

## BOARD

<b>Agenda Item</b>	<b>P1/008/19</b>	<b>Date: 30th January 2019</b>						
<b>Subject /title</b>	<b>Patient Experience and Improvement Strategy</b>							
<b>Author</b>	<b>Sue Relph, Patient Experience Lead Kate Greaves, Associate Director of Quality</b>							
<b>Responsible Director</b>	<b>Sheila Lloyd, Director of Nursing and Quality</b>							
<b>Executive summary and key issues for discussion</b>								
<p>An initial draft of the Patient &amp; Public Involvement &amp; Engagement Strategy was shared with the Quality Committee in October. Further work has been completed to strengthen the strategy together with development of a corresponding action plan.</p> <p>The Council of Governors Patient Experience Committee also met on the 27 November and provided feedback.</p> <p>On 17 January, the final draft strategy was presented to the Quality Committee for agreement to present to Board for approval. This was agreed, subject to minor amendments being made and the strategy attached reflects those changes.</p>								
<b>Strategic context and background papers (if relevant)</b>								
<b>Recommended Resolution</b>								
For Board to approve the draft Patient & Public Involvement & Engagement Strategy.								
<b>Risk and assurance</b>								
<b>Link to CQC Regulations</b>								
<b>Responsive Caring</b>								
<b>Resource Implications</b>								
The pledges require time from the Matrons and Directorates to deliver and embed.								
<b>Key communication points (internal and external)</b>								
The Strategy consists of 7 key pledges. It has been shared with our local Healthwatch groups (Wirral, Liverpool, Knowsley), who incorporate a wide range of community groups e.g Age Concern. It has also been shared with Learning Disability groups and CCC's Council of Governors Patient Experience Committee.								
<b>Freedom of Information Status</b>								
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> </ul>	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; border: 1px solid black;"><input checked="" type="checkbox"/></td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td><b>C. This whole document is exempt under FOI</b></td> </tr> </table> <p><b>IMPORTANT:</b></p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p>		<input checked="" type="checkbox"/>	<b>A. This document is for full publication</b>	<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>	<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>
<input checked="" type="checkbox"/>	<b>A. This document is for full publication</b>							
<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>							
<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>							

<ul style="list-style-type: none"> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future publication</b></li> </ul>	Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.	
<b>Equality &amp; Diversity impact assessment</b>		
Are there concerns that the policy/service could have an adverse impact because of:	<b>Yes</b>	<b>No</b>
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		X
Civil Partnership & Marriage		X
If YES to one or more of the above please add further detail and identify if full impact assessment is required.		
<b>Next steps</b>		
<b>Appendices</b>		

### Corporate Objectives supported by this report

Improving Quality	X	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	X
Research		Generating Intelligence	

### Link to the NHS Constitution

<b>Patients</b>		<b>Staff</b>	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	X	<i>Being heard:</i>	
Nationally approved treatments, drugs and programmes		<ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

# Patient and Public Involvement & Engagement Strategy 2019-2021

## **1. Executive Introduction**

## **2. Introduction**

The Trust recognises the value of patient and public engagement in the planning and provision of care to deliver our mission and the development of services to deliver our vision. It also accepts its legal obligation to involve patients and the public in its work.

This strategy sets out our ambitions for patient and public engagement and our plans to achieve this.

The Trust is undergoing considerable change and transformation over the coming months and years and it is imperative that we ensure that patients are fully engaged and involved in this journey and we use their involvement and feedback to provide the best cancer care to the people we serve.

As the host of the Cheshire and Merseyside Cancer Alliance, The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) will influence the development of a Cheshire & Merseyside public and patient engagement strategy on cancer, which should be separate but complementary to this strategy. The perceptions and experiences of patients are recognised as central to assessing the quality of cancer services and for the continuing improvement of care and treatment offered by staff. There is a wealth of national and local guidance which focuses on promoting quality in the NHS through individualised patient experiences that are specific to personal needs and desires, including NICE Quality Standards for Patient Experience in Adult NHS Services (NICE 2012), Quality Accounts (DH 2010), Clatterbridge Cancer Centre NHS Foundation Trust Quality Strategy (Clatterbridge Cancer Centre NHS Foundation Trust 2015), NHS Improving Quality: Our strategic intent (NHS Improving Quality 2013), 'What matter to patients' (Kings College & Kings Fund 2011) and the Francis Report (Francis 2013).



