Bradford Teaching Hospitals
NHS Foundation Trust

Board of Directors: 12.07.18
Agenda Item: Bo.7.18.37

PATIENT EXPERIENCE ANNUAL REPORT 2017-18 (INCLUDES COMPLAINTS AND QUARTER 4)

Presented by:	Karen Dawber, Chief Nurse	**Author:**	Karen Bentley Assistant Chief Nurse
Previously considered by:	Patients First Sub-Committee (Planned 14/06/18) Quality Committee – 30.05.18 (Agenda item Q.5.18.22)		

Key points	**Purpose:**
1. We have seen an overall reduction in formal complaints and an increase in the Patient Advice and Liaison Service (PALS) contacts; this is in line with our annual work plan and is a positive trend.	To receive
2. We continue to be compliant with patient experience surveys including CQC mandated and Friends and Family Test (FFT).	To receive
3. We continue to develop the patient experience hub, with an increase in activity planned for 2018/19.	To receive
4. To improve overall compliance with the annual Patient Led Assessments of the Care Environment (PLACE) assessment we have successfully introduced PLACE LITE (mini environmental assessments).	To receive

Executive Summary:

This paper provides an overview to the Board of Directors on Patient Experience (PE) within Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), between April 2017 and March 2018. It will provide an overall annual summary and outline key objectives for the forthcoming year. PE reports have been provided quarterly throughout the year for on-going assurance to the Quality Committee.

This report clearly demonstrates a reduction in the number of complaints received by the Trust during the last financial year. It highlights a significant increase in activity to the PALS, which strongly suggests that staff within the PE team is able to resolve matters informally in a timely manner to prevent issues potentially becoming a formal complaint. This is a positive and proactive approach.

There is an acknowledgement that there is work required to address the overall quality and timeliness of complainants responses from the organisation and evidence held within this report of steps that have been taken to address these areas of required improvements.

Currently there is a scoping exercise being carried out to look at how improvements can be made to increase the Friends and Families Test feedback. All ward areas now have the Safety Thermometer Information displayed outside each ward, which includes Friends and Family scores for that area.

PLACE inspections have continued, allowing the opportunity to receive feedback directly from members of the public, to enable the Trust to enhance the care environment. During 2018, two Patient and Public Voice Representatives have been appointed for the first time as members of the Patient First Sub-Committee, increasing accountability and transparency and furthering the ethos of co-working.

Financial implications:
No

Regulatory relevance:

Monitor:	Quality Governance Framework

Equality Impact / Implications:	**Is there likely to be any impact on any of the protected characteristics?** (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights) Yes ☐ No ☒ If yes, what is the mitigation against this?

Other:	

Strategic Objective: *Reference to Strategic Objective(s) this paper relates to*	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

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1. Introduction

Patient Experience remains at the heart of our core values within Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). Putting patients at the forefront of everything we do remains a high priority and we recognise that this can only be achieved by continuing to engage with patients and develop new ways of working to improve how they, in addition to their friends and family experience our care.

During 2017/18 work carried out within the Trust in relation to Patient Experience (PE) has continued to be over seen by the Patients First Sub-Committee. This group meets monthly and reviews the strategic PE work plan (see appendix 1) to provide on-going assurance that set objectives are being met and that any work required to support and improve Patient Experience is progressing. In addition to providing this assurance, the sub-committee recognises the need for dissemination down throughout the organisation to all areas within the Trust to ensure patients, friends and family are at the forefront of what we do. During 2018, two Patient and Public Voice Representatives have been appointed for the first time as members of the Patient First Sub-Committee, increasing accountability and transparency and furthering the ethos of co-working.

Key achievements 2017/18

- Development of Patient Experience website.
- Appointment of Patient and Public Voice Representatives.
- Complaints training and feedback sessions delivery to staff completing investigations.
- Bereavement survey launched and capture of PE feedback.
- Launch and re-brand of Patient Experience Team.
- Recruitment and expansion of the PE team.
- Re-launch of the #Hellomynameis as part of Trust Induction.

2. Complaints

2.1 Current position

The Patient Experience team acknowledges that during 2017/18, there has been a number of concerns in relation to the quality and timeliness of responses to complainants from Bradford Teaching Hospitals NHS Foundation Trust. As a direct result, throughout the year a number of additional actions have been implemented to enhance complaints management. A summary of the steps taken include:

- Weekly “Grip and Control” complaints meeting between Central and Divisional leads to track status of complaints and provide timelines for completion
- Complaints Steering Group meeting chaired by the Deputy Chief Nurse, attended by Heads of Nursing increased to monthly, to ensure greater oversight of complaints improvement process.
- Revised the threshold for senior escalation where complaints are not progressing
- Improvement trajectories set
- Delivery of complaints training to all staff who are investigators to improve quality
- Buddying and mentorship provided for authors of complaints responses
- Process reviewed and guidance strengthened for complaints procedure
- Inclusive event with the Transformation Team to share ideas and trial new ways of working

2.2 Annual complaints

Overall, Bradford Teaching Hospitals NHS Foundation Trust has seen an 11% reduction in formal complaints received by the organisation. Table 1 presents the overall number of complaints during the period April 2017 - March 2018 (551) by Division and compares these figures with those received in the previous years. The table clearly highlights that the Division of Anaesthesia, Diagnostics and Surgery remains the area with the highest number of complaints. The majority of the issues raised within the complaint are in relation to waiting times for operations and cancellation of procedures. Urology has doubled the number of complaints, from 11 last year, to 22. This analysis calls for a “Deep Dive” to look for key themes and areas requiring improvement. Moving forward this will feed areas of focused improvement work and form part of the monthly complaints steering group.

The breakdown of founded complaints for the period is: 154 upheld; 131 partially upheld and 181 not upheld. There are 85 currently still awaiting a response that is in the process of being investigated within the Trust.

