

Patient Experience, Carers and Co-Production: a strategy

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Foreword

Here at East Suffolk and North Essex NHS Foundation Trust we aim to provide the very best care and experience for the people we serve and I know that every single member of staff - from our administrators to our consultants - is committed to excellence in the care of our patients as well as world-class support for those who care for them, their families, and the wider community every single day.

We know that the way in which people experience our services has a significant influence on their lives and their experience of their condition and our Trust's philosophy of Time Matters commits us to supporting our patients and carers by removing unnecessary stress and the frustration of navigating through the system to provide a better experience.

Our values go to the heart of everything we do and I am committed to ensuring that this strategic approach enables us to continue to live them every day:

Optimistic: We will work together positively to make time matter for all our patients and staff

Appreciative: We understand and value the role we all have in delivering better patient care every day

Kind: We will value diversity and provide a caring and listening environment for all our patients and staff

Our Trust Board hears regularly from patients about their experiences of the care we provide and we are regularly moved and humbled by the extent to which people we have cared for are prepared to share the details of their experiences. I would like to thank the thousands of people each year who take the time to share details of their experience with us formally or informally, whether in writing, through participating in our patient panels, or in complaints, compliments or suggestions. This investment of your time provides our teams with vital opportunities to

improve when things do not go so well and to learn and develop when we give great care. In this way, your support is central to continuous improvements in the quality of our services and enables us to design care with the people we serve.

That is what this strategy is all about: keeping our patients and their carers at the heart of the design and delivery of their care.

Giles

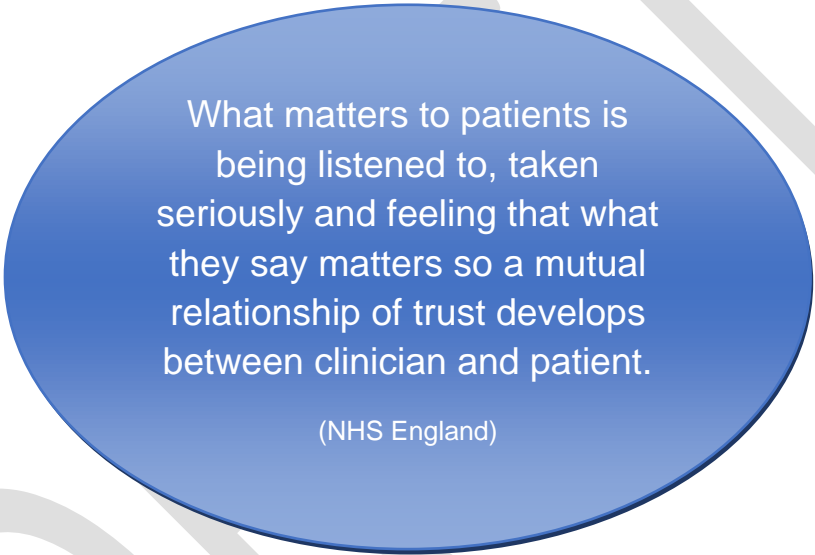
Dr Giles Thorpe. Chief Nurse

DRAFT

Why patient experience matters

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 of a high quality if it provides a positive experience. Continuous improvement means that ESNEFT must continually strive for excellence for every patient, their family and carers.



What matters to patients is being listened to, taken seriously and feeling that what they say matters so a mutual relationship of trust develops between clinician and patient.

(NHS England)

How positive an experience someone has on their journey through the NHS can be even more important to the individual than the outcome.

The value of a welcoming, efficient and friendly member of staff cannot be overestimated.

About this strategy

How this strategy fits in

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) runs Ipswich and Colchester hospitals and provides community services in east Suffolk and north east Essex, serving a population of around 850,000 and with a staff of around 12,000. It is one of the largest integrated healthcare providers in the East of England.

Our Trust Strategy sets out a clear direction for our services. Our ambition to offer the best care and experience is supported by five strategic objectives, which will guide planning, and investment:

1. Keep people in control of their health
2. Lead the integration of care
3. Develop our centres of excellence
4. Support and develop our staff
5. Drive technology enabled care

Good patient experience is prioritised as a key health outcome in its own right and we are committed to making sure patients receive excellent care, with a positive experience.

