Getting better together

Norfolk Community Health and Care
NHS Trust

Patient Experience & Involvement Strategy

2017 – 2020

Listening to and involving our patients is essential. It will enable us to shape our services around their needs

Looking after you locally

Foreword

The way that our patients experience us is vitally important. It is one of the ways that we measure the quality of care we provide. Quality of care is about keeping patients safe, delivering effective treatments and making sure patients have a good experience when they interact with us. It is important that our patients feel safe, involved and respected, and ultimately have confidence in us. We often spend time with our patients when they are at their most vulnerable. We sometimes deliver intimate procedures and patients often disclose very personal and sensitive information to us. We are in a privileged and highly responsible position with our patients and we know our staff value this and want to do the best job they can.

Really understanding the experience of our patients is important because it tells us how we are doing and gives us an amazing opportunity to develop ways of doing things better. This should be done in partnership with our patients, so that we truly share and understand their experience and value their expertise in shaping new ways of working. Our values of **community**, **compassion** and **creativity** drive everything that we do and I am pleased to highlight some of our key patient experience achievements as we look back over the last year.

community

This value is about enhancing the lives of our patients, providing integrated quality services with our partner organisations and valuing the trust we are given to enter our patients' homes and lives.

Our partnership with Voluntary Norfolk has enabled us to interview 80 new volunteers with many now trained and active in their roles; these volunteers contributed 155 hours of their time in a month to supporting patients, service users and staff teams, enhancing quality and in the process helping us to gather patient experiences.

compassion

This value is about providing empowering, compassionate, coordinated and personalised quality care that is safe and effective to our patients and their carers.

We are delighted that the overwhelming majority of our patients have been very satisfied with the care our staff provides and our Friends and Family Test results continue to show that 98% of patients recommend our services.

Our promise to deliver services in a way that enables patients and their families to look after themselves wherever possible saw examples in practice such as how a nurse in the Norwich Hub has been empowering patients, carers and family members by giving advice and support over the telephone to enable independence.

creativity

This value demonstrates new ideas, expertise, commitment and creativity are key to the efficient delivery of our services.

Our children's respite service held a Tea Party to engage with children and parents to find out more about their experiences and identify improvements.

Our specialist rehab services implemented new techniques such as case formulation to bring staff together to better understand patient experience from a team perspective.

In our new Patient Experience and Involvement strategy we want to build on our achievements and do more to ensure that frontline staff have access to timely information about patients' experiences, as well as the tools and support they need to involve them. We hope this will motivate our staff, as it will create greater opportunity for them to directly improve the experience for their patients.

Anna Morgan
Director of Nursing & Quality

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This is our Patient Experience and Involvement Strategy 2017-20

We want Norfolk Community Health & Care (NCH&C) to be a patient-focused organisation that actively seeks the views of its patients and carers and engages them in shaping and developing services, whilst consistently providing high quality care. We want our patients to have the very best experience of community services in the East of England.

Really listening to and involving our patients is essential. It will enable us to shape our services around their needs and to use our resources in ways that have the greatest impact on the health and wellbeing of the people we support.

We have set ourselves three key objectives:

1.0 **Make it easy and straightforward for patients and carers to share their experiences**

2.0 **Make sure we use the experiences shared to help improve our services and inform others**

3.0 **Work with patients, carers, and the public, to develop ways that they can shape the design and delivery of our services**

1.0 Make it easy and straightforward for patients and carers to share their experiences

1.1 We will further develop and embed systems for easily capturing and measuring patient and carer experiences across our organisation

1.2 We will make sure our staff have the tools, skills and confidence to capture patient and carer experiences

1.3 We will make it easy for patients, carers and the public to put forward any compliments, complaints, or other comments or concerns

2.0 Make sure we use the experiences shared to help improve our services and inform others

2.1 Make sure staff are able to use patient experience information alongside other quality data to inform service development

2.2 Develop effective ways of feeding back to our patients, families and carers what we have done as a result of their feedback

3.0 Work with patients, carers, and the public, to develop ways that they can shape the design and delivery of our services

