

Board of Directors Meeting Report

Subject: Patient Experience Quarterly Report
Date: Thursday 30th April 2015
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Executive Summary

This report details the concerns, complaints and compliments received by the Trust from 1 January – 31 March 2015 (Quarter 4). As an organisation, the Trust recognises the value and importance of patient feedback in order to enable organisational learning, continuous improvement and increased public confidence in the services that we provide.

The Patient Experience Team provide a single point of access for concerns; complaints and compliments to be effectively managed across the Trust, whereby patient, relative and carer feedback is collated and shared across respective divisions and the organisation as a means of sharing best practice and learning.

The management of formal complaints is established within respective divisions, supported by the Divisional Patient Experience Leads and Patient Experience Manager in providing timely investigations and responses to formal complaints, inclusive of local resolution meetings.

During Quarter 4, all formal complaints were managed within a 25 working days timeframe, in accordance with National Regulations and Guidelines, ensuring consistent dialogue with complainants throughout the process.

The key findings for this reporting period are as follows:

- The number of formal complaints received in Quarter 4 marginally increased by 2% in comparison to the previous reporting period (122 – 125 complaints received)
- The Trust continues to provide detailed responses in a timely manner, **achieving a 95% response rate against an internal target of 90% during Quarter 4.**
- **100% response** rate achieved in the acknowledgement of all new formal complaints and concerns received within 3 working days
- As a result of our complaint investigation, 69% of complaints were upheld or partially upheld providing the Trust to implement service improvement
- Complainants are invited to the Trust for progress and update on the agreed actions following an upheld /partially upheld complaint.

The Trust has increased resource to the Friends and Family Test (FFT) which has demonstrated a significant increase in response rates within **(Inpatient (53.2%) and Maternity services (38%))**. The FFT qualitative feedback in Outpatient and Day Case Unit indicates over **80%** of patient would be likely to recommend the hospitals to friends and their family.

We are in dialogue with the CQC to ensure they were a responsive service to support any queries

The trust is demonstrating evidence of observing themes and escalating accordingly e.g. unanswered telephones in Endoscopy.

There is also a relationship between the Governance Support Unit and Patient Experience to ensure investigations are timely and complainants are fully informed of progress and outcomes.

Recommendation

The Board is asked to note:

- Note the content of this report and the excellent work during this reporting period

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5
Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	Failure to deliver the Improvement Plan and be removed from 'special measures' Risk of being assessed as non-compliant against the CQC Judgement Framework
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Indirect financial implications – patients not being referred to SFH or not choosing SFH as a consequence of poor patient experience. NHSLA and Ombudsman implications – gratuity payments
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the Divisions, the newly formed Patient Experience group, Governors and the Safety and Experience group
Committees/groups where this item has been presented before	Executive Team TMB
Monitoring and Review	Complaints performance is monitored weekly by the Director of Nursing
Is a QIA required/been completed? If yes provide brief details	No