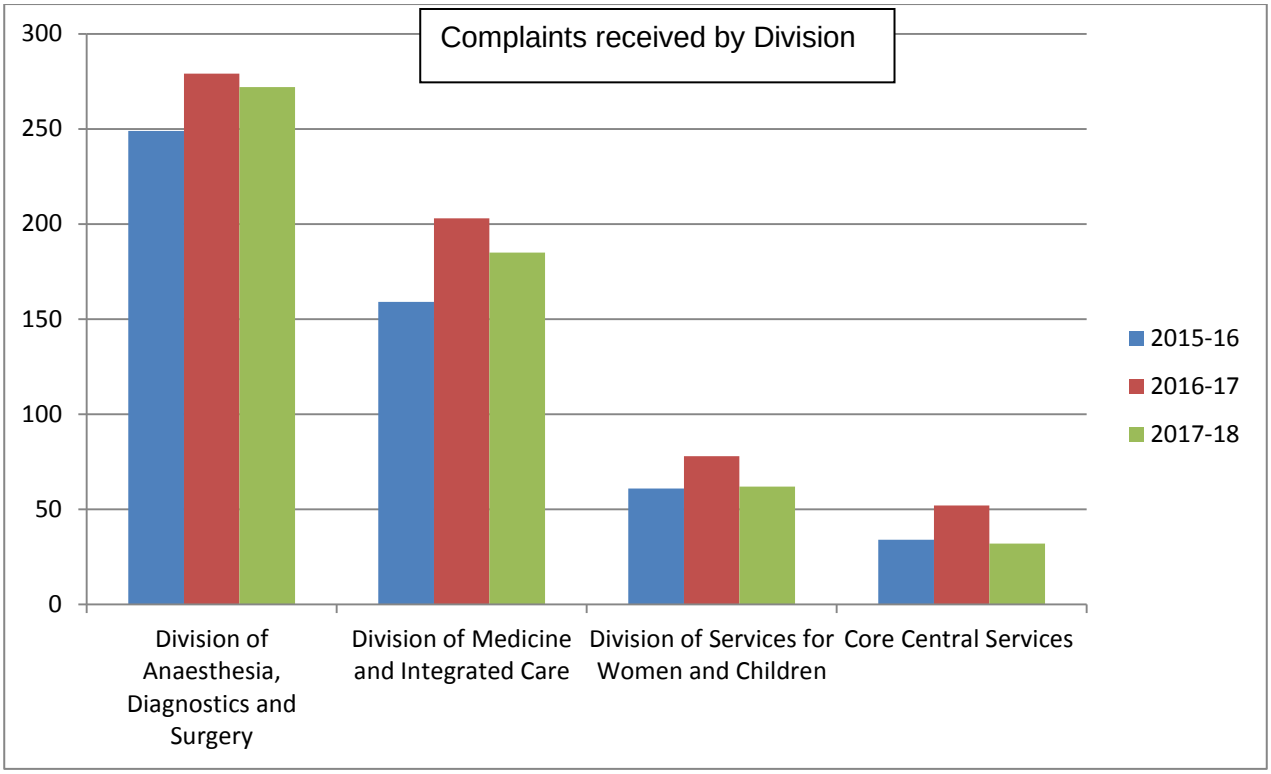

Table 1

From the overall complaints received (551) the area with the highest number of complaints was the Accident and Emergency Department (59). Table 2 below highlights the areas who received the highest number of complaints. These six areas alone account for almost one third of the overall complaints received within the Trust at 32%.

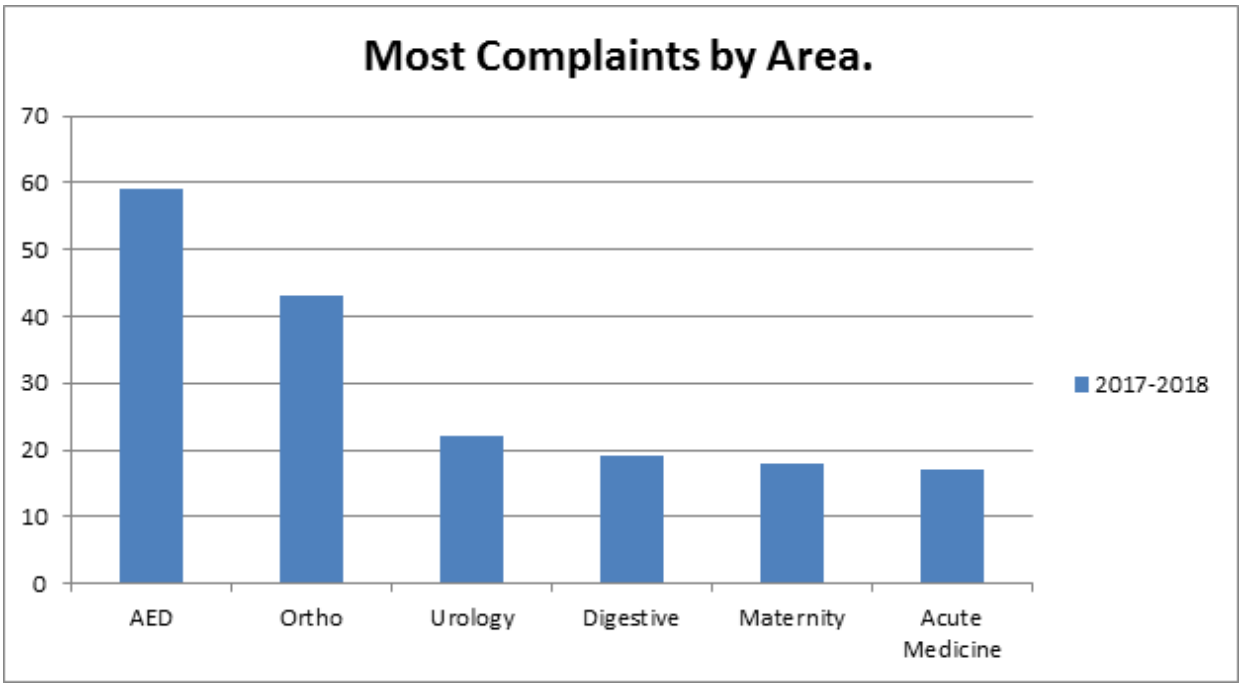

Table 2

2.3 Grading of complaints

There were no complaints received during 2017/18 graded as extreme. There were 5 complaints received graded as high; this is a significant reduction on the period 2016/17 during which there were 13 complaints graded as such. This reduction is positive as we continue to provide scrutiny and ongoing collaborative working between the risk and complaints team. The daily "Huddle" provides a robust mechanism for testing these results. The remaining grading of the overall complaints are 156 moderate/medium, with the largest proportion of overall complaints (392) being graded as low. Table 3 below represents the grading of complaints by Divisions.

