



*Working together. Putting patients, their carers and the community at the forefront of all we do.*

## Acknowledgements

Our thanks go to our patients, their carers, our volunteers, patient public forum committee, patient representatives, health and care trust, the clinical commissioning Group, health watch, voluntary organisations: speak easy, NHSI and the general public and our patient representatives for their involvement in the development of this plan and in our journey of continuous improvement.

# Contents

<b>Strategic Patient, Carer and Community Engagement Plan 2018-2021</b>	<b>4</b>
<b>A plan to underpin the Quality Improvement Strategy</b>	<b>4</b>
<b>Our Trust's Signature Behaviours</b>	<b>4</b>
<b>Building on foundations</b>	<b>6</b>
<b>Delivering our ambition: Understanding what is important to our patients, carers and the community is important to us</b>	<b>7</b>
<b>Patient Experience Improvement Framework Methodology</b>	<b>8</b>
<b>Our objectives</b>	<b>9</b>
<b>Delivering our ambition: What is important to our community is important to us</b>	<b>10</b>
<b>Delivering our ambitions: Community engagement matters to us</b>	<b>11</b>
<b>Pledge 1:</b> We will develop a culture where patients, their carers are at the forefront of all we do	<b>11</b>
<b>Pledge 2:</b> To develop a culture of person centred and family centred care	<b>11</b>
<b>Pledge 3:</b> To develop a culture that supports continuous improvement by delivering services to the patient, their carers and the community that is responsive to the information they are telling us	<b>12</b>
<b>Pledge 4:</b> We will include patients, their carers and our community partners in our Patient Experience Strategy and Engagement Plan that will achieve a cultural transformation, promoting a genuine shift in power and control	<b>13</b>
<b>Measuring and sustaining improvements</b>	<b>14</b>
<b>Appendix 1: Patient, Carer and Community Engagement Plan, 2018-2021 objectives and timelines</b>	<b>16</b>

# Strategic Patient, Carer and Community Engagement Plan

## Introduction:

The Trust expects that all healthcare professionals will provide for patients and their carers clinical care and offer services in line with best practice. In offering and delivering best practice approaches, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients / carers bring.

It is expected that they will work in partnership with patients, agreeing a plan of care or services that utilises the abilities and resources of patients and builds upon these strengths. It is important that patients are offered information on the care/treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises patient experience and community engagement resources available that can further support decision making of patients and their carers.

The Trust recognises that patients and their carers are critical stakeholders in their health care and decision making; we recognize that patient, carer and community engagement has a major role in improving quality and safety of health care interventions, service delivery, and promoting ideal health care and personal health experiences and in going forward making the tough decisions required together.

## Overarching aims of this plan:

- We will develop a culture where patients, their carers are at the forefront of all we do.
- We aim to achieve this through the development of a culture that supports continuous improvement by delivering services to the patients, their carers and the community that is responsive to the information they are telling us.

## A plan to underpin the Quality Improvement Strategy

Our Patient, Carer and Community Engagement plan is underpinned by the Values of the Trust embedded within our cultural change programme launched in 2017. It is a key pillar in our overarching Quality Strategy (2018-2021).

## Our Signature Behaviours are:



Do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together



## Our ambitions:

- To ensure that each and every patient and their carers/ family have a positive person centred experience and we will be one of the recommended Trust for patients to receive their care in the UK.
- We will be a trust recognised for its proactive community engagement and participation programme.
- We will be recognised as making a positive difference within our local community and make them proud of our hospitals and service.



# Building on foundations

This plan puts at its heart active engagement with patients their carers and the community as is our statutory duty to do so.

Our patients, their carers and our community have told us that they need us to **listen, care and act with compassion**.

## LISTEN, CARE and act with COMPASSION

To enable us to actively listen, provide appropriate quality care with compassion at all times, we will focus our approach of being a Trust that is recognised for promoting person centred care.

This plan launches an programme of change over the next 3 years which builds on current understanding of patient experience that will see cultural transformation throughout our organisation which will see us move to active and real time gathering experience, promote participation and engagement at all levels with patients their carers, families and the community we serve.

## PERSON CENTRED CARE

Whilst it is recognised there is no one single definition of person centred care, we recognise that this is framed around the principles of:

1. Affording people dignity, compassion and respect offering personalised supportive coordinated care, or treatment
2. A focus on the sole needs of the individual patient, ensuring their or where required their carers preferences and values, guide our clinical decisions
3. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life
4. Focusing on equality and narrowing inequalities
5. Identifying and involving patients' carers and families
6. Providing and creating services in partnership with patient, their carers/ families and the community
7. Voluntary and community partners are involved as key partners and enablers of providing person centred care.



# Delivering our ambition: Understanding what is important to our patients, their carers and the community is important to us



# Patient Experience Improvement Framework Methodology

Understanding what is important to patients nationally is important to us.

To further inform our patient experience plan we are an early adopting trust in the roll out of patient experience improvement framework (Dunderdale@NHSI 2018).

This framework is a self-assessment approach that integrates policy and findings from analysis of the outcomes from hospital inspections by CQC. It embraces continuous learning methodology.



Understanding what is important to patients nationally is important to us.

[Back to contents](#)



This plan is our commitment to working collaboratively with patients and their carers/families going forward and using patient feedback and experience to design and improve services. Enhancing patient and carer involvement and communication is central to delivering this throughout our organisation.

As an organisation we collect a significant amount of patient feedback. In addition in November 2017, our Patient and Public Forum spent time at all 3 of our sites asking patients and visitors what quality meant to them and how as a Trust we could improve. Key themes have been collected.

This combined intelligence from local information gathering and nationally from patient improvement framework we have identified 4 specific objectives of focus to improve patient/carers experience.

## Our objectives

- **Communication**  
A need to be better informed and involved throughout
- **Discharge**  
Ensuring patients and families are fully involved in their care are encouraged to get up, dress and are encouraged to mobilise and aware of the discharge plan including any rehabilitation stage
- **Pain Control**  
Ensuring patients understand their condition, treatment and pain management options
- **Privacy & Dignity**  
Ensuring we maximise and maintain privacy and dignity throughout their time with us.

# Delivering our ambition: What is important to our community is important to us

We believe that people have a right to be actively engaged in decisions that affect their lives and well-being. We recognise that meaningful engagement enables people to make informed choices and decisions and services to be developed which more closely reflect the needs of the communities we serve.

We have many groups and stakeholders who support us and our services. These groups and their volunteers undertake many roles and tasks for us. These relationships bring several mutual benefits including integrated engagement activity, a greater reach into the community and a more comprehensive and mutual understanding. Our volunteers and patient representative and public forum members are our eyes and ears and represent us in local communities. We believe that listening, learning and improving will become an everyday part of the Trust's culture through greater community engagement.

Our community engagement plan will achieve cultural transformation, promoting a genuine shift in power and control.



# Delivering our ambition:

## Patient and carer experience matters to us

**Pledge 1:** We will develop a culture where patients, their carers are at the forefront of all we do.



### WORK TOGETHER, CELEBRATE TOGETHER

- We will strengthen patient experience team to better support engagement and enable better reporting and analysis of feedback which is more visible and user friendly, which can really be used to drive improvements.
- We will gain a divisional overview of patient involvement already taking place and develop a consistent structure for this.
- We will build on the positive partnership links we have been developing over the past couple of years to help develop more holistic approaches to involvement which support changing healthcare expectations and the requirements of the STP.
- We will celebrate our successes and ensure we acknowledge and reward innovation and achievement.
- We will work closely with our volunteers and patient representatives and use their feedback and suggestions in a structured way to enhance patient, carer and community experience.

**Pledge 2:** To develop a culture of person centred and family centred care.



### DO WHAT WE SAY WE WILL DO

- We will empower our staff to be receptive, open and honest in response to patient feedback, incidents through learning and reflective practices.
- We will ensure patients understand their condition, treatment and pain management options.
- We will provide a menu of involvement opportunities which will enable a more diverse and representative number of people to work with us, give their views and suggestions to improve what we do.
- We will ensure we maximize and maintain patient's privacy and dignity throughout the patient's time with us.
- We will encourage patients to get up, get dressed and mobilise to prevent deconditioning.

**Pledge 3:** To develop a culture that supports continuous improvement by delivering services to the patient, their carers and the community that is responsive to the information they are telling us.



**NO DELAYS, EVERY DAY**



**WE LISTEN, WE LEARN, WE LEAD**

- We will develop Patient Experience champions.
- We will develop a process to proactively recruit patients, their carers, patient representative and community members to work alongside us and develop and drive continuous improvement.
- We will increase the diversity of representation on our membership groups from those under representative groups we serve.
- We will ensure patients and their families report they are better informed and involved throughout their time with us.
- We will have response rates for patient experience surveys that provides a positive experience for patients trust wide.
- We will ensure patients and families are fully involved and aware of their discharge plan so that they are confident they have everything they need to continue their treatment or recovery including rehabilitation.
- We will develop a range of approaches that will gather real time as well as retrospective feedback to patients and their carers/family from information they provide.
- We will be recognised in the development of patient experience research opportunities in conjunction with the University of Worcester.
- We will review our current patient feedback mechanisms, modernise where necessary and ensure we are optimising value for money which produces effective outcomes.



**Pledge 4:** We will include patients, their carers and our community partners in our Patient Experience plan and Engagement Plan that will achieve a cultural transformation, promoting a genuine shift in power and control.



#### WORK TOGETHER, CELEBRATE TOGETHER

- We will be open and transparent to patients their carers and our community partners, what we do well now and where we need to improve.
- We will develop new ways of working: from involving patients, carers and the community in a range of actions, roles and activities.
- We will involve patients, their carers and the community in the recruitment, education and training of our workforce.
- We will involve patients, carers and the community in the redesigning, or designing of services.
- We will implement and roll out always events.
- We will have community engagement through representation on hospital committees.
- We will develop a community involvement programme.
- We will conduct a comprehensive annual survey of our community membership to understand their needs and aspirations which will inform our community involvement program.
- We will develop a range of mutually beneficial options for professional stakeholders and voluntary organisations to work in collaboration with trust in delivering patient care and care pathways.

# Measuring and Sustaining Improvements



We will deliver a culture where patients, their carers are at the forefront of all we do.

## OUTCOME:

- We will respond to 80% complaint before 25 days of receipt and ensure that we reduce the numbers of complaint returns from complainants dissatisfied with their response, improving complainant satisfaction
- We will have response rates for patient experience surveys that provides a positive experience for patients trust wide
- We will have a response rate for Friends and family test that provides a positive experience and they will recommend us as a place to receive care. We will risk assess and monitor patients experience when there have been occasions to move patients at night at times of high escalation which can lead to reduced patient experience.



Develop a culture of person centred and family centred care.

## OUTCOME:

- We will appoint onto the board a non-executive for patient, carer and public engagement
- We will implement tool kit of story-telling that facilitates continued use and benefits from patient stories at board and in directorate meetings
- We will launch, roll out a campaign to adopt a call for action by NHS Improvement # PJparalysis.



**Develop a culture that supports continuous improvement by delivering services to the patient, their carers and the community that is responsive to the information they are telling us.**

#### **OUTCOME:**

- We will develop Patient Experience Leads by September 2018 and keep a live database of membership and skills.
- We will ensure patients and their families report they are better informed and involved throughout their time with us through annual patient surveys published in annual patient experience report every year.
- We will have response rates for patient experience surveys that provides a positive experience for patients trust wide through development of real time feedback and friend and family test each month.
- We will ensure patients and families are fully involved and aware of the discharge plan so that they are confident they have everything they need to continue their treatment or recovery including any rehabilitation stage.
- We will develop a range of approaches that will gather real time as well as retrospective feedback to patients and their carers/family from information they provide with report each quarter.
- We will be recognised in the development of patient experience research opportunities in conjunction with the University of Worcester and publish outcome by September every year.
- Review our current feedback mechanisms, modernise where necessary and ensure we are optimising value for money which produces effective outcomes through our annual assessment and publish outcome by March each year.



**We will include patients, their carers and our community partners in our Patient Experience Strategy and Engagement Plan that will achieve a cultural transformation, promoting a genuine shift in power and control.**

#### **OUTCOME:**

- We will grow our patient, carer and community membership to include under representative groups.
- We will achieve a positive satisfaction rating for our patient and community members involvement activities.
- We will conduct, publish and maintain an annual patient, carer and community involvement programme by September every year.
- We will develop a range of mutually beneficial options for professional stakeholders and voluntary organisations to work in.

#### **References**

Kings Fund (2017) 'Our work on patients experience of using health and care services.' London.  
National Voices (2017) 'Person centred care in 2017.' Evidence from service users: London.

## APPENDIX 1

# Patient, Carer and Community Engagement Plan, 2018 – 2021 – Objectives and timelines

**Working together** – putting patients, their carers and the community at the forefront of all we do will ensure we collectively lead the changes required in the provision of safe, effective and reliable care and services.

### Signature Behaviours



We do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together

Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will ensure patients and their families report they are better informed and involved throughout their time with us</b>				
<b>We will respond to 80% complaint within 25 days of receipt</b>	78%	80%	80%	80%
<b>We will reduce the numbers of complaint returns from complainants dissatisfied with their response</b>	35%	10%	10%	10%
<b>We will have non executive representation for patient, carer and public engagement on the Trust Board</b>	To assess current representation	Reinforce through agenda items at the Trust board. Active discussion regarding patient, carer, public engagement.	Reinforce through agenda items at the Trust board. Active discussion regarding patient, carer, public engagement.	Reinforce through agenda items at the Trust board. Active discussion regarding patient, carer, public engagement.

[Back to contents](#)



Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will ensure patients and their families report they are better informed and involved throughout their time with us continued...</b>				
<b>We will implement a tool kit for ensuring patient and carer experience of care are presented at Trust Board and directorate meetings</b>	Patient, carer experiences are presented at all public Board meetings	Continue to present patient, carer experiences at public Board meetings and implementation of tool kit	Continue to present patient, carer experiences at public Board meetings with analysis against tool kit	Build on findings from analysis of tool kit and experiences and develop an approach from findings
<b>We will have response rates for patient experience surveys that provides a positive experience for patients Trust wide</b>				
<b>We will have response rates for Picker surveys that provides a positive experience for in patients</b>	We are at the upper end of lower quartile	Scores will have improved significantly to bottom of mid end quartile	Scores will have improved significantly from middle quartile to bottom of upper quartile	Reassess best practice and ensure we are in line with top quartile performance against Picker benchmark
<b>Improve quartile performance in key areas of divisional plans</b>				
<b>We will have response rates for Picker surveys that provides a positive experience for Emergency care</b>	Last completed 2016	Scores will have improved significantly from lower quartiles	No survey as bi annual	Reassess best practice and ensure we are in line with top quartile performance against Picker benchmark
<b>Ensure identification of those lowest scores and ensure each of these have a focus on a monthly basis through divisional plans</b>				

Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will have response rates for patient experience surveys that provides a positive experience for patients Trust wide continued...</b>				
<b>We will have response rates for Picker surveys that provides a positive experience for Maternity care</b>	In upper quartile for response rate	To maintain response rate to continue performance in upper quartile	Reassess in line with 2018 -19 results in line with national average	Reassess in line with 2019 -20 results
<b>Ensure identification of those lowest scores and ensure each of these have a focus on a monthly basis through divisional plans</b>				
<b>We will have a response rate for Friends and family test that provides a positive experience for patients Trust wide</b>	8.40%	Trust wide response rate 30%	Reassess the national benchmark to ensure we are above the national average Trust wide	Reassess the national benchmark to ensure we are above the national average Trust wide
<b>Trust wide Friends and family score (inpatient)</b>	Recommended is 95.72% (inpatient)	Recommended rate <95%.	Recommended rate <95% and reassess best practice and ensure we are aiming for top quartile performance	Recommended rate <95% and reassess best practice and ensure we are aiming for top quartile performance
<b>We will ensure patients and families are fully involved and aware of the discharge plan so that they are confident they have everything they need to continue their treatment or recovery including any rehabilitation stage</b>				
<b>We will ensure patients will know their expected date of discharge or transfer for ongoing care so that they and their families have time to plan</b>	New risk assessment. Baseline to be established	TBC, following triangulation with the Operational Plan for 18-19	TBC, following triangulation with the Operational Plan for 19-20	TBC, following triangulation with the Operational Plan for 20-21

Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will ensure patients and families are fully involved and aware of the discharge plan so that they are confident they have everything they need to continue their treatment or recovery including any rehabilitation stage</b>				
<b>We will improve on the Picker Inpatient Survey indicator 'on discharge, patients are told of the side effects of their medications'</b>	69%	In line with national average as defined by Picker benchmarking	In line with national average as defined by Picker benchmarking	In line with national average as defined by Picker benchmarking
<b>We will improve on the Picker Inpatient experience indicator 'on discharge, patients are told of danger signs'</b>	64%	In line with national average as defined by Picker benchmarking	In line with national average as defined by Picker benchmarking	In line with national average as defined by Picker benchmarking
<b>We will adopt and roll out a campaign to get patients, up, dress and early mobilization and prevent deconditioning NHSI July 2017 # PJParalysis.</b>	None	Roll out campaign across all wards in Trust	Reassess benchmarks with length of stay, Patient and staff satisfaction surveys with an aim of Reduce length of stay (TBC)	Reassess national benchmarks and local patient and staff satisfaction - (TBC)

Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will ensure patients understand their condition, treatment and pain management options</b>				
<b>National Picker Inpatient Survey 'staff did everything to help control pain'</b>	29%	In line with national average (as defined by Picker benchmarking)	In line with top quartile (as defined by Picker benchmarking)	In line with top quartile (as defined by Picker benchmarking)
<b>We will improve information given to patients on their condition</b>	26%	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)
<b>We will ensure we maximize and maintain privacy and dignity throughout the patients' time with us</b>				
<b>We will risk assess and monitor patients experience when there have been occasions to move patients at night at times of high escalation which can lead to reduced patient experience</b>	56%	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)
<b>We will ensure we maximize and maintain privacy and dignity throughout the patients' time with us continued..</b>				
<b>We will risk assess and monitor, patients experience when there have been occasions to have extra beds in clinical areas at times of high escalation</b>	New risk assessment. Baseline to be established	Establish baseline in Q1 18/19. Set trajectories for remaining part of 18/19 and 19-21.	Establish baseline in Q1 18/19. Set trajectories for remaining part of 18/19 and 19-21.	Establish baseline in Q1 18/19. Set trajectories for remaining part of 18/19 and 19-21.



Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will risk assess and monitor patients experience for patients in the ED corridor when there have been occasions to have extra beds at times of high escalation</b>	33%	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)
<b>We will evaluate every patient who has experienced a mixed sex accommodation breach to ensure their dignity needs are met</b>	17%	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)	In line with national average (as defined by Picker benchmarking)
<b>We will support better empowerment of people and communities</b>				
<b>We will improve patients, their carers and community satisfaction of their experience of the trust specifically through their involvement in service development and change</b>	None currently	Role out of always events in 5 service areas	Build on our learning from year one of always events and role out to 10 service areas	Build on our learning from year one of always events and role out to 15 service areas
<b>We will improve the representation on Trust wide initiatives from under representative groups of patients, their carers and community increase their satisfaction of their experience of the Trust</b>	No assessments in place of current memberships Trust wide	Establish baseline in Q1 18/19. Set trajectories for remaining part of 18/19 and 19-21	TBC	TBC

Objective	Baseline position (outturn 2017-18)	Year 1 Trajectory 2018-19 % reduction and actual number	Year 2 Trajectory 2019-20 % reduction and actual number	Year 3 Trajectory 2020-21 % reduction and actual number
<b>We will support better empowerment of people and communities continued...</b>				
<b>We will implement objectives from dementia strategy across the trust with implementation of pledges in inpatient wards</b>	No assessment	Assessment of current position of pledges on wards and a relaunch to all wards and reassessment wards. Carryout patient and carer satisfaction survey	Reassess the national benchmark to ensure we have improved patient and carer satisfaction based on last year's survey results	Reassess the national benchmark to ensure we have improved patient and carer satisfaction based on last year's survey results
<b>We will conduct a comprehensive annual survey of our community membership to understand their needs and aspirations which will inform our patient, carer and community involvement programme</b>	No survey in place	Develop and carry out annual survey	Annual survey	Annual survey

Our continued thanks go to our patients, their carers, our staff, the public and our patient representatives for their involvement in the development of this strategy and in our journey of continuous improvement

