Delivering good and outstanding patient experience: Our vision and priorities for improvement
At Barts Health, WeCare about patient experience and engagement.

We want the experience of our patients and carers to be the best it can be and for their voices to shape our decisions about future healthcare services. This will ensure delivery of safe and compassionate care to our patients in east London and beyond.
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Our pledges

**Together we will**
- Introduce ourselves, and call you the name you want to be called.
- Keep you informed, comfortable and safe if you have to wait for your care.

**Together we will**
- Provide as many ways as we can for you to tell us about your experience.
- Strive to understand your experience and use that understanding to improve our care.

**Together we will**
- Help you understand what is happening throughout your time with us and involve you in decisions made about your care.
- Work in partnership to make improvements.

**Together we will**
- Ensure we share what has changed as a result of the feedback you give us.
- Ensure we respond to complaints within the agreed timescales.

**Together we will**
- Treat you as we would wish to be treated ourselves.
- Understand your needs as an individual and work together to meet them.

**Together we will**
- Make all reasonable adjustments to the care we provide based on your individual needs.
- Empower patients to become leaders in making improvements with us.
Introduction

This document sets out our priorities for improving patient and carer experience.

These priorities are guided by our vision and pledges, and informed by our current insights about the patients, carers and communities we serve.

Our commitment to delivering safe and compassionate care requires us to act on what we know from that insight; building on and spreading what our patients and carers value, while addressing the concerns they raise. We have a Trust-wide approach to improving quality, called WelImprove, and through this strategy we will ensure that patients continue to be right at the heart of all we do.

We already gather this insight through a range of approaches, from the national friends and family test and patient surveys, to our own complaints processes, social media channels and engagement programmes.

But we are clear that we need to secure richer, more valuable and comprehensive insights from the 6,000 patients we care for every day and night as well as their carers, while also strengthening our links with the communities we serve.

To do this, we will improve our leadership and governance of patient experience, providing the necessary leadership capability and capacity while engaging our patients, carers and communities more systematically within our Trust governance arrangements and in our improvement activity.

Key to delivery of our vision will be the extent to which we can develop a culture which puts patients at the heart of all that we do. Everyone at the Trust is responsible for ensuring good patient experience and engagement and staff will have wide and varying roles in implementing this strategy.

We want the voice of patients, carers, the public and our voluntary and community sector partners to be heard in all parts of our organisation, from the recruitment and training of our staff, to being the driving force of service design and assessing the quality of our care.

We know that improving the experience of staff working in our Trust will also positively impact on patient and carer experience, so the culture change we are delivering through our People Strategy is an important enabler of this strategy.

We developed this strategy alongside our staff and patient partners, in particular our local HealthWatch organisations, to make sure we captured the essence and the ambition of those it directly affects, the priorities that are important to them and an approach to change that is endorsed and supported.

A consistent theme in our discussions has been a recognition that while we have many examples of outstanding patient experience at Barts Health, this is not consistent and too many patients report a negative experience of our care. We want to ensure that we act on the insights that we secure - both positive and negative - to improve patient care. We want to share examples of excellence as a learning organisation and ensure that we respond urgently and consistently to areas of concern.
Case Study

Working with patients reduces complaints and improves satisfaction

Staff in our postnatal ward at The Royal London Hospital listened to patients who said their experience would be better if we helped partners to stay with them overnight.

We worked with staff, patients and the local Maternity Voices Partnership, drew up a code of conduct and made the change.

A year later complaints reduced by over 40% and the number of patients who say they’d recommend the ward to their friends and family increased by 10%.
Our tried and tested approach to improvement

Our improvement journey has been built on three core elements; safe and compassionate care, strong leadership and governance, and real culture change. This strategy will be delivered through these same three components.

Safe and compassionate
• How we collect, interpret and use patient and carer feedback to improve care
• The more robust our information, the more valuable it becomes in giving us greater depth and understanding of the experiences of our patients and carers
• Acting on this insight enables us to improve the quality of our services

Leadership and governance
• Embedding the right systems and behaviours across our Trust
• Improving our leadership capability and capacity
• Engaging our patients, carers and communities more systematically within our trust governance arrangements.

