

Agenda item 12

Dudley Health Scrutiny Committee – 20th November 2014

The Dudley Group NHS Foundation Trust
Patient Experience

1.0 Purpose of Report

This document is presented to update the committee on The Dudley Group NHS Foundation Trust Patient Experience Strategy. The committee received the full patient experience strategy in February 2014 however as the committee has changed since then it is again attached at Appendix 1 for information. The committee requested further updates be brought back to the committee on progress.

2.0 Patient Experience Strategy – Appendix 1

The Dudley Group NHS Foundation Trust has systematically been collecting patient feedback for some years now and using this data to drive improvements. Data is collected from a variety of routes (around 20,000 pieces of feedback in 2013/14, and growing), for example:

- Complaints
- PALS queries
- Compliments
- National Survey programme
- Local real-time surveys programme
- Departmental surveys
- Listening events
- Patient panels
- The Friends and Family Test
- NHS Choices/patient opinion/other online methods

The Trust used all of this information as well as some dedicated engagement with patients and partner organisations in order to inform the strategy and associated actions.

One of its core strategic objectives is to *provide the best possible patient experience*, in an organisation *where people matter*. The Trust values of *care, respect, responsibility* underpin all of the work within the strategy and are the basis upon which we want to build our patient experience.

We will achieve this by achieving the following strategic goals:

- Mobilising the workforce with a passion for getting things right for patients every time
- Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and or/recovery

- Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

Translated into three key areas below.



The strategy can be seen at Appendix 1.

3.0 Patient Experience Actions update – appendix 2

Since approval of the strategy the Trust have introduced an executive led steering group for Patient Experience chaired by the Chief Executive to ensure service improvements and best practice are shared across the Trust.

In the first two quarters of 2014/15 the Trust have prioritised improving our food offering to patients with our providers Interserve through a complete menu. This is a result of patients consistently telling us this is the number one area for improvement see graph at foot of appendix 2. The menu trial was conducted on four wards during September 2014 with both patients and staff choosing their preferred dishes to go on the menu. Governors, public and Board members will be giving the final feedback on the new menu before it is implemented across the Trust in the New Year.

Alongside the complete menu review the Trust have implemented some immediate changes to the existing menus which have been well received by patients. The sandwiches have been improved with better bread and specialist fillings, nourishing soup and chip trials have been conducted and additional training on food preparation and customer service.

Interserve has undertaken additional training for their staff, and have produced a manual for each ward covering laying out the food trolleys, standard dress, plug in points for the trolley, standardised ward kitchen layouts.

Interserve are also investing in new food trolleys which will resolve any temperature issues we may have.

Appendix 2 shows the last two quarters action plan summary reports highlighting other patient experience improvement actions. The Trust Board, Clinical Quality, Safety and Patient Experience (CQSPE) sub Committee receive this report each quarter to track progress against the more detailed action plans which are developed and monitored at the Patient Experience Group.

4.0 Equality Impact

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

5.0 Recommendation

6.1 That the committee receive this report for information

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THE DUDLEY GROUP NHS FOUNDATION TRUST

PATIENT EXPERIENCE STRATEGY 2014 - 2017

1. INTRODUCTION

The Trust is committed to providing patient-centred services that meet the health needs of the communities it serves. One of its core strategic objectives is to *provide the best possible patient experience*, in an organisation *where people matter*. The Trust values of *care, respect, responsibility* underpin all of the work within this strategy and are the basis upon which we want to build our patient experience.

We will achieve this by achieving the following strategic goals:

- Mobilising the workforce with a passion for getting things right for patients every time
- Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and or/recovery
- Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

Translated into three key areas below.



2. STATEMENT OF INTENT/PURPOSE

This strategy sets out The Dudley Group NHS Foundation Trust (the Trust) commitment to continuously improving our patients' experience of our services.

It aims to set out how the Trust will raise the standards and set expectations of patient, family and carer experience. It provides guidance to support further development of patient experience and public involvement within the Trust, and aims to ensure that Trust plans are driven by patient priorities wherever possible, both locally and across the wider health community.

It sets out the main responsibilities and systems the Trust will use to make changes and monitor progress towards our vision of being *a highly regarded healthcare provider for the Black Country and West Midlands, offering a range of closely integrated acute and community based services, driven by the philosophy that people matter*.

In order to do this successfully, patients, carers, the public and other stakeholders need to be involved in planning, delivering and monitoring of services. This is alongside the need and right for patients and carers to be involved in decisions about their healthcare at a personal level.

