

# Patient Experience Annual Report

**2011 – 2012**

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## 1. Executive Summary

This report provides a summary of the feedback patients, carers and the public have told us about the services we delivered or made plans for during the year 2011/12. It identifies how and where improvements have been identified and made. The report also outlines the work of the Patient Experience Team in leading and supporting the Trust in its work to engage with patients and the public.

Overall patient satisfaction remains very high. In the second half of the year over 2500 patients participated in satisfaction surveys, with 98% of patients rating services from good to excellent. The Trust also received 232 complaints about services with the majority of complainants being unhappy with care and treatment and communication and attitude. Overall the number of complaints in 2011-12 equates to 1 complaint per 10,000 contacts.

In order to provide balance, the number of compliments (279) forwarded to the Patient Experience Team for recording in this period is also included within the report.

## 2. Introduction

It is well recognised that we must listen to patients, carers and the public, and to our staff, and to understand how to use this information to improve services. There is a vast range of ways in which we receive feedback from patients and the public. This report provides a summary of what the feedback tells us. The report also outlines the work of the Patient Experience Team in leading and supporting the Trust in this work.

## 3. Actions from 2010 / 11 Report

Before outlining the achievements of 2011/12 it is important to review the actions taken to address the priorities identified in the 2010/ 11 Patient Experience annual report. An update on progress against each action is provided below.

Action summary	Action Required	Progress
Recruitment	Appoint to vacancy in Interpreting Service and ensure management infrastructure allows for governance and development of the team and service	Skill mix review and review of job descriptions for all team members has taken place, improved governance through implementation of systems and processes. Additional bank interpreters recruited.
Consult with carers	Consultation about the priorities for the carers support service and provide support to specific carers with significant concerns	Consultation completed and draft strategy developed (Due for Board ratification in Autumn 2012).
Volunteers	Continue to recruit volunteers and work with patient and public groups to provide volunteer support where needed to ensure groups have a voice in the Trust	Action completed with ongoing work being undertaken with colleagues in Learning and Development, Human Resources and Professional Development to clarify the pathway for applicants for placements for work experience (aged 14-16 years, aged 16-18 years); work shadowing;

		Undergraduates; honorary contracts; graduates; volunteers.
Accommodation	Ensure the Patient Experience team is arranged in suitable locations to provide services to patients and the public whilst addressing efficiencies	Action ongoing and due for completion by end of September 2012– Engagement and Interpreting Teams to be located in Aston Health Centre in September 2012, Carers Support and Patient Information Teams now based at West Heath Hospital, Patient Experience and Customer Services based at Moseley Hall Hospital.
Patient Surveys	Ensure patient surveys across the organisation have key questions in all questionnaires to allow for a single measure of patient satisfaction	Action completed, overall satisfaction rating reported from September 2011.
Learning and Development of staff	Roll out the patient experience learning and development programme to staff to raise awareness of the importance of patient experience, and identify areas for individual team action. This work will be prioritised in partnership with Divisions and in response to patient feedback.	Action completed. Icare (a Patient Experience Programme developed by Yeovil District General Hospital NHS Foundation Trust and is an acronym formed from 'Individual, Care, Attitude, Respect, Environment') programme commenced through induction and being rolled out to teams. Ongoing provision of in-depth modular Patient Experience Programme delivered as required.
Action Plan monitoring and reporting	Develop and implement a system and process for recording, monitoring and reporting on complaints action plan	Action completed, action plan monitoring in place.
Mystery Customer	Develop and implement a mystery customer programme	Mystery Customers in place in parts of the Trust with further plans to expand to new areas in 2012 / 13
Feedback to patients	Ensure a system is in place to provide systematic feedback to patients following patient surveys	Feedback via 'you said / we did' posters and newsletters.
Patient Experience Key Performance Indicators	Develop Patient Experience Key Performance Indicators (KPI's) for and with each Division	KPI's developed for Specialist Division and also included in all service contracts.
Foundation Trust	Support the Trust's progression towards Foundation Trust in the period of consultation and development of a membership	Action complete with ongoing support provided to Membership Office.

## 4. Listening to the public, patients, service users and carers

Birmingham Community Healthcare Trust recognises the importance of listening to patients, service users, carers, relatives, and members of the public (here after abbreviated to patients and the public) when delivering, reviewing, planning or developing new services. The Trust listens to patients and the public through a variety of mechanisms including:

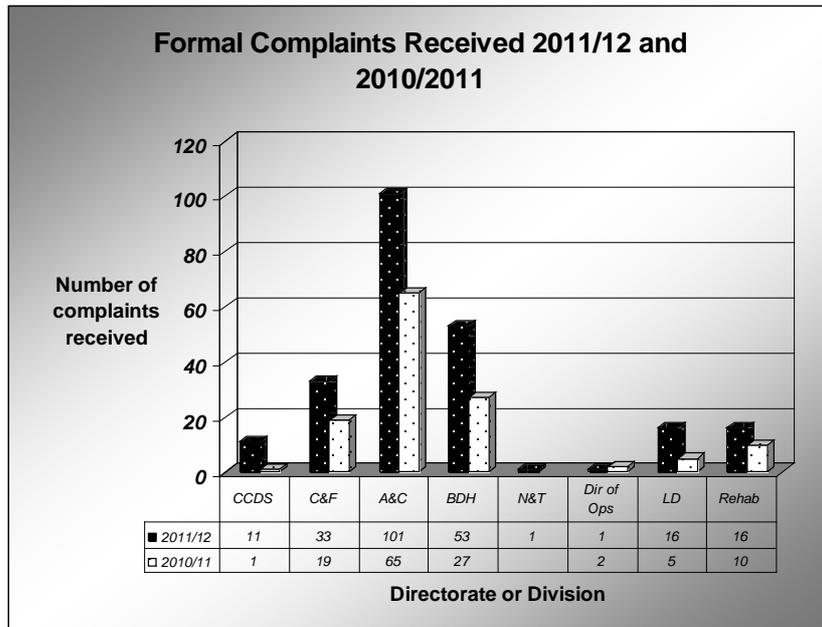
- Customer Services (formerly known as the Patient Advice and Liaison Service)
- Listening to you scheme
- Help us to help you scheme (Birmingham Dental Hospital)
- Compliments
- Complaints
- Patient Surveys
- NHS Choices / Patient Opinion and other patient feedback websites
- Public and patient events
- Public Involvement Action Group (PIAG)
- Disability Initiative Group (DIG)
- Focus groups
- User groups
- Age or condition specific groups (e.g. Older Peoples' Reference Group; Breathe Easy)
- Carer groups
- Participation of patients and carers and their representatives in committees and other meetings, and in recruitment
- Engagement with LINKs and other stakeholders

The next section of this report summarises the feedback we have received from patients and the public.

