

Experience of care strategy



Contents

Foreword	4
Why engagement matters in the NHS	5
Our experience of care cycle	7
Our Trust values	8
Element one - Feedback: listen and understand	9
Element two - Engage: working together	11
Element three - Improve: making changes that matter to you	15
Glossary	17
Appendix A: How to access a VOICE representative	20
Appendix B: Best practice steps for when consultation is required	21
Appendix C: Governance and assurance structure	22





Hello, our names are Sue Wilkinson, executive chief nurse, and Cassia Nice, head of patient experience and engagement. At West Suffolk NHS Foundation Trust, we are proud to call ourselves a caring and compassionate organisation which puts the patient first in everything we do.

To underpin all of the fantastic work our staff do every day for our patients and their loved ones throughout the acute and community care experience, we have developed this strategy with the assistance of our patient VOICE group to ensure we are focusing on issues that truly matter to our community.

A better experience forms one of our organisation's ambitions of delivering personal care. Research has shown that a positive experience not only contributes to a more therapeutic relationship with our patients, and consequently improved clinical outcomes, but it also reduces costs. Patients have demonstrated greater self-management skills and quality of life when they report positive interactions with their care providers. There is a strong body of evidence about the links between patient experience, clinical safety and clinical effectiveness.

Encouraging improvements in patient experience has also been shown to result in greater employee satisfaction and subsequently reduces staff turnover by making their work experience a better one.

Feedback tells us that many of our patients had a good experience of care, but we know we don't always get it right. We hope that by focusing our attention on our three key experience of care elements we will continue to strive for the best.

Why engagement matters

Engagement is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services.

As an NHS organisation the West Suffolk NHS Foundation Trust (WSFT) needs to regularly engage with the public, patients and its staff; not only because there are legal requirements to do so, but because of the public's rightful expectation that their views will be sought in the shaping of services.

Effective engagement enhances services and care, improves health outcomes, strengthens public accountability and supports the Trust's reputation. With assessments of quality, and potential financial incentives, also linked to patient

experience, there is a compelling case for investing the time, effort and energy into effective engagement.

Conversely, as starkly illustrated by the Francis Inquiry into events at Mid Staffordshire Hospitals NHS Trust, when the NHS does not take account of the views of patients, carers and staff, the consequences can be very serious.

Consultation and engagement is built into principle 4 of the [NHS Constitution](#):

'The patient will be at the heart of everything the NHS does.'

'Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively



encourage feedback from the public, patients and staff, welcome it and use it to improve its services.'

Section 242 of the [NHS Act 2006](#) also covers public involvement and consultation for foundation trusts:

'Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in—

- (a) 'the planning of the provision of those services,
- (b) 'the development and consideration of proposals for changes in the way those services are provided, and
- (c) 'decisions to be made by that body affecting the operation of those services.'

The Trust has committed in its ambitions to deliver 'personal care' to its community, and its overarching value is 'putting you first'. There are many ways in which the Trust involves staff, patients, carers and members of the public in its work. But there is more it could do to ensure these voices are truly at the centre of its everyday business and decision-making – including the design and delivery of services.

