Creating a Patient Experience Culture
Introducing the Service Improvement Self Assessment Tool

Jonathan Nicholls, Ipsos MORI Social Research Institute

Ipsos MORI
What this deck is about
The NHS Patient Feedback Challenge, created and managed by the NHS Institute and funded by the Department of Health, is a one year programme designed to find and spread great approaches which use feedback from patients to improve services.
Relevance has grown

- Friends and Family Test
- Francis report
The question behind the tool

“We’ve been measuring patient experience for many years now – indeed, ten years ago England was the first country to introduce mandatory patient surveys.

Why then do so many patient survey reports get ignored and why has progress been so sluggish?”

Angela Coulter
Dept of Public Health, University of Oxford
Editorial Chair, NHS Patient Experience Journal
http://patientexperienceportal.org/
The result: a tool for giving more momentum to patient experience
It’s a free resource

For full, free resources to use the tool, go to
www.ipsos-mori.com/friendsandfamilytest
http://pfchallenge.clearvale.com/pg/dashboard
Particularly relevant under Francis

why has progress been so sluggish?
So why is “sluggishness” the issue?
NHS in crisis...?

NHS cash crisis 'will mean cuts to services or closure of departments'
NHS Confederation boss Mike Foster warns of hits to jobs, A&E waiting times

NHS in crisis: 188,594 kept waiting more than four hours in A&E as cuts bite
The alarming figures will raise fresh concerns over the Tory-led coalition's
bid to slash £20 billion from the NHS budget

Sleepwalking into a nursing crisis: NHS plans to axe 60,000
staff will damage patient care, warns union

Number of qualified nurses has fallen by 8,000 since May
ECN dropped by 28,600 over same period risk, union says

NHS hospital scandal which left 1,200 dead could happen again,
warn campaigners
Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?

Source: Ipsos MORI/DH Perceptions of the NHS Tracker
So the issue is **reacting** when things go wrong

**Mortality rates**  
**Patient stories**  
**Complaints**  
**Staff concerns**  
**Whistleblowers**  
**Governance issues**  
**Finance**  
**Staff reductions**

Source: Francis Report

- **Apology**
- **Response**
- **Action Plan**
- **Little change**
- **Complaint**

**Three examples over three years: patient falls and relatives not told**
Case 5

126. The patient was admitted to EAU on 27 May 2005 following a fall at home. The family visited on 29 May 2005 to find extensive bruising to the patient’s forehead, right-hand side of the head and a cut to the right eye. The family believed that the patient had fallen but there were no incident forms to determine whether or not a fall had occurred in the EAU or if the injuries related to the fall at home. The action plan in response, on 22 January 2007 (following referral of the complaint to the HCC), stated that upon admittance to the EAU all patients would be assessed for risk of falls and that all staff would be trained in a new falls policy (which included notifying relatives when a fall occurred).

Case 6

127. The patient was admitted to the EAU on 19 January 2007 and family attended on 20 January 2007 to be informed that patient had fallen out of bed and hit his head. The complaint was made on 9 July 2007 and response was completed on 10 February 2008, including a statement in the action plan saying that all staff in the EAU would be instructed to maintain effective communication after a patient had fallen.

Case 7

128. The patient had fallen out of bed in the EAU and the family had not been informed. A complaint was made on 4 September 2007 and the response was completed on 8 October 2007, including an action plan that stated staff were to inform relatives when falls had occurred, should complete an incident report and utilise FRASE.
So question is: how do you promote an organisational culture that does hear, and responds to, the warning signals and the patient voice?
Needs an *organisational* response ... but patient experience work suggests challenges

1. *Breadth* – much patient experience work tends to be relatively localised within organisations - eg frontline initiatives. So how to move focus from pockets to whole organisations?

2. *Sustainability* – many patient experience initiatives depend on the commitment of frontline PE champions. So how to embed activity in the organisation, not just relying on enthusiasts?
So how does the self assessment tool help you meet these organisational challenges?
We drew on a range of sources

• Range of relevant NHS documents reviewed, for example
  • NHS Institute What Matters to Patients? Policy Recommendations
  • NHS Institute Advice for Patient Experience Implementation
  • NICE Quality Standards for Patient Experience
  • National Quality Board advice
  • **AND ...** What do they private sector do?
The self assessment tool
What is the tool for?