3.1 Ensure there is a commitment at every level in the organisation to involve patients and carers in service improvement and design

3.2 Explore and trial various ways of facilitating and encouraging involvement across the organisation

3.3 Ensure we share great examples of where involvement is happening

3.4 Communicate to all our staff the value, importance and expectation for meaningful involvement across all our services

3.5 Make sure our service leads have the right knowledge, skills, tools, and confidence to meaningfully involve patients and carers wherever possible

3.6 Strengthen our links with voluntary and community organisations so we can work together to involve patients and the public

2. Introduction

Background

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

Our ambition is to work together with people, their families and communities and coordinate health and care services tailored around the individual and their desired outcomes.

We recognise that to create a truly patient centred organisation there has to be meaningful involvement with our patients, carers and the public, so that they can genuinely influence and inform decisions. We need to make sure we can listen to, capture and use the views and experiences of individuals, groups and organisations in the development, delivery, and evaluation of our services.

Our vision

‘To improve the quality of people’s lives, in their homes and community through the best in integrated health and social care.’

Since the launch of the Trust’s first Patient Experience Strategy in 2009, NCH&C has been successful in using new methods and techniques to capture the views and experiences of our diverse community population. For example, the roll out of the Friends and Family Test across all community services, more direct engagement with patients by responding to stories on Care Opinion and NHS Choices, and involving patients and staff in focus groups about our Health and Care Strategy.

However, we recognise that there is still much more to be done if we are to truly embed patient involvement into the heart of our organisation and culture and we cannot do it on our own. We need to support our staff to have an ongoing conversation with their patients, carers and families, about the way in which care is delivered and how it can continually be improved to really provide the support that will make a difference for patients in their local communities.

What do we mean by Patient Experience and Patient Involvement?

Patient Experience - is how the process of receiving care feels for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care.

In its simplest form, patient experience provides direct experience of specific aspects of treatment or care. Patient experience information should be used alongside information on clinical outcomes and other intelligence to inform quality improvements and the way that local services are designed and commissioned.

From Experience Based Design we know that the components of good design are:

Performance

How well it does the job/is fit for the purpose

Functionality

+

Engineering

How safe, well-engineered and reliable it is

Safety

+

The aesthetics of experience

How the whole interaction with the product/service ‘feels’/is experienced

Useability

Patient and public involvement – is the active participation of patients, carers, and the public in how services are planned, delivered and evaluated. It involves developing relationships, building strong active partnerships and having a meaningful conversation with a range of stakeholders to create services that patient's value.

Informing the strategy – To develop our strategy for 2017-20 we have worked with a range of stakeholders to review what we have done so far and to develop our approach for the next three years. So far this has included focus groups with staff, carers, current patients, and representatives from Healthwatch Norfolk. We plan to carry on with this involvement, to review our progress against the strategy and to continue to find ways we can improve. The development of this strategy comes from the basis of the current NCH&C Quality Improvement Strategy.

Aim of the strategy – Our Patient Experience and Involvement Strategy forms part of our organisation's Quality Improvement Strategy. We want this strategy to be one that our patients, carers, partners and staff understand and value. We have designed it with a view that it will be shared widely; so that patients, carers and voluntary and community organisations will understand our desire to develop ways of working together, to improve services for the future.

The strategy sets out our key objectives for patient experience and involvement for 2017-20. We have chosen to develop a three year strategy as we feel this gives us the right amount of time to make these changes, at the right pace. It includes a two-year Action Plan which sets out in greater detail how we plan to achieve these objectives. Although we talk mainly about patient experience and involvement throughout this document, by this we also mean the involvement of carers, families and the wider public.

Roles and responsibilities – Involving patients and the public and improving patient and carer experience is not just the role of a central team or co-ordinator. Rather it is something that needs an organisational approach and to have commitment at every level. It is also recognised that the experiences of NHS staff and patients are closely linked with each other. We know that our staff care about how patients are feeling and we also know that it matters to our patients how staff are feeling too. Empowering and encouraging staff to obtain their patients' feedback can have a positive impact on both themselves and their patients. It can lead to improved working practices, better information and communication and ultimately an improved patient and staff experience.

