

Report to:	Trust Board (Public)	Agenda item:	SFT 4118	
Date of Meeting:	4 <sup>th</sup> October 2018			
Report Title:	Customer Care Report Q1 2018-19			
Status:	Information	Discussion	Assurance	Approval
	X		X	
Prepared by:	Hazel Hardyman, Head of Customer Care			
Executive Sponsor (presenting):	Lorna Wilkinson, Deputy Director of Nursing			
Appendices (list if applicable):	Complaints Workshop Action Plan – Appendix A			
Recommendation:				
The Board is asked to note this report. It brings together the themes from patient experience feedback and where improvements can be made.				
Executive Summary:				
<p>This report brings together the themes from patient experience feedback e.g. comments, concerns, complaints, compliments, Friends and Family Test (FFT), real time feedback and NHS Choices. It also provides an overview of Patient and Public Involvement (PPI) activity and outcomes across the Trust to improve our services for patients.</p> <ul style="list-style-type: none"><li>66 complaints were received in Q1 compared to 60 complaints in Q4 and 60 complaints for the same period in the previous year.</li><li>Highest reported categories under the K041 codes are patient care including nutrition/hydration; values and behaviours; and appointments including delays and cancellations.</li><li>There were no requests for independent review by the Parliamentary and Health Service Ombudsman and none were reported on.</li><li>A total of 412 inpatients were surveyed in the quarter. They made 355 positive comments and shared 303 suggestions of areas where services could be improved.</li><li>The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern.</li><li>PPI activity - 6 new projects, 1 completed project, results from 1 national patient survey and 1 national patient survey commenced.</li><li>NHS Choices received 8 comments in Q1, all of which were positive.</li></ul> <p>This report provides assurance that the Trust is responding and acting appropriately to patient feedback.</p>				

<b>Board Assurance Framework – Strategic Priorities</b>	
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	X
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	X
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	X

# Customer Care Report - Quarter 1 1<sup>st</sup> April – 30<sup>th</sup> June 2018

## 1 PURPOSE OF PAPER

To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrates that learning and actions are taken to improve services in response to complaints and patient feedback. To provide assurance of the Trust's activity to promote patient and public involvement in service codesign and improvement.

## 2 BACKGROUND

This quarterly report brings together the themes from patient experience feedback e.g. comments, concerns, complaints, compliments, Friends and Family Test (FFT), real time feedback and NHS Choices. It also provides an overview of Patient and Public Involvement (PPI) activity and outcomes across the Trust to improve our services for patients.

## 3 COMPLAINTS

3.1 The K041 categories are now being used for theming complaints and the main issues are:

- Patient care including nutrition/hydration (19) - the top 3 sub-themes were unsatisfactory treatment (4), further complications (3) and unsatisfactory nursing care on ward (2).
- Values and behaviours (15) - sub-themes were attitude of medical staff (12) with 5 relating to the same member of staff and attitude of nursing staff (3) across different areas. All cases relating to medical staff are shared with the Medical Director.
- Appointments including delays and cancellations (11) – sub-themes were appointment cancelled (8), and 1 each for delay in receiving appointment, appointment date required and unsatisfactory outcome.

The main issues from concerns were patient care (17) with Orthopaedics receiving (4) with no particular theme; appointments including delays and cancellations (15) across a number of specialties; and communication (11) over 10 specialties.

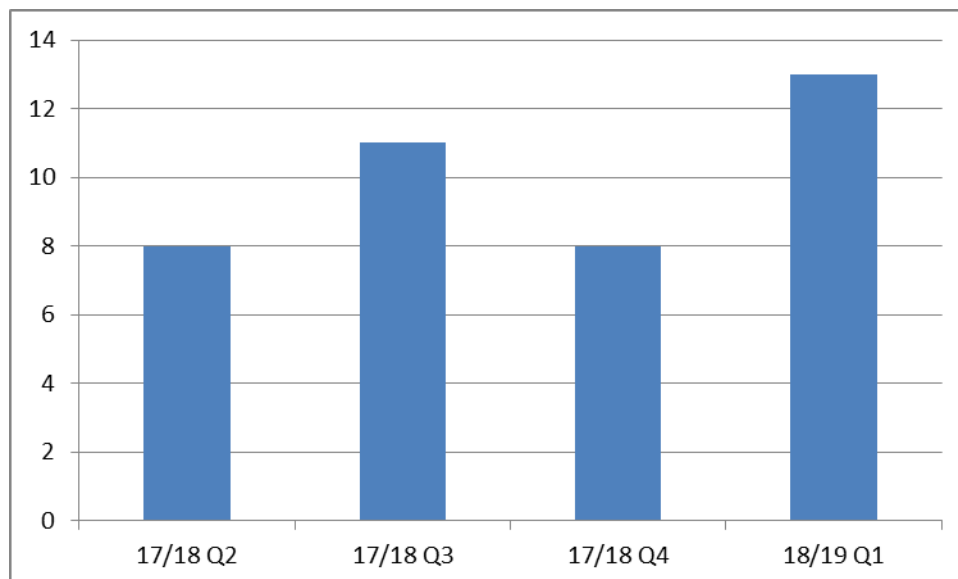
66 complaints were received in Q1 compared to 60 complaints in Q4 and 60 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has decreased from 553 in Q1 last year to 449 in Q1 this year. A breakdown of numbers and themes from complaints according to the K041 subject code is listed below by directorate:

	CSFS	CORP	FAC	MED	MSK	OPS	SURG	Total
Access to treatment or drugs [7.50]	1	0	0	1	3	0	2	7
Admissions, discharge and transfers [7.51]	0	0	0	2	0	1	2	5
Appointments including delays and cancellations [7.52]	0	0	0	1	3	0	7	11
Communications [7.54]	1	0	0	2	1	0	0	4
End of Life Care [7.56]	0	0	0	1	0	0	0	1
Facilities Services [7.57]	0	0	1	0	0	0	0	1
Patient Care including Nutrition/Hydration[7.59]	5	0	0	7	3	0	3	18
Prescribing errors [7.61]	0	0	0	1	0	0	0	1
Values & Behaviours (Staff) [7.67]	4	0	0	6	1	0	5	16
Waiting Times [7.68]	0	0	0	0	1	0	0	1
Other [7.69]	0	1	0	0	0	0	0	1
Totals:	11	1	1	21	12	1	19	66
Patient Activity	8553	0	0	32417	13763	0	10552	

In Q the Trust treated 17,450 people as inpatients, day cases and regular day attendees. Another 18,085 were seen in the Emergency Department (includes Walk-in Clinic) and 29,750 as outpatients. 66 complaints were received overall which is 0.1% of the number of patients treated. There were no complaints about mental health issues this quarter. 338 compliments were received across the Trust in Q1, which represents 0.5% of the number of patients treated. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named.