## **Background:**

The NHS Constitution states that patients have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies the development and consideration of proposals for changes, in the way those services are provided, and in decisions to be made affecting the operation of those services. The statutory duties for patient and public involvement are set out under section 242 (1B) of the NHS Act. The Act states that NHS Trusts must involve service users in planning developing and delivering health services; develop robust involvement practices; and ensure that outcomes inform decision making. In addition to this one of our own Trust values is 'Putting People First' this is one way of ensuring this is with meaningful engagement.

The aim of the Patient and Public Engagement Strategy is to develop and support a culture that places the quality of the patient experience at the heart of all that we do, following the principle of "no decision about me, without me" and values the contribution of patients and the public in the development of services.

Whilst the strategy has a clear actions and outcomes we will continue to ensure that the Trust is aware of, and participates in, any new national and charity initiatives to further develop our patient and public engagement.

- **Delivery**

To support the delivery of the actions contained within this strategy all staff must recognise that Public and Patient Involvement and Engagement sits within all of our roles.

## THE 7 KEY PLEDGES

### PLEDGE ONE

#### **Improve the utilisation of our members and widen the responsibilities of our Patient Council**

- **Improve the utilisation of our Members and widen the responsibilities of our Patient Council-** We currently have a membership of 12 patients/carers in the Patient Council, who on the whole offer arm's length support. It is essential that we utilise the potential of this resource. To do this we need to:
  - Re-engage with them
  - Encourage more active participation- interviews/ committees
  - Enabling involvement in planning, co-design and development of services
  - Expand E council ( E advisors) which recognises the geographical area that CCC covers

We will ensure patients and families receive appropriate support for their role, and will identify any training and development needs individuals may have. The aim is to fill any gap between the skills and knowledge people already have and the skills and knowledge they need for their involvement role. We will offer:

- regular needs assessments to inform any training needs
- access to support and resources that are available within and external to the CCC
- skills development through training programmes addressing specific topics of interest

### PLEDGE TWO

- **Introduce In your shoes' project in line with the implementation of The Patient & Family Centered Care project**
- **Improve signage Trust wide**

Shadowing is recognised technique for viewing and co-designing exceptional care experiences with patients and families.

'You never really understand a person until you consider things from his point of view....until you climb inside of his skin and walk around in it' –Atticus Finch, in Harper Lee's To Kill a Mocking Bird'

Shadowing allows us to create a 'map' of a patient's and family's journey through



their CCC experience. It requires Floor to Board participation. Shadows should be identified from all areas of the Trust as best results are gained when the shadower is not involved in the area the patient is attending. Ideal candidates are new members of staff as they see the Trust through fresh eyes. It helps

- Identify any real time concerns
- Encourages valuable feedback from patients their carers and staff
- Improves the patient experience

Ensuring clear concise signage across all areas and departments will enable patients and visitors have a stress free time finding their way around.

### **PLEDGE THREE**

**To pro-actively share 'You Said We Did' using feedback from Complaints/Pals/FFT/ in-house surveys and external surveys.**

**We will be responsive.**

- **To proactively share ' You said we did' with our patients**

We will keep people informed of changes made as a result of feedback, using free text comments from FFT (The Friends & Family Test), Patient survey/ complaints/PALs and any other feedback we may receive. This will be displayed around the Trust in the form of notice boards and electronic signs. We will introduce a 'You said we Did' page on the website.

This will:

- Enable involvement in planning, co-design and development of services
- Encourage meaningful feedback
- Let patients know we listen and respond effectively
- Ensures transparency

### **Responsive**

We pledge to give our patients the best experience by listening and acting on their feedback about our services and pathways. We will engage and listen to our patients and visitors as they the experts by experience.

**Always Events** are those aspects of the patient's experience that should occur when patients, service users, their family members and carers, interact with health care professionals and the health care delivery system.

- We will test and redesign our Trust always events to understand what matters to our patients
- We will work with our patients to develop a vision for our Trust Always Events
- We will assess the impact of Always Events on the improvement of the quality of care for our patients

## **PLEDGE FOUR**

### **We will incorporate Mental Health awareness in everything we do**

**Mental Health:** We work with patients and providers of mental health services to further develop mental health awareness in the Trust and improve patient's experiences and satisfaction of care

- We will provide our patients with support from educated and skilled staff
- We will signpost patients and carers to the support mechanisms available to them within and outside the Trust
- We will train staff in mental health First Aid
- We will create an open and honest environment where mental health is supported.

## **PLEDGE FIVE**

### **We will deliver personalised care**

We pledge to involve our patients by giving them greater control over their own care by offering personalised delivered treatment closer to their home and in their home.

We recognise that one size does not fit all and believe patients should have more choice and greater control over their treatments to enable them continue with families and lives.

We pledge to ask all patients if they would like their loved one/friend to be a partner in care. We will work together to make sure patients are discharged in a timely manner and always to the most appropriate setting.





## **PLEDGE SIX**

**We will transform cancer care using world-class digital technology by digitally empowering them to actively manage their health and care. We will enable information sharing through the digitally connected systems across Cheshire and Merseyside.**

**We will establish a Digital Patient Participation Group (DPPG)**

Connecting for the future is the Clatterbridge Cancer Centre's Global Digital Exemplar (GDE) Programme for transforming cancer care through the use of world-class digital technology and information. As part of this programme we will be developing and implementing a suite of digital tools, with the aim of creating agile clinicians and digital patients who have been empowered through technology and innovation.

- The Agile Clinician- To deliver safe and effective care our NHS healthcare professionals rely on having fast and efficient access to the information they need to make the best decisions for our patients.
- The Digital Patient – To improve the health and wellbeing of our patients, we need to make it easy for them to manage their condition, connect with our services and access help and guidance from wherever they are.
- The Digital Patient Participation Group (DPPG) aims;
  - To facilitate good relations between CCC Global Digital Exemplar (GDE) team

and patients by communicating patient experience, interests and concerns and providing feedback to CCC on current procedures and proposed new digital transformational developments.

- To work collaboratively and positively with CCC to improve services and facilities for patients, their carers and relatives and to act as a sounding board for CCC staff on Digital issues affecting patients.
- To build two-way communication and co-operation between CCC GDE team and patients, other key stakeholders and the wider community to the mutual benefit of all
- To act as a representative group to support the practice and influence the local provision of digital health and social care.

**PLEDGE SEVEN  
research studies**

**Research**

**We will increase the number of patients taking part in**

**We will increase CCC's reputation nationally in Trials and**

**We will ensure patient access to research wherever they are**



- We will listen and respond to feedback on how we can improve Research and Innovation services for our patients. We will ensure that we are providing excellence in care, research and innovation through our new Research Strategy and Trust Investment.
- We will increase patient representation at our Committees and request patient input on research studies and patient documents as we design them.

We have invested in research posts to support our clinicians in identifying patients at the earliest stage who may be eligible for research trials in their disease area at whichever clinic they attend.

- We are developing an IT infrastructure to make our patients' journey and appointments easier to navigate for research and to assure safety and support.
- We will diversify our research portfolio of studies to enable our patients to take part in a wide range of studies from early phase interventional studies,

novel therapies, radiotherapy, qualitative and observational studies and in translational research to look at mechanisms of cancer and response to therapy. This is underpinned by good IT infrastructure, engaged research staff and support for clinicians and our health professionals for research activity.

- We will increase the number of CCC clinician-led studies and enhance CCC's reputation as a centre of research where we can offer patients the latest in cutting edge therapies and research studies.

## **OUR COMMITMENT**

To ensure that we deliver first class care we need staff that, not only have the right knowledge skills and competence, but have the right values and behaviours to deliver safe care with compassion and empathy. Staff will 'listen' to patients and carers as this will enable them to enter into meaningful conversations and provide a safe environment for patients and carers to discuss their needs

We will ensure that equality is embedded across all areas of patient care delivery and in the delivery of this Strategy.

We want all patients and carers to have access to high quality care when and where they need it. We want our staff to feel highly valued and supported.

We will be mindful of our Vision and Values:

- Achieving excellence
- Putting people first
- Always improving our care
- Passionate about what we do
- Looking to the future

## **Equality and Inclusion**

The Equality Act 2010 provides an important legal framework to improve the experience of all service users using NHS services.

We need to ensure proactive patient and public engagement with the Equality Delivery System 2 (EDS2). We will implement a requirement for patient involvement in any changes to patient areas. We will develop the role of the Trust as a Corporate Citizen through volunteering, work experience and mentoring. We will work to ensure that patient and public involvement is inclusive and equitable. The term 'the public' will include a rich diversity of people, whether defined by age, colour, race, ethnicity or nationality, disability, gender or sexuality, who may have different needs and concerns. Individuals will be invited from a diverse range of groups: patients and potential patients; people who provide care or support on an informal (i.e. unpaid) basis; people who use health and social care services; and disabled people.

## Co-Production section

Co-production is a term used to define the contribution of patients to the provision of services, based on effective information exchange and shared decision-making (The Health Foundation 2010). It is concerned with the individualisation of health service delivery based on patient's needs, and it empowers front-line staff in their everyday interactions with patients and the public. The model of co-production positions patient-centredness and patient involvement at the heart of quality care, whilst supporting patients to self-manage their care and treatment. Co-production can support:

- cost-effective services
- improved user and carer experience of services
- increased community capacity
- integration

These factors are enabled through change management strategies that incorporate culture; structure; practice; and review processes \*(SCIE 2013). They ensure that co-production runs through the culture of an organisation; involves everyone who will be taking part in the co-production from the start; ensures that everything in the co-production process is accessible to everyone taking part; and uses review findings to improve ways of applying the principles of co-production so that continuous learning takes place.

Consistent with the principles of co-production, we will engage patients, families and the public in discussions about a range of topic areas founded on the right care, at the right time, in the right place, for example:

- patient pathways
- access to services
- treatment and care models
- service delivery
- accessible information
- environmental factors

We will establish a co-production framework that supports patients and families to self-manage their health needs. This will be achieved by embedding discussions within an integrated system promoting and supporting patient empowerment, prepared professionals and a responsive and flexible workforce. We will fully utilise the skills and expertise of healthcare professionals, patients, families and the public when planning services, and will use existing models e.g. Expert Patient Programme (DoH 2001), to encourage participation and the sharing of knowledge. The NHS England Co-production model (Coalition for Collaborative Care 2016) provides a series of five values and behaviours on which to base discussions:

1. Ownership, understanding and support of co-production by all
2. A culture of openness and honesty

3. A commitment to sharing power and decisions with citizens
4. Clear communication in plain English
5. A culture in which people are valued and respected

## **MONITORING AND COMPLIANCE**

Operational oversight of the delivery of the strategy will be The Quality and Safety Sub- Committee which will have a focus on patient experience and through the Governors' Patient Experience Committee.

### References

Coalition for Collaborative Care (2016) A Co-production Model, Five values and seven steps to make this happen in reality, Coalition for Collaborative Care, London.

\*Social Care Institute for Excellence (2013) Co-production in social care: What it is and how to do it, Social Care Institute for Excellence, London.

The Health Foundation (2010) What is co-production? The Health Foundation, London

NHS Equality Delivery System 2

DoH Framework for Patient Experience (2012)

CCC Strategic Implementation Plan 2018-2022

If you have any questions relating to this strategy please do not hesitate to contact The Patient Experience Manager on 0151 556 5203 or email [ccf-tr.pals@nhs.net](mailto:ccf-tr.pals@nhs.net)

## Action Plan

<i>Objective</i>	<i>Action Required</i>	<i>Date Due</i>	<i>Responsibility</i>	<i>Progress</i>
<b>Pledge 1: Membership and Council</b>	Strategy to be shared with Pt Exp, Cttee (Nov 18). PEM to meet with Corp Gov mgr to establish how we achieve improved engagement from members and council. Action plan to be developed to achieve pledge.	April 19	PEM/ Corporate Gov Mgr/ Governors	Meeting 27/11 with Govs  Substantive Corp Mgr not yet in post
<b>Pledge : Shadowing/Signage</b>	Pilot shadowing to take place within IGC ( CDU pathway), outcomes shared with Trust via Directorate Quality and Safety Cttees to then be rolled out to all departments.  Clear Concise signage across all wards and depts. Trustwide	March 19	Quality lead Nurse/ Matrons  Matrons/Propcare	ICD to look at planned admissions through Sulby ward and emergency ad missions via CDU  Meeting Jan 2019
<b>Pledge 3: 'You said we did'</b>	Discussions to be held with Comms and IT on how we can utilise TV's and electronic boards around the Trust and share via website. Action plan to be developed.	April 2019	PEM./ Comms/IT	
<b>Pledge 4: Mental Health</b>	Linda Morris and Debbie de Jonge to be signed off as Mental Health First Aid trainers.Deliver Mental Health First Aid Courses across the Trust .Training plan to be developed. Mental Health awareness to be promoted across Trust	Jan 2019	Additional needs co-ordinator/ E&D lead	Staff members trained in mental health first aid and dementia awareness training
<b>Pledge 5: Caring</b>	Introduction of a Patient Flow team at CCC- Wirral focus on safe discharge. MDT daily board round to focus on reasons for delays in discharge process and supporting patients to return home or to alternative level of care as timely as possible. Implementation of a weekly Multi-discharge Event (MDE) year. We aim to implement a 24 hour post discharge phone call for patients that have required input from the patient flow team	Dec 18  Jan 19  April 19	Matrons	
<b>Pledge 6: Digital Transformation</b>	Action plan – see Appendix 1	2020	Business Change Manager/SRO/ AD IM&T	
<b>Pledge 7: Research</b>	To begin engagement process Q4 2018/19  Meetings and fora to begin Q1 2019/20 Ongoing meetings and panels through 2019/20	2020	Head of Research	



