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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Patient Experience and Involvement Strategy



What matters to people  
matters to us



# Executive Summary

I am delighted to be able to share with you the Aneurin Bevan University Health Boards *Patient Experience and Involvement Strategy*. This was developed as a direct result of staff, patient, family and carers feedback, telling us what matters to them. Our teams and our staff members have a passion to improve people's experiences within our services and it is important to us that learning from experience is at the heart of the organisation.

The Strategy outlines our goals and objectives to improve services, clinical effectiveness, safety and people's experiences. It encompasses our intent to engage patients, families, carers, staff and the wider community, with a commitment to listen to feedback, learn from it, and therefore improve healthcare across all of our services.

Our key principles will be to ensure we:

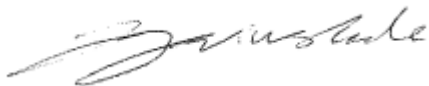
- Work in partnership with patients, families, carers, staff and communities, and listen to their perspective.
- Enhance our efforts to obtain real-time feedback
- Use people's feedback proactively to identify quality improvement opportunities.
- To put things right that may have gone wrong, helping people to share their experience and to restore their confidence
- Through listening and learning, develop best practice and support staff to deliver excellent person-centred care.

A better experience for people is one of our Health Board's highest priorities. To underpin the fantastic work our staff do every day, we have developed this Strategy to ensure that we are able to embed a culture of person-centred care throughout all our services. The Strategy will enable us to better engage with people and improve opportunities to increase real-time feedback, helping us to focus on issues that truly matter to our patients, their families and communities.

The links between patient experience, clinical safety, and clinical effectiveness are supported by a substantial body of evidence. This evidence clearly demonstrates that encouraging improvements in patient experience results in greater employee satisfaction and improved patient safety. Feedback indicates that many of our patients had positive experience of care, but we are aware that we do not always get it right. Our intention in developing this Strategy will be to focus on learning from people's lived experience, acting quickly to resolve any concerns and improving the quality of the care we provide.

We are confident that this Strategy will enable us to strengthen the involvement of patients, staff and the public, improve our listening and learning from feedback approaches and fundamentally embed the values of person-centred care throughout our services.

I look forward to seeing the positive difference our Strategy brings for patients, families, carers, staff and communities.