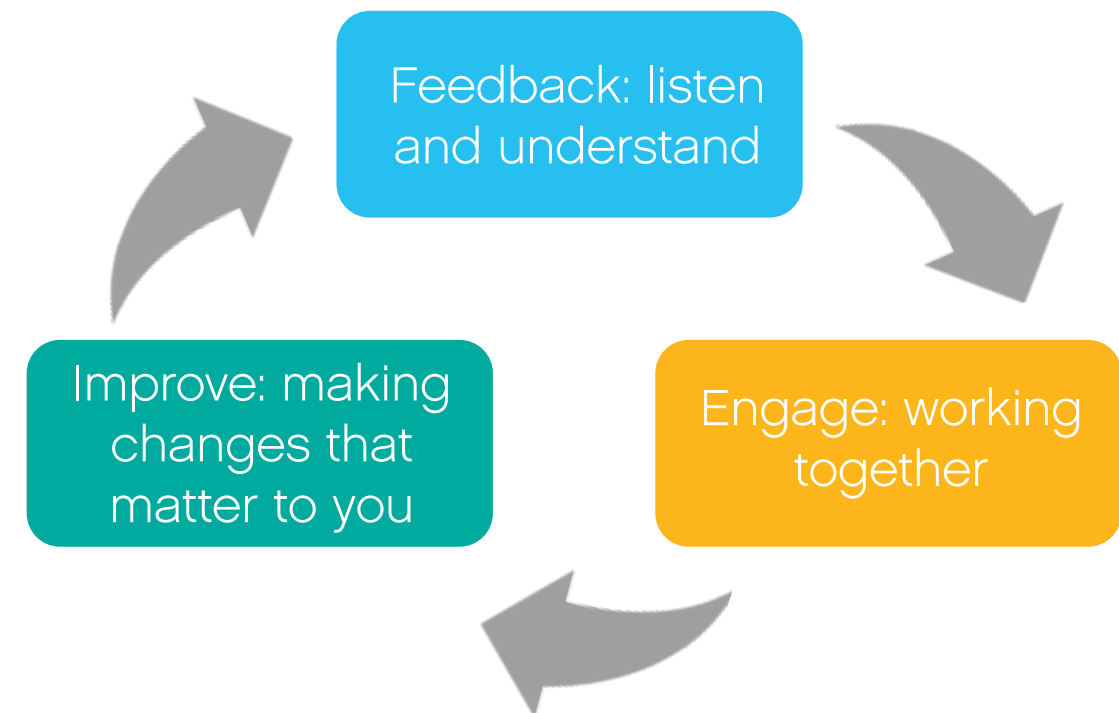
In this Experience of Care Strategy, we will lay out our commitment to regular, high-quality engagement, and our intentions for embedding this into our culture.

Our experience of care cycle

To truly engage with people and improve experience of care, we will implement an experience of care cycle, made up of three elements:

- **Element one:** Feedback – listen and understand
- **Element two:** Engage – working together
- **Element three:** Improve – making changes that matter to you

The first element (feedback) features as both the first step in a new cycle and also the final step of the previous cycle.



Our values

The Experience of Care Strategy is a vital driver in meeting the first of our seven Trust ambitions: deliver personal care.

The three elements and their associated aims laid out in this document will support a full cycle of patient, staff, visitor, family carer and relative involvement throughout every step of the patient pathway; ensuring the patient experience is the best it can be, and that everyone has a voice in shaping our services.



Element one: Feedback

What we want to do

- Support multiple methods for patients, visitors, family carers and loved ones to provide feedback about their experiences of our services
- Support staff, volunteers and local partners to develop feedback initiatives

Why we want to do it

Allowing people the opportunity to give their views on care and services is the first step to enabling quality improvement. Without intelligence from people on the receiving end of care, we are less likely to make decisions that are truly patient-focused.

Similarly, our staff can be true advocates of our service, and are often the people who know first what is going well, and what can be improved. Encouraging staff feedback helps to embed a culture of honesty, openness and enhances both patient safety and innovation.



Element two: Engage

How we will do it

Many feedback resources are already available to us both locally and nationally. We will continue to develop the wide variety of feedback options available to our patients, staff and community by rolling out feedback stations, mystery shopper and area observation programmes, and further developing the ability for staff to make suggestions about patient experience quality improvements.

The variety of methods we intend to use are outlined below:



What we want to do:

- Engage with patients and the public in order to obtain their views, needs and wishes about services
- Involve staff, patients and the public in contributing to plans, proposals and decisions about services
- Work with other organisations to share learning and implement best practice.

Why we want to do it

Properly communicating and engaging with patients helps NHS organisations to assess whether services are meeting patient needs, in terms of access, quality of experience and health outcomes. Involving patients in their care and treatment improves their health outcomes, boosts their satisfaction with services and can, in some cases, help to bring significant cost reductions.

Recent research studies also show how good staff engagement can positively impact on the quality of service provision. It is also associated with patient satisfaction, as staff gain valuable insights into ways in which the services can be more responsive. The more engaged staff members are, the better the workplace environment, enabling staff to thrive and better the outcomes for patients and the organisation generally. We can then engage with other organisations to share our learning.



How we will do it

Vision, opportunity, insight, challenge, empower (VOICE)

VOICE will become a group of patient, public and family carer representatives, who volunteer their time to help us make improvements to our service.

Passionate about healthcare, VOICE members will make a positive contribution to our community and assist our workforce. They will represent the patient, public and family carer voice in contributing to decisions about service changes and developments, including connecting with minority groups and existing community associations.

