



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Programme: MSc Public Health and Social Care in Practice

Module name: Quality Assurance and Service Improvements

Module code: LCHS7006

Student name: Jhanvi Chaudhary

Student ID: 2430968

Lecturer: Shepherd Ziko

Poor patient experience and complaints at Staffordshire NHS Group

Table of Contents.	Page number
1. Introduction.	3
2. Main Body.	5
2.1 Fish bone diagram.	5
2.2 Five Whys.	6
2.3 The Donabedian Model.	7
2.4 SWOT analysis.	8
3. Recommendations	9
3.1 PDSA cycle.	9
3.2 Lean Methodology.	10
3.3 Six sigma/ DMAIC	10
3.4 QI Digital feedback system.	12
4. Conclusion.	14
5. Reference list.	15

INTRODUCTION

In the Staffordshire NHS Group, poor patient experience has become increasingly important as a quality issue, reflecting broader difficulties encountered throughout the National Health Service (Smith, 2023). According to the NHS Quality Framework, patient experience is one of the three pillars of quality, along with clinical efficacy and patient safety (Darzi, 2008). Negative patient experiences should be a top priority for quality improvement activities, as there is evidence linking them to worse clinical outcomes (Epstein and Street, 2011), lower treatment adherence, and an increase in complaints (Wolf et al., 2014). A growing number of official complaints, concerns about poor communication, lengthy wait times, and a lack of person-centred treatment in Staffordshire suggest structural flaws that negatively impact patient satisfaction. (Care Quality Commission, 2023). Meeting the standards outlined in the NHS Constitution, which highlights respect, dignity, involvement, and clear communication as essential patient rights, has proven difficult for the Staffordshire NHS Group (Health and Social Care Department, 2021). Reports from the Service Quality Commission (CQC) reveal persistent issues with service delays, low staff engagement, and disjointed patient-clinician communication in Staffordshire hospitals (CQC, 2023). NHS England's complaints data also show a steady increase in complaints about staff attitudes, insufficient information, and poor care coordination in Staffordshire-based services (NHS England, 2022). These patterns underscore the importance of addressing patient experience as a vital component of overall service quality (King's Fund, 2020).

Inadequate patient experiences have a significant impact on public health and organisational performance, affecting patient engagement, workforce morale, and trust in healthcare systems (Fulop and Robert, 2015). Unfavourable encounters may increase health disparities by reducing service use, particularly among vulnerable populations (Marmot, 2020). Low patient satisfaction is also associated with more complaints and lawsuits, which raises expenses for NHS groups that are already struggling financially (NHS Confederation, 2021). Like many NHS Trusts, the Staffordshire NHS Group operates in an environment where staffing shortages, resource limitations, and rising demand all contribute to uneven service delivery (Buchan et al., 2019). In order to create focused, evidence-based treatments that enhance care procedures and results, it is crucial to analyse the underlying causes of subpar patient experiences (Batalden and Davidoff, 2007).

The literature on quality improvement emphasises the value of models like the **Donabedian Model, Fishbone Diagram, and Five Whys** in mapping system-level flaws and identifying contributing elements (Taylor et al, 2014). A greater awareness of the organisational, interpersonal, and structural elements influencing patient satisfaction in Staffordshire is made

possible by these tools (Redman and others, 2021). A thorough assessment of organisational capabilities and contextual obstacles is further supported by strategic planning methods like **SWOT analysis** (Tat and Gürel, 2017). Improving patient experience is in line with national strategy objectives, such as the NHS Long Term Plan's dedication to individualised care and more patient involvement (NHS England, 2019). Additionally, it backs the transition to **integrated care systems** (ICS), which prioritise teamwork, prevention, and comprehensive service delivery throughout Staffordshire (Digital NHS, 2022). A systematic framework for creating, testing, and maintaining changes is offered by a service improvement strategy influenced by quality approaches like PDSA and Lean (Healthcare Improvement Institute, 2020). Therefore, the purpose of this paper is to evaluate the organisational and systemic aspects that contribute to the problem, investigate the underlying causes of poor patient experience within Staffordshire NHS Group, and offer a set of practical suggestions for long-term change (Institute for Healthcare Improvement, 2020). Therefore, the purpose of this work is to examine the organisational and structural aspects that contribute to the problem, investigate the underlying causes of poor patient experience within Staffordshire NHS Group, and offer a set of practical suggestions for long-term change (Jones and associates, 2021). It creates a thorough, evidence-based improvement strategy by utilising established conceptual frameworks along with improvement methods (AHRQ, 2019).

