### Report of:

**Responsible Officer:**
Deputy Director of Corporate Affairs and Governance

**Accountable Officer:**
Director of Corporate Affairs and Governance

### Authors of Report:

Head of Safety and Risk
Head of Integrated Governance
Head of Communications, Engagement and Marketing

### Subject/Title


### Background papers (if relevant)

Risk Management Strategy 2018, Complaints Policy, Incident Reporting Policy

### Purpose of Paper

To provide Committee members with an overview of the Complaints, Incidents, Claims and Patient Experience QTR 1 2018/19.

### Action/Decision required

To note the contents of the report, assurance provided and improvement action required.

### Mitigates Risk Number: (identify)

**On Corporate Risk Register**

CRR 341 Score 9: If we do not comply with Health & 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.

**On Assurance Framework**

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 & wellbeing of the local population.

### Link to Care Quality Commission Domain

All domains

### Link to:

- Trust’s Strategic Direction
- Corporate Objectives

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.

### Legal implications - (identify)

None

### Impact on quality

This report provides assurance in relation to lessons learned and improvements to practice as a result of incidents, complaints, claims and patient experience received.

### Resource impact

None

### Impact of equality/diversity

None
<table>
<thead>
<tr>
<th>Avoid acronyms or abbreviations - if necessary list:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALS – Patient Advise and Liaison Service</td>
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<tr>
<td>FFT – Friends and Family Test</td>
</tr>
<tr>
<td>MAU – Medical Admissions Unit</td>
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<tr>
<td>SIRI – Serious Incident Requiring Investigation</td>
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<tr>
<td>RADA R – Risk Assessed Data Return</td>
</tr>
<tr>
<td>CT – Computed Tomography (scan)</td>
</tr>
<tr>
<td>RCA – Root Cause Analysis</td>
</tr>
<tr>
<td>SBAR – Situation, Background, Assessment,</td>
</tr>
<tr>
<td>Recommendation.</td>
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<tr>
<td>PFD – Prevention of Future Deaths</td>
</tr>
<tr>
<td>IVF – In vitro fertilisation</td>
</tr>
<tr>
<td>SQS – Safety, Quality Standards Committee</td>
</tr>
<tr>
<td>OOH – Out of Hours</td>
</tr>
<tr>
<td>ED – Emergency Department</td>
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<tr>
<td>CCG – Clinical Commissioning Group</td>
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<tr>
<td>MRSA – methicillin-resistant Staphylococcus aureus.</td>
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<tr>
<td>WTE – Whole Time Equivalent</td>
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<tr>
<td>HCA – Health Care Assistant</td>
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<tr>
<td>DoLS – Deprivation of Liberty Safeguards</td>
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<tr>
<td>GDPR – General Data Protection Regulation</td>
</tr>
<tr>
<td>CAG – Corporate Affairs and Governance</td>
</tr>
<tr>
<td>PHSO – Parliamentary Health Service Ombudsman</td>
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<tr>
<td>ICU – Intensive Care Unit</td>
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QUARTERLY REPORT ON COMPLAINTS, INCIDENTS, CLAIMS AND PATIENT EXPERIENCE (APRIL TO JUNE 2018)

The purpose of this paper is to provide Committee members with an overview of Complaints, Incidents, Claims and Patient Experience for Qtr 1 2018/19. This report includes information on the following:

- Complaints/ PALS
- Compliments and Excellence Reporting
- Incidents
- Inquests
- Claims
- Surveys and patient feedback
- Update on improvement actions during Q1
- Improvement actions for Q2, 2018/19

1 INTRODUCTION

1.1 This report has been developed following a review of a combination of internal qualitative and quantitative data, in order to provide a triangulated analysis of activity in the quarter. Data sources include: incidents, complaints/ PALS and risks held on the DATIX system; surveys; observations from senior managers, ward and departmental walkabouts and external sources, such as NHS Choices feedback.

1.2 Appendix 6a shows the trust wide performance dashboard for the areas covered in this report.

The exceptions within the dashboard to highlight are:

- The trust received recommendations from one case from the Health Service Ombudsman in relation to an unresolved complaint. This is higher than the annual target of zero, therefore will remain red all year.
- 100% complaints responded to within timeframes agreed with complainant, including one for which an extension was agreed.
- The percentage of complaints not resolved first time to the satisfaction of the complainant was 9% (3 re-opened out of 33 sent) The Customer Care Team has reviewed these cases and the complainants have been written to with the offer of further investigations or a meeting to discuss their dissatisfaction. At the time of writing this report the trust has not had any further contact from the complainants. These will be followed up and reported on in Quarter 2 2018/2019.

