Patient Experience Study for Queens Hospital, Burton: Focus Groups (April 2014)

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Executive Summary

Engaging Communities Staffordshire is an independent, community interest company that delivers Healthwatch Staffordshire. As part of our strong and ongoing relationship with Burton Hospitals Foundation Trust, we were commissioned to carry out an independent consultation using focus groups with staff and the public to explore how the quality of services at the Hospital could be improved. This report brings together the findings from the consultation and culminates in a set of recommendations for consideration.

Key findings

The following findings are based on information collected through three public and two staff focus groups:

Staff focus group

- A friendly atmosphere with friendly staff
- Elderly relatives and staff members were sometimes not given clear information
- Communications between professionals and patients was sometimes not meaningful
- Senior clinical staff should have more supervisory time on the ward
- Some staff are unable to use equipment correctly
- Patients moved between wards without correct equipment
- Patients moved between wards without informing relatives and carers
- Patients not being asked about their dietary requirements
- A rigid hierarchical staff structure at the hospital
- A frustrating appointment system
- Patient movements between wards a barrier to communication and continuity of care
- An overly complex and stress inducing car parking system

Public focus group

- Caring and compassionate staff despite work pressures
- Patients felt involved in decisions regarding their treatment
- The hospital is served well by public transportation
- Elderly wards considered as ‘grim’ due to a lack of sunlight
- Bereavement and chaplaincy considered as a great service
- Too much focus on the 4 hour waiting target at the expense of patients’ needs
- Unacceptable waiting times for blood tests and at the pharmacy
- A panic reaction to all external inquiries
- A lack of investment in new equipment
- Tremendous demands placed on staff leading to staff shortages
- A lack of inspirational leaders
- Weak information flow between staff during shift changes
- Too much top-down rather than ‘bottom-up’ communication
- Patient ward movements can cause distress and confusion (staff and patients)
- An overly complex parking system
- Treatment at Derby Hospital considered better than BHFT
- Food and Water availability and provision to patients considered as a particular problem area

Conclusions and recommendations

The feedback collected as part of this study will provide an opportunity for BHFT to undertake a review of how it delivers services to patients as well as how staff involvement can be improved in the short, medium and long term. ECS propose the following recommendations to help BHFT to overcome some of the negative aspects of staff and public concerns.

Theme	Recommendations
COMMUNICATION	Communication skills and customer care should feature strongly in recruitment criteria
	The Trust should consider how best to make use of existing patient feedback tools it has and how these can be enhanced. For example, consideration given to enhancing the Friends and Family Test to make the results more useful to the Trust in service improvements, creating more patient groups to capture qualitative feedback on an ongoing basis (e.g. a food group, or groups focussed on particular conditions etc.)
	The Trust to introduce a 'You Said, We Did' initiative into the communications plan to demonstrate that it is listening to patient's needs.
	Staff to be encouraged to have dedicated communication and staff listening time on each ward each day by creating/revising ward round structure.
LEADERSHIP AND CONTINUOUS IMPROVEMENT	The Trust Board should consider how it shapes and communicates its vision for the Trust moving forward and how it wants to position itself within the local health economy, and use this as a basis for providing and developing strong, inspirational leadership , and for making investment decisions on such issues as equipment.
	Consider how to recruit inspirational leaders to drive forward positive change and embed a positive culture
	Although the Trust has introduced a system of supernumerary ward managers, comments are still being made about the need for this kind of oversight and co-ordination, so the Trust may wish to consider conducting a review of the implementation of this initiative to test its effectiveness.
	To make improvements to complaints promotion and handling by introducing a structured training programme
PARKING & PHYSICAL ENVIRONMENT	The parking system needs an urgent review as it is affecting both patient experience and the Trust's reputation
	Public consultation on the parking system should be both visible and comprehensive
	The Trust to consider introducing a 'live' bus tracker to provide patients with up to date information on public transport routes and delays
	The Trust should consider improving the lighting and feeling of isolation on elderly wards
PATIENT NEEDS	A culture of involving patients in their care needs strengthening by involving patients as much as possible in their care (e.. whether they want the curtains open or closed)
	Given comments made about people not being given sufficient support to eat their meals, and protected mealtimes being perceived as preventing relatives and carers being present and helping their relatives, the Trust should review their policies on food and fluids in line with best practice and the guidance due to be issued by the Hospital Food Standards panel later this year.
	The Trust should make every effort to minimise the movements of patients between wards, but when this is necessary they need to build into the process notification of relatives/carers.
APPOINTMENTS & WAITING TIMES	In light of comments about blood test waiting times, opening hours for Phlebotomy to be reviewed
	Multiple appointments to be better co-ordinated so that they don't inconvenience patients
	Ensure patients are not inconvenienced as a result of focus on 4 hour targets
EQUIPMENT	Doctors and clinical staff to receive structured training before using medical equipment
	Create a register of inspection dates for equipment to provide an early warning system of re-check dates

Taking all these recommendations together the fundamental question that needs to be addressed is 'what are the aspirations of Burton Hospital Foundation Trust (BHFT)'? For example, does BHFT wish to be an excellent district hospital with great routine and diagnostic services but continue to send all the specialist areas to other hospitals, or should it do a bit of both and develop some specialities but refer on for others? A clear vision and strategy for the future ambitions and position of the Trust would help to address many of these points as well as the comparisons made by patients with other hospitals.

Introduction

Overview

To appreciate how an organisation is run as well as to drive forward change, it is sometimes necessary to talk to both staff and the public so that we can learn from their experiences. The 2012/13 Quality Accounts for Burton Hospital Foundation Trust (BHFT) highlighted patient experience as one of their three priorities for the year 2012/13. As a result, BHFT decided to commission Engaging Communities Staffordshire (ECS) to carry out a series of public and staff focus groups to test opinion of services at the trust. This study is part of a much larger piece of work which ECS are undertaking looking at patient satisfaction, the results of which can be found in a separate report accompanying this one.

It is envisaged that this project will bring together various strands of research, data and analysis to inform how improvements at BHFT can increase both patient, public and staff satisfaction. The final output of the study is this report and a presentation to the BHFT on the main findings and recommendations for consideration.

Engaging Communities Staffordshire

Engaging Communities Staffordshire is an independent, community interest company that delivers Healthwatch Staffordshire. We work for the people of Staffordshire by giving them a voice. The evidence and insight gathered by ECS through our 'Healthwatch Plus Subscriptions' with key health and social care organisations is directly used to improve local health and social care services.

As part of our strong and ongoing relationship with Burton Hospital NHS Foundation Trust, we were commissioned to carry out independent patient satisfaction surveys in three areas (the Acute Assessment Centre, Outpatients, and the Treatment Centre) as well as a number of focus groups with the public and staff to explore how the quality of services could be improved.

This report analyses and brings together the results from the focus groups supported by secondary research where available and will culminate in a set of recommendations for BHFT which identifies areas of best practice and pinpoints specific areas for improvement.

