**SAFETY, QUALITY & STANDARDS COMMITTEE**

**7th of June 2018**

<table>
<thead>
<tr>
<th>Report of:</th>
<th>Deputy Director of Corporate Affairs and Governance</th>
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<td>Responsible Officer:</td>
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<td>Accountable Officer:</td>
<td>Director of Corporate Affairs and Governance</td>
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<tr>
<td>Authors of Report:</td>
<td>Customer Care Manager</td>
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<tr>
<td>Subject/Title</td>
<td>Appendix 4 Annual Complaints Report 2017/2018</td>
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<tr>
<td>Background papers (if relevant)</td>
<td>Complaints Policy 2017</td>
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<tr>
<td>Purpose of Paper</td>
<td>To provide committee members with a report on the complaints/PALS activity, identifying trends and lessons learned for 2017/2018</td>
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<tr>
<td>Action/Decision required</td>
<td>To note the contents of the report, assurance provided and improvement action proposed.</td>
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<tr>
<td>Mitigates Risk Number: (identify) On Corporate Risk Register</td>
<td>CRR 341 Score 9: If we do not comply with Health &amp; Social Care 2008 (Outcome 16, Assessing and monitoring the quality of service provision) then this could lead to restrictions on service provision and financial penalty.</td>
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<tr>
<td>Mitigates Risk Number: (identify) On Assurance Framework</td>
<td>AF 2 Score 12: If quality is not maintained in line with regulatory standards during and after transition then this could impact on services the trust provides and ability to provide services that are caring, safe, and responsive and safeguard the health &amp; wellbeing of the local population.</td>
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<tr>
<td>Link to Care Quality Commission Domain</td>
<td>All domains</td>
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<td>Link to:</td>
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<tr>
<td>&gt; Trust's Strategic Direction</td>
<td>Patients - Provide the best services to our population through improvements to safety, productivity and patient experience. People – Empower, develop and value staff in providing innovative patient focused care.</td>
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<td>&gt; Corporate Objectives</td>
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<td>Legal implications - (identify)</td>
<td>None</td>
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<tr>
<td>Impact on quality</td>
<td>This report provides assurance in relation to lessons learned and improvements to practice as a result of complaints.</td>
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<tr>
<td>Resource impact</td>
<td>None</td>
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<td>Impact of equality/diversity</td>
<td>None</td>
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</table>
| Avoid acronyms or abbreviations - if necessary list: | A&E – Accident and Emergency  
PALS – Patient Advise and Liaison Service  
FFT – Friends and Family Test  
MAU – Medical Admissions Unit  
CAG - Corporate Affairs and Governance  
PHSO - Parliamentary Health Service Ombudsman |
Customer Care Annual Report 2017/2018

The purpose of this paper is to present the annual overview for Complaints and Patient Advice and Liaison Service (PALS) for the period 2017/2018.

This report includes information on the following:

- Introduction
- Governance Arrangements
- Complaints Performance
- Key Performance Indicators for Complaints
- Learning and Improvement from Complaints
- Parliamentary and Health Service Complaints
- Patient Advice and Liaison (PALS) Performance
- Improvement Actions for 2018/19

1 INTRODUCTION

Trust commitment to continuous improvement

1.1 A continuous improvement approach achieved through listening and responding to feedback from patients and their relatives, is embedded across the trust. The lessons learned influence the processes and policies staff follow, as well as their practice on an individual and team level.

2 GOVERNANCE ARRANGEMENTS

Appropriate assurance processes are embedded

2.1 The Trust has a Complaints Policy which was approved by the Board in July 2017. This policy is accessible to patients, their relatives, the wider public and staff via the Trust website. To support the operational implementation of this policy, a complaints procedure is in place, which outlines responsibilities for complaints handling, investigation and review with expected timescales.

2.2 Trust responses to complaints and the learning identified are reported each month to the Safety Quality and Standards (SQS), the Quality Forum and with directorates via the Governance Data Pack. In addition, a quarterly Complaints, Incident, Claims, and Patient Experience Report is presented to the SQS Committee and Risk Management Sub-committee. Patient stories arising from complaints are presented and discussed at Trust Board and the SQS Committee.

The Trust has a Customer Care Manager and team, whose responsibility it is to ensure that complaints are handled in line with statutory requirements and that patients and their relatives/carers are advocated for and supported to achieve a satisfactory and timely resolution to their concerns.