3. SCOPE

This strategy applies to the whole Trust. This strategy has been developed following thorough research of this fast paced evolving topic and in depth analysis of our own and national patient experience benchmarks. A public and stakeholder listening event helped shape this strategy and the strategies of our commissioners were also taken into account.

It also outlines work already underway with our commissioners, along with local patient group Healthwatch, and key areas all organisations want to further develop work, to improve the patient experience across the health economy.

It is important to recognise in the current financial climate the Trust will not be able to do some things that patients have said they would like to see such as making parking free or bedside TVs at all beds. Consequently this may have an impact on patients' views of our services. Therefore it is vital we manage expectations whilst we tackle as many of those things patients wish to see changed that are in our gift.

4. DEFINITIONS

The Kings Fund in 2008 described patient experience as follows

“Patients’ experience of hospital is intrinsically difficult to grasp. It is richly textured and complex. By definition subjective, the experience is such that no one else can know how it works from one moment to the next, how different aspects of the experience (the process of care, the manner in which it is delivered, the environment in which it occurs, the physical sense of the place) come together, or what they mean for this particular person at this particular moment in their life.”

A patient’s direct experience of specific aspects of treatment or care

NQB SECRETARIAT (2011, p2)

This definition is further expanded to include the elements listed under the section entitled NHS Patient Experience Framework 2011/12 see appendix 1 for further background and definitions of patient experience and the national context.

5. DUTIES (RESPONSIBILITIES)

The Trust Executive lead for Patient Experience is the Chief Executive supported by the Communications and Patient Experience Team.

The Non Executive lead for patient experience is the Chair of the Clinical Quality Safety and Patient Experience Committee (CQSPE). This Board Committee takes the lead for patient experience within the Trust and elements of it are monitored regularly directly by Board, for example the Friends and Family Test and real time surveys. The Board also receive a patient story at each meeting.

The Patient Experience Group will report to the CQSPE and ensure operational implementation of this strategy and action plans for patient experience improvements.

This strategy is intrinsically linked to the Staff Engagement Strategy which is also led by the Chief Executive and Communications Team. This is because a large number of research studies have shown that organisations with high levels of staff engagement achieve better quality standards, more innovation, increased

productivity and better customer service. Therefore the Staff Engagement Strategy reinforces the fact good patient experience is the responsibility of every member of staff, based on the vision of creating an environment *where people matter* through treating everyone with *care, respect and responsibility* by living the Trust values.

6. STRATEGY

6.1 OVERVIEW OF PROCESS

The failings at Mid Staffordshire Hospitals NHS Foundation Trust and other more recent NHS care failures have signalled a new era for patient voice and how trusts can make improvements as a result of proactively gathering and using patient feedback. The Trust currently gathers over 10,000 pieces of patient feedback each year is therefore well placed to meet the challenges posed by this new environment.

As an integrated service provider the Trust has real opportunities to ensure seamless services for patients thereby helping to provide the best possible patient experience from door to door. The Trust has the desire to be amongst the very best for patient experience, consistently scoring in the top 20 per cent of Trusts in national surveys being the long term aim.

Dudley Clinical Commissioning Group and patient group Healthwatch have worked with the Trust in the development of this strategy, with all organisations sharing a desire to focus attention on system wide key themes which affect patient experience such as:-

- Handover of care
- Communications between professionals and organisations
- Managing vulnerable people through transition

Listening events with the public and complainants have been held to further develop the patient experience improvement actions all of which are designed to fulfil the intent of the strategy. These will be delivered through time-lined, measurable action plans which will be updated each year and reviewed along with the strategy in 2017.

6.2 Mobilising the workforce with a passion for getting things right for patients every time

We will inspire all our staff to provide the best possible experience every time for every patient through effective recruitment, training and management processes. This will enable everyone to take responsibility for their actions and the experience of their patients, their carers and families.

By 2017 we will:

- Have reduced the numbers of complaints that cite staff behaviours or attitudes as their cause
- Have patients rate the Trust amongst the top performers in the NHS (as measured by national patient surveys upper quartile)
- Have consistently high levels of patient's recommending the Trust to friends and family (as measured by the Friends and Family Test)
- Continue and further develop ways to involve patients in their care throughout their journey to help understanding of what they can expect from their healthcare services.
- Developed our workforce to excel at customer service delivered with care, compassion and empathy.

