

# Experience and Involvement Strategy for Patients, Service Users and Carers - 2023 - 2025

## Our mission

Our Experience and Involvement Strategy will support us to hear and act on the voices of our patients and carers to enable the development and delivery of co-produced outstanding services for excellent patient experience and outcomes.

## Foreword



Marie Crofts,  
Chief Nurse

Hello, my name is Marie, I am the Chief Nurse and the Executive Director responsible for patient, service user and their carers experience and involvement.

I am delighted to share with you our new strategy to guide us through the next three years, continuing our commitment to putting patients at the heart of everything we do. This strategy has been co-produced with patients and carers as well as our staff and other stakeholders. The priority areas are those you told us are important to you.

We want our patients and their families to have the best possible experience and to receive high quality care when they come into contact with our services.

I am proud of our patient experience work to date and we are on a journey to improve and really embed working in partnership to co-produce care and services, listening to our patients and service users and using feedback to identify and make improvements to services.

## This Strategy

The work to develop this strategy started in August 2021 with patients, services users, carers, staff, and stakeholders working together to produce it. Our purpose was to listen to better understand the issues and challenges and where we needed to focus our efforts. A team held workshops for patients, service users and staff, ran a survey and spoke with voluntary organisations and patient advocate organisations. Everyone's contribution was treated equally.

The work has been led and coordinated by our Deputy Director of Quality, the Patient Experience and Involvement team and co-chairs of our Experience and Involvement forum. It gives us a focus for the next 3 years to deliver what really matters to you to bring about positive change in the culture of coproduction within organisation.

## Our thanks

With thanks to everyone who has contributed to the growth of this strategy We could not have developed this document without their support and cannot make the changes we need to do without your help.

## Key definitions and acronyms

**Experts by experience** – individuals that have "lived experience" of using NHS services, caring for someone in this situation or identifying with a particular group or community. Experts by Experience come from a wide range of backgrounds and bring diverse skills, experiences, and perspectives. This is essential to ensure the Trust's work is informed by the many different people who need the services.

**I Want Great Care (IWGC)** is a Health Service review service and Oxford Health NHS Trust's approved method of gathering feedback anonymously from patients, family, friends and carers.

**Co-production** – Working together to achieve a joint aim. The approach is built on the principle that those who receive a service are best placed to help design and improve it.

**PEI Team** – the Experience and Involvement Team works across the Trust with members in each directorate to understand the experience of those who use our services and to use their expertise gained from this in order to improve our services.

**Experience** – this refers to understanding the experience of those who uses our services.

**PCREF (Patient and Carer Race Equality Framework)** – framework to help services provide culturally appropriate care that meets the needs of diverse racialised communities.

**Involvement** – this refers to involving our service users and carers in designing, influencing and improving our services alongside the staff that work with them.