2. MAIN BODY

A complete understanding of the organisational, interpersonal, and systemic elements affecting care quality is necessary for the examination of unsatisfactory patient experiences within Staffordshire NHS Group (King's Fund, 2020). Theories of quality management offer methodical ways to recognise, classify, and deal with various contributing elements (Batalden and Davidoff, 2007). A deeper and more comprehensive knowledge of the complicated nature of patient experience difficulties is ensured by applying different frameworks, such as the **Donabedian Model, Fishbone Diagram, and 5 Whys** (Redman and others, 2021).

2.1 Fishbone Diagram

A tool for root cause analysis, the Fishbone Diagram (see figure 1) (also called the **Ishikawa Diagram**) groups possible causes into **People, Process, Environment, Equipment, and Management** (Ishikawa, 1985). This model's capacity to graphically depict interrelated elements that affect quality outcomes makes it popular in the healthcare industry (McLean et al, 2017). The Fishbone Diagram in the context of Staffordshire NHS Group draws attention to problems like poor communication, a lack of staff, insufficient training, disjointed procedures, and environmental elements that lead to a substandard patient experience (Taylor et al, 2014). The significance of these areas in the Fishbone analysis is further supported by research showing that interpersonal ability and communication are among the best indicators of patient satisfaction (Wolf et al, 2014). The Fishbone Diagram was chosen because of its strength as a multidisciplinary tool that can capture intricate linkages between systemic causes and patient-facing outcomes (AHRQ, 2019). Low-quality patient experiences in the **"People"** category are greatly influenced by elements including staff burnout, poor communication skills, and low patient participation (Buchan et al, 2019; Aiken et al., 2014). The Staffordshire National Health Service (NHS) is facing significant workforce constraints, which are similar to the nationwide shortages in the nursing and medical fields (NHS Confederation, 2021). Burnout is a crucial component in comprehending patient dissatisfaction since it is linked to less empathy, poorer communication, and more patient complaints. (West and others, 2020). The Fishbone analysis also identifies "Management" problems, such as poor patient experience data monitoring, inadequate feedback channels, and low leadership visibility (King's Fund, 2020). According to research, maintaining service quality and making sure that patient input is effectively used to drive improvement depend on leadership engagement (Fulop and Robert, 2015; West et al., 2015).

