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## 1. Introduction

Over the past year, progress has continued in taking forward work to collect, measure, report and improve the Patient/Carer Experience in Norfolk Community Health and Care NHS Trust (NCH&C) and where possible, actively involve patients and the public in this process. Patient Experience is a main pillar of NCH&C's strategy to ensure the patient is at the centre of all that we do.

This report highlights key achievements in the delivery of the second year of NCH&C Patient Experience and Involvement Strategy April 2011 – March 2013, reflects on lessons learnt and summarises priorities for 2013 - 14. It also provides details on Complaints and Compliments and the Patient Advice and Liaison Service (PALS) activity throughout the year.

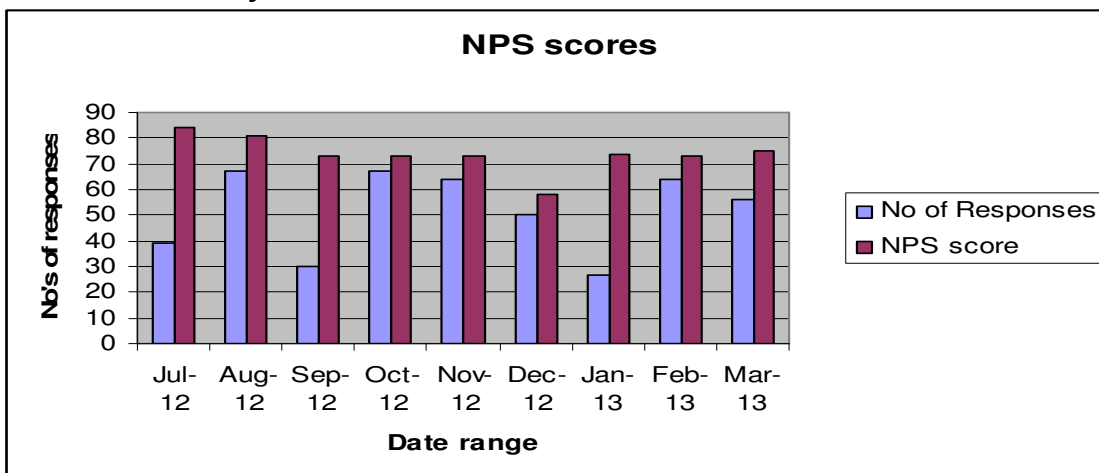
## 2. Patient and Carer Surveys

During the year 2012 -13 no standardised national programme of patient surveys was available for NHS Community Trusts. NCH&C therefore developed a programme of surveys determined by regional and local priorities.

### 2.1 The 'Friends and Family Test' (Quality Goal & CQuIN – Implement Friends and Family test using the (NPS) Net Promoter Score, results to be above 63)

The Friends and Family test, asking all in-patients on discharge from our community hospitals, "How likely is it that you would recommend this service to friends and family?" went live during May 2012. Patients were given a feedback card on the day of discharge to rate their score between 1 and 10 and leave any comments as to why they gave that score. A minimum survey size of 10% of all inpatients discharged was set and this has been achieved and exceeded every month to date.

**Results from July 2012 – March 2013 are as follows:-**



These results remain in the top quartile of 71 or more (the target set for acute hospitals for 2012/13) with the exception of December. Results were lower in December than all previous months due to a higher number of neutral/passive scores being received (patients scoring 7 or 8 out of 10) although the majority of comments were still very positive.

Overall the comments being received by patients through NPS are very positive, although there are some areas for action, improvement or monitoring.

