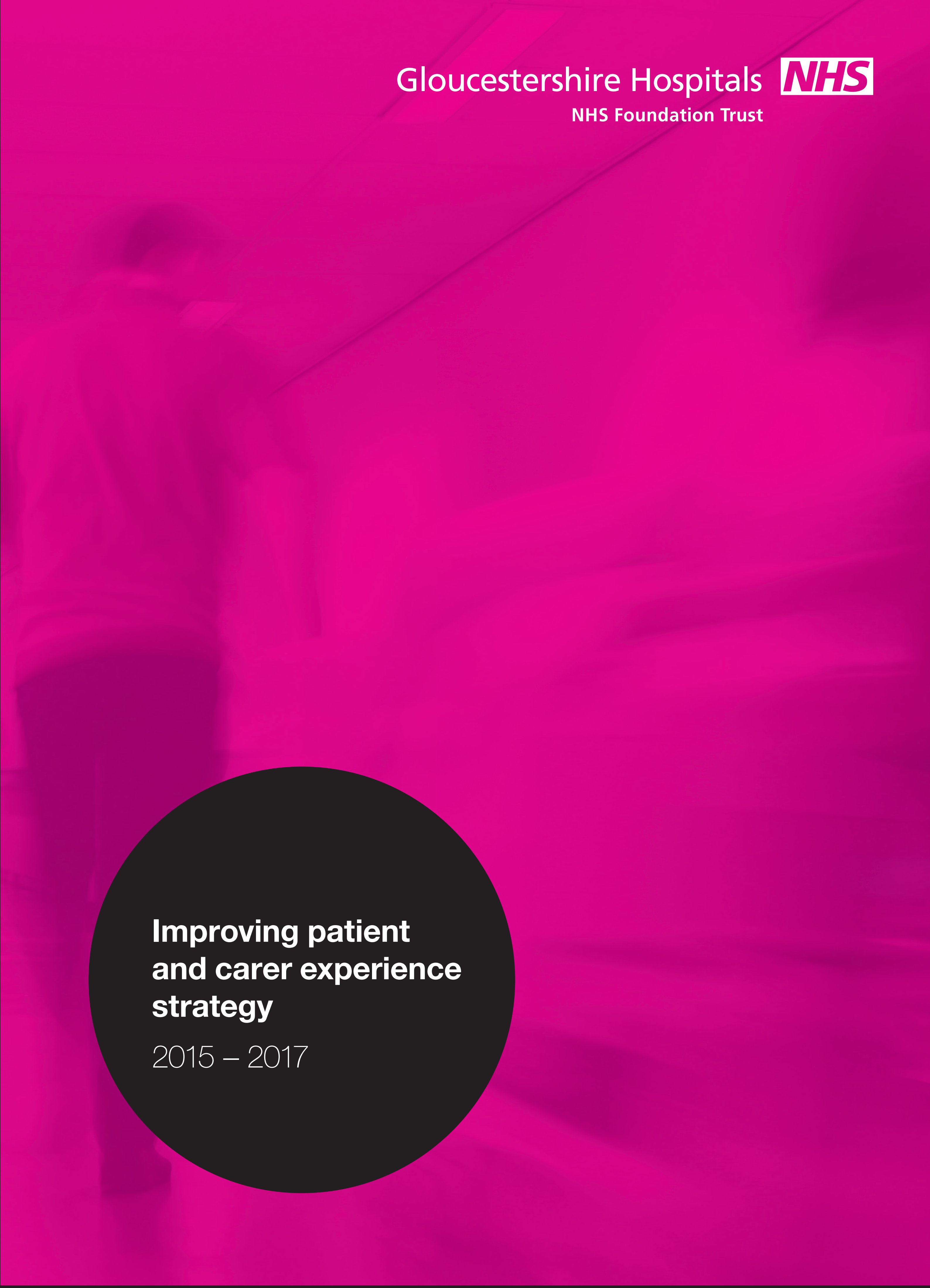

Gloucestershire Hospitals NHS
NHS Foundation Trust

Improving patient and carer experience strategy

2015 – 2017

BETTER FOR YOU

Welcome to our new Improving Patient and Carer Experience Strategy

This strategy has been developed by the Patient Experience Strategic Group which provides a focus for this area of activity and whose membership includes representation from our local key partners Carers Gloucestershire, Carers Alliance and Healthwatch Gloucestershire.