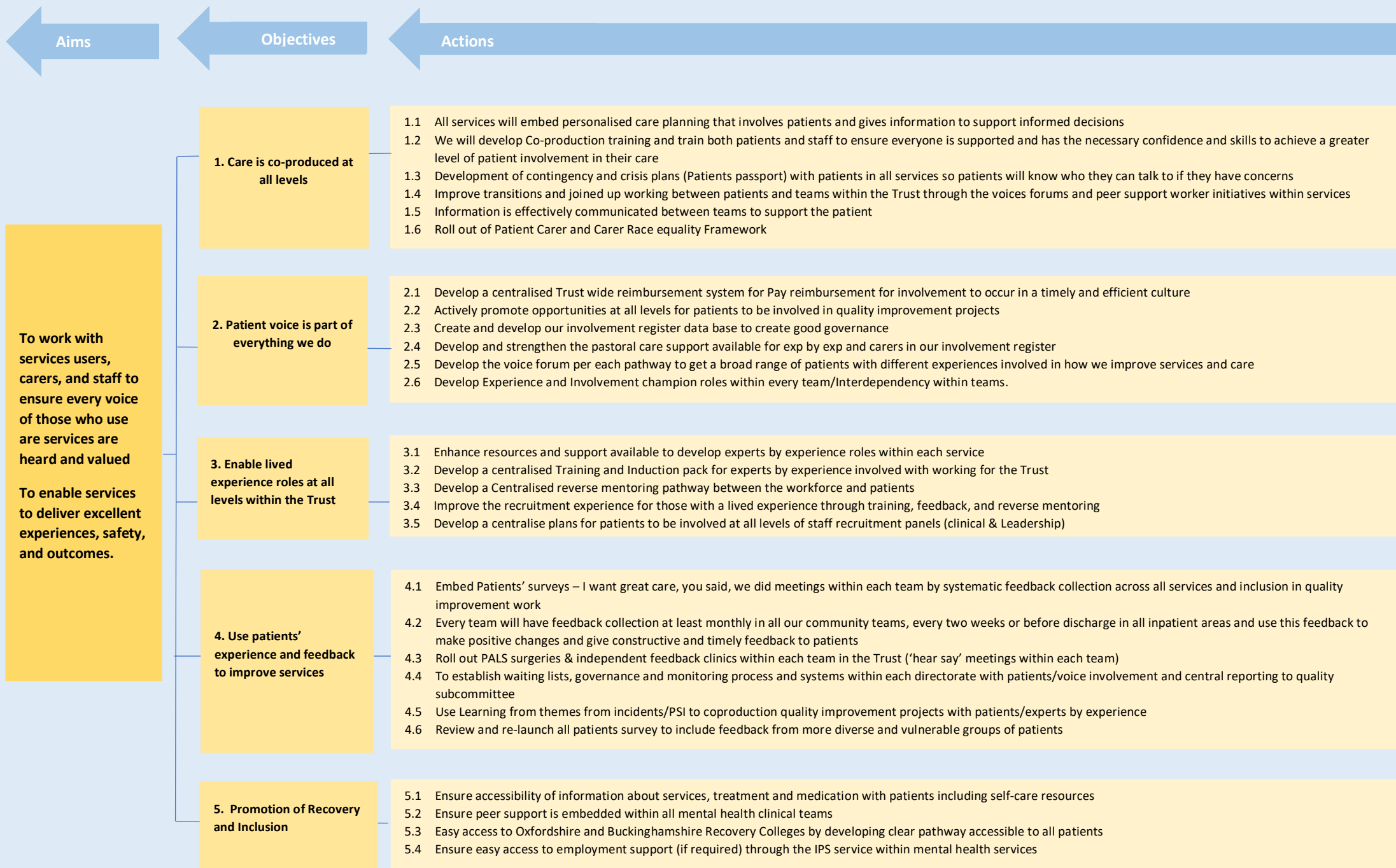
**Strategy** – a plan of action to achieve a long-term or overall aim.

**WTE** – whole time equivalent. This is the standard method for defining the amount of work of an employee or in a position.

**Quality improvement (QI)** - the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients.

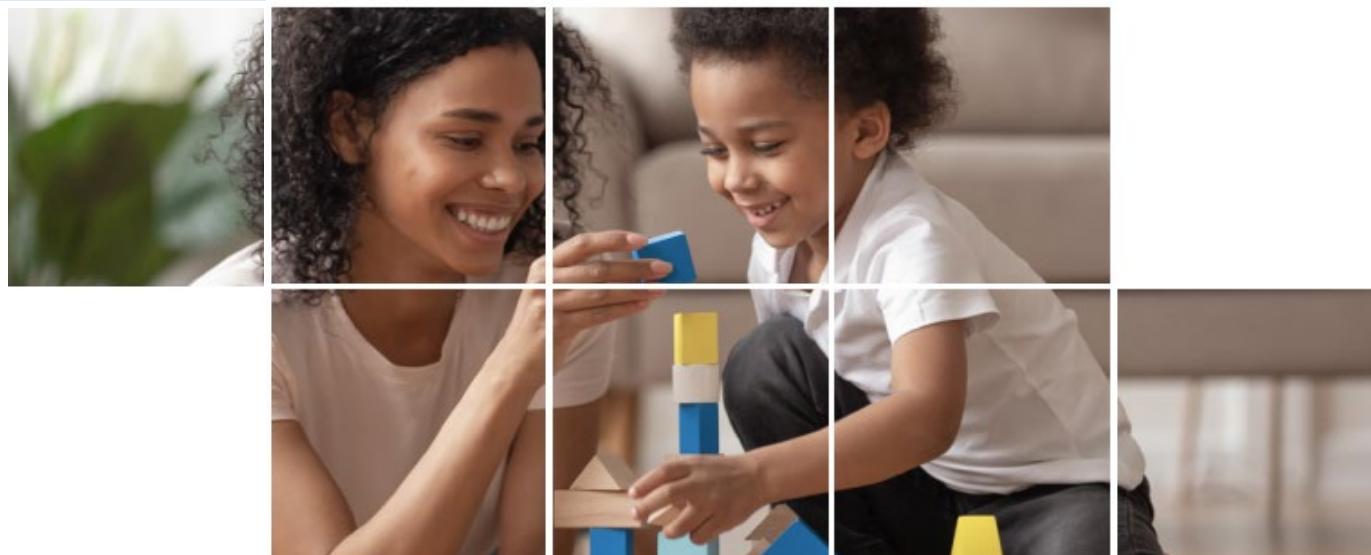
**Inclusion** – the practice of providing equal access to opportunities and resources for people who might otherwise be excluded such as those who have physical or intellectual disabilities and members of other minority groups.

