

Improving the Patient Experience Strategy

Central Nursing
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every patient matters **every patient matters** *every patient matters*

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Foreword

It is our intention to be better informed by what our patients think, feel and experience about the care, treatment and services they receive at Bedford Hospital. To achieve this we have described our commitments and promises in this strategy. Our patients are the reason why the hospital exists in the heart of Bedford providing care to the people who live in the surrounding towns and villages. For this reason it is important to us to demonstrate genuine commitment to providing services needed by patients, delivered in a manner expected for 21st century healthcare.

All staff have a responsibility to be courteous, humane and compassionate in the care we deliver, without exception. To support our drive to achieve this ambition our Director of Nursing and Patient Services has been charged with ensuring that the patient voice and their experience is brought to bear on our learning, to help inform planning and test out how we deliver care and services.

Becoming a patient – led organisation is a key priority in a time of continued and radical change in how the health services are both planned and delivered. Patients will have greater choice in who provides the care they need, and when that care is delivered. This strategy seeks to demonstrate our willingness to be the hospital that is in the right place at the right time to provide the best possible healthcare experience for our patients.



A handwritten signature in black ink, appearing to read "Ray Rankmore". The signature is fluid and cursive, with a long horizontal line extending from the end.

Ray Rankmore
Chairman



A handwritten signature in black ink, appearing to read "J. O'Callaghan". The signature is cursive and elegant.

Jean O'Callaghan
Chief Executive

1. Introduction

Patient experience is important to the trust in order to ensure that our services are developed and improved as a direct result of their experience, involvement and input. This can be achieved in a number of ways; however the key activity is to listen to patients' concerns, suggestions and experiences. By doing this we can make a genuine commitment to improvement based on real patient consultation.

As the trust prepares for Foundation status this strategy will help cement a solid concept of partnership with the membership and sets in motion a way of working in which the membership can become actively involved with local decision making about acute hospital care in Bedford. We can also achieve wider connection with the community we serve by talking to and listening to a wide range of agencies and pressure groups.

Patient experience is a central dimension in all our work, our policies and other strategies. It is important for all staff employed within the NHS, and from other agencies whose staff work within the hospital to endorse the patient experience in equal measure. It is crucial that patients should not see the join between NHS staff and others who work in the hospital in their face to face experience of services at the hospital.

2. Strategic Aim

To ensure Bedford Hospital engages with patients and the public from diverse backgrounds in a meaningful way to help plan, develop, deliver and improve our services. To improve the quality of the patient experience we will put in place systems and processes which ensure

- That our patients voice is heard
- Feedback in all forms is encouraged
- That we demonstrate genuine learning from listening

The outcome we aim to achieve is to improve what patients tell us, in the national patient surveys, about the hospital and the care they receive. We want to be the hospital that patients will tell their family and friends to come to when they need NHS care. This will be measured by the 'net promoter question' in the national inpatient survey; we aim to achieve a result greater than 90% by 2013.

3. Patient & Public Involvement

The term patient and public involvement (PPI) has become synonymous with a number of activities in the health service. For us the term encompasses patients, carers, families, service users, clients, individuals, groups and communities. PPI is the national structure to ensure that the voice of patients can be central to the planning, development, improvement and delivery of health services. It is also the framework by which we encourage patients to have a voice in the decisions made about their own care.

4. NHS Context

NHS organisations are supported in their endeavour to use patient experience, and PPI through national guidance, *Creating a patient led NHS* (2005). Key to genuinely embedding this policy into our hospital is the notion that we need to actively listen and engage our local population to discover what they want from our services, and to provide in return accurate and relevant information about their health care and treatment options.

Local Involvement Networks (LINKs) were brought into being in April 2008, hosted by local authorities to scrutinise health and social care provision within their area and to promote wider engagement with the population. Our LINK is hosted by Voluntary Action Luton. Their powers include:

- Entering premises to view service provision and to gather the views and experiences of recipients of services
- Request information and receive a response within a specified timescale,
- Make reports and recommendations and receive a response within a specified timescale and refer matters to the Overview and Scrutiny Committee (OSC) and receive a response
- LINKs, directed by their governance structure, and the decision making process it has put in place, will have the power to focus on issues which are of concern to the local community.

