'My Hospitals Know and Understand Me'

University Hospitals Bristol and Weston NHS Foundation Trust

UHBW Experience of Care Strategy 2024-2029







Our Vision

Together, we will provide person-centred, compassionate and inclusive care every time, for everyone, from birth through to end of life.



Foreword

Being unwell and coming to hospital can be an anxious time for anybody and we know some of the people and communities we support face unfair barriers in accessing health services. Every person we care for has a personal story that defines them. Our **Experience of Care Strategy** "My Hospitals Know and Understand Me" is our commitment to understanding that and delivering person-centred care that reflects the unique needs of the people and communities we support so that everyone, no matter who they are or at what stage of life they are at, experiences outstanding care in our Trust.

Experience of Care is at the heart of everything we do. "My Hospitals Know and Understand Me"

re-invigorates our commitment to putting our patients first and makes clear that everything we do, no matter how large or small, contributes to the experiences, safety and outcomes of the people we support in our hospitals.

We have worked with our people and communities to develop this strategy, the delivery of which will ensure that patients and their loved ones are heard, connected and have a sense of belonging when they receive care.

By asking what matters to people and being open to continuous learning we can work together to grow and deliver truly person-centred care. I hope you will join us on that journey.



Professor Deirdre Fowler, Chief Nurse and Midwife.

The key to our success

The strategy is underpinned by three enablers which together are the foundation for the successful delivery of our vision and goals.

A full-hearted experience of care culture

• so that our values, behaviours and language support and inspire our people to embed person-centred care in practice using the Picker Principles of Person-Centred Care (image below)

Inspiring leadership in experience of care

• so that our leaders are confident, skilled and resourced to pro-actively drive a positive experience of care.

Experience of care in partnership

• to harness the collective power of working together with health and care partners, the Voluntary, Community and Social Enterprise sector (VCSE) and the people and communities we support to design and deliver accessible, inclusive and sustainable services to meet the needs of our diverse population.

Our Goals

There are five over-arching goals in the strategy:

- 1. Asking 'what matters to you?'
- 2. Listening and responding well
- 3. Learning, embedding and spreading
- 4. Designing and delivering together
- 5. Continuously improving across the life course and journey of care



Fast access to reliable health advice



Effective treament delivered by trusted of care and smooth professionals



Continuity transitions



Involvement and support for family and carers



Clear information, communication, and support for self care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect



physical and environmental needs

A life course and journey of care approach

The key stages of people's lives from birth through to end of life have particular relevance for their health. This strategy adopts a life course approach which recognises the importance of these stages; it provides a focus on the impact of wider health determinants, the economic, environmental and social conditions on health and well-being at different stages of life.

The strategy also recognises that experience of care starts from the very first contact with us - whether as planned care or an emergency - right through to the transfer of care back home and/or to other health and care providers. Many of the people we support have long-term and ongoing interactions with our health services. This strategy has a focus on making a difference across all aspects of each person's journey of care.

The strategy does not include all patient groups, health conditions and pathway areas as some of this work will be delivered through our related Health Equity Delivery Plan and Clinical Strategy. In addition, the current list of priorities contained in the strategy will develop and change year on year by way of an annual strategy review process.





Related Strategies

'Patient First' is the Trust's approach to improvement. It supports us to deliver our Trust strategy and achieve our mission to improve the health of the people we serve by delivering exceptional care, teaching and research, every day. Experience of Care is a key priority in Patient First.

The Experience of Care Strategy is aligned to the strategies below demonstrating how we are working together across our organisation and with our neighbours North Bristol NHS Trust (NBT) to deliver better outcomes for the people who need our support:

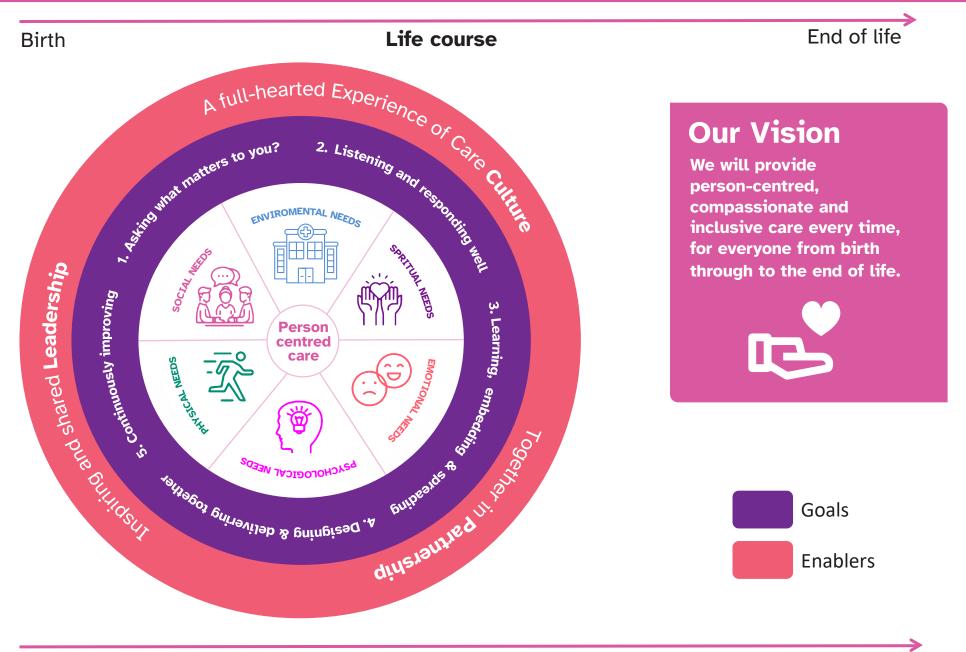
- **UHBW People Strategy 2022–2025** which places colleagues experience at the heart of our programmes of work to ensure UHBW remains a great place to work.
- **UHBW Volunteer Strategy 2023-2026**, offering a thriving volunteer programme for our diverse communities and our hospitals, providing meaningful, rewarding and creative opportunities for volunteers to enrich the experience of the people we support.
- UHBW Health Equity Delivery Plan 2023-2025, our plan for tackling health inequalities by prioritising the work required to deliver equitable access, excellent experience, and optimal outcomes.
- **UHBW Clinical Strategy 2024-2027** which has a focus on the quality and sustainability of our health services for our local population and developing innovative and pioneering specialist services for the regional population.
- **UHBW and NBT Joint Clinical Strategy 2024-2027**, with a shared vision for seamless, high quality, equitable and sustainable care.
- **UHBW Digital Strategy 2024-2029**, which will improve digital services and infrastructure at the Trust and align with NBT as part of our shared Group model.
- UHBW Outpatient Strategy 'Fit for the Future' 2022-2025, focussing on delivering person-centred outpatient services, integrated care and an enhanced digital outpatient healthcare offer to improve patient experience.

People and Communities

Throughout this strategy, you will find the phrase 'people and communities we support'. By this, we mean everyone who comes in to contact with our health services and who lives within our communities. This includes:

- Patients and service users adults, children and young people
- Parents
- Carers
- Families, friends and other loved ones
- Advocates
- Volunteers
- The Voluntary, Community and Social Enterprise sector (VCSE) which we sometimes refer to as 'Community Partners'
- 'Experts by Experience' –
 sometimes referred to as lived
 experience partners, lay
 representatives, public
 contributors, patient and public
 voice partners.

'My hospitals know and understand me' Experience of Care strategy 2024 -2029



Goal 1

Asking what matters to you?

This goal is about understanding what matters most to the people and communities we support throughout their iourney of care. so we are better able to provide care that meets their needs. This is sometimes referred to as person-centred care. It is about having honest conversations. involving people in decisions about their care and treatment, empowering people with greater confidence about their health and providing holistic and compassionate support to meet emotional and social needs.

Where are we now?

- Patients are not routinely asked what matters to them in the interactions with our health professionals and services.
- Care and treatment is sometimes task focussed rather than person-centred.
- Feedback tells us that patients are not always involved in decisions about their care and treatment.
- Patients are not routinely asked about their communication needs, and we do not always meet them.
- Our chaplaincy service has limited capacity to meet the spiritual and pastoral needs of the diverse population we serve.

Where do we want to be?

- People that use our services are actively engaged in conversations about what matters to them.
- Patients are asked to tell us about their communication needs and will have these needs met every time."
- Health consultations will bring together "the meeting of two experts" where the patient (who is the expert in their life) makes choices that

- are valued equally to the expertise of our health professionals
- The spiritual, faith and religious needs of the people we care for are met.

- Embedding the 'what matters to you?' conversation approach in all our services so that it becomes the way we open conversations with the people we support.
- Asking every person we support about their communication support needs, including spoken and non-spoken language needs, clearly recording and highlighting these on their electronic patient record, and ensuring that their needs are met.
- Empowering the people we support to ask questions and make choices about their care and treatment options, using decision support tools to help with this.
- Providing a visible and compassionate chaplaincy service that offers spiritual and pastoral support from birth through to end-of-life, embodying the practice of loving kindness, empathy and tolerance that is recognised and trusted by our local communities.

Goal 2 Listening and responding well

This goal is about how we better understand people's experiences of our care. When the people we support tell us about their experience, we want them to feel heard and respected.



Where are we now?

- We have a well-established PALS and Complaints service, to an equivalent service in our children's hospital called 'LIAISE, a comprehensive survey programme, and numerous other ways by which people can share their feedback about their experience of care; however, these services are not always accessible to everyone.
- We do not fully understand the experience of our services for all the people we support, especially those from marginalised communities who already face barriers in accessing health services.
- Enquiries and concerns about care received by the Trust are increasing in numbers and complexity; new complaints are not always being processed as quickly as we would like, and investigations are not always completed within agreed timescales.
- Parents/carers can ask questions and speak out when they have concerns about their child's care; however, not everyone feels confident to do this, and they may struggle to find support and advocacy that feels right for them.

Where do we want to be?

• Everyone can share their experiences of care; and the Trust is able to show that we ask. listen with humility, and take appropriate action.

- Actively encouraging the people we support to provide feedback, particularly those we hear from less.
- Making it easier for the people we support to share their views and ideas about their care and show that we ask. listen and do.
- Developing our PALS and Complaints service in a way which is inclusive, accessible and trusted by all.
- Creating new ways for marginalised communities to share their experiences of care (prioritising the Core20Plus5 health inequality areas), and demonstrating that we use this information to advance equity.
- Better understanding experiences of care across the patient journey by creating a simple and joined up approach with our health and care partners, irrespective of who provides the care.
- Ensuring all parents/carers are aware of the mechanisms open to them to ask questions and raise concerns about their child's care so they are supported and feel confident that concerns will be addressed.
- Creating a new young person's feedback programme that is inclusive, inviting and demonstrating improvements.

Goal 3 Learning, embedding and spreading

This goal is about bringing a step change in the way that we understand what patients and carers have told us about their experience, sharing this widely within the organisation and having greater clarity about what we have learned, spreading good practice and embedding and sustaining improvements.



Where are we now?

- We are data rich yet sometimes intelligence poor in terms of helping us to know what we need to do to improve.
- There are pockets of inspiring improvement work based on listening to the patient voice, but improvements are not always shared.
- We struggle to spread best practice in a sustainable way to other relevant services.

Where do we want to be?

- Coherent theming of patient feedback and complaints aligned with the Picker Institute's Principles of Person Centred Care.
- Improved and innovative communication means more effective sharing of best practice work across our hospitals related to experience of care.
- Rigorous follow-up of relevant learning from one part of the Trust to another reduces the risk of repeating the same mistakes.
- We engage, involve and share decisions with the people we support and our communities in every significant change project.

- Embedding the Picker Principles of Person-Centred Care as the foundation of our work to understand and improve experience of care.
- Making better use of the feedback that has been shared with us through improved thematic analysis and bringing this together with other quality indicators to alert our people to the wards and departments that need focus.
- Improving staff confidence and skills to understand and improve experience of care through a training programme and developing a new experience of are champion role.
- Adopting a rigorous approach to follow up on planned improvements to experience of care to make sure we embed learning.
- Demonstrating what we have learned from feedback and what actions we have taken to improve our health services.

Goal 4

Designing and delivering together

This goal is about how we develop new relationships with the people we support, working together to design, deliver and evaluate services that meet the needs of the diverse communities we serve.

Where are we now?

- Although we can point to good practice in how we engage people who use our services, people are not routinely involved in the design and delivery of those services.
- Our staff do not always have access to the resources to involve people effectively.
- Our partnerships with key Voluntary, Community and Social Enterprise (VCSE) groups are not fully representative of the people we support.

Where do we want to be?

- Working well with the people and communities we support is embedded in our service development and improvement work.
- The people and communities we support recognise the value we place on their lived experience.
- Our colleagues feel supported and confident to work effectively with the people and communities we support.

We will deliver this by

• Developing a new approach to working with the people and communities we support so that our services are designed to meet their needs.

- Ensuring that the people and communities we support are involved in developing our policies, plans and quality improvement approaches, supported by a mandatory 'engagement and involvement gateway' check at the start of any new project.
- Growing and developing a participation community of patients, young people, carers and the VCSE sector.
- Inspiring our staff to work effectively with the people and communities we support to plan, design and deliver better services.
- Creating vibrant and diverse 'Expert by Experience' roles which unlock the value of lived experiences and bring fresh perspectives to our work including supporting our PLACE programme (Patient-Led Assessment of the Care Environment).
- Exploring the value and role of independent user-centred design expertise to work with us to design and deliver services together with our communities.
- Introducing a new and equitable Reward and Recognition policy to further support people who take part in our involvement work.



This goal is about recognising the importance of providing care that is appropriate to the stage of life: a healthy start to life, childhood and adolescence. transitions through to working age, older people and end of life. It is also about improving experience of care throughout each journey of care. from first contact with us through to the transfer of care back home and/ or to other health and care providers.

Where are we now?

- Some people in our communities experience access barriers to services and have a poorer experience and outcomes of care; this is avoidable and unfair.
- Our health services are not always delivered in a person-centred way to meet the physical and emotional needs of the people we support.
- Transitions between services and providers can be fragmented and confusing for the people we support.
- Patients waiting for care and treatment receive limited information about how long they will be waiting for and what support they can access whilst they are waiting.
- Patients are not always kept informed about and involved in discharge planning; national benchmarking data suggests we have more to do to work with health and care partners to improve experience of discharge and support at home.

Where do we want to be?

- An accessible, equitable and inclusive experience of care from birth through to end of life.
- People have a better experience of waiting for care, arriving in our care, and transfer of care (discharge).
- Seamless, holistic, person-centred care is consitently delivered by working in partnership across the local health and care system.
- Digital health technology is providing people with greater choice and control, a better understanding of their health needs and increased confidence to self-care.
- Our hospital environments consistently promote recovery and well-being.

- Providing compassionate and culturally competent **birth and maternity** services that are rated by patients in the top 10% in the country for overall experience, delivered through a focus on:
 - o Embedding the use of personalised care and support plans.
 - o Improving outcomes for people from marginalised communities by developing inclusive services.
 - o Engaging the Maternity and Neonatal Voices Partnership and making the best use of feedback to learn and continuously improve.
- Providing holistic care and support for **children, young people and families** that better meets their needs through:
 - o Improving communication between medical and support services around the needs of the individual to ensure that people are offered the right support at the right time.
 - o Working in new ways across the Disability team and Complex Care team

- to improve outcomes for children and young people with additional communication needs.
- Ensuring safe and seamless **transitions** from paediatric services to adult services for young people via:
 - o A coordinated approach to transitions across all teams in UHBW supported by a new Trust-wide Nurse Specialist role.
 o A flexible, responsive, and individualised planning process for each young person with their voice and choices always central.
- Developing equitable and inclusive **sexual** and reproductive health services together with partner providers that are responsive to and meet the needs of all our communities through:
 - o Developing tailored support for groups most at risk of poor sexual and reproductive health outcomes.
 - o Developing a flexible and responsive approach to working with the people we support and the VCSE to evaluate and improve services.













- o Raising the profile of HIV and Sexually Transmitted Infections (STI) testing across other Trust specialities.
- Developing equitable access to **cancer services** and improved support through:
 - o Guaranteeing access to a Clinical Nurse Specialist and a Cancer Support Worker for everyone living with cancer.
 - o Improving access to services for people with neuro-diverse conditions and those with a sensory impairment.
 - o Developing partnerships with the VCSE to ensure cancer patients are able to access support in the community.
- Ensuring unpaid **carers** of all ages are recognised and supported to be visible and valued partners in care through:
 - o Improving how we identify carers as early on as possible in the interactions between the hospital and the people we support and sharing information about their needs across specialities.
 - o Improving the influence that carers (including young carers) have in service and improvement.

- o Developing our partnerships with the VCSE sector including the local specialist carers charities to further advance the support we offer carers.
- Ensuring **mental health** care is person-centred, strength's based and provided in safer spaces and environments through
 - o Improving equity of access to Mental Health services.
 - o Improving the Mental Health training available for all members of staff.
 - o Creating care environments that promote psychological wellbeing.
- Providing accessible and inclusive health services for our **learning disability and autistic population** by:
 - o Offering reasonable adjustments to care by better equipping staff with knowledge, skills and digital systems to do so.
 - o Improving the hospital environment to better meet their needs.
 - o Supporting people with lived experience to participate in the recruitment panel for key staff roles to bring the patient voice to the process.

- Improving the experience for our **older population and those living with frailty** through age-friendly and age-appropriate provision by focusing on:
 - o Enabling Weston General Hospital to be a centre of excellence for the care of older people (as part of the Healthy Weston programme).
 - o A clear process for identifying frailty when people are admitted to hospital and a workforce that is trained to understand their needs and provide appropriate support.
 - o Improving ward environments that support the older population with clearer signage and promotion of activities to reduce deconditioning.
 - o Improving access to assistive technology for those with hearing and visual impairments to support full participation in their care.
- Providing person-centred, equitable and holistic care for all **people living with dementia** with a focus on:

- o Embedding personalised care planning and improved multi-disciplinary team working.
- o Increasing the skills and confidence of our staff to support better dementia care and increase the number of volunteers supporting patients.
- o Developing a dementia-friendly environment including increasing the use of the dementia-friendly cafe and sensory garden activities.
- Improving provision for people as they near the **end of their lives** and support for their loved ones by:
 - o Focussing on providing individualised end of life care which is delivered by a confident, skilled, and well supported workforce.
 - o Creating a specialist volunteer role to provide sensitive and compassionate support for patients and their loved ones at end of life.
 - o Working towards a specialist palliative care service offer 7 days a week across our hospitals.













- Making sure more patients can go home from hospital without delay and with the right support people to continue their recovery out of hospital, in our communities by:
 - o Supporting more patients to be able to return home from hospital to live independently for longer with wrap around support from health, care and the VCSE. o Keeping patients and families well-informed about the discharge process with clear communication about the path way they will be discharged on.
 - o Ensure all patients to be able to access acute services when needed by ensuring those patients who no longer required an acute hospital bed are discharged in a timely manner.
- Providing excellent communication and timely, person-centred support to people whilst they are waiting for care and treatment by:
 - o Providing acknowledgement that we have received a referral (i.e. from the patient's GP) and updating the patient

- on the time they can expect to wait for their first appointment.
- o Improving communication through the development of the digital patient portal allowing 'easier two-way communication between
- the patient and the hospital.
- o Signposting patients to a range of sources of information and support from UHBW and community partners.
- o Supporting people to get as fit as they can prior to having a procedure (physically and mentally) to improve their recovery time.
- Continuing to **improve hospital environments** through the availability of access guides and art and design projects with a key focus on hospital entrances, reception areas and public thorough fares, to aid wayfinding, ease anxiety and create a calming and re-assuring first impression.

Voices of the future

"When I felt I had to raise a complaint, I was felt listened to and I've been updated on what improvements have been made for others as a result which was reassuring"

"I am really encouraged to be involved in decisions that affect me" "As a carer, I am respected and engaged to help provide the best possible care for my loved one and I now have access to such fantastic support to help me in my caring role"



"I am proud that I helped design this new hospital clinic based on my own experiences"





"Staff got to know me as an individual and really wanted to know what matters most to me during my hospital stay"



"I can really quickly understand key themes from patient feedback and complaints which allows me to prioritise work in my department to improve experience of care"

"Being part of the Youth Involvement Group makes me feel part of a community that is making a difference"



"The support I received from the Chaplain was so compassionate and caring and it helped me find the strength at a time when I needed it the most"

"I have total confidence my communication needs will be met"



Measures of success

Goal 1 Asking 'what matters to you?'	Goal 2 Listening & responding well metrics	Goal 3 Learning, embedding & spreading metrics	Goal 4 Designing & delivering together metrics
1. 2% year on year increase of patients who say they felt listened to from baseline (monthly patient survey). 2. 2% year on year increase of patients who say they are involved in decisions about their care from baseline (monthly patient survey). 3. 5% year on year increase of patients asked about their communication needs at first point of contact from baseline (monthly patient survey). 4. 10% year on year increase in the number of recorded chaplaincy contacts from baseline.	1. Feedback is representative of the patients we care for by undertaking a minimum of 4 community outreach events per year aligned to the Core20Plus5 health inequality areas 2. 90% of complaint responses sent out within deadline agreed with complaint. 3. No more than 8% of complainants tell us they were unhappy with our first response to their complaint. 4. 25% increase in staff logging into the Patient Feedback Hub each month from baseline (Patient Feedback Hub log-in activity).	1. 90% of relevant staff completing Experience of Care training by end of March 2027 (measured via e-learning system). 2. Increase in Divisional Experience of Care Champions year on year over life of strategy (local audit). 3. 20% year on year increase in % of Divisional experience of care improvement actions completed (6-monthly audit). 4. You Said, We Did posters updated routinely and displayed in wards and departments (Clinical Accreditation visits).	1. 100% of relevant of Trust-wide improvement projects that embed patient involvement from the start (Continuous Improvement Team documentation). 2. 25% year on year growth in numbers of Expert by Experience participants (Participation Community activity log). 3. 95% respondents report a positive experience of their involvement in improvement projects (annual internal and external perception survey). 4. 95% of staff respondents who report involvement has positively shaped their improvement project (annual internal and external perception survey)

Measures of success

Goal 5 Continually improving metrics

1. 98% of patients rating their care as positive by March 2028 (monthly patient surveys)
2. 78% of staff who say they would be happy with the standard of care for a relative or friend by March 2028 (NHS Staff Survey).

Enabler metrics

- 1. 2% year on year increase in % of staff who say care of patients is organisation's top priority from baseline (NHS Staff Survey).
- 2. 2% year on year increase in % of staff who say the Trust acts on concerns raised by patients/service users from baseline (NHS Staff Survey)
- 3. 5% year on year increase in % of leaders who report they feel confident to lead Experience of Care agenda (via bespoke survey or Pulse survey baseline to be confirmed).
- 4. Increase in % of stakeholders who report positive impacts of working in partnership with UHBW in delivering the Experience of Care strategy (annual external perception survey baseline to be confirmed).

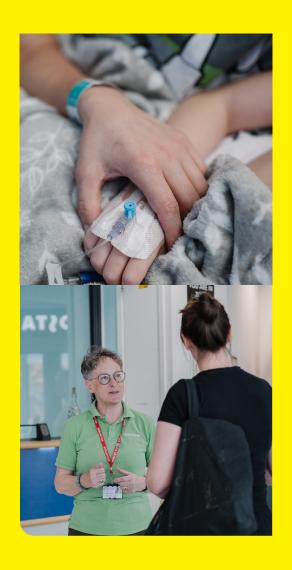


Thank you

To the many people and community partners who inspired us and helped create this strategy and to the Bristol and Weston Hospitals Charity who supported this work.

For further information about our Experience of Care strategy please contact experience@uhbw.nhs.uk





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