



Northern Devon Healthcare
NHS Trust

Patient experience strategy 2017-20

This document sets out Northern Devon Healthcare NHS Trust's patient experience strategy for 2017 to 2020.

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1. Purpose

This document sets out the Trust's approach for measuring and continually improving patient experience for 2017 to 2020.

2. Introduction

The NHS Constitution states that the patient will be at the heart of everything the NHS does. It places a high value on patient experience, committing to providing high quality care that is safe, effective and focused on patient experience¹.

Experience of care means many things to many people. The Beryl Institute defines patient experience as 'the sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care.' Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health.

NDHT is committed to engaging with our patients, their relatives and carers to improve patient experience. We believe it is essential to our success as an organisation and to the wellbeing of people in our care and it is everyone's responsibility to contribute to improving the experience of our patients, carers and relatives.

By listening to our patients and responding to their feedback, we can improve our services and deliver an exceptional standard of care to all our patients.

We know that good staff experience is essential for ensuring good patient experience and this strategy is inextricably linked with staff experience and engagement work.

For more on the national context, see Appendix A.

3. How this strategy has been developed

This strategy and the priorities contained in the action plan have been developed following an engagement process with patients, carers, staff and partner organisations.

We carried out three focus groups with patients, in conjunction with Healthwatch, and also carried out a survey with a youth club, parents' group and rugby club. We acknowledge that this exercise did not reach house-bound patients and we need to look at what we can do to reach this large cohort of patients – this will form the next step in our strategy development. The Healthwatch report of the findings of this work can be found on our [website here](#).

During the research, we explored five key themes which had emerged following analysis of our patient experience comments and also themes identified by the King's Fund:

- Communication
- Availability of staff
- Co-ordination of care
- Self-care
- Encouraging patient feedback

¹ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

We then presented the feedback from patients and the public to staff in two meetings and discussed the themes.

The output of this work was a document that summarised the feedback from patients received during the Healthwatch focus groups and the responses from staff, by theme.

During this work, staff identified several areas of improvement which would go some way to addressing the feedback from patients. These were discussed by the Trust's Learning from Patient Experience Group and the priorities in the work plan accompanying this strategy have emerged.

We also discussed the patient experience model outlined in this strategy, and the feedback gathered led us to the conclusion that this is a useful model on which to structure our patient experience strategy.

4. Our patient experience vision

To improve, year on year, the experience our patients have of our care.

5. Our patient experience principles

Ward to Board	Ensuring that all staff understand that patient experience is their responsibility by including it on the agenda for staff induction, preceptorship training, new manager training. Beginning each Board meeting with a patient story. Monitoring patient feedback at ward/departmental/divisional level and acting on it to improve.
Compassion	Shifting the conversation from “what is the matter with you?” to “what matters to you?”
Continuous improvement	Inspiring a culture of continuous improvement, using proven quality improvement methodologies, so that our services adapt and improve based on patient feedback.
Real-time feedback	Ensuring that the correct reporting mechanisms are in place and that any immediate concerns can be identified and fed back directly to the appropriate manager so they can be acted upon in a timely manner.
Transparency	Continually monitoring our progress against local and national standards and sharing this information with patients and the public via our website.
Communication	Carrying out communication campaigns inside and outside the Trust to reinforce the message of the importance of the patient experience function. Using infographics to make information easier to understand and digest. Publishing patient stories on our website.
Technology	Using technology to make it easier for people to give their feedback. We continue with our move to online feedback where possible, for example through touchscreen technology, text messaging and online data capture through tablets.

Involvement	Involving patients in our improvement and redesign projects and using their feedback to monitor progress.
Learning from excellence	Setting in place mechanisms to look at the positive things that come out of patient experience data and sharing good practice.
Supporting staff	Supporting our staff to deliver a good patient experience through training, good management, encouraging innovation and promoting staff wellbeing.

6. Our model

We use the following model as a framework for organising our patient experience activity:



- **Capture** the experience: using all available and appropriate tools to capture the experience of patients, carers and staff.
- **Understand** the experience by identifying the ‘touchpoints’ of a service and gaining knowledge on what people feel when experiencing our services and when they feel it.
- **Celebrate and share** positive patient feedback. Most of the feedback we receive indicates a positive patient experience, and we recognise that as well as learning from what we can do better, we can learn from what we do well.

