

Foreword

The Patient Experience and Involvement Strategy 2017-19 sets out intentions for how The Countess will proactively seek feedback from its patients and use this information to make improvements and changes to the way we work and inform plans for the future.

The Countess of Chester Hospital NHS Foundation Trust's vision is to deliver NHS care locally that makes both our staff and the local community proud. This means we regularly need to be listening to and responding to the experiences of our patients and our staff as advocates of our patients.

As part of our plans to be The Model Hospital, we have learnt a great deal from patients like 93-year old Win who was admitted to The Countess for 106 days



following a fall in sheltered housing. We must keep the people we care for at the forefront of our minds when we reimagine and redesign services. We must be more pre-emptive about what patients may need, and support navigating them through their NHS pathway or journey to maximise the quality of their experience.

A key part of this strategy is to ensure that channels are in place for patients and our local community to feel empowered to broadcast perspectives, ideas, good news and frustrations about hospital care without fuss or complication. At the same time our staff must be supported to have the time and space to realise the value of this feedback.

This strategy recognises that a 'one size fits all' approach to patient experience and involvement does not work. If we think about how we provide feedback outside of work in our interactions with key service industries, we want the opportunity to do this in different ways, at different times and on different devices. Some people will choose to interact with our hospital from behind a computer screen or smartphone, they may need support from another

person to advocate on their behalf, others will request a printed feedback form and there will always be those who want to see us face to face to challenge us about the quality of care we provide in our hospital. We have a responsibility to cover all bases.

This is not a standalone document. It needs to be considered alongside the context of our future direction (in particular The Model Hospital and our recently published People Strategy), as well as building on our work to date in delivering an ambitious equality and diversity agenda and improved communications and engagement infrastructure.

The pages that follow explain the changes in approach that we will start to develop and refine. The intentions are good. When we get it right, we will do more of the same. When we get it wrong, we will try something different. In keeping with any patient experience strategy there will be opportunities for input and feedback along the way.

With best wishes,

Alison Kelly,
Executive Director of Nursing and Quality

How this fits with the bigger picture...

Strategic direction

Our vision is to deliver NHS care locally that makes our staff and community proud by being safe kind and effective. The Countess has set out to achieve this vision through three key strategic programmes:

The West Cheshire Way

sees us working with local healthcare partners to redesign services so they are more joined up and easier for patients to access.

Integrated Specialist Services

sees our hospital developing services as either a specialist centre in its own right, or through clinical networks in partnership with neighbouring hospitals to reduce clinical variation.

The Model Hospital

is how we review core services to make sure they deliver the quality and outcomes our patients deserve.

For each of these programmes, we are clear that patient experience should be at the heart of any discussions that impact on the future of this hospital.

Existing patient experience channels

Currently there are a wide range of channels available for gathering, monitoring and understanding patient feedback. Some approaches are more effective than others. To date most of our activity has been on high volume gathering of data, using Friends and Family Test recommendation systems and annual programmes of patient surveys. Feedback is also gathered from other routes such as Patient Advice and Liaison Services (PALs and complaints), social media, governor roadshows as well as equality and diversity involvement groups.



An opportunity to join-up systems and direction

The approaches and systems predominantly work independently of one another. This strategy presents an opportunity to join up systems, take a broader view about what patient experience feedback is telling us, and whether it should be explored in more detail to complement and support strategic programmes that will see changes being made to services.

The model below (Diagram 1) highlights how high volume patient experience feedback systems might be monitored and used to determine areas for further patient and staff involvement, including filmed stories and opportunities for redesigning services.