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Foreword

Statement from our Chair and Head of Patient Experience

Our Trust is one of the largest in the country with in excess of one million patient contacts each year and over 7250 staff. We are the main local provider of specialist acute health services to the people of Gloucestershire and others in the surrounding areas.

High quality patient care is important because:

→ It is a right under the NHS Constitution for England

→ Helps our Trust maintain and increase public confidence

→ Contributes to sustaining our Trust's reputation as a healthcare provider of choice – increasingly important in a financially constrained and competitive environment

→ Is a key component of high quality care, as demonstrated by the quality governance framework, the NHS Operating Framework and various other NHS strategies

→ Has been linked to better healthcare outcomes for patients

→ Has been linked to reduced healthcare costs

A positive patient experience is about getting good treatment in a comfortable, caring and safe environment delivered in a reassuring way. It is about having information to make choices, to feel confident and feel in control. It is also about being talked to and listened to as an equal and being treated with honesty, respect and dignity.

Our overarching Trust aim is to improve year on year the experience of our patients. Patient and carer experience is affected by much of what we do and delivery of this aim requires a broad, cross-cutting approach underpinned by our Trust values. This strategy should therefore be read in conjunction with the other strategic plans that work towards this aim.

We recognise that our staff are our biggest assets and that in order to deliver a good patient experience, we also have to ensure a positive staff experience. Many of the themes in this strategy apply to staff as well as patients and carers and are detailed in our human resources policies and wellbeing strategies including education, learning and organisational development.

The Improving Patient and Carer Experience Strategy aims to build upon previous work and we hope that the areas of focus reflect the key things that patients and carers tell us are the most important to them:

→ Listening and learning

→ Collaboration & user engagement

→ Communicating

→ Supporting

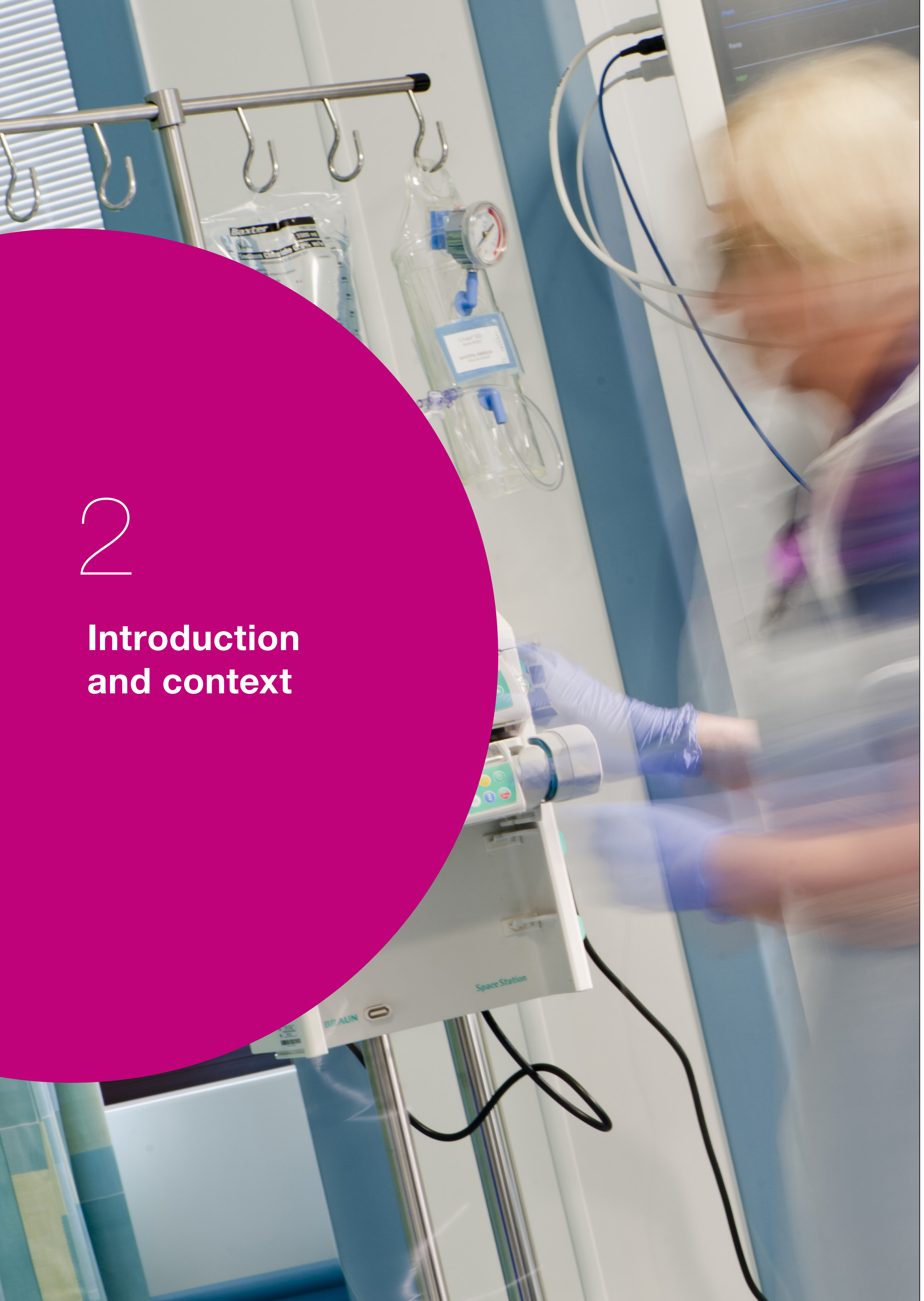
Whilst setting some key objectives, this strategy is not meant to be definitive and we encourage new ideas and creativity from staff and stakeholders in terms of improving patient experience.

