

## **‘Making it Personal’**

Improving the experience of patients  
and carers

### **Patient Experience Strategy**

2018/19 – 2021/22

### **MTW ‘Exceptional People, Outstanding Care’**



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## Introduction

Welcome to the Maidstone and Tunbridge Wells NHS Trust's (MTW) three year Patient Experience Strategy. This Strategy will introduce our Patient Experience objectives and discuss how these will be delivered.

Our strategy has its foundation in the Trust's Corporate Strategy which is committed to the delivery of patient centred care for all patients. Patients expect to experience exceptional care which meets both their physical and emotional needs. We know from feedback that there are many examples of excellent care and experience being delivered by our staff; however there are occasions where we know this is not the case for every patient every time.

This strategy explores the 'Patient Experience,' what our patients and carers want, and what the Trust is striving to achieve. It sets out to improve, sustain and develop essential aspects of care and how we measure progress.

To produce this strategy, the Trust has involved patients, carers and partners across West Kent in setting our Patient Experience priorities, from which our Patient Experience objectives and delivery plans have been created. Our thanks are extended to all of those who devoted their time, views and expertise. Key themes that have emerged throughout the production of this strategy relate to the provision of truly patient-centred, personalised care, demonstrating kindness, compassion and empathy, communicating effectively and responding appropriately where there are complex needs. You will see that these themes run throughout our strategy and link strongly to our corporate objectives.

Our strategy will be delivered through our Best Care Programme, sponsored by the Board. Our delivery process is described later in this document. Providing safe and effective services while continuously learning lessons from our practice provides the foundation to the work that we do.

In conclusion the patient experience strategy outlines the development process, implementation and monitoring arrangements and as appendices provides information from national standards and Healthwatch.



David Highton  
Chairman



Miles Scott  
Chief Executive



Peter Maskell  
Medical Director



Claire O'Brien  
Chief Nurse



## Section 1: About Our Trust – MTW

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital trust in the South East of England, providing a full range of general hospital services to around 590,000 people living in West Kent and East Sussex. The Trust also provides some aspects of specialist care to a wider population.

The Trust employs a team of over 5,000 staff. It operates from two main sites but also has services at Canterbury and Crowborough hospitals and outpatient provision at several community locations. It has over 800,000 patient visits a year, 150,000 of these coming through our Emergency Departments which are accessible on the main sites. Maidstone Hospital has 325 overnight beds and Tunbridge Wells Hospital has 475 overnight beds.

Tunbridge Wells Hospital is a Private Finance Initiative (PFI) hospital, providing mainly single bedded en-suite accommodation for inpatients in a modern, state of the art environment. It is a designated Trauma Unit, undertakes the Trust's emergency surgery and is the main site for Women's, Children's and Orthopaedic services.



Maidstone Hospital benefits from its central county location. It hosts the Kent Oncology Centre providing specialist cancer services to around 2 million people across Kent and East Sussex, the fourth largest oncology service in the country. The Trust offers PET CT services in a new, dedicated building and has a rolling programme to upgrade its Linear Accelerator radiotherapy machines.

The Maidstone site also has a state of the art birth centre, a new £3 million dedicated ward for respiratory services and an impressive academic centre with a 200 seat auditorium. With the academic centre at Tunbridge Wells, and its full resuscitation simulation suite, the Trust is able to offer excellent clinical training. The Trust has strong clinical, academic and research links with London hospitals, including joint appointments and a growing research capability. Many staff are also nationally recognised for excellence in their fields.

