

To:	Trust Board
From:	Jennie Negus.
Date:	23.03.16
Healthcare standard	<p>Outcome 1</p> <p>Respecting and involving people who use services People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered.</p> <p>Outcome 17</p> <p>Complaints People who use services or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively and know that they will not be discriminated against for making a complaint.</p>

Title:	Patient Experience at Trust Board										
Author/Responsible Director:	Jennie Negus / Michelle Rhodes										
Purpose of the Report:	To present a proposal for the future delivery of patient experience information at Trust Board meetings.										
The Report is provided to the Board for:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">Decision</td> <td style="border: 1px solid black; text-align: center; width: 30px;">√</td> <td style="border: 1px solid black; padding: 5px;">Discussion</td> <td style="border: 1px solid black; text-align: center; width: 30px;">√</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Assurance</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; padding: 5px;">Information</td> <td style="border: 1px solid black; width: 30px;"></td> </tr> </table>			Decision	√	Discussion	√	Assurance		Information	
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Assurance		Information									
Summary/Key Points:	<p>“We want improving people’s experiences to be as important as improving clinical outcomes and safety and we want to make sure we continually learn from and improve people’s experiences.”</p> <p>The Trust currently collects and reviews a wide range of data about what it is like to be a patient receiving care from us and also what it is like to be a relative or carer. Currently we receive data from:</p> <ul style="list-style-type: none"> • Complaints • Friends and Family Test (FFT) • Assurance visits and walk rounds • Healthwatch • Compliments • PALS • Patient Opinion 										

- National and local surveys
- Locality Forums and listening events
- Social media; twitter, Facebook and press

In order to further enhance the use of patient and carer experiences within our quality improvement activities and to instil a stronger 'customer focus' at clinical and service delivery level a more formalised approach to presenting our data and how we use patient stories is proposed for use at Trust Board meetings held in public.

The case for change

- Objective 1 - Raising the volume of our patients voice: it is right that patient experience data is reviewed and considered an important part of the Trust quality report, however, despite best intentions this can become a little 'lost' within core concerns such as harms and risks. Patient experience data is by its very nature qualitative and whilst some elements can be presented within graphs and data tables the power is in the narrative and the voice of our patients; however it is also about balance and proportion recognising the amount of data required for the Trust Board meetings.
- Objective 2 - Building the stage for directorates: we currently struggle to find a spread of stories and capture engagement of our front line staff which alongside the Trust's drive towards a clinically led and clinically accountable organisation provides us with an opportunity for directorates to explore, explain and evidence their patient experience 'performance' and stories and thereby own and be accountable for them.
- Objective 3 – Reaching beyond the Board: whilst the patient experience team have started to build a library of patient stories that are available on the intranet and used within patient experience training programmes there is no prescribed process for review of any improvements made to address a patient experience failing or for ensuring cascade and wider learning.

Recommendations:

It is recommended that the Trust Board:

- Considers the case for change.
- Considers that meetings commence with a 15 – 20 minute patient experience session.
- That this session includes a high level overview of patient experience feedback provided by the Deputy Chief Nurse (Patient Experience) followed by directorate level headline report and related patient story.
- Considers the principles and process for delivery of patient stories.
- Considers the development of a patient experience action log as indicated to track any required follow up.

Strategic Risk Register No

Resource Implications (e.g. Financial, HR)

Assurance Implications

Patient and Public Involvement (PPI) Implications

Equality Impact

Information exempt from Disclosure

Requirement for further review?