



'What Does Good Look Like'? – A report of a series of focus groups run with patients and patient representatives at Mid Staffordshire NHS Foundation Trust during September 2010.

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The following quote was used in the focus groups to start the conversation about what 'good' means.

"Good morning!" said Bilbo and he meant it. The sun was shining and the grass was very green. But Gandalf looked at him from under his long bushy eyebrows that stuck out further than the brim of his shady hat.

"What do you mean?" he said. "Do you wish me a good morning, or mean that it is good morning whether I want it or not, or that you feel good this morning, or that it is a morning to be good on?"

The Hobbit - J.R.R. Tolkein



Foreword

May I take this opportunity to thank everyone who took part for their invaluable time and commitment at the recent Focus Groups to discuss 'What does good look like?' The information and feedback generated by the groups is extremely helpful to us in improving the care we offer patients and families at Mid Staffordshire NHS Foundation Trust.

We hope you will find the report as interesting and informative as we have.

The report outlines some important points for us to take note of and we will be sharing this information with our staff. We are also using the feedback to help us develop important questions that will be used to ask patients about their experience here in the hospital, as part of an on-going survey carried out with patients.

Additionally we will be discussing the report at a specially arranged meeting with our regulators, which are the organisations who are charged with making sure we do a good job. Your feedback will be used to ask them to consider measuring us against how well we are doing from the perspective of our patients.

We will be writing to all those who have taken part to inform them of the outcomes of our discussions and hope that this marks the start of an on-going relationship with our patients and patient representatives about whether we are doing a good job.

**Antony Sumara,
Chief Executive
Mid Staffordshire NHS Foundation Trust**

5 October 2010



The purpose of the focus groups

Mid Staffordshire NHS Foundation Trust are required to satisfy their patients and those organisations who are established to regulate them that they are able to provide a good service. The hospital wants to ensure improvements are patient led and that standards will be developed from the perspective of patients.

The focus groups were arranged in collaboration with Patient and Public Involvement Solutions to enable the Trust to understand from the perspective of patients and patient representatives 'what good looks like'?

There are four main organisations that implement targets and success measures as a way to monitor how well the Trust is doing. Those four organisations are:

- South Staffordshire Primary Care Trust - responsible for designing, planning and developing better services for patients
- The Care Quality Commission - responsible for making sure better care is provided for everyone in hospitals
- Monitor – responsible for regulating NHS Foundation Trusts
- The West Midlands Strategic Health Authority – responsible for ensuring patients across West Midlands have faster access to the highest quality services possible.

The feedback from the focus groups will inform a specially arranged discussion with these organisations about measuring the Trust from the perspective of patients and patient representatives.

The method we used

The focus group method was chosen as it facilitates the ability for small groups of people to consider a specific topic in detail using discussion, it creates information based on what people say rather than measuring amounts of responses to set questions. This was felt to be appropriate for the subject as well as enabling people to have a discussion in an informal and safe environment.



There were four groups in total. Two groups were aimed at patient representatives. This included people who are actively involved with the Trust or health services locally and who were representing themselves or others, for example, Foundation Trust members and public governors, volunteers and members of patient groups.

The other two groups were aimed at patients who used either in-patients or out-patients services at Mid Staffordshire NHS Foundation Trust during July. Groups took place over two weeks in September.

From the first group of patient representatives we sent out 48 invitations. There was an excellent response and further enquiries about attending were made via word of mouth. Both groups were fully subscribed. 31 patient representatives took part. Others were keen to take part and have requested to be kept informed along with 2 people who couldn't make it on the night due to ill health.

106 invitations were sent out to a randomly selected group of patients who had used services in July. There were 9 positive responses with one being unable to attend on the night. A number of people were interested to attend but couldn't make the dates and 21 confirmed they would be unable to attend.

Focus groups are small discussion groups therefore the discussions were not adversely affected by the smaller numbers in the groups with patients. The majority of those who attended from this group had not attended anything like a focus group before and talked about being nervous of what it entailed.

To facilitate the groups a series of prompt questions were devised. Each focus group was independently facilitated and notes taken by a team from Patient and Public Involvement Solutions on flipchart paper, the groups observed the notes as they were being recorded. Each group ran to the same timetable and the same prompt questions were delivered in each group.

Prompt questions were:

- What does good mean?
- What are the basics you would expect in a Hospital?
- What is important to you about a hospital?



- What would make you use one hospital rather than another?
- What would make you write a 'thank you' letter?

The questions were deliberately chosen to make sure they wouldn't lead people into answering about particular aspects of a hospital and its services and that they would allow people to respond entirely as they wished in the context of the group. They were also chosen to allow people to think about a hospital without it necessarily being about any hospital in particular. People responded with experiences and feedback drawn from a wide variety of hospitals in the UK and even abroad. Much of the feedback however was related to peoples experiences in hospitals locally and particularly Stafford and Cannock Chase hospitals.

Each participant was asked to observe confidentiality in terms of any disclosure of personal experiences and all participants were asked to respect any difference of opinion expressed during the groups.

All participants approached the focus groups with an overwhelming generosity of spirit. People shared what were sometimes difficult stories to re-count with honesty, strength and an over-riding willingness to be a part of a positive future for Mid Staffordshire NHS Foundation Trust.

Patient and Public Involvement Solutions would like to thank all participants for their time, commitment and openness. We hope this report accurately reflects what people had to say, and that it does so in a way that will enable the perspectives of those who have taken part to form the basis of a true understanding of what good looks like from a patients perspective and that those perspectives are used to measure how well the Trust is doing.

Our key findings

From the discussions, all comments bar a small number of specific statements could be grouped in the following themes and are set out below in order of how frequently they were raised with the most frequently discussed first:

1. Communication – 26% of total recorded comments



2. Public perception – 22% of total recorded comments
3. Management – 15% of total recorded comments
4. Being treated as an individual – 9% of total recorded comments
5. Dignity and care – 9% of total recorded comments
6. Environment – 7% of total recorded comments
7. Clinical outcomes – 6% of total recorded comments
8. Administration – 4% of total recorded comments
9. Hospital as part of the community – 2% of total recorded comments

By holding the focus groups separately with patient representatives and patients it gave us an opportunity to see whether there were differences of opinion about 'what good looks like' depending on levels of knowledge about the Trust. Key findings in fact show a very similar pattern of response across all four focus groups with no discernable difference between patient representatives and patients recently using services.

We will take each theme in turn to describe in more detail what people had to say. Direct quotes are a powerful way of showing peoples responses to 'what good looks like' and so we will use the comments shared to illustrate how people feel about the topic.

We will then present a conclusion and some suggestions as to what might happen next.

Communication

Communication was the single most talked about topic in response to each of the prompt questions and at each of the focus groups. Broadly it can be broken down into comments about:

- Attitude
- Customer care



- Information giving

People spoke strongly about the impact of communicating effectively. For example the importance of a warm welcome, a smile, shaking hands and being looked in the eye:

“It makes you feel very differently when you are treated nicely. Abrupt staff make you nervous about treatment”

“Its not just about being nice, it’s about making us feel important”

“Talk to us, not at us”

“Two way communication”

How people are communicated to has a powerful impact on how they view the hospital, whether they feel valued and how empowered they feel to be partners in their care.

Information was also an important element of the feedback about communication. There were two main elements to information giving. Firstly, people feeling informed and able to make an active choice. This is not necessarily in relation to choice about a particular treatment or doctor but about aspects of how the patient uses services. For example, whilst waiting to be seen for a pre-arranged appointment that is running late, being informed of likely waits so as to decide whether to re-book, or phone to re-arrange a lift.

Additionally there were comments about being informed of what is happening. For example, where tests are, how long they might be, what options are being considered and what has been written in notes. The following comments help to sum this up.

“Keep us informed throughout, it prevents worries and grumbles”

“Unknowns are frightening and when you are already vulnerable, it is even worse”

“If you feel frightened, it impacts on recovery and because you are scared you get even more scared to ask anything”



Public Perception

How greatly people are influenced into believing something is good or not by the opinions of others cannot be underestimated. A very strong theme coming through all the focus groups against each of the prompt questions was in relation to the perception of others and particularly perceptions generated by the media and the impact of this on the community and the hospital.

Broadly it can be broken down into comments that relate to:

- The media
- What others say
- Trust and confidence

People spoke at length about the media and how stories have been portrayed about the hospital. Without exception those taking part in the groups who voiced an opinion on the media felt that some of the stories reported have had a negative impact on the Trust and the levels of confidence among people across the community about the services that are provided. Many people felt that the media stories were unhelpful and from their own experiences felt they were often inaccurate and didn't present a balanced view. A number of people expressed their anger at the media.

"The media has a lot to answer for, they have negative expectations and make people worry"

"It means when people get here the staff already have that hurdle to climb"

"The press is anti-hospital"

People expressed concern about the impact of negative stories on whether someone would seek advice and treatment.

"I hear people say, I would not go to that hospital – it puts people off"



There was a general feeling from those that took part that they wanted the Trust to be able to move on from what had happened in the past. That it was now having a negative impact on the future.

“Time to move on”

“Its like picking at a sore”

“We need to support this hospital or it will go”

“We need to improve the image for the staff too, its not fair on them”

Management

The way hospitals are run and how they are managed was referred to consistently throughout, mostly this was in relation to how wards are managed on a day to day basis. Broadly this included comments that referred to:

- Training
- Staffing
- Leadership
- Teamwork

There were a number of recurring reference points about management outlined throughout each of the sessions. People talked about the need to make sure staff are adequately trained. There were a number of comments about the training of nurses to degree level and a perceived view that this sometimes led to wards not working as a good team. People expressed a view that all the jobs on the ward are separated and carried out by different teams rather than, the business of a ward being led by one person who leads all staff and takes an overview of all aspects of the running of the ward.

“Has nurse training changed?”

“Needs somebody on the ward who knows about everybody”

Additionally in relation to nurse training people felt that this was having an impact on what ‘nursing’ was about. At two of the groups



specifically people talked about nursing focusing too much on clinical aspects and management and not enough on basic care. There were also comments about returning to a system of matrons and ward sisters. There was a sense that this would create a greater sense of teamwork with solid leadership.

“Too much management for nurses”

“If a good team, then when there are staff shortages – people will cover for each other”

“No team spirit. They shouldn’t isolate from one another. There will be no professional pride”

“A good hospital is when you walk in you would see how staff are motivated and pass this on to patients”.

People also talked about the need for everyone in the hospital to take responsibility for their part, from the Chief Executive to the cleaners. There was also a perception that hospitals are run by ‘managers’ and that they should be run by people who understand what needs to be done on the ‘shop floor’ and that hospitals should be run ‘from the bottom up’.

Being treated as an individual

Broadly speaking this could be brought together as comments about:

- Flexibility to meet individual needs
- Respect

Amongst all discussions there was regular reference to the need for people to be seen as individuals, to be considered within the context of their own lives and to be seen as important in their own care. Failure to do so was described as leaving people feeling unimportant, confused, scared and worried. People described how this had an effect on their ability to make decisions and to feel empowered as the most important person in their care.

“Ability to meet my need”



“Staff knowing patients needs”

“Open visiting”

“I negotiated to stay with my husband and to do some of his basic care – it worked really well”

At a basic level people wanted to be seen as who they were.

“Being treated as a human being”

In response to the question ‘What does good mean’, one person said:

“To be normal”

One participant summed it up in response to the question, ‘What would make you use one hospital rather than another?’:

“A hospital that makes you feel you matter”

The last question given to participants to discuss was ‘What would make you write a thank you letter?’, one participant responded with:

“Taking time to make you feel like a person”

Dignity and Care

Closely behind being treated as an individual were comments about dignity and care. In the main these were in reference to people being treated with dignity and having their basic human needs met with care.

Broadly this fell in to the following categories:

- Access to food
- Single sex wards
- Privacy
- Confidentiality

The following comments sum up a range of points made:

“Conversation between patient and nurse overheard – inappropriate”



“Nurses need to care not just nurse”

“I was questioned about whether I had showered before admission – made me feel dirty”

“People need space to die with dignity – sharing other families bereavement is wrong”

Support in relation to helping people with mealtimes was discussed in a number of the groups.

“Hospitals should have a befriending scheme for patients who have no one – someone who could help at mealtimes”

In response to the question, ‘what would make you write a thank you note?’ one participant gave the following example, “cleaning his glasses everyday meant that he could see and that he felt cared for”

Environment

There are elements of ‘What good looks like’ that are environmental.

Broadly speaking they came up in the focus groups in the following categories:

- Cleanliness
- Hygiene
- Buildings
- Parking

By far the most often discussed category within this theme was cleanliness and hygiene. Whether perceived, for example one group talked about a hospital “smelling” clean, or real; others talked about having seen dirty toilets and floors. There is no doubt that cleanliness plays a significant part in a good hospital. There was also discussion in three of the four groups about uniforms and whether wearing them to and from work for example was a health hazard.

“You used to have to change in hospitals – now uniforms can be worn anywhere. This concerns people that it isn’t hygienic”

Clinical Outcomes

Getting the right treatment at the right time by the right person was considered a basic in each group, and the following categories emerged from the comments:

- Safety
- Quality
- Specialists

Participants were clear that getting the treatment you need is essential, but they were also keen on occasion to balance this with comments about good communication. One participant expressed that they would prefer to see a less well respected specialist and receive the treatment in a hospital that they trusted and felt comfortable in. The following comments are an example of what people had to say:

“Cause no harm”

“Treated effectively, positively and kept informed”

“That you will get treated and get well”

“Good treatment when I need it”

“Physical and emotional comfort”

Administration

Good administration was seen as essential. Comments about administration were often around frustration when simple things go wrong. For example, wrong dates on letters, poor instructions on where to come. These were seen as often being the things that started a bad experience. People talked about being more aware of



other things going wrong if the simple things are not correct, that the little things matter.

People also talked about bureaucracy and decisions getting tied up in 'red tape'.

"Too much administration"

"The NHS has fallen over its own structure"

"Letters are the first point of contact, if its not right it is an issue"

"Taking care of notes properly prevents errors, if errors happen be honest"

The hospital as part of the community

The last element that emerged as a theme was the hospital being seen as a part of the local community. Much of the comments about this were in relation to wanting to be proud of the hospital and for it to be somewhere that is there for local people.

"We want it to be part of our community"

"We need to support this hospital or it will go"

"I want to have confidence in the local hospital and for it to succeed"

General comments

People also made a number of general comments and statements that don't create a theme but that are important pieces of feedback to bring forward in this report.

One group was particularly keen to understand why the regulators had not spotted what was happening in Mid Staffordshire Hospital.



Another group was keen for the focus group to be run specifically with a group of young people as they felt they might give very different response to the groups we met.

Two of the groups talked about running the focus groups with different staff groups.

One group requested that the report be provided to all staff and that it should be passed to the University with a request for the comments to inform training.

Feedback received from participants about their involvement in the focus groups was very positive with 100% being interested to be involved in something similar in the future.

Conclusion

Feedback through the groups from participants provides an excellent start in determining how Mid Staffordshire NHS Foundation Trust can be measured against what its patients and patient representatives think good looks like.

The importance of effective communication at every level cannot be under-estimated, with recognition of the far-reaching personal consequences of not communicating well.

The impact on peoples trust and confidence in a hospital due to negative stories, experiences and media is clear and has a profound impact on how a hospital is used and the levels of expectation that are placed upon it. To some extent we could say a 'good' hospital is a hospital that people believe is good, based on positive experiences that are shared through the media and through the informal sharing of experiences.

A good hospital is described as one that has solid leadership and effective management, with teams that work well together and focus their work on the whole patient journey.

Preserving dignity and providing basic care in the spirit of humanity comes through clearly as an essential component of a good hospital. Failing to meet basic care needs is not acceptable and a change in the culture of providing care to ensure patients are seen



and treated as individuals in the context of their own lives is essential.

Next steps

Formal recognition of what 'good' is from a patient and patient representative perspective and how it can be determined against each of the themes should now be developed.

This next stage in the process should be undertaken with patients and patient representatives. Against each theme, a number of measures and indicators should be developed that can provide the basis for patient led regulation.

The regulators are asked to consider formal adoption of the themes presented in the report along with subsequent measures and indicators as a key part of the regulation process of Mid Staffordshire NHS Foundation Trust.