

Trust Board
01 June 2017

Title of the paper	Patient Experience & Carer Strategy 2016 - 2019 (Communicate, Listen, Involve) Biannual Review and Update
Agenda item	11/49
Lead Executive	Tracey Carter, Chief Nurse, Director Infection Prevention & Control
Author	Tracy Moran, Lead Nurse for Patient Experience
Executive summary	<p>The paper outlines the progress made with regards to improving patient and carer experience prior to and since the launch of the Patient Experience and Carer Strategy in November 2016. This Strategy has defined links the Nursing, Midwifery and Allied Healthcare Professions Strategy and the Food and Drink Strategy.</p> <p>A summary of achievements include since launch: Priority 1 - Involve, Listen, Communicate A total of 66 staff from all staff groups have attended the Improving the Patient Experience study day, an audit of the 'Hellomynameis' initiative involving members of the Patient Panel, has been completed and agreement for a Patient Panel work plan to be developed to contribute to Priority Four – making best use of our Volunteers.</p> <p>Priority 2 - Getting the basics right A scoping exercise on Nutrition has commenced across other Trusts as part of the Food & Drink Strategy 2016 – 2019, progression of the pilot for the Accreditation of the Clinical Environment (ACE) scheme and an increase in the number of areas assessed and awarded a Purple Star for Learning Disability.</p> <p>Priority 3 - Improve the patient journey A review of the transport service; refurbishment of the Patient Lounge to accommodate bed bound patients and progression of the Out Patient Improvement project continued.</p> <p>Priority 4 Making best use of our volunteers A scheme to recruit Dining Companions and End of Life volunteers, support with PLACE assessments, a redesign of the Volunteer logo by art students from the local college and Volunteer profiles are being progressed</p> <p>The paper contains the next steps towards improving the patient experience under the strategy priorities including recent feedback from the 2016 CQC inspection, PLACE assessments, 2016 adult in patient survey results awaiting publication. The development of a scorecard that will provide evidence of achievement against the success measures within the Patient Experience and Carer Strategy 2016 - 2019.</p>
Where the report has been previously discussed, i.e. Committee/Group	Patient Experience Group 7 th April 2017 Patient and Staff Experience Committee 27 th April 2017
<p>Action required: The Board is asked to note the report for information.</p> <ul style="list-style-type: none"> • The progress of the implementation of the strategy 	

- progress against the measures of success

Link to Board Assurance Framework (BAF)

- PR1 Failure to provide safe, effective, high quality care
- PR2 Failure to recruit to full establishments, retain and engage workforce
- PR3 Current estate and infrastructure compromises the ability to deliver safe, responsive and efficient patient care
- PR4a Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care – IM&T
- PR4b Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care – Information and information governance
- PR5a Inability to deliver and maintain performance standards for Emergency Care
- PR5b Inability to delivery and maintain performance standards for Planned Care(including RTT, diagnostics and cancer)
- PR7a Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency programmes
- PR7b Failure to secure sufficient capital, delaying needed improvements in the patient environment, securing a healthy and safe infrastructure
- PR8 Failure to engage effectively with our patients, their families, local residents and partner organisations compromises the organisation’s strategic position and reputation.
- PR9 Failure to deliver a long term strategy for the delivery of high quality, sustainable care
- PR10 System pressures adversely impact on the delivery of the Trust's aims and objectives

PR6 – business continuity has been closed (incorporated into PR1)

Trust objectives

- To deliver the best quality care for our patients
- To be a great place to work and learn
- To improve our finances
- To develop a strategy for the future

Benefits to patients/staff from this project/initiatives

Implementing this Strategy will lead to improved patient, carer and staff experience and help to meet our regulatory and statutory requirements with regards to patient and staff experience.

Risks attached to this project/initiatives and how these will be managed

Initial progress with this Strategy has been limited in Quarter 3 and 4; as a three year strategy the focus has been on the launch and “awareness raising” amongst staff, agreeing the benchmarks from which to measure progress and provide evidence in future reports. Complaints and PALS have been reported separately to patient experience feedback with a risk of the missed opportunity for wider thematic analysis of all sources of feedback. This is being addressed in the development of the patient experience dashboard.

The Strategy and the improvement of patient experiences are explicitly linked to qualitative data, perceptions and the culture of the staff in the Trust. The new Staff and Patient Experience subcommittee will help to make this link across these two elements.

