

People's Experience & Involvement Strategy (2019-2021)

April 2019 – Version 8.0

Approved

A summary of the information will also be available in a booklet form, easy read document and in a video.

Experience & Involvement of people who use our services – Strategy 2019 - 2021

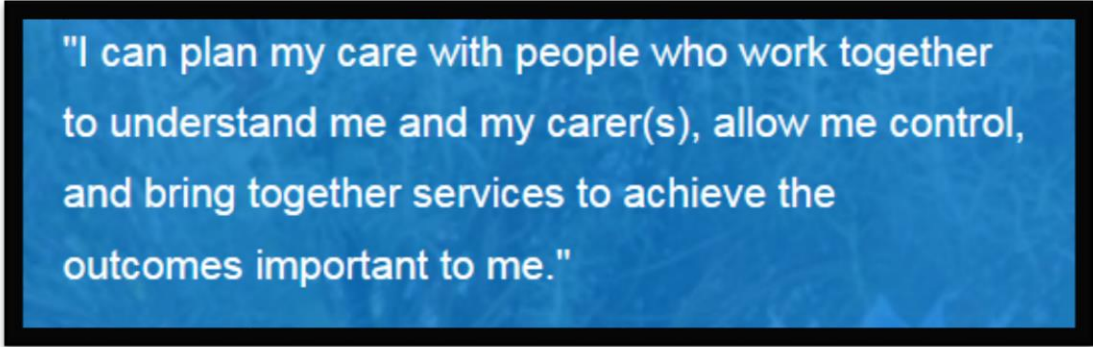
Foreword

People who use our services are central to everything we do and the theme of involvement runs through every aspect of the trust. Every member of staff is part of a persons experience of receiving care and treatment.

We strive to provide the best possible care and outcomes for the people we work with and believe that involving people who use our services in co-design, co-develop and co-production is simply the right thing to do.

This document sets out how Oxford Health NHS Foundation Trust (OHFT) intends to build on and improve how we work with people of all ages who use our services to ensure we work in partnership with patients, carers/ families and professionals. By working together we aim to achieve the personal needs of each individual, outcomes and goals that people want and to maintain good health for longer. By developing an understanding of each patient as an individual, including how their illness or condition affects them, we will ensure care is personalised, and co-ordinated to the needs of each individual. (NICE 2012)

We would like every person who receives care or treatment to be able to say;



"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

(National Voices, May 2013)

Aim of the strategy

“To ensure more people who use our services tell us that they have been given opportunities to be involved and empowered to make shared decisions about their care, treatment and support, as well as to work with staff in developments to services by April 2021.”

Main Objectives (Primary Drivers)

There have been four main objectives, also known as primary drivers identified to achieve the aim;

1. Leadership at every level

Ensuring staff at all levels have opportunities to involve people who use our services and are empowered to make changes locally.

2. Expectation of Co-production

We want to develop skills and training to grow confidence in the use of co-production and ensure we are sharing good practice across services and teams.

3. Resources

We want to develop more self-management and self-education resources, alongside reviewing the quality and accessibility of information we currently provide to people who use our services.

4. Every team is supported to use and act their feedback

We want to further support teams to routinely collect and gather people’s experience and to use this information to make improvements.

Secondary drivers

Under each primary driver more detailed objectives have been identified called secondary drivers, these will be implemented to achieve the aim.

1. Leadership at every level

- Staff behaviours (opportunities & challenges)
- Supporting staff to make changes (empower and equip)
- Resourcing for involvement in service changes (upskilling/information/ video capacity)

2. Expectation of Co-production

- Skills and training

- Buddying/ sharing good practice
- Diverse range of representatives

3. Resources

- Self management resources
- Quality and accessibility of information
- Funds to involve

4. Every team is supported to use and act their feedback

- Internal processes such as forms/ assessments/ service models
- Review internal systems to identify/challenge those that don't support.
- Develop the use of data to be 'proactive rather than reactive'

From the above primary and secondary drivers an improvement plan will be identified with actions and leads against each of the 12 more detailed objectives.

Scope

Oxford Health NHS Foundation Trust provide physical health, mental health, learning disability services and social care for people of all ages across Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon & Wiltshire.

Our services are delivered at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible.



In everything we do, we strive to be caring, safe and excellent.

