

ITEM: 11/040  
Doc: 05

Meeting: Trust Board  
Date: 23 March 2011

Title: Patient Experience Action Plan Progress

**Executive Summary:** The Trust has now established a Patient Experience Steering Committee, whose key purpose is to agree and drive improvements in patient experience.

As the extent of patient experience is naturally trust wide and far reaching, it is not possible to focus on every area at once. The committee has therefore agreed priorities that are challenging, but still realistic, and should impact positively on our patients. These have been identified from the results of patient feedback, including the national patient surveys and our local feedback systems.

The attached plan focuses on eight key areas, these being: -

- **Use of patient feedback:** To analyse and then present reports on internal patient feedback trends, so that the information is known about speedily, and acted on locally
- **Outpatients:** A six months outpatient improvement project has been established to ensure patients are welcomed, treated correctly and promptly and have full information about their condition and ongoing care
- **Communication: To ensure patients/carers receive timely, clear and sufficient information to enable them to understand their condition and make informed choices about possible treatment plans.** Training and competencies in this are being set up and implemented
- **In-patient wards: To improve the volume and content of feedback and act on it.** The use of "safe rounds" is being piloted with success on two wards, as a means of improving experience, and the Visible Leadership Team Programme now includes "patient experience conversations"
- **Clean hospital: To ensure that all patient and public areas are kept clean.** Work continues across the trust jointly planned and implemented by the Facilities Team, Infection Prevention and Control Team and the Visible Leadership Team as well as staff at ward/dept level.
- **Hospital food: To ensure that as far as possible, all patients have food provided that meets their health, cultural and individual preferences.** The Nutrition Team are leading this work and carry out regular meal audits, including use of red trays, protected meal times and when appropriate that help is given to patients. Monthly food tasting sessions are also in place and findings acted on.
- **Discharge information: To ensure that patients receive clear information about their ongoing care and how to get help once they are discharged.** New discharge information leaflets have been developed and a process for acting on discharge alerts has been set up.
- **Mid Staffs Recommendations: To embed the national recommendations from the Francis Inquiry into every day practice.** An internal review took place and resulting recommendations are set out in a

separate plan that is being monitored by the Patient Experience Steering Committee

The attached plan provides the detail of these eight areas of work.  
As progress is made the areas of focus will be added to, so there is an ongoing work programme.

**Action:** For information and discussion

**Report from:** Veronica Shaw  
Assistant Director of Nursing and Governance

**Report Sponsor:** Bronagh Scott  
Director of Nursing and Clinical Development

**Financial Validation**

Name of finance officer

Lead: Director of Finance

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

DH requirement for providers of healthcare to be registered with the CQC.

**Compliance with CQC Regulations/Outcomes**

Lead: Director of Nursing & Clinical Development

**Reference:**

Regulation 17 / Outcome 1 "Respecting and involving people who use services"

Regulation 14 / Outcome 5 "Meeting nutritional needs"

Regulation 12 / Outcome 8 "Cleanliness and infection control"