NHS
North Bristol
NHS Trust

Patient and Carer Experience Strategy
2023–2026

Outstanding patient experience
ਬੇਮਿਸਾਲ ਮਰੀਜ਼ ਅਨੁਭਵ'
Bēmisāla marīza anubhava
'شاندار مریض کا تجربہ
Wyjątkowe doświadczenie pacjenta
Excelente experiência do paciente
Natitirang Karanasan ng Pasyente
Waayo-aragnimada Bukaanka
ee aadka u wanaagsan
出色的患者体验
Chūsè de huànzhě tǐyàn
Uitstekende pasiëntervaring

Foreword

This strategy reflects our commitment to the NHS constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts.

These wider NHS values underpin what we do as a Trust and shape this strategy in the four core areas we have identified with our patients to focus on in the next 5 years.

This builds on our commitment to our NBT values and our Patient First approach. We know that every successful Healthcare organisation takes the experience of their patients and the public seriously. It is undeniable that positive patient experience leads to positive clinical outcomes including improved patient safety.

Our newly developed Clinical Strategy sets out our goals for 2023-2026 as we reshape clinical services to reflect the needs of our population within an integrated health and social care system. Patient experience provides the foundation for delivering those goals, with our strategic commitment being that; "We provide patients with an outstanding experience."

We value the approach of "nothing about me without me" which means we will strive to involve our patients at all levels in their care, we will build on involving and valuing the individual, promoting inclusion, communicating through listening, and responding to feedback.

Over the years, we have engaged and listened using the feedback received to identify learning and make service improvements. We now want to scale this up, increasing our ambition to improve our services, through co-production, collaboration, and participation. We know that when our patients, carers and public feel listened to, and involved in their care and decision-making, they feel valued and respond well to the care we offer them.

We know that patient experience and colleague experience are inextricably linked, caring for our colleagues, ensuring they are happy, safe, and supported in their roles is a priority for us and the Board, through the development of our People Strategy we will commit to attracting, developing, and supporting the very best people for our organisation.

We would like to offer our thanks to Gifty Markey, Emily Ayling, Kathryn Tudor, Paul Cresswell, the patient experience team, our patient and carer partners and the countless number of individuals and organisations who have supported the development of this strategy.

Finally, we are pleased to introduce this strategy which provides the framework for how we are committed to improving the experience of our patients, carers, families, and across the full diversity of the population we serve.

Professor Maria Kane
Chief Executive

Professor Steve Hams
Chief Nursing Officer

June 2023

Patient experience by numbers

Each year we have over **1.5 million** patient interactions

91% of our patients rated their care positivley

Over **5,500** babies are born in our care each year

We have **14** Patient and Carer Partners supporting our improvement

We recieve over **6,500** compliments each year

We receive over **5,000** pieces of feedback through FFT each month

We recieve approximately **50** complaints per month

14% of our patients have both a physical and mental health need

370 volunteers give over **8,000** hours per month

In 2019 Caring was rated **‘Outstanding’** by the Care Quality Commission

‘Waiting’ is the feedback that most concerns our patients

In 2022 over **12,000** patients took part in research

We work with **two League of Friends**: Southmead and Cossham

75% of our 800 hospital beds are in designated ensuite side rooms

Our Learning Disability Team has been described as **‘one of the best’** in England

We have **11 Purple Butterfly Volunteers**, supporting patients at the end of life

Our four commitments

- ✓ **Listening to what patients tell us**
- ✓ **Working together to support and value the individual and promote inclusion**
- ✓ **Being responsive and striving for better**
- ✓ **Putting the spotlight on patient and carer experience**

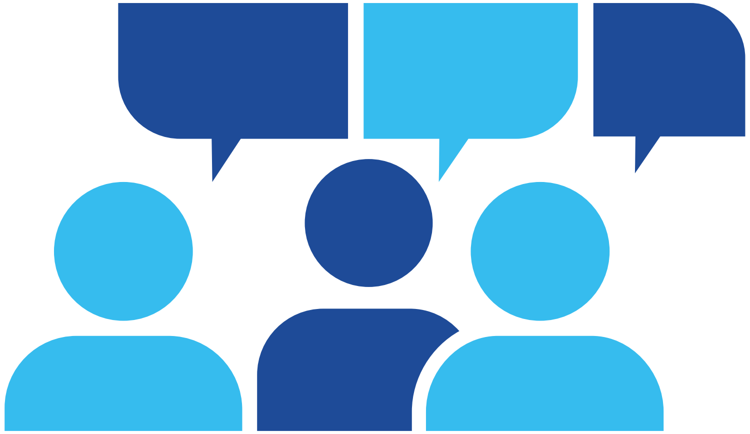
Contents

1. Introduction

1. Introduction

Healthcare is no longer solely measured by its outcomes, but also by the experience it provides to patients.