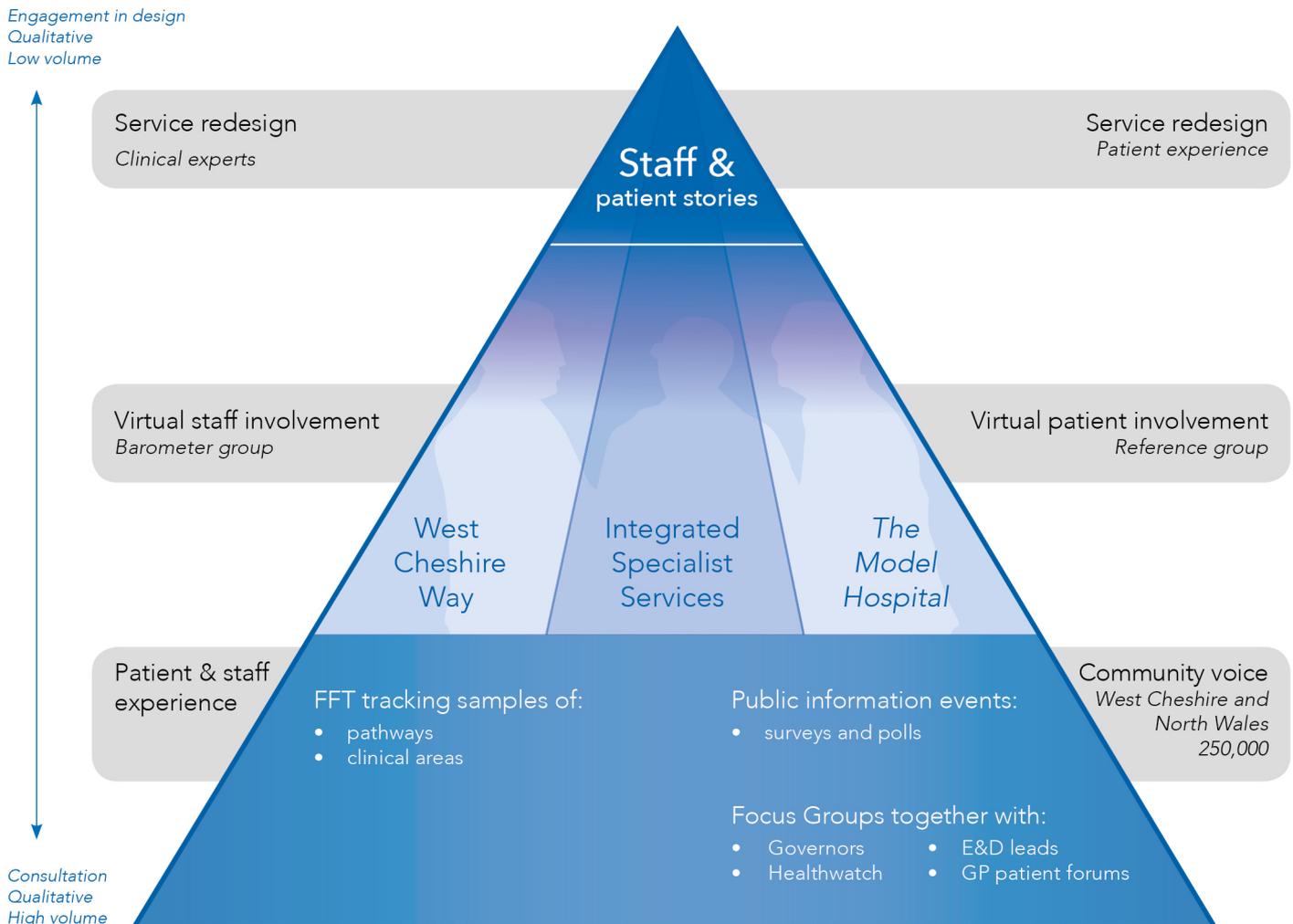


Diagram 1: Using high volume patient feedback as a starting point for involvement

Closing the feedback loop

At the same time as joining-up systems, the Trust needs to improve how it demonstrates patient experience is listened to and acted on. This is about 'closing the feedback loop'. It is an area highlighted for improvement in the annual NHS staff survey. The principles are simple as set out in the cycle below (Diagram 2).