Health Overview and Scrutiny Committees may also review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority.

The NHS Act 2006 (Section 242) charges all sections of the NHS to make arrangements to involve and consult on the planning, development and delivery of services through public involvement and consultation processes. The NHS Act 2006 is legislation around equality and diversity (Human Rights Act 1998, The Race Relations Act 1976, the Disability Discrimination Act 1995, the Discrimination Act 2005, the equality Act 2006) and the Code of Practice to the Mental Health Act 2005. The performance of our hospital is assessed against these by the Care Quality Commission using a framework of regulations and outcome measures.

The National Audit Office, Auditors Local Evaluation(ALE) identifies two relevant key lines of enquiry

5.2 The organisation has put in place proper arrangements to ensure that services meet the needs of the patients and taxpayers and for engaging with the wider community.

5.3.2 The Trust has systems in place to ensure that it learns from internal experience and national reports or inquiries.

In response to Darzi's review *Our NHS, Our Future*, East of England Strategic Health Authority consulted on and produced 'Towards the best, together – a clinical vision for our NHS, now and for the next decade' in 2008. The number one pledge by the SHA is,

'we will deliver year on year improvements in the patient experience'. NHS Bedfordshire has likewise consulted with the local population to produce 'A healthier Bedfordshire' (2009). One of the aims is to

'ensure a better healthcare experience for the population of Bedfordshire' These along with the NHS values are important and significant documents which inform the services and the care offered at Bedford Hospital, giving direction to the planning and delivery of service. They include the patient experience at the heart of providing quality care to patients along with a focus on clinical outcomes, and the safety of care.

NHS Values

Respect and dignity

We value each person as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and can't do.

Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

Improving lives

We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Everyone counts

We use our resources for the benefit of the whole community and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

5. Our commitments and promise

We are committed to improving the experience that patients receive when they need the services of the hospital. Better access, more choice, and reducing waiting times are familiar policies which drive experience.

There has been a new ambition to remove mixed sex accommodation from NHS organisations. We promise to provide single sex accommodation when it is safe and not clinically contraindicated to do so.

We want to ensure that we address choice in the menu of food we offer patients.

We want to employ our patients experience to aid learning, inform planning and test out how we deliver care and services. Learning from our patients experience can help us create better written information about the risks and benefits of treatments to supplement the explanations we give to every patient.

We want each patient to have a personal experience. Quality of care is subjective, varies based upon patients expectations and their lived experience of the care they receive. All of their feedback whether positive in the form of thank you notes, and compliments; or negative in the form of complaints or concerns is always useful. Our promise is to use this feedback wisely and constructively to improve the quality of care.

We will be better informed by building relationships with other trusts, statutory agencies and voluntary organisations.

We will help our staff to become more confident about how to involve patients, carers and the community in feedback about care and services and to develop insight into how to use this feedback to inform and improve care and treatment.

6. Supporting principles

- Patients will be involved in making decisions about their own care
- Patients and their families will be treated with compassion, dignity, privacy and respect for cultural and religious needs
- Patients will be supported in making choices about their care with written information which outlines risks and benefits about treatments
- Patients and the public will be encouraged to be involved in the review and planning of services
- Staff will be encouraged and supported to involve patients in making decisions about care and treatment
- Representation and positive inclusiveness of the diversity in the population
- Influence will be the result of patient and public involvement on policy and practice
- Transparency so that when patients and the public are genuinely involved they have clear understanding about decision making
- Feedback on activities that patients and the public are involved in