- Focuses on *using patient experience data to improve services*
- Sets *stretching standards* – to help drive improvements
- Helps you *develop the critical evidence base and an action plan* for raising standards
- *Self assessment*, so *no incentive to over-score* yourself: the more self critical you are, the more actions you will identify
- *Not* standardised scoring – so can’t compare trusts; it’s so organisations can *reflect on their own practice*
1. The five domains

- Leadership
- Culture
- Patient
- Evidence
- Staff
1. The five domains ... And 10 sub-domains

1. LEADERSHIP VISIBILITY
2. STRATEGY AND INVESTMENT
3. EMPOWERING CULTURE
4. ACCOUNTABILITY AND GOVERNANCE
5. PATIENT CENTRIC ORGANISATION
6. ENGAGED PATIENTS
7. 360º DRILL DOWN EVIDENCE
8. EVIDENCE DRIVES IMPROVEMENTS
9. ENGAGED STAFF
10. GOOD PRACTICE CELEBRATED
Each sub-domain has a full definition

**EXAMPLE**

### 4. ACCOUNTABILITY AND GOVERNANCE

- While the culture promotes local decision making, this is coupled with clear expectations about service delivery and service improvement.
- There is a shared understanding across the organisation of what constitutes good patient experience (which is likely to be drawn from NICE QS, NQB Framework and WMtP).
- There is a shared understanding across the organisation that these equate to “minimum standards” of patient care.
- There are formal and informal mechanisms for individuals and teams to reflect on their practice and whether they are meeting these minimum standards.
- There is a pervasive attitude amongst staff and managers that poor patient experience is not to be tolerated.
- There are mechanisms for holding individuals and teams to account when they do not meet these standards.
- Appropriate governance mechanisms are in place to ensure that action plans are followed through.

(NB: DRAFT WORDING)
2. Score yourself for each domain

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Note: full definitions are provided for each score
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- **a wide range of examples** of good practice in this domain
- visible **across the organisation**
- a **sense of commitment** to delivering this domain
- examples are **well developed**, cover most/all of bullets in domain definition
- examples can be seen **across most of the organisation's services**
- staff **behaviour and attitudes** support this domain.
- a minority of services or teams in the organisation that have not embraced the agenda

(NB: DRAFT WORDING)
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- **good practice consistent** across the organisation
- not simply *examples* of good practice, *it’s a culture*: “how we do business“
- **expressed consistently** across the organisation
- **staff are advocates** the activities are valuable, can point to numerous examples
- **performance is well embedded**: even if one or two key leaders left, the activity in this domain would still continue.
- **continual reflection on practice**, looking for opportunities to improve

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• all the characteristics of a "strong practice" organisation (score 7,8)
• also works to monitor, coordinate and improve patient experience beyond its own organisational boundaries
• will have worked with other organisations in the patient pathway to develop common, aligned approaches
• can show how they collaborate to resolve patient experience issues that cross organisational boundaries
• "Silver" organisations have done this with one or two other organisations;  
• "Gold" organisations will be collaborating across whole patient pathways

(NB: DRAFT WORDING)
### 3. Complete the detail

<table>
<thead>
<tr>
<th>Domain</th>
<th>Score (1-10)</th>
<th>Evidence statement supporting this score</th>
<th>Priorities &amp; actions</th>
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<td>1. Leadership visibility</td>
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<td>2. Evidence for each score</td>
<td>3. Identify improvement actions for each domain – compile improvement strategy</td>
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**TOTAL SCORE**: 0

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4. Track score over time

(NB: DRAFT WORDING)
The tool in action - the framework

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(NB: DRAFT WORDING)
The tool in action – compile evidence and score the domains

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9. ENGAGED STAFF
10. GOOD PRACTICE CELEBRATED

Overall score: 53

(NB: DRAFT WORDING)
## The tool in action – prioritise key areas

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10. **GOOD PRACTICE CELEBRATED**

(NB: DRAFT WORDING)
The tool in action – set your goals and draft your plan

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Target score: 64

(NB: DRAFT WORDING)
So how can the tool help to make you more responsive to patient feedback?
So what should you be doing?

1. Build a critical evidence base
1. Build your critical evidence base

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Candour, openness and transparency

“Stop trumpeting what is going right – you need to be much more open about what you’re not doing right and what you are going to do about it”

Robert Francis QC
King’s Fund Debate, Feb 2013
So what should you be doing?

1. Build a critical evidence base

2. Get a 360 degree rounded picture
You’ve scored yourself well on Empowering Culture: does everyone agree?

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(NB: DRAFT WORDING)
Gaps in 360° feedback are informative

3. EMPOWERING CULTURE

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So what should you be doing?

1. Build a critical evidence base
2. Get a 360 degree rounded picture
3. Prioritise your effort
Are these the right priorities?

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(NB: DRAFT WORDING)
Which factors are the strongest drivers of FFT scores

1. LEADERSHIP VISIBILITY
2. STRATEGY AND INVESTMENT
3. EMPOWERING CULTURE
4. ACCOUNTABILITY AND GOVERNANCE
5. PATIENT CENTRIC ORGANISATION
6. ENGAGED PATIENTS
7. 360⁰ DRILL DOWN EVIDENCE
8. EVIDENCE DRIVES IMPROVEMENTS
9. ENGAGED STAFF
10. GOOD PRACTICE CELEBRATED

Illustrative data
Ipsos MORI
And where are the strategic priorities?

