NHS
Great Western Hospitals
NHS Foundation Trust

Patient Experience & Engagement Strategy

2017 – 2022 | Listen & Learn

Service Teamwork Ambition Respect

This Strategy is divided into three sections:

Section 1: Strategy

Section 2: Objectives and Action Plan for 17-18

Section 3: Appendices

- Appendix 1: Leadership and governance
- Appendix 2: Key policy drivers and links to local strategies, plans and policies
- Appendix 3: Information on Experience Based Co-Design (EBCD)

Section 1: Patient Experience and Engagement Strategy

Introduction

Great Western Hospitals NHS Trust provides a range of community and in-patient acute hospital services to people living Swindon and Wiltshire. The Trust is committed to delivering high quality services across all areas in which the Trust operates; this is demonstrated through delivery of one of our Trust priorities:

We will make our patients the focus of everything we do

1.1 Why is it important to consider patient experience?

There is strong evidence that experience of care is linked to outcomes and safety. In some settings, such as long-term conditions or end-of-life care, the distinction between clinical outcomes and patient experience outcomes is often blurred. And regardless of the relationships between experience and outcomes, caring for people well when they are vulnerable is an essential part of high-quality health care (National Quality Board, Feb 2015). This is also recognised in the NHS 5 year Forward View.

The idea that people should have a stronger voice in decisions about their health and care, and that services should better reflect their needs and preferences, has been a policy goal of politicians and senior policy-makers in health for at least 20 years. Patients want it, and the evidence shows that when they are involved, decisions are better, health and health outcomes improve, and resources are allocated more efficiently (Kings Fund, Nov 2014).

Not only is there a legal consideration as stated in the NHS Constitution, there is also the moral imperative that patients are at the centre of care and services. Patient experience affects organisational reputation, and patient trust and this can influence the way in which people interact with the service. in addition, and linked to reputation, there is an increasing evidential link between staff experience and patient experience, leading Trusts to focus on the workforce which in turn will improve patient experience metrics.

Organisations which maintain focus on patients tend to also be more effective in other area such as performance and finance, as they remain connected to their core purpose. Only by understanding what people want from their services and continually focusing on their experiences will we truly be sure we are delivering value for money (National Quality Board, Jan 2015).

1.2 What are patients, carers, families and stakeholders telling us?

The Trust is aware of the key themes generated each month from sources such as Friends and Family Test and the National Inpatient Survey. Typically these are:

- Behaviour and attitude of staff
- Waiting times
- Communication including transfer/ discharge
- Telecommunication

Our action plan for 17-18 will focus on addressing these themes with a small number of key actions agreed within each Division to test new approaches and methodology. If these are successful then they will be rolled out in subsequent years.

Our staff regardless of their role care deeply about the quality of care that our patients, their carers and families receive from us. Whilst we appreciate that we don't always get it right, our vision, with the implementation of this strategy, is to embark on a journey of learning and continuous improvement, with feedback from our patients and carers being essential to this growth.

This strategy includes how we will evaluate and measure success. Here at Great Western Hospitals NHS Trust, we know that patient experience is more than just meeting our patient's physical needs. It is also about treating each patient and their carer(s) with the dignity, compassion and respect that they deserve.

Great Western Hospitals NHS Trust does not currently have a standalone Patient Experience Strategy; however, it does have a clear ambition for improving patient experience set out in the Quality Improvement Strategy. This ambition is:

All service users will rate their experience as good or excellent.

1.3 Context: What is patient experience?

'Experience' can be understood in the following ways:

i. What the person experiences when they receive care or treatment –for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The 'what' of people's experiences can be thought of in two ways:

- The interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the 'relational' aspects of experience);
- The processes that the person is involved in or which affect their experience, such as booking an appointment (this is known as the 'functional' aspects of experience).

ii. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way. (National Quality Board Feb, 2015)

1.4 Our values and ambition

This strategy links with the Trust mission and values statement set out below, we have taken a pragmatic approach to developing this strategy at this stage. Given the wealth of evidence available nationally it is helpful to develop a high level framework for patient experience which will enable local engagement and on-going development of the strategy during 2017- 2018.

