

# **PATIENT EXPERIENCE STRATEGY 2021-2024**

## CONTENTS PAGE

| Section                                                              | Page Number    |
|----------------------------------------------------------------------|----------------|
| <b>FOREWORD</b>                                                      | <b>3</b>       |
| <b>1. INTRODUCTION</b>                                               | <b>4</b>       |
| <b>2. REVIEW OF THE PREVIOUS STRATEGY</b>                            | <b>5 - 7</b>   |
| <b>3. 2021 – 2024 STRATEGY</b>                                       | <b>8</b>       |
| Commitment One                                                       | <b>9</b>       |
| Commitment Two                                                       | <b>9 - 10</b>  |
| Commitment Three                                                     | <b>10</b>      |
| Commitment Four                                                      | <b>11</b>      |
| Commitment Five                                                      | <b>12</b>      |
| <b>4. DELIVERING THE STRATEGY</b>                                    | <b>13</b>      |
| <b>5. LINKS TO OTHER STRATEGIES</b>                                  | <b>14</b>      |
| <b>6. QUALITY ACCOUNT PRIORITIES 2021-2022</b>                       | <b>14</b>      |
| <b>7. STRATEGY DISSEMINATION</b>                                     | <b>15</b>      |
| <b>APPENDIX 1: DELIVERY PLAN FOR THE PATIENT EXPERIENCE STRATEGY</b> | <b>16 - 21</b> |

## Foreword from Sara Ellis- Anderson, Acting Chief Nurse and Patient Safety Officer

I am delighted to introduce the Patient Experience Strategy (2021-2024) which builds upon the strategy from 2017-2020, setting out our ambitions for the next three years and will support all staff to continue to put patient experience at the heart of everything we do.

Since the development of our original strategy NHS Improvement developed an Improvement Framework for Patient Experience (2018). This tool can be used for all levels within Trust to assess themselves against key principles and develop plans for continuous improvement to ensure that all staff recognise:

*'Good experience of care, treatment and support is increasingly seen as an essential part of an excellent health and social care service, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.'*

We have embraced the guidance within our new strategy to ensure that we focus on a number of areas to achieve excellence in patient experience. These include:

- leadership
- organisational culture
- collecting feedback: capacity and capability to effectively collect feedback
- analysis and triangulation: the use of quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- reporting and publication: patient feedback to drive quality improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning

We will work with all patient groups to strengthen our performance together and achieve the Trusts vision to provide patients with world class care.

## SECTION 1: INTRODUCTION

The success of the Robert Jones and Agnes Hunt Foundation Trust as an organisation is how we act and work in a collaborative partnership with our patients, carers, their relatives and the community and the wider system.

Providing patients with world class care means the ability to enable the best experience of care possible at each phase of their pathways and interaction with our staff.

The Health and Social Care Act (2012) section 2422, places a legal duty on Trusts to consult and involve the people we serve. We must demonstrate that we are involving people and communities appropriately and proportionately. It is formally documented in the NHS Constitution in England 2012 and is used as a benchmark of Trust performance nationally. A patient's experience needs to be positive in order for them to engage fully with their care to enable positive outcomes.

Ensuring patients have communication in a manner that is accessible and to a standard that is appropriate for their needs is essential to enable active engagement with care delivery and to facilitate patients to make decisions regarding their care. The Patient Experience Strategy outlines the Trust's intention to ensure world class care and patient experience for patients, carers, their relatives, and the wider community.

As we progress through the recovery phase of the pandemic, there will be undoubtedly difficult decisions to be made which may affect the Trust as a whole or on individual services. Where this is the case, the Trust will consult with the service users to seek their views and input.

## SECTION 2: REVIEW OF THE PREVIOUS STRATEGY

The 2017-2020 Patient Experience Strategy set out three aims, as detailed below:

Always Event 1: Improve the patient Journey.

We will improve the experience of our patients and carers from their first contact with the Trust, through to their safe discharge from our care.

Always Event 2: Improve communication.

We will improve the information we provide to enhance communication between our staff, patients and carers.

Always Event 3: Meet care needs.

We will meet our patients' physical, emotional, and spiritual needs while they are using our services, recognising that every patient is unique

There have been a number of successes during the three-year period covered by the Patient Experience Strategy. We now plan to take those successes: build and embed them even further to put this strategy at the heart of the organisation. We fully commit to a culture of continuous improvement within our Trust. This will establish us as a leader in delivering outstanding patient experience.

