



Gateshead Health
NHS Foundation Trust

**Patient, Public and Carer Involvement
& Experience Strategy –
“Your Care, Your Voice”
2018-2021**

Annual Progress Report 2018/19

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1. Introduction

The second Patient Public & Carer Involvement & Experience Strategy – Your Care, Your Voice 2018-2021 was published in January 2018. The strategy continues to utilise the ‘5 Steps to Excellent Care Framework’ and aligns to the Trust’s vision and values that places the patient at the centre of all that we do.

The ‘5 steps’ framework was developed to capture the essence of what patients, the public and carers want from our service, from when the journey starts , through to how we listen and respond to the broader views of the community when planning our services.

1. Planning for a visit either to our hospital facilities or services in your own home
2. While you are in our care, whether this be in our hospital facilities or in your own home
3. Moving on from our care
4. Shaping our services for the future
5. Overall patient care/experience in care

A delivery framework was developed for each of the five steps. Within the framework, there were 27 workstreams. This progress paper details the key achievements in each step of the framework throughout 2018/19. A full list of the workstreams can be found in Appendix 1. Priorities for 2019/21 are detailed in section 3.



2. Key Achievements throughout 2018/19

Step 1: Planning for a visit either to our hospital facilities or services in your own home

- Making the Trust's Behaviour framework available to patients and their families



The Trust's Behaviour Framework – ICORE, is now available to all patients and their families via posters throughout the Trust.

- Programme of work to comply with the Accessible Information Standard (AIS)

The Trust's compliance against the AIS was mapped and concluded that considerable work was required before compliance with requirements could be achieved.

It was recognised that there was undoubtedly many areas of good practice available in providing support and service to those who are in need of the AIS requirements.

Work is required in two areas; information systems and patient facing.

An AIS Steering Group has been established chaired by the Director of Nursing, Quality & Midwifery and a programme of work has been identified.



Step 2: While you are in our care, whether this be in our hospital facilities or in your own home

• Local Patient Survey Programme for Mental Health Services

A local patient survey programme for mental health services was developed. The Friends and Family Test card was adapted for use in the mental health setting. This was bespoke to the client group within the setting, using visuals instead of words to allow the patients to feedback their experience. This was a pilot initially for three months, and now is standard practice.



• Establishing Patient Forums

Patient community forums were established weekly within the inpatient areas – the Sunniside Unit and Craggside. The forums provide patients, carers and families with an opportunity to ask questions, receive updates and give their own feedback on their experience.



As part of the falls collaborative on Craggside, a short term forum was established for staff engagement with patients, families and carers to find out what they thought we should be

doing to reduce falls. From this, feedback was displayed within the family hub room in a 'you said, we did' format.



- **What Matters to You**

A 'What Matters to You' day was held in June 2018, all wards and departments within the Trust were engaged in an exciting day of sharing, tweeting and celebrating what matters to them.



- **Interpreting Services**

A new interpreting contract was procured and commenced on 1st April 2019, this is being monitored against pre-defined key performance indicators. The number of patient safety incidents and complaints received in relation to interpreting will be monitored and it is expected that these will decrease.

*Nurse was clear,
explained everything to
myself really nice lady
very thorough
throughout. Made me
feel at ease even though
I was in pain*

Step 3: Moving on from our care

- **Transforming and Developing Community Services**

A Service User Experience Programme Task and Finish Group was established. The group will be the key driver within the business unit to move towards a more inclusive standardised and effective approach to gathering patient and service user experience data and making sure it is used to improve patient care.

In order to gain an insight into how easy patients find it to access the service, the operating hours and how streamlined they think their care is, a number of patients were interviewed. This was a mix of patients who have been receiving care from our community teams for a number of years and some who were relatively new to the service.

"I can talk seriously with the team but mainly there is lots of banter, fun and laughter"

"Out of this world"

"We feel that the team of about seven District Nurses are our family"

"The Community Matron calls at a time suitable for me"

Step 4: Shaping our services for the future

- **Developing a Patient & Public Involvement Toolkit**



A Patient & Public Involvement Toolkit was developed to provide best practice and practical advice with hints and tips to use when embarking on patient involvement/engagement.