Clair Chilvers

Clair Chilvers
Chair
Gloucestershire Hospitals
NHS Foundation Trust
February 2014

Heather Beer

Heather Beer
Head of Patient Experience
Gloucestershire Hospitals NHS
Foundation Trust
February 2014



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Introduction and context

Introduction

Our vision

To improve year on year the experience of our patients

Our ambitions

We have identified four key areas of focus within our strategy, reflecting the key themes being raised most frequently as being of importance to both patients and carers.

- → Listening and learning
- → Collaborating and user engagement
- → Communicating
- → Supporting

Context

This strategy defines our approach to patient and carer experience for the next two years.

It builds on the overall vision for our Trust which is to provide safe effective and personalised care for every patient, every time and all the time. Within this vision, we have set out an ambitious key strategic objective to “improve year on year, the experience of our patients”.

Delivering this objective requires a cross cutting approach; patient and carer experience is affected by much of what we do. This strategy document should therefore be read in conjunction with the other strategic plans that support the delivery of this key objective:

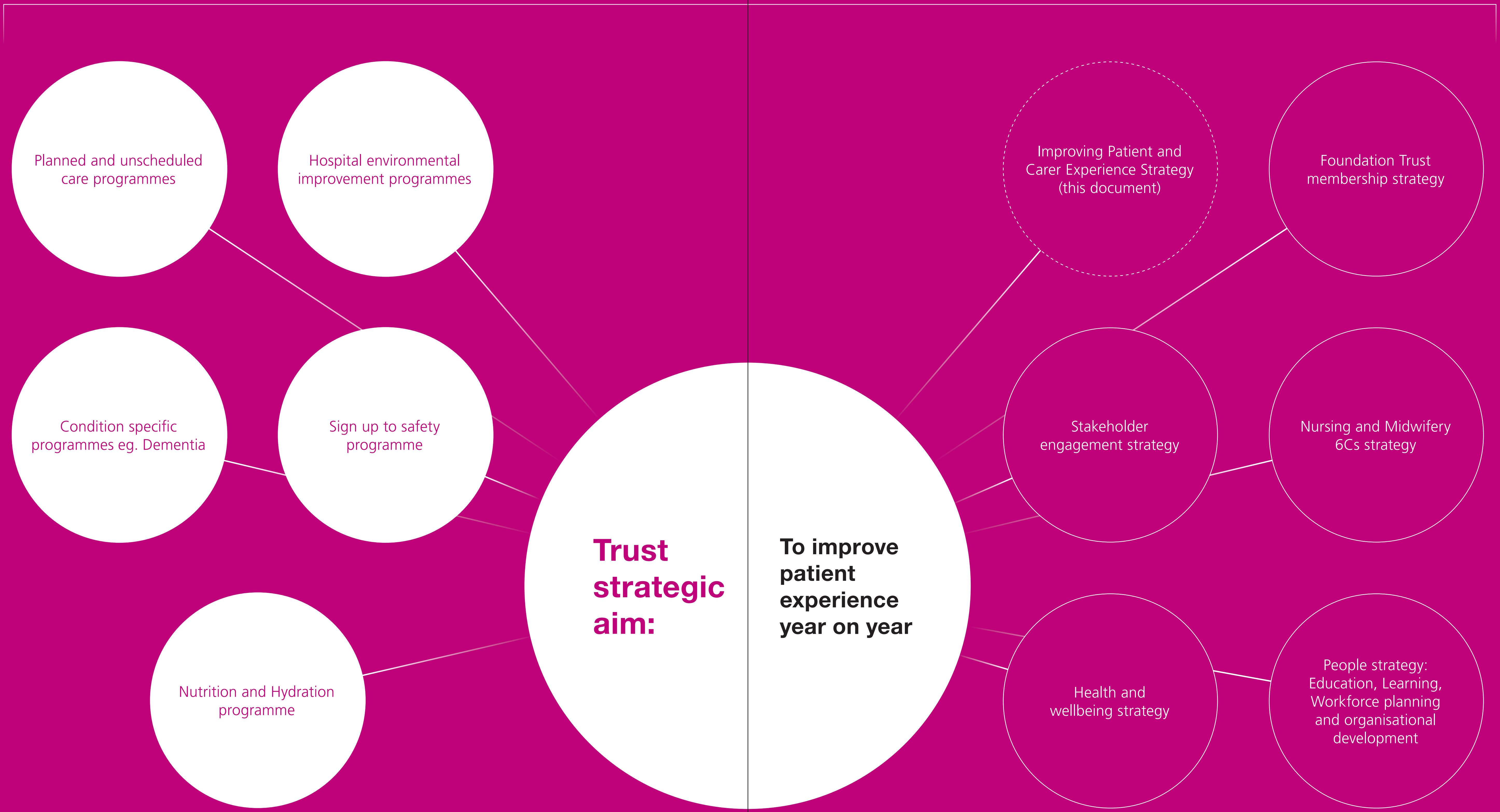
- → Health and Wellbeing Strategy
- → Education and Learning strand of our “People Strategy”
- → Foundation Trust Membership Strategy
- → Stakeholder Engagement Strategy
- → Nursing and Midwifery “6C’s” Strategy
- → Planned and Unscheduled Care Programmes
- → Estates and Facilities Development Programmes
- → Condition-specific programmes, for example Dementia

The strategy builds on existing work and reflects national and local patient experience guidance and priorities. Implementation of aspects of this strategy has already begun during the second half of 2014. This document captures these things as well as setting out our future priorities.

Strategies, Programmes and Projects

Our Trust's values:

LISTENING **HELPING** **EXCELLING** **IMPROVING** **UNITING** **CARING**



Planned and unscheduled care programmes

Hospital environmental improvement programmes

Condition specific programmes eg. Dementia

Sign up to safety programme

Nutrition and Hydration programme

Trust strategic aim:

To improve patient experience year on year

Improving Patient and Carer Experience Strategy (this document)

Foundation Trust membership strategy

Stakeholder engagement strategy

Nursing and Midwifery 6Cs strategy

Health and wellbeing strategy

People strategy: Education, Learning, Workforce planning and organisational development

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Developing the strategy

The development of this strategy has followed a process agreed with the Patient Experience Strategic Group at a workshop in the middle of 2014.

