

# Experience of Care Strategy Delivery Plan

2024 to 2029



*The experience of care delivery plan outlines actions that will be taken to deliver on our strategic objectives and commitments to:*



Listen



Learn



Involve



Improve



# Commitment 1: Listen

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will listen and use feedback at every level of the organisation.</b></p>	<p>Develop an awareness campaign to ensure that staff and patients are aware of the importance of collecting and utilising Friends and Family Test (FFT) feedback.</p> <p>Use digital platforms and technology to seek near real time patient feedback.</p> <p>Provide a robust training plan to empower staff to use feedback tools effectively.</p> <p>Divisions to commit to using a consistent approach to collect and use feedback.</p>	<p>Support the patient voice in being heard at all levels of the organisation, through widening the use of digital stories.</p>	<p>Continue to refine and embed approaches in capturing feedback.</p>	<p>Monitor FFT response rates to reflect staff being proactive in engaging patients for feedback.</p> <p>Monitor use and access to the Trust feedback system.</p> <p>Evidence of patient experience data being used in Divisional and speciality reporting.</p> <p>Track where digital stories are being shared and the learning from this.</p>
<p><b>We will enable people using our services the opportunity to provide feedback in an inclusive way, to reflect the diversity of our community.</b></p>	<p>Develop a patient focused campaign to ensure that people accessing services are aware of the ways in which they can provide feedback.</p> <p>Ensure that feedback routes are accessible to all patients, including those with technological barriers.</p> <p>Foster inclusivity by actively listening to and respecting individuals.</p> <p>Engage the EDI patient advocate group, using feedback to identify barriers and inform potential opportunities to improve.</p>	<p>Identify any patient groups where there are gaps in obtaining feedback, being proactive in exploring how we can engage and support their voices in being heard.</p>	<p>Identify demographic groups who report a worse experience of care, working with them to gain greater insight to inform improvements.</p>	<p>Measure the amount and sources of patient feedback received by the Trust.</p> <p>Measure the demographic of people sharing feedback.</p> <p>Evidence of working with different patient groups to improve feedback pathways.</p>



# Commitment 1: Listen

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<b>We will ensure that people are aware of how to raise a concern.</b>	<p>Ensure people accessing our services are aware of the Patient Advice and Liaison Service (PALS) remit.</p> <p>Staff will act as an advocate for patients needs and preferences, within services, ensuring that we foster a culture of openness and responsiveness.</p> <p>Increase visibility of the PALS Team across clinical areas, strengthening relationships with clinical teams, and addressing concerns at an early stage avoiding escalation.</p>	<p>Actively seek to improve people's experience by gathering feedback and making recommendations for service enhancements.</p> <p>Develop frequently asked questions and guidance to signpost people to support when trying to access the healthcare service.</p>		<p>Measure awareness of PALS through the nursing quality metrics audits.</p> <p>Measure the percentage of PALS contacts being responded to within 3 working days</p> <p>A reduction in the number of PALS concerns that escalate into a complaint.</p> <p>Feedback through the PALS survey.</p>



# Commitment 2: Learn

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will empower staff at all levels to take ownership and learn from patient feedback.</b></p>	<p>Coordinate a programme of reflective discussions with staff, reinforcing the impact every individual has on a person's experience of care.</p> <p>Foster an environment where staff are encouraged to share patient stories and insights.</p> <p>Highlight specific changes made in response to feedback in newsletters, meetings, and on digital platforms.</p>	<p>Develop an e-learning package for patient experience, emphasising everyone's role in the patient journey.</p> <p>Work collaboratively with training and development teams to incorporate a patient voice in training and development programs.</p> <p>Introduce drop-in sessions for staff, providing ongoing support and troubleshooting around the patient experience and improvement agenda.</p>	<p>Staff are empowered to introduce improvements in response to patient feedback.</p>	<p>Increased attendance at 'See it My Way' events.</p> <p>The launch of an e-learning package, monitoring engagement and completion rates.</p> <p>Staff are listening and being responsive to patient feedback at a local level.</p> <p>Demonstrating meaningful actions and improvements through 'You Said, We Did' published on quality boards and the Trust reporting system.</p>
<p><b>We will look at our patient's experiences holistically, recognising their needs, and striving to meet them where possible.</b></p>	<p>Undertake an informal review with local faith leaders, using feedback to identify gaps and opportunities for improvement.</p> <p>Explore creative ways to listen and learn from people with lived experience from a diverse demographic to reflect our community.</p> <p>Patients will be asked their preferred name, and this will be visible on relevant documentation.</p>	<p>Introduction of a 'What Matters to You, Who Matters to You' campaign.</p> <p>Engrain the Chaplaincy service across the Trust, involving them in relevant pathways, processes, and improvement workstreams.</p> <p>Expand the diversity and demographic representation within the Chaplaincy volunteer team.</p> <p>Target seeking feedback from patient groups who are underrepresented in feedback sources.</p>	<p>Undertake a structured appraisal of the Chaplaincy service, involving internal and external stakeholders.</p>	<p>Measure through ward audits.</p> <p>The Chaplaincy Team will be actively involved in relevant workstreams.</p> <p>An informal review and subsequent structured appraisal of the Chaplaincy service will be completed, and an action plan developed to address identified gaps.</p> <p>Feedback from people accessing services will be reflective of the community demographic.</p>



