Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

9th September 2014

TITLE	**Progress Report**
EXECUTIVE SUMMARY	The paper provides a progress update on four current Trust matters which the Governors were appraised of at the Council meeting in June: 1. A&E performance; 2. Complaints Procedure; 3. Staff engagement; and 4. Outpatient experience. The paper provides an update on progress since this time.
The Council is asked to:	Note and discuss the report.
Submitted by:	Valerie Bartlett, Deputy Chief Executive Heather Caudle, Acting Chief Nurse Louise McKenzie, Director of Workforce Transformation
Date:	September 2014
Decision:	For Discussion

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Progress Report

In accordance with request from the Governors the enclosed report provides an update on four key trust matters:

1. A&E performance;
2. Complaints Procedure;
3. Staff engagement; and
4. Outpatient experience.

1. A&E 4 Hour Performance

Performance

Monitor have an operational standard of 95% for patients being seen and discharged within 4 hours, which is used to ensure patients are treated efficiently. Ashford and St. Peter's Hospitals NHS Foundation Trust met the standard throughout Q1-Q3 2013/14, although was non-compliant in Q4 of last year. The Trust is pleased to report a return to a compliant position in Q1 2014/15 with performance for the quarter recorded at 95.23%.

In April, the Trust was pleased to record its best performance against this standard since August 13/14; the Trust also recorded the lowest number of breaches in eight months with the figure representing less than half the number of patients compared to April 2013/14.

Attendances at A&E have been extremely high over the past few months with in excess of 8,000 attendances per month, which are higher than levels seen during the 2013/14 winter period. July was particularly challenging especially with the high temperature heatwave, where the Trust had to implement its highest escalation on numerous days to cope with the demands of emergency care.

The Trust saw a consistently high number of re-attendances for the second successive quarter, remaining over 5% for each individual month of Q1. We also experienced an increase in attendances via ambulance throughout Q1 suggesting an increase in the acuity & frailty of presentations at A&E. However the Admissions conversion rate from A&E have remained in the region of 22%.

Emergency Care Pathway Improvement Programme

The Trust continues to focus considerable attention and resources on its emergency care pathway and also continues to engage in weekly dialogue with its local Clinical Commissioning Group and health system partners.

In recent years, ensuring the 4-hour standard is achieved and patients are seen and treated quickly in the A&E department has required a high level of financial investment. Specifically, investment in additional 'escalation' beds and more recently an improvement programme to the Emergency Care pathways.

The Trust implemented an Emergency Care Pathway Improvement Programme providing improvements to the Emergency Care pathways. Five clinically-led workstreams have been developed, with four currently being implemented:

(1) A&E Process Redesign - with the Aspiration to complete all assessment, treatment and onward care decisions for A&E patients within 2 hours.

(2) A&E Workforce Redesign - to ensure the medical, nursing & admin skill mix is comprehensive & available.

(3) Acute Hub - implementation of an Acute Hub with improved patient flow pathways for Medical Take, Older Persons Assessment & Liaison (OPAL) & Ambulatory Care to expedite senior assessment to the front of patient pathways.

(4) Consultant Led Ward Care - newly defined principles for Consultant-led ward care (with criteria-led discharge) to support early preparedness for patient discharge.

(5) Ashford Hospital Strategy - is currently on hold whilst NW Surrey CCG undertake a review of rehabilitation and reablement across NW Surrey.

Staff morale and overall experience are also impacted by the challenge to meet the 4-hour standard. At times when achieving the standard is most challenging, the pressure on existing resources and the additional capacity required will often result in staff working extra hours for extended periods. These pressures are not limited to the A&E department as achieving the standard requires delivery throughout the emergency care pathway.

The hospital site remains busy with high numbers of non-elective & elective admissions as a result of the on-going work to support RTT 18 week pathways. The level of elective activity has been rising in line with improved plans to reduce the backlog over the summer to regain compliance by Q3.

Performance Analysis

When comparing attendances at A&E for the first 4 months of financial year 2013, compared to this financial year, we have seen a 3% daily increase, equating to on average an additional 7 patients attending A&E per day.

