

Patient Experience Strategy

2021



What matters to you... matters to us

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Foreword



The heart of our success as an organisation is the involvement of our patients, carers, their relatives and the community we serve to give them the best experience of care possible. We know that a positive experience during care leads to positive clinical outcomes.

If patients, carers and communities feel listened to and involved in their care they respond better to interventions and are also better able to manage their own journey of care.

Organisations which maintain a focus on patients, tend to also be more effective in other areas such as performance and finance, as they remain connected to their core purpose.

Good communication is key and getting the basics right is essential. It can often be the small things that make a difference between a good and not so good experience. The recruitment and investment in our staff are critical to this. Staff morale and support is closely linked to a positive experience and outcomes for our patients. Ensuring staff are well supported, engaged and offered training opportunities will enable them to provide compassionate care.

Our staff regardless of their role care deeply about the quality of care that our patients, their carers and families receive from us. Whilst we appreciate that we don't always get it right, our vision, with the implementation of this strategy, is to embark on a journey of learning and continuous improvement. The recent merger of our hospitals provides us with an opportunity to develop and grow as an organisation. We must also learn lessons from the significant impact the global pandemic has had on our patients and communities.

We consider patient and carer experience as an equal partner in quality alongside clinical effectiveness and safety. We are excited to involve our patient's carers and the community in the coproduction of services and improvements moving forward. We are proud to be members of the board which is accountable for and committed to continual improvement of patient experience.

Richard Mintern
Non-Executive Director

Liz Lees
Chief Nurse



Executive Summary

In our new post merger world as Bedfordshire Hospitals Foundation Trust, our vision is to 'to attract the best people, value and develop them so that the teams they work in deliver outstanding care to our patients'. To compliment this, and following consultation with our staff, we have developed and updated our set of values, **T**eamwork, **H**onesty, **R**espect, **I**nclusivity, **V**aluing People and **E**xcellence (**THRIVE**) are the values which lie at the heart of everything we do.

We have also embraced national initiatives and continue to work with our patients to improve services by using their suggestions and ideas within a process called Evidence Based Co-Design. This methodology not only uses feedback but takes it further by engaging with people and encourages them to regularly contribute to the design and improvement of our services.

This strategy sets out how the Trust will use information from people who use our services to help drive quality improvement. The information gathered comes from various sources and is frequently collected in real time. The strategy is underpinned by the Trust's vision and objectives, as well as national initiatives to ensure we are using all intelligence to implement change and improve services, using technology as an enabler where it enhances the patient experience.

The strategy will be monitored through the Patient Experience Council to ensure that the work plan resulting from this document makes the required progress. The Council's membership includes key stakeholders, such as Healthwatch, as well as Trust Governors, staff, patients, carers, patient representatives from Primary and Community Care, Clinical Commissioning Groups and the public to ensure that it reflects our diverse society.

Introduction

To ensure that we continue to provide the best possible Patient Experience we need to ask some fundamental questions:

- *Do we truly understand the needs of the diverse range of people we serve?*
- *Do we work together in partnership with our patients, their carers, our staff and communities to hear their stories, understand what is important to them and make the tough decisions together?*
- *Is this reflected in our systems leadership and plans for the future – for example, our sustainability and transformation partnerships?*
- *Are we demonstrating the attributes of compassionate leadership in everything we do?*

In order to address these questions the Bedfordshire Hospital Foundation Trust puts our patients and their carers at the **heart of every element of care and treatment we provide. We aim to:**

1. Harness our **patient and public engagement** by listening, understanding and responding to their individual needs
2. Strive for **improvement** by using what we learn during our engagement activity and by analysis of the broad range of information available
3. Implement patient-centered services that make a positive impact upon the **quality of the experience and therefore care received**
4. **Measure and monitor** what we do to ensure that the service is consistently delivered and that Improvements can be made.

