Date of Trust Board | 27 July 2011
---|---
Title of Report | Patient Experience and Involvement Strategy April 2011 – March 2013
Abstract | This Strategy has been updated in response to both national and local drivers and as a review of “Listening to our Customers: A Patient Experience Strategy for Norfolk Community Health Care 2009 - 2011”. It applies to NCH&C at every level in the organisation and is intended to link in to other key strategy documents and organisational development.

Our vision for Patient Experience and Involvement is that NCH&C is a patient focused organisation actively seeking the views of our patients and carers and engaging them in shaping and developing our services whilst consistently providing high level, quality care.

The Strategy will be delivered through the NCH&C Patient Experience and Involvement Implementation Plan, produced annually and monitored through the Patient Experience Steering group.

Risks and benefits of proposed action | Patient experience and involvement is not a “one size fits all” approach. In order to be responsive to our patients’ experiences, adopting a variety of methods to capture patient and carers experiences will ensure we continually review and improve our services to benefit our patients and carers, meet our contractual requirements and obligations and comply with national and regional legislation, framework and key drivers.

Delivery of the strategy will support NCH&C to meet the corporate objectives of improving patient and carer satisfaction.

Recommendation | To approve the strategy
Presented by | Loyola Weeks – Director of Quality, Risk and Executive Nurse
Previous consideration by Board Committee or EDT | Has previously been circulated to EDT for comment
Appendices | Appendix 1 – Methods of Involvement
Appendix 2 – NCH&C Patient Experience & Involvement Implementation Plan April 2011 – March 2012
Patient Experience & Involvement Strategy
April 2011 – March 2013

Looking after you locally
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2. Scope</td>
<td>3</td>
</tr>
<tr>
<td>3. Definition of Patient Experience and Involvement</td>
<td>4</td>
</tr>
<tr>
<td>4. National Strategic Context</td>
<td>5</td>
</tr>
<tr>
<td>5. Local Strategic Context</td>
<td>5,6</td>
</tr>
<tr>
<td>6. Aim of strategy</td>
<td>6</td>
</tr>
<tr>
<td>7. Our vision for Patient Experience and Involvement</td>
<td>6</td>
</tr>
<tr>
<td>8. Strategy goals</td>
<td>7</td>
</tr>
<tr>
<td>9. Roles and Responsibilities</td>
<td>7</td>
</tr>
<tr>
<td>10. Current position</td>
<td>8,9,10</td>
</tr>
<tr>
<td>11. Reporting and Accountability</td>
<td>11</td>
</tr>
</tbody>
</table>

**Appendix 1** – Involvement diagram

**Appendix 2** – Strategy implementation plan 2011-2012
1. **INTRODUCTION**

The vision of Norfolk Community Health and Care NHS Trust (NCH&C) is “Looking after you locally”. Our aim is to improve the quality of people’s lives in their homes and community through delivering the best in joined up health and care. We want our organisation to have patients at the heart of every decision we make, and to be led by our clinicians, who understand our patients’ needs the most.

NCH&C is in the first wave of aspirant community providers in the country, aiming to be one of the first awarded with Community Foundation Trust (CFT) status. Being a CFT is about ensuring patients and staff are at the very heart of everything we say and everything we do. As a CFT we will have a staff and public membership body, and be answerable to Governors we elect, as well as to our partner Governors. We believe that this will further enable us to put our patients and staff at the heart of service redesign and give our workforce greater influence over what we do and how we do it.

NCH&C recognises that to create a truly patient centred organisation there has to be real involvement with service users so that they can genuinely influence decisions.

We must ensure we capture and use the views and experiences of individuals, Service User Groups, LINks (Healthwatch) and other voluntary groups in the evaluation, delivery, improvement and development of our services and we must also ensure that supportive systems are in place to enable us to do this.

Continuing with a meaningful Patient Experience and Involvement Strategy will enable us to respond to local needs in terms of both service development and delivery and provide assurance against key corporate objectives and legislative requirements.

2. **SCOPE**

This strategy applies to NCH&C at every level in the organisation and is intended to link into other key strategy documents; Communications and Engagement, Quality Improvement, Clinical Audit and Effectiveness, our Integrated Business Plan, the Workforce Strategy and Organisational Development. This strategy is also a document that we want our patients, service users, potential service users and Members and Governors as we move towards CFT status, to be aware of so they know that we positively engage and welcome involvement and how they can become better involved in our decision making process.

