

## Patient and Carer Experience Strategy 2016 - 2019

The sum of all **interactions**, shaped by an  
organization's **culture**, that influence  
patient **perceptions**  
across the **continuum** of care.

T H E B E R Y L  
I N S T I T U T E

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## Foreword



#hello my name is...

Michelle Rhodes and I am the Director of Nursing

The quote on the front page of this strategy says it all; patient experience is all about how we interact and care for our patients; the values we hold and expect as an organisation and the resulting care that we provide across all of our services.

A positive patient experience is about being comfortable, being cared for in a clean and safe environment, having skilled and compassionate, caring staff and our patients and their families being given information to make choices and being involved in decisions. It's also about being listened to and involved in decisions, being talked to with respect, honesty and dignity.

Whilst setting key objectives and a workplan this strategy is not designed to be definitive or exhaustive and we encourage new ideas and creativity from all of our staff in terms of continuously improving patient experience.

We have 6 ambitions which are shown here in our model and they all strive towards delivering an outstanding patient and carer experience across United Lincolnshire Hospitals NHS trust.

This strategy has been developed by the Patient Experience Committee (PEC) members which include patient and carer representatives, Healthwatch Lincolnshire and commissioners; and the committee will continue to lead, monitor and report to the Trust Board on its progress, achievements and developments.



As Director of Nursing I know that our patients have a unique vantage point at the centre of everything we do and as such are expert observers to the care delivered. Their judgements are not only made on the care that they receive, but also the care they witness others receiving. There is no doubt that the care experience of the patient and their family and friends, clearly plays a significant part in a patients' wellbeing, making them the experts who can work with us to further improve the experience of all patients.

This strategy sets out how we as an organisation will proactively seek and utilise patient feedback to improve the services we provide to ensure that we continue to deliver safe, effective and compassionate care; an outstanding patient and carer experience.

*Michelle Rhodes*

## Introduction

We want to provide our patients, their families and their carers with the best possible experience whilst they are using our services. We know that involving patients and their carers in decisions about their care and treatment leads to improved experience and this is why putting our patients central to all that we do is one of the Trust's core values.

This strategy builds on our successes and learning gained during our previous 2012-2015 strategy and takes into consideration the considerable developments and improvements both locally and nationally. The seminal national guidance is the National Quality Boards '*Improving Experiences of Care*' published in 2015 that provides a sound evidence base supported with best practice examples and has been used as a framework for this ULHT strategy. The full document can be accessed via this link: <https://www.england.nhs.uk/wp-content/uploads/2015/01/improving-experiences-of-care.pdf>

Direct quotes and excerpts from *Improving Experiences of Care* are used throughout our strategy and are shown in text boxes.

### What is 'experience of care'?

The experience that a person has of their care, treatment and support is one of the three parts of high quality care, alongside clinical effectiveness and safety. A person's experience starts with the very first contact with the health and care system, right through to their last, which may be many years after their first treatment and can include end of life care.

Experience of care can be understood in the following ways:

1. What the person experiences when they receive care or treatment; for example whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them and whether the doctor asked them what name they would like to be called by. The 'what' of people's care can be thought of in two ways
  - a. The interactions between the person receiving care and the person providing that care – this is known as the relational aspects of experience.
  - b. The processes that the person is involved in or which affect their experiences such as booking an appointment – this is known as the functional or transactional aspects of their experience.
2. How that made them feel; for example whether they felt they were treated with dignity and respect, whether they felt that the doctor told them about their diagnosis in a sensitive way.

We know that people use different words to describe the quality of care, all of which have a role to play:

- Surveys sometimes ask people to describe their satisfaction with services; however the results can be superficial and questions about experience can result in fuller answers.
- Engagement and involvement are important parts of care, they help us to understand people's experiences as well as being, in themselves part of a good experience.
- Some people use the terms 'person-centred care' to describe high quality care. This has much in common with a positive experience of care.

People's experiences are individual to them and are many and complex but there has been significant research over recent years to develop a shared understanding. For ULHT we draw on 3 core sources of expertise to articulate what a good experience of care means for our patients and our carers; these clearly dovetail and are all considered throughout this strategy.

**Picker Institute (2009)** reports the following eight aspects of healthcare as being most important to patients:

1. Fast access to reliable health advice
2. Effective treatment delivered by trusted professionals
3. Involvement in decisions and respect for preferences
4. Clear, comprehensible information and support for self-care
5. Attention to physical and environmental needs
6. Emotional support, empathy and respect
7. Involvement of, and support for, family and carers
8. Continuity of care and smooth transitions

**The Beryl Institute** defines patient experience as:

The sum of all interactions, shaped by an organisations culture that influence patient perceptions across the continuum of care.