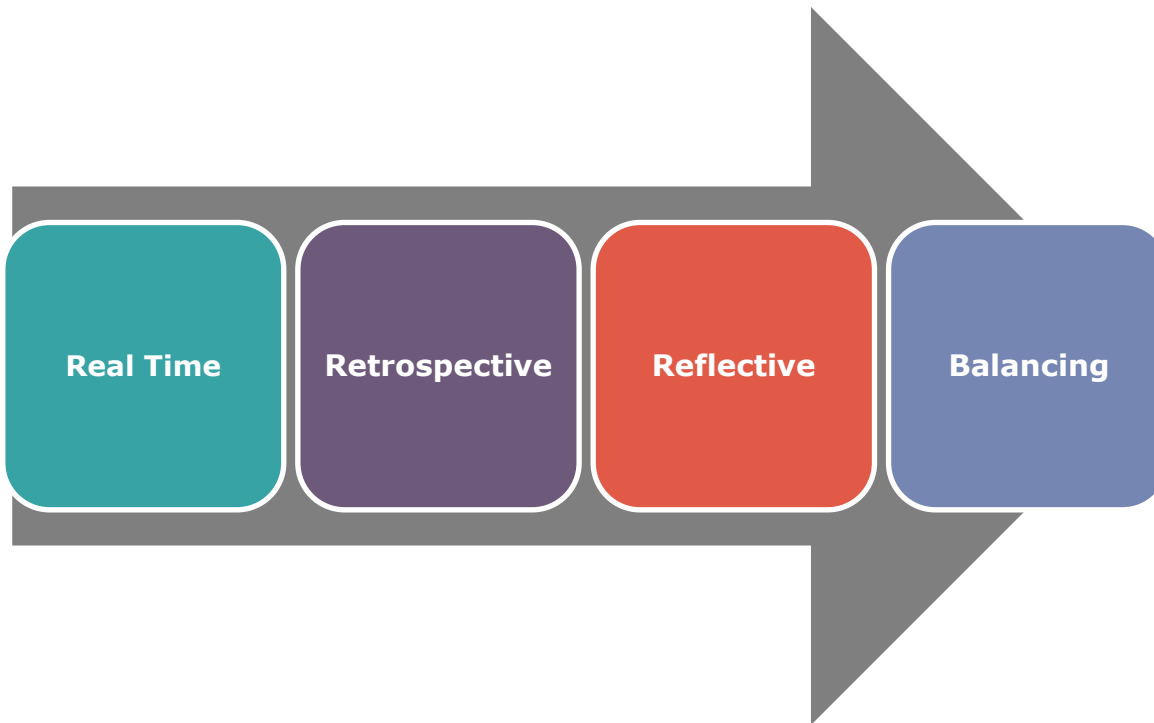


Jenny Winslade  
Executive Director of Nursing



# Introduction

Aneurin Bevan University Health Board are committed to improving the experience of patients, families, carers, staff and communities. This means we will work together with people and proactively seek opportunities to gather feedback. We will use that feedback to identify what we do well, understand what needs to change, gain a better understanding of what matters to people and to put right things that are not quite right. This will help us to improve both individual experiences, the quality of the services we provide and support staff learning with the intention of ensuring the best possible experience for everyone.



The NHS Framework for Assuring Service User Experience explains the importance of gaining service user experience feedback in a variety of ways using the four-quadrant model. It is intended to guide and complement service user (patient) feedback strategies in all NHS Wales organisations.

The components of 'quality' include the combination of safe, timely effective, equitable, efficient care and a positive experience for patients, which is shaped by **what matters** to people. Aligned to the new Quality Strategy, the Patient Experience and Involvement Strategy will link patient experience with clinical effectiveness and safety. Through this, the Health Board will develop a clear picture of quality across services.

# Patient Experience: What it means

'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 care that is safe. Patient experience matters and making sure we provide good experiences for people is simply the right thing to do. Taking time to listen to the patient, their families, carers and staff and designing experience to meet what matters to people will result in an environment of care in which people feel safe, listened to, cared for, and supported.

*"Just because I had a good healthcare outcome, doesn't mean my experience was good. The NHS saved my life, but I felt embarrassed when my dignity wasn't preserved"*

Patient



Understanding patient experience will be achieved through a range of activities that capture feedback from patients, families, carers, and staff. We will use a diverse range of approaches to better understand the experiences of people who access healthcare, and from staff who work in our Health Board. Using experience to design better healthcare, we will have a strong focus on capturing and understanding patients, families, carers and staff experience of services and what truly matters to them.

## Involvement

*"My care should be about what matters to me and my wife. I don't want to keep coming back into hospital but that's what keeps happening"*

Patient

Experience and involvement are intrinsically linked. Involvement sees the active involvement and participation of patients, families, carers, staff and communities in how services are planned and delivered. On an **individual** level, means involving patients, and those closest to them in their care discussions, decisions, and treatment, taking a person-centred care approach throughout the patients' journey and allowing them to make their own care choices. On a **collective** level, people, groups and communities are engaged and actively involved in discussions and decisions about how services are designed, reconfigured, commissioned and delivered. This Strategy will support the excellent work already being undertaken by our Engagement Team.

# Person-Centred Care

*"I guess what I want you to do is learn from my story and make sure that people in hospital have the support of carers when they need them, that communication improves and that staff are trained to meet the needs of people living with dementia".*

Wife of Patient

Making a commitment to delivering person-centred care that puts the needs of patients at its heart is the key to delivering a positive patient experience.

Person-centred care is a way of thinking and doing things that see people using health services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcomes, ensuring there is continuity between and within services. It is about considering people's desires, values, family situations, social circumstances and lifestyles, seeing the person as an individual, and working together to develop appropriate solutions, respecting what matters to them.