‘Positive experience is more than customer care’

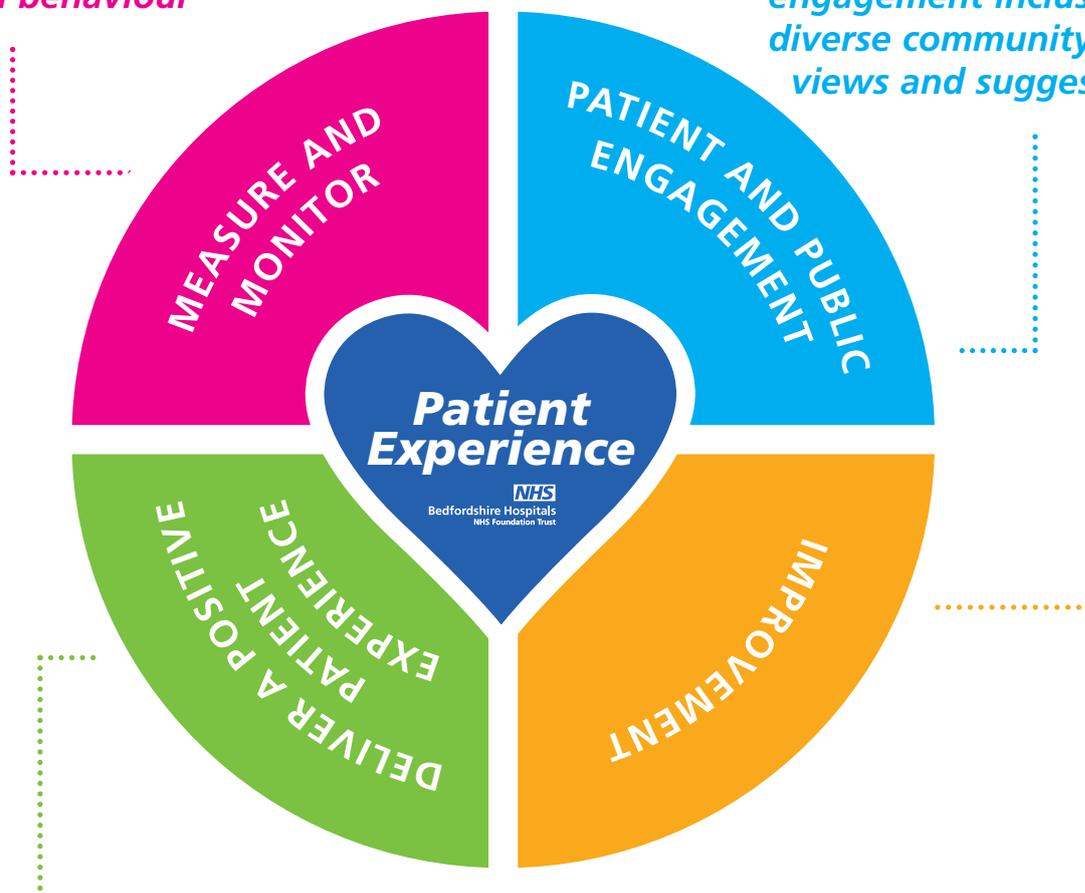
The NHS Outcomes Framework: Domain 4 NHS England 2013



Key Drivers of the Strategy

- *Use soft metric data to identify themes for improvement*
- *Collate all data to recognize best practice and develop plans to provide consistency of quality engagement activities*
- *Reduce number of complaints and those relating to staff attitude and behaviour*

- *Develop patient stories for learning and improvement*
- *Ensure the PET is more forward facing in meeting patients' needs and supporting engagement activities*
- *Increase patient engagement inclusive of our diverse community, gain views and suggestions*



- *Improve patient experience and satisfaction with our services by focusing on consistent service behaviours*
- *Ensure services are person centred and responsive to individual needs and the diverse characteristics in our community*

