

NLG(17)460

DATE OF MEETING	28 November 2017
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Wendy Booth, Director of Governance & Assurance and Trust Secretary
CONTACT OFFICER	Gemma Mazingham, Complaints & PALS Manager
SUBJECT	Patient Experience Report Quarter 2 – (Quarterly Compliments, Complaints and Concerns Analysis Report)
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE PAPER:	For Information
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>The report provides the Patient Experience Analysis Report for Quarter 2</p> <p>There has been an increase in activity for both PALS concerns and Formal Complaints over the Quarter 2 period:</p> <ul style="list-style-type: none"> • Within PALS, although there has been an increase in the numbers of new concerns received, there has continued to be a general increase in the number of concerns being closed each month, resulting in the NET number of open PALS being the lowest since January 2017. • Within Complaints, there has been an increase in the number of new complaints received month on month. There has also been a reduction in the number of complaints being closed which has resulted in an increase of the NET number of complaints open within the Trust. • The highest reported themes across both PALS and Complaints are as follows: <ul style="list-style-type: none"> ○ Accident and Emergency Departments: Clinical Treatment ○ Cardiology: Communication ○ Cardiology Appointments including delays and cancellations ○ Ophthalmology Appointments including delays and cancellations ○ Trauma and Orthopaedics: Clinical Treatment ○ Accident and Emergency Departments: Values and Behaviours (Staff)
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A

WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A
THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	N/A
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	N/A
THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	YES
ACTION REQUIRED BY THE BOARD	The Board is asked to note the report

Item No:

7.4

QUALITY & SAFETY COMMITTEE

DATE	8 th November 2017
REPORT FOR	Quality & Safety Committee
REPORT FROM	Gemma Mazingham, PALS and Complaints Manager
SUBJECT	Patient Experience: Feedback from compliments, complaints and concerns for Quarter 2: July – September 2017
CONTACT OFFICER	Gemma Mazingham, PALS and Complaints Manager
BACKGROUND DOCUMENT (IF ANY)	NA
OTHER GROUPS WHO HAVE CONSIDERED PAPER (Where applicable)	NA
EXECUTIVE COMMENT (Including key issues of note or, where relevant, concerns that QPEC need to be made aware of)	<p>There has been an increase in activity for both PALS concerns and Formal Complaints over the Quarter 2 period.</p> <ul style="list-style-type: none"> • Within PALS, although there has been an increase in the numbers of new concerns received, there has continued to be a general increase in the number of concerns being closed each month, resulting in the NET number of open PALS being the lowest since January 2017. • Within Complaints, there has been an increase in the number of new complaints received month on month. There has also been a reduction in the number of complaints being closed which has resulted in an increase of the NET number of complaints open within the Trust. • The highest reported themes across both PALS and Complaints are as follows: <ul style="list-style-type: none"> ○ Accident and Emergency Departments : Clinical Treatment ○ Cardiology: Communication ○ Cardiology Appointments including delays and cancellations ○ Ophthalmology: Appointments including delays and cancellations ○ Trauma and Orthopaedics: Clinical Treatment ○ Accident and Emergency Departments: Values and Behaviours (Staff)
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NA
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NA

HAS EQUALITY AND DIVERSITY BEEN CONSIDERED?	Equality and Diversity is considered in respect of all services provided by the PALS and Complaints Teams and any reasonable adjustments are made to ensure that a service can be provided to an individual despite any of their protected characteristics.
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	NA
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	NA
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	NA
ACTION REQUIRED BY THE COMMITTEE	To note the content, particularly the themes and any emerging trends.

Northern Lincolnshire and Goole NHS Foundation Trust

Patient Experience Report

QUARTER 2

JUNE – JULY 2017

Executive Summary

Indicator : Concerns	Current Quarter (Q2 17/18)	Previous Quarter (Q1 17/18)
New PALS concerns received Trust Wide	577	454
Closed PALS concerns Trust Wide	581	492
NET open PALS Concerns Trust Wide	121	93

Indicator : Complaints	Current Quarter (Q2 17/18)	Previous Quarter (Q1 17/18)
New Formal Complaints received Trust Wide	130	105
Closed Formal Complaints Trust Wide	124	139
Re-opened Formal Complaints Trust Wide	20	18
NET open Formal Complaints Trust Wide	115	99
Complaints referred to the Parliamentary and Health Service Ombudsman	0	1

Indicator : Compliments	Current Quarter (Q2 17/18)	Previous Quarter (Q1 17/18)
Number of Compliments received	58	53

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Conclusions and Themes

There has been an increase in activity for both PALS concerns and Formal Complaints over the Quarter 2 period.

Within PALS, although there has been an increase in the numbers of new concerns received, there has continued to be a general increase in the number of concerns being closed each month, resulting in the NET number of open PALS being the lowest since January 2017.