Trust Board meeting – 01 June 2017

Patient Experience & Carer Strategy 2016 - 2019(Communicate, Listen, Involve)
Biannual Review and Update

Presented by: Tracey Carter, Chief Nurse & Director Infection Prevention & Control

1. Purpose

- 1.1 The purpose of this paper is to share with members of the Trust Board the progress made on the measures of success for 16/17 with regards to improving patient and carer experience, prior to and following the launch of the Patient Experience and Carer Strategy in November 2016.

2. Background

- 2.1 The Department of Health defines patient experience as

“Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal and being treated with honesty, respect and dignity”.

- 2.2 This Patient Experience & Carer Strategy is made up of four priorities and sixteen ambitions that reflect the key themes that patients and carers told us are the most important to them. These themes are reflected in the national patient experience surveys and local friends and family feedback.

- 2.3 The strategy was approved at Trust Board in November 2016 and a Trust wide launch commenced in December 2016.

- 2.4 A number of achievements and activities were initiated prior to Board approval, as detailed in Appendix 1

3. Analysis/Discussion

- 3.1 The focus of activity since approval of the Strategy in November 2016 has been on the launch and raising awareness amongst staff, patients, carers and visitors to the Trust.

- 3.2 A series of presentations to groups of staff attending surgery, unscheduled care and medicine clinical governance sessions have been held or are scheduled in Q3/ Q4. In

addition there have been 5 presentations to student nurses and information displays within the 'Market Place' element of the Trust Corporate Welcome bi monthly since November 2016. The Strategy can also be accessed via a link on the Trust intranet and Internet.

- 3.3 The strategy was also showcased as part of the 'Experience of Care' week (20 – 24 March 2017) with poster displays and presentations of work aligned to the strategy displayed across all sites.
- 3.4 Poster displays and pop up banners have been designed by the Trust medical illustrations department for display Trust wide (Appendix 2) and reference to the strategy will be included in the Executive Directors welcome for new staff at Induction from June 2017.
- 3.5 The Patient Experience Group agenda has been revised to reflect the strategy priorities and ambitions, allowing clearer alignment between progress and achievement across the clinical Divisions
- 3.6 The Measures of Success within the Strategy will enable the Trust to monitor improvement and achievement against the priorities and ambitions, as detailed in Appendix 3.
- 3.7 A summary of achievements since the launch of the Strategy in November 2016 include:

Priority 1 - Involve, Listen, Communicate

A total of 66 staff from all staff groups have attended the Improving the Patient Experience study day, an audit of the 'Hellomynameis' initiative involving members of the Patient Panel, has been completed and agreement for a Patient Panel work plan to be developed to contribute to Priority Four – making best use of our Volunteers.

Priority 2 - Getting the basics right

A scoping exercise on Nutrition has commenced across other Trusts as part of the Food & Drink Strategy 2016 – 2019, progression of the pilot for the Accreditation of the Clinical Environment (ACE) scheme and an increase in the number of areas assessed and awarded a Purple Star for Learning Disability.

Priority 3 - Improve the patient journey

A review of the transport service; refurbishment of the Patient Lounge to accommodate bed bound patients and progression of the Out Patient Improvement project continued.

Priority 4 Making best use of our volunteers

A scheme to recruit Dining Companions and End of Life volunteers, support with PLACE assessments, a redesign of the Volunteer logo by art students from the local college and Volunteer profiles are being progressed

4. Next Steps

- 4.1 The next steps towards improving the patient experience are detailed below in section 4.2 – 4.5; they include recent feedback from the CQC inspection, PLACE assessments and the current 2016 adult in patient survey results published in June 2017.

4.2 **Actions linked to Priority 1: Communicate, listen and involve**

- Set up patient focus groups in Emergency Care to understand the patient experience 'through their eyes' and 'in their shoes' to hear the patient's voice
- Make patient information available in different languages and staff aware of how to access the information
- Develop and implement a Critical Care version of the This is Me booklet
- For all wards and departments to adopt the 'nurse in charge' badge to enable patients and carers to easily recognise the nurse in charge
- Prioritise the supervisory role for the Senior Sisters and Charge Nurses to improve communication with patients and carers
- Continuation of the 'Improving Patient Experience' study sessions
- Review the information and communication for elective and emergency surgical patients to ensure it includes the explanation of what would be done during surgery and when results will be available and how the patient will feel after surgery.

