West Hertfordshire Hospitals NHS
NHS Trust

APPENDIX 1

FINAL DRAFT

PATIENT INVOLVEMENT & EXPERIENCE STRATEGY

Ensuring a Voice: Offering Choice

April 2007 - April 2010

Index

Foreword

It gives me great pleasure to write the foreword for West Hertfordshire Hospitals NHS Trust's Patient Involvement and Experience Strategy. The Strategy is aimed primarily at adults but the principles should also be applied to children.

This Strategy has been developed over a six-month period in consultation with patients, carers, Trust staff, PCT colleagues, and external bodies, who I hope will in turn continue to be advocates for the Trust. It is widely recognised that involving patients, relatives, carers and the public is key to ensuring that high quality services are delivered to our patients. The Trust must put the patient at the centre of all we do and this Strategy will ensure that consideration is given to those who use our services at every stage of care.

The Strategy is a dynamic overarching framework which will ensure that the Trust works together with all Volunteers, Patients' Panel members, PCT colleagues, and external bodies in order to improve patient involvement and experience and the perceptions of carers and the public. This collaborative working will help to drive forward this Strategy, gaining assurance that patients are put first and service improvements meet their needs whilst reflecting best practice.

Finally, I would like to take this opportunity to thank all patient representatives, Jessie Winyard, Patients' Panel Chair, Nicola Moore, Assistant Director of Patient Services, Quality & Risk, Lesley Lopez, Head of Patient Services, Trust staff and all external agencies who have actively contributed to developing this important Trust document.

I strongly recommend this Strategy to you.

Gary Etheridge
Chief Nurse/Director of Patient Services, Quality and Risk

PATIENT INVOLVEMENT & EXPERIENCE STRATEGY

1. Introduction

For many years, West Hertfordshire Hospitals NHS Trust (WHHT) has sought the assistance and perspectives of local people in helping the Trust to provide and shape their services in a bid to improve the patient experience. However, this is the first time the Trust has proactively planned how it will continue to improve patient involvement and experience in one overarching Strategy.

By having such a Strategy in place, the Trust can ensure that patients are involved and receive an experience that not only meets, but also exceeds, their physical and emotional needs and expectations.

This Strategy seeks to detail where and how patients and the public will be involved. There is a clear expectation within the Trust that all staff, both corporately and within the Divisions, will embrace this Strategy ensuring that it is driven forward, thereby ensuring that every patient can fully benefit from improved care and services as a result.

As part of the implementation of this Strategy, from April 2007 the Chief Nurse/Director of Patient Services, Quality and Risk, in conjunction with nominated Divisional Leads, will be responsible for ensuring the production of a detailed Action Plan to deliver the objectives outlined in this Strategy, and to this end, these actions will be delegated to key Operational Leads to implement accordingly. Progress against the plan will be reported by the Chief Nurse/Director of Patient Services, Quality and Risk, to the Trust Board on a six-montly basis.

2. Philosophy

West Hertfordshire Hospitals NHS Trust is committed to providing high quality, patient focussed healthcare that meets the needs of a diverse population ensuring national standards of excellence are achieved.

This aim will be achieved by the full and consistent involvement of patients and the public, drawing on their valuable experience and knowledge, thereby ensuring a continued holistic approach to service development and improvement.

3. Rationale for Developing the Strategy

It is widely recognised that there are many positive influences to be gained from improving patient involvement and experience. By adopting a holistic approach to care which includes consideration of values and preferences, psychological health, relationships with others and spiritual welfare, we can better meet the needs of patients, thereby significantly improving their chances of recovery and/or their experience and satisfaction throughout the patient journey.

The NHS Plan (July 2000) and Section 11 of the Health and Social Care Act (2001) have been a primary influence for this Strategy as a way of driving forward the Government's aim to create a patient-centred NHS, by engaging with patients, their carers and the public. This Strategy will ensure their views are actively sought and taken into account, to bring about changes which will benefit users of our services and the Trust.

In addition to working alongside our patients and members of the public, the Trust is committed to working jointly with its NHS partners to drive forward and to embrace other Government initiatives, such as:

- The Expert Patients Programme (Department of Health, 2002/2004), which is a lay-led self-management programme driven primarily by Primary Care Trusts (PCT) specifically for people living with long-term conditions. The Trust embraces partnership working with the

PCTs in working to the objectives of this programme to support people in increasing their confidence, improving their quality of life and better managing their condition.

- The need for Patient Choice (ref. no. 2003/0376) that will lead to a responsive NHS. This electronic state of the art booking system will guarantee that patients will be able to choose from a menu of options, which hospital they would like to attend at a date and time to suit them fitting around family and work commitments, and assisting older people to fit their appointments around the schedule of their carer. It is essential that by ensuring that all services offered are both accessible and of high quality, will attract further patients to the Trust.

- The Department of Health 'Standards for Better Health' (2005/2006-2007/2008) identifies basic Standards to ensure that quality services are provided to patients. The Standards include not only Core Standards that the Trust must achieve, but also Developmental Standards that the Trust should be working towards. Standards for Better Health address the need to meet the Department of Health's (DH) new national targets (National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006-2007/2008), which include the following:

    - Supporting people with long-term conditions
    - Access to services
    - Patient/user experience

4. What Do Patients and Carers Want and Need From Our Trust?

At a meeting with external stakeholders in November 2006, "What our Patients and Carers Want and Need from Our Trust", was explored. In summary, the following were identified and agreed:

- To be treated as individuals, with dignity and with respect for their culture, lifestyles, beliefs and expectations

- To have their voice heard, to be valued for their knowledge and skills and to be able to exercise real choice about treatments and services

- To be offered clear and comprehensive information about their condition and possible treatment, given in an honest, timely and sensitive manner, at an appropriate level, at all stages of the patient pathway

- To know what options are available to them under the NHS, voluntary and independent sectors, including access to self-help and support groups, complementary therapy services and other information

