



Patient Experience and Involvement Strategy 2022–2025

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Patient Experience is everybody's business

Foreword

“Patients and their carers are our best witnesses of healthcare. Being centre of the healthcare process, unlike most staff, they observe almost the whole process of care, meaning that they can provide invaluable insights into the quality and delivery of care provision. An evidence-based approach to patient experience can help improve services for both patients, and those delivering services”

(Health Foundation 2013).

At Lancashire Teaching Hospitals NHS Foundation Trust, we understand that improving the experience for patients and their carers, our staff and our partners is fundamental to everything that we do. As we launch our second Patient Experience and Involvement strategy, we have reviewed the evidence base for improving patient experience and engaged with our patients, families, carers, colleagues, and governors as our strongest partners to co-produce our vision, strategy and implementation plan to continually improve our patients experience.

In developing this strategy our teams have reviewed the Patient Experience Improvement Framework (NHS England, 2018), an evidence-based organisational development tool that gives Trusts a framework to assess their current approaches to experience of care. This framework uses the areas of leadership, culture, collecting data, triangulating data, learning for improvement and reporting to inform the development of Patient Experience strategies and delivery plans to cover all aspects of experience of care from patients, families and carers as well as staff.

We understand that during the Covid-19 pandemic improving patient experience was difficult for healthcare organisations, especially during times when visitors were not permitted. As we launch this strategy, we commit to maximising improvements in patient experience. By working together, we can build on our compassionate culture, recognising the connectivity between staff and patient experience and nurture the conditions required for continuous improvement in patient experience to flourish.

People’s lived experience is a powerful tool to improve existing services and identify new and better ways to meet their needs (King’s Fund, 2022). We will listen and learn from the local communities that we serve in a variety of different ways moving forward. Through this strategy we commit to using the insights and intelligence from our extensive sources of data from local Healthwatch teams to large scale national patient surveys, citizen assemblies and service user stories to co-produce our improvements.

We also commit to learning from the best as we further involve our patients and local communities. Co-production is a meeting of minds coming together to find shared solutions. From the launch of this strategy, we will involve people who use our services not only in consultations but through working together from the start to the end of any project that affects them, we will co-produce better solutions and services together. “When co-production works best, people who use services and their carers are valued by organisations as equal partners, can share power and have influence over decisions made” (King’s Fund 2022) and this is our commitment to the communities we serve.

Through this strategy and implementation plan we will also embed patient experience into our improvement programmes at every level and will co-produce and deliver an ambitious patient experience improvement programme, aiming to learn from global leaders in this field.

We thank our patients, local communities, staff, partners and governors who have been involved in the development of this strategy and look forward to working with you as equal partners to deliver this strategy.



Sarah Cullen
Nursing, Midwifery
& AHP Director



Kevin McGee
Chief Executive



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Strategy overview

Our three year strategy (2022-2025) is designed around our Trust ambition to Consistently Deliver Excellent Care for our patients and describes the Lancashire Teaching Hospitals ambition to deliver a positive patient experience delivered in partnership, whilst improving outcomes and reducing harm, getting it right first time and ensuring a safe, caring environment.

Developing the strategy

Our previous Patient Experience and Involvement Strategy ended in March 2022. Continuing the work, we have focused on listening and learning, whilst setting a vision for our new Patient Experience and Involvement Strategy 2022-2025. We asked patients, relatives, carers, colleagues, governors, and partner organisations to contribute to setting the actions in the strategy. We have actively sought the views from patient groups who represent those with protected characteristics and recognise the importance of intersectionality when considering this feedback. We have also used intelligence and insight from patient feedback, national patient surveys, friends and family tests, complaints, concerns and compliments and Care Quality Commission (CQC) reports to inform our actions. We will continue to work in partnership with these forums to review progress and constantly look for ways to improve and involve patients in any changes we make to our services.

We understand that patient experience has been impacted upon by the COVID-19 pandemic and this has potentially changed what good patient experience feels and looks like whilst also changing some of the processes and ways of working in clinical environments. Whilst challenging, this brings an opportunity to reshape what good looks like in the 'living with Covid-19' world.

We have learned from our feedback that whilst we often get things right for our patients, further improvements are required to ensure consistency across pathways of care and coordinated compassionate care in all of our services.

The Patient Experience and Involvement Strategy is closely linked to a number of our Trust strategies including our Equality, Diversity and Inclusion strategy, our Workforce Strategy, our Mental Health and Dementia Strategy and also our Safety Strategy, Always Safety First. We know that patients and families often identify risks and if listened to, this provides an opportunity to avoid harm in healthcare settings. This is an important part of our strategy and aligns closely to the Always Safety First Strategy.

We also know the environment where care is provided has a significant impact on experience. Lancashire Teaching Hospitals is part of the New Hospitals Programme nationally. This recognises the age of the estate and the limitations this presents in upgrading estate work. However, our patients tell us that cleanliness is one of the most important features and we will strive, particularly where the estate remains challenging to ensure cleanliness is prioritised.

It is important to us that our staff feel proud of the care they deliver and would recommend the organisation as a place to work and a place to receive care. These principles should be seen as golden threads throughout the strategy.

Defining our approach to patient experience

NHS Improvement published a patient experience improvement framework in June 2018 which identified the following consistent themes which have been incorporated into the framework to support self-assessment at an organisational level. The self-assessment will be undertaken in partnership with our patients to provide a baseline measure.

Theme	Key elements that impact on patient experience
Leadership	<ul style="list-style-type: none"> • Where all the workforce and stakeholders were aware of and worked with an organisation strategy with an explicit patient safety focus, this reflected services that were well designed to meet the needs of patients. • Where staff were proud of the organisation and engagement in quality improvement and the strategy were strong, this was reflected in excellent interactions between staff and patients and between staff themselves. • Visible and accessible leadership sets the tone for the staff. • Where the board heard a patient story at every meeting the executive and non-executive directors appeared to have an understanding of patients' experiences.
Organisational Culture	<ul style="list-style-type: none"> • An open and transparent organisational culture has a positive impact on staff and patients. • Where there were highly encouraged and evident innovation and quality improvement programmes, there was also a notable improvement in the patient experience. • Where there is a culture of all staff groups showing pride in their work and in being part of the organisation, this seemed to lead to a real commitment to learn from mistakes. • Where staff were proud of their organisation as a place to work and spoke highly of the culture coupled with consistently high levels of constructive engagement, staff at all levels were keen to contribute to service improvement which led to a positive patient experience. • Patients also have a positive experience where there is a culture of safety across an organisation that puts the patient first and gives patient experience the highest priority with the implementation of real-time patient feedback.
Compassionate Care	<ul style="list-style-type: none"> • Patient experience is positive when staff give care that is compassionate, involves patients in decision-making and provides them with good emotional support. • Patient experience was enhanced when staff ensured there was time for patients to ask questions, when people using the services were treated as individuals and their specific emotional needs considered, including their cultural, emotional and social needs. • Patients and public voice should be heard through a number of sources including the council of governors feeding information into the trust, with clear processes for feedback. • Where staff created a strong, visible, person-centred culture, they were highly motivated and inspired to offer the best possible care to patients. • The appointment of a head of patient experience indicated organisational commitment to this aspect of quality. • Patient experience was positive when patients and their families felt involved and understood what to expect in relation to their care. Patient experience was improved where staff treated patients with dignity and respect at all times.

Safe Staffing Levels	<ul style="list-style-type: none"> • Nurse staffing levels appear to be a decisive factor in good patient experience. • When escalation processes were well defined and embedded throughout the organisation to ensure safe staffing this appeared to link to a positive patient experience. Staff did not appear to feel the burden of nurse vacancies when staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. • A strong culture of shared ownership for patients, along with effective multidisciplinary working, had a direct impact on patient and staff experience. • Effective multidisciplinary working secured good outcomes and seamless care. Where a multidisciplinary approach was actively encouraged there were examples of co-ordinated care having a positive impact on patient experience. When staff in all disciplines worked well together for the benefit of patients, patient experience was positive, and this correlated with Friends and Family Test and the staff survey
Consistent Incident Reporting and learning lessons	<ul style="list-style-type: none"> • Where there was a strong 'just'* culture staff felt empowered to report incidents and recognised the importance of reporting them to ensure patient safety. • Patients had a positive experience even when complaining as long as complaints were responded to in a timely and appropriate manner. This usually resulted from in a conversation with the patient and being open about the incident. In these cases the Duty of Candour was followed and trust processes were open and transparent for patients, families and carers. • Where there was a wide range of data to monitor and measure clinical outcome this was related to a positive patient experience, assurance provided at board level and an Outstanding-rated organisation. • Where there was effective governance and assurance the board had clear oversight of the risks affecting the quality, experience, and safety of care for patients.