FISHBONE DIAGRAM

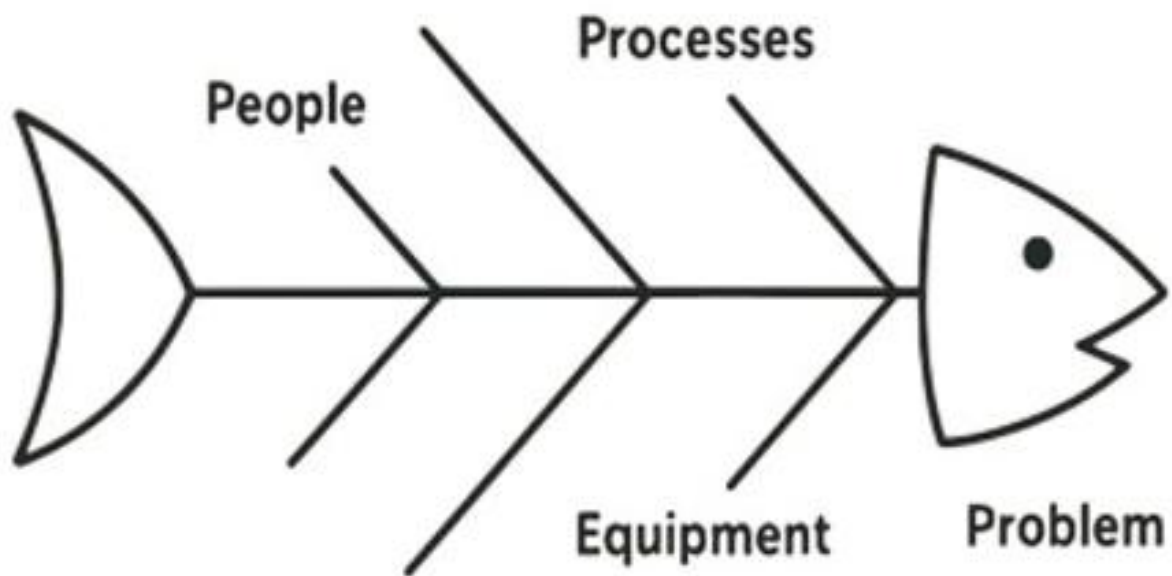


Figure 1 (Fishbone diagram)

2.2 5 Whys

By delving further into each identified problem to uncover underlying reasons, the **5 Whys** (see figure 1.2) technique enhances the Fishbone Diagram (Ohno, 1988). For instance, asking "Why are communication failures occurring?" may reveal that employees are rushing, which prompts asking "Why are staff rushed?" to identify staffing shortages and prompt additional investigation into resource allocation, recruitment, and retention (Gibson et al., 2020). Because of its simplicity and depth, the 5 Whys method is useful for helping teams identify systemic flaws by going beyond surface-level answers (AHRQ, 2019). This fits in nicely with the difficulties faced by Staffordshire NHS, where superficial problems can conceal more significant structural and cultural obstacles to excellent patient relationships (CQC, 2023).



Figure 1.2 (5 Whys)

2.3 The Donabedian Model

This model (see figure 1.3), which separates quality into **Structure, Process, and Outcome**, offers a valuable framework for analysing patient experience. “**Structure**” includes organisational infrastructure, staffing, technology, and resources (Donabedian, 1980). In Staffordshire NHS, care delivery is hindered by structural pressures such as staff shortages, high bed occupancy, and limited communication-training investment (NHS England, 2022). “**Process**” concerns how care is delivered punctuality, communication, information sharing, and involvement in decisions (AHRQ, 2019). Staffordshire complaints frequently cite weak communication and inconsistent patient involvement (CQC, 2023). “**Outcome**” refers to complaints data, patient satisfaction, and clinical results (Wolf et al., 2014). Negative outcomes in Staffordshire illustrate Donabedian’s argument that strong structures are essential for effective processes (Darzi, 2008). While widely used for its clarity and breadth (King’s Fund, 2020), critics note that the model can oversimplify complex system dynamics (Fulop and Robert, 2015). Nonetheless, it helps Staffordshire NHS link systemic constraints to patient-experience outcomes (Redman et al., 2021).



Figure 1.3 (Donabedian model)

2.4 SWOT analysis

SWOT analysis (see figure 1.4) supports strategic planning by identifying organisational strengths, weaknesses, opportunities, and threats (Gürel and Tat, 2017). A SWOT assessment of Staffordshire NHS highlights internal weaknesses such as poor communication, long waits, and staffing shortages (CQC, 2023). Strengths include committed clinical teams, strong community links, and existing patient-experience data to guide improvement (NHS England, 2019). Opportunities arise from government initiatives promoting personalised care, integrated care systems, and expanding digital technologies (Digital NHS, 2022). External threats include rising demand, financial pressures, and national workforce shortages (Buchan et al., 2019). Overall, SWOT aids strategic decision-making by aligning organisational capacity with improvement goals (Gürel and Tat, 2017).



