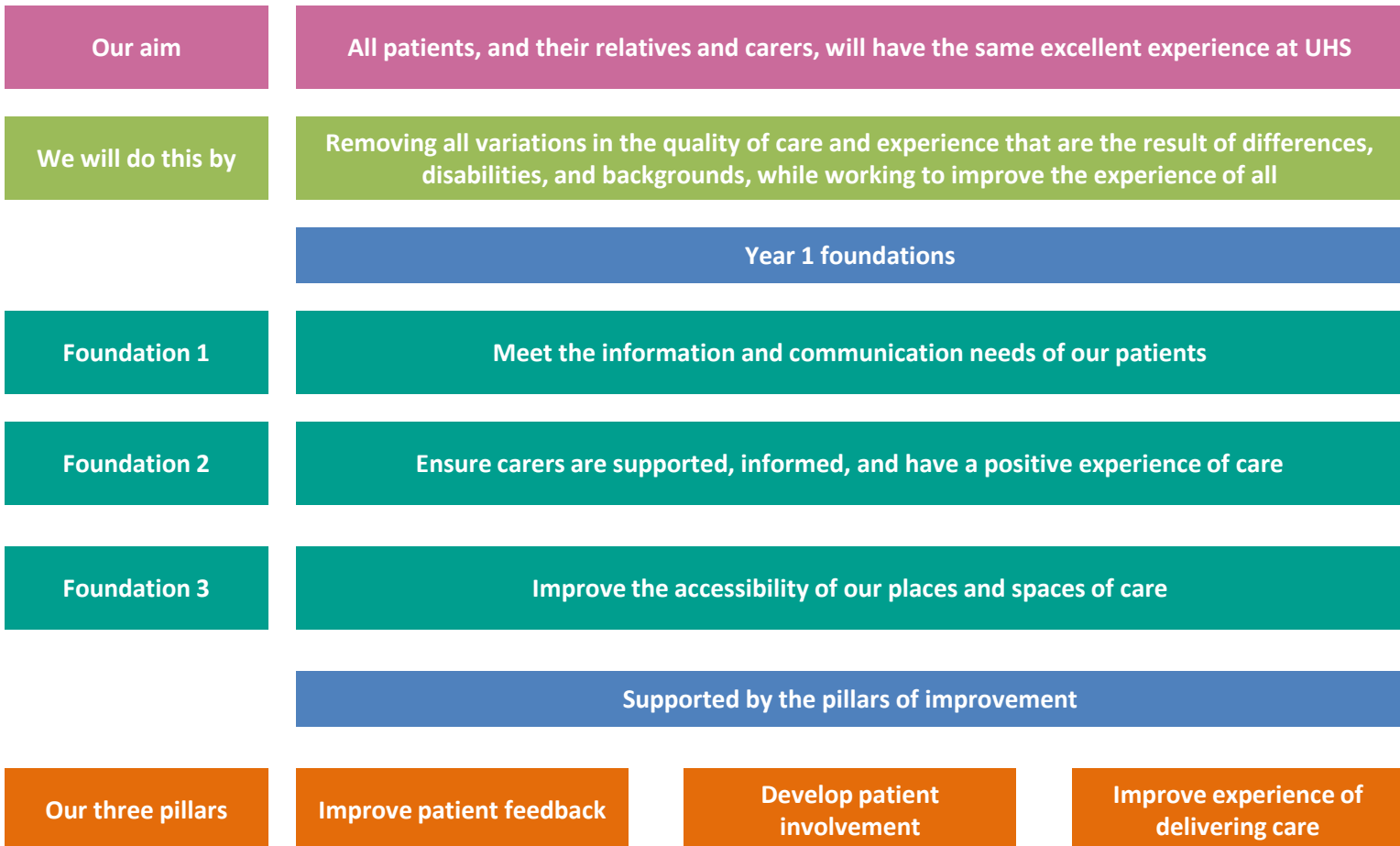


Experience of care strategy

2018-2021



Our vision – an overview





Our vision – an overview

Why

Our aim is straightforward: to ensure that all patients, carers, and families, from every background and walk of life, experience the same high standard of care and service at University Hospital Southampton.

Health inequalities have come to the forefront of national debate due to the current political and economic climate. This is reflected in government policy, NHS national strategy, and regional plans and priorities. At UHS we recognise that we can improve the experience of those receiving and delivering care by putting extra focus on those who are most disadvantaged and more likely to experience a poorer standard care. Our aim is simply outstanding care for everybody.