### 3.2 Timeliness of response

100% of complaints were acknowledged within three working days. 13 complaints (4 Surgery, 3 Medicine and CSFS, 2 MSK and 1 Facilities) were re-opened in Q1 with the main reasons being dissatisfaction with the response and seeking further clarification. The following graph shows the trend for re-opened complaints over the last four quarters.



The overall number of enquiries, comments, concerns and complaints responses falling into the 25+ working days has remained the same as Q4 (12%):

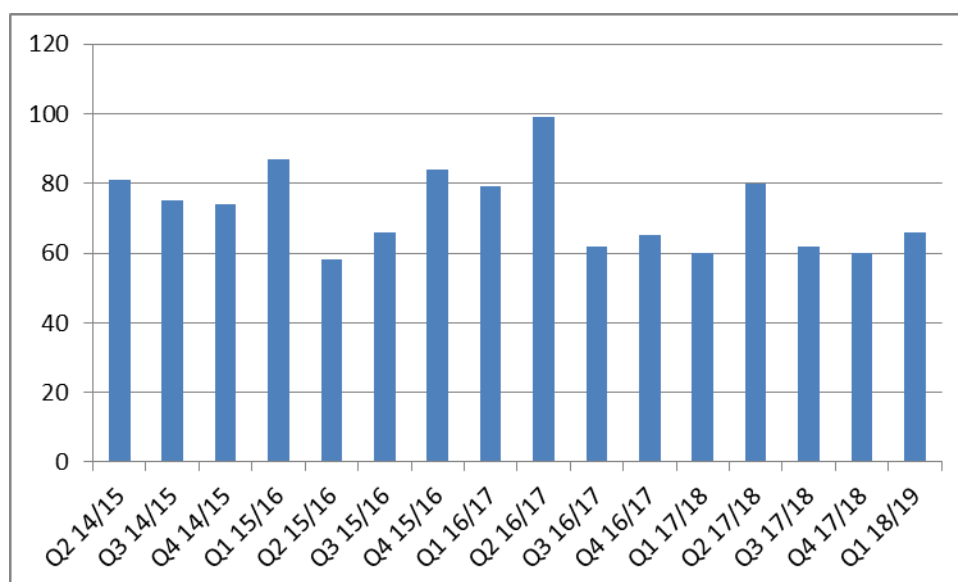
0-10 working days		11-24 working days		25+ working days	
418	81%	33	7%	63	12%

Response timescales for just complaints beyond 25 working days remains high, with two of these due to meeting arrangements; key members of staff on leave: and awaiting letter sign off. Complainants are kept informed:

0-10 working days		11-24 working days		25+ working days	
7	11%	22	34%	37	55%

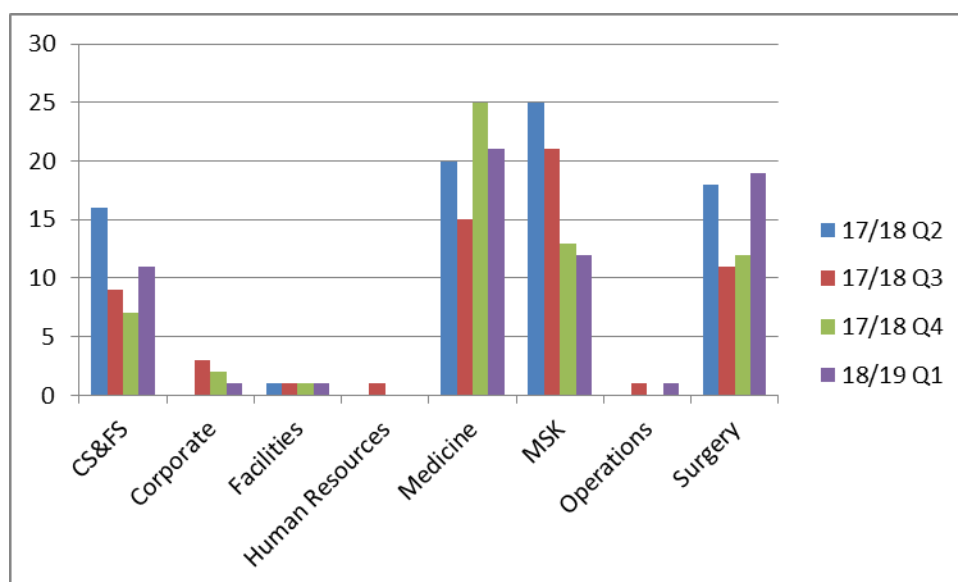
### 3.3 Complaints by quarter

The following graph shows the trend in complaints received by quarter. There has been a slight increase in complaints in Q1 compared to Q4 although the overall trend remains down. The specialty areas with the most complaints are the Emergency Department (8), General Surgery (8) and Ophthalmology (6) with 8 related to values and behaviours (attitude of medical staff (7) and attitude of nursing staff (1)).



### 3.4 Complaints by directorate

The following graph shows the number of complaints by directorate over the last four quarters. CS&FS and Surgery have each seen an increase in complaints from Q4, whilst Medicine and MSK have seen a decrease.



### 3.5 Complaints Process Workshop

A workshop was held on 1<sup>st</sup> May 2018 to identify improvements to the complaints process. It was attended by the Complaint Co-ordinators and the directorate Investigating Managers. An action plan was developed (Appendix A) which is currently being implemented.