4.3 **Actions linked to Priority 2: Getting the basics right**

- Implement the enhanced care hours project
- Re introduce the Protected Mealtime in all wards to allow patients an uninterrupted mealtime
- Re introduce the noise at night initiative focusing on providing patients with aids to reduce sleep disturbance from other patients
- Pilot and rollout #endPJPparalysis Trust wide, linked to red and green days (SAFER) and Harm Free Care

4.4 **Actions linked to Priority 3: Improve the patient journey**

- Undertake a mapping exercise of the patients pathway from admission to a bed to understand the patient experience and identify the number of moves a patient may experience
- Refresh and re-introduce the discharge information booklet for patients to improve their discharge experience
- Actively involve carers and family members in the discharge planning processes through better communication
- Support the roll out of the 'Red Bag' Care Home Initiative to all Care Homes in Watford

4.5 **Actions linked to Priority 4: Making best use of volunteers**

- Recruit, train and retain 'dining companions' for patients to improve the experience at mealtimes
- Establish focus groups of patients and carers for specific pathways of care and/or specialty areas to allow deeper exploration of the patient experience in advance of the introduction of the co-production model of patient experience

4.6 There is a plan to link the developing ACE (Accreditation of the Clinical Environment) scorecard to mirror the four priorities of the Strategy to improve staff understanding and linkage of patient quality improvement and experience. There are 17 questions included in the assessment process that require the auditor to ask the patient directly about elements of their experience. Each of these questions is aligned to one of the four priorities and some reflect the recent results of the national adult in patient survey.

4.7 The results of the Friends & Family survey for staff will be compared with the patient feedback; to understand if there are any common themes emerging from the staff and patient/carer experience that could be addressed. Early indications from the

national in patient survey identify a common theme of communication but further analysis and triangulation of the different sources of feedback is required.

- 4.8 Development of a scorecard that will provide evidence of achievement against the success measures within the Patient Experience and Carer Strategy 2016 - 2019.

5. Risks

- 5.1 This Strategy is closely aligned to the Nursing, Midwifery and Allied Healthcare Professions Strategy and the Food and Drink Strategy; both strategies have been launched in support of the Patient Experience and Carers Strategy. There is a risk of limited success; supporting staff to cross reference each strategy and clearly identify how the key priorities and ambitions link between each strategy is going to be key to successful implementation.
- 5.2 Initial progress with this Strategy has been limited in Quarter 1 and 2; as a three year strategy the focus was on the launch and awareness raising amongst staff and agreeing the benchmarks from which to measure progress and provide evidence in future reports. This approach will increase successful implementation and achievement of the outcome measures.
- 5.3 The Strategy and the improvement of patient experiences are explicitly linked to qualitative data, perceptions and the culture of the staff in the Trust. The new Staff and Patient Experience subcommittee will help to make this link across these two elements.
- 5.4 Complaints, Litigation, Incidents and PALS have been reported separately to the patient experience feedback historically with a risk of the missed opportunity for wider thematic analysis of all sources of feedback. The opportunity to re categorise the complaints and PALS activity using the four priorities in the Strategy is currently being explored with the option of incorporating the thematic analysis in this report. This will eliminate the risk of missing rich sources of feedback that can be used to drive improvement

6. Recommendation

- 6.1 The Trust Board are asked to note the report for information.
- The progress of the implementation of the strategy
 - progress against the measures of success

Tracey Carter

Chief Nurse, Director Infection Prevention & Control

May 2017

Appendix 1

Priority 1 Involve, Listen, Communicate

	Achievements in 2016 Measure of success
Ambition To develop a "Communications First" programme of organisational development that focuses on staff, patient and volunteer communication, internally and externally and across organisational boundaries	Meeting with Director of Workforce and Senior Team to discuss integration of the Workforce & Patient Experience Strategies Attendance of Out Patient Department and Admin & Clerical staff on Improving the Patient Experience study days (using NHS Elect model) Re launch of Hellomynames initiative Trust wide. Executive Team '15 steps' visits re-established.
Ambition To improve quality and quantity of all written patient and carer information and correspondence and benchmark the materials against current best practice standards	Review of appointment letters as part of wider outpatient improvement project. Registration with NHS England for an assessment of Trust produced Patient Information against the National Information Standards that will lead to accreditation if successful.
Ambition To engage and involve our communities (Patient Panel, Healthwatch, Patient & Public Involvement Panel, CCG Patient & Public Forum etc) with implementation and evaluation of specific patient experience and carer initiatives	Engagement with HVCCG PPI Development Group, Let Me Hear You/See You Panel, Young Carers Council, Healthwatch Hertfordshire Sensory & Disability Group, Adventist Church Community Event, League of Friends, Community Navigators & PPI Panel to develop the strategy. Non-executive director for PPI meeting regularly with PPI Lead to support focus and activity on the PPI agenda. Patients' Panel signed up to support the 'Hellomynames.....' evaluation audit Audit of the Hearing Loop system Trust with Herts Hearing Service completed as part of the PPI & E Strategy work.
Ambition To improve the use of patient and carer feedback on their experience of care and treatment through triangulation of data and better demonstrate and communicate service improvements as a result	Tendering process for the FFT staff and patient contract completed and new provider appointed. Bereavement Focus Groups x2 held at Beechen Grove Baptist Church with bereaved families and carers. Adult Memorial Service held for bereaved families and carers. Service Improvement & Quality Panel established (a sub group of the Patient Experience Group).

Appendix 1 Continued**Priority 2 Getting the basics right**

	Achievements in 2016 Measure of success
<p>Ambition Patients will be monitored on a regular basis and their individual nutrition, comfort and personal needs and preferences attended to by appropriately trained and competent staff</p>	<p>Test Your Care audit process rolled out across all adult in patient areas and some specialist areas. Preliminary work towards the accreditation scheme completed.</p>
<p>Ambition Patients and carers will be treated with dignity and respect at all times and their emotional, cultural, spiritual and/or religious needs and values provided for</p>	<p>Food & Drink Strategy developed.</p>
<p>Ambition The care environment will be conducive and reasonable adjustments made to meet the needs of patients with physical or learning disabilities, speech or hearing problems and difficulties understanding English</p>	<p>Purple Star accreditation awarded to DSU at SACH, Triple A Screening and Vascular Lab, WGH Cleves, Letchmore, POA, SACH & DLM/Beckett Wards in application/assessment process PLACE audits completed with Healthwatch and Volunteers</p>
<p>Ambition Carers will be encouraged to actively participate in patient's care and their knowledge, skills and experience recognised</p>	<p>Carers Strategy incorporated into the PPI and PE Strategies. Carers Lead facilitated Carers passport promotional events Trust wide in collaboration with Cares in Herts. Carers Information booklets developed to raise staff awareness of Carers rights. National Carers Week in the Summer of 2016 recognised with visit to HHGH from local Mayor.</p>

Appendix 1 Continued	
Priority 3 Improve the patient journey	
	Achievements in 2016 Measure of success
Ambition Improve access to outpatient and planned care.	Out Patient Improvement project commenced to review all aspects of the patient pathway and make improvements to communication, written correspondence, environment and efficiency.
Ambition Improve the emergency care pathway	<p>Implementation of actions to MIU/ UCC waiting room - both in terms of patient experience whilst waiting and visual checking that patients have not deteriorated or become unwell whilst waiting.</p> <p>Reception staff provided with copy of the RCHEM algorithm to clarify roles and responsibilities for triaging patients.</p> <p>Introduction of a "Hello" nurse in A&E in September prior to full triage implementation by January 2017</p> <p>Standard Operating Procedure (SOP) for nurse shift leader to review waiting area and regularly communicate with patients waiting.</p> <p>Water coolers available in waiting areas.</p>
Ambition Improve discharge	<p>SAFER discharge pilot in Medicine commenced.</p> <p>Implementation of the Choice Policy.</p>
Ambition Work with partners to integrate care	Unscheduled care 'Perfect week' planned and completed in December focusing on improving the patient pathway

Appendix 1 Continued	
Priority 4 Making best use of Volunteers	
	Achievements in 2016 Measure of success
<p>Ambition To develop a recruitment campaign within the Trust and across west Hertfordshire that increases the number of volunteer placements during the day, evenings and weekends ensuring that volunteering is open to 'all'</p>	<p>Deputy Chief Nurse & Lead for PPI met with Jonathan Rennison to discuss volunteering and patient and public engagement and involvement, taking in a governance and assurance role.</p> <p>Policy for the Use of Volunteers approved at the Policy Review Group.</p> <p>Lead for PPI and Voluntary Services Co-ordinator met with ward housekeepers to discuss mentoring volunteers to support feeding of patients on the wards during the evening and at weekends.</p> <p>Trust Dietician, Deputy Chief Nurse & Voluntary Services Co-ordinator set up Task & Finish group to look at speciality specific volunteers i.e. Dining Companions and End Of Life Companions. Lead for PPI also met with the Butterflies Co-ordinator from East & North Herts Trust to see how they run their programme.</p>
<p>Ambition To support all our local communities to access volunteer recruitment and training opportunities where appropriate and beneficial</p>	<p>Volunteers attended Major Incident training in conjunction with the Head of Emergency Planning and Resilience.</p> <p>Volunteers completed mandatory training.</p> <p>E-learning for volunteers is now available.</p>
<p>Ambition To define and facilitate a broader range of external partnerships that promote and involve volunteer activities and events within our local communities</p>	<p>Voluntary Services Co-ordinator, MacMillan Palliative Care Team Leader and Lead for PPI visited St Frances & Peace Hospices to garner support with end of life volunteers.</p>
<p>Ambition To develop the WHHT volunteer 'brand' and promote this in recruitment materials, websites, twitter, Facebook and other social media</p>	<p>Joint working with Watford Girls Grammar School to design a Volunteer logo and brand</p>

Appendix 2 Pictures of posters

West Hertfordshire Hospitals NHS Trust

Our Vision is to deliver the very best care for every patient every day

Patient Experience and Carer Strategy
Communicate, listen, involve
2016/19





This Strategy sets out how our staff will deliver this
Your views are important so please share your experience with us, call 01923 217 358

West Hertfordshire Hospitals NHS Trust

When we listened to our patients, carers and staff they told us to...

We heard...
...Speak to us in a language we understand and check we have heard you and understood the information.
...Introduce yourselves so we know who you are and what you do.
...Do not use complicated words or medical jargon when explaining things to us.
...Keep our families and carers up to date with information about us to stop them worrying.

We heard...
...Treat us, our families and carers with respect and dignity and listen to what we have to say.
...Think about our carers and provide them with comfort and support if and when they may need it.
...Make parking easier for us especially when we have a disability.
...Carefully vet the professional standards of agency staff especially at night.

We heard...
...Keep to the allotted time you have given us to attend for our appointment, test or procedure and do not cancel our operation.
...If there are delays with appointment times just tell us - we prefer to know than be left wondering and worrying or getting frustrated and angry.

We heard...
...Involve the volunteers in more activities and free up the nurses to concentrate on the complicated caring.
...Try to match volunteers to an area that they will be of most help and feel they are making a difference.
...Include volunteers as part of the team not an add on.

This led to us agreeing on our four priorities


West Hertfordshire Hospitals NHS Trust

Priority 1
Communicate, listen, involve

Patients, carers, volunteers and staff have told us that the communication they experience is at times unclear, fragmented, confusing, contradictory and overly complicated.

It is our ambition to change this experience for patients and staff by:

- training and developing staff to improve the patient experience through attendance on study days
- developing an organisation wide communications plan that is a fundamental part of the workforce strategy
- making changes to the written information that is sent through to our patients making it clearer to understand
- surveying carers to identify what they want and expect from us
- supporting the Patient and Public Involvement panels to be involved in audits.





Priority 2 Getting the basics right

We need to make sure the **basics of care**; washing and dressing, eating and drinking are being delivered safely for every patient every day by skilled and competent staff and volunteers who have been trained and developed for the job that they do.

We plan to do this by:

- developing a 'This is Me' booklet for patients in intensive/critical that gives staff an insight into the person before their illness or accident
- increasing the number of wards and departments achieving the 'Purple Star' award in recognition of their work to improve the experience of patients with a learning disability
- offering support to carers who are helping to care for their loved one on the ward
- training volunteers to recognise carers and sign post them to support that is available in and outside of the Trust
- working on an accreditation scheme for wards and departments that shows the standard of care that can be expected by patients.



WHA, 01/04/2016 10:00 AM, West Hertfordshire Hospitals NHS Trust, Patient Experience Strategy - priority 2, page 11



Priority 3 Improve the patient journey

Every patient is on a **journey** and it is our duty to provide the very best care to each and every one of them, regardless of how long they are with us.

