

## Public Board of Directors

<b>Report Title:</b>	Patient Experience Story
<b>Executive/NED Lead:</b>	Giles Thorpe, Chief Nurse
<b>Report author(s):</b>	Yvonne Bathgate – Project Co-ordinator for Patient Experience
<b>Previously considered by:</b>	N/A

Approval
  Discussion
  Information
  Assurance

<p>Executive summary</p> <p>Our patient experience story this month is about a cancer patient Mr R and what happened when he received a fine for car parking.</p> <p>Mr R has received extensive treatment since 2017 for advanced lung cancer. He has nothing but admiration for the whole of the hospital about his treatment and believes his care has been exemplary.</p> <p>However, in August 2021 Mr R visited the hospital for an appointment and had difficulties with paying for car parking as initially the car park machine did not recognise his vehicle. He did manage to pay for car parking and asked for a receipt, which he received. Mr R later received a fine for not paying for car parking at the hospital. A cancer nurse specialist and the Trust's travel plan team supported Mr R and the fine was rescinded as Mr R had evidence of payment (his receipt).</p> <p><b>What worked well?</b></p> <ul style="list-style-type: none"> <li>Cancer Treatment.</li> <li>Care and treatment of patient.</li> <li>Staff attitude – Mr R said that he was always very well looked after and treated with a smile and respect.</li> <li>Staff on site being able to deal with the unfortunate situation i.e. Travel plan and the cancer nurse specialist.</li> </ul> <p><b>What didn't work so well?</b></p> <ul style="list-style-type: none"> <li>The carpark machine not recognising the vehicle.</li> <li>Not automatically issuing a receipt of payment.</li> <li>On the letter detailing the £70 fine there is reference to the appeal being rejected and a POPLA code being issued? There is no description of who or what POPLA is. It should be clearly written that POPLA is an independent appeals service for Parking Charge Notices issued on private land.</li> <li>Having to supply further evidence to prove his reason for being at the hospital that day. SR could not understand why this was necessary and why did CPP need this when he had supplied evidence of payment to park.</li> </ul> <p>Main Message</p> <p>Mr R is concerned that while he was able to dispute this parking fine, should this have come to his elderly mother (or any other vulnerable person, someone who is uncomfortable with technology, communication difficulties etc.) they could just feel pressurised into paying the £70 charge.</p>		
<b><u>Patient Experience Story to the Board</u></b>		
<b>Action Required of the Board/Committee</b>		
To note and discuss the patient experience story		
<b>Link to Strategic Objectives (SO)</b>		<b>Please tick</b>
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>

<p><b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i></p>	<p>There is a risk that a failure to have meaningful patient or staff stories in place and associated effective complaints practices and management arrangements in place there is a risk of recurrent poor experience and potential harm being caused to patients. There is an associate risk of onward referrals to the PHSO, legal claims and reputational damage. The Board listening to stories of patients' and staff's lived experiences ensures that the Trust is committed to keeping the patient, their families and the staff caring for them at the very heart of its decision-making.</p>
<p><b>Trust Risk Appetite</b></p>	<p>The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of “no harm” at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and the potential for mitigation actions are strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients.</p>
<p><b>Legal and regulatory implications</b> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i></p>	<p>A failure to ensure appropriate governance practices are in place to support positive patient and staff experience may lead to a breach against Regulation 16: Receiving and acting on complaints and Regulation 18: Staffing as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.</p>
<p><b>Financial Implications</b></p>	<p>A failure to ensure that the Board has oversight of current patient and staff experiences may lead to ongoing and unresolved concerns, which may lead to legal claims or PHSO rulings being raised against the Trust, with associate financial penalties.</p>
<p><b>Equality and Diversity</b></p>	<p>In order to ensure that the Trust does not directly or indirectly discriminate all the needs of patients and staff must be considered, in accordance to the Equality Act 2010 and EDI agenda in relation to protected characteristics.</p> <p>The patient and staff stories that are shared with the Board are reviewed to ensure that this does not happen, and that learning is shared to ensure all considerations are given to:</p> <ul style="list-style-type: none"> <li>• age.</li> <li>• disability.</li> <li>• gender reassignment</li> <li>• marriage and civil partnership.</li> <li>• pregnancy and maternity.</li> <li>• race.</li> <li>• religion or belief</li> <li>• sex</li> <li>• sexual orientation</li> </ul>