Source: Adapted from the NHS Improvement Patient Experience Framework

*This has been updated from the self assessment of the framework to reflect the latest work on just culture.

Coproduction - a new way of working (King's Fund 2022)

Coproduction outlines a different way of working in which the relationship between patients and local communities who use our services changes from basic engagement or consultation to a more meaningful form of involvement with a more equitable level of power between partners. Within this strategy we make a commitment to work in partnership with our patients, their carers, staff, governors and wider partners to coproduce the service improvements that will deliver improvements in patient experience on an equal footing. Working together we will design and deliver a comprehensive patient experience programme.

Our patients' experience is also a key component of quality improvement, where patient feedback can identify areas that need improving and how they could be improved. There is a strong link between people having positive experiences of care and other aspects of quality, including clinical effectiveness and patient safety (Doyle et al 2013).

Measuring Impact

The Health Foundation have undertaken an evidence scan focused on measuring patient experience which included a review of 328 empirical studies.

Strategies for measuring patient experience can be viewed along a continuum, from those that collect detailed descriptive feedback to those that collate numerical data. The measurement plan for this strategy will include both quantitative and qualitative data.



The Strategy

The strategy has been divided into three sections:

(i) **Insight:** Improve our understanding of patient experience and involvement by listening and drawing insight from multiple sources of information.

(ii) **Involvement:** Equip patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system.

(iii) **Improvement:** Design and support improvement programmes that deliver effective and sustainable change.

Through this strategy we recognise the opportunity to shape a culture that is more sensitive to listening and acting on feedback that is consciously inclusive, individualised and sensitive to the needs of the patient and family. By doing this we aim to change the way services are delivered to design out the health inequalities in our systems and processes.

Our ambition is to better and consciously meet the needs of people, who due to protected characteristics are more likely to incur negative experiences.

Key enablers and stakeholders are identified within the strategy, specifically creating the infrastructure for improving patient experience. The successful delivery of this strategy is underpinned by culture, leadership, engagement and education programmes of work. These programmes of work will be supported by robust data analysis at patient group level to ensure we are able to listen and act more effectively.

Measurement Strategy

We will have a suite of outcome measures that will enable us to measure success and these are aligned to Our Big Plan. The improvement measures are identified within the insight section of the strategy and include:

Reduction in complaints

Improved recommendations via Friends and Family test

Increased responses to Friends and Family test

Increased compliments

Improved outcomes in National patient surveys

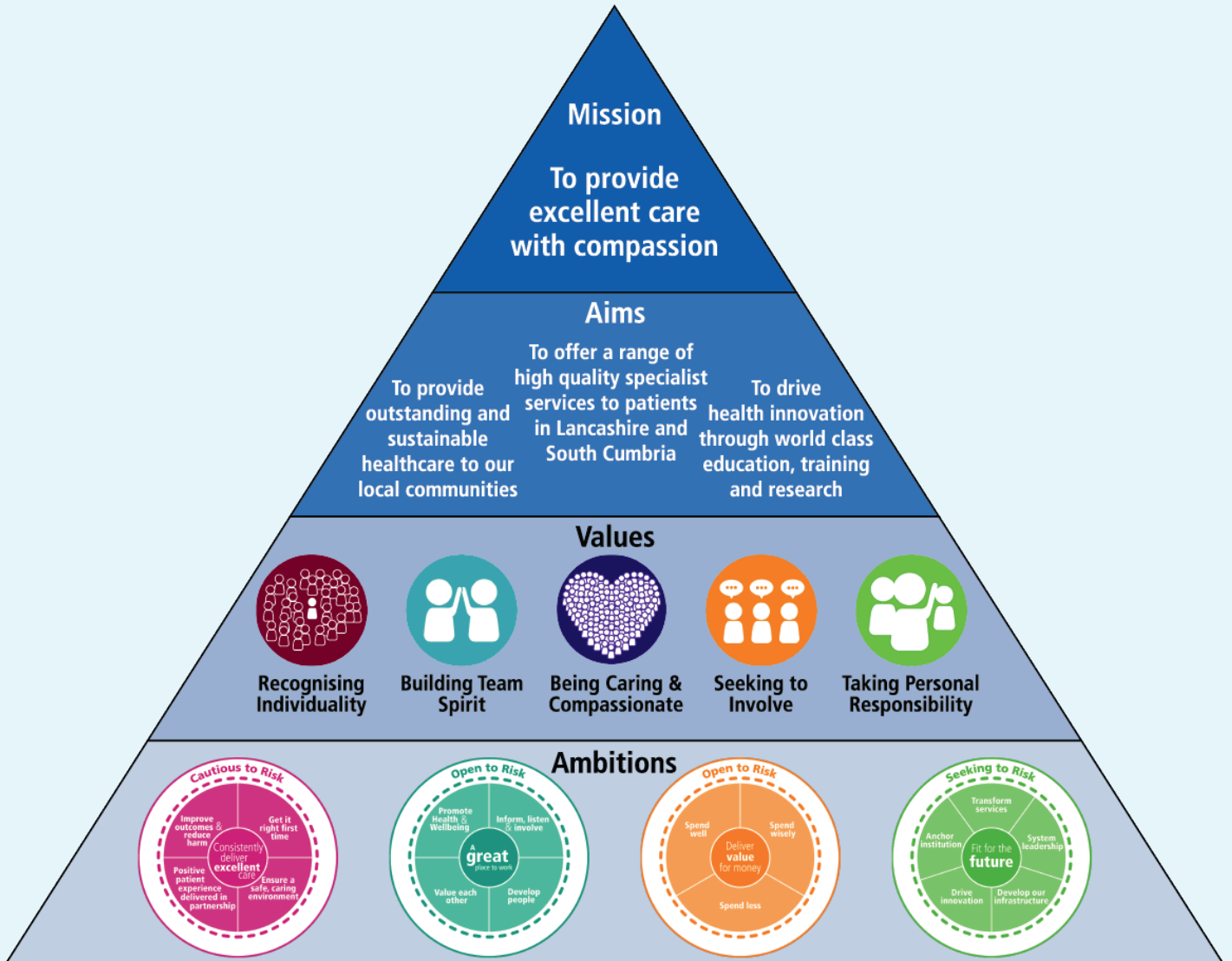
Improved response times to concerns and complaints

Reduced number of 2nd complaints

Increased evidence of patient co-production

Improved training metrics in communication, customer care and early resolution

Our Big Plan strategy



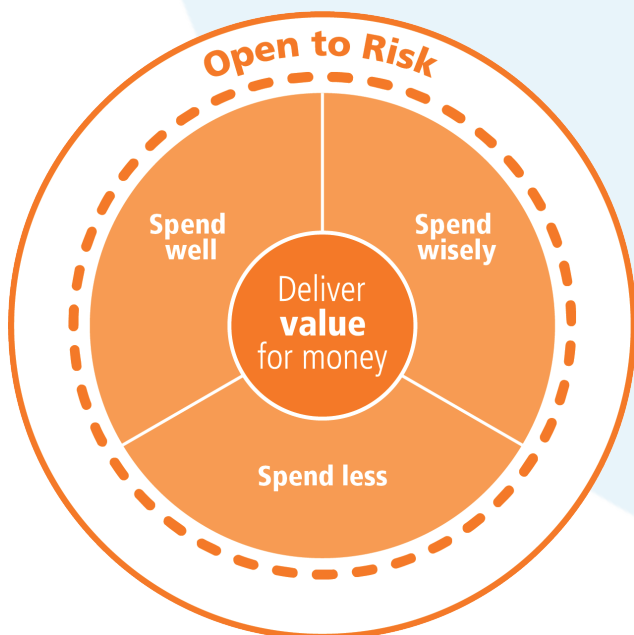
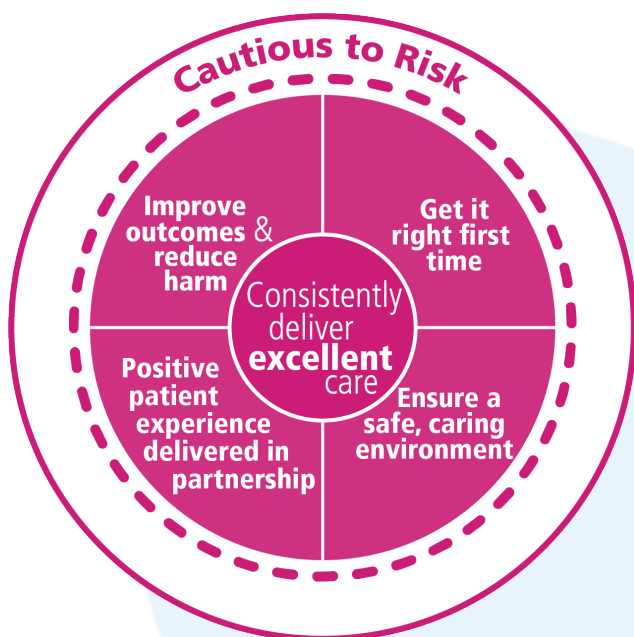
Alignment to Trust objectives

The objectives defined in this plan are framed on the Trust's core objectives which are:

- To provide sustainable and outstanding healthcare to our local communities
- To offer a range of high quality services to patients in Lancashire and South Cumbria
- To drive health innovation through world class education, training and research

These objectives are translated into key deliverables founded on four ambitions:

Our three year strategy (2022-2025) is designed around our Trust ambition to Consistently Deliver Excellent Care for our patients and describes the Lancashire Teaching Hospitals ambition to deliver a positive patient experience delivered in partnership, whilst improving outcomes and reducing harm, getting it right first time and ensuring a safe, caring environment. However, patient experience is reliant on each of the ambitions within our big plan and as such the strategy should be read alongside Our Big plan and supporting strategies.



