

Reporting to:	Trust Board – 2 February 2017
Title	Patient Experience Strategy
Sponsoring Director	Director of Nursing & Quality
Author(s)	Graeme Mitchell
Previously considered by	
Executive Summary	<p>The Shrewsbury and Telford Hospitals Trust (SATH) provides acute health care to the urban and rural populations of Shropshire, Telford and Wrekin, and parts of Powys. We aim to provide our patients with the safest and kindest care.</p> <p>It is clear, at a national level, that the delivery of a good patient experience is a fundamental element of good quality health care. This strategy is informed by, and reflects, the NHS Constitution, SATH Trust Values, the NHSI Patient Experience Development Framework, and the views and experience of members of our Patient Experience and Involvement Panel (PEIP).</p> <p>There is evidence that a good patient experience leads to a faster and better recovery after treatment. It is also the objective of SATH to be the safest, kindest Trust in the NHS. In order to achieve this it is clear that we need to find out from patients, their families and carers, their experience of care. This will be done in a number of ways, as detailed later in this strategy.</p> <p>There is also evidence that health care that is co-designed with service users and patients is likely to provide better experiences and outcomes for patients.</p> <p>Additional information is available in the supplementary Information Pack.</p>
Strategic Priorities	
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	X Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population X Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	X If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff

	<input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well led
X Receive <input type="checkbox"/> Review <input type="checkbox"/> Note X Approve	Recommendation To Receive and Approve the Patient Experience Strategy

Patient Experience Strategy



Introduction

The Shrewsbury and Telford Hospitals Trust (SATH) provides acute health care to the urban and rural populations of Shropshire, Telford and Wrekin, and parts of Powys. We aim to provide our patients with the safest and kindest care.

It is clear, at a national level, that the delivery of a good patient experience is a fundamental element of good quality health care. This strategy is informed by, and reflects, the NHS Constitution, SATH Trust Values, the NHSI Patient Experience Development Framework, and the views and experience of members of our Patient Experience and Involvement Panel (PEIP).

There is evidence that a good patient experience leads to a faster and better recovery after treatment. It is also the objective of SATH to be the safest, kindest Trust in the NHS. In order to achieve this it is clear that we need to find out from patients, their families and carers, their experience of care. This will be done in a number of ways, as detailed later in this strategy.

There is also evidence that health care that is co-designed with service users and patients is likely to provide better experiences and outcomes for patients .

Our strategy therefore has two key objectives:

- To listen to our patients and their families so we learn how to improve the care we provide, and
- To collaborate with patients and other community partners in designing, monitoring and improving the care we provide.

Our Organisational Values are:

- Proud to care
- Make it happen
- We value and respect
- Together we achieve

We also aspire to be the safest and kindest Trust in the country.

These values and aspirations need to underpin and flow through everything we do, including our efforts to deliver the best possible experience for our patients.



Finding out about the experiences of our patients and their families

The lynchpin of our strategy for improving patient experience is that we listen to and learn from patient feedback.

We need feedback to make this happen, and we must make it as easy as possible for patients to give it to us.

We want to know if a patient or family carer has had a poor experience as this is how we learn. We listen, we learn and we improve.

We may make mistakes but our absolute commitment is to learn from our mistakes and prevent them happening again. If we deny or devalue what patients and carers tell us we do not learn, but merely perpetuate the same poor experiences for them.

So we need to make it as easy as possible for patients and family carers to tell us how their experience was, both during their care and afterwards, and we know we have work to do.

Patients are usually very reluctant to make critical comments while at or in the hospital. They feel vulnerable, are often poorly, and do not want to risk jeopardising their care. We have, therefore, to develop a culture of openness and honesty, where all staff genuinely welcome comments, good and bad, and an environment in which conversations with patients about how patients feel about their care are every day and natural. We are not there yet.

Patient Experience Strategy Objectives

We will develop and strengthen the current systems and processes for evaluating and improving the overall patient experience.

We will ensure that all patient facing services and departments have in place a system and process to collect, evaluate and use patient feedback to improve the patient experience they provide.

We will develop innovative platforms for the gathering, evaluating and utilising of both quantitative and qualitative feedback data to use to improve the patient experience.

We will provide patient experience feedback to the people, who deliver the care.

Ensuring dissemination across all the Care groups, from Director Level to staff at the point of care.

We will develop robust processes to ensure we engage effectively with patient representative groups and the wider community stakeholders in developing and influencing the delivery of SATH clinical services.