## 5. What patients and the public have told us

### 5.1 Complaints

The Trust received 268 enquiries with the Complaints team during 2011/2. Of those complaints 232 were handled as formal complaints and provided with a written response from the Chief Executive (including complaints for HMP Birmingham which are recorded and reported by the Birmingham and Solihull Mental Health Foundation Trust) (*Data Source – Datix*). Information about complaints received by Division / Service for 2011/12 and 2010/11 is provided below.

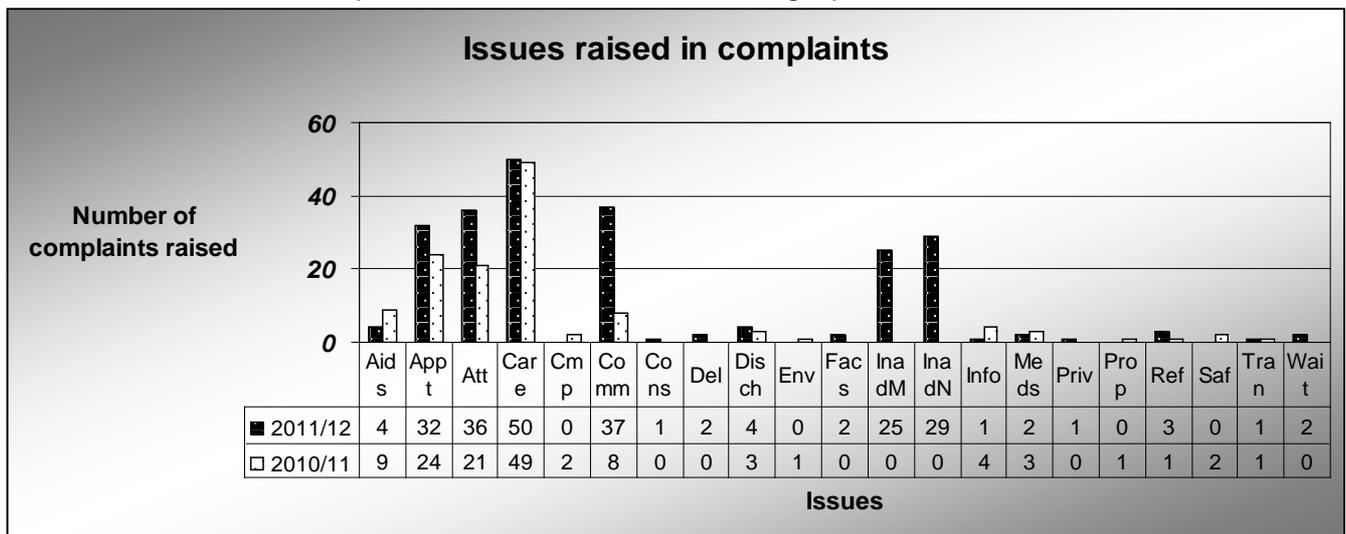


**Legend:**

CCDS	Combined Community Dental Services	N&T	Nursing and Therapies Directorate
C&F	Children and Families Division	Dir of Ops	Operations Directorate
A&C	Adults and Communities Division	LD	Learning Disabilities Services
BDH	Birmingham Dental Hospital	Rehab	Rehabilitation Services

It is important to note that the data for 2010/11 does not reflect the integrated services of Birmingham Community Healthcare Trust for the whole year.

The issues raised in complaints are summarised in the graph below.



**Legend:**

Aids	Aids, appliances, equipment	Facs	Facilities including parking
Appt	Administration of appointments	InadM	Inadequate medical care
Att	Attitude	InadN	Inadequate nursing care
Care	Care and treatment	Info	Information
Cmp	Complaint	Meds	Medication
Comm	Communication	Priv	Privacy & Dignity

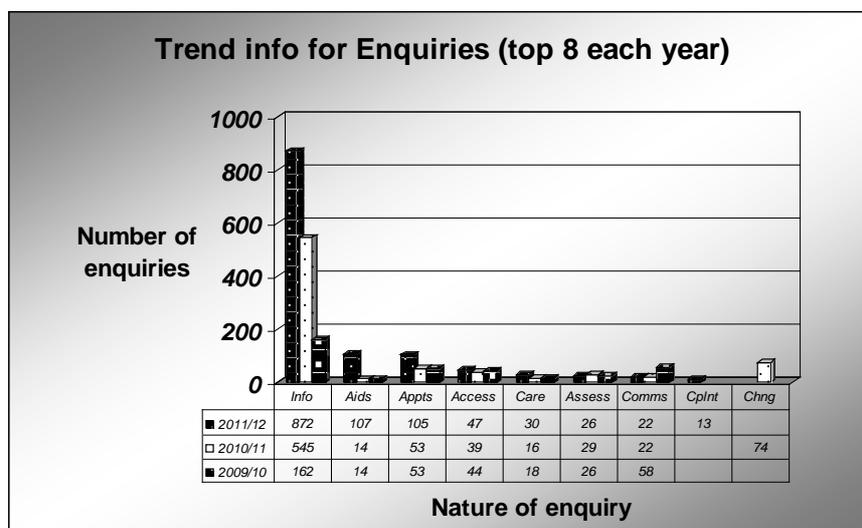
Cons	Consent	Prop	Property
Del	Delay diagnosis / treatment	Ref	Referrals
Disch	Discharge arrangements	Saf	Safety
Env	Environment	Tran	Transport
		Wait	Waiting times

## 5.2 Customer Services (formerly known as the Patient Advice and Liaison Service - PALS)

The Customer Services Team offer a confidential service to patients, service users, carers, relatives and families and the public when they have queries or concerns and either do not know who to ask or do not wish to raise the situation with a clinician or manager. The service includes a free-phone helpline, an email enquiry address, and also offers to meet and support people face to face to resolve queries or concerns. The service operates from 9 a.m. until 5 p.m. during weekdays although extends its operating hours as necessary to address specific activities or issues that require greater flexibility. All enquiries are logged onto the Trust Datix system.