# Experience and Involvement Strategy Driver diagram 2023 - 2025



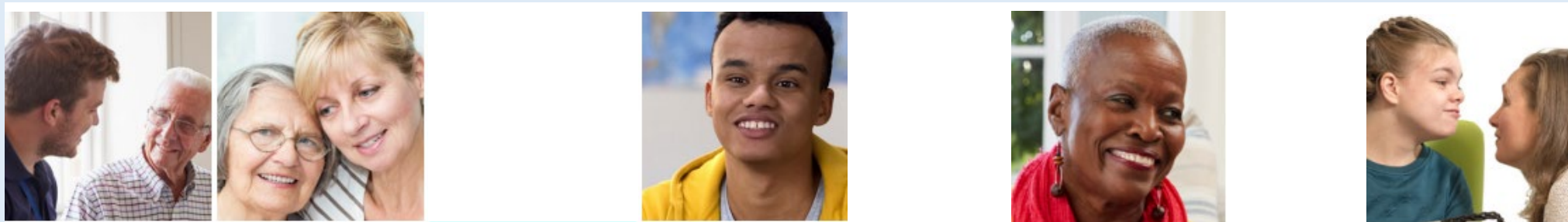
# Experience and Involvement Strategy - Implementation Plan - 2023

Objectives/Actions				
Care is co-produced at all levels	Patient voice is part of everything we do	Enable lived experience roles at all levels within the Trust	Use patients' experience and feedback to improve services	Promotion of Recovery and Inclusion
All services will embed personalised care planning that involves patients and gives information to support informed decisions	Develop a centralised Trust wide reimbursement system for Pay reimbursement for involvement to occur within every service development and project in a timely and efficient way	Enhance resources and support available to develop experts by experience roles within each service in innovative ways	Embed Patients' surveys – I want great care, you said, we did meetings within each team by systematic feedback collection across all services and inclusion in quality improvement work using this to drive the change	Ensure accessibility of information about services, treatment and medication for patients including self-care resources
We will develop Co-production training and train both patients and staff to ensure everyone is supported and has the necessary confidence and skills to achieve a greater level of patient involvement in their care	Actively promote opportunities at all levels for patients to be involved in quality improvement projects		Ensure every team has feedback collection mechanisms in place at least monthly in all our community teams, every two weeks or before discharge in all inpatient areas and uses this feedback to make positive changes giving constructive and timely feedback to patients about these changes	
Mapping of PCREF across MH services	Create and develop our involvement register data base to capture all those involved to create good governance			