When comparing admissions via A&E for the first 4 months of financial year 2013, compared to this financial year, we have also seen a 3% daily increase, equating to on average an additional 2 patients being admitted via A&E each day.

The Trust's non-elective Average Length of Stay during the first quarter of 2014 has been consistently lower than 2013 Q1 at 6.59 days compared to 6.92 days last year.

Performance Recovery

To recover from the difficult conditions (& below target performance) recorded during July, the Trust has set itself an internal stretch target for August & September to encourage attainment of the A&E 4 Hour Performance target for Q2.

Future Planning

Detailed breach analysis and A&E throughput is jointly underway with our CCG colleagues to consider opportunities for;

- Attendance & Admission Avoidance (using health system partners)
- Early Supported Discharge, &
- Planning for future provision of Urgent Care Networks

2. Complaints Procedure

This below provides an update on the actions outlined in the paper that was presented to the Council of Governors in June 2014.

1: The systematic review of the behaviours, practices and processes around complaints handling has begun and at present the work being undertaken is around defining and describing the problems. The Chief Nurse Project Lead has had meetings with most of the key people involved in the current complaints process and already bottlenecks and system failures are being identified.

Process mapping has been undertaken to establish exactly what steps are within the current complaints process and to begin to see where quick fixes can be swiftly implemented in order to improve the patient experience. An example of this is a more efficient and empathetic triage of PALS and Complaints by the most senior member of staff, which would allow more flexibility in communicating with the person complaining.

The next step of the review is to describe the current behaviours from all stakeholders, both internal and external, including patients and their relatives who have cause to complain. Formally structured one hour interviews will be held with as many stakeholders as possible in order to produce a full, qualitative and quantitative assessment of the current state. This will include identification of feelings and behaviours and an analysis of how they impact on colleagues and patients. A consistent message s that a culture of welcoming feedback both positive and negative should be encouraged and we as an organisation need to appreciate and be mindful of the time and effort taken by complainants to communicate about their actual experience and the feelings that that generated. This is hugely valuable to us and is vital that we respond with compassion and learn from our mistakes.

“A Complaint is a gift of feedback from a service user” (Mike Bird, Leading Edge Customer Service Expert, 2014)

2: A working document giving guidance about the complaints procedure has been developed and circulated recently in order to cover the transition period before the Chief Nurse Lead Review is complete and a new policy has been established. Currently a standard operating procedure document is in place which can be flexibly updated as the review continues in order to embed best practise as soon as possible.

3: The Patient Experience Team has been brought together into one department near the hospital main entrance at St Peters and environmental works are underway in order to improve in particular the soundproofing between rooms and generally update the premises.

4: The role play workshop has been held and followed up with a review meeting where the templates for the Chief Executive Final Response letter have been looked at and will be changed to reflect the tone of the complainants initial correspondence and to enable a more flexible and empathetic response. The project steering group consisting of the Chief Nurse Project Lead, Head of Patient Experience and Involvement and the Patient Experience and Involvement Manager will be progressing this urgently in order to immediately improve the quality of the final response letter and reduce the number of letters returned to the divisions from the Chief Nurse Reviewers.

5: The Chief Nurse Project Lead has undertaken preliminary work to research and scope what training is needed and for whom, so conversations are ongoing with the Training and Development Team to develop a package that will enable all staff to respond to feedback with confidence and compassion.

6: There are two Consultant whole day workshops, the first was held in July and the next will be held in September both of which have incorporated discussions on Patient Experience. Dr Elliott will be invited once these workshops have been held in order to build on this workstream.

3. Staff Engagement

INTRODUCTION

The paragraphs below describe our progress during this last quarter in relation to the broad programme themes of citizenship, values-based behaviours, leadership, empowered front-line teams, and career/people development; together with a summary of some of the joint activities we have been undertaking with RSCH.