## Dimensions of Person-Centred Care

Through this Strategy, the Health Board are committed to:

- Respecting people's **values**, preferences and expressed need
- Improving **information** and education
- Improving **access** to care
- Improved provision of **emotional** support to relieve fear and anxiety
- **Involving** family, friends and people who matter to the individual
- Providing **continuity** and secure transition between healthcare settings
- Providing **physical comfort**
- Delivering **co-ordinated** care

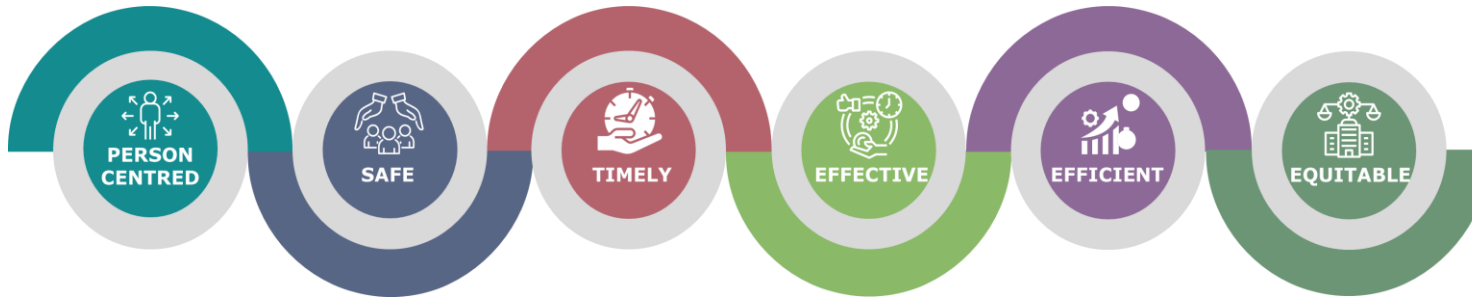
*"I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel"*

Maya Angelou

(Adopted from Picker Institute Research)

# Person-Centred Care Outcomes

The dedicated Person-Centred Care Survey will provide a benchmark to how services are performing against the quality pillar of Person-Centred Care.



"I was reluctant to share my story but seeing how you have used my feedback and made the changes you have is really encouraging. Thank you for listening".

Relative

Feedback from patients has indicated a number of priority areas that the Health Board will focus on to improve person centred care. Using an *Always, Sometimes, Never* rating, our Person Centred Care experience survey will ask patients to indicate the following:

- I felt **listened** to
- I was able to make my **own decisions** about my care
- I had care and support from staff who understood my needs and **respected my choices**
- I had the support of my **family (or friends)** when I needed them
- I felt **safe**
- I felt **physically comfortable**
- I was given **information and advice** that I could understand to help me keep well
- I was told **who to contact** if I need care and support in the future



Divisions will be expected to promote the survey, analyse the feedback, identify themes, produce improvement plans and publish 'You Said... We Did' via agreed posters. It is expected that all Divisions will report feedback through their divisional Quality and Patient Safety meetings and quarterly through the Quality and Patient Safety Operational Group.

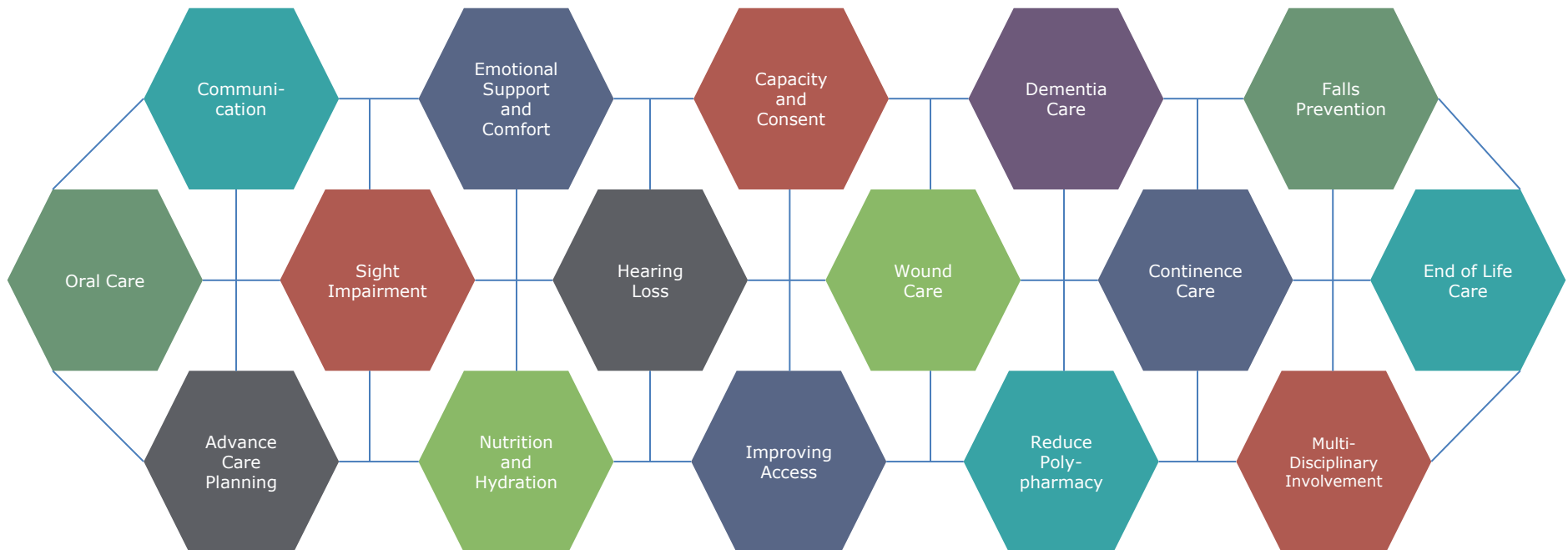
# Person Centred Interventions: Reducing harm and improving experience