How our patients will see and feel our values in action

At Lancashire Teaching Hospitals our values set out the behaviours we expect our staff to show to one another when caring for you as one of our patients. Our values are at the very centre of what we all do and define who we are both as individuals and as an organisation.

Our values are more than just words, they are the bedrock of our organisation and should remain constant in every situation. We seek to live by our values so we can create a positive, trusting, supportive atmosphere enabling us to always deliver an exceptional quality of care. We have high standards for our staff, we believe

that we should always act with professionalism, integrity, compassion, empathy, understanding, showing dignity and respect to staff, patients and families from all groups or backgrounds.

We hope as a patient or relative you will be able to see us live the values in how we communicate, behave, work and care, we would want them to be apparent in every interaction we have with you.

The five core values we live by are;



Being Caring and Compassionate

To demonstrate we are working in line with this value we will:

- Use every opportunity to show care and compassion
- Have 'I'm here to help' frame of mind
- Try to understand what it is like to be in your shoes
- Be honest
- Give you the time and opportunity to express how you feel
- Take action to help make things better
- Provide you with information as a way of reducing the fear of the unknown
- Provide feedback to explain what has happened if things go wrong
- Be welcoming and friendly at all times



Recognising Individuality

To demonstrate we are working in line with this value we will:

- Listen to you in order to understand your views
- Ask you how you feel about your treatment
- Seek to understand your needs so we can provide you with the most appropriate care or service
- Check that you understand what we have said and provide you with a more simple explanation if need be
- Be self aware, understanding the impact our behaviour has on you and your relatives
- Try to understand your feelings and identify what we can do to assist you
- Give feedback in a sensitive yet constructive manner
- Be respectful of all



Seeking to Involve

To demonstrate we are working in line with this value we will:

- Ask you for your opinion, making you feel equal in any conversation
- Address you and not talk in front of you as though you are not there
- Use a communication style that emphasises listening over lecturing
- Seek to involve other colleagues, in order to provide you with the right level of expertise and determine what approach would be the best for you
- Give thanks and value all contributions regardless of who makes it
- Offer to get involved rather than waiting to be asked
- Explain why, so you can understand the reasons for the decision and what it means for you
- Offer guidance when complex choices have to be made



Building Team Spirit

To demonstrate we are working in line with this value we will:

- Work as one joined up team towards a common goal – providing you with high quality care
- Do what it takes to provide a high quality service by stepping outside of our 'normal' job roles if necessary to smooth out problem areas
- Take a shared approach to your care by effectively communicating across the team, ensuring colleagues have the information they need to understand your situation and to prevent you from having to repeat information
- Make use of each others' strengths, using colleagues' skills and knowledge to provide the best possible service
- All work to the same standards providing a seamless service regardless of the situation, time of day and who is involved
- Be courteous and polite
- Challenge colleagues in an appropriate manner if standards are not being met or values are not being 'lived'
- Use tact and tolerance when dealing with others



Taking Personal Responsibility

To demonstrate we are working in line with this value we will:

- Welcome constructive feedback then take steps to make changes in line with the feedback received
- Reflect on our own behaviour/performance identifying what could be improved
- Take a problem solving approach to challenges, issues or difficulties
- Propose solutions to resolve problems or processes that are not working
- Take issues on as they arise, rather than pretending we haven't noticed them in the hope someone else will sort it out
- Recognise that each of us is responsible for our own deeds, actions and language used
- Apologise for mistakes made and seek to put things right
- Be concerned when things are 'not right'



Delivering the Plan

The Patient Experience and Involvement Group, a sub-committee of the Safety and Quality Committee will oversee the implementation of this strategy, the committee will focus on the three major areas of work: insights, involvement and improvement.

This committee is made up of patients, carers, patient and carer groups, governors and staff colleagues and has a flattened hierarchy of team members to optimise our data and experience driven intelligence to identify the improvement priorities ('insights'), further improving the involvement of our patients, staff and stakeholders in designing the improvements required ('involvement') and overseeing the design, testing, implementation and monitoring of our improvement programmes ('improvement').

The deliverables outlined in this strategy will be delivered through the Patient Experience and Involvement sub-committee and monitored by the Trust Safety and Quality Committee, the committee will use the intelligence created through the subcommittee to inform future priorities of 'Our Big Plan'.

Progress will be monitored through a Patient experience dashboard, which will be developed. Progress will be reported via an annual report to the Safety and Quality Committee.

The Safety Triangulation Accreditation (STAR) Programme will be a key vehicle to test the deliverables of the strategy in action from ward to board and reported to Safety and Quality Committee and Board.

The strategy is applicable to all areas of the organisation including inpatient, outpatient, community and satellite services, adult, children and young people, maternity, intensive care and rehabilitation services.

The action plan will be reviewed quarterly to ensure delivery continues to remain on track and to ensure it continues to fully align with the Trust's Big Plan

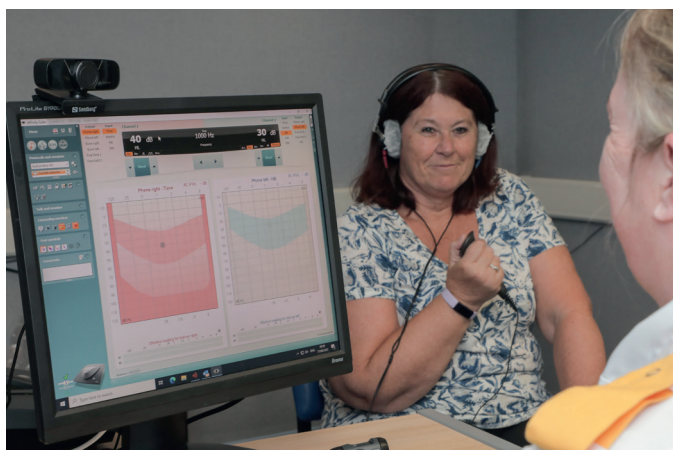
The strategy will be considered as a fundamental strategy of the organisation and will evolve each year, considering broader learning elicited through other strategies across the organisation.

Our clinical and corporate teams will work together to implement this strategy. Each team will have a clearly defined role in supporting improvements in patient experience.