#### **Top 4 Themes from 'promoters' comments (Score of 9 or 10 out of 10)**

- High standard of care and treatment
- Caring, kind and compassionate staff
- Good food
- Very clean

**Top 3 Themes from 'detractors' (score of 6 out of 10 or less)** (although often the comments are fairly positive)

- Good care
- Satisfaction with the services
- Misunderstanding/reluctance with therapies and treatment

#### **Top 5 Themes from 'neutral/passives' comments (Score of 7 or 8 out of 10)**

- Positive experience
- More staff needed, visit too brief
- Food needs improving - general flavouring
- Comfortable and clean
- Treated well by staff

Modern Matrons regularly review their feedback and complete an action plan with areas for improvement as well as sharing results widely with staff and posting on ward notice boards for patients, relatives and the public to see. Some examples of actions taken on Alder ward

- New bins in place to help reduce noise levels at night
- Staff reviewing their MDT handovers and joint therapy/nursing interventions to ensure patients and relatives understand the whole team approach to treatment
- Increased range of bariatric equipment in place
- Continued monitoring of patient satisfaction with food and liaison with Food Services Manager and food providers

## **2.2 Local surveys**

### **a) Cardiac Assessment Service**

The '**Cardiac Assessment Service**' was set up as a new initiative in 2004, with the aim to promote efficiency of the pathway delivering care to patients with **Acute Coronary Syndrome** (Heart Attack and Unstable Angina). This efficiency translated into **reduction of length of stay** (LOS) in the acute trust with **reduction in re-admission rates**.

One of the aims of the Service is to **educate and support patients** and their relatives to equip them to take responsibility for their **Long Term Condition** so helping to promote, improve their quality of life and reduce acute events requiring admission to hospital.

In the Cardiac Assessment Service (CAS), patients are often seen as a 'one off' acute assessment within the acute admissions area. Questionnaires were distributed to each patient with the instruction to complete and place in the clearly marked NCH&C official collection box. The box was then collected later in the day to allow private consideration of the questionnaire, confidential completion and return to the box.

All 30 questionnaires were returned. The feedback was very positive and overall demonstrates that the Cardiac Assessment Service is highly valued by patients and their relatives.

**100% of respondents felt they understood the role of the service/ felt they were treated with dignity and respect/ felt the service helped them to understand their condition and allowed them the opportunity to have questions answered, with the conclusion that they all benefited from improved understanding of their long term condition**

Issues Arising

87% said that the assessment helped them make lifestyle changes to manage their condition; however 13% did feel they needed some on going advice, one mentioning the access of written information. These patients do however receive a referral on to an out-patient Cardiac Rehabilitation Service or CVD Specialist Nurse for advice and support.

**ACTION:**

- Issue British Heart Foundation (BHF) booklets in addition to those which will be given in a pack by the Cardiac Rehabilitation Nurses where appropriate.
- Issue BHF booklets to those patients not falling under the remit of the Cardiac Rehabilitation Nurses.
- Refer on to the Community CVD Specialist Nurse for further support and advice on risk factors as appropriate.

97% felt re-assured by the cardiac assessment nurse. Only one patient still had concerns about what is a life threatening condition.

**ACTION:**

- In patients requiring ongoing support, refer to CVD Specialist Nurse in the Community for follow-up telephone call as appropriate.

**b) Community Nursing & Therapy Service – Patient Satisfaction Survey**

As part of CQuIN indicator 11, the Trust has carried out a patient satisfaction survey within Community Nursing and Therapy. The survey was carried out over two weeks in September and again in February. The overall results are in the table below

September 2012 Survey	February 2013 Survey	Better/Worse
Very Satisfied 85.6% (314)	Very Satisfied 91.5% (268)	Better - Overall increase Sept - Feb
Fairly Satisfied 8.4% (31)	Fairly Satisfied 6.5% (19)	
Fairly Dissatisfied - 0.5% (2)	Fairly Dissatisfied - 0.3% (1)	Better - Overall Decrease Sept - Feb
Very Dissatisfied - 4.6% (17)	Very Dissatisfied – 1.7% (5)	

### c) **Wheelchair Services Patient Experience Survey**

A patient experience survey was carried out to gather feedback from patients on Wheelchair Services from 1<sup>st</sup> September to 31<sup>st</sup> October 2012.

All patients who attended the centre for an appointment between 1<sup>st</sup> September and 31<sup>st</sup> October 2012 were given a hard copy of the survey to complete. Boxes were also provided in the waiting area for patients to post their completed surveys.

104 surveys were completed by patients, approximately 50% of all patients attending an appointment during that period.