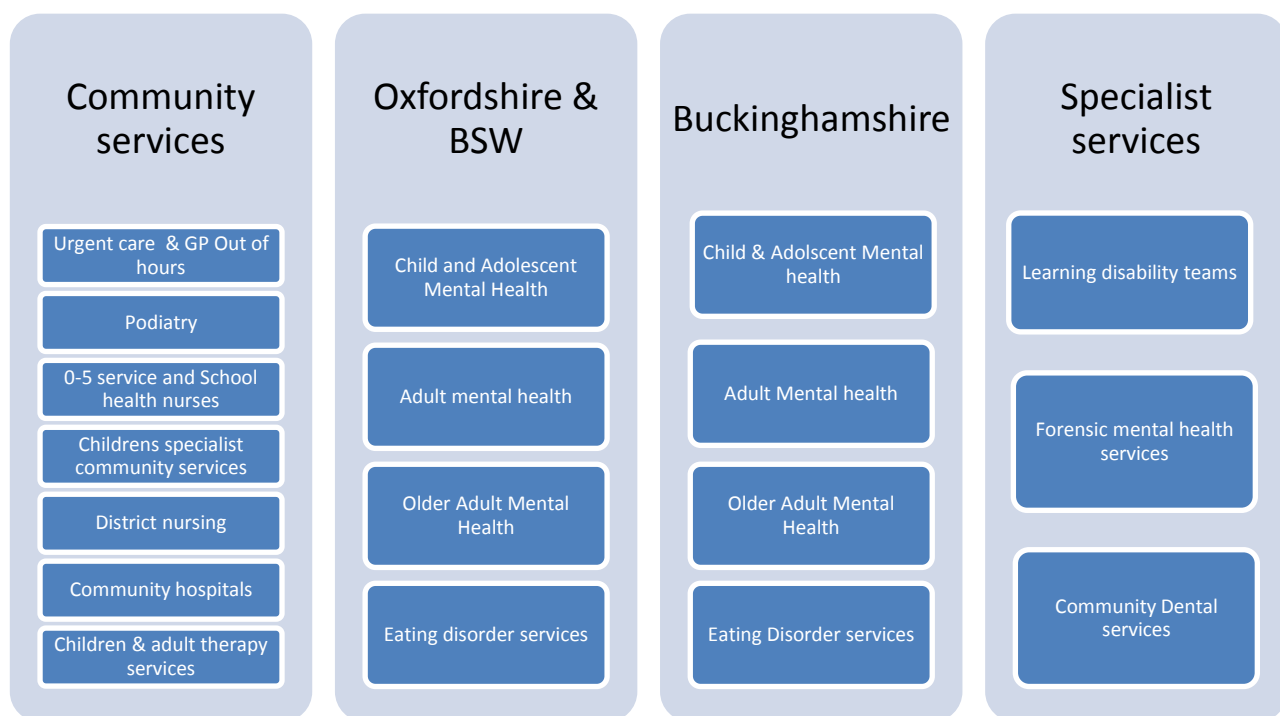
To do this we need to ensure we give people who use our services a voice and this strategy is in place to continue to improve people’s experience and involvement as key areas within the trust.

Terminology: The terms “patient”, “service user”, “client” or “carer” are often used in health settings but we know that these terms may not be right for everyone that this strategy is designed for so we are going to use the term “people who use our services”.

This strategy shows our aim and objectives for the next 2 years; **April 2019 – March 2021** and includes **All trust services** organised within 4 clinical directorates;

1. Community Services
2. Oxfordshire, Bath & North East Somerset, Swindon and Wiltshire All Age Mental Health Services
3. Buckinghamshire All Age Mental Health Services
4. Specialist Services

These are shown in the table below:



We want to ensure that everyone who uses our services are involved from ‘**their own care to co-production in service changes**’ and to be able to use this strategy as a guide to understand what our priorities for improvement are.

Background to this strategy

National drivers

All major national policy drivers make it clear that we must carry on improving what we do to ensure that the views of patients and the public are heard and that they inform decision making. The NHS Constitution (2015) puts patients at the centre of everything that the NHS does:

“NHS organisations must actively seek out, respond positively and improve services in line with patient feedback. This includes acting on complaints, patient comments, local and national surveys and results from ‘real-time’ data techniques”

The NHS Long Term Plan (2019) reinforces the belief that **“People will get more control over their own health and more personalised care when they need it”** and asks trust to empower patients and engage with communities. It also states **‘The NHS’s greatest strength is its people, and as demand for healthcare continues to grow, it is essential that NHS staff get the support they need to do their jobs effectively.’** This empathises the strong link between staff experience and patient experience. We want to ensure staff feel valued (by the positive feedback) and empowered to make changes in response to feedback.

The Care Quality Commission assessment framework (2017) has a clear focus on understanding how trusts ensure that patients have a good experience and are actively involved in decisions about their care and that we take account of the views of our local community and stakeholders:

- How does the service ensure that people are treated with kindness, respect and compassion, and that they are given the emotional support when needed?
- How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
- How are people’s privacy and dignity respected and promoted?
- How are people’s concerns and complaints listened and responded to and used to improve the quality of care?
- Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

The full list of national drivers and guidance which has informed the development of the revised strategy can be found in Appendix D.

In line with national guidance Oxford Health NHS Foundation Trust is committed to continuing to improve people’s experience & involvement. The Trust’s previous three-

year experience and involvement strategy has come to an end. We can demonstrate the positive impact this strategy has had on;

- An increase in the amount of feedback collected
- How this feedback is received and used by staff to make improvements, and
- An improvement in feedback received in relation to the information provided, people feeling involved in their care and kindness reported about our staff
- An increase in the amount and range of involvement in services changes

Further evidence of the changes and impact of the “Just Ask Me” strategy can be seen in our trust board papers (<https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>) and annual reports (<https://www.oxfordhealth.nhs.uk/publication/annual-reports/>)

Links with other Trust strategies

People’s experiences of our services and engagement are key priorities for Oxford Health NHS Foundation Trust. As detailed in the Trust’s business plan and strategy the top strategic priorities are ‘To make care a joint endeavour with patients, families and carers’ and ‘To be curious about what patients say about the care they receive and use feedback as a source of information to improve what we do’. More information about the trusts strategic aims can be found at: <https://www.oxfordhealth.nhs.uk/about-us/overview/our-strategy/>

The Trust has a separate carers strategy called ‘I care, you care’ to ensure this important area receives sufficient attention. Year two of the strategy in 2018/19 has seen a focus on improving the range and quality of literature available for family, friends and carers, developing our online training tool for staff, and a focus on getting resources in place. A copy of the strategy is available at <https://www.oxfordhealth.nhs.uk/support-advice/support-for-carers/>

There are also a number of other strategies within the Trust which all have a role in working alongside the Experience & Involvement work being developed, some of these include: equality, diversity and inclusion, workforce development, membership/ volunteering and dementia.

