

Council of Governors (in Public) Item 8.3

Subject: Q3 Patient & Family Support Team Activity Report 2018/19
Date of meeting: 12th March 2019
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Operations

1. Executive Summary

This report outlines the informal concerns and complaints captured in Q3 1st October – 31st December 2018. During this time the team received 86 contacts, 46 of which requested advice/information. Subjects included; accessibility of appointments for ACHD service, appointment queries, waiting time and referral advice, request for information and parking charges.

In addition, 40 informal concerns/complaints were raised. Subjects included; ACHD appointment concerns, cancelled appointments (short notice/not informed), clarity regarding care/treatment/waiting times for diagnostic tests and signage. The only noted trend in Q3 was parking queries and concerns.

All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team. Any learning and actions required were managed locally and included in the monthly divisional complaints reports. Consultants also copy the Patient & Family Support Manager into any letters to patients following action taken.

In addition to the informal complaints received, three letters from one individual were received which required action but they insisted they did not wish to make a formal complaint. There was an increased number of informal concerns (10) that required a more in-depth investigation/meeting/written response in order to reach a resolution. All actions/learning were shared at divisional governance.

There were 9 formal complaints received in quarter 3. There was no trend in area or subject of complaint and all related to different time periods from the preceding 12 months. Of the 10 formal complaints five were upheld requiring action and learning, two were partially upheld requiring some learning and one was not upheld meaning no actions or learning was identified. Two complaints remain under investigation. The Trust has received a total of 22 complaints YTD from April 2018 to the end of Q3.

During Q3 the CEO received 22 written compliments via letter or email commending the care, services and staff. This outweighed the number of complaints received.

2. Contacts/Informal concerns

Table1

Quarter 3 Contacts - Total = 85	
46 – Requests for advice and information-	Subjects include:
<ul style="list-style-type: none"> • Accessibility of appointments for ACHD service • Appointment queries • Waiting time and referral advice • Request for information including patient information and translation services 	

<ul style="list-style-type: none"> • Parking arrangements including charges
<p>40 - Informal concerns - Themes include:</p> <ul style="list-style-type: none"> • ACHD appointment concerns • Cancelled appointments (short notice/not informed) • Clarity regarding care/treatment • Waiting times for diagnostic tests • Signage/signposting <p><i>There was an overall theme of Car Parking concerns/queries for Q3.</i></p> <p>Informal concerns requiring more in-depth investigation which prevented escalation to a formal complaint included:</p> <ol style="list-style-type: none"> 1. Cancelled surgery – Surgery cancelled during admission and patient very distressed. Patient was unclear of instructions relating to self-administering anti-embolic injections and required assurance of district nurse arrangements. Action: Lengthy discussion and emotional support and further communication to patient from ANP/discharge nurse. 2. Amendment to theatre list caused delay for ICD implant - Patient initially planned as 2nd on theatre list for ICD implant, changed to afternoon. Actions: Met with patient/husband and consultant – clinical reasons for amendment of list for other patient and apology/assurance provided 3. ACHD query – 3 letters received from father of patient requesting clarity of plan for son with ADHD/ACHD Action: Liaised with ACHD team Lead nurse contacted patient & father to provide clarity, insistent they did not wish a written response. 4. Family requested clarity on cause of death – two meetings held with consultant - <i>no</i> further action required. 5. Patient requesting alternative procedure to ICD - several communications with patient/consultant regarding ICD - Action – appointment brought forward to provide patient with clarity. 6. Attendance for Private Appointment/Diagnostic Tests- concerns raised regarding processes and arrangements – Action – written response, apology, explanation provided. 7. Family sought clarity of patients condition prior to death - Action - written response co-ordinated with consultant 8. Consultation in OPD – Family raised concerns regarding manner in which consultation was conducted – Action/Learning - meeting with family/OPD manager, meeting with AMD/OPD manager and letter to patient. 9. Appointment cancelled/not informed – Patient and husband who was unwell travelled from Wales – Action/Learning - More vigilance when cancelling clinics to ensure all patients are informed. Apology provided and patient sent flowers. 10. Continued Follow up at LHCH – Following a meeting/resolution of a formal complaint, a patient requested that all follow up remain at LHCH and not their local hospital. Action/Learning: Follow up arranged at LHCH with preferred consultant.