- **Trust Events**



Medicine for Members events have continued to take place, three took place throughout the year, with 125 people attending. Governors continued to engage with the members and the public by attending community meetings and facilitating the Trust's Open Event, which showcased the Trust's services and career options.

Staff have given me all information when asked, pleasant people at all times, doctors, nurses, cleaners and porters

• Patient and Public Engagement Events



The Gateshead Community Paediatric Speech and Language Therapy (SLT) team identified a need to establish a more in-depth way to analyse parent/carer's experience of the initial SLT triage assessment in a bid to determine whether the service met the needs of the service-user and whether it led to changes in their lives. As a result of this, Therapists Lynn Jones and Olwen Snowball, presented an evaluation 'Capturing the parent/carer experience of initial SLT triage assessment' as part of a collaboration between

Newcastle University and the Speech and Language Therapy Research network 'The Research Jigsaw – Putting the Pieces Together' at the North East Speech and Language Symposium last year.

The Trusts Haematology specialist nurses work collaboratively with specialist Haematological nurses as part of the North East Haematology Group to support a Patient and Carer Health and Wellbeing event for people affected with Haematological cancers. This is held bi-annually with the next planned for the 4th October 2019 expecting approximately 350 delegates. As the number of people living with cancers is increasing the needs of these people and their carers can become more complex the event enables support to be offered but predominantly offers strategy's and information to access other services so that patient can live as well as possible with such diagnoses.

The Parkinson Nursing team held an education event on the 20th March 2019 in Trust Headquarters for Gateshead members to promote education and support for people with Parkinson's, the presentation took place as a question and answer event and was well received.

The specialist Liver team held a patient involvement event inviting members of the public plus Liver North 3rd sector charity to involve patients and carers in service development.



Great treatment process from initially examination through to surgery. All staff have been caring and excellent well done NHS

Step 5: Overall patient care / experience excellence in care

• 15 Steps Challenge

Within the 12 month period March 2018 to February 2019 there were a total of 19 '15 Steps Challenges'.

17 actions plans were returned. The status of those actions identified within the action plans are:

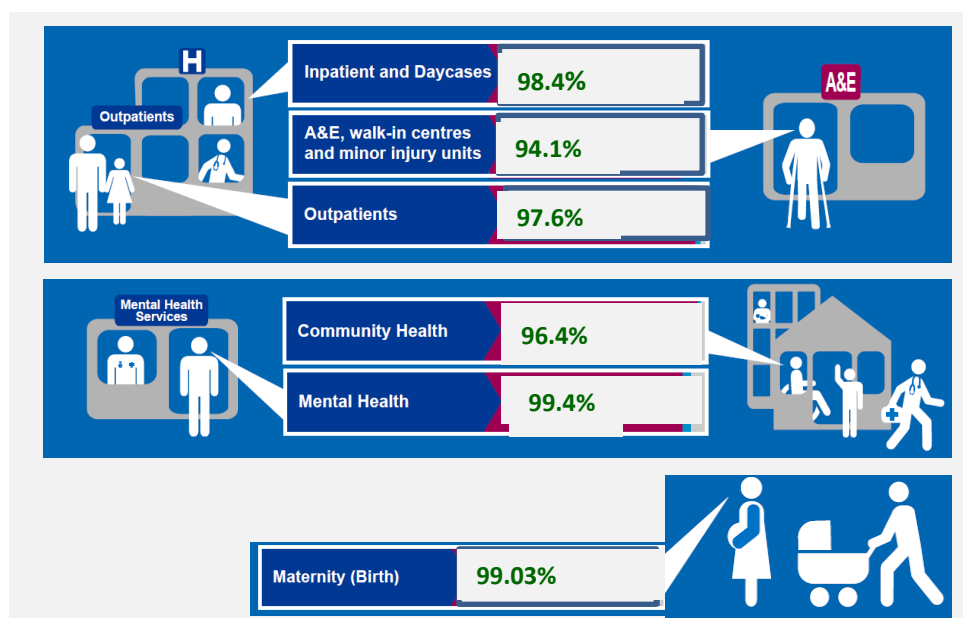
- 30 actions were completed
- 5 actions are outstanding
- 3 areas did not require an Action Plan as no recommendations were made