Key successes include:

Always Event 1: Improve the patient Journey We will improve the experience of our patients and carers from their first contact with the Trust, through to their safe discharge from our care.

- *Provide clear information and directions on how to get to our hospitals public transport and alternatives. Clear information provided in a timely manner with maps and details of how to get to the hospital with all appointments. Also available on the Trust Web Site*
- *Further develop and maintain the information on the Trust website about the services provided along with contact details for wards and departments. Details updated on the website with easy access to all contact details*
- *Work closely with health and social care teams to ensure safe and co-ordinated discharge from hospital with all the necessary support in place. This may include the patient seeing a doctor, physiotherapist, or social worker before leaving hospital and ensuring medication to take home is ready in a timely manner. Ensure that family carers are fully involved in the discharge process and can provide care and support for their relative at home. Engagement sessions/workshops held with the local authority to enhance the process and increased the contact with social care to enable more collaborative working*
- *Engage with patients and carers when developing and reviewing services to ensure that their needs are taken into consideration. Development of the veteran service and accessible care standards group.*
- *Review and continually monitor hospital signage to ensure patients and visitors are directed to the right ward/department in a clear and easy way. Share patient feedback relating to*

*signage and car parking with partner organisations where appropriate. Wayfinding system has been changed to a number system that is also dementia friendly.*

- *Continue to improve the patients stay by working with the community encouraging individuals and groups to participate in a programme of activities which benefit both the community and the hospital, e.g., gardening groups, student beauticians/hairdressers providing free treatments to patients, singers/musicians entertaining patients, Pets as Therapy dogs visiting patients etc. Gardening group in place. Poetry reading group; pet therapy; singers and musicians and increased activities for spinal patients including the opening of Horacio's Garden*
- *Ensure our staff and volunteer helpers provide a friendly and efficient welcome to patients, carers and visitors. All volunteers now at the main entrance and have volunteers on the wards who act as dining champions*
- *Ensure our patients receive high quality care at the end of their life in line with the Trust's End of Life Care Strategic Plan. Wherever possible we will follow the patient wishes as set out in the Advanced Care Plan, Advance Decision to Refuse Treatment and/or Do Not Attempt Cardiopulmonary Resuscitation form. End of Life care is in line with the strategic plan, e-learning available and swan boxes on all wards.*

*Always Event 2: Improve communication. We will improve the information we provide to enhance communication between our staff, patients, and carers.*

- *Actively promote the #hello my name is... campaign ensuring all staff are aware of the importance of introducing themselves to patients and asking how each patient would like to be addressed. Ensuring that all patients know the name of the healthcare professional looking after them.*
- *Ensure that patients are provided with well-written information leaflets on their care and treatment to enable them to prepare for their outpatient appointment or inpatient stay. Advise patients where they might find reliable high-quality information and support from sources such as national and local support groups, networks, and information services.*
- *Support wards to provide an information booklet to all inpatients including information about the ward routines, mealtimes, visiting hours, staff etc. New booklet developed and booking system for visitors*
- *Ensure that patients and carers are given the opportunity to complete a 'This is Me' booklet (dementia) or 'Purple Folder' (learning disabilities) to share important information about the patient with staff. These are used*
- *Ensure that staff can access interpreter and other services for patients who require information in alternative formats. Language line used or interpreter booked*
- *Provide information for carers on our Trust website with useful information about the Trust's services, carer's rights and links to local and national support and information for carers.*

- *Encourage patients to talk to staff if they have any questions or concerns and support patients to seek advice from the Patient Advice and Liaison Service (PALS) or to make a complaint. Increase in PALS contacts noted for sign posting and waiting times*

*Always Event 3: Meet care needs. We will meet our patients' physical, emotional, and spiritual needs while they are using our services, recognising that every patient is unique.*