# Patient Experience Strategy Action Plan

## Pledge Six – Digital

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**Connecting for the future** is the Clatterbridge Cancer Centre's Global Digital Exemplar (GDE) Programme for transforming cancer care through the use of world-class digital technology.



Ref	Objective	Action	Lead	Deadline
6-1	Improve the number of patients who feel involved in decisions about their care and treatment	Create and expand the membership of the Digital Patient Participation Group (DPPG) to demonstrate future developments and tools to enhance experience, encourage co-design and empower our patients	Business Change Manger	Q4 2018/19
6-2	Effective Communication of future digital changes	“You said, we did/are doing” and develop a wide range of communications material via a wider range of communication channels Develop different methodologies for patient experience feedback (web, online surveys, touchscreens, DPPG, telephone interviews, face to face interviews, observational research, patient stories, compliments and complaints)	Business Change Manger	2018 - 2020
6-3	Develop and share real people stories	As part of the GDE programme, we will produce case studies for wider sharing and learning cascaded at Trust Board, Committees and Forums ?include as part of staff induction?	Business Change Manger	2018 - 2021
6-4	There is a systematic and consistent approach to analysing patient feedback including triangulation	Conducting interactive survey’s, acting on feedback and monitoring improvement “You said, we did/are doing” and develop a wide range of communications material via a wider range of communication channels	Business Change Manger	2018 - 2021
6-5	Promoting the patient experience standard at the Digital Board	Identify through patient forums, patient representative(s) to join Digital Board	SRO/Associate Director IM&T	2019-2020
6-6	Promote Patient Engagement across Digit@ll Cheshire & Merseyside	CCC Associate Director of IM&T leading on Patient Engagement for Digit@ll strategy across Cheshire and Merseyside	Associate Director IM&T	2018 - 2020
6-7	To improve the health and wellbeing of our patients, making it easier for them to manage their condition, connect with our services and access help and guidance from wherever they are	As part of the GDE programme and transforming cancer care, we will launch an online patient portal, develop useful mobile apps, introduce kiosks and a Telehealth service, better digital signage, education and entertainment services whilst in hospital and introduce QR codes to improve safety by ensuring clinicians can access oncology protocols	Associate Director IM&T	Quarterly
6-8	Up to date patient experience data relating to digital themes is available for people to access	Website updated to provide patient survey summaries and resulting service improvements All survey leads to produce action plans and follow up reports involving staff in their area by agreed deadlines Results posters to be developed and displayed in areas where surveys have taken place to inform patients and carers	Business Change Manger	Quarterly review

# Monitoring

Key areas included in the digital pledge action plan above are:

- Triangulating themes across patient experience measures, patient safety, Friends and Family Test and complaints data
- Promoting the patient experience standard
- Supporting directorates in ensuring that patient experience is a standing item on their agendas
- Developing various forms to capture feedback
- Including the people stories from 'floor to board'
- Focus on improving the way services are delivered in order to improve patient experience for the greatest number of patients

The action plan will be reviewed and reported via the Digital Board to ensure there is a culture of learning from patient feedback throughout the Trust, which will be submitted on a quarterly basis to the Patient Experience Manager for dissemination to the appropriate Quality Forums.

A key requirement of this action plan is that all staff commit to carrying out required actions by agreed deadlines, e.g. action plan submissions and that they are held to account by Senior Leaders.

It is important that teams check patient experience following interventions to ensure that improvements are sustained.

Performance monitoring of digital improvements will include benefits realisation monitoring on patient experience which will form a key part of the Digital Vision and GDE programme.