- To know that they will undergo only those interventions for which they have given informed consent

- To have good face-to-face communication with all staff and volunteers

- To know that services delivered will be of high quality

- To know that their physical symptoms will be managed as well as is humanly possible

- To receive emotional support from professionals who are prepared to listen to them and are capable of understanding their concerns

- To receive support to enable them to explore spiritual healthcare issues

- To die in the place of their choice

- To be assured that their family and carers will be supported throughout the illness and in bereavement

In addition, the following wants and needs specifically from carers were also noted:

- Hospital staff to ask if the patient has a carer
- To have their expertise listened to and taken into account
- To be kept informed and involved in decisions affecting them and the patient
- To be kept informed and involved in planning for the person they care for when leaving hospital
- To have their own needs and ability to provide care taken into account when making discharge plans
- To have support services for carer and patient in place, prior to discharge
- To be given information on services available to them and the patient on leaving hospital and how to access them

5. Specific Areas that Influence Patient Involvement and Experience

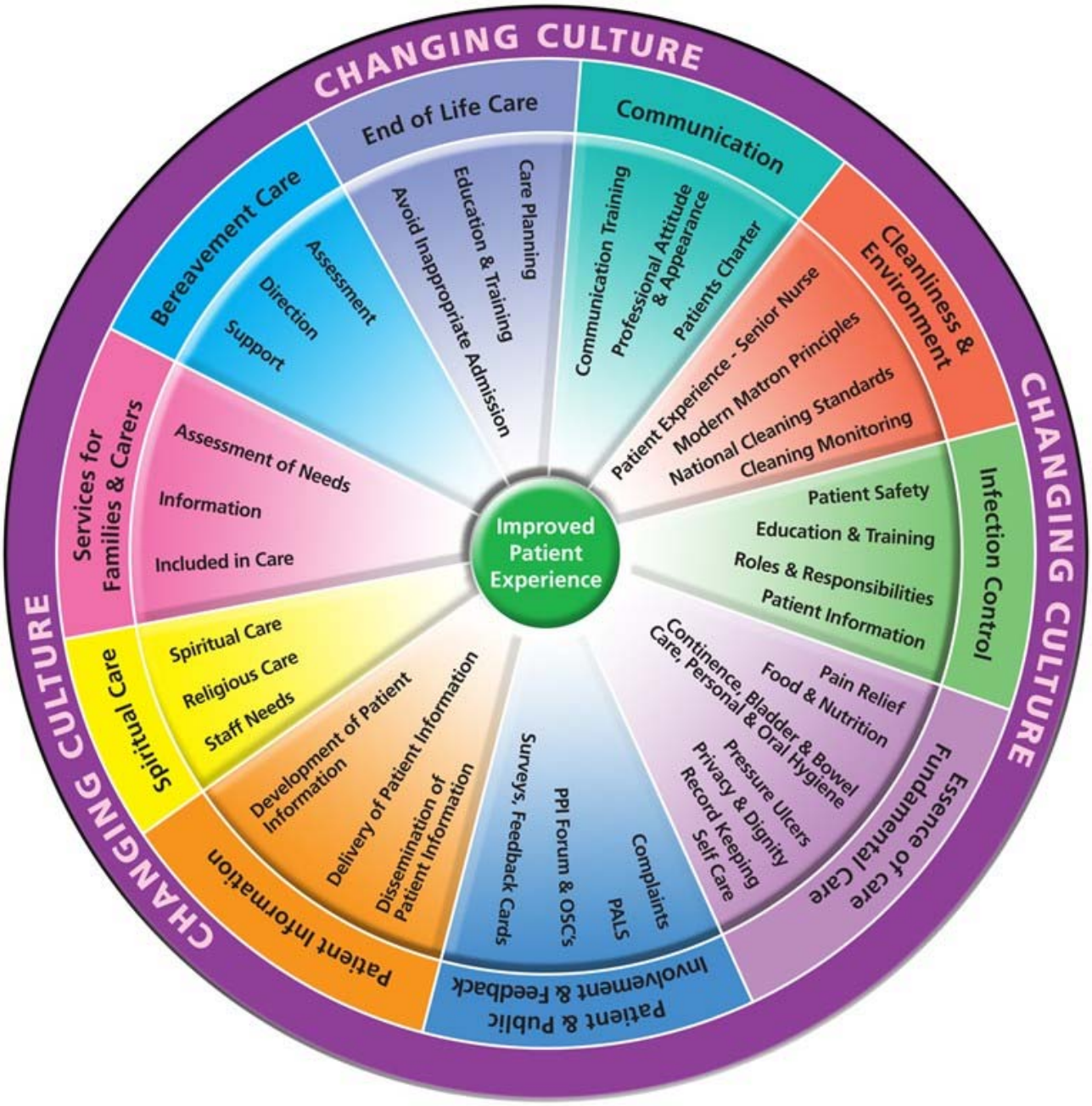
In developing this Strategy, the Trust has identified key areas that collectively impact on the patient experience, as illustrated in Figure 1 on page 7. These are:

- Communication and First Impressions
- The Patient Environment
- Infection Control
- Essence of Care and Observations of Care Initiatives
- Patient and Public Involvement
- Quality Assurance
- Improving Lines of Patient Communication
- Patient Information
- Spiritual Care
- End of Life Care
- Bereavement Care
- Equality and Diversity

Subsequently, objectives have been identified within these areas, thereby ensuring that the Trust makes further improvements that will optimise the patients' experience.

Figure 1

A Summary of Elements of a Patient Experience



Adapted from a model used by Southampton University Hospitals NHS Trust

5.1 Communication and First Impressions

Within our Trust, we believe that first impressions are exceptionally important. They influence the patient's trust and confidence in our ability to provide good quality care. We are committed to ensuring that the initial positive impact we make upon the patient is continued throughout the patient journey, from admission to discharge. It should be reflected in the interactions we have with patients, the care we provide, the information we give and opportunities we make for further support and guidance as required.