- *Be kind, courteous and help patients, carers and visitors making them feel welcome in our hospital. In patient survey feedback shows that all staff have worked hard to ensure they provide kind and courteous care (99-100%)*
- *Provide care and treatment for patients which minimises the risk of harm and respects their privacy and dignity. 99-100*
- *Provide a clean, safe and comfortable environment, accessible to patients with a disability.99-100*
- *Ensure that our staff have access to the equipment they need to meet patient needs.*
- *Ensure that regular checks are made on all inpatients. Intentional rounding undertaken and documented*
- *Experiencing any pain or need help with food/drink or to use the bathroom. Staff will ask each patient whether there is anything else they need and check the call bell is within easy reach.*
- *Display information on our wards about staffing levels, numbers of infections, falls, pressure ulcers, cleanliness scores so you know 'How we're doing.'*
- *Ensure our patients and carers have access to all the practical, emotional, and spiritual support they need and provide contact information for organisations and support groups. Make sure that patients and carers have an opportunity to speak to a doctor, nurse, member of the chaplaincy team or other healthcare professional if they wish to. Evidence available that this occurs form in patient survey*
- *Ensure that all patients are treated as individuals and their cultural and/or religious needs, values and preferences respected.*
- *Develop an understanding of the patient as an individual considering factors such as physical or learning disabilities, speech or hearing problems and difficulties with understanding English. Ensure that any reasonable adjustments are made to meet the patients' needs.*
- *Accessible care standards group who review patients with additional needs, hearing loops, large print braille and foreign language translation Agreement to implement changing places*

### SECTION 3: 2021-2024 STRATEGY

Our three year strategy has been developed with our patients experience at the heart of what we aim to deliver. The Strategy has utilised information gathered through stories, complaints and concerns, compliments, national and local surveys, and patient forums, social media, and feedback from Healthwatch.

Enabling our patients to be actively engaged in their voicing their individual patient experience and those of the wider community is crucial to the success of the Trust. We collectively need to actively listen to our patients and their loved ones to drive for the programme of continual improvement for patient experience. A positive patient experience will enhance the patient journey through phases of their pathway. We can do this by actively listening to our patients to their own needs and anxieties this will foster trust and improve a collaborative working relationship with those who are involved in their care.

Understanding what our patients perceive to be their priority of patient experience particularly as we transition through the pandemic and those associated restriction will enable us to make the necessary changes to care delivery. This in turn will assist in maintenance and improvement the patient's experience of our services by adopting the 'Getting it right first time' (GIRFT) principles.

The Trust has a well-established and loyal team of volunteers, during Covid 19 there has been a reduction in their ability to contribute to a positive patient experience and care. The aim is to safely bring back our volunteers which will undoubtedly result in an enhanced patient experience.

The Patient Experience Strategy is one of the ways in which we intend to achieve the Trusts vision of 'world-class healthcare.' The Trust will continue to build upon the principle of using Always Events®, making sure we find out what matters to people about their care and trying our best to deliver it. We will ensure a structured approach to implementation, learning from our experience before rolling out each improvement, involving patients at every step.

Our commitments are:

1. We will work in partnership with our patients and actively involve them in decisions about their care.
2. We will communicate to our patients in a manner that is accessible and appropriate to their own individual needs whilst listening to our patients about their priority of care and what matters most to them.
3. We will involve our patients and services users and the public generally in decisions regarding the way we deliver services and any future developments.
4. We will engage with our patients to facilitate patients to manage their own health conditions and get the best out of their wellbeing.
5. We will further develop the role of volunteers to ensure we maximise their input to enhance patient experience



**COMMITMENT ONE: WE WILL WORK IN PARTNERSHIP WITH OUR PATIENTS AND ACTIVELY INVOLVE THEM IN DECISIONS ABOUT THEIR CARE.**

- Encouraging patients to take a more active role in managing their health through a range of self-management initiatives, working with partner organisations in the local healthcare system, on a joined-up approach
- Increasing the number, representation, and engagement of our Trust members
- Involving patients from the start in the design of new improvement initiatives
- Increasing the scope of the Patient Panel, including membership of committees, supporting staff induction, safety walkabouts, interview panels
- Increasing the number of volunteers and widening the range of activities they support.

