

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	Suzanne Hinchliffe
<b>Date:</b>	<b>20 DECEMBER 2012</b>
<b>CQC regulation:</b>	ALL

<b>Title:</b>	<b>Patient Experience Strategy 2012 - 2015</b>										
<b>Author/Responsible Director:</b>	Suzanne Hinchliffe Deputy CEO/Chief Nurse										
<b>Purpose of the Report:</b>	<ul style="list-style-type: none"> <li>To share with members the first draft of the trust Patient Experience Strategy 2012 – 2015 for comment</li> </ul>										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	X	Assurance		Endorsement	
Decision		Discussion	X								
Assurance		Endorsement									
<b>Summary / Key Points:</b>	<ul style="list-style-type: none"> <li>The first draft of the Patient Experience Strategy has been written alongside the development of the Quality &amp; Safety Commitment</li> <li>Each goal has been identified in line with feedback from staff and patients with further discussions on-going as part of the early engagement process</li> <li>Areas for action have also been identified alongside national guidance and themes emerging from current patient experience surveys</li> </ul>										
<b>Recommendations:</b>	For early discussion and feedback										
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b>										
Linked to Quality and Patient Experience identified risk	Linked to Net Promoter, Critical Safety Actions and 4 Harms										
<b>Resource Implications (eg Financial, HR)</b>											
To be identified											
<b>Assurance Implications</b> N/A											
<b>Patient and Public Involvement (PPI) Implications</b> – For active engagement											
<b>Equality Impact</b> - Addressed											
<b>Information exempt from Disclosure</b> N/A											
<b>Requirement for further review ?</b> QAC/Trust Board Quarterly Basis											

*Draft – for discussion only*

# Patient Experience Strategy

## 2013-2015



## 1.0 Introduction

The Trust is committed to continually developing and improving care provision and experience for patients, their relatives and carers. This strategy outlines the approach the Trust will take to achieve an excellent patient experience through working with our patients and their families, seeing the individual within “the patient” and ensuring that the care that we give enhances our patients’ experience.

Throughout this strategy it is implicit that whenever ‘patient experience’ is described, it also includes the experience of the family, carers, friends and advocates.

Patient Centred care forms part of the Trust’s Quality & Safety Commitment 2012 – 2015. It and is one of the building blocks to achieving our vision of becoming a successful patient centred Foundation Trust recognized for placing quality, safety and innovation at the centre of service provision.

This document summarises the goals of our patient experience strategy over the next 3 years to ensure that we provide 'Caring at its best'.

## 2.0 Our Vision and values

### Our Vision

In the next five years, we will become a successful Foundation Trust that is recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve patient experience.

### Our Values

Supporting our vision, are values and behaviours which we believe will enable us to place quality and safety at the heart of our hospitals and fulfil our purpose to provide 'Caring at its best'.



**We treat people how we would like to be treated**

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued.



**We focus on what matters most**

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly.



**We are passionate and creative in our work**

- We encourage and value other people’s ideas
- We seek inventive solutions to problems
- We recognise people’s achievements and celebrate success.



**We do what we say we are going to do**

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected
- We make the time to care
- If we cannot do something we will explain why.



**We are one team and we are best when we work together**

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively.

### 3.0 Where are we now?

#### What to our patients tell us?

We gather feedback from patient surveys, NHS Choices, complaints and Net Promoter Scores. These highlight several areas where we are currently doing well, including several specialty areas and planned care.

*"Everyone was helpful and friendly and the Doctors and Consultants all listened to me"*

They also identify a number of areas of we can improve in order to positively affect their overall experience of care. In particular, improved information and decision making (particularly on discharge), improved efficiency of care processes (e.g. waiting times), understanding and care for people at end of life, patients with dementia and the older patient; hospital car-parking and food, and reducing unnecessary pain.

*"I left in a state of confusion, not really understanding"*

#### What do our staff tell us?

To inform the development of the Patient Experience Strategy, focus groups with staff identified clear strengths at UHL: many clinical areas are seen as delivering high quality care for patients

*"We definitely put patients first"*

There are frontline led initiatives improving patient experience. Opportunities for improvement were also identified which support both patients views above and a request to place more emphasis on patient experience.

### 4.0 What are the external considerations?

In shaping our Patient Experience Strategy we have taken into account the constantly changing external environment and local and national requirements. Examples of these include:

#### NHS Constitution

The NHS Constitution lays out a series of rights and responsibilities for patients, and the expectations for staff. Patients rights include:

*"the right to be treated with dignity and respect, in accordance with your human rights."*

*" the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this."*

*" the right to be involved, directly or through representatives, in the planning of healthcare services"*

The Constitution is also clear that patients and users of NHS services have corresponding responsibilities so that they receive the full benefit of all the care we give and they help us provide them with the best possible patient experience.