We are committed to the Trust STAR values, these were developed by our staff, and continue to be embedded in the way we work with each other, our patients and our partners. They provide a strong ethos when considering any aspect of patient experience and engagement:

- Service - We will put our people first
- Teamwork - We will work together
- Ambition - We will aspire to provide the best service
- Respect - We will act with integrity

We also have four simple but clear ambitions for our Trust:

- We will make our patients the focus of everything we do
- We will work smarter not harder by making best use of limited resources
- We will innovate and identify new ways of working
- We will build capacity and capability by investing in our staff, infrastructure and partnerships

The values and ambitions are shared goals which will support provision of the highest quality of care, of which patient experience is at the centre.

For information on Leadership and Governance, please refer to Appendix 1
For key Policy Drivers and links to Great Western Hospitals Foundation NHS Trust agreed Strategies, Plans and Policies see Appendix 2.

1.5 The Trust approach to improving patient experience is:

Table 1

Building on existing work, the Trust Board is committed to improving patient experience by:

- Role modelling and consistently applying the Trust STAR values
- Having quality champions throughout the Trust
- Recognising the link between staff and patient experience
- Engaging with patients, their carers and key stakeholders
- Using patient feedback meaningfully
- Ensuring that the Trust collects and reports high quality patient information
- Delivering reliable, safe, high quality care seven days a week
- Promoting wellbeing for both staff and patients
- Empowering people at all levels to drive change and value innovation
- Adequately resourcing service redesign that improves experience

Section 2: What do we need to do to meet our key objectives?

2.1 Key objectives 2017-2022

The Trust will focus on the following objectives between 2017 and 2022, short term actions to meet these objectives are included for 17-18, once these are completed the results will enable to Trust to agree a comprehensive set of actions required for 2018-2022.

2.1.1. Great Western Hospitals Foundation NHS Trust will develop and implement a process for engaging meaningfully with patients, carers, front line staff, and stakeholders.
2.1.2. Great Western Hospitals Foundation NHS Trust will strengthen the emphasis on using data and intelligence from patient feedback for improvement.
2.1.3. Great Western Hospitals Foundation NHS Trust will consider ways to improve organisational culture (links to the People Strategy, 2014-2-19)

2.2 What do we need to do to meet these objectives?

Firstly, it is important to consider what information/ feedback we collect and what is it used for. Secondly if patients, carers, staff and stakeholders are willing to spend their time giving us feedback, we have a responsibility to listen to this and take action to improve care and services.

There are many approaches to measuring patient and carer experiences of health services and it is unlikely that just one approach to measuring patient experience will provide the balance of detail and specificity that many improvement initiatives require. Combining different methods may be a good way forward. For instance, a short survey may help to gain feedback about general trends that can be quantified and tracked over time, supplemented with a small number of in-depth interviews or a patient panel to gain a more detailed understanding of why people feel a certain way (Health Foundation, 2013). It is important to recognise that different sources of data tell different stories about experience and so both qualitative and quantitative are required. A granular insight is needed to prompt improvement action with the importance of local ownership/real time/or as near to real time as possible being recognised and facilitated by the organisation.

It is suggested that a good compromise may be to use some existing validated tools and to supplement these with bespoke methods tailored to local concerns. An example would be to use a national survey dataset or a tool from the Picker Institute, combined with a patient panel or a small number of interviews asking about localised issues. Neil Churchill (NHS England, 2013) says that shifts in thinking are required; he illustrates his thinking by suggesting the following points are considered:

- Improvement focus, not metric or process-driven
- Insight drawn from multiple sources and from dialogue
- Not just hospital but care pathways
- Not just individual services but the seams between them
- Transition points can foster breakdown in experience
- Not just general population, but insight on specific groups, especially vulnerable and protected/ underserved groups
- Not just what services have done, but how patients feel about them
- Patient leadership will be as critical as clinical leadership

