

**Patient Experience Report**  
**December 2010**

**By Andy Porter, Deputy Director Social Inclusion**

## **1.0 Context and Background**

Self reported patient experience is an important part of the way we measure the quality of our services, as well as being built into the evaluation frameworks of commissioners and monitoring bodies.

This report summarises the key areas of work undertaken in relation to measuring patient experience to date in 2010/11 and looks ahead to initiatives planned for the future.

Reporting from the Complaints and PALS service is not included and will be reported separately.

## **2.0 National Patient Survey**

### **2.1 Community survey 2010**

The results of the 2010 Community survey have already been reported to the Board and to the Council of Governors. An Action plan has been developed to address the main areas for development in relation to the survey results (Appendix1) and this has been shared with CQC. Whilst some of the actions are ongoing the majority are set for completion by the end of December 2010 to ensure immediate progress has been achieved prior to the start of the 2011 survey. Ongoing actions recognize that it is our two major initiatives – Better By Design and Better By Experience that will lead to sustainable long term service improvement. Short term Actions include:

- A range of actions to improve the CPA process
- A range of actions to improve service user involvement in decisions re: medication
- Poster campaigns with regard to both of the above
- A review of the Mental Healthline service including a service user evaluation survey.

### **2.2 Community survey 2011**

CQC have announced that the Community survey will be repeated in 2011 and we have commissioned Quality Health to undertake the survey on our behalf. A sample of approximately 900 adults aged 16 and over, who have used our community mental health services between July and September 2010, will receive the questionnaires during the three months from January to March 2011.

## 2.3 Inpatient survey 2010

The 2009 National Patient Survey focussed on inpatient services but in 2010 the survey returned to a focus on community services as above. Along with the majority of other of mental health trusts we decided to commission a further inpatient survey in 2010. This was undertaken by Quality Health using the same question set and sample size as in the previous year.

Initial results have now been received and show considerable improvement in comparison to our 2009 results.

- For 27 questions our score is 3% or more higher than in 2009. (Higher)
- For 11 questions our score is within 3% of the 2009 score. (About the same)
- For 8 questions our score is 3% or more lower than 2009. ( Lower)

It is encouraging that we have shown consistent improvement for the majority of questions relating to the ward environment, hospital staff, and care and treatment. For example:

- 50% of respondents said that they always felt safe on the ward compared to 42% in 2009
- 52% said the ward was very clean compared to 42% in 2009
- 72% said that the psychiatrist(s) always treated them with dignity and respect compared to 62% in 2009.
- 64% said that nurses always treated them with dignity and respect compared to 54% in 2009.
- 36% were definitely involved as much as they wanted to be in decisions about their care compared to 27% in 2009.

Areas needing improvement were in relation to activities on the wards during the day; having rights under the Mental Health Act fully explained; and delayed discharge. Performance in relation to having an out of hours phone number had improved but was still lower than the national average.

It is also possible to make a national comparison. Quality Health undertook the survey in 2010 with 33 out of the 58 mental health trusts nationally – and in comparison to these 33 organisations we performed as follows:

- For 12 questions we scored 3% or more above the national average ( Higher)
- For 23 questions we scored within 3% of the national average ( About the same)
- For 11 questions we scored 3% or more lower than the national average. ( Lower)

Results have been shared with inpatient services and we are awaiting a more detailed analysis from Quality Health due at the end of this month.

### **3.0 Mental Healthline service user evaluation**

The Sussex Mental Healthline was established in December 2009 building on the West Sussex Mental Healthline service that had operated since 1994. The aims of the Sussex Healthline are to:

- Offer a service to anyone concerned about their own mental health or that of relatives or friends
- Encourage callers to make choices about the way their own mental health needs are met
- Provide immediate support to people expressing distress

The service is run by Sussex Partnership and staffed by a team of trained operators. These offer supportive listening in order to help callers identify and clarify their immediate problems and to explore ways of coping or suggest alternative avenues of help.