As a direct result of the 15 Steps Challenge actions the following improvements have been made:

- Staff reminded of importance of front of house image projected to both patients and staff
- Staff on duty display boards devised
- Clinic information boards utilised
- Doors no longer wedged open inappropriately
- Map now sent with appointment letters
- PALS and Complaints information available
- Awareness of fire safety increased
- Friends and Family boards were brought up to date

• Friends & Family Test

We continue to apply the Friends and Family Test (F&FT) within the inpatient wards, outpatient areas and community services. This patient experience survey is based on asking all patients a standard question, in line with the national guidance. The image below provides the Friends & Family Test recommend rates for 2018/19.



Options to provide a digital solution to facilitate the management of this are being scoped. This has key benefits such as; providing bespoke reports at different levels, reporting more efficiently which enable time to focus on analysing information and significant reduction in purchasing of Friends & Family Test postcards.

- **Continue to participate in and act on findings from National Surveys**

The National Patient Survey Programme comprises the annual adult inpatient survey and maternity survey and in rotation the community mental health survey, urgent and emergency care survey, children & young people survey and the outpatient survey. These national surveys are valuable sources of information on various aspects of our service and are used to measure and monitor our performance against Trusts locally and nationally.

Adult Inpatient Survey 2018

There were 77 Trusts commissioned to undertake the Picker Inpatient Survey in 2018. 1,250 patients from our Trust were sent a questionnaire of which 593 were returned. This gave us a response rate of 49%; this is above the average response rate of 43% of the other 76 Trusts taking part in the Picker survey.

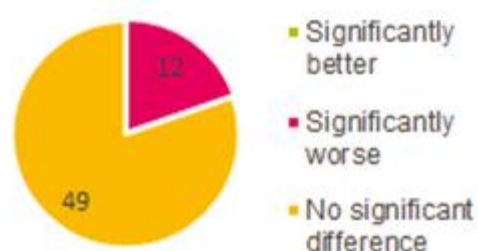
In relation to overall positive score, we are ranked number 19 out of 77 trusts who took part in the Picker Survey.

62 questions were included in the 2018 survey and 61 questions were included in the 2017 survey.

Comparison with average



Historical comparison



Maternity Survey 2018

There were 69 trusts commissioned to undertake the Picker Maternity Survey in 2018. 115 eligible patients responded. A response rate of 39% was achieved this is slightly above the average response rate of 36% in comparison to the other 68 trusts taking part in the survey.

51 questions were included in the 2018 survey and 49 questions were included in the 2017 survey.

Comparison with average



Historical comparison



Good results:

- 83% were given a choice of where to have their baby
- 100% said that the midwives listened to them during their antenatal care
- 96% felt that their partner was involved in their care during labour and birth
- 99% said that they were treated with respect and dignity.

In relation to overall positive score, we are ranked number 14 out of 69 trusts who took part in the Picker Survey.



National Cancer Patient Experience Survey 2018

The National Cancer Patient Experience Survey was first undertaken in 2010. It was designed to monitor national and local progress on cancer care, providing information to drive quality improvements. This is the 7th National Cancer Patient Experience Survey that has been published.

Since the 2016 survey the Care Quality Commission (CQC) standard of reporting comparative performance, based on calculations of 'expected ranges', has been adopted. This means that the Trust would be flagged as an outlier if our scores deviate from the range of scores that would be expected from a Trust of the same size.