Culture change
• Putting patients at the heart of all we do
• Making patient experience and engagement everyone’s responsibility
• Empowering and equipping our people to strengthen our relationships with our local communities

This document features each of these areas in more detail and outlines the priorities for the first year of this strategy.
Our unique community

We serve one of the most diverse populations in the country, and we’re committed to eliminating discrimination, valuing diversity and promoting equality of opportunity to build and sustain an inclusive environment to deliver and receive safe and compassionate care.

Newham, Tower Hamlets and Waltham Forest are among London’s most diverse and deprived communities.

A significantly higher proportion of people aged under 24 than the UK average.

Parts of northeast London are also anticipating an increase in residents aged over 65.

More than half our patients are from black and minority ethnic communities.

Over 60 languages are spoken in our hospitals.

It is important that we listen to and respond to the changing needs of our community with the voice of our patients and the public at the forefront of everything we do.

The experience of our patients and our staff are inextricably linked and it is our policy to ensure that no service-user, employee or job applicant is treated less favourably on the grounds of their sex, colour, ethnic or national origin, disability, age, sexual orientation, gender reassignment, religion or belief, social background, marital status, hours worked, responsibilities as a carer, trade union activities, unrelated criminal conviction, or blood-borne virus status. Our Diversity and Inclusion Positive Action Charter sets out our organisational commitment to positive action in relation to Diversity and Inclusion at Barts Health, and our work to improve our patients’ experience is a key part of this agenda.
We’ve been working hard to improve care for people as they approach the end of their life.

In 2017 we engaged 300 bereaved carers in a survey and then ran six events with carers, patients, staff and stakeholders to look at the findings and come up with a plan, using an approach called ‘experienced based co-design’. We focussed on emotional experiences, therefore raising the emotional intelligence of our staff which is particularly important at the end of a person’s life.

While our specialist palliative care teams across all our hospitals have increased in number, we’ve also made practical improvements designed together with patients and carers.

We made new compassionate care packs available for all wards, complete with a floral design to make relevant material recognisable. This is complemented by new signage for patient bedsides to alert all staff to the importance of sensitivity, privacy and dignity, regardless of how closely involved with the patient’s care they are.

We’ve worked with Barts Charity to make children’s books available to help young people when they experience loss of loved ones. We’ve also collaborated with an artist and Vital Arts to design bereavement bags in which loved ones can collect patients’ belongings after they pass away.

Case Study

Developing practical improvements through collaboration
What our insights tell us is important - Our top themes for improvement

The majority of patient feedback from the Friends and Family Test across all our hospitals says the care received is extremely positive with people actively talking about caring, kind staff. Compliments reflect the good quality care received, patients being involved and also being provided with good information.

The top three themes from this feedback that we can work on to improve are:
- Staff attitude
- Communication
- Waiting times

We have also sought feedback through community engagement events on what it feels like to be in a marginalised group. We heard people wanted us to focus on:
- Dignity and Respect
- Communication
- Cross Cultural competency
- Health Advocacy
- Help with navigating the healthcare system/ signposting

Patient Experience - What did we learn in 2018 from the national self-assessment tool?

- The NHS Improvement tool enabled us to learn that we are doing well in areas such as partnership working across organisational boundaries and having processes to identify and celebrate success. We have opportunities for all staff to contribute to Quality Improvement and our quality accounts are inclusive of patient experience.
- It also told us that we are ready to improve how we embed our co-designing into practice through improvement and education/training and our service user involvement in service development and shared decision making.
- Particular areas for focusing our attention have been included in the priority areas within this document. They include how we get more consistent medical involvement in patient experience and how we use information to inform our learning to positively impact our national survey results.

The following provides a summary of the insights we have gained from our friends and family test, complaints and PALs, maternity and cancer surveys, outpatient and inpatient reviews:
From over 110,000 pieces of patient feedback from last year, we know where we can improve.

**Consistent positive staff attitudes and behaviours**
Positive feedback from the friends and family test tells us patients value caring, kind staff, good quality care, being involved and having good information.

**Appropriate and caring environments**
Our PLACE audits show the importance of the environment, with single sex accommodation particularly valued.

**Involving patients in decisions**
We consistently scored eight or nine out of a possible ten in questions asked in the national maternity survey, and have improved since 2015. However, we still remain below where we want to be, particularly in involving women in decisions about their care and giving them enough time to ask questions. Cancer patients also want to feel more involved in decisions about their care.