The service operates 24 hours a day to West Sussex callers and from 17.00 to 9.00 Monday to Friday and 24 hours at weekends and Bank holidays to Brighton, Hove and East Sussex callers.

To support a wider review of the Mental Healthline service after 12 months of operation the customer experience team undertook a telephone survey this year. The survey was undertaken during October and November 2010, using a sample of 54 people who had called the Healthline during that period and had consented to a telephone interview. 34 questionnaires were completed. The majority of the other 20 people could not be contacted. The full report will be available as a part of the planned review of the service.

Overall the evaluation indicated the following:

- The highest number of callers were from West Sussex (35%).
- 76% of callers were aged between 21 and 60 years. There were no callers aged under 21.
- 74% were female.
- The majority of callers used the line frequently: 37% once a day and 18% more than once a day. Most called the line in the evening (36%) or at night (26%).
- Most people contacted the line for emotional support and 28% were seeking help during a crisis or in relation to the prevention of self harm or overdose
- 76% of respondents said that they got the help they needed.
- 73% said that they sometimes got an engaged tone. A smaller number (15%) said they usually got an engaged tone. 94% tried again if the line was engaged.

- 32% said they would ring the Samaritans if they could not get through, and 23% would ring the Crisis team, Accident and Emergency or 999.
- 97% said they were always or usually spoken to in a polite and respectful manner
- 85% said the operators skills were good or excellent
- 79% said they always or usually felt better after speaking to someone on the line.
- 59% said the time taken to deal with the call was always or usually appropriate. For 28% the response to this question was never or sometimes.
- 92% of respondents identified themselves as having a disability including a significant number with multiple disabilities – e.g. both mental and physical health problems
- 94% of respondents identified themselves as White British – indicating an under representation of BME people using the line
- 94% of respondents identified as heterosexual or not disclosed – indicating an under representation of LGBT people using the line

The data from the evaluation will help to inform a service review that is currently being undertaken.

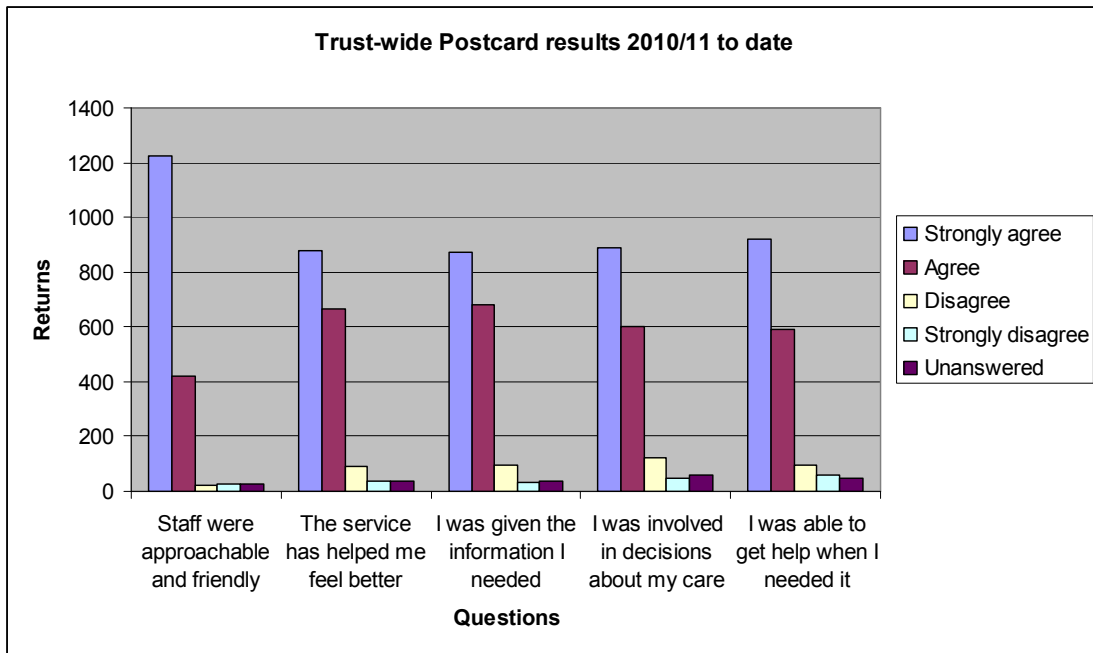
#### **4. Postcards and Patient Experience Trackers**