Review of literature and data

Background

In February 2013, ECS were commissioned by East Staffordshire CCG to undertake a large-scale patient survey at Burtons Queens Hospital A&E department to gain insights into why people were using the A&E, whether they had considered alternative routes, and to test the public awareness of those alternatives. Using mainly our trained volunteers and augmented by ECS staff, ECS spent 12 hours per day in the A&E waiting room undertaking around 470 interviews with patients and their relatives. Of those surveyed at the A&E, almost half (49%) had been referred to A&E by another service. This research helped to influence the decision to open the Acute Assessment Centre (AAC) in August 2013. The AAC was designed to alleviate pressure on A&E through taking GP referrals directly.

Burton Hospital Foundation Trust subscribes to the ECS Healthwatch Plus Offer. Since subscribing, the Trust has been reviewed as part of the national Keogh Mortality Review and has been placed in special measures as a result. The Keogh Review identified a number of areas for improvement in the trust including:

- Ensuring there is a systematic approach for the collation, reporting and acting upon of information on the quality of services

- Reviewing how it communicates with its staff to ensure that it is using the correct methods of communication and is effectively learning from incidents and complaints reporting with staff.

Keogh Review

In July 2013, Burton Hospital NHS Foundation Trust were identified by the Keogh review of patient safety as one of the 14 NHS Trusts which were persistent outliers in measures of hospital mortality. As a result of this, the Rapid Response Review report for Burton Hospital NHS Foundation Trust raised a number of issues in relation to patient experience including:

- Communication
- Discharge and flow issues
- Infection Control Standards
- Nursing Care

The 2012/13 Quality Accounts for the Burton Hospital Foundation Trust highlighted patient experience as one of their three priorities for the year 2013/14.

Enhanced Joint Strategic Needs Assessment 2012 – East Staffordshire

The Enhanced Joint Strategic Needs Assessment (EJSNA) is designed to identify the current and future health and wellbeing needs of the residents of East Staffordshire. It brings together detailed information on local health and wellbeing needs together in one place with particular reference to evidence associated with the wider determinants of health.

The key evidence highlighted in the report can be summarised as follows:

- 19% of the population fall within the most deprived quintile.
- Overall, life expectancy for men in East Staffordshire is 77.1 years, in England it is 78.3.
- Higher breast and cervical cancer rates and bowel screening uptake is lower than the national average.
- Higher levels of hospital admissions for falls and unintentional injuries
- Lower numbers of patients on disease registers than expected for CKD, dementia, heart failure, hypertension, learning disabilities and obesity.
- Smoking attributable admissions to hospital are higher in East Staffordshire and the numbers of 4 week quitters is lower than the England average.
- Alcohol admission rates are increasing
- Consumption of 5 a day in East Staffordshire is slightly lower than England 27%.
- 51% of the adult population are considered as Inactive and do not undertake any physical activity.

National NHS Staff Survey 2013

In 2013 the NHS conducted a national staff survey[i] which included consultation with staff in Burton Hospital NHS Foundation Trust. Overall, the trust scored 3.7 for staff engagement which was below average when compared with the national 2013 average for acute trusts (3.74) but slightly higher than the 2012 score for the trust (3.62).

Overall, 526 staff at Burton Hospital NHS Foundation Trust took part in the survey which represents a response rate of 64% of those invited to participate. The following summarises the key findings from the survey:

- 73% of staff feel satisfied with the quality of work and patient care they are able to deliver. This is 2% lower than the 2012 figure and 6% lower than the national average for acute trusts (79%).
- 88% of staff agreed that their role makes a difference to patients, which was higher than the previous year's

score but remained lower than the national average of 91%.

- There was very little change in the work pressure felt by staff and effective team working which were both in line with the national average.
- The percentage of staff working extra hours decreased from the previous year by 4% to 66% and is 4% lower than the national average of 70%.
- Fewer staff received job-relevant training, learning or development in the last 12 months (from 82% in 2012 to 79% in 2013) which is lower than the national average of 81%.
- Encouragingly, 89% of staff were appraised in the last 12 months compared to only 84% across acute trusts in England. In addition, the percentage of staff receiving well-structured appraisals in the last 12 months is aligned to the national average of 38%.
- Whilst the percentage of staff receiving health and safety training in the last 12 months has increased from 64% to 71%, it is still below the national average of 76%.
- The percentage of staff suffering from work-related stress in the last 12 months is 35% compared to 37% nationally.
- 30% of staff had witnessed potentially harmful errors, near misses or incidents in the last month, much lower than the 33% nationally.
- Only 15% of staff experienced physical violence from patients, relatives or the public in the last 12 months which is in line with the national average.
- A fewer proportion of staff at Burton experience harassment, bullying or abuse from staff in the last 12 months than nationally.
- Whilst the proportion of staff reporting good communication between senior management and staff has increased from 20% in 2012 to 23% in 2013, it is still significantly below the national average of 29%.
- Fewer staff have been able to contribute towards improvements at work (66% in 2013 compared to 68% in 2012).
- Overall staff job satisfaction in 2013 was 71.4% which was broadly in line with the national average of 72%. Similarly staff motivation at work was also in line with the national average (77.2%).
- More staff than in the previous survey would recommend the trust as a place to work (71.2% in 2013 and 68.4% in 2012).
- Worryingly, only 47% of staff had equality and diversity training in the last 12 months compared to 60% nationally.

Care Quality Commission

The Care Quality Commission (CQC) makes sure that hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care. They do this by inspecting services and publishing the results on their website to help make better decisions about the care received.

The CQC recently undertook an inspection at Burton showing whether the care service is meeting each of the standards that government says the public have the right to expect. The following standards were being met when they inspected the service on the 18th July 2013:

- Treating people with respect and involving them in their care

- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Staffing
- Quality and suitability of management.

The CQC will be inspecting Burton again using the new style CQC inspection method on the 24th April 2014.

Summary

Taken together, the information provided in this section provides a very brief overview of the key challenges that are being faced at Burton Hospital Foundation Trust. For example, the Keogh Review raised a number of issues in relation to patient experience which must be addressed as a priority. Similarly, the social and economic profile of Staffordshire brings with it is own set of unique qualities which BHFT must factor in when considering service improvements including the diversity of the population as well as the high levels of obesity, teenage pregnancies, and alcohol related diseases.

Furthermore, in 2013, the national NHS Staff Survey highlighted a number of areas where improvements need to be made including around equality and diversity training and staff being able to contribute towards improvements at work. The findings from the focus groups will be used to assess what other areas of weakness or strengths the trust has.

Methodology and Approach

The issues faced by staff and the public in relation to service delivery and quality are often complex and require detailed discussions to really get to the heart of the problem. With this in mind ECS decided to apply a fluid semi-structured qualitative methodology in the form of focus groups.

The focus groups were delivered using Market Research Society guidelines to ensure that discussions really got to the core of the issues.

The focus groups were based primarily on convenience sampling. However, every effort was made to ensure that each focus group contained as wide a group of cohorts as possible.

Following each focus group the 'big ideas' or 'themes' discussed were summarised including any observations made such as language, tone, and differences of opinion. This facilitated a deeper understanding of the topics.

The public focus groups were focussed primarily on the following semi-structured questions:

- Describe the services on offer at BHFT using only two words (one positive and one negative)
- Describe your experiences of using services at BHFT
- What would you change and why?
- Fill in the following two statements:
  - I would encourage people to go to BHFT because…
  - I would encourage people to avoid BHFT because…
- How does BHFT compare to other hospitals you have used?

