Patient Experience and Involvement Strategy 2023-2026

Foreword

Working in collaboration with Healthwatch South Tees and our service users we have developed our Patient Experience and Involvement Strategy: '***Working together will make sure accessible person-centred care is given based on needs and experience'***. This strategy covers three years and is aligned to the Trust's overall vision to 'deliver the highest standards of patient-centred healthcare.' Through our mission to put safety and quality first, our vision of empowering our clinicians and our values and behaviours of being respectful, our aim is to work in partnership, provide support and delivery compassion care for our patients, their carers, family and friends.

Patient experience is described as, what the process of receiving care feels like for the patient, their family and carers. Experience is personal and although some experiences are common to many, everyone experiences things differently and each experience itself is made up of a number of experiences, or "moments" (*NHS Institute of Improvement and Innovation*).

Patient experience is an integral element of quality care, which is well recognised as being care that is delivered in a safe and effective way and where the best possible experience is achieved (NHS England).

A patient's experience starts from their very first contact with the health and care system, right through to their last contact, which may be years after their first treatment, and can include end-of-life care (NHSI; 2018). With this in mind, we must ensure that we are getting services right for our patients, even more so as we continue to build partnership working across the developing the Integrated Care System (ICS).

Delivering excellent care requires the experience of our patients to be considered at every opportunity, and must be embedded in the leadership, culture and operational processes of the Trust. Effective leadership is essential, and the Trust will be receptive to supporting a collaborative approach to understanding and learning from patients, collecting feedback from our patients so we can measure and drive quality improvement.

Hilary Lloyd.

Dr Hilary Lloyd
Chief Nurse
May 2023

Patient Experience Aspiration

Always treat our patients with **Dignity** and **Respect, support** their right to share experiences of good and poor care, raising concerns where they feel necessary. **Listen** to their experiences of care and **understand** their perspective and **involve** them in the investigations.

What do we mean by patient involvement and patient experience?

Patient experience and involvement activities are a continuous process.

Patient involvement is the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated. This involves developing and sustaining constructive relationships, building strong, active partnerships and actively involving stakeholders (NHS Institute for Innovation and Improvement, 2013).

The 'experience' a person has of their care, treatment and support, can be understood in terms of both:

1. What the person experiences when they receive care or treatment – did someone explain what was happening to them during the procedure for example, and
2. What that experience feels like to them – did the person feel like they were treated with dignity and respect?
   (National Quality Board, 2015)

Patient experience is one of three parts of high-quality care alongside clinical effectiveness (patient outcomes) and patient safety. 'Patient centred care' is often used to describe high-quality care. It is also essential to capture individual patient experience within this, knowing how we are doing is a measure of NHS quality performance.

Why is it important to know the experience of our patients?

There are a number of reasons why it is essential that the Trust asks about and listens to the patient's experience of care at our hospitals:

- a key part of providing high quality care
- a way of improving outcomes
- a way of indicating value for money and whether services are appropriate

- a way of supporting staff engagement

Where are we now?

The Trust places significant importance on patient experience and involvement. There have been some co-designed projects and service evaluation. We collect patient experience through Friends and Family Test (FFT) results, local patient and carer surveys, Patient Advice and Liaison Services (PALS), NHS Choices, compliments and complaints. We take part in national surveys, such as adult in-patient survey, children and young-persons in-patient survey, urgent and emergency care, maternity and the cancer patient experience survey. The feedback we receive suggests high levels of patient satisfaction with 95% of FFT respondents would recommend many of our services. The Council of Governors are actively involved in patient experience and receive regular updates on activity, which is undertaken across the trust, this is something we shall continue as part of our three-year strategy.

We now need to join up all of our methods of feedback to spot themes and trends and ensure all improvement work will be supported with using patient’s views and involving them in every step of the process.

‘The South Tees Way’ is creating a restorative just and learning culture, aiming to repair trust and relationships damaged after an incident or complaint. It allows all parties to discuss how they have been affected, and collaboratively decide what should be done to repair the harm. This approach improves staff motivation and morale and results in better patient care. By providing the assurance that the workplace environment is safe and supportive, staff are then able to carry out their roles and responsibilities to the best of their ability. This programme of culture change is in the early stages and patient experience and involvement is integral to its growth.

Which Trust services are key to the patient experience and involvement strategy success?