1. Leadership Visibility
2. Strategy and Investment
3. Empowering Culture
4. Accountability and Governance
5. Patient Centric Organisation
6. Engaged Patients
7. 360° Drill Down Evidence
8. Evidence Drives Improvements
9. Engaged Staff
10. Good Practice Celebrated

Illustrative data
Ipsos MORI
So what should you be doing?

1. Build a critical evidence base
2. Get a 360 degree rounded picture
3. Prioritise your effort
4. Map and redesign patient journeys
Journey mapping used to get real insights and drive internal change

- Compare expected v actual v ideal
- Reveal recurring failures of service

And two key outputs
- *Identify the organisational issues that need attention*
- *Identify the service improvement qns that need metrics*
Helps you work out your FFT follow-up questions

How well did we communicate with you during your stay?

How well did we explain what would happen on admission?

How well did we explain your diagnosis?

How well did we explain your medicines, side effects?

How well did we explain what to look for after discharge?

*How well did we explain how to choose your meals?*

*How well did we explain how to get the best deal on your bedside TV?*
So what should you be doing?

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3. Prioritise your effort
4. Map and redesign patient journeys
5. Get your staff experimenting
Real-time lets staff experiment

tell us what you think
Experiments drive improvements

- Define Need
- Create Survey
- Deploy Survey
- Capture Data
- Analyse & Validate Data
- Implement Actions
- Report Information

Real-time short cuts this makes PDSA cycle more immediate
And a shift of attention from analysing...

It’s research data – it’s about precisely measuring the experience of my patients

• Am I using reliable, robust, validated measures?

• How can I act if I only have data from 10% of patients?

• Have I got a representative sample?

• How are my data collection methods introducing bias?
... to investigating and intervening

<table>
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<th>It’s research data – it’s about precisely measuring the experience of my patients</th>
<th>It’s <em>management information</em> – to help me identify where there’s a problem and prioritise what needs fixing</th>
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<tr>
<td>• Am I using reliable, robust, validated measures?</td>
<td>• Are my measures <em>good enough</em>? Do they have the <em>detail</em> to know what needs fixing?</td>
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<td>• How can I act if I only have data from 10% of patients?</td>
<td>• That 10% may provide some useful clues, I at least need to investigate</td>
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<td>• Have I got a representative sample?</td>
<td>• I need to be careful extrapolating from this – but it’s a starting point. I’ll <strong>investigate</strong></td>
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<td>• How are my data collection methods introducing bias?</td>
<td>• Again, I need to be careful extrapolating, but it’s a starting point for comparing wards, to work out where to act</td>
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So what should you be doing?

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5. Get your staff experimenting
6. Make use of huge volumes of text
The power of qualitative feedback: patient stories give much richer insight

Female, white, 65+, in hospital for several months

Her report...

“… in [hospital] they treated me well”

“Oh yes I found it satisfactory”

Her actual experience...

- On third day she asked for a bedpan
- Nurse told her it wasn’t worth running back and forth, told her to do it in the bed
- Nurse complained to her in the morning that she was soaking wet
Friends and Family Test will give you far more qualitative feedback – and potential insight

“And why did you give that score?”
But how do you make sense of huge volumes of text?

**COMPUTER GENERATED CONCEPT CLOUDS**

**RELATIONSHIP WEBS**

**ISSUES TRACKING**

- Handset
- Network
- Service
- Value

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6. Make use of huge volumes of text
7. Consider the cultural barriers
The tool identifies two areas of culture:

- **Accountability**
  - High: Upper right quadrant
  - Low: Lower left quadrant

- **Empowerment**
  - High: Upper left quadrant
  - Low: Lower right quadrant

The ideal point is marked with an 'X'.

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Institute for Innovation and Improvement
WHY CULTURE CHANGE IS HARD: THE CULTURE WORKS!

"A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems".

Edgar Schein (2010)
WHY THINGS DON’T CHANGE: MAPPING OUT YOUR CULTURE

RESEARCHERS/BRANDS SHOULD EXTRUDE REFLECTIVE BEHAVIOUR FROM CONSUMERS

AUTOMATIC

SHOULD NOT BE DISMISSED

ALSO OBSERVE...

EMOTIONS DISPLAYED
CULTURAL CUES
ENVIRONMENTAL ARTEFACTS

BEHAVIOUR

99.5% LEARN FROM
0.5% REFLECT

AUTO
WHY THINGS DON’T CHANGE:
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8. Be advocates
Conclusion
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Conclusion

• Francis is but the latest challenge to focus on improving patient experience

• The tool lets you run a “behind closed doors” appraisal of how well placed you are to deliver on this, and to generate an improvement action plan

• Tool provides a common framework for managers, staff, patients and stakeholders to talk about service improvement

• Don’t wait for government! The tool gives you a range of actions you can take – but depends on leadership commitment and honest appraisal of strengths and weaknesses

• Good luck!
Thank you – any questions

jonathan.nicholls@ipsos.com
020 7347 3110

For full, free resources to use the tool, go to
www.ipsos-mori.com/friendsandfamilytest
http://pfchallenge.clearvale.com/pg/dashboard