The NHS Constitution also clearly sets out expectations from Staff expectations:

*“to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.”*

*“to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation”*

**The NHS Operating Framework 2012-13** (DH, 2011) puts patients at the centre of decision making with their experience of health and supporting care services central to the drive for improvements.

**NICE quality standard for patient experience in adult NHS services** (February 2012) sets out aspirational, but achievable markers of high quality, cost effective care to improve the experience of people using adult NHS services.

**Nursing indicators:** a process of ensuring high quality patient care evidenced through seven nurse sensitive indicators: pain management; patient observations; infection prevention and control; nutrition; tissue viability; falls management; medicines management

**15 Steps** - This challenge was sparked by a quote from a parent: *“I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward.”* It will help us to gain an understanding of how patients, service users and others feel about the care provided and what gives them confidence.

**Developing a Culture of Compassionate Care, Chief Nursing Officer for England 2012** focuses on a national ambition to maximise the contribution to high quality, compassionate care and to achieve excellent health and well being outcomes including: Compassion; Commitment; Courage; Communication; Competence

## 5.0 What are we trying to accomplish?

At the heart of our Patient Experience Strategy is the Trust’s core purpose to provide ‘Caring at its Best’ to our patients and their carers supported through our well established values and behaviours. This will be achieved through a robust program of priorities that will reflect local and national requirements and what is relevant to patients and staff.

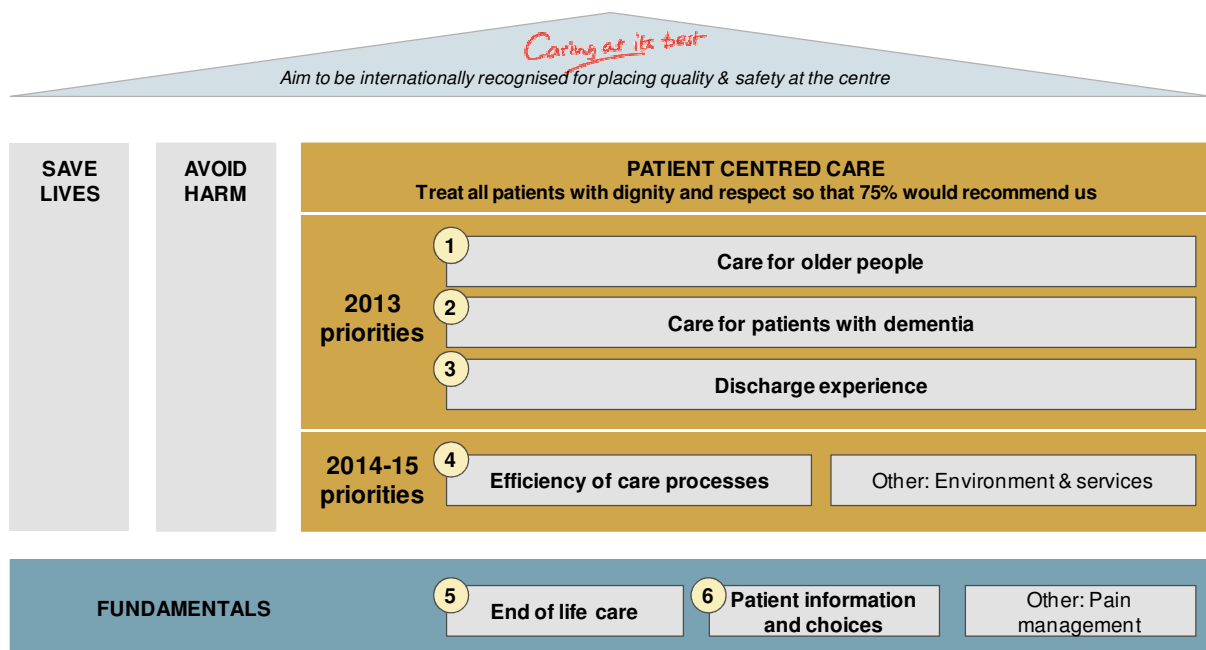
Our priorities will be led through six overarching goals, with initial prioritization of key focus areas that have the highest potential impact.

### Identification of goals

Over the past few months we have taken input from our patients, staff and local stakeholders as well as taking in to account external considerations. This has been further complemented by the recent work to create a quality commitment. Six overarching goals have been identified.