**Emotional support**
Both the maternity and cancer surveys show we need to offer appropriate emotional support. Cancer patients want to feel able to report fears and worries.

**A seamless service between different parts of the NHS and social care**
Our inpatient survey shows improvement but a higher proportion of negative responses compared with other trusts. A particular theme is supporting patients with discharge. Increased clinician access to shared patient records also helps improve decision making processes for patients.

**Personalised information**
Cancer patients want to understand their treatment plan and have support to deal with the impact of cancer and its treatment. Having a named key worker at every point in their journey is important.

**Reduced variation**
Across our insights we hear the importance of all staff offering the same standard of experience regardless of their role. In cancer services this means offering the right support across the patient’s journey. Our Youth Empowerment Squad tell us we need to ensure consistency of standards across age ranges, sites and specialities to support transition.

**Convenient outpatient appointments**
Feedback shows people want increased choice for booking appointments, reduced waits and fewer unnecessary appointments.
Safe and Compassionate Care

Acting on the feedback we receive is crucial in making improvements to the quality of care we provide. Last year we received over 110,000 individual pieces of patient feedback from complaints, our patient advice and liaison service, the friends and family test, surveys, social media, NHS choices and our engagement activity. Themes from this insight are outlined above.

However, we know we have not previously been consistent in acknowledging, acting on and learning from it.

Using feedback to improve care will take place throughout our hospital structures, from individual clinicians and their teams, through to our divisions and hospital leadership teams as well as through our Quality improvements initiatives. Our clinical boards will be crucial, working in partnership with patients as they develop our clinical strategies and plans to reduce variation in quality and efficiency.

We have reviewed the key themes from the current insights we have, as described earlier in this document and developed plans for improvement that will ensure tangible improvements in the experience of care for our patients.

Our Director of Public Health is leading on a programme of work to improve equity of access and outcomes across our services as part of our wider clinical strategy. We will ensure that programme inter-connects with the priorities of this strategy.

Therefore our priorities for year 1 will be:
Improve our written patient information
We will undertake a systematic review of all written patient information and achieve a consistently high standard. Outpatient, clinic and discharge letters will be prioritised.
Lead: Director of Quality Governance
By: June 2019

Improve the experience of marginalised groups
We will review our advocacy service during 2019 to ensure that it meets the needs of our population.
Lead: Deputy Chief Nurse
By: December 2019

Improve the experience of our patients who use cancer, maternity and outpatient services
Deliver the specific actions which address our priorities from the insights received last year in these three focussed areas (see pages 12-14).
Lead: Director of Midwifery, Director of Cancer Nursing and Chief Medical Officer
By: Each group to report back to patient experience committee on progress by March 2019

Improve how we work with carers to make improvements
We must better understand the views of our carers and how we can develop collaborative relationships with them to improve care. We will scope how we currently work with carers across our services and put in place actions for improvement.
Lead: Deputy Chief Nurse
By: March 2019

Improving flow and discharge
Embed and sustain delivery of the PERFORM programme across all sites. Monitor frequency of number of patient moves, overnight moves (particularly for older people), numbers of outliers and undertake a survey of patients on their experience.
Lead: Managing Director RLH
By: July 2019

To improve the experience patients have of discharge - set up a Discharge Collaborative and agree work plan with partners.
Lead: Deputy Chief Nurse
By: December 2018

Developing joint working on Quality Improvement
We will ensure patients along with our staff are active partners in quality improvement initiatives. We will build on the established experience based design approach already in place across the organisation and will achieve this by recruiting and training an initial cohort of Patient Quality Improvement Fellows who will join our improvement team.
Lead: Director of Development
By: July 2019
**Focused areas:**

### MATERNITY
**Lead: Director of Midwifery**

**Themes**
- Improving offering choice of place of birth and postnatal care
- Improving emotional support
- Improving our information for women and the multi-professional team
- Minimising discharge delays

**Actions**
NUH, WXH and RLH will implement action plans that are sensitive to specific feedback in their services for antenatal care, postnatal care in hospital, “feeding your baby” and post-natal care at home.
Ensure oversight through the Women’s Clinical Board and Midwifery Board and strong governance through site hospital management boards.
Enable monthly benchmarking of clinical outcomes and women’s experience through site maternity safety thermometer with feedback into improvement actions.
Implement 100 voices quarterly staff and patient feedback to review progress and outcomes and a strong person centred voice.

