

# Patient Experience and Involvement Delivery Plan – 2019-2022



# Introduction

Providing excellent care with compassion depends upon putting patients and carers at the very heart of every decision we make.

Our STEP up to GREAT Quality Improvement Plan sets out our intentions to deliver excellent care every time to every patient. Our aim is to create a culture of continuous improvement and learning which is both patient-centred and safety-focused.

Our objectives and priorities are set out in STEP up to GREAT. To deliver our priorities we must embed our four values in everything we do.

## Compassion, Respect, Integrity, Trust

This proactive Patient Experience and Involvement Delivery Plan sets out our approach to delivering our Patient Involvement priority, it is designed to ensure we deliver continuous improvement in patient and carer involvement and experience of care delivered by the Trust over the next three years.

Our strategic ambitions for patient and carer involvement and experience are:

- We will make it easy and straight forward for people to **share their experiences**
- We will increase the numbers of people who are **positively participating** in their care and **service improvement**
- We will **improve the experience** of people who use or who are impacted by our services

# Our delivery plan on a page

## Mission

WHAT IS OUR ROLE?

## Vision

WHAT DOES OUR CORE PURPOSE NEED TO BE

## Strategic Outcomes

WHAT ARE THE BIGGEST FACTORS THAT WILL HELP US ACHIEVE OUR MISSION?

## Specific Outcomes

WHAT DO WE NEED TO WORK ON FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?



# How we have developed our plan

Our delivery plan has been informed in a number of ways:

Firstly, following the visit by the Care Quality Commission in November 2018 the CQC found that:

- Staff did not routinely complete individualised, person centred and holistic care plans for or with patients.
- At times, services did not meet the diverse needs of those patients who used services.
- Limited approach to patient involvement and slow pace for implementing equality and diversity initiatives across the organisation.

In March 2019 we held café conversations with patients and carers who told us that:

- I want to feel supported when I am involved and I want to be involved in decisions that affect my care
- Treat us as equals, listen to what we have to say
- Please recognise my individual needs and my contribution
- Feedback, feedback, feedback

Between May 2019 and September 2019 we undertook a self-assessment of Patient Experience across the organisation using the NHS Improvement Patient Experience Improvement Framework

In September 2019, through Listening into Action with our staff looking at how staff are currently involving patients and carer and what support do they need to do this better

In October 2019 holding a further café conversation with patients, carers and partner organisations to share our ideas and plans and to ask them if we are focusing on the right things, what is important to patients and carers when they get involved and what support do patients and carers need to enable them to get involved in their own care and service improvement.

# What did we find....

## Patients and Carers

Acknowledge and recognise involvement of patients and carers by professionals and not to be taken for granted.

Create opportunities to get involved from individual care planning, to service improvement initiatives, up to policy setting

Do not have one size fits all approach to involvement - involve me in the way I choose and on the issues that are important to me

Recognise my involvement and provide support that allows me to get involved

Being listened to when I share my experience and feedback to me when something has been done as a result

Recognise my skills, not just my condition

Provide me with the training and support that enables me to participate fully

Develop involvement cafes in the community – come to us

Work more effectively with the Voluntary and Community Sector

## Staff

Workload capacity and time restraints do so involvement well

Patient feedback needs to be specific and not generic

Staff need improved understanding of how to undertake involvement and capture and use feedback and this would also improve confidence

Help and support for staff in undertaking involvement and how to use feedback effectively

Help to work with volunteers who can support involvement and capturing feedback

Regular feedback to staff so that they know how they are doing

Better systems and processes (FFT) for collecting patient feedback and then using the feedback to improve services

More opportunities for staff to network in relation to patient and carer involvement and patient feedback

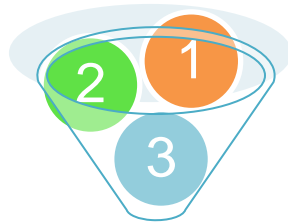
# Organisation Self-Assessment of patient experience

## The self-assessment scoring scheme

0	1	2	3	4	5
No Activity	Minimal Activity	Some activity – but in the minority	Considerable activity – but there are gaps	Consistent organisation-wide activity	Collaborative activity across pathway

Leadership for patient focus	2.6
Organisational Culture	2.8
Capacity and capability to effectively collect feedback	2.2
Analysis and Triangulation of patient feedback	2
Using patient feedback to drive quality improvement and learning	2
Reporting and publication of patient feedback	2

# Framework for Involvement



Patients, carers and members of the public actively sign up for involvement based on their preference and interest

Database for involvement – skills audit, interest and involvement preferences identified. Training programme developed where appropriate

Training and development provided to patients and carers based on their level of involvement

Regular reviews of involvement experience undertaken and patients and carers invited to take part in involvement cafes

Reports into Patient and Carer Experience Group and Peoples Council

**Patient Experience and Involvement Team**

Patient Experience and Involvement Team work with directorates to understand need and support staff in the design of involvement activity

Patient Experience and Involvement Team to identify patients and carers for involvement activity based on preferences etc. Then matched with lead

Patients and Carers take part in activity and are reimbursed in line with Reimbursement and Recognition Policy (to be developed) – funded by the service/directorate

Report of involvement activity and outcomes completed by directorate plus experience evaluation of involvees

Report to Patient and Carer Experience Group and Peoples Council

**Collaboration:**  
Lived Leadership  
Delivering QI  
Training delivery  
Narratives and Storytelling  
Agenda setting

**Involvement**  
Working with services in QI projects  
Deliberative consultation- service planning  
Focused engagement – focus groups; workshops; panels  
Collecting feedback and working with services on listening and responding  
Lived experiences and stories

**Individual**  
Involvement in my own care  
Collaborative Care Planning  
Shared Decision making  
Feedback on the services that I use  
Surveys and feedback

# Outcome 1. We will make it easy and straight forward for people to share their experiences

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

**Friends 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. - A review of the current FFT system will be undertaken to ensure that our FFT feedback mechanisms are fit for purpose and provide staff and patients with the information that they need to respond to the feedback we hear.

**Develop the roles of volunteers** in capturing feedback - working with the Volunteer Team to develop Listen and Talk volunteer roles who can support both front line staff and patients and carers to capture patient feedback

**Develop Training, support and materials** for staff in collecting and using feedback – Patient Experience Team will work across directorates and services to support staff and build their capability to collect, use and report patient feedback within their services

**Create real time patient experience survey** - undertake an amnesty of current patient surveys and review with patients and carers to develop a set of patient experience questions that will align to the FFT question and asked across all services consistently

**Publicising where we have made changes** - as a result of feedback, refreshing the use of “You said...We did” and utilising social media platforms and partnership connections to share our learning



## Outcome 2. We will increase the numbers of people who are positively participating in their care and in service improvement

Work with patients, carers, and the public, to develop ways that they can shape the way that care is delivered to them individually and in the design and delivery of our services

**Implementation of training programme for patients and carers** – working with our current Patient Experience Champions and Patient and Carer Involvement Champions to provide them with a range of approaches, methods and tools for patient involvement and experience.

**Increase the number of individuals involved in their own care** - supporting the roll out of collaborative care planning working patients and carers in the roll out of Patient Reported Outcome Measures

**Co-design Experts by Experience Programme** - working with a cohort of patients and carers with a lived experience to design and implement an Experts by Experience Programme.

**Training and Development for patients and carer on involvement in quality improvement** - working with our patients and carers to design our framework for involvement and the training, development and support required at each level of involvement

**Roll out Recovery Cafes / implement Involvement Cafes** – build upon the current model of Recovery Cafes and roll out more widely across the Trust alongside the development of a programme of Involvement Cafes where patients and carers can come together with staff and services to engage and share experiences.

## Outcome 3. We will improve the experience of people who use or who are impacted by our services

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

Making sure our staff have the **right knowledge, skills, tools, and confidence** to undertake meaningful involvement wherever possible - by building capability and confidence through the delivery of a training and development programme with our Patient Experience and Patient and Carer Involvement Champions

Ensuring the **Patient Experience Team work alongside frontline staff** to translate feedback into local act – providing a named contact within the Patient Experience Team who can provide support advice as well as materials and information to help staff in capturing and using patient feedback

Creating a **positive learning approach to complaints** handling and ensuring complaints and compliments are shared widely – through the implementation of a complaints improvement plan which incorporates ‘My Expectations’ best practice. This will include a review of the current complaints process; training for medical and clinical staff; the establishment of a Complaints Review Group and re-introduction of a Complaints Peer Review Programme.

**Establish a People’s Council** - an advisory group made up of individuals with lived experience, and VCS organisations who work with different communities across Leicester, Leicestershire and Rutland to regularly review progress against our patient experience improvement plans and actions

**Integrating feedback** from patients about their experience into governance processes and board meetings – through the newly established Quality Governance Structure and combined Patient and Carer Experience and Equality and Inclusion Patient Experience Group

# How we will work

## **WE WILL 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 create a network with our Patient Experience and Patient and Carer Involvement Champions to them in their patient involvement work, sharing good practice, and helping others understand its value and importance.

## **WE WILL Communicate to all our staff the value, importance and expectation for meaningful involvement across all our services**

We will develop a communication plan that will underpin our delivery plan, our communications will include regular communications to all staff, to help them understand the value of patient involvement and experience and where it is being done particularly well. For example we will produce a regular 'Opportunities for Involvement' for our patients and carers as well as online materials for staff, patients and carers that can support their patient involvement and experience work.

## **WE WILL 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.

# How we will measure our impact

Outcome	Measure	By When
<b>We will make it easy and straight forward for people to share their experiences</b>	Improve FFT response rate in line with England average Target >= 3% Mental Health Services >= 4% Community Health Services	31 March 2020
	Implement real time patient experience questions pilot	31 March 2020
	Implement real time patient experience questions Trust wide	30 April 2020
	Quarterly reports that evidence patient feedback through a range of mechanisms including Friends and Family Test (FFT), patient surveys and complaints	Ongoing
	Quarterly and annual report that triangulate the range of patient feedback and provide thematical reviews of patient experience, identifying trends and areas for improvement	Ongoing
<b>We will increase the numbers of people who are positively participating in their care and in service improvement</b>	Increase instances of collaborative care planning - Target >=40% Increase instances of collaborative care planning - Target >=70% Increase instances of collaborative care planning - Target >=100%	End 2019/20 End 2020/21 End 2021/22
	Co-produce 'Experts by experience' programme Recruit experts by experience - Target >=30 Recruit experts by experience - Target >=70	31 Dec 2019 End 2020/21 End 2021/22
<b>We will improve the experience of people who use or who are impacted by our services</b>	Identify areas for concern from 2019 community mental health survey report and deliver actions to achieve national average  Acknowledge complaints within 3 days - Target 100% Respond to complaints within 25 days - Target >= 70 % Respond to complaints within 25 days - Target >= 90 %	Dec 2019  Ongoing Q3 2019/20 Q4 2019/20