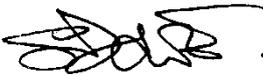
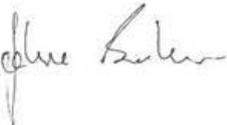


Title of Strategy	Patient and Carer Experience Strategy	 <p>NHS Foundation Trust</p> <p>Best care by the best people</p>
Lead executive director:	Stephanie Dawe, Chief Nurse & Executive Director of Integrated Care (Essex)	
Lead executive director sign off prior to the approval process:		
Name of originator / author and job title:	Mog Heraghty Associate Director of Nursing Patient Experience	
Approved by:	EMT	
Signature of Lead Director/EMT Chair		
Approval date:	15 December 2016	
Review date:	15 December 2019	
Date equality impact assessment carried out:	5th December 2016	
Related to other policies	Patient and Carer Experience policy	
Version number	v002	

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1. 'At a Glance' summary/Key message of strategy

NELFT is fully committed to developing and supporting the empowerment of patients and carers to enable them to play an active role in all aspects of the planning, delivery and evaluation of its services. This strategy and the associated operational policy will describe the ways and means by which we will ensure patient and carer engagement is safe, fair, mutually rewarding and essential to the business planning process.

The strategy aims to influence the overall direction and quality of services by giving a meaningful voice to patients and carers in order that they can support the Trust in making improvements. It is recognised that the Trust must continue to learn from patient and carers experience in order to drive forward quality improvements for the wide range of services we provide and respond to the challenges of the future.

2. Assurance statement

The purpose of this strategy is to describe how we will continue to improve services, through the on-going involvement of patients, carers and staff in the development and delivery of services within NELFT at an individual, strategic and operational level.

3. Who should read this document?

All staff, patients and carers

4. Aims and objectives

This strategy outlines a number of principles for the delivery of patient and carer involvement in the Trust at an individual, operational or strategic level. These principles characterise the Trust's commitment and determination to provide effective and consistent opportunities for all patients and carers to become involved to the fullest of their potential.

The key principles of this are:

- Measuring experience against Care Quality Commission Fundamental Standards
- Patient and carer involvement is central to Trust business
- Maintaining a direct link from patients and carers to the Trust Board
- Gathering patient, carer and staff feedback
- Raising professional standards

5. Explanation of terms and definitions

Patient Experience: is defined by 'The Intelligent Board' (Dr Foster, 2010) as feedback from patients and carers on 'what actually happened' in the course of receiving care or treatment, both the objective facts and their subjective views of it. The factual element, often statistical, is useful in comparing what people say they experienced, against an agreed care pathway or quality standard. The opinion element such as compliments, complaints and questionnaires tell you how patients and carers felt about their experience and helps to corroborate other quality measures.

Patient: for the purpose of this strategy a patient is defined as someone who is currently accessing the services of NELFT or has used those services recently. It is recognised that people may wish to identify themselves by other terms and this will be respected in the course of working with individuals and groups.

Carer: for the purpose of this strategy a carer is defined as any person who provides unpaid care for anyone receiving services from the Trust either currently or recently. This includes parents and those with parental responsibility. In recognition of the vital role of carers the refreshed document has been re-named the Patient and Carer Experience Strategy.

Involvement: Patients and carers working collaboratively with staff to achieve outcomes at an individual, operational or strategic level within the Trust.

Volunteering: Volunteers in the NHS are individuals who choose to freely commit their time and energy to support and enhance the work of a specific service, without receiving any financial benefit beyond reimbursement of expenses. Volunteers are not covered by this strategy.

Wider influence: Those patients and carers that wish to influence the wider-NHS can do so through local community pressure groups and local HealthWatch organisations. Involvement in the wider-NHS is not covered within the scope of this strategy.

