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Executive Summary

The Patient Involvement & Experience Strategy (2007-2010) ‘Ensuring a Voice: Offering Choice’ was developed following six months of work undertaken by Trust staff, Patients’ Panel and Patient & Public Involvement members, together with representatives from outside communities and organisations.

The Strategy identifies ten notable areas that influence patient involvement and experience. A number of objectives have been identified within these areas, thereby ensuring that the Trust makes further improvements that will optimise the patients’ experience.

The most significant and notable Strategy developments during the last 6 months include:

♦ Progression of the Dr Foster Patient Experience Tracker Project

♦ Development of a staff ‘Code of Conduct’

♦ Implementation of an Emergency Hygiene Pack

♦ Involvement of patients and carers as ‘Dignity Champions’ to support the Department of Health’s Dignity in Care Campaign

♦ Facilitation of a second Bereavement Workshop in October 2007

♦ Production of Bedside Folders which provide patients with generic information that is site specific

This paper summarises preliminary progress and developments arising from the Trust’s Patient Involvement & Experience Strategy since its launch in May 2007.

Gary Etheridge
Chief Nurse, Director of Patient Services
1. **INTRODUCTION**

The Patient Involvement & Experience Strategy (2007-2010) ‘Ensuring a Voice: Offering Choice’ was developed following six months of work undertaken by Trust staff, Patients’ Panel and Patient & Public Involvement members, together with representatives from outside communities and organisations.

Many of the priorities identified within the Strategy are drawn from existing Department of Health guidance: The NHS Plan (July 2000) and Section 11 of the Health and Social Care Act (2001), together with such Government initiatives as The Expert Patients Programme, Patient Choice, and ‘Standards for Better Health’.

2. **LOCAL STRATEGY DEVELOPMENT**

The Core Principles of the Strategy recognise that by involving patients, relatives and carers and the public is key to ensuring that high quality services are delivered to our patients.

The Strategy identifies ten notable areas that influence patient involvement and experience. Objectives have been identified within these areas, thereby ensuring that the Trust makes further improvements that will optimise the patients’ experience.

The most significant Strategy developments to date include:

2.1 **Communications and First Impressions**

First Impressions are exceptionally important as they influence the patient’s trust and confidence in our ability to provide good quality care.

Most notable developments include:

- The development of a staff ‘Code of Conduct’. This Code has been developed with Patients’ Panel and Patient & Public Involvement Forum members to reflect patient and carers views on how we should treat both patients and their visitors
- Development of the role of Volunteers as ‘meeters and greeters’ at main reception areas

2.2 **Cleanliness & the Environment**

Evidence suggests that good environments can have a therapeutic effect on patients. A key priority for the Trust is to ensure that the care environment is clean, tidy and welcoming.

Recent developments include:

- The Patients’ Panel and Patient & Public Involvement Forum continue as members of the iPEAT (Internal Patient Environment Action Team) Monitoring Teams that inspect the three Hospital
sites on a monthly basis. Action plans are formulated from their findings and are closely monitored. This membership gives assurance that patients have the opportunity to make decisions involving signage, cleanliness and the environment.

♦ On Saturday 6th October 2007, the Trust held a ‘Pride in Your Workplace’ event on all three Hospital sites. This provided an ideal opportunity for staff and members of the public to join forces to improve the gardens and the Hospitals environment.

2.3 Patient & Public Involvement & Feedback

A core commitment of the Trust is to ensure that it not only shapes its services around the patients, families and their carers and respond to the different needs of the health economy, but to guarantee that their feedback is acted upon.

Significant developments include:

♦ The Trust has recently been involved in two annual National Patient Surveys, one has been a re-visit of the 2006 inpatient survey and the other focused on Maternity Services. An Action Plan has been formulated from the findings of the inpatient survey. A full report on the Maternity Survey will be presented to the Trust on 22nd November 2007.

♦ The Trust is working in conjunction with Dr Foster to purchase Patient Experience Tracker Machines to carry out local surveys Trust-wide on a regular basis. These additional surveys will sit alongside the National surveys carried out annually.

♦ A new campaign to recruit Volunteer/Patient Representatives is under way through the local Community Voluntary Services.

♦ The second annual tea parties celebration are planned for November and December 2007, to thank all the Trust Volunteers and Patient Representatives and reward them with long term services awards.

♦ The Trust’s Volunteers Policy was developed and ratified in August 2007.

2.4 Patient Information

The Trust continues to actively drive forward the recommendations of the Kennedy Report on the Bristol Royal Infirmary Inquiry (2001), in that all patient and carers should receive practical generic information for when they visit hospital.

Developments include:

♦ Production of Bedside Folders, which provide patients with generic information that, is site specific. These folders will be in place Trust-wide by February 2008.