**The National Quality Board 'Improving Experiences of Care'** use 'I' statements:



### **Why is patient experience important?**

There is a wealth of evidence to demonstrate the importance but the central reasons are:

- Our patients, their families and their carers deserve the best experience.
- Patient choice is very real and studies show that satisfaction with services and care is driven by their experience of care.
- Patients who are less anxious and more involved in their own care recover more quickly; a good experience is more cost-effective through reducing harm, simplifying pathways and getting it right first time for patients.
- There is a proven relationship between a good staff experience and a good patient experience.

Experience is important in a number of different, but related ways:	
As a key part of providing high quality care	<ul style="list-style-type: none"> <li>For many people, their experiences of the services they use are fundamentally important – at a time when they may be feeling scared, confused and worried, what happens to them and how this makes them feel is crucial. Those providing health and care services view experience as a natural part of providing high-quality care, and a good experience is now seen as an important ‘outcome’ in its own right.</li> </ul>
As a way of improving outcomes	<ul style="list-style-type: none"> <li>There is strong evidence about the links between experience and the other aspects of high-quality care (clinical effectiveness and safety). For example, there are strong links between being involved in decision-making and being communicated with effectively, and improved safety and better clinical outcomes. On the other hand, there are poorer outcomes, and health resources are wasted, when people do not feel involved or do not understand the treatment they are offered</li> </ul>
As a way of indicating value for money and whether services are appropriate	<ul style="list-style-type: none"> <li>Only by understanding what people want from their services and continually focusing on their experiences will we truly be sure we are delivering value for money.</li> </ul>
As a way of supporting staff engagement	<ul style="list-style-type: none"> <li>There is strong evidence to show the links between staff engagement and the experience of service users. For example, the quality of experience is lower when staff are not supported by managers, experience bullying and work pressures, and have a poor work-life balance. Organisations that provide a good experience to people are likely to have higher levels of staff wellbeing and be more likely to keep their staff. In considering how to improve the experiences of care they provide, organisations should use the potential of their staff and focus on supporting staff to deliver a good experience.</li> </ul>

## National drivers

Positive patient experience is common in NHS. However, care is inconsistent, as seen in recent examples of wholly unacceptable care documented in the Francis and Winterbourne View reports. The poorest care is often received by those least likely to make complaints, exercise choice or have family to speak up for them, and there is evidence of unequal access to care.

The NHS Outcomes Framework 2016 states within Domain 4 that ensuring that people have a positive experience of care is everybody’s business, yet evidence suggests the NHS does not consistently deliver patient-centred care, and that there are particular challenges in co-ordinating services around the needs of the patient (rather than passing the patient between services). Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience.

Care and treatment in the NHS should consistently include: compassion and respect for patient’s preferences and expressed needs; equal access to services; good communication and information; physical comfort; emotional support; welcoming the involvement of family and friends. We must seek out, listen to and act on patient feedback, ensuring the patient and carer voice is heard and directly influences improvements within our services.

Four key areas of action have been identified nationally that are considered within this strategy.

1. Improving the experience of the most vulnerable and reducing inequality
2. Commissioning for good patient experience
3. Measuring patient experience for improvement
4. Systematic approaches to seeking out, listening to and acting on patient feedback

At ULHT we want improving people’s experiences to be as important as improving clinical outcomes and safety and we want to make sure that we continually learn from and improve

patients experiences. There is growing evidence that sets out the key organisational factors that will contribute to our achieving our ambitions:

**Strong, committed senior leadership**

including:

- Setting out a clear strategic vision
- Clear and consistent communication of the vision and strategy which frames patient experience as an integral and equal part of the quality framework – alongside clinical effectiveness and safety.
- Modelling behaviours, including promoting a culture of continual learning and improvement.
- Empowering people at all levels of the organisation to drive change.
- Adequately resourcing service redesign that improves experiences.

**Meaningful involvement and engagement**

with those who use our services, their families and carers throughout the process of designing, running, monitoring and reviewing services.

**A focus on workforce;** embedding experiences into processes such as induction and appraisal and prioritising and improving staff engagement which is strongly linked to improving patients experiences of care.

**An emphasis on data and intelligence** on experiences gathered from continual feedback from those who use our services, their families and their carers to measure and manage performance on experience.

