Patient Experience Trust Action Plan

Key Deliverable	Actions Required	Lead(s)	Time Scale / Review Date	Progress / Comments
1. **Patient feedback**: To use the various types of patient feedback available to direct the focus of patient experience improvement work	▪ Develop an integrated patient experience report that includes feedback from complaints, PALS, litigation cases, and patient survey results ▪ Use locally sourced feedback in tandem with national survey findings ▪ Identify trends from the feedback report, and use to inform improvement work streams and monitor their success	Director of Nursing/ Director of Primary Care	Commence Nov 2010 then Bi-monthly reviews	Integrated patient feedback report developed and presented / discussed at January Trust Board and other key committees Will next be reviewed at April Patient Experience Steering Committee
2. Outpatients: To ensure that all patients are welcomed, treated correctly and promptly and given full information about their visit and on-going care	▪ Establish an OP Experience Group, led by Operations staff, with clinical input, and link to Trust's QIPP programme ▪ Commission a six-months outpatient improvement programme, where key issues identified by patients are addressed ▪ Use improvement techniques, including lean methodology on clinics 4a and 4b	Director of Operations	Commence Nov 2010 then Bi-monthly review	Terms of reference agreed and three meetings that have now taken place, chaired by Dr VoiShim Wong, Clinical Lead for the group. Approach and action plan agreed. Outpatients Dashboard finalised Clinic team customer

				training sessions timetabled to commence across level 4 last week in March 2011
3. Communication: To ensure that all patients/carers receive timely, clear and sufficient information that enables them to understand their condition and care, and make informed choices about proposed future treatment plans	▪ Re-run the in-house Communication Workshops for clinicians, expanding them from just Drs to include all clinical staff ▪ Continue to run Customer Care Training and ensure that it is then followed up by local supervision, objective setting and appraisal ▪ Develop, pilot, then roll out use of customer care competencies ▪ Implement the Essence of Care Communication Benchmark trust wide, starting with least well performing areas	Director of HR/Asst Director of Education & Training	Commence Jan 2011 then Bi-monthly review	Seven full day work shops on communication/customer care arranged, starting Jan 2011. Open to all staff, including ICO organisations Customer care competencies developed and being piloted in outpatients Funding available via Education & Training Dept, for any bands 2-4 staff that wish to undertake an NVQ in customer care
4. In-patient wards: To improve the level and content of patient feedback on in-patient adult general wards	▪ To pilot, then if successful roll out the use of "safe rounds" scheme to all wards ▪ To include "patient experience" conversations in Visible Leadership Programme	Director of Nursing	Commence Jan 2011 then Bi-monthly review Commence December2010 then Bi-monthly	"Safe rounds" scheme being piloted on one medical and one surgical ward, with success Plan to roll out across all wards Patient Experience conversations commenced Dec 2010 and now part of

	review ▪ To re-focus the use of the Releasing Time to Care initiative by: ➢ Re-focussing attention of project manager for wards not yet live, by working as a role model with staff on the ward one ward at a time, until the 3 foundation modules implemented ➢ PDNs and matrons to provide on-going support to wards already live, to maintain foundation modules, and roll lot developmental modules as appropriate ➢ Develop specific targets for ward to demonstrate if PW approach effective		Commence Jan 2011, then bi-monthly review	VLT programme Project Manager commenced focus on Cavell Ward Jan 2011
5. Clean hospital: Ensure that all patient / public areas are kept clean and meet required standards	▪ Continue work identified in the IP&C Plan required to meet the CQC's standard on Cleanliness and Infection Control (former Hygiene Code) ▪ Incorporate key facilities staff into Visible Leadership Team's cleanliness audits, so that any areas below 95% are targeted for improvement action ▪ Ward staff to undertake regular "de-cluttering rounds so that facilities staff are able to clean properly and areas	Director of Facilities / DIPC Director of Facilities / Director of Nursing Director of Nursing	Ongoing: reviewed bi-monthly at ICC Ongoing: Reviewed post audit at matrons	VLT and Facilities team working together to monitor and improve cleanliness Nurse leaders now monitoring "ward clutter and extended to include

	look well managed		meetings	outpatients
6. Hospital Food: To ensure that as far as possible, all patients have food provided that meets their health, cultural and individual preferences To ensure that whenever necessary patients receive skilled and timely assistance with eating and drinking	▪ Continue regular food tasting sessions and act on feedback ▪ Use results of patient surveys and feedback to identify their key issues ▪ Establish a focus group to gain deeper understanding of issues and possible solutions ▪ Re-enforce protected meal times and use of red tray system	Director of Facilities / Director of Nursing	Ongoing with bi-monthly review	Nutrition Steering Group established and leading work Nutrition team undertook a meals audit, including use of red trays and enforcement of PMT - where non-compliance identified, actions agreed and being implemented
7. Discharge Information: To ensure that all patients receive clear information about their ongoing care and how to get help once they leave hospital, before they are discharged	▪ Develop then distribute Discharge Information Leaflet throughout the hospital and ensure it is also available on the intranet and trust website ▪ Develop and implement a Discharge Alert Process so that failed discharges are known about and acted on	Director of Operations Asst Director of Nursing for Risk	Dec 2010 then bi-monthly review Nov 2010 then bi-monthly review	Discharge Leaflet developed and in use – an easy read version also developed for patients with learning disabilities etc Discharge alert process developed and in use – based on trust's incident reporting process
8. Mid-Staffs: To embed the national recommendations from the Francis Inquiry into everyday practice	▪ Ensure actions identified following trust's internal review against Francis inquiry recommendations are kept under review by Patient Experience Committee until fully implemented and embedded	Director of Nursing	Ongoing with Bi-monthly review	Dec 2010: all actions on target

VS: Feb 2011