During the year 2011 / 2012 **1820** entries were made onto the PALS element of Datix. This reflects enquiries and compliments where reported to the Patient Experience Team. Excluding compliments data, **1521** enquiries were received by the Customer Services of which **1264** (83%) related to Birmingham Community Healthcare Trust services.

### 5.2.1 Customer Service (PALS) reasons for contact



#### Legend:

Access	Access to services	Chng	Response to service change / development
Aids	Aids, appliances, equipment	Cplnt	Complaint
Appt	Administration of appointments	Comms	Communication
Assess	Assessment / treatment	Info	Information
Care	Clinical Care and treatment		

The main reason recorded for contact with the service is to seek information about services, people or facilities in the Trust. There are also frequent enquiries about aids, appliances and

equipment and to resolve queries in respect of appointments. Whilst queries cover a range of services, the following trends have been noted upon during the year:

- a) **Continence Service** – patients have continued to experience difficulties contacting the service and delivery of products. This situation has arisen following a change in the provider of continence products, and thus a change in contact details for the delivery service. Actions are being taken to address this ongoing situation.
- b) **Unable to contact services** - Patients have reported difficulties contacting services by telephone. This has been a particular problem at Birmingham Dental Hospital (BDH) and the Continence Service. A new phone system has been installed at Birmingham Dental Hospital which resolved some of the issues for patients and work continues to manage the volume of calls received each day.
- c) **Calls not returned** – a number of enquiries have been logged when patients have reported that they have not been called back as expected – either when promised by the service or when they have left a message on an answer phone.
- d) **Appointments** – there has been an increase in the number of patients contacting Customer Services to find out when they will receive an appointment. This does not reflect one particular service but a range of services across the Trust.

### 5.3 NHS Choices website feedback

We have continued to receive feedback from the NHS Choices website for our hospital sites. The information received relates to Birmingham Dental Hospital, West Heath Hospital and Moseley Hall Hospital.

Where feedback about services of BCHC is received it is immediately passed to the relevant Director or Associate Director for information and action where necessary. A response is logged on the website, often requesting the person to contact the organisation with more details to allow further investigation or resolution. The details of feedback are available on request and have been incorporated into the quarterly patient experience reports presented at Clinical Governance Committee.

In summary feedback included:

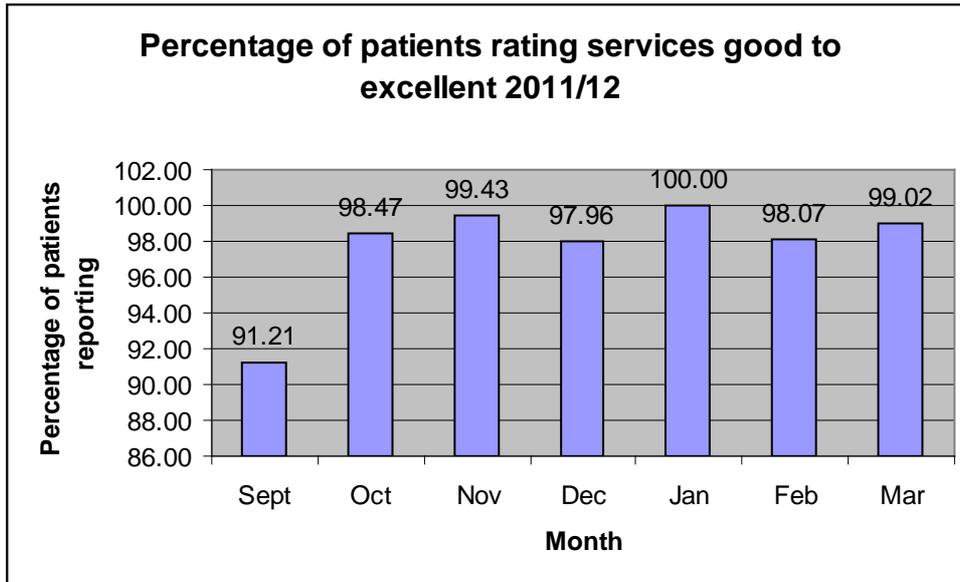
Birmingham Dental Hospital – 4 favourable comments and 5 mixed or unfavourable comments. Mixed comments were received about staff working with patients ('excellent' to 'less than friendly'), issues about parking facilities and to phone lines not being answered.

Moseley Hall Hospital – 2 mixed or unfavourable comments. Comments related to lack of cleanliness (one comment) and the need to update the Trust website with the correct telephone number (one comment).

Moseley Hall Hospital – Rehabilitation Unit 1 mixed or unfavourable comment re staff communication, environment and noise of other patients.

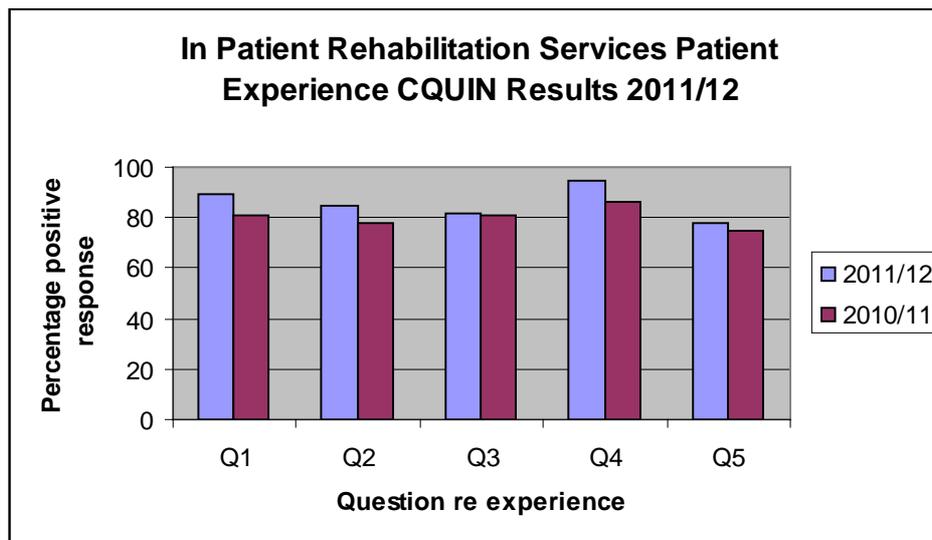
### 5.4 Patient Surveys

During the year a programme of patient satisfaction surveys was implemented across the Trust, with high levels of overall satisfaction being reported each month from September 2011.