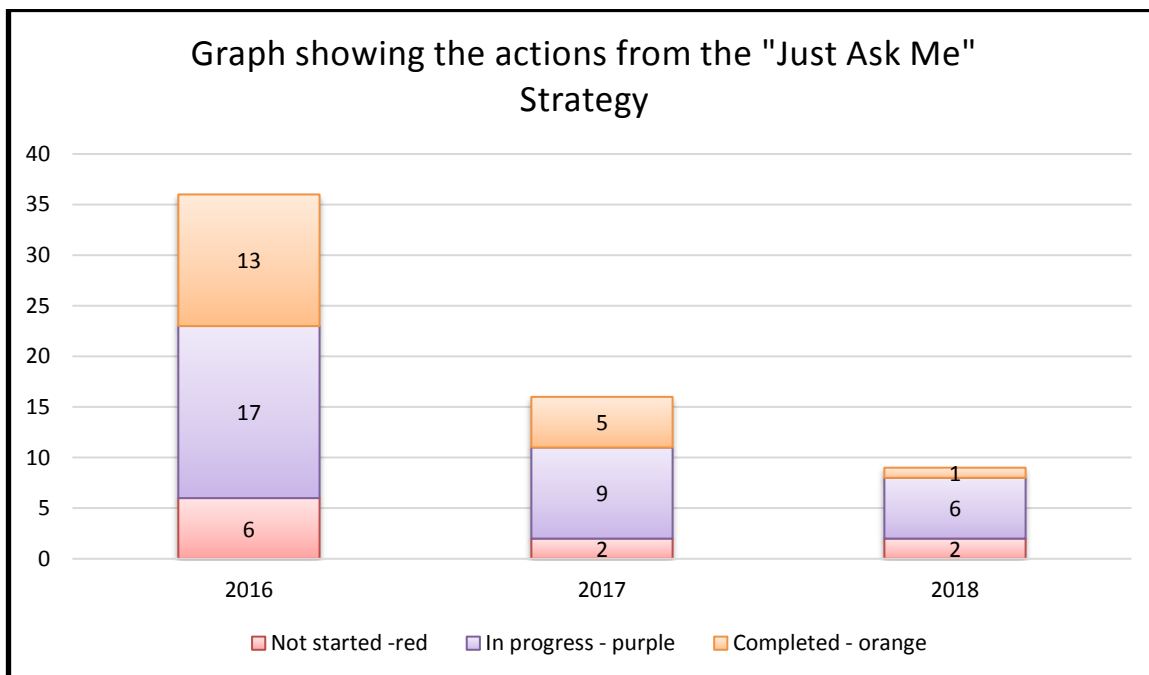
Partnership working

Oxford Health NHS Foundation Trust is one provider in a range of systems providing health and social care. We recognise and value working in partnership with other organisations to provide person centred co-ordinated care.

We have asked some of our partners to help us to develop this strategy. We have chosen to write a strategy for 2 years as the NHS is currently going through huge change and we want to ensure we have the opportunity to re-evaluate our actions regularly to ensure they remain relevant.

Position on “Just Ask Me” Strategy (April 2016 – March 2019)

The below graph shows the number of actions completed, in progress and outstanding from the strategy which finished at the end March 2019 after 3 years. 19 actions have been fully achieved, 31 are in progress and 11 have not been started. All actions which are still relevant will be carried into the work plan for the next strategy, detailed below.



The actions from the Strategy 2016-2019 in progress have been reviewed and are well underway but will be carried through into the next Strategy work plan until completed. The 10 actions which have not yet been started have also been reviewed with many being carried through however two actions are not. The detail about the actions where have not yet started is in Appendix B.

Development of this strategy

We have collated and reviewed information from a range of sources to fully inform this strategy development.

- Progress on current strategy objectives – *monitored regularly through the taking action from patient feedback group and information reported to board quarterly.*
- Linking leaders group work themes on shared decision making – *this exercise was undertaken by 211 staff at the Linking leaders sessions on patient experience in 2018*
- Taking Action from Patient Feedback session – *attended by 16 group members to review outstanding actions from previous strategy and identify current priorities*
- Feedback themes from data collected – Friends and Family Test (FFT) & National Mental Health survey – *looking at themes, high scoring questions and areas for improvement*
- Self assessment using National Patient Experience Framework – *Evidencing good practice and identifying gaps for OHFT.*
- Oxon system focus
- Service changes – Oxfordshire Care Alliance (OCA), Integrated Care System (ICS Bucks), New models of care – dental, Eating Disorder Service, forensic, Learning Disability. – *Thinking about workforce and new ways of working*

Consultation

The consultation process to review and comment on the draft strategy documents was open from December 2018 to March 2019 and has involved a broad range of staff, people who use our services and stakeholders.

A number of patient and carer groups have been asked to view the strategy including Article 12 CAMHS participation group, EDS patient group, 'Have Your Say' ward meetings, Learning Disability PEG groups and carer reference groups.

Individual patients and carers have also commented on the strategy from a range of services including Forensic services, Dental services, Adult mental health services, Adult therapies and Community Hospital wards.

Staff have been able to view and comment on the draft strategy from its publication on the intranet. It was available on the intranet main slider for 10 days.

Externally the draft has been shared with OCCG, OUH, Healthwatch and partner organisations.

The draft strategy and actions have been available at several internal meetings including Quality Committee, Caring and Responsive Committee, Operational and Clinical

Governance meetings and has been published on OHFT internet site and a link in the Trust Board papers.