VOICE will conduct and assist with quality improvement projects across the organisation, and help us obtaining feedback from our patients and local community in order to understand what matters most to them.

Members will volunteer within specific areas or services across the organisation, building relationships with staff in order

to offer valuable on-going support. They will also have the ability to escalate concerns or additional support that clinical areas may need via the VOICE group, which feeds into the Trust's Patient and Carer Experience Group, chaired by heads of nursing.

For information about accessing VOICE, please refer to appendix A.

Council of Governors

Our Council of Governors work closely with our Foundation Trust members, the local community and staff in order to hold the Board of Directors to account.

The Governors will conduct sessions in the Courtyard Cafe to collect feedback from our patients and visitors about their experience of our services, and will meet with VOICE on an annual basis to coordinate their intelligence.

Experience of care feedback week

A week-long event will be held every year, to promote the organisation and its services but also collect feedback

and suggestions from our patients and community. Each week will have a specific theme, which can be influenced by the current needs of the organisations, or following trends identified throughout the year.

Healthwatch Suffolk

Our community development officer will continue to conduct regular feedback sessions across the organisation and will, as a valued member of our quarterly patient and carer experience group, discuss the feedback Healthwatch Suffolk have received about the services we deliver as well as feature as a member of our equality and diversity group.

WSFT is a member of the regional complaints managers' forum and patient experience forum, both chaired by Healthwatch Suffolk.

We aim to build on these established links with Healthwatch Suffolk in order to form a more cohesive partnership in improving the care of people in Suffolk.

Suffolk Family Carers

With family carer support workers working in both our early intervention team (supporting patients and family carers with their health at home following an admission to hospital) and across our inpatient wards, we hugely value the support provided by Suffolk Family Carers.

We were recently awarded a family carer friendly award by this organisation and continue to strive towards improving the family carer experience by involving them every step of the way.

Always Event®

The patient experience team will be designing and implementing an Always Event®; a quality improvement methodology designed by NHS England in collaboration with Picker Institute Europe, the Institute for Healthcare Improvement and NHS Improvement. This will provide us with training in Always Event® methodology; access to the quality improvement toolkit; support from NHS Improvement



throughout the project; as well as direct access to collaborate and share learning with other organisations that have successfully completed an Always Event®.

Staff and volunteers

We will continue to regularly promote the various ways in which staff can give their feedback and make improvements, including: Freedom to Improve, Freedom to Speak Up, incident reporting on Datix, staff Friends and Family test and NHS Staff Survey results, Core Brief, health and wellbeing staff group, and staff suggestion boxes. We will acknowledge and act on feedback quickly and efficiently.

Proactive engagement and consultation in service changes

If the Trust is making a material change to its services that will impact on how people access those services, or their experience of them, we will engage and involve patients and staff as far as possible before a decision has been made.

The scale of the change, and the number of people it will affect, will dictate whether formal consultation or more informal engagement is required.

Assessing the benefits of patient and public participation, and the legal duty to involve, the Trust will always consider the benefits of involving the public in its work and take account of feedback.

If formal consultation is required, the Trust will follow the principles outlined in Appendix B. Examples of circumstances in which the legal duty to involve would likely arise:

- The relocation of a service from one location to another, e.g. moving a service from a community outreach location to the hospital
- Reduction in service being provided, e.g. making a clinic available once a month instead of once a week
- The permanent closure of a service or clinic
- The investment in a new service or clinic
- Service reconfiguration.

Engagement and consultation methods could include, but are not limited to: focus groups; news releases to print, TV and radio media; information and feedback pages on our website; intranet information; email; social media; newsletters; internal communications channels (Green Sheet, Staff Briefing, Core Brief); drop-in surgeries; exhibitions; letters; surveys and questionnaires; public interest groups; events; leaflet drops.

The range and extent of methods used will be chosen and targeted dependant on the scale of the engagement, and target audiences.

Element three: Improve

What we want to do

- Utilise the feedback provided in order to drive the changes that matter to our patients and the public most
- Develop initiatives to improve the patient experience
- Report on and publicise outcomes of feedback and involvement

Why we want to do it

Collection of feedback and involving our patients, the public and the local community is vital in truly improving the patient experience.

The NHS is an organisation which every person uses at some stage in their life, so it is extremely important that we give everybody an opportunity to offer their feedback, suggestions or assistance with changes and developments. We cannot improve the experience of our patients or their relatives without first listening to them and allowing them to opportunity to work with us to shape a better WSFT.