Action:

The staff engagement strategy defines actions we will take to engage our workforce to deliver the best possible patient care through our clinical strategy, the patient experience strategy focuses on ensuring we pick up the focus on customer care from the patient's perspective not the Trust's.

- Hold regular listening events with public and patients to ensure our action plans are relevant and evolving with the Trust.
- Further develop the complaints process to ensure when it does go wrong patients receive the best possible outcome
- Ensure ownership of patient feedback both good and bad across all service and clinical levels empowering staff to make changes
- Ensure every ward/ department has patient feedback
- Work alongside the Nursing Directorate in the delivery of their strategy "The Way We Care"

6.3 Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and/or recovery

The Trust is developing an Estates Strategy which deals specifically with ensuring our excellent facilities remain as such and we take opportunities to provide services in the best possible clinically appropriate environment. This strategy will therefore focus on ensuring patients have a way to make suggestions for improvements to the environment and that a process is in place to monitor patient comments about environmental topics and ensure a system for improvements is in place. Patient feedback on care of their holistic needs will also be monitored for improvement.

By 2017 we will:

- Continue to have some of the most up to date estate and facilities in the NHS which are fit for purpose
- Develop facilities and support services that centre around our patients needs involving them in development and improvements, ensuring patient feedback forms part of any estates and facilities reconfiguration or development
- Value the diversity of our population and provide facilities that make it easy for all people to navigate and to get around

Action:

Patient opinion and experience should always be taken in to consideration when planning and designing new facilities and service redesign.

- Deliver annual programme of patient panels to tackle priority areas for improvement
- Continue to report estates issues highlighted in patient feedback
- Continue to focus on improvements to hotel services with our PFI partners

6.4 Providing good clinical outcomes and effective processes so that patients feel involved, valued and informed

The Trust's Clinical strategy sets out clearly the clinical priorities for the Trust while the Quality strategy states the key performance measures for the quality of those services. This strategy outlines how we will deliver better outcomes with less money whilst also continuing to improve our patients' experiences of our services. We will

make patient feedback part of valued core performance information which drives service improvements from patients' perspectives

By 2017 we will:

- Further develop shared decision making tools and embed across the clinical services to ensure there is "*no decision about me without me*" widely embraced throughout the Trust
- Have a systematic approach to collecting patient experience data ensuring we learn from both good and bad feedback and demonstrate how practice has changed.
- Develop and embed key performance indicators for patient experience ensuring they have equal weight alongside the financial and clinical safety and quality ones from ward to Board level.

Action:

- Communicate clearly Shared Decision Making tools across the Trust
- Develop and implement action plans in response to national and local patient experience feedback monitored through the Patient Experience Group
- Continue to publish results to our patients and public of the Friends and Family test and further develop 'You said we did' approach to feedback of changes made.

7. TRAINING/SUPPORT

Guidance and training is offered to staff as requested for implementation of the Friends and Family Test system and where concerns are raised about particular issues advice is given on what training is available to support development.

The patient experience team work closely with wards/departments to ensure they understand the role they all play in improving patient experience.

Training and Development are working to further develop Customer Care Ambassador and Customer Care training programmes.

8. PROCESS FOR MONITORING COMPLIANCE

Patient feedback is evaluated and monitored at all levels across the Trust and this strategy sets out specific measures and checks to ensure it remains a key focus for the Trust. The CQSPE committee will continue to receive regular reports on all the forms of patient feedback the Trust uses to ensure the action plans remain on track and monitor progress.

9. EQUALITY IMPACT ASSESSMENT

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

10. REFERENCES

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11. MONITORING THE EFFECTIVENESS OF THIS STRATEGY

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
PE Quality priorities	Trust Board	Audit PE database Reports	Quarterly	Quarterly report to CQSPE	Identify actions required and delegate individuals to take forward	Communications department to determine appropriate methods of communication dependent upon target audience
PE CQUIN targets	Trust Board	Reports National/ local surveys	Annual and quarterly	Quarterly report to CQSPE and quarterly CCG joint quality review meeting	Identify actions required and delegate individuals to take forward	Communications department to determine appropriate methods of communication dependent upon target audience
National patient surveys	Trust Board	Reports Survey	As per national programme of surveys	As required following publication of results nationally to CQSPE	Patient Experience Group to deliver action plan Deputy Head of Communications and Patient Experience	Communications department to determine appropriate methods of communication dependent upon target audience
Friends and family test	Trust Board	Reports	Monthly	Monthly to CQSPE and Board Externally reported on UNIFY	Patient Experience Group and Deputy Head of Communications and Patient Experience	Communications department to determine appropriate methods of communication dependent upon target audience