Patient experience is embedded throughout the work of the Trust. However, key areas for inclusion in patient involvement are:

- Patients, carers, young carers, families
- Clinical and patient facing (e.g., reception, porters, housekeeping)
- Patient Experience Team
- Quality and safety
- Communications
- Performance and information technology team
- Healthwatch

- Charities
- The Voluntary Community and Social Enterprise (VCSE)

Our three-year plan

To understand our patient's better we need to listen and understand their experiences of care. This will be captured in several ways, including:

- community engagement
- patient surveys
- patient stories
- compliments
- concerns
- complaints

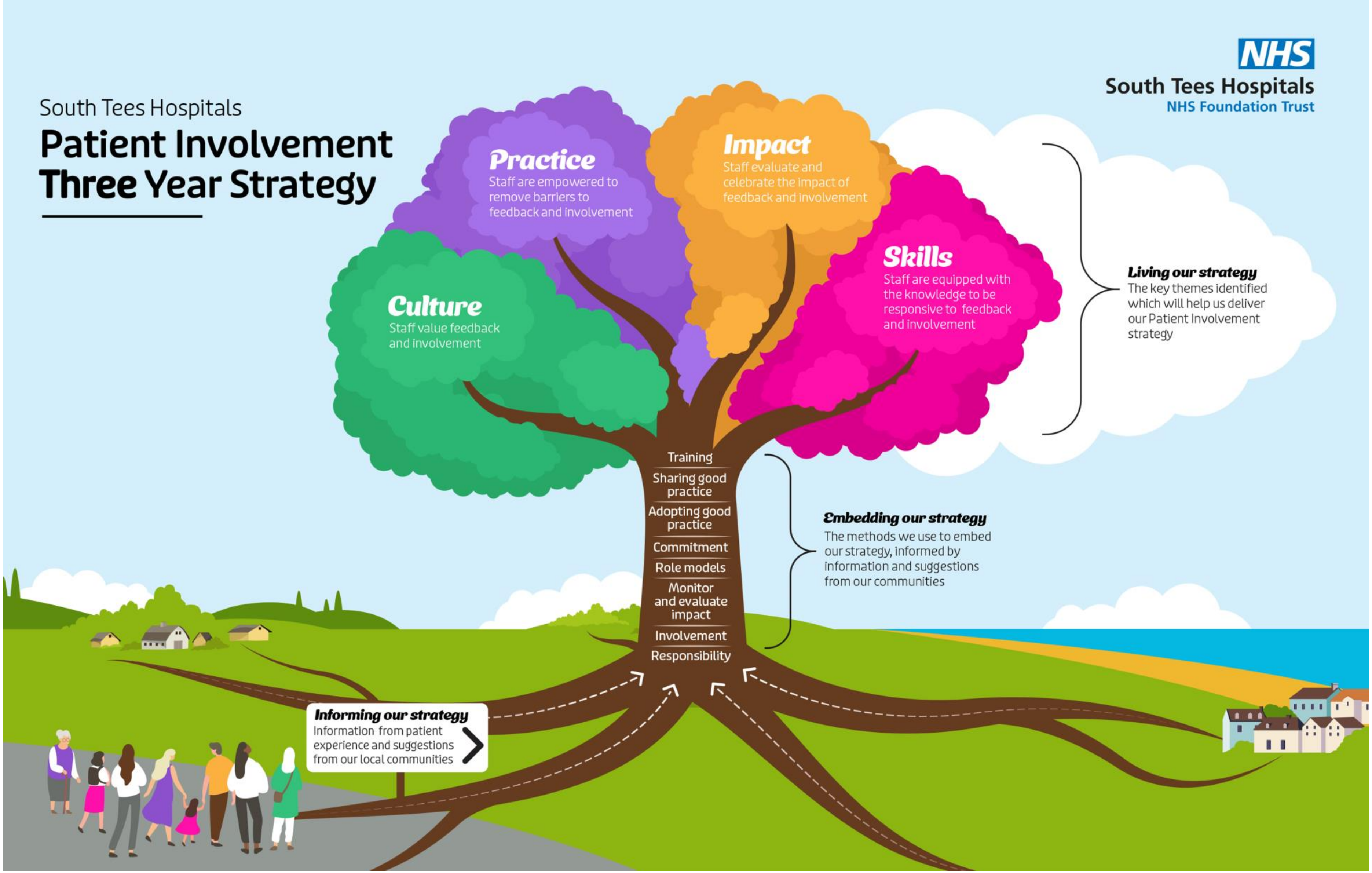
Moving forward the formation of patient groups will support the review, development and delivery of new care pathways supported by the people using them, ensuring our services are suited to the needs of the service users. There involvement will also be vital in creating a restorative, just and learning culture.

Through the patient experience and involvement strategy, our vision is for:

- **Self** - all patients will feel that they are understood, heard, and have control and choice over their health and care so that it meets their specific needs.
- **Other patients** - as many patients, families, carers and local residents as possible will feel encouraged and supported to take an active role in their own health as well as in shaping and delivering the care we provide to help ensure it better reflects patients' needs.
- **Provider** - a core group of patients, carers and local people will be able to directly influence the development and delivery of our organisational strategy to help us ensure we are making the best use of all of the insight, skills and knowledge available to us.