6. Strategy

Applying the strategy:

Improved patient and carer experience is dependent on three main factors:

- a quality patient/carer experience
- a quality staff experience
- quality business practices

A number of goals have been identified to embed patient and carer experience:

- All staff are aware that delivering a good patient and carer experience is everyone's responsibility, regardless of their role in the organisation
- We treat staff as we expect them to treat patients and carers
- All staff have the confidence and power to resolve problems immediately or escalate them to the appropriate person as soon as possible
- A culture of pride in the service delivered and in the staff who deliver it is developed
- A culture that does not accept poor communication and behaviour from any member of the organisation is encouraged

Measuring Experience against the Care Quality Commission Fundamental Standards:

The Care Quality Commission Fundamental Standards provide a robust and comprehensive measure of patient and carer experience. The Patient Experience Department will evaluate how we monitor compliance with the Care Quality Commission Fundamental Standards, through mechanisms such as feedback surveys, patient/ carer membership of strategic groups like 'sign up to safety' and patient involvement in quality and environmental inspections.

Patient and carer involvement is central to Trust business:

Involvement in care planning is central to person-centred care and ensures that the people who use our services have care or treatment that is tailored to them and meets their needs and preferences. Services should also recognise and value the role of carers, identifying and responding to their needs in line with the principles of the Triangle of Care (2013) and their responsibilities under the Care Act (2014)

The core principle of the strategy is that patients and carers should be central to decision making about the care and treatment that is provided, especially when changes are made to the way this care is delivered. We will also ensure we feedback to patients and carers when their input has resulted in a change to the way we work.

Sometimes, however, changes need to be carried out quickly or are prescribed by commissioning contracts. When this happens we will be transparent about the reasons why the changes or timescales for them may be outside of our control.

Effective engagement involves developing equal relationships where patients, carers and staff are properly informed, supported and empowered to talk and work together as equals. It is essential that there is recognition of the skills and expertise on both sides: patients and carers recognising the expertise of NHS professionals and NHS professionals genuinely understanding the experience and expertise that patients and carers can bring to any debate.

Levels of involvement:

This strategy supports the principle that every patient and carer can be effectively involved.

Levels of Involvement	
Level 1: Individual care planning	<ul style="list-style-type: none">• Patients are central to decision making about their own care and treatment, in collaboration with their care team• They will receive clear verbal and written information, including risks, benefits and alternative treatments to guide their participation in their own care plan• Information should be in formats appropriate to the individual and staff should ensure the patient is satisfied with and understands the information they have been given• All patients can take part

Level 2: A two-way flow of information	<ul style="list-style-type: none"> • Providing direct feedback about service delivery through mechanisms such as patient experience surveys, compliments, comments and complaints • Commenting on public consultations • Feeding back outcomes/ action plans to individuals or patient/ carer groups You said/ we did initiatives • All patients/ carers can take part
Level 3: 'Task and finish' activities	<ul style="list-style-type: none"> • Participation in small projects with specific aims and outcomes • Assisting with the development of information leaflets, sitting on staff interview panels and involvement in quality/ environmental inspections • Patients/ carers need to be formally registered with the Patient Experience Department and may need specialised training
Level 4: Involvement in service provision	<ul style="list-style-type: none"> • Direct involvement in planning groups to influence the delivery of services • Sitting on corporate meetings to represent the views of patients/ carers • Delivering staff training • Patients/ carers need to be formally registered with the Patient Experience Department and may need specialised training
Level 5: Strategic involvement	<ul style="list-style-type: none"> • Membership of Patient Experience Partnership Groups • Patients/ carers need to be formally registered with the Patient Experience Department and will be elected via application and competitive interview for a specific period of time

We recognise the value of having patients and carers who are experienced in involvement activities and can act as role models and mentors to others. However, in order to ensure that those who are less experienced in involvement also have opportunities to participate, each involvement activity needs to be time limited.