APPENDIX 1 (to the Patient Experience Strategy)

Background and key guidance

This strategy provides an important focus for the organisation and has facilitated the commitment of the Trust Board. There has been a plethora of national documents, initiatives and guidance which have highlighted the need to focus on measuring and improving patient, family and carer experience. For most, experiences of care are mixed and patient stories will often describe variability in the experience of care across the Trust and the NHS as a whole. Nationally the NHS has not made significant progress in the area of service experience and there is a need for more concerted effort to be made by all staff.

There is much learning in relation to clinical effectiveness and safety, our understanding of what matters to patients in relation to their experience of healthcare and how it can be improved is still evolving. Despite the NHS gathering a lot of data in relation to patients' experiences of our services there is little hard evidence on how best to make that data into real quality improvements. Studies have seen improvements where there is systematic collection of patient experience feedback.

The **NHS Constitution (2010)** promotes 'high quality care for all' and clearly signposts patients, public and staff to their responsibilities and rights whilst reiterating the enduring principles and values of the NHS. Its importance has recently been reinforced through the report into Mid Staffordshire Hospitals. There has never been a more important or pertinent time in the history of the NHS to focus on delivering good patient experiences every time. The **Health Act 2010** saw the introduction of a legal obligation on Trusts to take the NHS constitution into account in all their decisions and actions.

The **Equality Act 2010** replaces all previous anti-discrimination legislation, and includes a public sector equality duty requiring public bodies to have due regard to the need to eliminate discrimination and to advance equality of opportunity and foster good relations between people who share certain protected characteristics and those who do not. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act provides an important legal framework which should improve the experience of all patients using NHS services.

Despite these policy initiatives, there is evidence to suggest that further work is needed to deliver the best possible experience for users of NHS services. The Government signalled in its White Paper '**Equity and excellence: liberating the NHS**' (2010) that more emphasis needs to be placed on improving patients' experience of NHS care. It focused on generic patient experiences and is relevant for all people who use adult NHS services in England and Wales. The aim of this paper was to provide the NHS with clear guidance on the components of a good patient experience. The guidance provided the evidence and the direction for creating sustainable change that will result in an NHS cultural shift towards a truly person-centred service.

Equity and excellence: Liberating the NHS placed a greater emphasis on Involvement of patients and public, putting patients and public first through the following measures:

- Shared decision making: ***nothing about me without me.***

- An NHS information revolution: much more public information about safety, effectiveness and experience.
- Specific public information on every NHS Trust's performance and clinical outcomes.
- Strengthening the collective voice of patients by *HealthWatch England*, a new independent consumer statutory body, coming into force in April 2013.

Outcome 1 of the ***Essential Standards of Quality and Safety*** (Care Quality Commission/CQC) is a key standard for patient experience.

The ***NHS Outcomes Framework*** is structured around five domains, which set out the high level national outcomes that the NHS should be aiming to improve. Domain 4 provides indicators to ensure that people have a positive experience of care.

The purpose of the *NHS Outcomes Framework* is to provide 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 culture and behaviour.

In February 2012 the NHS National Quality Board (NQB) published the ***NHS Patient Experience Framework***, agreed by the National Quality Board in October 2011, (see below), based on the *Picker Institute Framework* and can be the starting point to explore the patient experience in a particular service. A team of staff involved with a service might want to focus on one or two dimensions and look at improvements in those areas. Once the team has decided what kind of service they are striving to deliver, they can outline the types of behaviour that would be expected from staff to make this happen.

NHS Patient Experience Framework 2011/12:

Respect of patient-centred values, preferences, and expressed needs including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making.

1. **Coordination and integration of care** across health and social care system.
2. **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion.
3. **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings.
4. **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances.
5. **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers.
6. **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.
7. **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

The **National Institute for Health and Clinical Excellence (NICE 2012)** have condensed the 65 recommendations contained in their Patient Experience Clinical Guideline into 14 quality statements.

No.	Quality statements
1.	Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2.	Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3.	Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
4.	Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
5.	Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6.	Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7.	Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8.	Patients are made aware that they can ask for a second opinion.
9.	Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
10.	Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11.	Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12.	Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13.	Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14.	Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

November 2012 saw the publication of the first **Mandate** between Government and the NHS Commissioning Board setting out the ambitions for the Health Service for the next two years.