The 3 Year Patient Experience and Involvement implementation Plan

1. INSIGHT		AIM: <i>Improve our understanding of patient experience and involvement by listening and drawing insight from multiple sources of information.</i>	
<p>We will adopt and promote key patient experience measurement principles and use culture metrics to better understand how good patient experience is by:</p> <ul style="list-style-type: none"> • Having an emphasis on continual feedback from patients, families and carers and measurement for improvement. • Listening to patients • Identify opportunities for improvement based on real feedback and act on these responsively 			
Year 1	Year 2	Year 3	
<p>Driving improvement</p> <p>We will create a dashboard of patient experience and involvement measures. Initiate key programmes of work and define reporting and monitoring arrangements for programmes of work.</p> <p>The dashboard will triangulate feedback sources e.g., themes from complaints, Friends and Family test, patient surveys to keep focus on our key areas of improvement.</p>	<p>Driving improvement</p> <p>We will use intelligence from the patient experience and involvement committee to inform improvement priorities for MCA.</p>	<p>Driving improvement</p> <p>We will review and refine the approach.</p> <p>We will deliver the improvement programme identified at the end of year 2.</p>	
<p>Defining key programmes of work</p> <p>We will define key improvement (top 5 programmes of work) and initiate Plan-Do-Study-Act (PDSA) cycles on leading patient experience programmes of work.</p>	<p>Defining key programmes of work</p> <p>We will evaluate outcome of the PDSA methodology, refine and apply to next set of key programmes of work.</p> <p>We will establish a way to capture live feedback that enables services to be more responsive.</p>	<p>Defining key programmes of work</p> <p>We will design an improvement programme focused on leveling up the clinical areas to the level of the best.</p>	
<p>Patient experience equality, diversity and inclusion</p> <p>We will mandate collection of each protected characteristic to enable the analysis of inequalities and patient experience processes, functions and outcomes.</p> <p>We will organise reports within the organisation to enable teams to review data through the eyes of people with protected characteristics developing a road map for year 2.</p>	<p>Patient experience equality, diversity and inclusion</p> <p>Based on a year 1 of analysis, we will identify key priorities within each area based on protected characteristic data.</p> <p>We will expand the definition of protected characteristics to include Indices of multiple deprivation analysis.</p>	<p>Patient experience equality, diversity and inclusion</p> <p>We will demonstrate improvements in identified areas of inequalities based on year 1 and 2 analysis and programmes of work.</p>	
<p>Thematic analysis</p> <p>We will carry out a thematic analysis of patient complaints and concerns to be undertaken in each division, using the outcomes to inform areas of focus to improve patient experience.</p> <p>We will use this to understand gap where there may be an under-representation of feedback, and consider opportunities for feedback in the patient's journey (for example mental health).</p>	<p>Thematic analysis</p> <p>We will repeat thematic analysis to identify new themes to address, building the findings into the work programme.</p>	<p>Thematic analysis</p> <p>We will repeat thematic analysis to identify new themes to address, building the findings into the work programme.</p>	

Year 1	Year 2	Year 3
<p>Friends and family feedback</p> <p>We will ensure all departments are actively participating in friends and family.</p> <p>We will increase the number of ways that patient can provide feedback including paper and other languages and acting upon the responses.</p>	<p>Friends and family feedback</p> <p>We will increase by 10% the volume of feedback from Friends and family looking at maximising ways to do this and acting upon the responses.</p>	<p>Friends and family feedback</p> <p>We will maintain the increase in friends and family feedback acting upon responses.</p>
<p>Patient experience culture</p> <p>We will establish baseline measurement of patient experience culture triangulating information from surveys, and patient feedback (including information communicated through patient forums).</p>	<p>Patient experience culture</p> <p>We will agree how to measure culture in relation to patient experience.</p>	<p>Patient experience culture</p> <p>We will repeat and embed learning from the feedback.</p>
<p>Research</p> <p>We will participate in The Health Foundation 'Scale, Spread and Embed' research project coordinated by Imperial College Healthcare NHS Foundation Trust. As a Phase 1 site, we will collaborate and test the use of natural language processing of free text specifically on patient experience feedback.</p>	<p>Research</p> <p>We will continue to participate in The Health Foundation 'Scale, Spread and Embed' research project coordinated by Imperial College Healthcare NHS Foundation Trust. In collaboration with the Phase 1 and 2 sites, refine and innovate to develop intelligence and insights provided by the digital advances testing the approach through continuous improvement methodology.</p> <p>We will proactively seek to be involved in research relating to patient experience.</p>	<p>Research</p> <p>We will internally develop advances made within the research period to refine and embed the digital advances to support Trust improvement initiatives specifically relating to patient feedback.</p>



Year 1	Year 2	Year 3
<p>National patient experience surveys</p> <p>We will ensure that results of each of the national surveys learning to be presented to Patient Experience and Involvement sub-committee and Safety and Learning Group to broaden opportunity to learn and develop action plans in response.</p>	<p>National patient experience surveys</p> <p>We will ensure delivery of the actions agreed in response to the National patient experience surveys.</p>	<p>National patient experience surveys</p> <p>We will evaluate the success to date and plan and deliver the work programme for year 3.</p>
<p>We will benchmark national survey and Benchmarking Standard responses to peer organisations to learn from what is working well elsewhere and strive to improve the national ranking position.</p>	<p>We will incorporate learning from peer organisations into Trust action plans and aim to improve the national ranking position.</p>	<p>We will evaluate actions to date and aim to improve the national ranking position to the next best quartile.</p>
<p>Improving patient experience communications</p> <p>We will link with the communications team to ensure that key lessons learned from thematic analysis of patient feedback is cascaded across the organisation and externally.</p>	<p>Improving patient experience communications</p> <p>We will develop sources of communication to ensure that learning is far reaching and evaluate the approach.</p>	<p>Improving patient experience communications</p> <p>We will re-evaluate lessons learned and modes of communication to continue to reiterate key messages.</p>
<p>We will link with the Always Safety First Committee to ensure that key patient experience themes related to safety are incorporated into the Always Safety First Bulletin and be physically displayed throughout key public areas of the organisation demonstrating a transparent approach to learning from safety within the organisation.</p>	<p>We will ensure that learning from Always Safety First will be evident throughout the organisation, with case studies and teams celebrating the successes of the programmes.</p>	<p>Teams will be supported to gain national recognition for their achievements.</p>
<p>We will ensure that colleague and patient experience feedback is displayed in all areas.</p>	<p>We will evaluate the display of patient experience feedback and improve if and where necessary.</p>	<p>We will continually improve the way that patient feedback is displayed and increase learning from other organisations and external partners.</p>
<p>STAR accreditation</p> <p>We will review the patient experience metrics embedded within the STAR process.</p> <p>We will reintroduce Governors to be involved in the STAR accreditation visits to enable real time patient feedback.</p> <p>We will collate themes and trends from patient experience measures to inform opportunities for improvement. Plans will be monitored.</p>	<p>STAR accreditation</p> <p>We will evaluate actions and improvements in response to STAR accreditation visits, re-evaluate questions and actions agreed.</p>	<p>STAR accreditation</p> <p>We will continually learn from thematic analysis from STAR accreditation process to inform actions and learning.</p>
<p>Seldom Heard groups</p> <p>We will define those at highest risk and agree the approach to collecting feedback on what matters to the people in these groups.</p> <p>We will seek new ways to collect insights from groups that are less heard.</p>	<p>Seldom Heard groups</p> <p>A programme of improvement work will be created for these groups to spread learning across the organisation.</p>	<p>Seldom Heard groups</p> <p>We will build on the new insights and agree year 3 actions with the evolving sources of feedback.</p>
<p>Equality Quality Impact Assessment</p> <p>We will review the policy to ensure EQIA are undertaken in partnership with patients and the results are meaningful and apply to all change projects.</p>	<p>Equality Quality Impact Assessment</p> <p>We will develop a mechanism for sharing the outputs of EQIA processes to broaden insight in all divisions on patients views and feelings on change proposals.</p>	<p>Equality Quality Impact Assessment</p> <p>We will routinely access patient views and have mechanisms in place in all divisions to do so in an inclusive way.</p>

2. INVOLVEMENT

AIM: Equip patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system.

We will commit to nurture a culture in our organisation where all teams are focused on creating a positive experience for each other and our patients:

- Plan and deliver people's care and treatment with them, including what is important and matters to them.
- Work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.
- Treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.
- Listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