For consistency when we refer to ‘patients’ we include all service users, carers, relatives and the public as potential users of services.
3. DEFINITION OF PATIENT EXPERIENCE AND INVOLVEMENT

3.1 A definition of Patient Experience was developed by the Department of Health (DH) after extensive research involving patients, the public and NHS staff. They found that patients want:

“An NHS that meets not only our physical needs but our emotional ones too.”

This means:
- Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way
- Having information to make choices, to feel confident and to feel in control
- Being talked to and listened to as an equal
- Being treated with honesty, respect and dignity

Ref: DH ‘Building on the best: Choice, responsiveness and equity in the NHS’ (Chapter 2, Section 9). December 2003

This has been more recently emphasised within a King’s College London research paper – ‘What Matters to Patients’ (published February 2011)

The emerging generic themes are:
- Awareness and understanding of health professionals
- Access to appropriate and timely treatment
- Being treated as a person not just a condition
- Effective partnerships with professionals
- Small things are important and kindness matters

In its simplest form, patient experience provides direct experience of specific aspects of treatment or care.

3.2 The duty under section 242(1B) – what NHS organisations must do

Section 242 (1B) of the NHS Act 2006 states that:
Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved in (whether by being consulted or provided with information, or in other ways) in –

a) the planning of the provision of those services
b) the development and consideration of proposals for changes in the way those services are provided
c) decisions to be made by that body affecting the operation of those services

A high-performing organisation sees involvement as a core activity. It recognises that its users can be a valuable source of information, who are able to provide an insight into their needs, wants, and feedback on their experiences to improve the services provided.

Appendix 1 illustrates types of involvement activity
4. NATIONAL STRATEGIC CONTEXT

4.1 NHS Operating Framework for 2011/12 states: Patient experience must be a key arbiter of all NHS services. PCTs and providers should continue to ensure that appropriate systems are in place to capture the views and experiences of patients, service users and carers. This will include use of local and nationally coordinated patient surveys, but also a range of additional approaches or sources that are locally relevant, such as the use of real-time feedback collected at the point of care (e.g., SMS texting, Patient Experience Trackers, kiosks), use of complaints data and Patient Reported Outcome Measures (PROMS).

4.2 Equity and Excellence: Liberating the NHS: Putting patients at the heart of the NHS, through an information revolution and greater choice and control. Services to be more responsive and designed around the patient. Shared decision-making will become the norm: 'No decision about me, without me'.

4.3 Care Quality Commission: Regulations and Outcomes are based around the patients’ experience. Published results could influence the patient’s choice of provider.

4.4 Commissioning for Quality and Innovation (CQUIN) Scheme: A payment framework making a proportion of provider’s income conditional on quality and innovation which requires a patient experience element.

5. LOCAL STRATEGIC CONTEXT

5.1 NCH&C Annual Plan 2011 – 2012: ‘Strengthening the Core’ so as to achieve consistency and sustainably high levels of quality across all areas of service provision, with regard to effectiveness, patient experience and safety.

5.2 NCH&C Quality Account 2010/2011: Annual report to the public assessing quality across the entire range of our healthcare services to demonstrate commitment to continuous, evidence-based quality improvement and held to account by the public and local stakeholders for delivering quality improvements.

5.3 NCH&C Strategy and Moving towards CFT status: NCH&C a ‘partner in care’ with our patients – membership of CFT. Care Brokerage and Care Navigation enabling patients to determine their own care.

5.4 NHS Norfolk – Contractual Requirements: Schedule 16 and CQUIN Schedule.

5.5 NHS East of England “Improving Lives; Saving Lives”: Pledge 1: “We will deliver year-on-year improvements in patient experience.”
5.6 **Asking, listening, learning: a good practice guide for Norfolk providers on measuring patient experience**: NHS Norfolk’s legal duty to promote and achieve Patient and Public Involvement has important implications for the providers it commissions from. It is essential that NHS Norfolk can provide evidence that its providers are measuring patient experience, so as to demonstrate an ongoing awareness of the nature of the patients’ experience of healthcare services. This guide is designed to assist provider organisations to formulate appropriate means of measuring patient experience.

5.7 **Norfolk LINk**: The Local Involvement Network (LINk) brings together local people, groups and organisations that want to influence the way health and social care services are planned, delivered and provided. The job of each LINk is to find out what people like and dislike about local services. The LINk then feeds this information back to health and social care providers, helping them to plan and deliver better services that reflect the wishes of local people. LINks also have certain powers and influence within publicly-funded health and social care services. The Norfolk LINk is currently in a transition period before they become a Healthwatch in 2012.