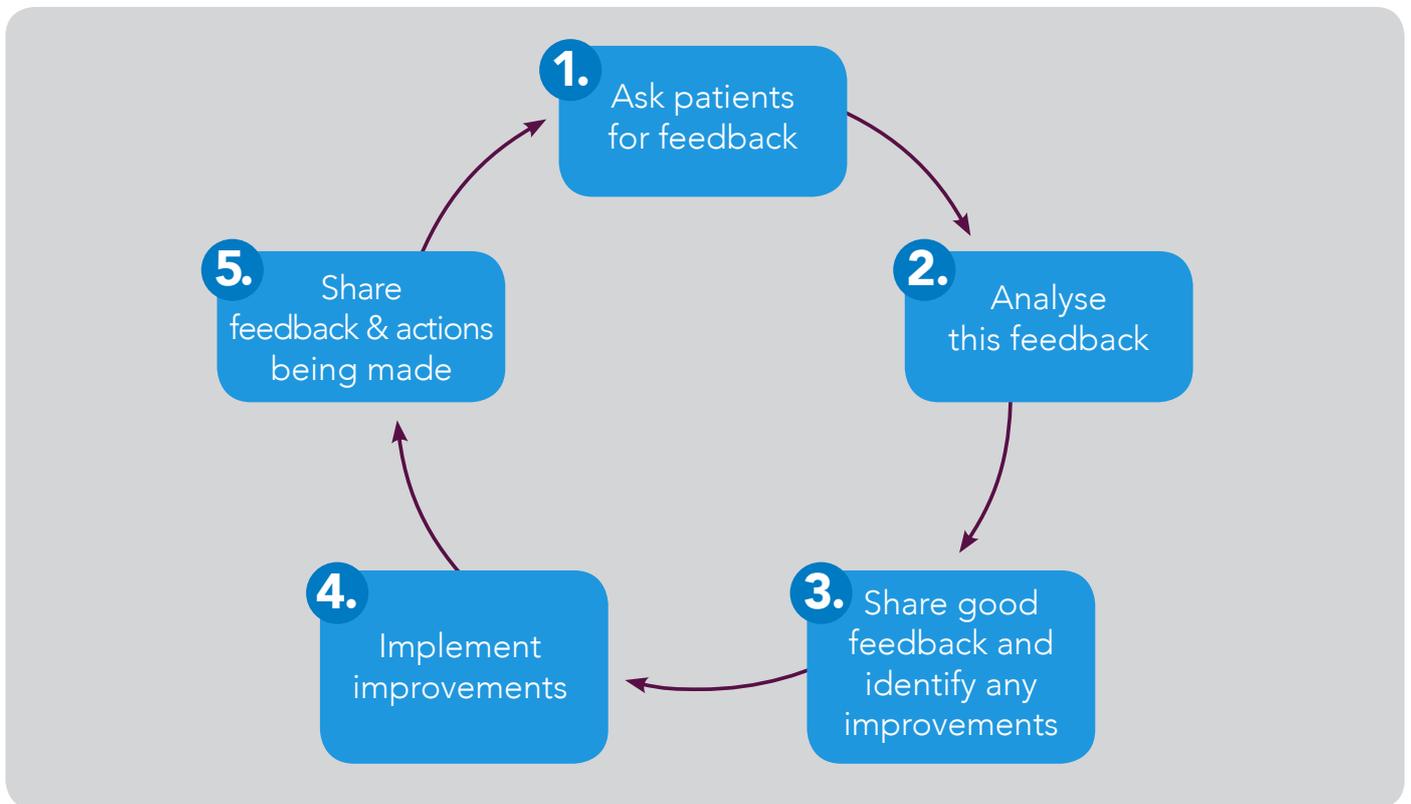


Diagram 2: The five stages to using patient experience feedback

Roles and responsibilities for patient experience

Responsibilities for ensuring a positive patient experience are relevant to all staff. However, for the effective delivery of this strategy, there are some key internal groups that have a significant contribution to make, particularly in light of no one individual or service area being accountable for patient experience.

Clinical leaders (eg nurses, midwives, AHPs, doctors)

to set the standard for the value of how patient experience feedback drives improvement and actively seek out and use patient experience feedback from operational dashboards.

PALs and Patient Experience leads

for managing effective systems and processes to provide oversight of topical feedback themes and risk.

Risk and Patient Safety leads

for ensuring oversight of how patient experience feedback aligns with risk and incident intelligence to protect patient safety.

Communications leads

for promoting channels for providing patient experience feedback, monitoring any matters of reputational risk and showcasing best practice on corporate communication channels.

Staff recognition leads

for embedding patient feedback opportunities into existing and new reward and recognition schemes.

Equality and diversity leads

for embedding best practice in seeking and responding to feedback from groups with protected characteristics.

Project managers

as advocates of using patient experience stories and involvement as a driver for shared purpose and change (service and quality improvement methodology).

Service clinical leads

(eg clinical nurse specialists) as advocates of using patient experiences stories and involvement to inform service redesign opportunities.

Governors

to contribute to the governance of patient experience feedback as representatives of their constituencies.

Volunteers

for support in gathering and listening to feedback about the patient experience.

Patient Experience Operational Group

as owners of the patient experience and involvement strategy in monitoring implementation and progress.

Quality Safety and Patient Experience Committee

for governance and oversight of the strategy and implications at board level to receive assurance it is being implemented effectively.

What this strategy will deliver...

We will focus on three areas:

1. Organisational culture

- To align how we use feedback (be it good or bad) in a way that enhances the culture of the organisation
- To clearly demonstrate examples of how patient feedback is listened to and acted on at all levels
- Further strengthen the involvement of our Governors in implementing changes to support this strategy

2. Operational excellence

To ensure effective and inclusive systems are in place for patients and the public to provide feedback

3. Organisational renewal

- To use patient experience information to intelligently guide wider patient involvement opportunities
- embed patient experience more effectively as part of planned service improvement and service redesign activities

Our plan on a page outlines the changes we will make in these areas.