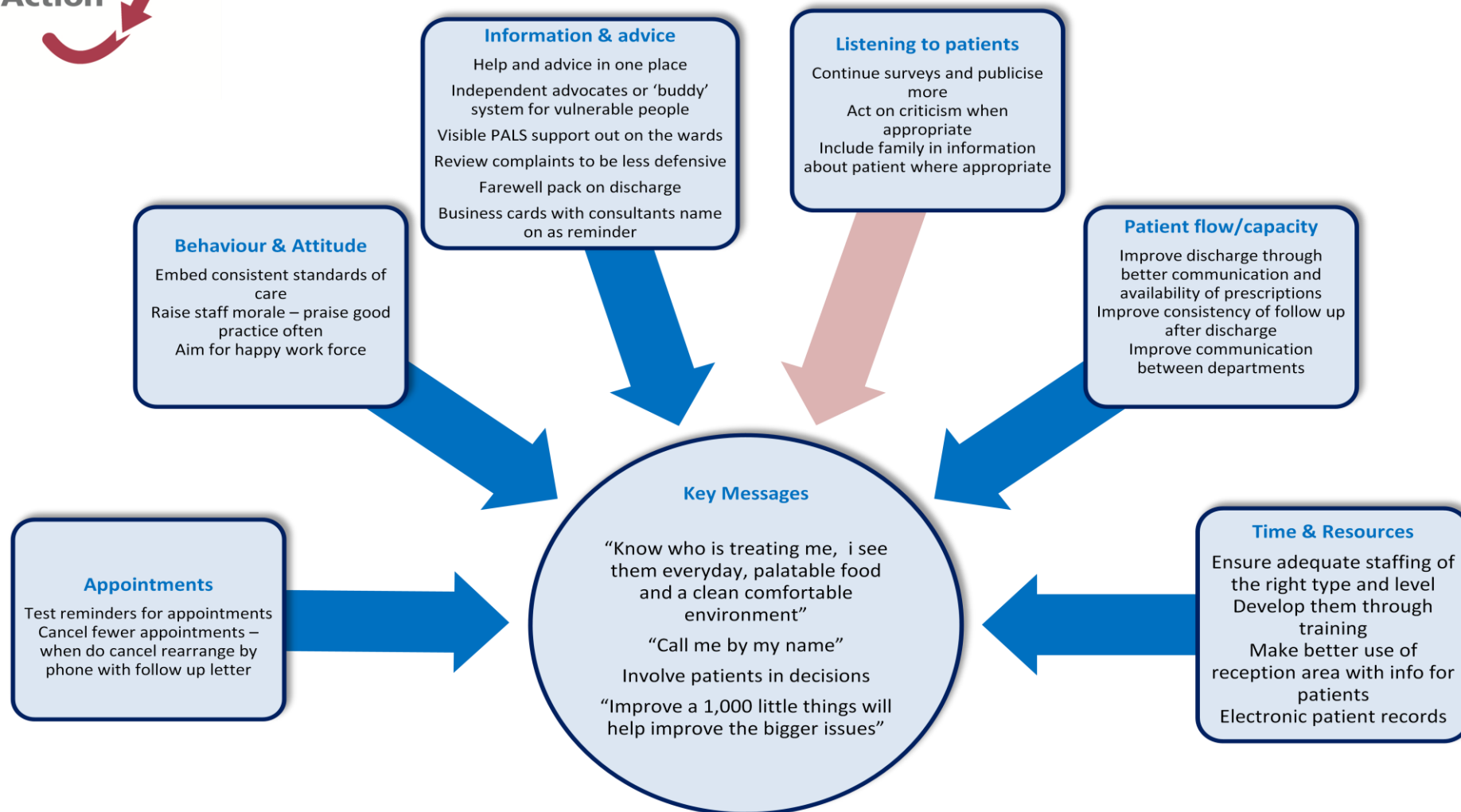
The objectives in this mandate focus on those areas identified as being of greatest importance to people and one of the five areas to make improvements is ensuring people have a positive experience of care. It sets an objective and therefore importance to ensure all patients can give feedback on their care via the Friends and Family Test so that people can tell which wards, A&E departments, maternity units and hospitals are providing the best care.

