



Chelsea and Westminster Hospital
NHS Foundation Trust

PATIENT EXPERIENCE AND ENGAGEMENT STRATEGY

2023–26

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1. Background

Chelsea and Westminster Hospital NHS Foundation Trust is one of the top ranked and top performing hospital trusts in the UK. We employ more than 6,000 staff over our two main acute hospital sites, Chelsea and Westminster Hospital and West Middlesex University Hospital, and across 12 community-based clinics within North West London and Hertfordshire.

We pride ourselves on providing outstanding care to a community of more than 1.5 million people.

Both hospitals have major A&E departments, treating over 300,000 patients each year. The Trust is the second largest maternity service in England, delivering over 11,000 babies every year. Our specialist care includes the world-renowned burns service, which is the leading centre in London and the South East, we are part of West London Children's Hospital with paediatric inpatient and outpatient services, and our specialist HIV and award winning sexual health care services.

In partnership with CW+ our hospital charity we build and enhance clinical facilities to create an outstanding care environment for our patients and for our staff. We are growing our existing portfolio of innovation projects and our reputation in this field, to become a national leader for innovation within the NHS.

We aspire to provide locally-based and accessible services enhanced by world-class clinical expertise and technologies. Our excellent financial and operational performance is a source of great pride to us. Through the Health and Care Partnership (HCP) in both North West and South West London we work as a wider health system to drive improvements to care, and to deliver integrated care in Hammersmith and Fulham, Hounslow and West London and beyond.



2. Why have a strategy?

2.1 The body of research shows that providing a positive patient experience results in the following:

- Better health outcomes, shorter stays and reduced readmissions
- Increased patient safety, clinical outcomes and satisfaction rates
- Greater equity in access to treatment and care
- Helping patients feel more empowered and independent in managing their health
- Tackle health inequalities

2.2 The purpose of the Patient Experience and Engagement Strategy 2023-2026 is to set out the Trust's commitment to improving the experiences of patients through meaningful engagement with our patients, key stakeholders and local population, whilst ensuring there are mechanisms in place to capture, listen and act on feedback. The strategy is made up of 4 objectives; each objective is supported with an 'Always Statement'. As a Trust, we should ***always*** promote a positive and accessible experience and environment for our patients.

2.3 Our vision can be summarised with the following; ***"Putting the patient voice at the heart of everything we do, will ensure we continue to deliver high quality, safe and effective care to all"***

2.4 The Patient Experience and Engagement Strategy 2023-2026 will enable us to have a clear vision for what an excellent patient experience looks like over the next 3 years. It will facilitate the Trust in developing a dynamic and forward thinking culture in which all staff understand their role in providing a positive experience for our patients.

The strategy will outline how we, as a Trust, will meet the Care Quality Committee (CQC) Key Lines of Enquiry including:

- Are lessons learned and improvements made when things go wrong
- How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional support when needed
- How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible
- How are people's concerns and complaints listened and responded to and used to improve the quality of care
- Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services

2.5 NHS England published the Patient Experience Improvement Framework in 2018. The foundation of this framework was developed using the NHS Trust Development Authority (TDA) patient experience development framework, the National Quality Board *Improving experiences of care: our shared understanding and ambition 2015*; it draws on findings from Trust's most recent CQC reports and through collaboration with patient experience teams across the country. To ensure organisations are consistently improving patient experience, focus should be on:

- Leadership
- Organisational Culture



- Collecting feedback: capacity and capability to effectively collect feedback
- Analysis and triangulation: to use quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- Reporting and publication: patient feedback to drive quality improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning

Our strategy and objectives are modelled around these themes and drivers. The full report and framework can be found at www.england.nhs.uk/publication/patient-experience-improvement-framework

2.6 In July 2022, a partnership was agreed amongst the four North West London Acute Trusts; Chelsea and Westminster Hospital NHS Foundation Trust, Imperial College Healthcare NHS Trust, London North West University Healthcare NHS Trust, and The Hillingdon Hospitals NHS Foundation Trust. This partnership, known as the Acute Provider Collaborative, aims to strengthen collaborative decision-making and helps us make the most effective use of our collective resources to provide better care, for more people, more equitably. Whilst this strategy is independent for our organisation, it will support with the wider work being doing to ensure a joined up approach to care within North West London.



3. Who is this strategy for?

The strategy encompasses all Trust sites, hospital and community services for adults, children and young people and women's services. It applies to all patient facing clinical and non-clinical roles, and those who have an indirect impact on the experience of patients.

The strategy also applies to a number of other staff roles and stakeholders with connections to the Trust, including volunteers, governors and foundation members.

A fundamental aim of the strategy is to develop partnerships within our community, support the National health inequalities agenda and promote greater independence for health within our local population. The strategy therefore ensures we have a commitment to listen to and act upon the feedback and experiences of our patients, families, carers, local authorities, local health & social care partners, and our voluntary sector.

Collaboration is a key component that underpins our strategic vision and as such, our patients, public and staff have engaged and inputted in the development of this strategy. Ad hoc consultations, engagement meetings and 'one stop clinics' were methods used to gather feedback and create our vision.



4. Where are we at now?

4.1 In 2019, the Trust developed a 5 year strategy for Patient and Public Experience and Engagement. In 2020 the NHS faced an unprecedented challenge of responding to the COVID-19 pandemic, with much of the Trust's attention being placed on clinical care. However we were able to make small strides within the 2019-24 strategy in parallel to our response to COVID-19:

- A number of existing patient and carer forums continued to function with some crucial improvement work being linked to these. Groups included the Maternity Voice Partnership (MVP), Learning Disability Forum, Life after Stroke Group and our Youth Forum to name a select few
- Embedded Patient and Public Engagement and Experience Group which occurs monthly to review key patient experience performance indicators with internal and external stakeholders
- Patient-Led Assessments of the Care Environment (PLACE) restarted in September 2022, and the Trust undertook these national assessments with the patient voice at the heart of the initiative
- Introduction of a number of digital applications to help improve patients' care and hospital experience in response to COVID-19. This included a confidential video conferencing service, a web application service that gives patients mobile access to their medical records and an application allowing patients with long term conditions to book themselves urgent specialist appointments to reduce the need for A&E treatment

4.2 Since 2021, the NHS has accelerated the restoration of services to support recovery following the pandemic, and maximising on the collaboration and learning through the pandemic. As a Trust, we have reviewed our priorities and ambitions to meet the demand and capacity. We now have a real opportunity as a Trust to continue the positive work we have been doing throughout COVID-19 whilst also setting in place our strategic vision for ensuring all of our patients, families, carers and general public have a positive experience with our Trust and, where this falls short, for us to ensure there is appropriate and sufficient learning.

4.3 In January 2020, the CQC rated Chelsea and Westminster Hospital NHS Foundation Trust as 'Good', with the domains for Caring and Responsiveness as 'Outstanding'. It was acknowledged that the Trust had a number of good mechanisms in place for promoting patient feedback, specifically in areas such as Critical Care, and were involving patients in decisions about their care. There was a positive culture for patient experience however it was identified that within some departments there was limited evidence that patient experience's and views were being used to shape improvements.

4.4 The Patient Experience and Public Engagement Strategy 2023-2026 will continue to support the implementation of the Trust's organisational strategy, which describes three priorities including *Delivery high quality patient-centred care*, *Be the employer of choice*, *Deliver better care at low cost*.

4.5 The Trust sets quality priorities each year as part of their annual plan. These are identified to improve care based on locally identified areas of need.



The Patient and Public Engagement and Experience Strategy 2023-2026 will support the successful delivery of these priorities through ensuring the patient 'voice' is regularly heard and it is having a positive impact of those accessing our services.

4.6 Our Trust values demonstrate the standard of care and experience patients and members of the public should expect from all of our services. These values form the mnemonic **PROUD** and they form the very foundation of our 2023-2026 strategic vision:

- **P**utting patients first – ensuring their voice is at the heart of everything we do
- **R**esponsive to patients and staff – creating accessible platforms for feedback and ensuring we act on this
- **O**pen and honest – acknowledging when where we get things wrong, but more importantly putting it right
- **U**nfailingly kind – being compassionate, empathetic and caring in everything we do
- **D**etermined to develop – create a culture that supports patient experience and always strive to improve processes for feedback



5. Where do we want to be?

As part of this strategy it is essential for the Trust to outline what our expectations of excellent patient experience is, but more importantly, what we strive to achieve:

- Being treated with honesty, compassion, respect and dignity
- Being communicated with and listened to as an equal
- Having the right information at the right time and in a way that is understandable, to enable you to make the right choices
- Consistently receiving good care in a supportive, clinically effective and safe environment
- To have confidence and trust in the staff caring for you
- Ensure there is quality in the work we do
- Develop a workforce that understands the importance of patient experience in their roles
- Effective use of resources



7. What is ‘bad’ patient experience?

We asked a number of patients, public and staff what ‘bad’ experience looks like. We should consider all of these views in our roles every day to ensure the experiences of our patients do not fall short.



Carer: “My mother has needs in the community that are often ignored in the hospital. If hospitals don’t consider these community needs, it is unsafe and unhelpful to my mother’s care and recovery. I give my mother a voice, and when you ignore me, you are ignoring her.”

Senior Nurse: “Not speaking to people in a respectful way. Patients, carers and family will always remember how you speak with them, so leaving a bad impression is not good.”

Patient Representative: “Ignoring our needs. We aren’t just patients, we are real people. Don’t ignore us. If we are in pain, show compassion. If we need help, don’t be rude.”

Head of Patient Experience: “Thinking we know what is best for patients and carers, without actually involving them in care decisions or ways to improve services.”

Consultant: “Being dishonest if we have done something wrong or care has been unsafe. We have a duty to be open and fair to all our patients.”

Junior Doctor: “Not explaining things thoroughly and in an understandable way. Categorising everyone as the same.”

Receptionist: “Excessive and unnecessary wait times, lack of communication and not giving patients enough information during their visit.”

Cleaner: “Not cleaning the ward properly. A patient should be happy to sleep on a comfortable and clean bed, just like they would at home.”

Healthcare Assistant: “Not helping a patient or child when they need it. And if you are unable to help them in that exact moment, ignoring them or being rude.”

Porter: “Promising something and not doing it.”



8. Objectives

The strategy is made up of 4 objectives—each objective is supported with an ‘Always Statement’. As a Trust, we should **always** promote a positive and accessible experience and environment for our patients.



Involvement

Improve care and services **with** patients and carers, not just for them



Create, Capture, Listen, Act

Listening and responding to all forms of feedback to improve our services



Culture

Providing a positive experience from patients must start from staff



Accessibility and Partnerships

We must tackle health inequalities across our population



Strategic Objective One: Involvement—“To promote the role and benefits of the public and patients shaping our services, and to develop new and innovative ways of working with you”

Division / Department	Name of division and department: All Trust Divisions and Departments	Objective lead: Matt Robinson – Head of Patient Experience	Patient representative lead: TBC	Clinical champion: TBC
Current Problem / Rationale	To comply with Section 242 of National Health Service (NHS) Act 2006, Chelsea and Westminster NHS Foundation Trust must ensure that patients and / or public are involved in certain decisions that affect the planning and delivery of the NHS services. To evidence good practice against CQC domains of responsiveness and well-led			
Always Statement	“We will always value individual need and positive contribution”			
Expected benefits	Increased participation with our patients, carers and public in service improvement initiatives More positive experience for all patient groups		Alignment to Trust priority: Deliver high quality patient-centred care	
Change ideas/ activities	<p>Biannual patient experience roadshow events to promote involvement, the role of a patient representative, share how we have listened and what we could change</p> <p>Create a mechanism for recruiting and quantifying patient involvement</p> <p>Review the function of the Patient and Public Engagement and Experience Group (PPEEG) to ensure more effective scrutiny of patient experience matters, create a platform for patient stories and collaborative working</p> <p>Develop a suite of resources and learning opportunities for service users to draw on patient involvement</p> <p>Develop a trust wide model to learn from lived experience including patients and families helping develop Quality Improvement projects and being involved in training</p> <p>PLACE and PLACELite; every other month PLACELite assessments alongside the annual national PLACE assessment with patient, volunteer and staff assessors helping us gain a picture of what it is like to be looked after in our hospital</p> <p>Opportunity for PLACELite to link in with the Accreditation programme</p> <p>Patient Safety Framework; recruit patient safety partners to strengthen patient safety across the Trust as part of delivering PSIRF</p> <p>For the Trust to promote an open culture for involvement, through creating a visible list of user groups, encourage participation in these and have a clear reporting structure to the Patient and Public Experience and Engagement Group (PPEEG) on successes</p>			



<p>Family of measures</p>	<p>Outcome measures: One patient led project by end of 2023-24 Long term aim - 75% of all patient experience related quality improvement projects or initiatives to have clear evidence of patient involvement Continued patient involvement in annual PLACE, with targeted involvement from underrepresented patient groups i.e. youth, LD, BAME Successful recruitment of two patient safety partners</p>	<p>Process measures: Review current patient involvement workstreams for good practice and effectiveness, and introduce a governance framework for patient involvement going forward Successful implementation of PSIRF</p>	<p>Balancing measures: Patient engagement and involvement can be resource heavy in initial stages, which will have an impact on other patient experience workstreams If opportunities are not accessible, we will limit the involvement of certain patient groups and therefore, limit the effectiveness of involvement</p>
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Strategic Objective Two: Create opportunities for feedback, Ensure we have appropriate mechanisms for capturing this feedback, Listening to what our patients are saying and Acting on it - *“To improve how we share the improvements made after your feedback and the patient involvement work we do”*

Division / Department	<i>Name of division and department:</i> All Trust Divisions and Departments	<i>Objective lead:</i> Matt Robinson – Head of Patient Experience	<i>Patient representative lead:</i> TBC	<i>Clinical champion:</i> TBC
Current Problem / Rationale	To evidence our progress to each of the five CQC domains, with a specific focus on Effective, Caring and Responsive. Similar themes in patient feedback, which suggests we are not truly learning from where we go wrong.			
Always Statement	<i>“A poor experience will not happen twice”</i>			
Expected benefits	<i>Improve standards of care being provided to patients</i> <i>Improve the engagement of patients in their own healthcare</i>	<i>Alignment to Trust priority:</i> <i>Deliver high quality patient-centred care</i> <i>Deliver better care at low cost</i>		



<p>Change ideas/ activities</p>	<p><u>Utilise systems to ensure a triangulation of feedback themes and trends</u> Ensure data and themes from feedback are being actioned regularly by divisional leads Ensure PROUD boards are updated daily to incorporate patient experience results and outcomes Clear management of the National Patient Survey Programme for the Trust Ensure the Trust is responsive to patient feedback on a variety of public domains, such as social media, CareOpinion, NHS.uk <u>Develop new or improve on existing systems for capturing feedback</u> Explore cost effective digital feedback mechanisms available to the Trust Continue to explore innovative ways to encourage and respond to feedback from children accessing care and treatment at the Trust. This can be through face to face events, such as the youth forum, or alternative digital applications or platforms that are most accessed by our young people. <u>Use feedback to promote effective changes in the experiences of patients</u> Ensure Friends & Family Test (FFT) targets for both positive % and response % are being maintained or exceeded, and to act on areas of concern immediately Prompt responses to public domain patient feedback Develop and introduce a satisfaction survey to inform, develop and demonstrate an effective PALS and Complaints service Ensure learning actions identified as part of complaints, incidents and SIs are completed within their appropriate timeframes <u>Develop a Trust patient story programme</u> Develop a library of digital stories that are accessible to all and ensure shared learning throughout the Trust Develop and maintain a robust process for areas to capture and share stories</p>		
<p>Family of measures</p>	<p>Outcome measures: 1 patient story per service within first year of strategy 50% complainants satisfied with the Trust complaints process Complaints of reoccurring themes reduced</p>	<p>Process measures: Develop, agreement and implementation of a patient story policy. Library of patient stories available to the Trust FFT positive and response % targets achieved</p>	<p>Balancing measures: Complaint satisfaction survey introduced at the wrong time can lead to further patient distress Patient stories can be extremely resource heavy Important to use feedback with other metrics and not in silo, as would give false impression of experience and safety</p>



Strategic Objective Three: Creating a culture – “Moving patient experience to the spotlight”

Division / Department	<i>Name of division and department:</i> All Trust Divisions and Departments	<i>Objective lead:</i> Matt Robinson – Head of Patient Experience	<i>Patient representative lead:</i> TBC	<i>Clinical champion:</i> TBC
Current Problem / Rationale	Creating an open and transparent culture, one which supports and encourages constructive engagement whilst also committing to learning from mistakes, has a positive impact on patient experience. If there is no cultural foundation present within the organisation, this will have an adverse impact on the experiences of our patients.			
Always Statement	<i>“Staff should understand the importance of ensuring a positive, accessible and inclusive experience for all patients”</i>			
Expected benefits	<i>Positive staff engagement leading to positive patient experience</i>	<i>Alignment to Trust priority: Deliver high quality patient-centred care Be the employer of choice</i>		
Change ideas/ activities	<p>Develop and implement patient experience accreditation programme for the Trust or integrate and embed this in current accreditation models, to give greater assurances to the experiences of patients within a specific area</p> <p>Patient experience embedded in training and in all aspects of leadership development</p> <p>Ensure all appropriate staff have access to patient feedback platforms e.g. Incident management systems, ENVOY etc., and are trained on the functionalities of these</p> <p>Regular sharing of positive progress on patient experience developments</p> <p>Identifying and upskilling patient experience ‘champions’ across the Trust</p> <p>A redeveloped patient experience page on our website and staff intranet pages</p> <p>Development and publication of a patient experience toolkit, to help enhance staff knowledge and confidence of patient experience and involvement</p> <p>Empower senior leaders and management, through accreditations, creating champions and sharing good practice, to take ownership of patient experience within their areas</p>			
Family of measures	<p><i>Outcome measures:</i></p> <p>All areas or services to score ‘good’ on the accreditation / audit tool</p> <p>1 patient experience ‘champion’ identified and trained per service by September 2023</p>	<p><i>Process measures:</i></p> <p>Development of a patient experience accreditation tool or audit process.</p>	<p><i>Balancing measures:</i></p> <p>Operational pressures may take priority</p>	



Strategic Objective Four: Accessibility and Partnerships – “To develop our partnerships and increase the number and diversity of people involved, creating accessibility for all”

Division / Department	Name of division and department: All Trust Divisions and Departments	Objective lead: Matt Robinson – Head of Patient Experience	Patient representative lead: TBC	Clinical champion: TBC
Current Problem / Rationale	It is essential that we create opportunities supporting strong community partnership in order to hear from different people of different backgrounds and engage stakeholders in feedback and decision making.			
Always Statement	“Care and treatment will be accessible to all”			
Expected benefits	Reduction in health inequalities Accessible treatment for all our population Empower patient groups who are often underrepresented to have a voice in their healthcare and become more independent Improve relationship between primary, secondary and community based care	Alignment to Trust priority: Deliver high quality patient-centred care Be the employer of choice		
Change ideas/ activities	Ensuring service users have required levels of access to the service, through mechanisms such as increasing the usage of the ‘FLAG’ system on Cerner to ensure disabilities are captured Ensure there is a clear defined management of patient information within the Trust, and for these to be made accessible to our diverse and varied demographic The importance of recording accurate demographic patient data to form data insights as part of patient accessibility and Quality Improvement. For the Complaints and PALS teams to ensure there are mechanisms in place to ensure complaints and concerns relating to a patient’s protected characteristics can be identified. Quarterly reporting on the ReciteMe function on the Trust webpage to understand demographic usage and other changes required Continued management of the Trust’s translation service and quarterly reporting on usage Ensure LD patient passport and other relevant passports are used effectively across the Trust			
Family of measures	Outcome measures: 100% LD patients with a flag on Cerner 100% uptake of patient passports where applicable	Process measures: Review and improve process for capturing demographic data upon each patient encounter	Balancing measures: Could impact patient flow and experience by asking demographic details at point of visit	



9. Implementing the strategy

9.1 Appendix A includes the forward plan for the 2023-2026 strategy. The plan was created using the four objectives, key activities associated with each, milestones for progress and the relevant reporting structures to ensure there is governance over each objective.

9.2 The Patient and Public Engagement and Experience Group (PPEEG) will be responsible for overseeing the progress of this strategy. A bi annual report will be presented to the Trust Executive Management Board (EMB) and Quality Committee for assurance purposes and an annual report following conclusion of year one activities to evidence progress against the strategy and an outline of the year two forward plan.

9.3 We will monitor our progress against delivering the objectives in this strategy through the measures identified in the table below:

Measure	Key Performance Indicators KPI	Where are we now (2023)	Target – What does good look like?
Patient experience scores increasing	FFT positive % and response rate achieving or exceeding previous quarter Increase in National Patient Survey Programme OPES score	22-23 year end: FFT Positive Rate: 87% FFT Response Rate: 9%	23-24 year end: FFT Positive Rate: 90% FFT Response Rate: 15% Other metrics: Top 3 Trusts in London Above National Average
Respond to and learn from patient feedback	Compliance with 2 day and 3 day acknowledgement for PALS and Complaints respectively Responding to complaints in 25 working days Demonstrate learning from complaints through closure of actions Reduction in the number of complaints attributing to the same themes	22-23 year end: Complaint acknowledgement: 96% PALS acknowledgement: 96% 25 working day response: 86% 88% complaint actions completed 25% of total complaints themed as communication	23-24 year end: Complaint acknowledgement: 98% PALS acknowledgement: 98% 25 working day response: 90% 95% complaint actions completed 5% reduction in communication based complaints
Involve patients and public more	Increase evidence of patients involved in service redesigns or quality improvement projects Implementation of national PLACE and PLACElite	Pockets of good practice but lack of consistency across the Trust	Embedded patient and public involvement training for staff One patient led project by the end of 23-24 Formalisation of the patient representative role
Make our Trust accessible to patients and public	Increase % of patient records with demographic and disability/flags	Unknown	To be determined



Appendix 1: Year One Forward Plan

Objective one

Activity	Timeframe	Rationale	Responsible	Success Indicator	Reporting/Governance
Review the Patient and Public Engagement and Experience Group Terms of Reference (ToR) and purpose	By 31st July 2023	The group should be the focal point for all matters relating to this strategy, and therefore should act as a platform for closer scrutiny of feedback, support patient stories, allow for greater coproduction with external stakeholders.	Chair of PPEEG	Revised ToR Monthly reports to include: At least one patient story Inclusion of public domain feedback Greater clarity on learning actions from feedback/complaints	PPEEG Bi-annual report
Create a process for user involvement	By March 2024	Formalise the governance structure for patient and user involvement. The exact number of patient forums is unknown and we are unable to share coproduction best practice.	All Trust staff	Redesign of website to include a page on user involvement, and to also include a publically visible list of patient forums. Introduction of a system for patient representative recruitment and reporting	PPEEG EMB



Objective two

Activity	Timeframe	Rationale	Responsible	Success Indicator	Reporting/Governance
Introduction of a complaints satisfaction survey	By 31st May 2023	The complaints process is often very challenging for complainants, with response delays and dissatisfaction with the outcome. The survey/interview process will serve to better understand how we can improve the complaints function	Head of Complaints	Implementation of survey Dissemination of results within PPEEG	PPEEG Bi annual report Annual report
Creation of a 'Patient Story' framework	By 31st July 2023	Patient stories give a valuable and powerful insight into the experience of our patients and create an environment for change. There is no process currently in place for promoting, capturing and sharing patient stories at the Trust.	Development/Implementation – Patient Experience Team Integration – ALL Trust staff	Patient story framework created Framework integrated into PPEEG and Quality Committee Library of written and video stories available on the webpage	PPEEG Divisional Governance Groups Bi annual report Quality Committee Annual Report Published on website



Objective three

Activity	Timeframe	Rationale	Responsible	Success Indicator	Reporting/Governance
Development, implementation and integration of a "Patient Experience Accreditation"	By March 2024	To create a positive culture for patient experience across the organisation.	Development/Implementation – Patient Experience Team Integration – ALL Trust staff	Accreditation programme developed and all areas to have completed an accreditation.	PPEEG Bi annual report Annual report Results published on intranet

Objective four

Activity	Timeframe	Rationale	Responsible	Success Indicator	Reporting/Governance
To review 22-23 patient demographic report to highlight good practice and identify scope for improvement work	Once report is available	To ensure we are involve patients and public in projects that best represent our population. To ensure Trust tools to support patients with additional needs are being understood by staff and used effectively.	EDI Manager and Patient Experience Team	Report available and actions identified	PPEEG Bi annual report Annual report