

Patient Experience and Involvement Strategy 2012-2015

1. Statement of strategic intent

The Trust Board of Directors is committed to ensuring that the University Hospitals Bristol NHS Foundation Trust is an 'organisation with a memory': that we learn from our experiences and those of the people who use our services. The Board expects the Trust to fulfil its 'Duty to Involve' and to ensure that systems are in place to enable the Board to monitor and act upon the views of patients and the people who care for them, and of the communities the Trust serves. The Board's ambitions for developing and improving patient experience and involvement are set out in this document. The Trust Board of Directors monitors the achievement of its Objectives, and associated risks through the annual cycle of Board Reporting set out in the Board Forward Planner, including the Board Assurance Framework and Risk Register.

2. Introduction

The University Hospitals Bristol NHS Foundation Trust is committed to providing high quality, patient-focused healthcare that meets the needs of a diverse population. We are also committed as an organisation to learning from experience: for the purposes of this strategy, this means the experiences of the people who use our services and those who care for them.

In early 2010, we set out our ambitions for improving patient experience in a document called *Involving People - Influencing Change: A Patient and Public Involvement Strategy for 2010-12*. The implementation of this strategy has added significantly to our understanding of what people think about our services and has introduced real-time feedback into wards and clinics, enabling our staff to respond better to individual patient needs.

This document represents a natural development of our strategy, building on our learning from the last two years and setting out our planned focus for the next three. Our ambitions for patient involvement and experience can be summarised as follows:

- Refining and developing how we measure the patient experience
- Sharing what patients have told us and using this to drive change
- Not just measuring, but involving
- Embedding patient involvement and experience activities at all levels of the Trust

Our plans for each of these areas are explained in more detail later in this document.

3. Why a 'patient experience and involvement' strategy?

Since our first strategy was written the term 'patient experience' has become a shared currency in the NHS, describing one of the three core aspects of Quality as defined by Lord Darzi in the *NHS Next Stage Review*:

*"Quality of care includes quality of caring. This means how personal care is – the compassion, dignity and respect with which patients are treated. It can only be improved by analysing and understanding patient satisfaction with their own experiences."*¹

Through our strategy, *Involving People - Influencing Change*, we have put in place systems that allow the Trust to understand and monitor patient experience, and to use this knowledge to improve services. This new strategy sets out our aspiration to build on these strong foundations to create a culture of genuine patient and public involvement within our hospitals.

The NHS Constitution states:

"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."

We can already point to very good examples of how patient and public involvement has been used to improve patient experience at the Trust²: our vision is now to see this embedded as standard practice at all levels of the organisation.

¹ *High Quality Care for All: NHS Next Stage Review Final Report*, June 2008, p47

² Here are some recent examples:

- Feedback from patients and carers has shaped the way we provide patient information on our wards: a new "Welcome Guide" reflects the information patients and carers told us they wanted to see.
- Feedback we received from carers of patients with Dementia has been instrumental in the Trust purchasing ward based "reminiscence pods".
- An Ophthalmology Paediatric Service project involved parents and children/young people in a review of the surgical service, informing the development and design of the new paediatric outpatient department.
- Young people were involved in the development of the Bristol, North Somerset and South Gloucestershire (BNSSG) self-assessment framework for the transition of patients with long term conditions from paediatric to adult services.
- Patient feedback about the level of noise at night on the wards has resulted in a plan to install quiet closing bins on all wards.

4. Scope of this strategy

The Trust's *Quality Strategy 2011-2014* includes a number of strands of activity which will enable the Trust to better understand and improve the patient experience. The Patient Experience and Involvement Strategy adds detail to these aspirations and outlines the legislative context and key drivers.

Our Strategy has been tested through consultation (see Appendix A for details). We would like to thank everyone who has taken the time to help us shape our plans.

