

Royal Hospital for
Neuro-disability

SHORT VERSION



Patient and Resident Experience and Engagement Strategy

2022 – 2027

A strategy for the people we care for,
by the people we care for



Thank you to the patients and residents who contributed to this strategy



"I need my voice to be heard, and want to speak for others too. Everyone I meet is professional and has a smile. I am really looking forward to the future and working together."

(Resident at the RHN)

"I feel happy to have a say in creating a strategy that will help us all to live happily together. As this is home for us all it's very important we are seen as individuals and not just numbers."

(Resident at the RHN)

"I think that this hospital is fantastic. I've never in my life met so many people who care so much about me. It doesn't take that much to listen to me but it makes such a difference."

(Patient at the RHN)

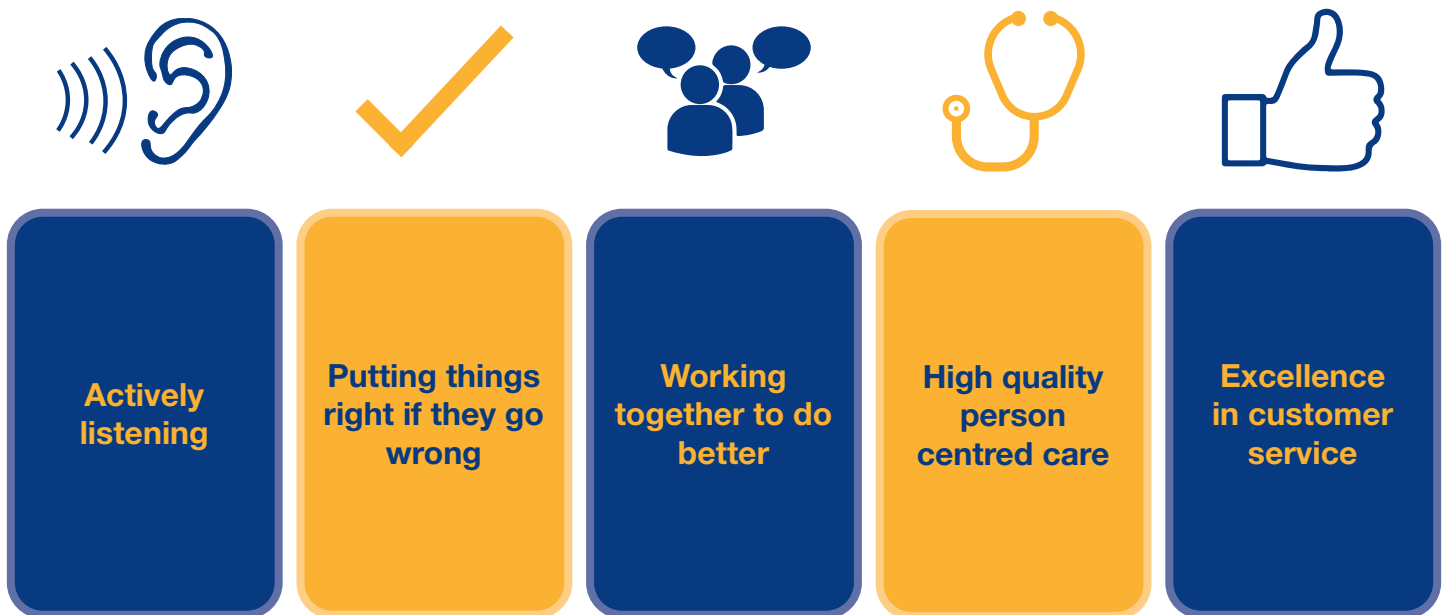
"Going into the RHN is like going into a five-star hotel with highly particularised care on a 24-hour basis."

(Resident at the RHN)

Introduction

It is very important that we listen to and involve our patients, residents, their families and advocates to give them the best experience of care possible. We know that a positive experience during care leads to positive clinical outcomes. If a patient or resident feels listened to and involved in their care they will be better able to manage their own journey of care. Many of our patients and residents lack the mental capacity to make certain decisions about their care, and so it is important for us to also listen to and engage effectively with them and their families and/or advocates when planning and providing care.

The Patient Engagement and Experience Strategy sets out the RHN's priorities to ensure the best possible experience for patients, residents, their families and advocates based on the following key principles:



What do we mean by patient and resident experience and engagement?

By patient and resident experience and engagement, we mean taking every opportunity to hear from our patients, residents, their families and advocates, encouraging their active participation in co-designing and shaping the way the RHN provides care and services as well as engaging with them to understand what services they need. This includes involving patients and residents in decisions about their own care, and involving their family members and advocates for those without the mental capacity to make those decisions. It also involves seeking feedback about their experiences, and engaging with patients, residents, their families and advocates in planning future services. In this way we will make sure our services are delivering the care that people want and in the way that works best for them. We envisage a place where patients, residents, their families and advocates are the driving force of everything we do.

The Patient and Resident Experience and Engagement Strategy is intrinsically linked to other related strategies throughout the RHN.

Our Mission

Providing outstanding care and empowering individuals with neuro-disability, enabling them to live their lives to their fullest potential in accordance with their wishes.



Our Vision

We will be the national centre of excellence for neuro-disability.

Our values



Seeing the whole person

taking an interest in every aspect of our patients, residents and each other



Willingness to learn

learning through education, experience and being open to new ideas



Delivery on promises

do what we say we will do, in the time and to the standard we promised



Honesty and integrity

to be open, truthful and professional at all times

Our key priorities of this strategy



Listening

to what patients, residents, their families and advocates tell us about their experience of our services and what matters to them about the way we do things.



Communicating

information and opportunity so that patients, residents, their families and advocates are better able to inform the decisions that may affect their own care (or the care of their loved ones), the services they use and the future direction for the RHN as a whole.



Supporting

patients, residents, their families and advocates in decisions about their care, the design of services they use and hospital strategies and policies.



Acting

on feedback from patients, residents, their families and advocates, as well as enabling them to drive change.

Our plans



Listening

Where are we now?

- Complaints, informal concerns and compliments.
- Discharge Friends & Family Test (brain injury service).
- Annual patient / relative survey.
- 'Tell us your views'.
- Experience of care week.
- Matrons clinics.

What will we do?

- Customer service training for staff.
- Improve opportunities for patients, residents, families and visitors to share feedback.
- Speech and language therapists will help us find ways to get feedback from patients and residents with complexities in relation to communicating with others.



Communicating

Where are we now?

Information displayed on:

- Notice boards.
- 'Take away' leaflets, booklets and documents.
- Signage around the hospital.
- RHN Internet site and social media.
- Regular updates by email or letter.
- Annual Quality Account.

What will we do?

- Review information on notice boards.
- Explore other ways to share information with patients and residents like podcasts, social media and hospital radio.
- Review the information given to new patients, residents and families.
- Review the signage across the hospital.



Supporting

Where are we now?

- Patient Representatives Committee.
- Information sharing working party.
- PLACE Audits.
- Catering Focus Group.
- Communicating with patients training.
- Speak up / whistleblowing.

What will we do?

- Sharing and learning from patients' and residents' stories.
- Involve patients, residents and families in shared learning processes.
- Supporting patients and residents to lead quality improvement projects across the RHN.



Acting

Where are we now?

- 'You said - We did' on quality boards
- Shared Learning and the Putney Board process
- Building therapeutic relationships project
- Personalising patients' and residents' rooms project
- Quality improvement projects to improve care and experience:
 - Diabetes care project.
 - HCA improvement and support project.
 - 1:1 care improvement project.
 - Actions from serious incidents, formal complaints and informal concerns outcomes tracked and managed via an Actions Tracker.

What will we do?

- Acting on feedback, including results from Friends & Family Test and Annual Patient and Relatives survey, in a more structured way.
- Reassure patients, residents, family members and advocates that sharing their concerns and feedback will not impact negatively on care.
- Progress the Building Therapeutic Relationships project to support patients, residents and families to be involved in their individualised care and communication.
- Take forward the personalising patients' and residents' rooms project.
- Review of the Patient Representatives' Committee and other possible patient / resident / relative forums.

“Patient experience was positive when patients and their families felt involved and understood what to expect in relation to their care. Patient experience was improved where staff treated patients with dignity and respect at all times.”

NHSE&I Patient Experience Improvement Framework 2018

“Our purpose has never been clearer. In our assessments we will ensure that services actively take into account people’s rights and their unique perspectives on what matters to them...”

Ian Trenholm, Chief Executive of the Care Quality Commission, May 2021

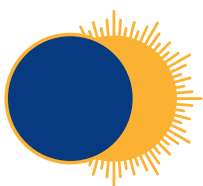
Glossary of terms

Putney Board

This is a notice board displayed on each ward to show shared learning documents, ideas for improvement, ward quality improvement projects, successes and celebrations. Staff regularly come together at the board in a ‘huddle’ (group) to discuss shared learning and generate new ideas. They update progress on quality projects and highlight successes.

Quality Board

A notice board where information is displayed in relation to clinical care, such as pressure ulcers and falls. Low numbers often indicate good quality care.



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