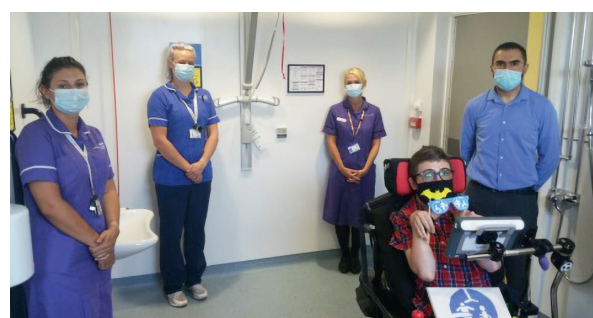
Year 1	Year 2	Year 3
<p>Patients, carers, families and lay people as partners in safety</p> <p>We will align with the Always Safety First strategy and recruit to the role of Patient Safety Partners (PSP) representative of the community we serve.</p> <p>We will ensure that the PSP will reflect the diversity of the community we serve.</p>	<p>Patients, carers, families and lay people as partners in safety</p> <p>We will take feedback from the PSP to review the Always Strategy First year 1 and ensure year 2 reflects the areas that are important to them.</p>	<p>Patients, carers, families and lay people as partners in safety</p> <p>We will evaluate the PSP role and identify priorities for delivery in year 3.</p>
<p>The PSP will join the Always Safety First subcommittee and participate in the evaluation of evidence and design of solutions focusing on what matters to patients.</p> <p>We will recruit a senior midwifery advocate.</p>	<p>We will create a network of advocates and Patient safety Partners across the organisation to share experiences across specialities.</p>	<p>We will take the learning from year 1 and 2 and agree year 3 with the Patient safety Partners and senior Midwifery advocate.</p>
<p>Leadership</p> <p>We will define the role of leaders within the organisation in relation to patient experience and involvement and working with patients as partners.</p>	<p>Leadership</p> <p>We will ensure that Leaders at every level of the organisation will have an objective linked to improving patient experience as part of their annual appraisal.</p>	<p>Leadership</p> <p>We will evaluate effectiveness of interventions and activity in year 2 and use to inform year 3 priorities.</p>
<p>We will commit that all clinical areas will identify patient experience and involvement champions.</p> <p>The champions will continue to work with existing mental health, safeguarding and learning disability champions.</p>	<p>Representatives from the champions will be present to share their views at the patient experience and involvement group.</p>	<p>Patient champions will ensure that patient forums are established in their specialities.</p>
<p>We will increase ward leadership in wards greater than 28 beds in recognition of the challenges of managing large clinical areas.</p>	<p>We will commit to evaluating the impact on patient experience and involvement that having 2 leaders on large wards has made.</p>	<p>We will embed the learning from the evaluation once we understand the impact made on experience and involvement having 2 leaders has made.</p>
<p>Patient experience and involvement training</p> <p>We will agree a training programme and hierarchy of training needs.</p>	<p>Patient experience and involvement training</p> <p>We will train all clinical and non-clinical department managers as per training requirements.</p>	<p>Patient experience and involvement training</p> <p>We will monitor the training plan at departmental level.</p>
<p>We will develop leaders aligned with our Organisational Development programme so that living the values is directly linked to patient experience front and centre in all that we do.</p>	<p>We will showcase leaders who are creating cultures focused on patient experience.</p>	<p>We will continue to showcase leaders who are creating cultures focused on patient experience.</p>

Year 1	Year 2	Year 3
We will develop a training module for leaders to understand the principles of local resolution, concern and complaints and how to respond.	We will achieve training for leaders by 50%. We will ensure this training is implemented and evaluated for effectiveness.	We will further increase training for leaders by 50%. We will continue to embed training and evaluate contribution to improving patient experience during annual appraisal.
Training in co-design will be identified, this will be delivered through FCA and MCA programmes.	All clinical departments will participate in improvement via FCA and MCA and embrace the patient co-design work.	Evaluate the impact of MCA and FCA participation on patient experience.
We will support all staff and students with a booklet about our Involvement services for patients, carers and our community.	We will increase access to this information ensuring colleagues can access the involvement booklet via clinical practitioners, induction, QR codes and our staff intranet.	We will maintain and update the Involvement booklet via our Patient Experience and Involvement team.
We will develop training sessions that have experts by experience co-delivering the training, to ensure learning from the patient, family or carer.	We will continue to develop the training to enhance the skills of our staff to support patients in enhanced levels of care and the use of activity or helpful strategies.	We will provide training in intersectional approach understanding that no one has just one identity and making sure that one identity e.g. a physical disability is not seen as a stand alone issue.
Volunteer involvement We will create a template and single point of contact for volunteers to give feedback on areas that can improve patient experience and involvement.	Volunteer involvement We will ensure that this feedback is acted upon and monitored for improvement.	Volunteer involvement We will develop the volunteer service via feedback and learning to continue to improve.
We will recruit a core group of volunteers to work with the patient experience team to enhance involvement and promote improvements. We will ensure full representation of the local diverse community to share their views on services and what matters most to them through the Patient Experience Involvement Group and other annual events, such as PRIDE, Windrush etc.	We will enhance volunteer training to enable them to support patient experience projects. We will use the feedback from each event to make a commitment to improve an area based on the feedback received.	We will continue to use feedback from patients/carers to explore and develop projects such as 'Navigation guides' using the volunteer service.
Working in partnership We will refresh the organisations approach to. "Hello my name is". We will ensure that all staff names are visible to patients.	Working in partnership We will ensure that "hello my name is" becomes embedded and is assessed via the STAR process.	Working in partnership We will continue to promote "Hello my name is". We will continue to assess via STAR process.
We will ask all inpatients what matters to them, and bed boards will be completed holistically and specifically based on the patient's preferences.	We will ensure that this process is embedded using direct feedback and the STAR process.	We will evaluate the use of bedboards.
We will engage with external partners and charities e.g. Galloways, Healthwatch, NCompass and our local Partnership Boards, amongst others via the patient experience and involvement group to be fully inclusive and ensure views and experiences are heard.	We will review membership and continue to check we are fully inclusive and learning.	We will continue to review membership of the involvement group and continue to check we are fully inclusive and learning from lived experiences.

Year 1	Year 2	Year 3
<p>We will agree an approach that engages patients in new developments from their inception.</p> <p>We will continue to promote access to healthcare by events such as 'Our Health Day' for people with a learning disability and / or autism.</p>	<p>We will ensure that patients views are paramount and heard in all change and new developments using a checklist approach.</p>	<p>We will ensure that no new projects can be agreed unless it is evident that patient's views have been sought as part of the scoping work.</p>
<p>We will ensure that holistic assessment of patient's requirements are made and any reasonable adjustment plans are in place where needed.</p>	<p>We will ensure all staff are trained in Reasonable adjustments on internal systems.</p>	<p>We will ensure use of data from reasonable adjustments for clarity on our communities' diverse needs.</p>
<p>We will work in partnership to promote shared decision making between disabled people and health services, utilising the Kings fund publication Partnering for inclusion.</p> <p>https://www.kingsfund.org.uk/sites/default/files/2022-07/Partnering_for_inclusion_easy_read.pdf.</p>	<p>We will ensure all chairs of Trust patient forums report and feed into the Patient Experience and Involvement Group.</p>	<p>We will use new approaches developed through partnering for inclusion to hear more from those less well heard and design improvements fro specific groups.</p>
<p>We will build on current internal patient forums and connect with external partners to make system changes that affect a large number of people most likely to experience inequalities.</p>	<p>We will agree priorities as a system and work with partners across central Lancashire to improve experiences f those most likely to suffer health inequalities.</p>	<p>We will encourage collaboration and promotion of projects beneficial to patients and our communities.</p>
<p>Sharing lived experiences</p> <p>We will use narrative, data and lived experience to frame issues and engage towards a shared purpose with staff, patients and carers to improve learning and effect change in team meetings.</p>	<p>Sharing lived experiences</p> <p>We will have evidence examples of learning from sharing lived experiences and provide examples of positive patient experience change as a result.</p>	<p>Sharing lived experiences</p> <p>We will share examples of lived experiences as part of learning bulletins and partnership with patients to improve services.</p>
<p>Engaging with faith leaders</p> <p>We will ensure that we listen to what our patients tell us they need in relation to their faith.</p>	<p>Engaging with faith leaders</p> <p>We will continue to ensure representation of all faiths and cultures.</p>	<p>Engaging with faith leaders</p> <p>We will continue to provide information and education support for all staff in the production of guidebooks around culture and faiths.</p>
<p>We will continue to improve on recognising the needs from patients in all ethnic and religious groups.</p>	<p>We will use STAR to test the availability of faith resources as agreed in our faith forums.</p>	<p>We will continue to research and provide staff with support around any additional religious needs that may be required.</p>
<p>We will ensure that the bereavement boxes are present on every ward and this is tested as part of STAR.</p> <p>We will acknowledge religious events and ensure that these are treated with respect.</p>	<p>We will continue to provide and update the Trust Equality Diversity and Inclusion calendar to share relevant religious dates.</p>	<p>We will enhance our participation in religious events which will be inclusive of more services such as catering and communications.</p>
<p>We will provide the appropriate faith leader (if requested) to work collectively to deliver end-of-life care.</p>	<p>When requested cultures and faiths are respectfully recognised and represented during the patient journey.</p>	<p>Chaplaincy will ensure multi-faith representation is available.</p>