I am the patient experience

Every member of staff has a responsibility for developing experience and involvement and there is a willingness from individuals and teams to deliver excellence to people who use our services. We want to further develop a culture of “I am the patient Experience” which recognises the importance of every individual contact, every conversation, every interaction and a trustwide video has been produced alongside the strategy development to publicise this culture.

Baseline and measurements

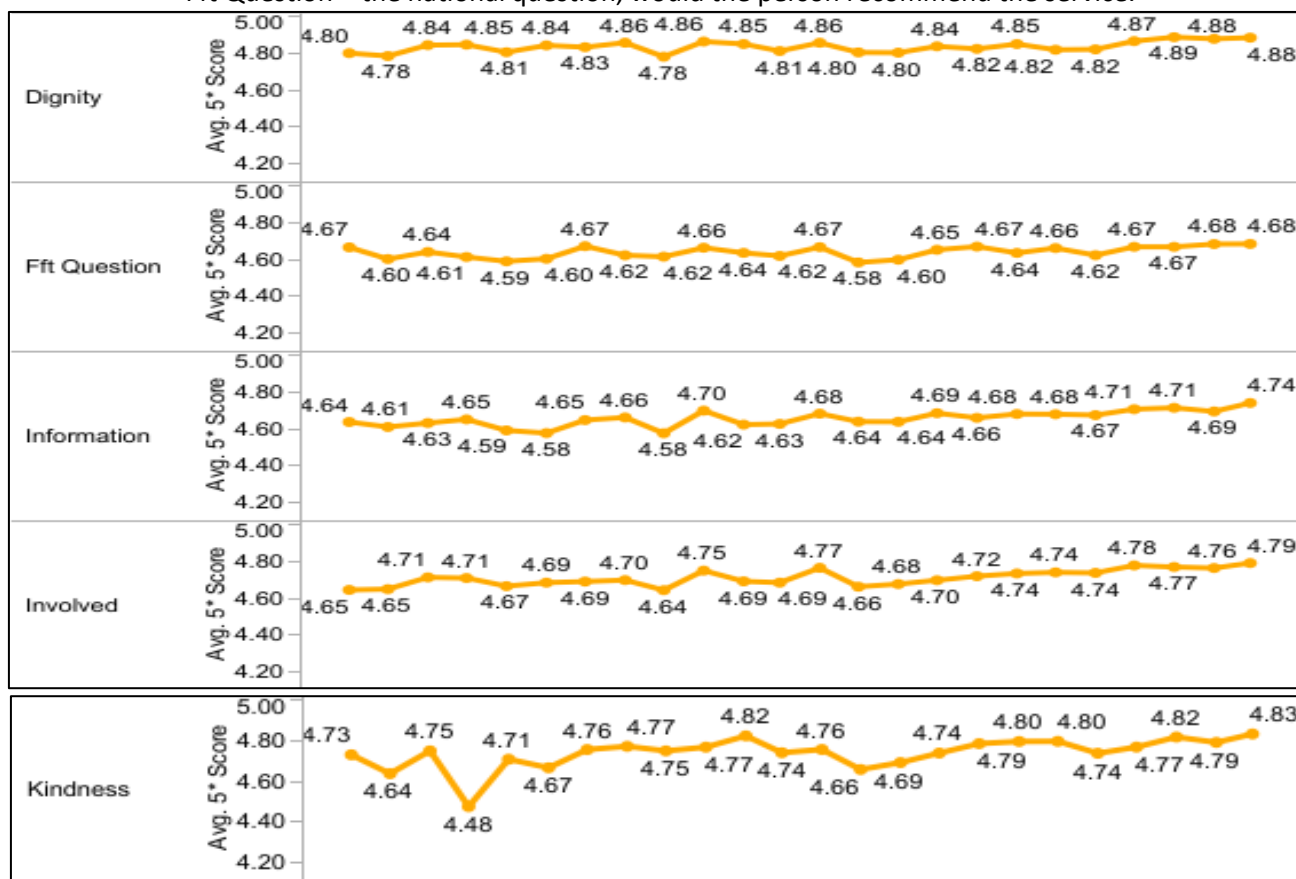
The following measures and baselines have been identified to monitor the success and impact of the strategy;

- ❖ Patients and carers feedback an improvement in being involved in their care

Rating by local survey question Trust-wide (rating from 0-5)

Period: March 2017 to March 2019

Fft Question = the national question, would the person recommend the service.



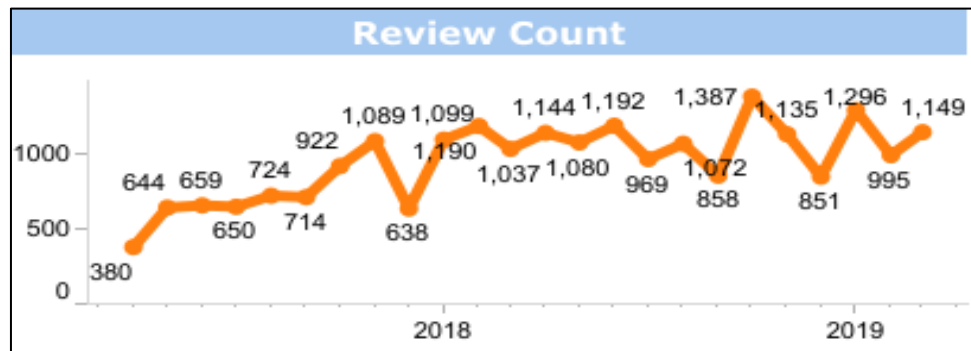
March 2017 September 2017 March 2018 September 2018 March 2019

Data source: *iwantgreatcare*

❖ Increase the amount of patient and carer feedback received

Number of local survey responses Trust-wide

Period: March 2017 to March 2019



- ☐ Each service/ team is better able to demonstrate the actions they have taken as a result of feedback
- ☐ Increase the number of patients and carers being involved in activities such as interviews, training, decision making meetings, writing newsletters, service developments etc...
- ☐ An increase in the number of volunteers, apprentices and peer support workers employed within the trust

The actions in the strategy and progress against the aim will be monitored by the Trust’s patient, carer and staff strategy steering group with quarterly reporting through to the Board of Directors, which will be published.