6. **AIM OF STRATEGY**

This strategy has been updated in response to both national and local drivers and as a review of “Listening to our Customers: A Patient Experience Strategy for Norfolk Community Health Care 2009 – 2011”. It is a document we want our patients and service users to be aware of so that they know we positively engage and welcome their involvement and how they can become better involved in our decision making process.

7. **OUR VISION FOR PATIENT EXPERIENCE AND INVOLVEMENT**

Our vision for Patient Experience and Involvement is that NCH&C is a patient focused organisation actively seeking the views of our patients and carers and engaging them in shaping and developing our services whilst consistently providing high level, quality care. We want our patients to have the very best experience of community services in the East of England.

We genuinely want to work with our patients and local community so that together we make a difference to the experiences of our current and future patients and design and provide our services around their needs.

Patient Experience and Involvement needs to be an integral part of the organisation’s quality framework alongside quality, risk and outcomes data. In order to do this successfully this requires commitment and leadership at every level.

As we move towards becoming a CFT we want to build a large and strong membership made up of local people, our patients and our staff. By building a CFT in which all local people have their say we can ensure you receive the right care when you need it, close to where you live.
8. STRATEGY GOALS

1. Capture and use the views and experiences of individuals, Service User Groups, LINks and other voluntary groups in the evaluation, delivery, improvement and development of our services
2. Develop and implement effective mechanisms for capturing and measuring patient experience
3. Develop effective mechanisms for feeding back to our service users
4. Develop a staff culture where listening to and acting upon the patient experience is embedded into everyday practice.
5. Empower staff with the knowledge, tools and techniques available to carry out effective patient involvement

We aim to achieve our goals through delivery of the implementation plan (Appendix 2). The implementation plan will be produced annually and monitored through the Patient Experience Steering Group. Specific tasks have their own reporting and monitoring systems, e.g. through CQUIN, Annual Plan.

9. ROLES AND RESPONSIBILITIES

In order to achieve our goals and vision for Patient Experience and Involvement, NCH&C needs to take an organisational approach and have commitment at every level. It is also recognised that the experiences of NHS staff and patients are closely linked with each other. Empowering and encouraging staff to obtain their patients’ feedback can have a positive impact on both themselves and their patients and lead to improved working practices, better information and communication and ultimately an improved patient experience. We therefore aim to ensure that:

- There are named executive and non executive director(s) on the Trust Board with explicit responsibility for Patient Experience and Involvement across the organisation
- NCH&C has Patient Experience and Involvement Leads whose key role is to lead, empower and facilitate Patient Experience and Involvement across the organisation
- NCH&C has a Patient Experience Steering Group the key role of which is to drive forward and monitor the Patient Experience and Involvement Implementation Plan
- NCH&C Learning, Education and Development (LEAD) incorporates Patient Experience and Involvement within current leadership and change management programmes for staff
- Patient Experience and Involvement becomes embedded in Service Development and Service Pathway redesign creating a greater degree of integrated working across the organisation.
- At Business Unit level there are named representatives and nominated deputies to be members of the Patient Experience Steering Group
- Within Business Units, service leads support and empower staff to embed Patient Experience and Involvement as part of their commitment to delivering safe, effective high quality care
- All staff and volunteers understand their role in listening and responding to the patient’s experience
- Patients with formal links to NCH&C, in particular, service user groups and Norfolk LINk (soon to be Healthwatch) have clearly defined roles covering the scope of their involvement within the organisation
10. **CURRENT POSITION**

The following diagram provides examples of how the Trust currently achieves Patient Experience and Involvement.

---

**10.1 Patient Experience Steering Group**

Representatives from all Business Units, including staff from Quality and Risk and Norfolk LINk meet bi-monthly to drive forward the Patient Experience strategy and agenda and support Patient Experience at a local level.

**10.2 Ipsos MORI**

Organisation wide survey of patient experience conducted by Ipsos MORI during Autumn 2010. Results were very positive – 91% people satisfied with our services and 86% likely to recommend NCH&C services, with improvements in the key themed areas of Communication, Information and Involvement and Choice. Areas where there was a satisfaction rating of less than 50% have been identified and included in the Annual Plan for service leads to action.
10.3 Patient Experience Tracker (PET) tools pilot
Real Time Data pilot conducted in fifteen different services across NCH&C from May – Dec 2010 using touch screen electronic devices. The aim of the pilot was to ascertain if the use of this technology was a viable method of collecting and measuring Patient’s experiences. Common core questions on key themes were included in each survey as well as bespoke service specific questions. Service Leads received monthly reports and have developed action plans where required. The methodology was considered a viable option and lessons learnt from the pilot were used to inform the procurement of a long term Real Time data software solution.

10.4 Community Hospital Inpatient Survey
NCH&C agreed to be involved in a national pilot led by the Picker Institute. Face to face interviews were conducted in our Community Hospitals by professional market research interviewers. Information was gathered using paper based questionnaires. Interviews were conducted in February 2011. Results were very positive with 97% of people rating their care as excellent, very good or good and 97% said they would recommend the hospital to others. The results will be analysed alongside other patient feedback in a reflective workshop run and facilitated by the Picker Institute in July 2011.

10.5 Healthfeedback pilot
Four service areas took part in an innovative pilot in February 2011. The tool is based on simple methodology of a feedback card given to the patient or carer to complete either by post, web or sms text messaging, asking them to rate the service out of 10 and give comments. This methodology was particularly successful in children’s services and learning disabilities.

10.6 Patient Stories
As part of an experience based design approach, patient stories have been recognised as a valuable qualitative, in-depth methodology. In May 2010, staff from across the organisation were trained to use this methodology. A Patient Stories Guidance Toolkit has been developed and a core group meets quarterly to support ongoing learning and development. Staff will be presenting this learning at an NCH&C Board seminar in June 2011. Improvements implemented within some of our services as a result of patient feedback received have so far included designing and developing patient information including new leaflets, introducing information boards for patients ‘You said, we did’ and greater involvement and communication with the patient in planning their discharge.

10.7 Patient at Board
A patient, supported by a key worker from our City Reach service attended a Board meeting in September 2010 to tell his experience of receiving this service from NCH&C. The process received mixed evaluation from the Board and the patient. Further ways of delivering this experience by either video or transcript will be looked into for the future.

10.8 Service led surveys
In addition to organisation wide and business unit initiatives, services continue to run their own bespoke patient satisfaction surveys. Services use results from these alongside other patient feedback to inform service improvement.
10.9 **Patient Involvement**

The Norfolk LINk has helped us to increase our service user representation within our key Steering Groups and Committees. We now have user representation on our Trust Board, Equality & Diversity Committee, Patient Experience Steering Group, Quality Improvement Forum, Assistive Technology Steering Group, and Dementia Steering Group, End of Life Task Group and Patient Environment Action Team (PEAT) and nutrition.

NCH&C representatives regularly attend Norfolk LINk meetings in public to present and share information at the LINks request.

Our Trust Board meetings are held in public.

10.10 **Reader’s Forum**

The Reader’s Forum consists of members of the public who have volunteered to review our patient information leaflets while they are in their draft stages. Members are asked for their views on the type of language used, the style of presentation, the overall content and whether the leaflets provides adequate and appropriate information for patients. The Forum is currently run remotely using email or freepost, depending on the member’s preference. Comments are fed back via a feedback form following a consultation period.

10.11 **Assistive Technology (AT) Patient & Public Engagement Task Group**

AT is designed to complement healthcare provision. An electronic monitoring device is placed in the patient’s own home or care setting. The patient (or carer) inputs predetermined vital signs data, e.g., blood pressure based on their clinical condition i.e. COPD, diabetes. This information is then monitored remotely by a community nurse.

This Task Group concentrates on gathering patients’ experiences of using AT, raising awareness of the service by promoting and showcasing it to the public at various events throughout the county.

Information gained from all these activities should not stand alone as a single source of information. NCH&C will utilise Patient Experience and Involvement information to triangulate data from different sources, e.g., Clinical Audits, Complaints, Claims, Compliments, PALS to inform Service Development and in the delivery of high quality community care.

Current activity will continue alongside other key projects as part of our overall Implementation Plan (appendix 2)
11. REPORTING AND ACCOUNTABILITY

Quality Improvement Monitoring

Clinical Audit & Effectiveness

Clinical & Quality Improvement Forum

Patient Experience Steering Group
- Patient Experience surveys
- PEAT
- Complaints, compliments
- PALS
- Patient Stories
- Patient outcomes
- LINk Involvement
- Readers Forum
- Service Development

NCH&C Trust Board

Quality and Risk Assurance Committee

Executive Directors Team
Corporate Performance

Operational Management Group

Moving Forward Group

CQuIN Steering Group

Corporate Business Units and Service Pathways
Appendix 1

Methods of Involvement …
The Public Involvement Continuum

Minimum involvement

Giving Information

Techniques here are for giving/sharing information with users/public rather than gathering information from them.

- Exhibitions
- Leaflets and written documents
- The Press

LEVEL 1

Getting information
Improving individual experience

Techniques enable service improvements in response to individual service user experiences.

- Open surgeries
- Patient diaries
- Radio or live phone-ins
- Self completed questionnaires
- Semi structured one to one interviews
- Structured one to one interviews
- Citizen’s panel
- PALs, Complaints
- Shadowing

LEVEL 2

Forums for debate
Improving the service

Focuses on working with larger groups of the community or service users.

- Focus groups
- Meetings with patient and carer groups
- Public meetings
- Seminars

LEVEL 3

Participation
Strategic change

Ongoing involvement activities which engage users and wider community in policy and strategic development.

- Citizen’s Juries
- Expert Patients
- Health Panels
- Formal Consultation
- User groups
- Users as trainers or assessors
- Targeting interested people including the voluntary sector
- Readers Panel

LEVEL 4

Partnership
Strategic change

Long term involvement activities which seek wide involvement of communities and stakeholders.

- Community development
- Large group processes
- An NHS CFT Council of Governors
## NCH&C Patient Experience and Involvement Implementation Plan April 2011 - March 2012

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Lead</th>
<th>Time frame</th>
<th>Monitored by</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carry out an annual organisation wide Patient Experience survey to benchmark against results of 2010 Ipsos MORI survey</strong></td>
<td>Explore methodologies Identify sample size and time frame to conduct survey Conduct survey Communicate top line results Communicate final report Communicate results with Business Units and compare against 2010 data Request Business Units to complete action plans from results</td>
<td>CL</td>
<td>Annually</td>
<td>Patient Experience Steering Group/Quality Improvement Forum</td>
</tr>
<tr>
<td><strong>Set up and implement the Meridian Patient Experience Real Time Data Software System. Utilise initially to meet Commissioning for Quality and Innovation (CQUIN) Incentive Scheme Payment Framework for 2011/12</strong></td>
<td>Collect data from patients on their experiences of using NCH&amp;C Adult and Children's services via kiosks, paper or web situated in clinic areas at: Norwich Community Hospital: Orthopaedic Triage, MSK Physiotherapy, Podiatry and Biomechanics St James' Clinic (King’s Lynn) Podiatry, Biomechanics and MSK Physiotherapy Upton Road (Children’s Services) Paediatric Outpatient Clinics; Community Paediatrician, Speech &amp; Language Therapy, Occupational Therapist, Child Psychologist, ADHD Nurse, Nursery Nurse, Learning Disability Nurse/Systemic Psychotherapist Establish other service areas to utilise Meridian System</td>
<td>LL</td>
<td>Q1 (April - June 2011) procure Meridian System Q2 (July - Sept 2011) go live, review data to establish baseline, actions planned Q3 (Oct - Dec 2011) continue to run survey, actions taken Q4 (Jan-Mar 2012) continue to run survey, review data, trends, action taken and improvements</td>
<td>CQUIN Steering Group/Patient Experience Steering Group</td>
</tr>
<tr>
<td>Objective</td>
<td>Action</td>
<td>Lead</td>
<td>Time frame</td>
<td>Monitored by</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Review the Healthfeedback system - methodology of a feedback card, telephone or web asking for marks out of 10 and comments on the service used, following the pilot (Jan – Mar 2011)</td>
<td>Review feedback from current pilot sites; Looked After Children’s Service, Specialist Physiotherapy for Adults with LD, Central Starfish and Surestart in Thetford. Reporting and action planning in pilot sites Collect data from Carers on their experiences of using NCH&amp;C Adult or Children’s services 1. Via Case Managers 2. Children’s Short Breaks service</td>
<td>LL</td>
<td>Jun-11</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td>Implement Healthfeedback system to meet CQUIN targets to gather carers experiences</td>
<td>Q1 (April - June 2011) procure and set up survey tool Q2 (July - Sept 2011) carry out survey, review results and propose improvement target Q3 (Oct-Dec 2011) develop and implement action plan Q4 (Jan - Mar 2011) Children’s Short Breaks - repeat survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q4 (Jan - Mar 2011) Case Managers - arrange Focus Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Action</td>
<td>Lead</td>
<td>Time frame</td>
<td>Monitored by</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Embed Patient Stories in-depth qualitative methodology in NCH&amp;C</td>
<td>Collate action plans for patient stories carried out to date</td>
<td>CL/LL</td>
<td>Jun-11</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td></td>
<td>Review progress with Core Group including lessons learned and effectiveness of methodology</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Showcase patient stories at Board Seminar including service level action planning and outcomes</td>
<td></td>
<td>Jun-11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core group to continue with stories at service level (including carers)</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core Group to continue to meet quarterly to support ongoing learning and development and explore the most effective and efficient ways to deliver in the future.</td>
<td></td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procure further training depending on allocation of budget</td>
<td></td>
<td>Sep-11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Showcase patient stories to Clinical and Management Forums to engage and inform staff</td>
<td></td>
<td>Oct-11</td>
<td></td>
</tr>
<tr>
<td>Review the Community Hospitals Inpatient survey results conducted by the Picker Institute in Feb 2011</td>
<td>Receive report from Picker</td>
<td>CL/Picker</td>
<td>Jun-11</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td></td>
<td>Communicate results to relevant staff in NCH&amp;C</td>
<td></td>
<td>Jun-11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Set up and deliver an action learning workshop to review results in conjunction with other patient experience data collected</td>
<td></td>
<td>Jul-11</td>
<td></td>
</tr>
</tbody>
</table>
### NCH&C Patient Experience and Involvement Implementation Plan April 2011 - March 2012

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Lead</th>
<th>Time frame</th>
<th>Monitored by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue with Assistive Technology Patient &amp; Public Engagement Task Group</td>
<td>Continue with Assistive Technology Patient &amp; Public Engagement Task Group. Produce Patient Experience Survey for AT patients to feedback experiences through monitoring devices.</td>
<td>LL</td>
<td>Apr-11</td>
<td>AT Steering Group</td>
</tr>
<tr>
<td></td>
<td>Review results of Patient Experience Surveys</td>
<td></td>
<td>Jul-11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop action plan based on survey results</td>
<td></td>
<td>Jul - Sept 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue gathering patient experience feedback through surveys</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to raise awareness and promote AT to patients and the public</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Support, review and redevelop Reader’s Forum</td>
<td>Meet with current Forum members to gather their views on the process and the effectiveness of the Readers Forum</td>
<td>LL</td>
<td>Sep-11</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td></td>
<td>Review process for consulting and distributing NCH&amp;C Patient Information Leaflets to Readers Forum</td>
<td></td>
<td>Sep-11</td>
<td></td>
</tr>
<tr>
<td>Continue to support Patient Experience / Involvement Service Led projects</td>
<td>Explore options for capturing details of all activity happening across NCH&amp;C, e.g., utilising Meridian system or Datix</td>
<td>CL/LL</td>
<td>Dec-11</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td></td>
<td>Re-launch PE1 Form - Patient Experience Project Proposal Form</td>
<td></td>
<td>Sep-11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop a staff toolkit for patient experience/involvement</td>
<td></td>
<td>Feb-12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explore staff training options in patient experience/involvement in conjunction with LEAD</td>
<td></td>
<td>Feb-12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to support staff to establish patient user groups</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Action</td>
<td>Lead</td>
<td>Time frame</td>
<td>Monitored by</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Review Patient Experience Steering Group</td>
<td>Rename group to include patient involvement</td>
<td>CL/LL</td>
<td>Sep-11</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td></td>
<td>Review Membership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review Terms of Reference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish key relationships within NCH&amp;C and external stakeholders to ensure effective patient involvement</td>
<td>Maintain and continue to develop relationship with Norfolk LINk during transition period to becoming Healthwatch in 2012</td>
<td>LL</td>
<td>Ongoing</td>
<td>Patient Experience Steering Group</td>
</tr>
<tr>
<td></td>
<td>Work closely with Service Development and other Quality and Risk teams, Equality &amp; Diversity Committee, Communications team, CFT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to attend and work closely with NHS Norfolk wide Patient Engagement Network with other key patient experience/involvement leads from NHS Trusts/organisations in the county</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To establish a named Non-Executive Director as a Patient Experience/Involvement Champion at Board Level</td>
<td>Board to identify named Non-Executive Director</td>
<td>Board/CL/LL</td>
<td>Sep-11</td>
<td>Chair of the Board</td>
</tr>
<tr>
<td></td>
<td>Meet and set key objectives for supporting patient experience and involvement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>