Figure 1.4 (SWOT Analysis)

3. Recommendation:

Improving patient experience within Staffordshire NHS Group requires a coordinated, evidence-based strategy grounded in established Quality Improvement (QI) models. Four central frameworks **Plan–Do–Study–Act (PDSA) cycles, Lean methodology, Six Sigma/DMAIC, and digital feedback systems** provide complementary strengths for diagnosing problems, guiding interventions, and ensuring sustainable change. When applied together, these models support a systematic transformation of communication, workforce capability, leadership practices, operational processes, and patient involvement (Batalden and Davidoff, 2007).

3.1 PDSA Cycle:

To implement and refine improvements, the **PDSA Cycle** (see figure 2) provides a structured method for iterative learning. PDSA supports small-scale testing of interventions before full rollout, reducing risks associated with large organisational changes and enabling frontline teams to adapt based on real-world insights (Taylor et al., 2014). Given that communication failures repeatedly emerged as a primary root cause of dissatisfaction through Fishbone and 5 Whys analyses, PDSA is particularly well-suited for communication-focused interventions (Wolf et al., 2014). For example, Staffordshire NHS can trial patient-centred communication training on a small number of wards, gather feedback through observations and patient surveys, refine the training content, and then expand the programme trust-wide (AHRQ, 2019). Similarly, environmental changes—such as creating quieter zones, improving interior signage, or enhancing lighting—can be tested at pilot sites using rapid PDSA cycles to evaluate their impact on patient comfort and orientation (Redman et al., 2021).



Figure 2 (PDCA Cycle)

3.2 Lean Methodology

Lean methodology (see figure 2.1) strengthens the approach by focusing on reducing waste, improving workflow efficiency, and increasing the time staff spend in direct patient care. Lean is particularly relevant for Staffordshire NHS, where workforce pressures, burnout, and administrative burdens affect staff morale and, in turn, their ability to communicate effectively and deliver compassionate care (West et al., 2020). Lean tools such as value stream mapping can simplify discharge processes, outpatient clinic flows, and administrative tasks, thereby reducing unnecessary delays and frustration for both patients and staff (Institute for Healthcare Improvement, 2020; NHS Confederation, 2021). By streamlining these processes, Staffordshire NHS can free staff capacity, shorten waiting times, and improve overall patient experience. These improvements align closely with the NHS Long Term Plan's emphasis on integrated, personalised, and efficient care pathways (NHS England, 2019).



Figure 2.1 (Lean Methodology)

3.3 Six Sigma and DMAIC framework:

Alongside Lean, **Six Sigma and the DMAIC framework** (see figure 2.2), **Define, Measure, Analyse, Improve, and Control** provide robust tools for reducing variation and strengthening reliability in organisational systems. DMAIC is especially valuable for enhancing **patient-feedback systems, complaint processes, and leadership responsiveness**, all of which were identified as persistent weaknesses during causal-analysis exercises (Ohno, 1988; Fulop and Robert, 2015). By applying Six Sigma principles, Staffordshire NHS can clearly define where delays or inconsistencies occur in complaint handling, use data to measure

performance, and analyse root causes of variation. Improvements might include standardising response pathways, clarifying leadership accountability, and implementing digital monitoring tools (Antony et al., 2018). Embedding DMAIC within leadership performance frameworks helps sustain these improvements by promoting accountability and maintaining focus on patient experience as a strategic priority (NHS England, 2019).