**5.4.1 In Patient Rehabilitation Unit Patient Experience CQUIN results:**

The service was required to demonstrate an improvement on 2010/11 Patient Experience CQUIN scores for all questions and this has been achieved.



The questions asked were:

Question	Score (2010 scores in brackets)
1. On arrival, were you welcomed, introduced to people on the ward and given information about your stay?	89.47% (80.56%)
2. Were you given enough time to discuss your condition, worries and fears with healthcare professionals?	84.62% (77.78%)
3. Did staff clearly explain the purpose of any medication and side effects in a way you could understand?	82.05% (80.77%)
4. As far as you know, did hospital staff take your family or home situation into account when planning your discharge?	94.87% (86.11%)

5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	78.21% (75.00%)
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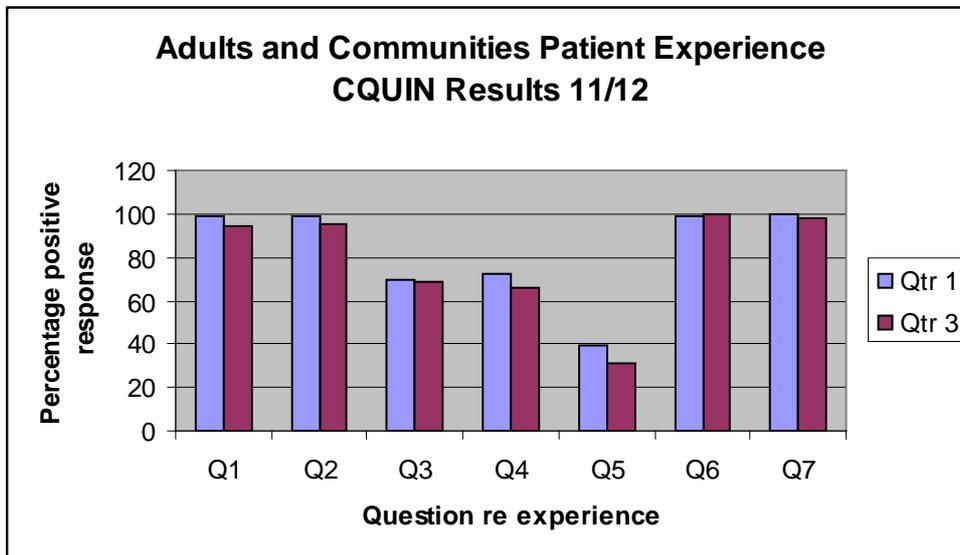
### 5.4.2 Adults and Communities Division Patient Experience CQUINS

Patient Experience CQUIN in Adults and Communities Services required in patient and community patient surveys to demonstrate improvements in reported experience / satisfaction from Quarter 1 to Quarter 3.

The surveys included the following services:

- Discharged inpatients
- Community Wound Care
- Community Diabetes
- Community Speech and Language Therapy
- Community Stroke

Quarter 3 results demonstrated scores were maintained or improved.



Questions asked were:

Question	Score (Q1 scores in brackets)
1. Have you been involved as much as you wanted to be in decisions about your care and treatment?	99.2% (94.8%)
2. Were you given enough time to discuss your condition with Healthcare professionals?	99.2% (95.3%)
3. Did staff clearly explain the purpose of any medication and side effects in a way that you could understand?	69.2% N/A 27.6% (68.9% N/A 24.1%)
4a. Do you know what number to contact / who to contact if you need support out of hours?	72.8% (65.9%)
4b. Did you get the help you wanted when you used this number?	39.7% N/A 57.2% (31.5% N/A 64.7%)
5. Overall, have staff treated you with dignity and respect?	99.2% (99.4%)
6. Overall, are you satisfied with the personal care and treatment you have received from community services?	99.6% (97.7%)

Action plans have been developed to make further improvements where required.

## 5.5 Patient and Public Engagement and Consultations

The Patient Experience Team worked hard during the year to develop new links and sustain and develop ongoing links with organisations and individuals, to underpin formal engagement activity. During 2011/12 the Trust undertook public consultations for the following:

- A new building for the **Learning Disabilities Services Birmingham Community Assessment and Treatment Service (BCATS)**. The plans to move and expand the existing service (currently based on the Greenfields site) to a new site in Bordesley Green. Public and patient feedback was generally very positive, with recognition of the need to create a new environment to provide assessment and treatment. Concerns raised through the public consultation related to car parking for local residents and for visitors to Heartlands Hospital.
- Plans to build a new **Dental Hospital for Birmingham** were taken a stage further during consultation on the proposed site in Edgbaston. Public feedback was generally very positive, with some concerns again relating to car parking for local residents and the impact of additional road-side car parking by patients during peak times.
- The Trust consulted patients and the public on its proposed **governance and membership arrangements** as part of its journey towards becoming a Community Foundation Trust. The Patient Experience Team supported the Membership Team and the Communications Team in seeking the views of patients and the public before finalising the membership and governance structure.
- The Trust consulted with **Carers** in Birmingham to help to identify the priorities for the Trust in supporting carers. From the information received during the consultation a draft Strategy was developed which led to further consultation with Carers before finalising for Board approval in 2012/13.

## 5.6 Compliments

During 2011/12 **279** compliments were reported and recorded on the Trust Datix system. It is highly likely that this captures on a small percentage of the compliments received by individuals and services across the Trust, and work is being done to encourage services to forward copies of written compliments to the Patient Experience Lead for the Division for recording. The number of compliments recorded for 2011/12 shows a significant increase in the number recorded for 2010/11 when only 68 compliments were recorded.

A few examples of these compliments are included below.

*'I really can't praise Mr ... enough. He is brilliant. He has made me a superb overlay part denture for my upper mouth. I have a repaired cleft palate so this was no easy task but the result looks good and feels superb. He is an excellent and patient teacher. He has taught me so much about oral hygiene and has persuaded me to leave my denture out at night, which no other dentist has managed to do. Add to this he is a lovely person and very caring.'*

*'Team Leader was fantastic. She explained what was meant by questions on the assessment. Team Leader engaged with my son on his level and allowed him to choose the activity. A very friendly, approachable yet professional manner throughout the appointment.'*

*'We want to thank the CDC/ staff for the support and love they have given to us. We love you all and shall never forget the good times we had. Team brought positive changes to our lives.'*

*'Excellent service - puts mind at rest - a quick and efficient way of help and no waiting around in a busy hospital. Thank you'*

*'All round this service is excellent. I was so happy that I didn't go to hospital. All the nurses were marvellous; they explained everything to me and made me feel at ease. I would like this service again when needed. It's just fantastic that I could stay at home. I think being at home helped me get better quickly otherwise I would have been stressed out in hospital'.*

*'Staff have the right approach to my son's needs and seem to be naturals at it. I am impressed and I don't say that very often! So well done! Staff also listen to the main care giver, taking it in-BRILLIANT! You have the right staff with the right qualities – patience, listening, understanding'.*

*'I would like to express my appreciation, especial thanks to ... the District Nurse to whom fell the arduous and time consuming task of removing the embedded sutures. She treated my mother with the utmost care and gentleness; her manner and professionalism were exemplary'.*

*'Look what your skill, knowledge, magic and hard work has done. Rugby Update. Last night I played touch rugby, it was only the second time ever, the first time being last week. I stopped playing rugby in 1984 when I was 16. OMG we were soaked to the skin in seconds - a monsoon on August the 1st. It just kept raining. Luckily it was warmish, still I had to keep taking my t-shirt off to wring it out it was that soaked. It was 9 a side last night, I'm still slipping in my shoes on wet grass, Blades on order off ebay. I'm playing out on the wing to avoid accidental collisions and for some space to run into. Sussing the game more now, hold your place in the line - attack and defend in an organised line and let those with more secure footing create breaks. The 5th tackle had been made - which meant we could kick - on my left the kick went ahead of me into space behind the defence and over the try line - the kicker had seen me, the space and the chance - all I had to do was to stay onside as he kicked and be first to ground the ball to score. The last time I scored a try with a rugby ball was probably March 1984, now the record books will show 1st August 2011 - I made it just. Not the sort of try I'm used to, being a former scrum half, I'm more used to little snipping runs, darts and weaves on my way to the try line, however in the conditions and with a near 3 decade drought I'll take it happily :) Even the coach shouted "that's your first in 30 years!" Cheeky \*\*\* 27 years actually. I came close again in the second half but was tackled as I dived over the try line and so the try was not allowed. This is fun :) Stiff legs this morning but a huge smile. Now I can't wait for next Monday night. Dr ... - I assure you it is touch rugby, a non contact form of the game, I would not risk your amazing work. Thank you so much. Best wishes to you and your team'.*

*'Fab hospital! Helpful, happy, smiley staff. ... has helped me get my walking back and improve my life. An inspirational place to come as a patient'.*

*'.....Despite not thinking or feeling it a couple of months or so ago, the changes to my mobility that you have brought about (with some input from me! – but you are PRIMARILY the one who has made the improvements possible!!) are ABSOLUTELY MAKING AN ENORMOUS POSITIVE DIFFERENCE to my life as a whole! – THANK YOU MOOOOOORRRREEEEEEEEEEEE THAN I CAN EXPLAIN!! for facilitating this difference! – there aren't many the world! who are able to do that! – which makes you and your team INCREDIBLY SPECIAL !.....!'*

*'First I would like to express my families thanks to the 'staff' involved .... My mother in Law, recently spent nearly 3 weeks on this unit and we met many extremely caring people involved*

*in her stay. After years of meetings with various professionals, since ... diagnosis of dementia, and therefore many professionals with 'varying' degrees of knowledge of the illness too, it was extremely welcoming to meet staff with the knowledge and understanding of this illness, both of the patient and the family carers. Especially .... and ..., both who should be applauded and rewarded for their work! They both showed care and commitment to their roles and helped with any questions we raised extremely well, and more importantly really did care too! It was not just the case of 'doing their job' but more a case of understanding the needs and wishes of all concerned, whilst giving professional advice in a manner that meant difficult decisions, for all concerned, could be made'.*

### **5.7 Mystery customer programme**

Some services have benefited from asking Mystery Customers / Mystery Patients to provide feedback on services. Where members of the Public Involvement Action Group have accessed services, they have been asked to give feedback on their experience, in the Podiatry Service a patient has been invited to comment on their experience from referral through to treatment. The feedback is currently being utilised by service managers to review service delivery and to identify where improvements may be possible. Mystery Customer / Patient programmes are being planned with and for other areas / services of the Trust.

### **5.8 Being Open Meetings**

The Trust is committed to the principle of openness and of having open and honest communication with patients and people with parental responsibility. The commitment to openness extends to carers or relatives with the expressed consent and permission of the patient to ensure the patients' rights are advocated and confidentiality adhered to. In accordance with the Trust Being Open policy, five meetings / conversations were recorded by the Patient Experience Team and led to improvements included in section 6.1 below.

## **6. Themes and trends of feedback, action taken and learning shared (triangulation of data)**

Patient surveys indicate a high level of patient satisfaction with services, and many positive comments are received about staff who provide excellent care and treatment. On the occasions when patients feel services and staff have not met their expectations the issues raised related to **a) care and treatment b) communication and staff attitude c) appointments / administration of appointments d) access to services by telephone (due to incorrect information and / or lack of system capacity) and calls not returned.**

There is no clear correlation between where these concerns have been raised and the essential care indicators for the areas. The relationship between Essential Care Indicators and patient feedback will continue to be monitored by triangulation of the data available for each, and reported in the Patient Experience quarterly reports to Clinical Governance Committee and the Trust Clinical Forum.

In order to improve patients' experiences, the Trust continues to support staff development in communication through customer care and Icare training, patient experience programmes, coaching and mentoring and through bespoke training for teams. Icare is the acronym and title given to a Patient Experience Programme developed by Yeovil District General Hospital NHS Foundation Trust. The acronym is formed from 'Individual, Care, Attitude, Respect, Environment'.