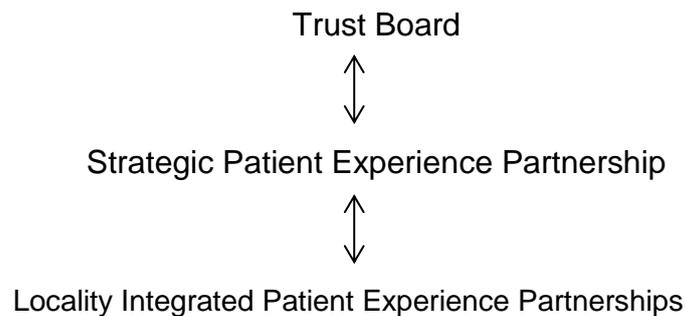
Some involvement opportunities will be short term, for example task and finish groups. Others will be sessional, such as involvement in staff recruitment. Membership of some committees may require specialist training and expertise so a longer term commitment may be required. The role description for each involvement opportunity will specify the period of commitment required.

Some involvement activities, such as specific service improvement initiatives, will require recent experience of that service. Other opportunities may be equally relevant to both those with recent and more historic knowledge of services. The role description for each involvement opportunity will specify the experience and skills required.

Linking Patients and Carers to Trust Board:

The Trust has an overarching Strategic Patient Experience Partnership and an Integrated Patient Experience Partnership in each locality. The purpose of these groups is to monitor the implementation of the Patient and Carer Experience Strategy and the quality of patient/ carer experiences of services. The Chair and Vice Chair of these groups are patients/ carers. Representatives from each local HealthWatch are invited as non-voting members to ensure external scrutiny.

There will also be a range of local condition specific or service specific patient/ carer groups who will inform the Patient Experience Partnerships.



The Chair and Vice Chair of the Strategic Patient Experience Partnership will present the annual patient experience report to the Trust Board. Each Trust Board meeting will also start with a patient/ carer journey outlining their experience of care.

Gathering Patient, Carer and Staff Feedback:

If we are to accurately understand how patients/ carers experience our services we need to ensure that the information we gather is reliable, valid and representative of the populations we serve. We also need to ensure that it is used to help us improve services.

There is an NHS England requirement that we ask the friends and family test question in all our surveys: 'How likely are you to recommend our service to friends and family if they need similar care or treatment?' The Trust also includes a second compulsory question to measure involvement in decision making: 'Do you feel that you have been involved in your care as much as you would have liked?'

To enable participation, the overarching Trust survey is available in paper format with freepost return, online and as a quick response (QR) code which can be scanned by a mobile device. It can also be provided in accessible formats. Asking large numbers of patients/ carers the same questions can build up a reliable picture of what people think about services and can act as a smoke alarm to identify changes in trends.

NELFT has also developed and implemented the 5x5 survey methodology. Each month a senior member of staff from each service contacts a minimum of 5 randomly selected patients/ carers by telephone to ask them 5 key questions about their experience of care. This enables real time qualitative feedback and also means that any concerns can be immediately responded to.

The use of a single data capture software system for patient experience has facilitated increased efficiency, allowing for the receipt of real-time data, which can be processed and

presented back to services, patients/ carers and key external agencies on a monthly basis. Survey data feeds in to the MIDAS performance reporting system, where it can be triangulated and compared with key quality and performance data at a Trust, locality and team level.

Priority is being given to developing smarter processes to centrally monitor action plans and improvement measures which have been implemented as a result of patient experience feedback through the use of the DATIX incident reporting system. The patient experience module of DATIX now has an option to include feedback as a result of surveys.

To ensure internal governance procedures and to comply with national reporting requirements, all patient experience surveys should be agreed with the Patient Experience Department and processed through their data capture system.

The overarching friends and family test data is reported to NHS England on a monthly basis, is displayed on the Trust website and on posters in services. Locality level data is reported to the Trust Board on a quarterly basis.

Staff experience has a huge impact on Patient experience. The human resources department supports the implementation of local and national staff surveys, and monitors the implementation of any action plans resulting from these

Raising professional standards

Raising professional standards is central to the Patient and Carer Experience Strategy, as these directly impacts on a patient's experience of a service. Governance processes will ensure that we can demonstrate the outcome of any survey results in positive action.