Five key principles have emerged about how we should think about and position involvement in our Trust to achieve our strategy. The graphic below illustrates these principles:

- Step 1: informing our strategy,
- Step 2: embedding our strategy,
- Step 3: living our strategy.



South Tees Hospitals

Patient Involvement Three Year Strategy

South Tees Hospitals
NHS Foundation Trust

Practice
Staff are empowered to remove barriers to feedback and involvement

Impact
Staff evaluate and celebrate the impact of feedback and involvement

Culture
Staff value feedback and involvement

Skills
Staff are equipped with the knowledge to be responsive to feedback and involvement

Living our strategy
The key themes identified which will help us deliver our Patient Involvement strategy

- Training
- Sharing good practice
- Adopting good practice
- Commitment
- Role models
- Monitor and evaluate impact
- Involvement
- Responsibility

Embedding our strategy
The methods we use to embed our strategy, informed by information and suggestions from our communities

Informing our strategy
Information from patient experience and suggestions from our local communities

1. **Informing our strategy - we need to actively find out what patients, carers and local people want and NOT making assumptions that includes:**
    - Not expecting representatives on project groups or boards to be representative of the views of all patients.
    - Being structured in the way we gather evidence and consider best practice including the experiences of those local communities with barriers to engagement.
    - Using a variety of different ways to gather patient experiences and suggestions for improvement.
    - Carrying out engagement activities for feedback in a variety of community settings.
    - Learn from existing patient involvement practice already established within the Trust and other health settings to replicate these models in other relevant service areas.

2. **Embed our strategy - we should ensure patient involvement is integral in what we do:**
    - Ensure that everyone considers this in all aspects of our service development and delivery.
    - All staff are responsible for creating a culture that allows patient involvement to inform improvements everywhere in the Trust.
    - All staff need to be open and committed to seeking patient and public feedback and encourage involvement.
    - Local communities/cultures

3. **Culture - we must learn from good practice across the region/nation**:
    - Recognising that patients, carers and local people don't 'belong' to one NHS organisation.
    - Identify good practice around patient involvement in our health system and link up for relevant engagement activities to avoid 'reinventing the wheel' or duplicating similar engagement activities.
    - We should look to integrate or align our involvement activities and approaches wherever possible based on good practice.

4. **Practice/Skills - we must learn to share and draw on what works and what doesn't within the Trust:**
    - Eradicate repetition of information from patients to ensure a seamless transition between services.
    - Commit to making relevant changes, based on patient feedback where necessary.
    - Staff skill development

5. **Impact - we must measure and evaluate the outcomes and impact of involvement activities:**
    - We need to be able to evidence the positive impact of involvement, for example, in business cases.
    - Ensure that we measure the outputs of involvement under each outcome and evidence the impact on our patients.
    - Undertake equality impact assessments to ensure as far as possible that we create equality and avoid discriminatory activities.

- Support the Core20PLUS5 approach informing action to reduce healthcare inequalities in the most deprived 20% of the population.

Living our Strategy - patient and public involvement infrastructure

Within five years, we aim to have a full complement of processes, resources, and policies to support diverse patient and public involvement, to ensure the delivery of our ambitious strategy. We want the patient voice to be clearly heard in our organisation, including lay representatives directly involved in planning and decision making, aligning this with the Equality Delivery System (EDS) 2022.

By the end of year 1:

- We will co-produce an involvement charter to clearly set out expectations and responsibilities for staff and patients, carers and local people taking part in any involvement activities.
- We will develop a patient and carer involvement bank for patients and carers to be involved in activities of interest in, such as, the review of patient information (written and digital).
- Review and overhaul of the Patient and Carer Feedback Policy in order that when people do have to raise a concern or complaint that this is dealt with timely by the appropriate person and to the satisfaction of the complainant.
- We will review our patient experience metrics and measures in order to demonstrate the improvement and learning which have taken place.

By the end of year 2:

- Where appropriate lay representatives will be involved in appropriate groups throughout the trust. This will be led by the patient experience and involvement team and supported by partner organisations in North East England.
- Develop a process, which will involve establishing roles specifications, and running facilitated development/selection days in order to create a team of potential lay representatives. This team will be kept informed and matched with lay representation opportunities as they arise.
- Equality impact assessments completed ensuring as far as possible that we create equality and avoid discriminatory activities.

