

## **SUMMARY OF PATIENT AND PUBLIC INVOLVEMENT 2016/17**

The involvement summarised below is over and above participation in local and national surveys and outputs resulting from the bedside patient satisfaction surveys.

### **1. Responding to patient feedback**

The Trust continues to improve patient care through the work of the Care Quality Group chaired by the Executive Chief Nurse, which includes Trust Governors within its membership.

A number of patient-focused initiatives were developed during the year in response to feedback from patients and carers (many of whom are members of the Trust) – including planning a move to a more flexible visiting time which will come into effect on 1 April 2017 following consultation with patients and staff.

The patient experience team have supported staff in clinical areas and departments to ensure they are taking every opportunity to collect feedback about our services, using it to inform changes to practice or improvements. Focus has also been provided by the team to staff, to share and publicise actions taken as a result of feedback to staff, patients and our membership.

Trust Governors are encouraged to contribute to gaining patient feedback by participating in inpatient and outpatient Governor 'drop ins' and by becoming members of the Patient and Carer Councils.

All of our volunteers, Patient and Carer Council members and members of staff are members of our Foundation Trust and play a vital part in helping us to shape our services and make improvements for patients.

### **2. Service improvements following staff, patient or carer input**

During 2016/17 the Trust focused on patients 'feeling well looked after', as our survey results show that patients deem this to be a very important aspect for them in reporting a good experience of their hospital stay. Feedback has overall been very positive when patients are asked this question and by probing into what patients mean when they give positive or negative feedback relating to this, the Trust has been able to build further intelligence around what needs to happen to make patients feel well looked after. Unsurprisingly it is the little, but important things that are often easy to achieve, that make the difference; for example taking time to talk to patients, making them more comfortable, asking if they have any concerns, or if there is anything they need.

This work has also helped to validate the important role that ancillary staff play in the patient experience; housekeepers, porters and domestic assistants all contribute to the overall experience and by training them and engaging with these groups of staff they are being helped to understand the impact of their interactions. There is scope for more to be explored and actioned around this.

The Trust has also made progress in understanding more about when, and how, patients are given conflicting information. Through face-to-face feedback we have been able to affect some of the ward processes, for example staff handovers and ward rounds that can contribute to this miscommunication.

Discharge management continues to be a high priority for the Trust with a number of further changes implemented to make the process more efficient and to further improve the patient experience. The Discharge Pharmacy continues to support more timely discharge and improve the patient experience. Allowing patients to collect medication on their way out of hospital empowers patients and enables them to increase their involvement in the discharge process. It also helps to reduce unnecessary delays on the wards, whilst also facilitating appropriate education and advice at the point of medication being dispensed.

Visiting Times have been reviewed and a new, more flexible, approach to visiting is currently being implemented. Patients and staff were consulted about what they thought would work well and the changes reflect this. This will be revisited to ensure optimum patient and staff experience.

During 2016/17 the Trust has replaced its stock of overnight guest beds with beds that are more robust, comfortable and easy to clean in line with infection prevention and control guidelines. All wards have at least one guest bed, with areas that have more carers staying being given the option to have two or more to meet their needs. Early feedback suggests that the beds are providing enhanced comfort for those using them and staff are finding it easier to provide a bed when one is needed. We thank The Friends of the Queen Elizabeth Medical Centre and Queen Elizabeth Hospital Birmingham Charity for their support in providing these beds.

Following patient feedback the Trust has also implemented complimentary Wi-Fi access to the internet for patients and visitors (kindly provided by Queen Elizabeth Hospital Birmingham Charity). It means that patients are able to keep up with life outside hospital, keeping in touch with family and friends, conduct any matters they need to via email (reducing stress and anxiety) and also keep themselves entertained which increases their emotional wellbeing.

### **3. Patient and Carer Councils**

The Trust has three Patient and Carer Councils: one for wards (inpatients), one for outpatients and a Young Persons' Council.

The purpose of the councils is for patients and the public to work in partnership with staff to further improve the services provided to patients. All council members are also Foundation Trust members. All of the councils have been active in seeking patients' views to influence the improvements in care. There are currently 54 patient and public representatives on the councils. All Patient and Carer Council members undergo the volunteer recruitment process and induction enabling them to safely undertake visits.

The wards and outpatients councils have continued to use the 'Adopt-a-Ward or Department' scheme to facilitate partnership working with staff to provide a patient perspective to improving the experience of patients and their relatives. During 2016/17, a total of 137 visits were undertaken by members of the wards and outpatients councils. Following their visits feedback is given to the ward or department to enable action to be taken where necessary.

Council members continue to be given the opportunity to sit on Trust committees where public representation is required and to participate in annual Patient Led Assessment of the Care Environment (PLACE) assessments.

During the year the Patient and Carer Councils have been successful in receiving grants from The Friends of the Queen Elizabeth Medical Centre to provide televisions (TVs) for patients on Bournville ward, remote controls for TVs on Edgbaston ward and remote controls, headphones and two replacement TVs for West 2 in the Heritage Building (Queen Elizabeth Hospital).

#### **4. Patient and Carer Consultations**

During the year Patient and Carer Council members were consulted on:

- Myhealth@QEHB
- Constitution for Patient and Carer Councils
- Healthcare Evaluation Data (HED) – Your Right to Choose
- Trust performance against key national standards, for example Cancer standards and 4-hour Emergency care standard
- Trust Annual Plan
- Trust Quality Priorities
- Volunteer Strategy
- The Nursing Associate role
- A Pets in Hospital scheme (task and finish group)
- University of Birmingham – understanding why medical students are reluctant to become General Practitioners
- Non-emergency patient transport new contract
- Visiting times
- Patient letters and maps
- Inpatient survey questions (Patient Experience Group)
- Internal buggy/wheelchairs scope (task and finish group)