The staff focus groups, on the other hand, focussed on the following key areas:

- Describe the services on offer at BHFT using only two words (one positive and one negative)
- What is done well at BHFT and why?
- What do we need to do better and why?
- What should be the top three priorities at BHFT to improve services and why?
- How will we know that things have improved?

ECS held 3 public focus groups and 2 staff focus groups representing a total cohort size of 20. The focus groups were held at the Medical Training Centre at BHFT and Burton Library. In addition to the focus groups, ECS also undertook 2 detailed phone interviews with staff and secured 2 testimonial experiences. This brings the number of people engaged for the purpose of this report to 24.

Publicity Campaign

ECS undertook a public awareness campaign to raise awareness of the focus groups. To promote this campaign we used traditional forms of media including Burton Mail press release, posters and mailshots. In addition, we implemented a social media campaign through Twitter, Facebook and our own websites to give the project as wide coverage as possible.

A copy of the quality plan can be found in Annexe 1 at the back of this report.

Findings

Staff Focus Groups

Introduction

Our discussions with members of staff took place largely through focus groups however some participants did choose to engage with us through one to one interviews and written correspondence and their experiences were also considered. This mixed method approach was accepted to allow us to engage with as many staff members as possible, including those that were not available to go to a formal focus group or were not comfortable doing so.

The vast majority of the findings discussed stem from the focus group discussion, where a finding discussed is specific to a one to one interview or written correspondence this will be explicitly stated.

Findings from the staff focus groups and one to one interviews have been analysed separately from the findings gained from members of the public for a number of reasons. Firstly, members of staff, even when discussing experiences as patients or relatives of patients, tend to have a specific knowledge of the hospital and of healthcare systems which gives them a unique perspective in comparison to members of the public. In addition, members of staff may arguably be more positive or more critical of the hospital due to their professional connection and inside knowledge. Finally, some members of staff did comment that they felt they were treated differently as patients in the hospital because they were members of staff and not from the general public, suggests that they should be treated separately in the analysis.

> *'If I go without my badge, just me, it can be very different…you'd like to think there isn't a difference for staff, but there is a difference.''*

> *'It doesn't mean to say that you're pushed through the system any faster, it just means that you have a connection to the people you're talking to I suppose and it makes that process easier sometimes.'*

Within the engagement with staff, participants talked about their experiences as patients and relatives. However, some participants also brought their professional experience within the Trust into the discussion. It was recognised that when a staff member becomes a patient this experience can be complex:

> *'It's a very different thing to suddenly be one of those patients and to experience it first-hand.'*

Positive themes

A challenge in qualitative research is that people tend to spend more time discussing negative aspects of experience than positive aspects of experience. This is not necessarily because their experience was more negative than positive, but because positive aspects of experience tend to be more similar in nature and require less discussion. For example, the positive experiences conveyed all tended to involve friendly, skilled staff and prompt treatment.

In contrast, negative aspects of experience tend to be more complex and have more variety, and so can take more time in discussion even when considering experiences that are largely positive. In a one to one interview one participant specifically expressed frustration that there can be a tendency to focus on the negative.

> *'You only really see the negative things in the media.'*

In one of the focus groups a participant similarly expressed that a focus on the negative is not representative of the whole patient experience:

> *'You come to the hospital and you see lots of different people during a visit and they're probably all very good apart from one. But it tends to be that one you remember doesn't it'.*

Despite these challenges a number of positive themes were raised by participants. In both staff focus groups positive comments tended to centre on the friendliness of the staff in the hospital. A frequent comment was that staff tended to know their patient's names and would say hello in the corridor or stop to help if they looked lost. One staff member commented that this friendly atmosphere may be due to the fact that Burton is a relatively small Trust and that staff members tend to be long standing and from the local community.

> *'The nursing staff were wonderful with them and have been very friendly.'*

> *'Everybody tends to know everybody else… it's got a little bit of a cottage hospital feel about it.'*

Within the staff focus groups and interviews there was professional and personal praise for members of staff at many different levels; from the specialised expertise of clinical staff to the thoroughness of cleaners. The value and importance of other services such as PALS, the helpdesk and pastoral services were also stressed by participants in the groups.

> *'We're also very lucky because a lot of the people who work here have come from the very big regional centres so have gained first-hand experience of working in very specialised areas and brought a lot of that experience to this hospital.'*

> *[My relative says] 'How hard cleaners work…they never stop, and they chat to her which she appreciates.'*

> *'Thanks just wasn't enough. Everyone was just so caring, dedicated, professional and the whole experience…we didn't feel that it could be improved upon'.*

In the one to one interviews one participant also commented that, in their experience, the hospital had arranged transfers of care to other services effectively. They felt that the hospital had made sure that their relative had all the support that they needed in the community when they were discharged.

> *'The hospital provided him with a Zimmer frame to go home, a commode*

to go home, a physio assessment…and for a community assessment team to go out and see him.'

On a similar note another staff member interviewed commented that they found the Diabetes Centre at the hospital valuable because of the long term, ongoing support it gave to help them manage their own condition. In their experience it was particularly useful to know where to go to or who to call if they had problems.

'The Diabetes Centre is well run and helpful… always people to ring and ask for help.'

Communication

When we asked staff members how the services offered by the hospital could be improved communication was by far the greatest theme within both the focus groups and the one to one interviews.

'I would say that that one that I think is an overarching title for every problem I have at this hospital and that's communication.'

Some participants had elderly relatives that had stayed at the hospital and felt that they were not always given explanations in a way that they could understand. It was commented that sometimes patients, particularly elderly patients, do not feel comfortable questioning answers that they do not understand.

'They'll tell them something that they don't understand but they don't like to challenge or say "I don't understand what you're saying."'

As relatives of patients some staff members also felt that they were not kept well enough informed about their relative's care. For example, experiences were shared where patients had been moved to different wards, or their care had been placed under a different consultant, and relatives had not been informed. It was discussed that it can be difficult for relatives to know what is going on because they only have a small window of visiting time and they feel that staff are too busy to talk to them, or they do not know who to talk to.

In a one to one interview, a staff member commented that they had concerns as a relative of a patient because the information they were given was '*second hand*' and they were not sure whether information had been passed properly between different staff members. It was commented that in some areas of care, for example care for people who have strokes, there are *'communication clinics'* where relatives can talk to staff members. However, this system is not applied consistently across the hospital but only in some areas. To have more of a process for relatives to speak to staff members was thought to be beneficial.

'If you go to the nurse's station there's a queue of relatives, you just give up.'

'I think as a relative visiting I would be quite reassured if I knew on this day I could have a five minute slot where I knew I could speak to someone.'

In addition to problems around communication with relatives, some staff members also felt that professionals within the hospital did not spend enough time talking to their patients. It was felt that sometimes assumptions were made about patients because staff did not spend enough talking time talking with them to check their needs and preferences. For instance, one example was given of a patient in psychological distress being left unobserved with the curtains around their bed closed. It was not their choice to have the curtains closed and they were unable to get up to open them. In effect this patient had their choice taken

away from them because it was not checked whether they were comfortable with the situation. On a similar note, in a one to one interview, a staff member described an experience of having their blood taken in a communal waiting area. They would have preferred for this procedure to have taken place in an area with more privacy but were not asked whether they were comfortable with the situation.