This patient experience, carers and co-production strategy shows our vision to work together with patients, their carers, staff and external NHS organisations to offer individual care for all our patients. Our ambition, outlined in this strategy, is to ensure seamless access to our services and improve outcomes for each patient, their carers and our staff by offering individual care for patients.

Through this strategy, we aim to become an outstanding provider of healthcare services for every patient and to be one of the top organisations for patient experience and staff engagement.

This strategy has been developed with patient representatives, Governors and partner organisations and of course, our staff. It recognises that our Trust is part of a complex system of healthcare and wellbeing services. We have a key role in ensuring that our service users receive joined up care.

We are aware that we need to close the inequality gap for our patients and communities across northeast Essex and Ipswich and east Suffolk and ensure that we are hearing from our communities who are sometimes referred to as 'seldom heard'. To meet these challenges, we will work with our communities to understand what matters to them and listen to their experiences of the services we provide. We will implement inclusive care and work together with partners across the local health economy and integrated care system so that all patients are treated with respect, regardless of age, gender, religion, sexual orientation or ethnicity. We will Make Every Contact Count (MECC) to ensure unbiased access to our services within our localities for all minority groups.

We have assessed our current performance alongside our Trust Strategy, and reviewed the feedback from our service users. We collaborated with patient representatives and external organisations to develop the objectives we outline in this document and to develop our approach to seamless, collaborative, person-centred care.

What do our patients want from our strategy?

We asked our patient representatives what they consider good patient experience to be. They told us

“Seamless care between different parts of the healthcare service, and for all patients to be treated as an individual, not merely a hospital or NHS number.”

They highlighted that the following should be prioritised:

- **Caring:** providing compassionate care enhances the experience of our patients, families and carers
- **Individualised:** caring for our patients and recognising them as individuals, with individual needs

- **Communication:** listening to service users, responding to their views and adapting our communication methods to suit their needs.
- **Ambition:** aiming to be recognised as a kind and caring organisation locally, regionally and nationally.

In addition, we fundamentally believe that working together with our patients and their carers (co-production) is a core attitude we want to embed. We are additionally required to meet the following NHS England ambition: **Using co-production to develop relationships in our health and care services with carers and communities in equal partnership.**

Our strategic objective for patient experience and carers is therefore:

To create a culture of continuous improvement that gives kind an individual care and improves the experience of our patients and their carers, in line with our values.

We will deliver this by:

- Listening to patients
- Listening to carers
- Embedding patient experience with our staff
- Delivering equality

Patients tell us that their good experience is:



Delivering our ambition

1. Our strategic objective for patient experience and carers:

To create a culture of continuous improvement that gives kind an individual care and improves the experience of our patients and their carers, in line with our values.

1.1 Our approach

1.1.1 Listening to patients

By listening to patients at all levels in the organisation, and across integrated care systems, we can support a patient-centred approach for seamless, compassionate healthcare.

We want to build on our established relationships and work together with patients and carers to imbed the value of co-production. By working together, we will be able to make sure that every patient is treated as an individual and receives seamless care.

We gain insight into our patients' experience of care and services by through surveys, welcoming and learning from complaints, concerns and compliments, inviting participation in service planning and improvement as well as listening to the perspectives of external organisations such as Healthwatch Essex, Healthwatch Suffolk and the Care Quality Commission.

The COVID-19 pandemic created challenges to engaging with patients and we are now reinvigorating our approach and actively recruiting new members to patient user groups with a view to extending their use throughout the organisation.

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. Our aim is to build on the communications and relationships we have in the community and remove any barriers so that, collectively, we can support patients and families.

1.1.2 Listening to Carers

From our collaborative work with local hospices, discussion at Trust forums and feedback from families, we are aware that there are common issues faced by carers:

- Feeling isolated
- Financial hardship
- Uncertain of hospital/ward visiting times and restrictions due to infection control measures
- Access to support
- Reduced health and wellbeing
- “Battling” the system
- Respect and recognition

We must support carers and empower them to speak on behalf of the patient. We will look at how carers are identified and recognised for the work they do and give them a voice. Staff will listen to carers and families

so they have the confidence to be involved in conversations with staff regarding a patient's journey throughout the Trust and beyond.