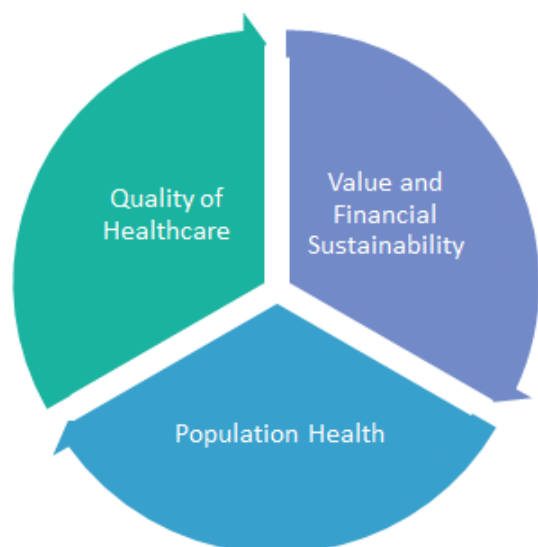
## Section 2: Patient Experience – *Why it Matters*

### Links to NHS Long Term Plan and the Trust's Strategy

Delivery of patient centred care is defined and assessed by a number of national targets and its level of success sits at the core of many national report findings. We know that patients and their relatives want health services that meet their clinical needs whilst ensuring they feel safe and cared for.

It is at the heart of the NHS Outcome Framework 2013/14 and NHS Long Term Plan that 'People will get more control over their own health and more personalised care when they need it.' It is also a key factor of what successful (CQC Rated Good & Outstanding) organisations do well.

Maidstone and Tunbridge Wells Trust Board is committed to engaging with our patients, their relatives and carers to improve patient experience and believe it is essential to the wellbeing of those in our care and to our success as an organisation. This links into the Trust vision and values – **PRIDE** (Patient, Respect, Innovation, Delivery and Excellence).



Poor health experience is strongly associated with health inequalities and poor health outcomes. Better targeted engagement of patients and communities at greatest risk of health inequalities will help us deliver the Triple Aim:

- Improving the Quality of Healthcare and experiences for patients and staff
- Improving the health outcomes of the local population.
- Making better use of our resources to achieve value and financial stability

Increasing personalisation of care provides the opportunity to proactively tackle continued healthcare inequalities and move 'upstream' by keeping people out of hospital for as long as possible and better coordinating the care of people with multiple health conditions as they move between services and providers (demographic projections forecast increasing numbers of elderly patients with more than 3 long term health conditions on shared care pathways between primary and secondary care).

Ongoing, meaningful and embedded patient engagement is strongly associated with increased levels of patient activation (People's ability to manage their own health and wellbeing). Evidence shows increased levels of health literacy, shared decision making and self-management are effective in improving treatment compliance, reducing demand on hospital services and improving health outcomes.

'Patient activation' describes the knowledge, skills and confidence a person has in managing their own health and care. Evidence shows that when people are supported to become more activated, they benefit from better health outcomes, improved experiences of care and fewer unplanned care admissions.

Patients and carers are experts in their own care and are valuable assets in care planning and redesign. Their involvement is key to unlocking savings and efficiencies, and securing financial sustainability over the next 5-10 years.



## Section 3: Development of our Patient Experience Strategy

### Our Quality Vision

*“To deliver kind, compassionate and sustainable services for our community, through being improvement driven and responsive to the needs of our patients and staff, making MTW a great Trust to visit and work at.”*

The Patient Experience strategy links into our quality vision and strategy. It has been co-produced with patients, carers and MTW partners. It has been driven and shaped by their views, feedback and priorities at every stage

**Steps so far...**





## Section 4: What Our Patients and Carers told us

### They:

- *...felt processed in a system rather than being cared for and respected as an individual with different needs and preferences*
- *...felt staff were not always kind and empathetic and didn't always look beyond the illness at the whole person.*
- *...felt hospital routines and habits sometimes frustrated their preferences to maintain their independence and control over their lives*
- *...didn't always feel involved in discussions about their own care or able to ask questions that mattered to them*
- *...didn't always feel well communicated with – sometimes they didn't know what was happening in their care or received confusing or wrong information from staff*
- *...didn't always know who was in charge and who was giving their care*
- *...felt valued and put at ease when staff chatted with them, but not all clinical staff chatted*
- *...didn't always have enough or the right information to feel in control or make plans/good decisions. Some wanted more information about the medical aspects of the illness and treatment – others wanted to know how it might affect how they lived their lives – the social and psychological elements of illness*