COMMUNICATIONS & ENGAGEMENT

Over the past 18 months, the Trust has been using a wide range of activities in order to improve our communication and engagement impact. This has included the six weekly CEO sounding board, an increasing use of social media to promote the Trust and engage with staff, and the interactive Wall to seek views from staff and promote transparent discussion to name a few. As we enter into a period of uncertainty for staff, we are aware of a need to increase our engagement and communication efforts. During June and July the Executive team completed a programme of staff events, with a specific focus around the proposed merger. More than 40 meetings were held with well over 500 staff having the opportunity to hear about the plans, make comment and ask questions.

In addition to the face to face meetings, we have also developed and launched a single extranet site for both organisations and we are about to publish a joint newsletter. The extranet has detailed information in relation to the proposals, as well as a page/email address for people to ask questions and make comments. We anticipate that the extranet will be a good source of shared information, accessed from a single point, and that the 'Your Voice' page will enable us to have a live set of regularly updated FAQs.

During her induction, the Chief Executive is very keen to re-connect and engage further within the organisation. Her plans include increasing the face time she has with consultants and specialty teams, finding a way in which the Trust can have a more transparent and inclusive approach to decision making, continued use of the Sounding Board as a catalyst for change, but also consideration around the sounding board's role in terms of disseminating information. At all levels there will be a renewed approach to engagement, in order to strive to develop a listening organisation, that welcomes and acts on feedback, operating with candour and saying sorry if things go wrong.

In September we will start the process for thinking about how we want the new organisation to feel, starting with a cultural audit of the current organisational. We will seek to use the diagnostic process not just to identify cultural compatibility, difference and ambition, but also as an engagement opportunity by inviting staff to take part in the surveys and focus groups. The output of the culture diagnostic will help inform the development of the values and behaviours, as well as the visual brand and identity.

FRONT LINE IMPROVEMENT

In July we held our first-ever 'Be The Change' awards ceremony which showcased 14 projects ranging from 'improving documentation' to 'a fun teaching day bringing together ward staff', with 88 projects underway in total across our two hospitals. Launched in February by a co-ordination team of junior doctors, the campaign captured the imagination of teams across our hospitals who made suggestions about how they could make a difference. Some schemes needed funding, others required people's time and cooperation and no other cost.

In addition to ensuring that the 2014 projects are delivered, the PMO (Programme Management Office) is now working with the new intake of junior doctors to prepare for the 2015 'Be The Change' improvement campaign.

STAFF FRIENDS & FAMILY TEST (FFT)

On 31st May we launched the new national Staff FFT where we ask staff if they would be happy to recommend us for treatment, and as a place to work. NHS England will publish the quarter one national results on 25th September.

The results described in the table below include a comparator to the 2013 pulse survey and how we benchmark against RSCH. There has been a significant improvement in respondents' view of ASPH as a place to be treated with nearly 80% of respondents endorsing the Trust. There is also a step improvement in terms of our how staff feel about working for the Trust, although compared to RSCH there is still more to do to move to an upper quartile position for this.

	ASPH Q1 2014 results	ASPH Pulse survey results (Q2 2013)	RSCH Q1 2014 results
Recommend as a place to be treated:			
Extremely likely / likely	78%	44%	87%
Neither likely or unlikely	14%	25%	10%
Extremely unlikely / unlikely	8%	31%	3%
Recommend as a place to work:			
Extremely likely / likely	54%	35%	76%
Neither likely or unlikely	20%	26%	15%
Extremely unlikely / unlikely	26%	39%	9%

Whilst these results are encouraging it is noted that only 10% of staff completed the FFT in quarter one so we are now considering ways in which we can encourage people to take part in this in the future. In particular Suzanne will use the early days as a new CEO to encourage people to re-engage with the Trust and use the Staff FFT as a way of showing enjoyment for their job, their team members and our patients.

We are also now planning the process for the national survey that takes place in the Autumn. Since June we have continued to look at ways in which we can address the concerns raised by staff last year, specifically around learning, development, and career progression, and support/relationship with line managers. In particular we have talked and listened to staff from Pharmacy, Therapies and Estates, identified as our 'hotspot areas', and have heard from them what they like about their job, and what they would like to see differently. These comments have been shared with the management teams, who are now incorporating staff ideas into their improvement plans.