#### **Conclusions:**

Overall the feedback from patients is very positive on the service they received with 94.2% of patients saying they were **very satisfied (86.5%)** or fairly satisfied (7.7%) Similar levels of satisfaction were received on the helpfulness of reception staff and clinical staff.

100% of patients who answered the 3 environment questions agreed that they had enough privacy, felt physically safe and were satisfied with the cleanliness of the centre.

99% felt involved as much as they wanted to be in decisions about their care.

22 patients have expressed an interest in potentially being part of a patient user group and 31 expressed an interest in undertaking a one to one patient story. Further comments were received from 35 patients. There were two comments around waiting times but no other common themes emerging from these.

Despite high scores, focus is still on improvement. Actions planned include:-

1. Look in more detail at waiting times (x2 comments received)
2. Contact patients regarding joining a Patient User Group
3. Contact patients regarding undertaking a Patient Story

### d) **Catering Survey within the community hospitals**

The purpose of the Patient Satisfaction survey is to measure the quality and standards of the catering service within the community hospitals setting, to identify issues that occur within it and where possible, rectify them.

The survey is divided into five sections, Menu options, Food, Beverages, Environment and Support. Each subsection has 3 or more questions that require answering. Measurements range from **Very Poor to Excellent** on the Food and Environment sections, while the remaining three sections range from **Never to All the time**. Patients indicate their preference by ticking the appropriate box they feel meets their perception and level of satisfaction.

From the results of the surveys, it shows that standards have increased slightly from the survey conducted in July 2012 from a **satisfaction rate of 84% to 89.3%** of 'Excellent' and 'Good' responses.

The fair responses have remained the same at 8.3%, with 'Poor' and 'Very Poor' making up the rest with 2.5%.

The overall completion rate has decreased from 63% in July 2012 to 48% in November 2012. Some units continue to have low completion rates; this could be due to the types of patients and the nature and number of questions of the new survey. Several surveys were incomplete. 1 unit was also closed for refurbishment during the time of the survey.

**Having reviewed the results per section, the standout areas are:-**

Improvement in virtually all aspects of the service from the last survey in July, for example in the Food section; taste up to 78% from 71%, appearance up to 88% from 75%, and helpfulness of staff up to 98% from 91%.

The **overall satisfaction rate** increased significantly from **77% in July, to 84% in November**, considerably higher than the 73% recorded in the Picker Institute survey undertaken in May 2011.

Where negative feedback has been received, these will be incorporated into an action plan for the appropriate Housekeeper to follow up and implement, within a specific time frame.

### **3. Patient Stories**

#### **3.1 Patient Feedback Challenge**

NCH&C continues to be involved in a joint project with NNUH in collecting patient and carer feedback throughout the stroke pathway through the use of Patient Stories. The cohort of six stories have been collected and next steps will be to bring staff from both NCH&C and NNUH together to review the finding from the stories and develop any actions as a result.

#### **3.2 Patient Voice at the Board**

Patient Stories are a key feature of the ambition to 'Revolutionise Patient and Customer Experience', whereby Boards are being asked to capture, use and triangulate intelligence pertaining to patient and carer experience from a variety of different sources. Patient Stories provide a focus on how through listening and learning from the patient voice. NCH&C's Board confirmed that as part of its commitment to strengthen the patient voice it wished to receive and consider a patient story at each of its Board meetings. The stories heard so far have mostly been told by a member of staff from the relevant service used by the patient to give a 'case study' style story. There have been a couple of occasions when the patient has attended and told their story personally.

For example, a member of staff from Sure Start Children's Centre, Thetford and a Norfolk LINK Volunteer attended NCH&C Board meeting in December 2012 describing how they have used Patient Stories to collect feedback from the parents attending "Babystart" group. Using Patient Stories has been a positive experience for the team,

reinforcing they are “getting it right” , boosting morale and understanding what parents and their children really benefit from but also finding out what could be improved. The team are already working on actions as a result of doing the stories which include:

- Increase publicity about the Children’s Centre and groups offered through liaison with Health Visitors, Midwives and local Libraries
- Rotation of a range of toys and play equipment both inside and outside groups

A programme of using Patient Stories to improve care in targeted areas has been developed, allocating a trained volunteer or member of staff to work with the following services:

- Podiatric Surgery
- Wheelchair Services
- North Norfolk Older People
- Stroke pathway (as part of the NHS Patient Feedback Challenge project with NNUH)

As well as delivering the programme of Patient Stories, a core group of both staff and trained volunteers continue to meet quarterly to share learning, have peer support and review and update Patient Stories Guidance

#### **4. The 15 Steps Challenge**

NCH&C West Starfish team were involved in a pilot project with the NHS Institute to trial the 15 Steps Challenge in Community Services.