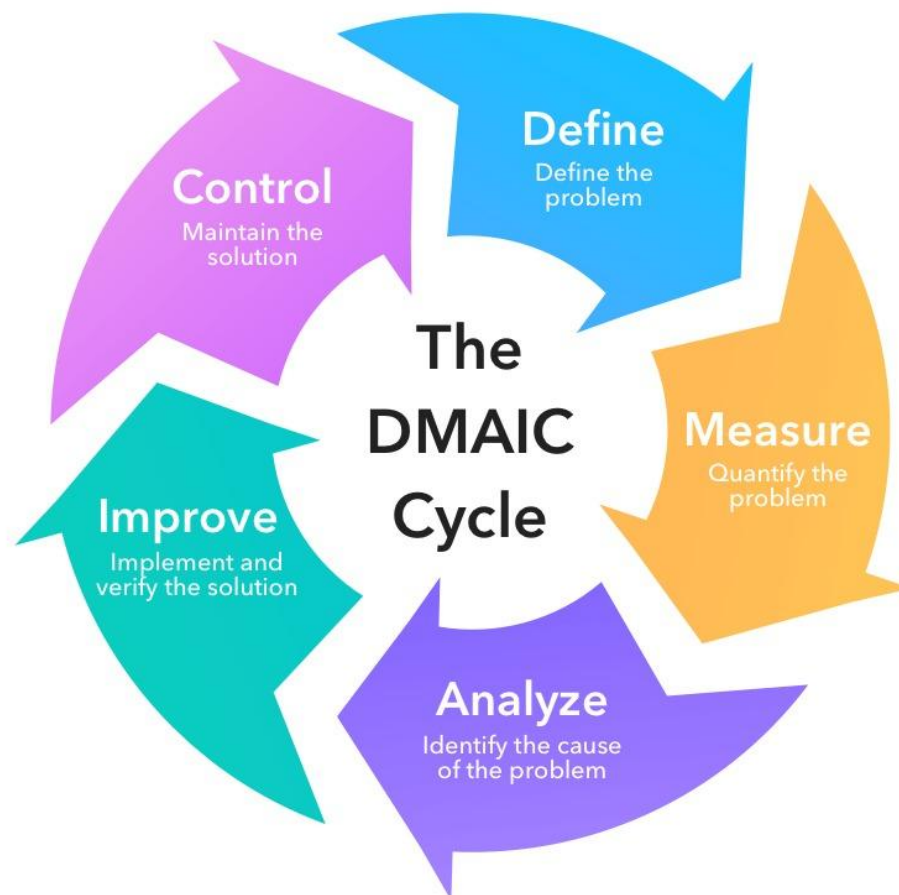


Figure 2.2 (DMAIC Cycle)

Digital transformation further enhances QI efforts by enabling fast, continuous feedback from patients. Tools such as SMS surveys, QR-code links, and digital kiosks can provide real-time insights into patient concerns, enabling teams to make rapid adjustments during care episodes (NHS Digital, 2022; Luxford, Safran and Delbanco, 2011). When supported by Six Sigma principles, these digital systems can also be designed to ensure inclusivity, accessibility, and data reliability. Real-time dashboards displaying feedback trends can help frontline teams take ownership of patient-experience improvements while increasing transparency for managers and leaders (Kings Fund, 2020). By combining digital feedback with structured QI

methodologies, the organisation can respond proactively rather than reactively to issues, improving both patient satisfaction and staff morale.

3.4 QI framework:

Strengthening patient involvement remains central to all **QI frameworks** (see figure 2.3)(Darzi, 2008; Marmot, 2020). Robust evidence indicates that involving patients in shared decision-making and service design enhances their experience, supports better outcomes, and fosters trust in healthcare services (Darzi, 2008; Marmot, 2020). Staffordshire NHS can expand patient-experience co-design workshops, enhance the role of Patient Participation Groups, and adopt structured shared decision-making training for clinicians (Fulop and Robert, 2015). These initiatives ensure that services reflect local needs, reduce mismatches between expectations and delivery, and support a culture of partnership and transparency (Fulop and Robert, 2015). Encouraging patients to participate actively in care planning also allows teams to target resources more effectively, creating value for patients while optimising operational efficiency (Fulop and Robert, 2015).