1.1.3 Embedding patient experience with our staff

We want to increase staff awareness of the importance of embedding patient feedback into quality improvement work, sharing decision making with patients through co-production. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

Restoring the trust of patients when something goes wrong is vitally important. We know that key to this is for the Trust to take concerns and complaints seriously and share information about the outcomes of investigations, showing the steps that have been taken to improve and put things right. With this in mind, ESNEFT needs to hear patients and really listen to their concerns when they are raised. We will invite service users to be part of the 15 Steps Programme (see section 11) to give them the reassurance that we do listen, we do take their comments and concerns seriously and that we are an open and transparent organisation which appreciates that time matters for everyone.

We will support our staff with the appropriate training to have due regard and respect for equality as part of their personal objectives. We will work with our partners to better understand the experience of care and seek to engage with groups representing traditionally seldom-heard communities and those who are in vulnerable circumstances who may experience the poorest health. Good patient engagement helps to ensure that services are responsive to individual needs; that they are focused on patients. (Our new Equality, Diversity and Inclusion Strategy was approved by the Trust Board in November 2021, and should be read in conjunction with this strategy.)

1.1.4 Delivering equality

The purpose of this strategy is to outline how we will take our values and deliver our aim for individual care in a way that is meaningful for patients, carers, staff, partners in the integrated care system and our external stakeholders. We will make sure that all ESNEFT staff have due regard to equality for all our patients and their family. We will implement

inclusive care and work together with partners across the local health economy and integrated care system so that all patients are treated with respect to any of the nine protected characteristics in the Equality Act (2010) of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation. Our Make Every Contact Count (MECC) approach aims to ensure unbiased access to services within our localities for all minority groups by engaging and listening to groups representing traditionally seldom-heard communities.

2. Our plan 2023-2027

2.1 Use patients' and carers' feedback effectively by:

- Presenting information in a meaningful way to staff and patients, and sharing the information widely. This includes presentation of data in statistically meaningful formats, ensuring staff have easy access to the data via our internal systems, and sharing information on our public website and in the hospital environment.
- Analysing the feedback we receive in more detail, so that we know which groups of patients are reporting a positive or negative experience.
- Demonstrating clearly that we are using feedback to make improvements.
- Working with ICB and ICP colleagues to develop approaches to care based on protected characteristics

2.2 Make sure information is accessible to all our patients, whatever their communication needs by:

- Meeting the Accessible Information Standard (see Appendix B). We will identify, record and share the communication needs of our patients, and acting upon that information to provide information in a way, which meets those needs.

2.3 Raise staff awareness of the importance of embedding patient feedback into quality improvement work by:

- Working with every ward and department, including community sites, to ensure they know the feedback from local and national surveys
- Ensure all feedback from the 15 Steps Programme is shared to drive improvements across the organisation including community sites.

2.4 Share decision making with patients and involving them in service development, by:

- Creating guidelines for staff and patients to work together in patient panel groups.
- Increasing the number of opportunities where external organisations, patients, and their relatives and carers, can work together (co-production).
- Working with family carers to raise awareness of carers amongst Trust staff and ensure that carers who accompany our patients to hospital and our staff members, who are also carers, are supported.

2.5 Improving our timeliness of responding to feedback, by:

- Meeting our timeframe targets for responding to concerns and complaints.
- Ensuring that data leads to positive change for patients. We will use a mixture of measures that give immediate and recent data, which is detailed and meaningful to influence staff, managers and executives. This data is considered together to highlight any trends and themes, a process referred to as 'triangulation'. Compliments and complaints are equally valuable.

2.6 We will know we are successful when:

1. Survey feedback shows stable or improving trends on questions around respect, staff attitudes and behaviour and communication.
2. Patients and their representative are able to be involved in the planning and improvement of services.
3. Staff understand the importance of embracing and using patient feedback for improvement, and of involving patients in decision-making.
4. Information from feedback is used in a meaningful way to see trends and themes for continuous improvements and change as necessary.
5. Complaints and concerns are investigated and responded to in a timely way.
6. Information about improvements resulting from feedback is widely shared and easily accessible to implement best practice throughout the Trust.
7. The Accessible Information Standard (AIS) is met.

4. Measuring our progress

We actively ask patients and carers to complete surveys, we embed learning from complaints and compliments, invite participation in service planning and improvement, and listen and learn from external organisations. The information collected from these sources help us to make better decisions about how to improve. It is essential to have collective engagement and robust measurement systems to analyse and track the data we collate.

The most important issue is how the information is used to implement change and improvement.

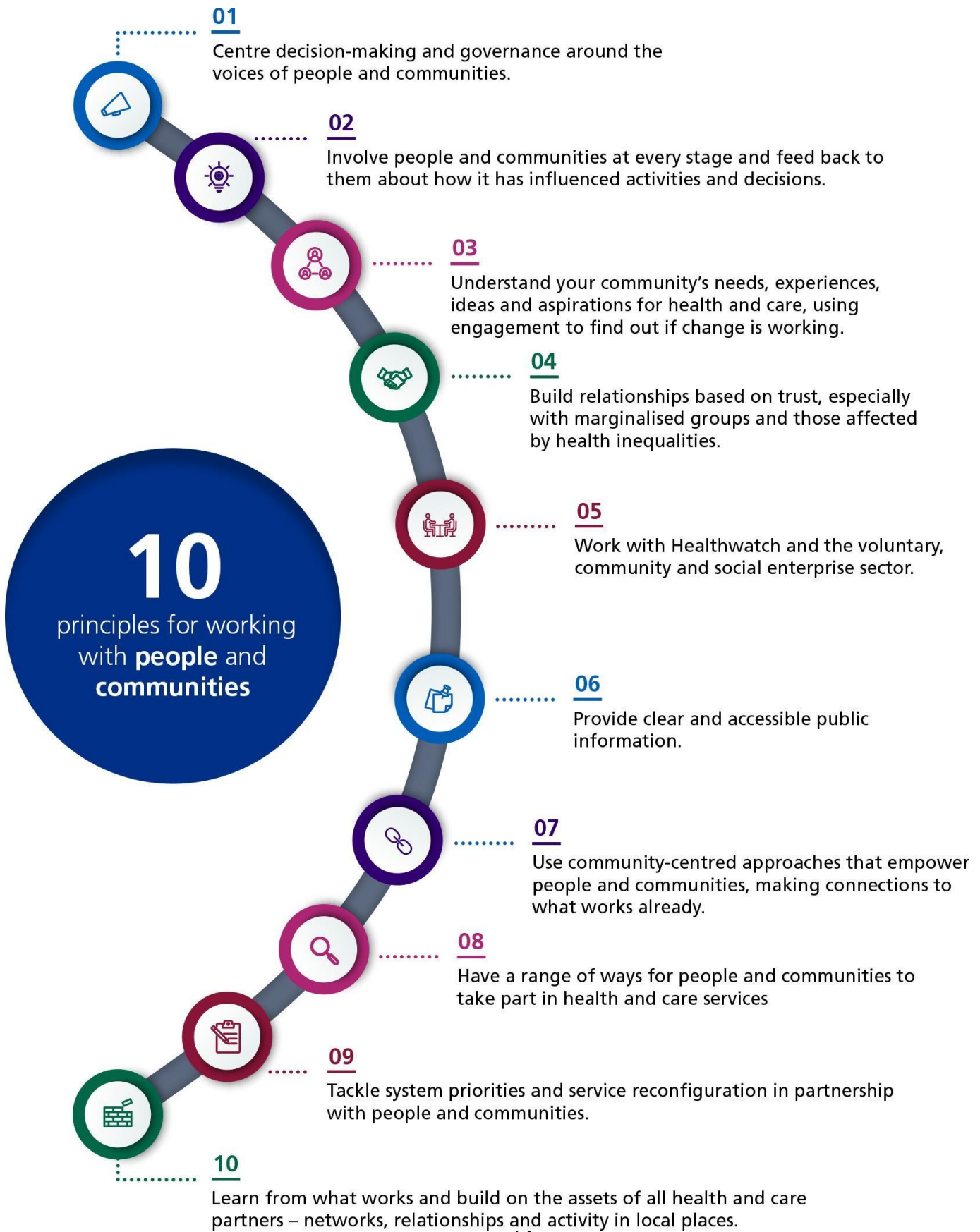
4.1 Collecting feedback

No single approach is sufficient and numbers (quantitative data, for example from surveys) and stories (qualitative data, from patient and staff feedback) are of equal importance and can be collected in a variety of ways:

- Compliments or complaints
- Recording and sharing a patient's story with the Board.
- Updates within the Patient Experience Group (PEG) bi-monthly meetings.
- Patient User Groups
- Discussions with external organisations and forums

Using patient experience information, collecting staff feedback and working in collaboration with external organisations, as well as having robust systems for analysing and tracking the data, to implement change and improvement is key. Further information about the tools we use to collect feedback and monitor our progress can be found in Appendix A.

NHS England's Working in Partnership with People and Communities Statutory Guidance July 2022 – by working on all of the above, this will enable us to achieve the 10 principles to follow, to build effective partnerships with people and communities.



ESNEFT Patient Experience, Carers and Co-Production Strategy

Principle	Strategic aims			
	Listening to patients	Listening to carers	Embedding patient experience with staff	Delivering equality
1. Centre decision making and governance around the voices of people and communities	✓	✓	✓	✓
2. Involve people and communities at every stage	✓	✓	✓	✓
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working	✓	✓		
4. Build relationships based on trust, especially with marginalised groups and those affected by health inequalities	✓	✓		✓
5. Work with Healthwatch and the voluntary, community and social enterprise sector	✓	✓		✓
6. Provide clear and accessible public information	✓	✓	✓	✓
7. Use community centred approaches that empower people and communities, making connections to what works already	✓	✓	✓	✓
8. Have a range of ways for people and communities to take part in health and care services	✓	✓		✓
9. Tackle system priorities and service reconfiguration in partnership with people and communities			✓	✓
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places.	✓	✓		✓

Appendices

APPENDIX A

Methods of gathering and measuring patient experience we use at ESNEFT

National surveys

The Trust participates in the national patient experience survey programme including inpatients, emergency and urgent care, maternity, children, and young people.

Local surveys

We run large-scale local surveys in inpatients and outpatients, and many smaller surveys in specific areas.

The Friends and Family Test (FFT)

We aim to offer all patients the opportunity to respond to the FFT questionnaire and to have the opportunity to tell us about anything else we could have done to improve their experience. We will identify themes from the comments made in order to improve our services.

Websites and social media

We respond to all feedback provided on the NHS Choices websites, Facebook and Twitter and encourage people to get in touch with the Trust directly if there are any issues or concerns that we can help to resolve. All feedback, whether positive or negative, is shared with the clinical teams.

Complaints and the Patient Advice and Liaison Service (PALS)

Complaints and concerns provide valuable feedback to the Trust about patient and carer experiences. We encourage patients to share any concerns with staff as soon as possible so that we can help and support them. We analyse the themes from complaints and compare this with other patient experience feedback to identify areas where improvements can be made.

Patient Experience Group (PEG)

The Patient Experience Group is chaired by the Chief Nurse and includes representatives from all areas of the organisation, together with Governors. The group meets on a regular basis to monitor all patient experience information and actions and progress on improving patient and carer experience.

Patient stories

The Trust Board meetings, held in public, start with a patient story (an account of their experience). Board members welcome hearing about both positive and negative experiences. Methods of collecting and reporting patients' feedback in this way allows the Trust to work as closely as possible with clinical services so that clinicians identify with the impact of their care and the results from giving the patient a voice to be heard.

15 Steps programme

ESNEFT has embraced the '15 Steps Challenge' programme from the NHS Institute for Innovation and Improvement. The purpose of 15 steps is to remind us all that our patients are the most important people in our hospitals. They are not an interruption to our work; they are the very purpose of it and these assessments put patients at the heart of improvement. This programme helps staff and service users work collaboratively to identify improvements that can be made to enhance patient experience and support sharing good practice.

External bodies – e.g. Healthwatch and the Care Quality Commission

We receive and act upon reports from visits made by our local Healthwatch and the CQC. We recognise that there is a wealth of knowledge and skill within the NHS, which is outside of the Trust, and there is a willingness to share and support each other.

APPENDIX B

The Accessible Information Standard

The **Accessible Information Standard** aims to make sure that people who have a disability, impairment or sensory loss have access to information they can understand and any communication support that they need from health and care services.

What does the Standard tell organisations to do?

1. **Ask** people if they have any information or communication needs, and find out how to meet them
2. **Record** those needs clearly and in a set way
3. **Highlight** or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. **Share** information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so to promote seamless care between Primary and .
5. **Take steps** to ensure that people receive information, which they can access and understand, and receive communication support if they need it.

APPENDIX C

How we determined our areas of focus for this strategy and how we will work on our priority areas

External Communication, Co-production and Inclusivity

External communication is an essential part of making sure the Trust protects and enhances its reputation. Our external communications are often the first impression the majority of people have of our organisation. Our communications tools and activities will support and assure people about the safety and quality of our services. We need to **listen** to stakeholders, respond to their views and adapt our practices to suit their needs.

Key external stakeholders include but are not exclusive to:

- ESNEFT patients and local communities, especially seldom heard groups who traditionally experience difficulties accessing NHS services
- Families and carers
- Local third sector partners, for example, hospices, Age UK, Parkinson's UK, Macmillan
- Our governors
- Local elected representatives – councillors, Health and Wellbeing Boards and Health Overview and Scrutiny Committees, the police and other statutory authorities
- Suffolk and Essex Healthwatch
- MVP: The Maternity Voices Partnership (MVP) is an independent body that has been set up to listen to and speak for people who use or have used maternity services at our hospitals, and we'd like to hear what people think about their maternity care – before, during and after the baby's birth.
- Maternity Voices Partnerships are independent committees which influence and share in local decision making. All people in the local area are able to take part in an MVP by giving feedback or

becoming service user members of an MVP. Partners and families may also wish to give feedback or join a partnership. The MVP will be looked to as a source of expertise in co-production and ensuring that people's voices are heard.

- **PSP: Patient Safety Partners (PSP)** are a specific role in the organisation who work alongside staff to ensure that the patient voice is heard within organisations, with the core purpose of improving safety and quality. Patient safety partner (PSP) involvement in organisational safety relates to the role that patients and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety. PSPs can act as 'knowledge brokers' as they often have the insight of a user of services across different parts of the NHS, or may have experience of avoidable harm and can therefore help inform learning and holistic safety solutions that cross organisational boundaries. They provide a different perspective on patient safety, one that is not influenced by organisational bias or historical systems. By reinforcing the patient voice at all levels in an organisation and across integrated care systems, PSPs can support a patient-centred approach to safer healthcare. PSP's will provide a source of expertise which can advise the strategy.

APPENDIX D

Associated documents/references

- ESNEFT Quality Plan Strategy 2019-2021
- ESNEFT Our People Strategy
- ESNEFT Strategy 2019-2024
- Patient experience improvement framework 2018 (NHS Improvement)
- ESNEFT Integrated Care Strategy
- The Fifteen Steps Challenge: Quality from a patient's perspective. 2017 (NHS England)
- The Patient Experience Book. 2013 (NHS Institute for Innovation and Improvement)
- St Helena Hospice. Discussion at ESNEFT End of Life Steering Group (Cooper, 2023) <https://eus-www.sway-cdn.com/s/0CrHls6AHVU5L4Ez/images/b9k8fvB6M9M9i6?quality=1216&allowAnimation=true>
- ESNEFT Addressing Health Inequalities Strategy.
- NHS England Working in Partnership with People and Communities Statutory Guidance July 2022