It was stressed by one focus group that '*communication*' should be seen as a priority for the Trust but only if that communication was '*meaningful*'. It was also felt that on occasion the communication with patients was not '*meaningful*' and could sometimes be *'lip service'*.

> *'I think a lot of the communication is not meaningful, it's just lip service.'*

> *'There isn't enough time spent just talking to patients, getting to know them and listening.'*

However, it was also discussed that sometimes there are barriers preventing staff members from having '*meaningful*' communication with patients. For example, it was perceived that professionals cannot spend as much time talking to their patients as they would like to due to competing time pressures such as administrative duties.

> *'I saw a lot of people sitting by computers inputting information… I know that's important stuff but [so is] going out and speaking to patients.'*

When the staff in this focus group were prompted as to how they felt that this barrier could be overcome, they commented that they would support a more visible senior presence on the ward.

> *[We need] someone keeping a watching brief…that gives reassurance to the patients too, they can see someone in charge who's keeping check on everything.'*

It was suggested that senior clinical staff could be enabled to have more supervisory time on the ward through the creation of an operational management administrative position. It was also felt that the way in which staff members communicate and their people skills should be taken more into account in the recruitment process.

As an overriding key theme, communication is strongly linked with a number of other issues including problems in the appointment system, food, medication and continuity of care. The general tone of both focus groups was that many potential problems in these areas could be abated through better communication and better explanations of why changes have occurred. The way in which communication impacts upon other themes will be discussed at length within discussion of those issues.

Equipment

Within the staff focus groups some issues were identified in terms of the equipment available at the hospital and how that equipment is used. One participant had an experience in the hospital when the member of staff they were seeing did not know how to use the equipment needed to take temperature. Due to their professional role this participant knew how the equipment should be used and saw that the reading taken was inaccurate because the equipment was in the wrong mode.

> *'This Doctor quite clearly didn't know how to use the equipment… couldn't even turn on the monitor to start with…we just thought what training do they actually have?'*

Some instances were also shared of patients not being provided with the correct equipment. For example, some patients were moved from ward to ward without the correct equipment and adaptations, for example a leg prop, being moved with them. Another example was given of a patient's discharge being delayed for five days whilst waiting for the correct equipment. This resulted in the patient becoming very agitated due to concerns around leaving their pet alone in their house.

Food

Food was a theme in both staff focus groups, both in terms of the food that was provided and how that food was provided. In one group a member of staff shared a negative experience involving food when they were staying in hospital. As a patient this member of staff was not asked what their dietary requirements or food preferences were and commented:

> *'the trolley turned up at times and it seemed as though nothing had been ordered for me, and so there you go, you can have whatever's left on the trolley that somebody else hadn't eaten.'*

However, in the other staff focus group a very different experience of the meals provided by the hospital was shared. A staff member commented that when their relative was staying in the hospital careful attention was paid to their dietary requirements. As their relative could only eat small amounts at a time, due to their medical condition, extra care was taken so that they could be provided with regular snacks outside set meal times. These two contrasting experiences could indicate an inconsistency in whether or not the food preferences and needs of different patients are taken into account.

Hierarchy amongst staff members

An issue that was discussed at length within one of the staff focus groups was the hierarchal staff structure of the hospital. It was felt by some members of staff that rigid hierarchy in staff roles, particularly with regards to Doctors, could sometimes be counterproductive to effective communication. Two examples of this difficulty were then given by separate members of staff. One staff member reported that there was sometimes difficulties in the supervision of Junior Doctors, with the less experienced Doctors not knowing who to contact, or feeling that they cannot contact Consultants when they are struggling:

> *[Discussing attitude of] 'You know what it doesn't really matter what happens in the middle of the night, don't call me, don't get me out of bed.'*

Another staff member commented that when their relative was a patient within hospital they observed a Doctor stopping another healthcare professional when they were in the middle of a task. This was perceived as an attitude of:

> *'"What I'm doing is more important", just very unprofessional.'*

In the other staff group the hierarchy amongst staff was not discussed at as much length, but one member of staff commented that as a relative of a patient:

> *'You're always being told, well we're waiting for the Doctor.'*

Arguably, this comment could also relate to the hierarchical nature of the hospital and issues in the coordination and communication between staff members.

The appointment system

In one focus group a number of staff members, speaking as patients or relatives of patients, also expressed frustration in the way that the

appointment system at the hospital works. A particular issue was that of appointments being frequently cancelled and rescheduled. Examples were given of patient appointments being cancelled and rescheduled for only five minutes later, and patients being given repeatedly cancelled and rescheduled appointments with different Doctors.

> *'He had one letter saying he had an appointment with Dr [X]… then he had another letter saying he had an appointment with Dr [Y], then he had a letter saying that was cancelled and then he had a letter saying he had an appointment with Dr [Z].'*

[Doctors names have been coded X, Y and Z in order to preserve the anonymity of those involved]

Another participant shared an experience of being given two separate appointments at different department in the hospital at the same time because they had not been coordinated.

> *'I had two appointments at two different departments in the hospital at exactly the same date, at exactly the same time, you know same hospital.'*

In the other staff focus group the appointment system of the hospital was not as prevalent a theme of conversation. However, one participant did comment that patients in the Ophthalmology Clinic were often waiting for a long time after their appointment was due to take place.

> *'In the Ophthalmology Clinic the waiting lists are horrendous…for some patients I hear them and they've been waiting hours and hours and they're not told.'*

One staff member also commented that more thought could be given as to where patients are travelling from so that getting appointments could be made easier for them.

> *'People in Tamworth who have to arrange transport and stuff like that, no thought goes into the time they give those appointments.'*

In a one to one interview a staff member similarly commented that the appointment system was *'badly organised'*, commenting on difficulties around cancelled appointments, inappropriately timed follow up appointment and a lack of coordination when the patient has a number of different appointments in the same day.

Movement between wards

A key issue in one of the focus groups was the movement of patients from ward to ward whilst in hospital. Frequent movement between wards was seen as a particular problem for visitors, some shared experiences of visiting time being cut short due to not knowing what ward their relative had been moved to. It was felt that movement between wards could have less of a negative impact upon the patient if more explanation was given as to why patients were moving between wards.

> *'She's been moved from ward to ward with no explanation and no communication to family.'*

Movement between wards was also seen as a barrier to communication and continuity of care due to responsibility being transferred between different staff members.

> *'Not getting familiarity with staff on the ward.'*

The timing of when patients were transferred between wards was also an issue with some patients moved as late as midnight without

explanation as to why they had to be moved at that time.

Medication

Medication being lost was another key problem that was raised. One participant described an experience of their relative being admitted to hospital and bringing in their own medication which was then lost by the hospital pharmacy. Due to this their relative could not have their usual medication and had to go *'cold turkey'* which had serious negative consequences. That the medication was lost was also not communicated proactively, the patient had to ask why which was considered unacceptable.

> *'You shouldn't have to ask "why am I not having that tablet?"'*

In addition, as the medication was brought from home it already had the patient's name on it so the fact that it was lost was a privacy concern.