There are a number of person-centred interventions that can reduce harm. This Strategy will enable the Health Board to use real time feedback to focus interventions on themes that have identified harm or near misses to ensure that learning and improvement can occur. This will always be our priority. The below summaries some of the initiatives the Health Board employs to reduce harm and improve patient experience.

"You can protect yourself against anything if you anticipate a problem, understand the potential for harm, and know how to prevent harm from happening."

*J Rogers*

## Patient, Families, Carers, Staff and Communities at the Centre



# Our Commitment to Improving Patient Experience

We aim to ensure that better outcomes are achieved across our health services by making patient experience a priority. We will use **real time** (feedback in the moment), **third party** (for example from the Community Health Council), **reactive** (dealing with issues as they arise) and **balancing** (maintaining what works well) feedback to drive forward improvements in quality and patient experience.

To support organisational excellence in patient experience and involvement, the Strategy will enable us to achieve:



Whole-system change: patient experience is **everyone's** business

Patients and families that are truly **engaged** in care and decisions

**Compliments** - regular positive feedback for staff

**Refocus** observational visits - make every contact count

Transformational **leadership**

An **integrated programme** of activities, rather than a series of small/random projects and **learning**

Embedding person-centred care **values and behaviours** across the organisation

Greater **clinical /staff involvement, training and professional empowerment** - enabling staff to deliver the **relational** aspects of care (e.g. good communication, emotional support etc) and to feel confident in delivering Person-Centred Care.