At North Bristol NHS Trust (NBT), we have developed this patient and carer experience strategy which outlines our goals and objectives for improving patient and carer experience between 2023-2026, and how we intend to achieve them.



The strategy was created in collaboration with patients, caregivers, the community, and colleagues throughout the Trust. It articulates how we will collaborate with patients and the public, understanding their lived experience of our services to provide the highest level of care possible.

It is implicit that whenever we refer to "patient experience" in this strategy, we are also including family members, significant others, and caregivers

In 2009, Professor Don Berwick expressed his concerns about becoming a patient, stating:

> **"Why I fear becoming a patient. To be made helpless before my time, to be ignorant when I want to know, to be made to sit when I wish to stand, to be alone when I need to hold my wife's hand, to eat what I do not wish to eat, to be named what I do not wish to be named, to be told when I wish to be asked, to be awoken when I wish to sleep."**

1. Introduction

This quote emphasises the importance of placing the patient at the centre of care and striving to provide an experience that is sensitive to their needs and preferences, embodying the ethos of "nothing about us without us".

This strategy focuses on how the Trust hears and receives, and uses, the 'lived experiences' of patients and carers. In doing this, it supports the recently published Clinical Strategy and is informed by the Equality, Diversity, and Inclusion Strategy.

Patient experience is a crucial component of quality healthcare, alongside patient safety, and clinical effectiveness. Each interaction that patients have with us contributes to their overall care experience. Everyone involved in a patient's journey is responsible for their experience at NBT. By placing this strategy at the centre of our operations, we can drive sustainable change over time. While we have made significant progress in various areas, much more work remains to be done. This strategy will serve as a robust framework and contributes to a holistic care approach to ensure that a focus on patient experience is embedded in every aspect of our work tangibly and measurably.

The COVID–19 pandemic shone a spotlight on the wide health inequalities experienced by our communities, the disparity is not new but has been amplified by poor access to health services and how health services interact with those they care for. Tackling health inequalities is a central part of our approach to improving patient experience and has become an integral part of our Patient First Strategy and Clinical Strategy.

In seeking and obtaining the authentic experiences of patients and their carers, we will ensure we do this across the full diversity of the patients we serve. We will do this to ensure that no one accessing the Trust's services is excluded from yielding their story because they happen to be different in some way.

We will make sure we hear and learn from patients and carers who happen to have a different ethnicity, nationality or race, or experience living with a disability, or who are women or men, or gay or straight, or have a particular faith or none, or who are of differing ages, or who are married or in a civil partnership, or pregnant or experiencing maternity, or who are reassigning their gender. We will also do this for patients across the entirety of the geographical region and across social differences.

2. Overview and purpose

2. Overview and purpose

The purpose of this strategy is to set out the Trust's aims and strategic commitments for patient experience over the next three years.

This strategy details how we will listen to and use feedback from people who use our services to monitor our performance, share understanding and information, make improvements and redesign services. This patient experience strategy is a key enabling strategy to the Trust's corporate strategy, called Patient First.

The scope and framework of this strategy encompasses all services provided by North Bristol NHS Trust. The patient experience strategy does not include patient and public engagement which will be within a separate strategy led by our communications and engagement team. It is implicit that whenever "patient experience" is used within this strategy this also includes family members, significant others, and carers.

This strategy has been developed taking account key publications and legal duties as detailed in *The Health and Social Care Act 2012, The NHS Constitution* and regulatory, improvement frameworks e.g., *Care Quality Commission (CQC) and NHS England,* and the *NHS National Patient Safety Strategy*.

There is good evidence base that positive staff experience is essential to good patient experience and this strategy will be linked with the Trust's people strategy, which is due for publication in the summer of 2023.

3. What we want to achieve

3. What we want to achieve

During the three years we will track our progress regularly and take the opportunity at the end of each year to update the Board, our patients, and our communities on our progress, alongside developing the delivery plan for the forthcoming year.

We will track our progress with a small number of overarching indicators, alongside a small subset of indicators relevant for each of our commitments.

Our overarching ten indicators are:

CQC Adult inpatient survey (annually)

- ☑ To what extent did staff looking after you involve you in decisions about your care and treatment?
- ☑ Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- ☑ During your hospital stay, were you ever asked to give your views on the quality of your care?
- ☑ Overall, how was your experience while you were in the hospital?

CQC Maternity survey (annually)

- ☑ Thinking about your care during labour and birth, were you involved in decisions about your care?

CQC Urgent and emergency care survey (annually)

- ☑ Were you involved as much as you wanted to be in decisions about your care and treatment?
- ☑ Overall, did you feel you were treated with respect and dignity while you were in A&E?

NHS Staff survey (annually)

- ☑ Care of patients/service users is my organisation’s top priority.
- ☑ If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.
- ☑ Recommend as a place to work.

