



Royal Devon
University Healthcare
NHS Foundation Trust



Patient Experience Strategy

2022-2025

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Introduction

Healthcare is increasingly understood as an experience as well as an outcome. Our Patient Experience Strategy sets out our ambitions and key objectives to improve patient experience at the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) over the next three years and how we are going to do this. The strategy has been developed with service users and staff across the Trust. It details how we will work collaboratively with patients and the public, using their knowledge of what the process of receiving care feels like, in order to deliver the best possible care & services.

Patient experience is a key element of quality alongside patient safety and clinical effectiveness. Each interaction patients have with us is part of their overall experience of receiving care.

Everyone in the Trust involved in the patient's journey are responsible for our patient's experiences. Patient involvement reflects an ethos of "nothing about us, without us" and is a key principle of patient experience. The involvement of "experts by experience" provide essential insight to support developing and improving our services for patients in a way that reflects their reality.

By having this strategy at the heart of everything we do, we can drive long term success and real change. We have made significant success in many areas but we need to do much more. This strategy will act as a strong foundation to ensure that a focus on patient experience is at the core of every aspect of our activity in real and measurable ways.



Why I fear becoming a patient ...

"to be made helpless before my time,
to be ignorant when I want to know,
to be made to sit when I wish to stand,
to be alone when I need to hold my
wife's hand, to eat what I do not wish
to eat, to be named what I do not wish
to be named, to be told when I wish to
be asked, to be awoken when I wish
to sleep"

Don Berwick 2009

Our organisation

The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across North, East and Mid Devon including Torridge and Exeter, our workforce of over 15,000 staff serves a core population of 615,000, extending our reach as far as Cornwall and the Isles of Scilly.

Royal Devon delivers a wide range of integrated emergency, specialist and general medical services through our North Devon District Hospital and the Royal Devon and Exeter Hospital sites.

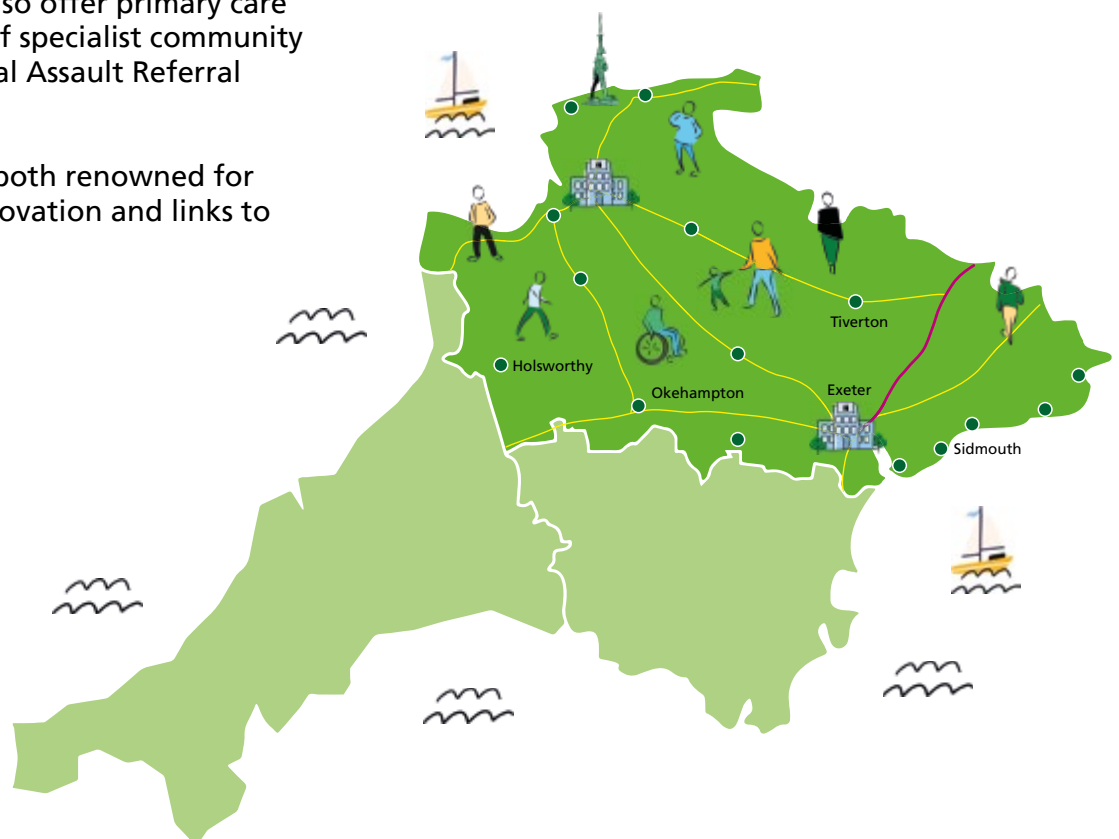
Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC).

Our hospitals are both renowned for their research, innovation and links to universities.

Our Trust values are fundamental to everything that we do at the Royal Devon University Healthcare. We want everyone who works for the Trust to treat people in ways that reflect our values. Our values set a clear standard of what you can expect while you are cared for by the Royal Devon University Healthcare. Our values state that we:

- Are compassionate
- Act with integrity
- Are inclusive
- Are empowered

These Trust values are implicit throughout the Patient Experience Strategy to ensure we continue to provide our patients with the highest quality of care and patient experience.



Overview of purpose

The purpose of this strategy is to set out the Trust's aims and strategic priorities for patient experience over the next three years. This strategy details how we will listen to and use feedback from people who use our services to monitor our performance, share understanding and information, make improvements and redesign services. This Patient Experience Strategy is a key enabling strategy to the Trust's corporate strategy.

The scope & framework of this strategy encompasses all acute, community services & specialist services for adults and children. The Patient Experience Strategy does not include patient and public engagement which will be included within a separate strategy, currently under development. It is implicit that whenever "patient experience" is used within this strategy this also includes family members, significant others and carers.

This strategy has been developed taking into account key publications & legal duties as detailed in The Health and Social Care Act 2012, The NHS Constitution and regulatory, improvement frameworks e.g. CQC/ NHSE/I, and the NHS National Patient Safety Strategy.

The aims & priorities of this strategy have also developed from feedback gathered from a series of Patient Experience Strategy development workshops that were held with staff and stakeholders in late 2021, and a patient experience survey sent to all members of the public, staff, and stakeholders in early 2022 (detailed in appendices).

There is an emerging evidence base that positive staff experience is essential to good patient experience and this strategy is inextricably linked with the Trust's people strategy.

This document describes

- Our guiding principles and the aims of our strategy
- Our objectives to deliver the aims
- Our evaluation and monitoring of our delivery

Our guiding principles

The Royal Devon University Healthcare NHS Foundation Trust has established several core patient-centred guiding principles that create a dedicated framework to shape and influence our core aims and priorities within this strategy, and to help lead our organisational decision making around our Trust wide patient experiences.

These guiding principles are:

Our patient experience will be guided by:

- **DOING WHAT MATTERS**
We will find out what matters to patients and those who support them.
- **PARTNER WORKING**
We will work with our partners to improve patient experience across organisations
- **SAFETY**
Patient experience and patient safety are of equal importance
- **SHAPING TOGETHER**
Everyone helps shape patient experience
- **PATIENT CHOICE**
We will support people to have more control over their care and make informed choices based on what matters to them
- **INCLUSION**
Accessing quality healthcare must be inclusive for all and reflect our diverse communities
- **OUR ACTIONS**
Personal interactions have the greatest impact on patient experience.

Our patient experience aims

– *what we want to achieve*

Using feedback from all sources detailed in the appendices; we have identified five patient focussed aims for our strategy. These are areas that patients tell us are key to them having a positive experience of receiving care and treatment within our services. This is what excellent patient experience looks like for our patients, and what we want all our patients to feel when receiving care & treatment provided by our Royal Devon teams.

We want our patients to feel:

- **Welcome** – at ease, reassured
- **Included** – listened to, respected as an individual and kept informed & involved in decision making “no decision about me, without me”
- **Safe** – in safe hands and have trust in staff, understand what is happening to them and why
- **Supported** – listened to, responded to, given time & supported to navigate through their journey
- **Valued** – that insights from patients & those who support them are used to improve care and services.

Our patient experience strategic priorities

– *How are we going to deliver our aims*

This section of the document explains what each of our five strategic objectives means in practice and how we will deliver these.

■ **Strategic priority 1 – Equal access & opportunity for all**

We will endeavour to deliver care, treatment & services that are fair, inclusive and accessible for all members of the community.

■ **Strategic priority 2 – Improving care, treatment & services on the basis of what patients tell us**

We will work with patients by listening to and acting on what patients & their friends and family tell us would improve their experience; ensuring lessons learned are shared and acted on.

■ **Strategic priority 3 – Working in partnership**

We will work in partnership with patients, carers, stakeholders and the local community to develop accessible, high quality and responsive services.

■ **Strategic priority 4 – Performance**

We will meet our commitments to our patients as set out in the NHS Constitution and regulatory frameworks, in relation to patient experience.

■ **Strategic priority 5 – Moving patient experience to centre stage**

We will align staff behind a common vision of what success in patient experience looks like and how they can contribute to improving patient experience.

Strategic priority 1 – Equal access & opportunity for all

We will endeavour to deliver care, treatment & services that are fair, inclusive and accessible for all members of the community.

What do we want to achieve?	How can we achieve it?	How will we measure it?
Accessible, adaptable “patient friendly” information/communications for all patient groups in external and internal communications	<p>Co-produce a patient information/communication framework that all patient information must comply with</p> <p>Have a transparent process for regularly reviewing and updating the above</p> <p>Trial these sources out with patient groups</p>	<p>Achieving compliance with all aspects of the accessible information standards, measured by annual audit</p> <p>Hearing from our patients with & without information and communication support needs that we are consistently meeting these</p>
Improved ease of accessibility/usability of our estate for our patients and staff	<p>Undertake a gap analysis audit of current situation (estates, patient access information & patient feedback) against Patient Led Assessments of the Care Environment and other national guidance/standards</p> <p>Incorporate the voice of patients and carers into new estates planning and redesign</p>	<p>Our patients with specific access needs have the information they need to plan their visits, measured by annual audit</p> <p>Areas identified for improvement have been actioned</p> <p>Through patient feedback</p>
“Experts by experience” becoming a routine part of service redesign	<p>Produce a patient involvement framework to set expectations to ensure that clinical specialties ensure the voice of patients and carers in service redesign</p> <p>Recruitment of patient leaders representing specific patient needs</p>	<p>Our patient representatives & volunteer groups are proactively involved in reviewing our services</p> <p>Evidence of impact of patient feedback in service redesigns</p>

What do we want to achieve?	How can we achieve it?	How will we measure it?
<p>A programme of proactively engaging with patients and patient representatives of different equality groups using our services to understand and improve their lived experience</p>	<p>Creating a programme of patient involvement activities and events in a variety of formats accessible to all</p> <p>Targeted Outreach activities to improve services for specific groups</p> <p>Patient representatives on future hospital programmes and service redesign</p> <p>Establishing a patient inclusion group</p>	<p>Our patients experience of care will not be adversely impacted on by any disability or any protected characteristics under the Equality Act</p> <p>Evidence of patient experience informing key decisions/ outcomes</p>
<p>Effective use of equality impact assessments (EQIAs) to ensure we are not disadvantaging patients through the things we do i.e. policies, practices, events and decision-making processes</p>	<p>Introduce EQIAs into appropriate policies and business case processes</p> <p>Ensure staff are trained and familiar with EQIA policy and assessments</p>	<p>Evidence of EQIA policy and completed EQIA's</p> <p>Any adverse impacts identified have actions taken to mitigate them</p> <p>Decisions made are transparent and based on evidence/clear reasoning</p>

Strategic priority 2

– Improving things on the basis of what patients tell us

We will work with patients to improve patient experience by listening to and acting on what patients & their friends and family tell us would improve their experience. Ensuring lessons learned are shared and acted on.

What do we want to achieve?	How can we achieve it?	How will we measure it?
A wide range of methods to collect patient feedback, based on need & preference including the introduction/ maximising the use of new techniques and technology	<p>Develop a structured patient experience feedback programme incorporating all Royal Devon services.</p> <p>Identify new inclusive opportunities for patients to provide feedback & implement them</p> <p>Promote the use of MY CARE, the patient portal for feedback</p>	<p>Increasing our volume of feedback & feedback from seldom-heard groups</p> <p>An increase in feedback received through an increased no. of sources</p> <p>An increased use of MY CARE, the patient portal</p>
A system for collating the diverse range of patient experience data, effectively analysing this and other relevant key performance data and transforming that data into impactful actions (quick wins & complex improvement)	Develop a reporting system for analysing and presenting patient experience data that allows for actions to be clearly developed and progressed	<p>Production of a multi-source patient experience feedback report that is shared and acted upon</p> <p>Evidence of action resulting from feedback with a 'you said, we did' at both a local and Trust wide service level</p>
<p>Patients being aware of their role in giving feedback, the options that they have available to provide feedback (generalised and specific), and are empowered to do so</p> <p>Equal opportunity for all users and their families to be able to give feedback, with support if necessary</p>	<p>Use of mixed media to both promote opportunities for all to feedback and relaying lessons learned</p> <p>Identify key touch points in the patient journey as part of a reporting system to gain feedback</p>	<p>Visible evidence of promotion in public areas, wards and departments across the organisation, on Trust website, and in external media</p> <p>When asked, patients will be able to state they know how to provide feedback</p>
A near real time digital feedback offer to patients	Work with stakeholders to identify, review and deliver solutions to provide a near real time feedback offer	<p>Usage of real time feedback system developed and feedback available</p> <p>A reduction in number of formal complaints/PALS enquiries</p>

Strategic priority 3 – Working in partnership

We will work in partnership with patients, carers, stakeholders and the local community to develop accessible, high quality and responsive services.

What do we want to achieve?	How can we achieve it?	How will we measure it?
A Trust resource to support all Royal Devon teams in how best to involve patients and use their experience to influence how they develop their service	Development of a patient involvement toolkit	The Trust will report quarterly on the involvement work undertaken
Consistent delivery on our legal duty (section 242) to involve when planning or changing services	Produce a patient involvement framework to set expectations to ensure that clinical specialties ensure the voice of patients and carers in service redesign	The Trust can demonstrate that the outcomes from patient involvement activity have been taken into consideration in decision making processes
A structured programme of volunteering opportunities to enhance the patient experience	Produce a Trust volunteering strategy which maximises opportunities to add value to the experience of patients and carers, staff and our volunteers Promoting new volunteer opportunities to our staff and the public	The Trust will demonstrate the impact and outcomes of volunteering together with our commitment to embracing a range of volunteering opportunities
A carer support network to provide support, feedback and learning opportunities	A carers strategy/policy in place Develop a coordinated and consistent oversight/reporting/feedback to the range of carer support activities across the Trust	The Trust will report quarterly on the feedback and associated learning from the carer support network Through carer surveys Through patient feedback data

Strategic priority 4 – Performance

We will meet our commitments to our patients as set out in the NHS Constitution and regulatory frameworks, in relation to patient experience.

What do we want to achieve?	How can we achieve it?	How will we measure it?
Improved performance in all measurable areas monitoring/ reporting of patient experience in all care settings	Review performance monitoring data and revise our patient experience metrics, reported at each level of the Trust (<i>from floor to Board</i>)	Visibility of performance: comparison with other healthcare providers/national performance benchmarks Compliance with standards (both internal & external)
Complaints information being clearly displayed on the Trust's website including 'you said, we did' information Areas of best practice and positive feedback equally being reflected and shared Trust wide	Review and develop the complaints and patient experience pages on the Trust website	A revised complaints and patient experience page on the Trust website
Complainants feedback being routinely & proactively sought on completion of dealing with complaints	Develop a satisfaction survey on completion of complaints and PALS episodes that ensures learning and development	Quarterly reporting of feedback and learning
Consistently delivering on the timescales agreed for resolving complaints	Review complaints process to ensure efficiency and consistently drive improvements	Quarterly complaints reporting
A user-friendly complaint process accessible to all in hospital and community settings	Co-production of a revised complaint handling process	Monitoring of complaint feedback

Strategic priority 5 – Moving patient experience to centre stage

We will align staff behind a common vision of what success in patient experience looks like and how they can contribute to improving patient experience.

What do we want to achieve?	How can we achieve it?	How will we measure it?
Patient experience embedded in training & in all aspects of leadership development	<p>Ensure patient experience is visible in all relevant training delivery, working in partnership with the learning and development team</p> <p>Ensuring relevant patient experience training is accessible to all Royal Devon staff</p>	<p>Increased visibility of patient experience content in training programmes</p> <p>Review performance monitoring data through our revised patient experience metrics, reported at each level of the Trust (<i>from floor to Board</i>)</p>
An agreed set of values and behaviours in relation to customer service at the Royal Devon University Healthcare NHS Foundation Trust	Create a set of Trust customer service values and behaviours for all Royal Devon staff	<p>Published customer service values and behaviours</p> <p>Staff know what these are and how they deliver within their role</p> <p>Through patient feedback</p>
Divisional and front-line teams routinely getting patient feedback given to them in a timely and user-friendly way	Review performance monitoring data and revise the metrics reported at each level of the Trust (<i>from floor to Board</i>)	Increased understanding from our healthcare professionals of the patients lived experiences accessing their services
Regular sharing of positive progress on patient experience developments through a planned communication and engagement plan	Develop a patient experience communication and engagement plan, with our Communications and Engagement team to ensure patient experience remains highly visible to staff	Patient experience communication and engagement plan as part of annual workplan
A re-developed patient experience portal on our website and staff intranet	Review patient experience and staff intranet to ensure effective access to patient experience information and resources	Revised patient experience webpage and intranet
The patient's voice is heard and contributes to the learning where things have not gone well in line with the Involvement element of the new NHS Patient Safety Strategy	Develop systems and processes to ensure that patients are actively involved in the new patient safety processes	Evidence of patients actively and consistently contributing to the adverse incident process

Corporate approach

Improving patient experience is not simple. As well as effective leadership and a receptive culture, Trusts need a whole system approach to collecting, analysing, using and learning from patient feedback for quality improvement. Without such an approach it is almost impossible to track, measure and drive quality improvement.

What do we want to achieve?

- Ensure that patient experience is embedded within organisational decision making and included in annual planning – Trust and divisional level
- All staff, the Trust Board and other stakeholders are engaged in and accountable for delivering our patient experience strategy/plan
- Strategies, policies, procedures, business cases and service developments have a meaningful patient equality impact assessment section
- Actively engage with key stakeholders e.g. Healthwatch, NHSE/I collaboratives to learn and develop patient experience and as part of the Involvement element of the new NHS Patient Safety Strategy
- Proactively engage with community groups and seldom heard groups
- Working alongside the Trust Communications and Engagement team to meet these shared aims
- Deliver on our legal duty (section 242) to involve when planning or changing services
- Include effective equality impact assessments in business cases and service changes

How can we achieve it?

- Have an annual patient experience work plan to implement this strategy
- Report performance quarterly to senior management forums and Trust Board, including an annual review of progress towards achieving the strategy
- Have a balanced score card for measuring performance of hard and soft metrics (national and local)
- Percentage of policies & business cases that have an equality impact assessment
- Carry out annual review of the profile of patients accessing/responding to complaints services/PALS services/surveys etc.
- Include a comprehensive section on patient experience in our Quality Accounts
- Delivery of a comprehensive patient experience annual report

Governance and reporting

Clear leadership is vital to ensure that we successfully deliver the commitments in this strategy.

A clear reporting and accountability framework is required to monitor progress and ensure delivery is on track and any associated risks identified. We will use the following methods to provide transparency of progress being made, co-ordinate activity and identify any emerging risks.

National data collection – this will measure performance and progress on patient experience

- National annual patient surveys – we will measure our progress on the previous year's results
- Self-assessment against relevant frameworks e.g. CQC regulations & NHSI patient experience framework
- Friends and family survey data

Audit – to provide assurance that we are doing what we have committed to

- The Trust undertake an annual audit programme each year to ensure compliance with specific elements of relevant internal policies and procedures.
- To audit a minimum of two patient journeys per annum
- The Trust will commission a minimum of one patient experience related audit through ASW Assurance, the Trust's external auditors.

Triangulation – patient experience feedback will be reviewed/ correlated with other performance measures

- Systematic analysis of patient experience feedback data and triangulation of this with patient safety metrics and staff experience metrics through Integrated Performance Review (IPR) and quarterly reporting.
- Patient experience data will be used with the above data sets to provide an early warning system to prompt further review.

Progress reports

- Quarterly insight, performance, and progress reports to the Patient Experience Committee. These will track progress against the annual patient experience work plan, alongside a balanced score card of patient experience indicators.
- Quarterly reports from Patient Experience Committee to Governance Committee
- Trust annual Quality Accounts
- Trust annual complaints/patient experience report

Glossary

Board of Directors

The Board of Directors is led by the Chair of the NHS Trust; and is made up of both Executive and Non-Executive Directors. The Board of Directors are collectively responsible for the exercise of powers and the performance of their NHS Foundation Trust. The Board of Directors bear full legal liability for the operational and financial performance of their Trust.

Council of Governors

The Council of Governors is a collective body of elected members that represent the broad interests and views of their local patient population and will hold their NHS Trust's Board of Directors to account.

Care Quality Commission (CQC)

The independent regulator of health & adult social care in England. The CQC monitor, inspect and regulate healthcare services to ensure they meet the fundamental standards of quality and safety, and encourage services to improve.

Equality Act

The Equality Act 2010 protects people from discrimination, harassment, and victimisation both within the workplace and within wider society; by ensuring that equality is embedded into all day-to-day processes, systems and strategy within organisations.

Equality and Quality Impact Assessments (EQIAs)

Equality and Quality Impact Assessments are used by organisations to ensure that policies, practices, and decisions within an organisation are fair, equitable, meet the needs of staff and patients and that they are not inadvertently discriminating against any protected group.

Experts by Experience

Experts by Experience are individuals who have recent personal experience of using or caring for someone who uses health care services to support decision-making and service redevelopment within NHS organisations.

Governance Committee

The Royal Devon University Healthcare Governance Committee is the senior committee responsible for ensuring that governance is embedded throughout all levels of our organisation; that our Trust operates within the law and also complies with our regulators to ensure we continue to deliver safe, quality and effective care.

Healthwatch

Healthwatch is an independent statutory body and effective champion for all users of health and social care across England. Their role is to put people at the centre of health and social care; listening to what people like about health care services, what could be improved upon, and ensuring that people's voices are heard by NHS organisations and the Government.

Integrated Performance Review (IPR)

The Integrated Performance Review is the Royal Devon University Healthcare's monthly performance report, across their Northern and Eastern sites. The IPR advises the Board of Directors on the Trust's performance against key targets, the implementation of the Trust's Strategy and progress on key supporting projects.

Intranet

This is the Royal Devon University Healthcare's own private network used to securely share Trust specific information amongst all staff.

Patient Experience Committee

The Patient Experience Committee is the responsible committee for strategic oversight & improvement of all patient experiences across the organisation; ensuring delivery against key patient experience objectives (both national and local) and ensuring effective change and ongoing patient experience improvement.

Quality Accounts

NHS Foundation Trusts have a statutory duty to produce an annual Quality Account for the public. The Quality Accounts are intended to increase public accountability, measure the quality of our services, and drive ongoing quality improvement within NHS organisations. They are published on a Trust's website at the end of June each year.

MY CARE

MY CARE is the new patient portal that allows patients and carers to have access to parts of their medical record.

NHS National Patient Safety Strategy

The National Patient Safety Strategy describes how the NHS will improve patient safety; focusing on the three core aims of insight, involvement, and improvement. This strategy focuses on maximising the things that go right and minimising the things that go wrong in a person's healthcare experience.

PALS

The Patient Advice and Liaison Service (PALS) is a confidential and friendly service offering advice, support and information on health-related matters available to all patients, relatives and the public.

Patient-Led Assessments of the Care Environment (PLACE)

Patient-Led Assessments of the Care Environment are patient-led assessments designed to assess the quality of the patient environment. These assessments will involve the public (known as Patient Assessors) working collaboratively with NHS teams to assess how the patient environment supports the delivery of clinical care; including building maintenance, food, and privacy and dignity for patients.

Service Users

This is a term used to describe a person who uses our health and social care services.

The NHS Constitution

The NHS Constitution is a core set of Governmental principles & values for the NHS in England to adhere to. The NHS Constitution establishes the rights to which all patients, public and staff are entitled and which all NHS organisations are committed to achieve.

Communication and engagement

Appendix 1 – Outcome of SWOT analysis

As part of the development of our strategy we undertook a review of staff, patient and public feedback from both Trusts to produce a high-level SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis. We intend to use the results of this analysis to develop actions within our patient experience operational plan.

Strengths

- Strong patient experience dataset across both Trusts
- Patient Experience Matron at NDHT
- Strong determination across both organisations to develop patient experience
- Inquisitive style to understand successes and challenges
- Genuine commitment and interest to improve patient experience
- Introduction of patient feedback software at NDHT
- Well established community engagement in North Devon through Involving People Steering Groups (One Northern Devon)

Weaknesses

- Considerable amount of patient experience data which is not always utilised in targeted way to maximum impact to drive change
- Mechanisms to feedback the patient experience to staff lack a consistent approach across sites
- RD&E patient experience can be driven by process
- Lack of clear vision, strategy and leadership for patient experience
- Complaints responses are often defensive in nature and do not encourage learning and change
- Trust values not familiar to all staff
- Lack of time and support for staff to enable focus on the totality of peoples' experience

Opportunities

- Strong patient experience dataset. Real opportunity to elevate patient experience to the same priority level as patient safety and ensure that patient experience is seen as everybody's business – it needs to be embedded within the culture
- Joining together of two Trusts with a new Senior Nursing Team provides tangible opportunities to develop new ways of doing things
- Opportunity to improve multi-professional engagement and improve patient experience focus across all professional groups
- Opportunity to influence new Trust values to support the development of patient experience
- Exploration of digital opportunities in feedback/engagement/involvement in care

Threats

- Multiple strategic priorities and continued significant operational pressures (e.g. Trust integration, implementation of electronic health record at NDHT, COVID-19) could distract patient experience projects
- People may feel that the Patient Experience Strategy is already business as usual and therefore disengage
- Need to ensure it is positive

Appendix 2 – Outcome from the engagement on principles

We undertook a survey and asked for feedback on our principles from staff, patients, stakeholders and the public. The results revealed broad support for the principles with 88% of those who responded agreed or strongly agreed with them. We asked for further detailed feedback on whether there was anything else we needed to consider. This feedback has informed the subsequent development of the strategic priorities/aims of the Patient Experience Strategy.

How/who we consulted	What we heard
Staff (via intranet and social media)	<ul style="list-style-type: none"> ■ Personal interactions have the greatest impact on patient experience ■ Listening to the patient is the first priority ■ Consider health and digital literacy ■ The best health outcomes are key but not mentioned ■ Accessibilities/serve local communities and reduce travel ■ Communication ■ Check that outcomes meet/exceed national benchmarking ■ How will principles be measured? ■ Include clarity in patient choices and care ■ Include honesty and transparency ■ Support staff to undertake the principles ■ Does inclusion need to cover accessibility to services? ■ Supporting patients mental health improves physical health and has a place ■ Too woolly, need to use experiences of care to improve services

How/who we consulted	What we heard
Public (Trust websites, social media and stakeholder emails)	<ul style="list-style-type: none"> ■ Make it achievable ■ Add being non judgemental ■ Listening to the patient and understanding their needs ■ Include quality improvement and measures/standards ■ List on poster too vague, how will they be put into action? ■ Communication with relatives and patients is key ■ The principles meant nothing it is how the goals are achieved ■ Need assurance the principles are followed ■ Work with patient and carers to design and shape services ■ Honesty about constraints and limitations ■ Make the principles less woolly and full of waffle, use less management speak ■ Add 'timely' to the list of principles ■ Principles are vague and need to be less full of jargon ■ Fully informed of the implications of our choice ■ Continual improvement/learning ■ Be open about what can be achieved ■ Empathy ■ Include future evolution ■ Accessibility is missing, the speed from first contact to effective treatment
Royal Devon & Exeter Governors and Members	<ul style="list-style-type: none"> ■ Include actions and attitudes as the right things can be undone without the right attitude ■ Add 'best practice' – we will observe NICE guidance and similar best practice standards/guidance ■ Timely clear communication with patients
Devon Clinical Commissioning Group	<ul style="list-style-type: none"> ■ Keep patient surveys going

How/who we consulted	What we heard
Healthwatch Devon	<ul style="list-style-type: none"> ■ Integrated working within specialties so the patient is treated as a whole person, not just a fractured femur
Carers forum	<ul style="list-style-type: none"> ■ Proactive engagement with relatives
NDHT Involving People Steering Group member	<ul style="list-style-type: none"> ■ Needs to be a holistic approach, consider the person not the patient
Trustees	<ul style="list-style-type: none"> ■ Aftercare is an essential part of patient experience
Steering group members	<ul style="list-style-type: none"> ■ Holistic fast supported care with backup to carers
Local authority	<ul style="list-style-type: none"> ■ Would like to see partner working explained to refer to patient experience when working across internal departments too
We reviewed best practice nationally across the NHS. Reviewed NDHT's Patient Experience Strategy	<ul style="list-style-type: none"> ■ We gained insights into relevant research/ evidence-based review of patient experience and other's journeys to improve patient experience

We formally reviewed our draft strategy at the following Trust groups:

- Patient Experience Operational Groups Northern and Eastern
- Patient Experience Committee

We completed an equality impact assessment as part of completing this strategy

- Please refer to Appendix 3 for further information

Appendix 3 – Equality Impact Assessment

Name of document:	Patient Experience Strategy
Division/Directorate and service area:	Corporate Services
Name, job title and contact details of person completing the assessment:	Jason Lugg, Director of Nursing (Northern Services) and Andrea Bell, Deputy Director of Nursing (Patient Experience), (Northern and Eastern Services)
Date completed:	11/05/2022

The purpose of this tool is to:

- identify the equality issues related to a policy, procedure or strategy
- summarise the work done during the development of the document to reduce negative impacts or to maximise benefit
- highlight unresolved issues with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

This strategy outlines the Trust's aims and strategic priorities for patient experience over the next three years. This strategy details how we will listen to and use feedback from people who use our services to monitor our performance, share understanding and information, make improvements and redesign services.

2. Who does it mainly affect?

(Please insert an "x" as appropriate)

Carers Staff Patients

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

(Please insert an "x" in the appropriate box)

Protected characteristic	Relevant	Not relevant
Age	x	
Disability	x	
Sex – including: Transgender, and Pregnancy / Maternit	x	
Race	x	
Religion / belief	x	
Sexual orientation – including: Marriage / Civil Partnership	x	

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to?** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)

This document is relevant to all in our local population. We will therefore connect with local communities on health issues, encouraging participation and sharing information.

5. **Do you think the document meets our human rights obligations?**

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

Fairness – how have you made sure it treat everyone justly?

Respect – how have you made sure it respects everyone as a person?

Equality – how does it give everyone an equal chance to get whatever it is offering?

Dignity – have you made sure it treats everyone with dignity?

Autonomy – Does it enable people to make decisions for themselves?

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

Consultation of the aims and principles of the strategy open to all staff and the public.

7. **If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact, please note this below and how this will be monitored/addressed.**

Protected characteristic	N/A
Issue	N/A
How is this going to be monitored/ addressed in the future	N/A
Group that will be responsible for ensuring this carried out	N/A