We will work in conjunction with local Healthwatch, Powys Patient experience and involvement panel to identify elements of our service which require improvement and to ensure that these stakeholders are embedded in the process of monitoring the progress of improvement outcomes.

We will capture, measure and use patient feedback as the primary driver to improve our delivery of care.

We will tell our patients, carers and public stakeholders about how we have involved local people and the improvements we have made to our patient experience.

We will develop a SMART action plan to deliver these objectives.

Current methods for obtaining feedback

We currently use the following methods for hearing from our patients about their experiences, but we acknowledge that there is a lot more to be done.

The feedback we receive is triangulated with other sources of intelligence within the Trust to identify areas of both good and poor patient experience.



Friends and Family Test scores and comments

These provide an indicator of whether the patient would recommend the Trust to their friends and family. More usefully, the response cards also can provide useful comments about the patient's experience.

Patient stories

Patient stories convey a powerful message to all those who hear them as to the impact that the care we provide can have on an individual or their families. The stories can be shared widely across the organisation, from board level to ward, and across administration, premises and other teams.

Patient Advice and liaison Service (PALS)

Post cards are available in the Trust premises or electronically on the website. These can be used for compliments or to raise concerns or to provide suggestions. PALS also receive informal complaints and questions about services. PALS can provide rapid resolution to a patient's feedback and provides invaluable information to help the Trust to improve patients' experiences in the future.

Complaints

These are formal complaints which are dealt with using the formal complaints procedure. Learning from these is again invaluable in improving our care and services. Data from complaints and PALS is collated and analysed quarterly. Themes and trends are identified and progress in addressing these issues is monitored through corporate and care group governance committees.

External patient feedback websites

Some patients report their experiences using websites such as NHS Choices. We do respond to these comments, whether negative or positive, although anonymity can hinder any detailed investigation. If a patient goes to the trouble of writing about their care on a website we must start from the premise that what they say is true for them, and use that information to make improvements.

PEIP members

The members of our PEIP regularly meet patients on wards or in other departments. They talk to patients and families about their experiences and feed this information back to the managers. Members carry out observations of care, and of the patient environment, and the learning from these is fed into appropriate managers or departments.

RATE

There is a monthly peer assessment of patient experience carried out by PEIP members and Matrons. This process provides information about a number of quality indicators, including patients' assessments of their experience. The monthly quality dashboard is reported to the Trust Board and externally to the commissioners.

Patient experience surveys

The Trust is involved in both national and Trust-designed surveys of patient experience, and we use this data to inform aspects of patient care that need attention and to highlight the improvements we have made to the care we provide.

How do we make sure we learn from and act upon what we are told?

It is part of the role of all staff to learn from what patients and their carers tell us, and to make improvements in response to criticism.

We gather, collate and disseminate feedback across the Trust. It is reported to our CCG commissioners, Confirm and Challenge meetings, and to the Board. However, we recognise that a more joined up system of triangulation, evaluation and action planning would enable us to be sure that adverse feedback is acted upon, and also would flag up patterns of comments received. It is therefore recognised in the accompanying action plan that such a system will be developed.

Triangulation

Triangulation means the collating of patient feedback information with other patient metrics, such as safety incidents, FFT and complaints, and using this as a means of identifying areas of concern which may require further scrutiny.

Currently the Clinical Governance Framework is being revised and this will include a model for how we can enhance the collection and triangulation of all sources of feedback across the Trust.

The Exemplar Ward programme will include patient experience feedback so that action can be taken quickly where required. These hotspots will be reported to the Quality and Safety Committee, Care Group Governance meetings and to our commissioners.

Care Groups will be required to feed back their patient experience data to Confirm and Challenge meetings, which will include at least one member of the PEIP.

Involving patients and family carers in service design

As suggested in the introduction, there is anecdotal and research based evidence that when health care services are designed with users alongside staff the care service provided better meets the needs of users. This is commonly referred to as co-production.

Historically, the NHS has not always welcomed patients co-designing and evaluating health care services. However, this is changing, and SATH now welcomes opportunities for patients and carers to engage with the Trust in order to be part of the teams co-designing and improving services.

Anecdotally, it has often been said by clinicians or non-clinician managers at groups which include patients that they would never have thought of what the patients suggested had they not been present. Patients are not clinicians, but they understand their own needs and preferences, which may easily be unknown or ignored in their absence.