##### **4.1 Your Views Matter Postcard Project**

The postcard monitoring initiative was launched in October 2009. The project is based around feedback postcards which are given out at reviews and on discharge from a service. The cards are colour coded by care group and also coded to indicate locality.

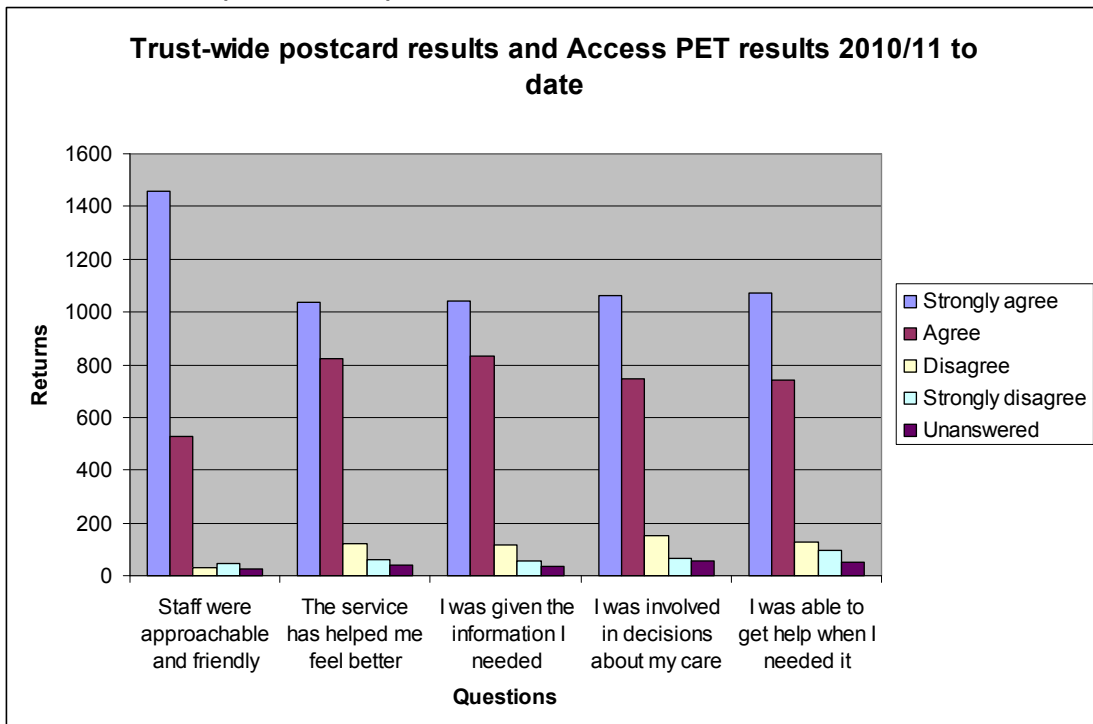
In 2010/11 to date 1,728 postcards have been returned, with a positive response rate (combined strongly agree and agree answers) of 90%. The performance target for this financial year is 2,444 cards with a performance target of 80% positive response rate agreed with commissioners.

The Trust-wide postcard responses for the year to date are shown below.



The results are broken down by care group and locality and are reported on a quarterly basis to commissioners and are also publicly reported on the Trust website. A monthly update is provided to the Board in the Risk, Quality and Safety Board report.