Appendix 2 (to the Patient Experience Strategy) - Listening into Action feedback



Patient Experience LiA- what people want



The Dudley Group **NHS**
NHS Foundation Trust









Here is your feedback from the Patient Experience LiA conversation showing the main themes and top features you'd like to see




Patient Experience Actions update

Appendix 2

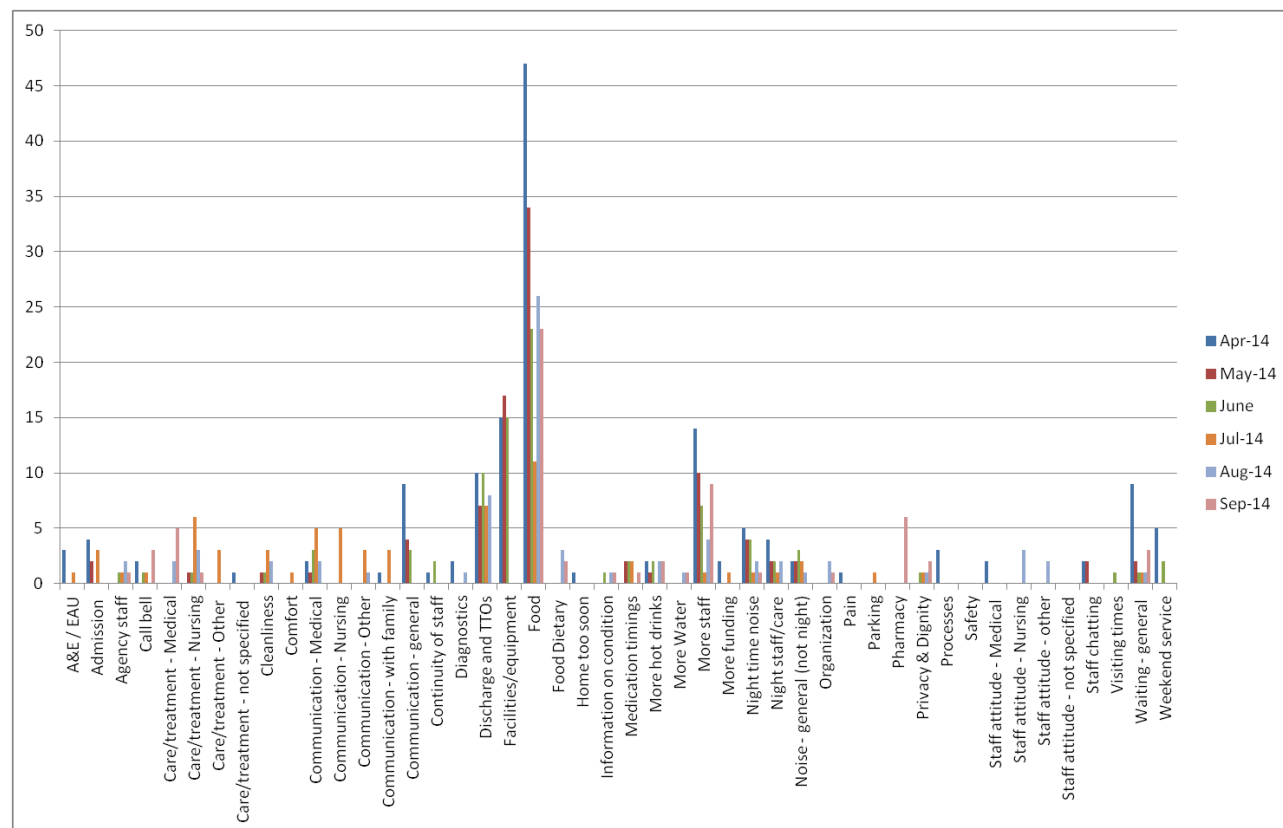
Actions taken in Quarter 1 2014/15			Patient Experience Summary Action Plan 2014-2017 (interactions between the organisation and its patients; a blend of physical performance and emotions evoked measured against customer expectations across journey touchpoints)		
		Theme	Key actions	Lead director	Monitoring
<ul style="list-style-type: none"> •Staff Friends and Family Test implemented. •Entries made to Nursing Times, Nursing Standard, Patient Safety and Care and HSI awards. •2014 Committed to Excellence launched - over 200 entries so far •Investigating signing up to NHS Sport and Physical Activity Challenge or instigating Trust own. •Initial scope for customer care programme drawn up and awaiting director approval. •Customer care training now included on novice, fundamental skills, graduate and international nurse programmes. •Customer Care Ambassador programme relaunched - ideas generated for a refresh including expectations of ambassadors. •Staff engagement reporting system established via Workforce and Staff Engagement Committee. •Values based questions introduced at the beginning of all interviews. •Vision and values incorporated into all training delivered by Learning and Development team, whatever the level of type of training. 	1		Drive improvements in customer service and staff engagement to improve patient experience	Chief Executive	Workforce and Staff Engagement Committee
<ul style="list-style-type: none"> •Staff survey improved score for engagement now marginally below national average parital question on FFT will be used throughout the year to monitor 	2		Review the existing culture of the organisation and put plans in place to establish a positive culture to improve patient experience	Chief Executive	Workforce and Staff Engagement Committee
<ul style="list-style-type: none"> •Volunteers' week celebrated with thank you postcards from staff to volunteers displayed at sites, along with a poster campaign •Regular volunteer recruitment events held •Volunteer policy updated and placed on Hub •Newly recruited volunteers received induction and assigned to wards •38 new mealtime volunteers recruited and first training session undertaken 	3		Develop the role of volunteers	Chief Executive	PEG
Volunteer strategy drafted but awaiting further work					
<ul style="list-style-type: none"> •Annual PLACE Assessment undertaken •Market testing programme underway and to include patient involvement where appropriate •PFI-related patient experience feedback reporting process implemented •Menu review undertaken and timelines being drawn up for piloting and public testing. •Chips being trialled at all mealtimes •EPAC, GI and 1st floor POD works complete •Feasibility works for hybrid theatre undertaken and handed over to surgery for a business plan •Agreement from Highways Agency for improved signage at Guest Hospital •Additional mugs on order •Shop trolley re-started with ward rota publicised 	4		Ensure our facilities and equipment meet the needs of our patients in terms of access, comfort, dignity and experience	Director of Operations	Diversity Management Committee PEG
<ul style="list-style-type: none"> •Charity bid being drawn up for soft close bins, and night time protocol under development •No progress on number plate recognition for car parking as Interserve has not yet agreed a partner. Interim arrangement in place for large adapted vehicles to park. •2nd floor pod works delayed due to compliance issues - work now underway •Trust IT progressing wifi project for patient/public access 					
<ul style="list-style-type: none"> •Discharge lounge environment works variation received - needs consultation with ward staff on exact requirements. 					
<ul style="list-style-type: none"> •CE update verbal and video ongoing •Turnaround events held with Chief Executive/Director to start staff engagement •Extensive staff communications in build up to CQC visit with positive responses •Nurse staffing data now on website and NHS Choices •Annual Report/Quality Report prepared and laid before Parliament •Your Trust magazine published •Successful Carers' week held with take the time tea event for visitors •Interpreting/translation awareness campaign developed 	5		Improve communication: <u>Internal</u> - ensure staff know goals and how we are doing <u>External</u> - build reputation, confidence and service knowledge <u>Patients/carers</u> - ensure patients and carers are kept informed with consistent information and joined up care	Chief Executive/Director of Nursing/ Head of HR	Trust Board

<ul style="list-style-type: none"> •New Welcome to the Ward leaflets introduced for Surgical Assessment Unit and Paediatrics •Bedside folders introduced into Maternity •3 cancer information display stands erected - 1 in main reception, 2 at second floor near Georgina Unit •Noticeboard information reviewed and refreshed •Ongoing new and updated leaflets - particular focus on cancer and diagnostics •Commenced marking out of date leaflets as 'under review' on the Hub (as per policies) 	6		Ensure that appropriate information is available to help patients understand their treatment options, risks and benefits and to keep them informed		PEG
<ul style="list-style-type: none"> •Patient experience results now included in directorate performance reviews •Strong links forged with Healthwatch and Health Overview and Scrutiny Committee •LIA included in Service Improvement meetings •Business case policy updated and now includes non-financial appraisal with patient experience cited as an example •Patient stories presented at Board and PEG •Key patient experience metrics displayed on ward huddle boards •Complaint responses updated to include recommended changes from Keogh and subsequent Deloitte reviews •Patient Experience Group introduced •FFT RAG rating updated for 2014/15 •System set up for patients to feedback directly to us via our website and get a response if required •Text messaging reminder service implemented for outpatients •Mystery Patient Programme started in outpatients •National ED survey underway •National cancer survey under way •PALS office now part of Communications and Patient Experience team 	7		Implement a service improvement framework to ensure that patient feedback drives improvement and processes are built around our patients - including links to Service Improvement and local improvement toolkit	Chief Executive	Transformation PEG Council of Governors