The trust have a Patient Experience & Involvement Team who support/ facilitate projects, “skill up” staff and going forward will be continuing to embed experience and involvement into on going work as well as working closely to monitor outcomes from the strategy.

Strategy planning detail

Creating driver diagrams (also known as action effect diagrams) is a helpful starting point for an improvement project. A well drafted diagram provides a graphical representation of a team's logic model/theory of change, describing their understanding of how the system works for a given aim.

Full Driver diagrams can be found in appendix B

For the revised strategy the following primary and secondary drivers have been identified to make an improvement.

Primary drivers

1. Leadership at every level
2. Expectation of Co-production
3. Resources
4. Every team is supported to use and act their feedback

Secondary drivers

1. Leadership at every level

- Staff behaviours – opportunities & challenges
- Supporting staff to make changes (empower and equip)
- Resourcing for involvement in service changes (upskilling/information/ video capacity)

2. Expectation of Co-production

- Skills and training
- Buddying/ sharing good practice
- Diverse range of representatives

3. Resources

- Self management resources
- Quality and accessibility of information

4. Every team is supported to use and act their feedback

- Internal processes such as rigid forms/ assessments/ service models
- Review internal systems to identify/challenge those that don't support.
- Develop the use of data to be 'proactive rather than reactive'

From the above primary and secondary drivers a work plan will be identified with actions, the draft actions are below and will be worked up into a SMART improvement plan.

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
- Developing and implementing personalised care planning in community services
- 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 - (8 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 recommend changes 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
- Develop a designated central fund for reimbursement of involvement work.

4. Every team is supported to use and act their feedback - (8 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.
- Trial new patient experience measures for children complex care services

Contact details: Donna Mackenzie-Brown through the getinvolved@oxfordhealth.nhs.uk

Experience & Involvement Strategy

2019 - 2021

The Trusts Strategy Aim-

“To ensure more people who use our services tell us that they have been given opportunities to be involved and empowered to make shared decisions about their care, treatment and support, as well as to work with staff in developments to services by April 2021.”



For more information visit

www.oxfordhealth.nhs.uk/get-involved

Or contact the Patient Experience & Involvement Manager

getinvolved@oxfordhealth.nhs.uk

07766 360547

#OHFTgetinvolved

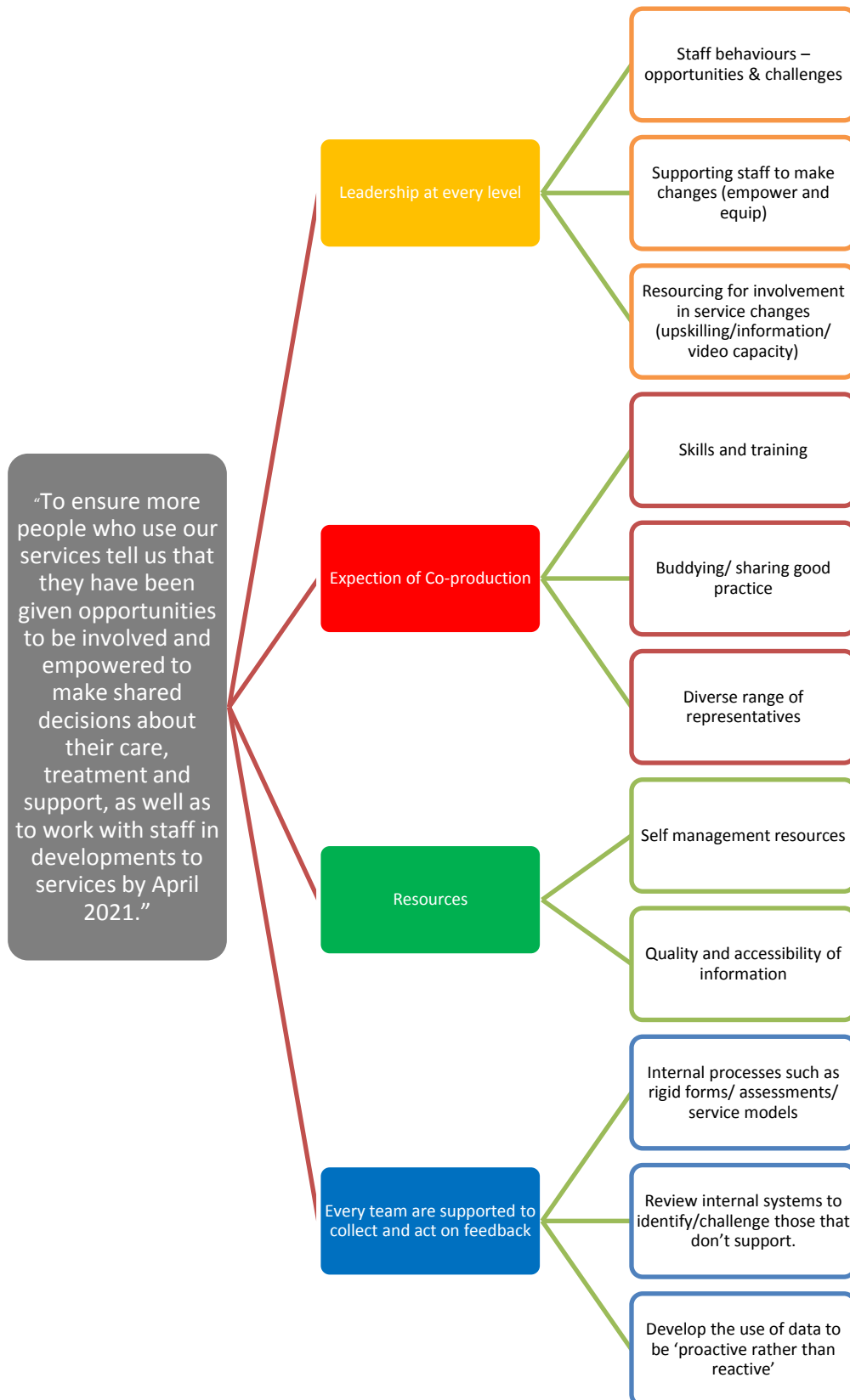
Appendix B. Outstanding actions not started from the previous strategy