The whole purpose of patient and carer involvement is to enhance our understanding of how we are performing so that we can take action to improve. We will therefore ensure that patients and carers are partners in all our quality improvement initiatives.

Staff Engagement and Patient Experience:

Engaged staff are more likely to be committed to a higher standard of care and to create a superior patient experience.

The Trust is committed to:

- Listening to staff views
- Effective systems of support, supervision and appraisal
- Access to education, training and personal development opportunities
- Improving Working Lives initiatives such as flexible working and the 'well together' program.
- Involving staff in change processes at an early stage.

Good Governance of Patient and Carer Involvement:

The Patient Experience Department has put robust procedures in place to recruit patients and carers for involvement opportunities and to ensure that good standards of governance are in place.

The Patient Experience Operational Policy sets out these processes in detail.

Barriers to Involvement:

It is important that involvement opportunities are not limited to those with the 'loudest voice'.

There are some recognised barriers to involvement which include:

- Limited mobility
- Language and other special communication challenges
- Minority groups
- Young people and older people
- People who have long term or fluctuating health conditions
- People with caring commitments

The Trust recognises the needs and circumstances of each patient and carer are unique and will endeavour to ensure that involvement opportunities are accessible, appropriate and effective for all. Provisions can be put in place to enable people with access or communication needs to be involved.

A key priority is children and young people. There are a range of involvement and participation activities undertaken in local services, however these are not centrally reported or monitored. Mechanisms need to be put in place to ensure that the voice of the child is heard and impacts on the wider organisation. Another priority is to increase the recruitment of people with physical health care needs from our community health services. We will also build on partnership initiatives and work more closely with HealthWatches and other local organisations to minimise duplication of work.

7. External references and supporting documents

The NHS Constitution safeguards the enduring principles and values of the NHS; it sets out rights to which patients, public and staff are entitled, and pledges that the NHS is committed to achieving. NHS bodies and local authorities are required by law to take account of this Constitution in their decisions and actions; therefore all policy documents should consider and take into account the NHS Constitution pledges – NHS Constitution [click here](#)

Carers Trust (2013) Triangle of Care for Mental Health

Care Quality Commission (2015) Fundamental Standards

Department of Health (2014) The Care Act

Dr Foster (2010). The Intelligent Board 2010: Patient Experience

The National Institute for Health and Clinical Excellence (2011) Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services

The National Institute for Health and Clinical Excellence (2012) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

8. Roles and responsibilities

- 8.1 [Chief executive](#)
- 8.2 [Executive Directors \(EMT\)](#)
- 8.3 [Trust Secretary](#)
- 8.4 [Senior Leadership Team \(SLT\)](#)
- 8.5 [Integrated Care Directors](#)
- 8.6 [Assistant Directors](#)
- 8.7 [Operational leads](#)
- 8.8 [Staff](#)
- 8.9 [Authors](#)
- 8.10 [Quality and Patient Safety](#)
- 8.11 [Communications](#)

9. Equality statement

This strategy reflects the organisation's determination to ensure that all parts of our community have equality of access to services and that everyone receives a high standard of service as a service user, a carer or employee. This policy anticipates and encompasses the Trust's commitment to prevent discrimination on any illegal or inappropriate basis and recognise and respond to the needs of individuals based on good communication and best practice. We recognise that some groups of the population are more at risk of discrimination or less able to access to services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The organisation is continually working to prevent this from happening.

10. Implementation process

Staff will be made aware of any new approved policies/procedures/guidelines via the Trust weekly newsletter. Quality and patient safety team will be responsible for ensuring newly approved documents are published in the Trust weekly newsletter. Authors are responsible for a formal launch if required.

All senior managers/heads of service/team leaders need to ensure new policies and procedures are placed on team meeting agendas for discussion. There is an expectation that the team leader will develop local systems to ensure their staff are instructed to read all relevant policies and to identify any outstanding training deficits.