## 6.1 Actions taken as a result of feedback

Listed below are some of the actions taken as a direct or indirect result of feedback:

- redesign of speech and language therapy service
- development of a centralised booking service
- investment in a new telephone system for Birmingham Dental Hospital
- focussed training for specific groups of staff identified through complaints
- recruitment to vacancies
- recommendation for community teams hold a 'buffer stock' of essential / commonly used equipment such as urine bottles to avoid the risk of delays and inconvenience / distress for patients
- terminology and re-phrasing of response letters to complainants to ensure clarity
- re-phrasing of appointment letters at Birmingham Dental Hospital
- change of envelopes at Birmingham Dental Hospital to reduce the risk of envelopes being posted without appropriate franking
- 'Matron's Cards' made available around the hospital sites
- review and update signage at various sites
- change answer phone message to include information about service opening times where appropriate
- update in-patient 'Welcome Information Pack' for Moseley Hall Hospital, West Heath Hospital and the Sheldon Unit
- introduction of Welcome Packs for other in patient units
- Care Rounds introduced and patient feedback sought
- Roll out discharge leaflet to in-patient units where this is not in place.
- Provide greater clarity of service criteria
- Improved handover between shifts
- Raise awareness of PALS service on wards
- Staff training re how to respond to patients with suggestions for change
- Consideration for how and if a choose and book approach could be implemented at Birmingham Dental Hospital

## 7. Carers Support Service

The Trust provides a range of Carer Support Services including a health respite service, a short breaks service (in the learning disabilities service), a children and families respite service and Carers Support Team.

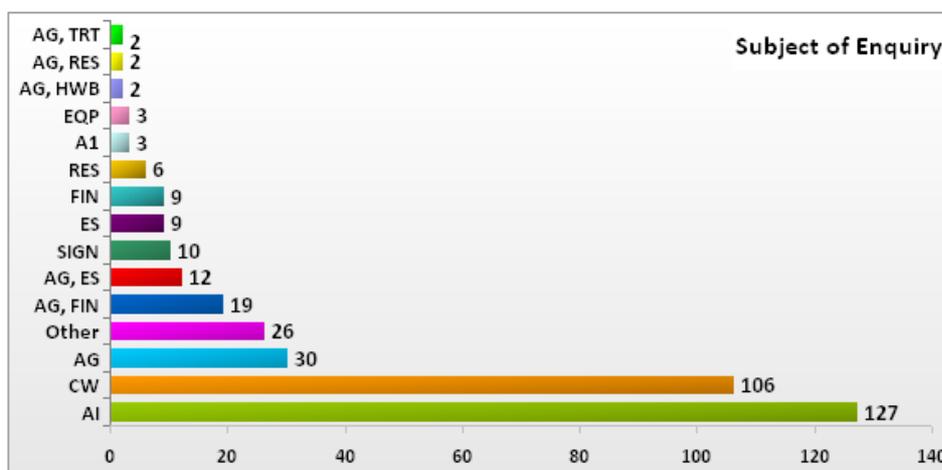
The Carers Support Team, part of the Patient Experience Team aims to improve carers' physical and mental health through the provision of information and support thus enabling carers to make choices, take up services and relieve their social isolation. This includes:

- Home visits to assess carers home situations and provide relevant information, make referrals and encourage carers to look at their own often neglected health and social needs
- raise awareness of carers issues and needs to other service providers via exhibitions, training sessions and presentations
- a "listening ear" to carers as often the first professional to ask the carer about their life and health
- act as a link between the carer and those who provide services to them; signpost to other services, both internal and external, as appropriate

- work in partnership with carers and the wider community to encourage carers to establish their own groups across the south central and west of the city so providing equitable services and to encourage a flow of information and consultation between carers and Birmingham Community Healthcare Trust

The following information relates to service activity for the second half of the year (the team began using the Patient Administration System (PAS) part way through the year for data collection purposes):

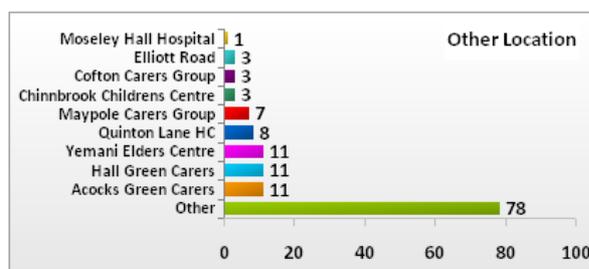
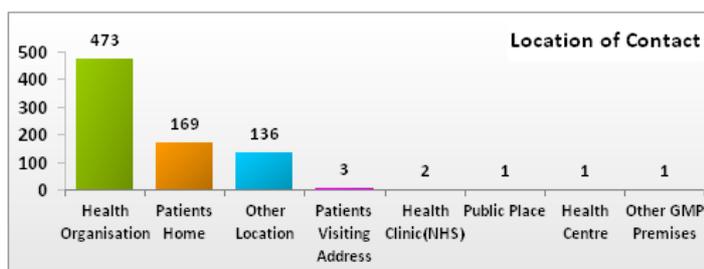
Referrals Report			Contacts
New Referrals	Closed Referrals	Open Referrals	Number Of Contacts
405	253	155	786



**Legend:**

AI	Advice and Information	ES	Emotional Support
CW	Casework	RES	Respite
AG	Advice and Guidance	EQP	Equipment
FIN	Finance	TRT	Transport
SIGN	Signposting		

In addition to the individual contact with carers outlined in the graph above, the service provides input and support to 8 carer groups around the city in which they engage with carers in a group setting providing information and listening to / responding to concerns. Contact with carers has been made from the following locations (Health Organisation includes contact made with carers from the team office base at West Heath Hospital):



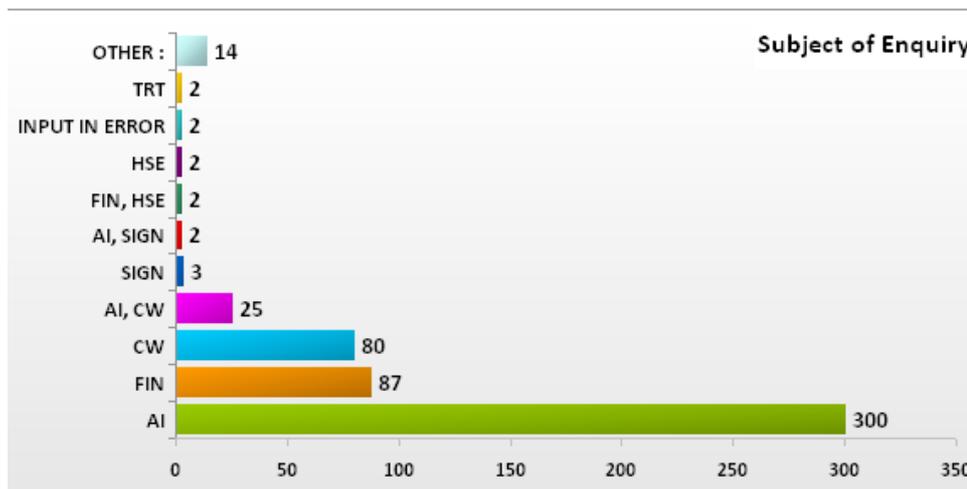
## 8. Patient Information Service

The Patient Information Service provides patients with information and advice on matters such as benefits / grants, housing, employment, leisure and transport. The service is available to patients across the Trust, although the majority of the team's work remains in the specialist services division, and in particular the Rehabilitation Services.

The following information relates to service activity for the August 2011 (the team began

Referrals Report			Contacts
New Referrals	Closed Referrals	Open Referrals	Number Of Contacts
563	391	173	642

using the Patient Administration System (PAS) part way through the year for data collection purposes):



### Legend:

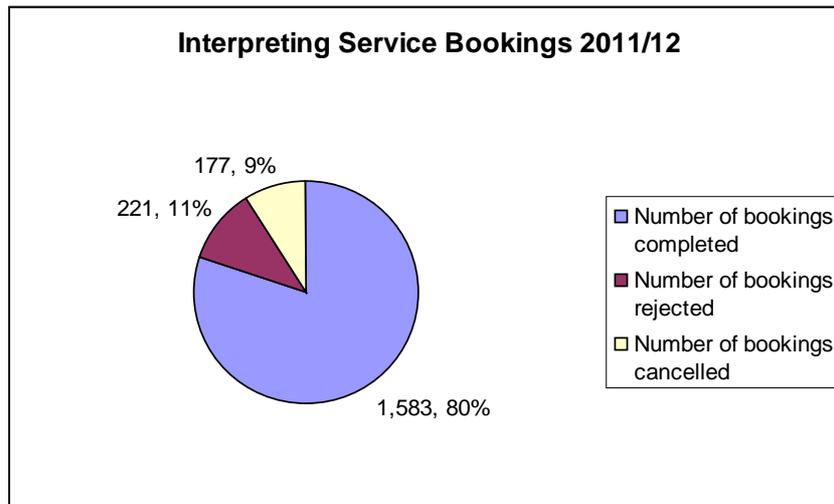
AI	Advice and Information	FIN	Finance
CW	Casework	SIGN	Signposting
HSE	Housing	TRT	Transport

## 9. Interpreting Service

The Interpreting Team consists of 6 staff, based at Aston Health Centre, and provides interpreting support to patients and carers accessing services provided by the Trust. The team are also supported by Bank Interpreters. The languages covered by the team are Urdu, Punjabi, Mirpuri, Bengali, Gujarati and Hindi. The team received bookings via BILCS (Birmingham Integrated Language and Communication Service) until September 2011, at which time a decision was made by the BILCS Service to discontinue bookings with the Trust's interpreting service. As a result of this the team took time to promote the service to clinical teams within the Trust and circulated leaflets and posters about the service.

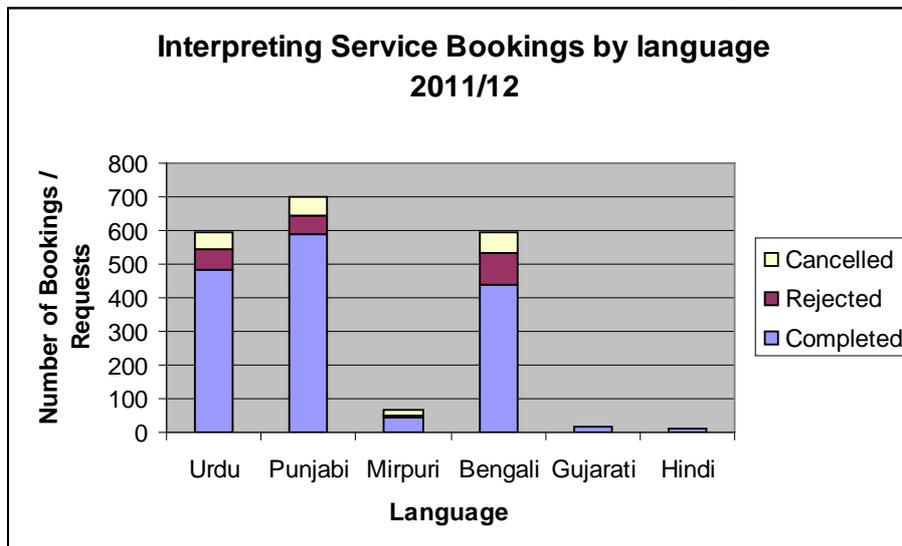
### 9.1 Bookings

1,981 requests were received by the service during 2011/12 and 1,583 of these accepted. A high level of rejected bookings (221) was due to lack of availability of interpreters of the required language. A further 177 bookings were cancelled by the clinician due to the appointment being cancelled by the patient or the clinician.



## 9.2 Bookings by Language

The following provides information for the uptake of the interpreting service by language.



## 9.3 Priorities for the Interpreting Team in 2012/13

- From April 2012 four additional Bank Interpreters will be recruited with particular emphasis on covering afternoon clinical appointments. Historically this has been difficult for the Interpreting Team as the majority of the staff work part time.
- The team will continue to promote the service within BCHC by visiting clinical teams to explain what is available through the Interpreting Team.
- We will work with clinical team leads to identify opportunities to support specific clinics across the organisation.
- Identify and move to a new team base by summer 2012.
- Further support Patient Experience activities such as engagement/consultation, assisting with the complaints management process, supporting the Patient Experience Officers (formerly PALS), undertaking surveys where a patient's first language isn't English, and supporting the training delivered by the Patient Experience Team.

## 10. Volunteers

There are currently 64 active volunteers working with the Trust, and a further 13 volunteers going through the process of appointment. Volunteers work in a variety of settings within the Trust including In patient rehabilitation (INRU buddy volunteers), Chaplaincy, in patient wards, psychology, lymphoedema service, Moor Green, Cardiac Rehabilitation, Assessment and Treatment Service (Adults and Communities), Kingswood, Carers Support, West Midlands Rehabilitation Service and the Patient Experience Team.