We plan to do this by:

- reviewing the transport system for patients returning home after an appointment or stay in hospital
- expanding the patient lounge to accommodate more patients waiting to return home
- reduce the time patients and carers are waiting for medicines to take home
- maintain the focus on the recovery plans to improve the experience for patients referred to the hospital for treatment and those arriving as an emergency.



WHA, 01/04/2016 10:00 AM, West Hertfordshire Hospitals NHS Trust, Patient Experience Strategy - priority 3, page 11



Priority 4 Making best use of our volunteers

Our Volunteers are **important to us** and the time they give is invaluable in helping us to care for our patients with compassion and kindness. We are always seeking creative ways to increase the number of Volunteers.

Our current plans to do this include:

- supporting volunteers to develop new skills and knowledge that will help them to support patient and carers
- using the new volunteer branding in bespoke recruitment campaigns
- matching new volunteers to wards and departments across the Trust
- listening to the volunteers and acting on their feedback.



WHA, 01/04/2016 10:00 AM, West Hertfordshire Hospitals NHS Trust, Patient Experience Strategy - priority 4, page 11

Appendix 3 Plan for 2017 and Q4 update			
Priority 1 Involve, Listen, Communicate			
	Planned actions for 2017	Progress to date	Measure of success
<p>Ambition To develop a "Communications First" programme of organisational development that focuses on staff, patient and volunteer communication, internally and externally and across organisational boundaries.</p>	<p>Fully developed 'communications first' OD plan</p> <p>Attendance of Out Patient Department and Admin & Clerical staff on Improving the Patient Experience study days (using NHS Elect model approach).</p>	<p>Workforce Strategy developed</p> <p>Training sessions x2 delivered in 2017.</p>	<p>To be added as part of new scorecard/dashboard being developed with Informatics</p>
<p>Ambition To improve quality and quantity of all written patient and carer information and correspondence and benchmark the materials against current best practice standards</p>	<p>Incorporation of the Accessible Information standards into all information for patients and carers</p> <p>Achieve the NHS England Information Standard certification</p>	<p>Project lead identified from Workforce & Education Team</p> <p>Registration process completed and materials being prepared for assessment</p>	
<p>Ambition To engage and involve our communities (Patient Panel, Healthwatch, Patient & Public Involvement Panel, CCG Patient & Public Forum etc) with implementation and evaluation of specific patient experience and carer initiatives</p>	<p>Schedule of audits for 2016/17</p> <p>Hospital Radio involvement in Patient Stories and 'live' from children's ward broadcast</p> <p>Patient Panel and PPI Panel work plan</p>	<p>Hellomyname is audit completed with Patient Panel members in 2016.</p> <p>Visiting Times audit being planned for Q4 2016/2017 with Carers Lead</p> <p>Development of Children's & Young People Panel (CYPP) being progressed to facilitate actions with Hospital Radio</p> <p>Discussions with the PPI in January and plan provisionally agreed, linked to the 4 priorities.</p> <p>Planning local activities for the National Experience of Care week (20 - 24 March).</p>	
<p>Ambition To improve the use of patient and carer feedback on their experience of care and treatment through triangulation of data and better demonstrate and communicate service improvements as a result</p>	<p>Develop a Carers survey and database</p> <p>Annual report on patient experience</p>	<p>Carer category incorporated into patient registration system by ICT to allow identification of Carers – focus now on staff compliance and audit of the system by Carers Lead.</p> <p>Patient Experience & Carer Strategy to be promoted as part of the Nursing, Midwifery & AHP Strategy Launch event in February.</p> <p>Preparations for Carers Week in June 2017 commenced.</p>	