2 COMPLAINTS

There was a decrease in complaints received.

2.1 A total of 26 complaints have been reported this quarter. Nine less than the target threshold for the quarter and a reduction of nine against Q4 last year.

33 complaint responses have been sent of which 17 were not upheld, 13 were partially upheld and 3 were upheld.

There is a significant and positive reduction in the number of complaints upheld this quarter. Last quarter 11 complaints were upheld. Complaints classified as not upheld and partially upheld remain consistent.

The tables in Appendix 6b show the top reporting areas and categories of
complaints. Three of the four complaints in the Accident and Emergency Department (A&E) relate to ‘clinical treatment’ citing a dissatisfaction regarding coordination of that treatment. Two of the complaints were upheld and two complaints not upheld.

Two of the three complaints received in Sexual Health related to date for appointment and one relates to clinical treatment. All three complaints were not upheld. Where actions and improvements are identified following the investigation of a complaint an action plan is developed. Examples of improvements can be seen in Appendix 6b, Table 1.

In line with the Complaints Policy, complaints relating to the following are being monitored: patients with dementia, learning disabilities and discriminatory practice.

One complaint was received where a patient raised issues about discriminatory practice and this is under investigation. One complaint was received relating to the care of a patient with dementia and learning disabilities.

The outcome was complaint upheld:
- A sincere apology was provided for the poor communication resulting in the delay in medication being prescribed. Consultant Breast Surgeon wrote to the GP asking them to prescribe Anastrozole medication as required when the patient should have received a prescription in outpatients.

Ombudsman recommendations completed

The trust has not been informed of any complaints being referred to the Parliamentary Health Service Ombudsman during this quarter.

In April 2018 the Ombudsman made recommendations to the trust in relation to a previous complaint raised with them. The complaint was partially upheld by the Ombudsman with recommendations for the trust to issue a further apology and to propose an action plan for improvement. These recommendations have been completed and assurance provided to the Ombudsman.

Actions taken in response to recommendations were:
- Within one month the Trust wrote to the complaint to acknowledge the failings the HSO has identified. This includes the failure to arrange an urgent review in clinic following the patient’s gastroscopy and the failure to arrange appropriate investigations following the patient’s hospital admission. The apologised that this resulted in a delay in diagnosing the patient and the impact this has on her end of life care.
- Within three months, the Trust produced an action plan to address the failings identified. This identified what measures are to be put in place to make sure these failings do not happen again, when they will be completed and how the plan will be monitored. Action plan will be monitored via centralised tracker.
3 PALS

Continued focus on patient experience to make improvements

3.1 The PALS outreach service has resulted in 431 proactive contacts with patients and/or their relatives from which there were 290 positive comments made and 24 suggestions for improvement. The remaining 34 are general / neutral which may include topics such as car parking queries.

Real time action is taken at the time of the outreach visit to improve the patient experience wherever possible. Concerns are addressed and escalated to the appropriate staff member if required. During the PALS outreach visits the team are also promoting patient awareness of the Customer Care Department and the service provided. They are also promoting the dementia passport in order to improve the care that we can offer to these patients.

Information from PALS outreach is shared on a weekly basis with a range of staff including ward staff, matrons, senior managers and accountable executives.

Continue to promote awareness of the Customer Care Team and the PALS service we provide

3.2 A total of 295 patient or relative initiated PALS enquiries have been received. Action has been taken to resolve any concerns raised. There is no significant increase or decrease from previous quarter (n2 - 1% decrease).

Reduction in Endoscopy related PALS due to improved admission arrangements

3.3 The tables in Appendix 6b show the top reporting areas and categories of PALS. These areas are: Surgical Specialties 72, Accident and Emergency 23 and Radiology 17. Within Surgical Specialties, ‘date for appointment’, ‘date of admission/attendance’ and ‘clinical treatment’ are the uppermost cited concerns.

The Endoscopy Treatment Unit has seen a reduction on PALS over the last quarter. The service are of the opinion that the change in admissions arrangements in this area may account for this positive reduction. This will be monitored during the next quarter.

4 COMPLIMENTS AND EXCELLENCE REPORTING

Positive feedback on care provided by staff in the community and hospital.

4.1 There were 1890 compliments received in Q1, which is a 22% (539) reduction from Q4 (2429).

Notably there have been no compliments received from Children’s Out Patients as per previous quarters. There is a vacancy in the post responsible for the collation of this information which accounts for this gap. This will be rectified as soon as the post is recruited to.