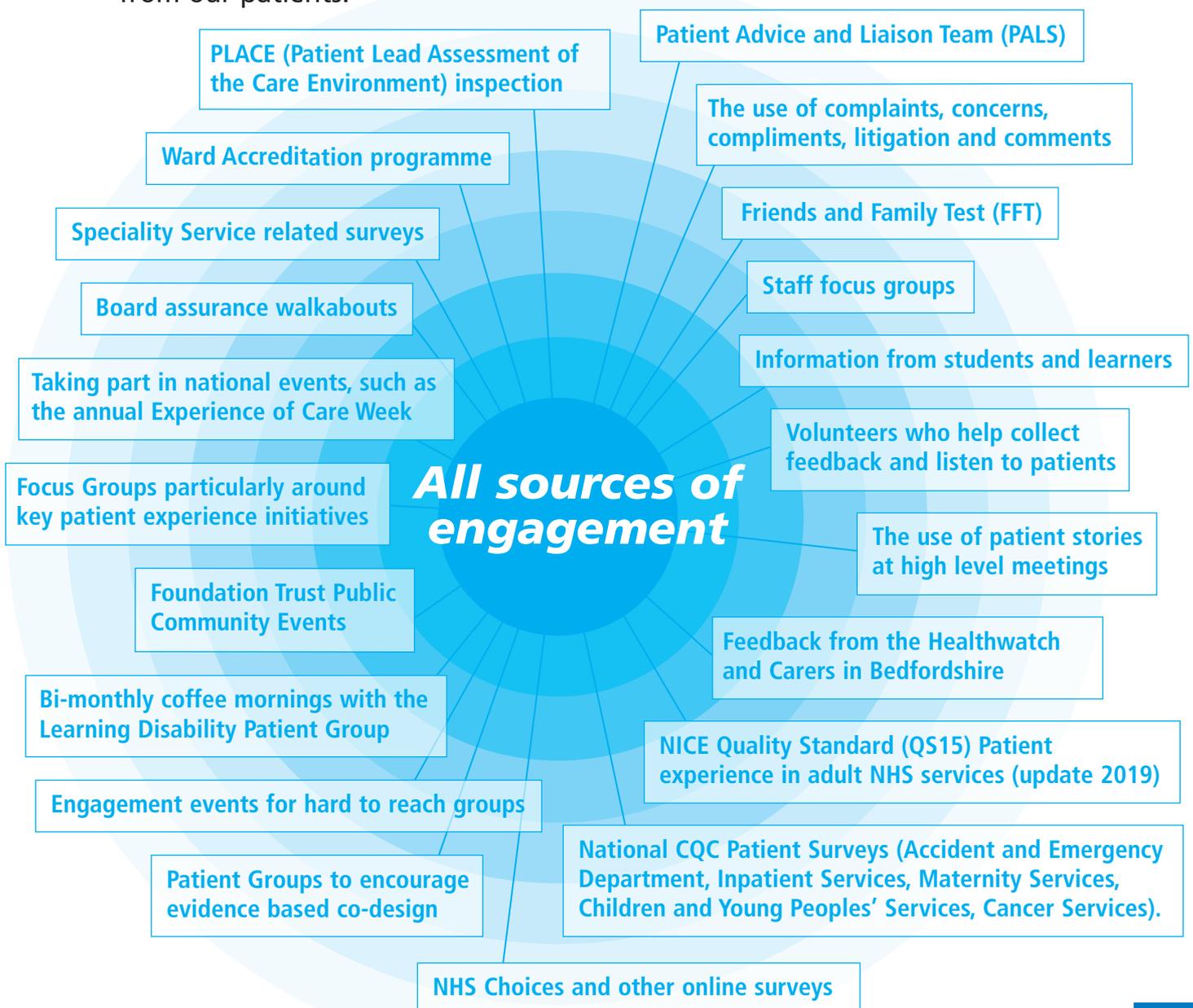
- *Support staff Quality improvement initiatives to deliver improvements in care quality and patient experience*
- *Use the patient voice to drive the improvement priorities and co-design processes*
- *Recruit and train patients to participate in Quality improvement projects*

1 PATIENT AND PUBLIC ENGAGEMENT

It is vital that we listen carefully and use all the information available to us to understand our Patients' Experience, which is available from a wide range of sources. The sources of Information are a rich mixture of surveys, written and verbal feedback and patient stories which when looked at holistically will illuminate what is working well and where improvements can be made to enhance the patient experience and wellbeing.

How we communicate and through which channels, is equally important to ensure that the services and the support provided is clearly understood by patients, carers and families alike. It is also key that the Trust's staff are well briefed and able to support Patients and Carers in terms signposting them towards the best sources for information and guidance.

The Trust uses numerous methods to collect, monitor and analyse feedback from our patients:



How we gather our patient experience information



Put us to the test

Before you are discharged tell us what is working and what we can improve.

You will be asked the question 'How likely are you to recommend our Hospital to friends and family if they need similar care or treatment'

This will be done using an iPad and you can also leave any comment if you wish.

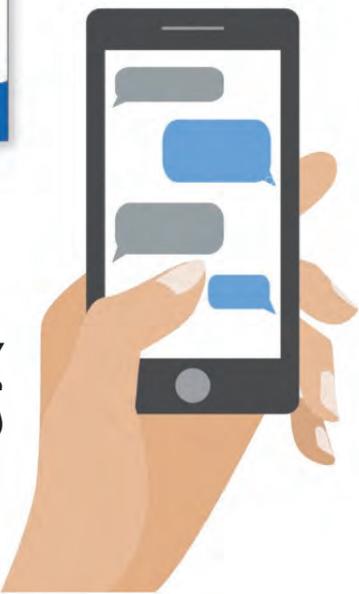
No personal details can be shared as this is an anonymous survey.