Year 1	Year 2	Year 3
<p>Patient Contribution to Case Notes (PCCN), Forget Me Not, Patient passports</p> <p>We will develop and implement a plan to ensure wards and departments are effectively using tools to enhance patient experience whilst in hospital.</p> <p>We will monitor progress via STAR.</p> <p>We will embed these tools in the role of the clinical area patient experience champions.</p>	<p>Patient Contribution to Case Notes (PCCN), Forget Me Not, Patient passports</p> <p>We will evidence increased utilisation of the tools, gathering feedback around their effectiveness.</p>	<p>Patient Contribution to Case Notes (PCCN), Forget Me Not, Patient passports</p> <p>We will share examples of the contribution these tools have made to improving patient experience and continue to embed.</p>
<p>Interpreter services</p> <p>We will assess the interpreter services provision for the current service needs to ensure current technology, advice and guidance for staff to access on behalf of patients and their carers.</p>	<p>Interpreter services</p> <p>We will evaluate interpreter service provision to ensure it maintains fit for purpose.</p>	<p>Interpreter services</p> <p>We will continue to evaluate interpreter service provision. Interpreter services to be commissioned jointly with patients and carers.</p>
<p>We will increase recruitment of volunteers who can use sign language.</p>	<p>We will create a data base for volunteers who can use sign language.</p>	<p>We will continue to recruit volunteers who use British sign language to welcome patients before contracted interpreters are sourced.</p>
<p>We will measure feedback and satisfaction with users of interpreting services.</p>	<p>We will act upon feedback from users of interpreting services.</p>	<p>We will continue to evaluate and act upon feedback as part of quality assurance meetings with providers.</p>
<p>We will carry out thematic review of any incidents/complaints in relation to interpreter services.</p>	<p>We will ensure an action plan is in place to respond to learning from incidents/complaints regarding interpreter services.</p>	<p>We will ensure actions are embedded in practice and continue to evaluate.</p>
<p>Bedside handovers</p> <p>We will engage with patients to review our process for bedside handovers, updating policy and maintaining confidentiality.</p> <p>We will consider areas that can be used for confidentiality when discussing sensitive matters or when external assessment is being completed (for example mental health).</p>	<p>Bedside handovers</p> <p>We will audit the process via STAR.</p>	<p>Bedside handovers</p> <p>We will review and re-audit the process.</p>
<p>Transformation programmes</p> <p>We will ensure that patients are involved in co-production of transformation projects ensuring that value-added components of the programmes is intrinsically linked to patients value added.</p>	<p>Transformation programmes</p> <p>We will ensure that all transformation programmes have evidence of patient involvement.</p>	<p>Transformation programmes</p> <p>We will ensure that all transformation programmes have evidence of patient involvement and co-production.</p>
<p>Making every contact count</p> <p>We will ensure that we take every opportunity to promote healthy lifestyles engaging in opportunities to offer advice and guidance around smoking cessation, reducing alcohol intake and promoting healthy lifestyles.</p>	<p>Making every contact count</p> <p>We will capture health promotion information and discussions on Quadramed.</p>	<p>Making every contact count</p> <p>We will capture health promotion information and discussions on Quadramed.</p>

Year 1	Year 2	Year 3
<p>Accessible Information Standard</p> <p>We will obtain a baseline of current standards that are met and mitigate any gaps creating an action plan towards making health care information accessible to identify, record, flag, share and meet information and communication support needs of patients, service users, carers and patients with a disability, impairment or sensory loss.</p> <p>https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/</p>	<p>Accessible Information Standard</p> <p>We will review annually in order to benchmark current position ensuring actions are being progressed and audit under the responsive Key Line of Enquiry to confirm compliance with the standard.</p>	<p>Accessible Information Standard</p> <p>We will review annually to benchmark current position ensuring actions are being progressed and audit under the responsive Key Line of Enquiry to confirm compliance with the standard.</p>
<p>Patients Key Contacts</p> <p>We will respond to the feedback from patients with chronic or long term conditions who tell us that they value the role of a key worker as a point of contact to help navigate and support decision making. We will review what is working well and set this as our standard and benchmark where there are gaps in this provision.</p>	<p>Patients Key Contacts</p> <p>We will ensure that patients who do not have a key worker are informed of who they should contact and work towards improving this provision.</p>	<p>Patients Key Contacts</p> <p>We will ensure that patients who do not have a key worker are informed of who they should contact and work towards improving this provision.</p>
<p>Research</p> <p>We will continue to raise the profile of involving patients in research by promoting research studies and explaining why involvement in research is important for overall patient experience.</p>	<p>Research</p> <p>We will increase the number of patients involved in research and share stories of what this has meant to them and how this has affected their experience.</p>	<p>Research</p> <p>We will promote patient experience at research topics for internal degree and masters research topics and share the outcomes.</p>



3. IMPROVEMENT

AIM: *Design and support improvement programmes that deliver effective and sustainable change.*

We will commit to continuously improve the experiences of patients and families in our organisation. We will seek to improve:

- the patient journey from admission, treatment and discharge
- the successful handover of accurate information to reduce duplication and increase confidence in the care patients and families receive.
- waiting and confidential areas for patients and families
- the therapeutic interventions for people in hospital beds

Year 1	Year 2	Year 3
<p>Nutrition and hydration and assistance with meals</p> <p>We will provide food which is inclusive, tailored to patient's needs at the right time, right place and right patient.</p>	<p>Nutrition and hydration and assistance with meals</p> <p>We will measure the quality and provision of catering as a thematic review to establish whether actions taken have led to improvements.</p>	<p>Nutrition and hydration and assistance with meals</p> <p>We will gather feedback and continue to evaluate the effectiveness of actions taken to improve, identifying and responding to new intelligence.</p>
<p>We will celebrate with inclusive food faith events ensuring this is time sensitive when necessary.</p>	<p>We will improve the rating of food in the national surveys.</p> <p>We will improve the PLACE rating.</p>	<p>We will improve the rating of food in the national surveys.</p> <p>We will improve the PLACE rating.</p>
<p>We will ask you what you want to order and provide you with information so that you can make the right choice for yourself.</p> <p>We will ensure that patients with special requirements have their needs met e.g. such as patients who have Parkinson's and need to eat with medication. This will be tested through STAR.</p> <p>We will ensure all that require support at meal times, receive this and this is tested through STAR.</p>	<p>We will increase the availability of reasonable adjustments to support nutrition and hydration.</p>	<p>We will test the effectiveness of this using experts by experience.</p>
<p>Quality assurance</p> <p>We will agree a process to quality assure the responses to complaints and concerns and implement this process.</p>	<p>Quality assurance</p> <p>We will agree a process to quality assure the responses to complaints and concerns and implement this process.</p>	<p>Quality assurance</p> <p>We will agree a process to quality assure the responses to complaints and concerns and implement this process.</p>
<p>Maternity & Neonatal Transformation</p> <p>We will ensure that women will not feel alone and will treat them with kindness and respect. This will be measured through the national maternity survey.</p>	<p>Maternity & Neonatal Transformation</p> <p>We will utilise national initiatives such as the "15 steps" approach and "Whose Shoes?" to review and improve the care provided and environment it is provided in.</p>	<p>Maternity & Neonatal Transformation</p> <p>We will continue to gather feedback and evaluate the effectiveness of actions taken to improve the maternity service.</p>
<p>We will make sure that women have the contact details of their midwife.</p> <p>We will ensure that women are able to make a personalised care and support plan during their pregnancy, for labour and birth and following the birth of their baby.</p>	<p>We will continue to implement new national directives as they emerge and ensure action plans are shared with the Maternity Voices Partnership.</p>	<p>We will continue to implement new national directives as they emerge and ensure action plans are shared with the Maternity Voices Partnership.</p>
<p>We will ensure women can access help and advice and advice about feeding their babies during their care journey.</p>	<p>We will ensure breastfeeding areas will be improved across the organisation and in line with the baby friendly initiative.</p>	<p>We will increase the number of breastfeeding areas will increase.</p> <p>We will increase compliance with baby friendly Initiative (BFI) accreditation.</p>

