

Council of Governors (in Public)

Item 8.4

Subject: Q3 Patient & Family Support Team Activity Report 2016/2017
Date of meeting: 6th March 2017
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality

1. Executive Summary:

In Q3 1st October 2016 – 31st December 2016, the Trust received a total of 130 contacts through the Patient & Family Support Team. Of these contact 74 were requests for advice and support and 56 raised informal concerns. The themes from the concerns included shortfalls in communication, enquires about waiting times for surgery and appointments and referral enquires. The subject of themes has not differed from Q1 and Q2.

In addition, 15 formal complaints were received and the themes included; clinical care (including nursing care). Of the 15 complaints, 5 complaints remain under investigation.

Of all those complaints closed following investigation, 6 complaints were considered upheld requiring action/learning and 4 not upheld meaning they did not require any corrective action or learning, though apologies were offered where necessary. One complainant withdrew their formal complaint following a meeting.

2. Background:

The Council of Governors receives this report on a quarterly basis and this follows the report presented in December 2016.

This report includes the numbers of concerns and complaints received, subject of complaint, trends, if the complaints have been found to be upheld and any action taken and learning identified. It also provides an update on the complaints that have been referred to the 2nd stage of the NHS complaints procedure to the Parliamentary Health Service Ombudsman. The Trust received requests for disclosure of health records and complaint files for each of the complaints.

3. Complaints and Concerns

Table 1 below highlights the number of PALS contacts in Q3 2016/17.

Table 1

Informal Concerns 56	Enquiries, advice/requests for information 74
Themes include: Cancelled surgery/waiting times Communications & referral enquires	Themes include: Booking hospital accommodation General hospital enquiries Way finding/signposting
Total Contacts = 130	

The increase in Q3 contacts compared to the previous quarters in 2016/17 may be due to a combination of the implementation of Datix, a new system to record all contacts introduced from 1.10.16 and the office moved to a more visible location within the outpatient department from mid October 2016.

All concerns and actions required were reported through the relevant Governance Committees on a monthly basis and resolved in a timely manner before escalating to a complaint.

3.2 Complaints

Table 2 demonstrates the number of complaints per division per quarter year to date.

Table 2

Surgery	Medicine	Clinical Support	Corporate
Quarter 1 (17)			
10	3	4	0
Quarter 2 (19)			
6	12	1	0
Quarter 3 (16)			
5	5	4	2
Total Quarters 1-3 = 56			
21	20	9	2

Table 3 below compares the numbers and subjects of complaints received in Q3 2016/17 to the previous year in Q3 2015/16. It details the numbers of complaints received by subject and any themes are highlighted in bold.

Table 3

Q3 2015/2016 = 17
Clinical care (12) Communication (2) Discharge process (1) Parking charges Other (1)
Q3 2016/17 Total = 17
Clinical Care (12) 3 upheld, 4 not upheld - 5 remain under investigation Multiple Cancellation of Surgery (1) Upheld Private Patient Invoicing (1) Upheld Data collection/ethnicity (1) Upheld <i>1 complainant later asked for the complaint to be withdrawn and recorded as informal following the meeting</i>
Key: Upheld = complaints considered well founded – requiring action/learning Partly upheld = action may be required for part of the complaint Not upheld = following investigation no evidence found to substantiate complaint but acknowledgement of disappointment given and apologies where necessary

At time of producing this report:

- All complaints were acknowledged within 3 working days
- All closed complaints completed within the negotiated time frame
- All responses were honest and open in line with the statutory Duty of Candour.
- 5 remain under investigation

In Q3, 5 formal meetings were held with families, 2 of which were at complainant's homes - all with positive outcomes.

3.3 Learning from Complaints

All divisions receive a monthly report which details complaints and concerns received and progress to date. The report also details complaints from previous months still under investigation. Any action plans produced following a complaint investigation are presented at the relevant Divisional Governance Meeting to ensure actions are implemented and learning is shared and embedded. In addition the Quarterly Division Committee receives a detailed quarterly report.

In Q3 2016/17 there was no learning as a result of any trends identified, either in subject, operators, individuals involved or location/area of complaint.

Learning from Q3 has included:

- Improved communication, listing and cancellation procedures for cardiac surgery
- Improvements in discharge process & medicine teach back
- Addition of ethnicity category for patient administration system
- Improvements in processing private patient invoicing
- Improved process for handover from theatre to the Critical Care Unit

3.4 Parliamentary Health Service Ombudsman (PHSO)

In Q3 the PHSO concluded that one complaint was partially upheld for issues relating to communication. The Trust wrote to the complainant in December 2016 to further apologise and informed them of the improvements in service since the initial complaint in 2014.

4. Conclusion

This report offers assurance that all complaints are investigated thoroughly and discussed within the relevant governance committees to ensure that any actions and learning is embedded. The Trust will not receive any further communication from the Parliamentary Health Service Ombudsman until they have reached their decision and further information will be included in future reports.

5. Recommendations

The Council of Governors are asked to receive the report contents and take assurance that complaints management is proactive and robust.