

UNDERSTANDING THE PATIENT EXPERIENCE¹

There is now a growing body of evidence to support the view that enabling Boards regularly and systematically to reflect on the patient experience correlates closely with organisations that deliver higher quality services. This case study describes a systematic and rigorous approach to ensuring that patient experience is an area of performance that is effectively scrutinised by the Board.

The Christie NHS Foundation Trust

The Christie is a comprehensive cancer centre serving a population of 3.2 million people within Greater Manchester and East Cheshire. Patients also attend from outside the network to access regional and supra-regional services and clinical trials. Some 12,000 new patients are registered per annum with 40,000 being in treatment. The hospital is one of the largest cancer centres in Europe with high levels of day attenders for radiotherapy and systemic anti-cancer therapies and has 203 inpatient beds.

Since the preparation for, and on becoming, a foundation trust in April 2007, the Board has undertaken work to ensure directors have access to the information required to make judgements about the operational, financial and care quality performance of the organisation. This commenced with a decision to produce an integrated performance report bringing together all of the above elements. The report has undergone refinement over time but essentially the principle of ensuring equal status for patient experience data, alongside performance has been consistent.

The design of the report blends the need for detail with a high level summary. Quality and patient safety information (Quality Accounts) are addressed first followed by performance and any required ad hoc additional items for example the Care Quality Commission Annual Health Check Ratings, or specific updates on initiatives such as waiting times for outpatient and day treatments.

The Christie board meets in public session followed by a private meeting. This closed section used to take more detailed reporting of infection control issues and patient safety data including a monthly internally benchmarked patient harm report. This report also detailed more serious clinical incidents and their handling together with complaints involving care and treatment. This data is now in the public part of the board meeting with appropriate anonymisation of person identifiable information, so as to ensure maximum openness in the way that patient experience is recorded.

¹ Case Study Provided by Director of Nursing

In relation to both complaints and incidents actions are also highlighted to ensure that there is confidence in the organisation's ability to seek to learn from events and reduce the risk of recurrence.

The Trust also uses the performance report to highlight our performance and required actions from the national inpatient and outpatient surveys. Alongside is published an internal monthly 100-patient survey. This has altered over time and become more challenging. It ensures that there is a direct patient voice at the board table. Core questions are asked in relation to staff attitude, respect, communication and involvement, cleanliness, timeliness of referral and results and communications. The survey is managed by the patient experience manager and operated by lay volunteers with additional input from governors.

This approach has enabled patient satisfaction and quality of care to be legitimised within the formal board process. It underpins the Trust approach to quality accounts and has led to our becoming increasingly open in our approach to the sharing of data. It has also encouraged a more proactive approach which goes further than the expected national quality targets, for example reducing waiting times on the day.

The board can also be assured through the efforts of volunteers, governors and the open approach to recording, publishing and triangulating data on complaints, incidents and surveys that it can have confidence in the quality performance of the organisation. This will be hugely important going forward in more straightened economic times.

In conclusion in the light of serious breakdowns in care quality relating to infection control and standards of patient care, all NHS boards must be confident in the breadth, depth, independence and quality of patient experience reporting. An open and public approach ensures the probity of the process and enables excellent synergy between directors, governors and other patient representative bodies. The board can also track the impact of actions taken either in respect of service development or in relation to any financial or resource changes. Most importantly there is a need consistently to review and change the approach in the light of different expectations or changes recognising that there must be development to meet changing regulatory patient and service needs.