7. Going Further

<p>Supporting patients and the public</p> <p>Raise awareness and understanding</p> <p>Create opportunities for involvement</p> <p>Help patients make informed choices and decisions</p> <p>Improve patient information</p> <p>Proactively seeking further involvement in our clinical service plans</p> <p>Listen to complaints and concerns and take action to make immediate and sustained improvements</p> <p>Listen to praise and compliments and promote best practice as identified by patients</p>	<p>Supporting staff</p> <p>Provide education and training to help them build confidence and insight about the patient experience</p> <p>Provide direct feedback about what patients say about their experience at the hospital</p>
<p>Developing partnership working</p> <p>Work proactively with patients, and patient groups within and outside the hospital</p> <p>Work proactively with the Local Involvement Networks</p> <p>Seek out opportunities to work with hard to reach groups in our community to ensure their voice is heard</p>	<p>Monitoring performance</p> <p>Charge our Improving the Patient Experience Committee with establishing mechanisms to monitor our strategy's effectiveness and to action plan for improvement</p> <p>Adopt standards of best practice</p> <p>Undertake local satisfaction surveys which are informed by those issues which patients have told us are important to their experience</p> <p>Provide regular feedback to the Trust Board about the patient experience</p>

8. Roles and responsibilities

	Lead Responsibility
Trust Board	<p>Listen to what our patients say about their experience and provide opportunity for our staff to learn from feedback</p> <p>Approve the 'Improving the Patient Experience Strategy' and review its implementation</p> <p>Provide visible leadership and direction to ensure that reasonable effort is made to carry out our organisational responsibilities for Patient and Public Involvement</p>
Directors	<p>Provide the board with assurance about the effectiveness of Patient and Public Involvement, and the patient experience of services, care and treatment.</p> <p>Ensure that service developments and improvements have reasonable levels of patient involvement to be certain that patient experiences has an impact</p>
Improving the patient Experience Committee	<p>Gather patient feedback about their experiences</p> <p>Drive patient and public involvement strategies across the Trust</p> <p>Monitor and evaluate implementation of the improving the patient experience strategy</p>
Divisional management	<p>Lead the implementation of the improving the patient experience strategy across their division</p> <p>Report progress with implementation to the Improving the Patient Experience Committee</p> <p>Gather patient experiences using a range of methodologies</p> <p>Ensure that patient feedback is shared with front line staff</p> <p>Ensure that all service improvements and developments are informed by the patients voice</p>
Individual staff	<p>Engage with patients and their families by encouraging their involvement in decision making about care and developments in services</p> <p>Respond to patient concerns and prevent those concerns escalating to become complaints</p> <p>Encouraging patients to be involved in giving feedback about care treatment and services in the form of comments surveys or formal responses</p> <p>Play your part in sustainably improving services by working in partnership with patients, the public and communities;</p> <p>Be open with patients, their families, carers or representatives (including if anything goes wrong);</p> <p>Contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged;</p> <p>Welcome feedback and address concerns promptly and in a spirit of co-operation</p> <p>View the services you provide from a patient standpoint, involving patients, their families and their carers in services and working with them, their communities and other organisations, and making it clear who is responsible for their care</p> <p>Don't discriminate against patients or staff and adhere to equal opportunities and equality and human rights legislation.</p> <p>Protect the confidentiality of personal information that you hold unless do so would put anyone at risk of significant harm.</p>

9. Every patient matters – Improving the patient experience

Who are we improving care for?

Inpatients	Outpatients	Visitors	Families	Carers
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Our key priorities are

To be focused on our patients needs	To work in partnership with other parts of the NHS and social care	To work in partnership with private and independent sectors	To actively seek all forms of feedback from our patients	To ensure that our services, and the care and treatment we deliver have taken into account the views and wishes of our patients
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How will we achieve our priorities?

To listen to what patients say about care and treatment in our hospital	Involve patients in the planning of services and their individual care needs	Use all forms of feedback to inform the way we plan and deliver services	Liaise with health and social care partners to ensure that care is joined up	Use national surveys, service specific surveys, focus groups and other forums to find out what our patients think about the care and treatment they receive
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10. References

HMSO(2006) National Health Service Act 2006. London.

Department of health (January, 2009) The NHS Constitution, the NHS belongs to us all.

Department of Health (April, 2009) The NHS Constitution, all you need to know about how the NHS Constitution affects you as a provider or commissioner of NHS care. London