**COMMITMENT TWO: WE WILL COMMUNICATE TO OUR PATIENTS IN A MANNER THAT IS ACCESSIBLE AND APPROPRIATE TO THEIR OWN INDIVIDUAL NEEDS WHILST LISTENING TO OUR PATIENTS ABOUT THEIR PRIORITY OF CARE AND WHAT MATTERS MOST TO THEM.**

- Asking patients what matters to them
- Using patient stories, targeted surveys, or workshops to explore specific topics
- Asking people how we can reduce waste
- Making sure every specialty and department encourages feedback from all their patients
- Ensuring the Patient Advice and Liaison Service (PALS) has a more visible presence,
- Responding promptly to issues raised by PALS and complaints and spreading the lessons learned
- Recognising and spreading good practice
- Routinely contacting people during and after they have experienced our services to hear directly from them how it went.
- Providing information to patients about their own conditions making sure that they understand and can ask questions
- Meeting the Accessible Information Standard, making sure patients have access to information they can understand and any communication support they may need
- Ensuring that the Carers Strategy and the End-of-Life Care Strategy are understood by staff and implemented throughout the Trust, including the use of the RESPECT form.

- Providing better guidance about how to stay as well as possible, especially while living with a long-term condition
- Making sure that relevant information about patients is shared among those who need to know, across health and social care, so that people don't have to keep repeating their story
- Providing more information about plans to change services and about the future of our hospital.

**COMMITMENT THREE: WE WILL INVOLVE OUR PATIENTS AND SERVICES USERS AND THE PUBLIC GENERALLY IN DECISIONS REGARDING THE WAY WE DELIVER SERVICES AND ANY FUTURE DEVELOPMENTS.**

**Transforming waiting**

Patients and carers' time is valuable and should be treated as such. Patients tell us that waiting to be seen in our outpatient departments, or for their care to progress is sometimes frustrating. Some aspects of waiting that we are determined to improve are:

- The system in outpatients for flagging that a patient has a carer (or is a carer) and may require additional support
- The punctuality with which clinics start
- The comfort of outpatient waiting areas
- The system for the outpatient staff calling the next patient, so that mistakes or misunderstandings are less likely

We will do our best to improve the patient experience by:

- Better communications in waiting room areas
- Improved clinic appointment systems
- Focus on reducing waiting times in clinics
- Provision of reliable fast guest WIFI in waiting areas and on the wards
- Hearing from our patients what would work best and how we can streamline our processes.

**Moving care closer to home**

People tell us they would prefer to have their care at home unless their condition absolutely requires them to be treated in hospital: We will:

- Increase the support available to people at home, for example through supported discharge, 'Discharge coordinators,' and specialist support to primary care.

## **COMMITMENT FOUR: WE WILL ENGAGE WITH OUR PATIENTS TO FACILITATE PATIENTS TO MANAGE THEIR OWN HEALTH CONDITIONS AND GET THE BEST OUT OF THEIR WELLBEING.**

### **Children and Young People**

- The Trust will review the implementation of the Ready, Steady, Go project to help clinicians work with young adults to prepare them to transition to adult care and take responsibility for their own long-term condition or health care. We start 'Ready' from age 11 to 13 years, 'Steady' from 13 to 16/18 years and 18 years is 'Go'.
- In 2021-22 we aim to ensure that all children with chronic conditions aged 11-13 years have a discussion with their consultant about their condition and receive the 'Ready' leaflet.
- In a 2022 we want to see those children turning 13 years of age receiving the 'Steady' leaflet and feeling confident about their condition.
- A second project involves improving the transition of care for Children and Young People moving from paediatrics to adult care. The Trust will develop a business case to appoint a transition nurse to support children, young people and parents will help bridge the gap between children and adult services. This nurse's role will be to support children with complex needs in transitioning from children's to adults' services. This role will provide support, advice, expert knowledge and guidance for adult nursing and medical colleagues and the young person and family to make this transition as smooth as possible.

### **Self-management**

- People tell us they would like to take more control of their own health but sometimes lack the expertise and confidence to do so: We will work with colleagues in the community to encourage improved self -management through:
- Encourage the use of Apps that support self-management, such as My Recovery
- Encourage clinicians to take up training in Coaching for Health
- Embed social prescribing as an intervention used whenever appropriate.