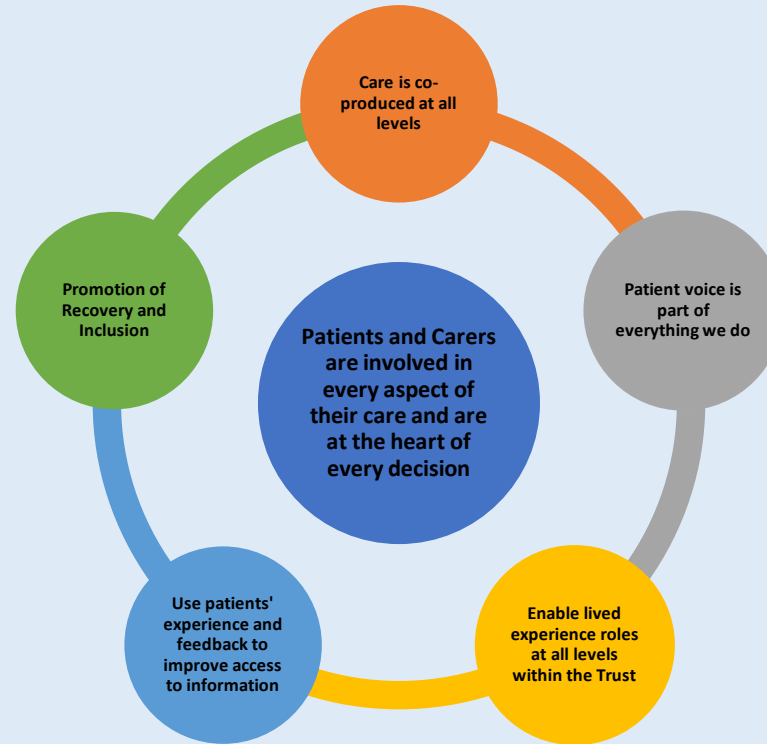
## Experience and Involvement Strategy - Implementation Plan - 2024

Objectives/Actions				
Care is co-produced at all levels	Patient voice is part of everything we do	Enable lived experience roles at all levels within the Trust	Use patients' experience and feedback to improve services	Promotion of Recovery and Inclusion
Ensure consistent use of contingency and crisis plans (Patients passport) with patients in all services so patients will know who they can talk to if they have concerns	Develop and strengthen the pastoral care support available for experts by experience and carers in our involvement register	Develop a centralised reverse mentoring pathway between the workforce and patients	Roll out PALS surgeries & independent feedback clinics within each team in the Trust ('hear say' meetings within each team)	Ensure peer support is embedded within all mental health clinical teams
Improve transitions and joined up working between patients and teams within the Trust through the Our voices forums and peer support worker initiatives within services	Develop the Our voice forum for each pathway to get a board range of patients with different experiences involved in how we improve services and care		To establish the governance and monitoring process for waiting times within each directorate with reporting to quality subcommittee	
Implementation of actions from PCREF				



## Experience and Involvement Strategy - Implementation Plan - 2025

Objectives/Actions				
Care is co-produced at all levels	Patient voice is part of everything we do	Enable lived experience roles at all levels within the Trust	Use patients' experience and feedback to improve services	Promotion of Recovery and Inclusion
Information is effectively communicated between teams to support the patient	Develop Experience and Involvement champion roles within every team	Improve the recruitment experience for those with a lived experience through training, feedback, and reverse mentoring	Use Learning from themes from incidents/PSI to coproduction quality improvement projects with patients/experts by experience	Easy access to Oxfordshire and Buckinghamshire Recovery Colleges by developing clear pathway accessible to all patients
		Develop a centralised plans for patients to be involved at all levels of staff recruitment panels (clinical & Leadership)	Review and re-launch all patients survey to include feedback from more diverse and vulnerable groups of patients	Ensure easy access to employment support (if required) through the IPS service within mental health services



Patients, service users and staff involved in the development of the strategy were asked to describe what outstanding care looks like so that this becomes the foundation of the strategy. These are some representative quotes:

**“Care that is person centred. Accessible and consistently supportive in the way it is provided.”**

**“Creating a safe space, non-stigmatised, caring, kind. In right place at right time, looks at whole person and their needs.”**

**“Care that meets my needs on all levels, care that includes input from myself and family, care that acknowledges my rights as a human being.”**

**“Hearing a person and responding with compassion and guidance.”**

**“Professional, ethical, respectful approach by staff in partnership with me and tailored specifically to my needs.”**



## How the Strategy will be implemented?

Each Directorate supported by the Experience and Involvement Leads and Governance Leads will work collaboratively with patients, service users, carers and PEI to co-produce actions and work plan to enable delivery of the strategy within defined timelines.