## Defining focus areas

To define focus areas within each goal we consulted internally, which a half-day quality workshop has been run with members of the Divisions and Clinical Business Units. This workshop was informed by the prior consultation process and is supported by wider discussions with our commissioners, patient advisors and LINKS. From these engagements we are identifying *2013 priorities*; potential *2014-15 priorities*; and ongoing *fundamentals* that are core to patient experience. These provide focus within the six over-arching areas, as well as identifying selected other secondary areas.



## 6.0 What are the key elements of each goal?

The key elements of the six goals have been scoped and refined as part of the process. These capture the central issues that have been identified, and start to provide focus towards developing solutions.

### Goal One: Improve the care for older people

1. Improve levels of privacy and dignity.
2. Improved information provision particularly on discharge.
3. Ensure staff listen and spend time with patient's families and carers.
4. Patients should be treated as a person not a number.
5. Patients feel they are treated with care and compassion.

**Goal Two: Improve the care for patients with dementia**

1. Increase training, discussion and debate to improve dementia care.
2. Improve physical environment for patients with dementia.
3. Improved levels of privacy and dignity.
4. Patient's families and carers feel they are treated with care and compassion.

**Goal Three: Improved discharge experience**

1. Provide improved discharge information from the moment of admission.
2. Ensure patients and carers receive time and support from appropriately trained staff.
3. Patient will be involved in decision making and encouraged to ask questions about treatment and care.
4. Improve integration with discharge destinations to ensure that patient experiences seamless care.

**Goal Four: Improved efficiency of care processes for patients**

1. Improve access and waiting times for assessment and treatment.
2. Increase speed and efficiency of appointment and referrals.
3. Reduce/remove operation and procedure cancellations.
4. Ensure the right treatment, in the right place – no outlying

**Goal Five: Improved care for people at end of life**

1. Improved levels of privacy and dignity.
2. Patients feel they are treated with care and compassion.
3. Ensure staff listen and spend time with patients, families and carers.
4. Staff actively manage patient's end of life care plans and as an integral element of this, their pain and discomfort.
5. Ensure staff listen and spend time with patients.

**Goal Six: Patients, their family and carers feel informed and are given options**

1. Provide improved information provision.
2. Ensure staff listen and spend time with patients.
3. All patients to be treated as a person not a number.
4. Patient will be involved in decision making and encouraged to ask questions about treatment and care.

**7.0 How are we going to deliver our strategy?**

A 'Patient Centred Care' Quality Action Group, comprised of frontline staff and managerial support, was identified as part of the strategy development workshop in December. This group will set the overall direction. Active task groups within each division and CBU will be responsible for development of actions to ensure local achievement of key priorities. In addition they will oversee the delivery of patient experience improvement programme and engaging frontline staff at a ward level

**Patient experience improvement programme**

- *Capability development:* Provide appropriate training and support. This will be incorporated in to the Trust Organisational Development Plan 2012 – 2015
- *Improvement infrastructure:* Defining and identifying resource to support delivery
- *Actively managing for results:* Ensuring that patient experience objectives are identified in all staff job descriptions with measurement and tracking against milestones.

**Frontline staff engagement**

Priorities will be delivered with a real focus on patient and staff engagement, using their skill and expertise to advise, engage and achieve the patient experience goals. This will be achieved through:

- *Initial engagement:* It will be essential to get support from lead frontline staff of the case for change and the overall vision
- *Mobilise:* Action plans will be clearly explained to staff through cascaded communication events. It will be essential to ensure that each member of staff is clear of their role in improving patient experience
- *Continued commitment:* It will be key to ensure a learning environment and that achievements celebrated



## 8.0 How will achievement of the goals be monitored?

Our Clinical Business Unit structures will be responsible for the delivery of the Patient Experience Strategy.

Tracking will be a vital part of knowing how we are doing, and identifying where to focus to achieve pace and delivery. Patient Experience feedback will be reported through the following media:

- Patient stories at Trust Board. Six monthly progress review at Trust Board
- Quarterly to the Quality Assurance Committee
- Quarterly updates to the Clinical Quality Reporting Group
- Bi-monthly Patient Experience Meeting chaired by the Director of Nursing

## 9.0 What happens next?

This strategy outlines the approach the Trust will take to deliver an excellent patient experience through working with our patients and their families, seeing the individual within “the patient” and ensuring that the care that we give enhances our patients’ experience.

The next step will be for the Quality Action Group to develop action plans for delivery against the 2013 priority focus areas.

This commitment will be reviewed on an annual basis alongside the trust Quality Account. As we deliver on priority areas in the commitment we will want to refocus attention to others. This will ensure we focus on what matters most and deliver the patient centred care.