Please press the Friends & Family app to begin

We now have ipads to collect real time data

Friends and Family Test (FFT) can be filled in on paper or online

Our new texting service (coming soon)



CareQuality Commission NHS

How was your experience of the hospital?

NHS Inpatient Survey 2020

The hospital is conducting a survey to find out what patients think about their care here.

This is part of a national programme to improve patients' experiences while in hospital. Taking part in the survey is voluntary and all answers are confidential.

If you are selected to take part, you will receive a questionnaire in the post and text message reminders.

If you do not want to take part, or have any questions about the survey please contact:

- Trust phone number (required)
- Trust email address (if available)
- Trust Address (if available)

Patient Advice and Liaison Service (PALS) in the hospital is on 01582 497990

2 IMPROVEMENT

It is vital that we listen carefully and use all the information available to us to understand our Patients' Experience which is available from a wide range of sources.



The sources of Information are a rich mixture of surveys, feedback data and patient stories which when looked at holistically, demonstrate what is working well and where improvements can be made to enhance the patient experience and wellbeing.

We will do this by means of:-

- Maintaining a Trust wide policy and standard operating procedure, that details how we manage all patient feedback streams, allowing us to monitor and share effective ways of working.
- Assessing and analysing both hard (quantitative) and soft (qualitative) sources of data to ensure a clear understanding of the standard and perception of the patient experience being provided.
- Using patient stories to share experiences at all levels of the organisation including teaching junior staff.
- Developing our staffs ability to use Quality Improvement (QI) science and tools to participate in improvement projects.
- Employing an Evidence Based Co-Design methodology to ensure that there is real engagement of all stakeholders in the improvement of services and care
- Learning from the best practices from other bodies such as Trusts, NHSI and The Kings Fund.
- Increasingly employ technology to capture Patient Experience in real-time.
- Putting measureable improvement plans in place to address themes raised, examples include Patient Entertainment, Discharge Planning and Outpatient Services.
- Providing reports on the patient experience to multi-disciplinary teams and the Board through the governance process.
- Supporting senior nursing staff to develop strategies within their, ward and department meetings to ensure learning from patient comments, compliments, complaints and concerns, and the ward accreditation programme is shared and with their team and utilize the ideas of frontline staff to address them.
- Reviewing how information about our services is produced in order to provide consistency and quality across the organisation. Consider using 'virtual' review and reading groups to oversee patient information.

3 DELIVER A POSITIVE PATIENT EXPERIENCE

By ensuring that there is comprehensive Public and Patient Engagement and continuous improvement programmes utilising co-design methodologies with stakeholders, helps to create plans that enhance the patient experience. The Trust has established a highly competent Programme Management office that oversees and supports all organizational improvements

However, it is important that current processes are delivered in a consistent and high quality manner. Therefore the Trust maintains:

- **A Trust wide policy and standard operating procedure**, that details how we manage all patient feedback streams,
- **Effective communication strategies** –
 - Ensuring that the information given to patients is clear and easy to understand, meeting the national Accessible Information Standard.
 - Improve the quality and visibility of patient information by providing information in various formats.
 - Provide key information in the top local languages or signpost people to the appropriate help, to meet the need of our diverse population and languages i.e the Browse Aloud tool on the internet.
 - Continue to develop more ways of recognising, connecting with and working with our diverse community including those with protected characteristics
 - Ensure that we take into consideration the key principles from our Equality, Diversity and Human Rights (EDHR) Strategy, which state everyone should have Fair Treatment, Access, Inclusion, Respect and dignity (FAIR)
- **A clean, safe and comfortable environment**, accessible to patients with a disability.

- **Support important aspects of the patients experience** which we know we need to address issues with visiting, patient entertainment, spiritual and pastoral care, discharge planning and outpatient services.

- **Provide Staff Awareness and Training** to support this strategy.



4 MEASURE AND MONITOR

A necessary and key element of a high performing organisation is the ability to objectively measure how the organisation is performing at any given time against a combination of both national (NHSI - Patient Experience Improvement Framework - June 2018) and local derived Key Performance Indicators (KPIs). It is also important to be able to monitor performance after making Patient Experience



Improvements to ensure that the expected positive outcome is achieved and to determine if any further intervention is required.