The Trust strives to provide excellence in patient care and in all of our services. In order to meet and exceed this goal, we are committed to pursuing an improvement in the way we communicate

with patients and carers. This will assist us in providing timely, professional, effective and efficient service to all of our users. We will meet this commitment through the following standards:

- **MAKE A POSITIVE FIRST IMPRESSION OUR TOP PRIORITY**
  First impressions define the philosophy as a Trust and set the tone for the patient experience

- **TREAT OTHERS AS GUESTS**
  Front line staff are the hosts of the Trust - they will greet others, as they would welcome a good friend

- **MAKE COMMUNICATION MORE EFFECTIVE**
  Staff should explore different ways of communicating to patients and carers

- **CONTINUOUSLY LEARN FROM OUR PATIENTS AND CARERS**
  Find ways of turning a negative service into a positive experience for others

- **PRACTICE PROFESSIONALISM**
  All staff represent the Trust, they will be professional in their image, attitude, and work

- **ENSURE A TEAM APPROACH IN CARING FOR OTHERS**
  Care is most effective when all staff provide it with the same vision and goal

- **PROJECT A POSITIVE ATTITUDE**
  Attitudes often determine the outcome - staff will look for and develop more positive approaches to communication and care

- **MAKE EXCELLENCE THE GOAL IN EVERYTHING WE DO**
  Never settle for average or good - they offer no vision or challenge to improve

Objectives for 2007 - 2010

- Patients and carers will always be treated with privacy, dignity and respect
- Patients will be welcomed to the Trust in a friendly, professional manner by staff who are courteous and polite and listen to the patient's feelings and preferences
- Patients will be asked about their diverse cultural and spiritual needs and account will be taken of these
- Account will be taken of patients' diverse cultural and spiritual needs
- Account will be taken of patients' particular needs, e.g. hearing impairments, learning difficulties, mental health problems
- The Trust will comply with the relevant Standards for Better Health
- All staff will receive appropriate communication skills training to match core competency requirements in the Knowledge & Skills Framework
- The Trust will develop the role of Volunteers as front door 'meeters and greeters'
- A staff 'Code of Conduct' will be developed which mirrors the Trust's commitment to the standards listed above
- Carers will be welcomed as having expertise on the care of the patient and asked to share this with staff

5.2 The Patient Environment

Complaints from patients often describe the impact the hospital environment can have on the patient experience. There is evidence which suggests that good environments can have a therapeutic effect on patients. An environment that is run down, dirty, untidy and uncared for may lead patients to the belief that the quality of care is also substandard. Patients rightly expect the care environment to be clean, tidy and welcoming.

The patient environment will be a deciding factor used by patients when offered the choice of where they would like to receive their treatment.

The Trust has instigated action in response to numerous Department of Health initiatives in order to improve the hospital environment and reduce hospital acquired infections.

- Standards of Cleanliness in the NHS: A Framework in which to Measure Performance Outcomes (2003)
- Winning Ways: Working Together to Reduce Healthcare Associated Infection in England (2003)
- Towards Cleaner Hospitals and Lower Rates of Infection: A Summary of Action (2004)
- A Matron's Charter: An Action Plan for Cleaner Hospitals (2004)
- Standards for Better Health (2004)

Within the Trust, the Internal Patient Environment Action Team (iPEAT) regularly monitors standards of cleanliness. The Team comprises a representative from Facilities Management (iPEAT Lead), a Modern Matron, Patient Panel and PPI Forum members, Medirest Manager and an Estates representative. The areas for inspection are decided once the team meet on the day and the Trust is guided by a representative from the Patient Panel.

The purpose of the visits are to assess the patient environment, this includes the cleanliness and tidiness, décor including furnishings, lighting, etc.

Objectives for 2007 - 2010

- To provide clean facilities that meet the National Standards for Hospital Cleanliness
- To improve the outside appearance of the Trust
- To consistently achieve good or excellent scores in all categories of the PEAT assessment
- To promote the Trust as a non-smoking site
- To ensure that all ten broad commitments of the Matron's Charter are followed
- Regularly review the role of the Ward Housekeeper
- Ensure continued compliance with Better Hospital Food Programme (2001)
- All acute inpatient beds should have availability of an on-line television (Patient Power, 2000)
- To comply with all relevant Core Standards for Better Health

5.3 Infection Control

Publications, such as the National Audit Office Report (2000), HSC 2000/002, 'Winning Ways' (DH, 2003) and 'Saving Lives' (DH, 2005), Essential Steps to Safe, Clean Care: Reducing Health care Associated Infection (DH, 2006) and The Health Act 2006: Code of Practice for the Prevention and Control of Health Care Associated Infections (DH, 2006), have all highlighted the importance of infection prevention and control as an integral part of quality health care. Preventing healthcare associated infection (HCAI) depends on everyone working and entering our organization knowing his or her role and fulfilling it. Infection control is the responsibility of all staff and steps have been taken to ensure that all staff understand their role and adopt best practice. It is a reportable incident should individuals fail to comply with Trust policy or procedure. The Trust aims to ensure that all our healthcare staff recognise how they can contribute to reducing infection rates and adopt best practice to achieve this. Whilst it is standard good practice that staff wash their hands before any interaction with a patient, patients should be empowered to question staff if they have indeed done this.

It is recognized that not all HCAI are preventable. Therefore, it is vital that they are readily detected and action taken. Swift reaction to problems such as cross-infection and infection outbreaks will always be a necessary element of the work of the Infection Control Team. However, a proactive approach by all hospital workers is vital to help avoid hospital-acquired infection where possible.

