



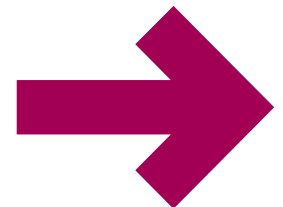
**Aligning work to
improve
experience of
care with QI and
coproduction**

HOPE Network

7th November 2018

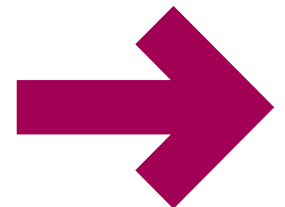
How we plan to spend the time

- Our journey from Mandate Goal to asking what will help:
- David McNally, Head of Experience of Care, NHS England
- Colin's input title (if he's confirmed)?
- Colin Quick, job title?, Cornwall Partnership NHS Foundation Trust
- Improving care together - rhetoric to reality
- Helen Lee, Experience of Care Professional Lead, NHS England
- Discussion



Our starting point

- NHS Mandate goal:
 - *“With NHS Improvement, improve the percentage of NHS Staff who report that patient and service user feedback is used to make informed improvement decisions”*
 - Relates to Question 22 c) in the NHS Staff Survey

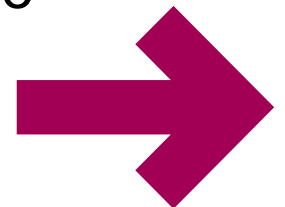


2017 staff survey results

- 61% (62% in 2016) of staff report that patient feedback is collected within their directorate/department;
 - Analysis indicates that staff who have frequent contact with patients are the most likely to report that patient feedback is collected at their organisation.
- 59% (59% in 2016) said that they receive regular updates on patient/service user experience in their team;
 - However, this group feel relatively less informed about the way that patient feedback is used in decision-making.
- 51% (51% in 2016; 49% in 2015; 50% in 2014) said that this feedback was used to make informed decisions.
 - Analysis indicates that general managers and commissioning managers are significantly more likely than other staff groups to report that feedback is used to make informed decisions. Medical and dental staff are the least likely to feel that patient feedback is used to make informed decisions.

What have we done?

- We talked to 11 Trusts from the 16 that scored 60% or more (2016 results) against Q22c in the staff survey to about what they have done that works well.
- Discussed what we heard with
 - Jane Cummings,
 - Maureen Bisognano (IHI)
 - Helen Bevan
- We then talked to a further 6 Trusts about
 - The barriers/challenges to aligning work to improve experience of care with QI and coproduction, and
 - What would help



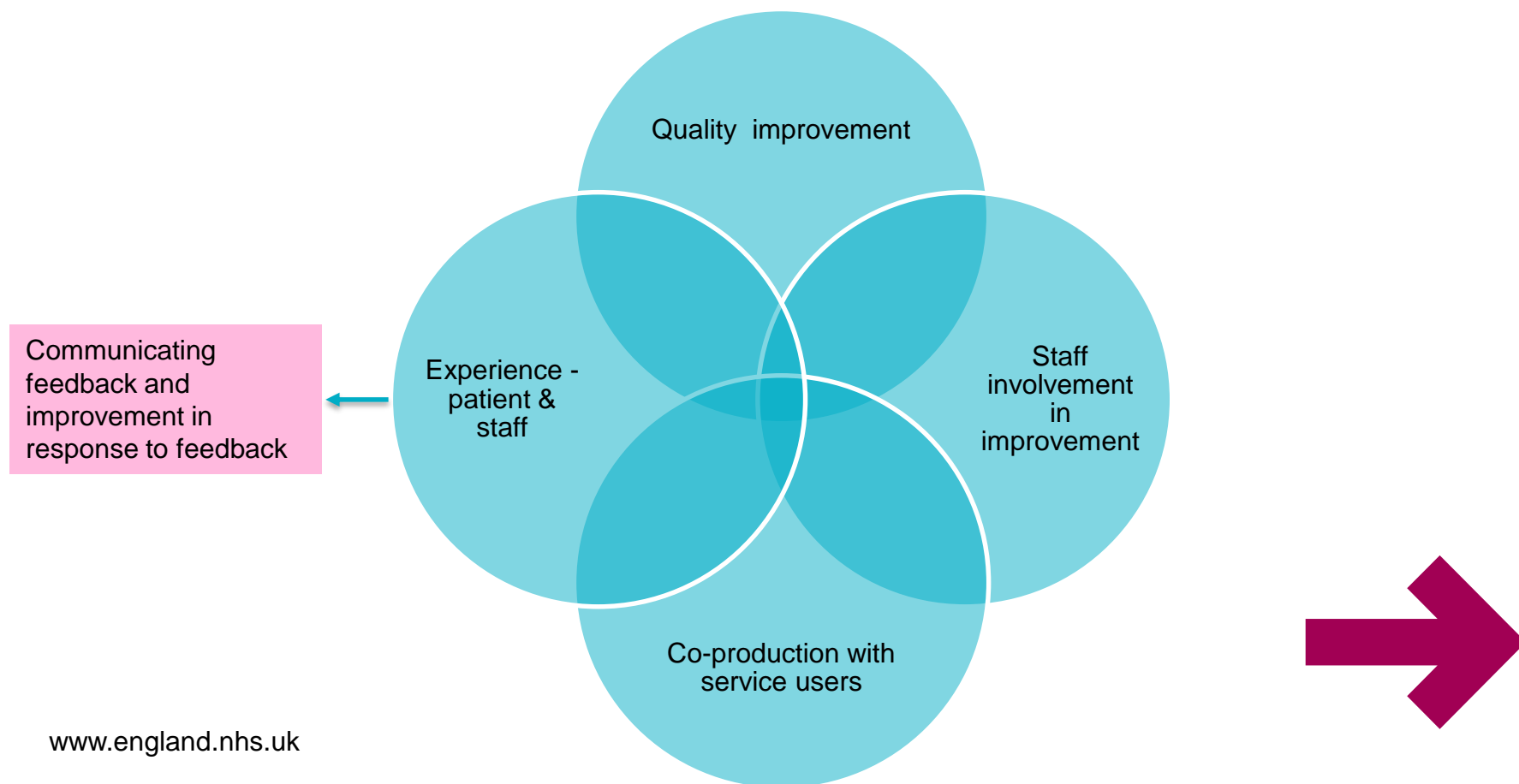
Consensus about overall goals

- The right culture and leadership
- Having a systematic approach to quality improvement which includes experience of care
- Recognising staff experience as antecedent of patient experience and aligning staff and patient experience.
- Directly involving patients/carers and front-line care staff through specific co-design and co-production quality improvement initiatives, e.g. Always Events, EBCD
- Having multiple ways of communicating to staff and patients about
 - What feedback has been heard from patients/carers;
 - How patient/service user/carer feedback is being/has been used to make informed decisions about improving experience of care

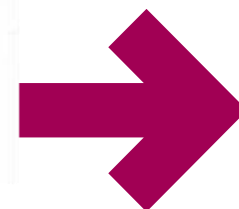
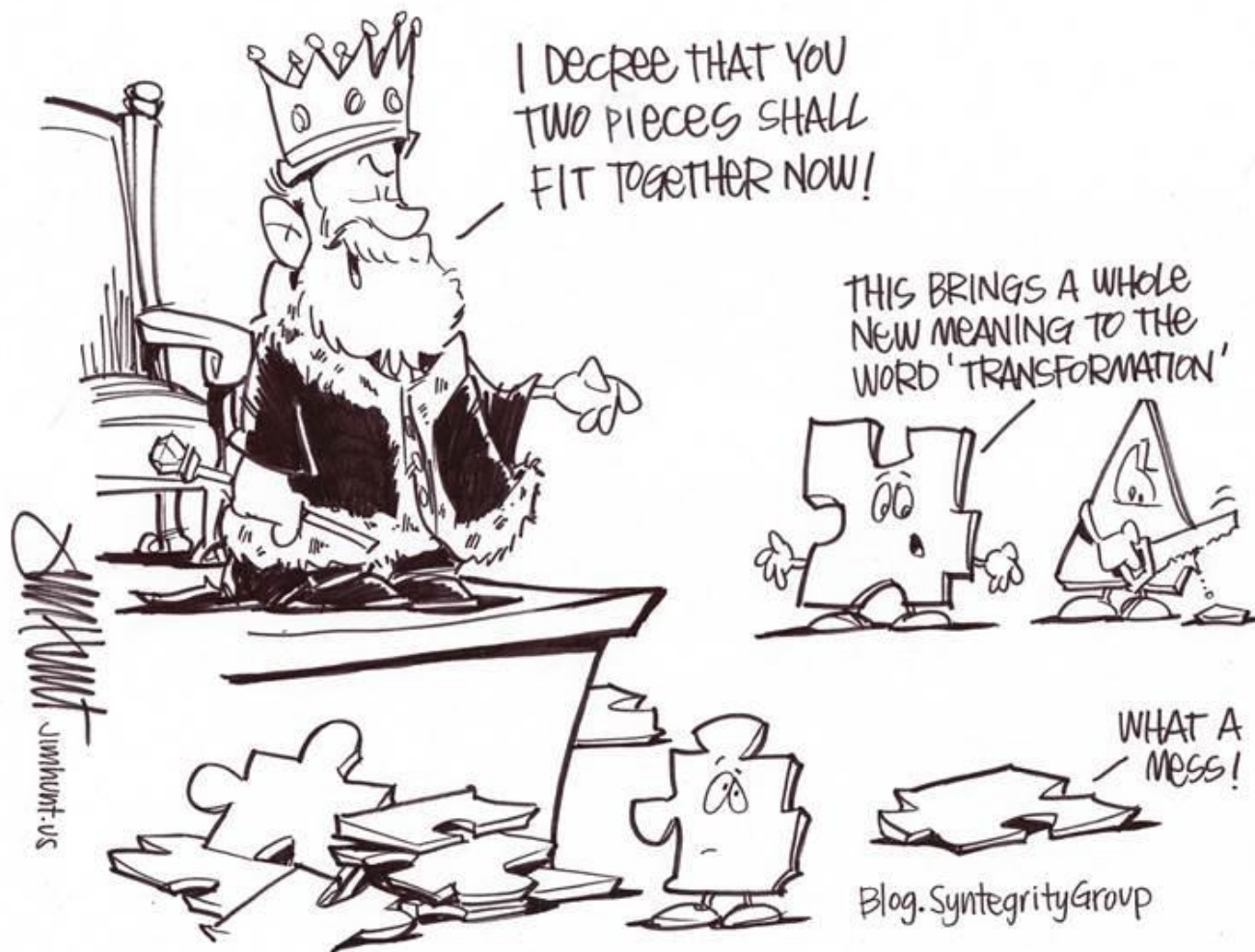


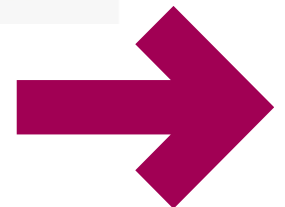
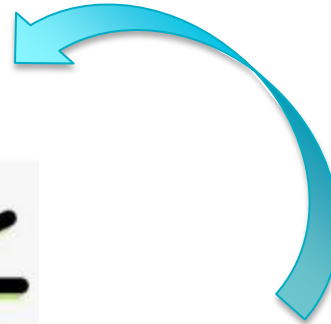
Why doesn't it happen?

- Key pieces missing and/or effort is fragmented



Traditional approach to improvement





Paradigm shift

Old way

- Doing to or for people
- Clinicians know best
- “What’s the matter?”

New Way

- Doing with people
- Together we can look at the options that are best for you
- “What matters to you?”

Challenges

We don't have time

Leadership support and
commitment

Fear - -new
way of working

Unhelpful
assumptions

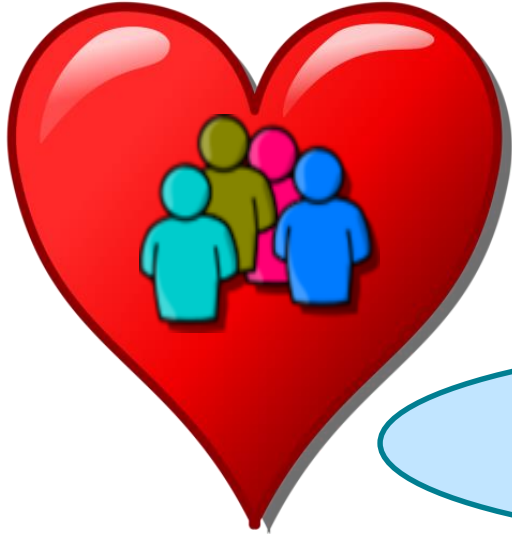
Language

Culture:
• Do for not with
• Fix it

Fear of
not getting
it "right"

Every challenge has a solution (The Health
Foundation, Our Theory of Change)

Lancashire Care's experience of improving care together through Always Events



Connect to core purpose

Improve the right things together

Sustainable improvement

High quality care,
in the right place,
at the right time,
every time.

Quality, always being the best we can be

Motivated engaged and valued staff

People at the heart of everything we do

OUR VISION

<https://www.aquanw.nhs.uk/resources/corporate/A-Sense-of-Urgency-A-Sense-of-Hope.pdf>



https://www.cqc.org.uk/sites/default/files/20180911_QI_hospitals_FINAL.pdf



FIGURE 1: COMMON ELEMENTS OF QI



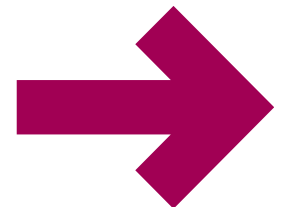
Putting the patient at the centre of QI – the QI journey sharpens the focus on delivering high-quality patient care and aligning improvement activity to outcomes and experience for patients. To deliver this, patients must be involved and enabled as true and equal partners for QI.

**Our challenge is to make
coproduced quality improvements
just the way we do things.....together**



What next?

- We know what but don't know what all the answers are for the how
- Emerging support for developing an improvement collaborative from 19/20
- Should we also develop a guide to communicating feedback and improvement in response to feedback to staff and patients?



Discussion - views on what next

- Is an improvement collaborative a good idea?
- Should we also develop a guide to communicating feedback and improvement in response to feedback to staff and patients?
- Are there other things we should consider that would help?