The strategy supports the Trust's core business of providing high quality services and is relevant to a number of other key Trust strategies and initiatives including: the Productive Ward and Productive Outpatient Programmes (part of our Transformation activities); the Equality Delivery Scheme; Trust Strategies for Communications, Volunteering, Membership Development, and Teaching and Learning; Research and Innovation; and the anticipated Policy of Candour.

The Strategy also directly reflects the Trust's core Values, namely:

- Respecting Everyone
- Working Together
- Embracing Change
- Recognising Success

We are also committed as an organisation to learning from experiences. When patients and carers tell us that we've got something wrong, firstly we want to put it right (if we can) for those people, but secondly we also want to learn wider lessons so that we get it right for patients we see in the future.

5. Context

Our patient experience and involvement activities are driven by the desire to make things better for patients, their families and carers. We also need to consider local and national expectations, trends and developments. Examples include:

- **Section 242 of the NHS Act 2006** which states that NHS Trusts must involve service users in planning, developing, and delivering health services; develop robust involvement practices; and ensure that involvement outcomes inform decision making.
- Lord Darzi's '**NHS Next Stage Review**' which includes an expectation that local NHS providers will involve their patients, their carers, the public and other key partners. The Darzi Report describes Patient Experience as one of three elements of Quality (the others being Patient Safety and Clinical Effectiveness).

- The emerging '**Localism**' agenda (i.e. the transfer of power and resources from central government to the local level so that local people set priorities and become involved in decisions about the places where they live).
- The Government's White Paper: **Equity and Excellence: Liberating the NHS**, a core aim of which is to put patients at the heart of everything that the NHS does. The White Paper includes proposals for the transition from Local Involvement Networks to 'Healthwatch'; it also includes proposals for GP commissioning which in due course will redefine the Trust's Patient and Public Involvement (PPI) relationship with service commissioners.
- Reporting requirements for **Quality Accounts and Quality Reports**.
- The **NHS Constitution**, which states that patients will be involved in planning and developing services.
- The publications **Healthy Lives, Brighter Futures** and **You're Welcome** which address the involvement of children and young people in services.
- **NHS 2010-2015: From Good to Great** which outlines plans to expand the measurement of patient experience, and link patient experience to 10% of hospital funding.
- **NHS Bristol's Patient Experience Ambitions** which outlines local intentions for the commissioning of high quality patient experience, plans for regular experience evaluation, and the use of CQUIN (Commissioning for Quality and Innovation payments).
- **Care Quality Commission Registration Standards** which require the Trust to be able to evidence the sorts of outcomes experienced by our patients.
- **Foundation Trust status** also requires us to ensure members and Governors have the chance to participate in involvement activities.
- **NHSLA standards** for 'analysis' and 'improvement' (about how we learn as an organisation from patient complaints/feedback and incidents).
- **The opening of the new South Bristol NHS Community Hospital** in April 2012, for which the Trust will be the lead provider of services.
- The **NHS Equality Delivery System** which is to be operational from April 2012 and will rely upon rigorous engagement with patients and carers.

6. Where we are now (March 2012) and what have we learned?

In *Involving People - Influencing Change* we wrote:

At present [March 2010], the Trust's 'intelligence' about patient experience is significantly reliant upon the findings of National Patient Surveys, plus a range of largely ad hoc local patient surveys. National Patient Survey data is robust, however findings are released too late (usually nine months after the event) to make this a viable self-improvement tool.

Over the last two years, we have established a core feedback programme across the Trust, consisting of:

- a statistically robust monthly post-discharge postal survey for inpatients
- a large-scale annual survey of outpatients' experience
- comments cards on wards and in clinics, and
- a bi-monthly interview programme

Through our monthly postal surveys alone, we have heard the views of well over 20,000 patients and have used this to improve services. Table 1 summarises our progress against the objectives we set ourselves in the 2010-12 strategy.