SATH believes that the experiences of patients and carers will be better if they are involved in co-designing and improving services, and therefore welcome their involvement. These participants are often members of the PEIP, but do not have to be, and the Trust works to positively engage with patients, carers and other stakeholders who would like to undertake this involvement.

We need to include patients and families from the seldom heard groups in the community, those described as having “protected characteristics”. The Trust will make positive efforts and take action to ensure that these people are included in working groups and in the Patient Experience and Involvement Panel. The extent of involvement and participation of these groups will be evaluated within the annual EDS2 evaluation, and reported on.

Some recent examples of patient involvement include improving the experience of visually impaired patients in outpatients department, improving end of life care, and developing smartphone apps for patients receiving treatment for breast or prostate cancer. These demonstrate the real enthusiasm that exists for patient involvement and co-design.

Roles and Responsibilities

The Associate Director of Quality and Patient Experience will lead on implementing and monitoring this strategy, working with Care Group Leads.

Action plans for delivery will be owned by the Care Groups , and will include specified leads for each action, and expected deadlines, as well as a sign off section after completion.

The Board of Directors is responsible for setting the strategy for ensuring that our patients get the best possible experience of care, and for ensuring processes are in place for achieving this.

The Director of Nursing and Quality is responsible for the Trust Quality Improvement Strategy and its implementation. The Patient Experience Strategy is a key element in this.

The Care Group Governance leads are responsible for ensuring implementation of this strategy within their Care Group. Each Care Group will have at least one named member of staff with responsibility for patient experience, and they will be a member of the Care Group Governance Committee.



The role of the Patient Experience and Involvement Panel (PEIP)

The PEIP comprises around twenty volunteer patients and carers who are passionate about ensuring our patients have the best possible care. They volunteer to join, and they work within guidelines agreed with the Trust.

The panel is largely autonomous of the Trust. However PEIP have a terms of reference and job description which have a Members are expected to adhere to. PEIP are encouraged to go wherever they wish or need to in order to observe patient care, understand patient experiences, and inspect the patient environment. Members feedback their observations and learning to the appropriate clinical staff.

The PEIP is very much the critical friend of the Trust. Members carry out work on behalf of patients and the Trust. Members challenge and question when they see unsatisfactory care, and they congratulate and applaud when they see great care.

PEIP members decide their priorities for their work, which may often relate directly to their experiences or those of friends and family, and with input from the Trust Corporate nursing team. The input from the corporate nursing and Care group governance leads will be informed by the triangulation process referred to earlier in this strategy.

Members sit on values based interview panels for all levels of staff and, as stated above, are invited to join working groups and committees to ensure that they represent the patients.

Our Trust considers the work of panel members to be essential and integral to providing the best possible experience of care for our patients, and welcomes their input and constructive challenge.

Opportunities for improving our patients' (and their families') experiences of health care at the Trust

We want to make more and better use of patient and family stories. Stories, recorded away from the hospital after discharge, provide real insight into how people felt at the different stages of their care journey, how they felt staff interacted with them, what went well and what didn't work well...for them. Stories provide rich granular evidence that enables the Trust to make the changes that our patients want and need.

The PEIP has decided that developing the use of patient stories will be one of their key priorities for the next two years and we will work closely with their members to make this happen right across the Trust.

We will make sure we hear our patients, and avoid the trap of merely listening to them. We need to continue our wonderful transformation work using the Virginia Mason Institute approach, empowering our staff to make the workplace more efficient, which gives the staff more time to care...and to listen to and hear what our patients tell us.

We will explore the development of novel approaches to the capture of patient feedback. The development of the Trust website will promote the ability to post anonymised feedback. The smartphone Cancer Apps that have been developed by patients and staff working together provide a great example of how co-production provides solutions that benefit both patients and health care staff.

The PEIP has set four priorities for their work in the next two years, in the areas of:

- Cancer
- Dementia
- Discharge
- Using patient and family stories to improve care

In addition, the delivery of the other PEIP work streams will serve to enhance the patient experience that the Trust provides.

These will therefore be the focus for involvement of PEIP members in co-design, in addition to on-going projects within end of life care and outpatients.

Produced by Corporate Nursing Team in collaboration with PEIP

1. Evidence tells us that a positive patient experience leads to positive clinical outcomes.
1. Putting Patient first NHS Business plan 2013/14 – 2015/16
2. Evidence suggests that a positive staff survey triangulates with an improved patient experience.
2. Staff experience and patient outcomes NHS Employers 2014

Patient Experience Strategy high level work plan

Commitment 1: We will listen and learn from our patients, their carer's and families about their experiences of our services and ask for their suggestions about how services can be improved.