Figure 2.3 (Quality of care)

Effective workforce and leadership interventions are also essential. Staff burnout and high turnover undermine patient experience by reducing the quality of communication and limiting the ability to provide compassionate care (West et al., 2020). Lean and Six Sigma approaches can address these challenges by streamlining administrative tasks, clarifying roles and responsibilities, and providing clear feedback loops for performance improvement. Leadership development programmes that integrate DMAIC monitoring, patient feedback, and reflective practice ensure that senior staff remain accountable for patient experience outcomes. This combination of structured methodology and cultural change promotes sustainable improvements in staff engagement and patient satisfaction.

Overall, integrating **PDSA cycles, Lean methodology, Six Sigma/DMAIC, and digital feedback** mechanisms provides Staffordshire NHS Group with a comprehensive strategy for improving patient experience. PDSA enables iterative testing and refinement of interventions, Lean increases efficiency and reduces staff burden, and **Six Sigma/DMAIC strengthens consistency, accountability, and data-driven decision-making**. Complemented by patient involvement initiatives and real-time feedback systems, this approach fosters a culture of continuous improvement, responsiveness, and patient-centred care (Batalden and Davidoff, 2007). By addressing communication, operational processes, workforce wellbeing, and leadership performance in parallel, Staffordshire NHS can achieve measurable, sustainable improvements in patient satisfaction, staff engagement, and overall quality of care.

4. CONCLUSION

This report has examined the issue of **poor patient experience** within Staffordshire NHS Group, highlighting it as a critical quality concern with significant implications for patient outcomes, organisational performance, and public confidence (Kings Fund, 2020). Through a structured analysis using **the Fishbone Diagram, 5 Whys, Donabedian Model, and SWOT analysis**, the report has identified communication failures, staffing pressures, weak leadership engagement, inefficient processes, and environmental limitations as core root causes of dissatisfaction (Redman et al., 2021). These models provided a comprehensive understanding of how structural, process-related, and cultural factors interact to influence patient perceptions of care (Donabedian, 1980). The synthesis of findings demonstrates that patient experience challenges within Staffordshire NHS Group are systemic and multidimensional rather than isolated issues (Batalden and Davidoff, 2007).

The Donabedian framework highlighted that weaknesses in structural components—such as staffing levels, training, physical environment, and digital systems—directly compromised the quality-of-care processes, leading to negative patient outcomes (AHRQ, 2019). Similarly, the Fishbone Diagram and 5 Whys revealed deeper organisational issues behind recurring complaints, such as workforce shortages and process inefficiencies (Taylor et al., 2014). The recommendations presented in this report offer evidence-based strategies aimed at improving communication, strengthening leadership, enhancing staff wellbeing, redesigning care processes, and improving the physical environment (Fulop and Robert, 2015). Quality improvement tools such as PDSA, Lean, and Six Sigma provide structured methods for implementing and sustaining these changes at scale (Institute for Healthcare Improvement, 2020). Real-time feedback systems and enhanced patient involvement are also essential for maintaining an ongoing cycle of improvement (NHS Digital, 2022). In conclusion, addressing poor patient experience within Staffordshire NHS Group requires coordinated, multilevel interventions that engage staff, leadership, and patients (Kings Fund, 2020). By applying robust quality improvement methodologies and investing in organisational development (Dixon-Woods et al., 2014), the NHS Group can create a more patient-centred, compassionate, and responsive healthcare environment (Batalden and Davidoff, 2007).

5. Reference List

Aiken, L.H., Sloane, D., Bruyneel, L. et al. (2014) 'Nurse staffing and education and hospital mortality in nine European countries', *Lancet*, 383(9931), pp. 1824–1830.

Antony, J., Snee, R. and Hoerl, R. (2018) *Lean Six Sigma for Public Sector Organisations*. London: Routledge.

Agency for Healthcare Research and Quality (AHRQ) (2019) *Understanding Quality Improvement*. Available at: <https://www.ahrq.gov/> (Accessed: 10 January 2025).

Batalden, P. and Davidoff, F. (2007) 'What is "quality improvement" and how can it transform healthcare?', *Quality and Safety in Health Care*, 16(1), pp. 2–3.

Buchan, J., Charlesworth, A. and Gershlick, B. (2019) *Falling Short: The NHS Workforce Challenge*. London: The Health Foundation.

Care Quality Commission (CQC) (2023) *Staffordshire NHS Group: Inspection Report*. London: CQC.

Darzi, A. (2008) *High Quality Care for All: NHS Next Stage Review Final Report*. London: Department of Health.

Department of Health and Social Care (2021) *The NHS Constitution for England*. London: DHSC.

Dixon-Woods, M., Baker, R., Charles, K. et al. (2014) 'Culture and behaviour in the English NHS: lessons from a large multimethod study', *BMJ Quality & Safety*, 23(2), pp. 106–115.

Donabedian, A. (1980) *Explorations in Quality Assessment and Monitoring: The Definition of Quality and Approaches to Its Assessment*. Michigan: Health Administration Press.

Epstein, R.M. and Street, R.L. (2011) 'The values and value of patient-centred care', *Annals of Family Medicine*, 9(2), pp. 100–103.

Fulop, N. and Robert, G. (2015) 'Context in complex interventions: Framework for understanding quality improvement', *BMJ Quality and Safety*, 24(4), pp. 123–131.

Gibson, A., Barlow, T. and Doolan-Noble, F. (2020) 'Using root cause analysis and systems thinking in improving healthcare quality', *International Journal of Health Planning and Management*, 35(2), pp. 399–413.

Gürel, E. and Tat, M. (2017) 'SWOT analysis: A theoretical review', *The Journal of International Social Research*, 10(51), pp. 994–1006.

Institute for Healthcare Improvement (2020) *Quality Improvement Essentials Toolkit*. Boston: IHI.

Ishikawa, K. (1985) *What Is Total Quality Control? The Japanese Way*. Englewood Cliffs: Prentice-Hall.

Luxford, K., Safran, D. and Delbanco, T. (2011) 'Promoting patient-centred care: A systematic approach', *International Journal for Quality in Health Care*, 23(5), pp. 510–515.

Marmot, M. (2020) *Health Equity in England: The Marmot Review 10 Years On*. London: Institute of Health Equity.

McLean, S., Charlesworth, A. and Maybin, J. (2017) *Improving NHS Processes: A Lean Approach*. London: The Nuffield Trust.

NHS Confederation (2021) *NHS Workforce Pressures: System Overview*. London: NHS Confederation.

NHS Digital (2022) *Digital Transformation in the NHS: Progress and Challenges*. Leeds: NHS Digital.

NHS England (2019) *The NHS Long Term Plan*. London: NHS England.

NHS England (2022) *Hospital Complaints Annual Report*. London: NHS England.

Ohno, T. (1988) *The Toyota Production System: Beyond Large-Scale Production*. Portland: Productivity Press.

Redman, V., Jones, L. and Murray, C. (2021) 'Patient experience as a measure of quality: A systematic review', *International Journal of Nursing Studies*, 115, pp. 103–121.

The King's Fund (2020) *Understanding Patient Experience*. London: The King's Fund.

Taylor, M.J., McNicholas, C. and Nicolay, C. (2014) 'Systematic review of the application of PDSA cycles in healthcare', *BMJ Quality and Safety*, 23(4), pp. 290–298.

West, M., Armit, K., Loewenthal, L. et al. (2015) *Leadership and Leadership Development in Health Care*. London: The King's Fund.

West, M., Bailey, S. and Williams, E. (2020) *The Courage of Compassion: Supporting Nurses and Midwives*. London: The King's Fund.

Wolf, J., Niederhauser, V., Marshburn, D. and LaVela, S. (2014) 'Defining patient experience', *Patient Experience Journal*, 1(1), pp. 7–19.

Womack, J. and Jones, D. (2003) *Lean Thinking: Banish Waste and Create Wealth in Your Organisation*. London: Simon and Schuster.