

Board of Directors Meeting Report

Subject: Patient Experience Quarterly Report
Date: Thursday 30th October 2014
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Executive Summary

The management of complaints has increased in terms of engagement and ownership within the organisation. The divisional teams clearly demonstrate their commitment by encouraging local resolution meetings, home visits and quality control of the responses. There remain opportunities for improving the service we offer; particularly in relation to having a better dialogue with complainants during the process and working with the complainant earlier in the process to stop a concern becoming a complaint. The commencement of a new Patient Experience Manager and Patient Experience Team brings a new momentum and opportunities to move from a reactive to proactive service.

We have improved on our complaint service in terms of responsiveness, but from 15th September we have created a more responsive service where we contact the patient to discuss and agree on expectations. In accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and a NHS Complaints Procedure in England, House of Commons notes in January 2014, the Trust have now set an internal target of 25 working days, or in complex complaint investigations agreed timescales with the complainant in line with most NHS Acute trusts nationally. This ensures robust and thorough investigations can be completed and detailed findings can be shared with patients and families in a timely manner. Our complaints policy will be adapted to include these changes

We have seen an increase in our family and friends' response rates within this quarter. We are not meeting our internal target of 50%. We had previously specified that external support would be required to facilitate this increase but currently this support has not been realised. Despite this we have acknowledged that there are local opportunities which we should explore to improve our response rate, including better communication, signage and the potential use of electronic items, like Ipads. Maternity have been charged with developing and implementing an action plan immediately to improve their response rate. The temporary project manager appointed will support the delivery of these plans

Learning from complaints and patient experience is improving but requires a stepped change. The options of learning boards displayed in clinical areas are currently being pursued. Feedback from the mock 'CQC' visit and the quality summit identified that clinical leaders want a tool that is large and visual to share messages. We are currently exploring this.

Recommendation

The Board is asked to note:

- The responsiveness of the complaints system is improving but there are plans to make it more personalised for our complainants
- A project manager has been recruited to support a strategy to improve our family and friends response rates.
- The new Patient Experience Team are taking forward many changes in Quarter 3 which will improve our patient experience function and service

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