Action(s)	Expected Output(s)	Timeframe
1. To develop and strengthen the current systems and processes for evaluating and improving patient and carer experience.		
Utilise the Exemplar Ward programme and WMQRS Peer programme in order to determine how well 'Improving the Patient Experience' is embedded both within SATH's culture and Care Group operational processes.	<p>Patient Experience Map (what's happening now)</p> <p>Peer review reports for Cancer services, Falls , Frailty and Fractures , Stroke and Learning Disability</p>	<p>April 2017</p> <p>Reviews take place throughout 2017</p>
Care Groups to routinely consider and act upon patient feedback via their Care Group Governance structure with all teams and services being required to report their patient experience improvement activities to this group	Care Groups to produce these reports to collate information about patient and experience gathered from across their services. To be reported at CGE and C&C	Final process will be defined by the current revision of SATH governance structure.
Care groups to ensure the results of patient feedback is routinely considered and acted upon by frontline staff teams.	<p>Evidence of collation of issues, and timely management/acting on findings. " You said we did "</p> <p>Use of Quality boards on each ward department</p> <p>Care Groups collect patient stories and share widely which forms part of Confirm and Challenge agenda</p>	<p>November 2016</p> <p>On-going</p>

Action(s)	Expected Output(s)	Timeframe
Care Groups/Corporate team to ensure that patients and carers are aware of the range of different ways they can provide feedback.	<p>Visibility of materials to provide feedback including FFT /PALS/Complaints/ Twitter/website.</p> <p>Patient information leaflets to include how to leave feedback.</p> <p>Care Groups to include Patient Feedback Communication Plan in CG Quality Objectives.</p>	<p>On-going</p> <p>April 2017</p>
Internal review of the Trust Governance and Assurance processes which monitor patient experience including complaints and PALS	<p>Review Complaints /PALS team structure and process</p> <p>Ensure Patient experience data and metrics are a standing agenda item on Confirm and Challenge meetings.</p> <p>Report out monthly on FFT data and number of complaints</p>	<p>October 2016</p> <p>Monthly</p>
Q&S Committee to review patient experience data gathered from across the Trust, highlight themes or trends and identify areas for improvement. CG GC to monitor the progress of the improvements.	<p>Scrutiny at Q&S/CG/CQRM Confirm and Challenge resulting in closure of issues/ mitigation of risks/ appropriate escalation, and assurance as a result of actions.</p> <p>Reporting of internal patient experience surveys.</p>	Monthly
Further develop the relationship between the executive team, frontline staff and the public. Feedback from Quality Assurance walks /Environmental walks to feature in CG Governance report/ Environmental Committee/Q&S	<p>Quality Assurance ward visits</p> <p>PLACE</p> <p>Improvements in patient experience fed back to CG</p> <p>Receipt of individual feedback.</p> <p>VIP programme</p>	On-going

Action(s)	Expected Output(s)	Timeframe
To develop a reward system that enables the executive team to demonstrate how much they value determination to deliver the trust organisational values by frontline staff to improve patient experience and to recognise staff whom consistently exceed patient expectation.	Chairman's award for frontline innovation in patient experience. Ward Accreditation as part of Exemplar ward – award status , Silver, Gold and Diamond awarded	On-going Pilot completed Full implementation April 2017
2: Ensure that all patient facing services across the Trust have at least one mechanism of gathering feedback from their patients.		
Undertake a 'mapping' of all patient experience activity taking place across the Trust to identify any gaps and support those areas in developing a mechanism to gather feedback.	Patient Experience Map of all patient experience activity taking place across the Trust, received, minutes and actioned. Reported at Q&S, CGE and CQRM	March 2017
Each Care Group to systematically gather feedback from across the breadth of their Services, from patients, their families and carers on the quality of the services they provide.	Evidence of (appropriate methodologies for) data collection in all areas. FFT / Patient Stories/Exemplar ward programme /PALS/ Complaints	On-going

Action(s)	Expected Output(s)	Timeframe
3: Further develop systems for gathering a range of both qualitative and quantitative patient and carer feedback		
Utilise a variety of different qualitative and quantitative methodologies, to gather feedback from our patients, their families and carers about their experiences of our services on a regular basis.	<p>Qualitative evidence:- Patient and carer stories, data from Patient Opinion, alternative media platforms, data from Listening Events, HealthWatch meetings, PLACE visits, and Friends and Family Test comments. Peer reviews of services via WMQRS</p> <p>Quantitative to include:- Friends and Family Test scores, National and Internal Questionnaires and surveys. Exemplar ward patient experience metrics.</p>	On-going
Plan how we will capture feedback from our most vulnerable patient groups who are unable or unwilling to provide feedback.	<p>Co-produce strategies to achieve this goal working with LHE patient experience leads.</p> <p>Evidence of feedback from areas previously thought to be hard to reach to be shared with Trust assurance committees</p>	February 2017
Utilise our links with the External Community Partners to help us reach these groups.	<p>Feedback from community partners fed into CG/ Corporate patient experience forums/reports in the form of patient's stories and or concerns raised.</p> <p>Collaborate with LHE partners in "magic wand events"</p> <p>Agreed information sharing protocols have been developed by Local Patient Experience Leads meeting.</p>	March 2016

Commitment 2: We will systematically gather qualitative and quantitative evidence in a range of different ways and use this evidence to continuously measure and improve our services in order to provide our patients, carers and families with the best possible experience.

Action(s)	Expected Output(s)	Timeframe
4: The Trust will develop a systematic approach to analysing complaints, PALS and patient and carer experience data gathered.		
The Trust will develop a system of triangulation to provide a systematic way of analysing patient feedback in all forms, and so highlighting opportunities where lessons can be learned, areas of concern quickly identified and develop new ways of working to improve services.	<p>Robust Triangulation system in place within CG working to generate reports and improvement action plans , delivery against action plans monitored at Confirm and Challenge</p> <p>Review of Complaints and PALS processes</p> <p>Reports will use more than one type of information source to evidence/ illustrate issues.</p>	November 2016
Establish closer collaboration with Care Groups, PEIP/MEG and external stakeholders in order to enable the triangulation of information.	Experience assurance reports will use more than one type of information source to evidence/ illustrate issues.	On-going
We will use patient experience data as an early warning system for spotting deteriorating standards of care.	Themes and trends (to show trajectory over time), lessons learned, actions taken, and areas for further action,	On-going

Commitment 3: We will involve our stakeholders, including those from vulnerable or seldom heard groups, in the planning, development and delivery of our services. We will demonstrate how we have involved our stakeholders, listened to their feedback and taken action on what we have learned.

Action(s)	Expected Output(s)	Timeframe
5: To work in partnership with Healthwatch and service user groups to identify areas for improvement and ensure these are actioned		
The Corporate Quality team to produce a programme of regular involvement and engagement opportunities, and to promote these to staff across our services, to patients and the public via our communication networks.	Involvement Programme to include PEIP, MEG, Listening Events PLACE.	On-going
Support services to involve and engage with patients and the public around specific service changes, for example spreading the word about involvement events across our networks.	<p>Development of co-designed programme with LHE partners to facilitate stakeholder involvement in the shaping and influencing of Services.</p> <p>Care Groups evidence activity to involve and engage with patients and the public around specific service changes.</p> <p>Evidence of involvement of patients and carers in our recruitment and selection processes. .</p>	On-going
Enable closer collaboration with Healthwatch on a wide variety of projects such as Listening Events and themed reviews that sit outside of their regulatory enter and view visits	Details of increased activities included in Patient Experience Reports to assurance committees	On-going

Action(s)	Expected Output(s)	Timeframe
Ensure involvement activities reach communities and groups with distinct health needs and those who experience poor health outcomes.	Co-produce with LHE partners a map of involvement activities to include groups representing protected characteristic groups. Gaps to be highlighted and actioned. Evidence of 9 protected groups having an influence on service design and delivery	March 2017
6. Ensure we feed back to patients, carers, the public and stakeholders about how we have involved local people and the improvements we have made to services.		
Ensure that all events and opportunities (that the Trust is involved in) consider their feedback mechanisms at the planning stages, and that any necessary resources for these are identified at the outset.	Each event/opportunity for involvement is reported back appropriately to patients, carers, the public and stakeholders, including how we have improved services as a result. Report on involvement activities in Annual Report, Quality Account and Patient and Carer Experience and Involvement report. Ensure communications team publicise externally the engagement activities the Trust is engaged in.	On-going