Table 1: *Involving People - Influencing Change* (PPI Strategy 2010-12) achievements

2010-12 Strategy objective	Achievement	Comments / Learning
To collect robust patient experience metrics via a regular postal survey of discharged inpatients. There will be three strands to the survey: Adult inpatients, Maternity patients, Parents of children aged 0-15 years	Fully met	Initially, some of our staff were apprehensive about a significant influx of new data about patient experience, but as the process and data became more familiar, the focus turned naturally to service improvement. Patient experience targets linked to CQUIN incentive payments have seen the largest improvements.
The survey data will support monthly quality reports to Trust and Divisional Boards; be reported at ward level on a quarterly basis; inform the Trust's annual Quality Account; detect shifts in patient experience resulting from improvement activities; support the Productive Ward programme	Fully met	Collaborative working has been the key to delivering this objective. We need to continue to engage all staff in patient experience and involvement as we move forward.
To develop a proactive programme of Trust survey activities using electronic hand-held survey devices.	Fully met	Recruiting, training and retaining volunteers to deliver this survey has been resource-intensive. The hand-held devices received mixed reviews and we now offer volunteers the option to use a paper questionnaire if they prefer.
To give patients, their relatives, visitors and carers the opportunity to comment on their inpatient experience via comments cards available on each ward.	Fully met	This has worked well because ownership is at ward level. Completed comments cards are also displayed at all meetings of the Trust Board and Membership Council.
To explore new and innovative ways of allowing patients and the public to give us feedback about our services (£5k funding from Above and Beyond to deliver a specific project of our choosing)	Partially met	In the event, it was agreed that the focus should be on the implementation of our core methodologies (post discharge surveys, 'deep dive' surveys and comment cards). However, in Quarter 4 of 2012/13 we are introducing a purpose-designed comment card to enable people with learning disabilities to tell us about their experience. Our action plan for 2012/2015 includes a commitment to develop innovative ways of engaging 'seldom heard' groups. The funding assigned by Above and Beyond has been used to support our core methodologies in Year 2 of our current strategy.

To continue to engage our local communities about matters which affect them and the Trust.	Met / ongoing	We continue to engage with relevant stakeholders, including our Local Involvement Networks, as they approach a period of transition to HealthWatch. We will continue to welcome and act on the “listening exercises” our LINKs undertake with seldom heard and vulnerable communities of interest and where appropriate, actively participate in these.
Systematic measurement of patient experience in Outpatient Clinics	In progress and will be met by 31 st March 2012	In Year 2 of the current strategy, we undertook a comprehensive Outpatient survey. We gave over 4,000 people the opportunity to comment in detail on their experience of being an outpatient at our hospitals. The feedback we received is being used to develop action plans which will be delivered through the Trust’s Transformation activities. Comments cards and boxes will be in all outpatient settings by 31 st March 2012.
Integrated reporting using different forms of patient feedback, including PALS and Complaints to give us a “360 degree” view of patient and public involvement	Partially met	During 2010-2012 we have moved to a point where patient feedback and complaints data are reviewed alongside each other at the Board and at corporate and Divisional quality meetings. There is more work to do to integrate thematic learning from different sources of feedback and this ambition is reflected in our new strategy.

7. How will our new strategy differ from the previous one?

Our strategy for 2010-12 focused on measuring patient experience and learning from this. The Trust had previously been reliant upon National Patient Surveys and various ad hoc local patient surveys, in addition to complaints, as sources of intelligence about what patients thought about our services. Thanks to the willingness of patients to share the things that matter to them, the financial support of our charitable trustees, the skills of our central patient experience team working in partnership with Divisional leads, and the commitment of our staff, we are now in a very different place. The challenge is to take patient experience to ‘the next level’. In order to do this we need to:

1. Continue to refine our core patient experience tools; extending their use, prominence and influence
2. Develop a systematic approach to our qualitative patient and public engagement methods, such as focus groups and interviews
3. Use these qualitative methods as a springboard to developing a culture of collaboration with patients and the public in service delivery

8. Our objectives for patient experience and involvement

We aspire to provide patients with an experience of hospital care that is second to none. We can only do this by working in partnership with people who use our services, their families and carers. This is particularly important in an environment

where the Trust is required to make challenging decisions based on financial realities. There are a number of specific pieces of work that we plan to take forward during the course of the next three years to achieve this:

a) Refining and developing how we measure the patient experience:

Rationale: We need to ensure that the Trust's core feedback channels are appropriate for the new strategy and that they continue to give people a voice. At the same time, we need to refine our approach in recognition of current financial constraints.

- We propose to continue a monthly post-discharge survey of inpatients, but to reduce the volume of this survey. This will reduce the cost of the survey, whilst retaining monthly board-level reporting (albeit with a slightly wider statistical margin for error in the data produced).
- For our wards, clinics and other departments, we will therefore place a renewed focus on the use of comment cards to drive real-time improvements at the point of service.
- We will carry out at least one major survey of outpatients each year, however we will seek to scale-back the overall volume of questionnaires we send out.
- We will continue to outsource our core patient surveys to guarantee a flow of reliable patient experience data into the organisation.
- We will seek to measure patient experience along specific agreed pathways of care and where possible we will do this in conjunction with commissioners and stakeholders.
- We propose to expand the volunteer base for the bi-monthly interview programme and also promote this as a learning opportunity for our own staff.
- We would like to develop a partnership understanding with our Governors, who have been at forefront of measuring and understanding patient experience in outpatient areas, to develop an integrated model of working.
- We will develop a framework which enables the triangulation of a range of sources of patient feedback, including complaints. Our aim is to be able to present a single, joined-up view of patient experience that brings in feedback from a range of sources.
- We will develop our techniques for 'drilling down' into feedback data to identify demographic trends, e.g. ethnicity.
- Processes for supporting and quality assuring staff-led surveys will be reviewed as part of a 'Lean' review during 2012.
- We will embrace new developments in patient experience monitoring which emerge through the NHS Outcomes Framework (e.g. understanding and responding to the experience of bereaved relatives) and the anticipated NICE Patient Experience Quality Standard.

b) Sharing what patients have told us and using this to drive change:

Rationale: In order to maximise the positive influence of patient feedback, we need to share this information, and our learning from it, with a wider audience

- Working in partnership with the Trust's Communications Team, we will develop a new and prominent facility for people to give feedback via the Trust's internet site: we will also develop new patient experience web pages to enable us to share outcomes and actions with the public in accordance with a policy of candour.
- We will develop and increase our use of information boards around the Trust to display information about patient feedback.
- We will publish an annual patient experience report expanding on the summary information published in the Trust's Quality Report (Account). As this report evolves, we will use it to provide a holistic view of patient experience from our full range of feedback channels.
- The Trust's PPI Team will work through Heads of Nursing to ensure ward staff have a shared understanding of the survey data displayed on the Trust's Productive Ward information boards.
- We will continue to expect our Divisions to set challenging inpatient targets within their respective Patient Experience Action Plans, with an increased focus on shared learning between Divisions.
- Outpatient patient experience objectives will be identified based on feedback from patients via our surveys and other sources. Strong links will be in place with the Productive Outpatient project to ensure that patient experience measures are a core part of their evaluation process.
- We will establish clear lines of working between the Trust Patient Experience Group and Service Delivery Group to facilitate the implementation of change.
- The Trust's PPI Team will develop closer links with the Innovation arm of the Trust's Research and Innovation team, in order to maximise the impact of PPI activities.

c) Not just measuring, but involving:

Rationale: The Trust has listened and responded to feedback from patients and the public, but we want to involve them more in planning, developing, and delivering our services.

- We will develop and expand our organisational capacity to use qualitative patient experience methods such as focus groups.
- Our patient and public involvement activities will be extended to the new South Bristol NHS Community Hospital. Working in partnership with the City Council, LINKs and other partners we will develop new approaches to engaging and involving the local community in health related issues.