Within Complaints, there has been an increase in the number of new complaints received month on month. There has also been a reduction in the number of complaints being closed which has resulted in an increase of the NET number of complaints open within the Trust. There has also been an increase in the number of complaints that have been re-opened this quarter, far exceeding the stipulated target of 10%.

Unfortunately, the Trust continues to see a relatively low number of Compliments received. It is unclear whether this is reflective of the services being provided or if the compliments are not being captured and recorded in the most conducive manner.

The highest reported themes across both PALS and Complaints are as follows:

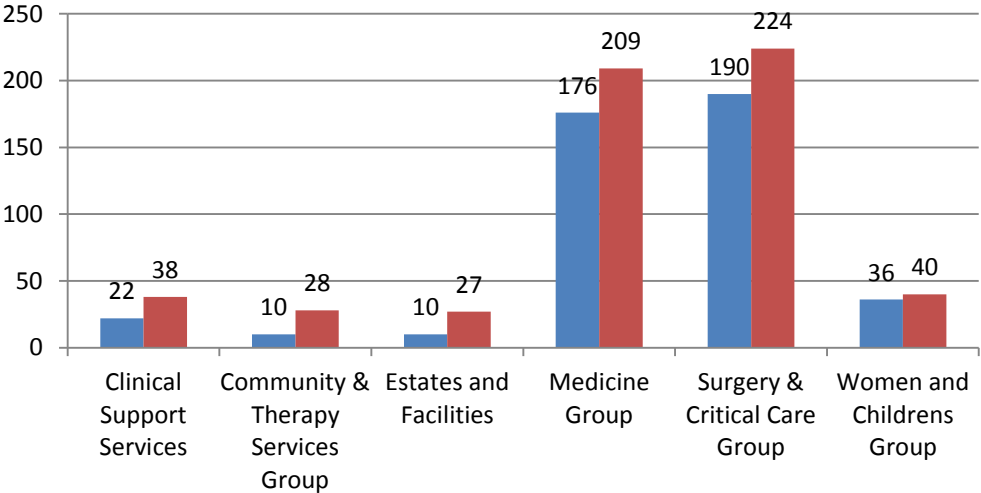
- | | |
|--|---|
| 1. Accident and Emergency Departments : | Clinical Treatment |
| 2. Cardiology: | Communication |
| 3. Cardiology | Appointments including delays and cancellations |
| 4. Ophthalmology: | Appointments including delays and cancellations |
| 5. Trauma and Orthopaedics: | Clinical Treatment |
| 6. Accident and Emergency Departments: | Values and Behaviours (Staff) |

Activity and discussion: The Patient Advice and Liaison Service (PALS)

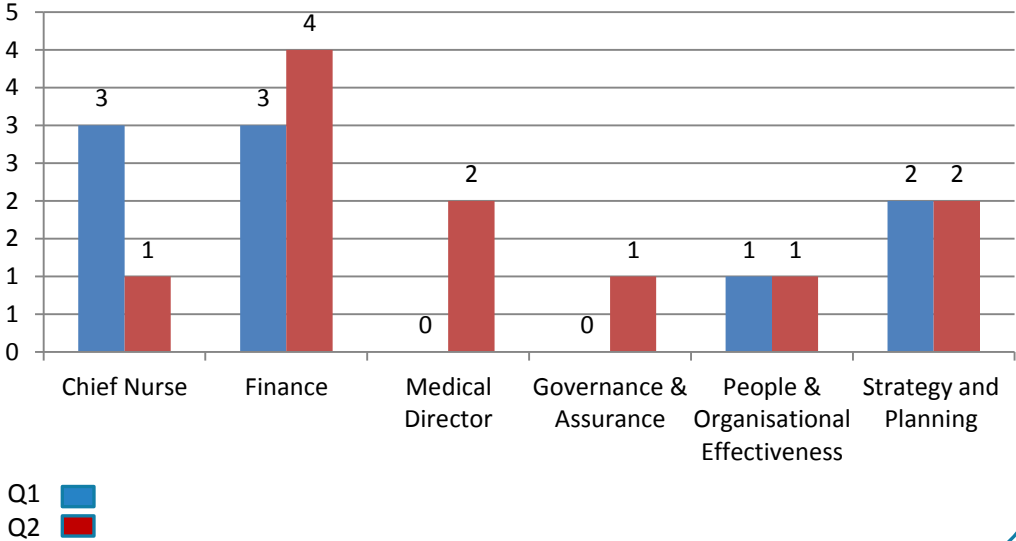
Key Points: Performance

The below graphs highlight the number of PALS concerns received by the primary Groups and also those received by Directorates.

