Patients at the Heart of the Agenda

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Five Themes for Improvement

- Seeing care from patients’ perspective
- Creating a climate for improvement
- Tackling ‘very poor’ care
- Co-creating improvement
- Measurement and feedback
Seeing care from patients’ perspective

Creating a climate for improvement

Tackling ‘very poor’ care

Co-creating improvement

Measurement and feedback

Real-time feedback, including Friends & Family Test

Patient stories

Experience-based co-design

Rights (& responsibilities)

Open & responsive cultures

Spirit of partnership not consultation

Acknowledging what’s poor - and not just in hospitals

Getting complaints right

Hearing marginalised & vulnerable patients & carers

Turning values into behaviours

Co-production

Engaging patient leaders

Patient validated measures:

- PREMS & PCOMs
- Shared assessments eg. PLACE
- Feedback loop – You Said, We Did
Values-Based Standard

• A practical approach to improving patient and staff experience
• Co-created by over 300 patients, staff, carers and family members
• Consists of eight patient experience domains that patients and staff have said matter most to them, expressed in the form of eight practical behaviours which staff can demonstrate towards patients to deliver high quality, relational care
• Supports staff to live their vocational values so that they are able to say “I can do what I went into my job to do” on a daily basis
Seeing care from patients’ perspective
- Linking real-time with benchmark data (eg. surveys)
- Using patient narratives
- Questioning & dialogue

Creating a climate for improvement
- Building work cultures based on values & learning
- Listening for improvement

Tackling ‘very poor’ care
- Understanding variation
- Equality proofing
- Getting complaints right

Co-creating improvement
- Using what works
- Co-designing improvements
- Sharing practice & building capability

Measurement and feedback
- Following up on promises
- Measuring continuous improvement
- You said, we did
Our framework for listening to improve

**Senior leadership**
- Patient, carers and staff stories at key meetings
  - Followed by a structured discussion
- Chief Executive open forums
  - Regular forum in each directorate, semi-scripted
- Executive WalkRounds
  - Three times a week meeting frontline teams

**Directorate level**
- Listening forum
  - Regular forum in each directorate, semi-scripted, led by Clinical & service Director
- Working together groups
  - Regular forum in each directorate

**Team level**
- Quality circle
  - Regular space in each team to share ideas on how to improve

**Committees and forums**
- Trust Board
- Quality committee
- Safety committee
- Clinical & Service directors
- Directorate management team
- Public participation committee
- Trust-wide working together group

**Activities**
- Looking at team-level quality data
- Evaluating the results
- Sharing ideas on how to improve quality
- Using a consistent methodology to test ideas
Commissioner Focus

- **Seeing care from patients’ perspective**
  - Meaningful patient & public engagement
  - Models of co-design

- **Creating a climate for improvement**
  - Commissioning for learning & improvement
  - Getting PPI right
  - Understanding incentives

- **Tackling ‘very poor’ care**
  - Triangulation of data with SUIs, complaints, never events, etc.
  - Equality assessments, probing variation
  - Rapid response capability – NHS IQ

- **Co-creating improvement**
  - Experienced based commissioning
  - Building capacity and capability

- **Measurement and feedback**
  - Gaps: eg. children, integration
  - Opportunities: eg. link data with outcomes
## Setting levels of ambition

<table>
<thead>
<tr>
<th>Ambition</th>
<th>NHS OF Indicator(s)</th>
<th>Data availability</th>
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<tbody>
<tr>
<td>1. Secure additional years of life</td>
<td>1a.i – PYLL from causes considered amenable to healthcare (Adults) + maybe 1.a.ii – Children and Young People</td>
<td>CCG base-line data</td>
</tr>
<tr>
<td>2. Increase the quality of life for people with long-term conditions</td>
<td>2 – Health-related quality of life for people with long-term conditions</td>
<td>CCG base-line data</td>
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<tr>
<td>3. Reduce the amount of time people unnecessarily spend in hospital</td>
<td>2.3.i, 2.3.ii, 3a and 3.2 - Quality Premium Composite Indicator</td>
<td>CCG base-line data</td>
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<tr>
<td>4. Increase the proportion of older people living independently at home following discharge from hospital</td>
<td>3.6.i – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</td>
<td>CCG base-line data</td>
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<td>5. Reduce the number of people reporting very bad hospital care in hospitals</td>
<td>4b – Patient experience of hospital care</td>
<td>CCG base-line data</td>
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<tr>
<td>6. Reduce the number of people reporting very bad primary care (GP, Out-of-Hours, Dentistry)</td>
<td>4a – Patient experience of primary care i. GP services, ii. GP Out of Hours services, iii. NHS Dental services</td>
<td>CCG base-line data</td>
</tr>
<tr>
<td>7. Make significant reductions in avoidable deaths in hospital</td>
<td>5c – Hospital deaths attributable to problems in care</td>
<td>CCG base-line data</td>
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Seeing care from patients’ perspective

• Effective patient partnerships eg. Health Watch/ Patients’ Association
• Qualitative techniques (eg, observation)

Creating a climate for improvement

• Recruiting for values
• Strengthening Pt Exp as a profession:
  ➢ Networks. Centre?
  ➢ Learning & development
• Alignment across system - NQB

Tackling ‘very poor’ care

• Robust & granular local data
• Ability to access meta-data
• Qualitative approaches
• Specialised tools

Co-creating improvement

• Improvement tools & methodologies
• Extending Compassion in Practice
• Support from NHS Improving Quality
• Other sources expertise eg. Point of Care

Measurement and feedback

• Survey Review
• Friends & Family Test Review
• Broader research agenda (eg. links between experience, outcomes and productivity)
Values Based Assessment

• A questionnaire tailored to our values is completed by all applicants. It features a scenario about a drop-in clinic. In the questions, applicants are asked to take on the role of one of the NHS staff within the clinic – and give their chosen response to a given challenge

• Those assessed as having values aligned to ours are invited to an assessment centre. Here, to a real-life scenario, they are observed as part of a group and individual role play exercise – their behaviour assessed by internal and external observers. Uniquely, this includes patients and carers who are fundamental in shaping our behaviours and values

• Six months into post, after probation, they are re-assessed to ensure the values we observed initially are being put into practice
Thank you for your support.
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