- We will continue to build constructive partnership working with external stakeholders, including LINks and new local HealthWatch, and the Patients' Association.
- Working in partnership with the Trust's Equality and Diversity Manager and local health partners, we will conduct a stakeholder analysis to identify any particular groups or sections of our community who are not reached effectively by our current programme of feedback activities and involvement events. A structured programme will be put in place to address this.
- We will seek opportunities to facilitate patient-staff partnership in developing services, for example using methodologies such as experience-based co-design and service improvements³.

d) Embedding patient involvement and experience activities at all levels of the Trust:

Rationale: Patient and Public Involvement should become standard practice for staff working at all levels of the organisation and across all hospital services.

- We will provide staff with the necessary tools and training to enable them to carry out effective patient experience and involvement activities with minimal support from the corporate team.
- We will develop an evidence base of experience and involvement activities throughout the organisation (developing the existing 'PPI log').
- We want to develop a culture where patient experience considerations are at the heart of any key service changes or developments, embedding the philosophy of 'nothing about me without me': a culture where Board papers routinely address the question 'what do our patients think about this?' and are challenged if they do not.
- The Trust's PPI Team will support the Trust's Research and Innovation function to develop feedback from people involved in clinical trials and other research activities.
- The PPI Team will also work with colleagues within the Trust, for example the Patient Support and Complaints Team and the Equality and Diversity Manager, to maximise the positive impact of patient feedback on the organisation.

9. Accountability, responsibility and enablers

Accountability for the Strategy at Board level rests with the Chief Nurse on behalf of the Chief Executive.

Responsibility for delivery of the Strategy is shared by:

- The lead senior manager for patient experience – the Assistant Director for Audit and Assurance

³ Methodologies used by the Trust in previous PPI activities with McKinsey and Company

- The lead clinician – the Deputy Chief Nurse
- Heads of Division
- Nominated Divisional leads (in the bed-holding Divisions, these are the Heads of Nursing)
- The Trust’s corporate Patient and Public Involvement Team in conjunction with the Young Persons Involvement Facilitator at the Bristol Royal Hospital for Children

Essential enablers, without which the strategy will not be deliverable include:

- Commitment from staff at all levels of the organisation
- Funding⁴

10. Evaluation: how we will assess whether this strategy has worked

The success of our strategy will be measured by our patients telling us they have had positive experiences whilst in our care. The Trust’s overall objectives for patient experience as set out in our *Quality Strategy 2011-2014* are to improve our performance, relative to other NHS providers, in the various NHS National Patient Surveys (Inpatients, Outpatients, A&E, Maternity and Cancer). In this way, our intention is to use the national surveys not so much as a driver for change (data from these surveys is published far too late and is of insufficient depth and reliability to enable it to be used effectively for improvement purposes) but rather as a barometer of whether our local patient experience initiatives are bearing fruit.

Evaluation will therefore include:

- achievement of overarching patient experience objectives as set out in the Trust’s Quality Strategy above
- achievement of specific patient experience objectives for inpatients and outpatients which will be identified by our Divisions on an annual basis for each year of the lifetime of this strategy, the majority of which will be measured through our systematic and robust postal surveys
- achievement of any agreed CQUINs⁵
- reductions in reported complaints
- evidence of how Patient and Public Involvement has helped to shape our services
- delivery of the action plan associated with this strategy document

Progress will be monitored by the Patient Experience Group, Clinical Quality Group, the Quality and Outcomes Committee of the Board, and the Board itself.

⁴ The Trust will need to determine how the Patient Experience and Involvement Strategy will be funded. Activities associated with the previous strategy have been funded courtesy of the Trust’s charitable trustees, ‘Above and Beyond’.

