The Royal Wolverhampton NHS Trust

NHS

Trust Board Report

Meeting Date:	22 July 2013
Title:	Patient Experience Strategy
Executive Summary:	Submission of an updated strategy in line with RWT timeframe requirements and changing nature of patient experience.
Action Requested:	Trust Board to note the contents
Report of:	Chief Nursing Officer
Author: **Contact Details:**	Patient Experience Lead Tel: 01902 695363 jamieemery@nhs.net
Resource Implications:	Additional resource is required to deliver on the elements of the implementation plan
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Approved by Policy Committee on 5 July 2013
Appendices/ **References/** **Background Reading**	Section 14.0 i Implementation Plan ii PESTLE iii SWOT Analysis Section 12.0
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details

INTRODUCTION

The purpose of this paper is to present revised Patient Experience Strategy for 2014 – 17.

Executive Summary

The RWT Patient Experience Strategy for 2014 - 17 is a development of the previous version. Concepts and ideas have been expanded upon and new thinking introduced. Overall the strategy stresses the importance of making the patient the starting point around which services should operate; that these services, staff and organisational behaviours must be focussed around patient's requirements and needs.

The various key drivers, either issued through government or derived from evidence based research are explained. Also discussed are Trust's obligations around patient experience, although that it is not merely through obligation that RWT must adhere to delivery of the strategy; that organisational culture and practices must accept the importance of patient's experiences and that patients and carers increasingly see themselves as consumers of healthcare services rather than passive recipients.

A summary of the main differences is provided below.

- The concept of patient experience representing the 'relational' aspect of care and treatment is introduced. This is as opposed the traditional 'functional' approach to how care and treatment is provided in the NHS.
- The importance of the merging factors and influences of our staff, our buildings and our systems all aligning to meet the needs and expectation of patients, carers and relatives is introduced.
- New and recently emerged methods of engaging with patients and the public, for example social media, are included and their importance assessed.
- The value of complaints and complainants is discussed and correlated to the value and regard the private sector attaches to complaints and complainants.
- A wider range of methodologies in obtaining patient experience insight is explained.

RECOMMENDATION

The Trust Board is asked to note the contents of Strategy.

Strategy Name: **Patient Experience Strategy 2014 - 2017**	**Version:2**		**Status: DRAFT**	**Author: Patient Experience Lead** **Director Sponsor: Chief Nursing Officer**
Version / Amendment History	Version	Date	Author	Reason
	2	June 2013	Patient Experience Lead	Strategy review in line with RWT timeframe requirements and to reflect changing nature of Patent Experience practices.
	1	2010-2013	Patient Experience Lead	

Intended Recipients: RWT staff, external stakeholders, RWT Governors, patients, carers and the public

Consultation Group / Role titles and Date: April – July 2013
- Healthwatch.   - Clinical Commissioning Groups.   - Patient Interest Groups.   - Community based organisations   - Trust Board.   - Governors.   - Divisional Management Teams.   - Directorate Management teams.

Name and date of Trust level committee where reviewed	Policy Committee – July 2013
Name and date of final approval committee	Trust Management Team – August 2013
Date of Strategy issue	September 2013
Review Date and Frequency [standard review frequency is 3 yearly unless otherwise indicated]	March 2017

Training and Dissemination: Guidance and support in patient experience will be facilitated by the Patient Experience Lead.
To be read in conjunction with: Reference material, section 12.0
Equality Impact [initial] Assessment [all policies]:   **Completed Yes** **Full Equality Impact assessment [as required]:**   **Completed No** <u>If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.</u>

Contact for Review	Jamie Emery Patient Experience Lead 01902 695363 jamieemery@nhs.net
Implementation plan / arrangements [Title of Implementation Lead]	See section 13.0 appendix i.
Monitoring arrangements and Committee	Quarterly Quality and Safety

Document summary / key issues covered: **Patient Experience principles, culture and methodology.** **Supporting staff in delivering positive patient experience in the context of legislation and expectations**

Content

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Patient Experience Strategy 2014 – 2017

'It's not the treatment, it's not the what, it's how'
Our patient, May 2013

1.0 Aim / Objectives

This strategy will set out how The Royal Wolverhampton NHS Trust (RWT) will engage with and learn from patients and the public in the coming years. The Trust's aim is to shape services starting with the interests of patients, carers and the public. These will be services which listen to patient and family requirements and use the skill and expertise of both patient and clinician to design experience to suit these needs.

Specifically, this means all levels of the Trust taking account of effective communication, professionalism, respect, courtesy and minimising the common stresses and anxieties which patients and carers often experience.

RWT will provide care and treatment for patients on their terms or in line with the wishes of carers to ensure their experiences are as positive as they can be. Traditionally approaches to healthcare services and related functions have been created by organisations and received tacitly by patients and the public. Through researching and learning from the experience asking people whether they are receiving the care they need, RWT can better understand how the experience can be improved. Patients will feel better cared for and carers more supported.

Specific objectives of this strategy are given below:
- Patient needs and experience to be installed into organisational culture as the founding basis for service provision.
- Patient needs and experience to be an intrinsic driver of change.
- Update accessibility to reliable digital information in tune with current trends.
- Implementation of up to date technological methods of engaging with patients, carers and the public.
- Build trust, establish and develop relationships with community and third sector organisations fostering Trust membership as a key engagement tool.
- Source insight into patient experiences in a variety of ways , embedding this as part of routine activity.
- Provide Trust Board and Senior Management with sound triangulation of Patient Experience information from a variety of sources.
- Adopt honest and open approach to patient and public views about RWT.

The systems of gathering intelligence and engagement will be developed. The vision is to:
- Implement innovative methods of capturing experience.
- Encourage of the use of independent feedback websites and wider social media.
- Facilitate the progression of culture towards appreciation of and accepting of experiences and perceptions.
- Regularly feed the Trust with patient and carer satisfaction information.
- Ingrain intelligence gathering as standard practice through a variety of methods in all service areas.
- Ensure that experience is a key consideration in developing services and facilities.

Intelligence gathered will provide the Trust with reliable markers as to how it is performing against key indications of satisfaction. Key objectives are set out in the implementation plan at **appendix i.**

2.0 Scope

Patient experience is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safe care. It is how RWT delivers care and support services and how it uses the estates available and created.

This can be any aspect from the way the phone is answered, the greeting received in reception or the ease of finding the correct part of the building to the way the clinician examines a patient or explains what is happening.

It includes all touch-points a patient or carer has with and their resultant reactions to a healthcare service, setting or facility. It is the impact that these interactions have on the patients and carers.

It can be said that providing safe and effective care are the functional parts or the 'what' of providing healthcare. Patient experience is the relational aspect, or the 'how'. Relational aspects of care include feeling listened to, or informed, while 'functional' refers to the process of delivering care, such as efficient processes. The NHS has tended to concentrate on improving functional aspects of care, yet research shows that the relational aspects of care matter as much to patients.

RWT's strategy around patient experience and improving this must influence the behaviours and actions both of staff who have direct patient interaction and those who work indirectly.

Elements that are regarded as critical for a positive patient experience are as follows:

- Respect of patient-centered values, preferences, and expressed needs.
- Coordination and integration of care across the health and social care system.
- Information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion.
- Physical comforts, including pain management, help with activities of daily living, and clean and comfortable surroundings.
- Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances.
- Welcoming the involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers.
- Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.
- Access to care, with attention, for example, to time spent waiting for admission or time between admission and placement in a room in an inpatient setting, also waiting time for an appointment or visit in the outpatient, or community setting.

The strategy guides RWT in how the Trust will collect intelligence and engage with service users and communities to facilitate this. It will consider intelligence from 5 key sources below.

- Patients
- Carers and family
- Commissioning and business planning
- The wider public and communities, including third sector
- Staff

Reliable real-time and other feedback and engagement mechanisms will be developed and reported as part of the Trust's overall quality monitoring procedures to the Trust Board. In this way RWT will constantly have the ability to gauge levels of user satisfaction and public perception.

RWT will uphold the values set out in the Armed Forces Covenant (1).

3.0   Strategic Context / Background

'NHS organisations must actively seek out, respond positively and improve services in line with patient feedback. This includes acting on complaints, patient comments, local and national surveys and results from 'real time' data techniques.' (2)

The profile of patient experience has increased dramatically in recent years and the need to improve experience is also widely acknowledged in policy, rhetoric and in the new systems and structures. The Darzi Review in 2008 (3) represented a pivotal moment in the need to consider experience alongside safety and quality. This was strengthened by the white paper published in 2010, 'Equity and Excellence: Liberating the NHS'. (4)

The need for RWT to do this in today's healthcare environment is not so much based purely on a legislative obligation. More so, there is a need to be locally engaged with users to build trust, reputation and understanding across the various geographical areas and within communities.

The relationship of healthcare provider and patient has evolved over recent years and is continuing to do so apace. Patients and carers are increasingly seeing themselves as consumers of healthcare services and the word '*service*' in the NHS banner is becoming ever more relevant to how healthcare is being provided and received. The NHS is familiar with the challenges of providing safe and effective care and treatments. Our challenge over the years ahead lies in continuing to provide high quality healthcare in a way that meets need and expectation.

The Francis Report (5) emphasised the importance of the cultural, leadership and system changes that are needed across the NHS. Adopting all recommendations of the Francis Report will represent a significant change in culture in the NHS. Establishing patient's and carer's needs as the top priority will help RWT to achieve this.

With systems in place to enable this, the Trust can understand what patients want from services. From a patient's perspective, with involvement comes empowerment and empowered patients are far more likely to make informed choices about their health and wellbeing on the basis of their level of empowerment.

'*Feeling better? Improving Patient Experience in Hospital*', a report published by the NHS Confederation, (6) provides compelling evidence that hospital Boards can achieve better outcomes across their entire organisation when patient experience is a priority.

The Excellence Framework for Patient Experience forms part of a wider piece of work on patient experience and the subsequent report (7) explains the rationale for prioritising patient experience, emphasising the management and financial reasons for doing so. It highlights that patient experience is a central issue for the NHS Commissioning Board, Clinical Commissioning Groups and service providers.

One of the key findings of '*What Matters To Patients? Developing the Evidence Base for Measuring and Improving Patient Experience*' (8) by the King's College London and The King's Fund was that it is the relational rather than the functional aspects of care as described above that matter most to patients.

In February 2012, the NHS National Quality Board published the NHS Patient Experience Framework (9). This framework outlines those elements that are critical if patients are to have a positive experience of NHS Services. This framework is significant for healthcare organisations because it provides a common evidence-based list of what matters to patients, and can be used to direct efforts to improve services. For example, it can be used to help define what questions to ask patients in surveys and in real-time feedback. The framework draws on the '*What Matters to Patients?*' research mentioned above. This research suggested it is possible to apply a single generic framework for patient experience to a wide range of health conditions and settings, and recommended that the Department of Health adopts a common framework for this purpose.

Rationale behind the 6 C's (10) also highlights that what matters to patients and carers is not just the care given, but the way in which it is provided. It stresses the need to understand patient experience and listen to feedback and to show compassion; that we need to understand the impact of what we say and do and see the person in every patient. This means showing compassion in a way that is professional but yet human, respecting boundaries but not being afraid to care.

Understanding patient satisfaction and experiences are therefore crucial to an organisation's ability to react to what patients and carers want and need; understanding that how we do things is just as important as what we do.

Commissioners' decisions are dependent on quality and reputation and it is crucial that RWT continues and develops a proactive assessment of this. Public expectations of what a health service should deliver are also increasing. Post war and younger generations have different expectations to those before and are increasingly computer literate. They have wider access to technology. This is now and will be used further to express opinions and research matters relating to health and health services.

Technology and social media are also used extensively to engage and communicate across all sectors. This presents an opportunity to the Trust in how it develops services based on the needs and feedback of patients.

Key policy drivers are:

- The NHS Constitution.
- NICE Quality Standards for Patient Experience in Adult NHS Services.
- NHS Operating Framework 2012/13.
- NHS Outcomes Framework.
- Quality Accounts.
- Section 242 The Statutory Duty to Involve.
- Essence of Care.
- Equity and Excellence: Liberating the NHS.
- Healthy Lives, Healthy People.
- The Government response to the Francis Report.

Implementation of the Friends and Family Test in hospitals shows the intent and requirement to shift culture. Whilst this can be a crude or blunt measure, it does present a reliable and sensitive indicator of the changes of how patients and carers feel about healthcare services.

4.0   Local Context

This strategy is aligned to the Trust's vision to be:

"An NHS organisation that continually strives to improve patients' experiences and outcomes"

The strategy will underpin the Trust values:
- Patients are at the centre of all we do.
- Working together we will deliver top quality services.
- We will be innovative in how we work.
- We create an environment in which people thrive.

In delivering the strategy RWT will work in conjunction with:
- Health Overview and Scrutiny Committee.
- Clinical Commissioning Groups.
- Healthwatch.
- Trust Governors, membership and volunteers.
- Local community and third sector organisations.

Three key elements, when aligned to the requirements of patients, relatives and carers, are crucial in making for a positive patient experience. These elements are described below.

4.1   Our Staff

Top performing organisations with high user satisfaction outcomes recruit staff with the right attitude, behaviours and skills required to communicate with individuals, recognising their needs as

a user of services or a customer. Training and development of these particular skills, recognising the changing needs and requirements of a customer base, is an intrinsic element of how top performing organisations provide their services.

The vast majority of feedback involves some element of interaction with one or more individuals. The influence that each individual has on each experience cannot be under estimated. It is therefore crucial that attitudes, behaviours and communication skills are a key driving factor in recruitment of all staff of all levels and their ongoing development with the Trust.

Where it is identified that colleagues are not meeting required standards in this respect it is vital that they are supported and developed to meet the needs of the Trust and our patients.

High staff satisfaction is also a consistent factor in organisations with high customer satisfaction outcomes.

4.2   The Estate

Listening to patients' and carers' experiences of healthcare settings tells us much about the impact that physical structure and their functions have on them. This might be the ease with which they can either mobilise to or locate a particular building. The sounds, smells and aesthetics of environment too, all help to put a patient at ease, or otherwise. It is by design that the hospitality industry use sound and scents to create a pleasant atmosphere; one that they want their customers to speak well of because of the feelings evoked.

There is also a causal link between environment and conditions and staff satisfaction, and this link also transpires into improved patient satisfaction.

The Estate is therefore a highly significant part in delivering a positive patient and carer experience.

4.3   Systems

There are constricts and confines which dictate how clinics and pathways are designed. Staff and teams want to provide the very best they can for the people the Trust serves and it is recognised that they go to great lengths to ensure this. However often despite these intentions, the systems and processes in place are in conflict with what staff seek to achieve here. However, constricts and confines exist in all sectors of the service industry and business. Starting with the patient and with these taken into consideration, our patient's journeys through our care and treatment processes must start and be built around their needs managing their expectations.

For these three key elements to align and culminate in an enhanced experience for our patients, organisational culture must accept the need to shift emphasis. RWT must take the patient as the starting point for how it delivers services and nurture this culture, valuing the intelligence gathered from staff and service users as a driver for change.

The diagram below represents these elements.
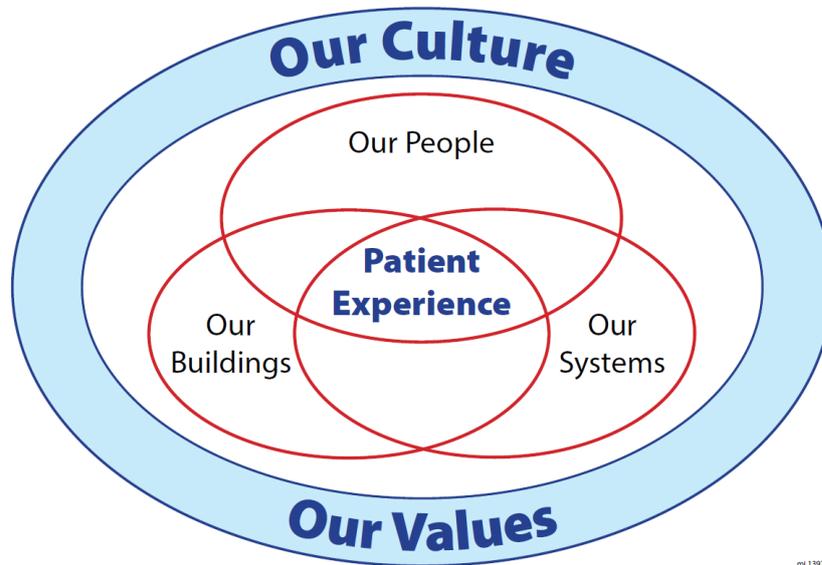
5.0 Current Position

The Trust recognises that enhancing the patient experience requires a shift of culture, ways of working, attitudes and systems. However, excellent initiatives already exist at RWT and in partnership with other organisations and groups. The strategy will maintain and expand these initiatives while at the same time develop and evaluate new ways of learning from patient experience, engaging with patients and the public.

6.0 Communication of Strategy

The strategy will be available on the Trust internet and intranet pages for staff and public to access; when launched the document will be promoted via the Trust's all user bulletin and through various Trust staff fora.

The following groups were invited to give comments on the strategy:

- Healthwatch.
- Clinical Commissioning Groups.
- Patient Interest Groups.
- Community based organisations.
- Trust Board.
- Governors.
- Divisional Management Teams.
- Directorate Management teams.

Where practical, suggestions and comments will be incorporated into the annual review of the strategy and agreement of the annual plans. Should significant changes be suggested as part of this consultative process, these will be brought back to the Trust Board for consideration.

7.0 Structure and Approach

The Trust's Patient Experience Strategy will promote engagement occurring at the three levels described below:
- At the bedside – supporting involvement from individuals in decisions about their own care and responding immediately to address any deficits or concerns.
- At an operational level – ensuring service users' experiences help to shape service developments and improvements for the future.
- At strategic level – ensuring the Trust membership and governors are representative of our users and able to actively contribute to the strategic development of the Trust.

These levels of engagement remain relevant to this strategy with the focus for action being placed on care delivery and operational level engagement. In these contexts, engagement can be considered as two separate activities; gathering feedback and building involvement.

To ensure that feedback has a positive impact on experience, RWT will need to employ a range of methods. No single approach is sufficient and the Trust will seek and analyse, both qualitative and quantitative data.   Both are of equal importance.   Complaints in isolation are not sufficient in making a true assessment of patient experience.

Approaches to complaints can be bureaucratic and tend not to be viewed in a positive light.   If RWT is to focus on what is important to patients a shift in culture and approaches to complaints must occur.

7.1   Generating Insight

7.1.1   Complaints

'The diamonds beneath the soles of your feet' (11)

Learning from the private sector shows us that business celebrates failure as an intrinsic element of success.   Poor complaint handling leads to a decreased reputation and a resultant loss of business.   Good complaint handling transforms individuals from being disaffected people telling others how badly they have been treated into to positive advocates for an organisation. Experiences of positive complaint handling in the NHS have reflected this.

In the NHS identifying where patients have been let down can be a challenge. Older patients are reluctant to complain fearing repercussions and staff can also be similarly reluctant. The NHS is a unique environment; patients invariably cannot go elsewhere in the same way a consumer in the private sector does. However it is the relationship between customer and provider that high performing private sector organisations focus so much of their attention on and nurture; their service offer is based purely around what their customers want. Their complaints direct and drive them to provide a better and better service and the complainant is celebrated for the insight they bring, provided free of charge, to an organisation.

RWT will approach complaints abiding by key principles of listening and empathising; not attempting to justify or being defensive about complaints. The starting point to each response to a complaint, be it formal or otherwise, must be acceptance as opposed to justification.

The Trust will employ methodologies to seek out actively what patients and carers want and need. Various example methodologies are provided below however these are not exhaustive and other ways of gathering intelligence and insight will be considered. This is not necessarily restricted to formal complaints. Many complaints or concerns are received and resolved without use of formal procedure. In this sense the Patient Advice and Liaison Service (PALS) is a focal point from which the Trust can learn much about how and where patient experiences can be enhanced.

7.1.2   Social Media

'Trip Advisor' (12) style websites, such as NHS Choices (13) and Patient Opinion (14) are well established. Both invite patients and the public to post their comments about their healthcare experiences and also to rate a particular hospital or healthcare provider about its levels of service.
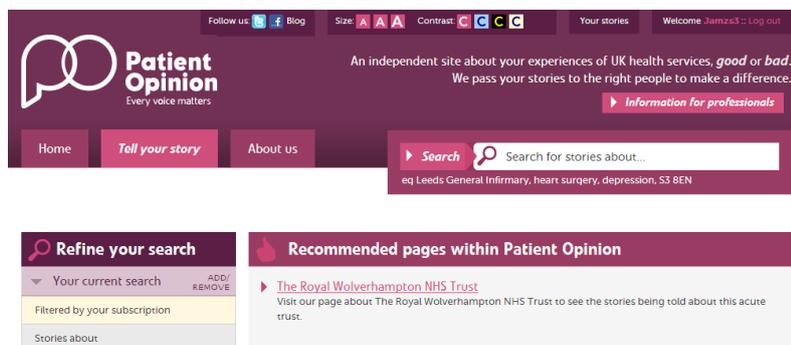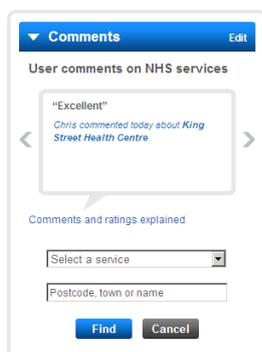
Social Media channels such as Twitter, Facebook and others like them are firmly ingrained in how society today communicates and learns. Wide use across society of smart phones and similar devices and the internet based applications they host, make all manner of real time information accessible and easy.

Organisations in today's NHS have employed social media widely in recent years to positive effect, engaging with audiences like never before. This is not used just as a feedback mechanism, but also as a way of communicating key developments, engaging with and updating members of the public about real time information on a day to day basis.

RWT will devise a social media policy. It must embrace the media which have emerged and will continue to develop in the coming years.

7.1.3   Trust Information Communication Technology

As mentioned above people use digital technology as a key data source. An organisation's website is in effect its shop window. Content and design has to be relevant, up to date and useful. The RWT website is a way to engage with the public and can house feedback mechanisms such as surveys and downloadable applications.

7.1.4   Patient Experience Data

Systems for capturing and review of statistical data will be reviewed to meet the Trust's needs. How and what is captured will often depend of the nature of the different services and the demographics that make up patient groups.

Similarly qualitative data provides a rich source of learning from patient experiences. This can come in the form of:
- Hand written comments.
- Recorded patient stories.
- Patient interviews and discharge interviews.
- Focus groups.
- 'Goldfish bowl' type feedback exercises.
- PALS referred to above.
- Social media feedback / web applications.
- Quality and safety walkabouts.
- Observations and dedicated observational work.
- Emotional mapping and Evidence Based Design.
- Patient diaries.
- Listening exercises, community outreach.
- Mystery shopper exercises.
- SMS/text message feedback.
- Video postcards.

This list is not exhaustive and different methodologies fit for different groups. Also no one data source can be relied upon in isolation.

Specialist resources to learn from patient experience can include:
- Trust Volunteers.
- Patient representative groups.
- Third sector and voluntary organisations.
- Trust membership and Governors.
- Healthwatch.
- Clinical Commissioning Groups.
- Local Authority Social Care Service.
- Trust staff.
- The Patients' Association.
- National Patient Survey Program.

The Trust's Patient Experience Forum is well established and presents an opportunity to take insight and advice from patients and carers. RWT will develop this Forum so that a greater number of patients and carers can make their voice heard. This will be in the form of building outreach, developing the on-site meeting format to become more of a virtual group, listening to the community voice in locations convenient for the public.
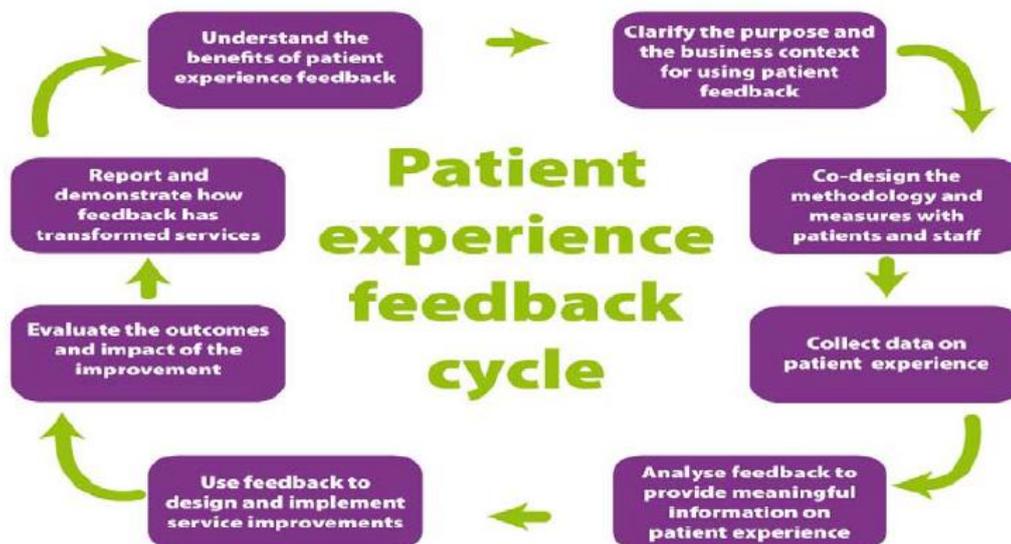
7.1.5 Engaging with Communities

Organisations and individuals in Wolverhampton and surrounding areas are a key resource in further understanding patient experience and the resultant needs. Some sections of society are under-represented leading organisations to plan and deliver services which are not entirely in line with what those sections need.

RWT will therefore branch out to the wider community to ensure that voices are heard and understood from the community perspective and so that niche areas of society can be included in this. This will be in a variety of ways, for example through invite to specific centres or through third sector or voluntary organisations. RWT will use this as a way of ensuring that the Trust membership is reflective of the population it serves and strengthen membership to use a key sounding board for plans and developments.

7.1.6 The Feedback Cycle

The diagram below shows the feedback cycle and how this can be delivered. Patient Experience does however run deeper than this. How RWT meets patients' and carers' patient experience needs has to take into account how staff at every level communicate and demonstrate consistent behaviors in tune with the sound principle of customer service. The teams and the individuals' behaviours and communication must be tailored to suit the needs of each patient, relative or carer. The buildings, services and facilities available must also be designed around the needs of and promoting ease for patients, relatives and carers.

Patient experience feedback cycle

- Understand the benefits of patient experience feedback
- Clarify the purpose and the business context for using patient feedback
- Co-design the methodology and measures with patients and staff
- Collect data on patient experience
- Analyse feedback to provide meaningful information on patient experience
- Use feedback to design and implement service improvements
- Evaluate the outcomes and impact of the improvement
- Report and demonstrate how feedback has transformed services

7.1.7 'You Said, We Did . . .'

A key frustration for service users is providing feedback and not seeing any change in practices or behaviours.

RWT will be open and honest about what people say about our services. The Trust will publish its patient experience data on the Trust website. RWT will pilot, with a view to Trust wide roll out, Patient Experience Boards with consistent branding in each service area. Information may differ across services however information about what the boards might look like is provided below to demonstrate how patients and the public will be assured of our approach to feedback:

> **This month this ward has received . . . . complaints.**
>
> **These have been about . . . .**
>
> **Our satisfaction ratings (Friends and Family Test scores, patient experience metrics data) are . . . .**
>
> **Other feedback we have received is . . . .**
>
> **As a result of feedback we have received this month we have . . . .**

8.0 Roles and Responsibilities

The Chief Executive has overall Trust Board responsibility for this strategy. The Chief Nursing Officer is the Trust Board lead for Patient Experience and has specific responsibility for advising the Board on all aspects of the strategy.

The delivery of this strategy will be the responsibility of the Chief Nursing Officer, Medical Director and Chief Operating Officer, Divisions and Directorates.

The Patient Experience Lead is responsible for the implementing and monitoring this strategy.

Whilst the above staff have the responsibilities described, all Trust staff at every level have a responsibility to promote positive patient experience and the principles of this strategy.

9.0 Equality Statement

It is vital that The Trust takes positive action to ensure all of the patients and visitors to the Trust have positive experiences and can influence the services provided. Wolverhampton and surrounding areas have vibrant multicultural and diverse communities and the Trust has a commitment to working with representatives of all communities to provide accessible and suitable services.

In 2012 the Trust published its draft Equality Objectives and these were finalised in 2013. These set out the way the Trust intends to meet its duties under the Public Sector Equality Duty. Protected characteristics as defined by the Equality Act are:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation.

RWT provides interpreting services and translation including easy read information and are working with key partners across the city in order to develop specific support services such as the traffic light system/about me information for patients with learning disabilities.

RWT will adhere to our obligations in line with the Human Rights Act, Equality Act and Public Sector Equality Duty.

10.0 Evaluation and Review

Quarterly reports will be provided to Trust Board and Quality and Safety Committee.

11.0 Resource Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	Yes
3	Does the implementation of this policy require additional manpower	Yes
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

'An NHS organisation that continually strives to improve patients' experiences and outcomes'

12.0 References

Source of data	Date of publication / issue
1. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49470/the_armed_forces_covenant_today_and_tomorrow.pdf	2011
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152683/dh_131428.pdf.pdf	2012
3. http://www.official-documents.gov.uk/document/cm74/7432/7432.pdf	
4. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135875/dh_117794.pdf.pdf	
5. http://www.midstaffsinquiry.com/assets/docs/Inquiry_Report-Vol1.pdf http://www.midstaffsinquiry.com/assets/docs/Inquiry_Report-Vol2.pdf	2010
6. http://www.nhsconfed.org/Publications/Documents/Feeling_better_Improving_patient_experience_in_hospital_Report.pdf	2010
7. http://patientexperienceportal.org/article/costs-and-benefits-of-implementing-a-patient-experience-strategy-or-why-every-director-of-finance-should-be-investing-in-patient-experience	2012
8. http://www.institute.nhs.uk/patient_experience/guide/the_patient_experience_research.html	2010
9. https://www.gov.uk/government/publications/nhs-patient-experience-framework	2012
10. http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf	2012
11. https://twitter.com/mrtarpey/status/314640982077493248&sa=U&ei=5SmCUazPNKW80QXGt4G4BA&ved=0CB4QFjAB&usg=AFQjCNGMwjprKRoJtqUM6GDk4rcAOmLymA	2006
12. http://www.tripadvisor.co.uk/	
13. http://www.nhs.uk/Pages/HomePage.aspx	
14. https://www.patientopinion.org.uk/	

14.0 Appendices

Appendix i

The Royal Wolverhampton NHS Trust Patient Experience Strategy 2014 – 2017

Implementation Plan

The plan below is not an exhaustive list of action required and new developments will be incorporated as the need arises. This plan will be reviewed every 6 months.

Objective	Action required	Timescale to be in place	Measured by	Key Staff	Accountable Staff
Organisational culture instilling patient needs and experience as the founding basis for service provision.	Patient needs and requirements to be the founding basis for service design	December 2017	Regular review of Patient Experience Data, staff satisfaction survey	Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead	Chief Executive
	Publication of patient experience data and changes implemented	January 2014	Self-evident		Patient Experience Lead
Shift organisational culture instilling patient needs and experience as an intrinsic driver of change	Implement changes as a result of intelligence received	December 2017	Regular review of Patient Experience Data, staff satisfaction survey	Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead	Chief Executive
	Publication of patient experience data and changes implemented	January 2014	Self-evident		Patient Experience Lead
Update accessibility to reliable digital	Redesign and update of Trust Website, allocate resource to and recruitment of	April 2014	Self-evident	Head of ICT, Web Developer,	Patient Experience Lead

				Communications Manager/Officer.	
information in tune with current trends.	expertise in web design and communications.	October 2014	Self-evident		
Implementation of up to date technological methods of engaging with patients, carers and the public.	Resource allocated to and recruitment of expertise communications/social media, RWT to adopt social media as a key engagement and communications tool.	April 2014	Monitoring and reporting of engagement activity via social media	Web Developer, Communications Manager/Officer.	Head of ICT, Patient Experience Lead.
	Consideration and implementation of mechanisms to allow feedback via various technological routes	October 2014	Monitoring and reporting of feedback received		
Build trust, establish and develop relationships with community and third sector organisations fostering Trust membership as a key engagement tool	Resource allocated to and recruitment of membership and community officer.\n\nIncrease Trust membership, 3000 over 3 years.	April 2014	Increase in Trust membership, organisations worked with as partners	Volunteer Service Co-coordinator, Membership and Community Officer, Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead.
Source insight into patient experiences in a variety of ways , embedding this as part of routine activity	Review of current methods.	January 2014	Reporting of Patient Experience data formats	Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead
Provide Trust Board and Senior Management with sound triangulation of Patient Experience information from a variety of sources	Recruit to/Develop data analyst skills, review reporting information and update	January 2014	Reporting of Patient Experience data formats	Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead

Adopt honest and open approach to patient and public views about RWT	Patient Experience reports to be published on the Trust Website	January 2014	Self-evident	Communications Officer, Web Developer	Patient Experience Lead
	Implementation of Patient Experience display boards	April 2014	Self-evident		Clinical Directors, Matrons, Directorate Managers, Heads of Service.

Appendix ii: PESTLE

Political	Environmental
- Mid Staffordshire, The Francis Report, Government response - Drive for cultural change - RWT Foundation Trust ambition - Friends and Family Test - NHS values – Openness and Honesty 6 C's - Patient Experience Framework - CQC/Monitor regulation and quality assessment - Human rights and Equality and Diversity agenda	- The effects of buildings, fixtures, fittings and systems on individual's experiences - Building stock of varying age and condition - Cleanliness, Infection Prevention - Delivering care in different and community settings - New hospital development planning - Local Socio-Economic factors - Transport links, site accessibility 'Functional' and 'Relational' aspects of care/treatment
Social	**Technological**
- Changing public expectations - Social networking - on line reputation - Stagnant job market may reduce turnover of staff - Ageing population - Increasing social mobility - Trends in migration - Communication trends across demographics	- Range of communication media available - Use of technology to learn from patient experience - Increasingly web-literate population, older generations are using and will continue to use the internet as a source of information as the population ages. - Video, 'Skype' as a way of communicating.
Legal	**Economic**
- NHS constitution - Section 242: The Statutory Duty to Involve - Public Sector Equality Duty	- Challenge of improving quality at a time of growing demand and need to make financial savings - Patient experience impacts on length of stay and health outcomes - Impact on public services of current economic pressures - CQUIN agenda, Friends and Family Test

Apendix iii: SWOT Analysis

Strengths	Weaknesses
- Strong ownership culture - Robust complaint management systems - Some feedback systems in place - Board engagement in the patient experience - Committed and engaged workforce - Public engagement activities	- Public relations/public communications - Trust Website - Data analysis - Consistency of attitudes, behaviours and communication across roles/disciplines - Systems/process not designed around the needs of patients - Defensive thinking towards complaints and feedback, coming from a point of justification rather than acceptance - Public feedback about positive changes
Opportunities	**Threats**
- Engagement through Social Media - Membership growth and potential engagement resource - Community/third sector engagement - Publication of data - Celebration of what works well, publication of good practices - Buildings and estates developments - Patient need driven culture - Engagement with seldom heard groups - Tailored methodology driven by patient group - CCG support	- Prevailing economic pressures - Lack of resource dedicated to web design and content, social media, public communications and engagement - Lack of Trust website ownership; stagnation of current content, not keeping pace with design trends and applications - Stagnation and decline of Trust membership - Risk averse thinking towards social media