## **COMMITMENT FIVE: DEVELOPING VOLUNTEERS**

We are very grateful to our existing volunteers. We know many more people would like to help and we would like to increase the opportunities for volunteering. We will do this by:

- Identifying a wider range of volunteer roles
- Providing training for the roles
- Publicising the opportunities
- Providing volunteer support for inpatient activities such as befriending, games, breakfast club

## SECTION 4: DELIVERING THE STRATEGY

A detailed delivery plan has been developed (Appendix 1) to achieve our commitments on a yearly basis outlining key success criteria. Quality priorities will be added each year in line with the annual quality account; 2021-22 priorities are outlined in section 6. The delivery plan will be monitored through the Trust Governance Systems as detailed below:

- The patient panel is a group of patients and carers who use the services of the Trust and are prepared to commit significant time to supporting the Trust as critical friends.
- The lead of Patient Experience and Engagement group is responsible for making sure that patient feedback is being sought in a range of ways, including reaching out to those less often heard, and that the results are analysed and regularly presented to the Experience and Engagement Group with escalation as required to the Quality and Safety Committee and to the Board. The lead of Patient Experience and Engagement also supports the Patient panel patient engagement activities.
- The patient experience committee, with the patient panel responds to all aspects of patient experience making recommendations and monitoring actions to improve the patient experience.
- The Quality and Safety Committee oversees the delivery of the Trust's Quality Improvement Strategy, which includes Patient Experience and will monitor the delivery of the plan.
- The Trust Board is responsible for providing visible leadership and strategic direction to improve the experience of patients. It receives regular reports from the Quality and Safety Committee and will receive an exception report of delivery of the plan.

The groups and committees will be supported by:

- PLACE visits are carried out by patients, governors and staff and are patient led, which have the opportunity to 'see' the changes and implementation of the delivery plan.
- Safety Walkabouts are carried out by Non-Executive Directors, Executives or senior managers, patients, and governors.

## SECTION 5: LINKS TO OTHER TRUST STRATEGIES/POLICY

The Patient Experience Strategy is linked to other Trust strategies and policy identified below:

- Patient Safety Strategy
- Workforce Strategy
- Equality & Diversity Policy
- People Plan
- End of Life Care Strategy
- Food & Drink Strategy
- Patient Experience Dementia Strategy
- Carers' Strategy
- Annual Quality Account

## SECTION 6: Quality Account Priorities (2021/22):

### 1 Improve communications to patients accessing outpatient services (Commitment two)

Objective: To ensure that patients have access to information regarding their treatment pathway in an appropriate format and at the appropriate time.

Rationale: During Covid-19 services have either been temporarily paused for periods or scaled back to ensure that infection prevention and control measures are taken. This has unfortunately resulted in patients waiting longer than usual for their appointments and increased communication regarding this will help to ensure patients remain appropriately informed whilst they are waiting.

### 2. Reduction in delayed discharges and improved patient communication (Commitment three)

Objective: Establish a zero tolerance of delayed discharges by completing a review of the discharge and resettlement leadership and further review and improve patient communications to ensure that all patients can access the information they need when they need it.

Rationale: Covid-19 has impacted on all clinical pathways and discharges from hospital are complex and can be a source of anxiety for patients

## **SECTION 6: STRATEGY DISSEMINATION**

The strategy will be disseminated to:

- Staff, via the Trust's Intranet
- Patients, Public, Governors and members, via The Pulse newsletter and the public website.

## APPENDIX 1: DELIVERY PLAN FOR THE PATIENT EXPERIENCE STRATEGY

| Success Criteria                                                                                                                                                                                                                                                                                                                        | Year 1  | Year 2  | Year 3  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
|                                                                                                                                                                                                                                                                                                                                         | 2021-22 | 2022-23 | 2023-24 |
| <b>COMMITMENT ONE: WE WILL WORK IN PARTNERSHIP WITH OUR PATIENTS AND ACTIVELY INVOLVE THEM IN DECISIONS ABOUT THEIR CARE</b>                                                                                                                                                                                                            |         |         |         |
| Monitor the participation of patient from the Trust in self-management initiatives, working with system partners, on a joined-up approach and plan a year-on-year improvement                                                                                                                                                           |         | ✓       |         |
| Monitor and review the number, representation and engagement of our Trust members and develop annual strategies to tackle any inequalities or gaps <ul style="list-style-type: none"> <li><i>The number of lay partners in the Patient Panel is maintained at around 15 and they feel valued and supported in their role</i></li> </ul> | ✓       |         |         |
| Establish one patient forum per unit, involving patients from the start in the design of new improvement initiatives and publicise feedback through 'You Said, We Did' noticeboards                                                                                                                                                     |         | ✓       |         |
| Ensure at least one member of the patient Panel, becomes a member of key committees, support staff induction, safety walkabouts and attend interview panels                                                                                                                                                                             |         |         | ✓       |
| Annual increase in each unit of the number of volunteers and widening the range of activities they support                                                                                                                                                                                                                              |         |         | ✓       |
| 95% of patients recommend our Trust to family and friends in all surveys.                                                                                                                                                                                                                                                               | ✓       | ✓       | ✓       |
| Patient comments are reported via the Friends and family test are reviewed under the headings of patient experience; poor, good or very good and are regularly reviewed by the patient panel and patient experience committee.                                                                                                          | ✓       | ✓       | ✓       |