### 3.6 Clinical Support and Family Services Directorate

	Quarter 1 2017-18	Quarter 4 2017-18	Quarter 1 2018-19
<b>Complaints</b>	10	9	11
<b>Concerns</b>	16	35	8
<b>Compliments</b>	70	173	89
<b>Re-opened complaints</b>	0	0	3
<b>% complaints responded to within 25 working days</b>	40%	55%	54%

- Complaints have increased by 2 compared to Q4 but remain generally static.
- Gynaecology and Maternity received the most complaints with 3 each. The theme with Gynaecology was attitude of medical staff and with Maternity it was lack of communication and unsatisfactory care.
- 3 complaints were re-opened in Q1. 2 were Maternity complaints where the complainants needed further clarification and the other was Gynaecology where the complainant was not happy with the first response.
- There has been a decrease of 27 concerns in Q1 compared to Q4.
- Response compliance has decreased slightly from Q4 with the reason for some delays due to awaiting statements from relevant staff and the time taken for letters to be signed off.
- Total activity within the directorate was 8553 and of this number 0.12% raised a complaint.
- Customer Care is waiting for 5 action plans outstanding from closed complaints since 1<sup>st</sup> April 2018 for this directorate.

### Themes and actions

Department/Ward	Topic	Actions
Gynaecology	Attitude of medical staff	<ul style="list-style-type: none"> <li>• Dr Baden-Fuller has reviewed the situation and discussed with her colleagues. No further action will be required but will keep under review.</li> </ul>
Maternity	Communication	<ul style="list-style-type: none"> <li>• Improved communication surrounding the role of the midwife and the expectation that standardised children and adult safeguarding questions will be asked at all 'Booking' appointments.</li> </ul>
	Staff attitude	<ul style="list-style-type: none"> <li>• Reflection by the staff member on the style in which information is shared regarding infant feeding with mothers and their families.</li> <li>• Additional training is required surrounding the swab counts and the appropriate usage and disposal of Raytex swabs.</li> <li>• More robust means of ensuring that the relevant clinical history and risk assessments are clearly available to staff responsible for patient care. A personalised care plan has been recently approved at both 'Atain' and Maternity Governance forums.</li> <li>• Reminder to staff that wound dressings should be checked by trained staff with each set of observations.</li> <li>• Postnatal manager has spoken to all staff on duty at the time of the incident; to discuss the impact language has on the women we care for.</li> </ul>

### Compliments

In total 89 compliments have been received across the directorate with the breakdown as: Sarum = 25, Postnatal = 23, Spinal X-ray = 16, Bowel Screening = 14, Endoscopy = 3, Radiology = 2 and 1 each for Antenatal Clinic, Beatrice, Child Therapy, Labour Ward, Maternity and Speech Therapy.

### 3.7 Medicine Directorate

	Quarter 1 2017-18	Quarter 4 2017-18	Quarter 1 2018-19
<b>Complaints</b>	22	23	21
<b>Concerns</b>	19	27	17
<b>Compliments</b>	189	82	157
<b>Re-opened complaints</b>	2	4	3
<b>% complaints responded to within 25 working days</b>	41%	17%	52%

- Complaints have decreased by 2 compared to Q4 but remain generally static.
- The Emergency Department received the highest number of complaints (8). The themes were discharge procedures, inappropriate clinical treatment and lack of communication/insensitive communication.
- 3 complaints were re-opened this quarter due to complainants not being satisfied with the response and seeking further clarification.
- 3 meetings were held this quarter, which is a decrease from previous quarters.
- The number of concerns has decreased by 10 in Q1.
- Response compliance has increased from Q4 with the reason for some of the delays due to the time taken for response sign off.
- Total activity within the directorate was 32,417 and of this number 0.06% raised a complaint.
- Customer Care is waiting for 5 action plans outstanding from closed complaints since 1<sup>st</sup> April 2017 for this directorate.

#### Themes and actions

Department/Ward	Topic	Actions
Emergency Department	Discharge procedures, inappropriate clinical treatment and lack of communication	<ul style="list-style-type: none"> <li>• Update of discharge letters by end of September 2018</li> <li>• Communication skills added to all grade meeting agendas.</li> <li>• Pre-assessment lead commencing in September which will improve time to assessment and communication for long waiting patients.</li> </ul>
Several wards	Attitude of staff – medical and nursing	<ul style="list-style-type: none"> <li>• Individual members of staff have been managed as per policy.</li> </ul>

#### Compliments

In total 157 compliments have been received across the directorate with the breakdown as: Pembroke = 67, Hospice = 28, Tisbury = 16, Emergency Department = 15, Redlynch = 8, Winterslow Annex = 7, 5 each for Cardiology and Laverstock, Whiteparish = 2 and 1 each for Spire, Durrington, Farley and Oncology.

### 3.8 Musculo-Skeletal Directorate

	Quarter 1 2017-18	Quarter 4 2017-18	Quarter 1 2018-19
<b>Complaints</b>	7	12	12
<b>Concerns</b>	23	13	16
<b>Compliments</b>	63	139	42
<b>Re-opened complaints</b>	4	4	3
<b>% Complaints responded to within 25 working days</b>	57%	33%	50%

- Complaints have remained the same as Q4 with 12 in total.

- Concerns have increased from 13 in Q4 to 16 this quarter and this is a decrease in number from the same period last year.
- The total activity in the Directorate was 13,763 and of this number 0.09% raised a complaint
- There have been 2 re-opened complaints and 1 re-opened concern which was resolved with a meeting.
- The largest number of complaints received were for Orthopaedics, Plastics Department and Spinal with 3 complaints each.
- The main themes for complaints were appointment cancelled (2) and unsatisfactory treatment (2).
- Of the 16 concerns received, the highest number were for the Plastics Department (4), then 3 each for Amesbury Suite and Orthopaedics.
- The main themes for concerns were delays in receiving treatment (3) and 2 each for unsatisfactory treatment and unsatisfactory nursing care on ward.
- There have been no complaint/concern meetings held in this quarter.
- The MSK directorate has 1 action plan outstanding from closed complaints since 1<sup>st</sup> January 2018

### General actions

- Good results from directorate team resolving issues on their rota days.

