

Board of Directors Meeting Report

Subject: Patient Experience Quarterly Report
Date: Thursday 30th July 2015
Author: Kim Kirk
Lead Director: Susan Bowler – Executive Director of Nursing & Quality

Executive Summary

This report details the concerns, complaints and compliments received by the Trust from 1 April – 30 June 2015 (Quarter 1).

The Patient Experience Team continue to provide a central hub for all aspects of mechanisms of patient feedback to ensure the Trust share this intelligence across the respective Divisions, resulting in establishing best practice and learning.

Following the revised Complaints and Concerns Policy in May 2015, all complaints and concerns are managed in accordance with the procedures which are aligned with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the NHS Complaints Procedure in England, House of Commons notes in January 2014.

During Quarter 1, all formal complaints were managed within a 25 working days timeframe, except in 4% of case. These were all complex cases and extensions were agreed with the patient / family. This is in accordance with National Regulations and Guidelines, ensuring consistent dialogue with complainants throughout the process. Therefore the Trust exceeded its internal 90% target.

The key findings for this reporting period are as follows:

During Quarter 1 2015/16, the Patient Experience Team received the following contacts compared to Quarter 4 2014/15 as shown below:

- A decrease in complaints by 54%; this was 125 in Quarter 4 and 58 in Quarter 1.
- The total number of concerns increased by 74% with a significant theme relating to Outpatient Department service (75%). All concerns are reported on the Datix system and shared monthly with Divisions at their Clinical Governance meetings and at the Outpatient Programme Board.
- The Trust achieved a 100% response rate in relation to the acknowledgement of complaints within the National '3 working days' target.

The Trust reported an sharp increase in the number of concerns received, and the top three themes of the concerns reported as:

1. Appointment Queries
2. Communication
3. Waiting Times

The Patient Experience Manager provides weekly patient experience data to the Outpatient Programme Board to ensure these themes are addressed and contribute the action plan.

A total of 37% of complaints were upheld or partially upheld following investigation, the learning as a result of the investigation findings has formed an action plan, to ensure organisational learning is embedded within our services. These improvements related to staff training, Medicine Management and Patient Property.

From April 2015, in accordance with the Department of Health National Friends and Family Test Guidance, the Paediatric Emergency Department and Inpatient services, Minor Injuries Unit and Community Hospitals are included in the Friends and Family Test. This data will be collated with the Trust wide results and shared with divisions and departments.

Recommendation

The Board is asked to note:

- Note the content of this report and the work undertaken 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 domains e.g. responsive domain
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