priorities wherever possible, both locally and across the wider health community.

It sets out the main responsibilities and systems the Trust will use to make changes and monitor progress towards our vision of being *a highly regarded healthcare provider for the Black Country and West Midlands, offering a range of closely integrated acute and community based services, driven by the philosophy that people matter.*

In order to do this successfully, patients, carers, the public and other stakeholders need to be involved in planning, delivering and monitoring of services. This is alongside the need and right for patients and carers to be involved in decisions about their healthcare at a personal level.

3. SCOPE

This strategy applies to the whole Trust. This strategy has been developed following thorough research of this fast paced evolving topic and in depth analysis of our own and national patient experience benchmarks. A public and stakeholder listening event helped shape this strategy and the strategies of our commissioners were also taken into account.

It also outlines work already underway with our commissioners, along with local patient group Healthwatch, and key areas all organisations want to further develop work, to improve the patient experience across the health economy.

It is important to recognise in the current financial climate the Trust will not be able to do some things that patients have said they would like to see such as making parking free or bedside TVs at all beds. Consequently this may have an impact on patients' views of our services. Therefore it is vital we manage expectations whilst we tackle as many of those things patients wish to see changed that are in our gift.

4. DEFINITIONS

The Kings Fund in 2008 described patient experience as follows
“ Patients’ experience of hospital is intrinsically difficult to grasp. It is richly textured and complex. By definition subjective, the experience is such that no one else can know how it works from one moment to the next, how different aspects of the experience (the process of care, the manner in which it is delivered, the environment in which it occurs, the physical sense of the place) come together, or what they mean for this particular person at this particular moment in their life.”

A patient’s direct experience of specific aspects of treatment or care
NQB SECRETARIAT (2011, p2)

This definition is further expanded to include the elements listed under the section entitled NHS Patient Experience Framework 2011/12 see appendix 1 for further background and definitions of patient experience and the national context.

5. DUTIES (RESPONSIBILITIES)

The Trust Executive lead for Patient Experience is the Chief Executive supported by the Communications and Patient Experience Team.

The Non Executive lead for patient experience is the Chair of the Clinical Quality Safety and Patient Experience Committee (CQSPE). This Board Committee takes the lead for patient experience within the Trust and elements of it are monitored regularly directly by Board, for example the Friends and Family Test and real time surveys. The Board also receive a patient story at each meeting.

The Patient Experience Group will report to the CQSPE and ensure operational implementation of this strategy and action plans for patient experience improvements.

This strategy is intrinsically linked to the Staff Engagement Strategy which is also led by the Chief Executive and Communications Team. This is because a large number of research studies have shown that organisations with high levels of staff engagement achieve better quality standards, more innovation, increased productivity and better customer service. Therefore the Staff Engagement Strategy reinforces the fact good patient experience is the responsibility of every member of staff, based on the vision of creating an environment *where people matter* through treating everyone with *care, respect and responsibility* by living the Trust values.

6. STRATEGY

6.1 OVERVIEW OF PROCESS

The failings at Mid Staffordshire Hospitals NHS Foundation Trust and other more recent NHS care failures have signalled a new era for patient voice and how trusts can make improvements as a result of proactively gathering and using patient feedback. The Trust currently gathers over 10,000 pieces of patient feedback each year is therefore well placed to meet the challenges posed by this new environment.

As an integrated service provider the Trust has real opportunities to ensure seamless services for patients thereby helping to provide the best possible patient experience from door to door. The Trust has the desire to be amongst the very best for patient experience, consistently scoring in the top 20 per cent of Trusts in national surveys being the long term aim.

Dudley Clinical Commissioning Group and patient group Healthwatch have worked with the Trust in the development of this strategy, with all organisations sharing a desire to focus attention on system wide key themes which affect patient experience such as:-

- Handover of care
- Communications between professionals and organisations
- Managing vulnerable people through transition

Listening events with the public and complainants have been held to further develop the patient experience improvement actions all of which are designed to fulfil the intent of the strategy. These will be delivered through time-lined, measurable action plans which will be updated each year and reviewed along with the strategy in 2017.

6.2 Mobilising the workforce with a passion for getting things right for patients every time

We will inspire all our staff to provide the best possible experience every time for every patient through effective recruitment, training and management processes. This will enable everyone to take responsibility for their actions and the experience of their patients, their carers and families.

By 2017 we will:

- Have reduced the numbers of complaints that cite staff behaviours or attitudes as their cause
- Have patients rate the Trust amongst the top performers in the NHS (as measured by national patient surveys upper quartile)
- Have consistently high levels of patient's recommending the Trust to friends and family (as measured by the Friends and Family Test)
- Continue and further develop ways to involve patients in their care throughout their journey to help understanding of what they can expect from their healthcare services.
- Developed our workforce to excel at customer service delivered with care, compassion and empathy.

Action:

The staff engagement strategy defines actions we will take to engage our workforce to deliver the best possible patient care through our clinical strategy, the patient experience strategy focuses on ensuring we pick up the focus on customer care from the patient's perspective not the Trust's.

- Hold regular listening events with public and patients to ensure our action plans are relevant and evolving with the Trust.
- Further develop the complaints process to ensure when it does go wrong patients receive the best possible outcome
- Ensure ownership of patient feedback both good and bad across all service and clinical levels empowering staff to make changes
- Ensure every ward/ department has patient feedback
- Work alongside the Nursing Directorate in the delivery of their strategy "The Way We Care"

6.3 Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and/or recovery

The Trust is developing an Estates Strategy which deals specifically with ensuring our excellent facilities remain as such and we take opportunities to provide services in the best possible clinically appropriate environment. This strategy will therefore focus on ensuring patients have a way to make suggestions for improvements to the environment and that a process is in

place to monitor patient comments about environmental topics and ensure a system for improvements is in place. Patient feedback on care of their holistic needs will also be monitored for improvement.

By 2017 we will:

- Continue to have some of the most up to date estate and facilities in the NHS which are fit for purpose
- Develop facilities and support services that centre around our patients needs involving them in development and improvements, ensuring patient feedback forms part of any estates and facilities reconfiguration or development
- Value the diversity of our population and provide facilities that make it easy for all people to navigate and to get around

Action:

Patient opinion and experience should always be taken in to consideration when planning and designing new facilities and service redesign.

- Deliver annual programme of patient panels to tackle priority areas for improvement
- Continue to report estates issues highlighted in patient feedback
- Continue to focus on improvements to hotel services with our PFI partners

6.4 Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

The Trust's Clinical strategy sets out clearly the clinical priorities for the Trust while the Quality strategy states the key performance measures for the quality of those services. This strategy outlines how we will deliver better outcomes with less money whilst also continuing to improve our patients' experiences of our services. We will make patient feedback part of valued core performance information which drives service improvements from patients' perspectives

By 2017 we will:

- Further develop shared decision making tools and embed across the clinical services to ensure there is "*no decision about me without me*" widely embraced throughout the Trust
- Have a systematic approach to collecting patient experience data ensuring we learn from both good and bad feedback and demonstrate how practice has changed.
- Develop and embed key performance indicators for patient experience ensuring they have equal weight alongside the financial and clinical safety and quality ones from ward to Board level.

Action:

- Communicate clearly Shared Decision Making tools across the Trust

- Develop and implement action plans in response to national and local patient experience feedback monitored through the Patient Experience Group
- Continue to publish results to our patients and public of the Friends and Family test and further develop 'You said we did' approach to feedback of changes made.

7. TRAINING/SUPPORT

Guidance and training is offered to staff as requested for implementation of the Friends and Family Test system and where concerns are raised about particular issues advice is given on what training is available to support development.

The patient experience team work closely with wards/departments to ensure they understand the role they all play in improving patient experience.

Training and Development are working to further develop Customer Care Ambassador and Customer Care training programmes.

8. PROCESS FOR MONITORING COMPLIANCE

Patient feedback is evaluated and monitored at all levels across the Trust and this strategy sets out specific measures and checks to ensure it remains a key focus for the Trust. The CQSPE committee will continue to receive regular reports on all the forms of patient feedback the Trust uses to ensure the action plans remain on track and monitor progress.

9. EQUALITY IMPACT ASSESSMENT

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

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11. MONITORING THE EFFECTIVENESS OF THIS STRATEGY

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
PE Quality priorities	Trust Board	Audit PE database Reports	Quarterly	Quarterly report to CQSPE	Identify actions required and delegate individuals to take forward	Communications department to determine appropriate methods of communication dependent upon target audience
PE CQUIN targets	Trust Board	Reports National/ local surveys	Annual and quarterly	Quarterly report to CQSPE and quarterly CCG joint quality review meeting	Identify actions required and delegate individuals to take forward	Communications department to determine appropriate methods of communication dependent upon target audience
National patient surveys	Trust Board	Reports Survey	As per national programme of surveys	As required following publication of results nationally to CQSPE	Patient Experience Group to deliver action plan Deputy Head of Communications and Patient Experience	Communications department to determine appropriate methods of communication dependent upon target audience
Friends and family test	Trust Board	Reports	Monthly	Monthly to CQSPE and Board Externally reported on UNIFY	Patient Experience Group and Deputy Head of Communications and Patient Experience	Communications department to determine appropriate methods of communication dependent upon target audience

APPENDIX 1 (to the Patient Experience Strategy)

Background and key guidance

This strategy provides an important focus for the organisation and has facilitated the commitment of the Trust Board. There has been a plethora of national documents, initiatives and guidance which have highlighted the need to focus on measuring and improving patient, family and carer experience. For most, experiences of care are mixed and patient stories will often describe variability in the experience of care across the Trust and the NHS as a whole. Nationally the NHS has not made significant progress in the area of service experience and there is a need for more concerted effort to be made by all staff.

There is much learning in relation to clinical effectiveness and safety, our understanding of what matters to patients in relation to their experience of healthcare and how it can be improved is still evolving. Despite the NHS gathering a lot of data in relation to patients' experiences of our services there is little hard evidence on how best to make that data into real quality improvements. Studies have seen improvements where there is systematic collection of patient experience feedback.

The **NHS Constitution (2010)** promotes 'high quality care for all' and clearly signposts patients, public and staff to their responsibilities and rights whilst reiterating the enduring principles and values of the NHS. Its importance has recently been reinforced through the report into Mid Staffordshire Hospitals. There has never been a more important or pertinent time in the history of the NHS to focus on delivering good patient experiences every time. The **Health Act 2010** saw the introduction of a legal obligation on Trusts to take the NHS constitution into account in all their decisions and actions.

The **Equality Act 2010** replaces all previous anti-discrimination legislation, and includes a public sector equality duty requiring public bodies to have due regard to the need to eliminate discrimination and to advance equality of opportunity and foster good relations between people who share certain protected characteristics and those who do not. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act provides an important legal framework which should improve the experience of all patients using NHS services.

Despite these policy initiatives, there is evidence to suggest that further work is needed to deliver the best possible experience for users of NHS services. The Government signalled in its White Paper '**Equity and excellence: liberating the NHS**' (2010) that more emphasis needs to be placed on improving patients' experience of NHS care. It focused on generic

patient experiences and is relevant for all people who use adult NHS services in England and Wales. The aim of this paper was to provide the NHS with clear guidance on the components of a good patient experience. The guidance provided the evidence and the direction for creating sustainable change that will result in an NHS cultural shift towards a truly person-centred service.

Equity and excellence: Liberating the NHS placed a greater emphasis on Involvement of patients and public, putting patients and public first through the following measures:

- Shared decision making: **nothing about me without me.**
- An NHS information revolution: much more public information about safety, effectiveness and experience.
- Specific public information on every NHS Trust's performance and clinical outcomes.
- Strengthening the collective voice of patients by *HealthWatch England*, a new independent consumer statutory body, coming into force in April 2013.

Outcome 1 of the **Essential Standards of Quality and Safety** (Care Quality Commission/CQC) is a key standard for patient experience.

The **NHS Outcomes Framework** is structured around five domains, which set out the high level national outcomes that the NHS should be aiming to improve. Domain 4 provides indicators to ensure that people have a positive experience of care.

The purpose of the *NHS Outcomes Framework* is to provide a national level overview of how well the NHS is performing, to provide an accountability mechanism between the Secretary of State for Health and the *NHS Commissioning Board* and to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change culture and behaviour.

In February 2012 the NHS National Quality Board (NQB) published the **NHS Patient Experience Framework**, agreed by the National Quality Board in October 2011, (see below), based on the *Picker Institute Framework* and can be the starting point to explore the patient experience in a particular service. A team of staff involved with a service might want to focus on one or two dimensions and look at improvements in those areas. Once the team has decided what kind of service they are striving to deliver, they can outline the types of behaviour that would be expected from staff to make this happen.

NHS Patient Experience Framework 2011/12:

Respect of patient-centred values, preferences, and expressed needs including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making.

1. **Coordination and integration of care** across health and social care system.
2. **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion.
3. **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings.
4. **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances.
5. **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers.
6. **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.
7. **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

The **National Institute for Health and Clinical Excellence (NICE 2012)** have condensed the 65 recommendations contained in their Patient Experience Clinical Guideline into 14 quality statements.

No.	Quality statements
1.	Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2.	Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3.	Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
4.	Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

5.	Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6.	Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7.	Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8.	Patients are made aware that they can ask for a second opinion.
9.	Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
10.	Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11.	Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12.	Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13.	Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14.	Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

November 2012 saw the publication of the first **Mandate** between Government and the NHS Commissioning Board setting out the ambitions for the Health Service for the next two years.