Year 1	Year 2	Year 3
We will seek to receive feedback in addition to Friends and Family and complaints to understand ways in which our services can improve experience for parents.	We will continue to co-design service improvements. We will upgrade the provision of birthing pools to ensure water births are accessible for all who choose this as a birthing option.	We will continue to co-design service improvements.
We will involve parents in the co-production of neonatal services utilising the "neomates" group to facilitate this.	We will become a neonatal network accredited Family Integrated Care Unit (FiCare).	We will respond to family feedback and focus on improvement in response to their experience
We will ensure partners can stay and support women during antenatal periods on the ward.	We will provide an outdoor space for women in labour that is conducive to the birth process.	We will identify the next area to improve with our Maternity Voices Partnership.
We will improve the facilities and experience for women who experience miscarriage. We will participate and achieve accreditation in standards set to support women who have had a miscarriage.	We will provide an improved baby memorial area. We will provide 7-day bereavement support services.	We will improve the facilities further for women who experience miscarriage.
Children and Young People We will ensure that children and young people have therapeutic activities which are fully implemented in clinical areas.	Children and Young People We will ensure that children and young people have therapeutic activities which are fully implemented in clinical areas and monitor.	Children and Young People We will ensure that children and young people have therapeutic activities which are fully implemented in clinical areas and monitor.
We will improve overnight facilities to optimise young people and children's outcomes.	We will improve review feedback on overnight facilities to optimise young people and children's outcomes.	We will review feedback on overnight facilities to optimise young people and children's outcomes.
We will ensure that age-appropriate activities are provided for 16 and 17 year olds being cared for on adult wards.	We will ensure that age-appropriate activities are provided for 16 and 17 year olds being cared for on adult wards.	We will ensure that age-appropriate activities are provided for 16 and 17 year olds being cared for on adult wards.
We will introduce a parent group to gain feedback and promote co-production in service change.	We will agree parent priorities to improve and co design these.	We will continue to work in partnership exploring the needs of looked after children using social care advocates
We will provide a multi-sensory space for children with disabilities at the Broadoaks site.	We will explore the provision of outdoor play for children on each of our sites.	We will implement increases in outdoor play provision.
We will introduce the role of patient experience lead for children to provide additional support across all areas.	We will learn from this and adopt the learning to clinical areas where children are seen in across the organisation.	We will continue to share the learning from the patient experience lead.
We will ensure that children and young people have an appropriate process to raise concerns or make a complaint and we will ensure feedback from the Emotional Health Family and Friends Test is collated and reviewed for learning. We will identify a training plan in relation to play for children's ward and ED.	We will enact the plan and train 50% of the staff in formal play training. We will roll out the process for children to raise a concern to all clinical areas they are seen in the organisation.	We will monitor the impact of the improvements through the national patient and parent surveys.

Year 1	Year 2	Year 3
<p>Estate</p> <p>In recognition of the impact that our estate makes on patient experience we commit to a refurbishment plan for three clinical areas each year.</p> <p>Year 1 .</p> <ul style="list-style-type: none"> • Gordon Hesling Building entrance – introduction of volunteer support space • Mental health facilities in ED for Children and adults • Create an alternative to hospitals for patients who do not meet the criteria to reside. 	<p>Estate</p> <p>We will commit to a refurbishment plan for three further clinical areas each year.</p>	<p>Estate</p> <p>We will commit to a refurbishment plan for three further clinical areas each year.</p>
<p>Pain management</p> <p>We will focus on improving pain management and test the effectiveness of this through STAR.</p>	<p>Pain management</p> <p>We will share learning from areas that manage pain more effectively.</p>	<p>Pain management</p> <p>We will see improvements in national audits relating to pain management.</p>
<p>End of life care</p> <p>We will continue to use the end of life Big Room to deliver integrated, collaborative palliative and end of life care and improve patient and carer experience and service outcomes based on principles of respect, dignity and compassion.</p>	<p>End of life care</p> <p>We will explore areas to be used for end of life quiet rooms for families.</p>	<p>End of life care</p> <p>Provide quiet areas for families of patients at end of life and for bereaved families.</p>
<p>We will define an increased target audience for advanced communication skills training.</p>	<p>We will achieve the target set once the audience is reviewed.</p>	<p>We will extend the number of people training in advanced communication skills.</p>
<p>We will embed the CARING model as our pledge to patients in last days of life and their loved ones.</p>	<p>We will monitor and evaluate CARING through the STAR audit.</p>	<p>We will continue to evaluate the impact of the CARING approach.</p>
<p>We will recruit families who have had experiences of bereavement to work in partnership to improve services.</p>	<p>We will use the national NACEL audit to drive the areas we focus on improving.</p>	<p>We will review and set an improvement goal for each of these in year 3.</p>
<p>We will deliver in partnership a Hospice at Home service to increase the number of patients who are able to die in their preferred place of care.</p>	<p>We will create the case to formally commission hospice at home pending outcome measures supporting hypothesised benefits.</p>	<p>We will deliver in partnership a hospice at home service that meets the need of the local population.</p>
<p>We will ensure bereavement services are available to all who experience loss 7 days per week.</p>	<p>We will ensure bereavement services are available to all who experience loss 7 days per week.</p>	<p>We will ensure bereavement services are available to all who experience loss 7 days per week.</p>
<p>Lost property</p> <p>We will ensure our processes around patient valuables is robust using patient experiences to build on the procedures we have in place.</p>	<p>Lost property</p> <p>We will ensure our process is established within all areas and test this using STAR.</p> <p>We will investigate when items are lost and share lessons learned to reduce the occurrence of this.</p>	<p>Lost property</p> <p>We will monitor this service regularly and listen to feedback in order to instil confidence from our patients and visitors to the Trust.</p>

Year 1	Year 2	Year 3
<p>Improve facilities for people while they wait</p> <p>We will ensure patients know timescales of any delays in clinical areas.</p>	<p>Improve facilities for people while they wait</p> <p>We will ensure details are provided of expected wait times and regularly update this information.</p>	<p>Improve facilities for people while they wait</p> <p>We will monitor wait times in clinical areas and adapt time slots if data shows continual trends of long waits.</p>
<p>We will provide comfortable and appropriate seating, that meets the needs of those using it in line with reasonable adjustments. This will be tested through STAR.</p>	<p>We will ensure that areas that experience long waits such as ED will have access to comfortable environments.</p>	<p>We will continue to listen to feedback from our patients and develop services.</p>
<p>Improving patient flow</p> <p>We will engage in improvement programmes via the Urgent and Emergency care transformation board to improve our patient flow throughout the hospital. This will reduce time patients spend in the emergency department and assessment units and ensure that patients time in hospital is value added and reduce waiting for services that will progress the pathway of care.</p> <p>We will ensure that discharge is well coordinated and occurs early in the day.</p>	<p>Improving patient flow</p> <p>We will continue to monitor our performance and seek out opportunities to continually improve patient flow, asking patients what matters to them.</p>	<p>Improving patient flow</p> <p>We will monitor our outcome measures and seek new ways to maintain progress.</p>
<p>Improve patient experience for those living with dementia</p> <p>We will promote understanding of our dementia community.</p>	<p>Improve patient experience for those living with dementia</p> <p>We will ensure all staff complete Dementia training.</p>	<p>Improve patient experience for those living with dementia</p> <p>We will continue to educate staff through e-learning packages.</p>
<p>We will ensure purple activity boxes are available to all patients and tested through STAR.</p>	<p>We will ensure purple activity boxes are available to all patients and updated following patient feedback over the year.</p>	<p>We will introduce innovative approaches to managing the experience of patients with dementia.</p>
<p>We will ensure promotion of Dementia champions in all clinical areas.</p> <p>We will ensure this Patient Experience Strategy is in line with the Dementia Strategy and progress monitored in relation to pathways, the Dementia Experience and Empowerment project (DEEP) and co-production with patients living with a dementia and their families and carers.</p>	<p>We will continue to promote the use of Forget Me Not passports.</p> <p>We will report progress on the Mental health and dementia strategy to the safeguarding Board and patient experience group.</p>	<p>We will report progress on the Mental health and dementia strategy to the safeguarding Board and patient experience group.</p>