This group, which reports to the Quality Committee, is chaired by the Trust's Chair and includes representation from:

- Healthwatch Gloucestershire
- Carers Gloucestershire
- Gloucestershire Carers Alliance
- Foundation Trust Governors
- Senior clinicians
- Non clinical managers

This group agreed the process that we would follow to agree the strategy and also set out the scope, timelines and methodology. The strategy development process involved consideration of a series of questions designed to encompass all aspects of patient and carer experience.

Data Gathering

The strategy development process involved pulling together and analysing the large quantity of existing patient experience data in existence and drew on information from the following sources:

- National datasets (such as Patient Reported Outcome Measures)
- Externally captured data from surveys e.g. CQC nationally mandated experience surveys
- Internally derived data including Friends and Family Test (FFT) and service user patient concerns and complaints
- Externally captured comments from stakeholders including Healthwatch and Carers Gloucestershire
- National best practice and regulatory requirements

We also conducted an additional survey of staff and Foundation Trust members. This focused on two central questions:

1. What makes a good experience for you, whether you are a patient or carer?
2. What could we do to improve the experience of patients and carers?

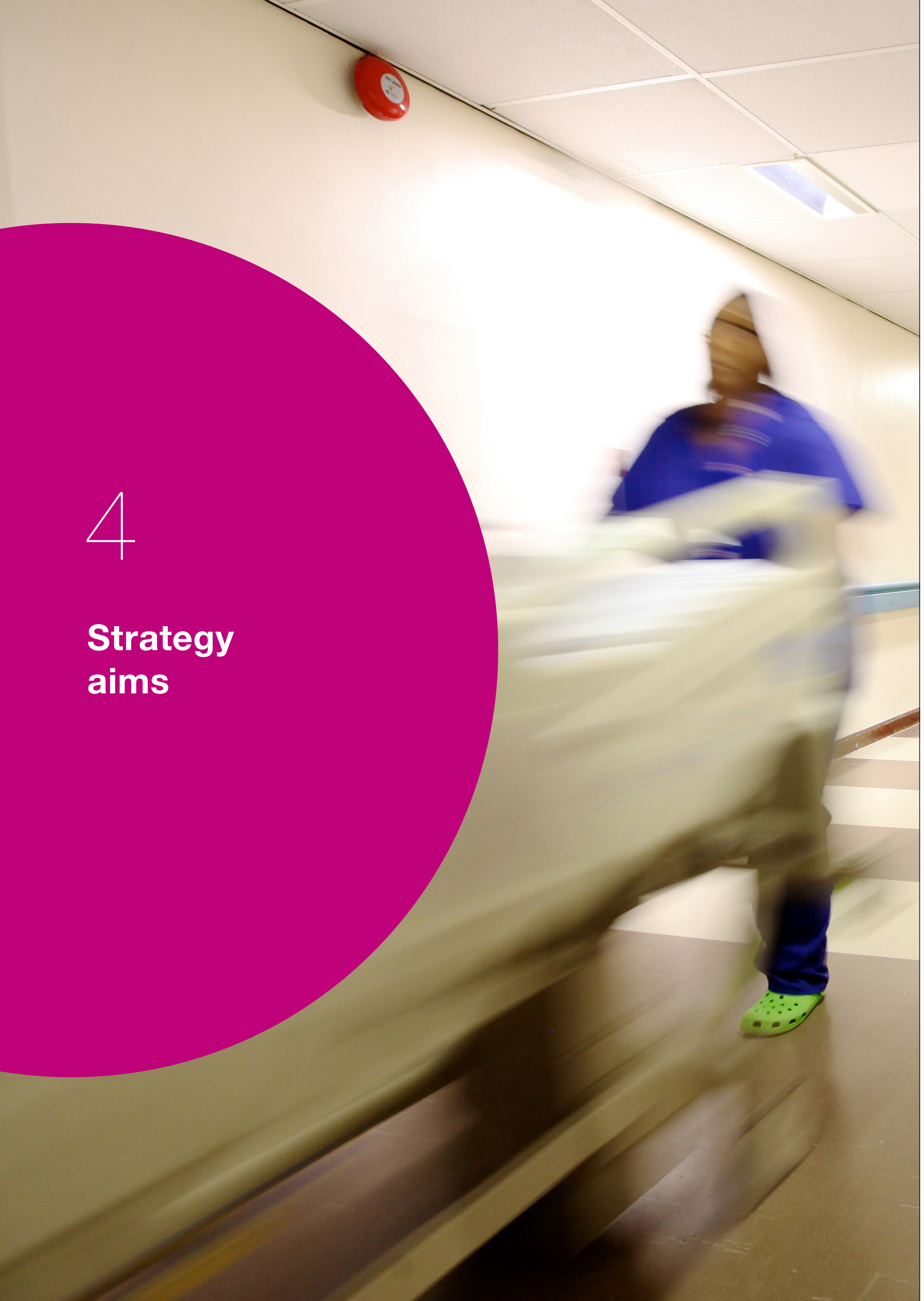
We had over 1000 responses to this survey.

