



Patient Experience and Engagement Strategy

“Kindness at every step, no decision about you without you”

2023-2028

This strategy takes us from our work on ‘embedding kindness’ to ‘kindness at every step, no decision about you without you’ with our aim to ensure we include patients, families and carers in decisions about the care we provide. The ‘patient voice’ will be at the centre of our improvement work to understand the needs and experiences of our patients to inform the healthcare received. Patient, family and carer experience will be a part of everyone’s business. We recognise that many of our colleagues come from the communities we serve, our engagement approach will ensure we listen to the experience of our own colleagues.

Foreword – Karen Dawber

Inc – Patient Story / narrative

Patient comments word bubbles

To be produced in easy read, large format, alternative languages and formats – top 5 languages

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1.0 Introduction and Executive Summary

Here at Bradford Teaching Hospitals NHS Foundation Trust (referred to as the 'Trust' in this document) we strive to be an outstanding organisation, providing the highest quality healthcare at all times. Our aims are to provide outstanding care for patients, be in the top 20% of NHS employers and demonstrate how we continually learn as an organisation.

This strategy, builds on our previous patient experience strategy Embracing Kindness, and sets out our Trust's ambitions over the next five years for patient experience and engagement. This strategy brings together our approach to embedding kindness at every step and the development of our 'diverse patients' and 'community voice' in all our service areas.

Our Trust's Corporate Strategy allows us to build on our approach to realise our vision and ambition in achieving high quality care for our patients and placing patients at the centre of all that we do. Our Corporate Strategy *Our Patients, Our People, Our Place and Our Partners* sets out our commitment to make a difference to everyone who needs our care. We will do this by developing high quality, innovative services whilst continuing to develop and embed a culture of kindness with a focus on embedding equality, diversity and inclusion across the Trust to make sure we deliver a positive patient experience.

Our Patient Experience Strategy sets out our approach to embedding kindness by making it easier for patient's families and carers to share their experiences of the care we provide and for our staff to be able to act on this.

Our Trust's Nursing and Midwifery Strategy strengthens the work we are doing. One of our key aims is to make sure our patients have a positive experience. Our Clinical Professions Strategy sets out commitments to focus on ensuring positive patient experience and to increase patient engagement and involvement.

Our Trust's newly developed Equality, Diversity & Inclusion Strategy 'We are Bradford: We value diversity and champion Inclusion' 2023-25, sets out the principles and actions by which we intend to achieve this.

The strategy has been developed not only to comply with our legal obligations and contractual obligations under the Equality Act 2010 but because we believe wholeheartedly that is the right thing to do. Equality, Diversity & Inclusion including tackling population health inequalities must be integral to our wider culture and values and we must strive to make them visible in everything we do. They are an intrinsic part of helping us to improve the patient experience, our workforce culture and to highlight the additional needs of those

with a protected characteristic. Our approach to diversity and inclusion will go beyond legal compliance – it will be central to our core business.

Our Patient Experience and Engagement Strategy is for everyone. It clearly sets out what our patients can expect from us and the role of our people to ensure that we embrace the values of our organisation and work in partnership to deliver care, to actively listen, engage and live up to our ambition of *kindness at every step, no decision about you without you*.

As key partners and contributors to our wider Bradford District and Craven Health and Care Partnership's vision and ambition, our strategy will guide our role in wider system working that will help us develop an effective place-based partnership with the aim of keeping people 'happy, healthy at home'. We will ensure that we listen to and learn from wider feedback received by other partners locally, regionally and through national reports.

2.0 Our Vision: Kindness at every step, no decision about you without you

In the year running up to the development of this strategy we have actively engaged with staff, patients and the wider diverse population. We have listened and have developed a number of areas for focus, these will become our aims and we will monitor and report on progress against these.

2.1 National, regional and local context

We understand the importance of involving patients, carers and our communities to deliver change that reflects our vision. Our approach also reflects statutory guidance covered in 'Working in partnership with people and communities' published by NHS England in 2022 (<https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/>).

As active players in the West Yorkshire integrated care system we will also ensure that we consider how we can use the West Yorkshire involvement framework to ensure consistency in our approach with other regional partners (<https://www.wypartnership.co.uk/engagement-and-consultation/involvement-framework>).