⁵ Annual quality and innovation targets agreed with our commissioners

11. Equality and diversity

Patient and Public Involvement is about giving a voice to people to enable them to influence and shape the quality and direction of local healthcare services. We recognise that listening to people is essential to the future development of our hospitals and services. This means engaging with, and listening to, people of all backgrounds, from all social groups and all sections of the communities we serve. Our commitment to removing potential barriers to involvement forms part of the plans outlined in this strategy.

An Equality Impact Assessment for this strategy is also available upon request.

Appendix A

This strategy was developed by the following people at UH Bristol:

Chris Swonnell, Assistant Director for Audit and Assurance
Joan Bayliss, Governor (Partnership Community Group constituency)
Cathy Gane, Young Persons' Involvement Worker
Paul Lewis, Patient Involvement Co-ordinator
Helen Morgan, Assistant Chief Nurse
Tony Watkin, Public Involvement Project Lead

The following key services, partners and individuals were invited to comment during the consultation phase of developing and testing this strategy:

University Hospitals Bristol

Heads of Nursing and Midwifery
Jane Buswell, Nurse Consultant Care of Older People
Chris Davies, Head of Spiritual and Pastoral Care
Michele Doubtfire, Carers Development Project
Elinor Griffiths, Research Facilitation and Grants Manager
Lorna Hayle, Learning Disabilities Specialist Nurse
Karen Hurley, Patient Support and Complaints Manager
Andrew May, Equality and Diversity Manager
Paul May, Non-Executive Director and Chair of the Board Quality and Outcomes Committee
Sarah Pinch, Head of Communications
Sue Silvey, Governor (Public constituency, Bristol)

Partners

Bristol City Council Neighbourhood Partnerships
Bristol Community Health
Bristol Equalities Health Partnership
Bristol Local Involvement Network (LINK)
Bristol Multi Faith Forum
The Carers Support Centre
NHS Bristol
North Bristol NHS Trust
South Gloucestershire Local Involvement Network (LINK)

Other stakeholders and individuals

John Plumb, Lay representative
Andrew Howard, Lay representative
John Langley, Chair of Bristol Local Involvement Network (LINK)

Appendix B – Action Plan

A. Improving structures, processes and outcomes

Objective	Action	Lead	Timescale	Measure of success
1. Refine and develop the Trust's patient experience measures	1.1 Complete survey tender process	Paul Lewis	30 th April 2012	Contracts in place for 2012/13.
	1.2 Consolidate and expand volunteer base for bi-monthly interview survey ⁶	Tony Watkin	Ongoing	Continued ability to deliver the bi-monthly survey.
	1.3 Develop link between PPI Team and Governor outpatient survey programme	Paul Lewis	31 st May 2012	Process in place for clinics to use data collected by Governor's in their outpatient constituency meetings.
	1.4 Review Patient Involvement Co-ordinator role as part of 'Lean' exercise in Trust's Governance Team	Chris Swonnell	31 st July 2012	Job role refined and positioned to enable delivery of 2012-15 Strategy.
	1.5 Explore potential for integration of Patient Survey and Complaints data	Paul Lewis / Karen Hurley	A recommendation will be made to the Patient Experience Group in the third quarter of 2012/13 (i.e. by 31 st December 2012)	Work plan in place for developing integrated working from 2013 onwards.
	1.6 Operational development of an approach to patient experience and involvement at the new South Bristol NHS Community Hospital (SBCH)	Tony Watkin	Throughout 2012/13	By 31 st March 2013, processes will be embedded through which the Trust engages and involves the public and service users at SBCH.