### Themes and actions

Department/Ward	Topic	Actions
Plastics and Spinal Unit	Surgery/operation/unsatisfactory/unsuccessful	<ul style="list-style-type: none"> <li>No identified themes – resolved on a case by case basis.</li> </ul>
Orthopaedic and Plastic Surgery	Concerns relating to appointments	<ul style="list-style-type: none"> <li>Continue to review longwaiters.</li> <li>Increase capacity in specialities through additional sessions.</li> <li>Informatics support to provide accurate waiting list information by speciality.</li> <li>Active waiting list validation by specialty to reduce waiting list times.</li> <li>Review of new/follow-up ratio.</li> </ul>
Amesbury Suite	Nursing Care	<ul style="list-style-type: none"> <li>Ward Sister is investigating and taking appropriate action regarding the issues raised.</li> </ul>

### Compliments

In total 43 compliments have been received across the Directorate with the breakdown as: Wessex Rehabilitation Centre = 13, Chilmark = 9, Orthopaedics = 4, Plastics = 3, 2 each for Burns, Cleft Lip and Palate, Rheumatology and Spinal Unit, and 1 each for Avon Ward, Tamar Ward, Dermatology, Oral Surgery, Salisbury Laser Clinic and Maxillofacial Surgery.

### 3.9 Surgical Directorate

	Quarter 1 2017-18	Quarter 4 2017-18	Quarter 1 2018-19
<b>Complaints</b>	20	12	19
<b>Concerns</b>	36	25	22
<b>Compliments</b>	93	49	33
<b>Re-opened complaints</b>	3	0	6
<b>% complaints responded to within 25 working days</b>	35%	25%	37%

- Complaints have increased by 7 compared to Q4.
- Total inpatient and outpatient activity within the Directorate was 10,552 and of this number 0.18% raised a complaint.
- There have been 4 re-opened complaints and 2 re-opened concerns in Q1.
- There has been one complaint meeting in Q1.
- The highest number of complaints were for General Surgery (7) and Ophthalmology (6) with 5 relating to attitude of staff and 4 appointments including delays and cancellations.

- There were 22 concerns with the highest number for the Central Booking Department (5) and Ophthalmology, ENT and Urology (3) each. The main themes were about appointments – delays/cancellations/date required.
- Customer Care is waiting for 11 actions plans outstanding from closed complaints since 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 for this directorate. There is one action plan outstanding from 1<sup>st</sup> April 2018 to date. Action plans should be returned to Customer Care with the draft response letter. The Complaint Co-ordinators provide the directorates with weekly reports of any overdue concerns, complaints and outstanding action plans. The directorate are working through the backlog. This will continue to be followed-up by the Customer Care Team and discussed at the Executive Performance Review.

#### Themes and actions

Department/Ward	Topic	Actions
Ophthalmology	Attitude of staff and communication style	<ul style="list-style-type: none"> <li>• Directorate Manager and Clinical Director have discussed the issues with the Ophthalmology complaints and it has been raised with relevant staff and line manager. The Medical Director is also aware.</li> <li>• Staff member to attend a communications course to learn how to adapt their communication style.</li> </ul>
Central Booking	Appointment cancellations and use of ERS for appointment booking	<ul style="list-style-type: none"> <li>• Following a review of the clinic cancelation process; the management of letters; and the ERS appointment booking process, we are going to review the processes again to see if the changes we made have had the necessary impact.</li> </ul>

#### Compliments

In total 33 compliments have been received across the Directorate with the breakdown as: Britford Ward = 17, DSU = 4, General Surgery = 3, 2 each for Breamore Ward, Ophthalmology and Radnor Ward, and 1 each for Breast Service, Clarendon and Urology.

#### 4 TRUSTWIDE FEEDBACK – INCLUDING REAL TIME FEEDBACK AND THE FRIENDS AND FAMILY TEST

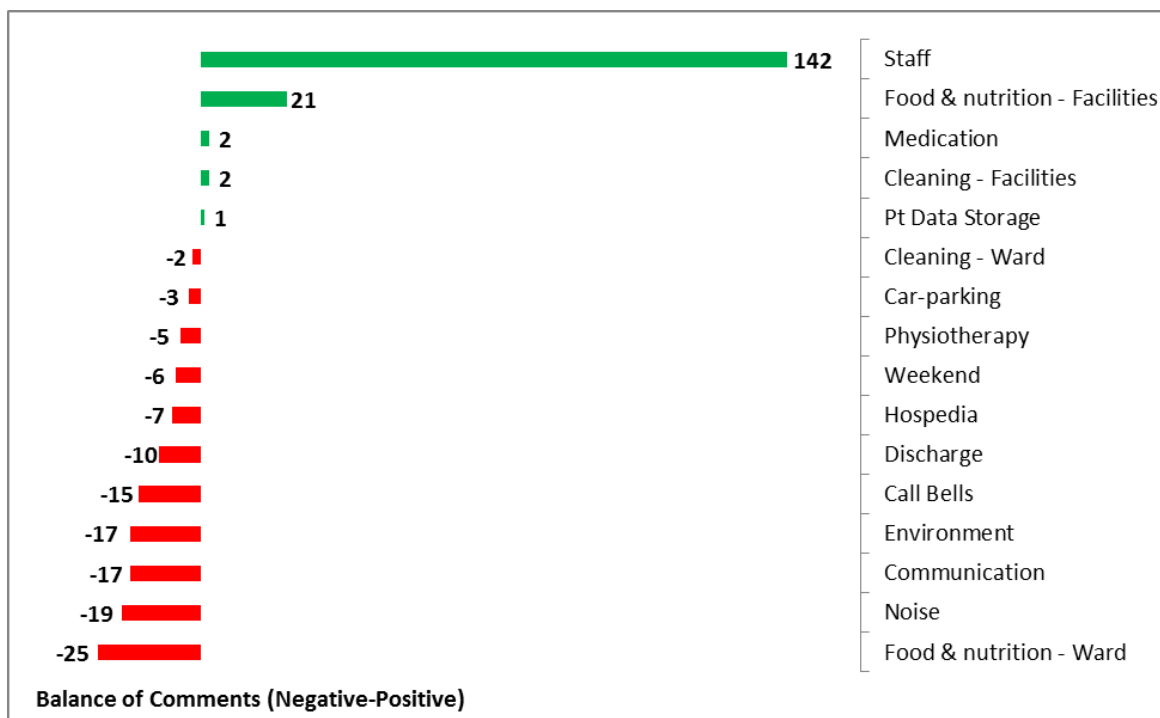
The top areas for improvement from inpatient real time feedback, the Friends and Family Test and complaints are:

Feedback area	Theme	Actions
<b>Complaints</b>	Patient care (including nutrition/hydration) Values and behaviours  Appointments including delays and cancellations	<ul style="list-style-type: none"> <li>• No themes identified</li> <li>• Individual members of staff have been managed as per policy.</li> <li>• Review long waiters; increase capacity; provision of accurate waiting list information; active waiting list validation; and review of new/follow-up ratio.</li> </ul>
<b>Inpatient, Maternity, Paediatrics and Spinal RTF</b>	Environment Food and nutrition on the ward (this is also one of the highest areas reported positively) Toys and entertainment Noise, Call bells Weekends	<ul style="list-style-type: none"> <li>• Wards review progress on their action plans and 'You Said – We Did' information should be displayed on the ward boards.</li> </ul>
<b>FFT</b>	Numbers too low	<ul style="list-style-type: none"> <li>• Wards reviewed progress on their action plans.</li> </ul>



## 5 INPATIENT REAL TIME FEEDBACK

A total of 412 inpatients were surveyed in the quarter. They made 355 positive comments and shared 303 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern were food and nutrition on the ward, and noise.

### Food and nutrition on the ward

A total of 7 positive and 32 negative comments were received regarding food and nutrition on the ward. The negative comments have been categorised as set out in the table below. The numbers are low for each ward.

REASON	WARD
Temperature (19)	Winterslow (4)
	Amesbury (3)
	Plastics & Burns (3)
	Whiteparish (2)
	AMU (1)
	Breamore (1)
	Chilmark (1)
	Downton (1)
	Durrington (1)
	Pembroke (1)
	Tisbury (1)

REASON	WARD
Drinks (6)	AMU (1)
	Amesbury (1)
	Breamore (1)
	Durrington (1)
	Pembroke (1)
	Whiteparish (1)
	Amesbury (2)
Meal timings (5)	Downton (1)
	Pembroke (1)
	Pitton (1)
Communication (1)	Plastics & Burns (1)
Quality (1)	Redlynch (1)

### Noise

A total of 10 positive and 29 negative comments were received regarding noise. The negative comments have been categorised as set out in the table below.

REASON	WARD
Equipment (8)	Amesbury (4)
	AMU (1)
	Pembroke (1)
	Pitton (1)
	Whiteparish (1)
General (5)	Breamore (1)

REASON	WARD
Other patients (3)	Breamore (1)
	Pitton (1)
	Redlynch (1)
Staff (3)	AMU (1)
	Breamore (1)
	Chilmark (1)

Laundry (3)	Durrington (1)
	Farley (1)
	Plastics & Burns (1)
	Farley (1)
	Amesbury (1)
	Britford (1)
	Redlynch (1)

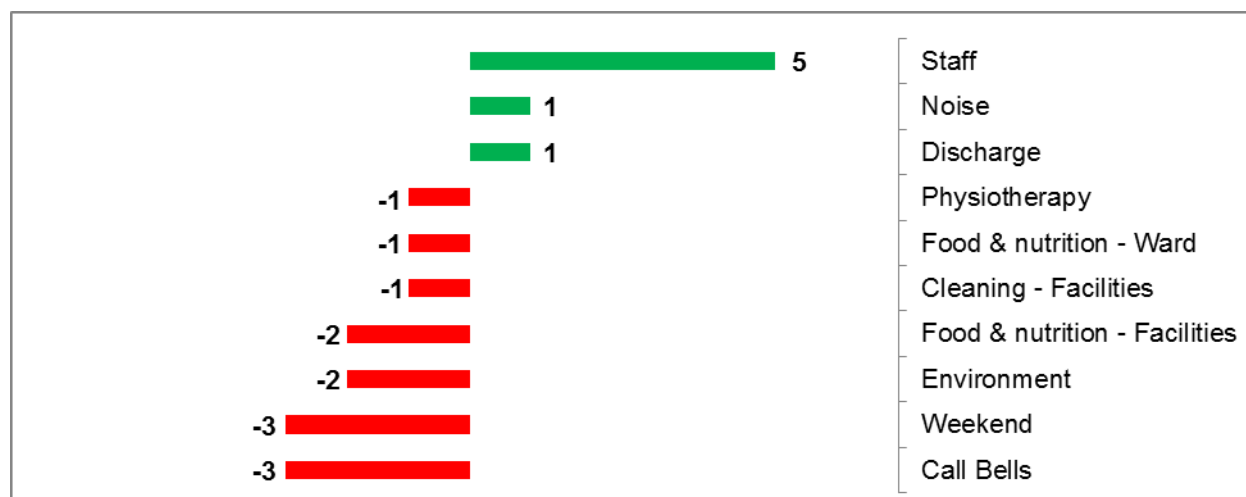
Tugs (2)	Britford (1)
	Pembroke (1)
Call bells (1)	Farley (1)
Doors (1)	Plastics & Burns (1)
Fire alarm (1)	Breamore (1)
Outside environment (1)	Plastics & Burns (1)
Telephones (1)	Winterslow (1)

REASON	WARD
Night staff (4)	Plastics & Burns (1)
	Tisbury (1)
	Whiteparish (1)
	Winterslow (1)
Night-time general (2)	Breamore (1)
	Durrington (1)

REASON	WARD
Outside environment (2)	Redlynch (2)
General (1)	Whiteparish (1)
Patient at night (1)	Durrington (1)
Staff (1)	Plastics & Burns (1)

## Spinal

A total of 24 patients were surveyed in the quarter. They made 16 positive and 22 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern were call bells and lack of activity at weekends.

## Call bells

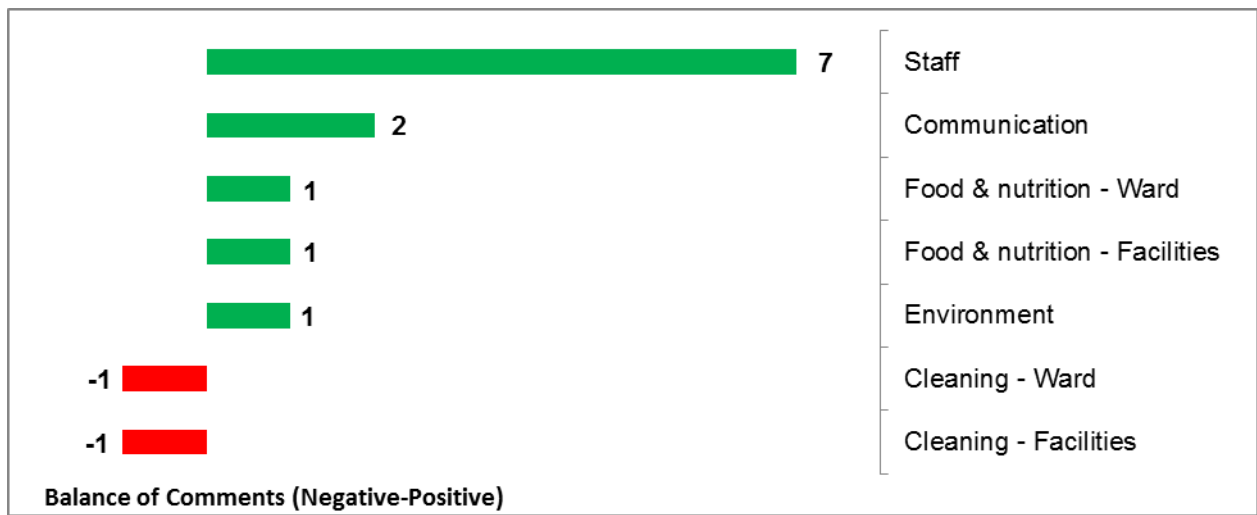
Three negative comments were received regarding call bell response on Avon ward. The Spinal Centre are about to commence a pilot using mobile vibrating devices which can be carried by the nurses with the aim of improving noise levels for patients whilst ensuring prompt response. If successful this will be looked at for other areas.

## Weekends

Three negative comments were received. Two related to the unavailability of the gym at weekends and the third related to the wait for assistance on Tamar ward at the weekends.

## Maternity

A total of 18 new mothers were surveyed in the quarter. They made 14 positive comments and shared 5 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.

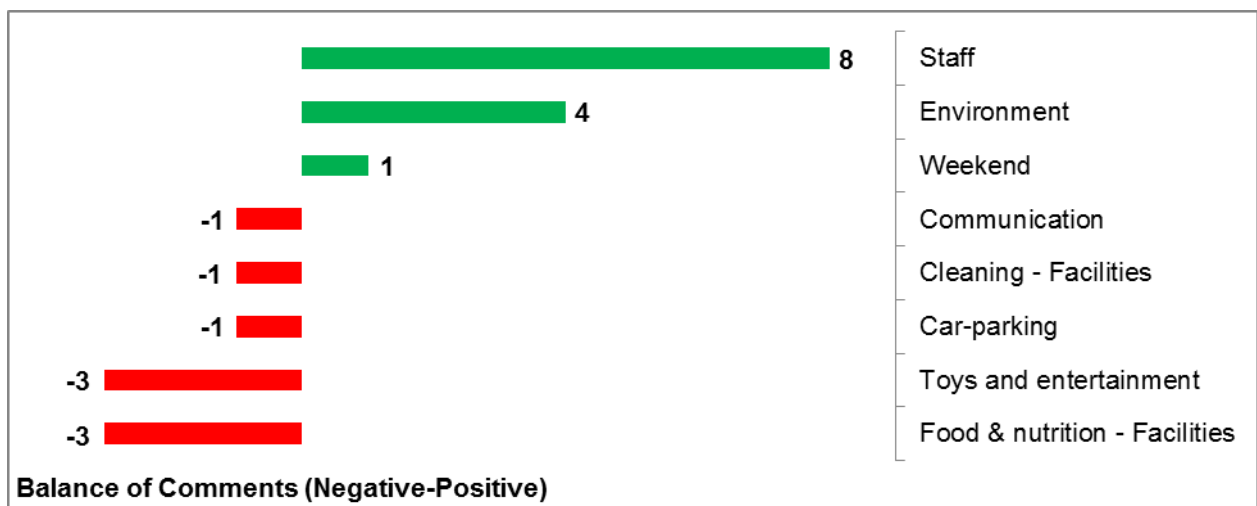


### Cleaning

One patient said that the floor in the Labour ward needed to be cleaned and another said that she, personally, had to clean the bath. This has been taken up by the Head of Midwifery.

### Paediatrics

A total of 10 adults or carers and 7 children were surveyed during the period. They made 12 positive comments and shared 13 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The areas of concern related to the food and nutrition, and toys and entertainment.

### Food and nutrition

Three negative comments were received all relating to a lack of variation in the menus. Parents and dietitians worked together to agree the standard menu for children which has additional choices. There is also a call off menu for children who do not like anything on the standard menu.

### Toys and entertainment

Three negative comments were received, two relating to children being bored and one stating that there was nowhere to plug a toy in.

