

## Council of Governors (in Public)

### Item 8.3

**Subject:** Q4 Patient & Family Support Team Activity Report 2016/2017  
**Date of meeting:** 5th June 2017  
**Prepared by:** Lisa Gurrell, Patient & Family Support Manager  
**Presented by:** Sue Pemberton, Director of Nursing & Quality

#### 1. Executive Summary:

In Q4 1<sup>st</sup> January – 31<sup>st</sup> March 2017, the Trust received a total of 96 contacts through the Patient & Family Support Team. Of these contacts 57 were requests for advice and support and 39 raised informal concerns. The themes from the concerns included shortfalls in communication, enquires about waiting times for surgery/appointments and car parking including charges and availability of concessionary passes. The subject of themes has not really differed from Q1, 2 and 3.

In addition, 12 formal complaints were received. All complaints are themed to ensure any trends emerging are identified and appropriate actions are in place. The overarching theme for Q4 was clinical care for 7 of the 12 complaints. This can represent many different aspects of care received including medical and nursing.

Of all those complaints closed following investigation, 7 complaints were considered upheld or partially upheld requiring action/learning and 5 not upheld meaning they did not require any corrective action or learning, though apologies were offered where necessary. All complaints have been managed in line with the Trusts complaint policy.

#### 2. Background:

The Council of Governors receives this report on a quarterly basis and this follows the report presented in March 2017.

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 2<sup>nd</sup> 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 contacts in Q4 2016/17.

**Table 1**

<b>Informal Concerns =39</b>	<b>Enquiries, advice/requests for information =57</b>
Themes include: Waiting times, referral enquiries, communications and car parking (including charges/concessionary passes)	Themes include: General hospital enquiries Way finding/signposting, Appointment/referral enquiries and car parking.
<b>Total Contacts = 96</b>	

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
Quarter 4			
1	10	0	1
Total per division			
22	30	9	3
Annual Total = 64			

Table 3 below compares the numbers and subjects of complaints received in Q4 2016/17 to the previous year in Q4 2015/16; demonstrating a 30% decrease in the number received. It details the numbers of complaints received by subject and any themes are highlighted in bold.

**Table 3**

Q4 2015/2016 =17	Q4 2016/17= 12
Clinical Care (12) <b>Discharge process (2)</b> <b>Loss of Patient Property – reimbursement(1)</b> <b>Private patient invoicing (1)</b> Lack of wheelchair facilities courtesy bus (1)	<b>Clinical Care (7)</b> <b>Private Patient Invoicing (1)</b> <b>Loss of Patient Property – reimbursement (1)</b> Privacy & Dignity (1) Conduct of Consultation (1) Changes to CF OPD arrangements (1)
<b>Key: Upheld</b> = complaints considered well founded – requiring action/learning <b>Partly upheld</b> = action may be required for part of the complaint <b>Not upheld</b> = 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
- Two formal meetings were held with complainants from Q4 both with positive outcomes

### 3.3 Learning from Complaints

All divisions receive a monthly report which details of 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 Q4 2016/17 there was no specific learning identified as a result of any trends, either in subject, operators, individuals involved or location/area of complaint.

**Learning from Q4 has included:**

- Adherence to policies & procedures including medicines management and care of the deceased
- Reviewed & improved process for communicating radiology alerts
- Improvements in communicating/processing private patient invoicing
- Adherence to patient property policy

**3.4 Parliamentary Health Service Ombudsman (PHSO)**

In Q4 one complaint was referred to the PHSO for consideration of investigation. The Trust disclosed the health records and complaints file in February 2017 and are awaiting further communication.

**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 and take assurance that complaints management is proactive and robust.