This is where the third element of the Experience of Care Strategy is brought into play. Having collected feedback from our patients and involved them our work, we must then ensure we have acted on their involvement and evidence how this has made a difference.



How we will do it

Our robust governance and assurance structure, shown in Appendix C, will ensure that feedback is captured, collated, and shared. Actions arising from engagement work or feedback given will be monitored, and responsibility allocated, to ensure completion.

It is essential that we then communicate the vital part our patients and public have played in the way we have developed or improved services; from large scale proposals to small team-based projects. Not only will this inform our patients and public of the importance of their roles, it will allow us to make improvements that matter most, resulting in a truly improved patient experience.

In order to do this, we will:

- ✓ Publicise the results of feedback we have received, both to staff and to the community
- ✓ Publicise what we have changed as a result of the feedback
- ✓ Raise awareness of current patient experience improvement projects and their outcomes
- ✓ Ensure our patients, the public and the community are involved at every stage, and from the outset
- ✓ Restart the Experience of Care cycle, obtaining feedback on whether the project has had the desired outcome: improved experience of care. The first element features as both the first step in a new cycle and also the final step of the previous cycle.

Glossary

Area observations	Area members of our VOICE group or staff who have expressed an interest in observing an area of the organisation. The manager of the area will be briefed and feedback provided following the observation. They will be provided with a discreet form to assist them with observing the area to ensure it is patient-friendly and staff are professional. These will normally last 45 minutes.
Always Events	A co-production quality improvement toolkit which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. Defined as: 'those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system.'
Community associations	Groups of people who meet in the community either to build on or improve their community or for another shared purpose. For example, a faith group.
Co-production and co-design	Working in full partnership with patients, service users, families and carers to create, plan and design services and projects. Decisions are made with the full involvement of the aforementioned people from the beginning of a project through to completion.
Courtyard Café sessions	The Council of Governors conduct monthly feedback sessions in the Courtyard Café, within West Suffolk Hospital. They will speak with patients and visitors in the café to obtain their feedback about their experience as well as promote Foundation Trust membership.
CQC - Care Quality Commission	The independent regulator of health and adult social care in England. The CQC ensure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.
Environmental walkabouts	The walkabouts begin by visiting Main Reception and meeting with the Voluntary Services Manager to discuss any issues, as this is a 'high traffic' area. This is followed by a visit to one or two departments, by prior arrangement with the department manager. To look at general public areas (waiting rooms, corridors, courtyards) to support the department managers in ensuring that the Trust's corporate identity and values are represented accurately, including clear and accurate signage.

Feedback stations	Stations will be positioned around the organisation to allow patients and members of the public to provide feedback about their experience. The stations will also publicise feedback already received.
Foundation Trust	Foundation Trusts are a different type of NHS organisation with a stronger local influence. They have freedom to decide locally how to meet their obligations; are accountable to local people who can become 'Foundation Trust members' or 'Foundation Trust Governors' and are authorised and monitored by an independent regulator for NHS Foundation Trusts called NHS Improvement.
Foundation Trust Council of Governors	The Council of Governors is the collective body that supports and advises the executive and non-executive directors of the Trust. It works closely with the Trust Board to make sure services are meeting the needs of the local community. The Council of Governors consists of 25 governors who gather the views of the Foundation Trust members and give them a voice at the highest level of the organisation. Governors are elected into their positions.
Friends and Family Test	The Friends and Family Test (FFT) is a national requirement whereby all NHS organisations are to ask patients whether they would recommend our services to friends or family if they required similar care or treatment. The results of this test are published in the public domain on a monthly basis, allowing patients to identify organisations which are most recommended by other patients.
Healthwatch	Healthwatch is a national independent champion for consumers and users of health and social care in England. They listen to what people like about services and what could be improved and have the power to make sure people's voices are heard by the government and those running services.
Local surveys	Local surveys refer to those that are designed and run internally for a set period of time. For example, a survey measuring the success of a project for a two month period.
Minority groups	This refers to a group of people who are fewer in numbers in comparison to the social majority. For example, there are a higher number of patients using our services that are over the age of 75 in comparison to those under 16.
Medicine for members	Talks for members and the public focused on clinical services or planned developments. These are held in different locations across our membership area with a focus on improving understanding and receiving feedback.