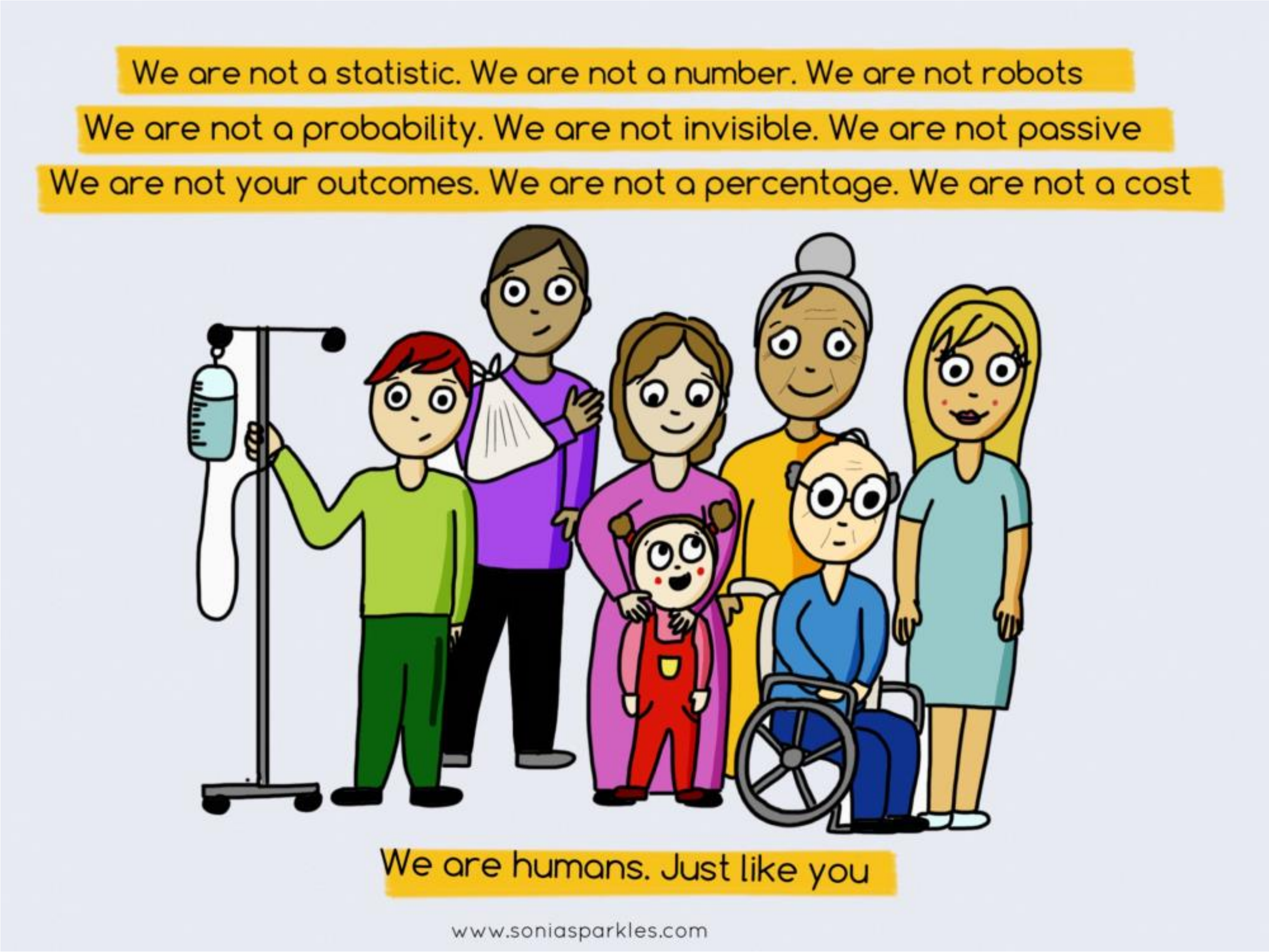
By the end of year 3:

- We will have lay representatives on all of our key initiative programme or project boards.
- We will also establish a process for identifying and co-ordinating lay representation opportunities across the Trust, and potentially linking in with other North East England organisations, as appropriate.

With special thanks to Healthwatch South Tees, Lisa Bosomworth - Project Lead, Linda Sergeant - Project Coordinator, Gill Durdan - Community Development & Engagement Officer, Gaynor Tucker - Communications Officer and Vicky Jackson - Volunteer & Engagement Officer

Patient representatives: Ian Fleming, Rachel Booth-Gardner, Terry Bytheway, Yvonne Bytheway, Christine Mason, Jane Coak, Ian Lawson, Moira Stokoe, Catherine Smith -Ivory, Denise Everett, Sabnam Rauf, Paul Franklin, Ruth Barnes, Zahida Mian and Christine Kearney.

Partner organisation representatives: Rafeed Rashid - Commissioning Project Support Officer (North East Commissioning Service), Phillip Kerr, Operations Manager – North East Independent Complaints Advocacy Service, Sue Ewington - North East Independent Complaints Advocacy Service and Rachel Austin – Coordinator for Hartlepool Deaf Centre.


We are not a statistic. We are not a number. We are not robots
We are not a probability. We are not invisible. We are not passive
We are not your outcomes. We are not a percentage. We are not a cost
We are humans. Just like you
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