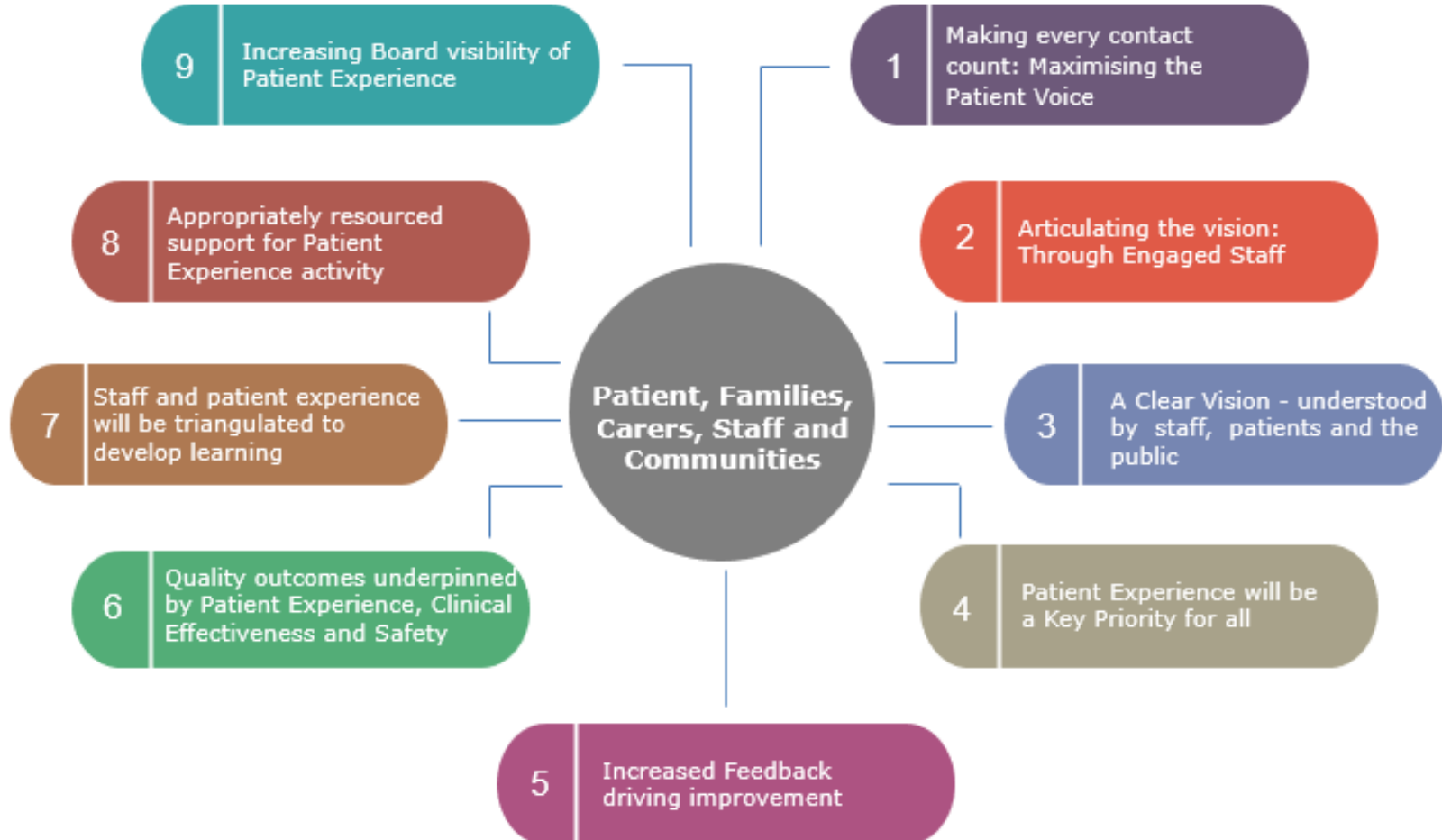
Our organisational **emphasis** will be on **continual feedback** from patients, families, carers, and staff and **measurement for improvement.**

# Values and Behaviours to ensure success

Through our Values and Behaviours Framework, we will ensure that we take all opportunities to embed the principles of quality and person-centred care by considering and valuing what matters to people in everything that we do.



We will refocus our commitment to improving people's experiences by:



# Goals and Objectives

## Quality Strategy

- This strategy will be aligned to and embedded within the organisational Quality Strategy.
- Feedback from people will be used to support quality improvement activity and ensure learning.

## Improved Involvement and Experience

- We will work with patients, families, carers, staff, communities and partners to determine what matters to people.
- We will actively encourage and learn from feedback and make positive changes to improve experience.
- We will expand upon and develop innovative ways to engage better with vulnerable groups, people with protected characteristics and people/communities with seldom heard voices.

## Improved Accessibility

- We will engage with people to co-design and develop accessible, high quality and responsive services that provide a positive patient experience.
- We will consider the Accessibility Standards to improve access to services and people's experiences.

## Improved Person Centred Care

- Our organisational values and behaviours will be embedded in the principles of person-centred care.
- We will use feedback to develop a programme of learning to help us embed person centred care across our services.
- We will use digital narratives and other means to support learning events.

## Prevention and Learning

- We will work with patients, families, carers, and staff to seek early resolution to concerns and complaints.
- We will listen and learn from what may have gone wrong and ensure lessons are learned and used to improve experience and quality.

## Accountability

- Patient Experience will be a priority in the organisations IMTP.
- Thematic analysis of patient, family, carer, staff and community feedback to inform priorities for improvement.
- Staff will be engaged in the Strategy implementation.
- Progress reports will be scrutinised through Committees and Board.