Mystery shoppers	Patients or relatives who have expressed an interest in acting as a 'mystery shopper' during their hospital appointment or stay. They will be provided with a discreet pack to assist them with measuring their experience of the hospital.
National CQC survey	The CQC conduct comprehensive surveys measuring patients' experiences of their care and treatment. These are usually run for a one month period on a yearly or two-yearly basis.
NHS Choices reviews	NHS Choices is the national patient and public website for the National Health Service (NHS). It provides a platform for a wide variety of information about the NHS including local services and advice about your health. NHS Choices also has a function in which patients or members of the public can submit an online review of an NHS organisation, which is referred to as NHS Choices reviews within this document.
PALS	The patient advice and liaison service (PALS) is a friendly, confidential service which is available to patients, relatives and the public. PALS can help with queries, support and any concerns they may have about facilities or services provided by WSFT.
Patches	Patches of the organisation refers to a selected collective of wards or departments.
Patient stories	A patient story is usually a story of an experience a patient or family have had of the organisation. This can be a letter, email or video which is then presented at the Trust Board meeting.
PLACE	Patient-led assessments of the care environment (PLACE) are self-assessments undertaken by teams of NHS providers and include at least 50% members of the public, known as patient assessors. These assessments focus on the environment in which the care is provided, as well as supporting non-clinical services such as cleanliness, food, hydration and the extent to which privacy and dignity is supported.
Quality improvement	The use of methods and tools to continuously improve and evidence quality of care and outcomes for patients.
VOICE	VOICE is the organisation's patient and public user group made up of volunteer patients, family carers and members of the public. The group work closely across the organisation to assist with projects and plans. They will obtain feedback from the public on the organisation's behalf to make sure feedback is representative of the community and the patient voice is heard.

Appendix A: accessing a VOICE representative

Our VOICE group can help you to successfully embed your experience improvement initiative; ensuring patients' needs are put first whilst giving hands on assistance to alleviate the workload involved in running a project.

The level of their involvement will be agreed between you and the VOICE representative(s) and a member of the patient experience team at the outset of their involvement, to both ensure you are comfortable with the scope of the project and that the VOICE representative is able to commit the level of time needed.

Hypothetical examples of VOICE involvement are listed below:

- Project A: the senior matron team are monitoring call bell response times on their inpatient wards. They would like the VOICE representatives to assist with conducting an audit of how long patients are waiting for their call bell to be responded to.

Once this data has been collected, the senior matrons would like assistance with:

- o Collating the data on a computer system
- o Collecting qualitative feedback from patients about the call bell response times
- o Speaking with ward staff about the issues they face that impact on call bell response times

The outcome of the findings above highlights that a new call bell system is required which has a financial implication. The senior matron team demonstrate that they have engaged with the public with quantitative and qualitative evidence from their study to support their business case.

- Project B: the estates and facilities team are planning a new café development and would like to understand our patients, relatives and visitors preferences and needs. The VOICE group can collect this on the estates and facilities team's behalf and collate this feedback as part of their planning.
- Project C: the organisation is required to comply with a new set of government guidelines. A VOICE representative is invited to the internal task and finish group to co-produce the guidelines alongside staff. This enables the decisions to be truly patient-centred. It also increases the chances of potential issues being highlighted prior to implementation of the guidelines; ensuring problems are ironed out at the very early stages. Patients will bring a different perspective to the table that staff may not have considered.

Email: VOICE@wsh.nhs.uk

Telephone: [01284 713949](tel:01284713949)