### CANCER
**Lead: Director of Cancer Nursing**

**Themes**
- Improving communication and behaviours
- Improving patient information
- Improving the pathway between primary care and the hospital (especially on discharge)

**Actions**
Move to a system recognising the whole of Barts Health as a Cancer Centre ensuring support and correct treatment at every point of the patient pathway in all of our hospitals.
Embed the new Macmillan funded Director of Nursing for Cancer, Patient Experience Lead and Recovery Package Manager into the organisation. They will lead the cancer patient experience improvement plan working with the hospital teams. Maximising the investment made by Macmillian in the recovery package model, and CNS workforce.
Implementing a seven day palliative care service and a five day acute oncology service.
Ensure patient experience and engagement is firmly prioritised and embedded within all tumour groups, hospital and Trust cancer boards to ensure parity of importance with other objectives.
OUTPATIENTS
Lead: Chief Medical Officer

Themes
* Increase choice in how clinic bookings are made
* Remove unnecessary clinic appointments
* Reduce waiting time to be seen

Actions
Reduce ‘Do Not Attend’ rates and reduce waiting times to be seen. To particularly understand this in the context of equity of access and the work led by the Director of Public Health.

Roll-out Paper Switch Off and move to ‘paperless’ outpatient services - encourages self-booking, increases patient choice re appointment slots and ensures information is available to clinicians at time of appointment.

Increase use of advice and guidance services to GPs - avoids unnecessary appointments and enables quicker decisions on appropriate care.

Upscale of Skype/Video consultations - provides alternative, convenient options.

Increase clinician access to East London Patient Records and improve the sharing of information between organisations - allows clinicians access to patients’ full history to aid decision making.

Roll out and increase use of Standardised Referral Templates - improves the quality of referrals and information available to consultants for appropriate decision making.

Use digital technology to explore alternative ways to transform care across patient pathways - Empowers and encourages patients to self-manage their care and reduces visits to hospital.
Case Study

Using the voices of young patients to improve paediatric services

Staff at the Whipps Cross paediatric department left no stone unturned in their journey to improve the service rating from ‘inadequate’ to ‘good’.

They make sure safety incidents are always reported and learned from, and safeguarding policies are fully understood. But a key part of the team’s success is listening to what their patients value and need.

They introduced ingenious ways to engage with young patients, like ‘golden tickets’ so children can tell staff when they’ve had particularly good care.

Young patients can also hang paper tops and pants on a washing line, giving their views on what’s been ‘top’ and what’s been ‘pants’ about their experience.

A Youth Empowerment Squad helps to design new services and facilities, while young people ring an ‘end of treatment’ bell at the end of their cancer care to create a celebratory atmosphere. In the spirit of learning across the Barts Health group, in November 2017 an ‘end of treatment’ bell was introduced at The Royal London Hospital too.
Leadership and Governance

Leadership
To drive improvements consistently and at pace for the 6,000 people who we see every day across five hospitals, over 120 wards and some of the busiest services anywhere in the NHS, we plan to enhance our leadership capability and capacity.

Our leaders will make sure that patient experience and engagement is seen as integral at all levels across Barts Health. Our hospital management teams and clinical support services are responsible for the leadership of our services and will actively work with corporate colleagues to deliver this strategy. We will support and strengthen the role of our leaders at all levels of the organisation to be clear about their contribution to securing outstanding patient experience and to be confident and capable in their approach.

Local leaders will be key to increasing the feedback we receive, driving the changes from the feedback through their local accountability processes and localising their approach by engaging with their local communities. We will drive our equalities and diversity agenda thorough data analysis and to strengthen engagement from those voices not yet heard.

The Trust Board will oversee the effectiveness of all patient and staff experience improvements against our agreed priorities in this strategy to ensure consistency and equity of approach whilst hospital management teams will be responsible for site implementation.