Appendix 3 Plan Continued

Priority 2 Getting the basics right

	Planned actions for 2017	Progress to date	Measure of success
<p>Ambition Patients will be monitored on a regular basis and their individual nutrition, comfort and personal needs and preferences attended to by appropriately trained and competent staff</p>	<p>Implementation of Safety Thermometer for Nutrition</p> <p>Launch of ward accreditation scheme Trust wide</p> <p>Establish a Service Improvement Group</p> <p>Ward accreditation scheme pilot in 3 clinical areas</p>	<p>Referenced in Food & Drink Strategy 2016-19 and scoping work from other Trusts in train</p> <p>Work continuing with development of the assessment tool</p> <p>Group established and terms of reference written.</p> <p>First meeting held in December and dates for 2017 booked. Group agreed to focus on 2 areas 1. Surgery = delays in discharge /TTA's/Transport and 2. Medicine = patient in right bed first time.</p> <p>Clinical areas identified in preparation for the pilot.</p>	To be added as part of new scorecard/dashboard being developed with Informatics
<p>Ambition Patients and carers will be treated with dignity and respect at all times and their emotional, cultural, spiritual and/or religious needs and values provided for</p>	<p>Support group for staff carers to be established</p> <p>Development of the 'This is Me' booklet in Critical Care</p>	<p>Carers Lead working with H&WB Team to establish.</p> <p>Dates of first groups in diary for April 2017.</p>	
<p>Ambition The care environment will be conducive and reasonable adjustments made to meet the needs of patients with physical or learning disabilities, speech or hearing problems and difficulties understanding English</p>	<p>Purple Star accreditation assessments for other areas Trust wide</p> <p>PLACE audit improvements progressed Trust wide</p>	<p>Accredited – DSU at SACH, Triple A Screening and Vascular Lab, WGH</p> <p>Wards in application/assessment process – Cleves, Letchmore, POA, SACH & DLM/Beckett</p> <p>Expressions of interest from Heronsgate/Gade, POA WGH & POA HHGH</p> <p>PLACE audit cycle commenced February 2017 on HHGH & SACH sites.</p>	
<p>Ambition Carers will be encouraged to actively participate in patient's care and their knowledge, skills and experience recognised</p>	<p>Implementation of Improvement plan</p> <p>Referral to Treatment Time (RTT) and Cancer Standards recover plan</p> <p>Review of Transport Service</p>	<p>Review commenced and contracting process started</p>	

Appendix 3 Plan Continued

Priority 3 Improve the patient journey

	Planned actions for 2017	Progress to date	Measure of success
Ambition Improve access to outpatient and planned care	Implementation of improvement plan Referral to Treatment Time (RTT) and Cancer Standards recovery plan Review of transport for patients	The transport contract is under review/out to tender	To be added as part of new scorecard/dashboard being developed with Informatics
Ambition Improve the emergency care pathway	Implementation of Improvement Plan		
Ambition Improve discharge	Roll out of the SAFER discharge principles across all in patient wards Improve timeliness of take home medications before discharge Expansion of the Patient Lounge Implementation of the Choice policy Continue progress with the Improvement plan	Action with Service Improvement & Quality Panel Patient Lounge refurbished and can now accommodate patients requiring a bed prior to discharge Policy in use as required	
Ambition Work with partners to integrate care	Feedback from Red to Green week and learning taken forward.		

Appendix 3 Plan Continued			
Priority 4 Making the best use of Volunteers			
	Planned actions for 2017	Progress to date	Measure of success
Ambition To develop a recruitment campaign within the Trust and across west Hertfordshire that increases the number of volunteer placements during the day, evenings and weekends ensuring that volunteering is open to 'all'	Training programme for Volunteers Development of volunteer profiles to match Volunteer to an appropriate ward/department/service	All new volunteers attend training and programme of work to review the needs of existing volunteers being progressed in conjunction with HR Voluntary Services coordinator meeting every Volunteer to update profiles and understand training needs	To be added as part of new scorecard/dashboard being developed with Informatics
Ambition To support all our local communities to access volunteer recruitment and training opportunities where appropriate and beneficial	Appraisals for Volunteers Listening into Action (LiA) for Volunteers	Volunteer database being redeveloped Lead for PPI and Learning & Development Facilitator to attend the Enterprise Advisor Network at Youth Connexions	
Ambition To define and facilitate a broader range of external partnerships that promote and involve volunteer activities and events within our local communities	Working with local Hospice and Trusts in Hertfordshire Trusts	Recruitment of Hospice volunteers for palliative care to hospital patients in preliminary phase of discussion Bespoke recruitment of dining companions commenced	
Ambition To develop the WHHT volunteer 'brand' and promote this in recruitment materials, websites, twitter, Facebook and other social media	Agree Volunteer brand	Brand agreed but due to changes to legislation regarding use of NHS logo this can no longer be used. A new design is now being developed with art students from the local college.	