11. Monitoring/review of policy

The Trust is committed to monitoring the effectiveness of this strategy and its outcomes. It aims to continue the strong existing partnership arrangements between patients and carers, continuing to develop methods of improving patient experience which actively reflect the views and experience of people using services. This will be visible through:

- Friends and family test feedback in patient facing areas and on the website
- Patient experience information on the website, including the minutes of Patient Experience Partnership meetings.

- Yearly Patient and Carer Experience report to the Trust Board. Quarterly patient survey reports to Trust Board
- Monthly patient experience data available to all teams on MIDAS and actions as a result of survey feedback monitored through datix

12. Stakeholder form

Date sent to stakeholder			
Stakeholder title	Comments received	Returned, no comment	Not returned
Equality and Diversity Manager Harjit.Bansal@nelft.nhs.uk			
Leadership Team – Basildon and Brentwood Locality Margaret.Rowley@nelft.nhs.uk		Yes	
Leadership Team – Barking and Dagenham Locality Julie.Allen@nelft.nhs.uk	Yes		
Leadership Team – Havering Locality– Sheila.Evans@nelft.nhs.uk			No
Leadership Team – Redbridge Locality Jenny.Cook@nelft.nhs.uk			No
Leadership Team – Thurrock Locality Linda.Morcombe@nelft.nhs.uk	Yes		
Leadership Team - Waltham Forest Locality Bernadette.Duffy@nelft.nhs.uk			No
Leadership Team - MHIPAD Karen.Ellis@nelft.nhs.uk			No
Leadership Team - Chief Nurse Group Colette.tolladay@nelft.nhs.uk	Yes		
Human Resources Heather.Lawrence@nelft.nhs.uk			No
Finance Leadership Teams (to include performance and business intelligence, business development and transformation, IT, Procurement Kerri.Springer@nelft.nhs.uk			No
Estates Senior Leadership Team Julie.Ruggles@nelft.nhs.uk			No
Communication team Communications@nelft.nhs.uk			No
Compliance Team - (QPS) policies@nelft.nhs.uk			No
Involvement representatives and community stakeholder groups	Yes		

13. NELFT INITIAL SCREENING EQUALITY IMPACT ASSESSMENT FORM

(All sections of form to be completed by author in conjunction with Equality and Diversity team prior to

Directorate/Department	Nursing Directorate
Name of Policy/Service/Function	Patient Experience
New or Existing Policy/Service/Function?	Existing
Name and role of Person completing the EQIA	Mog Heraghty- Associate Director of Nursing
Date of Assessment	5 th December 2016

		Yes/No	What/Where is the Evidence to suggest this?
1	Does the Policy/Service/Function effect one group less or more favourably than another on the basis of:		
	<ul style="list-style-type: none"> Race, Ethnic origins (including, gypsies and travellers) and Nationality 		The Trust currently has 86 patients and carers registered to be involved in patient experience work. 44% of these declare their ethnicity as White and 23% as BME groups, however 33% did not disclose their ethnicity. We will reissue diversity monitoring forms with information leaflets from the Equality and Diversity Team explaining why this information is important to gain a more accurate picture. Some of the barriers to involvement for those from particular ethnic are: language (non-English speaking people) and lack of engagement from particular ethnic groups. The team has access to interpreting services and will use these if required to enable participation of all groups. Every effort will be made to provide those who are participating, to be provided with information in ways that they can understand, so that they are able to make informed decisions.
	<ul style="list-style-type: none"> Gender (males and females) 		Current breakdown by gender is broadly equally represented.
	<ul style="list-style-type: none"> Age 		Currently, there is a gap in involvement of young people. The strategy has set out addressing ways of engaging with this group as a priority.
	<ul style="list-style-type: none"> Religion, Belief or Culture 		11% of involvement representatives said they had no religion, 39% were Christian and 15% were broadly spread over the major world religions. 35% did not disclose their religion. We will reissue diversity monitoring forms with information leaflets from the Equality and Diversity Team explaining why this information is important to gain a more accurate picture