Learning and quality improvement are dependent on continual patient input – innovation is most likely where patients' views and feedback play a strong role. (Kings Fund Improving NHS Culture, 2017)

It is recommended that the Board agrees to utilise an evidence based approach recommended by the Kings Fund called Experience-Based Co-Design (EBCD).
More information can be found at: https://www.kingsfund.org.uk/projects/ebcd

The Toolkit takes the readers through a systematic, tried and tested approach and it has been very well evaluated and the Trusts that have adopted this approach have sustained changes (Stanley and Goodrich, HSJ, 2014). There is also further information in Appendix 3

Success in improving patient experience is fundamental to achievement of 'gold' in the ward assessment and accreditation framework (WAAF) and using the EBCD approach will help each department provide evidence of improvements to patient experience and care.

The Trust will increase the opportunities for meaningful engagement with patients and carers going forward. There are, however, many examples of activity in 16-17, these include the radiology review which resulted in receptionist staff training, a review of signage, and the Bed Evaluation open day which attracted 100 attendees including staff and members of the public, the feedback from this will inform the final decision later this year.

In order to meet the Trust objectives, alongside testing the EBCD approach, it is recommended that the Trust adopts the I statement methodology. I statements were developed nationally by system leaders and service users across the nation in 2012 to help us to drive better integration of care, care that is centred around the whole person, coordinated around the needs of patients, families and carers and feels more 'joined up' to the individual, including at transitions. They have been shown to have the greatest effect on whether someone has a good experience of care (National Quality Board, 2014) and are fundamental to the principles underpinning the Care Act 2014.

"I" statements are:

a. I am involved as an active partner in my care – this means playing an active role, when I'd like to, in making decisions about my care, treatment and support, and being supported to look after myself day-to-day.
b. The people providing my care recognise that I am the expert on me – this means that my knowledge, skills and expertise as a result of living with my condition, as well as the effect that this has had on my life and on the lives of those who are important to me, are respected.
c. I have access to the information I need, which is presented in a way that is right for me, to make sure I understand what is happening and can play a role in making decisions if I'd like to
d. I am treated as an individual – my needs, values and preferences are respected.
e. I am able to access services when I need them, and my care is coordinated so I know where to go next and where to turn if I have a problem.
f. I am asked how I would like to be communicated with so that communication is tailored to me and is delivered with care and compassion, and I have the opportunity and time to ask questions and have a conversation about my care, treatment and support.
g. I have access to the support I need and is right for me, including emotional and practical support, and I am able to involve my loved ones in decisions about me

h. The environment in which I receive my care is clean and comfortable and makes me feel dignified.

2.2 Where are we now?

The table below sets out examples of information we currently collect on patient experience:

Table 2

- Complaints
- Friends and Family Test
- National Inpatient Survey
- National Emergency Department survey
- Listening event, x1 per year
- PLACE survey
- Feedback from Non-Executive Director visits
- Call bell audits
- Cancer services carry out many local surveys
- Dementia- carer's work
- Social media- Facebook page for GWH
- NHS Choices website
- Patient Opinion website
- Engagement with service user groups such as Learning disability
- Carers group

Table three shows what actions have taken in 16-17 as a Trust to improve patient experience as a result of feedback

Table 3

- Patient User Groups – Hearing (Hearing loop improvements throughout the trust)
- You said, We did – reported in CCG quarterly reports
- Friends and Family feedback
- Monthly analysis of complaint themes to divisions
- Patient video clip (learning from a complaint, visit to a patient's home, changes made to practice)
- Voicebook – audio clips played at board, changes made from feedback received
- Noise at Night (results highlighted in 2015 survey results)
- Patient Journey Card – to improve communication
- Food tasting/finger food – Hydration and Nutrition Group (protected mealtimes for patients)
- Reasonable adjustments for patients with learning disabilities
- Carer's passport

The Trust is aware of the key themes generated each month from sources such as Friends and Family Test and the Inpatient survey.