## How will we know we are making a difference?

We will use the measurements below to report and monitor progress:

Measure	Starting point	Year 1 target	Year 2 target	Year 3 target
% of patients responding that overall the care was very good	01/02/2022 – 01/02/2023: 82.5% (physical health services)	82.5%	92.5%	100%
	62% (mental health & learning disability services)	62%	72%	82%
% of patients report being involved in their care	01/02/2022 – 01/02/2023: 82.5% (physical health services)	85%	88%	91%
	69.7% (mental health & learning disability)	73%	76%	79%
% of patients know who to contact out of office hours if they had a crisis (annual mental health national survey)	2022 survey: 66%	70%	75%	87%
% of quality improvement projects relevant to improving the experience of patients and carers will be co-produced	2022: 18%	40%	60%	75%
Number of paid lived experience roles and peer support workers	Paid lived experience roles 1 WTE	2 WTE	4 WTE	6 WTE
	Peer support workers trained 60 YTD June 2023	60 new workers	66 new workers	73 new workers
% reduction in complaints about waiting for treatment	01/02/22 – 01/02/23 16 complaints, 56 concerns and 33 MP concerns	10 or less complaints annually	8 or less complaints annually	6 or less complaints annually
Increase in amount of survey feedback received and increase of feedback from more diverse groups	01/02/22 – 01/02/23 13,197 IWGC responses	2000 increase (15000)	2000 increase (17000)	2000 increase (19000)
	5% of respondents said they were from BAME background 22/23	5% or more BAME	15% or more BAME	25% or more BAME

## Leadership

- The Patient Experience and Involvement Group provides leadership for this strategy and is chaired by the Deputy Director of Quality; having oversight to ensure the strategy ambitions are delivered and the plans are being effectively implemented.
- The Executive lead is the Chief Nurse who is responsible for ensuring high standards for all areas of quality including patient experience, involvement and co-production and providing the Trust Board with assurance of the effectiveness of our strategy and implementation plans.
- The Trust Senior Management teams are fully engaged with Patient Experience and Involvement using feedback to improve what we do to learn and share best practice, working closely with our Quality Improvement Team.
- Our dedicated Patient Experience and Involvement Team will be the ambassadors for developing and providing opportunity for greater engagement with and learning from the people who access our services.
- Leaders at all levels in our Trust recognises the importance of having well embedded patient feedback processes as we use this feedback to drive improvement.