As a Trust we scored within the expected range in all of the questions asked. We scored on or above the expected upper range in 22 of the 52 questions and above the national average in 49 of the 52 questions. Importantly, when our patients were asked to rate their care on a scale of zero to 10, respondents gave an average rating of 9.1, this is a slight increase on last year.

The key achievements are as follows:

- 90% of respondents said that there were seen as soon as necessary
- 98% of respondents said that they received all of the information they needed about their test
- 97% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 89% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- 94% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 97% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital



The following actions will be taken as a result of the survey findings:

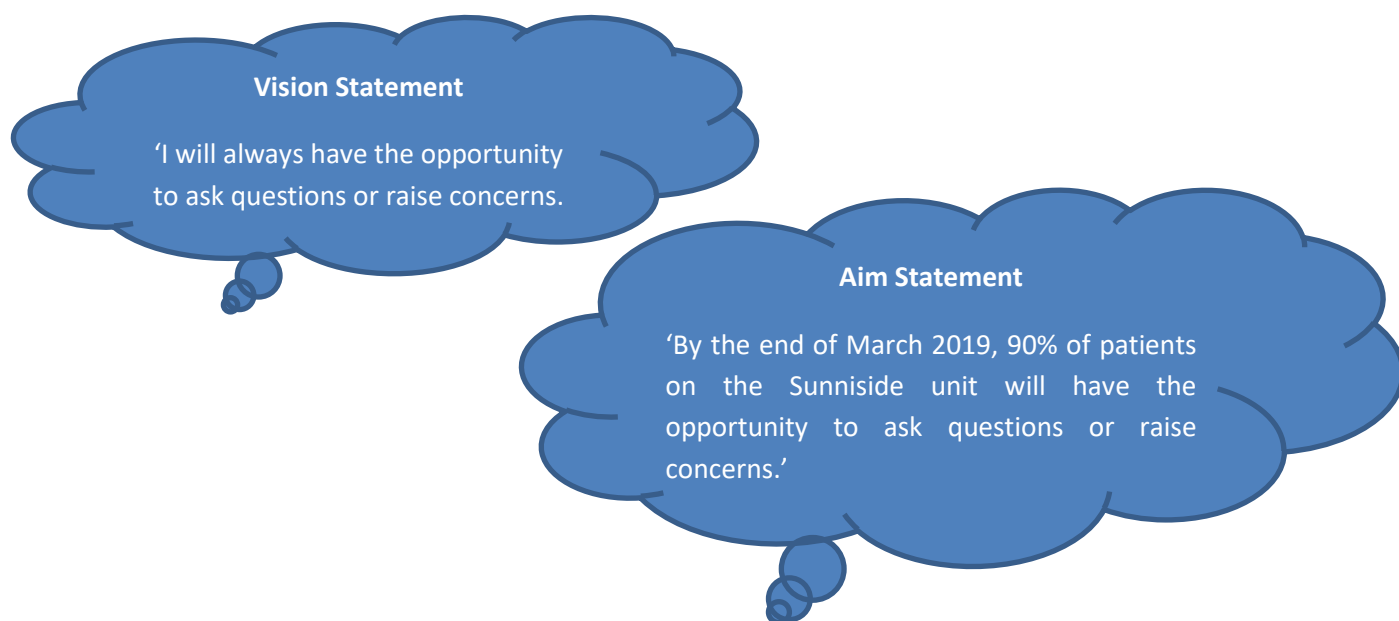
- Share the National Patient Survey results through cancer leads group
- Share patient comments to site specific tumour groups / MDT leads and Service level managers for reflection of good practice and learning
- Ensure patient information book (green pocket folder) is actively used by the cancer nurse specialists to all new diagnosis and contains appropriate general information
- Continue discussions with Macmillan Cancer support and CCG Cancer Group regarding access to financial advice & support for cancer patients and explore models to implement improvements.
- Continue to participate in the national audit annually



- **Always Events®**

The Trust took part in a collaborative with NHSE and NHSI to implement Always Events®. The pilot site for this work is the Sunnyside Unit (Elderly Mental Health Services). A Point of Care Team (project team) has been established including nursing staff, OT, activities co-ordinator, consultant psychiatrist and patients/carers.

Consultation with patients and/or their families and carers on what is so important to them that should always happen was undertaken and the following vision and aim statement was agreed:

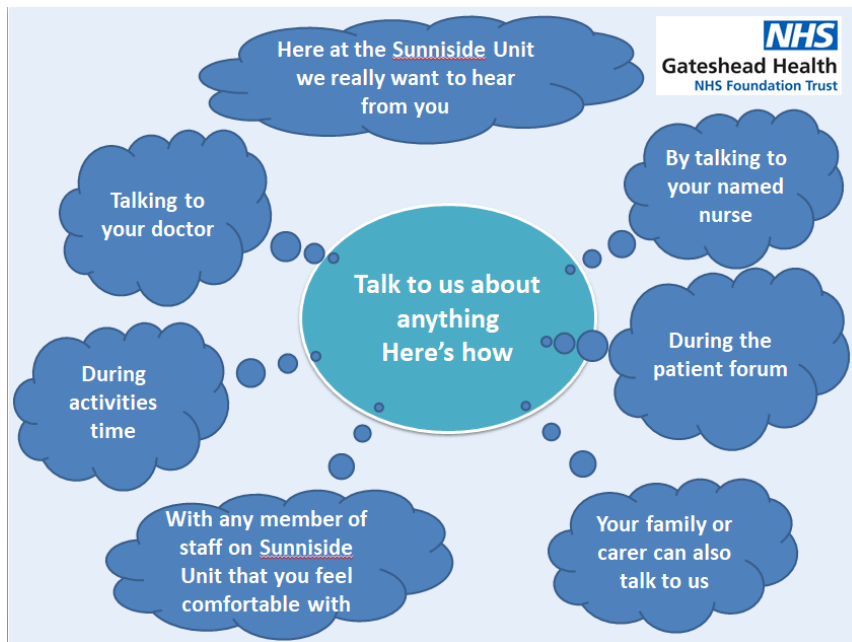


The national team visited the Trust on Wednesday 1st August 2018. The Point of Care Team gave an overview of progress and showcased our work to date. The visit was very successful and feedback was very positive.

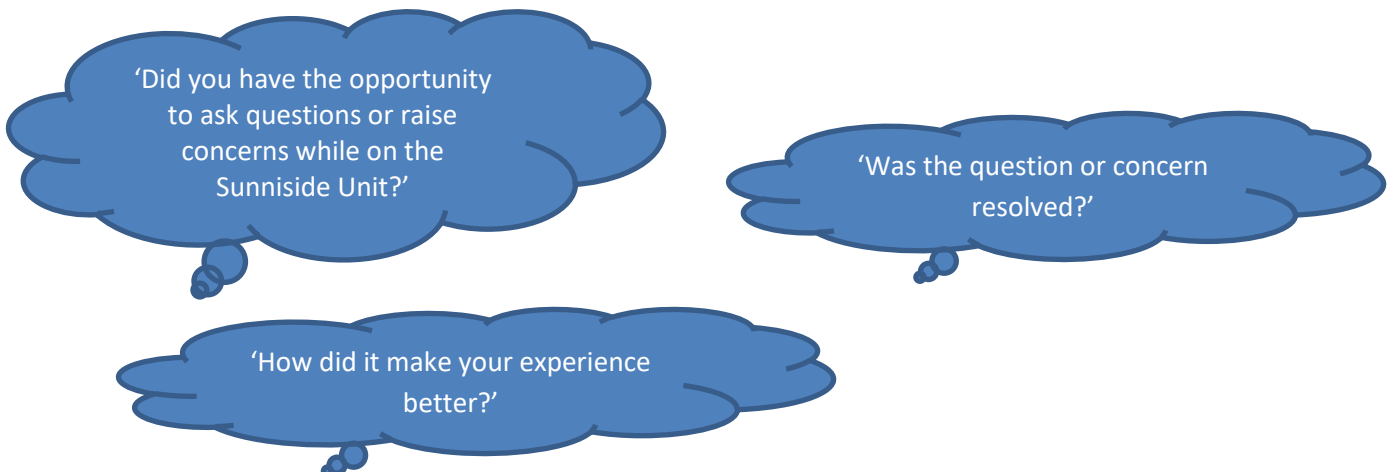
The Point of Care Team showcased the Trust's 'Always Events' journey at the NHS England Regional Event on 2nd October 2018.