- **Improve** the experience: ensuring the feedback is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the 'you said, we did' governance cycle.
- **Share** the improvements made.

Capture

The Trust's patient experience programme covers services, Trust-wide, in hospital, clinic or in the patient's home.

Patients provide their feedback in real-time through the inpatient surveys at North Devon District Hospital, postal surveys, social media, external websites such as NHS Choices, Care Opinion and Healthwatch and the Friends and Family Test.

We also receive feedback through the Patient Advice and Liaison Service (PALS) and the complaints process.

We capture patient stories through face-to-face engagement, for example through public meetings during service transformation projects and focus groups, as well as letters to the chief executive.

In line with the principle of inclusivity, the Trust offers as standard the option of carer/parental support in completing patient feedback forms and alternative communication formats such as audio tape/computer disc, Braille, large font, high contrast, British Sign Language, easy read, as well as translated versions.

We provide black typeface on yellow, larger print cards for all ophthalmology clinics. Bespoke versions of the Friends and Family Test card have been developed for children and young people and for patients with learning disabilities.

The Trust is moving to more electronic means of capture using online surveys, touchscreens and texting.

Understand

Analysis of the data enables us to understand themes and areas which require further investigation. If we identify a trend in a particular service or a characteristic across many services, we can triangulate this with complaints data, incident reports, performance reports (amongst others) to understand whether there is a larger issue.

If we discover a larger issue with experience, safety or effectiveness of care, we can commission a deep dive which uses a variety of tools to understand the issue in more depth. This approach means working in tandem with the staff operating the service to jointly understand the issues and improve the service.

We also talk to patients through focus groups and patient stories to delve deeper into the particular experience and understand what it means to them. We ensure that the feedback is heard and understood by all the relevant clinical and managerial teams.

This work enables us to produce the improvement work plan.

Wider correlation with constitutional standard performance and staff survey results will be used to gain greater triangulation of data and intelligence to support patient experience.

Celebrate success

Looking at what we have done well and sharing positive findings is an important element of the patient experience process.

Highlighting positive experiences to teams helps them to feel motivated, and it also helps them to focus on what they need to do to ensure other patients have an equally positive experience.

As well as sharing with teams, it is vital that excellent practice is shared across the Trust so that it can be replicated in other teams. We want to ensure we have a culture where teams feel comfortable sharing positive feedback and learning from each other. In line with this aim, we are currently trialling an online tool which allows staff to quickly and easily share positive practice and feedback across the Trust.

It is also important to share positive patient feedback publicly, to ensure the public has a high level of confidence in the services we provide.

We celebrate and share positive feedback using the following methods:

- Weekly internal newsletter and intranet
- Social media posts
- Trust newsletter (Pulse)
- Press releases
- Trust website
- Patient experience survey anonymised comments are sent to wards within two to three hours of being received
- Thank you letters and phone calls are shared with the teams and more widely across the Trust through the internal newsletter and intranet
- Patient stories are presented at the Trust Board (usually a combination of positive and negative feedback)
- Staff celebration days

Improve

Gathering feedback is a limited exercise unless something constructive is done with the findings to bring about change.

We see thousands of patients every week and we are able to obtain rich, meaningful and timely feedback from them about their experiences in our care. Acting on this feedback is the means to ensure that our services improve.

Some of the feedback will lead to instant service improvements. Other improvements require more thought due to the complexity and we have set up a Quality Improvement Board to take on this responsibility.

The Quality Improvement Board is led by the Director of Nursing and Quality and Medical Director and consists of representatives from clinical teams, operational managers, professional leads and patient representatives.

This Board reports to the Trust's Quality Assurance Committee and its remit is to identify the Trust's quality improvement priorities, promote the use of best-practice quality improvement methodologies and monitor the quality improvement work plan.