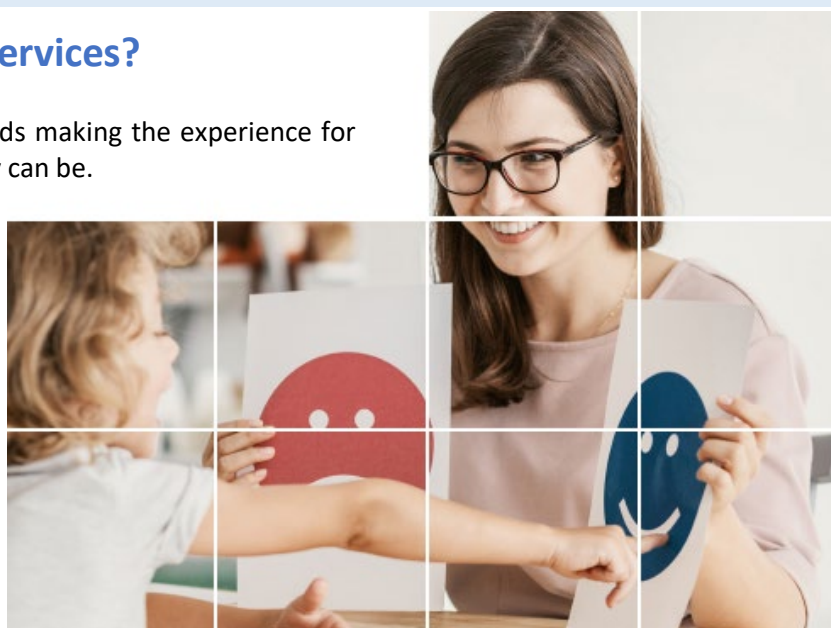
## Governance

- All patient experience matters are currently reported through the Patient Experience and Involvement Group and at the Trust-wide Quality subcommittee and Board level Quality Committee. In addition, the strategic goal around patient experience is reported the annual Quality Account reporting
- Patient experience data for complaints, compliments and PALs is currently reported on the Ulysses reporting system. Action plans are developed by services and monitored by the Complaints Team. A full annual report is submitted to the Quality Committee and Trust Board for approval.
- A local data base is used to report the Friends and Family data and a separate “IWGC” is being used to capture all patient feedback data so this can be reported upon.
- Complaints and Friends and Family Test data is also reported nationally.

## Can you help us improve our services?

Everyone at Oxford Health is working towards making the experience for patients and service users the best it possibly can be.

Feedback from those who use our services is vital to help us to continue to develop and ensure services meet patient’s needs. We encourage those who are accessing our services to tell us what it is like. To leave anonymous feedback please visit this link: <http://oxfordhealth.iwgc.net>



We have a dedicated Experience and Involvement Team who work continuously with patients, carers, members of the public and staff to improve patient’s experience and support co-production around service changes and quality improvements. If you are interested in helping to improve services, or would like to know more about involvement opportunities, or further information about our plans please contact the team below. Your help is really appreciated, and you can do as much or as little as you wish.

**Email:** [getinvolved@oxfordhealth.nhs.uk](mailto:getinvolved@oxfordhealth.nhs.uk)

**Tel:** **01865 546935** (to leave a message and we will call you back)

Or visit the Oxford Health “Get involved” pages on the internet – [www.oxfordhealth.nhs.uk/getinvolved](http://www.oxfordhealth.nhs.uk/getinvolved)



## Outcomes

As a well led organisation we will report progress with the following measures bi-monthly via the Patient Experience and Involvement group and quarterly via the Trust Quality and Clinical Governance subcommittee:

- Details of improvements, developments and service design made as a result of feedback
  - Details of co-production (doing with people)
  - Progress against the NHSI self-assessment
  - Progress against the Strategy implementation plan
  - Number of complaints and PALs contacts
  - Number of people recommending the Trust's services
- Responsibility for delivery of this strategy sits with the Deputy Director of Quality and Clinical Standards with executive oversight responsibility sitting with the Chief Nurse.

## What will be different as a result of this strategy?

- Patients report that the care they have received meets their expectations of good care
- Patients and families will have coordinated care
- Patients are at the centre of their care and are achieving the goals that they have set themselves
- We can demonstrate that feedback has helped us to improve our services
- We can ensure that patients only have to tell their story once, by working together with partners
- We have more volunteers supporting staff and patients. Patients report improved experience of care

**The last strategy ran from 2019-2021, we now want to build on the achievements and truly transform the way we work alongside those who use our services in partnership.**

**The learning from the previous strategy has been fed into the development of the new strategy and based on what patients told us would transform how we work in partnership.**

### The following achievements were made:

- An increase in paid lived experience roles, both peer support workers and other specific job roles
- Staff champions have been introduced across teams supported with network meetings and newsletters
- New patient participation groups have been set up such as Trust-wide group re-established, Our Voice in Buckinghamshire and a Youth Board in Oxfordshire to embed co-production
- Developing training sessions on experience and involvement at Trust induction and the management toolkit programme.
- A central co-production fund was set up in 2021/22, supporting 13 large scale quality improvements being co-produced with patients/ carers.
- Co-production training was developed, piloted and delivered with experts by experience, however following feedback an alternative and more practical format is being explored.
- Strengthened work on involving patients in QI work and service changes, although more can be done.
- A procurement exercise was completed for a new survey mechanism contract involving patients and staff.
- Access to patient/ carer feedback was improved, by bringing a daily feed into TOBI so that quality information can be seen together and more easily by staff.
- Improvements have been made to complaints handling, for example to improve accessibility
- More information published is now available in easy read and ReachDeck software is available on our website so a person can translate any of the material into their chosen language or increase the size of text or have the information read aloud.