The postcard results have been supplemented by the Access Patient Experience Tracker (PET) results, as these PETs ask the same questions as the postcards. The total combined number of responses for 2010/11 to date is 2,083, with a positive response rate of 90%. The results are shown below.

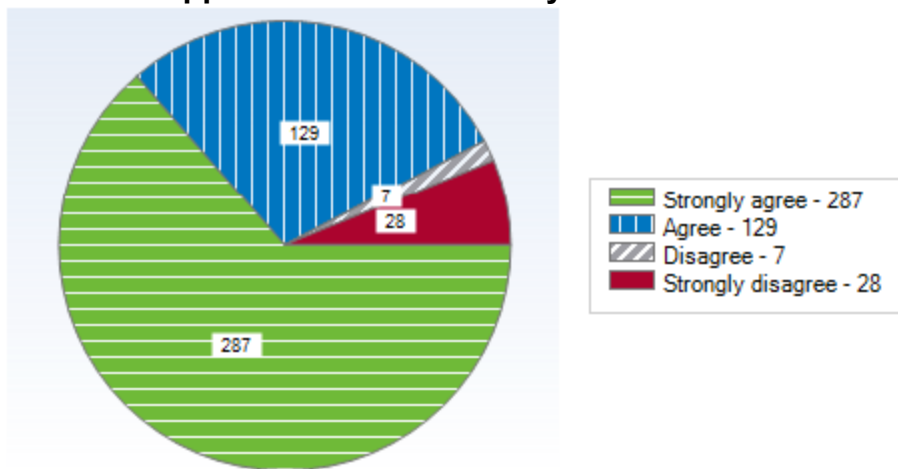


## 4.2 Patient Experience Tracker Project

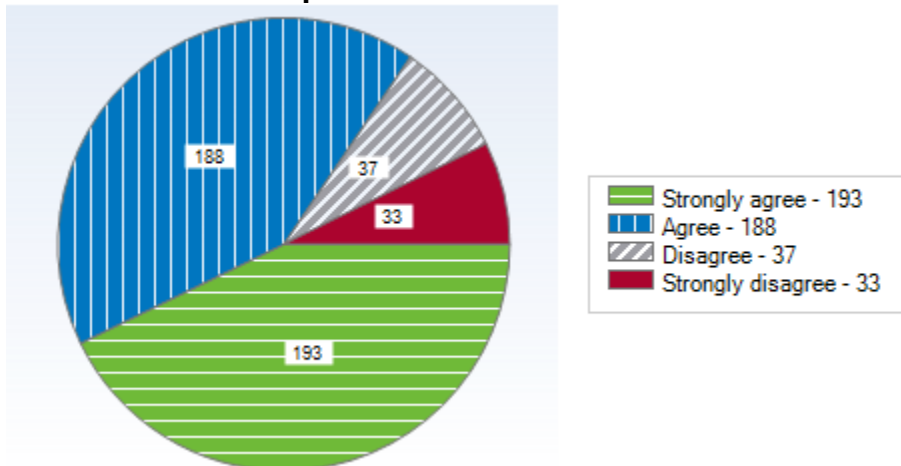
The Patient Experience Tracker (PET) project was launched in August 2009. PETs are electronic handheld devices for collecting patient experience feedback at the point of delivery of services, to collect 'at the moment' feedback to specific questions for respective care groups. The PETs have been used either as handheld devices, which are handed to the patient to complete (used in this way for community visits or on inpatient wards), or as fixed devices on stands in reception/high footfall areas in community settings. The most recent results are shown below.

