



East Lancashire Hospitals
NHS Trust
A University Teaching Trust

Patient Experience, Engagement and Involvement Strategy 2024–2027

Safe | Personal | Effective

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Foreword

Delivering the highest quality healthcare to our local communities is at the heart of everything we do. We pride ourselves in delivering Safe, Personal and Effective care that contributes to improving the health and lives of our communities and it is our aim to be in the top 20% of Trusts for overall patient experience.

At East Lancashire Hospitals NHS Trust, we understand that improving the experience for patients, carers and families is fundamental to everything we do.

Delivering excellent care requires the experience of our patients, carers and families to be considered at every opportunity, and must be embedded in the leadership, culture and operational processes of the Trust.

This Patient Experience, Engagement and Involvement Strategy sets out our ambitions and key objectives to improve patient experience at East Lancashire Hospitals over the next three years.

Patients and carers can provide invaluable insights into the quality and delivery of care and through this strategy we detail how we will work collaboratively with patients, their carers and families and the public, using their knowledge of what the process of receiving care feels like so we can drive continuous quality improvement and ensure our services are the very best they can be for our patients.

We look forward to working with patients, staff, carers, local communities and stakeholders to deliver this strategy.



Peter Murphy
Chief Nurse



Martin Hodgson
Chief Executive

Who we are

As a leading provider of integrated healthcare services across East Lancashire and Blackburn with Darwen, we deliver a wide range of health services to a population of 566,000 people, many of which live in several of the most socially deprived areas of England. Our services cover an area of approximately 1,211 square kilometres.

We employ over 10,000 people, working across five hospitals and various community sites within our six geographical areas. These areas are Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale.

As well as providing a full range of acute, secondary and community services, the Trust is also a specialist centre. The specialist services provided are for hepatobiliary, head and neck and urological cancer services, as well as cardiology and vascular services. In addition, the Trust is a network provider of Level 3 Neonatal Intensive Care.

The Trust currently has 1,041 beds and treats over 700,000 patients a year from the most serious of emergencies to planned operations and procedures, using state-of-the-art facilities.

Our absolute focus on patients as part of our vision “to be widely recognised for providing safe, personal and effective care” has been demonstrated in the Trust’s continued progress and being rated ‘Good with areas of outstanding’ by the Care Quality Commission (CQC).



NHS CQC framework

The CQC assessment framework is built on their five key questions and well-known rating system and is what they use to set out their views of quality and make judgements.

The five CQC standards are: safe, effective, caring, responsive and well-led.

There are four ratings the CQC give to health and social care services:



Outstanding The service is performing exceptionally well



Good The service is performing well and meeting our expectations



Requires improvement The service is not performing as well as it should and we have told the service how it must improve



Inadequate The service is performing badly and we've taken action against the person or organisation that runs it

ELHT latest inspection: 28 August to 27 September 2018

Report published: 12 February 2019

Domain	Rating	Scale
Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Requires Improvement	●
Well-led	Good	●
Use of resources	Good	●
Combined Rating	Good	●

ELHT Vision and Values

Our aims

The foundation of the Quality Strategy 2023–25 is aligned to deliver the Trust’s Strategic Framework captured below. Our vision and objectives are key to our operating principles and improvement priorities which help to guide the way we work and what we strive to achieve. Our values underpin those, ensuring our services are the very best they can be for our patients and our environments are respectful and supportive for all. The Patient Experience, Engagement and Involvement Strategy is a crucial strand in meeting the challenges of our aims.

Strategic Framework



Our Vision

To be widely recognised for providing **safe, personal and effective** care



Our Values

- We put patients first
- We respect the individual
- We act with integrity
- We serve the community
- We promote positive change



Our Behaviours

- Taking responsibility
- Building trust and respect
- Working together
- Excellence
- Keeping it simple



Our Goals

- Deliver safe, high quality care
- Secure COVID recovery and resilience
- Compassionate and inclusive culture
- Improve health and tackle inequalities in our community
- Healthy and highly motivated people
- Drive sustainability

System Working

SPE+ Improvement Practice

Delivery Programmes



Supporting Strategies

- Clinical Strategy
- Quality Strategy
- People Plan
- Green Plan
- Enabling Estates (Estates/Digital/Finance/ Education, Research and Innovation)

We know that building upon the quality of care provided to our patients and communities will improve the chances of positive health outcomes. The Trust’s Strategic Framework sets three overarching commitments.

Putting Quality at the heart of everything we do – Delivering Safe, Personal and Effective Care

Our quality commitments focus on initiatives that will:

- **Provide Safe care** – Reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.
- **Provide care that is Personal** – Deliver patient-centred care which involves patients, families, carers, and system partners in the planning delivery of care and opportunities to improve patient safety.
- **Provide Effective care** – Deliver consistently effective and reliable care, based on best practice which is delivered in a culture that encourages and enables innovation to Improve outcomes.

As well as being closely aligned to the Quality Strategy 2023–2025, our Patient Experience, Engagement and Involvement Strategy is also supported by:

- **Behavioural Framework Strategy**
- **Clinical Strategy**
- **Continuous Improvement Strategy**
- **Equality, diversity and inclusion objectives**



What is patient experience, engagement and involvement and why is it important?

A patient's experience starts at the very first contact with the healthcare system and this includes their families, loved ones and carers who are also affected by the patient's experience.

Patient experience, engagement and involvement means taking every opportunity to hear from the people who use our services, their families, carers and visitors and encouraging their active participation in shaping the way the Trust provides its services.

This includes involving people who use our services in decision-making about their care, seeking, listening to and acting on feedback about their experiences in an inclusive way, and including people who use our services on boards and committees making decisions about changes and improvements to our services.

Engaging and involving patients, families, and carers will enable us to:

- **Continually improve our services**
- **Improve outcomes in patient care**
- **Design more efficient services**
- **Deliver care that people want in a way that works best for them**



How do we do this?

We actively engage with and encourage feedback from patients, their carers and supporters in a variety of ways, including:

- Friends and Family Test (FFT) and local patient experience surveys
- Patient stories /videos
- Participation in the national patient experience survey programme
- NHS website, Care Opinion and social media
- Complaints, concerns and soft intelligence
- Executive quality walk rounds and Senior Support and Share (SSS) visits
- Public Participation Panel (PPP)
- Engagement with students at local schools
- Healthwatch and local stakeholders
- Patient Led Assessment of the Care Environment (PLACE)
- Nursing Assessment and Performance Framework (NAPF) to assess the quality and safety of care being delivered within the organisation

How do we measure this?

Success can be measured in a number of ways including:

Complaints – Number received, themes and trends

Percentage of positive and negative FFT responses – Themes and trends

Increased responses to FFT and local surveys

Number of compliments received

Evidence of increased co-production

Percentage compliance for the Patient Experience related elements of the N.A.P.F

Patient Safety Incidents

CQC inspections/rating

CQC National Inpatient Survey – Six key questions to improve

The Trust participates in the CQC national programme of patient satisfaction surveys which is designed to capture views of representative samples of patients in a systematic way from all eligible NHS Trusts in England. The survey is carried out every year and contains a set of questions designed and tested to provide insight into people's experiences and to highlight areas where individual providers could improve how they provide services.

The Adult Inpatient Survey samples 1250 consecutively discharged inpatients, working back from the last day of November who had a stay of at least one night in hospital.

Full benchmark reports for all Trusts are available on the CQC's website – <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey>

It is our aim to be in the top 20% of Trusts for overall patient experience. In order to achieve this, the Trust will be focussing on the following areas to measure improvement:

1. Admission to hospital

Are patients being admitted and treated in a timely and effective way?

2. Food

Are patients being provided with a choice of food to meet varying dietary requirements and are patients receiving the assistance they need?

3. Involvement

Are patients and/or their family or carers involved in all conversations about their care and provided with information in a way that they can understand?

4. Environment / Cleanliness

Are patients and/or their families/carers satisfied with the cleanliness of wards and departments?

5. Discharge from hospital

Are patients, their family or carers involved in the planning and discussions about leaving hospital and provided with clear and understandable information?

6. Feedback

Are all patients being provided with the opportunity to give their views on the quality of their care?

Patient Experience Achievements

Our previous Patient, Carer & Family Experience Strategy 2018/2021 included objectives to ensure we listen and learn from patient and carer feedback. Although challenged through the pandemic, there have been many achievements, and this new strategy looks to build on those successes and strive to achieve further over the next three years.

Achievements include:

- Supported by Healthwatch Blackburn with Darwen, worked with a group of young people to review and provide feedback on design ideas for the Children's Unit at Royal Blackburn Hospital, with the development of adolescent bays within the unit.
- Established links with a local secondary school, working with a group of students to develop a survey which they undertook with their fellow students, to find out what young people think about coming to hospital. Findings presented by the students to Executive Directors and senior staff at the Trust.
- As a result of the feedback from the students, the following actions have been taken:
 - Additional activities: The Trust Charity ELHT&Me have provided books and puzzles for patients.
 - Wi-Fi: Installation of additional Wi-Fi boosters to improve the Wi-Fi on the children's medical unit and provision of an additional games console.
 - Food : Changes to the menu, additional options and snacks available.
- The Paediatric Team have established links with a number of charities focusing on improving the patient experience for children and their families, including:
 - **Sophie's Legacy**, a charity set up in memory of Sophie Fairall, who sadly died aged 10 years old, to implement her wishes to improve the experience of children when admitted to hospital and their families. Sophie's wish was for seven-day play staff and for parent/carers to be offered meals – <https://www.sophieslegacy.co.uk/>
 - **Milly's Smiles**, a charity established to help improve the journey of children newly diagnosed with cancer. More specific is the support the charity offers post bereavement for families which ELHT have the opportunity to signpost to. This support is available even if the child or young person had a different condition – <https://www.millyssmiles.org/>
- Established a Diabetes Youth Worker to enable engagement with under-served young people with diabetes to improve health outcomes.
- Working with people with previous lived experience, implemented Hope Boxes – memory boxes which aim to minimise the trauma parents experience when they are separated from their baby at birth due to a court decision. The boxes help keep connection whilst final decisions are made, promote maternal identity, reduce stigma and promote choice and control. A National Safeguarding Star for outstanding practice from NHS England was awarded to the midwives who led this initiative.

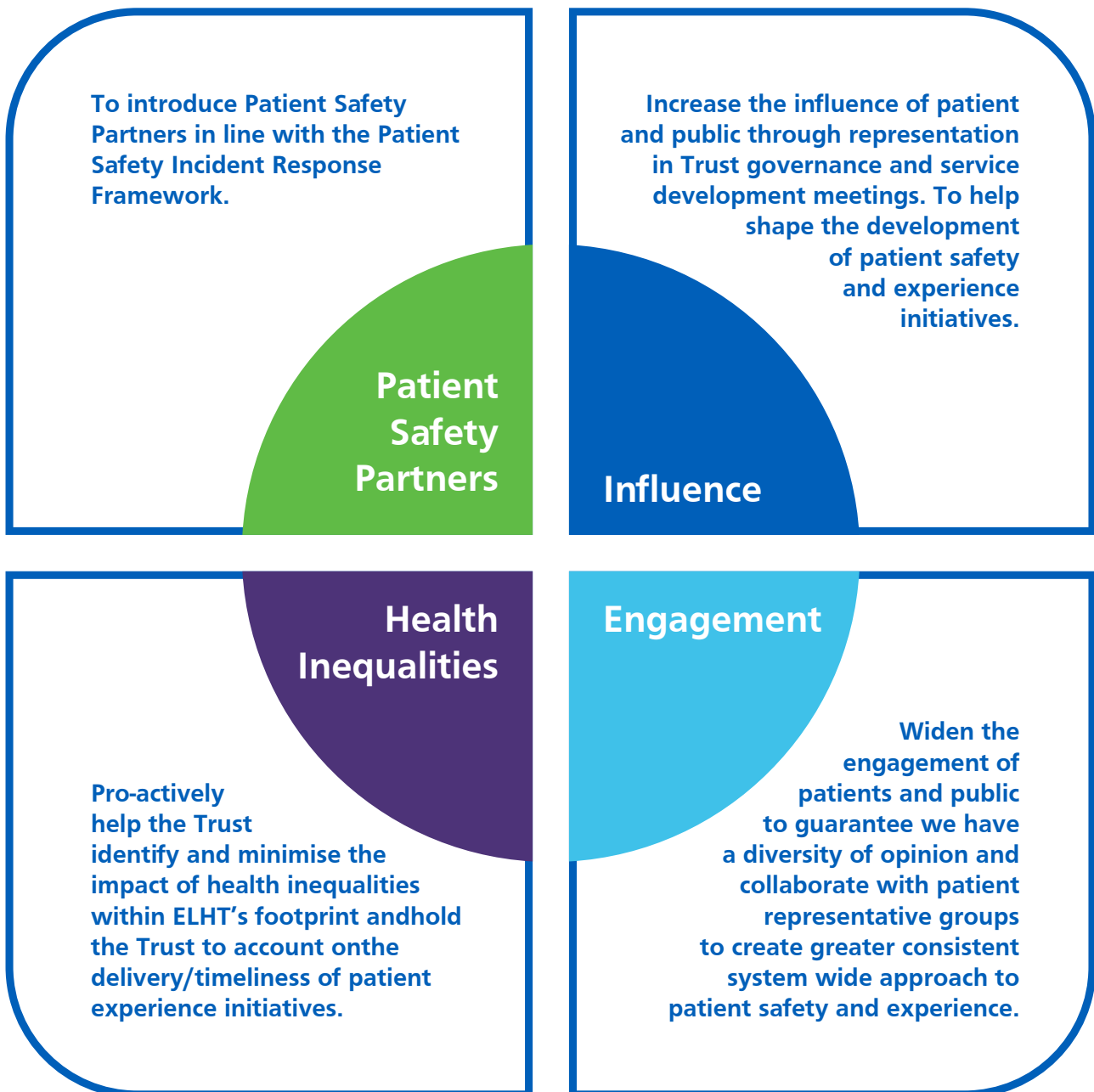


- Worked collaboratively with colleagues in Estates & Facilities and Paediatrics to train students at a local high school to enable them to undertake mini-PLACE assessments (Patient Led Care Assessments of the Care Environment) on the Children’s Unit at Royal Blackburn Hospital.
- Introduced two Emergency Department Navigators to support young people between 10 and 30 years of age who attend with an injury relating to violence or who present with signs of criminal or sexual exploitation. The Navigators work with these young people to build a therapeutic relationship and provide support both inside and outside of hospital, with the aim to reduce serious violence in the local community and improve young people’s lives.
- The establishment of a Public Participation Panel (PPP) in 2019 which is well embedded within the organisation. PPP members help the Trust build on established relationships between health professionals, patients, carers and the public. They ensure we are putting the voice and needs of patients at the forefront of decision making and that the views of patients, carers and families are represented at all levels of the organisation. Members meet monthly and are actively involved in several meetings and projects, some of these being:
 - **Nutrition and Hydration Group:** working to ensure we consistently deliver and improve nutrition and hydration for vulnerable adults.
 - **End Of Life Care Strategy and Operational Group:** Enabling our staff and developing processes to consistently deliver excellent care for our patients, and their loved ones during their last days of life.
 - Member of the core group which provided oversight and assurance in relation to the development and delivery of a high-quality care model for the rehabilitation of patients diagnosed with Covid-19, who as part of their hospital admission, required care in the Intensive Care Unit.
 - **Member of the Trust’s Patient Experience Group:** Contributing to the review, monitoring and challenge of patient experience at the Trust
 - Involvement in focus groups for the recruitment to senior Trust positions
 - Review of patient information leaflets

- Patient participation in a Bariatric Improvement Project Task and Finish Group aiming to improve the experience of care for bariatric patients admitted to hospital.
- **During the pandemic, we formed an EHLT Stakeholder Experience Forum:**
Which consists of several local patient representative groups; the overall purpose of the Forum is to ensure that East Lancashire Hospitals NHS Trust has a relationship with and understands the views of key stakeholders and enables them to influence the delivery and direction of the patient experience and complaints services to ensure high quality, effective service is provided to the satisfaction of users.
- **We implemented Virtual Quality Walk rounds:**
These allowed members of the Executive Team and external stakeholders such as Healthwatch to speak to frontline staff and their patients throughout the pandemic. Learning about the staff's team morale, experiences, leadership, challenges, learning, compassion and what it's been like to be a patient receiving the service.
- Establishment of an End of Life and Bereavement Team providing a seven-day service, improving the patient experience and support available for families. The End of Life and Bereavement Team have:
 - Held a community engagement event with the local Muslim community to gather feedback and provide information and education around issues including DNAR CPR.
 - Introduced volunteers to sit with patients who are dying and who don't have any family members.
 - Developed and launched a bereavement survey to capture feedback from families about the quality of care provided in the last days of life.
- Our Chaplaincy and Spiritual Care Services offer a 24/7 service across all hospital sites, to meet the pastoral, spiritual and religious needs of patients and their families/carers. They have:
 - Developed a new Spiritual Care Centre at Burnley General Hospital.
 - Seen an enhancement of the Therapy Dog Service which in the year to December 2023 has seen Alfie (the therapy dog) visit over 1,200 patients at the bedside, across 400 ward visits.
 - Introduced the "Friendly Faces Volunteer Project" which provides for a volunteer to visit patients who do not have any family or close friends to visit them. This reduces isolation and loneliness, provides emotional support and a listening presence.
- The Alcohol Care Team have:
 - Recruited a volunteer as a patient representative on the Alcohol Steering Group.
 - Worked collaboratively with Healthwatch Lancashire to gather qualitative feedback and information from service users.

Our Framework at a glance

Our Framework for 2024–2027 is focused on setting out our aims to develop and strengthen our collaborations with our communities and their influence in delivering our four key aims that support the Involvement/Personal aspect of the Quality Strategy.



Consultation with Partners

In developing this strategy, it was important for us to consider what our existing quantitative experience metrics were indicating and equally, to focus our attention on the qualitative metrics provided by our patients, the public, external key stakeholders, such as Healthwatch, and staff. Through this approach we can best identify how and where we allocate the Trust's human and financial resources to obtain the greatest benefit for our consumers and staff.

We engaged the key stakeholders who helped shape the Trust's 2018–21 strategy to tease out what we needed to strengthen within our current patient experience work. Also, to identify what new matters required attention.

The engagement sessions were carried out via Microsoft Teams due to the then Covid-19 pandemic restrictions in place. We were joined by representatives from Healthwatch Blackburn with Darwen, and Lancashire; Blackburn with Darwen Carers Service; East Lancashire Hospitals NHS Trust Public Participation Panel and Bangor Street Community Centre, Blackburn.

The overarching themes/requests from the discussions were:

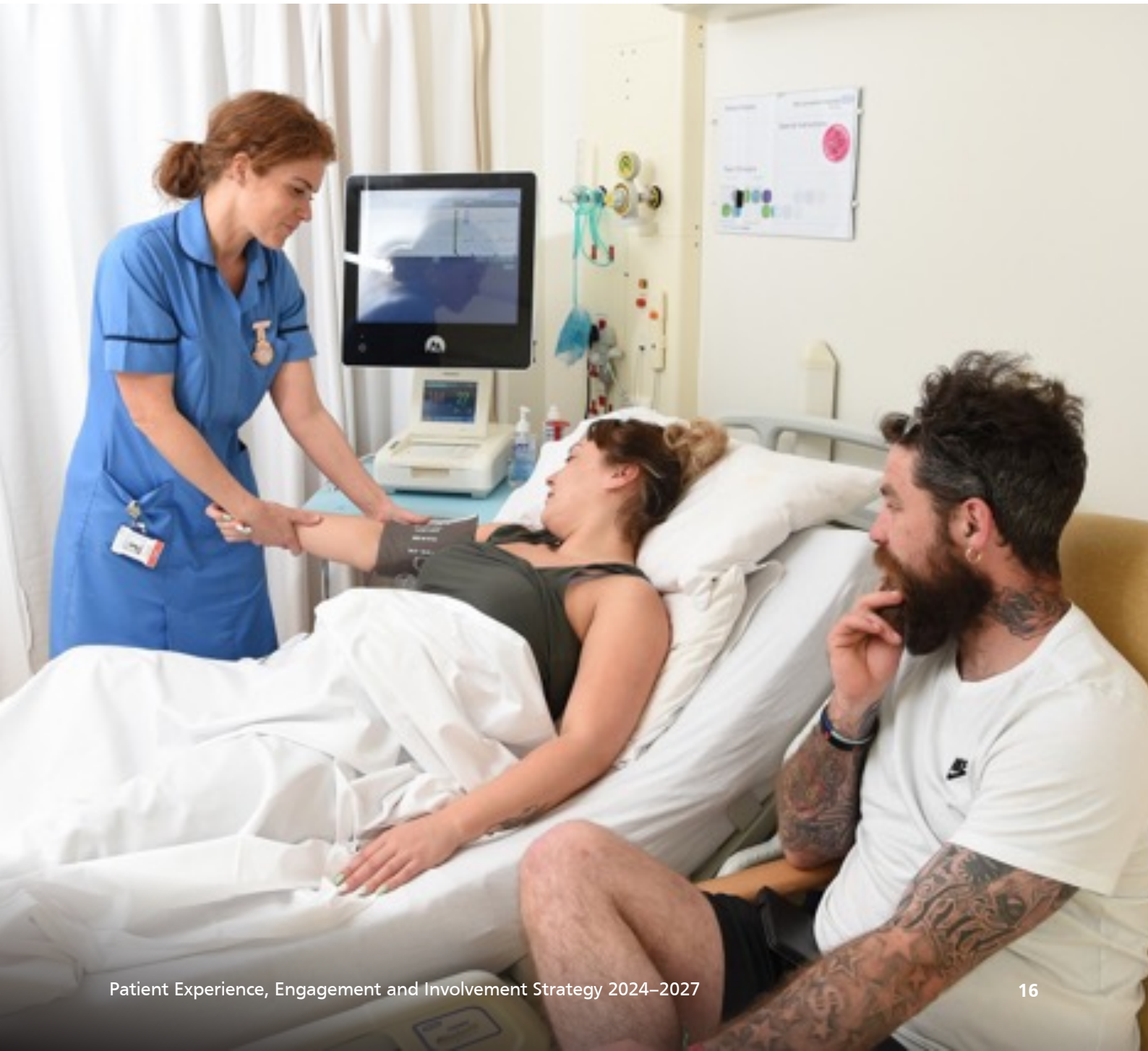
- For the Trust to ensure it continues to provide meaningful responses to project reports with action plans that we revisit within an agreed period of time.
- For patient and carer representative groups to meet regularly and be part of engagement plans that the Trust would like them to look into – this may be commissioned, or not, depending on agreement from management.
- ELHT to collaborate with patient and public advocacy groups to promote and share key messages for each other's services through approaches such as leaflets, events, and website.
- The Trust to continue to identify and support carers and in doing so, increase referrals to carers services; to ensure they are part of the treatment and discharge planning and for carers to be treated as expert by experience in the care of their loved ones.
- ELHT to continue to listen and respond to the needs of children with Special Educational Needs and Disability (SEND) and their parent/carers.
- To ensure patients and carers are consistently included in decisions of wellbeing around physical and mental health.
- The Trust to continue to develop a consistently high-quality care for patients with dementia; a learning disability, or who are on the autism spectrum disorder (ASD).
- The Trust to continue to develop effective and supportive hospital discharge which both the patient and their family/carers feel involved in.
- Effective engagement and involvement with our LGBTQ+ community
- Sharing learning from patient stories and complaints more visibly with patients and the public so that they can see the Trust as a learning organisation.
- Proactively working with the local community, patient representative organisations and staff to remove health inequalities.
- To ensure there remains a diversity of patient and public opinion within the Trust that influences service provision and development.
- Triangulate patient experience data with other governance data, including Legal Service to strengthen a full understanding of patient experience.

What matters to you?

What matters to you aims to encourage more meaningful conversations between staff, patients, families and carers in order to gain a better understanding of the things that are really important in people's lives to facilitate and improve the patient experience.

Focussing on what really matters to people can have a big impact. It can help establish relationships, and helps staff understand the person in the context of their own life and what is important to them, helping them work together to identify the best way forward.

The Trust is currently re-designing the "behind the bed" boards to capture specific demographics and patient safety alerts. In addition, there will be space for patients to contribute what they expect the organisation to deliver around their specific personal goals.



Our Patient Experience and Involvement Implementation Plan

1. Engagement

Our Aim: To continue to strengthen what we know is important to our patients, their relatives, and our staff in terms of the care and experience provided. Whilst we know quantitative data gives us a particular insight, we won't simply stop there, as we seek to develop our understanding of patients', and relatives, overall interactions within the Trust, community health and social care ecosystems. We remain committed to strengthening patients, carers and patient representative groups influence, thus ensuring a genuine telling impact in the delivery and development of our services.

How can we achieve this?

How can we measure success?

Community Engagement

- Proactively engage with patients, the public and key stakeholders collaborating with charities, religious and patient representative organisations.
- Strengthen and widen the diversity of the Trust’s engagement and collaboration within the local community through direct and indirect outreach work.
- Support and influence staff to consistently engage with their patient groups and external stakeholders; developing their understanding of how best to undertake patient experience surveys and involving patients on the identified actions from the feedback.

Evidence of increased engagement of third sector organisations within the Trust, influencing service and policy developments, presence at governance and committee meetings.

Public Participation Panel

- Grow the membership of the Trust’s Public Participation Panel to help broaden their participation in more decision-making meetings and development projects.
- Work with Voluntary Services Team regarding the recruitment of PPP members.
- Liaise with ELHT Communications Team for support to actively promote the role and contribution of PPP within ELHT to patients and the public.

Evidence of active participation of PPP members in decision making meetings and development projects.
 Increased membership of Panel, representative from the communities within the East Lancashire footprint.
 Increased awareness of PPP activity in the patients and the public and staff through the Trust website and staff intranet.

Stakeholder Forum

- Increase the membership of the Trust’s ELHT Stakeholder Experience Forum; the Forum is comprised of patient representative organisations. The Forum provides an opportunity to share initiatives, work on collaborations and raise emerging themes regarding the patient and carer experience within the Trust’s services.

Broad representation and participation of patient representative organisations
 Membership of the group is diverse and representative of people in the local community.

Carers

- Engage with carer organisations and Trust staff to build upon the engagement of carers in the care of the patients they represent.
- Develop information for carers to signpost to available services.

Greater carer satisfaction experience.
 Reduction of incidents involving patients who have carers.
 Contribution to a Carers Charter for the regional Integrated Care Board and local Carers Charter in place.
 Information leaflet for carers.
 Information on Trust website.

Digital Technologies

- Work with staff to explore and utilise digital technologies to help engage with patients and the public.
- Utilise Performance and Informatics and Communications Team to support engagement and share information with our patients and carers of hospitals services.

Staff will have an understanding and ability to utilise different digital technologies to support patient engagement activities.
 Evidence of digital technologies incorporated in patient surveys and engagement.
 The number of views on the website.
 An increase in patient and public engagement and awareness of the Trust activities.

End of Life Care and Bereavement

- Ensure staff understand the features of the new electronic patient record (EPR) which support end of life/bereavement care.
- Ensure that each dying patient has an “individual plan of care” in place which reflects their wishes and those of their loved ones.
- Strive to achieve the patients place of care and place of death
- Facilitate rapid end of life discharges from the hospital to patients preferred place of care.
- Development of a nursing individualised plan of care after death document.
- Utilise the data from EPR regarding Last Days of Life care plan.
- Use patient experience data to inform and improve end of life and bereavement care.
- Hold regular engagement events/meetings to support local communities.

The new EPR supports optimal end of life and bereavement care.
 NACEL Audit (Hospital).
 District Nursing Community Dashboard.
 Feedback relating to end of life and bereavement care.
 Dashboard to capture all information and feedback relating to end of life and bereavement care established.
 Information utilised to identify common themes and trends to ensure improvement work is focused on the right aspects.

2. Influence

We know that encouraging patients and the public to be involved in their treatment and provision of care can enhance outcomes, perceptions, and experience for patients and their relatives.

Our Aim: To strengthen the patient, carers, and the public voice, in their day-to-day interactions with staff, through to increasing their presence in corporate and divisional meetings at all levels.

This approach aligns with the NHS National Patient Safety Strategy in “involving patients, their families and carers and other lay people in improving the safety of NHS care”.

How can we achieve this?

How can we measure success?

Partnership Working and Co-Production

- Work with staff to support best practice in providing meaningful engagement opportunities for patients and the public. Those opportunities for partnership working will be communicated via the Trust website and other communication channels, including via external partners.
- Where appropriate, patient/public representatives will be involved in appropriate groups and meetings throughout the Trust
- We will brief and support participants on how to gain the most of their attendance and empower them to pose the ‘why’ question.
- Co-production – Improvement work will be supported by using patient views and involving service users from the start to the end of projects that affect them.
- Quality Improvement Team to identify projects and develop a process for patient involvement.
- We will work with our patients and patient representative groups to influence and drive improvements to patient care and experience with our colleagues within Lancashire and South Cumbria Integrated care systems.
- We will implement a formal “you said, we did” programme to drive listening and improvement.
- Review the process for recruiting patient and public assessors to support the Patient Led Assessments of the Care Environment (PLACE).

- Evidence of promotion of partnership and engagement opportunities
- Evidence of increased patient representatives in Corporate and Divisional meetings.
- Evidence that the outcomes from patient involvement activity have been taken into consideration in the decision-making process.
- Evidence of increased co-production with patient representatives fully involved in projects from beginning to end.
- Evidence of action resulting from feedback.

Children and Young People

- Provide opportunities for children and young people to contribute to shaping and improving services that affect them; continuing to work with local schools across the ELHT footprint and also with CAMHS, parents and carers, local authorities and children representative organisations in supporting the involvement and to ensure a diverse representation of health needs.
- Fully embed the process for students from local schools to participate in mini-PLACE assessments across all children’s areas.
- Develop and embed a process for children and young people to be involved in the recruitment of staff to child focused roles.
- The Right to Choose – Support 16/17 year old patients to have a say in whether they are treated in an adult or children’s ward, and ensuring they receive the right care from the right team.
- Encourage a more direct focus on parental feedback, reviewing feedback to identify themes and improvements
- Paediatric Team to continue working with:
 - Sophie’s Legacy in collaboration with our Quality Improvement Team to implement the aims and wishes, particularly the provision of seven-day play specialists and food for parents.
 - Milly’s Smiles to develop post bereavement support to parents and siblings.

- More children and young people are directly participating in key organisational aspects such as patient safety, experience, training and recruitment.
- Students from local schools/colleges invited to participate in the annual PLACE assessments.
- Children and young people led focus groups incorporated into the recruitment process.
- Greater parental satisfaction experience.
- Patient data feedback.
- Improved experience for bereaved families.

Development of staff

- We will seek to influence the development of managers within the Trust to ensure they remain conscious of best practice in terms of patient engagement in all aspects of service developments and delivery.

- Best practice in patient engagement is integrated into all levels of leadership training within the Trust.

3. Patient Safety Partners

The Trust has aligned the Quality Strategy with the NHS National Patient Safety Strategy (July 2019) in doing so we have adopted the framework for involving patients and the public in patient safety. We consider this a fundamental aspect of genuinely having patients and the public influence every facet of how the Trust views and delivers care to patients, interacts with their supporters and staff.

The framework sets out how NHS organisations should involve patients in patient safety.

There are two parts to the framework:

- Part A: Involving patients in their own safety
- Part B: Patient safety partner involvement in organisational safety

(Source: NHSE)

Patient Safety Partners are patients, carers, family members or other lay people who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation.

The role of a Patient Safety Partner (PSP) is to:

- Support a culture which is 'patient-centred'.
- Support the development of high-quality patient and public engagement.
- Work collaboratively with Trust staff to identify problems and apply creative and innovative thinking in developing solutions
- Actively influence the strategic direction of the Trust.

Progress to delivery

In April 2022 we started to lay the foundations of the implementation of Patient Safety Partners within the Trust. In doing so we established links with Trusts who were in advance in their introduction of PSPs; to understand the challenges and approaches required to bring the roles into realisation, whilst sharing best practice.

We commenced with briefing staff and external patient representative organisations about PSPs and approached community groups, charities, religious organisations.

We have received firm expressions of interest from people who come from a wide diversity of experiences. As we move towards the implementation stage, we are confident that our PSPs will provide the Trust with a degree of challenge, representing the patient voice, through various activities in safety governance.

Our Aim: To have members of the public support the Trust’s delivery of the Patient Safety Incident Response Framework.

How can we achieve this?

- Ensure that patients are involved at the heart of the Patient Safety Incident Framework (PSIRF)
- PSPs will work closely and collaboratively with a range of staff for particular areas of work and projects

How can we measure success?

- Complete recruitment, induction and welcome of Patient Safety Partners.
- PSP participation and involvement in trust wide projects
 - PSPs will be embedded into the various safety committees and groups that support patient safety.
 - PSPs will support ad-hoc advisory groups as and when required to support patient safety improvement projects.
 - PSPs Working with teams and services to consider how to improve safety.
 - PSPs Involvement in relevant staff patient safety training.
 - PSPs membership of safety and quality committees whose responsibilities include the review and analysis of safety data.
-

4. Health Inequalities

What are health inequalities?

The term health inequalities is used in many ways but essentially it refers to the systematic disparity in the health care people receive or the status of sections of the populations health due for instance to their economic situation.

Health inequalities are often preventable, unfair and can have detrimental effects on an individual/communities such as:

- Poor quality and experience of care, resulting in low levels of patient satisfaction
- Substandard differences in health outcomes due to systemic discrimination

Lancashire and South Cumbria have some of the highest rates of socio-economically deprivation in the North West and nationally. This places a greater emphasis on the Trust to proactively work with patients, the public, external organisations and the regional Integrated Care Systems (ICSs) and Integrated Care Board (ICB) to identify and minimise health inequalities.

Connecting with diverse sections of our local community is pivotal in our renewed attempts to minimise health inequalities. Through this partnership we can develop approaches that produce the most meaningful outcomes, whilst balancing short, medium, and long-term actions.

Our Aim: To pro-actively help the Trust identify and minimise the impact of health inequalities within ELHT’s footprint.

How can we achieve this?

- We will contribute to and support the Integrated Care Board (ICB) with new approaches to tackling health inequalities.
- We will actively identify key priorities through collaboration with patient representative organisations, voluntary, statutory, and private sectors
- Analysis of patient experience quantitative and qualitative data from sources such as concerns, complaints, internal and external surveys, risk and incident data, Friends and Family Test, and audits will help inform where we target our resources.
- We will work with the Equality, Diversity & Inclusion team to ensure the protected characteristics of the patients we care for are consistently captured by staff, to assist the Trust’s understand of who is having what type of experience.

How can we measure success?

- Through the establishment of a Health Inequalities Committee, identify key priorities to address health inequalities
- Working with partners on health initiatives to address health inequalities.
- The number and type of initiatives that ELHT are participating in
- Increased responses to FFT and local surveys from patients with protected characteristics

Interpreting and Translation Services

- Easy to follow booking guidelines to be available on OLI and by QR Code.
- Feedback to learn from patients lived experience of using interpreters.
- Rectify Technological challenges for video interpreting, for example, availability of IT Kit.
- Access to training to be delivered in-house, covering the whole scope of services on offer and how to use services more efficiently, supporting trust waste reduction programme (WRP).
- Training to be available to staff 24/7 via improved online offer, slide deck presentation, guidance notes, learning packages.
- Complaints will be taken seriously and escalated to the provider.
- Re-establish the Accessible Information Standards (AIS) Group.

- Reduced incidents relating to translation.
- Increased staff and patient satisfaction with interpreting service.
- Feedback from training sessions
- Improved KPIs: 95–97% for spoken word; 99% for BSL.
- More uptake of service offer
- Complaints will be investigated and reported on
- Improved communication with patients in languages and formats that enable them to be fully involved.

Learning Disability and Autism

It is well known that people with Learning disability and/or autism have historically experienced inequality when accessing health services (and continue to experience worse outcomes than people who do not have a Learning disability and/or autism (4th Annual Report from LeDeR, 2020).

Our ELHT Learning Disability AND Autism Delivery plan 2024–2029 has been produced by the ELHT learning disability and autism nursing team following consultation with key stakeholders in East Lancashire Hospitals Trust and self-advocate groups from across Blackburn and Darwen and East Lancashire. The plan is informed by information collated from the NHS England and NHS Improvement Learning Disability Improvement Standards and Learning from lives and deaths – People with a learning disability and autistic people (LeDeR): Action from learning report 2021/22.

The delivery plan sets out our how ELHT will drive improvements for patients with a learning disability and or autism and for whom care is often complex and admissions to hospital challenging.

Our Aim: To improve the care and experience of people with learning disabilities and autism. In doing so, minimise those patients featuring in accounts of poor experience and incidents.

Key actions

Respect and protect people’s rights:

- We will have a flagging system that informs patient care
- We will promote the use of hospital passports
- We will record your reasonable adjustment needs

Ensure inclusion and engagement:

- We will participate in the completion of the national patient survey, respond to complaints and facilitate opportunities for patient feedback via local self-advocate events

Develop our workforce:

- Provide training for our staff in Learning disability and autism

Promote patient safety:

- We will continue to work collaboratively with the regional and national LeDeR team by contributing to the mortality reviews and action any recommendations made by the LeDeR and to improve patient safety of people using our services
- We will respond to national patient safety guidance that support the needs of people with learning disability and autism

Measure of success and impact

Local learning disability and autism care documentation audit as well as completion of The NHS England – Learning Disability Improvement Standards.

The monitoring of compliance with our mandatory training requirement will be provided to our safeguarding committee.

2024–2027 Dementia Delivery Plan

We strive to ensure our that our most vulnerable patients and their supporters receive consistently good care and experience. Our Dementia Delivery Plan seeks to improve the experience of people living with dementia and their carers.

The strategy is still in the engagement phase and is likely to change as time goes on.

Objective: Improve the experience of people living with dementia and their carers by raising the quality of care delivered and access to support.

Intended Outcome: Improved care and experience of people living with dementia and their carers, reduction in the incidence of harm and poorer outcomes for this patient group.

Key actions

Measure of success and impact

1. Improve identification and diagnosis of people living with dementia

- Improve the flagging / identification process of people living with dementia.
- Contribute to a project that also identifies carers within ELHT settings.
- Improve access to diagnosis of dementia and post-diagnostic care.

Local Dementia care documentation audit as well as contribution to the National Audit of Dementia.

The monitoring of compliance with our mandatory training requirement will also be provided to our safeguarding committee and the Dementia Strategy Group.

The desired impact of delivering these objectives will improve the experience of people living with dementia and their carers who use ELHT services. If successful, there will be a higher rate of diagnosis and referral into support services in our patient population. There will also be a reduction in harmful incidence and an increase in advance care planning discussions.

ELHT's workforce will also have a greater ability to meet the needs of people living with dementia and their carers by being upskilled in line with national training frameworks.

2. Improve the quality of care and reduce harm for people living with dementia in hospital settings

- Creation of a dementia dashboard to monitor the incidence of harm occurring to people living with dementia using ELHT services, analyse themes and action inconsistencies in care.
- Improve access to meaningful activity within ELHT.
- Continue to promote dementia friendly environments across ELHT by completing PLACE assessments, NAPF assessments and utilising dementia friendly design tools.
- Ensure research opportunities are offered to people living with dementia and their carers.

3. Listen, involve and engage people with dementia and their carers

- Improve access to third party organisation referrals.
- We will respond to complaints and facilitate opportunities for patient feedback via local self-advocate events.

4. Develop a skilled and effective workforce to champion compassionate, safe, personal and effective care

- Provide training for staff in line with the Dementia Standards training framework.
- Ensure Dementia Champions are empowered to act as advocates for people living with dementia.

5. Improve Advanced Care Planning, palliation and end of life care for people with dementia

- Increase the number of Goals of Priorities of care / Advance Care Planning discussions provided across ELHT by ensuring all clinical staff have the required competence and confidence to offer these conversations.
- People living with dementia with complex palliative symptoms will be referred to the ELHT Specialist Palliative Care Team for triage and advice.
- People living with dementia who identified as in the last days of life will be referred to the end of life and bereavement team and triaged within 24 hours.

Emergency Department Patient Experience strategy

The extreme challenges facing the Urgent and Emergency Care system do impact on the ability to meet patients' needs in a timely and effective way.

The Urgent and Emergency care system is a complex system with an array of different factions and multiple organisations and providers. There is no 'one size fits all' cure to make the system better, nor one single solution that will improve it.

Our healthcare teams are doing all they can to ensure patients are provided with the right care, in the right place, at the right time. However, there needs to be a constant review of what patients are telling us, and how we can support their needs whilst managing their expectations.

Our Aim: To meet patient expectations and deliver information to our patients in a different way, whilst simultaneously reviewing and learning from patient feedback.

How can we achieve this?

How can we measure success?

Information and Communication

- Develop information/improve communication for patients, family and carers regarding the patient journey – what to expect, what will happen when they attend the Emergency Department/Urgent Care Centres

Information on Trust website is easily accessible and up to date
Visual displays in the Urgent Treatment centres / Emergency Department.

Screens in the department displaying patient information about the patient journey / who is who.

Development of a patient information leaflet.

Second telephone for relatives to manage demand.

Call bells for each corridor space within the Emergency Department.

New Emergency Department footprint

- To develop a suitable, fit for purpose and high-quality environment that supports the delivery of the outstanding urgent and emergency health care services, improving patient flow and supporting patient-centred care.

Patients are streamed through the most appropriate pathway.

Reduction in unnecessary admissions

Reduction in formal complaints

Increase in positive FFT feedback

Patient feedback/concerns and complaints

- Ensure that patients / relatives / carers have the opportunity to raise any concerns whilst they are in the department and that these are dealt with and resolved there and then.
- Staff to contact patients/relatives and carers to discuss concerns and complaints over the telephone with the aim of a quick resolution.
- Patient experience feedback is reviewed monthly to identify any themes and trends and areas for improvement.

Introduction and promotion of "Tell me today" campaign

Reduction in formal complaints

Matron or Assistant Matron visible in the department Mon-Sunday between the hours of 07:00-18:00 so patients, relatives and staff can ask questions or raise issues/successes.

Increase in positive responses for FFT.

Workforce

- Review and support junior workforce with expectations and standards

Plan developed and implemented to support and manage behaviours and expectations

Maternity and Neonatology Patient Experience Strategy

The objectives are informed by the requirements within key national reports and programmes; Mat Neo 3 Year Plan Theme 1: 'Listening to Women and families', CNST Safety Action 7 'User Feedback, and Equality & Equity: Guidance for local maternity systems.

Objective	Intended outcome	Key actions and measures
<p>1 Empower maternity and neonatal staff to deliver personalised care by having the time, training, tools, and information required.</p>	<p>Staff who are trained and confident to deliver personalised care with effective use of the EPR systems to record and monitor this. (3 Yr Plan Theme 2 & Theme 4)</p> <p>Adequate time within consultations to allow for personalised discussions to take place. (3 Yr Plan Theme 1)</p>	<ul style="list-style-type: none"> E-learning module specific to use of Badgernet/ Badgernet EPR to support staff to utilise the system effectively specifically the Support Conversations to record Personalised Choices and Care ^ Measures: Staffing training compliance, staff confidence using the system to ensure direct, standardised discussions with patients take place to ensure personalised care plans are completed throughout their pregnancy journey. Review of key consultations to assess if adequate time is available to hold personalised discussions, where extra time is identified workforce review to reflect this to ensure all time is accounted for and staffed appropriately. ^ Measures: Consultation time available X average time of personalised care discussions and workforce modelling <p>Objective Outcome Measure: (Ockenden 1 IEA5 Q30) Audits of care records to ensure personalised care is reflected in the actual management plans.</p>
<p>2 Ensure that women are provided with practical support and information that reflects how they choose to feed their babies.</p>	<p>Sustainability plan to continue with achievements aligned to the UNICEF UK Baby Friendly Initiative (BFI) for infant feeding.</p> <p>Maternity services achieved this accreditation in 1998 with GOLD status in 2017 as the first in the UK to do so with successful re-accreditation to date.</p> <p>Neonatology achieved BFI full accreditation in 2022. (3 Yr Plan Theme 1)</p>	<ul style="list-style-type: none"> Continue to enhance the feeding information available via continuous improvement work e.g. the Infant Feeding Postnatal Discharge Digital Video and the Neonatal Breast Milk Expressing Diary. ^ Measures: Results of the Mother Audits <p>Objective Outcome Measure: Results of Annual Experience of Care Maternity CQC Survey related questions B15 'during your pregnancy did midwives provide relevant information about feeding your baby?' E03 'Did you feel that midwives and HCPs gave you active support and encouragement about feeding your baby?'</p>
<p>3 Work with Maternity and Neonatal Voice Partnerships (MNVPs) to ensure all groups are heard, including those most at risk of experiencing health inequalities.</p>	<p>MNVP will have a clear understanding of the demographics of our service users and therefore established links into key communities to provide consistent feedback to our services. Focus on BAME, Bereaved Families, Neonatal Families, High Deprivation areas. (3 Yr Plan Theme 1/ CNST SA 7)</p>	<ul style="list-style-type: none"> Develop alongside the MNVP the workplan of priorities for the upcoming year identifying key co-production projects informed by this. ^ Measures: Number of achieved projects X MNVP service user feedback Continue to support MNVP lead / representatives to identify service users with lived experience to attend relevant forums to provide feedback including use of the engagement sessions schedule and feedback tracker. ^ Measures: Number of sessions attended/ communities reached by MNVP lead/s and quality of feedback received and evidenced to analyse and inform key themes for co-production

Objective	Intended outcome	Key actions and measures
<p>4 Provide services that meet the needs of the local populations, paying particular attention to health inequalities.</p>	<p>Service data and feedback collated and analysed by population groups to monitor differences in outcomes and experiences for women and babies from different backgrounds and improve care. (3 Yr Plan Theme 1/ CNST SA2)</p>	<ul style="list-style-type: none"> • Dashboard/reporting portal in development to include breakdown of key data by ethnicity and deprivation deciles. ^ Measures: Number of key maternity and neonatal metrics which can be analysed by ethnicity and deprivation decile groups. Quality of ethnicity data with the EPR system as monitored by the MSDS CNST Safety Action 2. • Monitor data showing use of language translation services via DA Languages Services and ensure needs are being met in terms of resources being available in key languages for our population/ translation services available for care contacts. ^ Measures: MNVP feedback, DA languages data of service use, CQC survey annual feedback, incidents/ complaints relating to translation needs. • Monitor training delivered to staff specific to use of language and translation services ^ Measures: Staff training compliance and staff confidence in using translation services and aiding service users with language needs
<p>5 Involve service users in quality, governance, and co-production when designing and planning delivery of maternity and neonatal services</p>	<p>Maternity and Neonatal service will have a clear understanding of the demographics of our service users to ensure we have representative feedback to our services to inform service transformation. Focus on protected characteristics and Core20PLUS5. (3 Yr Plan Theme 1)</p>	<ul style="list-style-type: none"> • Stillbirths and Neonatal Deaths Society (SANDs) peer review (2024/25) to take place of Maternity & Neonatology services to inform of any required improvements to the bereavement services ^ Measures: Peer review results and improvements achieved. • Use of feedback from various channels such as: MNVP feedback, complaints/incidents/claims triangulation, Maternity CQC survey, Friends & Family Tests to identify overall themes and therefore prioritise co-production work to improve the overall patient experience of the Maternity and Neonatal Services. ^ Measures: CNST Safety Action 9 reporting of service using the Perinatal Quality Safety Measures minimum data set.
<p>6 Provide information to service users in accessible formats to support all above objectives and enhance service users ability to make informed choice and decisions in their care.</p>	<p>Information provided to women across a variety of formats: leaflet, website, Badgernotes push notifications, posters in key areas etc. will meet the requirements of the Accessible Information Standard (3 Yr Plan Theme 1)</p>	<ul style="list-style-type: none"> • Adhere to robust governance processes for the consistent review dates of patient information leaflets, ensuring they are available in accessible formats. ^ Measures: Number of leaflets available X review dates of contents X languages resource is available in. • Effective website upkeep via an embedded update schedule managed by the Maternity and Neonatal Project Support Officer in liaison with clinical leads across the service ^ Measures: Number of website pages and log of update dates/ content changes. Peer review of website content by MNVP representatives as per Ockenden 1 ask.

APPG Birth Trauma Report 2024 – Recommendations

The actions are informed by the recommendations of the 2024 APPG Birth Trauma Report and have been aligned to the aims of the Three Year Delivery Plan.

Recommendation	Aligned to the three-year plan	Key actions and measures
<p>1 Staffing Recruit, train and retain more midwives, obstetricians and anaesthetists to ensure safe levels of staffing in maternity services and provide mandatory training on trauma-informed care</p>	<p>Responsibility of the Trust – Theme 2: Objectives 'Grow our workforce' 'Value and Retain', 'Invest in skills'</p>	<ul style="list-style-type: none"> Workforce Improvement Programme Plan in place – led by Recruitment and Retention Lead midwife. Supported by Transformation Team. 10 objectives have been agreed and are being worked on. <p>Measures[^]</p> <ul style="list-style-type: none"> CNST Safety Action 4 – Clinical Workforce CNST Safety Action 5 – Midwifery Workforce
<p>2 Mental Health Provide universal access to specialist maternal mental health services across the UK to end the postcode lottery</p>	<p>Responsibility of the ICB – Theme 1: 'Commission and implement, in line with national service specifications, community perinatal mental health services including maternal mental health services, to improve the availability of mental health care'</p>	
<p>3 GP Check Offer a separate six-week check post-delivery with a GP for all mothers which includes separate questions for the mother's physical and mental health to the baby</p>	<p>Responsibility of NHS England – Theme 1: 'Publish national postnatal care guidance by the end of 2023, setting out the fundamental components of high-quality postnatal care, to support ICSs with their local improvement initiatives. Information for GPs on the 6–8 week postnatal check will be published in spring 2023.'</p>	Not in scope for Trust response.
<p>4 OASI Roll-out and implement, underpinned by sufficient training, the OASI (obstetric and anal sphincter injury) care bundle to all hospital trusts to reduce risk of injuries in childbirth.</p>	<p>Responsibility of the ICB – Theme 1: 'Commission and implement by the end of March 2024, in line with national service specifications, perinatal pelvic health services, to identify, prevent, and treat common pelvic floor problems in pregnant women and new mothers.'</p>	<ul style="list-style-type: none"> Training in pelvic health rolled out within the specialist midwife for perinatal pelvic health post which included the theoretical elements of OASI care bundle, to date (June 2024) 95% of consultant obs trained in OASI, 97% midwives, 65% obstetric trainees. There is no specification in three-year plan to state if the training needs to be theoretical or practical. However, in order to be official OASI care bundle site both theoretical and simulation training required annually for every midwife and doctor. Secured additional mannequins from ICB funding 2023 to support the simulation training elements of OASI care bundle. In order to provide the training required of the OASI care bundle as intended, we require two hours per year for every midwife and doctor, on an annual basis. [^] Further resource to be considered within the specialist midwife for perinatal pelvic health role in order to deliver the training above. Audit ongoing for six months period November 23–May 24 for OASI lead by the specialist midwife for perinatal pelvic health and consultant, to review a period of outlying data (raise in incidents). This audit is registered with central audit team and linked to these national programmes.

Recommendation

Aligned to the three-year plan

Key actions and measures

<p>5 Debrief/ Birth Reflections Oversee the national rollout of standardised post birth services, such as Birth Reflections, to give all mothers a safe space to speak about their experiences in childbirth.</p>	<p>Theme 1 ambition: 'Open and honest ongoing dialogue between a woman, her midwife, and other clinicians, to understand the care she wants, any concerns she may have, and to discuss outcomes that are not as expected.' However, no specific recommendation/ requirement for post birth services such as birth reflections</p>	<ul style="list-style-type: none">• Debrief Pathway review is currently underway led by Consultant Midwife. Task & Finish group in place with RTS lead, Mental Health lead and consultant obstetricians to implement the pilot for the CORALS pathway (UCLAN)
<p>6 Antenatal Education Ensure better education for women on birth choices. All NHS Trusts should offer antenatal classes. Risks should be discussed during both antenatal classes and at the 34-week antenatal check with a midwife to ensure informed consent.</p>	<p>Theme 1 ambition: 'All women are offered personalised care and support plans which take account of physical health, mental health, social complexities, and women's choices.' Theme 1 ambition: 'Women have clear choices, supported by unbiased information and evidence-based guidelines.' Responsibility of the Trust – Theme 1 : 'Empower maternity and neonatal staff to deliver personalised care by having the time, training, tools, and information, to deliver the ambitions above.'</p>	<ul style="list-style-type: none">• Currently women are signposted to virtual and face to face classes through the Lancashire Healthy young people and families service and family hibs BwD. Prevention Lead Midwife is reviewing possibilities to re-launch these services within ELTH.• Offering Real Birth Workshop digital resource however engagement is 6% Improvement project with support from Real Birth to increase the local engagement.• Information provided on website and Badgernotes re birth choices.• Badgernotes 'conversations' function in app prompts women to record choices to be discussed in midwife appointments.
<p>7 Birth Choices Respect mothers' choices about giving birth and access to pain relief and keep mothers together with their baby as much as possible</p>	<p>As above and Responsibility of the Trust – Theme 1 : 'Provide services that meet the needs of their local populations, paying particular attention to health inequalities. This includes facilitating informed decision-making, for example choice of pain relief in labour where we know there are inequalities' However, no specific recommendation/ requirement for reducing separation.</p>	<ul style="list-style-type: none">• CNST Safety Action 3 – Transitional Care focuses on minimising separation of mum and baby.• Use of Labour Pains website to provide women with information on pain relief
<p>8 Partner Support Provide support for fathers and ensure nominated birth partner is continuously informed and updated during labour and post-delivery.</p>	<p>Theme 1 ambition: 'Individualised care plans utilising a family integrated care approach, together with appropriate parental accommodation, support parents to be partners in their baby's care in the neonatal unit.' However, no specific recommendation/ requirement.</p>	<ul style="list-style-type: none">• Dad Pad resources are available through the website and QR codes are provided in Birth Centre rooms

Recommendation	Aligned to the three-year plan	Key actions and measures
<p>9 MCOC & Digital Records Provide better continuity of care and digitise mother's health records to improve communication between primary and secondary health care pathways. This should include the integration of different IT systems to ensure notes are always shared.</p>	<p>Responsibility of the Trust – Theme 1: 'Consider roll out of midwifery continuity of carer in line with the principles around safe staffing that NHS England set out in September 2022.'</p> <p>Responsibility of the Trust – Theme 4: 'Have and be implementing a digital maternity strategy and digital roadmap'</p>	<ul style="list-style-type: none"> • MCOC Lead has progressed plans to roll-out two MCOC teams based on data regarding highest deprivation areas • Our digital strategy is in the process of being implemented and a draft has been completed
<p>10 Claims Extend the time limit for medical negligence litigation relating to childbirth from three years to five years.</p>		
<p>11 Health Inequalities/ Translation Commit to tackling inequalities in maternity care among ethnic minorities, particularly Black and Asian women. To address this NHS England should provide funding to each NHS Trust to maintain a pool of appropriately trained interpreters with expertise in maternity and to train NHS staff to work with interpreters.</p>	<p>Responsibility of the Trust – Theme 1: 'Provide services that meet the needs of their local populations, paying particular attention to health inequalities. This includes ... ensuring access to interpreter services, and adhering to the Accessible Information Standard in maternity and neonatology'</p>	<ul style="list-style-type: none"> • Involvement in CQA Anti-Racist Trust Workstream – Aarushi Project. • Bid alongside UCLAN for NIHR Challenge Fund • Working with Good Things Foundation to be a Maternity Hub to provide access to SIM cards to vulnerable women. • Reviewing incidents regarding translation and interpretation to understand improvements required. • Linking with Trust T&F group re Accessible Information Standards.
<p>12 Research NIHR to commission research on the economic impact of birth trauma and injuries, including factors such as women delaying returning to work.</p>	<p>Responsibility of the Trust – Theme 1: 'Provide services that meet the needs of their local populations, paying particular attention to health inequalities. This includes ... ensuring access to interpreter services, and adhering to the Accessible Information Standard in maternity and neonatology'</p>	<ul style="list-style-type: none"> • Not in scope for Trust response.

Martha's Rule



In all we hope to achieve through this strategy, ensuring the voice of the patient, their carers and supporters, and staff to maintain safety is amplified is our main thread. For this reason, the Trust is proud to introduce Martha's Rule from 1 April 2024.

"Martha Mills (pictured) died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier". (NHS England)

From this and other similar tragic losses associated to the management of deterioration, comes the implementation of 'Martha's Rule' by the NHS England, to "ensure the concerns of the patient and those who know the patient best are listened to and acted upon" (NHS England February 2024).

The Trust's has called this escalation, 'Call for Concern' and the process has been rolled out across inpatient settings only, including information on the Trust's Intranet, website, and posters around the organisation. It is hoped this approach will provide another level of assurance for patients, their supporters and staff.

How can we achieve this?

- Develop information/improve communication for patients, family, and carers regarding Martha's Rule – what to expect, what will happen when they use the call line.

How can we measure success?

Information on Trust website is easily accessible and in different languages.

Call for Concern posters visible on all inpatient wards.

Monitoring of contact/cases and feedback from users of the service reviewed within the Trust's Patient Experience Group.

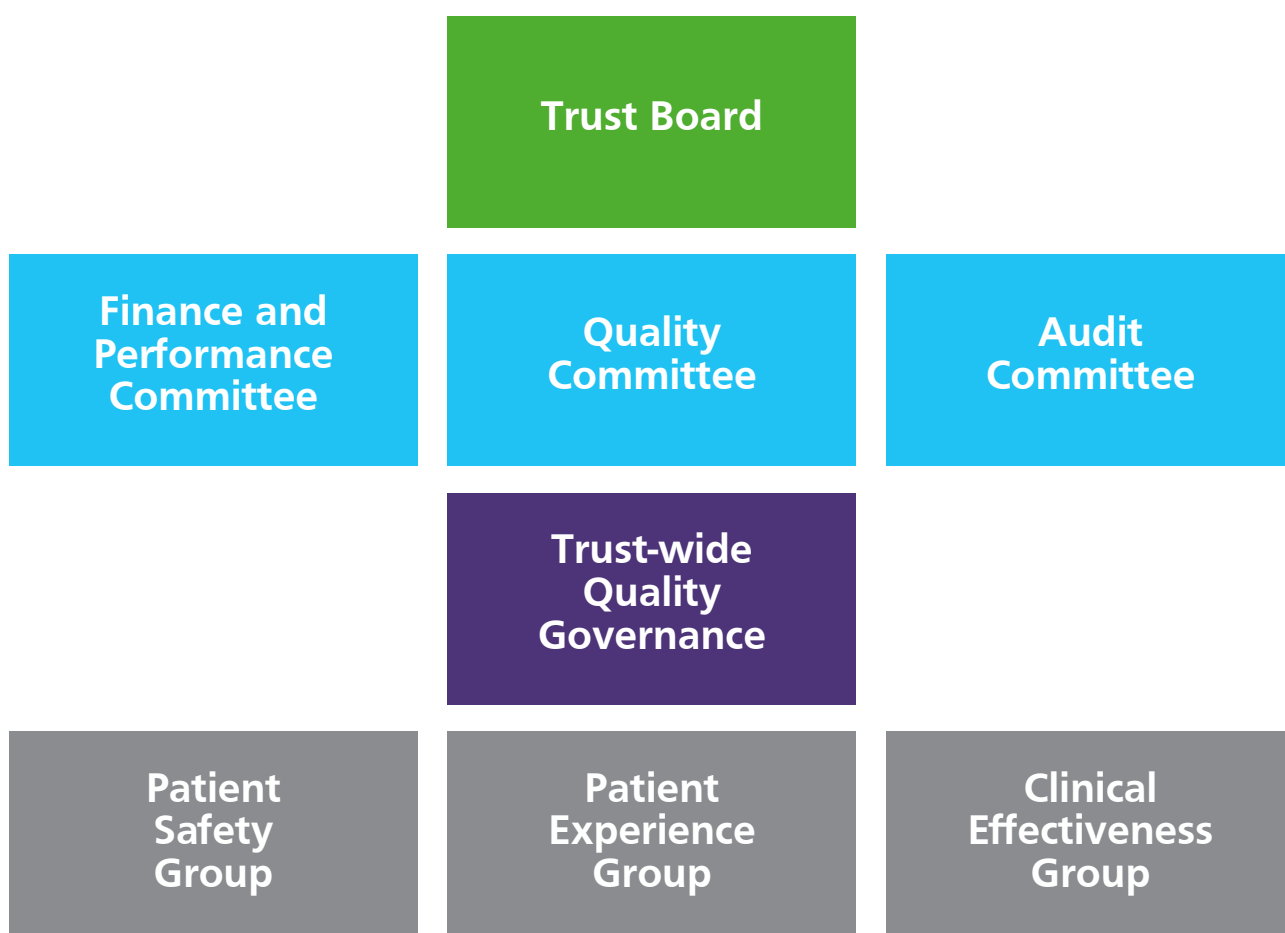
Monitoring Patient, Carer and Family Experience

This strategy is applicable to all areas of the organisation. The Trust expects that all staff will embrace this strategy and demonstrate the key principles through the care and service that is delivered, whilst demonstrating Trust values in all that we do.

Assurance Monitoring

Quality Governance is the combination of structures and processes both at and below Trust Board level to ensure and assure the quality of our services, together with systems to monitor and assure the Trust Board of Directors. These are listed below.

Progress and performance against this strategy will be monitored through the Patient Experience Group and reported through the Trust-wide Quality Governance to Quality Committee.



Board of Directors

The Board of Directors has overall responsibility for the services that we deliver and is accountable for operational performance as well as the implementation of Strategy and policy. A quality dashboard is reported monthly to the Board of Directors as part of the Integrated Performance Report (IPR). Where possible we include performance indicators to measure and benchmark our progress against each quality improvement priority and local quality indicators.

Quality Committee

The Quality Committee provides assurance to the Trust Board of Directors in respect of clinical quality and patient safety, effectiveness and experience through robust reporting and performance monitoring.

Trust Wide Quality Governance (TWQG)

The progress of each priority is reported on a quarterly basis to the Trust-wide Quality Governance Group which reports monthly into the Quality Committee. Operational implementation of the commitments will be monitored routinely through the Patient Safety, Patient Experience and Clinical Effectiveness Groups which report monthly to TWQG. Divisional representation and Heads of Corporate services are standing members on the TWQG.

Patient Experience Group

Established as a sub-Group of the Trust Wide Quality Governance this is the group responsible for providing assurance that there is effective monitoring and oversight of patient experience across all spheres of Trust activity and that improvement of patient experience is at the heart of the work of the Trust. Chaired by the Trust's Deputy Chief Nurse, it is the Trust wide operational focus for accountability for patient experience for quality governance within corporate and the Divisions.

This group combines an overview focus on complaints management with feedback from patients and their carers/families. This group monitors the Friends and Family Test results, Annual Patient Survey feedback themes and links with key partners such as Healthwatch to maintain direct links with community groups.

Glossary of Terms

Accessible Information Standards (AIS)

A law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Board/Committee

Standing committees that are subsidiaries of the Board of Directors (Trust Board).

CAMHS

Child and adolescent mental health services.

Collaboratively

Two or more people or groups working together.

Commitment

An agreement or pledge to do something in the future.

Communities

A group of people that have a particular characteristic in common.

Co-production

Working in partnership with patients, their carers, staff and wider partners

Care Quality Commission (CQC)

The independent regulator of health and social care in England.

Data

Facts and statistics collected together for reference and analysis.

Digital

Electronic technology.

Electronic patient record (EPR)

A method of storing medical records and notes electronically.

Evidence

The available body of facts or information indicating whether a belief or proposition is true or valid.

Feedback

The transmission of evaluative or corrective information about an action, event or process to the original or controlling source.

Friends and Family Test (FFT)

Created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. A quick and anonymous way to give views after receiving NHS care.

Healthwatch

An independent body who have the power to make sure NHS leaders and other decision makers listen to feedback and improve standards of care.

Health Inequalities

The unjust and avoidable differences in people's health across the population and between specific population groups.

Integrated Care Board (ICB)

A statutory body with responsibility for NHS functions and budgets.

Integrated Care Systems (ICSs)

Geographical partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services.

Objective

A thing aimed at or sought; a goal.

Patient Engagement

The facilitation and strengthening of the role of those using services as co-producers of health, and health care policy and practice.

Patient Experience

What the process of receiving care feels like for the patient, their family and carers.

Patient-Led Assessment of the Care Environment (PLACE)

A yearly inspection of the non-clinical aspects of healthcare settings undertaken by teams made up of staff and members of the public (known as patient assessors).

Protected Characteristic

In the Equality Act 2010, nine characteristics were identified as protected. These are characteristics where evidence shows there is still significant discrimination in employment, provision of goods and services and access to services such as health.

Public Participation Panel (PPP)

A group of patients, carers and members of the public who work with the Trust to ensure we are putting the voice and needs of patients at the forefront of decision making, and that views of patients, carers and families are represented at all levels of the organisation.

Patient Safety Partners (PSPs)

Patients, carers, family members or other lay people who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation.

Stakeholder

A person with an interest or is affected by something, an employee, service user, supplier or investor

Strategy

A plan of action designed to achieve a long-term or overall aim.

Survey

A method of gathering information and feedback using relevant questions

Theme

An underlying message, subject or idea.

Trend

A general direction in which something is developing or changing.