Following a presentation at a Board Development Session a strategy is in the process of being developed to confirm the Trust's aspirations for involvement of volunteers and the variety of placements available to potential volunteers. Volunteers can prove an invaluable asset to services and teams and the co-ordinator within the Patient Experience Team will continue to work with Divisions to support existing volunteers and offer placements to new volunteers.

## 11. Production and archiving of Patient Information

The team provides support to teams and services when developing and producing patient information (for example the development of service leaflets). An audit of patient information provided across the Trust is conducted every two years with an audit of progress against the agreed action plan from the previous audit conducted in the intervening year. This gives the Trust assurance of the quality of information provided to patients.

## 12. Assurance

The Board is given assurance of the organisation's responsiveness to patients and the public through a variety of means including:

- **Patient Experience monthly performance reports** – the Patient Experience Team provides monthly reports of patient survey activity and patient satisfaction, giving an indication of whether there is any change in the high levels of patient satisfaction in the Trust
- **Patient Experience Quarterly reports** – a quarterly Patient Experience Report is provided and presented to Clinical Governance Committee, Trust Clinical Forum, Quality Governance and Risk Committee, and an Annual Report presented to Board.
- **Executive safety walkabouts** – Executive and Non-Executive Directors visit service areas and listen to staff about their experiences of working with patients, the challenges they face and the things that they are most proud of. Visiting executives and non-executives have data about PALS, complaints and patient surveys for the area prior to the visit, in addition to other governance information to aid the discussion.
- **Monthly Patient Experience presentation at the Board Development Session** - each month the Board receives a short presentation connected to patient experience at its Board Development Session. During 2011/12 the Board received presentations about an end of life experience of a carer of a patient of the District Nursing Service, two volunteers, patients of the BCATS service (Learning Disabilities Birmingham Community Assessment and Treatment Service) and a long-term patient of Birmingham Dental Hospital.
- **Customer Service Excellence (CSE)** – the Trust has achieved the Customer Service Excellence Award in all Divisions and corporately. This award offers public services a practical tool for driving customer-focussed change within the Trust and tests areas that research has indicated are a priority for customers, with particular focus on delivery,

timeliness, information, professionalism and staff attitude. There is also emphasis on developing customer insight, understanding the user's experience and robust measurement of service satisfaction.

- **Care Quality Commission (CQC)** – the Patient Experience Team have worked with colleagues within Divisions to identify how the Care Quality Commission outcome 1 can be evidenced. The Patient Experience Team have provided support to teams and services where required in the Trust following CQC visits

### 13. Summary

In summary, it has been possible to measure the experience of patients during 2011/12 through a variety of means including compliments, patient surveys, complaints, customer service enquiries (PALS), mystery customer feedback and consultations. It is evident that patient satisfaction is very high and with systems in place to ensure patient satisfaction in measured in a variety of ways (including satisfaction rating and the net promoter score); this data is more readily supported by supplementary measures. In the second half of the year over 2500 patients participated in satisfaction surveys, with 98% of patients rating services from good to excellent. The Trust also achieved compliance with all the patient experience CQUINs (for in patient services, for community services and for In Patient Neuro-Rehabilitation Services).

The Trust received 232 complaints about services, providing valuable opportunities to learn and make improvements where necessary. Overall the number of complaints in 2011-12 equates to 1 complaint per 10,000 contacts.

279 compliments received by services were forwarded to the Patient Experience Team for recording in this period.

The themes and trends identified during the year were as follows:

- a) Care and treatment
- b) Communication and staff attitude
- c) Appointments / administration of appointments
- d) Access to services by telephone (due to incorrect information and / or lack of system capacity) and calls not returned.

Some of the actions taken to improve services are included in section 6.1 of this report.

### 14. Priorities for 2012 / 2013

- 14.1 Implementation of the Strategic Health Authority Ambition 5 'Creating a Patient Revolution'** – this involves using and reporting on a 'Friends and Family' test question within patient surveys. The 'Friends and Family Test' comes from other sectors including industry and retail, and is based on loyalty as a key indicator of high quality service provision – if a person feels a service they have received is good enough to recommend it to someone who is important to them, then they must consider the service to be good. It is also known as the 'Net Promoter Question' or 'Net Promoter Score'.

From the end of 2011/12 the Net Promoter Question will be included in patient surveys whenever appropriate and possible (for example, the question is not considered appropriate for children and young people to respond to), and one of the Patient

Experience CQUINs for 2012/13 includes weekly reporting of Net Promoter Scores by ward for all in-patient discharged patients and for these scores to be discussed by Trust Board. A priority for 2012/13 will therefore be to ensure systems and processes are in place to ask patients for their feedback at the point of discharge, and for the data to be reported weekly and discussed monthly, with improvements made where appropriate. From September 2012, the Net Promoter results will be included in the Safety Thermometer data collection and reports.

- 14.2 CQUINs** – there will be several Patient Experience CQUINs for the Trust in 2012/13, and the Patient Experience team will work with Divisions to identify and provide the level of support required to achieve the CQUIN.
- 14.3 Technology** – the Patient Experience Team will work with the Divisions to encourage an increase in the use of paperless methods for collecting patient feedback. Whilst it would not be appropriate to rely solely on an IT solution for all patient feedback, where it can be used, the team will work to support colleagues, patients and carers to do so.
- 14.4 CRES (Cost Reducing Efficiency Savings)** – the Patient Experience Team will work with colleagues to achieve the CRES requirement for Nursing & Therapies. This will include a review of the workload and infrastructure required for the team to undertake the work.

## 15. Appendices

### Appendix 1 – Abbreviations used in this report:

BCHC	Birmingham Community Healthcare Trust
BILCS	Birmingham Integrated Language and Communication Service
CQUINS	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRES	Cost Reducing Efficiency Savings
CSE	Customer Service Excellence Title given to a Patient Experience Programme developed by Yeovil District General Hospital NHS Foundation Trust and is an acronym formed from 'Individual, Care, Attitude, Respect, Environment'
ICARE	
INRU	In Patient Neuro-rehabilitation Unit
KPI	Key Performance Indicator
LD	Learning Disabilities Service
LINKs	Local Involvement Networks
NLP	Neuro-linguistic programming
NPS	Net Promoter Score
PALS	Patient Advice and Liaison Service
PIAG	Public Involvement Action Group
Rehab	Rehabilitation Services