PALS Concerns received by Group



PALS Concerns received by Directorate



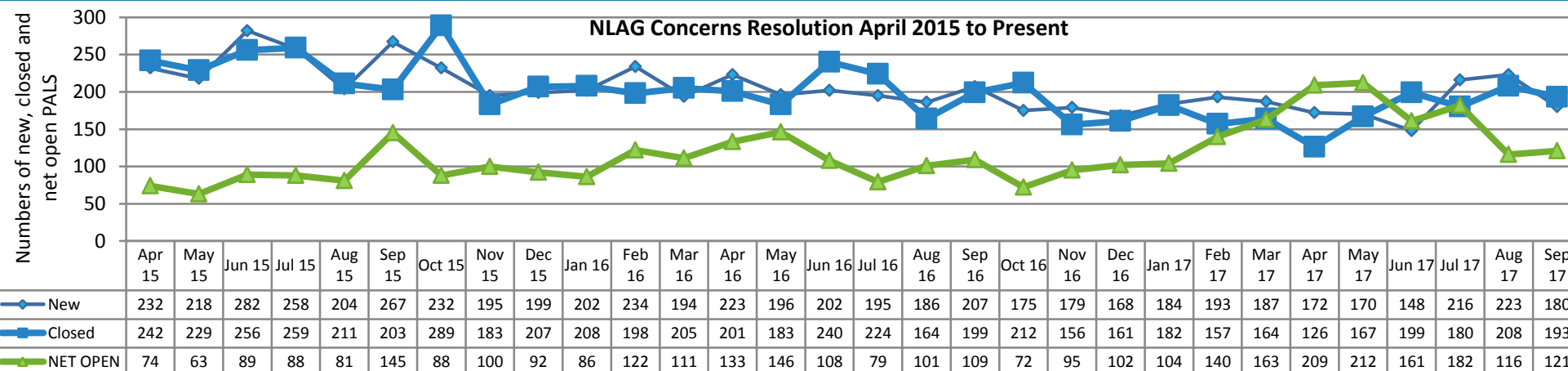
Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters and provides a point of contact within the Trust for patients, their families and their carers.

Concerns received by the PALS Team are matters which an individual wishes to be considered on an informal basis and are expected to be responded to, within each speciality, within 3 – 5 working days. Concerns referred to throughout this report are those which have followed this process

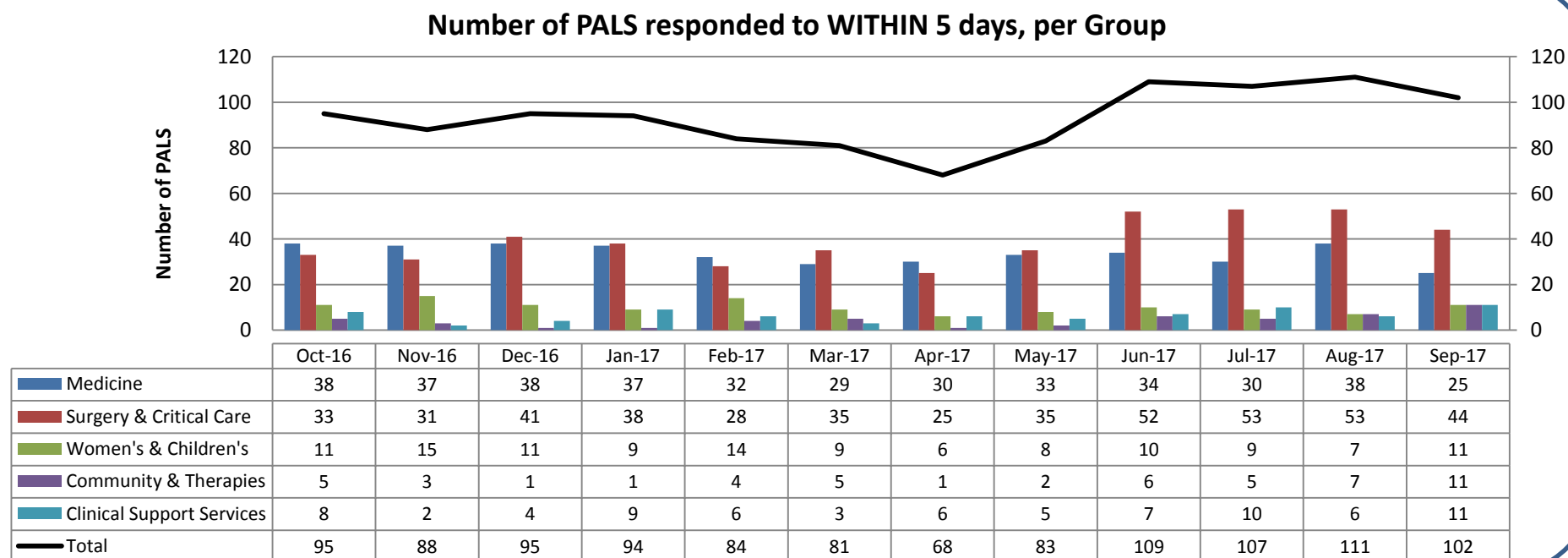
Key Points: Performance

The following graph illustrates the number of concerns received by the PALS Team since October 2014. More recently, for Quarter 2, there has been an increase in the concerns received month on month apart from in September when there was a slight reduction. As a comparison, in Quarter 2 there have been **619** new concerns compared to **490** in Quarter 1.