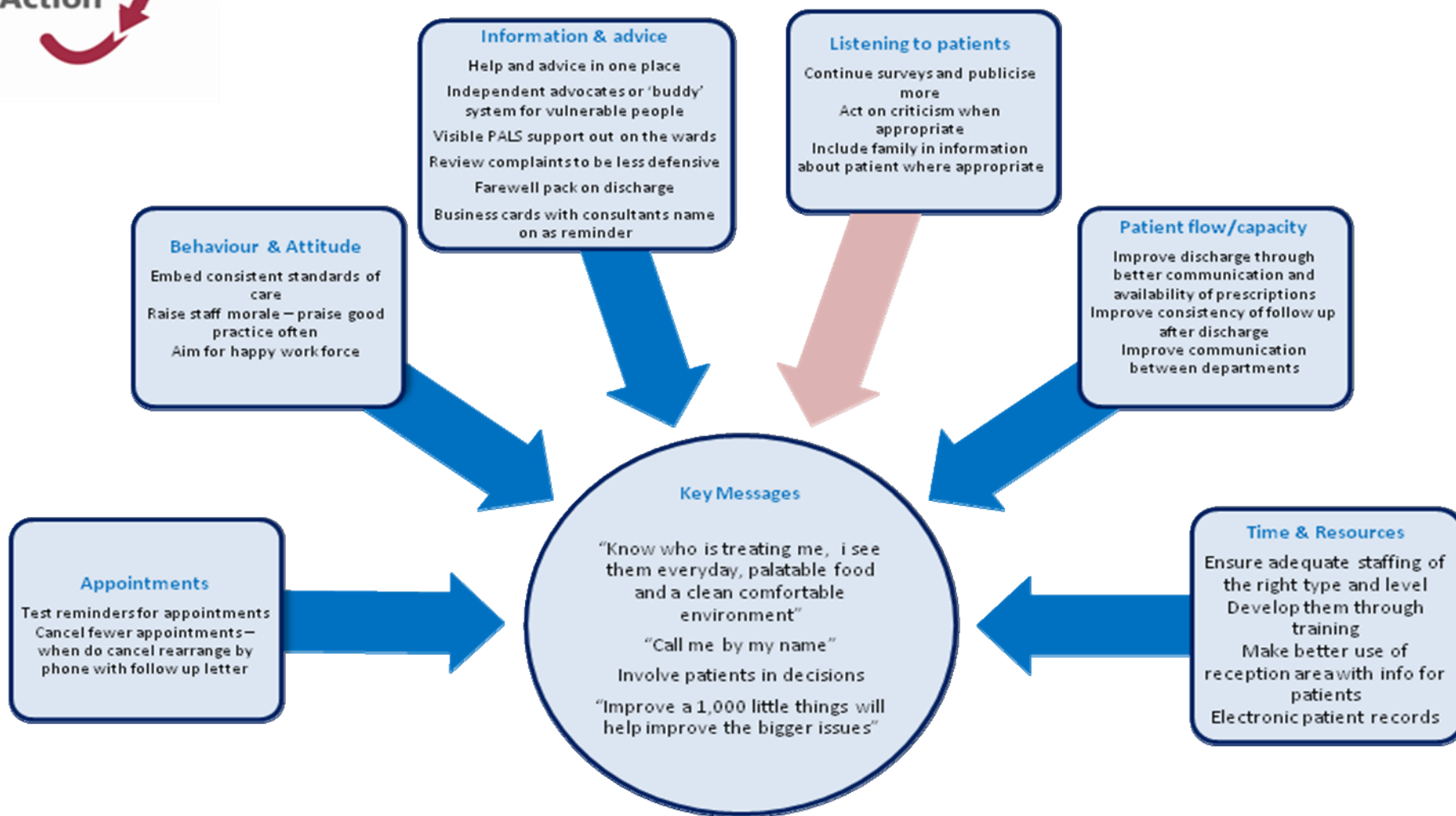
The objectives in this mandate focus on those areas identified as being of greatest importance to people and one of the five areas to make improvements is ensuring people have a positive experience of care. It sets an objective and therefore importance to ensure all patients can give feedback on their care via the Friends and Family Test so that people can tell which wards, A&E departments, maternity units and hospitals are providing the best care.

Appendix 2 (to the Patient Experience Strategy) - Listening into Action feedback



Patient Experience LiA- what people want

The Dudley Group **NHS**
NHS Foundation Trust



Here is your feedback from the Patient Experience LiA conversation showing the main themes and top features you'd like to see