Car parking

In one of the staff focus groups problems around the new car parking system were discussed at length. The new parking system was perceived as creating additional stress for patients already under strain, to the extent that some participants said that they knew of patients that had missed hospital appointments due to anxiety over parking. Another participant commented that that patients seemed to be more stressed over parking than about their medical diagnosis or treatment.

> *'When you've got other things on your mind parking is the last thing you want to worry about.'*

The extensive publicity over problems with parking was seen as creating a bad reputation for the hospital.

> *'The bad publicity and the bad feeling it's given the hospital is absolutely huge, it's constantly in the paper, it's not resolved.'*

How will we know that things have improved?

When we asked participants in the staff focus groups *'how will we know that things have improved?'* a variety of suggestions were offered. It was suggested that the Trust should consider patient experience groups and surveys and learn from the experience of *'exceptional staff'* that have been put up for awards by their patients. It was also suggested that more attention could be given to both the positive and negative feedback received by PALs. It was commented that PALs receives far more compliments than complaints and that this positive feedback should also be considered. As a general sense there was support for greater engagement with staff and the local community, and for their voice to be considered more in decision making:

> *'You can churn out statistics all you like, but if you're not getting the real nitty gritty of why things are going wrong…'*

The way in which the Trust uses both staff and patient feedback was considered in depth by staff. One participant commented that the Trust seemed to be quick to respond to patient feedback but less prompt when responding to feedback from staff. Participants within two of the one to one interviews similarly commented that they did not always feel that the Trust listened to their staff enough. An added difficulty was that it was unclear amongst staff members what exactly the process was to respond to feedback, and it was considered to vary according to tier and the individuals involved.

> *'It's difficult to know whether there's one common standard that everyone's working to for certain things such as respect to feedback or whether we're*

all doing the same thing. It's a bit of a grey area for me I suppose.'

Within one of the staff focus groups one participant shared concerns that due to the intense scrutiny the Trust is under in terms of Keogh, the CQC and other monitoring, there is a danger that response to feedback can become *'kneejerk'* and not be well enough timed and planned.

'It's almost like we've bred this culture of people that are on edge…are they responding for the right reason? Are they responding because it's a knee jerk'?

This led to a wider debate about the dangers and opportunities involved in the way that the Trust responds to change and the impact of that upon staff and patients. The general feeling of the group was that change was a necessary and positive process, but that change had to be implemented in the right way with enough explanation to staff and enough time to become entrenched.

'It doesn't allow information to become embedded because there's constant change, there's constant change.'

'It's also about the way that change is implemented and often it's implemented very quickly without enough explanation and it isn't sold to people.'

It was also felt that staff should be provided with more feedback on the outcomes of the various processes carried out within the Trust, such as the work of external consultants and the Staff Board of Governors.

Summary

The findings extracted from the staff focus groups provide a rich source of feedback on the services on offer at Burton Hospital. In terms of positive areas there were some discussions around the friendly atmosphere and how staff at all levels were valued and praised for their hard work and commitment. However, the negative aspects had much more prevalence in the discussions. Communication between staff and relatives was considered as particularly weak and in need of improvement. There were also instances highlighted where senior clinical staff were unable to use medical equipment properly which caused a certain amount of patient concern. In addition, the timing of patient movements between wards was viewed as causing distress to patients and relatives as was the car parking system.

Taking all these negative aspects together there is considerable scope for BHFT to improve patient and staff experience. The following section will now discuss the findings from the public focus groups to identify common issues.

Public Focus Groups

The following findings are based on the results of three public focus groups held at Burton Hospital Foundation Trust. The findings discussed in this section are based on either the participants' experiences of using services at BHFT, or the experiences of friends or family members.

The positives

The focus groups were designed at the outset to extract both positive and negative comments regarding services on offer at BHFT. Whilst the majority of comments received were negative, there were still a few that focussed on the more positive aspects of care. For example, staff in the Intensive Care Unit were considered as:

"The most caring they had come across"

The public stated that staff at this ward were compassionate and that it was difficult to fault staff when patients were being treated so

affectionately and considerately. Given that the majority of staff are busy and have multiple pressures placed upon them this is a major observation and one that BHFT should take great pride in.

Another example of where staff provided care that was over-and-above their remit was around the treatment for diabetes. Even though the treatment received by the respondent over the last 6 years for diabetes was 'fantastic,' the one aspect of care that really impressed them was the fact that:

> *"The Diabetic Nurse knew the names of all her patients by their first name and made the offer that they can contact her any time of day to discuss their treatment."*

The discussion at the focus group made the point that it was the little things like this that really made the difference to their experiences. In other words, a demonstration by staff that they really care about the needs of their patients. It wasn't only the Intensive care unit or the diabetic ward that people were impressed with. One respondent commended the way that the A&E department dealt with a suspected neck fracture. They were particularly impressed at how:

> *"…calm and well run the place was."*

This statement was made in light of the fact that many people at the focus group considered BHFT as a relatively small, and 'backwater' hospital.

Interestingly, whilst the A&E department had received mixed reviews, another respondent who had taken their husband to A&E at 9pm on a Friday evening were surprised when they were seen by:

> *"Someone who was pleasant, someone who smiled, [and] someone who was interested in what I said."*

A large part of the positive experience for this individual was based around the principle that they were listened to, spoken to as a human being, not patronised and:

> *"Dealt with in an efficient manner"*

In this case the doctors or specialists had kept the individual in the loop with regular communication and told the individual what would happen at each stage of the treatment process. This led the patient to feel involved in the decision making and contributed towards the individual having a positive experience. In addition, when the patient went for an X-ray, the member of staff offered to push the wheelchair back to the waiting area and also made the patient and relative a cup of tea, which in the words of the patient were:

> *"Unheard of"*

A third respondent also described their experiences with A&E. They were recently taken poorly and rushed to hospital in an Ambulance where they undertook numerous tests to diagnose the cause of illness. Unfortunately, they couldn't identify the origin. However, despite this, the patient believed they received an excellent level of service because the staff were

> *"Very nice, even though they were busy".*

Excluding the staff, there were also a number of comments made at the focus groups about the location as well as the physical environment. For example, there was a general consensus that BHFT was served well by public transport even though they would like to see:

> *"….more buses go down there."*

One focus group had dwelled on the fact that it was a *"local hospital for local people"* and transport links were generally good. However, they would have liked to have seen a "live bus time-tracker" in the hospital rather than an outdated timetable system. Transport though, had a number of mixed reviews some of which were quite negative. These will be explored further on this section.

Some wards were considered significantly better than others. For example, elderly wards were thought of as a bit grim because they were located in the lower floors of the hospital. One respondent had intimated that:

> *"They can't see out the windows. Ward 4 was dark, always dark. When you went in…..people didn't speak."*

Wards that had *"more sunlight coming through the windows"* were automatically judged to be more cheerful.