♦ The Patients’ Panel continue to be instrumental in the development of all patient information.

2.5 Infection Control

Many initiatives have been implemented to ensure that there is a proactive approach by all hospital workers to help avoid and reduce hospital-acquired infections. To name a few:

♦ Opening of two Isolation Wards on the Watford and Hempstead Hospital Sites.

♦ Implementation of a deep cleaning program Trust wide.
Training is carried out for all staff on Induction, with mandatory annual updates to ensure staff are aware of infection control expectations, procedures and targets.

Think Clean days were held in April and October 2007. Trust Board Members also shadowed staff on the ‘shop floor’ during both events.

Posters have been displayed throughout the Trust encouraging hand hygiene and basic infection control precautions.

Weekly clinical visits by Trust Executive Directors in order to observe infection control practices amongst staff, including hand decontamination.

The ‘Clean your Hands’ campaign continues to promote hand hygiene amongst staff but also encourages patients to take a role in infection control.

Patient representatives, together with the Patients’ Panel members were involved in hand washing audits Trust wide in October 2007.

2.6 Essence of Care

The Trust has actively implemented the Department of Health’s Essence of Care Benchmark’s since 2001, and the Chief Nurse reports progress to the Board 6 monthly.

In addition, many initiatives are already in place to ensure that the patient’s experiences inform the Trust by identifying quality improvements that are patient focussed.

- Patients’ Panel and Patient & Public Involvement Forum members have been involved as external observers in the six monthly Essence of Care/Evaluation of Practice Days and the Chair of the Patients’ Panel is an active member of the Trust’s MRSA Improvement Team and Dignity in Care Groups.

- The Voluntary Services Manager and Modern Matron Lead for the Personal & Oral Hygiene Benchmark have been working together on producing an Emergency Hygiene Pack. The initiative, funded by the League of Friends is being piloted on Sarratt Ward and the Stroke Unit at Watford General Hospital.

- Patients’ Panel members, together with Trust staff have applied through the Department of Health to become ‘Dignity in Care’ Champions. The inaugural meeting of the Dignity Champion’s Forum, chaired by the the Trust’s Chief Nurse, will take place late November 2007.

- A Privacy & Dignity Best Practice Standards document has been launched and a Trust Dignity in Care Conference will be held in December 2007.

2.7 Equality & Diversity

The Trust ensures that it’s services are accessible, appropriate and fair and that the Trusts Equalities Framework is acted upon.

- Impact Assessments are to be carried out in the Trust on all future consultations, services changes or on the production of Trust policies and information. The aim is to identify any effect or likely effect on different groups within the community.

- The Trust, through the Equalities and Diversity Steering group, has implemented a training programme to support and advise all members of staff.
2.8 Bereavement & End of Life Care

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.

Many initiatives are already in place to continue to develop the bereavement service through the Bereavement Steering Group. Trust wide policies and procedures that meet the needs of all patients, relatives and carers and ensure compliance with the Human Tissue Act 2004 have been developed.

Other developments worthy of note include:

♦ The Head of Patient Services and Histopathology Laboratory Manager are currently working with the Manager of West Hertfordshire Crematorium and their Board of Trustees to change the Trust’s current practice in respect of ‘sensitive disposal’ of all non-viable fetuses and blocks and slides following the post mortem process. Primary influences for changes in practice are linked to The Royal Liverpool Children’s Inquiry (Alder Hey) and recommendations and amendments to the Human Tissue Act 1961. These changes in practice would also offer a service that would show due consideration that we have listened to and acted upon the wishes of our local communities.

♦ The Liverpool Care Pathway (LCP) is a continuous quality framework for care of the dying irrespective of diagnosis or place of death. The LCP is now being used on the majority of Wards in the Trust.

♦ The Trust’s second Bereavement workshop was held on 30th October 2007. This one-day workshop was designed to advise and inform Trust staff on the processes around bereavement. The Coroner and a representative from the North London Tissue Bank were the key note speakers.

3. PATIENT INVOLVEMENT & EXPERIENCE ACTION PLAN

A detailed Patient Involvement & Experience Action Plan outlining the progress that has been made against the Strategy’s key targets is available on request from the Chief Nurse.

4. CONCLUSION

This report, together with the detailed Action Plan and the Trust’s ‘Code of Conduct’ demonstrates the clear commitment amongst Trust staff to progress and embed the Strategy’s principles and targets. The challenge now is to maintain the momentum gained since the Strategy was first launched.

There is a clear expectation within the Trust that all staff will continue to embrace this Strategy ensuring that it continues to be driven forward in order that patients and carers can fully benefit from improved care and services.

Gary Etheridge
Chief Nurse, Director of Patient Services

November 2007