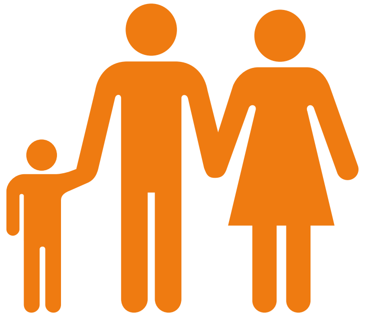
To support delivery of this strategy:

- NCH&C has a Patient Experience and Involvement Team whose key role is to support and facilitate our staff to carry out meaningful patient experience and involvement activities
- The strategy is led by the Director of Nursing and Quality
- Regular updates on patient experience and involvement are shared with the Trust Board and other relevant groups and forums
- NCH&C has a Patient Experience and Involvement Group. This group will oversee the action plan and champion patient experience and involvement across the organisation
- We have introduced a Non-Executive Director to the membership of the Patient Experience and Involvement Group to strengthen links with our Board
- All service leads are asked to support opportunities to engage patients and to foster a culture of putting patients at the heart of services

3. Context

Why do we need a Patient Experience and Involvement Strategy?

Each local area has been tasked by the Government with developing a **Sustainability Transformation Plan**. In 2016, the NHS, Norfolk County Council and partners in Norfolk and Waveney began a major programme of public conversations over the future of local health and care services. In plans so far, there is recognition that people are the greatest untapped resource in health care. It is essential that we make sure patients, carers and local people are involved in shaping key decisions that will need to be taken now and for the future.



NCH&C has also developed a **Health & Care Strategy for 2015-20**, which aims to change the way we deliver care. The objectives in the strategy include:

- Improving how we inform, engage and work with our partners, staff, patients, their families and carers
- Shaping care around the person it is for
- Making sure people are more involved and engaged in their care
- Working together with carers and volunteers so they feel more valued and informed

The Trust has a **'Learning from Francis'** action plan in place following the publication of the Francis report of events at Mid Staffordshire. One of the themes in this plan is about the importance of listening to the patient and public voice about the quality of care provided. Excellent patient experience means patients and carers feeling empowered and influential in shaping community healthcare services at an individual, service and strategic level.

It is essential as part of the tendering process and the management of our contracts that we are able to show how we are involving patients and carers in service design and evaluation. Ultimately this leads to better designed services that are fit for purpose and that provide a better patient experience. Providing excellent quality services for people who need them also unites health and care professionals in achieving excellent patient outcomes.

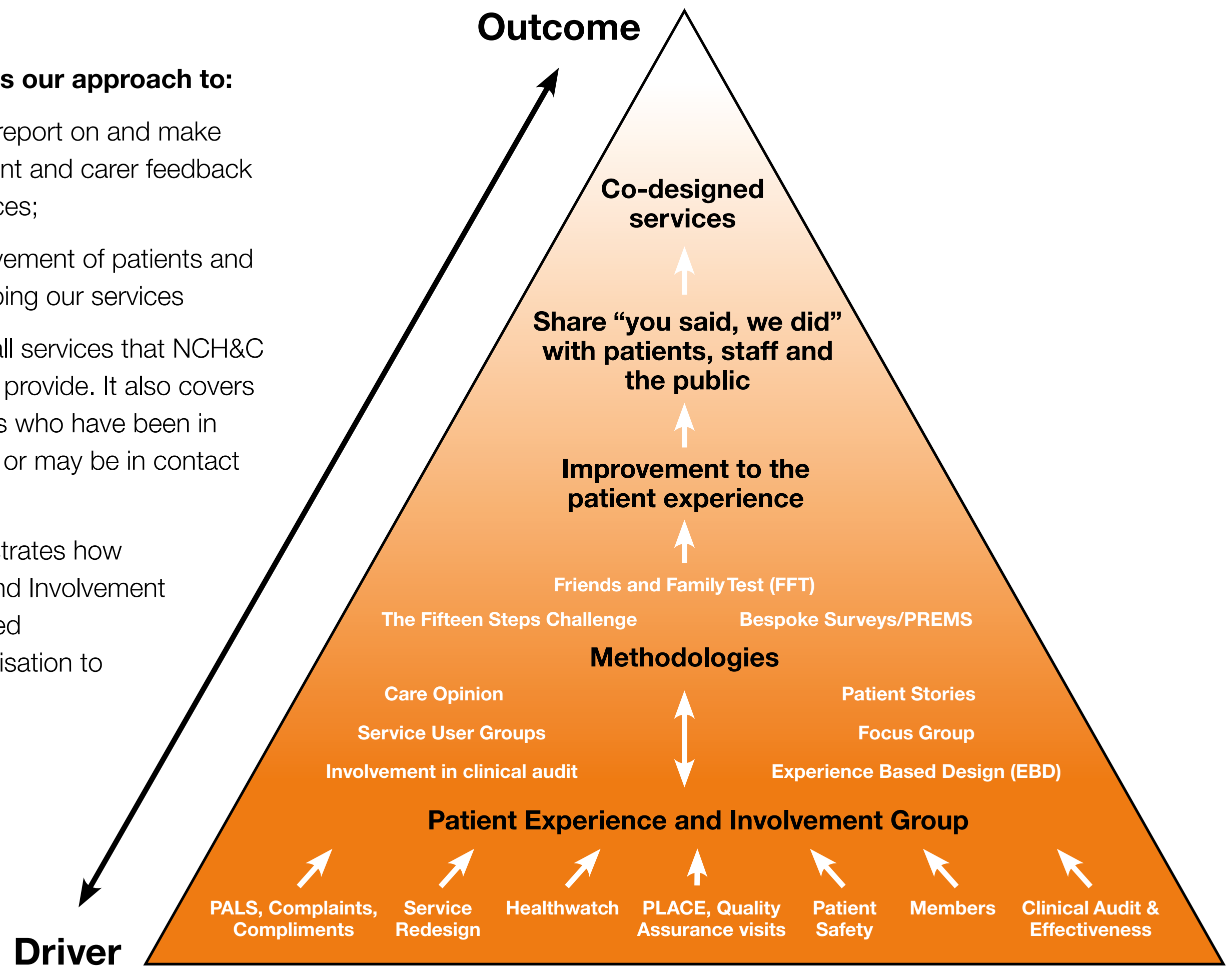
4. Scope

This strategy covers our approach to:

- How we gather, report on and make best use of patient and carer feedback to improve services;
- Meaningful involvement of patients and carers in developing our services

The strategy covers all services that NCH&C are commissioned to provide. It also covers all patients and carers who have been in contact with NCH&C or may be in contact with us in the future.

The diagram demonstrates how Patient Experience and Involvement is captured and utilised throughout the organisation to improve care.

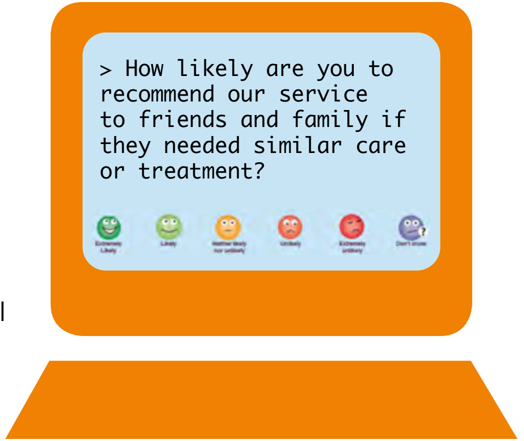


5. Objectives

1) Make it easy and straightforward for patients and carers to share their experiences

1.1 We will further develop and embed systems for easily capturing and measuring patient and carer experiences across our organisation

Friend and Family Test – The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed. It is a quick and anonymous way to give views after receiving care or treatment across the NHS. NCH&C introduced a new system and provider for collecting FFT information in April 2016. It has given us more sophisticated reporting abilities and a more standard and consistent approach to collecting patient feedback information. All service leads will be given a log on for the system and can view the feedback collected for their service or team at any time, allowing them flexibility at a local level to receive, review and report on any actions taken. In addition, the service leads receive a monthly dashboard summary report of all FFT feedback. A Trust wide dashboard summary is also available for anyone to view on the NCH&C website.



The system is designed primarily to be used electronically. To make it easier to manage and to get the most from it we need to help more of our organisation move to electronic capturing of information. Our target is to get 25% received online by the end of 2017 and 50% by the end of 2018.

We need to increase the number of FFT responses we get to give us even better information about all of our services. As well as the volume of responses, we also want a good spread of responses across all of our services and we want all teams to be collecting FFT data electronically by end 2018.

Valuing all feedback – The FFT is perhaps the most recognised patient experience tool used within the NHS. However, we want to make it easy and straightforward for patients to share their stories in whatever way suits them best.

We want to more actively promote the different ways people can get in touch, and listed below are some examples of other ways patients are encouraged to give their feedback and share their experiences:

- **Care Opinion/NHS Choices**

  A website for patients, carers and the public to share their story with us about the care they have received – www.careopinion.org.uk

- **Bespoke patient experience surveys**

  Some services may need more detailed feedback and so a survey will sometimes be designed specifically for that patient group

- **Experience Based Design**

  This is about designing better experiences by looking at the care journey as well as people's emotional journey whilst receiving that care, i.e. how the interaction with the service feels. This can be particularly useful for service development.

- **15 Steps Challenge Improvement tool**

  This is a toolkit with a series of suggestions to guide organisations through the first impressions that patients get when receiving care. It can highlight what is working well and what might be done to increase patient confidence.

- **Patient Stories**

  We invite patients and/or carers to Trust Board meetings to share their experiences of receiving care. Patients can also be invited to share their stories in other settings.

These are just some of the ways people can currently share their experiences. It is important that we value people's feedback in whatever format we receive it. We need to develop a culture of inviting and welcoming feedback, making it simple for patient and carers to tell their stories, and learning and acting upon what they tell us.

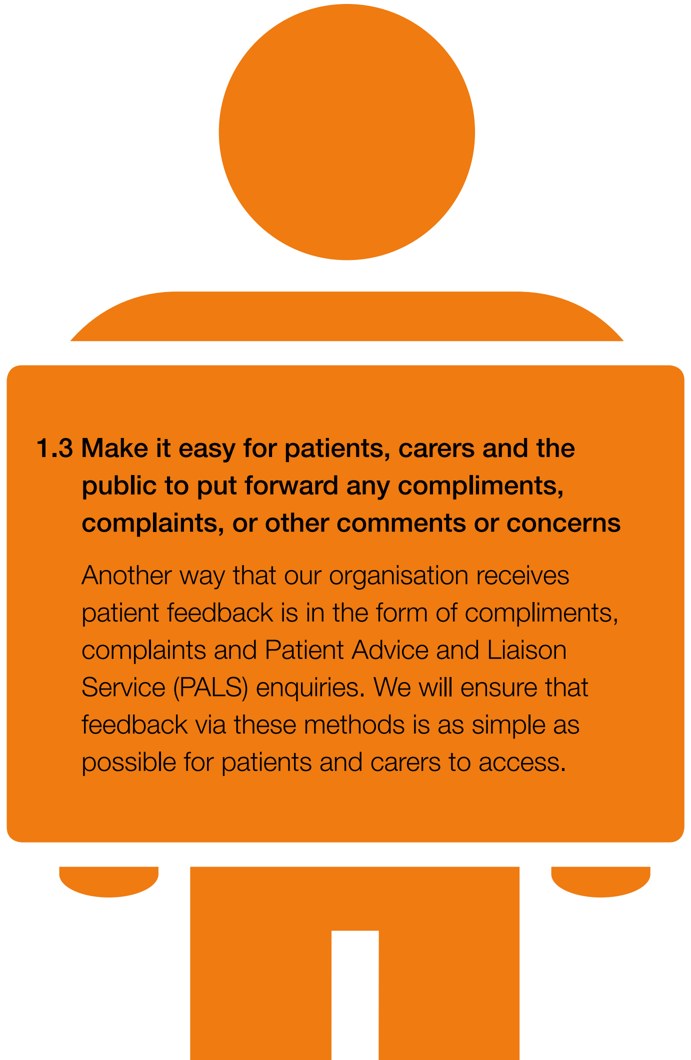
To help us achieve our objective we will:

- Make sure all staff are aware of and promote the online link for providing feedback
- Use ipads/tablets where appropriate for patients and carers to give feedback
- Develop the use of SMS texting service as an option for patients to give feedback
- Utilise volunteer roles to better support patients and carers to give feedback, for example talking to patients in ward settings, or doing follow up phone calls after community visits
- Make the administration of the system more efficient and less time-consuming for our staff, so that the emphasis is on how we use the data to improve services, rather than the process of capturing it
- Make sure information on how patients can share their experience is included on all patient information and clearly featured on our website
- Develop our knowledge and experience of supporting other feedback methods

1.2 Make sure our staff have the tools, skills and confidence to capture patient and carer experiences

We recognise that a big part of whether patients contribute their feedback comes down to how well our staff support them to do so. We want to make sure all our staff can advise and support patients and carers to give their feedback and understand and value the importance of it. To help us achieve this we will:

- Share examples of where staff teams are doing this particularly well, so others can see how this can help make services better and motivate staff
- Work with staff and patients to make sure the FFT forms are suitable for their services and patient groups and look at ways of tailoring this wherever possible
- Provide training and raise awareness amongst staff on the different tools and techniques for capturing patient experience and how these can be used
- Better promote the availability of training for our staff to get the most out of the FFT system and the feedback they can get from their patients
- Find ways to demonstrate how using this feedback improves patient care



1.3 Make it easy for patients, carers and the public to put forward any compliments, complaints, or other comments or concerns

Another way that our organisation receives patient feedback is in the form of compliments, complaints and Patient Advice and Liaison Service (PALS) enquiries. We will ensure that feedback via these methods is as simple as possible for patients and carers to access.

2) Make sure we use the experiences shared to help improve our services and inform others

2.1 Make sure staff are able to use patient experience information alongside other quality data to inform service development

We need to make sure staff teams feel that they own their own FFT information, and other patient experience information, for their service areas. We will support this through regular engagement with staff through our Patient Experience Team.

For example, we can look at having a rolling programme of team visits, holding webinars, and trialling drop in sessions in localities. We will set up reviews every three months, of all patient and carer feedback received into the organisation, including complaints, so we can see if there are any trends and themes across services and ways we can work together to make improvements.

We will also develop a plan of regular communications to all staff to help them understand the value of using patient experience information and where it is being done particularly well.

‘you said we did’

2.2. Develop effective ways of feeding back to our patients, families and carers what we have done as a result of their feedback

We will produce materials that communicate the impact of changes we’ve made as a result of patient and carer feedback. This might be in the form of ‘you said we did’ posters, e.g. in inpatient units and clinic areas, as well as using our website to communicate these stories more effectively.

We will develop and share examples and stories of how patient experience has been used to make changes for the better in our organisation. For example, through the Open and Honest Programme, this contains information about the number of falls and pressure ulcers reported, alongside details of improvements being made to care delivery and patient stories and experience. Every month, this information is updated and made publicly available.

We will work with the Patient Experience and Involvement Group to explore how other organisations share the results of feedback and changes that are made, so we can find other examples we can learn from and ideas of ways we could do this more effectively.

3.) Work with patients, carers, and the public, to develop ways that they can shape the design and delivery of our services

3.1 Ensure there is a commitment at every level in the organisation to involve patients and carers in service improvement and design

All new staff and volunteers into the Trust attend at least one Induction day, which gives them key pieces of training and an introduction to the Trust’s mission, values and approach. As part of delivering this strategy we will work with the Learning Education and Development Team to explore how the messages around Patient Experience and Involvement can be embedded into this induction material, as well as into key leadership and management training initiatives.

We will review the current format and structure of the Patient Experience and Involvement Group to make sure it actively supports the delivery of the action plan for this strategy. We will grow the membership of the group so that it includes more representation from patients and carers and also introduce more of a focus on patient and carer involvement, not just experience.

NCH&C will not have Governors going forward, as these were a requirement for NHS Foundation Trust status, which NCH&C is no longer seeking. So instead we will need to find new ways to work with our membership, so that they can represent the public and patients in shaping services and letting us know if we’re not getting it right. We currently have around ten thousand members. We need to make sure these members reflect the range of services we provide and areas we cover, and find ways for them to actively engage with our work.

3.2 Explore and trial various ways of facilitating and encouraging involvement across the organisation

Our services are spread across a large geographical area and treat a variety of different patient groups.

We will explore and pilot a variety of different involvement techniques and tools, so that we can learn what works best for our organisation and our services.

To help us to achieve this we will look at different examples from across the country, from other community trusts but also from other organisations and sectors, to develop new and more innovative ways of involving our patients and the public.

Some of the things we will consider include:

- Supporting our members, and people who use our services, to become Patient Leaders – people would be trained and supported to work with us at a more strategic level in shaping the future of our services
- Strengthening our organisational membership to develop a Participation Community – this would involve setting up ways for members, and people who use our services, to opt to be involved in the future, in a way that suits them. For example, someone might say they are interested in being in involved in group discussions and particularly in relation to stroke services in the West of Norfolk. We could then contact them to get their views on stroke services in the West
- Setting up patient groups to specifically review the Trust’s literature and make sure it is relevant and accessible to patient groups and their families
- Linking in with established patient, carer and family groups
- Linking with other initiatives where possible, for example Norfolk County Council’s Your Voice scheme, where members of the public sign up to be involved in various ways
- Promoting the involvement of Patients and the public in PLACE assessments and considering further involvement in Observations of Care, where public representatives support to look at the quality of care being given
- Developing ways for people to get involved online, if they wish, for example virtual forums, or using our Crowdsourcing platform which supports online conversations

We will strengthen our links with the NCH&C Business Development and Change teams so that Patient Involvement forms an important and mandatory part of any new service development or change.

We will also ensure we are actively linked into any appropriate networks and partnerships, for example Norfolk’s Public Involvement Forum, so we can strengthen our partnerships with other organisations and our ability to work together to involve people in designing and evaluating health and care services.

3.3 Ensure we share great examples of where involvement is happening

We will look at what currently happens across the Trust; identifying where we do involvement particularly well and supporting areas where we could do it much better.

As part of this work we will look to develop and support a network of patient involvement champions to support with patient involvement work, sharing good practice, and helping others understand its value and importance.

3.4 Communicate to all our staff the value, importance and expectation for meaningful involvement across all our services

We will develop a plan for regular communications to all staff, to help them understand the value of patient involvement and where it is being done particularly well. For example we could look to include a regular slot in The Exchange, the organisation's staff briefing, focused purely on the Trust's patient involvement activities.

We will also explore how we can make patient involvement a core part of service development and redesign.

3.5 Make sure our service leads have the right knowledge, skills, tools, and confidence to meaningfully involve patients and carers wherever possible

It is important that our staff have access to information and guidance on the different ways to involve patients, carers and the public and the confidence to use these well. We need to help service leads to create a culture of conversation, between their staff and their patients. We will further develop our toolkit for staff, to give them advice and templates for different approaches and techniques which they can then tailor to their service or project.

We will make sure this information is accessible via the intranet and that support is also available from the Patient Experience Team. We will look into providing training on different approaches to help staff build their skills and confidence and could consider a train the trainer approach with our new Patient Involvement Champions.