Objectives for 2007 - 2010

- Actively promote the importance of infection control principles and procedures
- To meet the Trust target for MRSA reduction
- To empower patients to ask if staff have washed their hands
- To reduce incidences of Clostridium difficile
- To keep patients, staff and visitors safe by reducing the morbidity and mortality associated with infection

5.4 Essence of Care and Observations of Care Initiative

The Essence of Care (benchmarking) Strategy, launched by the Department of Health in February 2001 provides a practical toolkit for Nurses, Midwives and other team members, to focus on nine aspects of care identified as crucial to the quality of care and patients' experience.

These include:

- Continence, bladder and bowel care
- Personal and oral hygiene
- Food and nutrition
- Pressure ulcers
- Privacy and dignity
- Record keeping
- Principles of self care
- Communication
- Safety of clients with mental health needs in acute mental health and general hospital settings

Promoting Health, the tenth benchmark, was launched in Spring 2006.

Benchmarking provides a tool to help practitioners take a patient-focused and structured approach to sharing and comparing good practice. It has enabled health care personnel to work with patients, to identify best practice and to develop action plans to improve care.

Considerable work has been undertaken in relation to a number of these benchmarks since they were launched in West Hertfordshire Hospitals NHS Trust in 2002.

A new Strategy, combining Essence of Care and Observations of Care was developed in early 2006. The purpose of the revised initiative is to assess the extent to which progress has been made in improving the fundamental aspects of care for patients, utilising a focussed and manageable approach.

As part of the audit process, the 'Top Five Priority Areas' of each benchmark are identified and a three-pronged approach is adopted as the framework for evaluation of practice, i.e.

- Review of patient healthcare records
- Evaluation through direct Observation of Care
- Asking our patients &/or the family/friends for feedback

Dignity in Care

In November 2006 the Department of Health (DH) launched an important new campaign "The Dignity Challenge" to raise the profile of treating people receiving care services with dignity.

It is well recognised that dignity matters a lot to people and that many people do not know what they should expect from a service that respects dignity.

The campaign is expected to:

- Raise awareness of dignity in care and inspire local people to take action
- Spread best practice and support people and organisations to drive up standards
- Reward and recognise those who make a difference and to that extra mile

To this end, the DH has set a number of challenges to service providers, commissioners and the public to ensure that services respect dignity.

West Hertfordshire Hospitals NHS Trust rises to the challenges set by the DH to take up The Dignity Challenge by aiming to review their existing measures to better ensure our services respect patients dignity.

The Dignity challenge is a clear statement of what people can expect from a service that respects dignity. It is backed up by a series of 'dignity tests' that will be used by the Trust to see how our services are performing and complements the Trust's own Code of Conduct for staff in caring in dealing with patients and the public:

The Dignity Challenge
High quality care services that respect people's dignity should:

1. have a zero tolerance of all forms of abuse
2. support people with the same respect you would want for yourself or a member of your family
3. treat each person as an individual by offering a personalised service
4. enable people to maintain the maximum possible level of independence, choice and control
5. listen and support people to express their needs and wants
6. respect people's right to privacy
7. ensure people feel able to complain without fear or retribution
8. engage with family members and carers as care partners
9. assist people to maintain confidence and a positive self-esteem
10. act to alleviate people's loneliness and isolation

Through the management of Standards for Better Health and the Essence of Care Benchmarks, the Trust will examine these guides and test our compliance of them through the identification of documentary evidence of related policies and procedures and observational audits of practice respectively.

Objective for 2007 - 2010

- Essence of Care audits, involving patient representatives and using Observations of Care, will be undertaken bi-annually, actions agreed and results will be shared at all relevant groups
- Audit against the Dignity and Care Practice Guides to be undertaken

5.5 Patient and Public Involvement

By promoting patients involvement in their own health care as active partners with other health professionals, the Trust can improve patient satisfaction and medical outcomes. Patients experiences will help inform the Trust by identifying quality improvements that are patient focussed.

The Trust continues its commitment to support Section 11 of The Health and Social Care Act, 2001. This Act places a legal duty on all Trust staff to involve and consult patients, public and carers in the planning of service provision, the development of proposals for change and decisions about how services operate.

The Trust will work with Health, Local Authorities and Local umbrella organisations in the development of shadow Local Involvement Networks (LINKs) and for the Commission of Patient and Public Involvement in Health (CPPIH) on early adopter projects. LINKs will be a network of organisations and individuals interested in Health and Social Care whose primary role will be to promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services.

The Trust pledges to involve and consult patients and the public and seek the views of others by the following ways.

- **Consultations**

Effective patient and public involvement is about involving people at the start of any project so their contribution can have a real influence on service planning and development.

By consulting fully, the Trust will ensure that patients and the public have a greater voice and choice, resulting in the Trust having a better understanding of patient's needs and expectations.

Objectives for 2007 - 2010

- The Trust will continue to promote and work together with all patients, carers, the public and stakeholders, in future consultations ensuring that their perspectives are taken into account for all service development and redesign
- The Trust will aim to proactively with all marginalised, discriminated and excluded communities, to ensure that their voices are heard and they are fully informed of how they may be affected by the proposed changes
- The Trust is committed to its continued involvement in the Early Adopters Programme as part of the implementation of LINKs

- **Patients' Panel**

The Trust formed a Patients' Panel in February 2003, with the Chair and six members working Trust wide to ensure that the contribution they make to patient and public involvement is as representative of as many patients and carers as possible.

The Patients' Panel continue to work concurrently with other Volunteers in the hospital and within the local health and social care area of west Hertfordshire and the wider community that the hospital serves. This ensures patients' views are heard at every stage of organisational development and quality improvement.

In the words of Jessie Winyard, Patients' Panel Chair….

> "The Patients' Panel has gone from strength to strength over the past four years and has been involved in every aspect of patient care, including monitoring the cleanliness of the environment, reviewing the quality of food delivered to patients and observing care delivery by being involved in the Trust's Observation of Care Strategy.
>
> Whilst the Patients' Panel do not have the legal powers bestowed on them as with the Patient & Public Involvement Forums, we are 'Critical Friends' who work informally and voluntarily with the patients and professionals for the good of the Trust. We are therefore, a trusted group and have access to the Trust Chair, Chief Executive, Chief Nurse and all members of the Trust Board, as well as all wards and departments.
>
> It has been heart-warming how the Panel have been accepted throughout the Trust and we welcome and value the continued need for our services.''

Objectives for 2007 - 2010

- The Trust will continue to co-ordinate the excellent work of the Patients' Panel and patient representatives in order to avoid overlap or patient 'fatigue', and also to allow the Trust to identify areas where we are involving patients and in areas in which we are not
- The Trust will continue to commit to actively involving the Patients' Panel in all of its committee's meetings and in the development of service re-design

- **Patient & Public Involvement Forums (PPI)**

The key focus of this statutory group is to help shape the future of health. The PPI Forums are made up of local Volunteers who are enthusiastic about influencing and improving the way that local healthcare is delivered. The Forums endeavour to ensure that people in the community have their say in decisions about local health services as statutory powers ensure that health service providers listen to their views. Members of PPI Forums are also provided with training and development opportunities to enable them to participate effectively. A local Forum Support Organisation supports each PPI Forum and for West Hertfordshire Hospitals NHS Trust this support is given by the Community Development Agency (CDA) for Hertfordshire.

Objectives for 2007 - 2010

- The Trust will continue to ensure two-way communication with the PPI Forum and will update the PPI Forum on all current Trust business whilst the PPI Forum will provide the Trust with issues and concerns raised to them in the public domain
- The Trust pledges to explore better ways of working with the PPI Forums ensuring communication is open and honest
- An open door policy will be maintained to ensure that there can be a direct escalation of issues, to and from, the Chief Executive Officer and Chief Nurse

- **National and Local Patient Surveys**

The Healthcare Commission (HCC) promotes improvements in the quality of healthcare and public health and is committed to making a real difference to the delivery of healthcare and to promoting continuous improvement for the benefit of patients and the public.

Understanding what patients think about the care and treatment they receive is crucial to improving the quality of care being delivered by the NHS and to ensuring that local services meet the needs of patients and the public. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

Trusts are, therefore, instructed by the HCC to carry out National Patient Surveys annually to understand what patients think of the healthcare provided by the Trust, these are carried out with the help of an approved contractor.

Patient involvement and feedback in the Trust has been key to ensuring continual development and improvement. Analysis of these results has identified that the organisation needs to focus on both medical and nursing education and training. Whilst recent National Surveys have also shown some improvement, the Trust continues to work exceptionally hard to improve the patient's experience in this respect.

The results from the National Patient Surveys are presented to the Trust Board and recommendations that are highlighted in the final report are progressed.

Objectives for 2007 - 2010

- All areas highlighted in the National Patient Surveys, whereby the Trust scored significantly lower than the national average, will be presented to the Trust's Patient Involvement & Experience Group. An Action plan will be developed to identify key leads to drive forward actions agreed

- Patients and PPI Forum members attending the Patient Involvement & Experience Group will help to cascade developments from the action plan to inform and advise patients and the public

- The Trust's Head of Patient Services will act as a 'gate keeper' and will work with staff, members of the Patient Involvement & Experience Group, Patients' Panel and the acute PPI Forum to develop a Trust questionnaire template and database that will allow local surveys to be carried out periodically around the annual National Patient Surveys

- **Volunteers**

The aim of the Trust is to provide the best possible health services to those entrusted to its care. By continuing to empower citizens with local knowledge and a variety of skills, to become involved and provide their services in the hospital, there are increased opportunities for the development of new ideas through their different backgrounds, skills, outlooks and experiences.

Volunteers can help to forge closer links between the organisation and the communities it serves.

The Trust fully recognises the importance of Volunteers and is committed to the development of voluntary work by supporting and promoting these individuals. Volunteering is of significant importance in supporting the aim of the Trust to deliver quality healthcare for all.

Objectives for 2007 - 2010

- Develop a Strategy for the Recruitment and Retention of Volunteers
- Provide development opportunities for all Volunteers
- Ensure Volunteers are recognised and rewarded for their contribution to the Trust and are provided with the opportunity to meet fellow Volunteers
- To facilitate collaborative working between all Volunteers and the Patients' Panel

5.6 Quality Assurance

The Trust values all the correspondence it receives, whether it is for comment, criticism, complaint or compliment. The Trust takes issues brought to their attention very seriously and always endeavours to implement service and care improvements identified from them as a result. The organisation believes that engaging verbally with complainants as soon as a formal complaint is received greatly improves the Trust's understanding of the issue/s and results in a more satisfactory resolution both for the patient, carer, or family.

Objectives for 2007 - 2010

- The Trust will continue to contact all complainants when their formal complaints are received providing them with the different options to have their complaint managed
- The Trust will aim to meet complainants, where appropriate, to feed back verbally on the complaint investigation undertaken, and to agree an appropriate action plan to address raised issues in agreement with the complainant
- The Trust will seek to analyse complaints data identifying themes or hotspots and will put in place measures to reduce complaint incidences
- To ensure that the Trust feeds back to external stakeholders the key findings from the analysis of complaints data

5.7 Improving Lines of Patient Communication

The Trust is fully committed to enhancing and developing new lines of communication with patients, carers and the public. Full use of their wealth of knowledge, experience and expertise, will be made in the development and improvement of all its services.

By taking into consideration patients', carers' and relatives' views and perspectives, the Division can implement a holistic approach to delivery of their services which includes both the location and environment, where the public is empowered to state their preferences both as a patient and a user.

The Patient Advice & Liaison Service (PALS) will continue to provide a visible, welcoming, accessible and 'on the spot' service to confidentially help and support patients, carers, families and members of the public.

PALS will act as an advocate for users of the service in handling patient and family concerns, liaising with staff, managers and, where appropriate, other relevant organisations, to negotiate speedy solutions and to help bring about changes to the way that services are delivered. PALS will also continue to refer patients and families to POhWER, an independent agency supporting the Independent Complaints Advocacy Service (ICAS) (1 September 2003 - 31 August 2004) or national-based support agencies, as appropriate. They will also direct the user through the NHS formal Complaints Procedure if requested to do so.

The Trust will continue to provide access to all interpreting and translating and British Sign Language services.

Objectives for 2007 - 2010

- The Trust will act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery
- The Trust will continuously improve the patient experience, based on the feedback of patients, carers and their families. Patients will be encouraged to express their preferences and supported to make choices and shared decisions about their own health care
- Patients, particularly those with long-term conditions, will be assisted in contributing to the planning of their care and will be provided with opportunities and resources to develop competence in self-care
- By talking to patients, their individual requirements will be taken into account thereby better meeting their physical, cultural, spiritual and psychological needs and preferences
- To share improvements in services and developments in practice with patients
- The Trust will actively engage the services of Volunteers in the PALS Department to proactively identify and help resolve quality issues within the Trust's wards and departments

5.8 Patient Information

One of the commitments in the NHS Plan, and a recommendation of the Kennedy Report on the Bristol Royal Infirmary Inquiry (2001), was to improve the overall quality of the patient experience by improving information to patients.

All patients and carers should receive practical generic information for when they visit the hospital. This might include:

- Who's who in the hospital
- Visiting times and car parking arrangements
- Being told how to arrange to talk privately with a Doctor, Nurse, or other members of staff

Patients have the right to information about their condition and the treatment options available to them. Health professionals must ensure that before they commence any treatment, they have established:

- What the patient wants to know
- What the patient ought to know
- That the patient understands the information which has been given
- That the patient consents to the treatment

Issues which need to be discussed with the patient include: the nature of their diagnosis, the recommended treatment, what the treatment will involve, the risks, the benefits, available alternatives (and their associated risks and benefits) and the consequences of not accepting the proposed treatment.

Proposals for treatment should be supported by written information in a form that a patient can understand. Arrangements should be in place to ensure that appropriate healthcare professionals communicate this information.

Carers also need to be kept informed and treated as active partners in the care of the patient. This should include:

- Subject to consent being given by the patient, being told about the condition and the treatment of the patient, including medication and its possible side affects and what is likely to be involved in caring
- Being told about their right to a carer's assessment

However, it should be acknowledged that carers cannot give consent on behalf of patients who lack capacity.

Objectives for 2007 - 2010

- Patients, carers and the public will be provided with suitable and accessible information, when they need and want it, on the services provided, the care and treatment they receive and, where appropriate, what to expect during treatment, care and aftercare

- Panel members will continue to be instrumental in the development of all patient information to ensure that it is 'user friendly' before being sent to print and to support the Patient Involvement & Experience Group in the implementation of all local survey questionnaires

- Appropriate consent will be obtained when required for all contacts and for use of any patient confidential information

5.9 Spiritual and Pastoral Care

Spiritual healthcare is about addressing questions of meaning, value, and identity. We may understand it as the unique set of relationships which each of us has with ourselves, other people, the world around us and our God. When one of those relationships is upset - perhaps because of some crisis in our lives - then we may suffer spiritual pain; we may be angry or frustrated; we may feel isolated or be afraid; or we may have questions about our values and identity. Spiritual healthcare is about helping to regain a good equilibrium within those relationships and making sense of those valued questions.

For some people, their spirituality is linked to their religious beliefs. For them, offering spiritual support may take the form of helping to ensure that their religious practices can continue while they are in hospital. Others may not be related to any religious group but have spiritual needs nonetheless.

The Trust's Spiritual and Pastoral Care Service will ensure it is committed to the spiritual, pastoral and religious needs of all patients, carers, relatives and staff and provide support in coping with illness, bereavement, caring for others, workplace problems or simply as a 'listening ear'.
By the ongoing development of a multi-faith team, patients, relatives and staff of all faiths (or of none) will be able to access the kind of support that is appropriate to them. The Spiritual and Pastoral Care Team will actively seek feedback from those patients and the public ensuring continued improvement of these services.

Objectives for 2007- 2010

- To raise awareness of and be sensitive to the spiritual healthcare needs at every level throughout the Trust
- To educate staff in offering spiritual healthcare to patients, particularly those who are distressed, anxious, or facing bereavement
- To support and maintain the team of Volunteer Chaplains who work across sites, providing bed-to-bed spiritual healthcare
- To maintain and develop links with local faith leaders, ensuring adequate religious support is available, as appropriate

5.10 End of Life Care

Following the publication of 'Building on the Best, Choice Responsiveness and Equity in the NHS' (2003), patients and carers highlighted that they viewed end of life care as important, particularly in terms of quality and choice. Statistics show that more people die in hospital settings than anywhere else, although patient and public surveys indicate strongly that most people would choose to die at home. The NHS End of Life Care (EOLC) Programme commenced in November 2004 with the aim of redressing this imbalance. Key objectives of the programme are to improve the quality of care at the end of life for all patients, regardless of diagnosis, and enable more patients to live and die in the place of their choice.

One of the principle tools advocated by the EOLC programme is the Liverpool Care Pathway (LCP). The aim of the pathway is to enable patients to be well cared for in a manner that embraces the values and principles of hospice care, in the setting of their choice. The Trust has been actively involved in promoting, developing, and evaluating this tool, to ensure that all staff are appropriately trained to be responsive to the needs of patients and their families at a sensitive and distressing time, and also to ensure that choices in place of care are heard, respected and enabled, whenever possible.

The EOLC programme is supported by The National Institute for Clinical Excellence (NICE) for Supportive and Palliative Care (2004) and the National Service Frameworks for Renal Services, Coronary Heart Disease, Older People and Long Term Conditions. The recent publication of Our Health, Our Care, Our Say (2006), has reinforced the importance of end of life care for patients and carers and secured ongoing Government commitment to improve end of life care to the level of best.

Objectives for 2007 - 2010

- To facilitate patients choices in end of life care discussions in a timely, sensitive manner, and increase and enable the number of patients who wish to die at home in doing so
- To improve and continue to evaluate the end of life experience for all patients who die in hospital, irrespective of age or diagnosis, through the use of the LCP
- To have a generalist workforce that recognises the importance of the quality of end of life care and has the training, skills and confidence, to support patients and their families
- To proactively work in partnership with Primary Care, hospices, care homes and specialist palliative care services, to ensure good communication, collaboration and co-ordination of care - ultimately reducing inappropriate admissions, facilitating timely discharges and respecting patient and family choice

5.11 Bereavement Care

The need for the Trust to review services relating to death and bereavement was made clear in the reports of the inquiries of the Bristol Royal Infirmary and Royal Liverpool Children's Hospital in 2001. Although these requirements focussed on specific events at the Trusts concerned, the Inquiry Report set out recommendations that are fundamentally important and generally applicable across the NHS.

Bereaved people depend on bereavement services and on the professionals who provide them, at a particularly stressful time. Memories of the death and of the person who died can be affected by the quality of these services; and the experience around the time of death and afterwards can influence the grieving process and the longer-term health of bereaved people.

The Trust believes that dealing sensitively and carefully with patients who die in hospital and with the relatives and carers of dying (or deceased) patients, is crucially important. It, therefore, acknowledges that sensitive and effective communication is essential, ensuring that all staff have an awareness of the importance of sensitive communication skills for patients and families and a respectful attitude that will embrace cultural and religious differences.

The quality of services available is also important for the wider range of staff involved in caring for bereaved people. All staff need to feel confident that what is offered and what is done, is appropriate, soundly based, and respectful.

The Trust's Patient Affairs Department will continue to develop and offer bereavement and support service to relatives, representatives and members of staff. The Department will liaise with wards, Doctors, Consultant Pathologists, Coroner, and Coroner's Officers and outside organisations, in order to ascertain the appropriate action required for the deceased on behalf of the family/representative.

Parents who experience the loss of their baby/child are also offered an extensive service by the Patient Affairs Department. The Department will meet, advise and arrange the funeral on behalf of the bereaved parents, following their expressed wishes.

Patient Affairs will continue to work proactively with the Trust's Spiritual and Pastoral Care Department and all external religious leaders, and will endeavour to meet the patient's' religious and cultural needs.

Objectives for 2007 - 2010

- The Trust will continue to develop collaborative links with all communities to ensure appropriate co-ordination of, and consistency between, any services that relate in any way to the needs of dying and bereaved people

- The Trust will continue to develop, through its Bereavement Steering Group, local and Trust wide policies and procedures to meet the needs of all our patients, relatives and carers and to ensure compliance with the Human Tissue Act 2004

- Trust staff will ensure that all families or carers receive a Trust Bereavement booklet, that review user views are sought through the bereavement questionnaire and relatives and carers are offered an opportunity to attend focus or user groups

- All staff involved, in whatever role, in caring for and supporting patients who are dying and people who are bereaved, should have access to a range of formal and informal support

- The Trust will continue to support the continued use of the Liverpool Care Pathway for the dying patient as a model of good practice for caring for the dying and their relatives/carers in line with NICE Guidelines for Supportive and Palliative Care (2004), the Department of Health End of Life Initiative (2004), and the Department of Health Guidelines for Developing Bereavement Services (2005)

5.12 Equality and Diversity

Recognising and supporting diversity is crucial to ensure that we deliver a healthcare service that meets the needs of the population it serves. It has been well documented that a diverse workforce bringing different people together, with different views, ideas, experiences and perspectives, can lead to real benefits for organisational performance.

As a large provider of acute care, employing approximately 4000 staff, West Hertfordshire Hospitals NHS Trust is committed to ensuring that all of its services are accessible, appropriate and fair. By recruiting a diverse workforce, attempting to match the diversity of the local population, it will become capable of understanding the needs and culture of patients within the communities it serves. Indeed, the promotion of equality of opportunity and good race relations, together with the elimination of unlawful discrimination, must be at the heart of our modern health services, both locally and nationally.

Ensuring that the needs of all patients are addressed is an integral part of this approach and it requires us to gain a better understanding about the needs of our patients, which often stem from the patient's personal circumstances and their cultural background.

One of the ways in which West Hertfordshire Hospitals NHS Trust is responding to this challenge is through its Equalities Framework. This also contains the Trust's Race Equality Scheme and Action Plan and Disability Equality Scheme and Action Plan, taking us forward for the next couple of years. The Trust will seek to ensure that the diverse needs of all patients are addressed as an integral part of this approach.

Objectives for 2007 - 2010

- Review and act upon our Equalities Framework
- Ensure equal treatment is at the heart of all the Trust's policies, procedures and guidelines
- Continue to ensure equality and diversity is integral to our employment practices
- Consult with, support and develop links with local community groups, both with health and employment initiatives
- Adhere to and support equality legislation, guidelines of good practice and DH strategies and make sure these are communicated to our staff
- Continue to ensure equality and diversity is embedded into our organisational culture
- Continue to influence and share good practice nationally and with our neighbouring Trusts and other organisations
- Consult with, encourage and empower our patients, the public and our staff, in improving the patients experience

6. Strategy Implementation

A systematic roadmap for the implementation of the Strategy that encompasses every key success factor: organisational structure, co-ordination, information sharing, incentives, controls, change management, culture, and the role of power and influence in the Trust, is crucial to its success.

Culture, in particular, has a significant influence on how well this Strategy will be delivered. This will be dependent upon the beliefs, behaviours and assumptions shared by individuals within the organisation. Ensuring a positive culture exists, is not only the responsibility of senior management, but needs to be driven by everyone at every level in the organisation.

In order to ensure that this Strategy remains a 'live document', the Trust's Patient Involvement & Experience Group will be responsible for producing a detailed action plan to deliver the objectives outlined in the Strategy. Progress against the plan will be reported by the Chief Nurse to the Trust Board on a six-monthly basis.

7. Patient Experience Key Performance Indicators

The progress against the resultant action plan will also be supported by the development and implementation of Patient Experience Key Performance Indicators (KPI's), as outlined in the table on page 21.

Key Performance Indicators are quantifiable measurements, agreed beforehand, that reflect the critical success factors of the organisation by helping the Trust define and measure progress toward its organisational goals.

Indicator	Method	Frequency
Bereavement	Complaints analysis PALS analysis Local Surveys	Quarterly Quarterly Yearly
Communication	Complaints analysis PALS analysis National Surveys	Quarterly Quarterly Yearly
Fundamentals of Nursing (Essence of Care)	Audit/Observations of Care Complaints analysis PALS analysis National Surveys	Bi-annually Quarterly Quarterly Yearly
Incidents	Incident Reporting analysis	Quarterly
Medication Errors	Medication Incident Report	Quarterly
MRSA Healthcare Associated Infections	Infection Control Reports Performance Reports Incident Reporting analysis	Monthly Quarterly Quarterly
Nutritional Screening	Audit/Observations of Care Complaints analysis PALS analysis National Surveys	Bi-annually Quarterly Quarterly Yearly
Pain Control	Complaints analysis PALS analysis Local & National Surveys	Quarterly Quarterly Yearly
Patient & Public Involvement Initiatives	Baseline Assessment	Quarterly
Patient Environment	Complaints analysis PALS analysis Peer review assessment & scoring PPI Forum announced and unannounced inspections	Twice-monthly
Patient Information	Audit of the Patient Information Database	Quarterly
Pressure Ulcers	Pressure Ulcer Incidence reporting	Quarterly
Spiritual Care of Families	Bereavement Questionnaire	Bi-annually
End of Life Care	End of Life Pathway Audit Bereavement Questionnaire PALS analysis Complaints analysis	Bi-annually Bi-annually Quarterly Quarterly

Local Patient Surveys will be introduced in early 2007

8. Conclusion

This Strategy provides the Trust with an overarching document which sets out a plan for the next 3 years to actively improve the patient experience detailing exactly how and where patients and the public will be involved. It identifies key areas that impact upon the patient experience and sets objectives to ensure that significant improvements in the patient experience continue to take place, whilst taking full advantage of the known benefits that patient and public involvement brings.

Successful implementation of the Strategy should result in the following outcomes:

- A high level of patient satisfaction reported on the fundamentals of nursing care and the environment in which it is delivered

- Early detection of poor performing clinical areas and subsequent avoidance of poor care
- Service development, planning and redesign, that is reflective of patients' needs and which has taken full account of the perspectives of patients and carers
- Patients reaching end of life care, receiving this in an appropriate setting provided by skilled, competent staff
- Trust compliance with the Core Standards outlined in the Standards for Better Health document

9. References

Commission for Patient & Public Involvement in Health (2003). *Patient & Public Involvement Forums*

Department of Health (2000). *Patient Power*

Department of Health (2000). *The NHS Plan*

Department of Health (2001). *Essence of Care*

Department of Health (2002/2004). *The Expert Patients Programme*

Department of Health (2003). *Building on the Best: Choice Responsiveness and Equity in the NHS*

Department of Health (2003). *Winning Ways: Working Together to Reduce Healthcare Associated Infection in England*. Report from the Chief Medical Officer

Department of Health (2003). *Patient 'Choice of Hospital' Takes Steps Towards Reality* - Ref. No. *2003/0376*

Department of Health (2003). *Section 11 of Health & Social Care Act - Strengthening Accountability - Involving Patients and the Public*

Department of Health (2004). *Standards for Better Health*

Department of Health (2004). *Towards Cleaner Hospitals and Lower Rates of Infection: A Summary of Action*

Department of Health (2004)*. End of Life Care Initiative*

Department of Health (2005). *Saving Lives: a Delivery Programme to Reduce Healthcare Associated Infection (HCAI) Including MRSA*

Department of Health (2005). *Developing Bereavement Services*

Department of Health (2005). *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006-2007/2008*

Department of Health (2006). *Government Response to 'A Stronger Local Voice'*

Department of Health (2006). *Our Health, Our Care, Our Say; a New Direction for Community Services*

Department of Health (2006). *Essential Steps to Safe, Clean Care: Reducing Health care Associated Infection*

Department of Health (2006). *Dignity in Care*

Department of Health (2006). *The Health Act 2006: Code of Practice for the Prevention and Control of Health Care Associated Infections*

http://betterhospitalfood.com

National Institute for Health and Clinical Excellence (2004). *Improving Supportive and Palliative Care for Adults with Cancer*

NHS Estates (2003). *Standards of Cleanliness in the NHS: A Framework in Which to Measure Performance Outcomes*

NHS Estates (2004). *A Matron's Charter: an Action Plan for Cleaner Hospitals*

Southampton University Hospitals NHS Trust (2006) *Patient Experience Strategy: Striving to Provide the Best Care*

The Bristol Royal Infirmary Inquiry (2001) *Learning from Bristol: the Kennedy Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary (1984 -1995).*

West Hertfordshire Hospitals NHS Trust (2006). *Observation of Care Strategy*

West Hertfordshire Hospitals Trust (2005-2008). *Race Equality Scheme and Action Plan*

10. Bibliography

Department of Health (2003). *NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*

Department of Health (2004) *The NHS Improvement Plan: Putting People at the Heart of Public Services*

Department of Health (2006). *Human Tissue Authority Code of Practice - Donation of Organs, Tissue and Cells for Transplantation*

Healthcare Commission (2006). *Developing the Annual Health Check in 2006/2007*

Healthcare Commission (2006). *Investigation into Outbreaks of Clostridium difficile at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust*