



## TAMESIDE AND GLOSSOP STRATEGIC PARTNERSHIP FORUM

**Tuesday 24<sup>th</sup> September 2019, Hyde Town Hall, 10 Corporation St, Hyde SK14 1AL**

### Introduction

The topics discussed were:

- Patient Experience and Service User Engagement Strategy
- Equality and Diversity Strategy

### Organisations present

LGBT Foundation

Tameside Armed Services Community

Citizens Advice Bureau, Tameside

Carers Centre, Tameside

Age UK

Derbyshire Carers

High Peak CVS

Irwell Valley Homes

Ashton Pioneer Homes

Ashton Sixth Form College

Healthwatch Tameside

Tameside and Glossop CCG

Tameside Shared Lives

Tameside and Glossop Integrated Care NHS FT

Tameside Council

### Patient Experience and Service User Engagement Strategy

Led by Rob Conyers, Head of Patient Experience, Tameside and Glossop Integrated Care NHS Foundation Trust

Participants were asked to review three objectives; Listen, Learn and Act, and consider the following questions:

1. What should we have in place to improve patient and service user engagement that we should specifically mention in a revised strategy? (Something we should START)
2. Reflecting on the existing objectives, is there anything you think could be removed either as a priority, or because it isn't clear how it will help improve patient and service user experience? (Something we should STOP).
3. Reflecting on the existing objectives, what do you think is working well, and/or should be continued and remain a priority for the organisation? (Something we should CONTINUE).

#### Objective 1: Listen

- Do people know that they will be listened to?
- Do people know how to give feedback? How accessible are the feedback methods

- The thing that is affecting the patient's experience can be personal or embarrassing, there needs to be a more discreet way to be able to tell people about their experience in real time.
- The document is a bit top heavy on listening after the event. It needs to be more focussed on the patients experience whilst they are there.
- A culture change is required; people are worried that if they speak up during their stay in hospital that their care will be affected.
- People don't want to be seen to be moaning.
- Find a way to enable people to ask for help quietly without having to make a fuss. For example – could add a sentence onto 'Hello My Name is' and ask is your experience okay – is there anything that we can do improve things for you today?
- More human contact in places like A&E and outpatients. Use volunteers to be there for people and who can listen and feedback comments.
- Ask people about their concerns e.g. they might be worried about when they are discharged. Help to calm them and explain what they can expect when they are discharged.
- How do we hear the voices of people who suffer greatest health inequality?
- Needs greater emphasis on digital engagement
- Colleague/staff/stakeholder engagement as an important factor
- Include families/carers
- People don't always want to give feedback there and then

### **Objective 2: Learn**

- Not much detail in the document, so it is unclear who does what
- How do you capture 'middle ground' feedback – not just really positive and really negative?
- Need to gain insight as well as measuring satisfaction
- Use stakeholders/partners; engage with Healthwatch they receive feedback you can learn from.
- Emphasis on qualitative data: Friends and Family – Big omission

### **Objective 3: Act**

- Feedback loop needs to be completed. The public don't know what happens to their feedback. Have 'you said we did' clearly visible.
- The emphasis throughout is on 'You Said, We Did' need to move toward 'Act'
- Need a balance between big strategic and micro level change

### **General comments**

- Objectives need to be a bit more precise
- Document needs to align with the quality strategy/other organisational plans
- Quite a lot of 'how' and not enough 'why'

### **Equality and Diversity Strategy**

Led by Taira Shaffi, Head of Equality and Diversity, Tameside and Glossop Integrated Care NHS Foundation Trust)

Participants were provided with a copy of the draft Equality, Diversity & Inclusion (EDI) Strategic Objectives 2019 – 2022 and asked to discuss what the Trust needs to do More of,

Less of, Keep doing, Stop doing and Start doing in order to achieve the objectives presented in the strategy.

**More of:**

- Succession planning
- Awareness
- Understanding
- Evidence of action
- Diversity
- Starting to create comfortable conversations
- Raise awareness
- Having difficult conversations
- Better organisational structure on the website for public
- Make appraisals more meaningful/individual/simpler and holistic
- Publicise in hospital, community, public – tap into existing services e.g. chaplaincy
- Challenge current thinking
- Work experience can be required, but can be difficult to arrange. Have more shadowing opportunities available for people interested in progression.

**Less of:**

- Lip service
- Tokenism
- Compliance work
- Tickbox policies- e.g. the current appraisals

**Keep doing:**

- Caring
- Good culture
- Working with partners
- Mentoring
- Celebrations
- Tapping into communities to help with recruitment

**Stop doing:**

- Superficial actions
- Stop asking the wrong questions
- Only having online applications to encourage a wider range of people to feel able to apply
- Job applications have such a long list of requirements and qualifications that people are put off applying.

**Start doing:**

- Doing
- Allowing people to talk safely
- Valuing diversity
- Being open
- Creating safe spaces
- Focussing on peoples skills
- Improve knowledge
- Recognise lived experience as a skill
- Additional skills audit of workforce, make the most of skills/ talent to the fullest e.g. sign language

- Improving on Accessible Information Standard- circulate more – tie in with patient experience group
- Review how we share communication amongst the workforce
- Where possible, during policy development, include people who represent the protected characteristics and co-produce in a meaningful way
- EDI training (if this is already happening then review it) train in more innovative ways
- Establish champions/ambassadors i.e. Muslim male nurse and do ‘a day in the life of’
- Reduce the minimum age to 16 for volunteers to encourage them to do work experience
- Young people at college locally go away to university and don’t return to Tameside – why not keep in touch while they are away and arrange something for during the holidays. Make them feel wanted – especially medical students, but also other roles and then they are more likely to consider a career locally.
- Being clear on what we mean by disability. Perception of disability is different to everyone; some people have long term conditions, but manage/live with it and don’t declare to employers. May only declare it if they need reasonable adjustments.  
Encourage people to declare if they have a disability.