Identifying the key themes for focus

There is a vast array of both qualitative and quantitative information on this area of work and our data gathering exercise sought to draw on all relevant sources.

The challenge that this presents is that there are countless actions and interrelationships that have an impact on the quality of patient and carer experience.

What we have tried to do is to distinguish the key areas identified by patients and carers as being of most importance to a good patient and carer experience using all the feedback and comments available to us. Within these key areas, we have identified current and future areas of focus.



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Strategy aims

We have identified the following four key areas of focus for this strategy period:

1. Listening and learning
2. Collaborating and user engagement
3. Communicating
4. Supporting

Improving Patient and Carer Strategy

Listening and learning

- → Listening and learning to frail elderly patients
- → Experience of patients with shared provision
- → Complaints department

Collaborating and user engagement

- → Service user involvement in design and delivery of education and staff training
- → Experience based co-design in stroke services
- → Shadowing in hip procedures
- → Experience of discharge

Communicating

- → Focusing on patients as individuals
- → Patient information review

Supporting

- → Work with Gloucestershire Young Carers
- → Development volunteer support roles

Listening and learning

There is a large amount of ongoing mandated national and local activity in this area of patient experience capture.

This includes a number of mandated CQC surveys across differing service areas, Patient Reported Outcome Measures (PROMS) for some elective procedures and the Friends and Family Test (FFT).

During 2014 we have successfully implemented the FFT in a number of hospital areas including adult inpatient wards, emergency department, maternity services and begun to implement the test in outpatient and day case areas.

We wish to enhance the capture of experience via those ongoing nationally mandated processes by focussing on specific areas of need.

Priorities for this strategy period are:

1. **National Age UK Project: Listening and Learning.** We have been selected to participate in a national research project originated by the Dignity Commission and developed by National Age UK called "Listening and Learning".

   The aim of this project is to use specially trained volunteers to use evidence-based communication tools and techniques to "listen" to the spiritual, emotional, social and cultural needs of frail elderly patients and for that listening to then be translated into learning how we can better meet those needs. If successful, the project will fundamentally improve the way that we communicate with frail elderly patients and would be rolled out throughout our Trust.

2. **Formal capture of patient experience at service locations with joint provision.** There is currently no formal mechanism for capturing experience of patients who attend community locations managed by other providers but who receive services there that are partly-provided by our Trust for example Outpatient and Day Case services at community hospitals.

   During this strategy period we wish to work with our partner providers to establish a mechanism for assessing the quality of patient experience at those service delivery points.

3. **Continued development of our Complaints and Concerns management service.** Areas of focus during the strategy period will include review of our services against the newly published Ombudsman User-led Vision and establishment of a formal ongoing mechanism for complainants to provide feedback on their experience of our complaints management system.

   This feedback will be used to develop training for our staff on identifying and managing concerns and complaints handling.

Collaborating and user engagement

We believe that collaboration and user engagement is fundamental.

It is how we translate our values into the improvement of patient experience. Our aim is to use evidence based approaches to user engagement to improve the experience for patients and our priority is to focus on tools and techniques that we know are effective and have a sustained impact.

Many aspects of user engagement are addressed through parallel actions set out in the Foundation Trust Membership Strategy and the Education, Learning and Organisational Development strand of our new "People Strategy". We have worked closely to align our work programmes and identify complementary actions.

During 2014 we have defined and mapped our approach to user engagement. We collaborate with patients and families/carers in a wide variety of ways from: formal involvement in project groups; capture and use of patient, carer and staff stories; involvement in education and training; and, involvement in a wide array of service review and redesign projects including innovative research.

Priorities for this strategy period are:

1. **Service user Involvement in the design and delivery of staff education and training.** We already use experiences of patients and carers within our staff training programmes. This includes the sharing of their stories and experiences either for video or in person within programmes for a range of staff groups and actively participating in the design of training programmes, for example, for specific patient groups and carers. However, we recognise the value of this involvement in helping staff to fully understand the needs of patients and carers and wish to explore the potential for future expansion. This will include developing the role of carers within the design and delivery of our training programmes.

2. **Development of Experience Based Co-Design technique.** We have commenced a pilot supported by the Point of Care Foundation focussing on our services for patients who have had a Stroke which will continue during 2015-16. We have also submitted an expression of interest in being part of a national co-design programme focussing on patients in intensive care units and aim to develop the technique as a key method of service review and redesign within our Trust.

3. **Development of Patient and Family Centred Care Model ("Shadowing").** We have begun using this relatively new technique in elective orthopaedic procedures as part of the Planned Care programme and this project will continue during the initial strategy period. Future use of this technique will depend on the evaluation of the pilot but we are hopeful that it will be of use in pathway mapping for services.

4. **Experience of discharge from hospital.** We will be participating in a project funded by Health Education South West "No longer than necessary" which aims to capture experience of our patients in being discharged from hospital services with a view to using those experiences to develop educational resources.

Communicating

Effective communication is central in our ability to provide a good patient experience.

We have a strong focus on communication that runs through all areas of our approach to improving the quality of care for our patients and carers.

Practical examples include communication skills training; nursing "essence of care" work; and our ongoing work on organisational culture.

Priorities for this strategy period are:

1. **Focusing on patients as individuals.** A major aspect of this goal is via implementation of the national "Hello, my name is…." campaign. This campaign is about the importance of introductions in the delivery of care. It is not just about knowing someone's name; it is about making a human connection, beginning a therapeutic relationship and building trust. It is essential in the delivery of compassionate care.

2. **Patient Information Review.** We have a vast array of written and web based resources that provide information to patients and carers. But we recognise the need to review and update these – particularly in the light of changing communications habits and technology. This is a major and complex project which we will undertake through this strategy period and which will include review of all existing written patient information.

Supporting

Supporting patients and carers during their stay in hospital is a fundamental part of delivering good patient experience.

Our hospital Volunteers play a vital role in helping us to deliver a high quality service and they provide support both to staff, patients and carers.

We are extremely lucky in that we have a large number of hospital Volunteers providing a wide range of supportive roles throughout our Trust in addition to over 80 Spiritual Chaplaincy Volunteers. During 2014 we successfully piloted a new role providing assistance with eating and drinking to frail elderly patients (Meal time Support) which we wish to extend to benefit a wider number of patients. We also wish to extend the supportive roles provided by Volunteers to reflect the specific needs of patient groups.

We have a long established partnership with our local carer support agencies especially Carers Gloucestershire. We have implemented a hospital based Carers Support Liaison post and we also provide a number of benefits to carers of patients receiving treatment in our services.

During the strategy period we wish to extend that support by:

1. **Extending implementation of the Mealtime Support Volunteer** role to other clinical areas within our Trust.

2. **Extending and developing other volunteer roles** including: identifying and addressing patient concerns (PALS Support Volunteer); providing support to patients with cognitive impairment; and, spending time with patients providing social support for example through art, reading and conversation.

3. **Work with Gloucestershire Young Carers** to raise awareness of the particular needs of young carers and to identify if there are any specific ways in which we can further help provide support.


Fire exit