# Commitment 2: Learn

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will analyse our feedback to identify themes, ensuring we are transparent in how we learn.</b></p>	<p>Ward and department managers reflect improvements in response to feedback through 'You Said, We Did' on quality dashboards and the Trust reporting system.</p> <p>Introduce divisional experience of care reporting to inform speciality patient experience groups (SPEGS) and prioritise improvement work.</p> <p>Feedback related metrics and learning taken in response will be incorporated in quality metric meetings.</p>	<p>Use data analytics to track patient feedback trends and identify areas for improvement and patient priorities.</p> <p>Work collaboratively with the Communication Team, introducing a process to share examples of patient feedback, with actions that have been taken in response. Being transparent, raising awareness and insight with internal and external stakeholders.</p>	<p>Use qualitative, quantitative, and narrative analysis to gain a deeper understanding of patient experiences.</p>	<p>'You Said, We Did' information will be displayed on quality dashboards and updated routinely.</p> <p>Evidence of learning from feedback and examples of improvement work undertaken by SPEGs.</p>
<p><b>We will be responsive to feedback and learning through complaints.</b></p>	<p>Ensure new complaints processes are fully embedded, allowing staff to be responsive to complaints, addressing concerns within agreed timescales.</p> <p>Revise our complaints policy to reinforce that we should always be offering complainants an opportunity to meet, enabling concerns to be addressed at an early stage and information to be communicated in a way the complainant understands.</p> <p>Revise our complaints policy to ensure there is a robust escalation plan for complaints that are not responded to within the given timeframe.</p>			<p>Feedback from people accessing the complaint service.</p> <p>Examples of actions taken in response to complaints will be published and visible.</p> <p>Reporting on overdue complaints.</p> <p>An increase in the number of meetings offered to address concerns at an early stage.</p> <p>Monitoring open complaint action plans.</p>



## Commitment 2: Learn

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<b>(Continued)</b> <b>We will be responsive to feedback and learning through complaints.</b>	Development of robust action plans in response to complaints, with assurance of actions being taken and closed.  Examples of how learning from complaints has been used to make positive improvements will be shared across the Trust.			A decrease in the number of re-opened complaints and complaints escalated to the Public Health Service Ombudsmen (PHSO).  In the staff survey, people reporting that the organisation acts on concerns raised by patients and service users will increase.



# Commitment 3: Involve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will ensure patients, and the people important to them, are involved in decisions about their care.</b></p>	<p>Establish a steering group to support the introduction of 'It's OK to Ask' across the Trust.</p> <p>Involve patient partners in the workshop, steering group and project roll out.</p> <p>Co-develop materials for 'It's OK to Ask' as part of the project.</p> <p>Pilot 'It's OK to Ask' empowering individuals to ask questions to support, understand, and be involved in their care.</p> <p>Review pilot, refining the approach as necessary to support wider rollout.</p> <p>Engage with key stakeholders across wider Outpatient settings.</p> <p>Implementation of 'It's OK to Ask' across wider Outpatient settings.</p> <p>Provide accessible patient information that supports patients in understanding their condition and treatment options.</p>	<p>Engage with key stakeholders across Emergency Departments.</p> <p>Implementation of 'It's OK to Ask' across Emergency Departments.</p> <p>Engage with key stakeholders across Inpatient settings.</p> <p>Implementation of 'It's OK to Ask' across Inpatient settings.</p>	<p>Continue to reinforce and embed.</p>	<p>Gather feedback from patients</p> <p>Monitor feedback from questions in national patient surveys on involvement in care and treatment.</p>





