

Patient Engagement and Involvement

The Portsmouth Way

2018 – 2023

“Real change occurs when people who are not used to speaking are heard by people who are not used to listening.”

The Patient, Family and Carer Collaborative
Sarah Balchin, Associate Chief Nurse – Patient Experience
November 2018

Our Trust Values



*Working together
for Patients*



*Working together
with Compassion*



*Working together
as One Team*



*Working together
Always Improving*

Our Strategy

In July 2018, the Trust Strategy – *Working Together 2018 -23* was published. Developed and designed in partnership with patients, members of the local community, staff and key stakeholders, the strategy describes:

- Our Vision – Working together to drive excellence in care for our patients and communities
- Our Values – Working together for patients, with compassion, as one team, always improving
- Our Ambitions to Deliver on our Values



Patient and community partners told us on reading the publication for the first time:

“We can hear the conversations we had with our Executive Team in this publication – they listened and heard.”

The Role of Patient Collaboration

There are 8 key elements which will help us achieve our vision, key to that is *Patient Collaboration*. This paper describes how we will build on our current and developing approach to effective engagement and involvement of patients, families, carers and members of the local community, in the development, delivery and monitoring of the services we provide.

This paper describes:

1. The changes we have made since the publication of our first strategy – *Participation for Improvement* in 2015
2. The four key aims identified by our patients and local community as being essential to ensure meaningful involvement in the services we provide moving forward
3. What we are going to change and how

Participation for Improvement – 2015 - 18

In August 2015, we published our first engagement strategy – “*Participation for Improvement*”. Written in partnership with people who use our services and members of the local community this, our first engagement strategy, described how we wanted to make significant changes to the way we engaged with and involved people. Over the last 3 years we have had a number of successes:

- We have increased the number of people who tell us about their experience of our services by providing a wider range of opportunities to let us know how we are doing.
 - From about 3,200 patient each month to over 5,000.
- We have developed a successful way of running engagement and involvement workshops which enable and encourage people from all walks of life to join in.
 - Every workshop is now accessible to people from each protected characteristic group, with volunteer advisors supporting us from the LGBT, transgender, physical disability, learning disability, BAME, mental health and third sector communities.
- We have started to increase the number of patients, families and carers participating in learning and development events, sharing their lived experience with clinical and non-clinical staff.
 - All newly qualified nurses attend a patient story telling event
 - Pre-registration nurses at the University of Portsmouth work with a community representative during their programme.
 - Support is provided to the Trust from the Human Library from the Portsmouth Good Mental Health Cooperative and the Kestrel Centre Learning Disability Service Users Group.
- Our care quality visits routinely include patients and community representatives, helping us see the care we provide from their perspective.

- About 30 patient and community representatives have been trained in quality observation tools.
- A plan is in place to offer Quality Improvement (QI) training places to representatives alongside staff

The joint efforts of patients, members of our local community and staff have been recognised with the national Membership Engagement Champion Award 2017, three NHS70 2018 Parliamentary Awards nominations and local Pride of Portsmouth Awards. We were told at the national Champion Award Ceremony:

The Trust had*“Shown how a bold and creative approach has advanced beyond the boundaries of what engagement in health has previously achieved.”*

But there is still more we can do.

Our Approach to Engagement and Involvement – 2018 – 23

Our patients and local community have described a set of principles that underpin for them, how the Trust can provide meaningful opportunities for engagement and involvement. Working together these have been developed into 4 key aims, which provide a focus for our work over the next few years.

Our Four Key Aims

The four key aims for 2018 – 23 have been identified with and by patients and members of our local community. They have advised on what matters most to them, and what they believe will make the most difference to the greatest number of patients, families and carers.

Key Aim 1

We will actively engage, involve and collaborate with patients and members of the local community in the identification of areas of best practice, those areas for improvement, service design, development and quality monitoring.

Why?

Enabling patients to tell the stories of their experience from their point of view will help us understand what *really* matters most to them. This approach often reveals unexpected and simple issues to overcome and captures the knowledge, skills and experience of a wide range of people.

How?

- Patients and staff will work alongside each other to develop and implement additional ways for patients, families and carers to provide feedback about their experience.

- We shall continue to expand the core membership of our Patient, Family and Carer Collaborative to provide a source of advice and information and to act as experts by experience for service development and design.
- We shall provide learning and development opportunities in QI for our patient and community colleagues to support the delivery of Trust QI programmes.
- We shall increase patient and community participation in quality monitoring programmes including care quality reviews, Perfect Care week, observation of care and patient shadowing.

Key Aim 2

We will improve the engagement and involvement of people from seldom heard groups¹.

Why?

Whilst we have made some improvements in gathering feedback from some seldom heard groups via our patient and community collaboration, we do not have a robust understanding of what is important to them specifically.

How?

- We will further our links with the local voluntary services in the community which represent the groups
- We will ask for support in identifying the key groups to link with and seek advice from them about the best way of engaging and involving them.
- We will review and update the way we collect demographic and protected characteristics data at the point of feedback, to improve our understanding of who is saying what and why.

Key Aim 3

We will promote and improve face to face communication.

Why?

Patients have told us that there is too much reliance of technology (for example email) for communication and whilst there is a place for this, more personal contact is needed. There was also a concern that people are being asked to provide feedback in all walks of life and are experiencing overload.

How?

¹ Seldom heard groups include but are not exclusive to people with a learning disability (about 2% of population), people with mental ill health (25% will have a specialist MH need at some time in their life), physically disabled, hearing impaired (about 14%), visually impaired (about 8%) , lesbian, gay, bisexual and transgender(a conservative estimate is 6%), those for whom English is not their first language (7%), gypsies and travellers ()

- We will further extend the core membership of the Patient, Family and Carer Collaborative to increase the number of people with the knowledge of our engagement and involvement approach, developing further opportunities to share our commitment to engagement and involvement.
- We shall increase our reach into the community we serve, providing more face to face opportunities for patients to tell us about their experience.
- We will further develop the hospital based Engagement Volunteer role, to increase the opportunity for patients, families and carers to tell us how we are doing.

Key Aim 4

We will embed the patient voice in learning and development activities.

Why?

Staff, both clinical and non-clinical, have told us that patient's stories are the most powerful way to help them understand people's lived experiences and expectations, and better enable them to make the changes needed.

How?

- Working with the Learning and Development team, we will review programmes and set a standard to ensure patient, family and carer involvement in the development, design and delivery of learning events.
- New programmes will be required to show how patients, families and carers were involved in the design of the programme, and to have a clear contribution to the delivery of the programme.
- We will recruit a broader and more representative group of volunteer story tellers

Summary

In summary, we will:

- Build on the foundations of our first strategy, continuing to recognise and value the contribution that patients and members of the local community have to make.
- Grow our patient collaborative community, to enable us to have access to a wealth of experience, skills and experience.
- Aim to ensure that we put the patient voice at the centre of everything we do.

Authors:

The Patient, Family and Carer Collaborative – Portsmouth Hospitals NHS Trust
Sarah Balchin, Associate Chief Nurse – Patient Experience

November 2018