Learning from Win

Last year a very frail 93-year-old, called Win, was admitted to The Countess following a fall in her sheltered housing. During her 106-day stay with us she developed pneumonia on four occasions, received care under five different consultant teams, moved wards 15 times and needed treatment for two pressure ulcers. We gave Win five units of blood and took 1.5 units of Win's blood. She was sent for 11 x-rays, had a total of 174 pathology tests (49 being blood tests) and issued 78 drug prescriptions.

When we met Win, she believed she'd had a good patient experience and had no complaints... but this cannot be the norm. It was three months before Win left our Ellesmere Port Hospital for a nursing home. We came across the full picture of her story by chance. When our doctors looked into Win's history we realised the opportunity was missed to refer her to a falls clinic for assessment on three previous occasions. This could have prevented the admission in the first place.

How many other Wins are out there? How is this good enough? We need to keep Win at the forefront of our minds when we reimagine what The Model Hospital could be in ensuring a greater level of satisfaction for our patients.



Patient

Our Vision

"Delivering NHS care locally that makes our staff and community proud"

Our Values and Behaviours

Safe Kind Effective

Organisational Culture	Operational Excellence	Organisational Renewal
<p>Align how we use feedback to enhance the culture of the organisation by:</p> <ol style="list-style-type: none"> 1. Increasing profile of 'thank you' interactions between patients and staff (aligned to values and behaviours). 2. Increasing profile of 'areas for improvement' based on feedback 3. Maintaining links between patient feedback and staff award processes. 4. Review role of use of patient feedback as part of individual performance discussions. 5. Develop improved reporting systems to report themed feedback activity categorised by compliance / breach of behavioural standards. <p>Demonstrate examples of how patient feedback is listened to and acted on at all levels by:</p> <ol style="list-style-type: none"> 1. Ensuring filmed patient stories demonstrate learning from feedback and are communicated beyond board level. 2. Publish and cascade national survey programme results. 3. Support clinical areas with development of effective and up to date 'feedback' displays. 4. Re-launch publishing of 'You Said, We Did' PALs notice board displays (with recognition of increased routes for feedback). 	<p>Ensure effective and inclusive systems are in place by:</p> <ol style="list-style-type: none"> 1. Maintaining Friends and Family Test response rates (using text and paper based systems). 2. Increase child friendly, dementia friendly and other alternative format FFT options for potential respondents. 3. Improve profile of PALs and complaints processes. 4. Improve profile of social media feedback options (Facebook and Twitter). 5. Develop improved system for capturing 'thank you card' feedback direct to wards. 6. Re-launch patient nominated staff award option. 7. Develop improved reporting systems that captures activity across all areas outlined above. 	<p>Use feedback to guide wider patient involvement opportunities by:</p> <ol style="list-style-type: none"> 1. Developing process for identifying and agreeing 'themes' for further exploration and action. 2. Develop a centralised log of all existing patient experience groups. 3. Increase organisational capability for patient focus group discussions to review themes for either assurances or learning. 4. Expand reporting and involvement in reviewing feedback to existing equality networks. <p>Embed patient experience more effectively as part of planned service improvement and service redesign activities by:</p> <ol style="list-style-type: none"> 1. Ensuring use of Friends and Family Test dashboards within team meetings. 2. Increase organisational capability in use of patient feedback / stories as a tool for improvement (eg Experience Based Design). 3. Increase organisational capability for patient focus group discussions to test and review service improvement plans (eg patient barometer group). 4. Increase testing and reviewing of service improvement plans (strategic direction) with existing equality networks.

How we will monitor getting this right...

Through our implementation plan, we will focus on the following:

Aim	How we will measure improvement
To ensure effective and inclusive systems are in place for patients and the public to provide feedback.	<ul style="list-style-type: none"> • Response rates across all areas tracked. • Frequency of reports generated to schedule / reported at board. • Feedback from focus groups and equality network.
To align how we use feedback (be it good or bad) in a way that enhances the culture of the organisation.	<ul style="list-style-type: none"> • Opportunities to see profiling of feedback. • Monitoring feedback based on compliance or breaches against behaviours.
To use patient experience information to intelligently guide wider patient involvement opportunities.	<ul style="list-style-type: none"> • Number of themes identified for further action. • Number of focus groups held and attendance. • Number of actions generated for improvement.
To embed patient experience more effectively as part of planned service improvement and service redesign activities.	<ul style="list-style-type: none"> • Audit how feedback is being used at a team level. • Uptake on requests for service improvement input using patient experience feedback.
To clearly demonstrate examples of how patient feedback is listened to and acted on at all levels.	<ul style="list-style-type: none"> • Opportunities to see profiling of feedback • Number of filmed patient stories that demonstrate learning. • Number of up to date feedback displays.

Countess of Chester Hospital NHS Foundation Trust
Liverpool Road, Chester, Cheshire CH2 1UL
www.coch.nhs.uk