Actions taken in Quarter 2 2014/15			Patient Experience Summary Action Plan 2014-2017 <i>(interactions between the organisation and its patients; a blend of physical performance and emotions evoked measured against customer expectations across journey touch points)</i>		
		Theme	Key actions	Lead director	Monitoring
<ul style="list-style-type: none"> •Staff Friends and Family Test implemented. •Entries made to EHealth insider awards for mortality tracking system - finalist news communicated. •2014 Committed to Excellence delivered - successful event with over entries. Hello myname is campaign launched at the event to help promote excellent communications with patients and colleagues across the Trust. •Work underway with Action Heart on Sport and Physical Activity Challenge for staff. •Customer Care Ambassador programme first two training sessions complete to develop ambassadors skills further. • Gifts for longest serving long service awards procured with charitable funds from local glass sculptor. 	1		Drive improvements in customer service and staff engagement to improve patient experience	Chief Executive	Workforce and Staff Engagement Committee
<ul style="list-style-type: none"> •First two quarters FFT results reported to NHS E in line with national guidance •Highlights and lowlights of staff survey 2013 communicated more widely throughout organisation and plan in place to continue throughout 2014/15, ongoing work. 	2		Review the existing culture of the organisation and put plans in place to establish a positive culture to improve patient experience	Chief Executive	Workforce and Staff Engagement Committee
Volunteer strategy drafted but awaiting further work	3		Develop the role of volunteers	Chief Executive	PEG
<ul style="list-style-type: none"> •Annual PLACE Assessment results received and communicated - improved results •Additional mugs received on all wards 	4		Ensure our facilities and equipment meet the needs of our patients in terms of access, comfort, dignity and experience	Director of Operations	Diversity Management Committee PEG
<ul style="list-style-type: none"> •New gowns sourced by PFI provider, samples received awaiting Trust confirmation of order •Discharge lounge works halted on C8 as proposal to move to A2. 					

<ul style="list-style-type: none"> •CE update ongoing. •Monthly Live chat with Chief Executive launched. •Recommendation of the Trust by patients included on NHS Choices comparison page. •Roll out of Interpreting/translation awareness campaign underway. •Huddle boards have key staff on duty that day/night as well as other key patient experience information. 	5		<p>Improve communication:</p> <p><u>Internal</u> - ensure staff know goals and how we are doing</p> <p><u>External</u> - build reputation, confidence and service knowledge</p> <p><u>Patients/carers</u> - ensure patients and carers are kept informed with consistent information and joined up care</p>	<p>Chief Executive Director of Nursing Medical Director Associate Director of IT</p>	Trust Board
<ul style="list-style-type: none"> •Ongoing new and updated leaflets •Commenced marking out of date leaflets as 'under review' on the Hub (as per policies) • Welcome to the ward leaflets review underway for sustainable model • Awareness campaign developed and implemented to ensure staff know how to access patient information •Audit of patient information to identify any service gaps complete including cross matching all information on hub, website and patient information database. •Learning disabilities lead has software to produce Easy Read leaflets 	6		<p>Ensure that appropriate information is available to help patients understand their treatment options, risks and benefits and to keep them informed</p>	Chief Executive	PEG
<ul style="list-style-type: none"> •Patient stories presented at Board and PEG •Patient stories included for doctors' learning at medical directorate audit meeting •New real-time surveys implemented: updated inpatient, maternity and bereavement •National inpatient survey data collection complete - awaiting results •Update reporting rotas following restructure •Mystery Patient Programme underway •National ED survey data collection complete •Appointment letters have been reviewed by a dedicated Task & Finish Group . 	7		<p>Implement a service improvement framework to ensure that patient feedback drives improvement and processes are built around our patients - including links to Service Improvement and local improvement toolkit</p>	<p>Director of Strategy and Performance / Chief Executive</p>	<p>Transformation PEG Council of Governors</p>

What could be improved – FFT Q1 and 2 2014/15



In the first two quarters of 2014/15 we received 2288 comments from our acute inpatients using the Friends and Family Test. The majority of comments were positive. The remaining comments are assigned to one of 46 categories as detailed in the above chart. The top five most frequently received comments where patients say we should make improvements are:

Food 268

Facilities and equipment 94

More Staff 76

Discharge and TTO's 69

Communication 32