**4.2.1** Three PETs were used in the Brighton & Hove area Access teams and generated 451 responses.

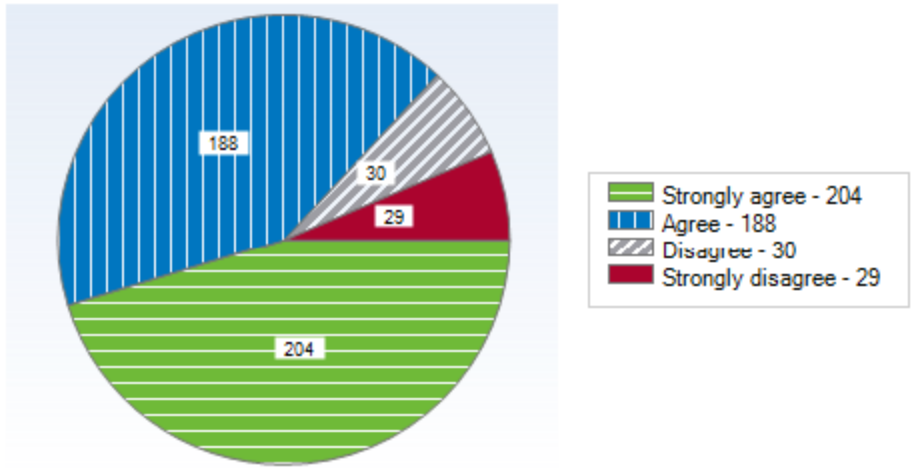
### Staff were approachable and friendly



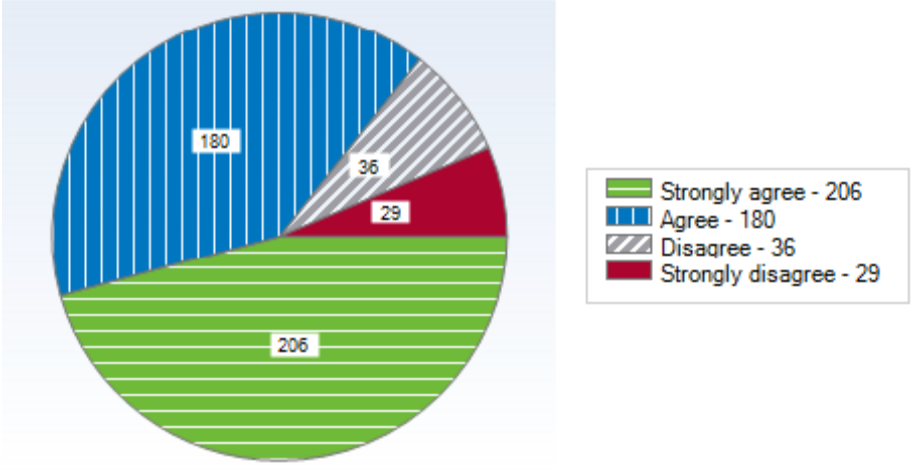
### The service has helped me feel better



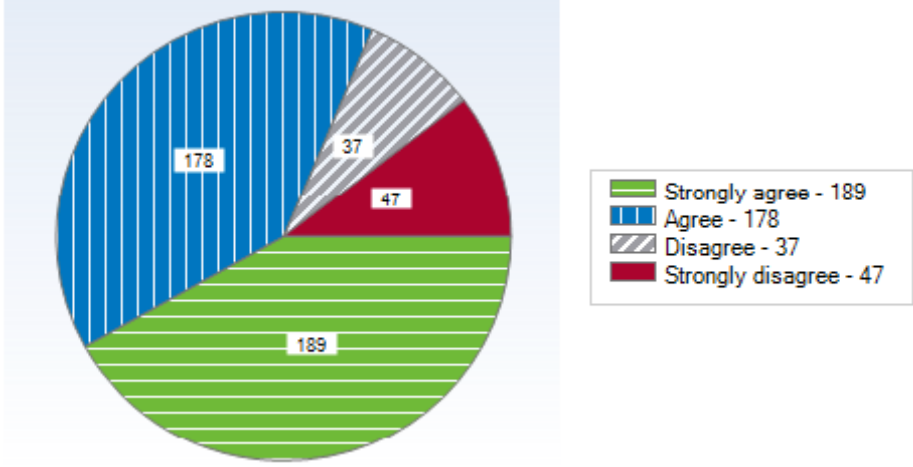
### I was given the information I needed