| Success Criteria                                                                                                                                                                                                                    | Year 1  | Year 2  | Year 3  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
|                                                                                                                                                                                                                                     | 2021-22 | 2022-23 | 2023-24 |
| Through equality monitoring of patient feedback, the Trust will provide evidence that no discrimination is taking place and that all groups are receiving the same level of service irrespective of background.                     |         | ✓       | ✓       |
| <b>COMMITMENT TWO: WE WILL COMMUNICATE TO OUR PATIENTS IN A MANNER THAT IS ACCESSIBLE AND APPROPRIATE TO THEIR OWN INDIVIDUAL NEEDS WHILST LISTENING TO OUR PATIENTS ABOUT THEIR PRIORITY OF CARE AND WHAT MATTERS MOST TO THEM</b> |         |         |         |
| Ensure pro-active documentation in records that demonstrates we have asked patients what matters to them monitored via Matrons audits                                                                                               | ✓       | ✓       | ✓       |
| Develop a programme of patient stories, targeted surveys, or workshops to explore specific topics                                                                                                                                   |         | ✓       | ✓       |
| Utilise the 'you said, we did' boards in every specialty and department to publicise feedback from all their patients                                                                                                               | ✓       | ✓       | ✓       |
| Review where the Patient Advice and Liaison Service (PALS) is based and how it can provide has a more visible presence across the Trust                                                                                             | ✓       | ✓       | ✓       |
| 100% of complaints in every unit are acknowledged in 3 working days                                                                                                                                                                 | ✓       | ✓       | ✓       |
| 100% of complaints in every division are responded to within 25 working days or within a timescale agreed by the complainant. The Trust key performance indicator is a target of 8 complaints per month.                            | ✓       | ✓       | ✓       |
| Themes in complaints are reported to the Experience and Engagement Group along with the improvement actions taken in response which are measured with a completed action plan.                                                      | ✓       | ✓       | ✓       |
| Implement a programme of routinely contacting people during and after they have experienced our services to hear directly from them how it went and provide feedback to staff on positive aspects and areas for                     | ✓       | ✓       | ✓       |

| <b>Success Criteria</b>                                                                                                                                                                                  | Year 1  | Year 2  | Year 3  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
|                                                                                                                                                                                                          | 2021-22 | 2022-23 | 2023-24 |
| improvement                                                                                                                                                                                              |         |         |         |
| Through documentation audits monitor the provision of information to patients about their own conditions and evidence that they have had an opportunity to ask questions                                 |         | ✓       |         |
| Develop a system to monitor the ability to meet the Accessible Information Standard                                                                                                                      | ✓       | ✓       | ✓       |
| Implement a training programme to ensure that the Carers Strategy and the End of Life Care Strategy are understood by staff and implemented throughout the Trust, including the use of the RESPECT form. | ✓       |         | ✓       |
| Regularly audit the use of the respect form and review at the Trust quality forum to implement any remedial action to improve percentage compliance                                                      | ✓       | ✓       | ✓       |
| Providing better guidance about how to stay as well as possible, especially while living with a long-term condition                                                                                      | ✓       |         | ✓       |
| Ensure that relevant information about patients is shared among those who need to know, across health and social care, so that people don't have to keep repeating their story – through the use of EPR  |         |         | ✓       |
| Develop communication briefing for patients and the local community about plans to change services and about the future of our hospital                                                                  | ✓       | ✓       | ✓       |
| <b>Quality Account Priority: Improve communications to patients accessing outpatient services</b>                                                                                                        |         |         |         |
| Development of a KPI for ongoing monitoring                                                                                                                                                              | ✓       | ✓       | ✓       |
| Reduction in number of negative comments relating to outpatient waits                                                                                                                                    |         | ✓       | ✓       |