How

Building the foundations to allow us to improve

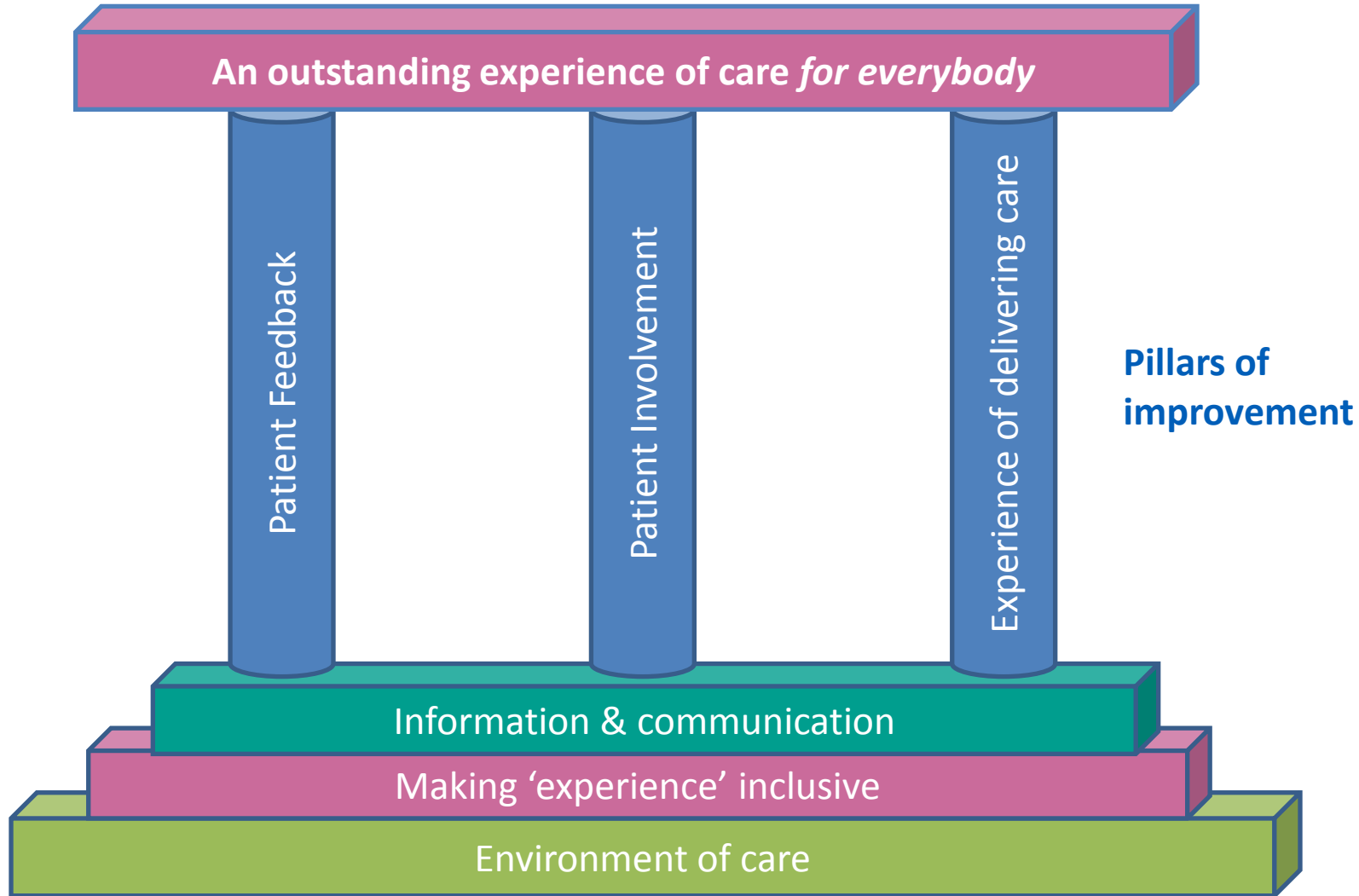
This three-year strategy is not prescriptive; it recognises that needs and expectations can change and sets out a structure for being responsive and flexible while remaining focused on the outlined priorities. Each year we will continue to build and strengthen our foundation areas: information & communication, the environment, and broadening the concept of 'experience'. At the same time we will continue to improve our means and resources to listen to what patients, carers, staff, and families say is important to them, to allow these voices to shape the direction of our work.

Who

A collaborative effort between staff, patients, and carers

A key premise of this strategy is that there are more people involved in the experience of care than just patients, and it is only by aligning the broader experience of those receiving care (patients, families), those delivering care (staff), and those supporting care (carers), that we can make real progress. The Experience of Care Team will have operational responsibility for delivering this strategy, and will utilise the robust governance processes and strong local relationships to deliver on the three-year plan.

The structure of our strategy



Foundations of a great experience

Our vision – improving the experience of care



Year 1

The objectives set out in this strategy are for year one of the three year vision. They reflect the need to get the foundations right for everybody – responsive and appropriate communication and information support, an accessible environment of care, and making experience inclusive. We will assess our progress at the end of year 1 and set new objectives for the following year. This way we can be sure we are responding to the issues being raised by patients, staff, and carers.

Statement on Quality Improvement

This strategy is underpinned by our Quality Improvement (QI) approach

At UHS **quality** is something that is not someone’s job but our uniting purpose. Our Always Improving value means that we seek to make UHS ‘better every day’ and focus on excellence through research, innovation and continuous quality improvement.

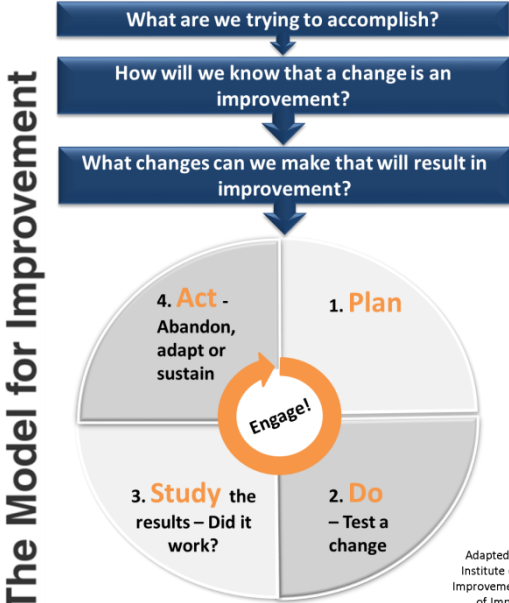
‘Improving quality’ at UHS involves two complementary aspects:

- Meeting essential standards through quality assurance and
- Continually striving to achieve more by being better every day through continuous quality improvement.

In line with all three trust values:

- All staff are expected to participate in quality improvement as part of their routine work
- Staff are encouraged to listen, be curious & focus on improvements that matter to patients
- Leaders at all levels are expected to be a visible presence to frontline teams, listening to & empowering staff to both share their ideas and successes and to implement improvements.

The trust has chosen the ‘model for improvement’ as the guiding model we will use across the organisation for quality improvement- see image on the right.



Adapted from the US Institute of Healthcare Improvement (IHI) ‘Model of Improvement’ www.ihl.org

This strategy builds upon the trust’s model for improvement by setting out a clear commitment that all work outlined in this strategy will be undertaken in partnership with patients, service users, and the public, to ensure that what we do meets the needs of all of our patients and service users. On the following page is an outline of how we will do this.

Our approach: working with patients, carers, and families

Co-production

Only by working with people who use our services can we be sure that what we do is responsive to their needs. By utilising the experience of our patients, service users, carers, and families, we can better identify what isn't working for them and what we need to improve.

Co-production emphasises the value of 'lived experience', whether of a particular condition, of a particular service, or from a particular background, i.e. having a disability.

Co-production helps ensure that patients are kept at the centre of our work, and is a core part of putting patients first.

This strategy commits UHS to using co-production, experience-based design, and other forms of patient involvement to guide how we work and improve our care and services.

Our approach to involvement – 'nodes'

It is vital that we hear from a diversity of backgrounds, and that all of our work is inclusive. As it can be challenging to involve people from seldom heard groups, UHS will develop a 'node' approach to engaging with local communities to ensure a range of views and voices are heard.

We will work with local organisations, community groups, and charities, to reach different parts of the community. We will work hard to ensure that opportunities to be involved and shape our work are inclusive, and we will establish a 'Local partner forum' to bring together groups who are either involved at the hospital or who have links into the local community.



Taken from NHS England / Coalition for collaborative care 'A Co-production Model'



Foundation 1: Meet the information and communication support needs of our patients

Why

Goal: To ensure that all patients with information and communication support needs have those needs met in an effective and timely way.

Good communication and information provision underpins quality healthcare. Communication is the second largest category of complaint, both nationally and locally at UHS. Both information and communication are vital components of patients understanding and being involved in their care and treatment. Failure to provide suitable communication support and information resources immediately disadvantages those with additional needs and impacts on the quality of care experienced.

Target 1

We will launch an accessible information improvement pilot in several services to trial, test, and embed new processes to ensure we meet the needs of patients.

The Accessible Information Standard specifies clear processes to identify, record, and meet the information and communication needs of patients, carers, and parents. UHS will improve its compliance with the Standard through a pilot project in a service before scaling up to the rest of the Trust.

Target 2

By evaluating the results of the pilot project, we will review and enhance the availability of support and resources for staff and patients to ensure communication and information needs are met.

We will ensure that we have the right resources to meet the information and communication support needs of patients, carers, and parents, when they access our services. We will constantly audit and review the current provision of resources, ensuring availability of accessible information formats.

Target 3

We will establish a patient group with whom we will co-design our processes around meeting communication and information needs.

To ensure that our processes for identifying, recording, and meeting needs are patient-friendly and effective, we will form a co-production panel of patients and public to help guide our work.

Our measure of success will be:

90%

Of patient, carers, and parents with information and communication support needs having those needs met, evidence via audit.

Year 3

By year three, all trust services will provide exemplary support to patients and carers with information and communication support needs.

Foundation 2: Ensure carers have a positive experience of care

Why

Goal: That all carers have a positive experience of UHS by delivering responsive support and information, and ensuring that our services take the needs of carers into account.

There are five and a half million carers in England, and with an ageing population with increasing complex health problems, many people will at some point have carering responsibilities. Carers often have a detailed and unique knowledge about the person they care for, and we want to empower and support them to work with us to deliver the best care possible. We also want to ensure that carers have our support, and have access to information resources whilst utilising UHS services. We will do this by integrating our support with other health and community-based organisations.

Target 1

We will improve information provision for carers, ensuring that they get the support and advice they need while accessing UHS care.

By working with local community sector partners, we will ensure that carers have access to on-site information and support that can signpost to the right resources and advice, and help them better manage the care that they deliver themselves.

Target 2

Carers will have their voices heard and contribute to how we develop and improve services.

We will regularly engage with carers to ensure that our services are responsive and supportive. This will be through specific carer surveys and carer engagement events. We will link in with the local community to ensure that a range of carer voices and experiences are heard.

Target 3

We will explore and develop volunteer support roles to enhance the experience of carers while at UHS.

Volunteers can enhance the experience of both patients and carers. We will explore how volunteers can be used to improve the experience of carers, through providing respite while the patient is in hospital, offering distraction activities, or supporting and befriending carers themselves.

Our success will be measured by:

95%

Of patient, carers, and parents reporting a positive experience of care, evidenced through carer surveys.

Year 3

All carers visiting UHS will have access to advice, information, and support, and will rate their experience highly.

Foundation 3: Improve the accessibility of our places and spaces of care

Why

Goal: Patients and carers will not face physical or virtual barriers in accessing care and services

Much of the environment in the places we live is immensely challenging and difficult to navigate for people with disabilities. From access to buildings without ramps, automatic doors, or lifts, to the provision of suitable toilets and changing rooms, there are many barriers and obstacles that prevent anxiety-free access to care and services. We will continue to work at improving our access, but we will also ensure that our virtual care environments are inclusive and accessible, so nobody faces unreasonable and unfair lack of access to our new innovations and services.

Target 1

We will to continue to use the PLACE assessment to guide our improvement work and identify actions to be addressed.

The 'Patient Led Care of the Hospital Environment' empowers patients to have their say on the quality of the care environment. Our working group identifies key priorities from the assessment and ensures appropriate resources are used to make the changes needed.

Target 2

To deliver an accessibility support and advice service that allows patients, carers, and visitors with disabilities or other additional needs to effectively plan their visit to hospital.

It is easy to take access to buildings, toilets, public transport for granted, but for many people this is an on-going struggle. Coming to hospital is an already anxious experience without having to worry about accessibility. We will develop resources that will enable patients to plan their visits carefully, reducing unnecessary stress and worry.

Target 3

Technology can improve the efficiency and effectiveness of healthcare services. But virtual places and spaces must be as accessible as physical spaces.

We will ensure that new technological solutions are inclusive and can be accessed by all who might benefit from them, excluding nobody on unnecessary grounds.

Our success will be measured by:

Improving our PLACE score in the 'disability' category to

80%

The 2018 national average was 84%, and UHS scored 63%.

Year 3

By year three, our places and spaces of care will be inclusive and accessible to all.

Pillar of improvement 1: Improve the collection and use of patient feedback

Ensuring every voice has the opportunity to be heard

Target 1

Ensuring patient surveys are accessible and inclusive

Patient get asked many questions when interacting with healthcare services. Through our Patient Insight Team and survey approval committee, we will ensure that our surveys are meaningful, have impact, and allow everybody the opportunity to have their say, whatever their information and communication support needs, or language requirements.

We will measure success by having

all patient surveys

approved by our Patient Literature Approval Group

Target 2

Providing an accessible and responsive complaints service to all

Making a complaint for many people is the last resort and a sign of when our relationship has broken down with a patient or family. We want to ensure that the process of making a complaint is as accessible and anxiety-free as possible, in particular ensuring that those who are most vulnerable are confident in speaking up.

We will measure success by having

15 patients recruited

to our complaints co-design panel

Target 3

Make effective use of feedback to drive improvements

The value of patient feedback, through all channels, is that it can drive improvements in care and experience. Ensuring staff have access to patient feedback to identify change is an essential part of quality improvement work and we will produce informative and effective reports to enable this.

We will measure success by:

Improving our score in the **National NHS Staff Survey in key finding 32:**

Staff agreeing that there is effective use of patient / service user feedback

2017: 3.77 / 5

Pillar of improvement 2: Develop involvement

Involving patients and volunteers meaningfully to make a difference

Target 1

Service users / carers from all walks of life will have opportunities to get involved and make a difference.

The power of the patient voice can be transformative if it is inclusive, diverse, and representative of the people the trust services. We will ensure that all of our patient involvement initiatives are open to all, and activity encourage those from backgrounds that aren't always heard to come forward and get involved.

We will measure success by having

40 people

registered on our patient involvement database

Target 2

Staff will have access to a resource hub to allow them to effectively involve patients, carers, and the public in improving the quality of care and services.

To ensure staff are able to involve patients in service planning, quality improvement, and co-production, the experience of care team will develop resources and toolkits to enable the sharing of learning, best practice, and feedback about how best to engage and involve patients.

We will measure success by having **regular patient involvement updates** from services engaging with patients to improve the quality of care delivered. These updates will be on the standing agenda of the trust's **patient experience committee**.

Target 3

Develop innovative volunteer roles to address variations in the quality of care and services and provide support to our vulnerable patients.

Volunteers can enhance and improve the experience of care we provide to our patients. In supportive and supplementary roles, volunteers can provide that little bit of extra time and support. We will explore innovative new roles that improve the experience of some of our more vulnerable patients.

We will measure success by having

50

specialised volunteers recruited and trained

Pillar of improvement 3: Experience of delivering care

Delivering patient-focused care, not task-focused care

Target 1

We will deliver effective *Equality Impact Assessments* to ensure that what we do doesn't disadvantage patients and carers from different backgrounds, ensuring that all new work makes the proper considerations.

Effective Equality Impact Assessments prompt consideration of the needs, requirements, and vulnerabilities of those at risk of being disadvantaged. Our EIA will evidence that we consider all of our patients and carers, and work to ensure nobody is left disadvantaged.

We will measure success by having

90%

of equality impact assessments audited and found to be of the correct standard

Target 2

Improve staff experience of delivering care by allowing them to deliver the care that they aspire to.

We will integrate patient, carer, and staff experience within our experience of care work to triangulate the barriers to both *giving* and *receiving* good care. We will identify how staff and patient needs and expectations align and how staff can use this information to improve the care they provide.

We will measure success by increasing our score in the national staff survey question 6c:

% of staff agreeing / strongly agreeing with 'I am able to deliver the care I aspire to'

2017: 70% of clinical staff

Target 3

We will ensure that staff have awareness of experience of care issues by making information available to them.

Patient feedback is only valuable when it brings about change. Empowering staff to respond to patient needs is an essential part of improving care. We will ensure that staff have access to clear and useful information and reports that allow them to identify improvements and understand the experience of their patients.

Q22b

% of staff strongly agreeing or agreeing that 'I receive regular updates on patient / service user experience feedback in my directorate'.

2017: 59% of staff