It is good practice to triangulate sources of information, particularly to be able to make judgements between typically numerate KPIs and other soft data elements where perceptions and feelings are at play.

The team will continue to examine the performance of services delivered to groups that may have special needs or vulnerabilities, such as Paediatrics, Learning Difficulties or patients with Dementia, which will require an incremental level of focus if we are to achieve success in these areas.

Diversity and Inclusivity needs to be carefully considered to ensure that health inequalities are minimised by making sure any improvements have an equality impact assessment. The Trust has implemented a Patient Experience Workplan, which will include the details of all actions being taken to improve the service provided.

Governance is achieved through the Patient Experience Council which will closely monitor the agreed KPIs and progression towards the Improvements outlined in the Workplan.

There is a published Terms of Reference which clearly sets out the roles and responsibilities of the Council and its attendees.

(NHSI - Patient Experience Improvement Framework - June 2018)

How we will measure improvements and achievements

These will include:

- Continue to monitor weekly FFT response rates, report these to services and focus resources in areas where scores are below expected targets to improve services
- Increased response rates in national surveys and monitor actions from previous year to ensure actions taken have had a positive effect on the patient experience as reflected in improved scores
- Continue to report emerging patterns and themes through the governance process and up to the Board and identify actions to reduce the incidence of adverse events
- Use other inspection/ review results to identify where issues relating to patient experience need to be addressed. These should include;
 - Patient Led Assessments of the Care Environment (PLACE)
 - Non-Executive Directors walk around
 - External reviews from stake holders e.g. Enter and View (Healthwatch), Quality Visits by Clinical Commissioning Groups (CCG)
 - External regulatory inspections by Care Quality Commission (CQC)
 - Patient Stories
- Continue to improve and maintain high satisfaction scores associated with the FFT
- Reduction in issues raised either formally or informally with the PALS and Complaints Teams relating to communication and sharing information with patients
- Correlate results from Staff Survey with the patient experience information to identify common themes.
- Communicate outcomes of improvements or changes made via 'you said we did' messaging in a variety of ways.



Who is responsible for Patient Experience

All Staff have a responsibility to provide a good patient experience for every patient and they will report to their line manager information they receive, to help drive service improvements. This must include any concerns about welfare and wellbeing of patients and report through the appropriate safeguarding channels. They should use feedback, whether negative or positive, as an opportunity for learning and professional development.

The Patient Experience Team is made up of four components PALS, Complaints and Patient Information and Feedback. The team has overall responsibility for the three patient experience functions and will ensure the participation and smooth running of the national and local survey programme, carrying out quantitative and qualitative analysis and working with service areas to support timely action planning to achieve service improvements.

The Chief Nurse has Executive responsibility to ensure that there are robust systems in place to gather and analyse patient experience feedback and that action is taken in light of any issues identified. The Chief Nurse is responsible for reporting information on patient experience to the Trust Clinical Outcome Quality and Safety Committee and the Board.





Appendix One: NICE Quality Standard (QS15) Published February 2012, updated July 2019

Statement 1 People using adult NHS services are treated with empathy, dignity and respect. [2012]

Statement 2 People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs. [2012, updated 2019]

Statement 3 People using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. [2012]

Statement 4 People using adult NHS services experience care and treatment that is tailored to their needs and preferences. [2012, updated 2019]

Statement 5 People using adult NHS services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care. [2012]

Statement 6 People using adult NHS services are supported in shared decision making. [2012, updated 2019]

The full document can be viewed by following this link

<https://www.nice.org.uk/guidance/qs15/chapter/Quality-statements>

References

1. Care Quality Commission (CQC (2014) 'How the CQC Regulates' Provider Handbook
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3. Department of Health (2013), The NHS Constitution
4. Department of Health, (2015/16) The Outcomes Framework
5. Francis R, (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
6. NICE, (2012) Patient Experience in Adult Service, Quality Standard
7. NHS Institute for Innovation and Improvement (Reviewed July 2019) The Patient Experience Book
8. NHS England, (2015) The Friends and Family Test (under review)
9. National Quality Board, (2015) Improving experiences of care; our shared understanding and ambition
10. NHS England,(2015) Accessible Information Standard

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Adam Brown, **Associate Director of Nursing**;

Julie Hargreaves, **Patient Experience Manager**.