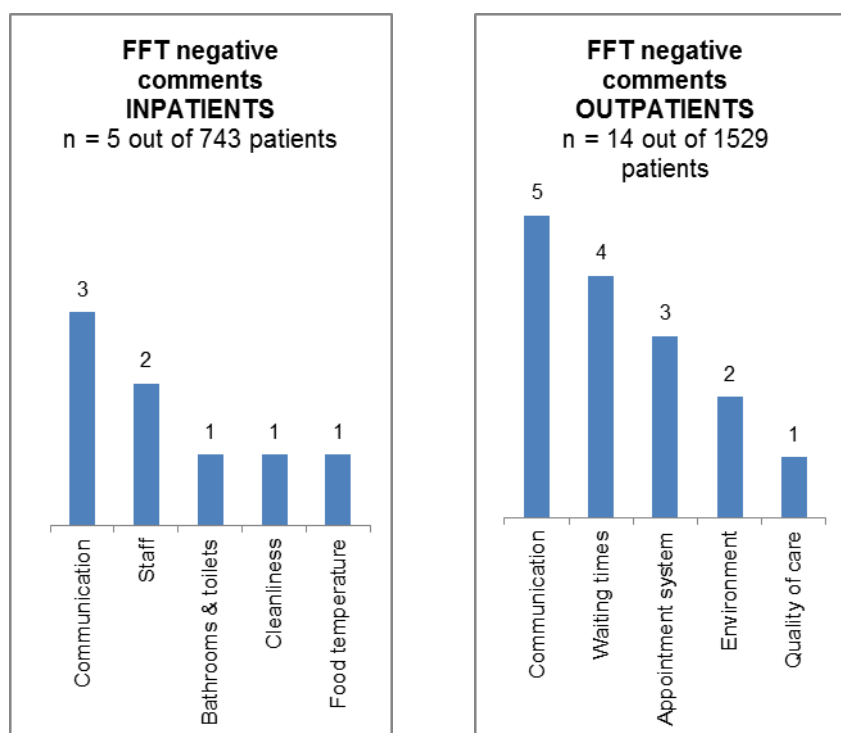
## 6 FRIENDS AND FAMILY TEST

Responses for the period were as follows:

	Total Responses Received	Rating				
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely
Day Case	448	431 (96%)	12 (3%)	5 (1%)		
Emergency Dept	94	87 (93%)	2 (2%)	4 (4%)		
Inpatients	809	743 (92%)	46 (6%)	16 (2%)	2 (0%)	2 (0%)
Maternity	73	72 (99%)	1 (1%)			
Outpatients	1633	1529 (94%)	60 (4%)	28 (2%)	9 (0%)	6 (0%)

\* Shortfall between combined totals in rating columns and overall totals above equates to those who responded "don't know".

Comments made by those patients who stated they would be unlikely or extremely unlikely to recommend the hospital have been categorised as set out in the graphs below.



The numbers are too low to identify any main areas of concern.

#### Action taken on areas of concern

Wards, the Emergency Department and Maternity, have action plans in place to address the main areas of concern in their location.

## 7 PATIENT AND PUBLIC INVOLVEMENT (PPI)

There has been 6 new projects, 1 completed project, results from 1 national patient survey received and 1 national patient survey commenced.

### Clinical Support and Family Services

#### New projects

Clinical Sciences have successfully reached stage two of a funding application to conduct a study into the use of abdominal electrical stimulation to treat constipation in people with a spinal cord injury. They will gather information from a patient perspective about satisfaction with current treatments for constipation.

NICU have revised their parent's questionnaire and this is now in use.

## **Completed projects**

Clinical Sciences have completed feedback evaluation for medical engineering. They are operating under the quality system ISO9001:2015. As part of their quality system they are required to gain customer feedback to evaluate products and services. They are planning to use the feedback for the continuous improvement of the service. As a service they have two client groups:

- End user: the patient who will be using the prescribed seating by medical engineering.
- Referrer: healthcare professional referring end users to the department. i.e. Wheelchair Services.

The results from the questionnaires were collated and were presented at the top management review and monthly department meetings. Actions to address constructive answers were agreed and areas of risks and opportunities have been identified.

## **Actions:**

- A poster and the Trust information leaflets are now available in the clinic room to direct people on how to make a complaint. An operating process on how to deal with any complaints is now available to staff.
- Procurement of 2D modelling software is currently under investigation and the use of 3D modelling software is raised as an opportunity.
- Use of 3D printing to produce bespoke products has been discussed in the past and this can also be a potential opportunity for the department.
- To make interested parties aware that they operate under ISO9001:2008, they now have the scope of the quality system available on the Medical Engineering part of the Trust website.
- The use of 3D digital scanning + moulding technique has been discussed and investigated heavily in the past by the department and this could be an opportunity to evolve and be in line with current technology. However, it will require a substantial financial input which needs sourcing. They do not believe that the use of 3D digital scanning will reduce appointment or manufacturing times as most of the delays are associated with patient and clinician availability. They are conscious about appointment waiting times and are investigating how to address this risk.

## **Medicine**

### **New projects**

The Hospice has developed their version of electronic real time feedback which will be used from July.

## **Musculo-Skeletal Directorate**

### **New projects**

Wessex Rehab Clinic have developed their own version of electronic real time feedback for use with patients undergoing rehabilitation.

The Spinal Unit are undertaking feedback to obtain the experiences of spinal patients who are participating in the pilot of the use of step-down beds in a third sector setting, to evaluate the pilot and development of a service specification for tender.

Plastic surgery have developed electronic real time feedback on the Plastic Surgery Trauma Clinic and the questionnaire is awaiting approval from PPIG.

## **Quality Directorate**

Two patient stories were presented to Trust Board in April for Bowel Cancer Awareness month and in June a NHS 70<sup>th</sup> Birthday story was presented from a former nurse

## **National Patient Surveys**

### **Children and Young People 2016**

An update on the action plan will be reported to the Clinical Governance Committee and Clinical Management Board in July 2018.

### **National Maternity Survey 2018**

Project commenced and second reminders have been sent out.

Key dates are:

- 24 August 2018 – fieldwork closes
- 31 August 2018 – deadline for data submission

Results will be available early 2019

### **National Inpatient Survey 2017**

On 13<sup>th</sup> June 2018 the Care Quality Commission published the benchmark results for the national inpatient survey 2017. Salisbury NHS Foundation Trust scored 'about the same' as most other Trusts in all 11 sections of the survey. For the individual questions, it scored 'better' than most other Trusts for patients being given a reason if they had to move wards at night.