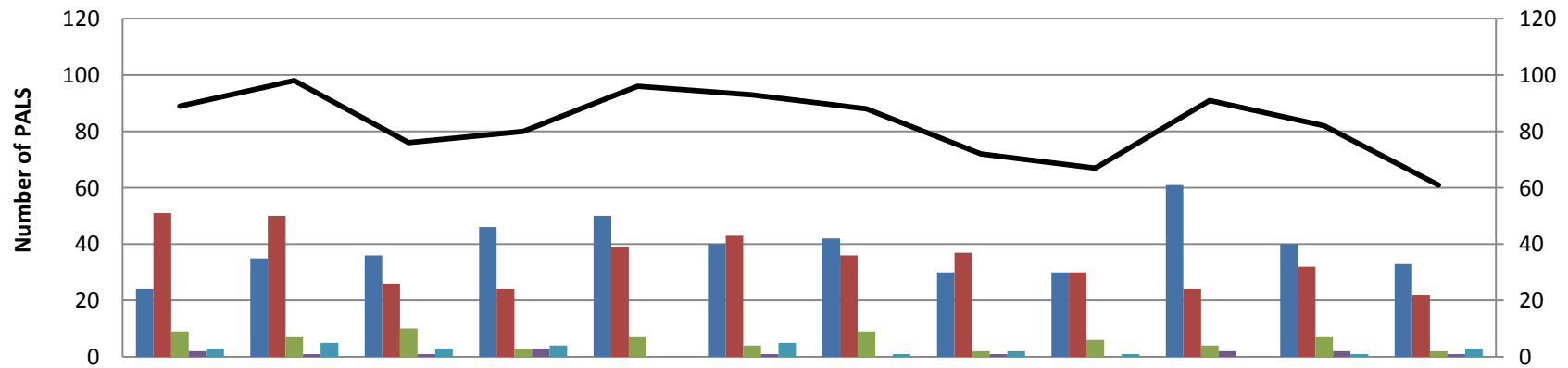
Patient Advice and Liaison Service (PALS)

The Trust stipulates a target that concerns raised should be responded to within 3-5 working days, by the relevant person within each speciality. The following graph's illustrate the number of concerns received each month and the total number closed within and over the maximum 5 working days, by Group.



Patient Advice and Liaison Service (PALS)

Number of PALS responded to AFTER 5 days, per Group.

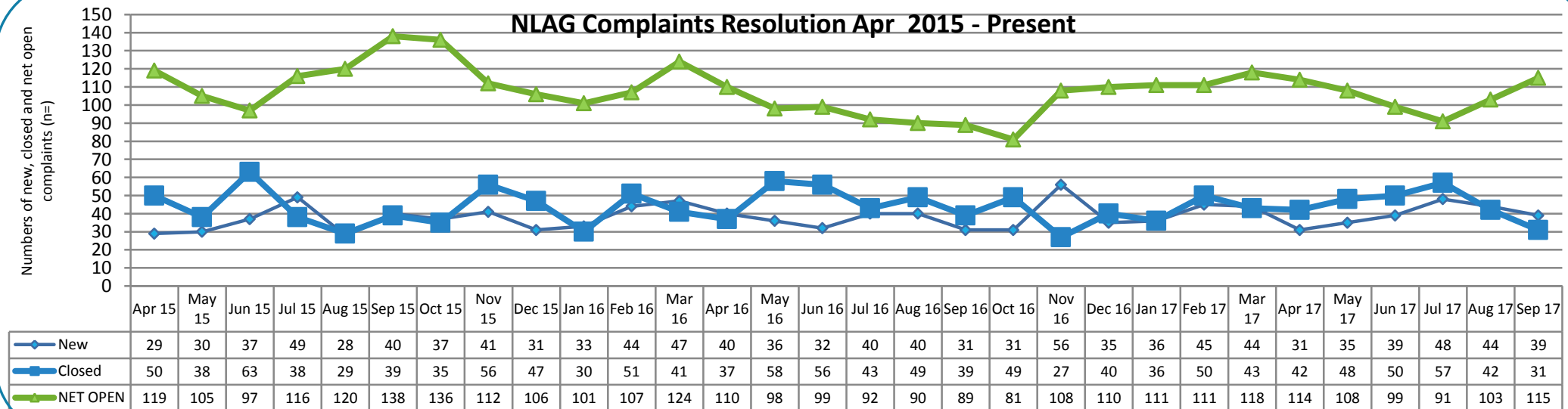


	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Medicine	24	35	36	46	50	40	42	30	30	61	40	33
Surgery & Critical Care	51	50	26	24	39	43	36	37	30	24	32	22
Women's & Children's	9	7	10	3	7	4	9	2	6	4	7	2
Community & Therapies	2	1	1	3	0	1	0	1	0	2	2	1
Clinical Support Services	3	5	3	4	0	5	1	2	1	0	1	3
Total	89	98	76	80	96	93	88	72	67	91	82	61