The 15 steps challenge is a toolkit with a series of suggestions to guide organisations through the first impressions that patients get when they are visited in their home setting. A small challenge team was put together across NCH&C, including a parent representative from Family Voice, a NED and members of the Service Development and Patient Experience team to carry out the trial which took place between July – Sept 2012. There was a 50% uptake in participation and the data was collected via telephone. Overall the feedback was extremely positive. Recognition was received from the NHS Institute on the success of the pilot and a number of suggestions from our team taken on board which helped to further develop and strengthen the guidance. West Starfish Team Leader was invited to speak at a conference and has written an article for the Nursing Times.

#### **5. Patient opinion**

**Patient Opinion** is a website: [www.patientopinion.org.uk](http://www.patientopinion.org.uk) where the public can publish their experiences (good or bad) of local health services. The website allows health service staff to interact with these patients to help improve care. There is also the option of giving patients a hard copy feedback card or they can call a freephone number and tell their story over the phone.

NCH&C commenced a small pilot in early March 2013 in 4 services to trial Patient Opinion. 23 stories were posted on the website during April and these stories had been viewed 820 times.



There has been some excellent feedback about all of the services included in the pilot and service leads are being encouraged to respond to comments regardless of content to demonstrate that we are actively engaging with their feedback to improve care.

Service leads are also being encouraged to link into an online training session offered by Patient Opinion to support raising awareness with patients, responding to comments and how to use reports within the service and organisation. During this pilot phase, work is ongoing to develop processes ensuring Patient Opinion is monitored, reviewed and linked in to other patient feedback systems including NHS Choices

## **6. Patient Experience Steering Group (PESG)**

The main role of the PESG is to monitor the Patient Experience and Involvement Implementation Plan. It is also in place to monitor and receive all patient experience and involvement activities being undertaken across NCH&C services to assist with service improvement and development and ultimately an improved patient experience.

The PESG has a core membership consisting of a staff representative from each Business Unit, the Complaints and Claims Manager, PALS Officer, Norfolk LINK representative and the Patient Experience and Involvement Leads. A co-opted membership is also in place and includes Communications, Learning Education and Development, Performance, Estates and Facilities and other representatives as and when required.

Meetings are held around the county on a bi-monthly basis.

Complaints, Compliments and Claims quarterly reports, PALS and PEAT reports all come to the meetings to ensure triangulation with other relevant sources of qualitative data. Throughout the year we have seen common themes emerging regarding communication about services and care offered as well as provision of information, booking and appointment systems and involving patients and families more in their care. Further work is required to strengthen this triangulation to ensure all quality data is used effectively to improve care.

The group is accountable to the Quality and Risk Assurance Committee which reports directly to the Trust Board.

## **7. Involvement**

### **7.1 Norfolk Local Involvement Network (LINK)**

Over the past year we have continued to strengthen our relationship with the Norfolk Local Involvement Network (LINK) and be informed about the future transition to Healthwatch Norfolk. The LINK is the official voice of the community and brings together local people, groups and organisations that want to influence the way health and social care services are planned, delivered and provided.

We have LINK representation on our Trust Board, Equality & Diversity Committee, Patient Experience Steering Group, Quality & Risk Assurance Committee, Assistive Technology Steering Group, Dementia Steering Group and the End of Life Task Group.

We have successfully involved LINK members in becoming trained interviewers to carry out Patient Stories.

