

Experience & Involvement strategy

The below information shows a more detailed break down of what the potential actions could be under the 4 headings of

1. Leadership at every level
2. Expectation of co-production
3. Resources
4. Every team acts on feedback

Draft ACTIONS:

1. Leadership at every level - (7 actions)

- Every time a patient facing staff member of Team manager/ modern matron/ operational managers level, and above, is recruited a patient representative should be directly involved.
- Celebrating and promoting positive staff role models; identifying top tips for staff to staff engagement AND staff to patient engagement around involvement.
- Training and support for shared decision making – at Leadership Development Programme, Oxford Healthcare Improvement Centre, Apprentices, care certificate, induction, consultant groups, Staff Linking leaders conferences.
- Embedding person centred, personalised care and theming of PEI across other strategies incl; communications strategy.
- Create a culture of curiosity around what people who use our services say and ensure this influences our leaders strategic decisions
- PDR – embed conversations about feedback in appraisals and supervisions
- Develop Clinician level feedback across the trust to ensure 10% of teams (30/ out of 300) have individuals registered to use IWGC – *PDPS, EDPS, Luther street, dentistry,*

2. Expectation of Co-production - (7 actions)

- Ensure in the processes we use to make changes to services there is a check around involvement in all service changes – OHI framework, programme changes and service & business team
- Give staff permission and tools to make changes from feedback and to involve people in those plans (empower and equip)
- Identify 3 pathways across organisations in Oxon and Bucks to work with patients to look at experiences/involvement and identify improvements
- Support and train staff around involvement of users. Build capacity across the trust

- Involvement in Care/ shared decision making.
- Develop a wider mixed approach to ensure patient voice is present in trust forums to promote patient centred decision making at all levels.
- Events / Conferences on celebrating experience and training in involvement

3. Resources - (7 actions)

- Develop process with communications that any information which is developed for people who use services is reviewed by them
- Review language and pictures on external website with patients (is it clear, accessible, friendly?)
- Develop resources for staff eg. How to involve, how to access
- Map whether information used most often is accessible and take action where needed especially for different groups; dementia, low literacy, LD/autism, languages
- Set up process for staff to put forward policies/ rules that stop them from doing their role well, to remove or make amendments where appropriate
- Resource library of videos/ self help on external website
- Develop self support decision trees for staff and people who use our services (self education) where appropriate

4. Every team acts on feedback - (7 actions)

- Review IWGC contract (due to end sept 2020 with potential for 2 year extension to sept 2022)
- Make more accessible feedback and increase number of responses which are published on iWGC website
- Improve training and access to IWGC dashboard for staff
- Format and how to share “you said we did” - accessibility and how widely shared (develop system) ensure all teams evidence feedback and actions!
- Standardise use of IWGC across teams, reduce variability.
- Use data to forecast variations/ changes over time and use pro-actively
- Analysis of our staff experiences alongside people who use our services experiences for a selection of teams to focus attention on wellbeing in line with national research.