The majority of compliments go directly to the wards / departments providing the patient care and as such the staff are aware of these. Compliments which come into the trust via other routes, such as through Trust Headquarters are always cascaded to the teams involved.
Excellence reporting is now live

Excellence reporting is now live and accessible for all staff to report good practice and innovation. Staff can report via a link on the application launcher which opens a short reporting form on Datix. Reports are responded to by a congratulatory letter from the Director of Corporate Affairs and Governance which is sent to the individual or team involved.

5 INCIDENTS

Good reporting culture maintained

A total of 1586 (16% decrease on last quarter’s 1873) incidents were reported by trust staff in quarter 1.

3.2% (46) of incidents were reported by trust staff about other organisations (interface) meaning patients who were not under our care or were under that of another provider at the time the incident occurred (external). 1540 relate to trust services of which the highest proportion - 436 (28%) relate to patient tissue viability incidents.

There is no specific reason for or a concern in the fall in incident reporting.

The table in Appendix 6a identifies the overall trend in harm classification included in the incident figures for 2018-19. This is in keeping with peer group range.

The types of incidents reported showed, in line with previous quarters that tissue viability are the highest reported incidents, followed by falls, medication incidents and delay or failure in care or treatment.

436 tissue viability incidents were reported in Quarter 1, 194 (44% of tissue viability incidents) were patients who were admitted to care with the pressure injury (non-trust incidents).

In line with CQC request, staff in community nursing teams and in the Accident and Emergency Department continue to identify patients ‘admitted to trust care’ with pressure injuries, taking remedial action and raising safeguarding concerns, as required.

Focus on Interface Incidents

East Cheshire NHS Trust received 15 interface incidents from external organisations during Quarter 1. All of which were recorded as no harm to the patients. Ten incidents have been closed, and five remain under investigation (NB. the trust is waiting for patient details from the CCG on two incidents so that a review of care can take place).

Eight of the incidents were received for action. Six were received from East Cheshire CCG and two from Pathology at Mid Cheshire Hospitals NHS Trust. The six incidents from the CCG were:

- One patient discharged from ED without the new medication they had been prescribed
- One discharge letter from ED containing two different patient names
- Patients under DN for insulin discharged from hospital without provision of the required ‘pink form’ to allow DN to give insulin
- Patient referred to gynaecology as two week wait for post-menopausal bleeding. Did have other findings on an ultrasound scan which warranted less urgent gynaec review but this was noted on the form in free text. Referral inappropriately downgraded by gynaecology service, which was fortunately acted on by secretary and corrected.
- Patient underwent an x-ray of her thumb – no result by 4 weeks
- One incident for Radiology regarding x-ray results being sent to the wrong GP in the practice.

The two incidents from Pathology related to documentation errors regarding specimens received.

We received a further seven interface incidents from GPs via the CCG for information only (these are classed as for information by the CCG before the incidents are forwarded to East Cheshire NHS Trust). These have been added to Datix and assigned to the appropriate person for learning. Six incidents were sent following discharge from hospital regarding changes made in medication and one incident regarding a delay of two months in a clinic letter being sent to the GP.

The Head of Safety and Risk meets with the CCG each quarter to review the incidents and discuss trends and improvement actions required. Any learning identified is passed back through the responsible team via the incident handler.

5.4 One unavoidable severe harm RIDDOR incident

There was one RIDDOR reportable incident reported in QI relating to a fall by a visitor on ICU which resulted in severe harm.

A 77 year old lady was visiting a relative in ICU and when she stood to leave she got her foot tangled in her handbag. She slipped and landed on her left hip. The lady was reviewed by the Anaesthetist on call and subsequently transferred to ED where a fractured neck of femur was confirmed following which she was admitted and underwent surgery the following day. No remedial action was needed in this instance, as it was an unavoidable accident from the trust perspective.

5.5 Halted implementation of national safeguarding advisory tool

It was noted in the last report that national guidance from the Department of Health and Social Care has established a scoring tool for patients who develop a pressure injury to identify patients who should have a safeguarding referral. The questions regarding tissue viability on Datix when reporting an incident have been revised to incorporate this scoring tool.

These questions have yet to be implemented as concerns have been raised nationally with regard to a potential safeguarding referral increase as a result. An update will follow in Q2.

6 INQUESTS

6.1 Positive assurance on trust inquest outcomes

In Quarter 1, there were thirteen inquests held of which eight resulted in a narrative conclusions, four of natural causes, and one was industrial disease. The trust has provided assurance to HM Coroner regarding the care delivered by the trust, through sharing root cause analyses investigation reports and mortality reviews. No inquests resulted in the trust receiving a PFD (Prevention of Future Deaths) Letter from a Coroner.

7 CLAIMS

7.1 Learning from claims to inform future practice

In Quarter 1, seven new formal claims of clinical negligence were received – those are claims that are reported to NHS Resolution to be handled under their Clinical Negligence Scheme for Trusts (CNST) arrangements.

There are no emerging trends in the types of clinical negligence claims
being received. The seven new claims were evenly spread, i.e. one each of Orthopaedics; GP Out of Hours; Ophthalmology; Gynaecology; Urology; Accident & Emergency and Gastroenterology.

In quarter 1, five formal claims of clinical negligence were closed.

Actions or changes in practice are detailed in Appendix 6b.

At the end of quarter 1, including the recently received claims, there were 102 pending formal claims of clinical negligence. These have a total estimated settlement value of £114,285,620. It should be noted that not all of these claims will go through the claims process and that the trust has no financial exposure in matters of clinical negligence.

A breakdown of the cases split by NHS Resolution specialty can be seen at Appendix 6b.

One new non-clinical claim was received this quarter relating to a fall in the hospital grounds.

Two non-clinical claims were closed. The case synopses and any outcomes from these closed claims can be seen in Appendix 6b.

Actions and changes in practice and processes which may mitigate against future incidents of this nature include:

- A complete refurbishment of the Endoscopy Suite has been completed. Any previous issues with leakages and potential falls have been resolved.
- An annual audit of the suite is due to be carried out in quarter two.

At the end of quarter 4, there were 13 pending non-clinical claims. Seven are matters of Employers’ Liability, and six are matters of Public Liability. These have a total estimated settlement value of £1,039,375.00.

Unlike claims of clinical negligence, non-clinical claims carry an excess on each claim, i.e. the trust must pay the first part of any settlement. Employers’ Liability claims carry an excess of £10,000.00 and Public Liability claims carry an excess of £3,000.00. Consequently, the trust’s financial exposure in relation to the currently pending claims is £88,000.00.

In quarter 1, eight ex-gratia payments in the total sum of £2,092.00 were made. Five claims related to lost or damaged property belonging to patients, the other three related to the reimbursement of travel costs where patients appointments were cancelled at short notice.

### 8 SURVEYS AND PATIENT FEEDBACK

| Patient feedback provides positive assurance on care given | 8.1 Positive assurance is given via national and local surveys, Friends and Family Test (FFT) results NHS Choices reviews and patient stories. |
| Good performance for the trust in all areas of the National Adult Inpatient Survey 2017 benchmarking | 8.2 In the National Adult Inpatient Survey (NIPS) 2017 benchmarking, the trust was classed as performing ‘better than other trusts’ (green) for two criteria: |
| | • Patients receiving an explanation in relation to how an operation / procedure had gone |
| | • Staff doing everything possible to control any pain. |
| | The trust was not classed as performing ‘worse than other trusts’ (red) in any categories. |
Positive assurance from local surveys

8.3 In the quarterly inpatient and community surveys, all areas again report positive results for patients being treated with dignity and respect and care and compassion. The exceptions to this are Wards 7 and 11 where results were lower for both questions. This has been highlighted to the relevant senior sisters and will be monitored next quarter.

8.4 Local surveys have been undertaken in sexual health (west), post-menopausal bleed clinic (PMB), paediatric therapies and audiology. All surveys provide positive assurance as to the service provided. Examples of positive comments received can be seen in Appendix 6c.

Work on discharge praised by Patient Reference Group

8.5 Areas commended were the Wraparound Team providing care for 72 hours during winter pressures while a care package is put in place, assessments being carried out at home not in hospital, the use of the nursing home portal to check for availability of beds and the focus on empowering patients to be independent.

Positive feedback from local autism group re familiarisation visits to A&E

8.6 Three groups of children and young people from Space4Autism visited A&E during Q1 to experience coming to the hospital and what they might expect to happen. Staff were commended for their understanding approach, the use of role play to aid understanding and their response to questions. This builds on previous good feedback, the commitment to staff training in the department and the involvement of the autism link staff.

Positive external assurance on Wards 9 and 10 via Healthwatch reports following routine enter and view visits

8.7 Ward 9 – Positive assurance given re staff being caring and attentive. Improvements made include ward storage and website information under review.

Ward 10 – Positive assurance re staff approach and the calm environment. Changes made as a result include an improved link on the trust website and improved communication with patients and relatives following board rounds.

The trust is delivering against the two patient experience components of the Quality Schedule 2018-2019

8.8 There is a local quarter on quarter improvement required to comply with the Quality Schedule on 2017 national survey results for the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>2017 National Survey</th>
<th>Q4 2017-18 local survey</th>
<th>Q1 2018-19 local survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved in decisions about care and treatment</td>
<td>60%</td>
<td>65%</td>
<td>71%</td>
</tr>
<tr>
<td>Disturbed by noise at night from staff</td>
<td>19%</td>
<td>18%</td>
<td>22%</td>
</tr>
<tr>
<td>Treated with dignity and respect</td>
<td>88%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Always enough nurses on duty</td>
<td>65%</td>
<td>63%</td>
<td>71%</td>
</tr>
<tr>
<td>Cleanliness of ward (% stating very clean)</td>
<td>74%</td>
<td>84%</td>
<td>86%</td>
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</tbody>
</table>

The trust shows an improvement position for three questions. The score for
being treated with dignity and respect is maintained and there is a slight increase in the number of patients disturbed by noise at night from staff which is attributable to the high result in Maternity (71% - 15/21 patients). This has been highlighted to the matron and will be monitored next quarter.

8.9 FFT continues to provide positive assurance with constant themes of high levels of care, friendly, helpful staff and efficiency of services and staff professionalism.

9 IMPROVEMENT ACTIONS TAKEN DURING Q1

9.1 Sustained improvement achieved in results on cleanliness on Ward 3 with Q1 results being on a par with overall trust results.

9.2 Following a low survey sample received from A&E in Q3 and failure to submit any surveys in Q4, responsibility for this action was reallocated in the department and 18 surveys were submitted for Q1.

9.3 Ward 10 improved patient perception of staffing levels with 100% (18/18) feeling there were always enough nurses on duty. Ward 11 patients continue to perceive staffing levels to be lower and in addition, results were lower for this ward across the board. The use of bank and agency staff and on-going recruitment is in place to mitigate this issue.

9.4 Comfort rounding has improved on Maternity, following a low score in Q4, 2017-18.

9.5 Improvements as a result of local surveys include an increased number of sexual health appointments being able to be booked online to enhance the booking experience and improved patient information from the Post-Menopausal Bleed Clinic (PMB) clinic on who to contact if worried following appointments.

9.6 The never event reported in quarter three has been investigated and has identified that staff had been working outside of trust policy, this being identified as the root cause of the incident. Staff have reviewed the RCA and discussions have been held in team meetings to ensure future compliance with policy, including HR policy being applied where applicable.

10 IMPROVEMENT ACTIONS IDENTIFIED FOR Q2 2018/19

10.1 The Planned Care and Acute and Integrated Care directorates will implement their action plans following the National Inpatient Survey (NIPS) 2017 benchmarking focusing on:
- Delays in discharge, including the wait for take home medication
- Discharge information including danger signals to watch out for and who to contact if worried after discharge
- Reducing noise at night from patients and staff
- Being involved in decisions about and being kept informed about care and treatment.

The action on discharge will also work towards compliance with Quality Statement 14 of the NICE patient experience standard which requires evidence that ‘patients are made aware of who to contact, how to contact them and when to make contact about their ongoing health needs.’

The NIPS 2017 survey does not include any services within the Allied Health Directorate.
10.2 Work to continue on the four remaining actions in the CQC National Children and Young People’s inpatient and Day Case Survey 2016, these being:

- Provision of meals for parents
- Disabled changing facilities
- Charging station for mobile phones (Interim solution is to utilise multi headed charger in ward office)
- Discharge survey to be undertaken on April and May discharges to monitor improvements.

10.3 Improvements sought where results fall below average in quarterly surveys

- Ward 11 to improve results across all areas of the quarterly survey
- Privacy when discussing condition and treatment again scored lower for Wards 1a and 3. This has been raised with senior staff and is attributable to the fact that there continued to be extra beds placed in bays due to pressures in the trust. Portable screens are available and in use to help promote privacy
- Maternity patients for the second quarter in a row most likely to be disturbed by staff
- Cleanliness of bathrooms on W1a rated lowest across all wards for the second quarter in a row
- Patients on W10 most likely to report disturbance from the ward environment for the second quarter in a row.

11 RECOMMENDATIONS

The committee is asked to note the contents of the report, assurance provided; improvement action identified and the changes in practice made as a result of findings.

Sign off Role title
Lorraine Jackman – Deputy Director of Corporate Affairs and Governance
Julie Green - Director of Corporate Affairs and Governance