# Commitment 3: Involve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will foster a culture that actively encourages patient involvement and production.</b></p>	<p>Build our patient partner portfolio to enable a wider variety of workstreams to be supported.</p> <p>Promote involvement opportunities in a diverse range of settings to recruit patient partners who are representative of the community, increasing participation in underrepresented groups.</p> <p>Include patient partners in strategic and annual planning, such as the Quality Account.</p>	<p>Collaborate with the Improvement Team to encourage patient partner involvement in new projects, working towards a culture of co-design and co-development across the Trust.</p> <p>Align patient feedback with existing quality improvement initiatives, ensuring that insights inform practices, changes, and transformation work.</p>	<p>Incorporate patient partner representatives in all key transformation and improvement programmes.</p> <p>Patient experience will be ingrained in service improvement.</p>	<p>Increase in the number of patient partners engaging with the Trust.</p> <p>Evidence of patient feedback informing design and improvement workstreams.</p> <p>Evidence of co-production within the Quality Account.</p> <p>The number of patient partners involved in improvement projects will increase.</p>
<p><b>We will involve stakeholders in seeking independent feedback from our communities.</b></p>	<p>Ensure that the independent complaint review process continues to develop in line with the Trust and Public Health Service Ombudsmen (PHSO) priorities.</p> <p>Working collaboratively with Healthwatch and Llais to identify external feedback themes.</p> <p>Work in collaboration with Healthwatch and Llais to support enter and view visits, learning from the feedback they share.</p> <p>The Trust will recruit Patient Safety Partners, involving patients in patient safety.</p>	<p>The Patient Experience Team will develop a collaborative relationship with the Maternity Neonatal Voice Partnership (MNVP), being actively involved in workstreams.</p>	<p>Establish joint working and improvement opportunities.</p>	<p>The independent complaint review template will reflect PHSO guidance and best practice.</p> <p>Via the quarterly meetings with Healthwatch and Llais to discuss feedback and themes shared by members of the community, and actions being taken by the Trust.</p> <p>Improvements made in response to enter and view recommendations will be reported on quarterly.</p> <p>Evidence of partnership working in MNVP workstreams.</p>



# Commitment 3: Involve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<b>(Continued)</b> <b>We will involve stakeholders in seeking independent feedback from our communities.</b>	Patient Safety Partners will be actively involved in relevant committees and governance processes to consider how patient safety can be improved.  Patient Safety Partners will participate in investigation oversight groups.			Demonstrable active involvement of Patient Safety Partners in key committees and workstreams.



# Commitment 4: Improve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will provide improved ease of access to services within the Trust.</b></p>	<p>Undertake an accessibility audit of the existing site, identifying areas of good practice and opportunities to improve.</p> <p>A low cost improvement report will be developed to identify low or no cost changes that can improve accessibility.</p> <p>Undertake annual Patient Led Assessments of the Care Environment (PLACE).</p> <p>Scope the introduction of changing places facilities at each hospital site.</p>	<p>Incorporate the voice of patients and people with lived experience in planning and redesign.</p>	<p>Introduce a programme of quarterly assessments of the environment which incorporate patient partners.</p>	<p>People with access needs will have the environmental information they need before visiting the hospital.</p> <p>Feedback and improved scores in PLACE assessments.</p> <p>Areas requiring improvement have been actioned or escalated.</p> <p>Feedback on the environment through FFT comments.</p>
<p><b>We will ensure that our communication is free of jargon and provide our communities with accurate information delivered in an accessible format.</b></p>	<p>Continued delivery of health literacy awareness sessions to staff and teams across the Trust.</p> <p>Increase awareness of the Patient Information Panel across the Trust.</p> <p>Recruit additional patient partners to the Patient Information Panel.</p> <p>Review and relaunch the Production of Patient/Carer Information Leaflets Policy.</p> <p>Introduce Health Literacy Champion link roles.</p>	<p>Increase the library of easy read patient information.</p> <p>Increase the library of frequently used patient information translated into BSL.</p> <p>Embed the role of Health Literacy Champions across specialities.</p>	<p>Establish a patient information library accessible through the Trust website.</p> <p>Work in partnership with the Communication Team to become a health literate organisation.</p>	<p>Measure uptake of health literacy training.</p> <p>An increase in patient partners involved in reviewing patient information.</p>



