Meeting of
Lanarkshire NHS Board
27 January 2010

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**SUBJECT: BETTER TOGETHER –
THE NATIONAL PATIENT EXPERIENCE PROGRAMME**

1. PURPOSE

To update the Board on progress being made with the implementation of Better Together, the national patient experience programme, and the local approach to gathering and utilising patient experience data.

2. THE NATIONAL PROGRAMME

The national Better Together programme aims to gather consistent patient experience data in order to inform service improvement. Initially the programme is focusing on:

- A centrally co-ordinated and funded postal survey sent to approximately 500,000 people across Scotland during November 2009. The survey tool combines questions from the GP access survey carried out by GP Practices in 2008 with a wider range of questions about patients' experience of access, the practice and consultations. The results, to be published in summer 2010, will be by individual GP Practice.

- A postal survey to invite the views of patients admitted to acute hospitals using a nationally developed survey tool. The survey will be issued across Scotland in January 2010. In NHS Lanarkshire it will be sent to approximately 2800 patients by a contractor appointed from an approved list drawn up by the Scottish Government Health Directorate. Following a mini-competition NHS Lanarkshire has appointed Quality Health to conduct this work on its behalf. Patients who receive the survey will have the opportunity to complete it online or by telephone and a helpline will be available for any individual who needs further information or communications support. Results will be published in July 2010.

- The Scottish Government is continuing to explore the opportunities to gather the experiences of patients with a long-term condition and is engaging with patients' and voluntary groups to scope this work.

3. THE LOCAL APPROACH

Seeing services as our patients see them is key to making real and lasting improvements. This approach has obvious synergy with the developing national Quality Strategy and its local counterpart Clinical Governance Strategy – the Board's "Strengthening Quality in Lanarkshire". The work to gather patient experience can be broadly stated as operating at two levels:

Firstly, small-scale surveys and patient narratives which take place during the course of the year and lead to small, rapid changes to practice. This is currently happening in, for example;

- The senior charge nurse programme ("Leading Better Care") to improve patient experience on the wards in a more immediate way. Further details of this work are given in annexe A.
- Work undertaken by managed clinical networks.
- The Scottish Patient Safety Programme and LEAN.

Secondly, a more strategic approach linked to the organisational cycle. One product of this approach should be an annual overview of and statement on what the patient experience is, the results of which could inform organisational objective setting and be incorporated in the Board's annual report.

4. SAFEGUARDS ON THE USE OF INDIVIDUAL PATIENT EXPERIENCES

NHS Lanarkshire gathers a wide variety of illustrations of patient experience or professional practice. These illustrations are important for connection with those we seek to serve, to inform service improvement activity and for good governance in that they keep us in touch with the realities of people's lives and service delivery. These illustrations are gathered by a wide variety of individuals and groups and used in a wide variety of ways.

As part of the patient experience work we have been attempting to co-ordinate this activity so that we would have a recognised approach throughout the Board, the outputs of which would feed into the Board's

organisational cycle, most notably the annual setting of objectives and the annual report.

The process of gathering and then disseminating such illustrations requires an appropriate level of confidentiality and cognisance of the potential impact the illustratations might have on other agencies' work.

The following outline principles are being developed and tested with a view to the Corporate Management Team agreeing a protocol in the near future such that we can take account of sensitivities but still use the power of these illustrations in the work described above:

- The Caldicott and data protection standards should be observed
- The same standard should be met no matter what the purpose of the illustration i.e. there should not be a different internal standard to that which may be considered necessary if the individual experience was made public
- Where other agencies have an active interest in the case, its use should be delayed until agreed
- Where a case is subject to criminal investigation or civil legal proceedings (e.g. a legal claim for damages) its use should be delayed until agreed with Central Legal Office
- Wherever practical; agreement to obtain and use the portrait should be obtained from the individual. This may be impractical in difficult situations involving child protection or other similar cases but entirely sensible for patient stories being presented at conferences

5. CONCLUSIONS

The Board is asked:

- To note progress with the national Better Together programme.
- To agree that patient experience data gathered during the course of each year (from national and local surveys, focus groups and patient narratives) be published as an annual statement and incorporated into the setting of organisational objectives and the Board's annual report.
- To note that a 'breakfast briefing' on the surveys and patient narratives to take place before the June or July Board meeting is being considered. This would involve the Board itself and key stakeholders such as the Public Partnership Forums.
- To note that a further report will be provided in six months' time.

6. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact: Paul Wilson, Executive Director of Allied Health Professionals, Nurses and Midwives, 01698 206349 or Shona Welton, Head of Patient Affairs, 01698 245197.

Paul Wilson
Executive Director of AHPs, Nurses and Midwives
January 2010

Annexe A

Senior Charge Nurse Programme: “Leading Better Care”

Senior Charge Nurses/Team Leaders are in a unique position within the care environment to influence and promote high quality nursing care, irrespective of where that care is delivered. However the means to evaluate quality and recognise good practice in the past have been either poorly devised or have provided little information through which the Senior Charge Nurse/Team Leader could take meaningful action.

Leading Better Care (2008) reiterates this view, noting that Senior Charge Nurses/Team Leaders need to be enabled to maximise their contribution to delivering safe and effective care. It highlights 4 key aspects which provide a framework within which senior charge nurses / team leaders will work. One of these key aspects is particularly concerned with “Enhancing the Patients’ Experience of Care. The Better Together programme also emphasises the need for continuous quality improvement relating to patients experience of care

As part of these national strategies the need to provide mechanisms through which Senior Charge Nurses/Team Leaders can account for the care delivered within their area of responsibility has been highlighted as a key action to be taken forward. As part of the local Better Together implementation plan an indicator of quality has been developed as part of a variety of tools used to elicit patients experience of care.

The purpose of the indicator of quality is to assist the Senior Charge Nurse and their teams to get rapid feedback against key performance measures. These measures utilise the same quality improvement methodologies as are identified within the Scottish Patient Safety programme and the national Clinical Quality Indicators.

The areas which are included within the indicator of quality are identified below:

Arrival to Clinical area	Admission to Clinical area	Eating and drinking	Staff handovers / ward rounds
Interventions	Personal Hygiene	Pain control	Medicines Management
Mobilising / sleeping	Visiting times / communication	Discharge	[1]Bereavement

Whilst it is recognised that all these elements are important, the practicalities of assessing the experience of care of all elements at one time have led to a sampling framework being developed (Appendix 1).

Currently the tool is going through a testing phase. It is being tested in the areas where there is activity in relation to Releasing time to Care (Appendix 2). The Practice development facilitators will explore the same area of the quality indicator each month, testing for appropriateness, transferability, usability, the quality of the information that it gives the Senior Charge Nurse, and ease of use for the senior charge nurse to bring about improvements. It was agreed that the practice development facilitators should undertake this role as one of the proposals for roll out would be that this could be an activity which trained volunteers could undertake.

The results of the test period are due to be reported back to the local Better Together group in March 2010.

[1] At present this is still being reviewed as to appropriateness and usability.

Appendix 1 Sampling Framework for Patient Experience clinical quality indicator

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Arrival												
Admission												
Eating & Drinking												
Staff Handovers Ward rounds												
Medicines												
Pain control												
Personal hygiene												
Intervention												
Mobility												
Sleeping												
Visiting times												
Communication												
Discharge												
Death / Bereavement	**Ad hoc when timing appropriate**											

Appendix 2: Ward areas where this work is being tested

Ward area	Specialty	Ward area	Speciality
Monklands ward 20	Care of Elderly	Hairmyres ward 19	Acute mental health admissions
Monklands ward 21	Care of Elderly	Hairmyres ward 20	Acute mental health admissions
Monklands ward 22	Care of Elderly	Hairmyres ward 18	Care of Elderly
Wishaw ward 15	Orthopaedics	Hairmyres ward 16	Care of Elderly
Monklands ward 24	Acute Mental Health Admissions	Hairmyres ward 15	Care of Elderly
Monklands ward 25	Acute mental health admissions	Lockhart Hospital	Community Hospital
Wishaw ward 1	Acute mental health admissions	Monklands ERU	Emergency Medicine
Wishaw ward 2	Acute mental health admissions	Monklands A&E	Emergency Medicine
Monklands ward 14	General Medicine	Monklands 15	Oncology
Monklands ward 16	Dermatology	Monklands ward 1	Renal
Monklands ward 2	Infectious diseases		