



**Essex Partnership University**

NHS Foundation Trust

# Patient Experience

**Annual Report 2022/2023**

**May 2023**

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## Purpose

The purpose of this report is to provide an update on the current position of the Patient Experience portfolio at the Trust, reflecting on the 2021-2023 Public Involvement Strategy and, the progress made against it over the last year from April 2022 to March 2023. The report also provides some recommendations for the portfolio to take forward and consider as part of the planned 'Working With People and Communities' enabling strategy referenced in the Trusts Corporate Strategy 2023 - 2028.

## The Aspiration

The vision for the Patient Experience Portfolio set out in the Public Involvement Strategy in 2021 continues to be relevant as we work to develop our capability and offer in line with the strategic development plan:

***'Our people (patients, carers, and families included) are involved with key decisions and engaged in driving forward meaningful change; with learning from lived experience at the heart of everything we do.'***

***Together, we will ensure that the experience of those that use our services is valued equally to safety and quality; explicitly recognised as a golden thread throughout the organisation.'***

## Our Updated Position

The patient experience portfolio formed in summer of 2021, and has developed significantly since the launch of the 2021 Public Involvement Strategy. The portfolio now includes the following teams:

- Patient Advice and Liaison Service (PALS)
- Complaints
- Patient Experience
- Volunteers (including the Lived Experience Team)
- Faith Services

The collection of these services under a single portfolio has enabled the Trust to better utilize policies, processes, and tools to leverage our overall capability for involvement; enabling our service users and carers to share their lived experiences of services, and get involved more easily to drive improvements. Although each team is individually complex, we are unified under a single purpose of developing our relationship with the people and communities we serve, to collectively improve services. As the portfolio develops, the capabilities of the portfolio can largely be grouped under three headers:

1. **Lived Experience:** listening, learning, improving the access, experience, and outcome for patients and carers
2. **Participation:** involving service users, carers, and volunteers, to co-design, develop, and deliver our services
3. **Partnerships:** partnering with our services users and carers, and working with partners across the system, including VCSE, to improve access, experience, and outcomes for patients and carers

As per the 'Working with People and Communities Annual report 2022' produced by the patient experience team, it was recommended that the portfolio and its capabilities became more strategically aligned, to support and enhance the strategic development and transformation of the Trust. It must also work closely with the operations teams to deliver the new operating model launched in the spring of 2022, based around six clinical operational delivery units which will be led by multi-disciplinary and multi professional leadership teams. Because of this, the portfolio moved to the Strategy, Transformation and Digital Directorate in November 2022.

As we approach the end of the 2-year plan for the Public Involvement strategy 2021, the portfolio is well established, and better placed to continue to improve the Trusts position for working with people and communities. In the past year, we have seen involvement and engagement activity reach its highest to date and it is having an increasingly significant influence on more key decisions within the Trust. Slowly, we are shifting the balance of power through subtle and incremental developments.

## Transformation

Given where the portfolio is today when compared to the spring of 2021, the portfolio has been on a remarkable transformation journey to support the delivery of the ambitions set out in the Public Involvement Strategy 2021. In summary:

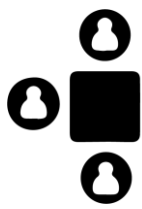
- There is a clear mandate for involvement and lived experience roles embedded in the new corporate strategy, underpinned by trusts Reward and Recognition policy
  - The Reward and Recognition policy launched in summer of 2021, as a result of a co-productive redesign of the former 'Recompense Policy'
  - The policy has unlocked involvement and increased activity exponentially. It has been shared with members of the National Heads Of Patient Experience (HOPE) network and recognized as best practice by colleagues in Midlands Partnership NHS Foundation Trust and Cheshire & Wirral Partnership NHSFT
  - We know that Reward and Recognition isn't just about remuneration but it is fundamental for setting the foundations of a working relation based on reciprocity, mutuality and equality
  - Lived experience is referenced throughout the Corporate strategy 2023 -2025 as a golden thread
- Ways to get involved and engage are clear, underpinned by policy, processes, and systems
  - Updated Volunteers Policy (January 2022) [Co-designed]
  - New Reward and Recognition Policy (August 2022) [Co-designed]
  - Launch of the volunteers management system 'Kinetic' (January 2022)
- Involvement roles continue to be redefined and cover a growing range of activities across the Trust
  - A number of activities now sit within the scope of Reward and Recognition, such as the Patient Information in Plain English (PIPE) review group and Patient Led Assessments of Care Environments (PLACE). The impact of this is an increase in involvement activity across the board
- The Lived Experience Ambassador (LEA) Role is well established with clear expectations as detailed in the Reward and Recognition policy. Along with this, the Lived Experience Team is growing

- The involvement activities are varied and the Lived Experience Team are being used on many different work streams including developing the coproduction champion network, Patient Safety Partners, Time to Care, Corporate Strategic Development work of 2022, and the developing Inpatient Peer Support Team
- Involvement roles at the principle rate (patient leadership roles) are being frequently utilised within key work streams, organisational meetings and steering groups so that people with lived experience have increasing influence in key decision making across the trust
- Policies and procedures are supportive not obstructive as evidenced by continual feedback from our Lived Experience Ambassadors and Volunteers, due to the most part of the collective effort to coproduce redesigned policies and procedures
- We have communicated the new approach and associated policies across the trust as demonstrated by an increase in the utilisation of the reward and recognition policy and the increased number of involvement activities and hours contributed by LEA's
- Giving feedback on services is now easier than ever with the launch of I Want Great Care (IWGC) in January 2022. We increased the methods of giving feedback significantly, both digital (web, mobile, tablet) and paper, with easy read forms, and multiple language options. Whilst the adoption of IWGC is still low, it continues to incremental increase month on month, but we see this as a huge growth opportunity for the Trust
  - To improve the development of IWGC we have recruited a reporting and training manager to work specifically on Patient Insight and Intel, frequently reporting to the care units, and key decision-making committees. This will ensure that Patient Insight and Intel is driving forward meaningful change
  - Another growth opportunity for forward planning is our external mechanisms for feedback to our patients and carers, sharing the improvements made as a result of patient insight and intel (externally facing 'You Said We Did' portal)
- The teams have been working closely with services and the people that use their services through coproduction. As an example, in the last 6 months we co-designed a new inpatient welcome brochure that is tailorable for each site, in partnership with our service users.
- In November of 2022, we set up the Patient, Carer and Family Collaborative (The PCFC) formed of staff, patients, carers, and partners (EPUTs equivalent to a Citizens Panel). This is co-chaired by one of our patient leaders, meets quarterly and will become a key decision making group
- In February 2023, we established the internally focused Patient and Carer Experience Steering group, chaired by the Executive Director of Strategy, Transformation and Digital. This group is inclusive of our Lived Experience team and a varied group of senior leaders across the trust whom are in a position to influence the development of the strategic ambitions for the portfolio and Trust
- We have redesigned our complaints service through coproduction. Setting up a complaints liaison team, which launched in January 2023. This is already achieving real tangible benefits for our services and service users

- Along with the service redesign, we have redesigned policy, procedures, processes, and systems, including a more sophisticated call handling system in line with the Trusts call center
- To streamline the core offer of the PALS and complaints team, we have reallocated the compliments logging function to the developing patient insight and intel capability within the patient experience team
- We have begun to build and strengthen strategic partnerships with voluntary/community organisations and groups across Essex. Developing our capabilities, and offer for supporting services to improve the access, experience, and outcomes of care. Some examples to date include developing working relationships with Healthwatch Essex, Essex Family Forum, Essex therapy dogs, University of Essex, University of Suffolk, Southend SEND Independent Forum, Send The Right Message, Heads2Minds, and Essex Boys Barbers
  - We see this as another huge growth opportunity for the Trust and the teams are already working with system partners to pull together a VCSE catalogue for Essex to develop our network
- Since February 2023, we have had one of our Lived Experience Leaders assume the role of the Trust-Wide Coproduction Lead. They are leading the charge in designing our coproduction offer and capability. Our coproduction lead also acts as a coach to others in the Lived Experience team that are actively leading coproduction, pulling together a network of coproduction champions. Further to this, our coproduction lead is designing our 'Service 'User Accreditation' offer, which is being piloted at our Basildon Site (April 2023). We are also planning to hold a Coproduction Conference (which will be open to all) later in 2023


### Engagement methods

Since the launch of the Public Involvement Strategy in 2021, we have rationalized, and developed, our methods for engaging with the people and communities we serve:

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**The Patient, Carer, & Family Collaborative**

  - The PCFC Launched in November 2022 and meets quarterly, and is EPUT's equivalent to a Citizens Panel. It will become a key decision-making body, which has direct input from and to the executive team via a service user representative attending other key decision making groups
  - Made up of staff, patients, carers, governors, execs, volunteers and partners

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**The EPUT forum**

  - Redesigned in winter of 2021, relaunched in March 2022, now aligned more closely to The NHS Constitution recommendation of 'the NHS belongs to the people'; services shaped by people, (especially those with lived experience), are more likely to be needs-led and patient-centred, resulting in better outcomes
  - Communicate key initiatives and updates
  - Listening channel for themes and trends of patient feedback to be established

- The agenda is driven by the public, whom can raise items and queries via a Microsoft form ahead of the meetings



#### **Patient Surveys (IWGC)**

- Launched in January 2022, due to the former solution not meeting our need effectively enough.
- Has a mix of methods for people to leave feedback including paper forms, web, mobile, and tablet
- Includes both local and national requirements such as Friends and Families Test
- Since August 2022, two safety specific questions added, which we selected by our Patient Safety Partner Team, to support the 'Safety First, Safety Always Strategy'
- Imperative to understand the key themes for the experience of care across the Trust



#### **PALS and Complaints**

- Redesigned Complaints throughout the spring and summer of 2022 co-productively, with new processes and systems launched in January 2023. Now far more focused on repairing relationships, and resolving issues
- Key to capturing and addressing concerns, and repairing relationships
- Reporting has been strengthened, and now there is much closer working with the Patient Experience Team
- In addition to this, as an outcome of the National Community Mental Health Survey of 2022, we are working to develop our PALS service. Improve our advisory capacity and offer to service users.



#### **Network of Networks**

- Our networks of networks have grown, and we now have several networks for services and service users, covering a range of services and communities. These can be service specific, like The Lighthouse Parent and Carer Network, community-specific, i.e. The Lived Experience Network, or based on a group of shared characteristics such as the LD and Autism Network.
- A network aims to ensure there is fair representation of the communities we serve within EPUT, providing people a platform for sharing views, and services an opportunity to listen
- This listening platform can be integral in driving continuous improvement, and early identification of concerns before they become issues and formal complaints
- Specialist group consisting of service users and care providers (both current and not)
- We see this as another growth area for the Trust, although it does require support from services to administer the ongoing management of the network.

#### **Additional Engagement Methods**

Further to this, we have developed additional means of engaging the people and communities we serve:

- Inpatient Focus Groups and Interviews (heavily utilised in development of the Time To Care Programme in 2022)
- Podcasts launching in Spring 2023 (Coproduced)
- Newsletter (Co-designed)

### Success Measures

In the Public Involvement strategy, it stated that the success of the quality of our improvements would be based on two key objectives and their supporting performance indicators:

1. Increase and elevate public involvement and engagement across the trust
2. Breed a culture that values patient experience through involvement

The table below provides an overview of progress against each objective and their performance indicators, outlined in the Public Involvement Strategy, since its launch:

#	Success Measure	September 2021	April 2023
1	Increased involvement	5 involvement activities	46 involvement activities (increase of 819%)
1	Increased attendance of forums and networks	On average, 3% of people who attended the EPUT forums 2019-2021 were members of the public.	On average 69% of people who attended the EPUT forums 2022 were members of the public.
1	Volunteering increased across the trust	133 Registered volunteers	269 Registered Volunteers (increase of 103%)
1	Better partner network that delivers real value	<i>No quantitative metric for this at present although there is evidence that it is improving in reference to examples detailed within this report</i>	
2	Evidence to support a cultural shift	5 involvement activities  LEA's primarily working on staff induction	46 involvement activities (increase of 819%)  People with Lived Experience working in a wide range roles and on some major transformation programmes (Time To Care, Strategy Development, Mental Health Urgent Care Department)
2	Better evidence of learning	"you said we did" collected on an adhoc basis and shared on the intranet	Monthly submission to the Learning Collaborative Partnership including "you said we did" allows routine evidence of learning to be documented and appropriate actions to be identified.
2	Improved outcomes from complaints	Average time to resolution 34 working days	Average time to completion 22 working days (35% reduction)
2	Survey responses improved	302 IWGC responses in the last quarter	581 IWGC responses in the last quarter (increase of 93%)



## Evidence of impact

	Sept 2021	% increase	September 2022	% increase	April 2023
<b>Volunteers</b>	126	<b>81%</b>	228	<b>17%</b>	267
<b>Lived Experience Team</b>	10	<b>480%</b>	60	<b>120%</b>	132
<b>Involvement activities</b>	5	<b>625%</b>	30	<b>53%</b>	46
<b>Hours of Involvement</b>	297	<b>80%</b>	537	<b>34%</b>	717

## Testimonials

*‘EPUT is a beacon in the space of coproduction’ (LEA)*

*‘Being approached and asked to take on a lead role within the Time To Care programme has increased my confidence which in turn has helped my recovery’ (LEA)*

*‘It feels authentic; it feels as though EPUT really want to make the improvements that matter most to the patients’ (LEA)*

*‘I have never worked with an organisation that have anything in place as ground breaking as EPUT’s Reward and Recognition policy’ (LEA)*

*‘The team are constantly creating opportunities for people with lived experience to have a voice within EPUT’ (LEA)*

*‘It is a joy to work with a team that challenge the norm and status quo; treating and hearing people with Lived Experience with the same respect and courtesy as managers and directors’ (LEA)*

## Key milestones

- Trialling People Participation Lead roles in Rochford and the Linden Centre in order to collect inpatient feedback, and introduce innovative modes of participation
- Partnering with Essex University in order to recruit volunteers for the PLACE visits, which resulted in successful completion of PLACE 2022 and best practices shared with NHS England
- Head of Patient Experience delivering two seminars at the University of Suffolk on coproduction
- Partnering with Essex Therapy dogs across inpatient services
- Collecting inpatient data with Deloitte through patient interviews and focus groups on the wards, which helped inform the new staffing model
- Welcoming Chaplaincy to the portfolio of Patient Experience, because this relies heavily on volunteers the alignment for this team and capability is crucial to its development
- Creating new promotional content; videos for involvement activities at EPUT and feedback
- Piloting Peer Support Worker Roles in inpatients
- Successful launch of the Patient Safety Partner role and team
- Successful launch of the Involvement lead role
- Successful redesign of PIPE group with LEA lead in place
- Successful launch of the EPUT coproduction Lead role

## Performance against the success measures

In summary, and based on the evidence above, we have delivered significantly against all of the following success measures:

- ✓ Ways to get involved are clear and simple for all
- ✓ People Participation is at an all-time high
- ✓ Across the organisation, all types of involvement are being used effectively

In addition, we have developed our understanding of the interdependency of experience, safety and quality, so have pivoted our approach to the following measure by seeking greater alignment with the Safety and Quality teams. Because of this, we also consider the development in this area a success:

- ✓ Patient experience is explicitly valued equally to safety and quality by all

## Challenges

Along the way, we have experienced challenges, particularly at a time of immense pressure in the NHS with constrained resources across the board. Although, nothing is insurmountable and we moved forward as an organisation significantly in the areas of involvement, participation, and coproduction. However, the following is a list of some of the key challenges we are still to overcome and therefore guide the recommendations on page 10:

- The communications approach to get people involved, and recruitment, is not always as effective as it could be
- Communicating impact of participation, internally and externally is not always as effective as it could be
- Aligning to the new care units hierarchy in our reporting systems has been difficult due to technical challenges
- Traditional processes at the Trust have at times inhibited the development of the Lived Experience team and roles like 'Patient Safety Partners' and 'Inpatient Peer Support Workers' (i.e. access to systems, training, and equipment has been challenging)
- The adoption of IWGC has been slower than we would like, and its use variable
- The utilisation of volunteers and the lived experience team is variable across care units and services, although is improving
- Posters and printed materials are outdated and not available for distributing across the services
- Support from some of the services to provide information for complaints investigations continue to be a challenge at times

In short, although we have progressed immensely to develop a strong capability for involvement, with the systems and processes in place to support it, the majority of our workforce and those that use our services are unaware of this capability. Therefore, focussing our energy on raising the profile of this service and its capabilities, and developing the lived experience team should be the focus of the incoming enabling strategy for 'Working with People and Communities'. To support this, a robust and dynamic comms and engagement plan is a key recommendation to take forward.

## Recommendations

We know that we still have a long way to go to achieve the strategic ambition of being the best healthcare provider in this space, although it is our intent and ambition remains. Some recommended tactics to support the future delivery of the 'Working with People and Communities' strategy are as follows:

- Develop and deliver a comms plan to communicate both internally and externally the improvements that have happened as a result of insight, intel, and participation; and the developing capabilities we have on offer
- Grow the Lived Experience team, each service should play an active part in recruiting from the people that use the service
- Each service should have at least 1 lived experience role/activity to support the delivery and development of the service
- Mandate the use of IWGC, and set targets for services to seek feedback from services users, families, and friends
- To prevent the escalation from PALS to formal complaints, we must change our behaviours around responding to PALS. A speedy response in PALS will reduce the number of formal complaints through early intervention; it will also dramatically reduce the erosion of our relationships with the people and communities we serve
- To support the speedy resolution of formal complaints, senior managers that have a responsibility for supporting complaints responses should have a specific objective for this within their annual appraisal to ensure it is regularly discussed with their line manager
- Mandate involvement from our lived experience team across all major programmes
- Mandate a person with lived experience being a panel member for interviews, in line with the BAME representation
- Mandate that the membership of key decision-making groups and committees, to include lived experience members
- Develop the people participation function, and adopt a business-partnering model with People Participation Leads (PPLs) assigned to each care unit. The PPLs will also routinely visit inpatient sites to support, develop, and improve our ability to work with people and communities

## Our Commitment

Our commitments as a portfolio to the Trusts services and people whom use them remains the same and based on following five key principles:

1. We will continue to strive to be the best in everything we do, through the amplification of the service user voice, by increasing and elevating involvement and engagement across all our services.
2. We will continue to innovate and lead across our system by increasing and elevating involvement and engagement across all areas of health and social care that EPUT is a deliver partner in.
3. We will enable our services to involve and collaborate in a meaningful way with service users which breeds a culture that values patient experience through involvement
4. We will strive to add value across all of ours services through our core capabilities, through the synthesis of patient insight and by increasing and elevating public involvement and engagement across EPUT.
5. We will continuously improve our offer through evolution, and organic growth to meet the needs of the organisation and our systems by increasing and elevating public involvement and engagement across EPUT

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