

Foreword



We are delighted to present our Patient Experience and Involvement Strategy for the next three years. This Strategy was developed by staff and clinicians with feedback from governors and patient groups, to ensure that we are focusing our attention on the activities that will help us to build on our patient experience and involvement successes so far.

The 'patient experience' is the responsibility of everyone providing direct care from our nurses, doctors, dentists, therapists and assistants, as well as our staff who support any part of the care experience, such as our administration teams, housekeepers, porters, chaplains, and technicians. Every action we take is only as valuable as the perception it leaves with our patients and their families. We all have experiences, every day, both good and bad and the better or worse the experience is, the more people we tell.

Good patient experience is not necessarily about making patients happy at all costs; it is about minimising anxiety, having empathy, building trust and providing individualised, patient-centred care. Good patient experience has a direct impact on clinical outcomes.

Over the last couple of years we have increased the number of services that regularly receive patient experience feedback and in a format that allows our front line teams to use it to improve the care they deliver. We have learnt a great deal about how our patients experience care and ways in which we can strengthen the whole process of engagement and feedback.

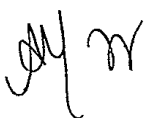
Within Norfolk we are fortunate to have patients and their representatives who are passionate about their local health services and are willing to give up their time to help us develop our services. We have seen some excellent patient involvement in the development of new services and the re-design of existing services. We want to ensure that patient involvement is consistently integrated into all that we do.

There are 3 key aims that will enable us to improve our processes they are as follows:

- **Ensuring a systematic approach to capturing feedback** - empowering staff with knowledge of how to capture patient experience feedback and the tools and techniques with which to do it and ensuring this informs a trust-wide plan
- **Action for improvement** - using patient experience information alongside other quality data to make demonstrable improvements to care and systematically implementing improvement
- **Building meaningful and systematic engagement and involvement** - spreading and building on where good engagement and involvement of our patients, carers and Members exists and supporting development across the Trust

We hope that you will find this strategy informative and useful and we encourage you to help us deliver our aims over the next 3 years.

Yours sincerely



Anna Morgan

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1. Executive Summary

Norfolk Community Health and Care (NCH&C) recognises that to create a truly patient centred organisation and to deliver the best possible care there has to be genuine and meaningful involvement with our patients, carers and members so that they can genuinely influence and inform decisions. We must ensure we systematically listen to, capture and use the views and experiences of individuals, groups and organisations in the delivery, evaluation, improvement and development of our services.

The benefits of improving patient experience and involvement mean that for NCH&C:

- Patients have more control over their care and the ability to make informed choices about their treatment
- Patients who have a better experience of care generally have better health outcomes
- Patients who have better experiences and better health outcomes may require shorter stays in hospital and less treatments, reducing healthcare costs
- Patients who have better experiences impacts positively on staff experience and the culture of the organisation
- Patients who have better experiences enhance the reputation of the trust

Having reviewed external and internal drivers, the strategy focuses on three main themes:

1. *Ensuring a systematic approach to capturing feedback* – empowering staff with knowledge of how to capture patient experience feedback and the tools and techniques with which to do it and ensuring this informs a trust-wide plan
2. *Action for improvement* – using patient experience information alongside other quality data to make demonstrable improvements to care and systematically implementing improvement
3. *Building meaningful and systematic engagement and involvement* - spreading and building on where good engagement and involvement of our patients, carers and Members exists and supporting development across the Trust

In order to deliver the strategy and progress these themes an annual implementation plan will be developed. These plans will be structured around some specific goals described below:

1. Capture and use the views and experiences of patients, families and carers, Service User Groups, Healthwatch, governors and other voluntary groups in the evaluation, delivery, improvement and development of our services
2. Develop and implement effective mechanisms for
 - a. Capturing and measuring patient experience and involvement
 - b. Systematically implementing improvements to care
3. Develop effective mechanisms for feeding back to our patients, families and carers and commissioners what we have done as a result of their feedback and involvement
4. Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice and informs organisational development
5. Empower staff with the knowledge, tools and techniques available to carry out effective patient experience and involvement

2. Introduction

The vision of NCH&C is 'To improve the quality of people's lives, in their homes and community through the best in integrated health and social care.' This is often summed up as 'Looking after you locally'.

The starting point for the Trust in describing its vision and services is the patient, providing them with individualised care. This reflects the services that are provided and which seek to give children the best start in life; where appropriate keep patients out of hospital, in their place of residence and maintaining their independence for as long as possible and to provide support and care when at the end of life. This vision will be delivered through the achievement of a number of longer term strategic objectives which are described in the Trusts Integrated Business Plan. The first of these objectives is 'Improving quality for patients and the public – as experts in community health and care, and by offering the best patient experience in the east of England'. Ensuring the services provided are of high quality (by which we mean services are safe, clinically effective and the experience of care is positive) is central to the Trusts priorities.

Our National Health Service first priority must be the public that we serve. It is the commitment, professionalism and dedication of the NHS staff that can make the greatest difference in providing high quality services and care for patients and their families (Dept of Health 2013).

NCH&C is entering the final stage in its journey towards becoming a foundation trust (FT). Being a foundation trust will help us further involve patients and staff. As part of the Trust's progress towards becoming a foundation trust, a staff and public membership body has been established. An elected Council of Governors is in place. Our Governors will act as the voice of local people and will be responsible for feeding back these views to the Trust. This along with their wider duties will ensure we remain fully accountable to the public for the services we provide.

NCH&C recognises that to create a truly patient centred organisation there has to be genuine and meaningful involvement with our patients, carers and members so that they can genuinely influence and inform decisions. We must ensure we systematically listen to, capture and use the views and experiences of individuals, groups and organisations in the delivery, evaluation, improvement and development of our services.

3. Background

Since the launch of the Trust's first Patient Experience Strategy in 2009, NCH&C has been innovative and successful in using new methodologies and techniques to capture the views and experiences of our diverse community patient and carer population. For example, the extensive implementation of the Friends and Family Test and Net Promoter score within community services and housebound patients. NCH&C also trialled the 15 Steps Challenge for community services, which contributed to the national guidance document and developed our use of patient stories by involving volunteers as interviewers. The feedback of these experiences has been used to promote, share and celebrate good quality care and high levels of satisfaction but also to make improvements where they are needed and inform service redesign and business development.