	<ul style="list-style-type: none"> Disability – mental, physical disability and Learning difficulties 		<p>47% of involvement representatives identify themselves as having a disability. Consideration will be given to those with a disability for the following:</p> <p>Access to sites</p> <p>Ensuring feedback leaflets and involvement information are available in easy read</p> <p>Buddying support for those with Learning Disability to enable them to engage in involvement.</p> <p>Access to information in different formats, e.g. easy read, large print, plain English, braille and use of British Sign Language or lip speakers.</p>
	<ul style="list-style-type: none"> Sexual orientation including lesbian, gay and bisexual people 		<p>56% of involvement representatives said they were heterosexual and 6% gay/ lesbian/ bisexual. The remainder did not disclose their sexuality.</p>
	<ul style="list-style-type: none"> Married/or in civil partnership 		<p>Those with parental responsibilities, and childcare, will be reimbursed if the care is provided by a registered person, when participating in patient involvement. The groups, if feasible, will consider meeting times or alternative ways of consultation with those with parental and childcare responsibilities.</p>
	<ul style="list-style-type: none"> Pregnant/maternity leave 		<p>Pregnant women should be offered opportunities to attend participant-led forums for services</p>
	<ul style="list-style-type: none"> Transgender reassignment 		<p>Work will be undertaken to encourage participation of those from the transgender/reassignment groups.</p>
2	<p>Is there any evidence that some groups are affected differently? Is the impact of the policy/Guideline likely to be negative?</p>		<p>There is evidence that some minority groups, generally described as hard to reach groups (homeless, those with HIV and Aids, LGBT groups) find it difficult to participate in involvement. There is also evidence that those with Learning Disabilities find it difficult to make a complaint due to lack of information available in Easy Read. The team have developed of Easy Read patient surveys / comment cards to address this,</p>
3	<p>Is there a need for additional consultation e.g. with external organisations, service Users and carers, or other voluntary sector groups?</p>		<p>The Strategy was shared with exiting involvement representatives, third sector patient and carers groups and Heathwatch in each locality</p>
4	<p>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</p>		<p>The strategy will address some the gaps in involvement from particular groups and will envisage to work with local HealthWatch and voluntary sector organisations to seek appropriate involvement.</p> <p>The Trust is aware of the barriers in engagement with particular groups, and this will be addresses through the implementation and monitoring of the strategy.</p>

5	Can we reduce the impact by taking different actions?		<ul style="list-style-type: none"> • Diversity monitoring forms to be reissued forms with information leaflets from the Equality and Diversity Team explaining why this information is important to gain a more accurate picture to ensure a representative group. • Mandatory Equality and Diversity Training for all recruited to be involved in patient experience work. • All surveys include diversity monitoring data and this will be reported at Integrated Patient Experience Partnership groups to ensure sampling is representative of the local population • Training and education to be implemented as required (e.g. interviewing skills).
Assessor's Name: Mog Heraghty		Date: 5th December 2016	
Name of Director: Debbie Smith			

6. This section to be agreed and signed by the Equality and Diversity Manager in agreement with the Equality and Diversity Team

Recommendation
Full Equality Impact Assessment required: NO

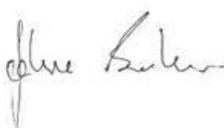
Assessment authorised by: Name: Date: 9.12.2016

M. J. Bead

14. Appendices

15. Addendum

Version	Author(s)	Changes (please identify section, change(s) and page no.)	Ratified/ Authorised by	Date

16. Approval Form					
SLT APPROVAL SHEET					
Strategy title:		Patient and Carer Experience Strategy			
Author:		Mog Heraghty			
Lead Executive Director approval		Stephanie Dawe			
Meeting	Date of meeting	Chair name and title	Signature of Lead Director/ EMT Chair	Approved? Y/N	Reason for non-approval
EMT	15.12.16	John Brouder		Y	
Once the form has been agreed/not agreed for ratification by the Executive Management Team the Trust Secretary should send to policies@nelft.nhs.uk as confirmation of approval					