2.3 Complaints and any associated action plans are monitored within the directorates of the trust to ensure that learning translates in to practice to reduce the likelihood of re-occurrence in the future. The Customer Care Manager is
responsible for monitoring evidence provided by directorates to provide assurance on actions taken.

The trust has been required to complete and submit the KO41 to the Department of Health on a quarterly basis as opposed to annual basis.

3 COMPLAINTS

Complaints are a valuable source of feedback on how the trust can improve quality.

3.1 There have been a total of 140 complaints received which is an increase of 12% (15 complaints) compared to 2016/2017 where 125 complaints were received.

3.2 Clinical treatment is the category against which the most complaints recorded. The service areas which received the most complaints about clinical treatment were Surgical Specialities (14), Accident and Emergency (13), Obstetrics and Gynaecology (6) and MAU (4).

Further breakdown about Surgical Specialties, clinical treatment complaint themes shows that there were 9 concerns raised about the co-ordination of medical treatment, 4 concerns about the treatment not having the expected outcome and 1 concern about an error in a procedure.

Complaints are also an indicator within the monthly Risk Assessed Data Report (RADaR), which retrospectively identifies service hot spots where quality may have been impacted.

4 KEY PERFORMANCE INDICATORS FOR COMPLAINTS

Significant improvement in responsiveness

4.1 During this year the required standard for acknowledgement of a formal complaint by the Customer Care Team within three working days was achieved (100%).

A target of 100% was agreed for complaints to be responded to within initial timescales agreed with complainant. This was achieved for 94% (129) of complaints.

There was also a local target to receive no more than 15 complaints, where the main focus related to communication with patient about their clinical care. This was achieved as only 6 complaints of this nature were received.

28 facilitated meetings took place between clinicians and complainants. These meetings were either held before the investigation to assist in clarifying issues and facts from complainants’ perspective or to feedback the outcome of the investigation.

5 LEARNING AND IMPROVEMENT FROM COMPLAINTS

5.1 During 2017/18 the following top complaints categories identified are:
Feedback from complaints has led to positive changes in trust policy and processes.

Continuous learning improves the effectiveness of care given.

- Clinical treatment 60% (84)
- Ineffective verbal communication 11% (16)
- Admissions and discharge procedure 8% (12)
- Staff attitude/behaviour 6% (9)
- Date for appointment 3% (4). The majority of these complaints relate to unacceptable time to wait for appointments or appointment cancellations.

These categories are in line with national mandatory complaints reporting requirements. Within the category of clinical treatment the top four trends identified were co-ordination of medical treatment (45), nursing care unsatisfactory (13), treatment didn’t have expected outcome (8) problems with medication (4).

Examples of learning from complaints

5.2 Policy or Process Changes

- The Maternity Matron has developed a feeding plan document to give to families when they attend clinic with a baby who has lost weight.
- The trust now involves ward pharmacists in preparing the paperwork for patient’s medications. This will reduce the risk of errors, as the drug chart and medications go to the Discharge Lounge with the patient.
- Daily checking of the Ventouse suction machine now takes place and a system developed to record that it has been checked and is in full working order.
- The trust Falls Co-ordinator is undertaking a review of all the fall prevention equipment used in the trust and reviewing all in-patients who sustain a fall to look at ways of avoiding them.
- The drug Clindamycin is now available in ward stock rooms, so that it is readily accessible for staff when patients need it.
- The New Patient Policy has been updated with specific arrangements for cancelling appointments – it will now be taken into account if a patient has been cancelled previously to try and prevent individual patients being cancelled several times.
- New system has been implemented in the Paediatric Speech and Language Therapy department, where patients and family concerns are referred to the departmental manager. They take action to resolve concerns or direct them on to the Trust’s Customer Care Service.

All letters to patients regarding waiting for an operation are now sent first class.

Improved Practice

- Staff knowledge in the General Practitioner Out of Hours Service has improved, following clinical training on Acute Kidney Injury.
- The knowledge and awareness of nursing staff has been raised following training on giving medication to patients who have a naso-gastric tube. This will ensure that critical
medications are given in a timely manner.
- Staff in the discharge lounge have been reminded of the importance of ensuring medications are timely and patients are dressed appropriately prior to travelling home.
- Communication and joint working has improved between the Intermediate Care Team and Cavendish Court following a staff meeting.
- Junior Doctors’ awareness has been raised on the importance of completing all aspects of discharge documentation.
- Improved use of the discharge prompt list on Medical Admissions Unit will support effective and safe discharge.

