

# Agenda Item: Trust Board paper J TRUST BOARD – 30<sup>th</sup> October 2014

# Patient Experience story – You never get a second chance to create a first impression

DIRECTOR:	Rachel Overfield, Chief Nurse
	Jeanette Halborg, Head of Nursing CSI CMG
AUTHOR:	Rona Gidlow, Consultant Radiographer and Q&S Lead for Imaging
DATE:	Michelle Scowen, Matron CSI/Imaging  30 <sup>th</sup> October 2014
PURPOSE:	To describe for Trust Board the experience of a patient when attending a radiology investigation at Leicester General Hospital and how services have been changed in response to this experience.
	The CSI Clinical Management Group (CMG) takes all feedback from patients very seriously and uses feedback to review practices and care.
	The CMG would like to share this poor experience of care with Trust Board and use it to illustrate their commitment and drive to improve care delivery leading to patient led services.
	Summary / Key Points: A patient attending for a radiology procedure shares their experience using video feedback. There are three main aspects:  1. The embarrassment this female patient felt sitting in a waiting room with male patients only clothed in a procedure gown  2. The dismissive way she was spoken to by a member of staff  3. Lack of explanation given during the procedure.
	Actions in Response to Feedback At all staff meeting's this patient's experience has been discussed, allowing staff to see the services they provide from the patients perspective. This has proved very powerful and the issues of privacy, attitude and information provision have been discussed in a constructive manner, allowing staff to learn and improve.
	Elimination of Mixed Sex Waiting Area Facilities There have been improvements in the provision of single sex facilities at Leicester General Hospital imaging department as follows:
	> The new build to accommodate a second CT scanner has meant that it has now been possible to provide separate male and female waiting areas
	➤ Patients having a plain film x-ray with the requirement to wear a gown now have separate areas within the imaging department to ensure that undressed patients in gowns are not sitting in waiting areas with fully clothed patients
	➤ There are a large number of patients having investigations that require wearing a gown. The processes have changed ensuring those patients are encouraged to wait in individual changing cubicles until their procedure. This has prevented the need for patients to wait in a mixed sex waiting area. If the patient wishes to wait in the waiting room this is entirely their choice.
	Notices have been placed in the cubicles where patients change to ensure that they are aware they can wait inside the cubicle should they wish until called for their investigation, this reinforces the verbal guidance given by staff.

- Gowns used at the Leicester General Hospital are either paper or cloth. The cloth gowns are only one size, go on over the head and have an opening at the back. The patients' size and shape will depend on the level of dignity maintained. The paper gown fastens with a belt. This is a similar problem in other areas across the Trust and has now been raised with the Patient Experience Team who are currently investigating options. Until a suitable alternative is found, dressing gowns at an additional cost will be provided for patients.
- ➤ The Matron for the Imaging Department has conducted a full audit of the privacy and dignity issues for the Leicester General Hospital Imaging Department and a risk assessment has been added to the risk register scoring 15. An action plan to resolve the issues highlighted is in the process of being implemented.

## Poor Attitude of Staff and Patient Explanation

The Radiographer who performed the CT scan for this patient was identified and asked to review/reflect on the concerns raised regarding their manner and communication style. On discussion the member of staff acknowledged that on occasions, they may come across as abrupt and lacking in empathy.

The member of staff has been set clear performance objectives in relation to communication and patient perceptions of compassionate care. One of the many objectives was to attend a bespoke communication day arranged for cross sectional imaging staff in September this year. At a subsequent review meeting for this staff member the individual indicated they found the communication course very helpful and now has a better understanding of how and why they need to modify their approach to patients.

A recurrent theme in complaints received within Imaging relates to staff attitude, therefore a bespoke communication development day has been organised with De Montfort University to address the issues relating to staff communication both verbally and non-verbally. All Imaging staff has attended this development opportunity.

The CMG, with support from the Organisational Development Team, have also developed its own in-house course relating to communication and customer care called Delivering Fundamentals. This course focuses upon information provision and ensuring clear explanation for patients. To date 30 members of staff have attended and another 20 members of staff are booked to attend. The course will be evaluated from feedback received and impact on the service to determine if further courses are required.

### **Future Actions**

The CMG take seriously any concerns raised by patients, their families and the public and review all feedback and lessons to learn at the CMG Quality and Safety Committee and CMG Board.

As a result of this patients feedback the CMG have reviewed other areas across the CMG. All transferable improvements have been incorporated as appropriate within imaging facilities on all three sites and improvement plans agreed. The following improvements have already begun:

The Light Therapy Treatment Facility at the Leicester Royal Infirmary currently fails to meet the expected single sex changing facilities and privacy agenda that the CMG strive to achieve. A charitable funds proposal costing £8.5K to refurbish the area allowing separate male and female changing has been submitted and accepted and building work should start in the near future.

PREVIOUSLY CONSIDERED BY:	The planned rebuild of the Emergency Department Imaging service has incorporated all of the expected single sex changing facilities and privacy and dignity agenda that the CMG require. The architect's plans incorporate all the recommendations that the Imaging team submitted ensuring high levels of privacy across the new facilities.  None
Objective(s) to which issue relates *	1. Safe, high quality, patient-centred healthcare 2. An effective, joined up emergency care system 3. Responsive services which people choose to use (secondary, specialised and tertiary care) 4. Integrated care in partnership with others (secondary, specialised and tertiary care) 5. Enhanced reputation in research, innovation and clinical education 6. Delivering services through a caring, professional, passionate and valued workforce 7. A clinically and financially sustainable NHS Foundation Trust 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	<ol> <li>Patients are encouraged to share their stories of care within the trust.</li> <li>CSI CMG has a PPI action plan which is discussed at the CMG Quality and Safety Committee, CMG Board and with the Patient Advisors for the CMG.</li> <li>The Head of Nursing and Matron for CSI meet monthly with both Patient Advisors who are actively involved in the CMG.</li> </ol>
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	N/A
Strategic Risk Register/ Board Assurance Framework *	X Strategic Risk X Board Assurance Not Framework Feature
For decision	For assurance X For information

We treat people how we would like to be treated
 We do what we say we are going to do
 We focus on what matters most
 We are one team and we are best when we work together
 We are passionate and creative in our work

<sup>\*</sup> tick applicable box