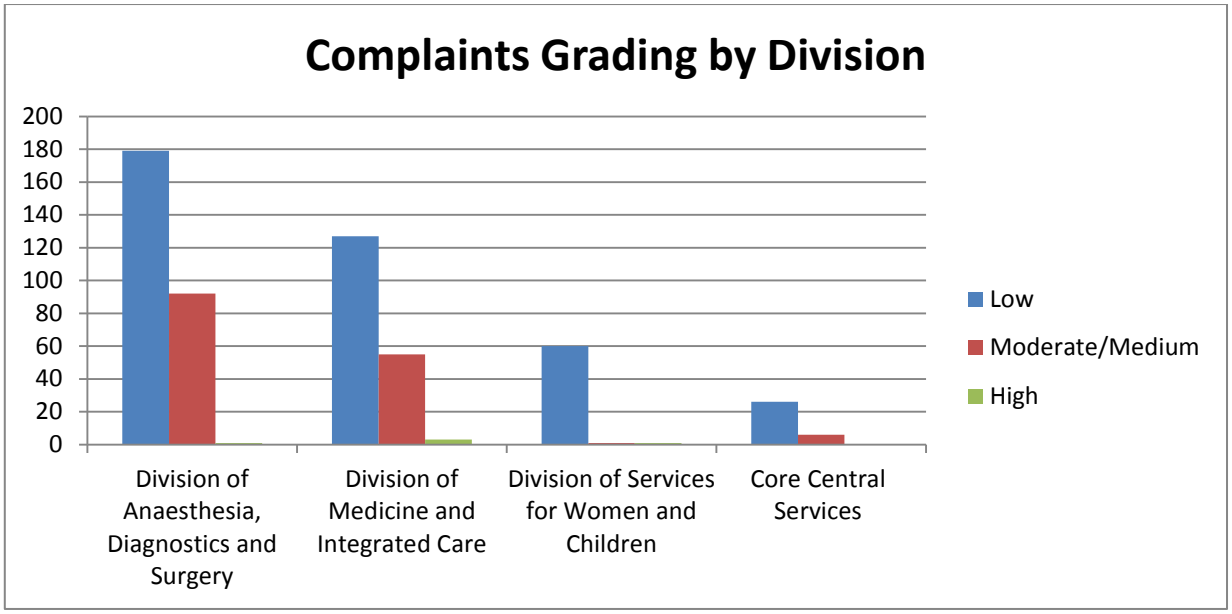

Table 3

2.4 Themes of Complaints

It should be noted that complaints usually contain more than one theme. Triangulation against other sources of data i.e. patient feedback surveys and risk incidents are monitored within Divisions and at performance meetings. Additional reporting of themes has also occurred throughout the year at the request of Divisional or Executive Leads, to assess whether trends are developing. Reports on complaint themes have also been supplied for departmental quality improvement initiatives, such as 'deep dives' and 'time-out' sessions to review services.

While the themes within complaints are largely stable there has been a considerable increase in 'Patient Procedure Issues', this includes complaints regarding delayed and cancelled operations. This can largely be attributed to action over winter to manage acute admissions and capacity, where many elective procedures had to be cancelled or postponed. The top themes for complaints are:

- Care and treatment
- Appointments
- Attitude and behaviour
- Delays in diagnosis
- Communication

Part of the work plan for 2018 includes timely feedback of themes to Divisions to enable a proactive approach and specific targeted work within that area to both increase standards of care and improve Patient Experience. Figure 1 below identifies collated themes from complaints received during 2017/18.

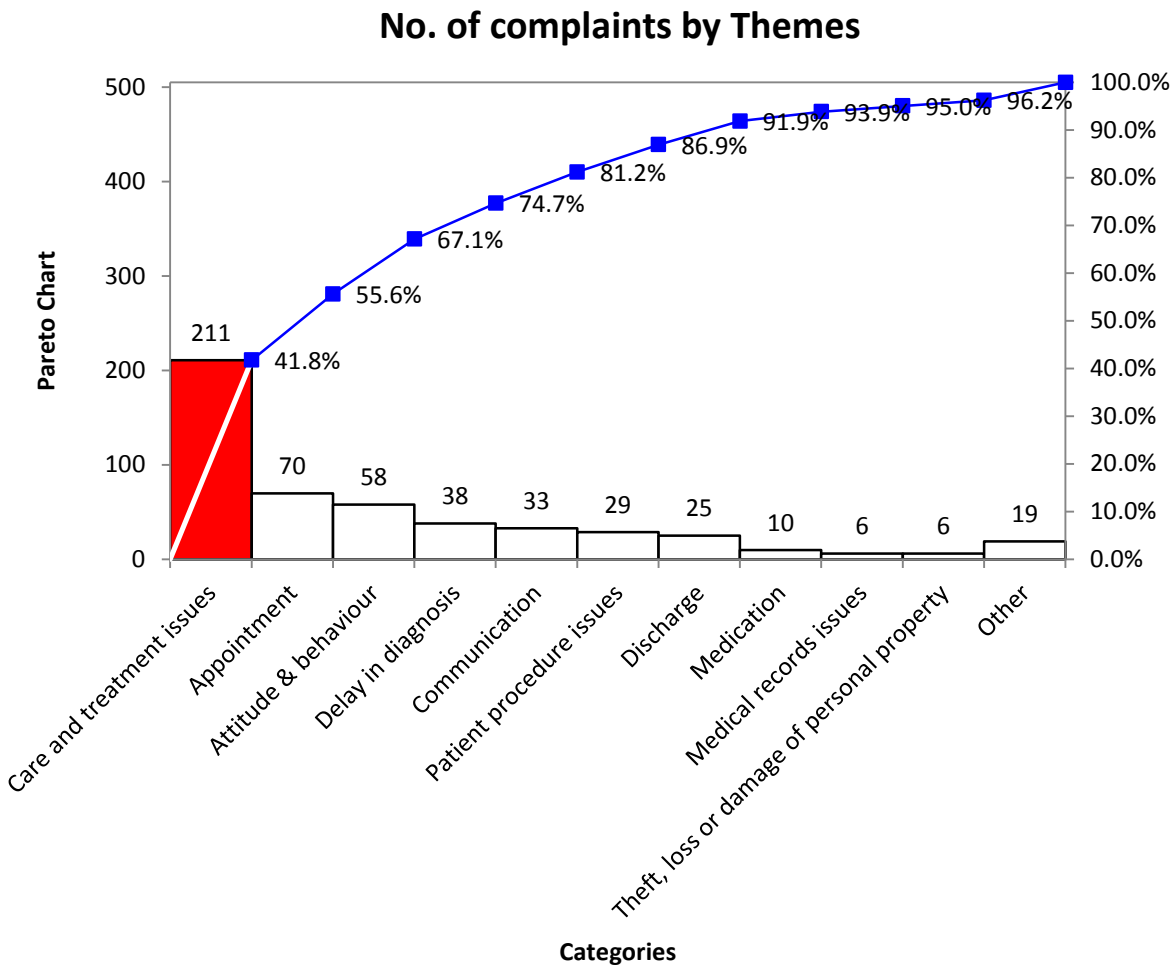

Figure 1

2.5 Patient Advice and Liaison Service (PALS) issues

The number of Patient Advice and Liaison Service (PALS) issues has risen during 2017/18, totalling 979 compared to 540 in the previous year. This highlights a significant increase in activity to the PALS, which strongly suggests that staff within the Patient Experience team are able to resolve matters informally in a timely manner, to prevent issues becoming a formal complaint. During the last year, restructure and review of the complaints and PALS teams has taken place. This has resulted in re-location and re-branding of both, with staff now being under one umbrella as The Patient Experience Team. This has strengthened joint working and enabled direct contact to be dealt with in a timely manner and led to de-escalation of presenting issues, preventing them becoming a formal complaint. This is a positive and proactive approach. Figure 2 provides a

breakdown of the themes of the PALS issues, due to the less complex nature only a single theme is recorded for each issue.