At place we will actively contribute to the work of our system Quality Committee, ensuring we share patient experience data with wider partners who run the system-wide experience of care database. We will also be active attendees and contributors to the work of our place-based Citizen Forum, which includes supporting efforts to triangulate data and intelligence to get a better understanding of our communities. This will go a long way towards improving people's experience of care and our system-wide ambition of tackling inequalities.

3.0 Aims and Objectives

Aim 1 – High Quality and Personalised Care

Principle: Deliver care with kindness, professionalism, compassion, respect and inclusivity

Objectives:

1. To be kind, compassionate and respectful during our delivery of care and treat our patients, carers and visitors as they would want to be treated
2. To introduce ourselves by our first name and explain what we do
3. Make eye contact, smile, use open body language - recognising if additional communication support is required and make sure this happens
4. Value patient time, if something is delayed we will explain and give realistic timescales
5. We will always communicate with patients in a way that is honest, easy to understand and kind
6. We will enhance the experience for all where we will value diversity and champion inclusion
7. We will build a process that allows us to assess ourselves against these objectives through the use of the Friends and Family Test, departmental and clinical unit surveys and focus groups.

Aim 2 – Listen and Understand

Principle: Understand the experience of patients, carers and the public, be inclusive and pro-actively engage with our diverse communities and act on their experience

Objectives:

1. We will widen our approach to understand the experiences of our patients, family members and carers
2. Identify and understand the experience of all including those with the greatest health inequalities and seek to understand their needs and experience
3. Use patient experience insight for learning, improvement and celebration by actively encouraging the patient voice and working in partnership

4. Widen the use of the patient voice in all elements of our Trust business
5. Use all opportunities to capture experience and listen to our communities, by way of community groups, voluntary services and our wider diverse population
6. Provide patient experience information for our wider system through the experience of care database, with reporting lines through the system Quality Committee

Aim 3 – Co Produce

Principle: Ensure our patient, carer and public experience and engagement supports service improvements

Objectives

1. Build on our approaches when engaging with patients and the public
2. Make sure that all new services, developments and processes encourage and make use of patient, carers and the public's insight and feedback
3. Make sure patients, carers and the public have opportunities to influence key Trust and Clinical Service Units (CSU) priorities
4. Encourage all staff to demonstrate the impact of patient experience and engagement on their work, approach and service
5. We will make sure that we avoid jargon in our communication and make sure our communities have the right information at the right time in a format that is accessible and inclusive
6. Learn from local, regional and national best practice and implement co-produced solutions to our Trust

Aim 4 – Make the change and share the change

Principle: Increase opportunities to provide feedback to our communities on the difference their involvement has made

Objectives:

1. Increase the number of community events to promote / improve engagement

2. Work with the Council of Governors and wider Foundation Trust Membership to provide opportunities to listen and for us to provide updates and feedback to show our learning from the work undertaken
3. Develop interactive tools and use technology to evidence and promote the work we are doing
4. Contribute to system-wide work designed to bring together the citizen (including patient) voice. This includes regular attendance and contributions to the work of the Citizen Forum that reports into the Bradford District and Craven Health and Care Partnership Board

Aim 5 – Develop and use toolkits for engagement

Principle: To make it easier for our clinical staff to engage and work with our diverse community

Objectives:

1. Increase staff access to knowledge, training, information and resources - build on what works well and undertake service specific engagement
2. Make sure engagement and involvement activities are accessible to a diverse range of people, including those with additional needs
3. We will develop practical approaches and opportunities that can be supported in clinical and non-clinical environments
4. Participate in Bradford 'Listen In' activities. Listen In is our place-based partnership's community-based outreach approach to listening to the experiences of our communities
5. Use existing involvement approaches and ensure we meet any statutory guidance especially when considering any changes to services

Aim 6 – Co Delivery

Principle: Enabling carers and volunteers to enhance the service and patient experience

Objectives

1. We will value volunteers for their positive contribution and their important role in patient experience and engagement
2. We will encourage carer involvement through the Carers Charter, John's campaign and the Visitor's Charter (add links)
3. Increase the number of volunteers we have to help improve the patient experience across all areas of our Trust
4. Invite local Voluntary Care and Social Enterprise Sector (VCSE) partners into the Trust to share what their service users are telling them about experiences of care - this could include inviting people to attend Executive Team Meetings or Board development sessions.

4.0 Measuring for Improvement

We have a number of measures already in place; we will use these existing measures and build on these to make more inclusive and meaningful ways of showing how we are delivering against our aims.

Our patient experience website (QR CODE HERE) will be the one place that will provide oversight and transparency on what we are doing and how well we are doing.

We will also look to share any involvement opportunities through our place-based partnership's dedicated involvement website www.engagebdc.com

We will task a member of our board to be the champion for patient voice; we will then look to co-produce a series of impact measures working closely with our colleagues, patients and volunteers.

5.0 Framework for Improvement

Figure 1 below shows our framework for improvement which has 4 distinct steps.

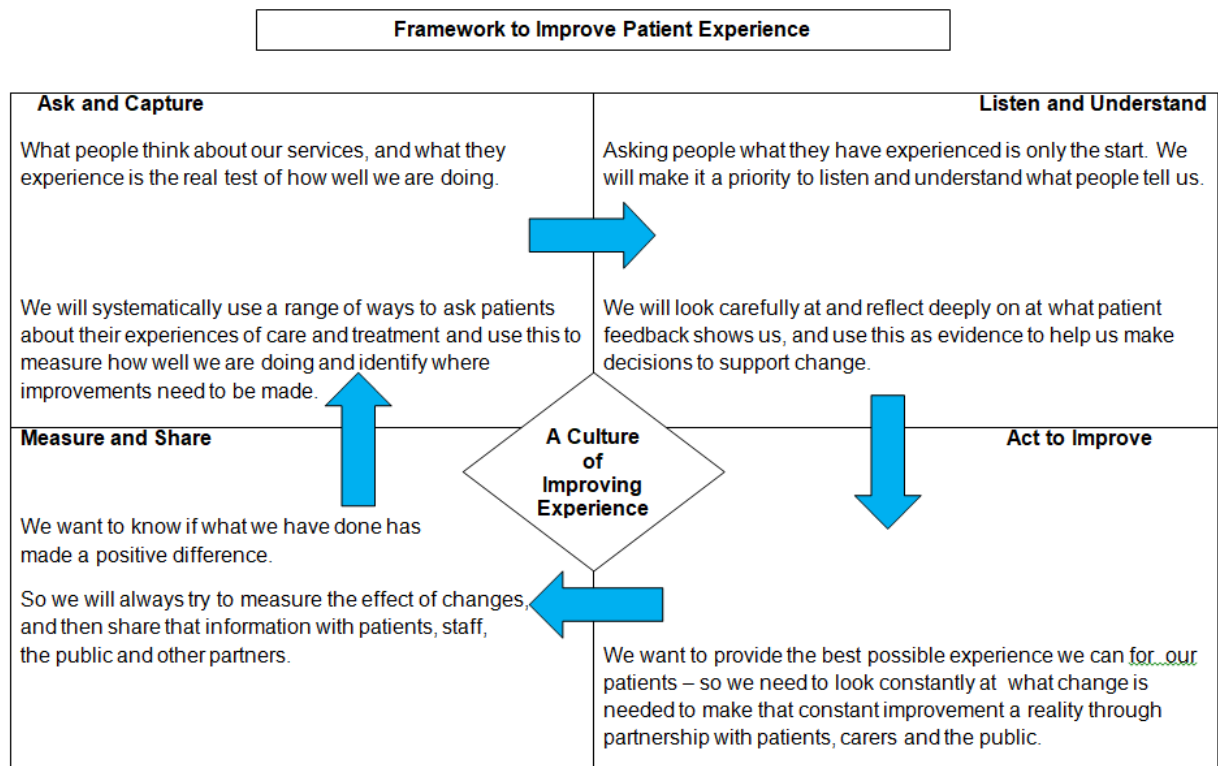


Figure 1 – Framework for improvement

Ask and Capture

We will:

- Capture feedback through the Friends and Family Test (FFT), Complaints, Patient Advice and Liaison Services (PALS), compliments we receive and our 'patient stories'
- Actively ask and seek information from our communities so we can capture their experience whilst they are in our care to help us to improve
- Make it easy for patients, families and carers to share their experience with our Trust in a timely and meaningful way

- Work with partners, such as Healthwatch, to carry out planned or unplanned visits such as ‘enter and view’, learning from the information they share

Listen and Understand

We will:

- Understand what people are telling us about their experiences in our delivery of care and their patient journey. This will help identify what matters to them and where we have good practice as well as where there is a need for change and improvement
- Aim to understand the cultural, social, spiritual, religious physical, psychological and emotional aspects of all our patients’ experiences, understand their needs and preferences and meet these wherever possible
- Make a conscious effort to take a step back when patient feedback identifies a problem with their experience, so that we can understand it from their point of view and look for solutions to problems or ways to change practice
- Examine feedback to help us understand what can be changed locally and what might need wider involvement and consultation; what we can do quickly and what might need to be addressed through a longer term process of change and improvement
- Target areas where problems are reported by significant numbers of patients, or which occur often and are important to people, to make sure we make more of a difference in improving people’s experience and health outcomes

Act to Improve

Gathering patient opinion is of limited use unless we do something constructive with the findings. It is essential that we act on what we have found and are able to demonstrate that we have done so. Involving patients, carers and the public in this process will become the norm.

It is important to prioritise areas for action. Choosing those priorities is one of the most important decisions we will make. We recognise that this can mean balancing externally set priorities, our Trust priorities and objectives and patient/public priorities.

We will consider if an improvement can be achieved at ward, department or Trust-wide level. It can be helpful to choose areas that show clear potential for improvement. Setting

goals and objectives based on feedback, divided into manageable steps and achievable targets, and with an adequate allocation of resources to deliver improvements is vital.

We need to know what has worked and had an impact through careful evaluation of both the process and the outcomes.

We want to celebrate and share best practice from our Trust teams, we will do this by encouraging people to share how patient and carer experience has led to changes within their CSU or in any of their administrative processes. This could include sharing this through our internal communications channels as well as looking for opportunities to enter awards such as the ones led by the national patient experience network -

<https://patientexperiencenetwork.org/awards/>

Measure and Share

As a public service, it is our duty to be publicly accountable, and to be able to offer robust evidence of how we listen to patients and others and act on what they tell us.

When we ask people about their experiences, and develop, change and improve our services as a result of that, it is extremely important that we communicate what we have done to a wide audience as possible. It is particularly important to provide this feedback to anyone whose involvement has helped us to make that change or development.

In the continuous cycle of improvement it is essential that we measure the impact of changes we have put in place through continuing to check with, and listening to, people affected by them.

When we provide information for people it should always be accessible as well as presented in ways that are appropriate and appealing. We recognise that different groups may need different approaches.

We will commit to doing more to capture people's communication needs in line with the Accessible Information Standard and celebrate successful innovations that have resulted from people tailoring care to meet people's specific needs.

How will we know we are succeeding?

This strategy is intended to be a live and dynamic framework which will support us in listening to, responding to and involving patients, carers and the public. We want to learn and improve our services.

We will monitor and report on feedback received from patients and the public. Improvements made at any level will be recorded by our Clinical Service Units (CSU's) and reported to our Patient Experience Group which will then provide assurance to our Quality and Patient Safety Academy and our Board of Directors.

Patient experience and engagement must be a standing item on all of our Trust business and quality meetings. We will make sure we share our learning, reports and any planned involvement work with the Citizen Forum.

Making it Happen: how we will get there?

The way we plan and carry out all involvement activity must reflect our values as an organisation.

Individual work streams, services or departments will be responsible for making sure that they think about and plan adequately for patient and public involvement in the delivery of their services and planning for their services. The Patient Experience team will help to make this as straightforward as possible for our staff.

6.0 References

Working in Partnership with People and Communities, Statutory guidance, NHS England, July 2022

BTHFT Strategies – VRI, Patient experience, quality, EDI, nursing and midwifery, clinical professions

The patient experience book, NHS Institute for innovation and improvement, 2013

Engaging Communities' for health improvements, a scoping study for the health foundation, Coulter 2009

Involvement Framework, our strategy for working with people and communities, West Yorkshire Health and Care Partnership, July 2022

7.0 Appendices

Guiding Principles for Involvement

These principles will be developed with patients, patient groups and carers to form 'I' statements.

We will:

- Work continuously towards developing strong structures and policies to support involvement.
- Make sure we agree a clear context with people from the start whenever they are involved with us, so that involvement is based on what can be realistically achieved, and being mindful of both the short term and longer term challenges we face as an organisation and in the wider NHS
- Include active patient and public involvement in our strategic and annual planning and business planning through appropriate routes including the Council of Governors and membership engagement such as the Quality Account
- Set up a central database to support involvement. This will help us to involve people, in the things they care about, in the ways they want to be involved. It will also help us to monitor, analyse and report on involvement activity
- Work towards a culture of co-design and co-production across our Trust
- Encourage leadership and commitment in action by inviting Governors, and senior leaders in the Trust to take part in involvement activities from time to time
- Encourage and empower all staff to promote the opportunity to be involved whenever they can
- Continue to support involvement in clinical research, which is part of our Trust's core business, in collaboration with Bradford Institute for Health Research and local or regional National Institute of Health Research involvement mechanisms
- Develop tools and training for staff who have a specific responsibility for patient and public involvement so that our methods, practice and policies are clear, consistently applied and reflect our values
- Build involvement into how we provide and improve all aspects of our business, for both clinical and non-clinical staff, which has an impact on patients and the public
- Build involvement and engagement into service design, planning and decision making, as part of our normal way of working

- Use a variety of methods of communication about involvement to reach as wide an audience as possible and provide accessible information to promote involvement across our communities
- Work towards all patient communication about involvement being written to meet Plain English guidelines, in other languages and the requirements of the NHS Accessible Information Standard; support the gradual extension of this to all patient and public information across the organisation
- Provide a range of ways for patients and their families or carers to tell us about their experience, in any language, of our service and the care we provide
- Offer information about involvement and the opportunity to be involved to all who have interactions with our Patient Experience Team
- Develop ways to be involved that are accessible, appealing, culturally appropriate, and meaningful, so that we hear from, listen to and involve a wide range of people
- Work to remove or reduce barriers to involvement, adapting the ways we involve people so that the communities who use our services are represented and able to be involved
- Utilise a community approach to engagement that overcomes barriers to involvement or to help us achieve a better representation of the views of our patients and communities
- Build relationships across our communities to help a wider range of people become involved, especially where people are often overlooked, find it difficult to have their voice heard, or tend to be left out of decision making
- Develop ways to make sure involvement is working well and is making a difference
- Provide timely and accessible feedback on the outcomes and impact of involvement activities, at a time agreed with those who have participated in or are affected by the outcome
- Make sure people know what action we have taken as a result of other types of patient involvement and the impact of that involvement

BTHFT Current examples: APPENDIX

Area	Engagement
Involvement of patient representatives in the local haemoglobinopathy service	It is expected that the individuals would be in their patient representative role for at least a year and then have the opportunity to withdraw or continue with the position at the end of the period. Commitment to attend the local meetings for an hour unless agreed to longer duration agreed by the group.
Born In Bradford	<p>The Born in Bradford cohort was established in 2007 to examine how genetic, nutritional, environmental, behavioural and social factors impact on health and development during childhood, and subsequently adult life. It has an advisory/consultation group of Parent Governors who have children in the cohort. The group meet in the evenings, at Bradford College, every other month. BIB's parent volunteers promote the work and findings of BIB within Bradford communities. They also help the BiB team at community engagement events and carry out admin tasks. BiB has a Young Ambassadors (YAs) network.</p> <p>YAs are BiB children aged 10-12 years. The aim for this group is to develop as an advisory and consultation group. The YAs meet periodically, usually either in school holidays or twilight times.</p>
AED example	<p>The department organised a patient engagement event to receive feedback of how the department can improve and what matters to their patients which would then feed back into AED improvement programme.</p> <p>14 participants attended the engagement event and represented the local community, their age and sex varied from 18 – 75 years old. Some of those attended were from the south Asian, eastern European and</p>

	<p>Philippines ethnicity.</p> <p>You said we did:</p> <ul style="list-style-type: none"> ☐ Chairs are too low in waiting area for elderly. High back chairs were ordered for each of the waiting areas. ☐ Signage is too small and unclear for visually impaired. New signage ordered with yellow background in black text. ☐ Lack of patient information in waiting area. New screens have been ordered with infographic being finalised before the screens go live.
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Quotes from FFT feedback (01 Mar – 30 April 23)

I was treated with respect and kindness

Very happy with the staff and their kindness.

There was kindness, good care practice as we expected and we were happy with the process. Everything was clear and straight forward. 😊

I have always been treated kindly and made to feel very relaxed. Always nurses checking up on you making you feel comfortable Very patient, caring staff.

Kindness of staff, time given to ask questions and recover, clarity of information given in a relaxed situation, follow up material to read later.