The benchmark results are available on the Care Quality Commission's web site at:

[http://nhssurveys.org/Filestore/IP17\\_BMK\\_Reports/IP17\\_RNZ.pdf](http://nhssurveys.org/Filestore/IP17_BMK_Reports/IP17_RNZ.pdf)

### **National Inpatient Survey 2018**

Posters have been delivered to all wards for display in patient areas, offering them the opportunity to decline participation in the survey if they so wish. Two new questions have been added this year regarding integrated care and research. The coordination centre is asking that Trusts start to draw their samples on 1<sup>st</sup> August 2018.

### **Surgery Directorate**

Nothing to report

PPI Projects are shared on the following web page on the Intranet:

<http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/index.asp>

This page has been redesigned to be more user friendly.

## **8 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)**

In Q1 the PHSO reviewed one case but decided not to investigate. The PHSO was not critical that the Trust could not meet its 18 week target in this case and the Trust had done nothing wrong in relation to its communication. The concerns raised about complaint handling were not taken any further as the PHSO could not achieve the outcome the complainant was seeking.

The Trust is still awaiting an outcome on the Children's Services case.

The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at:

<http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts>

## **9 NHS CHOICES WEBSITE**

In Q1 there were 8 comments posted on the NHS Choices website relating to 7 different areas. All of the comments were positive. One person said "I was admitted to Tisbury Ward via A&E and AMU after a fainting episode. Staff at all levels from Porters to Consultants were outstanding in their care, concern and professionalism. All with a great deal of good humour. The nursing staff with whom I had the most contact were particularly kind, caring and had positive attitudes which was very reassuring. This all made what were somewhat unpleasant circumstances a very happy experience.

All the feedback was shared with the departments.

## **10 SUMMARY**

This report brings together the themes from patient experience feedback and where improvements can be made, the directorates are acting accordingly.

## **11 RECOMMENDATIONS**

The Board is asked to note this report.

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**TITLE:** Head of Customer Care

## Complaints Workshop (01.05.18) Action Plan

Objective for Improvement	Actions	Lead	Proposed completion date	Progress to date	Supporting evidence
<b>Quality Process</b>					
1. To improve responses to the complainant	When a statement fulfils the complaint response or a local review template has been used for the investigation, provide a one page cover letter saying sorry and what we did; include the PHSO paragraph and a timeline if appropriate. The statement/review where appropriate is then provided in full.	Investigating Managers	July 2018	<p>Complaint Investigation Report developed.</p> <p>Complaint Co-ordinators asked to forward the template with the initial documentation to the Investigating Manager for complex cases – 26.07.18</p> <p>MSK complaint rota to deal with complaints that arise that day (cover in place). MSK PA co-ordinating complaint responses in a timely manner.</p> <p>Surgery rota in place.</p> <p>CSFS rota in place to contact speciality managers.</p> <p>Medicine – any member of the DMT can be contacted.</p>	<p>Complaint Investigation Report template available on Datix.</p> <p>Sent to the Investigating Managers 26.07.18</p> <p>Directorate rotas.</p>
2. To agree CEO style letters	<p>Develop a template</p> <p>Share template/style with Execs for when they are signing letters in the absence of CEO</p>	<p>HoCC</p> <p>HoCC</p>	July 2018	<p>Meeting with CEO 24.07.18 to agree template style. Communicated to Complaint Co-ordinators to update any responses with the required paragraphs.</p> <p>Shared with Investigating Managers at Complaint Workshop follow-up meeting 07.08.18.</p> <p>Template sent to Execs – complete.</p>	<p>Template available on Datix.</p>





	Ensure the timeframe is recorded on Datix.	CC Co-ordinators	July 2018	Complaint Co-ordinators complete this on Datix.	Datix
	Agree how communication will occur, e.g. meeting or letter.	Investigating Managers/CC Co-ordinators	July 2018	Complaint Co-ordinators and Investigating Managers already do this.	Datix
6. To develop a proactive approach before concerns are raised	Cancelled appointments/operations – write to the patient to apologise and give phone number if they have any further concerns	Directorate Management Teams	October 2018	Ring/write to individuals to alleviate any concerns. MSK timetable to cover week day issues as they arise. Surgery – same as above.	Directorates will log all patient contact which has prevented a concern/ complaint being raised.
	Incentives such as parking tickets, coffee/tea where available	Directorate Management Teams	October 2018	Discussed at meeting on 07.08.18. Parking tickets are routinely given.	As above.
<b>Access</b>					
7. To put signs up in all patient areas to give information of who to raise concerns with	Signpost to the Lead Nurse/Dept Manager to resolve concerns in the first instance e.g. Emergency Department poster. Individual teams to develop posters.	Directorate Management Teams/Wards/ Departments	October 2018	MSK poster design currently being developed by September 2018. Consider business cards approach for some cases. Surgery - ward area posters encourage patients and relatives to speak to nurse in charge. Posters for other areas to be reviewed. HofCC to send ED poster template to DMTs – complete.	Posters in ward/clinic areas.
<b>Timeliness</b>					
8. Explore having a complaints support person in each directorate	Same model as Maternity and the Surgical Directorate – part-time dedicated support to be explored.	Directorate Management Teams	December 2018	Jayne Sheppard appointed Complaints Link Professional for MSK. Helen Hammond Complaints Lead for Surgery. Meeting with CC and DMTs to agree what can be learned from the Maternity/Surgery model due to lack of resource in other directorates.	

Learning					
9. To share the learning from complaints across specialties, directorates and the Trust	Quarterly share and learn meetings	Customer Care/Directorate Management Teams	October 2018	<p>All directorates - Sisters meeting, NMF, Cascade Brief, 1:1's, Performance meetings, DMC, DMT Patient stories, complaints, concerns in service re-design.</p> <p>Complaint Co-ordinators to send a quarterly report to all DMTs to share the themes. DMTs to report back on learning across the Trust.</p>	<p>Minutes of meetings - complaints/concerns reviewed.</p> <p>Escalation process for Spinal Unit highlighted – similar principle to be adopted for all wards in MSK.</p> <p>Customer Care quarterly report to CMB, CGC and Trust Board.</p>