⁶ In this context 'volunteers' could be members of staff, governors, or actual volunteers (note that expanding this role is one of the objectives of the Trust's Volunteering Strategy)

Objective	Action	Lead	Timescale	Measure of success
	1.8 Develop Divisional programme of focus groups exploring identified themes (also see 1.9 below)	Tony Watkin	31 st March 2013	A paper will be presented to the Trust's Patient Experience Group in June 2012, with a view to commencing a co-ordinated programme in the third quarter of 2012/13.
	1.9 In order to expand capacity, a group of approximately 5-8 staff, governors or members will be identified to support focus group facilitation.	Tony Watkin	31 st December 2013	Suitable candidates will be identified and trained in facilitation techniques. A programme of work will commence in 2014.
	1.10 Monitor new / relevant patient experience guidance and determine its implications for the Trust e.g. NICE Quality Standard, NHS Outcomes Framework	Tony Watkin, Cathy Gane, Paul Lewis, Chris Swonnell	Ongoing	The relevant Trust staff will be aware of and enabled to act upon the implications of important new patient experience guidance.
	1.11 Begin to develop real-time measurement of patient experience along defined pathways of care.	Heads of Nursing, Tony Watkin, Paul Lewis	By 2015	This is an aspirational objective to begin to track the experience of patients in real-time at different points along agreed pathways of care, not just as a one-off measure or as retrospective feedback. Specific goals will be agreed for the third year of our strategy.
2. Share feedback and using this to drive change	2.1 Develop patient experience and involvement pages on the Trust's external internet	Tony Watkin	31 st August 2012	A more prominent feedback facility will be available on the home page of the Trust's web site; patient experience and involvement pages will be more accessible and informative; key survey data will be updated monthly.

Objective	Action	Lead	Timescale	Measure of success
	2.2 Develop a record log that will include PPI activities conducted by the Research and Innovation team	Tony Watkin / Paul Lewis	1 st September 2012	The Trust will have an up to date record of PPI activities that includes PPI work undertaken by the Research and Innovation team.
	2.3 Publish an annual patient experience and involvement report (to include a child and young people friendly version)	Paul Lewis / Cathy Gane	30 th August 2013	Using a variety of data (including Complaints), a comprehensive report will be produced that gives people a view of how patients and the public view services at the Trust.
	2.4 Develop stronger operational links between the Trust's Patient Experience Group and Service Delivery Group to: <ul style="list-style-type: none"> - facilitate the implementation of change where operational issues arise from patient feedback - to ensure SDG becomes a point of challenge to ensure the patient perspective is integral to operational plans 	Chris Swonnell / James Rimmer	Developing through the lifetime of this strategy	Evidence of SDG ownership of patient experience ambitions.
	2.5 Increase the prominence of PPI activities using noticeboards around the Trust	Tony Watkin / Stephanie Feldwicke	30 th April 2012	Noticeboard updates in place.

Objective	Action	Lead	Timescale	Measure of success
3. Not just measuring but involving	3.1 Continue to build constructive partnership working with external stakeholders, in particular LINKs / Healthwatch	Tony Watkin / Cathy Gane / Paul Lewis	Ongoing	Evidence of constructive, ongoing joint working with key stakeholders.
	3.2 Working in conjunction with the Trust's Equality and Diversity Manager, we will conduct a stakeholder analysis to identify any groups or sections of the community who are unlikely to be engaged by our existing core feedback channels. <i>(see action 3.3 for next steps)</i>	Tony Watkin / Andrew May	31 st August 2012	Relevant seldom-heard groups identified
	3.3 1) Carry out a pilot study to develop an engagement approach with a selected 'seldom heard' and vulnerable groups. 2) Use learning from this to develop a structured approach to engaging wider seldom heard groups during 2013/14. 3) Carry this work forward as a structured programme in 2014/15.	Tony Watkin / Andrew May / Paul Lewis	1) completed by 31 st March 2013; 2) Paper to Patient Experience Group by September 2013; 3) Programme commences April 2014	We will have a structured approach to engaging seldom-heard and vulnerable groups
	3.4 We will develop an approach to service co-design with patients and the public, and identify a suitable service in which to carry this out	Tony Watkin, Cathy Gane, Paul Lewis	April 2014 onwards	At least one Trust service will have been through a programme of patient based co-design by March 2015