Appendix B: best practice for when consultation is required

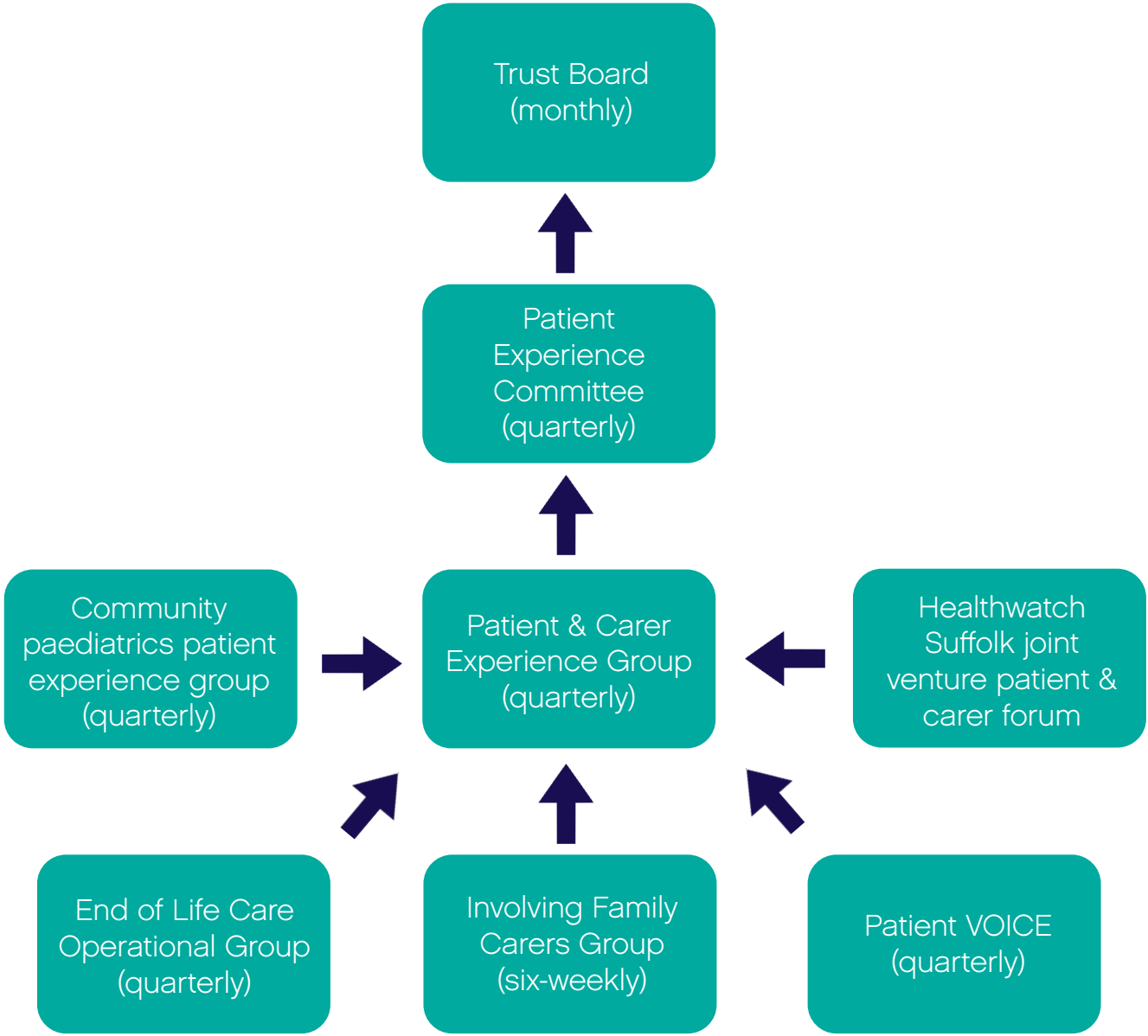
A joint process with the clinical commissioning group

Consultation should be undertaken in collaboration with the relevant clinical commissioning group (CCG), and/or NHS England, as the bodies that commission services.

The below details an overview of the step-by-step process the Trust and CCG should follow when undergoing, or considering, consultation and engagement:

1. The Trust to inform NHS West Suffolk Clinical Commissioning Group (WSCCG) if it believes changes need to be made to a service or services.
2. The CCG will work with the Trust to establish whether engagement or proportional consultation is required, and give advice and support throughout the process.
3. Proposals should be written down in a clear and concise manner, following the Government's set of consultation principles (January 2016).
4. A plan should then be developed on how comments and feedback will be collected and - vitally - how these will be considered before the decision is made. The plan should include clear timescales and describe how the Trust intends to feedback to the population.
5. A list of interested groups should be compiled. The scale of service change will dictate what groups need to be engaged with. As well as patients affected, communication with councillors, MPs, Healthwatch, Health Scrutiny Committee etc. should be completed. The West Suffolk CCG will support this.

Appendix C: governance and assurance structure



West Suffolk NHS Foundation Trust

Hardwick Lane

Bury St Edmunds

Suffolk IP33 2QZ

 www.wsh.nhs.uk

 [@WestSuffolkNHS](https://twitter.com/WestSuffolkNHS)

 [/WestSuffolkNHS](https://www.facebook.com/WestSuffolkNHS)

Putting you **first**