Below is a list of the outstanding actions which have not been started and how they will be managed in relation to the new strategy;

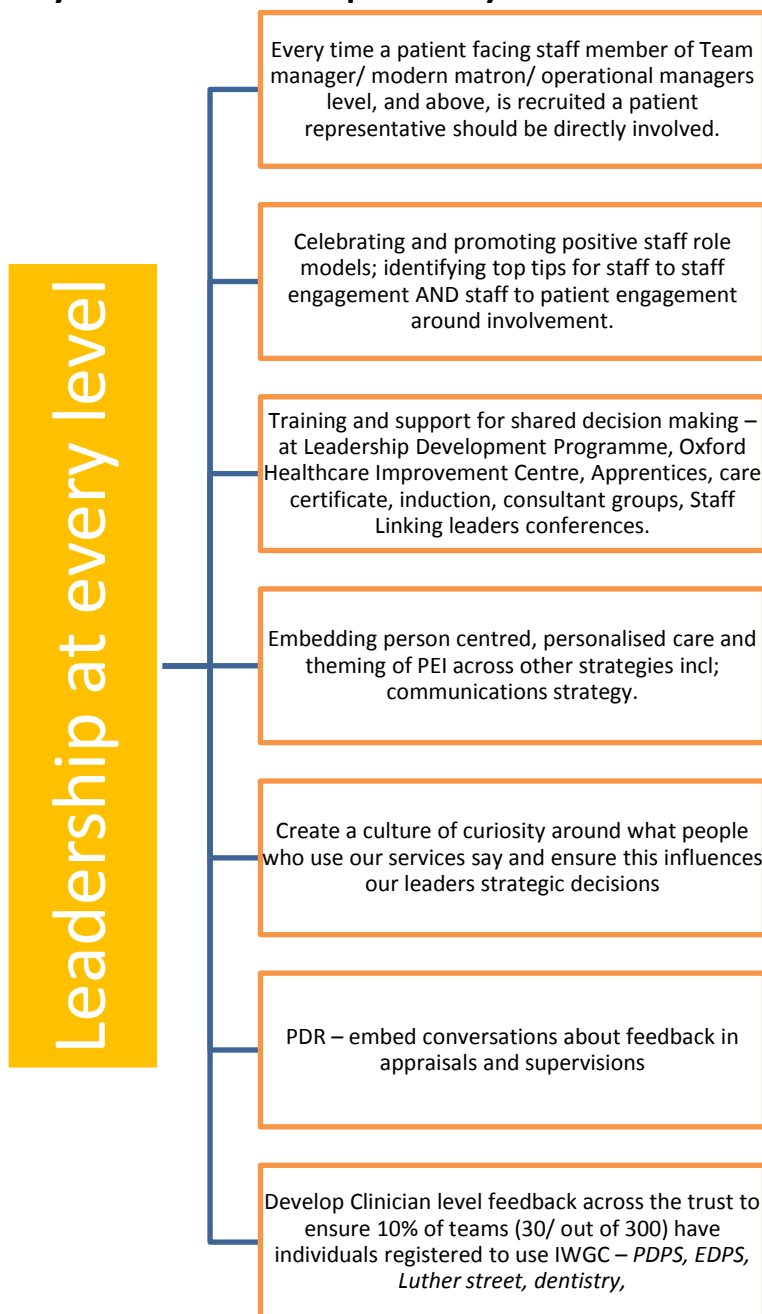
	Moving into 2019 strategy	Comment
Develop the use of demographic data to identify those harder to reach groups where we do not receive feedback	YES	Under the primary driver Resources
Explore with harder to reach groups how we can involve them better so that they have good experiences of care and can be involved as much as they wish	YES	Through primary driver Resources
To explore development of a research/evidence based project (co-produced with patients and staff), based on the patient's journey, working in partnership with patients, carers and families and partner organisations (e.g. OUH, BHT, OBU) so contributing to the national body of evidence in regards to patient experience and involvement	NO	<p>The Trust was involved in national research in 2017 about feedback mechanisms in mental health inpatient wards called EURIPIDES.</p> <p>An experience based design method is being used to gather and action feedback from people with a learning disability across organisations in Oxfordshire. This is being developed in 2018 and 2019 and will look at feedback along a persons care journey.</p> <p>The Trust continues to remain within the top three Trusts for recruitment into mental health and dementia research studies. For more information, go to the Trust's website at https://www.oxfordhealth.nhs.uk/research/making-a-difference/</p> <p>As part of this strategy we will continue to support research opportunities as they arise.</p>
Developing of a designated budget for all services to use to pay for reimbursement of involvement work, so that funding does not potentially become a barrier to involvement	YES	<p>Under the primary driver Resources.</p> <p>Currently a new funding stream is being considered through the Oxford Health Charity to develop an involvement fund. However if this bid is unsuccessful an alternative action will be identified.</p>
Directorate level care planning forums to be established to identify/ share good examples of care plans and areas for improvement across	NO	Evidence not stronger enough to prioritise action in the next two years.