**Our ambitions**

The shared national ambition is that *the experience all people have our health and care services both in terms of what happens to them and how this makes them feel will become the best in the world.* Considering all of the above evidence and best practice and triangulating this with the core themes of what our patients have told us and are telling us we have set 6 key ambitions as shown below all driving to the delivery of outstanding patient and carer experience.



## **We will improve the whole journey**

### **To do this we will:**

- Further develop and maintain the information on the Trust website and within our services including contact details.
- Engage with patients and carers when developing and reviewing services to ensure that their needs are taken into consideration.
- Provide clear information and directions on how to get to our hospitals including public transport and we will implement and launch DisabledGo initiative setting out information and guidance for accessing our sites and services.
- Review and continually monitor hospital signage to ensure patients and visitors are directed to the right ward/department in a clear and easy way.
- Ensure our staff and volunteer helpers provide a friendly and efficient welcome to patients, carers and visitors.
- Minimise waiting times in clinics and departments ensuring that staff keep patients and carers informed of the reasons for any delays.
- Improve the administration process for outpatients including the booking of appointments, reducing cancellations and proactively contacting patients to avoid delays and unnecessary journeys to hospital.
- Consider the physical and practical environment including how patients and their families communicate with us and are communicated with.
- Ensure that patients wishing to cancel or reschedule outpatient appointments are able to do so efficiently and they are consulted about future clinic appointments.
- Ensure that all inpatients have a written 'welcome card' or tablemat that includes key information for during their stay.
- Keep patients and carers informed about what is likely to happen to them throughout their time in hospital.
- Promote the use of the Carers Card and Johns Campaign so carers are included and involved where and how they wish to be.
- Promote the use of All About Me so that carers and families are reassured and confident that care needs are known.
- Ensure carers are involved in the discharge process and are able to provide care and support for their relative at home.
- Ensure our patients receive high quality care at the end of their life in line with the Trust's End of Life Strategy. Wherever possible we will follow the patient wishes as set out in their Advanced Care Plan, Care of the Dying plan or Do Not Attempt Cardiopulmonary Resuscitation form.

### **We will measure our success by:**

- Measuring our national inpatient survey responses relating to:
  - Admission date to hospital not changed
  - Patients knowing when their discharge will be
  - Delayed discharge from hospital
- Friends and Family Test
- Counting compliments
- Patient stories and Patient Opinion
- Measuring the number of complaints and concerns received regarding delays in treatment/appointment
- Measuring the number of complaints and concerns received regarding cancellation of appointments/clinics
- Carers survey feedback
- Listening clinics
- Healthwatch feedback
- Use of All About Me
- Number of Carers Badges issued



## We will improve communication and information

### To do this we will:

- Actively promote the '#hello my name is' campaign ensuring all staff are aware of the importance of introducing themselves to patients and asking how each patient would like to be addressed. Ensuring that all patients know the name of the healthcare professional looking after them.
- Relaunch our Trust Dignity Pledges
- Provide customer care training for our staff and ensure that patients are involved in the development of the training.
- Aim to answer patients and carers questions straight away and if there is likely to be a delay in responding, keep them informed of the reason for the delay.
- Ensure that patients are provided with well-written information leaflets on their care and treatment to enable them to prepare for their outpatient appointment or inpatient stay.
- Advise patients where they might find reliable high quality information and support from sources such as national and local support groups, networks and information services.
- Meet the requirements of the Accessible Information Standard.
- Encourage patients to express their personal needs and preferences when making decisions about their care and treatment, encouraging patients to ask questions so they understand the benefits and risks.
- Support wards to provide meaningful information to all inpatients including information about ward routines, mealtimes, visiting hours, staff etc.
- Encourage patients to talk to staff if they have any questions or concerns and support patients to seek advice from the Patient Advice and Liaison Service (PALS) or to make a complaint.
- Improve communication between our staff to avoid the need for patients to keep answering the same questions.
- Listen to patients and carers and answer their questions in a way that they can understand.
- Provide patients and carers with information, verbal and in writing, about their care and treatment that is clear and understandable.
- Ensure that patients and carers are given the opportunity to complete an All About Me booklet to share important information about the patient with staff.
- Ensure that staff are able to access interpreting and translation services for patients who require information in alternative formats.
- Clarify with the patient whether and how they would like family members/carers to be involved in key decisions about the management of their condition. Share information and involve carers in accordance with the patient's wishes.
- Relaunch the Trust Carers Policy and promote the use of the Carers Badge.
- Support carers to be with their relative or friend on the ward outside of visiting hours if they wish to help at mealtimes or with providing care.
- Provide information for carers on our Trust website with useful information about the Trust's services, carers rights and links to local and national support and information for carers.
- Encourage all patients, relatives and carers to provide feedback about their hospital experience by completing one of our surveys.
- Ensure that all services are supported to collect patient experience feedback and this is shared within the team. Display results of patient feedback in public areas and on the Trust website including our 'You Said – We Did' posters to share actions taken as a result of feedback.

### We will measure our success by:

- Measuring our national inpatient survey responses relating to:
  - Patients understanding answers to questions from doctors
  - Patients understanding answers to questions from nurses

- Patients being involved as much as they wanted to be in decisions about their care and treatment
- Friends and Family Test and Patient Opinion
- Visibility of '#hello my name is' badges and feedback from surveys.
- Patients could name the nurse or doctor caring for them.
- Staff are aware of and can demonstrate use of dignity pledges.
- Audiology, ophthalmology and learning disability projects for Accessible Information Standard evaluation.
- Themes from complaints and PALS enquiries and concerns.
- Reduction in complaints citing poor communication.
- Reduction in complaints citing poor information.
- Carers survey feedback
- Use of All About Me
- Number of Carers Badges issued

### **We will meet the physical, emotional and spiritual needs of our patients**

#### **To do this we will:**

- Be kind, courteous and help patients, carers and visitors making them feel welcome in our hospitals and services.
- Provide care and treatment for patients which minimises the risk of harm and respects their privacy and dignity.
- Provide a clean, safe and comfortable environment, accessible to patients with a disability.
- Ensure that our staff have access to the equipment they need to meet patient needs.
- Do all we can to help control pain, reduce the risk of infection, harm from falls and pressure ulcers.
- Review mealtimes to promote not just ward staff but other staff, volunteers and carers helping patients to enjoy their meal in a calm environment.
- Ensure that patients nutrition and hydration needs are assessed and met as a matter of clinical priority recognising their importance in recovery and well-being.
- Ensure 'intentional rounding' is used universally and includes checking that patients are comfortable, whether they are experiencing any pain or need help with food/drink or to use the bathroom or anything else they may help with.
- Display information on our wards about staffing levels, numbers of infections, falls, pressure ulcers, cleanliness scores so patients and families know 'How we're doing'.
- Ensure our patients and carers have access to all the practical, emotional and spiritual support they need and provide contact information for organisations and support groups.
- Make sure that patients and carers have an opportunity to speak to a doctor, nurse, member of the chaplaincy team or other healthcare professional if they wish to.
- Recognise that the patient and/or carer are the 'expert' on their condition and respect their knowledge, skills and expertise.
- Ensure that all patients are treated as individuals and their cultural and/or religious needs, values and preferences respected.
- Develop an understanding of the patient as an individual taking into account factors such as physical or learning disabilities, speech or hearing problems and difficulties with understanding English. Ensure that any reasonable adjustments are made to meet the patients' needs.

#### **We will measure our success by:**

- Measuring our national inpatient survey responses relating to:
  - Patients having enough emotional support from staff
  - Patients having enough help from staff to eat their meals
  - Patients overall rating of their experience
  - Patients feeling well looked after by hospital staff
  - Patients found someone they could discuss their worries and fears with.
- Friends and Family test and patient Opinion.

- Reduction in the number of complaints and concerns relating to medical or nursing care.
- Monitor and act on our PLACE assessments and pathway assurance visits.
- Carers survey feedback and number of carers badges issued
- Use of All About Me

### **We will work in partnership with staff experience teams**

#### **To do this we will:**

- Ensure leaders have access to meaningful, timely patient experience data; team leaders have a critical role in setting values, behaviours and attitudes to support the delivery of patient-centred care. Supportive local leadership and supervision needs to be in place.
- Contribute to leadership and staff development training demonstrating the relationships between staff experience and patient experience.
- Ensure that patient experience is included as an integral metric within ward and department 'health-checks' and performance dashboards.
- Continue our work with NHS England on 'one story – two voices' using staff and patient experience for learning.

#### **We will measure our success by:**

- Measuring our staff survey scores relating to:
  - Staff recommend the trust as a place to work/ or receive treatment.
  - Effective use of patient/service user feedback.
  - Agreeing that their role makes a difference to patients/service users.
  - Staff satisfaction with the quality of work and patient care they are able to deliver.
- Staff Friends & Family Test triangulated to patient Friends and Family Test
- Pulse check reports
- Reduction in the number of complaints or concerns relating to staff attitude.

### **We will work in partnership with carers**

#### **To do this we will:**

- Review and relaunch the Trust Carers Policy and promote the 5 Carers Rules.
- Promote and roll out the use of the Carers Badge and principles of Johns Campaign..
- Promote the use of All About Me.
- Roll out the Carers Quality Mark accreditation programme across all wards.
- Support carers to be with their relative or friend on the ward outside of visiting hours if they wish to help at mealtimes or with providing care.
- Provide information for carers on our Trust website with useful information about the Trust's services, carers rights and links to local and national support and information for carers.
- Encourage all patients, relatives and carers to provide feedback about their hospital experience by completing one of our surveys.
- Continue to work in partnership with local carers support organisations.
- Continue to explore the development of a 'Carers Corner' on each of our hospital sites where carers can access carers assessments, benefits advice and support.

#### **We will measure our success by:**

- Knowing the number of carers badges and All About Me booklets issued and where to enable understanding of roll out and where there are gaps.
- Surveying our carers and using their feedback to make a difference and share good practice.
- Reduction in number of complaints and concerns relating to carer experience and involvement.
- Carers report through local forums, listening events and Healthwatch feedback that their experiences are good and that they are involved in decisions about care.

## **We will demonstrate continuous learning and sharing lessons learned**

### **To do this we will:**

- Ensure that patient stories presented to Trust Board will be replicated at site Hospital Management Groups and cascaded / made available to all services.
- Provide a regular programme of patient experience reports to services and teams that gives timely and meaningful data to enable actions and learning.
- Ensure ownership and accountability of experience of care that will see the qualitative patient experience components of performance achieving equal standing.
- Triangulate themes and issues emerging from complaints, litigation, incidents, PALS, safeguarding and staff concerns using the new CLIPSS process and themes and learning will be shared.
- Ensure that the new Lessons Learned Forum will become a key productive group reporting to Patient Experience Committee and within patient experience reports.
- Use the complaints change register / DATIX reports within the Lessons Learned forum to sign off, seek assurance for promised actions and sharing learning.
- Ensure that stories, reports and initiatives are regularly updated and published on the Trust intranet site enabling staff to access and share them.
- Continue to be an exemplar Trust for Patient Opinion demonstrating openness, understanding and listening to patients.
- Continue to provide patient experience training as a core component in leadership and development programmes.
- Provide patient experience metrics for discussion and action at speciality governance committees specifically (but not exclusively) those related to complaints, PALS, Patient Opinion and Friends and Family Test.

### **We will measure our success by:**

- Trust Board patient stories are widely circulated and business units are engaged and involved in the Board session.
- Patient experience reports are well received and utilised within services and business units.
- The CLIPSS process provides rich and meaningful data evidencing learning and improvements.
- The Lessons Learned forum provides evidence and assurance that lessons are being identified, action and shared.
- Reduction in repeated themes within complaints and concerns such as communication and attitude.
- Business units own their patient experience data and can demonstrate using this to improve service delivery.

### **Monitoring patient and carer experience**

We will actively seek and encourage feedback in a variety of ways, including:

- National survey programmes
- Friends and Family test
- Local patient experience surveys
- Patient Opinion
- NHS Choices
- Twitter
- Facebook
- Complaints & PALS data
- Counting compliments
- Focus groups and listening events
- Locality forums
- Healthwatch reports
- Patient and carer stories

A Patient Experience database is in place to track and support local initiatives and activity and a Patient Experience Toolkit that covers all contemporary patient experience methodologies is also available to support staff in any projects or plans.

### **Delivering this strategy**

The objectives and ambitions within this strategy will be developed into a workplan with year on year milestones that will be monitored by the Patient Experience Committee and report via Quality Governance Committee to Trust Board.

All business units will be required to evidence their involvement with and progress towards each of the strategic ambitions.

### **References and guidance considered within this strategy.**

Equity and Excellence: Liberating the NHS (2010)

DoH Framework for patient experience (2012)

Compassion in Practice – the Six C's (2012)

NHS Constitution (2013)

Francis Report recommendations (2013)

NHS England Commitment to Carers (2014)

Putting Patients First: The NHS England Business Plan for 2014/15-2016/17 (2014)

NHS Outcomes Framework 2015/16

National Quality Board Improving experiences of care: our shared understanding and ambition (2015)

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