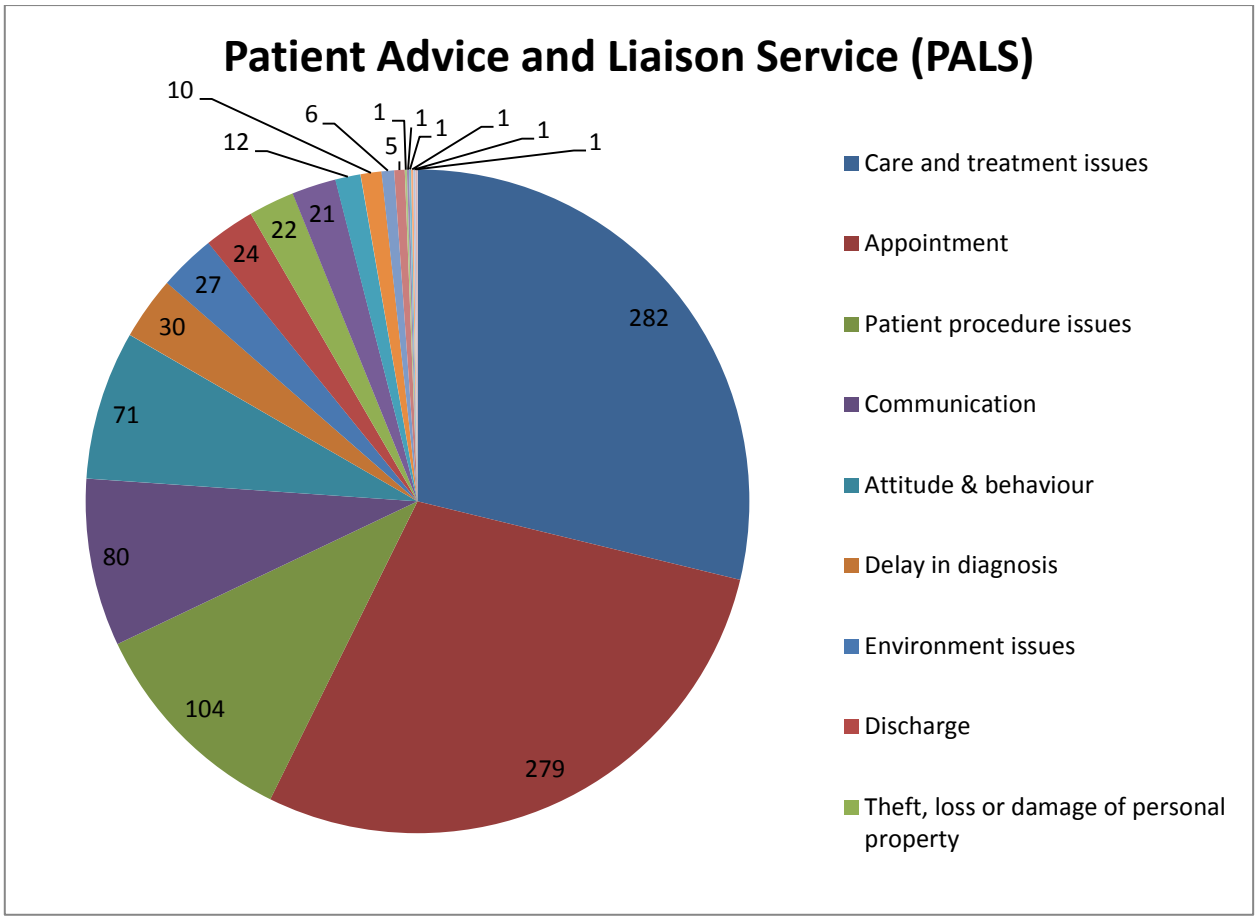

Figure 2

3. National Patient Surveys

3.1 Friends and Family Test

The Friends and Family Test core question is now a standard contractual feature for all organisations providing NHS services and available to patients in all services managed by the Foundation Trust. There are no external response rate targets, but the Foundation Trust continues to monitor this in all eligible areas. The data is presented as a '*would recommend'* and *'would not recommend'* percentage score for each location, which is aggregated to provide an overall score for the organisation.

Different methodologies can be used to gather the data depending on the context and type of care setting. The Foundation Trust offers two main routes for patients to provide their views: postcard type forms and using a tablet device whilst in the ward. The option to use a link in a text message, to access an online version is also available for those patients attending the Accident and Emergency Department (AED) However, this is only used for patients who have given us permission to use their mobile phone numbers.

AED participation has been particularly challenging to achieve, despite offering a text/online route as well as postcards, and in Quarter 4 the score is based on too low a rate of participation to provide a reliable indicator of experience. An improvement project is underway in the Paediatric Emergency Department focused on increasing participation, alongside work to improve Patient Experience.

We want to continually use near real-time patient feedback to improve Patient Experience. Work is underway to refresh how this data is published locally within the organisation in clinical areas to further promote the “open and honest” culture we work within. This will act as a quality indicator to enable staff to keep a check on how they are doing in each area. All ward areas now have the Safety Thermometer Information displayed outside each ward, which includes Friends and Family scores for that area.

The Foundation Trust has implemented the Friends and Family Test across all Divisions and services in accordance with NHS England requirements. Divisions report monthly to the Patients First Sub-Committee on their performance and identify themes and actions relating to Friends and Family data. Figure 3 represents the Trusts annual Friends and Family Test results.

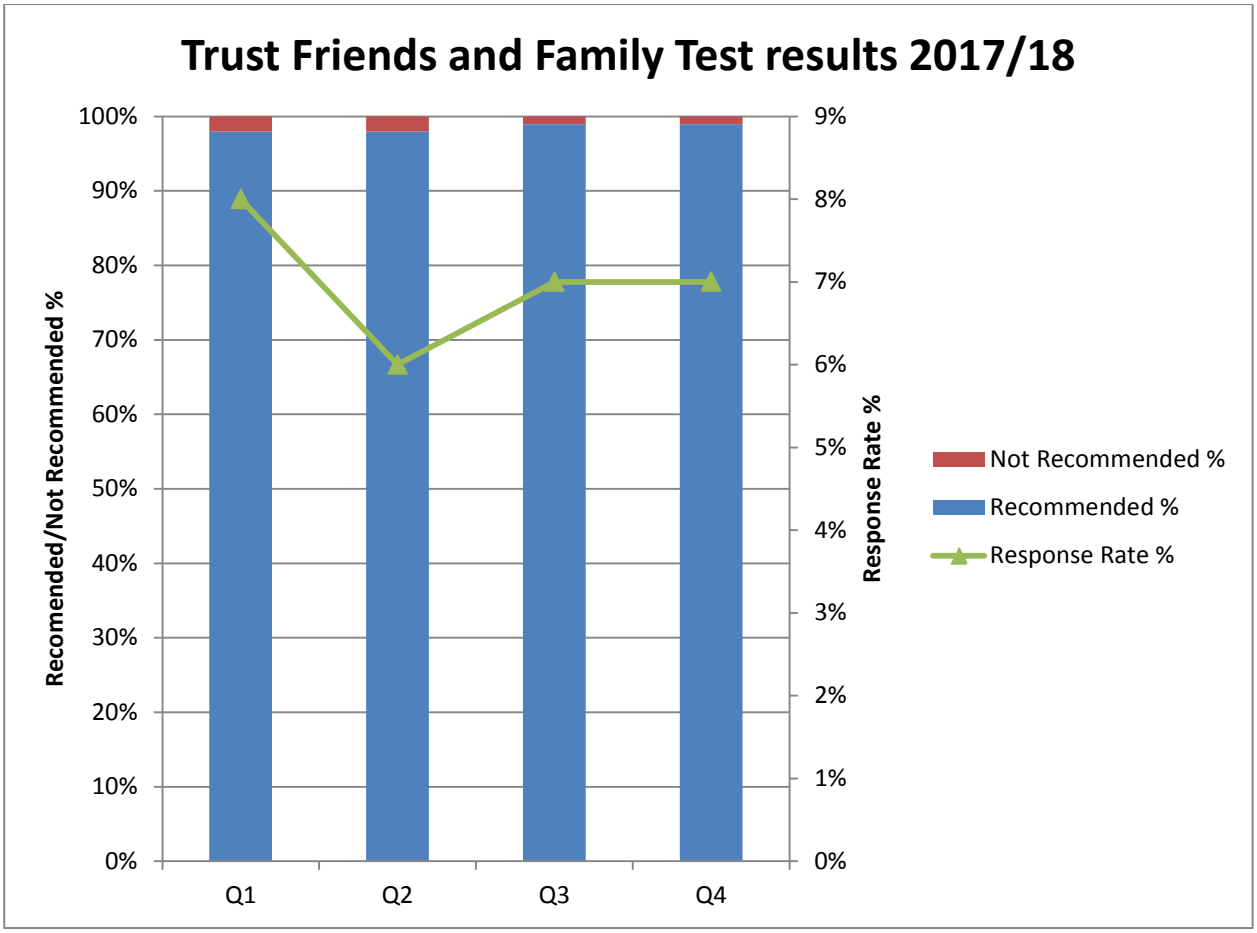

Figure 3

3.2 Inpatient surveys

Participating in the Care Quality Commission's (CQC) national patient survey programme is a mandatory activity. This year has seen a number of changes in the CQC programme and methodology, such as increasing the minimum sample size for all surveys, increasing the frequency of some surveys, and new publicity requirements to make sure patients are aware they may receive a survey and offer them the opportunity to opt out of this.

These surveys provide an opportunity for patients and, in the case of children, their parents, to provide us with more detailed and comprehensive feedback on their experience with us. The results contribute to assessments of NHS performance and are also used for regulatory activities such as registration, monitoring and on-going compliance.

An in-depth analysis is provided by Patient Perspective (external contractor appointed by BTHFT), which is used alongside the CQC analysis to help staff understand the experience of patients and

identify areas where improvement or change is needed. The Foundation Trust holds workshops led by Patient Perspective to enable staff to gain a more in-depth understanding of the findings and identify priority areas for improvement work, develop and work through Action Plans.

3.2.1 Inpatient survey data results July 2017

Bradford Teaching Hospitals NHS Foundation Trust had a response rate of 29.9%, this is disappointing response compared to 40% last year. Overall our strengths were keeping to hospital appointments, but improvement is required in the areas of staff communication and emotional support, as well as improving the hospital environment in terms of cleanliness and noise. When compared to last year's survey results the Trust has done significantly better in the following areas:

- Providing information about treatment and condition in the AED department.
- Providing written information or printed out, about what patients should do after leaving hospital.
- Giving clear written or printed instructions about medicines.

The Trust has not done as well in:

- Explaining after an operation or procedure how things had gone in a way that patients understood.
- Taking into consideration patient's home situation in planning discharge.

3.2.2 National Emergency Department survey 2016 (reported in 2017)

Bradford Teaching Hospitals NHS Foundation Trust had a response rate of 23%. On a large majority of the questions reported (33) we showed no significant difference in score since 2015, which is disappointing. The department were significantly better in:

- Ensuring patients are involved as much as they wanted to be in the decisions about their care and treatment.
- A member of staff explaining the result of the tests in a way that could be understood.

We had no questions that were significantly worse than previous year.

3.2.3 Remedial Actions

Each year following the National survey reports the Patient Experience Team and representatives from Divisions and other key areas engage in workshops with representatives from Patient Perspectives to discuss key areas for on-going focused improvement. In order to decide on key topics from each of the surveys, questions are considered in accordance with the following criteria:

- How well has the Foundation Trust scored in this area?
- How wide is the variation between Trusts in this area?
- Where a topic saw a greater range of variation between Trusts it was proposed that this reflected a wider window for improvement.
- How much control do we have over this aspect of care?
- Aspects of care which are more easily defined are more suited for improvement strategy.

Whilst there is a significant amount of data on Patient Experience included within the survey this is not always easy to translate into actions for service improvement. It is important that the Foundation Trust addresses those key areas which fall into the lowest 20% of Patient Experiences. However, it is also apparent that there are a wide range of issues which must be addressed to improve experiences across a range of areas.

Each survey area highlights key objects and actions to help address reported areas of concerns fed back through the patient survey process. Evidence of this being a successful model during the last year was demonstrated in the feedback workshop from the Maternity Survey, where certain questions demonstrated considerable improvement, where areas of targeted work had taken place. Results from these work streams is updated and presented to the Patients First Sub-Committee for oversight support and assurance.

4. Patient and Public Experience and Involvement

4.1 Public involvement

The Trust continues to value and seek feedback from patients, family and the public, looking to engage with them at every opportunity. During 2017/18, there have been a number of key developments.

The paper-based Patient and Public Involvement Register has been revised and re-launched as the ‘Involvement HUB’ (Health User Bank) with new publicity materials to promote involvement to local people. This simultaneously provides a way to renew people’s consent to hold their data for this purpose, to comply with new legislation.

In connection with this a Trust Patient & Public Involvement HUB Newsletter has been introduced to keep individuals, groups and organisations linked to the HUB or linked through other networks informed of involvement opportunities and to provide brief feedback on the impact of involvement.

In addition, Patient and Public Voice Representatives have been appointed for the first time as members of the Patient First Sub-Committee, increasing accountability and transparency and furthering the ethos of co-working.

4.2 PLACE

The PLACE programme has been strengthened by introducing PLACE LITE as well as continuing to participate in the annual national PLACE programme. PLACE LITE uses the same tool and process, as an internal exercise, to support early identification of, and action on, any issues relating to the PLACE domains of cleanliness, condition and maintenance, privacy dignity and wellbeing, dementia-friendly and access features of the environment, and assessing nutrition and hydration.

4.3 Patient stories

Patient Stories bring the experience of patients, and sometimes of their families or others who care for them, into the spotlight and are a rich and valuable source of learning for improvement. These continue to be of high importance to us at Bradford Teaching Hospitals NHS Foundation Trust and the fact that our Board of Directors' meetings commence with a Patient Story presentation reflects this. A good variety of clinical and non-clinical areas have been the focus of the Patient Stories at Board of Directors' meetings. There continues to be a pro-active approach to seeking out stories from a wide range of patients to maximise exposure and learning. These stories both celebrate excellent care and highlight areas for improvement.

Patient Stories can:

- Identify problems, issues, risks, causes and potential solutions as well as highlight good practice.
- Actively provoke debate about change and improvement; hence they can have transformative power.
- Enrich and extend our knowledge, understanding, and empathy and open up a different way of knowing and understanding patient experience.
- Connect organisational processes, systems and protocols with humanity, values and ethical practice and have a potential positive impact on thinking/decisions.

Patient stories come from a variety of sources including patient feedback mechanisms, personal contact with people in community organisations and events in addition to staff suggestions. This has in the past included learning from serious incidents, which have further highlighted the important role friends and family provide in terms of sharing valuable information and demonstrated the importance of listening to friends and family.

5. Conclusions

A positive year with progress made in the reconfiguration of the Patient Experience team. However, there remain areas of on-going challenge with the processes in place to effectively manage the patient experience agenda. The Chief Nurse Office has a strong commitment to drive improvement and consider innovative new ways of working, to not only collect, but make improvements in patient's feedback and the overarching patient experience. The team continue to take into account new ways in which we can learn and improve with the information we receive, to enhance the quality of care and experience. The Strategic Work Plan for 2018/19 is currently being updated and new objectives set (Appendix 1). This will continue to be overseen by the Patients First Sub-Committee.

Priorities for 2018/2019 include:

- Patient and Public Involvement Strategy to be produced.
- Explore electronic capture of FFT through EPR portal or alternative electronic method.
- Further development of the Patient Experience website to provide survey feedback.
- Joint work with the Organisational Development team regarding staff survey feedback.
- Bench marking and co working with similar organisations to enhance work.
- Enhancing regular feedback to Divisions for mechanisms to improve patient experience.
- Streamline and monitor complaints review process to reduce the response time.
- Involvement of Transformation Team to facilitate new ideas and SMART ways of working in relation to the investigation and handling of complaints.
- Organise an annual Patient Experience event for the Trust to promote and celebrate the work being carried out.
- Undertake a training needs analysis in relation to complaints investigation training.
- Develop feedback sessions with themes of complaints.
- Development of quality indicators to enable the Patient Experience Team to measure the impact and effectiveness of patient experience work.
- Ensure delivery of patient stories continues, to enable the patient's voice to be heard at various forums.
- Ensure patient Experience team is part of Trust wide events for example "Work as One Week" and NHS 70th Anniversary celebrations.
- Promote the use of social media via Twitter.

Patient Experience Strategic Work Plan

Patient Experience Work Plan		Date initiated	Dec 2016	Date of update	May 2018
Accountability		**Responsibility**			
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**		
Karen Bentley	Patient's First Committee	Chris Brown	Complaints Operational Group		
		Isla Skinner	Patient Engagement		
			PLACE Steering Group		

Aim	**Objective**		**Expected Outcome**	**Assurance Mechanism**	**Review date**
	No				
Improve Patient Experiences at BTHFT	1	Improved Complaints Process	Reduce timescales for dealing with complaints. Gain assurance that complaints are leading to learning	Complaints Steering Group. Quarterly/Annual Reports	July 2018
	2	Always Events	Improvement in key areas on National Inpatient Survey	Patients First Patient inpatient survey	June 2018
	3	Patient Engagement	Assurance that we are engaging with patients and the public	Quarterly patient experience report	July 2018
	4	Patient Experience Conference	Patient Experience Conference to showcase Patient experience work at the Trust	Attendance/Evaluation	November 2018
	5	Development and Implementation of new Intranet and Internet Sites	Ensure pertinent information is quickly and easily accessible for staff and patients, at all times	Website Launch and processes to ensure frequent review/ updates. Reports to Patients First committee	April 2018
	6	Establish a mechanism of knowing how we are doing with respect to patient experience.	Develop a suite of qualitative indicators with targets/ trajectories that enable monitoring against progress in improving the patient experience.	Monthly review of the indicators at the Patients First Committee	July 2018
	7	Adopt innovative approaches to improving patient experience	Establish and embed two innovative approaches to improving patient experience in 2018.	Reports to Patients First committee Patient Experience report.	December 2018

Objective	**1**	**Review and Improve Complaint Process**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1.1	Re-launch & Rebranding of Pt Exp Team	CB	April17	Jan 18	**C**		HR process complete.	
1.1.1	1. Complete HR process to implement new roles for established team members and recruit to band 2 and 4 roles.	CB	April17	December 2017	**C**	December 2017	HR process complete and staff in post.	
1.1.2	2. Develop communication plan to ensure all staff across the trust are aware of the changes and the role of the newly branded patient experience team.	CB	April17	December 2017	**C**	January 2018	Completed	
1.1.3	3. Develop supporting material e.g. posters leaflets to raise awareness of the new team/roles etc.	CB	April17	January 2018	**OC**		Draft completed signed off at PF meeting February 2018. To be available beginning of March 2018. Delay in Printing until after new financial year, prioritised for April 2018. May 2018 order processed awaiting receipt from printers. Chased print on 30th of April still waiting for supplies.	
1.1.4	4. Update intranet and internet (website) for patient experience to reflect new changes and act as a resource for	CB	April17	January 2018	**C**	April 2018	Material ready for upload, delayed due to changes relating to the website platform.	

	patients/ staff/ visitors.						April 2018 Intranet site fully updated and live, some IT issues to be resolved. May 2018 completed.	
1.1.5	5. Hold promotional events in the new main entrance at BRI and other venues e.g. SLH to raise awareness of the service.	CB		March- April 2018	**OC**		Spaces booked for April-May, awaiting new leaflets and promotional materials. May 2018 Will be delayed due to receipt of materials. CB to update in June 2018 of events planned when materials available.	

Objective	**1 (Cont'd)**	**Review and Improve Complaint Process**

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
1.2.	Commence Patient Experience project, in collaboration with the Transformation Team	CB	April 17 – April 18	June 2018	**O**		Initial Transformation event taken place April 2018, new ways of working on trial. Waiting official feedback from collaborative event from Transformation. PE away day booked for June 2018	Paused
1.3.	Develop and establish a Complaints Review panel 1. Establish terms of reference 2. One division to be identified to test the	CB/SB	April 17 – May 17	May 17	**C**		ToR presented at Patient's First 02/06/17- approved. August 2017 Pilot Panel to be agreed to be tested in DADS January 2018- this process	Inaugural Meeting

	concept 3. Pilot to be undertaken, and any lessons learned to be identified 4. Roll out concept to all other divisions.						has not been established due to the division being unable to establish the pilot. To be reviewed with the new head of nursing and revised approach agreed. To report back to March 2018 PF committee. Not to be progressed.	

Objective	**2**	**Establish Always Events within the Trust, to provide a clear standard that every patient can expect to receive when being cared for in the Trust**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
2.1	Re-launch #Hellomynameis as an 'Always Event' commitment.	CB/IS	Oct 17	Oct - Feb 17	**C**		Remains core part of Induction program. Soft Launch Feb-April 18 to reinforce the concept of #hellomynameis to ensure the message is clear that this is still expected	Completed
2.2	Establish Service User Co- design panel	CB/IS	July 17- Oct 17	Oct 17	**C**	March 2018	Service Users recruited. Pilot areas identified and approached. Inaugural panel date 18 December cancelled due to lack of attendance by staff. Rescheduled 13 March 18	
2.3	Launch Always Event Wave 1	CB/IS	April 17 – June17	Amended to July 2018	**O**		Co-Design Panel met 13.03.18 concepts and aims established regarding	

							discharge improvements. It was agreed, due to operational pressures (EPR / Winter) to delay commencement until March 18	
2.4	Implement Always Events Wave 1	CB/IS	April 17 – May 17	Amended to May – August 2018	**O**		Ready for implementation following 13.03.18. Baseline questionnaires formulated and data collection planned for w/c 09.04.18.	
2.5	Continuing multi-stage 'Always Events' Programs	CB/IS	July 18 – onwards	6 monthly reviews	**O**			

Objective	**3**	**Patient Engagement**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
3.1	Increase the number & diversity of individuals & community groups actively involved in the FT	IS	Nov 17	On-going	**OD**		Weekly schedule of events and forums in development for attendance by PPI Lead.	
3.2	Develop outreach programme/register to local communities to raise awareness of how to be involved	IS	April 17- Sept 17	Aug 17 – March 18	**C**	May 2018	Developed new Poster and fliers for outreach and involvement. On-going work on using the Trust Membership Database for involvement. Significant work completed around redevelopment of Trust	

							Membership form and data protection issues. Completed May 2018.	
3.3	Develop & deliver Level 1 'Involvement Ready ' training for patients, carers & public. Mirror training with staff and updating toolkit.	IS	July 17-Dec 17	Oct 17 – Mar 18	**OD**		April 2018 Being reviewed by Assistant Chief Nurse – Patient Experience.	
3.4	Undertake regular bereaved carer's survey to monitor satisfaction with the service provided to carers/ family of patients who die in the organisation.	EP	July 17	Dec 17	**C**	Established and on-going	Survey established review of feedback on going via operational end of life group May 2018: established outcomes to be published on the internet.	

Objective	**4**	**Patient Experience Conference**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
4.1	Establish Date of Conference and Set-up Steering Group	KB	Jan 18	Feb 18	**O**	April 2018	Date now set November 2018. First planning meeting arranged by KB May 2018	
4.2	Agree Program and Invite Speakers & Stallholders	KB	Jan 18	July 2018	**O**		Outline plan to be presented to Patients Fist June 2018 meeting.	
4.3	Confirm Speakers and Stallholders	KB	Jan 18	July 2018	**O**		Outline plan to be presented to Patients Fist July 2018 meeting	
4.4	Produce final program and publicise to attract	KB	Jan 18	August 2018	**O**			

	attendees							
4.5	Evaluation report to Patient's First		Jan 18	January 2019				

Objective	**5**	Development and Implementation of new Intranet and Internet Sites

No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
5.1	Review old content and external sources, curate appropriate content.	CB	Nov 17	Nov 17	**C**	Nov 17	Complete	
5.2	Design and upload Stage 1 content	CB	Jan 18	Jan 18	**C**	Jan 18	Complete	
5.3	'GO live'	EH	Jan 18	Jan 18	**C**	April 18	Intranet site updated and live from April 18 PE info updated on Internet, awaiting launch of new internet site.	
5.4	Launch events and information	CB	Jan 18	Feb – April 18	**OC**		To include in Patient Experience Team Communication. Timescale for launch now June 18.	
5.5	Increase content and establish processes for updating and maintaining websites	CB	Jan 18	March 18	**OC**		On-going work being developed. Process to be in place by June 18	

Objective	**6**	Establish a mechanism of knowing how we are doing with respect to patient experience.

No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
6.1	Establish a task and finish group to oversee the process, ensuring appropriate stakeholder involvement.	KB	February 2018	July 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
6.2	Review the range of metrics available and assess suitability in terms of appropriateness of measuring patient / experience engagement, ease of data capture, ability to report on a monthly basis.	KB	February 2018	July 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
6.3	Agree appropriate metrics and mechanism of reporting	KB	February 2018	June 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
6.4	Pilot reporting	KB	February 2018	June 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
6.5	Roll out monthly reporting	KB	February 2018	July 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	

Objective	**7**	Adopt innovative approaches to improving patient experience

No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
7.1	Identify innovative approach to patient experience through a range of opportunities, including a review of what other organisations have done. .	KB	February 2018	July 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
7.2	Agree 2 innovative initiatives for 2018	KB	February 2018	July 2018	**O**		Identified new ways of working with Health Watch	

7.3	Identify a lead to take forward.	KB	February 2018	February 2018	**C**		Associate Nurse – Patient Experience is the lead	
7.4	Pilot approach using small tests of change or other methodology as appropriate.	KB	February 2018	June – September 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
7.5	Roll out approach to all appropriate clinical areas allowing a level of local amendment to meet the needs of the patients in that area.	KB	February 2018	October 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	
7.6	Evaluate the impact using a range of methods including patient / carer feedback	KB	February 2018	December 2018	**O**		Revised timescales to be agreed at Pt First Meeting June 2018 and 1-1 KB/SS.	

Status:	
O	Open
OC	Open and compromised
C	Closed
OD	Overdue