The Audiology department was considered as:

> *"Amazing, it's fantastic. The work they do is incredible"*

In this case the individual had a hearing test and then a week later was fitted with a hearing aid that was digitally tuned to his requirements. The individual in question felt

> *"….reborn."*

The individual's perception of the Audiology department was influenced by the fact that he had achieved a positive outcome after 15 years of partial deafness. In the words of the respondent:

> *"It was the most incredible experience, and they have been so good."*

A final positive point to make regarding the feedback was how the hospital dealt with bereavement. There was great praise for the Registrar who was described as:

> *"Really, really good"*

Based on the experience of this one individual, they mentioned that the individual was very kind and:

> *"Took a lot of pressure off me"*

Linked to bereavement were comments about the multi-faith chaplaincy. Given a diverse area such as Staffordshire this was considered one of the stronger points of the service offered. One individual had commented that in many hospitals, multi-faith services were limited to a single faith chaplain and that this would probably put a lot of people off from using the service.

Waiting times

Many diverse comments were discussed at the public focus groups. One of these related to how the hospital was dealing with the four hour target for emergency patients. There were examples given by respondents that were a cause for concern and subsequently raised alarm bells. For example, one person had intimated that there was 10 minutes left on a four hour wait. The nurse had noticed this and had approached the individual to ask them to

> *"Move to ward 9 to avoid failure to meet the target."*

Another individual had been misdiagnosed by their GP when in fact they had a Pulmonary Embolism which was restricting their breathing. They promptly went to A&E and had to wait almost 4 hours to get seen. When the 4 hour waiting limit was in danger of being breached, a nurse approached him and said:

> *"I'm sorry but we have to move you"*

When the patient had asked why, the nurse mentioned that they had to meet targets and

was adamant that the patient moved, which they eventually did after some protestation.

The harsh reality is that this is perhaps one of a number of methods used by hospitals to avoid breaching waiting time targets. In fact, some A&E departments are considered as exceptionally good because they have an excellent record with respect to seeing patients on time. However, as one person in the group stated:

> *"…they are just shifting people somewhere else to avoid missing targets".*

Waiting times were not just an issue at A&E. Many people thought that getting a blood test was a:

> *"Bloody nightmare"*

For example, the blood test department is open at 8.30am. However, by 8:10 there were already a significant number of people waiting to have their blood test taken. In addition, even though the department opens at 8:30am, the staff still had to prepare everything and this just caused major delays. There was a feeling that there aren't:

> *"…enough Phlebotomists to do the work"*

As a result of this one individual had mentioned that they should just go to

> *"Hill Street where they do blood tests within 5 minutes".*

Following this comment there was some discussion amongst the group around why GPs didn't send them to Hill Street instead of Burton. There was also a comment made that Parking was free at Hill Street whereas you had to pay at Burton. However, one area of concern with the Hill Street clinic was that it was only open in the mornings. However, a respondent had mentioned:

> *"Why can't they extend Hill Street to be open in the afternoons to ease the pressure at Burton."*

In addition to waiting for blood tests, the hospital Pharmacy was also criticised as having an exceptionally long waiting time. One individual had mentioned that when they went to the Pharmacy to collect medications, the staff could see there was someone was waiting but totally ignored the patients. To get the Pharmacists attention they had to:

> *"Bang on the counter to ask for assistance"*

There was a general perception that there were not enough staff employed to deal with the volume of patients using the service. In addition they stated:

> *"To stand for 20 minutes and not be taken notice of is bad"*

As a potential solution, the group discussed the fact that the health scrutiny committee put forward a recommendation for a renewed discharge policy. This involved employing a Nurse to cover the waiting rooms to ensure patients prescriptions were dealt with quickly and efficiently.

Waiting times were also an issue when complaints were made. The Patient and Liaison Services (PALS) offers confidential advice, and information on health-related matters. They provide a point of contact for patients, their families and their carers. One member of the Focus Group had been waiting for over a year to see someone regarding a serious complaint. They mentioned that it took PALS:

> *"6 months to reply"*

The discussions then focussed on how there was a perception that PALS were significantly understaffed. There was also a general feeling amongst the Group that:

> *"As an ordinary person I don't know where to go. The Ward should tell you how to complain if you're not happy with something"*

In this specific case, the individual had come across a poster at the hospital by chance that highlighted the complaint channel. However, a simpler and quicker system is perhaps required that is accessible by as many people as possible and is also visible.

Treatment waiting times were also significantly long in some cases. A group member's daughter had to wait three months to take a thyroid out due to thyroid cancer because they had been told by the hospital that:

> *"…they are too busy to take it out"*

Part of the problem, the group felt, was that the hospital hadn't expanded as the local population had expanded.

The waiting areas were also criticised by the groups. For example, there was criticism of the way the chairs were stacked up as well as the lack of a TV to keep the patient or their children entertained. This was a big issue for many people, however they all felt that this was an easy fix.

Equipment

Recently one group had highlighted that there had been an over-reaction to external inquiries that have put pressure on nurses which make staff feel continuously threatened. One member of the Group highlighted that they had heard of an issue with resus trolleys not being checked properly.

> *"One piece of equipment was 4 days past its sell by date."*

As a direct result of this, they failed the assessment and seven staff had notifications put on their records that they weren't looking after the equipment properly. This was in spite of the fact that that they had never used the equipment. In the words of one respondent:

> *"This was a panic reaction to all external inquiries"*

Another individual had mentioned a problem he had with the treatment centre. Whilst receiving treatment for a hereditary Glaucoma condition the individual was notified that he would need an operation to relieve the pressure in his eye by making a cut. While waiting for the appointment to come trough he undertook some research which raised his awareness of a new technique using lasers which had a quicker recovery tie and less complications and risks than the traditional method of alleviating eye pressure. When he raised this with his consultant, the consultant was embarrassed and mentioned that he had heard about the widely used technology but that the hospital wouldn't buy it due to the cost. The patient questioned why the consultant hadn't notified him of the alternative and as a result refused to have the operation at Burton, and instead went to his GP to see if he could find another hospital with the latest equipment.

Across the group there were other issues with equipment. One individual had to have a disc taken out a few years ago and refused to use Burton for specialist surgery and instead chose to go to Nottingham. They highlighted that:

> *"Burton is great for the break-your-arm kind of things, but I wouldn't use them for any specialist operations because they haven't got the equipment."*

This was a view echoed by a number of people. Another comment received regarding equipment concerned an Individual who had been sent to the Hospital by his GP because he wasn't happy with his heart readings. Unfortunately, when this individual arrived at the hospital he was put into the same room where his brother-in-law died two years ago. On raising this with staff they promptly agreed to move him to another room. However, when they move him they lost a key piece of equipment (a lead) which prevented the hospital from monitoring his heart and as a result he had to be discharged.

Another individual had mentioned that if you had Parkinson's you would be better off going to Derby because they have specialists there. There was general consensus however, that basic understanding of common conditions should be embedded in staff so that they can be more responsive to a patient's needs.

Staff

Whilst overall there was general agreement that staff were doing a fantastic job and were caring about their patient's needs, there was still the perception that tremendous demands were being placed on them. For example, one individual had mentioned that they went to see a GP for a prostate test and felt that the GP gave a more thorough examination than the consultant at the hospital. The consultant appeared to:

> *"...be in a rush"*

Another individual, who spoke on behalf of a colleague who had gone to Burton for a hip replacement operation and also criticised how there wasn't enough staff because they had to wait a very long time for treatment. As a potential solution, one member of the public mentioned that the hospital could benefit from having:

> *"Floater staff, so that if demand is high on any particular day they can lend a hand to reduce pressure on core staff"*

Many members of the group had commented that they had seen core staff undertaking simple tasks like taking weight and height of patients when they could be concentrating on more important tasks.