## **7.2 Patient Led Assessments of the Care Environment (PLACE)**

In accordance with the Prime Minister's commitment to give patients a real voice in assessing the quality of healthcare, including the environment for care, the Department of Health and NHS Commissioning Board have reviewed the efficacy and value of PEAT assessments and from 2013 have introduced a more patient-led assessment called PLACE. Norfolk LINK members and NCH&C FT members have been involved in these assessments led by the Estates and Facilities Officer.

## **7.3 Learning Disabilities Six Lives**

Work continued throughout 2012 to deliver the Six Lives project, to ensure NCH&C meets key criteria to enable all of our patients with learning disabilities to access information about services, their treatment and the choices available.

Within the Six Lives criteria two key indicators related to patient experience and involvement;

- Indicator 3: Does the NHS Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?
- Indicator 5: Does the NHS Trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

Building on achievements already made in 2011, a series of Focus Groups took place during May-August 2012 to capture parents, carers and patient views and encourage participation.

- 4 Parent/Carer Focus Groups held; East, North, South and Norwich
- 1 Focus Group with adults with LD
- LD Healthcare coordinator presented 'Patient Voice at Board'
- Adult with a LD attending future Board meeting to tell their story
- All Foundation Trust (FT) members who expressed an interest in LD contacted and sent a form to complete about how they wish to get more involved.

Learning and actions from the Focus groups have been reviewed by the LD Healthcare Co-ordinator and NCH&C LD services.

## **7.4 Looked After Children – In Care Council Focus Groups**

A focus group was conducted in May 2012 with seven young people who had already been involved in the In Care Council health sub group, six were from the Norwich area, and one had come from Great Yarmouth. The aim of the focus group was to

- Gain the views of Looked after Children on the health assessment process.
- Find out what health information/support would be helpful on leaving care focus group

There were three key themes to emerge from the focus group.

### **1) CONFIDENTIALITY and TRUST**

- "How do I know it's going to be confidential?"
- "I don't find it easy to trust."

### **2) CHOICE**

Throughout the discussion the emphasis was on offering choice.

- Choice to see health professional or answer a questionnaire.
- Choice of where to be seen.
- Choice of whether to have the carer present.
- Choice of receiving a copy of the health recommendations.(not all young people wanted this information)
- Choice of how the health information is presented.

### **3) THE HEALTH PROFESSIONAL**

- The personal skills of the professional were seen as important i.e. friendly, approachable, ability to listen.
- The group also discussed the importance of the getting to know the health professional in order to feel confident about discussing their health issues.

The views from the focus group broadly supported the findings that were reported from the 'East of England Looked after Children's Involvement Project' group.

#### **Next Steps:**

- Cascade/feedback key themes gathered from the focus group to relevant professionals and carers.
- Set up facebook or webpage with input from the in care council health sub group (meeting arranged for June)
- Trial drop in centres for those leaving care.
- Prepare information leaflet regarding health assessment process.
- .Named nurse for young people to contact following a health assessment.
- More emphasis on choice for looked after children.
- Information on confidentiality to be given at the beginning of each assessment.
- Health sub group to meet again in September.

## **7.5 Readers Forum**

The Reader's Forum consists of members of the public and staff who have volunteered to review our patient information leaflets while they are in their draft stages. Members are asked for their views on the type of language used, the style of presentation, the overall content and whether the leaflets provides adequate and appropriate information for patients. The Forum is currently run remotely using email or freepost, depending on the member's preference. Comments are fed back via a feedback form following a consultation period.

## **8. Complaints and Compliments**

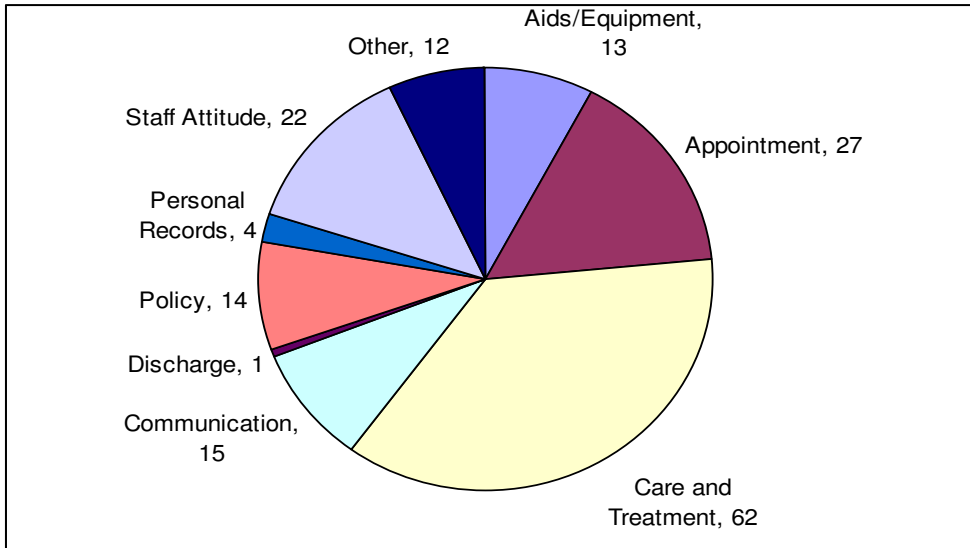
During the period April 2012 to March 2013, 170 complaints were received from service users or their relatives. This represents a 15% decrease on last year's figure of 202. 94 of these complaints were partially or wholly upheld following investigation.

MPs were involved in 10 complaints this year and GPs were involved in 11 complaints. 14 complaints were investigated jointly with other agencies (e.g., NHS Norfolk &

Waveney, Norfolk & Norwich University Hospital and Norfolk County Council Social Services) under the agreed Joint Protocol for Norfolk.

Complainants who are unhappy with the Trust's response may ask the Parliamentary and Health Service Ombudsman to review their case. We were notified of 3 such requests this year, however, the Ombudsman declined to review any of these cases.

### Complaints by subject



#### a) Complainant feedback

15 complainants returned feedback questionnaires during the year. 10 of these stated they were satisfied or mainly satisfied with the complaints process and the outcome of their complaint. All stated that their aim in making the complaint was to prevent others suffering the same problem and/or to receive an apology or explanation. Three complainants (less than 2%) expressed a wish that staff should be disciplined.

#### b) Summary of learning and actions taken

Learning from complaints is collated from the Service Managers following an investigation and communicated across the organisation via the Quality & Risk monthly report (seen at the Quality & Risk Assurance Committee and the Trust Board) which is published on the Trust's website and through the monthly staff newsletter. Themes from complaints are discussed by senior management and, where appropriate, are included in the clinical audit forward plan.

#### c) Clinical Claims

Notification was received of seven possible claims for clinical negligence during the year. Formal letters of claim have been received for two of these; one concerned the death of a patient in an inpatient unit and the other a delay in family being advised of a diagnosis in respect of a child.

Two claims were settled – one in respect of podiatric surgery and one settled jointly with the Medical Defence Union (representing the GP) respect of late diagnosis of hip displacement of a child. Two claims were discontinued because of a lack of response from the claimant or their solicitor.

#### **d) Compliments**

Compliments and thanks received from patients are also measured and in 2012/13 the Trust has received in excess of 955 compliments. The dedication and commitment of our frontline staff is a recurring theme of the compliments received.

### **9. Patient Advice and Liaison service (PALS)**

Norfolk Community Health and Care PALS received a total of 144 enquiries during this year. All enquiries were acknowledged within one day by telephone or email. All enquiries are entered on to the Datix database.

**A breakdown of these enquiries is detailed below:**

#### **Advice/Signposting**

15 enquiries requesting telephone numbers and/or contact details of various services, including:

- How to make a donation to a service (PBL)
- Learning disabilities support groups
- Transport details
- NHS Norfolk PALS
- Speech and Language assessments
- Medical cards and NHS numbers

#### **Concerns**

33 concerns were received, examples include:

- Inability to contact services due to telephone line problems
- Mis-spelling of name on Medical record.
- Concern about changes in service at leg ulcer clinic
- National childhood measurement programme (each enquirer was supplied with local school nurse contact details)
- Attitude of District nurse.
- Discharge from hospital
- Attitude of Health visitor at clinic.

#### **Help/support**

50 requests were received concerning various services, examples include:

- Community nurses not arrived for home visits
- Unable to attend appointment and can't get through to central booking(Central booking contacted on patients behalf)
- Query as to District nurses visits have stopped.
- Referred to service 2 months ago and has not heard anything since.
- Unable to contact continence clinic in four days.

## Information

46 requests were received, examples include:

- Health visiting services lead contact details
- Various local school nursing telephone numbers requested after receipt of figures from the National Childhood measurement programme.

## Emails received in PALS mailbox

170 in total, examples include:

- Appointment cancellations
- Family support services
- Marketing
- Accessing medical services on return to UK
- Chiropody queries
- Medical records request
- Chasing up referrals
- Compliments
- Advising of incorrect service tel numbers on NCHC website
- Contact details requests
- Freedom of information requests
- Location of Speech and Language therapists
- Donation of riser recliner chair to PBL.

## Other

Other enquiries received included emails for website development and placements in health service for work experience

## PALS promotional events and learning events attended

Month	Event/course
July 2012	Mind Cultural competence training
September 2012	NCH&C Health Fair and AGM, The Forum, Norwich
December 2012	<ul style="list-style-type: none"><li>• PALS Collaborative meeting Hellesdon hospital</li><li>• Dementia awareness training</li></ul>

The PALS Officer also attends the PALS collaborative for the East of England which meets on a quarterly basis. This is very useful for networking and discussing inter-organisational issues that may have arisen and from which learning can be taken.

All of the learning and promotional events are useful tools in the development of the PALS service and its officer. Enabling the service to be delivered in a more efficient and effective way.

The PALS officer is involved in the administration of the Patient Opinion feedback site, also responds to feedback left on NHS choices site for NCHC.

## **10. Empowering staff**

Work continues in ensuring that the core elements of patient experience are included in NCH&C Trust Induction, Values in Action training module and other similar modules. Key national and local documents and reports are made available on the staff intranet and updates are regularly communicated in staff briefings.

Following a review of the Early Warning Trigger Tool and a scoping exercise, a Patient Experience Activity Cycle has been developed which includes all Patient Experience and Involvement Activity across the organisation. Further work is required to enhance the tracker and enable it to become a centrally held information source.

Work has also commenced in developing a Patient Experience and Involvement Toolkit for Staff which will enable and empower staff to collect, act upon and report patient experience.

## **11 Priorities for Patient Experience and Involvement in 2013-14**

- Implement the Friends and Family Test across all Community Nursing and Therapy Teams
- Continue the Friends and Family Test in In-patient Units, transferring over to the new response categories and scoring
- Complete, review and recommend future involvement of Patient Opinion
- Complete review of and re-start the Patient Experience Steering Group
- Continue to provide a programme of Patient Voice at Board, exploring and developing ideas for inviting patients/carers and families to be involved e.g. through PALS, Complaints, local surveys, NED walk rounds
- Complete and launch Patient Experience and Involvement Staff Toolkit including an updated PE1 and a Patient Experience Report and Action template
- Complete Patient Stories project work in Wheelchair services, Podiatric Surgery and Stroke pathway
- Continue to work with QAM's, Operational staff, Complaints Manager and PALS Officer to ensure patient feedback is collected, reviewed and acted upon, particularly through review of EWTT and use of a Patient Experience and Involvement Tracker
- Explore further opportunities for patient/carer and public involvement across NCH&C with Corporate Membership Manager

## **12. Summary**

This has been another successful year for Patient Experience and Involvement, where the majority of objectives for the Patient Experience and Involvement Plan for 2012-13 have been met with remainder of objectives aiming for completion in early in the next year. NCH&C continues, overall, to report a very high level of satisfaction from patients and their carers about the care that patients receive. We continue to use a range of methodologies which ensures that we capture patient and carer views in ways that are accessible and flexible to their needs. We have begun to use patient experience data more widely to inform service improvement but also in business and organisational development.

A revised Patient Experience and Involvement Strategy for 2013-15 will be produced including a robust implementation plan which will be reviewed and monitored by the Patient Experience Steering Group.