Activity and Discussion: Formal Complaints

A complaint is a matter which the complainant wishes to be registered and investigated in accordance with the Local Authority Social Service and NHS Complaints (England) Regulations 2009. A complaint may be a written or oral expressions of dissatisfaction and will be investigated in line with the Trusts Policy and Procedure for the management of Complaints, Concerns, Comments and Compliments.

In order to understand the Trusts performance with Complaints, the following graph provides trends over time for agreed indicators, specifically the numbers of new complaints, closed complaints and NET open complaints.



Formal Complaints: Activity

Key Points: Performance

Although the graph demonstrates that there has been a decrease in the number of complaints received month on month across Quarter 2, the total number received by the Trust has increased from **105** in Quarter 1 to **130**, this quarter.

The number of complaints that have been closed this quarter has decreased month on month which has resulted in an increased number of NET open complaints. This is primarily due to more challenge being demonstrated at the signing off stage of the process.

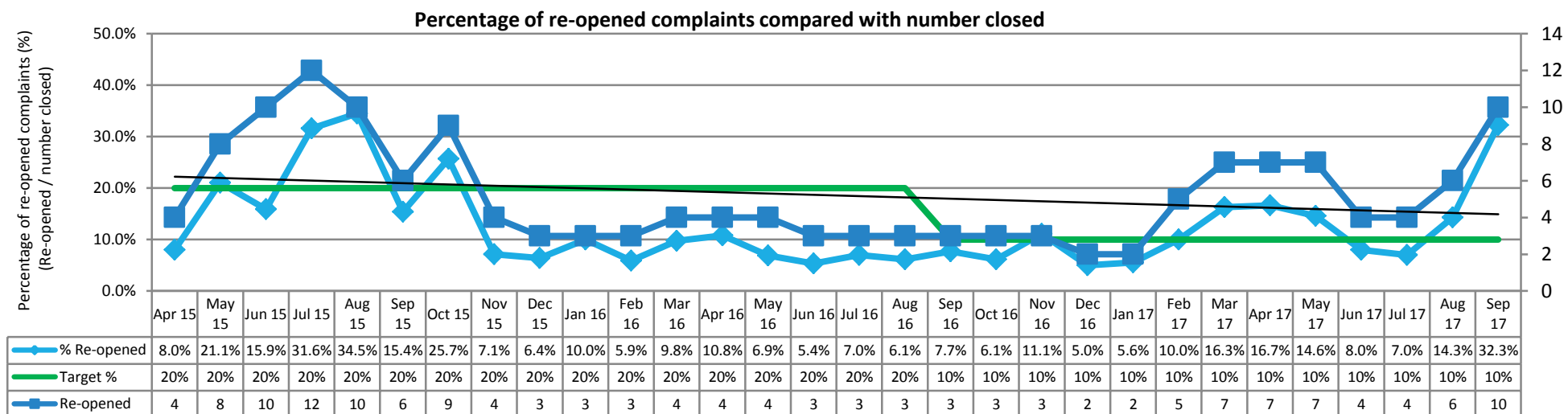
Re-opened Complaints: Context

The criteria for classifying a complaint as re-opened is as follows:

- If the complainant is dissatisfied with the final response and has requested further clarity or discussion around the complaint
- If the complainant requests a further meeting from receiving a response to seek resolution
- If the complainant requires more clarity or further questions are raised as a result of the response

A percentage target of 10% was agreed and implemented from July 2016.

Formal Complaints: Activity



Key Points: Performance

The graph illustrates the number of re-opened complaints which has, as of the end of the quarter reduced to **8%**. However, during April and May, there was an increase in re-opened complaints which resulted in the team breaching the 10% target.