Two members of the Point of Care Team has been chosen to be 'Always Events Buddy's'. Training for this took place in January 2019.

Key interventions have been implemented in order to ensure patients have the opportunity to raise concerns and ask questions. They include – staff sharing mealtimes with patients, co-designing a patient information leaflet, question and answer session at the beginning of every Patient Forum meeting and awareness raising with staff.



In order to measure whether patients have had the opportunity to ask questions or raise concerns, patients and/or their family and carers are asked the following on discharge:



Before initiatives were introduced:

69% of patients felt they had the opportunity to ask questions or raise concerns

After initiatives were introduced:



3. Priorities for 2019/21

The priorities for 2019/21 are aligned with the Quality Improvement Strategy, Driving Excellence through Quality Improvement 2019/2021. These are detailed below:

Quality Objective ONE: *We will ensure that patients, carers and the public have the best experience possible when they are receiving our care*

What will we do?	How will we do it?	How will it be measured?
Reinvigorate our Volunteers Service in order to release time to care for staff across the trust acute and community	• Increase the number of volunteers by 100 by March 2021 • Ensure that our volunteers are highly trained through a newly development training programme • Introduce two specific role profiles: ○ Falls volunteers in areas where there is a high prevalence of falls ○ 'Bleep volunteers' - a pool of hospital volunteers are on stand-by to help patients and staff with a wide variety of tasks – from collecting a prescription to helping transfer a patient to X-ray.	• Numbers of volunteers recruited per month will be monitored • New training programme will be in place • Volunteers will be recruited into new roles • A reduction in the number of falls • Undertake an audit and staff survey to evaluate the impact of the 'bleep volunteers' service
Following the success of the NHS England 'Always Events®' collaboration in one pilot site, we will spread the use of the methodology as a tool to understand what is important to patients, to ensure that it should always happened when patients are under our care	• Identify 4 wards and departments to complete an 'Always Events®' project by March 2021. • Using the 'Always Events®' toolkit and trained 'Always Events®' Mentors, develop a training programme to build capacity for 'Always Events®' to be undertaken by individuals in their own areas ○ Begin roll out of 'Always Events®' methodology across the organisation	• Wards identified will complete the 'Always Events®' project • Training programme in place and 20 staff members trained • A reduction in the number of complaints in the areas where 'Always Events®' have been implemented • Existing metrics for patient experience to be positive – Friends & Family Test and Real Time Survey programme

Quality Objective TWO: *We will ensure that patients, carers and the public are engaged in our Quality Improvement work and that patient, carer and public involvement is embedded as business as usual across the organisation*

What will we do?	How will we do it?	How will it be measured?
Build on our patient, carer and public involvement work to ensure their voice and contribution is included in all aspects of quality improvement and delivery of care	- Establish a Patient Involvement Forum by Summer 2019 - Recruit patients to initiatives across the organisation including: - The Ward Accreditation Programme - Patient Safety Collaboratives for Falls, Pressure Damage and Hydration & Nutrition - Recruit a patient representative to the Complaints Review Panel - Explore the involvement of patients and carers in a revised values based recruitment process. - Strengthen our links with our local Healthwatch to assist us to further understand the needs of our community including the Equality and Inclusion Delivery System - Link with NHS Improvement to understand the national perspective and requirements in relation to the patient, carer and public involvement - Support Business Units to include patient representatives in specific service redesign projects - Understand our patient demographics and ensure patients of all sexual orientations have a voice	- The Patient Involvement Forum will be established - Work plan agreed and monitored through Patient Public & Carer Involvement & Experience Group - Maintain a list of patients who are involved in all initiatives. - Star Ward attainment in Mental Health Inpatients - Undertake joint projects with Healthwatch and involve them in our EDS grading in 2019 - Complete a gap analysis against national guidance to understand where the areas of focus should be - Maintain a database of all Business Unit projects - Baseline assessment and implementation of the sexual orientation monitoring standard

Quality Objective THREE: *Improved Experience for our Mothers, babies and their families*

What will we do?	How will we do it?	How will it be measured?
Focus on the improvement of continuity of care implementation for pilot group of mothers	- Identify a core group of mothers to develop the pathway of care with us - Develop the personalised care plan on the portal with our mothers - Lead project midwife appointed for this work	20% of pilot group to be commenced on Continuity of care pathway by March 2019 - Measure percentage of mothers who actually deliver with continuity of care package by March 2020
Offer access to the patient portal 'Your care in your hands' to all mothers who book with us	Lead project midwife for digital work to with continuity of care team	Personalised care plan maternal satisfaction survey

4. Conclusion

Good progress has been made within a number of the year one priorities.

Further work is required in relation to the patient experience aspect of the diversity and inclusion agenda. Particularly around:

- Implementing the Accessible Information Standard
- Developing robust monitoring to understand the experience and the impact of service delivery on different communities
- Improving engagement with local communities to ensure the right information is available to help patients' access appropriate services with a particular focus on the migrant population.
- Health equality monitoring.

Furthermore, improvement is required in relation to engaging with local communities around service planning and redesign. The Council of Governors and the Communications Team have a key role in taking this work forward and opportunities to take this forward need to be explored.

Appendix 1

Workstream	
Step 1: Planning for a visit either to our hospital facilities or services in your own home	
1.	Patient led review of patient information available on trust website
2.	Develop and implement a programme of work to ensure Trust meets Accessible Information Standard
3.	Make the Trust's behaviour framework available to all patients and their families
Step 2: While you are in our care, whether this be in our hospital facilities or in your own home	
4.	Implement the 'Values Based Behaviours Framework'
5.	Review (face to face) real time patient survey programme
6.	Develop local patient survey programme for mental health services
7.	Review current interpreting services with a view to entering into a new fit for purpose contract to provide a more effective and quality service
8.	Review our compliance with single sex accommodation
9.	Continue to support John's Campaign
10.	Develop a range of activities for What Matters to You
11.	Hello my name is campaign
Step 3: Moving on from our care	
12.	Deliver the CQUIN discharge project / Improve operational delivery in medical services with a focus on discharge
13.	Transforming and Developing Community Services
Step 4: Shaping our services for the future	
14.	Develop patient and public involvement toolkit staff / Determine a programme of engagement and involvement work for governors, members, partners and stakeholders including HealthWatch Gateshead / Continue to provide Medicine for Members programme of events
15.	Undertake corporate and Business Unit patient and public engagement and involvement events – general and on specific topics ie., theatre
16.	Trust representation on Disability Forum
17.	Trust representation on Carers Forum
Step 5: Overall patient care/experience in excellence care	
18.	Making 5 Steps Real to Staff
19.	Continue with programme of PLACE visits
20.	Continue 15 Steps Challenge Visits and use the intelligence gathered to inform service improvements
21.	Review mechanisms for reporting and acting on feedback received via the Friends and Family Test
22.	Continue to participate in and act on findings from all relevant National Surveys
23.	Formalise and standardise process for dealing with PALS enquiries within the Trust
24.	Develop reporting mechanisms to enable triangulation of patient experience intelligence
25.	Increase the number of volunteers within the Trust and develop new and innovative posts to support staff in delivering high quality care
26.	Identification of future Always Events linked to service development
27.	Use Equality Monitoring Data to ensure we understand different experiences