NCH&C has delivered the majority of our objectives set out in previous Patient Experience and Involvement Implementation Plans, produced Patient Experience and Involvement Annual Reports and through staff have showcased some of this excellent work at NCH&C Board meetings and other events.

The following are examples of the use of a variety of different methodologies to capture patients' and carers' feedback and the actions and improvements that have been taken as a result:

Alder Ward, Norwich Community Hospital (Net Promoter – Inpatient Units)

- New bins in place to help reduce noise levels at night
- Staff reviewing their multidisciplinary team 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
- Specific monitoring of patient satisfaction with food and liaison with Food Services Manager and food providers

Cardiac Assessment Service (Patient Experience Survey)

- Issue British Heart Foundation Booklets in addition to those which will be given in a pack by the Cardiac Rehabilitation Nurse as appropriate

Wheelchair Services (Patient Stories)

- Developed plans for a service user group
- Conducted patient stories to explore patients' experiences in more depth

Looked After Children (Focus Group)

- Prepared a new information leaflet regarding health assessment process
- Implemented a system of a named nurse for young people to contact following a health assessment
- Placed more emphasis on choice for looked after children in relation to aspects raised such as face to face assessment or questionnaire, where to be seen, whether to have the carer present, receiving a copy of the health recommendations and how the health information is presented
- Improved the information on confidentiality to be given at the beginning of each assessment

For the period of this strategy the Trust aims to focus on responding swiftly to what we hear from patients in order to make a tangible and practical difference to the services we provide. This will include ensuring not only do we listen well, but that there are then subsequent actions that lead to improvement. By ensuring that feedback is acted upon, demonstrating and communicating what has been done as a result of that feedback will enable the Trust to have a closer, more open and transparent relationship with the people whom we serve.

4. Aim of strategy

This strategy has been updated in response to both current national and local drivers and after a review of the Patient Experience and Involvement Strategy 2011 - 2013. Whilst the specific focus may have changed, the principles of delivering improvements in patient experience and involvement remain the same.

In this strategy the main themes are:

1. **Ensuring a systematic approach to capturing feedback** – empowering staff with knowledge of how to capture patient experience feedback and the tools and techniques with which to do it and ensuring this informs a trust-wide plan

2. **Action for improvement** – using patient experience information alongside other quality data to make demonstrable improvements to care and systematically implementing improvements
3. **Building meaningful and systematic engagement and involvement** – spreading and building on where good engagement and involvement of our patients, carers and Members exists and supporting development across the Trust

This strategy is a document that we want our patients, carers and Members to know the content of so that they can be assured that we positively engage, welcome their involvement and know how they can become better involved in our decision making process. A public facing summary will be produced.

5. Scope

This strategy applies to NCH&C at every level in the organisation and is intended to link into other key strategy documents; Communications and Engagement, Quality Improvement, Clinical Audit and Effectiveness, our Integrated Business Plan, the Workforce Strategy and Organisational Development.

Whilst we have often concentrated on capturing feedback on experiences, we recognise we can do more to engage with and involve patients and carers in a more systematic way that is integrated into everyday practice, links members of the community through different clinical areas to strategic decision making and impacts on the way we organise and deliver care currently and in future business tenders.

Continuing with a meaningful Patient Experience and Involvement Strategy will enable us to respond to local needs in terms of both service development and delivery and provide assurance against key corporate objectives and legislative requirements.

For consistency, when we refer to 'patients' we include all service users, carers, relatives and the public as potential users of services.

In the development of this strategy we have consulted with and received feedback from a range of stakeholders. These have included our internal Patient Experience Steering Group, Norfolk Healthwatch and governors via our Corporate Governance Manager, our communications reference group as well as a number of patient groups via our clinical leads such as Breathe Easy Norfolk and local branches of Parkinsons UK, MS Society and MNDA Association.

6. What we mean by Patient Experience and Involvement

6.1 Patient Experience

Patient Experience is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care. Quality of care includes the quality of caring. This means how personal care is – the compassion, dignity and respect with which patients are treated. One of the ways the quality of caring can be improved is by analysing and understanding patient satisfaction and experience and responding.

A definition of good patient experience was developed by the Department of Health (DH) after extensive research involving patients, the public and NHS staff. They found that patients want:

An NHS that meets not only our physical needs but our emotional ones too.

This means:

- *Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way*
- *Having information to make choices, to feel confident and to feel in control*
- *Being talked to and listened to as an equal*
- *Being treated with honesty, respect and dignity*

Ref: DH 'Building on the best: Choice, responsiveness and equity in the NHS' (Chapter 2, Section 9). December 2003

This has been more recently emphasised within a King's College London research paper – 'What Matters to Patients' (published February 2011)

The themes were:

- Awareness and understanding of health professionals
- Access to appropriate and timely treatment
- Being treated as a person not just a condition
- Effective partnerships with professionals
- Small things are important and kindness matters

The top 10 things that patients said would improve their experience were:

1. I want to feel informed, be given options and take part in decisions about my health
2. Listen and spend time with me – acknowledge that, whilst health professionals are experts in their field I am an expert about myself and what is normal for me
3. Treat me as a person not a number – put me at ease, ask me what I'd like to be called, make me feel welcomed
4. Tell me about support services
5. Ensure continuity of care – tell me about the care plan, what will happen next, who will be providing which part of care and how I can contact them
6. Provide efficient process so that I only have to tell my story once
7. Communicate – make sure that staff introduce themselves to me and my family/carer
8. Provide good information that is tailored to me and is timely
9. Ensure that I get the right treatment from the right staff at the right time
10. Enable me to have meaningful involvement and engagement

In its simplest form, patient experience provides direct experience of specific aspects of treatment or care. This research also found that there is no 'one size fits all' approach to improving patient experience and that what works well in one setting might not work so well in another. Patient experience information should be used alongside information on clinical outcomes and other intelligence to inform quality improvements, the way local services are designed and reshaped and contractual arrangements with commissioners. Using experience to design better healthcare is unique in the way that it focuses so strongly on capturing and understanding patients', carers' and staff experiences of services and not just their views of the process.

6.2 Patient and Public Involvement

Patient and public involvement is the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered

and evaluated. It is broader and deeper than traditional consultation. It involves the ongoing process of developing and sustaining constructive relationships, building strong active partnerships and holding a meaningful dialogue with stakeholders.

Section 242 (1B) of the NHS Act 2006 states that:

Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved in (whether by being consulted or provided with information, or in other ways) in –

- a) the planning of the provision of those services
- b) the development and consideration of proposals for changes in the way those services are provided
- c) decisions to be made by that body affecting the operation of those services

A high-performing organisation sees involvement as a core activity. It recognises that its users can be a valuable source of information who are able to provide an insight into their needs, wants, and feedback on their experiences to improve the services provided.

NCH&C already has some established patient and carer user groups and works closely with a number of local branches of national patient groups, such as the Parkinson's Disease Society, Breathe Easy Norfolk, Family Voice Norfolk, Norwich Autism Support Group and Leeway. During the period of this strategy the Trust will aim to build on this more systematically to have a network of involvement across the Trust, spreading good practice and ensuring real involvement happens as a core activity.

The Trust also has in place a council of governors and established relationships with Healthwatch Norfolk. These are two key avenues of patient and public engagement and involvement. Healthwatch representatives attend, for example, the Board's Quality Risk and Assurance Committee, the Equality and Diversity Steering Group and the Patient Experience Steering Group. Similarly, governors and representatives from Healthwatch will be involved in formally assessing our patient environments and Healthwatch volunteers have been trained to support the Trust's internal 'mock CQC' visits.

As well as informing local priorities and practices, the public and patients should also be involved in informing the Organisations Quality priorities and goals as well as programmes of change.

Appendix 1 illustrates types of involvement activity.

The Trust expects that when consideration is given to changing and improving services, patients or their representatives should be involved and their voice heard. This could be through a variety of means subject to the specific circumstances. It should include contribution to evaluating how things currently are, the design of what is planned and the evaluation of the implementation and intended benefits.

6.3 Benefits of Improvement

The benefits of improving patient experience and involvement mean that for NCH&C:

- Patients have more control over their care and the ability to make informed choices about their treatment
- Patients who have a better experience of care generally have better health outcomes

- Patients who have better experiences and better health outcomes may require shorter stays in hospital and less treatments, reducing healthcare costs
- Patients who have better experiences impact positively on staff experience and the culture of the organisation
- Patients who have better experiences enhance the reputation of the trust

7. National Strategic Context

There are a number of relevant policy documents, drivers, incentives and sanctions that make improving patient experience an imperative:

7.1 The NHS Constitution

The constitution establishes the principles and values of high quality healthcare and sets out the rights to which patients, public and staff are entitled. One of the seven key principles is that the NHS aspires to the highest standards of excellence and professionalism.

7.2 NICE Quality Standards for Patient Experience in Adult NHS Services

Launched in February 2012, these quality standards and accompanying clinical guidance ensure that patients have an excellent experience of care from the NHS.

7.3 NHS National Quality Board Patient Experience Framework

Published in February 2012, it outlines those elements that are critical if patients are to have a positive experience of NHS services. It provides common evidence – based list of what matters to patients and can be used to direct efforts to improve services. It can be used practically to help define what questions to ask patients in surveys and real time feedback.

7.4 NHS Outcomes Framework

Provides a national level overview of how well the NHS is performing, to provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board and to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change of culture and behaviour. It is structured around five domains; domain 4 is about ensuring that people have a positive experience of care.

7.5 Equity and Excellence: Liberating the NHS

Putting patients at the heart of the NHS, through an information revolution and greater choice and control. Services to be more responsive and designed around the patient. Shared decision-making will become the norm: 'No decision about me, without me.'

7.6 Care Quality Commission

Regulations and Outcomes are based around the patients' experience. Published results could influence the patient's choice of provider.

7.7 Commissioning for Quality and Innovation (CQUIN) Scheme

This is a payment framework within the Trust's contract with commissioners, making a proportion of provider's income conditional on quality and innovation which requires as part of it improvement in patient experience.

7.8 Essence of Care

A national updated programme in 2010 which aims to support localised quality improvement by providing a set of established and refreshed benchmarks supporting frontline care across care settings at a local level. It has been developed in partnership with patients and carers. The benchmarks focus on 12 topics including continence care, record keeping and respect and dignity.

7.9 Compassion in Practice – the Six C’s

In December 2012 ‘Compassion in Practice’¹ was published by the Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser which set out a shared purpose to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. The values and behaviours are at the heart of the vision and are set out as the 6 C’s which are Care, Compassion, Competence, Communication, Courage and Commitment.

7.10 Learning from and implementing the Francis Report recommendations

The two inquiries into the events of Mid Staffordshire Hospital identified a number of themes and recommendations. The Trust has a ‘Learning from Francis’ action plan in place which is reviewed and reported to the Trust’s Quality & Risk Assurance Committee. One of these themes was the importance of listening to the patient and public voice about the quality of care provided.

8. Local Strategic Context

8.1 NCH&C Integrated Business Plan – The Trusts 5 Year Strategy

This sets out as described above the Trust’s vision and first strategic objective of improving quality for patients and an ambition of delivering the best patient experience in the East of England.

8.2 NCH&C Annual Plan 2013 - 14

This identifies the most recent annual priorities which include improving care for patients by implementing the Trusts Transformation Programme and by removing obstacles to delivering high quality care. This involves large scale clinical, systems and workforce redesign, to deliver improved care for patients through investing in technology, improving efficiency and delivering our financial targets. It also seeks to enable staff to make small improvements that make a big difference to patients. The Quality Goals for the year include embedding the 6 C’s and the learning from the Francis report as well as delivering our CQUINs.

8.3 NCH&C Quality Account for the period 2012 - 13 (most recent)

This is an annual report to the public assessing quality across the entire range of our healthcare services to demonstrate commitment to continuous, evidence-based quality improvement and held to account by the public and local stakeholders for delivering quality improvements.

8.4 NCH&C Quality Improvement Strategy 2013 -14

A framework and an agreed range of activities that will combine to provide assurance to the Board on all aspects of quality improvement.

8.5 NHS Commissioners – Contractual Requirements

The Trust has contractual obligations around patient experience and involvement.

8.6 Governors and FT Members

The Trust’s Governors have a statutory role to represent the interests of the members of the Foundation Trust as a whole and the public. The Trust’s Membership Strategy and the Board’s approach as detailed in the “Director and Governors Interaction: how the Board of directors and Council of Governors will work together”, sets out how this will be delivered. Governors will develop their detailed implementation plans through a Membership Engagement and Patient Experience Task Group. They will be supported by Trust staff to enable them to fulfil this statutory role.

¹ Compassion in Practice, Nursing, Midwifery and Care Staff, Our vision and Strategy, DH Gateway ref: 18479 December 2012

9. Our vision for Patient Experience and Involvement

The Trust's vision for Patient Experience and Involvement is that NCH&C is a patient focused organisation actively seeking the views of our patients and carers and engaging them in shaping and developing our services whilst consistently providing high level, quality care. We want our patients to have the very best experience of community services in the East of England.

It is against this backdrop that the three priority themes have been identified:

1. **Ensuring a systematic approach to capturing feedback** – empowering staff with knowledge of how to capture patient experience feedback and the tools and techniques with which to do it and ensuring this informs a trust-wide plan
2. **Action for improvement** – using patient experience information alongside other quality data to make demonstrable improvements to care and systematically implementing improvements
3. **Building meaningful and systematic engagement and involvement** - spreading and building on where good engagement and involvement of our patients, carers and Members exists and supporting development across the Trust

This strategy enshrines the Trust's commitment to work with our patients and local community so that together we make a difference to the experiences of our current and future patients and design and provide our services around their needs.

Patient Experience and Involvement needs to be an integral part of the organisations quality framework alongside safety, risk and outcomes data. In order to do this successfully this requires commitment and leadership at every level.

As we move towards becoming an FT we want to build a large and strong membership made up of local people, our patients and our staff. By building an FT in which all local people have their say we can ensure they receive the right care when they need it, close to where they live.

10. Strategy Goals

To turn these themes into reality a number of specific goals/workstreams have been identified. These will inform the development of annual implementation plans.

1. Capture and use the views and experiences of patients, families and carers, Service User Groups, Healthwatch, governors and other voluntary groups in the evaluation, delivery, improvement and development of our services. *Success will be measured by citing increased examples of how services have been improved as a result and increased involvement in developing services*
2. Develop and implement effective mechanisms for a) capturing and measuring patient experience and involvement and b) Systematically implementing improvements to care. *Success will be measured by extending the range (e.g. social media) and scope (across a wider range of services) of how we capture feedback and demonstrating improvement in measures such as the Friends and Family Test*
3. Develop effective mechanisms for feeding back to our patients, families and carers and commissioners what we have done as a result of their feedback and involvement. *Success will be measured by demonstrating improved and increased profile of what actions have been taken and increased visibility and transparency of when things go well (compliments) as well as when things go wrong (e.g. complaints)*

4. Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice and informs organisational development. *Success will be measured by an increase in participation in initiatives and profile*
5. Empower staff with the knowledge, tools and techniques available to carry out effective patient experience and involvement. *Success will be measured by the number of available tools and the evaluation of their use*

11. Planning Implementation

In order to achieve these goals a Patient Experience and Involvement implementation plan will be developed and approved by the Patient Experience Steering Group in March each year as part of the annual planning round. This process will review progress in the prior year, confirm priorities and measures of success as well as the necessary resources. It will also pay particular attention to ensuring mechanisms are in place to systematically implement things that will bring improvement to the patient and carer experience.

The current version of the implementation plan is Appendix 2. The implementation plan will be monitored through the Patient Experience Steering Group, which reports to the Trust's Quality Risk and Assurance Committee. Specific tasks have their own reporting and monitoring systems, e.g. through CQUIN and the Annual Plan.

12. Roles and Responsibilities

Involving patients and the public and improving patient and carer experience is not just the role of a central team or co-ordinator. Rather it is something that needs to take an organisational approach and have commitment at every level.

It is also recognised that the experiences of NHS staff and patients are closely linked with each other. Empowering and encouraging staff to obtain their patients' feedback can have a positive impact on both themselves and their patients and lead to improved working practices, better information and communication and ultimately an improved patient experience. Equally, evidence suggests that organisations that achieve higher rates of staff engagement and satisfaction also achieve higher rates of patient experience and satisfaction.

To support delivery of this strategy:

- There are named Executives (Director of Strategy and Transformation) and Non-executive Director(s) on the Trust Board with explicit responsibility for Patient Experience and Involvement across the organisation
- The Board receives regular and meaningful reports on patient experience and involvement. This will include instances where patient experience has been good and where it has been poor and include examples of where joint working between patients and staff has resulted in improvements
- NCH&C has Patient Experience and Involvement Leads whose key role is to lead, empower and facilitate Patient Experience and Involvement across the organisation
- NCH&C has a Patient Experience Steering Group, the key role of which is to drive forward and monitor the Patient Experience and Involvement Implementation Plan
- NCH&C Learning, Education and Development (LEAD) team incorporates Patient Experience and Involvement within current leadership and change management programmes for staff and within wider organisational development

- We will endeavour for Patient Experience and Involvement to become embedded in Service Development and Service Pathway redesign creating a greater degree of integrated working across the organisation
- The Trust has an Organisational Development strategy. This contains a number of themes that support the processes and ability of the organisation to systematically implement improvements to how care is delivered.
- At locality level there are named representatives and nominated deputies to be members of the Patient Experience Steering Group
- Within localities, Quality Assurance Managers and service leads support and empower staff to embed Patient Experience and Involvement as part of their commitment to delivering safe, effective high quality care
- We will remind, support and train staff, Governors, and volunteers to understand their role in listening and responding to the patient's experience
- The Trust will ensure that all relevant staff and volunteers can enable patients to tell their story of care by having access to the methods and skills in order to capture those stories
- Seek to capture, report, include and act on real time data
- The Trust will continue to research and explore new methodologies, including social media and new technology, for capturing feedback and clearly articulate the business case for investment in measuring and improving patient experience
- Patients and the public with formal links to NCH&C, in particular, service user groups, Norfolk Healthwatch and governors have clearly defined roles covering the scope of their involvement within the organisation
- Link across to other work streams and committees such as Equality and Diversity to evaluate the experience of those under protected characteristics
- The Trust will promote an open culture where staff can raise concerns about the quality of care that is provided

13. How we achieve and improve our patient experience and involvement

Whilst specific roles and responsibilities have been outlined above, achieving the best patient experience is everybody's business. Patient experience needs to be of equal importance to clinical quality and patient safety and often correlates to how safe and effective care is.

Capturing, measuring and acting upon patient experience and involvement requires a flexible approach in order to meet the needs of our diverse services. The Patient Experience team have developed a Patient Experience and Involvement Toolkit which will be available on the Intranet along with other supporting materials, good practice guides and reports.

Results of local surveys, and other patient experience data, such as the Friends and Family Test and Patient Opinion are available on our trust website and also information about what has changed as a result of this feedback.

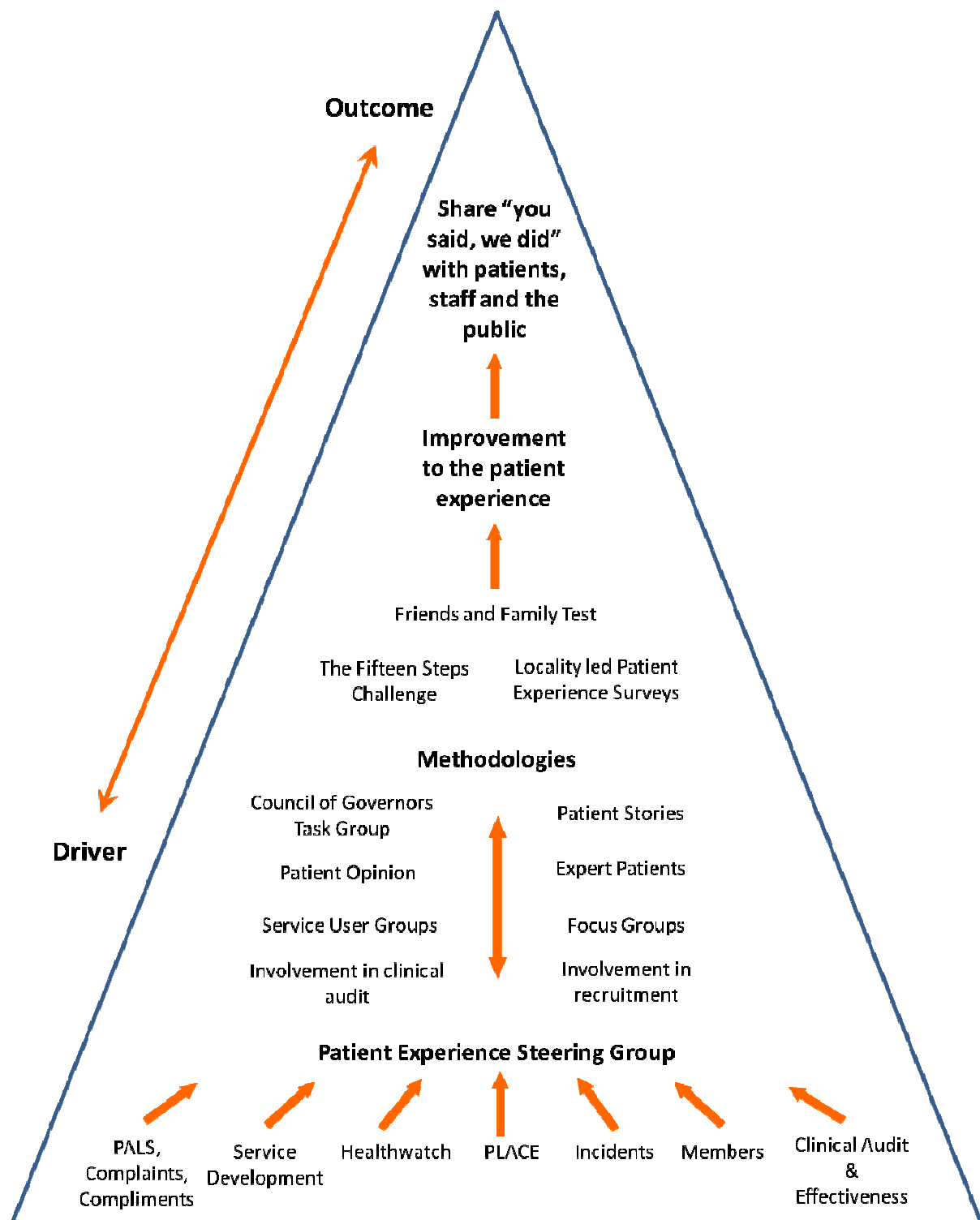
A number of factors affect the extent to which patient experience is positive. These include for example the physical environment within which care is delivered. Patient and public representatives are involved in our annual Patient Led Assessments of the Care Environment (PLACE) audits which assess the patient environment. There is a link between the team who oversee our ongoing PLACE audits and the Patient Experience Steering Group. Our Estates strategy seeks to develop and provide a high quality patient environment with investments clinically prioritised.

Patient experience is also affected by the efficiency of our processes – the length of waiting time from referral to treatment. The Trust's transformation programme includes making our

referral processes more efficient and increasing the proportion of patient contact for clinicians.

Of course the biggest influence is the direct interaction between a patient and their clinician. The Trust has a clinical strategy and workforce strategy that seek to ensure the Trust provides the right staff, with the right skills and the right values at the time and place a patient needs them.

The following diagram provides examples of how the Trust currently achieves Patient Experience and Involvement.



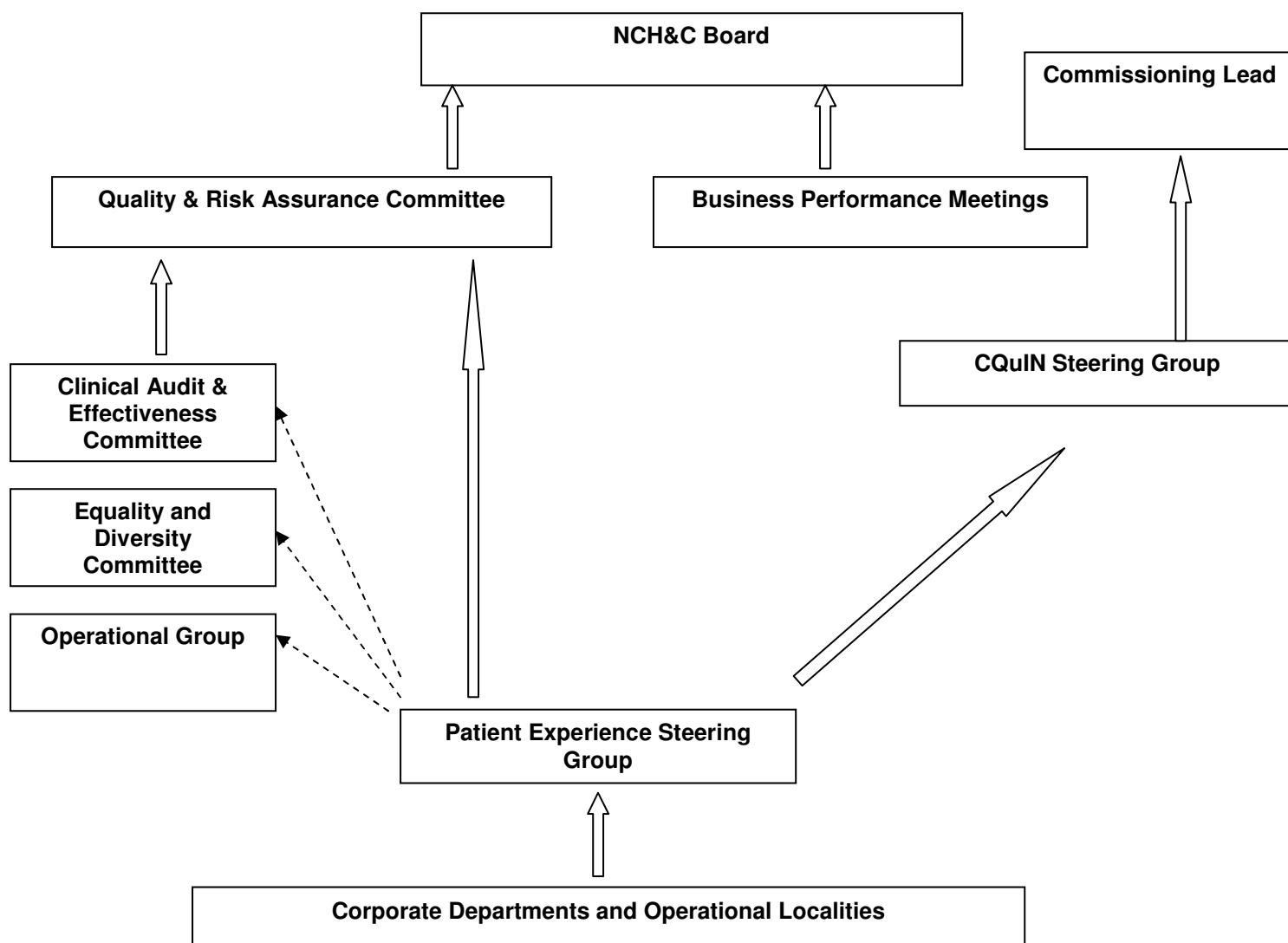
Information gained from all these activities should not stand alone as a single source of information. NCH&C will utilise Patient Experience and Involvement information to triangulate data from different sources, e.g., Clinical Audits, Complaints, Claims, Compliments, Patient Advice and Liaison Service (PALS) to inform Service Development and in the delivery of high quality community care.

Current activity will continue alongside other key projects as part of our overall Implementation Plan (Appendix 2).

14. Reporting and Accountability

Delivery of this strategy and performance in this area is monitored via a number of committees and ultimately by the Trust Board via the Quality and Risk report. This includes quantitative and qualitative data on patient experience including narrative, complaints and compliments, themes, actions and learning. These are all made publically available.

Quality Improvement Monitoring Committees



15. Summary

Our vision for Patient Experience and Involvement is that NCH&C is a patient focused organisation actively seeking the views of our patients and carers and engaging them in shaping and developing our services whilst consistently providing high level, quality care. We want our patients to have the very best experience of community services in the East of England.

We genuinely want to work with our patients and local community so that together we make a difference to the experiences of our current and future patients and design and provide our services around their needs.

Patient Experience and Involvement needs to be an integral part of the organisation's quality framework alongside quality, risk and outcomes data. In order to do this successfully this requires commitment and leadership at every level. Working together, both internally with our staff and externally with our Governors, Members, patients and their carers and families will enable the strategy to be delivered effectively.

Appendix 1

Methods of Involvement ... The Public Involvement Continuum

Minimum involvement

Maximum involvement



	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Giving Information	Getting information Improving individual experience	Forums for debate Improving the service	Participation Strategic change	Partnership Strategic change
Techniques here are for giving/sharing information with users/public rather than gathering information from them.	Techniques enable service improvements in response to individual service user experiences	Focuses on working with larger groups of the community or service users	Ongoing involvement activities which engage users and wider community in policy and strategic development	Long term involvement activities which seek wide involvement of communities and stakeholders
<ul style="list-style-type: none"> ○ Exhibitions/Events ○ Leaflets and written documents ○ Trust website ○ The Media 	<ul style="list-style-type: none"> ○ Open surgeries ○ Patient diaries ○ Radio or live phone-ins ○ Self completed questionnaires ○ Semi structured one to one interviews ○ Structured one to one interviews ○ Citizen's panel ○ PALs, Complaints ○ Shadowing 	<ul style="list-style-type: none"> ○ Focus groups ○ Meetings with patient and carer groups ○ Public meetings ○ Seminars 	<ul style="list-style-type: none"> ○ Citizen's Juries ○ Expert Patients ○ Health Panels ○ Formal Consultation ○ User groups ○ Users as trainers or assessors ○ Targeting interested people including the voluntary sector ○ Readers Panel ○ Healthwatch Norfolk 	<ul style="list-style-type: none"> ○ Community development ○ Large group processes ○ An NCH&C FT Council of Governors

Appendix 2

NCH&C Patient Experience and Involvement Strategy 2014 - 17 Working Implementation Plan April 2013 - March 2014 (as at December 13)

Objective	Action	Lead	Time Frame	Progress and Evidence	Monitored By
<p>Strategy Goals objective relates to</p> <p>Develop and implement effective mechanisms for capturing and measuring patient experience and involvement</p> <p>Capture and use the views and experiences of patients, families, and carers, service user groups, Healthwatch and other voluntary groups in the evaluation, delivery, improvement and development of our services</p> <p>Develop and implement effective mechanisms for feeding back to our patients, families and carers and our commissioners what we have done as a result of their feedback and involvement</p> <p>Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice and informs organisational development</p>					
<p>CQUIN 2013-14 Indicator 1: Implement the Friends and Family Test across all Community Nursing and Therapy Teams for 15% of patients discharged</p>	<p><i>Identify appropriate supplier, agree and implement methods of data collection solution and engage, train and communicate with relevant managers, team leads and staff</i></p> <ul style="list-style-type: none"> • Research software suppliers and select most flexible, cost effective solution • Set base criteria for “discharge” • Develop print and dispatch coded feedback card for all 16 CT teams • Ensure Assistant Directors, Team Leaders and staff are informed and have guidance on the CQUIN indicator • Ensure Team Leaders have been informed of numbers of patients to issue the card to in order to meet 15% target • Set up an auto-consultation on SystemOne for staff to record when a card has been issued to a patient 	CL/JL	End of Q1	Q1 CQUIN report submitted and milestone achieved	CQUIN Steering Group
	<p><i>Commence data collection and produce monthly reports with weekly breakdown when requested to Board and Commissioner at organisational, speciality level</i></p> <ul style="list-style-type: none"> • Commence issuing 15% discharged patients a feedback card from beginning of July • Set up a report evidencing numbers of cards issued as recorded on SystemOne against numbers of discharges, per week per team • Establish initial monthly board report and refine at a later date to include weekly breakdown, top performing FFT scoring teams and response rates • Review processes for distribution of survey to improve circulation rates 	CL/WD/JL	End of Q2	Q2 report submitted awaiting outcome	

	<p>Achieve set monthly FFT score target (based on Q2 scores) and provide monthly report to Board and Commissioner at organisational, speciality level including plans for improvement</p> <ul style="list-style-type: none"> • Research alternative methods of capture of FFT to better reach the 15% target audience, i.e telephone interviews, mail merge against discharge data • Review current feedback card design to be enable wider deployment across the Trust (design, print cost, coding, postage, demographics) • Progress number of responses above five per team and remove any teams with a performance level of under five responses received • Benchmark against previous months to ensure distance travelled • Review patient demographics and how this can be best reported • Theming of comments to highlight top thee promoters and detractors to support promotion of best practice and enable monitoring and action planning • Promotion of action planning to ensure that results from monthly feedback are reviewed in context of response rate and other Patient Experience activity • Promoting staff engagement and responsibility • Compare against national guidance to confirm reporting requirements when released • Review methodology for data collecting to reduce the 'rolling score' situation • Evidence achievement of actions delivered/implemented (Q4 only) 	CL/WD/JL	End of Q3 and same for Q4		CQUIN Steering Group
<p>Strategy Goals objective relates to Develop and implement effective mechanisms for capturing and measuring patient experience and involvement Capture and use the views and experiences of patients, families, and carers, service user groups, Healthwatch and other voluntary groups in the evaluation, delivery, improvement and development of our services Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice and informs organisational development</p>					
<p>Continue the Friends and Family Test in-patient Units, transferring over to the new response</p>	<p>Working with Health feedback (Free-Range People) to change from existing methodology of data capture of NPS to FFT</p> <ul style="list-style-type: none"> • Re-design of feedback card to ensure covers both Inpatients as well as Community • Review of system of distribution and response to ensure mirrors that in community where possible 	CL/WD	Dec 2013	<ul style="list-style-type: none"> • Feedback card redesigned to use in Inpatients and Community • Commenced trial of mail 	PESG

categories and scoring	<ul style="list-style-type: none"> Promotion of action planning to ensure that results from monthly feedback are reviewed in context of response rate and other activity planned to drill down to areas of concern, i.e patient surveys. Benchmarking against other similar Trusts 			merge letters in 4 In patient Units	
Strategy Goals objective relates to Develop and implement effective mechanisms for capturing and measuring patient experience and involvement Capture and use the views and experiences of patients, families, and carers, service user groups, Healthwatch and other voluntary groups in the evaluation, delivery, improvement and development of our services Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice and informs organisational development					
Complete pilot review and recommend future roll out of Patient Opinion across the Trust	<i>Roll out of Patient Opinion as NCH&C's main web based feedback methodology to other areas of the Trust</i> <ul style="list-style-type: none"> Complete pilot review and submit paper to EDT recommending roll out in the trust Invite services to participate, through Exchange and with QAM involvement suggest to teams that do not currently have any Patient Experience activity planned Order or print in-house Patient Opinion promotional material for each service to use Ensure services signed up are fully informed and trained in the use of PO including responding to stories Agree management plan for administration trust-wide including responsibilities for reports and responding to comments and actions coming out from reports Review with Communications department branding of promotional material (PO only, PO/NCH&C combined) and Investigate potential use of widget/squidget Differentiate between web-based and telephone feedback for evaluation purposes 	CL/WD/GC	Jan 2014	<ul style="list-style-type: none"> Promoting via Exchange, QAMs and Pilot site leads Extend services on Patient Opinion then add widget on NCH&C website 	
Strategy Goals objective relates to Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice Empower staff with the knowledge, tools, and techniques available to carry out effective patient experience and involvement					
Complete review of and reprofile the Patient Experience Steering Group (PESG)	<i>Operation of PESG:-</i> <ul style="list-style-type: none"> Arrange extraordinary meetings to review terms of reference, including electing new chair and ensuring members represent both operational and corporate directorates as required Arrange bimonthly meetings for 2013 -14 	PC/CL		All actions completed and new	

	<ul style="list-style-type: none"> Complete QRAC sub-committee self-assessment and a PESG annual report 			format PESG meetings 28.11.13	
	<p>Re-evaluation of Patient Information and how this sits with PESG:</p> <ul style="list-style-type: none"> Finalise working paper with Communications department on current process including recommendations Review current Information for Patients Policy Submit proposal to EDT/Investment Committee as required 	CL/LMG/PC	March 2014		
	<p>Complete Patient Experience and Involvement Strategy 2014-17 in conjunction with NCH&C quality goals, NICE quality goals and Implementation plan</p>	CL/PC	Review by PESG at Nov 13 mtg Submit to Board for ratification Jan 2014		
<p>Strategy Goals objective relates to Develop and implement effective mechanisms for capturing and measuring patient experience and involvement</p>					
<p>Explore further opportunities for patient/carer and public involvement across NCH&C with Corporate Membership Manager.</p>	<p>Continue to support services with involving patients/carers in service improvement and development through partnership working with voluntary groups and FT membership:-</p> <ul style="list-style-type: none"> Scope where service user groups and other patient/care groups exist across the Trust Research other Community Trusts regarding use of service user trust wide groups and establish best practice Ensure involvement of our Governors and Members through the Governors Council task group and Patient Experience steering Group Demonstrate shared best practice Ensure active involvement/engagement of patient/service users and carers in working groups <ul style="list-style-type: none"> Clinical Audit programme Equality and Diversity group Transformation programme Maintain and continue to develop relationships with Norfolk Healthwatch and other Voluntary Organisations locally Continue to network with Patient Experience/Involvement Leads from other 	CL/RM	March 2014		

	<p>NHS trusts locally, regionally and nationally</p> <ul style="list-style-type: none"> Attend relevant local, regional and national events for patient experience and involvement on behalf of NCH&C Continue to maintain and develop key relationships with external stakeholders Provide appropriate training for volunteers, patients/service users, carers and members of the public should they wish to become more involved in any aspect of service delivery 				
Involving patients and the public in developing our quality improvement priorities.	<p><i>Involving patients and the public in developing our quality improvement priorities.</i></p> <ul style="list-style-type: none"> Developing systems of involvement to systematically involve patients, public and Governors as above Involve patients and public in developing 2013/14 quality goals and quality account 	JH/MP	Feb/Mar 2014		
<p>Strategy Goals objective relates to Develop and implement effective mechanisms for capturing and measuring patient experience and involvement Capture and use the views and experiences of patients, families, and carers, service user groups, Healthwatch and other voluntary groups in the evaluation, delivery, improvement and development of our services Develop and implement effective mechanisms for feeding back to our patients, families and carers and our commissioners what we have done as a result of their feedback and involvement</p>					
Continue to provide a programme of Patient Voice at Board	<p><i>Explore and develop ideas for inviting patients/carers and families to be involved e.g. through PALS, Complaints, local surveys, NED walk rounds</i></p> <ul style="list-style-type: none"> Refine and develop existing process to include <ul style="list-style-type: none"> guidance for staff when inviting a patient/carer/family. guidance for patients/carer/family in attending Board guidance for board in receiving and responding to a patient voice at Board develop a yearly plan to ensure a wide representation of patient/carer experiences both in terms of the service and by theme e.g. health and social care integration, discharge planning, involvement, expectations of treatment Create database of potential candidates for Voice at Board with outline of story, so this can be linked to Board agenda topic where possible 	CL/WD/GC	April 13– March 14		
<p>Strategy Goals objective relates to Capture and use the views and experiences of patients, families, and carers, service user groups, Healthwatch and other voluntary groups in</p>					

the evaluation, delivery, improvement and development of our services
 Develop and implement effective mechanisms for feeding back to our patients, families and carers and our commissioners what we have done as a result of their feedback and involvement

Continue to embed Patient Stories methodology across NCH&C	Continue to support Volunteers within the Patient Stories Programme <ul style="list-style-type: none"> • Ensure Governance processes are in place • Ensure an agreed process is in place for supporting the Volunteer to conduct Patient Stories within services • Create clear guidance and support materials • Complete Patient Stories and implement agreed actions in <ul style="list-style-type: none"> ○ Wheelchair services ○ North Norfolk Carers – Care at Home team • Next phases to commence in Podiatry Surgery • Establish other target areas – CCRS and Spec Palliative Care • Each service will ensure patient stories become embedded in formal meetings to retain focus and delivery on embracing a culture that facilitates continuous improvement in patient experience • Explore other methods to collect stories e.g. through symbols/art, video recording 	CL	March 14		
	Restart core group meetings <ul style="list-style-type: none"> • Core group of trained staff/volunteers to continue to meet quarterly to support ongoing learning and development and explore the most effective and efficient ways to deliver in the future 	CL	Feb 14		

Strategy Goals objective relates to
 Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice
 Empower staff with the knowledge, tools, and techniques available to carry out effective patient experience and involvement

Continue to work with QAM's, operational staff, Complaints Manager and PALS Officer to ensure	Continue to support services by: <ul style="list-style-type: none"> • Establishing, through review of Early Warning Trigger Tool submissions where patient experience is taking place • Advising on priority areas for capturing patient experience to align with other sources of information e.g. complaints, incidents • Complete and maintain an up to date patient experience tracker, which reflects local as well as national requirements • Complete the Patient Experience and Involvement staff toolkit and ensure available on Intranet • Advising on methodologies for capturing patient/carer experiences - 	CL/WD	Continuous throughout	<ul style="list-style-type: none"> ○ Patient Experience Tracker established ○ QAMs receive monthly report of all PE 	
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<p>patient feedback is collected, reviewed and acted upon, particularly through review of EWTT and use of a Patient Experience and Involvement Tracker</p>	<p>quantitative and qualitative e.g. surveys, focus groups, setting up a user group, Patient Stories, comments cards</p> <ul style="list-style-type: none"> • Explore potential software systems to capture Patient Experience through the use of surveys e.g. Survey Monkey, iwantgreatcare, Formic, Health feedback etc • Produce a survey template to use across all NCH&C services to improve standardisation, benchmarking and reporting of data captured • Ensure learning is triangulated with compliments, PALS reports, complaints, SIRI, clinical audit results etc. • Support action planning for improvement • Ensure each service will complete an annual patient experience report which will inform and evidence a trust-wide systematic approach is in place 		2013-14	<p>activity to use in locality meetings</p> <ul style="list-style-type: none"> ○ Meetings set up with Formic and to review software options 	
	<p><i>In conjunction with the Deputy Director for Quality Assurance and Director of Strategy and Information</i></p> <ul style="list-style-type: none"> • Triangulation of all relevant data sources is reported on • Any relevant benchmarking data is included • Greater focus on improvements in performance and outcomes • Patient experience included within monthly quality reports • Each service will contribute to the annual Patient Experience report to the Quality and Risk Committee • Measure, evaluate and use all forms of feedback to influence service delivery decisions by providing an annual summary of areas of good practice and areas requiring improvement 				