Upon further analysis :

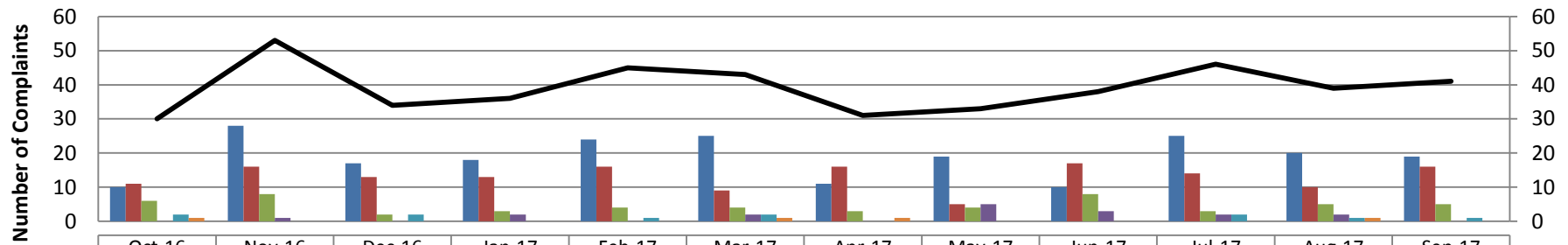
- 12 raised further questions as a result of the initial Trust response
- 8 requested a meeting further to the initial Trust response (the Trust position remained the same)

Formal Complaints: Data

Key Points: Performance

The below graph splits the 105 complaints received this quarter into Groups. Both Medicine and Surgery and Critical Care have seen the largest proportion of complaints however, this does not emerge as a new trend.

Complaints received by Group



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Medicine	10	28	17	18	24	25	11	19	10	25	20	19
Surgery & Critical Care	11	16	13	13	16	9	16	5	17	14	10	16
Women & Children's	6	8	2	3	4	4	3	4	8	3	5	5
Community & Therapies	0	1	0	2	0	2	0	5	3	2	2	0
Clinical Support Services	2	0	2	0	1	2	0	0	0	2	1	1
Chief Nurse	1	0	0	0	0	1	1	0	0	0	1	0
Total	30	53	34	36	45	43	31	33	38	46	39	41

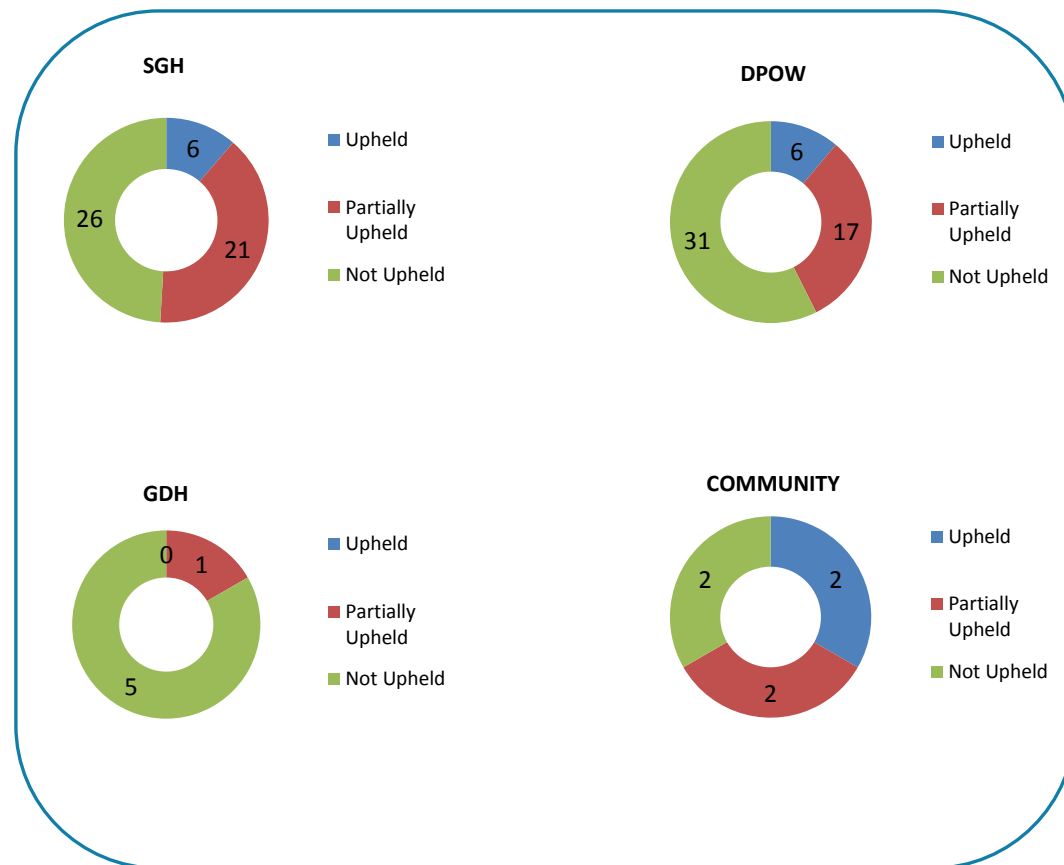
Formal Complaints: Data

Timescales: Context and Performance

The Trusts Contract with Commissioners stipulates that 95% of responses must be sent within the timescales agreed with the complainant. The Trust continues to exceed this target month on month, with 100% of responses being sent in time.

In some cases however, the original timescale agreed need to be re-negotiated due to varying reasons such as delays in obtaining statements from key staff or contributors or locating and access to the medical record to help with the investigations. These timescales are however always renegotiated with the agreement of both the PALS and Complaints Manager and the complainant concerned.

Of the complaints closed within Quarter 1, the below charts demonstrate how many were upheld, partially upheld and not upheld, by site.

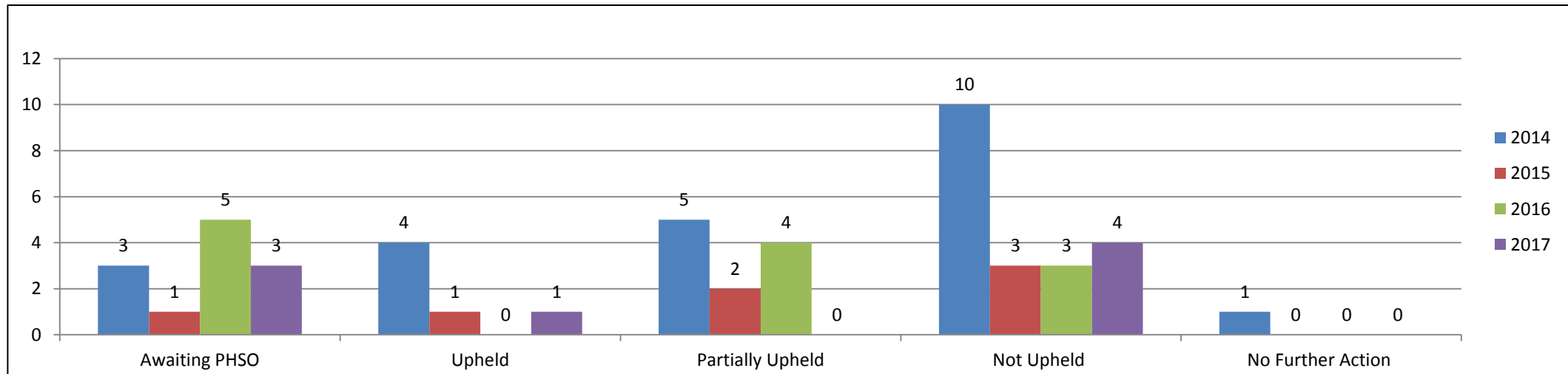


Parliamentary and Health Service Ombudsman (PHSO)

Key Points: Context and Performance

“The PHSO look into complaints where someone believes there has been an injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.” (<http://www.ombudsman.org.uk/about-us/who-we-are>)

The below graph illustrates the Trusts performance since 2014 in regards to the PHSO. In Quarter 2, the Trust did not receive any new complaints from the PHSO nor did they receive any decisions on pending cases.



Learning Lessons

Good complaint handling should not be limited to providing an individual remedy to the complainant: we should ensure that all feedback and lessons learnt from complaints contribute to service improvement. Learning from our complaints is a powerful way of helping to improve our services, enhancing our reputation and increasing trust among the people who use us.

As a direct result of PALS concerns and Formal Complaints received, the following service improvements have been made:

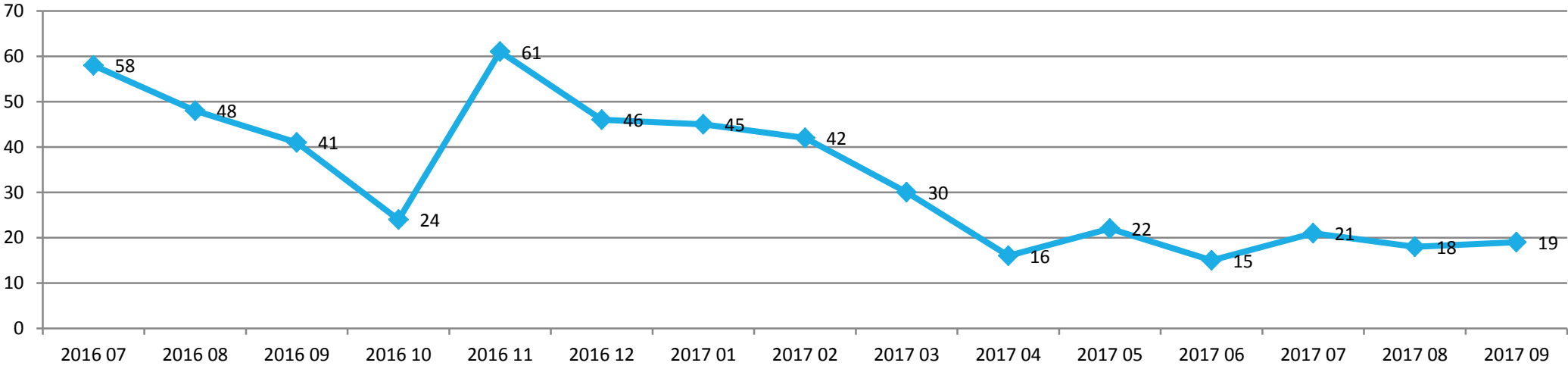
- As the result of a formal complaint, Community staff are now required to escalate any patient who they have attempted to catheterise twice, to a case holder or duty coordinator.
- Community District Nursing Staff have introduced the SBAR (Situation, Background, Assessment, Recommendation) handover tool as part of their practice, particularly for the point of shift change, to ensure that all vital information provided by a patient or family is handed over effectively.
- Further to a complaint, where a patient raised concerns about a delay in receiving biopsy results after a gastroscopy, the Medicine Operational Group has completed a review of its processes and have now changed the way in which they deal with patients who have undergone endoscopy procedures/biopsies. Biopsy samples will still be sent to the Path Links service as before, and Path Links will continue with the practice of telephoning the requesting clinician immediately if there is any cause for concern. However, after each endoscopy procedure, a report is now printed off immediately, detailing the procedure carried out and including reference to any biopsies sent to the Path Links service. These reports are hand-delivered to the gastroenterology secretaries who then check the reports, and ensure all actions have been undertaken.