A story recited by one member gave the example of an individual who had lung cancer and was admitted to a ward where there were only 2 staff to a 40 bed ward. As a result, the basic needs of patients (such as water) weren't being met by staff. In addition, many patients went without food as many were too ill to feed themselves or even get out of bed to reach the food.

There was also an issue described where key staff were leaving Staffordshire to work in areas such as Derby where there was less stigma attached. However, at the other side of the argument were questions raised about the lack of inspirational leaders at Burton given the reputation of hospitals in Staffordshire. As a result they were:

> *"Stuck with old staff who were always firefighting [being reactive rather than proactive]"*

An example given of weak leadership was the issue around car parking. The Group discussed that had leadership been much stronger the car parking issues would have been resolved much sooner.

A lack of staff to support patients after operations is one area that participants felt needs to be explored further at Burton Hospital. Another individual who had had another hip operation was desperate to leave the ward because:

> *"He hated it in there..."*

His partner had come to collect him and was surprised that the individual had not been given any support crutches to assist him. The nurse had asked the patient:

"Can you walk with your crutches"

When the patient informed her he could, she asked whether he was ok to manage the steps to exit the building at which point he replied that he was. The partner was surprised at this because the patient had not received an assessment or was instructed how to use the stairs because they were short staffed.

Shift changes were considered as particularly bad at Burton Hospital. The experiences of one individual highlighted that during this change, staff were often rushed because they were busy catching up with everything that has happened. As a result, they were:

"Very nasty and snappy, which nobody deserves"

Linked to this is the fact that when relatives ask staff for information or updates on patients, the staff often admit that they don't know what's going on with the patient. This is quite a serious issue because if there are no other medical staff around, the member of staff may get into difficulty unless they know everything there is to know regarding the patients. This issues is also pertinent to temporary staff who are just covering and was also highlighted during the staff focus groups.

Communication between staff at the hospital was considered poor in a few isolated cases. There were some issues with senior managers not listening to people in more junior roles with the majority of communication from the top-to-the-bottom rather than vice versa.

There was also the perception that staff were standing around gossiping rather than seeing to a patient's needs.

Patient movements

It was highlighted earlier on in the report that patients were often moved to wards when they were in danger of breaching the four hour waiting target. However, there were also a number of issues raised about patients being regularly moved between wards. For example, one respondent had indicated that patients in intensive care received one-to-one care but when they were moved to different wards, the level of care began to become divided amongst many more patients. This was described as:

"A big change…..and not having the support can be very stressful for patients and relatives"

The quality of care was not the issue here. It was more related to the fact that the constant changes in wards and staff were disorienting patients and leading to confusion. It was also quite stressful for relatives who were often not notified of ward changes. A respondent had highlighted that:

"Nurses don't move with people, which is a problem"

To avoid the stress and disorientation to the patient it was suggested that staff could:

"Explain the move slowly to patients to ease them into the change"

Parking

Parking is a constant theme that has emerged from this study. It was highlighted how the:

"Parking system should be improved!"

And that

"Burton Hospital parking is complicated"

The parking was considered a significant problem for the elderly who were often

"Caught out, and taken advantage of"

This was due to the complexity of the system which relied on patients ensuring they put the correct time and registration number in when paying. However, it was mentioned how the technology must already collect the time when people arrived because they would issue fines if the time was input incorrectly.

A lack of strong leadership was highlighted as a key factor in not having the car parking system sorted out. As a result, the introduction of the new system was viewed as a:

"PR disaster for the hospital"

There was also some debate in the focus group regarding how patients and relatives should have been consulted with much earlier in the process to avoid the patient dissatisfaction.

Another point made regarding the system was how many people often put in more money than they needed to, to avoid any risk of receiving a fine. As a result, it was perceived that:

"They must be making a fortune"

In addition, when an individual went to complain to the parking attendant in the cabin that there were large queues outside the pay machines and to help the people because they couldn't see the signs or understand how to use the machines, the attendant just stated:

"They should read the instructions and if they can't it's their fault"

It was not only the system of paying for parking that was mentioned as an issue, it was also the lack of available parking spaces. The general feeling amongst the group was that whilst the hospital had expanded, the car parking spaces had not. As a result of this:

"If you go in at certain times, you have no chance of parking"

To overcome this barrier many people chose to park in residential areas surrounding the hospital which obviously caused inconvenience to local people.

Comparing hospitals

Burton Hospital was generally highlighted as being great for generalist and routine treatment, but not for more specialised operations. One individual had mentioned that if a comparison was to be made between Queens and Derby hospitals then the Derby experience was:

"Second to none"

This was primarily because Derby was viewed as having better equipment and more consultants to deal with patients. Derby was also considered as having dedicated departments for specialities which instilled confidence in the public.

Upon further examination of the statements made during the focus groups an example of how Derby differs from BHFT came to light. In this example, both hospitals had an area dedicated to the treatment of eyes. However, where Derby really excelled was in the way it provided information to eye patients. At Derby they provided information in yellow which apparently is better for people with eye conditions and hard of sight. However, at Burton, information was provided in the traditional way – on plain white paper. This example highlights the extent to which the two hospitals differ in meeting the needs of patients.

Stark differences in the time taken to get appointments at different hospitals were also discussed. For example, one respondent had indicated that the waiting time at Burton Hospital for an appointment was approximately

6 weeks. However, at George Elliott Nuneaton, it was stated that you could probably be seen next week. In fact, on member mentioned that:

> *"If you shop around you can often get earlier appointments"*

Patients seeking treatment mentioned that they would rather go to Derby than Burton if they had a suspected heart attack because:

> *"They wouldn't trust Burton"*

However, some individuals stated that they would rather go to Burton because they would currently be under a lot more scrutiny and:

> *"Wouldn't dare do anything wrong"*

However, Derby still stood out as the preferred choice. Another respondent mentioned that they liked Derby because they have people there that guide you to wherever you need to go. They:

> *"Marvelled at the operation. I was there at 7am, they did the paperwork in 20 minutes, and I was out by early afternoon"*

This smooth experience from admission through to discharge had impressed the patient immensely. However, for many people Burton remained a local hospital for local people and was considered:

> *"Great for diagnostic purposes"*

Food

As perhaps is common with many hospitals across Staffordshire and England, the food provided to patients was heavily criticised in the focus groups. In one case described by a respondent, the patient disliked the food so much that

> *"She kept losing weight "*

Feeding was highlighted as a particular problem area for patients that found it difficult to get up and feed themselves. This comment may have been a reference to an observation made prior to 2011 before the introduction of the 'red knife and fork' symbol which indicates that certain patients need assistance at meal times. There were numerous anecdotes provided in the focus groups where the food was left in front of patients even though the staff knew that the patients would not be able to feed themselves. One respondent stated:

> *"They don't sit there to help them eat. And then come back and say 'oh, they haven't eaten that' and take it away"*

A similar situation exists for water. Some bed ridden patients are unable to reach for water and as a result:

> *"They get UTI's because of dehydration"*

The other issue around food was the fact that it didn't take account of different people's needs. In addition many people could not understand why family were discouraged from visiting patients when they could help with feeding. In the words of one respondent:

> *"Meal times are a social occasion so why should patients eat alone"*

It was also highlighted that patients like to choose how much of something they want to eat. However, at the moment they just get a standard proportion like everyone. One member of the group intimated that things might be changing in the near future where it will be more of a buffet style system of food selection.