Involving patients, carers and the public in improvement is essential to deliver truly patient-centred improvements. The following patient experience priorities were identified through engagement with patients, staff and partner organisations in the engagement exercise carried out in January 2017. These form our patient experience work plan:

- Spotlight on compassionate care
- Increasing our focus on customer service
- Improving the communication skills of our medical staff
- Improving the environment in our Emergency Department
- Keeping inpatients informed of what is happening around discharge
- Involving carers more in the care pathway
- Improving the system for the booking of appointments and clarity of communication around appointments
- Making sure information is accessible through recording of patient communication needs
- Making double outpatient appointments available to patients with learning disabilities
- Joining up care between acute, community staff and social care teams
- Helping inpatients who require help at mealtimes
- Improving the availability of staff
- Communicating the meaning of the different uniforms worn by staff so that patients understand who is who
- Explaining where to return equipment after use in the home
- Obtaining more meaningful patient feedback e.g. after discharge from a service
- Setting up non-medical-led clinics for patients who can leave their homes but who do not need to come into North Devon District Hospital
- Helping patients navigate their way around North Devon District Hospital
- Improving the information provided to patients

Share

We have developed systems and processes to collate, report and share patient, family and carer feedback within wards, community teams, support teams (theatres, outpatients etc) and directorates across the Trust, and with patients and stakeholders.

When we act on feedback and respond by changing and improving our services, it is vital that we communicate what we have done. Once we have reached our goal, we ensure our success is communicated to staff, patients and stakeholders, encouraging further improvements.

This is done in a variety of ways:

- Direct feedback to the patient (via meeting, response to complaint letter etc.)
- Ward/department messages using noticeboards and a 'you said, we did' approach
- Monthly integrated performance reports and the patient experience dashboard

- Directorate performance reports
- Trust newsletter (Pulse)
- Internal newsletters and intranet
- Reports to Health and Adult Care Scrutiny Committees, Healthwatch
- Outpatient TV screens
- Annual report and quality account
- Press releases and case studies
- Trust website
- Trust Board reports
- Presentations at national/regional events and conferences

7. Roles and responsibilities

Director of Nursing and Quality	Overall responsibility for patient experience and co-chair of Quality Improvement Board
Medical Director	Co-chair of Quality Improvement Board
Head of Quality and Safety	Responsible for quality improvement function, national inpatient surveys
Head of Patient Experience	Responsible for patient experience strategy, Friends and Family Test
Patient Experience Lead	Responsible for capturing and reporting FFT, managing volunteers
Head of Customer Relations	Responsible for customer relations, complaints and PALS
Clinical Audit	Responsible for project managing national surveys and ad-hoc departmental surveys
Deputy Medical Directors, Divisional Directors and divisional nurses, ward managers, heads of departments	Responsible for monitoring divisional/departmental patient experience data and taking action to address issues and celebrate success
Individual members of staff	Responsible for making improvements based on patient feedback, handing out FFT cards, and actively seeking feedback
Patient experience volunteers	Responsible for handing out FFT cards, conducting inpatient surveys, capturing email addresses for online surveys

8. Summary

Patient experience is everybody's responsibility. It is fundamental to the Trust's aims of providing safe, effective and high-quality care.

Making the way we deliver services more patient-centred will result in the improvements in clinical outcomes.

Empowering teams to celebrate success, identify solutions to challenges and share positive findings and improvements across the organisation will support innovation and excellence.

9. Appendix A – the national context

The Health & Social Care Act 2012 legally defines quality as consisting of patient experience, patient safety and clinical effectiveness of care.

The fourth domain of the NHS Operating Framework sets the target of ensuring patients have a positive experience of care, stating that “The NHS should seek out, listen to and act on patient feedback, ensuring the patient and carer voice is heard and directly influences improvements in NHS services.”²

The NHS National Quality Board also agreed a definition of patient experience to guide its measurement across NHS services³:

‘Experience’ 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 experiences can be thought of in two ways:	
<ul style="list-style-type: none"> the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the ‘relational’ aspects of experience); the processes that the person is involved in or which affect their experience, such as booking an appointment (this is known as the ‘functional’ aspects of experience). 	
2. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.	

According to the National Quality Board, experience is important in a number of different, but related ways:

As a key part of providing high-quality care	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.
As a way of improving outcomes	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.
As a way of indicating	Only by understanding what people want from their services and

² The NHS England Outcomes Framework - Domain 4

³ National Quality Board 2014 – Improving People’s Experience of Care

<p>value for money and whether services are appropriate</p>	<p>continually focusing on their experiences will we truly be sure we are delivering value for money.</p>
<p>As a way of supporting staff engagement</p>	<p>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 (See King's Fund). 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.</p>