Objective	Action	Lead	Timescale	Measure of success
4. Embed patient and public involvement at all levels of the organisation	4.1 Expand advice/guidance about PPI activities on the Trust intranet. Set up a replica page on the external net for university staff to access	Paul Lewis	30 th June 2012	New intranet / internet pages in place
	4.2 Develop a culture where TME / Board papers routinely address the question "what do our patients think about this?" and are challenged if they do not	Executive Directors	Developing throughout the lifetime of this strategy	PPI is seen as an indispensable aspect of strategic decision making at the Trust.
	4.3 The corporate PPI Team will work with the Heads of Nursing to ensure that ward staff understand the nature and purpose of patient experience data displayed on Productive Ward boards	Paul Lewis / Heads of Nursing	Ongoing	Ward staff will understand the Productive Ward survey scores and be motivated to seek improvements.
	4.4 We will develop links between the corporate PPI Team and the Research and Innovation (R&I) Team. This will include: <ul style="list-style-type: none"> - links across respective webpages - where appropriate, corporate PPI contribution to the R&I team's new PPI strategy / guides 	Debbie Posthelwaite / Elinor Griffiths / Paul Lewis / Tony Watkin	Cross-links between the PPI and Research websites put in place by September 2012; A formal PPI Strategy for Research will be developed by the R&I Team by April 2013; The R&I Team will produce a guide to PPI in Research by December 2012	Evidence of effective collaboration in the development of the areas described here.

B. Specific areas where we want to improve patient experience

In the Trust's *Quality Strategy 2011-2014*, we made the following commitments to improving patient experience:

In 2012/13:

We will place a particular focus on the experience of **children**, patients in **End of Life care** (reflecting NHS Outcomes Framework priorities), and **A&E patients** (corresponding with the year in which the National A&E Patient Survey takes place).

In 2013/14:

We will place a particular focus on the experience of patients who use our **maternity services** (corresponding with the year in which the National Maternity Survey takes place).

For each year of the lifetime of this strategy, our clinical Divisions will identify specific and measurable ambitions to improve patient experience. Objectives will take into consideration:

- The commitments we have made in our Quality Strategy;
- The approach described in this Patient Experience and Involvement Strategy;
- The development of Department of Health ambitions for patient experience as expressed in the annual NHS Outcomes Framework; and most critically,
- Themes arising from what our patients tell us about our services.

In addition, at the outset of the period of this strategy, we are also making a specific commitment to support and improve the experience of the following groups of 'seldom heard and vulnerable' people:

i. Patients with Learning Difficulties

A trial of easy-read Comments Card will be launched ahead of 1st April 2012 and will be reviewed over a three month period by our Learning Difficulties Specialist Nurses. The LD nurse team is committed to continuing to develop models of engagement appropriate to patients. A specific objective is to train the Trust's volunteer interview team in communication skills to engage effectively with this patient group.

ii. Frail elderly patients generally, and specifically patients with Dementia and the people who care for them

It was agreed in 2011/12 that our existing reference group for patients with and carers of patients who have dementia was not an effective model of engagement. The group has therefore been merged with the wider Carers Reference Group. We have however developed stronger working links with the Alzheimer's Society: outcomes from the Alzheimer's Society/LINKs listening exercises "Living with Dementia" will be available in 2012 and will inform the reference group's action plan. At the time of writing (March 2012), additional reminiscence pods are being purchased for wards as a result of a grant from the WRVS. During the lifetime of this strategy and in line with current national learning, we will also focus on improving the experience of frail elderly patients in general.

iii. Carers

We will continue to work through the Carers Reference Group to develop our understanding of what it's like to be a carer of a patient at UH Bristol and to improve carers' experience of our services. In March 2012, our Patient Experience Group will receive a retrospective analysis of feedback received from carers during 2010 and 2011 - we anticipate that this will result in the agreement of specific objectives for improving carer-reported experience in 2012/13 and beyond.