

## Northern Care Alliance; Pledges to deliver great care

Phase 2 Engagement document for discussion 2019 – 2020

1. This is phase 2 of the engagement we are undertaking on this **Document for Discussion**, which outlines the approach we are taking to improve patient & service user experience
2. We have undertaken a significant amount of engagement with key stakeholders, to understand 'What Matters Most, to get to this stage of the development of this document
3. **Feel free to make any comments on this document, the yellow boxes also highlight key discussion points and we have attached a feedback sheet in appendix 1 (page 8)**

4. What have we heard so far?

Don't call it a strategy, that doesn't mean anything to your patients & public

Just being treated with kindness & compassion, a lot of the time is all it takes

I want to be seen on time or to have a clear explanation if there is a delay in my care/treatment

5. We reviewed all this data against national standards & best practices (including CQC, NICE & NHS England), from this we have developed **draft outputs to deliver priorities for 2019/20** & commenced a significant piece of work to develop **'I' statements**. These statements outline what high quality treatment and care look like to them.
6. We will continue to engage with care organisations & key stakeholders over the next 12 months to further understand & take a co-design approach, on how we can ensure we deliver on these statements.

What has influenced this programme of work?

### You

This document has been developed through a series of engagement & co-design events with our patients, service users, families, carers and staff.

This engagement and co-design will continue over the next 12 months to jointly develop and understand what we must deliver and develop in order to meet the 'I' statements developed by our patients and service users.

## Time

**is the most important commodity to our patients, service users, families & carers**

This means that if you knew you were in your last 1,000 days what and how would you want to spend those days? we want to ensure that we deliver health and social care that allows you to live those days with the best possible outcomes

## Our Values

**Patient & People Focus**

**Respect**

**Accountability**

**Continuous Improvement**

### Northern Care Alliance Experience Priorities (supporting NCA priority themes)

#### **Priority 1: Deliver safe and compassionate care**

*We will take proactive steps so patients/service users/families & carers can actively feedback on their care & treatment to ensure we deliver 'What Matters Most'.*

#### **Priority 2: Continuous Improvements**

*We will listen and use feedback to drive improvements, including using this to influence change, from major service redesign to locally driven improvements.*

#### **Priority 3: Collaboration (Always Experiences & Co-design)**

*We will champion co-design by developing a model of good practice to enable this approach to be developed & embedded across the NCA in partnership with key stakeholders*

#### **Priority 4: Support our staff to deliver great and compassionate care**

*We will support staff to ensure that they have the skills and abilities to understand 'what matters most' to our patients & service users to deliver great, safe, compassionate treatment & care.*

#### **Priority 5: Accessibility**

*We will identify opportunities to improve access to our services, this includes delivering the right care at the right time, reducing waiting time and using technology to support individuals with additional communication needs.*

#### **Discussion Point 1 - How will we deliver on these?**

Over the next month we want to discuss & agree the proposed outcomes, as outlined below, with key stakeholders to ensure that they have the chance to feedback and influence the final document.

## Priority 1: Deliver safe and compassionate care

*ensure that we identify improved and innovative ways to support patients/service users, families & carers to actively feedback their views on the care & treatment received, using a variety of systems to enable all voices to be heard, so we understand 'what matters most'.*

### How will we deliver on this?

#### Corporate

- ✓ Continue to audit (e.g. ward/clinic walks) to review how current systems are use and how effectively they are promoted (e.g. Friends & Family, comment cards, what matters most boards, HELP phone lines)
- ✓ Continue to make improvements on the collection & presentation for FFT & near real time feedback systems
- ✓ Work with each Care Organisation to develop a 'model ward' approach to enable active near real time feedback
- ✓ Pilot the real time feedback approach 'Observe & Act' across all care organisations (using volunteers & corporate staff)
- ✓ Support the QI team & CO's to deliver on PJ paralysis/last 1,00 days including focus on 'what matters most' & 4 key questions
- ✓ Continue to develop patient/service user led 'I' statements with key stakeholders to truly understand how we deliver outcomes
- ✓ Work with leads to identify tools staff can use to support patients/service users with communication support needs
- ✓ Re-launch Hello My Name is campaign & explore Teach Back technique/patient shadowing pilot

#### Care Organisation

- ✓ Review if current systems (e.g. senior nurse walkabouts) include effectiveness of feedback driving improvements
- ✓ Work with the QI team in phase 2 of the PJ Paralysis/last 1,000 days; focus on the capture of 'what matters most today'
- ✓ Support the experience team in the development of the Observe & Act pilot to identify how this work will be captured & acted on.
- ✓ Support a co-design approach to deliver on the 'I' statements and/or develop locally agreed Always Experiences
- ✓ Where appropriate support the develop of a pilot for the teach back/patient shadowing pilot

#### Front line staff

- ✓ Develop methods to communicate with patients/service users to supports their individual needs (e.g. note pads/pens, picture cards)
- ✓ Support the 'hello my name is' campaign & PJ Paralysis/last 1,000 days change package

### How will we measure if we are improving?

- National Inpatient & staff survey results (feedback/experience data being collected/discussed - 1% year on year improvement)
- Review of FFT & local surveys against patient/service user profile data to identify any gaps in the data capture
- Assessments & Accreditation systems
- Improvement measures linked to the QI PJ Paralysis/last 1,000 days 'what matters most today' (TBC)
- Pilot for Observe & Act pilot has been tested and launched with a model approach by end of 2019

## Priority 2: Continuous Improvements

*We will listen and use feedback to drive improvements, including using this to influence change, from major service redesign to locally driven improvements.*

### How will we deliver on this?

#### Corporate

- ✓ Work with the engagement team to develop a model approach to co-design (links to priority 3) which will enable us to evidence a service user led approach to redesign/improvement programmes of work.
- ✓ Support each care organisation to set up a locally focused patient/service user forum/steering committee to oversee this programme of work plus exploring how improved links with key stakeholders can be established & appropriate action
- ✓ Establish an standard operating process on how feedback influences decision making & change at strategic & local levels
- ✓ Volunteer improvement plan will identify a) improvements in recruitment and retaining volunteers to reduce barriers b) 'hot spot' areas where innovative volunteer roles can have the biggest impact on improving the care & treatment we deliver
- ✓ Work with care organisations to support the collation of patient stories for Board & where particular sensitivity means that external support is required

#### Care Organisation

- ✓ Establish a patient/service user forum/steering committee that will oversee & develop improved reporting and assurance processes across each care organisation that clearly evidence improvements driven by feedback
- ✓ Where appropriate CO may volunteer to be pilot site for divisional led reporting
- ✓ Work with experience team to collate suitable patient stories for Board & refer to team when additional support is required

#### Front line staff

- ✓ Areas will evidence that feedback is collated and cascaded to teams to identify improvements & celebrate good practice
- ✓ Promote how they have made changes from feedback

### How will we measure if we are improving?

- Each care organisation has an established patient/service user forum by April 2019 with a local key stakeholder forum established by September 2019 with agreed local action plan
- Year on year improvements and/or stabilise performance if targets (TBC) have been reached on national surveys
- Audits & reporting systems can clearly demonstrate evidence of you said/we did
- 2 innovative volunteer roles have been developed as a test of change by May 2019 & volunteer systems have been aligned & streamlined by September 2019
- Patients stories for Board are available on time & appropriate referrals made to experience team to collect stories

### **Priority 3: Collaboration (Always Experiences & Co-design)**

*We will champion co-design by developing a model of good practice to enable this approach to be developed & embedded across the NCA in partnership with key stakeholders*

#### **How will we deliver on this?**

##### **Corporate**

- ✓ Work with NHS England to establish a model of good practice to develop & deliver Always Experiences across the NCA
- ✓ Support the NCA elective access improvement programme including test out the 'experts by experience' approach to co-design
- ✓ Working with carers support groups we will explore different model approaches to support carers and families

##### **Care Organisation**

- ✓ Ensure that Always Experiences are a key component of CO's patient/service user experience forum/steering committee
- ✓ Where appropriate the CO may volunteer to be pilot lead for Always Experiences and or carers support model

##### **Measures**

- A corporate model approach to Always Experiences has been developed & agreed at NCA level & care organisations by May 2019 & each care organisation has agreed a pilot area by June 2019

### **Priority 4: Support our staff to deliver great and compassionate care**

*We will support staff to ensure that they have the skills and abilities to understand 'what matters most' to our patients & service users to deliver great, safe, compassionate treatment & care.*

#### **How will we deliver on this?**

##### **Corporate**

- ✓ Work with L&D & OD to identify where existing staff training/coaching strategies/policies can be aligned to support this work.
- ✓ Roll out FFT stars across all care organisations

##### **Care Organisation**

- ✓ Support discussions to identify any gaps in current training/development to deliver on this work.

##### **Measures**

- This & related documents have been reviewed & updated to identify key enabling training/development opportunities & gap analysis completed by December 2019

## Priority 5: Accessibility

*We will identify opportunities to improve access to our services, this includes delivering the right care at the right time, reducing waiting time and using technology to support individuals with additional communication needs.*

### How will we deliver on this?

#### Corporate

- ✓ Work with digital project leads to ensure that we take a co-design approach to embed user's voices in the development of technological innovations, in particular for individuals with communication support needs.
- ✓ Support NCA led improvement programmes; elective access programme for 2019/20 including locally focused RIE (rapid improvement events with a focus on wayfinding across outpatients at SRFT & fast followers across other sites)

#### Care Organisation

- ✓ Identify/share feedback that will positively contribute to the above developments and act as 'test of change' where appropriate.
- ✓ Support the outputs as identified through the local rapid improvements events once roll out dates have been agreed.

#### Measures

- Technology project plans are reviewed so key consideration is given if a co-design/engagement approach should be undertaken- embedded within documentation by March 2019
- Examples of improvements through the RIE have been implemented & embedded

**Discussion Point 2 – 'I' Statements; over the next 12 months we will continue to take a co-design approach to work with staff and key stakeholders to understand what we need to deliver or develop to truly deliver on these outcomes. It is likely that we will have to prioritise this work and identify high impact areas to focus.**

- a) What do we need to do to enable us to deliver on the 'I' statements? – what do you think about developing 'we' statements, can you suggest an alternative?**
- b) From these statements will develop 'Always Experiences' – there are very specific outcomes, that will be developed at a local level (ward/clinic/service) by staff/patient/service users/families and carers from locally collected feedback. What would be the one thing we could change?**

## Discussion Point 2

Listen & Respect	Inform	Inform	Care & Respect	Care & Respect	Care	Listen & inform	Care & Time
Involvement in decisions & respect	Co-ordination & continuity of care	Clear information & support for self-care	Compassionate care, privacy & dignity	Psychological, emotional, support, empathy & respect	Nutrition, physical comfort & environment	Welcoming the involvement of family & carers	Fast access to reliable advice/ treatment delivered by trusted staff

### Service User 'I' Statements

I am respected as an equal individual.  You understand my needs & that I know me best	My care is well planned by people that work together.  To get the outcomes that are important to me, including moving on in my care.	I am an active partner in my care.  I get the right and enough information at the right time, in a way I understand	I am treated with kindness & compassion.  My personal needs are met to make me feel dignified	I am understood, offered the right support for me, this might include emotional, mental wellbeing, spiritual and practical support	I feel safe in a clean environment.  I have access to effective pain relief.  I have adequate and appropriate food & drink.	I am able to involve my loved ones in decisions about my care. They are actively welcomed.  My carers and family have their needs recognised.	I am able to access services when I need them, I have the right people to support me & knows my story
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### Phase 2 engagement – 'We Will' statements? high level statements for staff and care organisations

Take time to understand you as an individual  Listen & address your concerns & respect the choices you make  Support your communication needs to be involved	Deliver the consistent information  You know who is in charge of your care/or key point of contact is  You are fully informed about next steps	Ensure you are fully informed and given options. Not use jargon  Empower you to be an active participant in your care  Discuss communication needs & support them.	Time to listen & show that we care  Respond to you in a timely manner  Encourage activities for daily living  Help to maintain independence, including taking your own medications	Managing expectations  Discuss your fears & anxiety  Ensure your spiritual needs are supported  Physical aids are provided to support your needs	Provide a clean, warm and safe environment  Provide pain relief in a timely manner and adjust as needed  Provide regular food and drink/ where they can be reached/supported when appropriate	Clarify how you would want your family/carer to be involved – review regularly  Where you do not have capacity ...what should we state here ???	Work to ensure minimum time waiting in any setting.  Ensure you have confidence in staff caring for you  Be informed of your history and condition  Be open about your condition & treatment
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**Locally developed Always Experiences (model approach to be developed)**

**Northern Care Alliance – Feedback Sheet**

Question 1

Are you an individual  carer  group

Which group do you represent?

Question 2

Can we use and publish your comments yes  no

Question 3

Does this document include areas that affect you?

Please tell us which areas.

Question 4

Are you happy with this document so far? If not, what do you think we need to include ?

Question 5

Are there are other targets and outcomes you would like to see us working towards? What action would you like us to take to achieve these outcomes?

Question 6

What are the top three priority issues you think we should be trying to achieve?

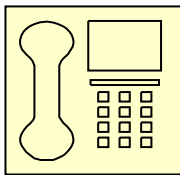


If you wish to ask about this document or send any other comments ;

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