4. Our organisation

4. Our organisation

NBT is one of two major hospital NHS organisations providing services to our patients from both the local area, in Bristol, South Gloucestershire and North Somerset (87% of our activity), and across the Southwest Region (13% of our activity).

We operate from two main hospitals sites (locally known as 'Southmead' and 'Cossham' Hospitals) with some services in South Bristol and North Somerset and spend £800m each year on services and, employ over 12,000 colleagues.

These services include:

Urgent and emergency care:
we provide expert emergency care and treatment 24 hours a day, 365 days a year for patients when they need us most. Most of these services are collocated on the Southmead hospital site in our Emergency Zone (EZ).

Local acute care:
we provide elective and urgent hospital services for a population of more than 500,000 people, primarily in South Gloucestershire and North Bristol.

Specialist services:
we continue to excel in the provision of tertiary services, providing great care for patients across the region and beyond. We provide both complex surgical interventions as well a suite of non-surgical specialist services that are a critical part of NHS care in the Southwest.

Diagnostic services:
NBT delivers both Pathology and Radiology across a wide network.

Maternity services:
Maternity Services at NBT provide a full range of maternity care. More than 6,000 babies are born with us every year.

4. Our organisation

Patient First

Our new Trust strategy was launched in February 2023. Patient First, is the approach we are adopting to implement this strategy.

Our reason for existing as an organisation is to put the **patient first** by delivering outstanding patient experience across the diversity of patients we serve – and that is the focal point of our strategy. Everything else supports this aspiration.

The fundamental principles of the Patient First approach are to:

- have a clear strategy that is easy to understand at all levels of NBT
- reduce our improvement expectation at NBT to a small number of critical priorities
- develop our leaders to know, run and improve their business
- become a Trust where everybody contributes to delivering improvements for our patients

But we will achieve these most quickly when we focus on our five Improvement Priorities. These have the potential to transform what we do as a Trust on behalf of our patients.

Our five Improvement Priorities are:

1. **high quality care –** we'll make our care better by design
2. **innovate to improve –** we'll unlock a better future
3. **sustainability –** we'll make best use of limited resources
4. **people –** you'll be proud to belong here
5. **commitment to our community –** we'll be in our community, for our community.

Clinical strategy

Our clinical strategy published in April 2023 places outstanding patient experience at the core of our future approach to service development and outlines our approach to how clinical services will be developed and configured over the coming years. The Strategy has five strategic themes, patients, people, population, partnership, and progress. At the core of this strategy are our patients, respecting their choice, decisions, and voice.

The strategy has six focus areas, cancer, planned care, mental health, urgent and emergency care, partners in health throughout your life and development of Bristol services.

The strategy has been published at **www.nbt.nhs.uk**

4. Our organisation

Our Aim

Outstanding Patient Experience

Trust Objectives

Deliver Great Care

Healthcare for the Future

Anchor in our Community

Improvement Priorities

High Quality Care	Innovate to improve	Sustainability	People	Commitment to our Community
Better by design	Unlocking a better future	Making best use of our limited resources	Proud to belong	In, and for, our community

NBT Values

NBTCARES Caring Ambitious Respectful Supportive

5. National context

5. National context

This strategy reflects our commitment to the NHS constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts.

These wider NHS values underpin what we do as a Trust and shape this strategy in the four core areas we have identified with our patients to focus on in the next 5 years.

The NHS Patient Experience Improvement Framework (2018) states the importance of good patient experience as an essential part of quality for all health and social care services. Good experience of care, treatment and support is as important as clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

The new CQC Strategy, published in May 2021, sets out an ambition to focus on what's important to people and communities when they access, use, and move between services, making sure that the voice of every person is heard and acted upon, recognising the importance of developing services in partnership with people, and ensuring that inequalities are addressed, and people's human rights are protected.

To develop this strategy, we have also considered our legal responsibilities, such as The Health and Social Care Act 2012, and regulatory and improvement frameworks such as the NHS National Patient Safety Strategy. We have also referred to critical publications and considered emerging evidence that positive staff experience is essential to good patient experience. As a result of this, this strategy is linked with the Trust's people strategy.

6. Where are we now?

6. Where are we now?

Engagement with our patients and our communities is a central part of how we develop our services and improve.

Our engagement is undertaken with a wide range of NBT teams and services, much of our activity is monitored through our Patient and Carer Experience Group, Learning Disability and Autism Steering Group and the End-of-Life Steering Group, Dementia Steering Group.

We also engage in a range of groups across the Integrated Care System and work with several colleagues from Healthwatch to Bristol Sight Loss Council and the Bristol Deaf Health Partnership.

Our volunteers are an integral part of our approach to patient experience. Each of our volunteer roles makes a unique and valuable contribution to support our patients, carers, visitors, and staff. We have over 370 volunteers, who donated over 35,000 hours of their time last year.