Our priorities for year 1 will be:

Establish a corporate insight function
This function will support the development of both patient and staff experience by the joint insights generated. It will be led by a Director of Insight who will ensure that we maximise all routes of feedback and develop new approaches to respond to changing innovation, strengthen our analysis and triangulation capability and ensure that the feedback is translated for ease of use in quality improvement and assurance activity. A priority for this function will be to agree measurements of success. We will also partner with a recognised expert in this field.

Lead: Chief Nursing Officer
By: March 2019

Quality and timeliness of complaint responses
We will improve our response rate for complaints to 95% within the negotiated timeframe and ensure we are seeking feedback and learning from complainants by routinely surveying complainants’ satisfaction and acting on this feedback to improve our processes.

Lead: Director of Quality Governance
By: May 2019

Increase the volume of feedback
We will increase the amount of feedback we receive by 30%. We will do this by maximising our FFT response rates using text and paper forms, increase the response rate to national surveys, be more creative using social media and other forms of crowd sourcing, open houses and bespoke initiatives for seldom heard groups. We will monitor rates of feedback in a dashboard to ensure we are proactively targeting where we need to increase response rates.

Lead: Director of Quality Governance (until Director of Insight starts)
By: September 2019
Develop more effective ways to share good practice

We will hold an annual celebration event to share local examples of good practice and learn from national and international organisations and build into our WeImprove plan. We will set up a page on WeShare to share good practice and how to guides with staff.

Lead: Director of Quality Governance

By: July 2019

Develop a community engagement strategy

We will develop a strategic framework to support community engagement.

Lead: Chief Nursing Officer and Director of Communications

By: March 2019

Each hospital will develop a local strategy for community engagement that is relevant to their catchment area and reflects the needs of their local population and communities that it serves.

Lead: Managing Directors

By: May 2019

Ensure patients are partners in quality improvement

Through our WeImprove quality improvement hub and our new partnership with the IHI we will ensure that patients are partners in our quality improvement activity co-producing the future. They will be members of the improvement leadership teams.

Lead: Director of Development/Director of Improvement

By: July 2019

Capacity and Resourcing across our hospitals

There is inconsistency of resource to support patient experience and engagement across our hospitals. A review will be undertaken to ensure consistent and appropriate resources to deliver on this agenda and business cases submitted.

Lead: Managing Directors

By: April 2019

We will develop a Trust wide plan to ensure we consistently engage with those that are seldom heard and from marginalised groups in a considered way. This plan will build on the excellent pockets of engagement we currently undertake. We will ensure we meet the needs of the breadth of our populations – current and future. This will have resource implications both in terms of realigning existing resources and securing new resource.

Lead: Chief Nursing Officer

By: November 2019
Governance

We are organised as a group of hospitals as it means we can realise the benefits of being a large NHS body, while also being responsive and flexible to local pressures. As well as our five hospitals, the group comprises a central headquarters, a network of clinical boards, shared clinical support services, and some cross-cutting corporate functions. Within this structure, it is crucial that our governance of patient experience is strong and consistent.

The key success for good quality governance includes both the structure in which we all work, the culture to embrace review and challenge and the opportunity to improve services through quality improvement strategies, thus creating the environment in which excellence will flourish.

Ensuring that our governance is robust will support the shift of performance for patient experience closer to the standards of the best and reduce unjustifiable variations in quality of care provided. To realise our ambition that both patients and staff report good and outstanding experience of their care or through working at Barts Health, their voices needs to be visible and influential within our trust governance arrangements at every level.

Patient partners can support this by working alongside our staff on recruitment, procurement and in our governance meetings; staff members can support this by becoming an expert resource to support the senior leadership teams and the wider workforce.
Our priorities for year 1:

**Board Oversight**
Outstanding patient experience is central to our ambition as a Trust Board. To ensure the work described in this strategy is delivered at pace, we will agree robust Board oversight through our Board committee structure.

Lead: Chief Nursing Officer
By: March 2019

**Maximise engagement opportunities**
We will strengthen our existing forums, eg, patient panels and maximise how we engage with our Trust Membership.

Lead: Director of Quality Governance and Director of Business Development
By: June 2019

Explore new ways of connecting with people who use our services who don’t want to engage on a regular basis, this will include open house days in each of our hospitals 3 times per year.