Typically these are:

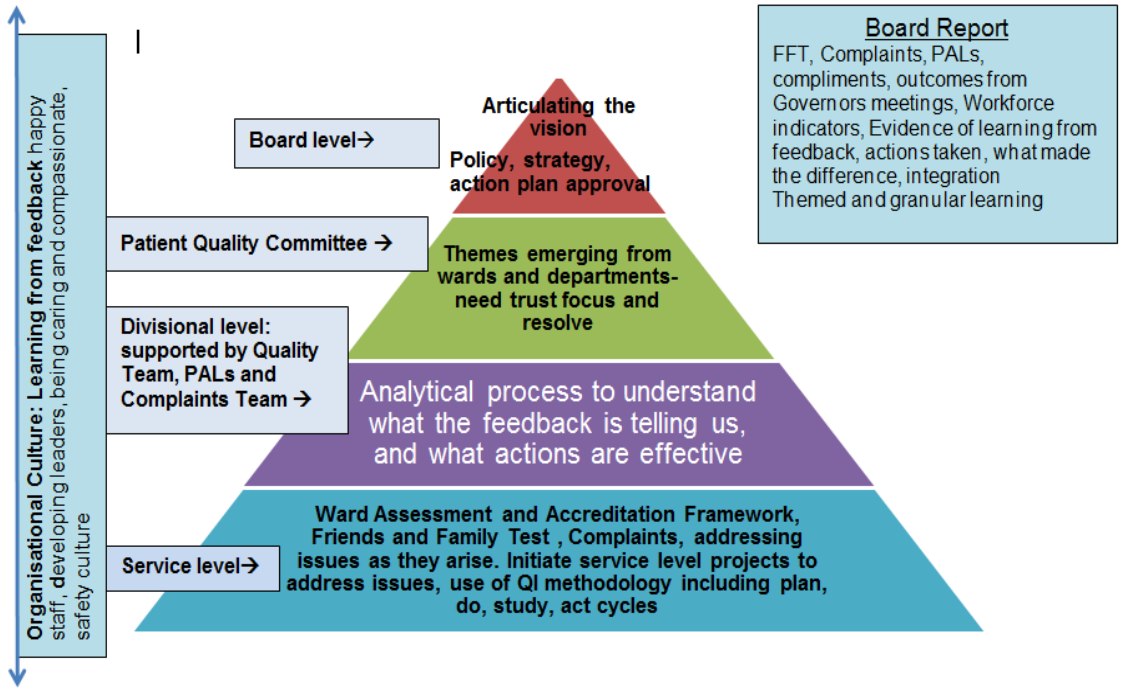
- Behaviour and attitude of staff
- Waiting times
- Communication
- Telecommunication

It is recommended that the Trust focusses on a key theme every 6 months and carry out bespoke work linked to the agreed theme, the quality team can provide support to improvement projects in the same way they would to a clinical improvement work stream, the benefit of this is that this tracked as a project with outcomes and is recorded and reported.

In the longer term we are part of an independent study from Kings College Hospital titled 'Impact of patient experience data on acute NHS hospital trusts' this study is looking at the way in which NHS acute Trusts in England use patient experience data to identify and implement improvements in healthcare quality. This will be published NIHR in April 2018.

2.2 Strategy Model

The following model captures the elements of this strategy, action is required to review current board reporting processes in line with the Strategy.



2.4 Culture

In the NHS we are looking for organisational cultures that put patients first, promote trust, respect and equality and are sufficiently open and transparent such that staff feel able to challenge each other robustly, regardless of status, without fear and are encouraged to come forward when difficulties arise (Tavistock consulting, Google search May 2017)

It is now accepted that healthy cultures in NHS organisations are crucial to ensuring the delivery of high-quality patient care. There are a number of Culture Assessment tools available but the Kings Fund recommends that organisation review the following:

2.4.1 Inspiring vision and values: Leaders at every level should communicate an inspiring, forward-looking and ambitious vision focused on offering high-quality, compassionate care to the communities they serve.

2.4.2 Goals and Performance: Goals must be set at every level from the board to frontline staff. Board goals should be shaped by patient input. Performance feedback should be based on patient feedback and patient outcomes.

2.4.3 Support and Compassion: If we want staff to treat patients with respect, care and compassion, all leaders and staff must treat their colleagues with respect, care and compassion.

2.4.4 Learning and innovation: Sustaining cultures of high-quality care involves all staff focusing on continual learning and improvement of patient care. Learning and quality improvement are dependent on continual patient input – innovation is most likely where patients' views and feedback play a strong role. A focus on improvement should ensure that:

- teams at all levels collectively take time to review and improve their performance
- quality and patient safety practices are an on-going priority for all
- there are high levels of dialogue, debate and discussion across the organisation to achieve shared understanding about quality problems and solutions
- all staff should encourage, welcome and explore feedback and treat complaints and errors as opportunities for learning across the system rather than as a prompt for blame. This encourages collective openness to and learning from errors, near misses and incidents.

2.4.5 Effective team working: Where multi-professional teams work together, patient satisfaction is higher, health care delivery is more effective, there are higher levels of innovation in ways of caring for patients, lower levels of stress, absenteeism and turnover, and more consistent communication with patients.

2.4.6 Collective leadership: Collective leadership means everyone taking responsibility for the success of the organisation as a whole – not just for their own jobs. It requires organisations to distribute leadership power to wherever expertise, capability and motivation sit within organisations. This includes patients taking on leadership roles, both in determining their own care and in shaping their health care organisations (via patient representatives and patients.

Sustaining cultures of high-quality care involves all staff focusing on continual learning and improvement of patient care.

A number of commitments relating to improving organisational culture have been set out in the People Strategy (2014-2019).

These are:

- To have the right people
- To listen to our people
- To empower our people
- To look after our people
- To develop our people
- To lead our people.

2.5 What actions will we implement in 2017/18?

In the short term (17-18) we will take forward the following actions which will inform our longer term strategy on meaningful engagement with patients, carers, front line staff, and stakeholders

Table 4:

	Actions for 2017-2018	By whom	By when
Take action on the Trust wide themes: The Trust will focus on a key theme every 6 months and carry out bespoke work linked to the agreed theme with at least 1 service in each Division			
1	Behaviour and attitude of staff: Develop an action plan for each Division: e.g. taking junior staff into complaints meetings as observers, reintroduce the goldfish bowl feedback sessions	Divisional triumvirate	
2	Waiting times	Divisional triumvirate	
3	Communication	Divisional triumvirate	
4	Telecommunication	Divisional triumvirate	
5	Revise Board reporting to ensure that a range of patient experience feedback and actions taken as a result of feedback are included	Quality Lead/ Head of Patient Advice Liaison Service	End of Q2
6	We will review the NICE Quality Standard 15 Patient experience in adult NHS services, 2012 to determine which elements will support us to achieve our objectives, this will inform the on-going development of this strategy	Quality Lead/ Head of Patient Advice Liaison Service	End of Q3
7	Review and test the evidence based co – design approach in one area. Whose shoes project testing event planned for June 17 Action Plan developed by Sept 17	Delivery Suite Manager	End of Q2
8	Test I statements: Initially adapt the patient discharge survey (phone calls) to include I statements	Quality Lead/ Head of Patient Advice Liaison Service	End of Q2
9	Implement actions agreed within the Picker action plan for 17-18	Divisional triumvirate	End of Q4

2.6 How will we know that we are making a difference and that we are reaching our ambition?

We will make our patients the focus of everything we do

Table 5

To know we are making a real difference we will:

- Implement the agreed actions in Table 4
- Monitor outcomes from patient experience improvement projects
- Implement the Ward Assessment and Accreditation Framework (WAAF) and see wards achieving green and gold status.
- See an improvement in staffing indicators
- See an improvement in safety indicators- safety work streams
- See evidence of engagement with harder to reach groups and evidence of actions completed

Appendix 1

Leadership and governance

The Board of Directors

The Board of Directors provides the leadership that creates a culture that is involving and inclusive and supports:

- The development of a broad understanding of the business case for and the benefits of patient, carer and public engagement and experience.
- The incorporation of engagement and experience into all aspects of decision making.
- The mainstreaming of patient and public engagement and experience by embedding the principle in personal and organisational objectives.
- The demonstration of principles and aims of the patient and carer experience strategy by actions as well as words

Council of Governors

As a Foundation Trust, we are held to account by our Members who, acting through our Council of Governors, offer constructive challenge to the Trust Board on important issues which matter to our members. As a Trust we encourage patients, carers, and staff to have their say to help inform strategic direction and service design.

The Council of Governors consists of elected and nominated governors who provide an important link between the Trust, local people and key stakeholder organisations by sharing information and views that can be used to develop and improve patient experience.
The Council of Governors have two key roles, namely:-

- Hold the Non-Executive Directors to account for the performance of the Board
- Represent the views of the membership and public

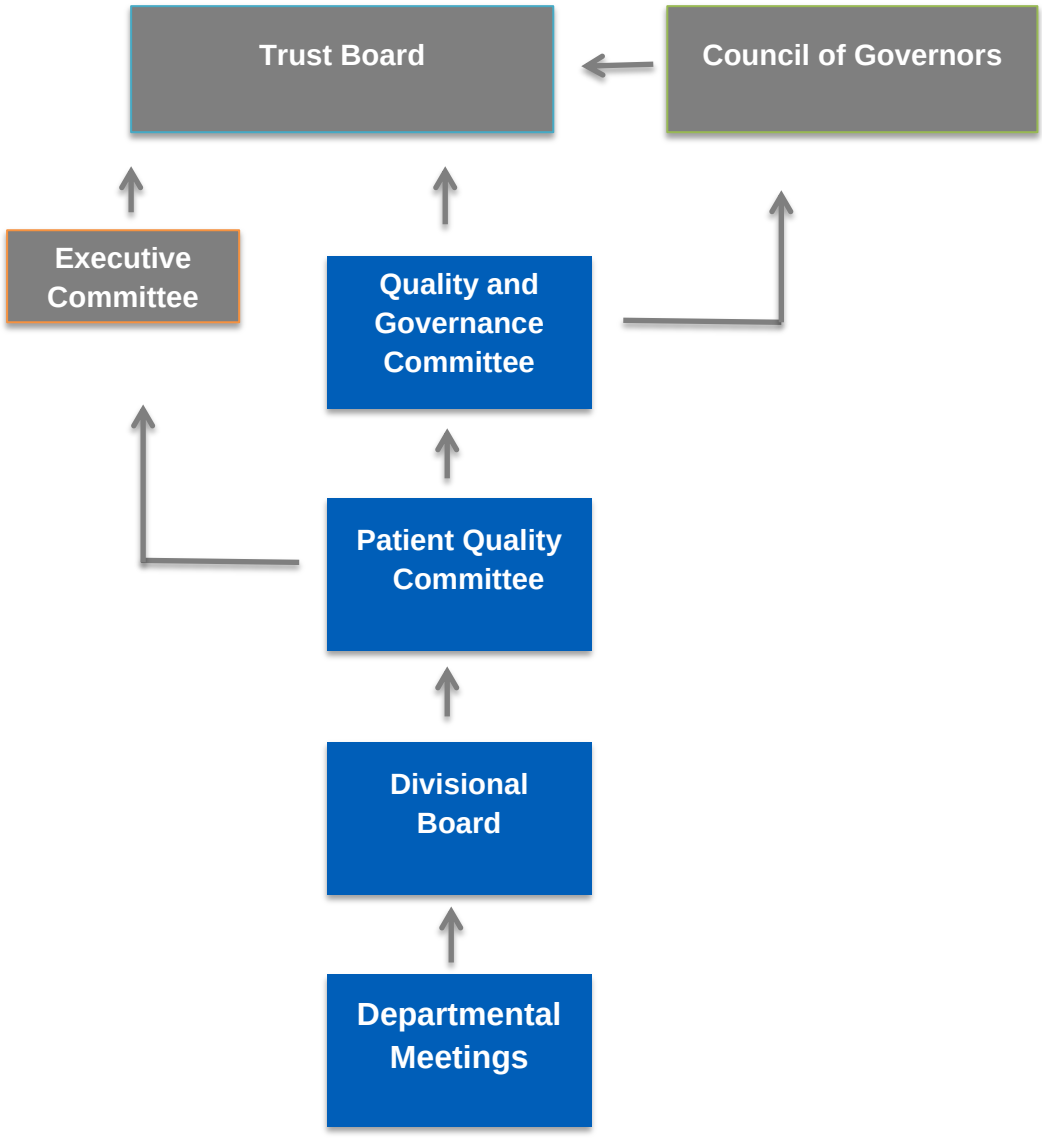
In order to carry out these two roles and strive to improve the Trust's quality of care and patient experience Governors can do the following:-