We have been pleased to welcome a diverse range of ward-based volunteers to provide patients with companionship, mealtime help, signposting, and specialist end-of-life support through our Purple Butterfly role. Our peer support volunteers use their lived experience to support patients within specialist teams and patient workshops. Our Fresh Arts Musicians and Pets as Therapy volunteers bring joy, and comfort, and improve well-being. We have also been pleased to welcome back our Macmillan Wellbeing Centre Volunteers this year, as well as see the continued support from our Southmead Hospital Charity volunteer team and our League of Friends cafes.

Our award-winning Move Makers and their brightly coloured uniforms are often the first people our patients meet when coming to the hospital and there are countless examples through the compliments, we receive of how they have supported patients and carers in making reasonable adjustments to ensure that patients can access services. We have also launched a new Patient Experience Survey volunteer role who goes out onto the wards and collects feedback from our patients.

This year we are celebrating the 20th anniversary of our amazing Patient and Carer Partnership. Our Patient and Carer Partners contribute to a broad range of work using their lived experience and expertise to advise and guide us.

We are proud to have a Patient Safety Partner in our role, contributing to the patient safety agenda including attending Patient Safety Committee. Our partners continue to support many committees, groups and meetings including the Equality Diversity and Inclusion Committee and the Accessible Information Standard Steering Group. Our partners have also contributed to numerous projects including Digital Patient, Management of Patient’s Property and RADAR project board. Aside from this, they continue to share valuable feedback on their experience accessing our services as patients, enabling us to make quick but significant changes.

6. Where are we now?

We have worked hard to ensure that our partners reflect our local community and have members of the LGBTQ+ community, the global majority community, working mothers, and individuals with learning disabilities and visual impairment. We now have fourteen partners and are ambitious to continue growing in numbers.

In 2019, NBT was Rated 'Good' overall by the Care Quality Commission (CQC), and 'Outstanding' in Caring and Well Led domains. We have appeared in the top 10 Trusts for research output in the National Institute for Health and Care Research (NIHR) rankings over the last five years and we were selected as an 'early adopter' trust for the National Patient Safety Incident Response Framework, recognising our commitment to improving safety.

In 2022, NBT revised and updated its values, through an extensive programme of engagement with colleagues, patients, and our communities. We agreed on the four values of Caring, Ambitious, Respectful and Supportive.

Each month we receive over 5,000 Friends and Family Test (FFT) responses from patients who have received care in either our urgent and emergency care service, outpatients' services, maternity services, or inpatient services. In 2022, our response rate was 16%, the area most praised by our patients is the kindness of our colleagues, and the area that most concern our patients is waiting.

Complaints and concerns provide us with an important opportunity to gain insight into where patient and carer experience fails to meet the expectation of those, we are providing services to. On average we receive fifty-four complaints per month and around 140 concerns raised through the Patient Advice and Liaison Service. The main themes of our complaints and concerns relate to clinical care and treatment and communication. We have a well-established Complaints Lay Review Panel which is chaired and attended by patient representatives. They review our complaints handling and hold us to account against national standards. Our panel have been recognised nationally as an exemplar.

NBT participates in the CQC annual patient survey programme, the adult inpatient survey, the urgent and emergency care survey, and the maternity survey. The most recent adult inpatient survey published in 2022 gave patients who were receiving inpatient care during October 2021 the opportunity to participate in the survey, question 46 asked "overall, how was your experience while you were in the hospital?", out of 134 hospitals participating in the survey, NBT scored 69th.

The most recent published surveys can be found in the links below:

- Adult inpatient survey here
- Maternity survey here
- Urgent and emergency care survey here

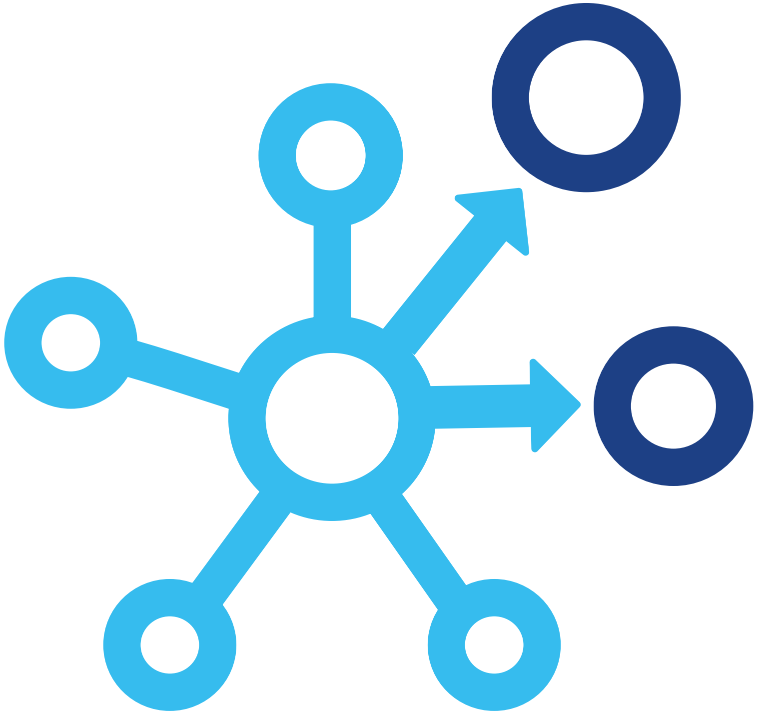
6. Where are we now?