Lead: Managing Directors
By: October 2018

**Patient voice in our governance structure**
We will review all governance groups, committees and forums to maximise opportunities to increase patient voice and representation in our internal governance (building on the model of collaborative pairs being embedded in our clinical Boards).

Lead: Chief Nursing Officer
By: March 2019

**Valuing our patient partners**
We will ensure that patient partners are properly recognised and rewarded for the work that they do by reviewing and updating our current policy, holding thank you events and finding other innovative ways of expressing our appreciation.

Lead: Director of Quality Governance and Head of Volunteering
By: March 2019
Culture Change

Fostering the right culture means making sure that patients, carers and the communities we serve are at the heart of everything we do, and that our clinicians support and proactively engage with patients about the decisions that impact their care to equalise the relationship. We must invest in resources to achieve this and ensure that all staff share good practice, learn from patients, listen and value their contribution and can demonstrate the impact of involvement.

Our WeCare values guide us in everything we do. The pledges – aligned to the values - outlined at the beginning of this document have been co designed with patients and other key stakeholders and will bring clarity of expectation required of all staff.

We will enhance our interview panels to include patient representation for patient facing roles and at induction our launch film will clearly illustrate expectations of working at Barts Health, this will also be reinforced by embedding key messages across all training and development available to staff. More specialist training will be developed to support key roles particularly those undertaking leadership training and quality improvement.
Our priorities for year 1:

**Integrate patient experience and engagement within our learning and development**

We will ensure that patient experience and engagement actions from this strategy are integrated into our training and development for all staff including induction, undergraduate and postgraduate development and local activity led by the Education Academy.

**Lead:** Chief Medical Officer and Managing Director of the Education Academy

**By:** July 2019

Through our We Improve plan with the IHI we will mobilise a planned 3 year programme of development including patient experience and engagement in Quality Improvement led by the QI hub (taught component commences April 2019).

**Lead:** Director of Improvement

**By:** September 2019

Scope and develop a cultural competency training strategy for the organisation which will be embedded into the curriculum of the Education Academy.

**Leads:** Director of People Development, Assoc Director of Inclusion, Deputy Chief Nurse, MD Education Academy

**By:** July 2019 the strategy will be agreed

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**Defining expectations**

We will set out clear expectations of all staff groups in the delivery of this strategy through our recruitment process, induction and at appraisal.

**Lead:** Chief Nursing Officer

**By:** May 2019

We will train 30 patient partners to sit on recruitment panels.

**Lead:** Director of Quality Governance

**By:** May 2019

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**Raising awareness and embedding our pledges in practice**

We will design and deliver a communications campaign to launch this strategy and our pledges, ensuring awareness is maximised.

**Lead:** Head of Public Affairs

**By:** November 2018

We will undertake an awareness campaign for our pledges across the organisation and develop an audit mechanism to monitor achievement of our aspiration.

**Lead:** Director of Quality Governance

**By:** May 2019

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**Shared decision making**

We will define our model of what shared decision making looks and feels like to our staff and patients and develop a plan to implement this model across the organisation over the next 2 years.

**Lead:** Chief Medical Officer

**By:** September 2019 (update to patient experience committee)
Phases of change

We have described above our priorities for 2018/19 to achieve our vision. Each year we will refresh our priorities and the following phases describe the types of change we will be enacting throughout the lifetime of this strategy.

Co-design and implementation
2018-2019

In 2018/19 we will build on our patient experience feedback.

We will design core improvement themes from these insights.

We will build on our insights and engagement to co-design the strategy and implement year 1 objectives.

Consolidation
2019-2020

In 2019/20 we will continue to build improvements as we step up our WeImprove quality improvement initiatives with the IHI and promote our community engagement.

We will integrate new insights and consolidate our leadership and governance infrastructure to create high quality patient experience and engagement as business as usual.

The focus of our quality improvement activity will continue to develop ‘Good’ and ‘Outstanding’ services, allowing us to pursue more ambitious strategic goals such as patients, carers and the public as an empowered voice within our leadership, improvement and governance framework.

Sustainability
2020-2021

In 2020/21 we will continue to spread and sustain our positive patient experience and engagement.

Our community engagement will be inclusive and will promote positive outcomes in achieving the triple aim of patient experience, cost effectiveness and improving the health of the population we serve.