- The Council of Governors may collectively ask for a report, advice and information
- Governor working groups (including Patient Quality & Operational Performance) are aligned to Board committees and receive presentations, reports and information
- Represent views of members directly to Board via questions
- Listening - Individual governors attend events to receive information / Governors are also encouraged to listen to their colleagues or members of the public to help represent their views
- Governors may observe public part of Board meetings
- Networking events
- Workshops
- Lead & Deputy Lead Governors

Chief Nurse

The Chief Nurse is the Board's designated lead for patient and carer experience, and is responsible for ensuring robust systems and processes are in place to maximise safety and quality based on patient and carer feedback.

Governance and Reporting to Trust Board



Appendix 2

Key policy drivers

- NHS Constitution 2017/18
- NHS Mandate 2017
- Commissioning for a positive patient experience 2014
- 5 Year Forward View, next steps 2017
- Nursing and Midwifery Care Framework – a response to Leading Change, Adding Value, paper to exec co Aug 16 Commitments set out in Leading Action, Adding Value (NHSE 16)
- Nursing Together, A Strategy for Improving Patient Care (2011)
- NHS Outcomes Framework 2017/18
- Francis Report 2013
- Winterbourne View Report 2014
- Berwick Report 2013
- Improving experiences of care: Our shared understanding and ambition, National quality board, (Jan 2015)

Links to Great Western Hospitals Foundation NHS Trust agreed Strategies, Plans and Policies

- The People Strategy (2014-2019)
- Quality Improvement Strategy (2014)
- Health and Wellbeing Strategy (2017-2022)
- Local Carer's Strategies (2016)
- Nursing Strategy (updated 2016)
- Ward Assessment and Accreditation Framework (Feb, 2017)
- Dementia strategy (2017)
- Introduction of safer staffing, e roster (2017)
- Picker Report on National Inpatient Survey (2017)
- Patient Property Policy (currently in draft format, 2017)
- Changes to Friends and Family collation e.g. Text messaging (2017)

Appendix 3

Experience-based co-design

Experience-based co-design (EBCD) is an approach that enables staff and patients (or other service users) to co-design services and/or care pathways, together in partnership. The approach is different to other service improvement techniques.

EBCD involves gathering experiences from patients and staff through in-depth interviewing, observations and group discussions, identifying key 'touch points' (emotionally significant points) and assigning positive or negative feelings. The approach was designed for and within the NHS to develop simple solutions that offer patients a better experience of treatment and care.

EBCD is a cutting-edge approach to addressing the quality agenda that will enhance both individual professionalism and departmental reputation. It generates patient stories that can be used extensively in service improvement, training and external communications.

GWH already has processes in place that draw on elements of this approach and the guidance is clear that it is not essential to stick rigidly to the EBCD approach set out in the Kings Fund toolkit, However, the Kings Fund do advise Trusts to retain the central elements of the approach – the patient interviews and interaction between the patients and staff – as these are the elements that identify problems and develop the solutions. It is suggested that this approach is tested in Year 1 of the implementation of this strategy.