# Where we are now

There are numerous ways in which we currently engage with patients, relatives, carers, staff and communities in order to gather experiences and suggestions. This Strategy will enhance the Health Boards ability to gather increased feedback from people by expanding on good practice and developing other initiatives. Below are a range of activities that promote active involvement and engagement.



## Geographical Involvement Events

Our dedicated Engagement Team will continue to engage with our local population and partners and support the Person-Centred Care and clinical teams to enhance innovative patient experience and engagement events based on feedback themes for example, bespoke engagement with vulnerable groups.

## Person Centred Care Team

Our dedicated Person-Centred Care Team will focus priorities to support the improvement of the lived experience of people and will work with clinical and non-clinical teams to embed a culture of person-centred care.

## Volunteers and Companions

We have grown and continue to extend our volunteer workforce and have developed 16 role profiles to date based on people's feedback. These range from hospital volunteers, end of life companions, dementia companions, digital champions and Pets as Therapy. [More information on the volunteer roles](#)



## Staff Feedback

We will work closely with our staff to gather their experience and make sure that feedback from staff is aligned to patient feedback. By sharing their experiences, staff have the power to influence the organisations values, behaviour and person-centred care culture.

## Surveys

We will capture electronic feedback from the Civica Citizen Feedback System and in-person, developing generic and bespoke surveys that will enable clinical teams to recognise what they do well and what may need to change. Paper surveys will be made available to those who may be unable to complete electronically.

## Dementia Friendly Hospital Charter and John's Campaign

We have embraced the All-Wales Dementia Friendly Hospital charter and introduced Johns Campaign across all our hospital sites, which gives carers the right to ask to stay. We will ensure that flexible visiting supports the needs of patients and families when necessary. [More information on John's Campaign](#). We have also produced an animated video to inform the public of the Dementia Friendly Hospital Charter.



## Dedicated Dementia Email Address

Based on citizen feedback, we have developed a [dedicated email address](#) for people to contact directly if they have a dementia related query and to disseminate information.

## SignLive



We have introduced SignLive, a video relay British Sign Language Interpreter Service to support improved access for people from the Deaf community.

## Staff Training

We have produced a number of bite size training videos for staff to better understand the Mental Capacity Act, Best Interest Decisions and Consent.

## Digital Patient Narratives/'Stories'

We will encourage people to talk to us about their experiences, on film, through case studies, non-visual narration, narrative posted on Civica or in person and use people's experience to celebrate what we do well, identify what needs to change and cascade learning from feedback.

## Digital Engagement

We are using numerous digital platforms to engage with people and communities including email, messaging, webinars, live streaming, and social media.

## Volunteer Feedback

Volunteer feedback forms will be analysed to gather themes from people and these will be fed back to clinical teams

## Citizen Panel

We will continue to work closely with the Gwent Regional Partnership Team to gather views on experience, service planning, service redesign, and the provision of public and patient information.

## Third Party Feedback

We work closely with the Community Health Council (and new Citizen Voice Body), Health Inspectorate Wales, Auditors and others to identify themes from feedback and ensure themes for improvement and compliments are shared with clinical and non-clinical teams.

## Complaint and Concern Themes

Through Putting Things Right complaints and concerns, we will identify themes from feedback and ensure themes for improvement and compliments are shared with clinical and non-clinical teams, supported by improvement plans.

## Patient Liaison Officers

We have introduced Patient Liaison Officers at the Grange University Hospital to support the communication between the public and ward staff.

## Listening and Learning

Based on feedback we have undertaken a number of learning events and 'listening and learning' is now an essential component of our Quality Strategy.

# Where we want to be

Through the Strategy, our ambition is to continually improve, working together with patients, families, carers, staff and communities, and, through accessible engagement activities, shape future service delivery and direct care experiences. In addition to our existing experience and engagement activities, we will widen our approach to make it easier for our patient's voice to be heard and will prioritise ways to better engage with those whose voices are seldom heard.



## Staff Training

We will develop a dedicated programme of learning for staff to enable them to both deliver person-centred care and gather patient experience feedback. This will be inclusive of the need to actively engage those with seldom heard voices.

## Programme of Patient Experience Activities

We will develop an annual programme of patient experience and engagement activity ensuring equitable access for people to participate. Through emerging feedback and themes, we will undertake specific engagement to support improvements.