APPRAISAL REFRESH

In August we launched a new appraisal process, supported by a new policy, improved paperwork and a comprehensive training programme. One of the drivers for the new policy was to incorporate a values based behaviour assessment into the appraisal process, and to enable us to link salary increase to achievement of performance objectives. We are hopeful that this refreshed approach will both improve the quality of appraisals for staff, but will also illustrate that staff are rewarded based on both what they achieve and how the achieve it.

CONCLUSION

The Trust is now 18 months into its staff experience and culture change programme and whilst it is possible to achieve some local improvements between annual staff surveys, achievement of a larger scale change requires a long term commitment and a sustainable campaign.

It is important that we complete and embed the work we have already begun, whilst beginning to look forward to create a plan which would support the development of a new organisation, meet the new needs of that new organisation, and as important will continue to tackle legacy organisations' existing needs.

4. Outpatients

General update

Following Suzanne Rankin's appointment as Chief Executive, she has now taken over from Andrew Liles as the '*improving responsiveness and accessibility'* project sponsor. The main focus of the project at present is ensuring that the support provided to staff and the initiatives developed are in response to complaints and issues raised by patients. This will ensure a focussed approach and will focus on four specific areas:

1) Customer service
2) Administration and appointment processes
4) The 'Patient Promise'
3) Contacting the hospital

Complaints analysis

The six month period of January to June 2014 has seen a 34% increase in complaints made compared with 2013 in relation to the elective out-patient processes at Ashford & St Peters. The complaints can be divided into three main categories, as shown in figure 1.0, which shows the greatest increase being made in the information provided by the Trust and the actual process of getting an appointment.

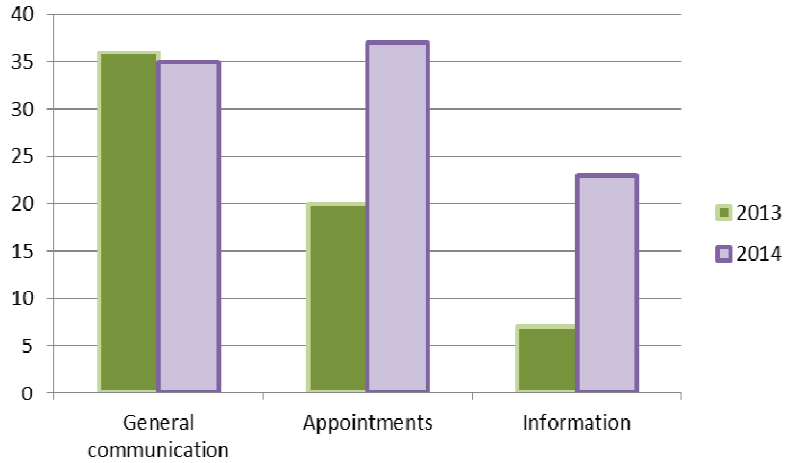

Figure 1.0 – Breakdown of complaints into 3 main categories

An analysis of these three categories allows alignment with the objectives of the Accessibility and responsiveness project and they can be further divided into the following main themes.

- General communication issues
  - Written and verbal
  - Not responding to requests
  - Informing patients of delay / problems with care
  - Mixed messages between departments

- Appointments
  - Recurrent cancellations
  - Not being able to make contact the department to make an appointment

  - Too long to wait for an appointment

- Information provided
  - Giving relevant information to patient regarding their condition
  - Relevant information regarding the appointment
  - Timely information

Customer Service

To address the issues raised in the complaints analysis, there is agreement that appropriate training should be given to staff regarding how to communicate with Ashford and St Peter's 'customers' although there is an on-going review about how best this should be implemented. The feedback from both staff and customers is that frontline staff need to be supported better to enable them to fulfil the requirements of their role. Following a number of consultations there are four main possible avenues to explore:

1. *Specific training for Team leaders / supervisors of admin / reception staff*
   a. The focus group of frontline staff identified that they do not feel supported in giving good customer care and do not feel empowered to make decisions to the benefit of their customer.
   b. Often reception staff are managed by staff with little background in customer care and are unsure about the demands of the role.
   c. This will include training on what objectives should be set for staff to develop a culture of ingoing development.