Compliments : Activity

Key Points: Context

Compliments are verbal or written expressions of praise, admiration or congratulations sent of a person’s own volition and are recorded on DATIX, circulated to the appropriate staff and management of the Trust and included in this report.

Compliments Received: Trust Wide July 16 - Jun 17



Compliments : In patients and families own words

The A&E department could not have been better. Staff were attentive, kind and understanding and could not have paid for any better care.

Dr Kedia was "The perfect gentleman" He had good listening skills and advice and I hope he will be at the hospital a very long time.

Patient wishing to compliment orthopaedic team for the care given to her whilst undergoing her operation under the care of Mr Bagga and team and felt the team were empathetic and sympathetic.

Patient complimenting all staff on ward B6 including nursing staff and domestics. She feels the nursing staff were very re-assuring and kind and helped put her at ease and feels the domestic's sense of humour helped cheer her up.

Patient's mother would like to thank the midwives Mel and Olivia (student) for the wonderful care they showed and provided throughout her daughter's labour and birth. Also senior midwife Vicky for being on hand when needed and feels it is a credit to the hospital that we have a team like this.

Patient wanting to thank Endoscopy staff and say the entire staff could not have been bettered anywhere. Russ initially took her through to the treatment area and discussed the procedure with her which immediately put her at her ease. Christine explained the consent form to her and was kind and re-assuring and her Endoscopist, Miss A Page and her support team were nothing short of 'wonderful'. She had expected discomfort with the procedure but says she scarcely felt anything. Afterwards, she was discharged by Nurse Pat Barton who she says explained the findings thoroughly and showed kindness, understanding and patience. She also showed a real interest in the medical journey which had brought her to the unit.

Developments

There have been a number of publications since the Mid Staffordshire Enquiry which have aimed to provide public bodies with support and guidance in handling their complaints. Specifically, The Parliamentary and Health Service Ombudsman published the *"Principles of Good Complaints Handling"* which details and describes the fundamental ways in which NHS Trusts should aim to resolve concerns and complaints made by their patients and use this data as a valuable source of information when reviewing and improving their services. The Principles are:

- | | | |
|--------------------------------------|---------------------------|-----------------------------------|
| 1. Getting it right | 2. Being customer focused | 3. Being open and accountable |
| 4. Acting fairly and proportionately | 5. Putting things right | 6. Seeking continuous improvement |

Over the coming months, the PALS and Complaints Teams will be reviewing their current practices and processes, in line with these principles, to ensure that they are offering the best possible service to the patients, families and carers that are using their services.

PALS:

- A new telephone system has been implemented within the PALS Team to ensure that calls are answered in the most efficient and effective way. Patients and their families are now only required to call one single telephone number and any member of the team, whether based at DPoW or SGH, will be able to assist.
- Support continues to be provided to the Groups to assist with the backlog of PALS enquiries which have been open for a significant amount of time. There has been a significant reduction in the backlog of PALS concerns which remain open which is a positive sign that these efforts are providing results.

Complaints:

- The Complaints Team now use a strengthened acknowledgement and resolution planning process to ensure that specific questions and desired outcomes are obtained for each complaint. Consent forms to access medical records and to take a complaint forward on behalf of a patient are now also consistently requested as part of the process, to strengthen governance within the team.
- Recognising some of the delays and renegotiations that have to take place with complaints, the team are also using a more stringent escalation process for the cases where statements are not forthcoming. Any issues are also being raised within specific group governance meetings to try and resolve some of the blockages in the process.