	Moving into 2019 strategy	Comment
teams and professionals to improve the quality of care plans		
Involvement assessment tools for service developments to be developed and agreed.	YES	Under EXPECTATION OF CO-PRODUCTION
To develop a peer mentoring/buddy system and network to enable those people who wish to be involved are well supported and have access to an advocate if required to help them 'get involved'	YES	Under EXPECTATION OF CO-PRODUCTION
Trust wide work to bring clarity around standards for care planning and share learning across the trust. Further work to be scoped by the Chief Clinical Information Officer and to understand the impact of this using EHR	YES	<p>A series of work has been carried out across mental health services including a revision of the Care Programme Approach Policy in 2018, training on personalised care planning, clarification of care planning standards monitored through routine clinical audits, and new guidance for staff on recording on the electronic health record.</p> <p>The action is being carried on under the primary driver expectation of co-production, however has been re-worded to be more specific. For 2019/20 quality improvement objectives in relation to developing personalised care planning are identified for the community physical healthcare services and mentioned.</p>
Support patients and carers/ families to manage their own care, through developing a resource library to enable easy access to self-management resources (usable by phone and ipad) and information on OHFTs website.	YES	Through RESOURCES
The development of a sub group led by patients will be set up: 'employment resourcing interview forum' to support the recruitment work	YES	Through LEADERSHIP AT EVERY LEVEL

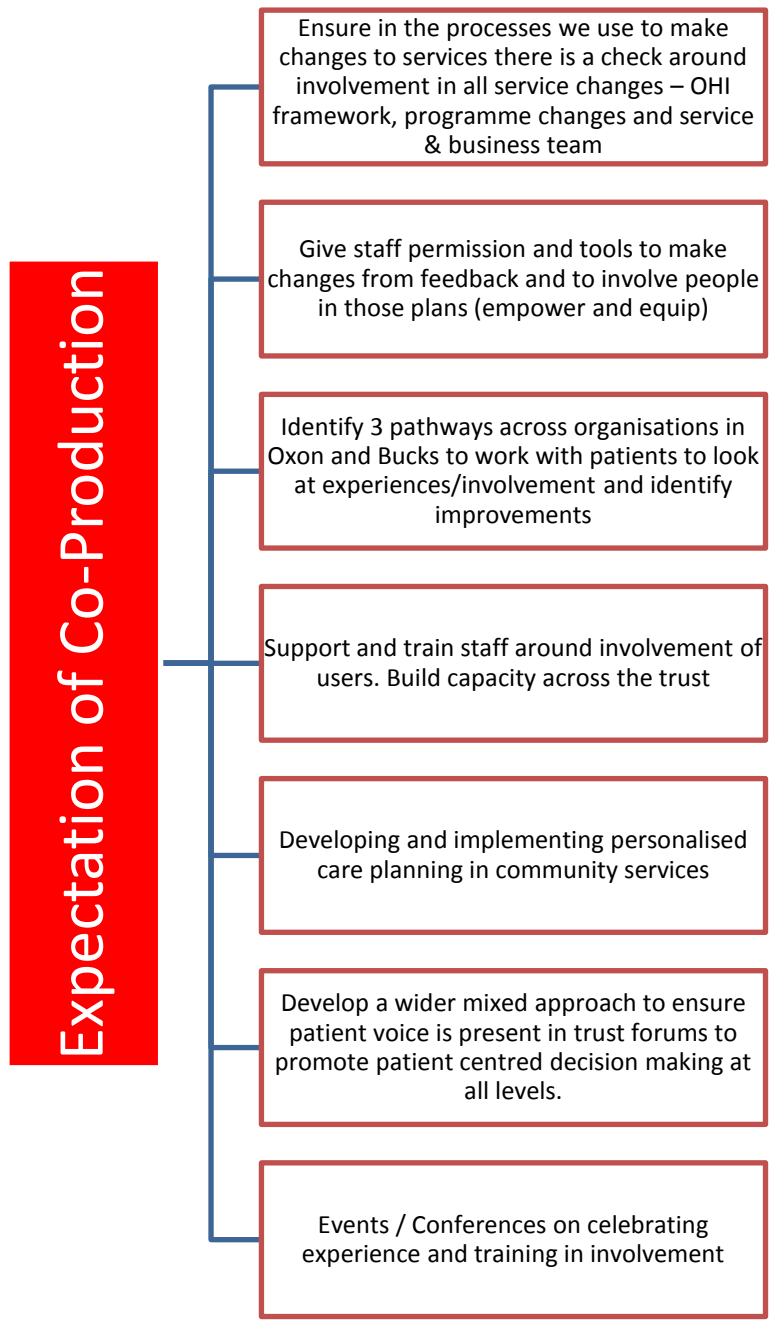
Appendix C - Driver diagram showing aim, primary and secondary drivers:



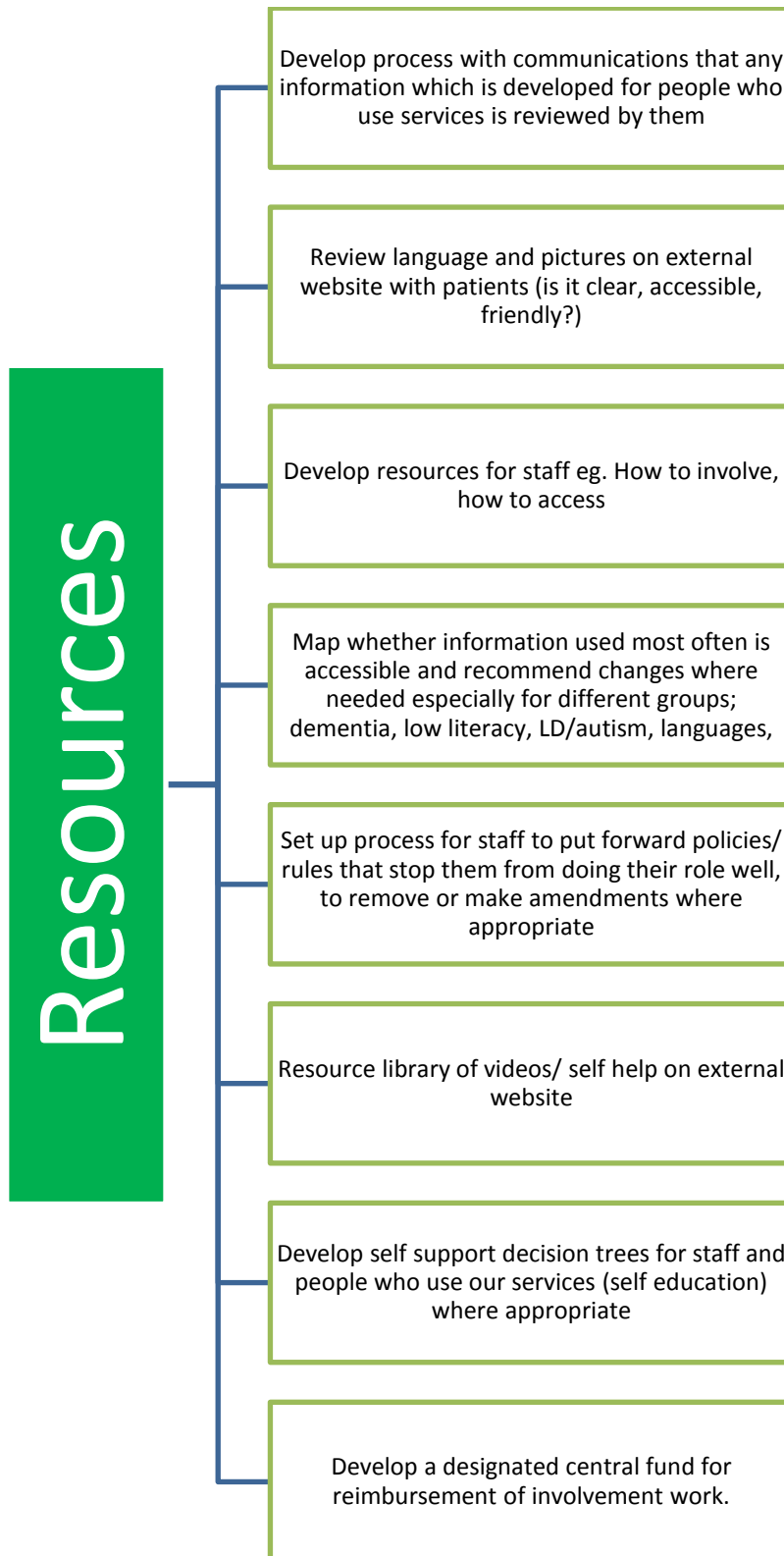
Actions for primary driver: Leadership at Every level



Actions for primary driver – Expectation of Co-production:



Actions for primary driver – Resources:



Actions for primary driver – Every team is supported to collect and act on feedback



Appendix D. National drivers informing the strategy

NHS Improvement (2018) National patient experience improvement framework.

https://improvement.nhs.uk/documents/2885/Patient_experience_improvement_framework_full_publication.pdf

NQB (2015) *Improving experiences of care: Our shared understanding and ambition*. www.england.nhs.uk/ourwork/part-rel/nqb/

NHS Outcomes Framework (Reference to Domain 4).

www.gov.uk/government/statistics/nhs-outcomes-framework-indicators-august-2017-release

Care Quality Commission

www.cqc.org.uk/what-we-do

The King's Fund (2016) *Patients as partners: Building collaborative relationships among professionals, patients, carers and communities*

www.kingsfund.org.uk/publications/patients-partners

The King's Fund (2013). *Patient-centred Leadership*.

www.kingsfund.org.uk/publications/patient-centred-leadership

NICE Guidance Service user experience in Adult Mental Health

<http://guidance.nice.org.uk/QS14>

NICE Guidance Patient Experience in Adult Services

<http://guidance.nice.org.uk/CG138>

House of care model – a framework, adopted by NHS England, for enhancing the quality of life for people with long term conditions:

www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/house-of-care/

National Patient Survey Programme www.nhssurveys.org/

NHS England. Friends and Family Test Guidance www.england.nhs.uk/fft/

NHS Complaints Regulations

www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf