

<b>Report to the Trust Council of Governors: 4 February 2015</b>	<b>Paper No: 5.3</b>
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<b>Title</b>	<b>Governor Working Group – Quality of Experience</b>
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<b>Report Purpose</b>	<b>For information</b>

**This report summarises the items discussed at the last meeting of the Quality of Experience Group, held on 12 November 2014.**

**The purpose of the group includes monitoring the function of the complaints and feedback mechanism within the Trust, developing patient and public involvement to ensure continuous improvement and providing assurance to the Quality and Governance Group and the Board of Directors that the systems for maintaining high levels of patient experience are satisfactory.**

**The three key headlines from the report for discussion are:**

- 1. Patient experience report.**
- 2. Friends and family test.**
- 3. QEG update**

## Directorate updates re: medical communication and attitude

Complaints received by the Acute and Cancer Care Directorate between September 2013 and August 2014 where “medical communication / attitude” was identified as the main reason for the complaint were reviewed. In total 50 complaints were identified. When put in context with the number of patients attending ie. 3900 patients per month attending the Emergency department and 10,500 per month attending the Radiology department, the number is small but it was agreed that there is no room for complacency as all patients should receive good care at every attendance. No persistent offender/s were identified.

## Patient Experience Report (April – September 2014)

The number of complaints received increased during July –September 2014. Included within the 457 contacts were complaints identifying multiple issues plus one that was declared a “Serious Incident Requiring Investigation”. Medical care, communication, diagnosis and nursing care continue to be the main areas of concern. To date this year, 44% of cases investigated and closed have been upheld. This is low compared to other Trusts. Directorates continue to have difficulty achieving the time targets set for responding to complaints and only 34% of complaints were responded to within the required timescale. Reasons given include the increasing complexity of complaints and delays in receiving requested information from other hospitals. The Trust aims to thoroughly investigate and respond completely to the complainant once only and when additional time is required, the Directors often phone the complainant to check this is acceptable. This financial year four cases have been referred to the ombudsman. One case has not been upheld and the other three remain under review. In 2013/14, nine cases were referred. Two required no further investigation, three were not upheld, three were upheld and one remains under review. In October, HDFT Strategic Implementation Group met to discuss the common themes arising in complaints and were asked to discuss these further in their Directorates so that there was greater awareness. Barriers to giving optimal care to every patient every time might then be identified, improving patient experience and reducing complaints.

## Friends and Family Test

This was introduced by the Department of Health and asks the question “How likely are you to recommend our ward/department/service to friends and family if they needed similar care or treatment?”. Paper questionnaires, comment cards, an automated telephone service or a mobile electronic tablet are used to collect the responses. In the Emergency department tokens are currently used but from April 2015 these will need to be replaced by one of the other methods so that comments can also be left. Nationally only scores of “extremely likely” and “extremely unlikely” are counted but in future it is anticipated that the scores for “likely” and “unlikely” will also be included. The results are published each month on the Trust website ([www.hdft.nhs.uk](http://www.hdft.nhs.uk)) and on NHS Choices. It was proposed that quarterly feedback is made to QEG so

that the results can be triangulated with other results collected by the patient experience team.

### Patient Voice Group

Reports of follow up visits to Littondale and Oakdale wards were presented. Money has been secured from charitable funding to improve the garden quadrangle outside Liittondale. Results of a “Protected Mealtime” audit were also presented. Rosemary Marsh was thanked for all her work as chair of the Patient Voice Group, her excellent reports and insightful comments.

### QEG Update (following November meeting)

The next planned QEG meeting on 14 January 2015 was cancelled. Sue Symington has resigned as a Trust Non-Executive Director and has stepped down as chair of QEG following her appointment as Chair at York Teaching Hospitals NHS Foundation Trust. Ros Tolcher and Jill Foster are currently reviewing the way in which the experiences of HDFT patients and service users are monitored so that governance procedures at HDFT may be further improved. The outcome of their review and plans for the future are expected to be announced in mid-February