# Commitment 4: Improve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will improve awareness and access to interpreting services.</b></p>	<p>Increase awareness of staff and patients around the interpreting services available in the Trust.</p> <p>Introduction of the 'Cymraeg' badge campaign to highlight to patients where the Welsh language can be used.</p> <p>Promote British Sign Language (BSL) e-learning training to increase awareness and insight of tools to support communication.</p> <p>Develop a programme of accredited BSL courses.</p> <p>Undertake a survey engaging patients flagged as requiring an interpreter who have accessed services within the Trust, using the information to evaluate the service.</p> <p>Utilise available technology to reduce communication barriers, undertaking a pilot of a virtual interpreting solution to provide improved access to a diverse range of languages.</p> <p>Evaluate the virtual interpreting pilot and roll out across the Trust.</p>	<p>Work collaboratively with the Trust interpreter and translation suppliers to explore new opportunities to better meet the needs of our community when accessing our services.</p>	<p>Explore digital solutions to improve the process of translating patient letters.</p>	<p>Staff engagement with the 'Cymraeg' campaign.</p> <p>Completion of a survey with patients flagged as requiring an interpreter.</p> <p>Monitor the number of appointments cancelled due to lack of interpreter availability.</p> <p>Measure the uptake of virtual interpreter requests.</p>



# Commitment 4: Improve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will ensure feedback is evaluated and celebrated.</b></p>	<p>Key themes from feedback will be identified to inform opportunities for improvement.</p> <p>Compliments will be shared with teams to support learning from when we get things right.</p> <p>Teams and individuals will be recognised when feedback highlights the positive impact they have had upon an individual's experience of care.</p>			<p>There is a process in place to recognise and celebrate staff achievements when they go beyond patient expectations.</p>
<p><b>We will develop a carer centred culture.</b></p>	<p>We will raise awareness of unpaid carers.</p> <p>Ensure that healthcare staff recognise and support the needs of carers.</p> <p>Signposting carers to support and resources to help them.</p> <p>Relaunching and embed the carers passport.</p> <p>Staff will involve carers in care planning, updating them on patient progress and addressing concerns (with patient consent).</p>	<p>Ensure that carers needs are heard and valued.</p> <p>Recognise carers as experts by experience in the person they care for.</p> <p>Work collaboratively with external partners leading locally on the carers agenda.</p>	<p>Continue to reinforce and embed.</p>	<p>Professionals are able to identify carers.</p> <p>Carers are included in discharge planning.</p> <p>An increase in the number of carers referred to carers hospital link workers.</p>



# Commitment 4: Improve

What we want to achieve	Milestones in years 1 and 2	Milestones in years 3 and 4	Milestones in year 5	How we will measure delivery
<p><b>We will continue to make improvements in response to what people accessing our services tell us is a priority to them.</b></p>	<p>Initial focus will be on themes highlighted through feedback as a priority, these include:</p> <ul style="list-style-type: none"> <li>• Car parking</li> <li>• Access to refreshments/ vending machines</li> <li>• Waiting room environment</li> </ul>	<p>Undertake a self-assessment against the NHSE experience of care improvement framework, identifying areas for focused improvement.</p> <p>Continued review of feedback and identification of emerging themes and opportunities to improve.</p>	<p>Patient experience and feedback will be ingrained in service improvement.</p> <p>Continued review of feedback and identification of emerging themes and opportunities to improve.</p>	<p>Improvements will be evidenced and sustained.</p> <p>Measuring the outcome and impact of changes and service improvements.</p> <p>There is evidence that practice has changed and been sustained in response to feedback.</p>

It is important that we review the progress of delivering a strategy. To do this we need a reporting structure. This makes sure that progress is monitored against set objectives. We can then identify successes and areas needing improvement. By having clear lines of communication we can be transparent. We can also adapt to changing circumstances and emerging risks. Remaining agile is key to delivering a strategy.

We will monitor performance twice a year through the Corporate Patient Experience Group. This group reports into the Patient and Carer Experience Panel. Membership of the panel includes patient partners, Healthwatch and Llais. This provides independent oversight and ensures the community are represented.

We will also monitor progress twice a year through the PALS, complaints and patient experience report. This is overseen by the Quality Operational Committee. By doing this the Trust can make sure that the strategic objectives stay relevant and achievable. This drives better results and ensures sustained progress toward our long-term goals.

**“Every Interaction Counts:  
Patient Experience is  
Everyone’s Responsibility”**

This strategy can be made available in a range of languages and formats such as large prints, audio, BSL film and Braille through contacting the Patient Experience Team:

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