

# Patient Experience Strategy 2019 - 2022



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## 1. Introduction

The five domains of the NHS Outcomes Framework describe the national outcomes that all providers of NHS-funded care should be contributing towards. Domain four is, 'Ensuring people have a positive experience of care'. Evidence suggests that patients who have a better experience of care generally have better health outcomes and their experience is improved when they have more control over their care and are able to make informed choices about their treatment.

The NHS Constitution established the principles and values of the NHS in England. The principles guide the NHS in all it does and Principle 4 states, 'The patient will be at the heart of everything the NHS does'. This includes supporting and empowering patients to manage their own health, as well as, involving and consulting with patients, their families and carers, where appropriate, in all decisions about their care and treatment. It includes actively encouraging feedback from the public, patients and staff and using it to improve its services.

In addition to legal requirements, a moral obligation exists for healthcare providers to engage with the patients, carers and the communities they serve and to consider them as partners in the planning and delivery of care.

The Trust's Patient Experience Strategy puts patient experience at the heart of everything we do to deliver the Trust's vision of five star patient care. This is embedded in the culture of the organisation and drives both service and personal objectives, every year. It includes the provision of high quality, evidence based, person-centred care.

This document sets out our strategy for the next four years. It identifies how the Trust will continue to improve patient experience using patient feedback to drive quality improvement and learning.

The aim of this strategy is to ensure that all patients, their families, carers and visitors have a positive experience in our care.

## 2. Key documents defining the direction of patient experience

Good patient experience has been defined as:

'Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal and being treated with honesty, respect and dignity.'

Department of Health (DH), 2009

There are many national policy and guidance documents outlining the critical importance of putting patients at the heart of everything the health service does. The key documents are outlined below and this strategy, as noted above, will support the Trust in identifying and using feedback from patients and their carers to continuously improve the care provided:

- The White Paper, 'Equity and Excellence: Liberating the NHS' (DH, 2010) set out the Government's vision of putting patients and the public first with shared decision-making as routine practice, encapsulated in the phrase, 'no decision about me without me.'
- NHS England's Five Year Forward View (October, 2014) built on existing strategies and discussed empowering patients and engaging communities. The Next Steps on the NHS Five Year Forward View (March 2017) detailed progress made since publication of the original document, outlining what would be achieved over the following two years and how the Forward View's goals would be implemented.
- The National Institute for Health and Clinical Excellence (NICE) Quality Standards: Patient experience in adult NHS services (February 2012) identified the key components of a good patient experience.
- High Quality Care for All (DH 2008) emphasised the importance of the patient experience, as well as patient safety and clinical effectiveness when defining quality in healthcare.
- The NHS Constitution (2015) sets out the rights and responsibilities of patients, public and staff to ensure that the NHS operates fairly and effectively.
- The Health and Social Care Act (2008) introduced the fundamental standards of safety and quality that should always be met by health and social care providers.
- The Accessible Information Standard (2015) sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- The National Institute for Health and Clinical Excellence (NICE) guideline: Community Engagement (March 2016) covers community engagement approaches to reduce health inequalities and ensure health and wellbeing initiatives are effective.

### **3. Review of the previous strategy**

The patient experience strategy 2016-2018 described a number of actions to support the Trust vision to provide five star patient care. It aimed to do this 'through developing a culture that places the quality of patient experience at the heart of everything that we do, by engaging with and listening to patients, their families and carers and striving to exceed expectations'.

#### **3.1. Key achievements**

- Real-time feedback has been obtained from our patients using methods to suit their needs, including maintaining a Five-a-Day patient programme, whereby the Patient Experience Manager asks five patients each working day about their healthcare experience. Any immediate issues are escalated and outcomes are documented and presented to the Patient Experience Council in a quarterly report.
- A robust approach has been developed to collect, share and use feedback from a number of sources, including national patient surveys, Friends and Family Test (FFT), focus groups and NHS websites.

- Patient experience and dignity champions from each clinical area have met bi-monthly to promote the capturing and dissemination of patient experience in clinical areas.
- We have developed our provision for carers while they support someone in hospital, for example, John's Campaign is now fully embedded into everyday practice, with carers able to stay with patients on the ward for as long as they wish.
- Provision of information for patients in different formats to meet their needs with the implementation of the Accessible Information Standard.
- Bi-monthly presentation of a patient story to the Trust Board. Improvements in service delivery following presentation include re-introduction of open visiting hours on the Critical Care Unit and identification of a dedicated area for patient consultation with the research team.
- Comments left on NHS feedback website are reviewed and responded to within two working days. Any significant issues raised are escalated and addressed by the relevant team. Comments, both positive and negative are shared with staff, to share patients' gratitude, to maintain morale and to make changes where this is necessary.
- Complaints management performance has significantly improved with more than 90% of responses provided within agreed timescales.
- Lay readers are used successfully to review newly produced patient information leaflets to ensure that they are easy to understand and are meaningful.
- Following inspection in May 2018, the Patient Led Assessments of the Care Environment (PLACE) programme has ranked the Trust as the best acute NHS Trust in England for the second year running. Scoring an average of 99%, the Trust achieved top marks in the country for cleanliness, food, privacy and dignity, condition of the buildings and facilities for patients living with dementia and patients with disabilities, demonstrating the Trust's ongoing commitment to sustaining a positive patient experience.
- Development of a discharge booklet for inpatients, which allows them to be more actively involved in planning their discharge from hospital.

#### **4. Patient Experience Strategy 2019-2022**

Building on our achievements the Trust commitment to improving the experience of patients and carers remains explicit in the aims of the strategy:

##### **4.1. Aims:**

- To recognise patients as equal partners in their care: the Trust will continue to work in partnership with patients, carers, stakeholders and the local community to ensure that the care received is comprehensive and person-centred meeting the physical, psychological, emotional and social needs of the individual.
- Continue to promote a culture that places excellent patient experience at the heart of everything we do. Providing services to the high standards that we as employees would wish for ourselves, our family and our friends.
- Improve the patient experience by listening to and acting on what patients tell us through a number of forums. Services will be developed with the needs and wishes of service users, carers and the community central to decision making.

- We will endeavour to deliver services that are fair, equitable, inclusive and accessible for all members of the community.
- When experiences do not achieve the required standards we will commit to listening and acting on concerns raised and aspire to resolve concerns and complaints within the timeframes detailed in the Trust's Managing Concerns and Complaints Policy.
- We aim to be in the top 20% of Trusts for patient experience measured by FFT and national patient survey results.

The five star patient care vision is supported by the Trust's values, ACE behavioural standards and a number of high level strategic aims which are focused on the wider health system(s) in which the Trust operates.

The Behavioural Standards cover three areas and apply to staff at all levels:

- The attitude that we appear to show
- How we communicate with patients, relatives and colleagues
- The experiences we create



St Helens and Knowsley Teaching Hospitals NHS Trust

## ACE Behavioural Standards

### Attitudes

- We are all empowered to personally challenge inappropriate behaviour, directly, or via escalation through management.
- We must never underestimate the power of a sincere apology.
- We will act professionally with patients/visitors/colleagues and treat them with respect, courtesy and kindness.
- We will show sensitivity to the needs of others, regardless of race, culture, ethnicity, religion, gender, sexual orientation, age or disability.
- We will seek solutions to problems rather than ignoring them, complaining or blaming others.
- If things go wrong, we will deal with it appropriately, seeking advice and accurately report the facts.
- We will ensure our behaviour, attitude and appearance always create a positive image of the Trust and ensure we dress appropriately and in accordance with the uniform policy.

### Communication

- We will readily provide regular explanation and information to patients/carers.
- We will avoid the use of jargon and explain medical terminology as simply as possible.
- We will introduce ourselves appropriately by name and job title/role both in person and on the telephone.
- We will always wear our name badge so we are easily identifiable.
- We will ask for confirmation that the patient/visitor/colleague has understood what we have said by giving them the opportunity to ask us questions.
- We will not talk over patients, visitors or colleagues.
- We will not have personal conversations near patients or visitors.
- We will always listen respectfully to other people's views and show we are working as a team.
- We will explain delays in a polite manner, and ask the patient or visitor if they are able to wait.

### Experiences

- We will never share our work problems or personal issues with patients and relatives as it is not conducive to provision of high quality care.
- We will greet everyone in a welcoming way, even if we are not expecting them, don't know who they are, or are already occupied.
- We will create a safe, calm, clean and quiet environment and take personal responsibility, so follow up on breakdowns/manufacture, ensuring signs are relevant, welcoming and useful.
- We will not eat or drink in front of patients in clinical areas.
- We will not use the internet or mobile telephones for personal matters in front of patients/visitors. This should be limited to personal time and not during working hours.
- We will not do anything that would bring the reputation of the Trust into disrepute, or cause a loss of confidence in its work.
- We will welcome new employees and students, ensure they have the support they need to learn the job.

[www.sthk.nhs.uk](http://www.sthk.nhs.uk)

The Trust's strategic aims for 2018

Strategic Aims	
1	Provide high quality personalised care
2	Be the services of choice for our patients
3	Respond to local health needs
4	Attract and develop, caring, highly skilled staff
5	Work in partnership to improve health outcomes
6	Create sustainable and efficient health systems

In addition to delivering positive outcomes for patients and carers, improving patient experience makes good business sense as the Trust aims to be the provider of choice for patients and commissioners of services. The internet and social media are powerful tools which can impact on reputation and patient experience remains

high on the national agenda of both the health and social care regulator (Care Quality Commission) and the Department of Health and Social Care with the continued requirement to submit FFT data.



**To recognise patients as equal partners in their care:** The Trust will continue to work in partnership with patients, carers, stakeholders and our local communities to ensure that the care received is comprehensive and person-centred meeting the physical, psychological, emotional and social needs of the individual.

We will do this by:

- Focussing on what matters to our patients in both primary and secondary care from admission through to discharge including continued promotion of the 'What matters to you?' campaign within the trust
- Identifying carers and providing support through appropriate signposting and referral
- Engagement with local carers groups
- Ensuring a high standard of care is provided to bereaved relatives
- Offering referrals to the spiritual care service as part of the admission process
- Development and implementation of policies to enhance individual experience eg: Pets as Therapy
- Implementation of service improvements to enhance the patient experience eg: use of music with dementia patients
- Continued roll out of the Dementia Strategy
- Development of a relative and carer satisfaction survey to identify what matters to them



**Continue to promote a culture that places excellent patient experience at the heart of everything we do.** Providing services to a high standard that we as employees would wish for ourselves, our family and our friends.

We will do this by:

- Ensuring that staff maintain the Trust's ACE Behavioural Standards and provide care in line with the Trust's Values
- Ensuring the 'hello, my name is' strategy is consistently applied in all patient areas
- Ensuring privacy and dignity of patients is maintained and assessed as part of the quality review programme



**Improve the patient experience by listening to and acting on what patients tell us.** Services will be developed with the needs and wishes of service users, carers and the community central to decision making.

We will do this by:

- Demonstrating learning from complaints and serious incidents
- Developing a sustainable annual schedule of patient participation and service specific patient focus groups
- Developing a patient experience dashboard with steadily improving FFT response rates which aspire to achieve ambitious Trust targets
- Ensuring displays of current 'You said we did' posters in all patient areas
- Improving performance in national surveys with scores above the national average
- Providing prompt responses to comments posted on NHS Website, with all postings replied to within 2 working days
- Capturing and acting on the Voice of the Child (feedback from children following care and treatment in the Trust)
- Increased patient involvement and representation at key meetings and groups
- Continuing engagement with local HealthWatch groups
- Increasing the number of referrals of patients with Learning Disabilities admitted to the trust to the safeguarding specialist nurse



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

We will do this by:

- Ensuring volunteers are present at main reception and the Emergency Department to support and signpost patients and visitors to the Trust
- Working to maintain the Trust's excellent PLACE scores
- Setting and achieving the Trust's equality objectives
- Ensuring staff are aware of the diverse needs of our local community by delivery of in house training, lightening learning sessions (brief online training) and publication and dissemination of the annual patient equality information report
- Ensuring patients have access to a number of services to support their communication needs, including British Sign Language interpreters for patients who are deaf or hearing impaired

**When experiences do not achieve the required standards we will commit to listening and acting on concerns raised and aspire to resolve concerns and complaints within the**





## timeframes detailed in the Trust's Managing Concerns and Complaints Policy.

We will do this by:

- Attempting to resolve issues at a local level
- Ensuring duty of candour is demonstrated and evidenced
- Offering face-to-face meeting with patients, relatives and carers who raise a concern
- Displaying current Open and Honest reports in patient areas
- Maintaining and improving the Trust position in relation to the national staff survey

### **5. Engagement with patients, carers, service users**

The Trust currently engages with patients, carers, staff and stakeholders and receives their feedback about the quality of their care in a number of ways:

- Implementation of FFT across the organisation
- Participation in the national patient survey programme
- Patient Advice and Liaison Service (PALS)
- Engagement with local HealthWatch groups
- Patient group specific focus groups
- Presentation of a patient story to the Trust Board, the Patient Experience Council and governance groups
- Five- a- day visits to the ward
- Contact with patients as part of the quality review process and Quality Ward Rounds
- Volunteers
- Complaints
- NHS website
- Open and Honest questionnaires distributed each month to 10 patients across inpatient and outpatient areas

Further development of the patient experience agenda is planned as part of the 2019-2022 strategy and includes:

- Development of an Engagement Strategy by the Patient Experience Team to ensure that we engage with all members of our local community
- Re-launch of the patient participation group
- An annual programme of focus groups and patient engagement events to include vulnerable and seldom heard groups
- An annual programme of engagement with local carers groups
- Development of a carer and relative satisfaction survey
- On-going annual schedule of quality reviews
- Development of the volunteer role within the patient experience team

- A review of the Open and Honest questionnaire, with results and themes identified fed back to the Patient Experience Council, including actions taken as a result of the feedback

## 6. How will we know we are successful?

- FFT response and recommendation rates achieve the Trust target
- The Trust consistently responds to 90% of complaints within the agreed timescales
- Staff are able to describe and evidence learning from incidents and complaints across the Trust
- Each care group has examples of service developments put in place as a result of patient feedback, which are reported to the Patient Experience Council
- Patient or carer representatives attend Patient Experience Council and sit on interview panels.
- 90% of PALS contacts are resolved within the agreed timescales:
  - Quick resolution – less than 1 day
  - Tier 1 - 24 – 48 hours
  - Tier 2 – 48 – 72 hours
  - Tier 3 – 1 week plus
- 85% of staff have completed Tier 1 dementia training
- Improvement in the national inpatient survey response rates to the question, 'Were you involved as much as you wanted to be in decisions about your care and treatment?' improving from 59% (2017) to 85% by 2020.
- Improvement in the national inpatient survey response rates to the question, 'Did you have confidence in decisions made about your condition or treatment?' Improving from 73% to 85% by 2020
- 85% of all patients with a learning disability will have a patient passport.
- Achievement of Equality Delivery System (EDS2) outcomes
- Continued compliance with the Accessible Information Standard
- Navajo Chartermark reaccreditation obtained in Spring 2019

## 7. Key groups and committees responsible for delivering this strategy:

- The Trust's Quality Committee is responsible, on behalf of the Trust Board, for overseeing the delivery of this strategy via the Patient Experience Council.

## 8. Monitoring

Implementation and development of this strategy will be by assessing progress against measurable outcomes listed below:

Trust values	Actions	Measure	Lead	Review date
Kind and Compassionate	<ul style="list-style-type: none"> <li>• Engagement with local carers groups</li> </ul>	<ul style="list-style-type: none"> <li>• Annual programme of engagement with Carers groups</li> </ul>		

	<ul style="list-style-type: none"> <li>• High standard of care provided to bereaved relatives</li> </ul>	<ul style="list-style-type: none"> <li>• No of bereavement booklets issued within 24 hours</li> </ul>		
	<ul style="list-style-type: none"> <li>• Patients to be offered referral to spiritual care service as part of the admission process</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals to spiritual care audited as part of record keeping audits</li> </ul>		
	<ul style="list-style-type: none"> <li>• Development and implementation of policies to enhance the patient experience eg: Pets as Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Number of policies developed and implemented as a result of patient feedback recorded and included in the annual patient experience report</li> </ul>		
	<ul style="list-style-type: none"> <li>• Implementation of service improvements to enhance the patient experience eg: use of music with dementia patients</li> </ul>	<ul style="list-style-type: none"> <li>• Number of service improvements implemented to be included in the annual patient experience report</li> </ul>		
	<ul style="list-style-type: none"> <li>• Continued roll out of the Dementia Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• 85% of staff attended tier 1 training</li> </ul>		
		<ul style="list-style-type: none"> <li>• 85% of relevant staff attended tier 2 training</li> </ul>		
	<ul style="list-style-type: none"> <li>• Development of a relative satisfaction survey</li> </ul>	<ul style="list-style-type: none"> <li>• Relative satisfaction survey completed by 20% of relatives by 2022 and evidence of action from results</li> </ul>		
<b>Respectful and Considerate</b>	<ul style="list-style-type: none"> <li>• 'Hello, my name is.' strategy consistently applied in all</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from patients in five-a day contacts evidences that</li> </ul>		

	patient areas	staff introduce themselves at every contact with patients, families and visitors		
	<ul style="list-style-type: none"> <li>• Ensure privacy and dignity of patients is maintained</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in positive responses in the National Inpatient Survey 2018 to the question 'Were you given enough privacy when being examined or treated'</li> </ul>		
	<ul style="list-style-type: none"> <li>• Privacy and dignity to be incorporated into quality ward reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Annual schedule of quality ward reviews to be planned</li> </ul>		
<b>Listening and Learning</b>	<ul style="list-style-type: none"> <li>• Reduction in complaints and serious incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Target for Serious Incidents (SI's) and management of complaints</li> </ul>		
	<ul style="list-style-type: none"> <li>• PALS performance monitored</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of contacts with the Patient Advice and Liaison Service (PALS) dealt with within required timeframes</li> </ul>		
	<ul style="list-style-type: none"> <li>• Annual schedule of focus groups</li> </ul>	<ul style="list-style-type: none"> <li>• Annual programme of focus groups and patient engagement events</li> </ul>		
	<ul style="list-style-type: none"> <li>• Development of a patient experience dashboard with steadily</li> </ul>	<ul style="list-style-type: none"> <li>• Trust consistently achieving target for FFT rates of recommendation</li> </ul>		

	improving FFT response rates aspiring to meet ambitious Trust targets	and response		
	<ul style="list-style-type: none"> <li>Current display of 'You said we did' posters in all patient areas</li> </ul>	<ul style="list-style-type: none"> <li>'You said we did' posters displayed in 100% of clinical areas and changed monthly in response to FFT feedback</li> </ul>		
	<ul style="list-style-type: none"> <li>Improving performance in national surveys</li> </ul>	<ul style="list-style-type: none"> <li>All measures in 2018 national inpatient survey to be same or better as 2017 survey</li> </ul>		
	<ul style="list-style-type: none"> <li>Prompt response to comments posted on NHS Website</li> </ul>	<ul style="list-style-type: none"> <li>100% of comments on NHS website to be responded to within 2 working days</li> </ul>		
	<ul style="list-style-type: none"> <li>Capture the Voice of the Child</li> </ul>	<ul style="list-style-type: none"> <li>Continue to develop innovative ways to obtain feedback from children following care and treatment in the Trust</li> </ul>		
	<ul style="list-style-type: none"> <li>Patient involvement and representation at key meetings and groups</li> </ul>	<ul style="list-style-type: none"> <li>Patient representation at 75% of meetings</li> </ul>		
		<ul style="list-style-type: none"> <li>Patient representation on 50% of interview panels for clinical staff sourced from patient participation groups</li> </ul>		
	<ul style="list-style-type: none"> <li>Engagement with local Health</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly meetings with</li> </ul>		

	Watch groups	HealthWatch		
	<ul style="list-style-type: none"> <li>Development of a sustainable patient participation group</li> </ul>	<ul style="list-style-type: none"> <li>Group to be initiated with agreed Terms of Reference by April 2019</li> </ul>		
	<ul style="list-style-type: none"> <li>Increase the number of referrals of patients with Learning Disabilities admitted to the trust to the safeguarding specialist nurse</li> </ul>	<ul style="list-style-type: none"> <li>85% of patients with Learning Disabilities have a bespoke care plan for the period of their admission</li> </ul>		
<b>Friendly and Welcoming</b>	<ul style="list-style-type: none"> <li>Volunteers at main reception</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of volunteers by 150 each year</li> </ul>		
	<ul style="list-style-type: none"> <li>Work to maintain the Trust PLACE score</li> </ul>	<ul style="list-style-type: none"> <li>Ensure the Trust remains the top performing Trust in the country</li> </ul>		
	<ul style="list-style-type: none"> <li>Implementation of Equality standards</li> </ul>	<ul style="list-style-type: none"> <li>Annual statutory report on Trust website</li> </ul>		
	<ul style="list-style-type: none"> <li>Staff are aware of the diverse needs of our local community</li> </ul>	<ul style="list-style-type: none"> <li>85% of staff have completed Equality and Diversity training</li> </ul>		
	<ul style="list-style-type: none"> <li>Patients have access to a number of services to support their communication needs</li> </ul>	<ul style="list-style-type: none"> <li>Figures on use of foreign language and non-verbal translation services eg: British Sign Language and translation of patient information into alternative formats</li> </ul>		
			<ul style="list-style-type: none"> <li>Quarterly report to the Patient Experience Council/annual statutory report</li> </ul>	

		on Trust website		
<b>Open and Honest</b>	<ul style="list-style-type: none"> <li>Duty of candour is demonstrated and evidenced.</li> </ul>	<ul style="list-style-type: none"> <li>Duty of Candour exercised in 100% of cases where appropriate</li> </ul>		
	<ul style="list-style-type: none"> <li>Current Open and Honest data displayed in patient areas</li> </ul>	<ul style="list-style-type: none"> <li>Open and Honest data displayed in 100% of clinical areas with each area maintaining an action plan demonstrating actions and service improvements in response to feedback</li> </ul>		
	<ul style="list-style-type: none"> <li>Maintain the Trust staff survey results</li> </ul>	<ul style="list-style-type: none"> <li>Ensure the Trust continues to deliver the best staff survey results in the country</li> </ul>		

## 9. Consultation

This strategy has been shared with patients, carers, local partners and stakeholders including:

- Attendees at a Trust wide Patient Engagement Event held on 10<sup>th</sup> January 2019
- Trust Patient Reference Groups: Rheumatology and Diabetes
- Gutsy Guys
- Halton GP Patient Participation Group
- St Helens Deafness Resource Centre
- Knowsley Disability Concern
- SHAP
- Merseyside Police Transgender Community Action Group
- St Helens, Knowsley and Halton Carers Centres
- St Helens, Knowsley and Halton Healthwatch
- St Helens and Knowsley NHS Trust Lay Reader Panel
- Merseyside Police Hate Crime Officer
- St Helens, Knowsley and Halton Clinical Commissioning Groups

## 10. Appendix 1

### **Policies and documents informing the strategy**

- High Quality Care for All (Department of Health 2008)
- NHS Outcomes Framework 2015-16 (Department of Health 2015)
- The NHS Constitution (NHS England 2009)
- St Helens and Knowsley Teaching hospitals NHS Trust Draft Trust Strategy 2018 – 2021(July 2018)
- Equity and Excellence: Liberating the NHS (Department of Health 2010)
- NHS England Five Year Forward View (NHS England October 2014)
- Quality Standards: Patient experience in adult NHS services (National Institute for Health and Clinical Excellence February 2012)
- The Health and Social Care Act (Department of Health 2008)
- The Accessible Information Standard (NHS England 2015)
- Staff Experience and Patient Outcomes: What do we know? NHS Employers (2014)