Summary

The focus group findings have highlighted many themes or perceptions experienced by both

staff and the local population during the discussions. The main ones have been extracted into the following table so that comparisons can be easily made.

Staff	Public
▪ Friendliness of staff ▪ Weak communication between staff and patients & relatives ▪ Lack of staff training on equipment ▪ Inconsistency in food between patients ▪ Rigid hierarchy amongst staff ▪ A frustrating appointment system ▪ Issues with moving patients between wards ▪ Lost medications ▪ An overly complex car parking system ▪ Constant change	▪ Caring staff ▪ Well served by public transport ▪ Chaplaincy service ▪ Too much focus on meeting targets ▪ Long wait for blood tests ▪ Staff shortages ▪ A panic to all external inquiries ▪ Lack of investment in new equipment ▪ Confusion after shift changes ▪ Disorientation from ward changes ▪ Complicated parking system ▪ Weak leadership ▪ Derby considered as better ▪ Food needs to be improved

Common themes identified between staff and the public include friendly and caring staff, a confusing and overly complex car parking system, low quality food, and disorientation issues when patients are moved between wards.

Conclusion

This study has provided some unique insights into staff and public perceptions of services on offer at Burton Hospital. Whilst some positive experiences were identified, the majority of the findings tended to focus on negative aspects. Given that this was expected at the outset of the investigation, the feedback received should be considered in terms of providing an opportunity for BHFT to continually improve as well as demonstrate how it is responding to patient and staff feedback. Failure to resolve some of the issues, which in some cases were perhaps isolated incidents, may lead to further incidents which require greater intervention.

The final section of this report presents a number of recommendations for consideration by BHFT.

Recommendations

The feedback collected as part of this study will provide an opportunity for BHFT to undertake a review of how it delivers services to patients as well as how staff involvement can be improved in the short, medium and long term. ECS propose the following recommendations to help BHFT to overcome some of the negative aspects of staff and public concerns.

1. COMMUNICATION

- Communication skills and customer care should feature strongly in recruitment criteria
- The Trust should consider how best to make use of existing patient feedback tools it has and how these can be enhanced. For example, consideration given to enhancing the Friends and Family Test to make the results more useful to the Trust in service improvements, creating more patient groups to capture qualitative feedback on an ongoing basis (e.g. a food group, or groups focussed on particular conditions etc.)
- The Trust to introduce a 'You Said, We Did' initiative into the communications plan to demonstrate that it is listening to patient's needs.
- Staff to be encouraged to have dedicated communication and staff listening time on each ward each day by creating/revising ward round structure.

2. EQUIPMENT & TRAINING

- To make improvements to complaints promotion and handling by introducing a structured training programme
- Doctors and clinical staff to receive structured training before using medical equipment
- The Trust should consider how it wants to position itself within the local health economy, and then communicating this vision to provide strong, inspirational leadership as a basis for future investment decisions on such issues as equipment.
- Create a register of inspection dates for equipment to provide an early warning system of re-check dates

3. PARKING

- The parking system needs an urgent review as it is affecting both patient experience and the Trusts reputation
- Public consultation should be both visible and comprehensive

4. PHYSICAL ENVIRONMENT

- The Trust to consider introducing a 'live' bus tracker to provide patients with up to date information on public transport routes and delays
- The Trust should consider improving the lighting and feeling of isolation on elderly wards

5. PATIENT NEEDS

- A culture of involving patients in their care needs strengthening by involving patients as much as possible in their care (e.. whether they want the curtains open or closed)
- Given comments made about people not being given sufficient support to eat their meals, and protected mealtimes being perceived as preventing relatives and carers being present and helping their relatives, the Trust should review their policies on food and fluids in line with best practice and the guidance due to be issued by the Hospital Food Standards panel later this year.
- The Trust should make every effort to minimise the movements of patients between wards, but when this is necessary they need to build into the process notification of relatives/carers.

6. APPOINTMENTS & WAITING TIMES

- Opening times for Phlebotomy to be reviewed
- Multiple appointments to be better co-ordinated so that they don't inconvenience patients
- Ensure patients are not inconvenienced as a result of focus on 4 hour targets

7. CONTINUOUS IMPROVEMENT

- Although the Trust has introduced a system of supernumerary ward managers, comments are still being made about the need for this kind of oversight and co-ordination, so the Trust may wish to consider conducting a review of the implementation of this initiative to test its effectiveness.
- Increase headcount for administrative roles to free up clinical staff
- Recruit inspirational leaders to drive forward positive change and embed a positive culture

Taking all these recommendations together the fundamental question that needs to be addressed is 'what are the aspirations of Burton Hospital Foundation Trust'? For example, does BHFT wish to be an excellent district hospital with great routine and diagnostic services, but continue to send all the specialist areas to other hospitals or should it do a bit of both and develop some specialities but refer on for others? A clear vision and strategy for the future position of the trust would help address these points and the comparisons made by patients with other hospitals.

Bibliography

[i] Public Health England. 2013. *Health Profiles 2013: Staffordshire*. London: Crown Copyright 2013.

[ii] The Open Government Licence can be viewed at: www.nationalarchives.gov.uk/open-government-licence

[iii] NHS. 2013. *2013 National NHS Staff Survey: Brief summary of results from Burton Hospitals NHS Foundation Trust*. NHS, pp. 11-19.

APPENDIX

Quality Plan

ECS has a responsibility to ensure that the evidence and insight it creates is of high quality and aligned to best practice across the industry. Research ultimately provides the evidence on which sound decisions should be made, which is why it is important to state up front how quality will be ensured during this project.

The Evidence & Insight Team underpins its research activities by applying the Market Research Society Codes of Conduct, which allows us to demonstrate that we are credible, fair and transparent. ECS is now a company partner and accredited by the Market Research Society.

ECS also adhere to a strict data protection policy to ensure that:

- Everyone handling and managing personal information internally understands they are responsible for good data protection practices.
- There is someone with specific responsibility for data protection in the organisation.
- Staff who handle personal information are appropriately supervised and trained.
- Queries about handling personal information are promptly and courteously dealt with.
- The methods of handling personal information are regularly assessed and evaluated.
- Necessary steps are taken to ensure that personal data is kept secure at all times against unlawful loss or disclosure.

ECS also have firm guidelines for data storage, data retrieval, data security and data destruction. There is also a strict process in place should a data breach occur (which includes containment and recovery, assessment of ongoing risk, notification of breach, evaluation and response).

To further ensure the quality of the final report, an internal peer review process was initiated to ensure that the report is fit for purpose before submission to BHFT. Where data is not robust it will be statistically suppressed to prevent disclosure.

[i] NHS. 2013. *2013 National NHS Staff Survey: Brief summary of results from Burton Hospitals NHS Foundation Trust*. NHS, pp. 11-19.