| <b>Success Criteria</b>                                                                                                                                                           | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|
|                                                                                                                                                                                   | 2021-22       | 2022-23       | 2023-24       |
| <b>COMMITMENT THREE: WE WILL INVOLVE OUR PATIENTS AND SERVICES USERS AND THE PUBLIC GENERALLY IN DECISIONS REGARDING THE WAY WE DELIVER SERVICES AND ANY FUTURE DEVELOPMENTS.</b> |               |               |               |
| <b>Transforming waiting</b>                                                                                                                                                       |               |               |               |
| The system in outpatients for flagging that a patient has a carer (or is a carer) and requires additional support                                                                 | ✓             |               |               |
| Routinely monitor the punctuality with which clinics start and take remedial action where gaps are evident                                                                        | ✓             | ✓             | ✓             |
| Review the patient environment in waiting areas to provide comfort ensuring access to drinks and Wi-Fi                                                                            | ✓             |               |               |
| Review the system for the outpatient staff calling the next patient, so that mistakes or misunderstandings are less likely and monitor any changes implemented                    | ✓             |               |               |
| <b>Moving care closer to home</b>                                                                                                                                                 |               |               |               |
| Increase the support available to people at home, for example through supported discharge, 'Discharge coordinators,' and specialist support to primary care.                      | ✓             |               |               |
| Achieve the Trust KPI of less than 2.5% of all patients delayed                                                                                                                   | ✓             | ✓             | ✓             |
| Patient feedback regarding communication and inclusion in the discharge process                                                                                                   | ✓             | ✓             | ✓             |
| Monitoring of complaints / incidents relating to discharges                                                                                                                       | ✓             | ✓             | ✓             |
| <b>COMMITMENT FOUR: WE WILL ENGAGE WITH OUR PATIENTS TO FACILITATE PATIENTS TO MANAGE THEIR OWN HEALTH CONDITIONS AND GET THE BEST OUT OF THEIR WELLBEING.</b>                    |               |               |               |
| <b>Children and Young People</b>                                                                                                                                                  |               |               |               |

| <b>Success Criteria</b>                                                                                                                                                                                                                                                                                                                                                                          | Year 1<br>2021-22 | Year 2<br>2022-23 | Year 3<br>2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|
| The Trust will review the implementation of the Ready, Steady, Go project to help clinicians work with young adults to prepare them to transition to adult care and take responsibility for their own long term condition or health care. We start 'Ready' from age 11 to 13 years, 'Steady' from 13 to 16/18 years and 18 years is 'Go'                                                         | ✓                 |                   |                   |
| In 2021-22 we aim to ensure that all children with chronic conditions aged 11-13 years have a discussion with their consultant about their condition and receive the 'Ready' leaflet.                                                                                                                                                                                                            |                   | ✓                 | ✓                 |
| In a 2022 we want to see those children turning 13 years of age receiving the 'Steady' leaflet and feeling confident about their condition.                                                                                                                                                                                                                                                      |                   | ✓                 | ✓                 |
| Develop a business case to appoint a transition nurse to support children, young people and parents will help bridge the gap between children and adult services.                                                                                                                                                                                                                                |                   | ✓                 | ✓                 |
| <b>Self-management</b>                                                                                                                                                                                                                                                                                                                                                                           |                   |                   |                   |
| <p>We will work with colleagues in the community to encourage improved self -management through:</p> <ul style="list-style-type: none"> <li>• Encourage the use of Apps that support self-management, such as My Recovery</li> <li>• Encourage clinicians to take up training in Coaching for Health</li> <li>• Embed social prescribing as an intervention used whenever appropriate</li> </ul> | ✓                 | ✓                 | ✓                 |
| <b>COMMITMENT FIVE: DEVELOPING VOLUNTEERS</b>                                                                                                                                                                                                                                                                                                                                                    |                   |                   |                   |
| Identifying a wider range of volunteer roles in conjunction with Units, including volunteer support for inpatient activities                                                                                                                                                                                                                                                                     | ✓                 |                   |                   |
| Develop a training plan for new roles                                                                                                                                                                                                                                                                                                                                                            | ✓                 |                   |                   |

| <b>Success Criteria</b>                              | Year 1<br>2021-22 | Year 2<br>2022-23 | Year 3<br>2023-24 |
|------------------------------------------------------|-------------------|-------------------|-------------------|
| Publicise the opportunities of new roles and recruit | ✓                 | ✓                 |                   |
| Monitor the success of the new roles implemented     |                   |                   | ✓                 |