Patient Experience ‘Baseline’ Review

Over the last 12 months, we have reviewed our performance against NHS England’s Patient Experience Improvement Framework to identify where our services meet the standards or may fall short. This has been developed through proactive engagement with our Patient and Carer Partners, our Divisional Patient Experience Leads and other stakeholders including Healthwatch.

Gaps have been themed and have framed the development of this strategic plan. Areas under the Patient Experience Improvement Framework that have been reviewed are as follows:

- Leadership.
- Organisational culture.
- Collecting feedback: capacity and capability to effectively collect feedback.
- Analysis and triangulation.
- Reporting and publication: patient feedback to drive quality.
- Improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning.



7. What does good look like?

7. What does good look like?

In 2012, the National Institute for Health and Care Excellence (NICE) published its clinical guideline (CG138) Patient Experience in Adult NHS Services: Improving the Experience of Care for people using adult NHS Services.

The Guideline, which was updated in 2021 used the best available evidence to define the aspects of a good patient experience, starting with knowing the patient as an individual. We have sought to reflect this guidance in our commitments.

The Guideline further identifies the 'Essential Requirements of Care,' these being:

- **Respect for the patient**
- **Patient concerns**
- **Nutrition, pain management and personal needs**
- **Patient independence**
- **Consent and capacity**

The NICE Quality Standard has six quality statements:

1. People using adult NHS services are treated with empathy, dignity, and respect.
2. People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs.
3. People using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
4. People using adult NHS services experience care and treatment that is tailored to their needs and preferences.
5. People using adult NHS services have their preferences for sharing information with their family members and carers established, respected, and reviewed throughout their care.
6. People using adult NHS services are supported in shared decision making.

7. What does good look like?

We have used these quality statements to 'road test' our commitments, which are outlined in the next section.

In addition, in preparation for this strategy, we held an engagement event in September 2022. We invited a range of stakeholders including staff, patients, volunteers, carer partners, Healthwatch, members of the Integrated Care System, the Bristol Sight Loss Council, and the Bristol Deaf Health Partnership.

We asked the group 'What does a good patient experience look like?'

The word cloud shows their responses which have helped form the basis of our commitments.

What does a good patient experience look like?

8. Our commitments

We have developed four commitments.

Within each of these, we have identified where we are sustaining our current good practices which takes time, energy, and resource, and where we want to 'stretch' ourselves with new ambitions.

Commitment 1:
Listening to what patients tell us

Commitment 2:
Working together to support and value the individual and promote inclusion

Commitment 3:
Being responsive and striving for better

Commitment 4:
Putting the spotlight on patient and carer experience

Commitment 1:
Listening to what patients tell us

We will collaborate with patients to improve the patient experience by listening to and acting on what patients and their friends and family tell us would improve their experience.

What do we want to achieve?

Sustain

1. We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.
2. More routine use of Patient and Carer Partners or condition-specific or demographic-specific patient focus groups and qualitative interviews to provide their expertise through lived experience in the redesign of services.
3. We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.
4. We will continue to work with, and strengthen the Bristol, North Somerset and South Gloucestershire Maternity and Neonatal Voices Partnership (MNVP) to ensure we listen to and act on feedback from women and their families.

Stretch

1. We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).
2. We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have an oversight of the experience our patients receive.
3. We will explore the implementation of a single system which allows us to collate the different sources of patient experience data in one place to allow for automated reporting and effective analysis which will in turn support us in turning data into realisable actions.
4. A near real-time feedback offer to patients (for example 15 step challenge or observe and act)
5. We will upskill our divisional leadership teams and front-line staff in how best to engage with and involve patients and use their experience and feedback to influence how they develop their service.

