

Council of Governors (in Public)

Item 7.3

Subject: Q1 Patient & Family Support Team Activity Report 2017/18
Date of meeting: 25th September 2017
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality

1. Executive Summary

This report outlines the informal concerns and complaints captured in Q1, 1 April 2017 - 30 June 2017. It includes the numbers of concerns and complaints received per division and the trends, outcomes and actions taken.

There were 106 contacts received, 72 of which were requests for advice and information and the trends included appointment and referral enquires. In addition, 34 informal concerns were raised, trends including changed/cancelled procedures/surgery dates and communication issues.

There were 12 formal complaints received during Q1, there was no particular theme in relation to area, subject or operator. Six complaints were upheld and two were partially upheld, meaning they required action and/or learning. All complaints were responded to in a timely manner in line with the agreed timeframe. A number of meetings were held with families during Q1 to support them through the complaints process and also with families following bereavement.

There are no complaints awaiting investigation with the Parliamentary Health Service Ombudsman (PHSO).

2. Contacts/Informal concerns

Table1

Quarter 1 Contacts
106 contacts (95 contacts in Q1 2016/17)
72 – Requests for advice and information- Themes include: <ul style="list-style-type: none"> • <i>Appointment/referral enquiries</i> • <i>Requests for concessionary parking passes</i> • <i>Enquiries relating to available support at discharge</i> • <i>Requests for copies of health records/results</i>
34 - Informal concerns - Themes include: <ul style="list-style-type: none"> • <i>Communication breakdowns</i> • <i>Referrals/appointments</i> • <i>Cancelled/changes to procedures/surgery</i> • <i>Requests for meetings</i>

3. Complaints

Table 2 provides details of complaints received per month via division. Any action plans/learning is presented to the relevant committee as a separate agenda item by the divisional leads.

Table2

Number of complaints per month/division				
Total/month in brackets	Clinical Services	Corporate	Medicine	Surgery
April 2017 (4)	1	1	1	1
May 2017 (4)	0	0	2	2
June 2017 (4)	1	0	1	2
Total (12)	2	1	4	5

Table 3 details the complaint received and learning outcomes per division.

Ref:	Division	Summary of complaint	Learning Outcomes
01	Surgery	Clinical care/Attitude – unhappy with consultation and management plan.	Upheld – apology given and care transferred to another consultant who agreed with management plan
02	Medicine	Clinical care/Discharge patient developed complications following insertion of cannula and discharged with medicines that had been stopped during day case admission	Upheld – action plan implemented and presented managed via divisional governance.
03	Corporate	Private patient Invoicing – patient invoiced for private CPAP treatment, alleged unaware he was a pp	Upheld – debt written off
04	Clinical Services/ Corporate	Clinical care/care of the deceased – patient developed post op complication following thoracic surgery, poor experience when viewing deceased @ mortuary	Partly upheld – actions to improve viewing process/arrangements
05	Surgery	Clinical Care discharge letter/ district nurse referral not received by GP. No referral for cardiac rehab made.	Upheld – action plan presented to divisional governance
06	Medicine	Clinical Care patient alleged she was pressurised into having a procedure to confirm diagnosis for interstitial lung disease	Not Upheld – explanation provided
07	Surgery	Clinical Care patient with vascular disease developed a stroke following discharge, questioned if adequate anti-thrombotic prophylaxis was taken.	Not Upheld – explanation provided
08	Medicine	Clinical care – persistent complainer raising concerns regarding management & device	Not Upheld – Meeting held and explanation provided
09	Surgery/ Medicine	Clinical care - patient admitted from surgical clinic for ?consideration of cardiac surgery/diuretic therapy - delay in patient being referred/reviewed to medical team. Prolonged admission due to urinary problems and concerns regarding management plans/communication with urology team.	Upheld – learning discussed at divisional governance/ops board
10	Clinical Services	Delay in OPD - for patient with additional needs after prior arrangements were made with admin team.	Upheld – action plan presented at governance
11	Surgery	Led NHS England - joint with multiple providers - queried if there was a delay in repeating CT scan after patient had undergone thoracic surgery.	Not Upheld – patient had been referred back to Oncology team in line with MDT management plan.
12	Surgery	Attitude of consultant/waiting time for surgery	Partially Upheld – apology

3.1 Parliamentary Health Service Ombudsman (PHSO)

In Q1, one complaint from 2016/17 was referred to the PHSO for consideration of investigation. This related to a patient who had been referred for pulmonary rehabilitation and died some days after attending the class. The relative alleged that this attributed to the death.

Outcome – Not Upheld satisfied with Trust's complaint investigation and did not find any failing.

No other complaints under investigation with the PHSO.

3.2 Meetings

During this period 3 meetings were held with complainants for complaints submitted in Q1 and 2 meetings from a complaint received in Q4. In addition, a further 4 post-bereavement meetings were held to support families.

4.0 Recommendations

The Council Of Governors are asked to receive the report and note the content and actions/learning identified.