## Section 5: Responding to what Matters to Patients and Carers

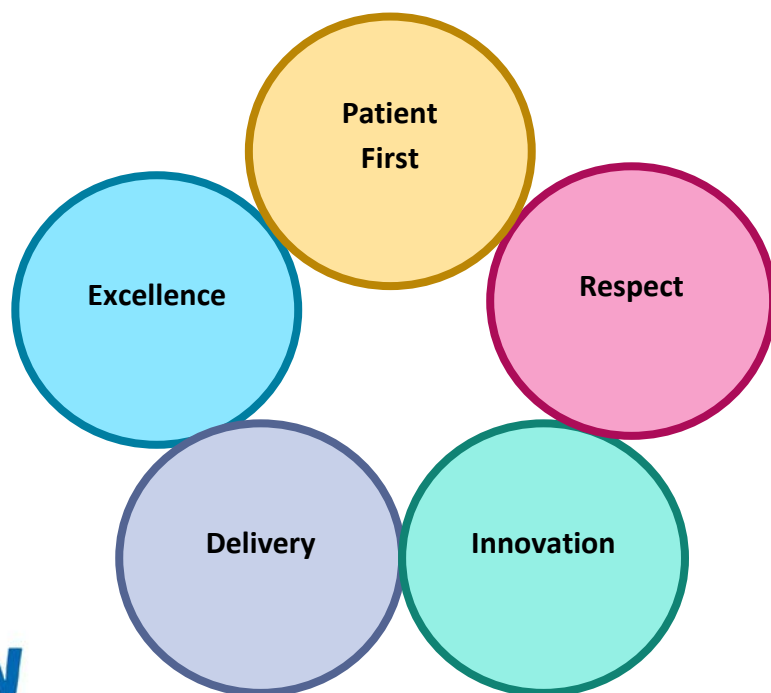
- Patients and carers have told us that we need to change in order to improve their experience of care. Many of the changes will require staff and services to increasingly personalise the care offering so that it better meets the expressed needs and preferences of patients.
- Patients and carers want to be treated with respect and kindness at all times. We must always make sure that we do not discriminate or disadvantage anyone as a result of their religion or belief, race, disability, sexual orientation, age, sex, ethnicity, pregnancy or maternity or gender reassignment.
- Personalisation means putting the individual needs and preferences of patients and carers first; planning and delivering integrated care packages wrapped around the specific needs of individuals, rather than the needs and processes of the organisation - a huge but irresistible challenge for staff and organisation
- Responding to what matters to patients and carers will require a major cultural shift in the organisation over the next 3- 5 years. Our goal is to embed patient and carer experience and engagement at the heart of the Trust's planning, decision making and business processes.
- Although there are pockets of good practice across the organisation, we are not where we would like to be and face considerable challenge in delivering improvements at pace /consistently across the organisation. Where possible we will support the spread and adoption of existing good practice and learn from the experience of other patient / customer driven organisations. Throughout we will continue working with patients, carers and partners so that we can benefit from their expertise and insight in the improvement process.



## Section 6: MTW Patient Experience Objectives and Priorities

This section outlines our specific Patient Experience priorities and examines the detail of what we aim to deliver through this strategy. The document describes our key areas for focus and explains our planned activities to realise our five patient experience objectives.

- We have developed a programme of change and improvement for delivery over the next 3 years.
- The improvement programme's deliverables can be split into the following 5 work themes:
  1. Leadership and Culture
  2. Engagement and Responsiveness
  3. Information and Communication
  4. Choice and Control
  5. Integration and Working across the Healthcare System.
- These align in to the Trust's PRIDE Values:



- The programme will have a lead and a detailed implementation plan updated annually. Performance will be overseen and coordinated through Best Quality on a monthly basis with accountability to Best Care Board (internally) and Patients , Carers and Partners (Annual Event) (externally)

## The MTW Patient Experience Deliverables

Our Key areas of focus have been developed from all of the information from patients, carers and partners. These deliverables outlined below will be developed within the Best Care Programme and their delivery will be monitored through the governance arrangements of that programme.

### Section 6.1: Patient First

#### Patient First

- Improving patient and carer experience and engagement included as a core thread running through all individual and team objectives
- Best Care Programmes and Projects make arrangements to ensure patient and carer voice is meaningfully engaged at every stage of the programme and project.
- Annual Listening and Accountability Event with patients, carers and partners including Annual Report of Responsiveness
- Establishing and supporting Patient Representatives across Best Care programmes including peer support
- Pilot, review and embed 'what matters to me' boards by beds
- Implement, roll out and embed pilots for patients retaining control of their medication
- Rebalancing the patient / clinician consultation by helping patients better prepare, ask questions that matter to them, understand options / risks and future pathways
- Rolling out and embedding Patient Musts Dos and Always Events including integration within existing training and development programmes.

## Section 6.2: Respect

### Respect

- Review of policy and practice for responding to patient and carer concerns -including 'how to get things put right quickly and easily' and complaints
- Establishing and supporting a 'buddies' programme offering peer support to patients
- Involving patients and carers in decisions about their care - embedding shared decision making and personalised care planning across the Trust
- Review of Trust patient information (notice boards, leaflets, signage) for consistency, completeness, compliance with Accessible Information Standard
- Patient preferences for communication with hospital ( letter, phone, text ) identified and acted on – personalisation of approach
- Review of patient letters and supporting information including information about travel to hospital, parking, questions to ask, what to expect in your consultation.

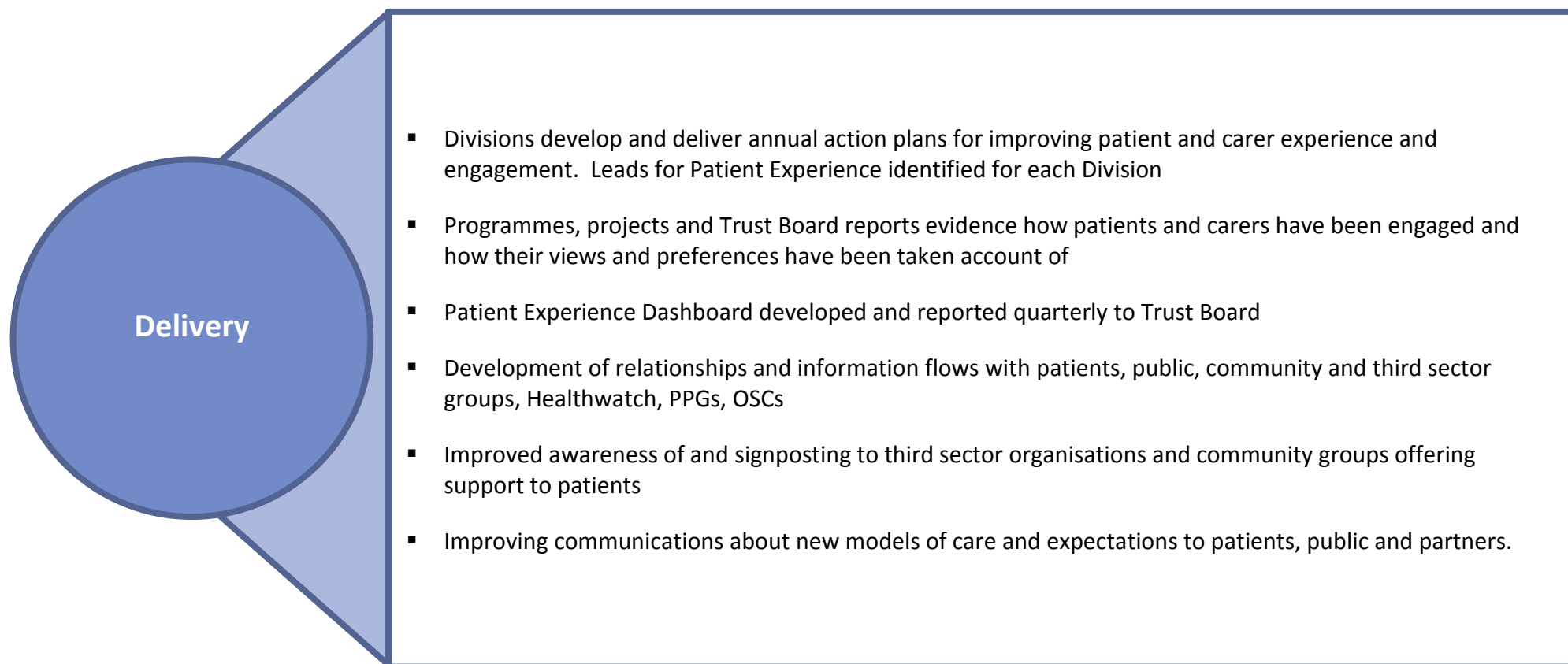


## Section 6.3: Innovation

### Innovation

- Targeted training and development empowering clinicians and other staff to identify and act on opportunities for improving patient and carer experience.
- Patient Experience resource secured and acting as internal resource / expertise to embed the improvement agenda and support spread and adoption of good practice across the Trust
- Integrating and synthesising the sources of feedback for wider internal use – complaints, incidents, surveys
- Supporting increasing patient take up of self-management for LTCs working in partnership with external partners
- Roll out and embed End PJ Paralysis
- Review and flexing of hospital routines around eating, sleeping, moving about, dressing to maximise individual control and preferences during hospital stays
- Identifying and overcoming barriers that make it harder for patients and carers with complex needs / specific difficulties to access services –personalised care packages wrapped around specific individual needs facilitated by information technology
- Extending the provision of follow up group OP appointments provided by therapists and nurses
- Development and implementation of whole system information technology solutions that facilitate information sharing so that patients and carers only have to provide personal information and clinical details once.

## Section 6.4: Delivery



## Section 6.5: Excellence

### Excellence

- Review of equality delivery system working with patients and carers
- Increasing reach and targeting of engagement for those at greatest risk of health inequalities working with and through voluntary sector partners
- Reviewing pathways of patients who move between services (within and outside MTW) to ensure transitions between departments and providers involve patients and carers in the planning and are well coordinated by staff (starting with people with dementia, elderly people and young people with complex needs)
- Implementation and roll out of criteria led discharge planning
- Strengthened partnership working and inter-professional working across the local health and care system through increased awareness / knowledge of the local system and enhanced referral / signposting (directory of services)
- Developing improved coordination and shared care arrangement for patients with multiple health needs
- Providing a single point of contact and help for carers navigating pathways / IT flag for carer responsibilities.

## Section 7: Patient and Carer 'Always do' Checklist

Following patient, carer, partner feedback and engagement events the Always events methodology was embraced. Through Co design and co-production we have now developed our Trust 10 'Always dos'.

This is our commitment to roll out across the Trust.

- ...be kind to me, respect me and relate to me as an individual
- ... ask me how I want to be addressed
- ... let me know who is caring for me
- ... support me to be part of the discussion about my care planning and decision making
- ... make good use of my time and that of my loved ones
- ... support me in retaining my independence and respecting my preferences and daily routines
- ... give me accurate, tailored information about my care that helps me stay in control
- ... seek out and respond to the issues and questions about my care that matter to me
- ... help me navigate and move between different services and providers
- ... help me stay well and out of hospital for as long as possible





## Section 8: Delivering Our Strategy – Best Care Programme

### Structure to deliver and monitor our Patient Experience deliverables

The programme governance for each Workstream requires monthly board meetings, with the attendance of:

- Executive Sponsor
- Clinical Lead
- Operational Lead
- Programme Management Office Lead
- Finance Management Lead
- HR Business Partner
- Business Intelligence Lead



All projects within the Best Care Programme will adhere to the standard Project Management Office (PMO) process and will achieve the following criteria below to fulfil the planning stage.

Criteria	Function
1	<ul style="list-style-type: none"> <li>• Key Tasks identified and agreed</li> <li>• Tasks duration (start / end dates) identified and agreed</li> <li>• KPIs identified and agreed</li> <li>• Accountable officers confirmed</li> <li>• Baseline Plan signed off by Clinical Division/ Corporate Director</li> </ul>
2	<ul style="list-style-type: none"> <li>• Financial Methodology agreed (Baseline position agreed/how schemes will be calculated and monitored)</li> </ul>
3	<ul style="list-style-type: none"> <li>• Quality Impact Assessment (QIA) completed by Clinical Lead/Corporate Director</li> </ul>
4	<ul style="list-style-type: none"> <li>• Quality Impact Assessment (QIA) approved by Medical Director / Chief Nurse</li> </ul>

To comply with the planning stage and to achieve a planning status of green, all projects must achieve all 4 of the criteria. All projects must identify and monitor KPIs and have detailed project plans showing the critical path.

The delivery of the plans and subsequent KPIs are monitored by the Executive Sponsor on a monthly basis at the Workstream Board meetings and bi-monthly at the Best Care Working Group meeting, chaired by the Best Care Executive Sponsor. Any deviation to these agreed plans are tracked and rated accordingly and is recorded as the delivery status.

Monthly workstream reports are produced detailing delivery against critical path, KPIs and the qualitative and quantifiable benefits and reviewed at the monthly Best Care Programme Review Board, which in turn is the key input to the update to the Trust Board.

To provide further assurance against the delivery of the benefits, KPIs are monitored in advance, so corrective plans can be evoked to proactively recover the position before the actual benefits need to be realised, in the event the KPI trajectory is not on target. Both the planning and delivery status are independently checked by the Programme Management Office (PMO) to ensure compliance to the agreed criteria

All project documentation can be found on the following drive:

Q:\FTIP Public\CIPS 19\_20\MTW Programmes\Best Quality



## Section 9: Next Steps and Accountability

### All Staff and Teams

- Know about the strategy and know what it means for you and your team
- Identify how you can make changes or do things differently

### MTW Managers

- Encourage and support your team (s) to discuss and make changes that improve patient and carer experience
- Make it matter by incorporating in objective setting and performance appraisal processes
- Encourage and support targeted training in patient and carer engagement

### Clinical Directors

- Act as a role model for personalisation (and identify local champions for piloting SDM, Self-Management)
- Contribute to development, delivery and monitoring of Divisional Improvement plans



### Divisional Chiefs

- Identify a Divisional lead for Patient and Carer Experience and Engagement
- Lead development and implementation Divisional Improvement plan and be accountable for delivery

### Best Quality Board

- Provide leadership, coordination, support and monitoring of strategy implementation
- Coordinate and drive development of relationships with patients, carers, third sector and other partners
- Share good practice and learning

### MTW Executive Team / Best Care Board

- Provide strategic leadership and oversight of the Trust's organisational and cultural transformation
- Embed patient and carer voice at the heart of the Trust's planning and decision making

### As a Trust we will...

- We will continue to review all types of patient and staff feedback to ensure they are being used to inform redesign services for patients
- Strengthen patient engagement to ensure all improvement and redesign projects have a patient perspective from the outset
- Annual engagement events to update on current progress, review and reset priorities

## Closing Comments

We are delighted to have had the opportunity to engage with patients, stakeholders and staff to establish exactly what the real quality priorities are for MTW. We would like to thank everyone who has been part of this process for their invaluable insight, experience and comments.

Those priorities have been informed by what our patients have told us and what we already know in terms of areas on which we can improve. The finalised priorities have now been articulated into this new and exciting strategy, which we hope will give us the opportunity to ensure that we put quality and patient experience at the heart of everything we do.

There are certainly challenges to come but the priorities we have are aligned to the Trust's Best Care programme and will be embedded into the fabric of how MTW operates and evolves in the future.

When the CQC visited us in late 2017, they noted the significant improvements we have made – our role now is to continue with those improvements, ensuring we engage properly with our staff, our patients and community partners, while working together to make sure that quality comes first.





# Appendix 1:

## Healthwatch paper for MTW



### Engagement Healthcheck for Maidstone & Tunbridge Wells NHS Trust

Compiled by Healthwatch Kent, October 2016

#### What is a Healthcheck?

Healthwatch Kent are offering all health and social care organisations a free one-off review of their engagement. This review will benchmark the organisations engagement activities with their patients and public against both the legal responsibilities to engage with patients and public and Healthwatch Kent's own published best practice principles.

#### Why do organisations have to engage?

All NHS organisations have a legal responsibility to engage with their patients and public.

This is set out in the Health & Social Care Act 2012 and reinforced in the Care Act 2014. In addition, the NHS Constitution also states that people have the following rights and responsibilities;

*You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.*

Legalities aside, it is also good practice to involve your patients and communities in decisions about changes to services. A meaningful, two way, relationship with your communities can support the Trust during difficult times and enable you to have constructive conversations with your patients and public. It is vital that you can bring your communities with you during any period of change.

The STP and the Five Year Forward View will deliver significant change for every organisation in the coming months and years, so it is even more important that you start engaging and building relationships now, to support you in the future.

#### What is the role of Healthwatch?

Healthwatch has a statutory responsibility to ensure that the public are informed and involved in any change to service.

During our work to scrutinise public consultations it has become clear that the area most vulnerable to challenge and judicial review is the phase called pre-consultation. This is the phase of engagement with communities to develop your Case for Change prior to any discussion or consideration of formal options.

The Healthwatch Kent Best Practice Guide to Consultations is included at the end of this report. It summarises the legal stages you must work through for public consultations.

As well as our statutory responsibilities, Healthwatch has been working with providers and commissioners across Kent to listen and understand the challenges you all face around effective engagement. To support these concerns, Healthwatch Kent has created our Best Practice Guide to Pre-consultation & Engagement which can also be found at the end of this report.

The Healthwatch Kent Engagement Healthchecks are the next stage in our work to support organisations to better engage with their communities and to meet their legal and moral responsibilities.

## Engagement within Maidstone & Tunbridge Wells NHS Trust

### What do you do well?

- The Patient Experience Committee (PEC) is well established and respected
- The Deputy Chief Nurse has clear responsibility for patient experience and patient engagement
- The Communications department is very well established but need to understand or clarify the scope of their role in patient engagement.
- The Trust has a clear commitment to patient experience and a strong relationship with Healthwatch Kent.
- All Senior Execs have a responsibility for engagement in their job descriptions
- Healthwatch Kent has a presence on the PEC and presents a regular paper to the Committee
- There is a clear link between the PEC and the Board
- PLACE visits and Care Assurance visits are well embedded within the culture of the Trust
- Some individual services are engaging with communities
- The Trust actively listens and responds to the feedback from patients that Healthwatch Kent gives to the Trust
- The Trust is evidently open to change and to embracing new engagement activities

### What could you improve?

- We could find no evidence of an up to date and live engagement strategy
- Although responsibility for engagement is within some job descriptions, the Trust would benefit from identifying a lead/s who has capacity to drive and deliver a Trust wide engagement strategy
- Expand the engagement that is taking place at service level and support all staff to ensure they are aware of their responsibility to engage with patients and carers
- Although patient experience is clearly important to the Board we could find no evidence that patient feedback is considered when key decisions are being taken
- The Trust currently has no data or intelligence that we could find detailing the communities they serve including the seldom heard communities that live within their catchment.
- Increase the pool of patients and carers who currently work with the Trust. These patient representatives should represent the communities that you serve as much as possible.

### Our recommendations

- Continue to build on the firm foundations of patient experience to encompass patient & public engagement. This must be Trust wide and be led from the Board
- Ensure patients are routinely involved in key decisions and that the Trust can evidence that they have acted upon the experiences and feedback from patients
- The Trust needs a working engagement strategy to address the current lack of engagement with patients and public
- As part of the strategy development, the Trust must seek to gather information and understanding about the communities it serves
- The Trust requires appropriate resource to deliver, manage and maintain an engagement programme
- Offer training and guidance to all staff to ensure they are aware of their responsibilities to engage with patients and public outside of the hospital
- Ensure Carers are routinely included as part of any engagement
- The Trust must start to develop and strengthen meaningful, constructive relationships with all parts of the community especially seldom heard groups
- Continue to work closely with Healthwatch Kent

### Actions for Healthwatch Kent

- Expand the pool of Healthwatch volunteers that work with MTW
- Invite MTW to come and talk with the West Kent Healthwatch volunteers