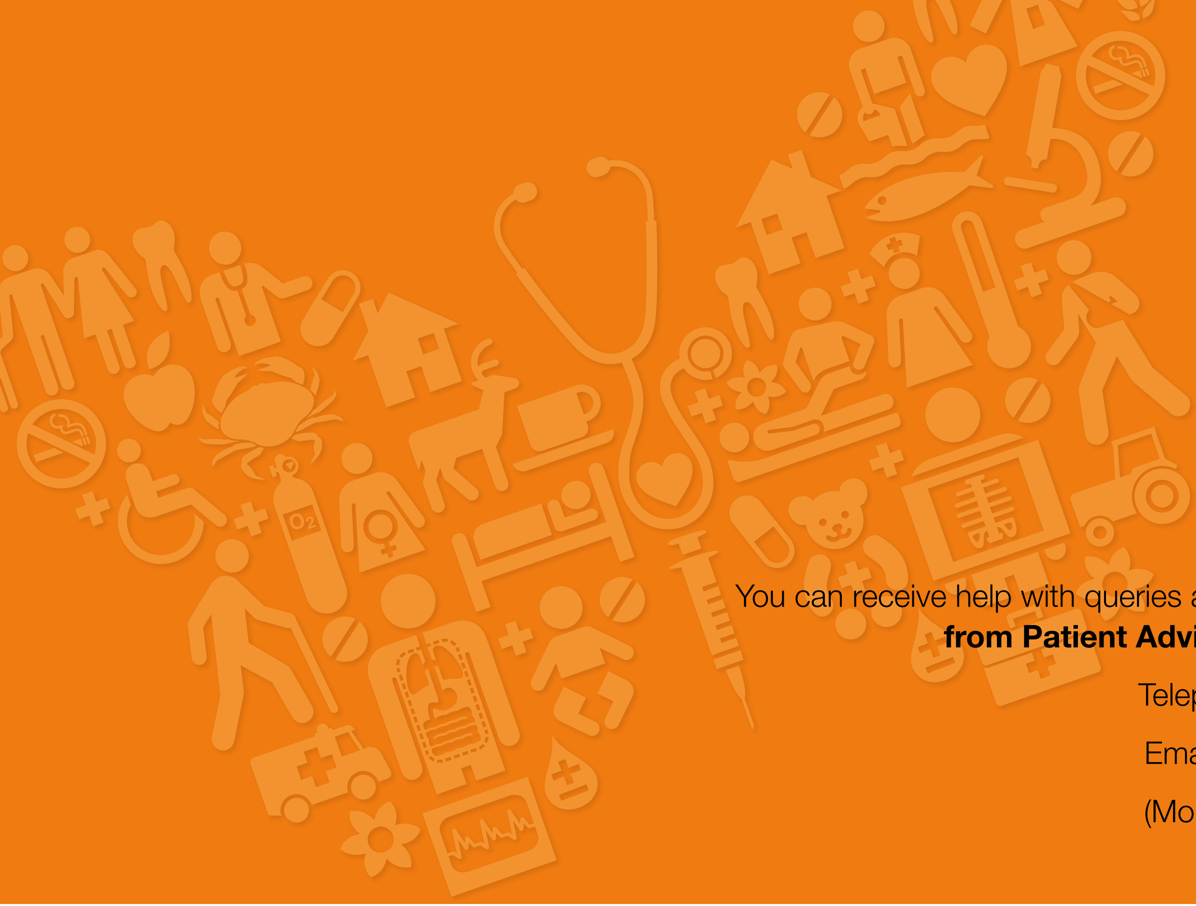
3.6. Strengthen our links with voluntary and community organisations so we can work together to involve patients and the public

By creating better links with other organisations and existing networks we can identify new opportunities to work together to hear the story of patients, their carers and their families. Often people are already in touch with local community-based organisations and it can be more productive and easier for individuals if we go to them, instead of inviting them to come to us each time.

NCH&C has formed a Health and Care Council to support the implementation of its Health and Care Strategy 2015-20. This includes membership from a number of voluntary organisations, including Healthwatch Norfolk, Voluntary Norfolk and the Carers Council for Norfolk. We will look to grow this further, widening representation from other community and voluntary sector groups and organisations.

We will explore the different networks and relationships that could be developed and create an engagement plan for developing and strengthening these connections over the next two years.

If you would like to know more about this Strategy, different ways you can be involved, or share your feedback, contact the Patient Experience Team via email at patientexperience@nchc.nhs.uk or by telephone on 01603 272506



You can receive help with queries about NCH&C services
from Patient Advice & Liaison Service

Telephone: **0800 088 4449**

Email: **pals@nchc.nhs.uk**

(Monday-Friday 9am-5pm)

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