This demonstrates that the proactive approach prevents the escalation to a formal complaint and a timely resolution for patients and families.

Learning included:

- Improved communication processes
- Self-check in kiosks now provide the approximate duration of when clinics are delayed so patients informed immediately at check-in
- ACHD patients provided with helpline telephone number to ensure they have the required support they require
- More vigilance to ensure all patients receive copies of letters between health professionals
- Improved vigilance when cancelling clinics to improve the process for administration staff

3. Complaints

Table 2 below provides details of complaints received per month via division year to date

Number of complaints per month/division				
Total/month in brackets	Surgery	Medicine	Corporate	Clinical Services
April	3	1	0	2
May	0	0	0	0
June	1	1	0	1
July	1	0	0	1
August	1	0	0	1
September	0	0	0	0
October	*	2*	1	2
November	0	0	3	0
December	1	1	0	0
Total	7	5	4	7

*involved more than one division

Any action plans/learning is presented to the relevant committee as a separate agenda item by the divisional leads.

Table 3 below shows the complaints received in Q3 and learning outcomes per division.

Ref:	Division	Q3 Summary of complaints	Status / Learning Outcomes
15	Clinical services/ Corporate	OPD RECEPTION - patient attended for pacemaker appointment and attended reception as self-check not working. After an hour delay he re-attended reception and raised a query, he was asked to wait. Patient then approached cardiac diagnostics who confirmed that his details had not been checked in.	Closed – Upheld Action/Learning: Training for the receptionist.
16	Medicine	Clinical Care – son of patient complained of nursing/medical care during father's admission. He claimed that he had to prompt for a referral to dietician.	Closed – Not Upheld Learning: Acknowledged communication could have been better.

17	Corporate	Administration/Appointments - patient complained that she cancelled appointment and received a letter to state she was DNA and was upset that her phone call was not acted upon.	Closed – Upheld Action/Learning: Acknowledged our error to GP and note in patients records. Technical error identified on phone and addressed.
18	Medicine/Surgery	Clinical Care – multiple issues including pacemaker complications wait for TAVI procedure, discharge, use of anti-embolic stockings, patient developed gangrene, communication and delays.	Closed – Upheld Action/Learning: Improved communication processes between teams; improved communication from MDT to patient; closer monitoring of patient pathway; better monitoring of patients with pulmonary vascular disease/TED stockings; improved communication regarding effects of TAVI on pre-existing conditions.
19	Medicine	Information – patient contacted cardiac nurse helpline for advice and letter was sent to GP. Patient was not informed and did not receive a copy and complained about delay.	Closed – Upheld Action/Learning: Improved communication process
20	Corporate	Security - patient raised concerns after being approached after taking photographs in reception. Individual known to security team.	Closed – Not Upheld
21	Corporate	Car Parking – charges incurred and unavailability of concessionary pass.	Closed – Upheld & Reimbursed
22	Surgery/ Medicine	Clinical Care – patient claims bypass was carried out incorrectly as required a PCI at a later date.	Under Investigation

Once all complaints are closed for Q3 the data/summary of learning is published on the Trust's website.

3.1 Parliamentary Health Service Ombudsman (PHSO)

There are no complaints currently under investigation although the PHSO have requested the complaint file/health records relating to a complaint from the clinical services division raised in 2017/18. The Trust has had no further communication from the PHSO after providing records.

In November, the PHSO requested the file/RCA report following an incident from 2016. This was not a formal complaint but the Surgical Division completed an RCA and met with the family following this and provided a written response. No further communication or outcome has been received.

3.2 Complaints Review Panel

In October 2018 a panel was held and complaints including investigations, responses and action plans from Q2 were reviewed by two of the Non-Executive Directors. They were assured that the investigations were comprehensive and assured that complaints management was robust.

4.0 Recommendations

The Council of Governors is asked to receive the report and the content and be assured that the Trust has a robust complaints management process in place and all actions and learning from both informal and formal complaints are discussed at both divisional and organisational level.