Management Action
Management action has been taken in line with trust policies and procedures to address individual staff performance or conduct issues identified through complaints investigations, including:
- One to one formally documented meetings with supervisors or managers
- File notes placed in personal files
- Audits of practice to ensure that standards have improved
- Documented reflection on learning, this also supports revalidation for nurses and doctors
- Discussion at appraisal
- Additional training provided or the need for staff to read trust policy.

Improved Complaints Handling
- A new form has been developed to collect further information about the ethnicity and diversity of our complainants. This will be used to assess if the service is able to be accessed by a full range of service users and if any further work needs to be undertaken to allow accessibility of the service and ensure that we are supporting all of the needs of our service users.
- For clarity, team members now include an explanation of the role of the Customer Care Service during telephone interactions with patients and their relatives.

6 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

There were three reports issued to the trust by the Ombudsman during 2017/18 following investigation of unresolved complaints, of which two were not upheld and one was partially upheld with recommendations. There were no findings in relation to the way the trust had handled the complaints.

Actions undertaken:
The trust writing to the complainant within a month of receiving report apologising for the failings experienced, paying financial remedy of £400 within a month and within 3 months providing the complainant with an action plan for the
occupational therapy team to improve records of falls risk assessments, home assessments, grading of pressure sores and escalation procedures.

The recommendations were completed and reported back to the PHSO who were satisfied with the trust’s actions and closed the case.

7 PATIENT ADVICE AND LIAISON (PALS)

7.1 Activity

The role of PALS is to offer confidential advice, support and information on health-related matters. PALS staff provided a point of contact for patients, their families and carers.

There have been a total of 892 PALS received this year which is a decrease of 8.5% (76) compared to 2016/2017 where 968 were received.

20 meetings took place with clinicians and users of our service as a result of a PALS concern raised. These meetings were either held before the concerns were looked into to assist in clarifying issues and facts from the person’s perspective or to feedback the outcome of the investigation.

7.2 Proactive PALS Outreach provides significant positive feedback

PALS outreach service continues to be a success with the team liaising with 2124 patients and relatives during the year. This involves a member of the Customer Care Team visiting the hospital wards on a daily basis, Monday to Friday, to talk to patients and visitors about their experience of the hospital. Any issues or concerns are dealt with immediately with the senior nurse on the ward at the time.

1199 positive comments were made, 129 comments relating to improving the service and 247 general comments received.

7.3 Learning and Improvement

It should be noted that PALS cases/ enquiries may feature more than one area of concern.

- During 2017/18 the following top themes have been identified:
  - date for appointment 22% (192)
  - clinical treatment 19% (166)
  - ineffective verbal communication 14% (123)
  - ineffective written communication 8% (72).

- Within the category of date for appointment themes identified were in terms of unacceptable time to wait for appointment 52% (99), Cancellation of appointment 22% (43), General Enquiry about appointments 20% (39).

- The areas that received the highest volume of PALS relating to date for appointment were Surgical Specialities (46), Audiology (15), Radiology (12) and Endocrinology
7.4 Examples of learning from PALS Cases

- Improved effectiveness in handling patients’ lost property issues as a result of streamlined processes between the Customer Care team, the wards and Legal Services Team.
- Joint working with local taxi companies involved in transporting patients home to raise awareness of frailty.
- Additional fracture clinics scheduled due to increased patient demand.
- Pavilion House now has hoisting facilities and access to a variable height plinth.

8 PROPOSED ACTION FOR 2018/19

8.1 Continued focus on ensuring complaints are responded to in a timely manner.

Proactive PALS support to improve the experience of service users during periods of operational pressure and promote local resolution of concerns.

Customer Care Manager to deliver complaints investigation training to key management staff.

9 RECOMMENDATION

9.1 Committee members are asked to note for assurance the achievements in terms of trust complaints handling and actions taken to ensure quality of service provision and patient experience is improved as a result of organisational learning.

Sign off
Julie Green - Director of Corporate Affairs and Governance

Role title