Year 1	Year 2	Year 3
<p>Improve facilities for patients with a physical disability, autism, learning disability, mental health condition</p> <p>We will continue to promote the use of the Hospital Passport.</p>	<p>Improve facilities for patients with a physical disability, learning disability, mental health condition</p> <p>We will ensure a copy of the passport is taken so we can provide specific individualised care.</p>	<p>Improve facilities for patients with a physical disability, learning disability, mental health condition</p> <p>We will provide staff with information and updates on sources available through our Patient experience and Involvement team.</p>
<p>We will ensure all reasonable adjustments are recorded on our systems and test the use of this through STAR.</p>	<p>We will collate data so future appointments can be adapted to the requirements of the patient.</p>	<p>We will evidence increased use of reasonable adjustment tab on Quadramed.</p>
<p>We will ensure staff liaise with the Learning Disabilities team for specialist advise.</p>	<p>We will review progress with our partners to agree the next set of actions for blind, visually impaired</p>	<p>We will evidence an increased number of MDT care planning forums take place leading to improved person centred care.</p>
<p>We will continue to provide ward activity boxes for partially sighted or blind communities and test this through STAR.</p>	<p>We will review progress with our partners to agree the next set of actions for blind, visually impaired.</p>	<p>We will review progress with our partners to agree the next set of actions for blind, visually impaired.</p>
<p>We will continue to upgrade estate with hearing adjuncts in line with best practice and ensure we work with local groups to test the impact of our focus on hard of hearing and deaf communities.</p>	<p>We will review progress with our partners to agree the next set of actions for deaf and hard of hearing</p>	<p>We will review progress with our partners to agree the next set of actions for deaf and hard of hearing.</p>
<p>We will engage in the Learning Disability partnership Board and Autism Partnership Board working alongside experts by experience and our multi-agency partners to re-establish a Health sub group.</p>	<p>We will implement the national learning disability and autism strategy.</p>	<p>We will implement the national learning disability and autism strategy.</p>
<p>We will ensure promotion of the Learning Disability Champions and Mental health Champions.</p> <p>We will ensure this Patient Experience Strategy is in line with the Mental Health Strategy, the Learning Disability Plan and Autism Strategy.</p>	<p>We will monitor this through the safeguarding and patient experience and improvement group.</p>	<p>We will monitor this through the safeguarding and patient experience and improvement group.</p>
<p>Cancer care</p> <p>We will introduce a patient experience lead in Radiotherapy with a focus on improving the experience for patients attending for radiotherapy and establish a service user group.</p>	<p>Cancer care</p> <p>We will evaluate the impact that the patient experience lead in Radiotherapy with a focus on improving the experience for patients attending for radiotherapy and establish a service user group.</p>	<p>Cancer care</p> <p>We will ensure the patient experience lead is embedded in practice.</p>
<p>We will establish a cancer patient listening service to gain live feedback from cancer patients and address issues at the time if possible.</p>	<p>We will explore involvement in addressing the needs and support of service users receiving services from different clinical teams e.g. Buddying in different services and co-facilitating training with Macmillan Engagement Facilitator to build confidence, skills and knowledge.</p>	<p>We will involve patients and volunteers to work alongside the Macmillan assistant manager to work with patients in the community and provide care closer to home.</p>
<p>We will develop a cancer and end of life service user recruitment strategy.</p>	<p>We will continue Service users to be involved with the MPACE project and close working with key Macmillan figures.</p>	<p>We will explore a partnership approach with the third sector to share volunteer opportunities and collaborative working.</p>
<p>We will provide the Hope course using service users to facilitate the course in partnership with third sector partners..</p>	<p>We will continue to implement Service user involvement in all cancer interviews.</p> <p>We will continue to deliver and promote the HOPE courses for patients with cancer.</p>	<p>We will ensure Cancer patient and carers forum increases in membership.</p>

Year 1	Year 2	Year 3
We will develop a work programme for the promotion of service user opportunities.	We will increase the diversity of patients and partners.	We will develop a process for patients as partners to present to the Board of Directors the progress made in this area.
We will develop a virtual forum for patients and carers to link in when they want and to choose which opportunities, they wish to be involved in.	We will continue to recruit service users for the forum and widen recruitment to the forum for diverse range of services users and carers to include BME, LGBTQ, over 75s, working age, disabilities, from all economic backgrounds etc.	We will deliver on the areas determined as priority areas for each protected characteristic group.
We will develop an standard operating procedure. to involve service users in all interviews for cancer staff. We will develop a training package guide for service users to assist in opportunities they can be involved in.	We will evaluate the effectiveness of this approach in partnership with patients.	We will focus on specialities that evaluate less effectively in the national cancer survey.
We will continue Service user involvement with the MPACE project and close working with key Macmillan figures.	We will test the cancer website against the exemplar and agree the next year improvements.	We will celebrate achievements and share the positive areas of practice.
We will continue to work with patients in develop the cancer website.	We will focus on specialities that evaluate less effectively in the national cancer survey	We will continue to focus on specialities that evaluate less effectively in the national cancer survey.
Patient involvement in safe discharge We will commence discharge planning from the time patients are admitted to the hospital	Patient involvement in safe discharge We will use discharge improvement work to ensure discharge occurs earlier in the day for patients and families.	Patient involvement in safe discharge We will continue to evidence improvement in this area.
We will ensure that discharge needs are clearly documented and shared with partner organisations where consent is given, this will reduce the need for patients and carers to repeat needs and wishes to achieve safe discharge.	We will commit that learning from discharge incidents will be shared and actions agreed.	We will learn from discharge incidents wand this will be shared and actions agreed.
We will review our patient information leaflet and relaunch this so it is shared with all patients to ensure a safe discharge.	We will ensure that the use of the patient information leaflet is tested through STAR.	We will ensure that use of the patient information leaflet will continue to be monitored.
We will introduce live feedback on the discharge process, this will be used to drive improvement in this area. Wards will be tested on this through STAR.	We will use feedback to change process or information shared.	We will build a reporting dashboard that tracks and time stamps discharge process.
We will continue to plan ahead for discharges and ensure where possible discharge letter and take-home medication is on the ward with the patient the day before their planned discharge.	We will work closely with carers service to better identify informal carers when planning patient discharges and offer onward referral for carers support and assessment. We will fully embed the “nothing said about me without me” principle for all discharge planning discussions.	We will evaluate the effectiveness of these interventions through the national patient survey.
We will implement post discharge follow up calls to a minimum of 50 patients per week (within 48hrs of discharge) who have has an inpatient stay, this will support ensuring they are safe, identify if any unmet needs were missed prior to discharge and ensure signposted or referred for relevant support. We will also gather feedback around their discharge and what could be improved.	We will include patient representatives on future improvement workstreams internally and across partner organisation improvement work. We will implement using patient feedback, changes and improvements to the process, this will be tested through the national patient survey.	We will implement using patient feedback, changes and improvements to the process, this will be tested through the national patient survey.

Year 1	Year 2	Year 3
We will have consistent representation at the care home collaborative to understand discharge impact on care and nursing homes with the aim to improve relationships and trust between organisations building further on the trusted assessor model.	We will demonstrate a year on year increase in the number of trusted assessments between the regulated care sector. We will evaluate progress on improving discharges with regulated care settings and agree priorities.	We will evaluate progress on improving discharges with regulated care settings and agree priorities.
Essential carer role We will introduce the essential carer role into a small number of adult inpatient test sites and evaluate the effectiveness using Plan, Do, Study, Act (PDSA) cycles.	Essential carer role Following evaluation of the test sites we will role this out to all wards in order to meet patient's needs.	Essential carer role We will embed the principles of the essential carer role as standard practice.
We will develop an Essential carer role standard operating procedure and an information leaflet to support implementation.	Based on the feedback and learning we will adapt the essential carer role so we achieve the best patient and essential carer experience.	We will embed changes using feedback to promote better Carer experience.
We will continue to support our Carers via our Carers Forum.	We will share learning from carers forums and use to influence improvement.	We will set year 3 priorities based on listening to carers.
We will consistently ensure we use Carers Lanyard.	We will use Carers stories and experiences to develop and improve services.	We will monitor and record Carer feedback, involvement and inclusion in all areas of patient care.
We will promote services available to Carers such as Z beds. We will continue to promote our Carers Charter and test this in practice using STAR.	We will use our Involvement services to educate staff around services available for our Carers.	We will improve facilities for carers to take a break from caring when in the organisation.
We will ensure Carers involvement in all clinical assessments and test this through STAR. We will incorporate Johns Campaign into our way of doing things.	We will ensure all clinical services recognise carer involvement.	We will include carer involvement in the newly designed electronic patient record and test this through STAR.
Promote get up get dressed keep moving We will encourage patients to get up, get dressed and keep moving wherever possible to prevent deconditioning and maximise rehabilitation and experience. We will embed this in practice in 3 wards across the organisation.	Promote get up get dressed keep moving We will share the learning from the pilot sites to role out across all inpatient wards.	Promote get up get dressed keep moving We will embed these principles as our standard.
Promote occupational and purposeful activities for our inpatients We will encourage our inpatients to engage in occupational and purposeful activities and when indicated provide suitable resources. e.g. activity packs with items such as colouring, paint sets, knitting, cross stitch, cross words, puzzles, poetry, creative writing etc. We will ensure the Intranet has accessible resources for staff to download for our patients. We will roll out the newly developed Reminiscence Boxes for use with our patients living with dementia.	Promote occupational and purposeful activities for our inpatients We will review resources and gather feedback from patients and staff.	Promote occupational and purposeful activities for our inpatients We will review resources and gather feedback from patients and staff.

Reference List

Doyle, Lennox & Ball (2013) A systematic review of evidence on the links between patient experience and clinical safety and effectiveness accessed at <https://bmjopen.bmj.com/content/3/1/e001570>

NHS Improvement The Patient Experience framework accessed here <https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf>

The Heath Foundation (2013) Measuring patient experience <https://bit.ly/3SmPuBV>

The Kings Fund (2022) How does the health and care system hear from people and communities? accessed at <https://www.kingsfund.org.uk/publications/health-care-system-people-and-communities>