## Patient Specific Focus Groups

We will develop patient specific engagement groups to ensure we capture a deeper understanding about issues and proposals relevant to specific groups. For example, engaging patients with a common medical condition such as diabetes, engaging people with protected characteristics/additional needs and engaging with people from diverse communities to better understand access needs. These will be in person or through digital engagement such as Webinars.

## Patient Advice and Liaison Service (PALS)

We will develop PALS to ensure timely access to advice and support for patients, families, carers, staff and communities with the aim of reaching early resolution to concerns. Supporting clinical teams, PALS will undertake face to face discussions with people, identify themes from feedback, and support clinical areas in patient experience improvements. PALS will also disseminate all written and verbal compliments to clinical teams.

## *You Said.....We Did*

From Civica, an electronic Citizen Feedback platform that will help people who are using our services to tell us what they think about their care. and other feedback methods, we will publish summary actions taken as a result of feedback in clinical areas and on social media.

## Experts by Experience

We will enhance opportunities for people to engage with us sharing their experience of using healthcare services. Through expanding dedicated 'Expert by Experience' groups, we will be able to focus on the specific experience of people with similar conditions and needs, allowing patient and staff feedback to shape service improvement.

## Hospital 'Listening Hubs' and Roadshows

Through PALS and Volunteer Services, we will develop a range of listening hubs across our hospitals where patients, relatives, carers and staff can speak to someone directly about their experiences. In partnership with local stakeholders, we will undertake a series of 'patient experience roadshows' based on thematic outcomes from patient feedback.

## Technology

We will use technology and social media to reach a wider population as part of our engagement activities. Civica will allow patients, families, carers and staff to provide real time feedback in a timely manner. Additionally, we will evaluate new technology such as *SignLive* to measure the positive impacts on people's experience.

## Care Aims

We will adopt the Care Aims Intended Outcomes Framework which is a decision-making framework that supports practitioners to better engage in meaningful dialogue with people and thus establish clearer outcomes based on the persons priorities. Initial adoption will include Care of the Elderly, Cancer Services and End of Life Care services.

## Digital Engagement

We will explore all opportunities to engage with people and communities through various digital channels including email, messaging, webinars, live streaming, and social media.

## Community of Practice

We will develop an organisation wide Community of Practice for people to come together and discuss ideas and suggestions to improve people's experiences. Members will be Champions for patient experience and engagement.

## Expand and Develop New Volunteer Roles

Based on feedback themes, we will develop new and innovative volunteer roles to improve people's experiences. We will also look to expand our 'Volunteer to Career' roles affording our valuable volunteer workforce an opportunity to gain meaningful employment.

## Programme of Learning Events

We will use patient, family, carers, staff and community feedback to inform our programme of learning events.

# Monitoring and Evaluation

Monitoring of performance and compliance will be undertaken by the Quality and Patient Safety Operational Group with quarterly reporting to the Patient Quality, Safety and Outcomes Committee. Annual reporting will be within the Quality Annual Report.

Our qualitative measures for patient experience will evidence progress against the NHS Framework for Assuring Service User Experience.



## PROCESS MEASURES

- The number of person-centred care and other surveys completed per quarter (patients, carers and staff)
- Identification of patient demographics e.g. age, gender, disability, race etc
- Results of surveys to include themes and heat maps for improvement
- The number of compliments
- The number of complaints where communication is a factor
- The number of complaints where staff attitude/behaviour are a factor
- Positivity of feedback

## LEARNING MEASURES

- The number of listening engagement events (face to face, digital etc) and main themes
- Analysis of feedback on what is going well and lessons learned
- The number of staff who have undertaken person-centred care, equality and MCA training
- Number of Learning Events per Division
- Going forward, the number of PALS contacts, interventions and early resolution outcomes

## OUTCOME MEASURES

- Development of an annual programme of patient experience and engagement activity and associated plans
- Analysis of patient survey results and actions undertaken to address/improve patient experience
- Staff surveys and actions undertaken to address/improve staff experience

## REPORTING

- Monthly reporting on Patient Experience through the Quality, Patient Safety Operational Group.
- Quarterly reporting through the Patient, Quality, Safety and Outcomes Committee
- This Patient Experience and Engagement Strategy will be subject to 12-month evaluation and annual reporting to Board