2. *An all-encompassing training package for staff to ensure all ASPH staff are taught the basics of customer care.*
   a. There is acknowledgement that this alone does not address the underlying culture of the organisation but an appropriate mix of external training and internal support is required.

3. *An improved and structured local induction process*
   a. This will include advice and guidance from current staff about specific issues relevant to the particular area.
   b. It could include identification of a 'buddy' to help the staff member settle into their new role.
   c. The specific expectations of the individual role will be explained.

4. *Reward & Recognition*
   a. A mechanism for recognising and rewarding staff who are performing above the level expected of them will be identified.

Administration and appointment processes

The analysis of complaints further identified an issue with the recurrent cancellation of patients' appointments and general issues with the administration processes. There are two ways in which this is being addressed:

1. A detailed analysis of the clinics with high levels of cancellations is currently being undertaken to determine the scale of the problem. An action plan will then be developed in conjunction with the staff in that area to reduce the cancellations.

2. A workshop is planned which will include all levels of staff involved in the outpatient booking process to determine if there is actions which can be taken to improve the patient experience.

The Patient Promise

The wording for the patient promise has now been finalised and will give details of what patients should expect when they attend Ashford & St Peters. The next stage is to work with the communications team to develop a design for the promise and then to devise a 'roll-out' programme to make both staff and patients aware of it. Any assistance from the governors on the best process for doing this would be greatly appreciated.

The ASPH **Patient** Promise

At Ashford & St Peter's we promise to make your experience as a patient our top priority

- *We will introduce ourselves to you by name and explain what our job is*
- *We will talk with you in clear language which you can understand*
- *We will provide care that's tailored to your needs first (and our procedures second)*
- *We will do all we can to make you well and keep you free from pain*

In return, we ask that you,

- Let us know if you don't understand something or want more information.
- Tell us about your experience with us so we can continue to improve our services for everyone

Contacting the Hospital

Website

Under the direction of the communications team, the website is being updated into a more user-friendly format. This will make the pages easier to navigate so patients are able to find details about their appointment including up-to-date contact details to ensure they are able to contact the correct area regarding their appointment at the first time of asking. The plan is for this to be ready for launching by the end of September 2014.

Telephone Calls

The analysis of the complaints and through discussions with patients, it has been identified that the process of patients and GP's phoning the hospital is not as efficient as it should be. A working group is in the process of being developed to specifically look at this which could involve the logistics around recording patient telephone calls and using these as a learning tool for improvement. The management of telephone calls will also be addressed in the customer service training once this has been finalised.

Friends and family test

The Friends & Family test, which measures how the Trust is performing with their out-patient appointments, is due to be used from October 2014. The guidance for the test indicates that every patient should be able to give feedback at every outpatient appointment although it is not specific in how this is done.

In consultation with key staff from the out-patient areas, it has been decided that a written post-card format will be used in all areas for patients to give feedback as and when required. The Trust will then also send a specific text message to patients once they have been discharged from their out-patient pathway; this is in line with the current practice being undertaken in A&E.

Patients will be sent a text message with the question:

How likely are you to recommend our Department to friends and family if they needed similar care or treatment?

Extremely likely	Unlikely
Likely	Extremely unlikely
Neither likely nor unlikely	Don't know

Following this text message they will also be asked if they would like to add any specific comments relating to their experience

Conclusions

The question of giving good customer service is not solely about providing training and expecting staff to follow this, it is about a culture of striving to put the patient at the heart of system and making their experience our key focus. With this in mind the project is collating data from a variety of sources to ensure that the training that is provided does not stand alone but is supported by a robust system of empowering all staff to take the correct steps to put the patient first. Any feedback on the updated plan is most welcomed.