**I was involved in decisions about my care**



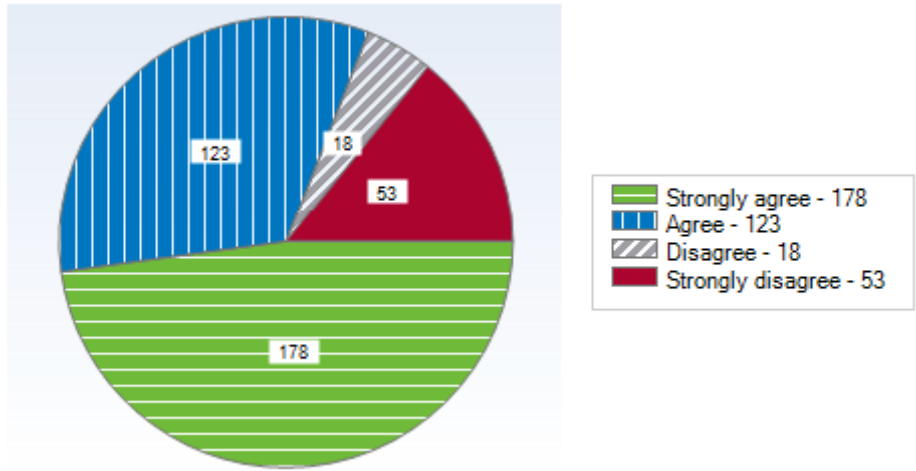
**I was able to get help when I needed it**



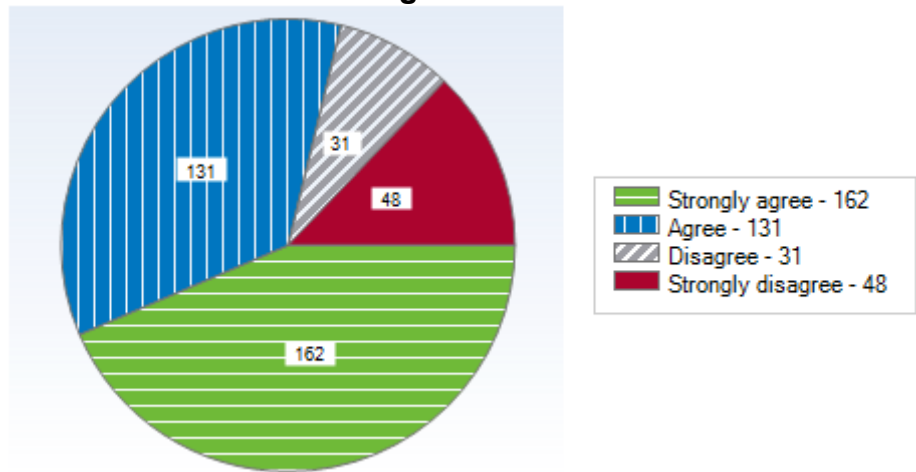


4.2.2 Three PETs were used in CAMHS teams across the Trust and generated 372 responses.

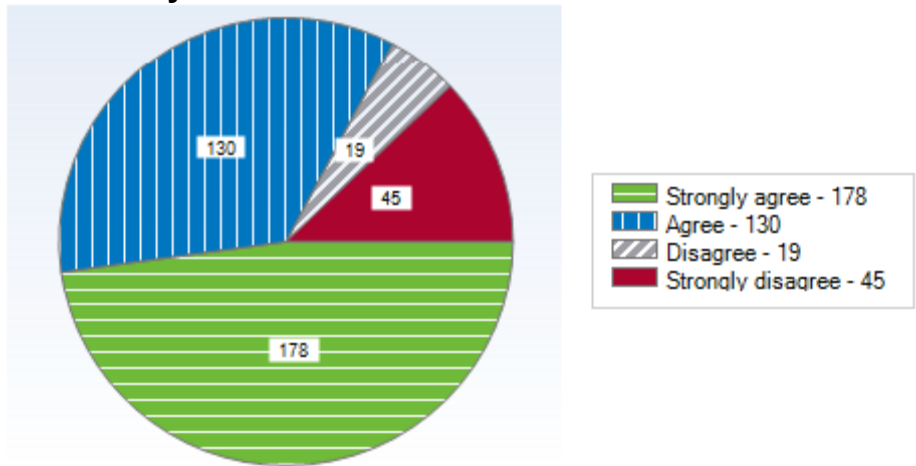
**The person I saw understood me**



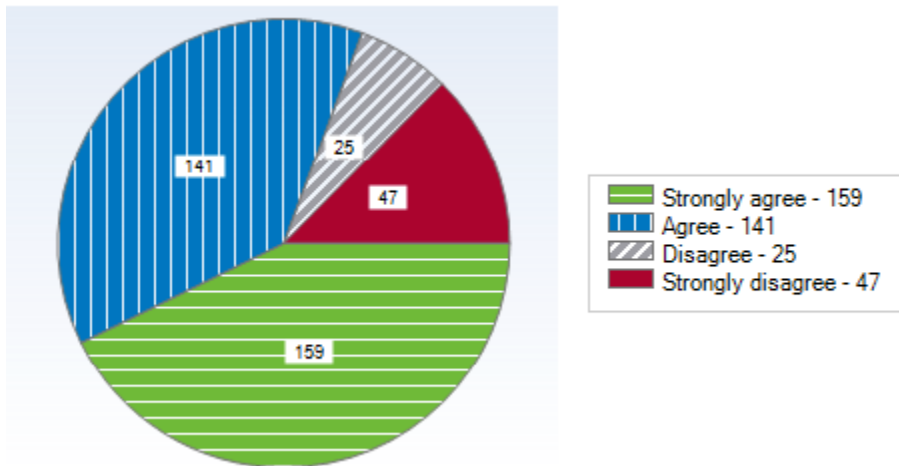
**I leave the sessions feeling safe**



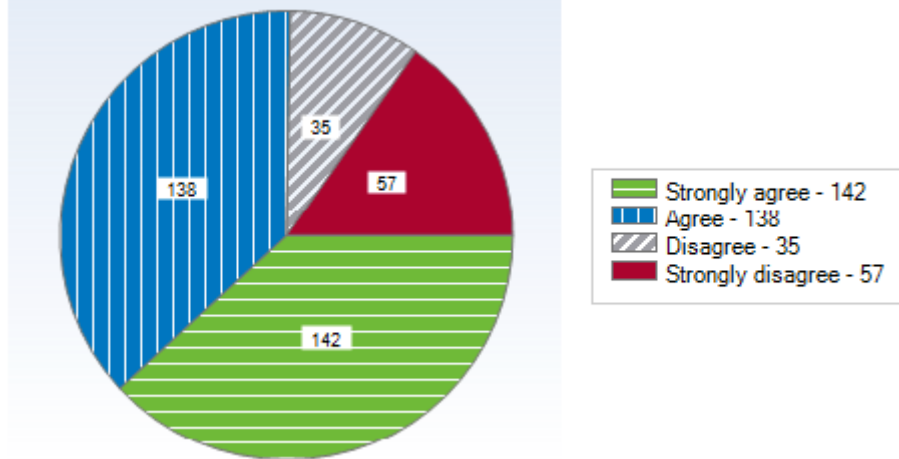
**I have a say in what is discussed in the sessions I attend**



### The sessions are useful to me



### The sessions help me get on with my life



Our 12 month contract with Dr Foster Intelligence expired on 30<sup>th</sup> November 2010. The project generated a total of 1,855 responses across ten different Trust settings. The preferred supplier for a second 12-month pilot starting in 2011 has been identified following a tender and interview process in November, and we will be developing a new reporting system in 2011 linked to Better By Experience.

## 5. Better By Experience

The Better By Experience programme (BBE) aims to improve the experience of service users and staff through the development and implementation of clear organisational commitments relating to staff behaviour and attitude and to organisational culture.

The BBE programme identifies 4 stages in its implementation: listening; co-creating; aligning; going live.

### 5.1 Listening and Co-creating:

The first two stages have been undertaken between August and October 2010. This involved a number of activities:

- In Your Shoes workshops with staff, service users and carers which enabled people to identify both positives and negatives about their experience of the organisation
- Graffiti Boards for staff which enabled staff to express their hopes and aspirations about what kind of organisation we could be
- Values Into Action workshops with staff which received the feedback from the listening stage and worked to develop organisational commitments
- A series of additional workshops and presentations with Chief executives strategy group, the Leadership conference, and Foundation Trust governor and member meetings.

The work has been led by a steering group with Director level representation and supported by a Core group with key staff drawn from all areas of the trust.

A great deal of feedback has been received and developed to identify the standards around which the programme will be based in future. These are expressed as the 5 key commitments outlined below which will now be taken to the Executive Management Board in December and to the Trust Board in January 2011.

## **5.2 The Better By Experience Commitments**

- **We welcome you**
- **We hear you**
- **We are hopeful for you**
- **We work with you**
- **We are helpful**

## **5.3 Improvements to support staff**

Staff workshops also identified areas for immediate action that would improve staff experience. After workshop based discussions at the Chief executives strategy group the following 3 have been prioritised by the BBE steering group. These proposals will be further developed at the Leadership conference in January for implementation as a part of the programme Launch.

- Red tape review : staff will be invited to identify administrative procedures that they find cumbersome and to identify effective alternatives
- Quick guide to policies: easy to read summary guides will be developed for all key policies
- Improving your local environment: a scheme will be developed to encourage staff to take action to improve their working environment

## **5.4 Alignment**

We are now moving into the alignment stage of the project.

BBE encompasses more than just a change in individual behaviour – although this is important. It also has to be a process of systemic change. As such BBE has to impact on all aspects of our organisational life to achieve a real change in our culture and to sustain that change. The commitments agreed need to become part of the

fabric of our organisational life. Alignment means embedding the BBE commitments and values into all of the work of the organisation.

The following workstreams are being developed in relation to this:

- Communication: plans are being developed for the launch of the new Commitments once Board agreement has been given. BBE will be a key element of the Leadership Conference in January. The development of a service standards handbook is being considered.
- Learning and development; plans are being developed to ensure inclusion of the BBE commitments in the Trust induction programme, and discussions are underway about what other training inputs will be needed.
- Business planning: the BBE commitments are being integrated into the Business plan for 2011/12
- Human resources; work is underway with HR to ensure that the BBE commitments are integrated into recruitment, induction, supervision and appraisal.
- Performance monitoring: the current customer experience monitoring tools such as the postcards and the patient experience trackers will be developed to ensure that customer experience is monitored in relation to the BBE commitments.
- Better By Design: the BBE commitments will also need to be integrated into the Better By Design programme at operational level.

## **6. Looking Ahead**

Measuring and improving patient experience will continue to be a priority in 2011/12. The Better By Experience commitments will give us a new framework within which we can measure and evaluate patient experience across the Trust. We will be looking at ways of developing our current monitoring systems such as the PETS and the postcards to incorporate the Better by Experience standards and also to link what we measure to the priority areas emerging from national surveys. The BBE commitments have been co-created through staff, service user and carer involvement and put us on a sound footing for the work we have to do in the months ahead.