

Council of Governors

29 June 2023

Report Title:	Patient Experience and Carers Strategy
Executive/NED Lead:	Giles Thorpe, Chief Nurse
Report author(s):	Tammy Shepherd, Head of Patient Experience
Previously considered by:	Patient Experience Group; Quality and Patient Safety Committee

Approval

Discussion

Information

Assurance

Executive summary

The strategy was considered by the Board's Committee and approved on 21 June 2023.

The Patient Experience Team met with a group of patient representatives and governors to look at developing the five year Patient Experience, Carers and Co-Production Strategy. The first meeting took place on Friday 18 November 2022 and a second meeting on Friday 3 February 2023 to decide and agree what patients, relatives and carers would want to see in this strategy.

ESNEFT is committed to involving patients and carers in the planning and decision-making processes about their health care. We are also committed to working with our colleagues in commissioning, primary care and the local authorities to involve patients and carers in their services to support with any service changes. Good patient engagement helps to ensure that services are responsive to individual needs, that they are focused on patients and our local community and support us in improving the quality of care that we provide.

The purpose of the Patient Experience, Carers and Co-Production Strategy is to take the Trust's values and add our ambitions for individual care in a way that is meaningful for patients, carers, staff, partners in the integrated care system and our external stakeholders.

By listening to the patient voice at all levels in the organisation and across our integrated care system, we can support a patient-centred approach for seamless, compassionate healthcare. We want to build on and continue working together with patients and carers to embed the value of co-production.

At ESNEFT, we gain insight into our patients' experience of care and services by actively asking patients and carers to complete surveys, welcoming and learning from complaints, concerns and compliments, inviting participation in service planning and improvement and our patient panel representatives as well as listening to the perspectives of external organisations such as Healthwatch Essex, Healthwatch Suffolk and the Care Quality Commission.

This strategy sets out how we will deliver these priorities for improving patients' experience of care. They were determined by assessing our current performance alongside the feedback we received from our patients, families and carers.

We have referenced the Trust Strategy, People Strategy and the Quality Strategy to align our values. Patient representatives and external organisations were invited to participate in key strategic meetings and forums, which highlighted the need for a seamless collaboration of care. We recognise that we are part of a complex system of services with a key role in ensuring that our service users are joined up care within the strategic objectives and the Time Matters philosophy.

Patient experience is a key element of quality, alongside providing clinical excellence and safe care. The way we deliver care and support services has an impact on the experience the patient has. Patients want to be treated as an individual, not simply a patient attached to a hospital number. If safe care is the 'what' of healthcare, experience and co-production is the 'how'.

Care will be perceived to be of a high quality if it provides a positive experience, even when we cannot alter the outcome of their condition. Continuous improvement means that ESNEFT must continually strive for excellence for every patient, their family and carers.

Led by the Chief Nurse, good patient experience is prioritised as an important health outcome in its own right.

We have planned the deliverables through the strategy and this will be monitored bi-monthly at the Patient Experience Group led by the Chief Nurse. We will do this by continually working with our patient representatives and by reviewing the results and feedback from:

- National and local surveys
- The Friends and Family Test (FFT)
- Complaints and PALS as well as compliments
- Patient Stories – An account of a patient's experience
- The 15 Steps programme
- Patient-Led Assessments of the Care Environment (PLACE)
- External bodies – e.g. Healthwatch and the CQC

The Patient Experience Team have produced the Strategy in easy read format to ensure it maintains its commitment in meeting the Accessible Information Standard requirement.

Action Required of the Council

The Council is invited to **note** the approved strategy.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>
Risk Implications for the Trust (<i>including any clinical and financial consequences</i>)		There is a risk that a failure to have meaningful patient or staff stories in place and associated effective complaints practices and management arrangements in place there is a risk of recurrent poor experience and potential harm being caused to patients. There is an associate risk of onward referrals to the PHSO, legal claims and reputational damage. The Board listening to stories of patients' and staff's lived experiences ensures that the Trust is committed to keeping the patient, their families and the staff caring for them at the very heart of its decision-making.
Trust Risk Appetite		The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of "no harm" at the heart of every decision it takes. It is prepared to accept some risk if, on

	balance, the benefits are justifiable and the potential for mitigation actions are strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients.
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>	A failure to ensure appropriate governance practices are in place to support positive patient and staff experience may lead to a breach against Regulation 16: Receiving and acting on complaints and Regulation 18: Staffing as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.
Financial Implications	A failure to ensure that the Board has oversight of current patient and staff experiences may lead to ongoing and unresolved concerns, which may lead to legal claims or PHSO rulings being raised against the Trust, with associate financial penalties.
Equality and Diversity	<p>In order to ensure that the Trust does not directly or indirectly discriminate all the needs of patients and staff must be considered, in accordance to the Equality Act 2010 and EDI agenda in relation to protected characteristics.</p> <p>The patient and staff stories that are shared with the Board are reviewed to ensure that this does not happen, and that learning is shared to ensure all considerations are given to:</p> <ul style="list-style-type: none"> • age. • disability. • gender reassignment • marriage and civil partnership. • pregnancy and maternity. • race. • religion or belief • sex • sexual orientation