

Board of Directors Meeting Report

Subject: Patient Experience Quarterly Report
Date: Thursday 29th January 2015
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Executive Summary

The Patient Experience Team are continuing to develop and embed a single point of access for concerns, complaints and compliments to be effectively managed across the Trust.

The divisional teams continue to work closely with the Divisional Patient Experience Leads and Patient Experience Manager to provide timely investigations and responses to formal complaints, including local resolution meetings.

Following the recent restructure of the Patient Experience Team, analysis of Quarter 3 performance has demonstrated a positive impact on the number of complaints received, achievement of internal response time scales and the reduction in the number of dissatisfied complainants as follows:

- A decrease in the number of formal complaints received in Quarter 3 by 29% (172 to 122)
- The Trust exceeded the 90% internal response timescale target (92%)
- 100% response rate achieved in the acknowledgement of all new formal complaints received within 3 working days
- As a result of our complaint investigation, 72% of complaints were upheld or partially upheld

The Patient Experience Team are utilising and accessing a range of intelligence monitoring systems in order to triangulate patient opinion regarding the Trust. Opportunities are actively sought to develop a culture of organisational learning and continuous improvement.

We have seen an increase in our family and friends' response rates within Inpatient (37%) and Maternity services (16.5%) and a slight reduction in Emergency Department (17%) performance. A communication strategy has been implemented to mitigate areas of sub optimal performance and in our aspiration to achieve our internal response target of 50%.

Recommendation

The Board is asked to note:

- The progress made 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