8. Commitment 1

How can we achieve it?	How will we measure it?
1. By ensuring that staff can access reliable data and reports about their feedback confidently and easily from the Envoy system, ward/unit quality metrics and 'Observe and Act' sources.	1. An increase in the number of active users on Envoy and automated reports being sent from the system.
2. By recruiting more Patient and Carer Partners and developing and delivering training to front-line staff on patient engagement and co-design (including working with patient and carer partners)	2. Evidence of patient partners and carers being involved in the redesign of services.
3. By ensuring this is built into the relevant committee/group workplans.	3. Committee/Group/Board minutes.
4. By building on our existing relationship with the MNVP and continuing to work closely with our Patient and Carer Partners in Maternity.	4. Strong working relationship with MNVP and evidence of continuous improvement from listening and responding to women's and families' feedback.
5. By introducing a diverse range of trained Patient Experience Volunteers to collect feedback from a range of patients representing the nine protected characteristics of the Equality Act as well as a range of conditions.	5. An increase in the volume of feedback received and the range of sources.
6. By continually seeking feedback from the Board on the content included in the IPR, and what other feedback they might like to hear.	6. Feedback on the IPR
7. By exploring what systems are available on the market or could be developed and bringing together as best we can the recording of compliments, social listening and friends and family test data etc in one place.	7. All sources of patient experience data held in a single system (including FFT, social listening, patient surveys, compliments)
8. By exploring the introduction of a Patient Experience Survey that is conducted by volunteers and ward staff and/or a real time 'mechanism' such as 'Observe and Act' or 15 step challenge.	8. Real-time feedback is being routinely collected in each clinical division.
9. By developing and delivering training to front-line staff on the use of patient experience data for improvement.	9. Successful delivery of training to front-line staff on patient engagement and use of patient experience data for improvement.

Commitment 2: Working together to support and value the individual and promote inclusion

We will value the individual by understanding what matters most to them and delivering on this. This means supporting personalised care approaches, understanding that people's experience goes beyond their physical treatment to include spiritual, religious, and pastoral, mental health care for example.

Also seeking to hear from all our patients, particularly those from seldom-heard groups. by listening to and acting on what patients and their friends and family tell us would improve their experience.

What do we want to achieve?

Sustain

1. We will deliver the Accessible Information Standard (AIS).
2. We will build upon existing volunteering roles such as purple butterfly volunteers, mealtime companions and patient feedback volunteers, and spiritual care volunteers, that support staff to understand and meet the individual needs of our patients.
3. We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.
4. We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.
5. We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.
6. We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.
7. The voice and the involvement of carers will be respected and integral in all we do.

8. Commitment 2

Stretch

1. We want to understand what good patient experience means to all our patients those seldom-heard voices in our local community so we can act upon this.
2. Working with our Equality, Diversity, and Inclusion team and the VCSE sector we will develop a programme of community health activism, supporting communities to positively engage with hospital services.
3. Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' and "Supported Decision Making".
4. We will improve our Cancer Patient Experience scores, learning from the insight this provides.
5. We will commit to co-design volunteer roles together with patients.
6. We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.
7. We will ensure an Equality and Quality Impact Assessment (EQIA) is completed on significant decisions taken by the organisation.

8. Commitment 2

How can we achieve it?

1. By continuing to support and resource the existing AIS programme of work and monitor this through the AIS Steering Group.
2. By growing the number of volunteers in these roles and exploring the scope of these roles.
3. By working to understand the barriers to volunteering for specific demographic groups and seeking to overcome these.
4. By building links with faith communities to support the needs of our patients' spiritual and pastoral needs and ensuring person-centred holistic assessment, care planning, response, and recording of patients' spiritual, pastoral, and religious needs.
5. By identifying patients with specific health conditions (for example diabetes) and actively recruiting them to our Patient and Carer Partnership.
6. By improving the number of Learning Disability and Autistic People with Hospital Passports, and ensuring reasonable adjustments are in place when required to meet their needs. Using forums like Hospital User Group (HUG) for Autistic Patients to collect feedback to improve care.
7. By working closely with our Carers Liaison Team.
8. By working with Voluntary, Community and Social Enterprise (VCSE) organisations that already have links to seldom-heard groups, we will engage, gather feedback, and understand their needs and what matters most to their patient experience. And creating a programme of engagement activities and events that are accessible to all and take place in the community.
9. By increasing awareness of personalised care approaches through staff communications and developing an audit template for reviewing patient digital records and personalised care approaches.
10. By developing an action plan to focus on key areas for improvement and recruitment of Patient and Carer Partners with lived experience of cancer.
11. By speaking with patients to understand what roles would improve their experience of care.
12. By working with our colleagues to understand how we can work together to reduce health inequalities.
13. By working with our colleagues in the EDI team.

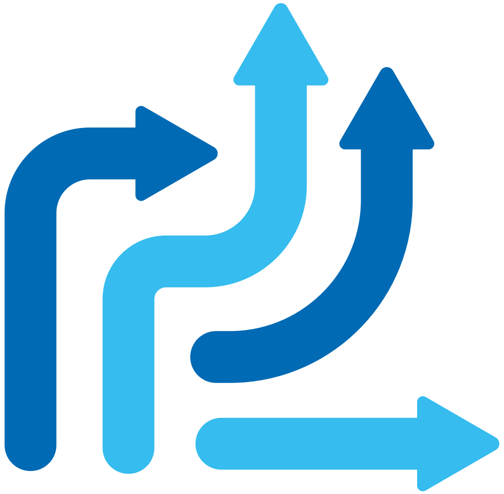
8. Commitment 2

How will we measure it?

1. Achieving compliance with all aspects of the accessible information standards. Progress is monitored and measured by an annual audit.
2. An increase in the number of purple butterfly volunteers, mealtime companions and patient feedback volunteers and spiritual care volunteers.
3. Increased diversity among the volunteers at NBT, in particular in Outpatients.
4. Feedback from patients and families/carers about the SPaRC support received.
5. Recruitment of at least four Patient and Carer partners each year representing specific health conditions or reflecting the local patient population demographics.
6. Audit the Patients with reasonable adjustments and Hospital Passports who have used our services and feedback from Patients with Mental Health diagnoses using our services.
7. Feedback from Carers using our services.
8. We can demonstrate a thorough understanding of what good patient experience means to different patient groups in our local population.
9. By undertaking a baseline review to understand the current use of personalised care approaches and introducing an audit process to continually evaluate the use of personalised care approaches going forwards. Ninety-five percent of audited records will show evidence of personalised care approaches (‘This is me,’ ‘Shared Decision and Supported Decision).
10. We have a patient and carer partner with lived experience of cancer and have improved score in the CPES.
11. We can demonstrate at least two volunteering roles that have been developed jointly with patients.
12. Alongside our partners, we have been able to reduce health inequalities for patients with a protected characteristic and/or who live in communities with a high health need.
13. Evidence of an EQIA being completed consistently for significant decisions.

Commitment 3:
Being responsive and striving for better

We will be responsive to the feedback we receive, ensuring that we are using it to drive improvements.



What do we want to achieve?

Sustain

1. We will respond to 85% of our Patient Advice and Liaison Service (PALS) concerns within agreed timescales.
2. We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses.
3. We will consistently respond to 90% of complaints within agreed timescales.
4. Improved FFT scores, as set out within our Patient First priorities.
5. We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.

Stretch

1. We will be better at sharing best practices and positive feedback across the Trust by systematically promoting this.
2. We will improve the collection and recording of compliments and positive feedback.
3. We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.
4. We will optimise our reporting and management of PALS and Complaints through our new quality governance system (Radar).
5. We will be able to triangulate data from other sources (Claims, Patient Safety, Safeguarding, Risk, Audit) to enable divisions to know where they need to be responding and acting.
6. We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.
7. We will promote the importance of patient experience and responding to feedback through the NBT Healthcare Excellence in Leadership and Management Programme (HELM).

8. Commitment 3

How can we achieve it?

1. By having a clear escalation for PALS concerns and complaints that are going overdue.
2. By promoting the opportunity to join the Complaints Lay Review Panel to those who may have experienced the complaint process, to volunteers and through our website.
3. By improving working across divisions with a cross-divisional complaints meeting and improving the use of initial phone calls to complainants and agreeing on achievable, reasonable timescales for complaints that reflect the specific complaint rather than a one-size fits all approach.
4. Through Patient First Improvement Projects.
5. Continuing to engage in the annual PLACE audits with the involvement of patient and carer partners/volunteers.
6. ‘Feedback Friday’ on Twitter and use of social media to promote positive feedback received.
7. By exploring the use of Radar to support the logging and monitoring of compliments
8. By auditing current complaints processes against the new standards and following an action plan to ensure any identified gaps are addressed.
9. By implementing Radar with improvements to process and reporting that reflect the needs of end-users.
10. Using Radar to assist in the triangulation of data from multiple sources (Incidents, PALS, Complaints, Safeguarding etc.)
11. By gathering routine feedback from volunteers.
12. By ensuring the HELM programme promotes the importance of patient experience and being responsive to the feedback received.

How will we measure it?

1. Monthly compliance reporting against internal standards for PALS timescales.
2. Increased membership to the Complaints Lay Review Panel and quarterly review of complaints cases. Audit of several returned cases.
3. Monthly compliance reporting against internal standards for complaints timescales. Audit data showing increased use of initial phone calls and bespoke timescales. Ongoing monitoring of PALS and complaints feedback and evidence of weekly cross-divisional complaints meetings taking place
4. Improved performance in patient’s reported patient experience through FFT positive scores (as defined by Patient First).
5. Evidence of PLACE audits completed.
6. Feedback Friday and positive feedback visible on social media.
7. Improved monitoring of compliments and ability to analyse trends and themes.
8. Quarterly reporting on progress against PHSO standards at Divisional Patient Experience Group.
9. End user feedback and reporting outputs from Radar.
10. Single action plans held at the divisional level which capture themes arising from different sources of insight (complaints, PALS, Incidents).
11. Evidence of volunteers’ feedback shaping roles.
12. Feedback from HELM delegates and evidenced in training materials.

Commitment 4: Putting the spotlight on patient and carer experience

We will ensure the patient's voice is heard from the ward to the Board and that we have a vibrant Trust-wide vision of what a good patient experience looks like and how we can improve this.

What do we want to achieve?

Sustain

1. We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well.
2. We will refresh the patient experience portal on our website and staff intranet.
3. We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy.
4. We will actively support patients to participate in clinical research.

Stretch

1. We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.
2. We will collaborate with colleagues in our Learning Development to further embed patient experience training in leadership development
3. We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.

8. Commitment 4

How can we achieve it?

1. Agreement of a Framework for enabling high-quality patient experience stories to be heard at the Trust Board, planned, and aligned to board strategic priorities, thus ensuring the patient voice is significant within those key areas.
2. By reviewing the LINK information to ensure the most up-to-date information and resources.
3. By ensuring that patients are actively involved in the new patient safety processes.
4. By linking with the Patient Involvement Lead for Research to understand existing methods to support patients to participate in clinical research and consider further opportunities.
5. By developing a patient experience communication and engagement plan, with our communications and engagement team, to ensure patient experience remains highly visible to colleagues. By creating our own Patient Experience social media handles with support from the Communication team. By introducing a quarterly newsletter
6. By ensuring patient experience training is being delivered where relevant, working in partnership with the Learning and Development team.
7. By working with the Learning and Development Team to create an e-learning module.

How will we measure it?

1. Feedback from the Board that they can hear the patient’s voice.
2. Helpful, well-referenced patient experience intranet.
3. Evidence of patients actively and consistently contributing to the Patient Safety agenda.
4. Feedback from patients shows they are aware of the opportunity to be involved in research and feels supported to do so.
5. Patient experience is visible, and the voice of the patient is heard from the ward to the Board. Staff know what patients are saying about their services.
6. Increased visibility of patient experience content in training programmes. Increased knowledge and understanding of patient experience across the Trust
7. E-learning module on Patient Experience.

9. Governance and reporting

Having effective leadership is essential to successfully fulfilling the commitments outlined in this strategy. Our ambitions in this strategy will be achieved through the delivery of a detailed overarching action plan, which will identify clear markers and lines of accountability. This will support and establish a clear reporting and accountability framework for this strategy. Our progress will be monitored through various Trust governance structures.

A clear reporting and accountability framework is required to monitor progress and ensure delivery is on track and any associated risks identified. We will use the following methods to provide transparency of progress being made, co-ordinate activity and identify any emerging risks.

9. Governance and reporting

National data collection

This will measure performance and progress on patient experience

- National annual patient surveys – we will measure our progress on the previous year's results.
- National annual audits i.e., End of Life Care.
- Self-assessment against relevant frameworks e.g., CQC regulations and NHS England.
- Friends and family survey data.

Triangulation

Patient experience feedback will be reviewed/correlated with other performance measures

- Systematic analysis of patient experience feedback data and triangulation of this with patient safety metrics and staff experience metrics through Integrated Performance Review (IPR) and monthly reporting.
- The divisional leadership team will use patient experience data to support surveillance of areas for improvement and an early warning system to prompt further review.

Progress reports

- Monthly insight, performance, and quarterly progress reports to the Patient Experience and Carer Committee with upward reports to the Board. These will track progress against the annual patient and carer experience work plan, alongside a set of patient experience indicators.
- Monthly review of performance at the Divisional Performance Reviews.
- Regular reporting to our Patient Partner Group.
- Quarterly engagement meetings with the CQC.
- Trust annual Quality Accounts and Annual Complaints/ Report.

10. How we developed our strategy

We are strongly committed to engaging with and involving people in our work. This strategy has therefore been directly influenced by what our patients, carers, staff, and our wider communities' stakeholders have told us.

In the lead-up to writing this strategy, we engaged with our stakeholders, exploring what good patient and carer experience meant for them.

Following this, the groups listed opposite have been consulted to shape this strategy for NBT:

- Stakeholder Events in 2022
- Patient and Carer Partners Group
- Patient and Carer Experience Group
- Patient and Carer Experience Committee
- Divisional Directors of Nursing and Divisional Management Teams
- Chief Medical Officer's Team
- Chief Allied Health Professional and team
- Divisional Patient Experience Leads
- Volunteering Services and Spiritual and Pastoral Care Team
- Carer Strategy Group
- Dementia Steering Group
- Learning Disability and Autism Steering Group

The editorial team:

- Gifty Markey, Associate Chief Nursing Officer for Mental Health, Learning Disabilities & Neurodiversity
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North Bristol
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