

Report to:	Trust Board (Public)	Agenda item:	SFT 4027	
Date of Meeting:	12 April 2018			
Report Title:	Customer Care Report Q3 2017-18			
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):	N/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"> • 62 complaints were received in Q3 compared to 80 complaints in Q2 and 62 complaints for the same period in the previous year. The main themes from concerns were appointments, clinical treatment, communication and staff attitude. • There were no requests for independent review by the Parliamentary and Health Service Ombudsman. • A total of 256 inpatients were surveyed in the quarter. They made 177 positive and 106 negative comments. • The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern. • There have been 4 new Patient and Public Involvement (PPI) projects, 1 completed project and the results from 2 national patient surveys. • NHS Choices received 21 comments in Q3 with 19 positive, 1 negative and 1 mixed relating to 15 different areas. <p>This report provides assurance that the Trust is responding and acting appropriately to patient feedback.</p>				

Customer Care Report - Quarter 3

1st October – 31st December 2017

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 main issues from complaints are:

- Clinical treatment (23), 6 less than Q2 (29) - sub-themes were 9 unsatisfactory treatment across 9 different areas, 7 correct diagnosis not made, 5 delay in receiving treatment and 2 further complications. Orthopaedics received 7 complaints about clinical treatment and 3 each for the Emergency Department and Plastic Surgery.
- Communication (14) 2 more than Q2 (12) – sub-themes were 8 insensitive communication, 3 lack of communication and 1 each for wrong information, information not given and delay in sending/receiving information. There was not a link to a particular area.
- Staff attitude (7), 6 less than Q2 (13) – 4 related to medical staff and 3 to nursing staff across 7 different areas.

The main issues from concerns were appointments (22), clinical treatment (15) - 3 related to Urology with no particular theme, communication (11) and attitude of staff (9). The main area for concerns and complaints about appointments was the Central Booking Department (7) and for staff attitude it was the Emergency Department (3). 1 concern and 1 complaint was received about cancelled operations. There were no concerns raised about ward moves due to capacity issues.

62 complaints were received in Q3 compared to 80 complaints in Q2 and 62 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has decreased from 426 in Q3 last year to 401 in Q3 this year. A breakdown of numbers and themes from complaints according to Datix is below:

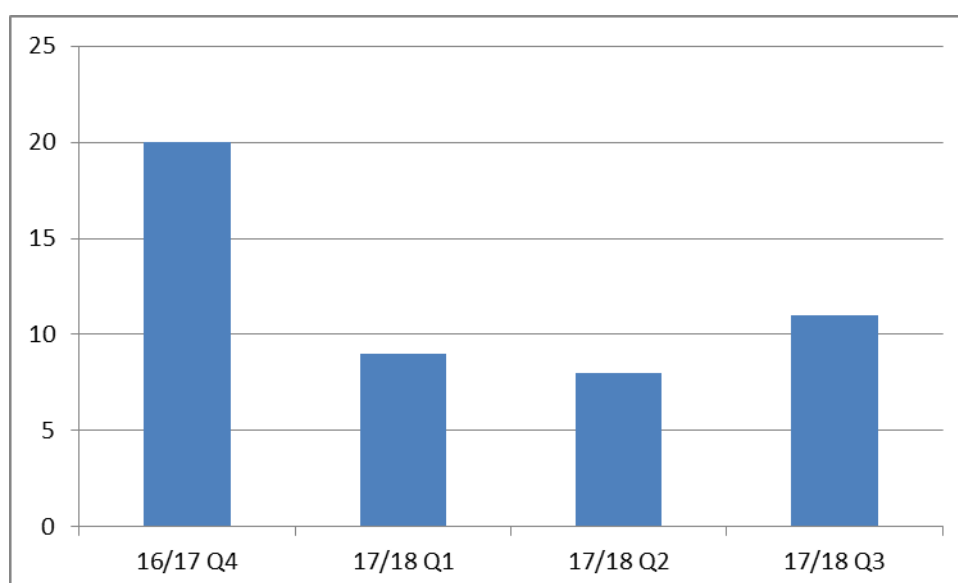
	CS&FS	CORP	FAC	HR	MED	MSK	OPS	SURG	Q3 2017-18	Q3 2016-17
Appointments	0	0	0	0	0	2	0	3	5	9
Attitude of staff	2	0	0	0	1	1	1	2	7	11
Clinical Treatment	1	0	0	0	6	12	0	4	23	3
Communication	6	0	1	0	5	1	0	1	14	28
Confidentiality	0	3	0	0	0	0	0	0	3	2
Delay	0	0	0	0	0	1	0	0	1	0
Discharge	0	0	0	0	2	0	0	0	2	2
Equipment	0	0	0	1	0	0	0	0	1	0
Information	0	0	0	0	0	0	0	0	0	1
Medical Records	0	0	0	0	0	0	0	0	0	1
Nursing Care	0	0	0	0	1	0	0	0	1	2
Operation	0	0	0	0	0	3	0	0	3	1

Privacy/Dignity	0	0	0	0	0	0	0	1	1	0
Hosp procedures	0	0	0	0	0	1	0	0	1	0
Transfer	0	0	0	0	0	0	0	0	0	1
Waiting time	0	0	0	0	0	0	0	0	0	1
Totals:	9	3	1	1	15	21	1	11	62	62
Patient Activity	9467	0	0	0	32243	15154	0	12039		

In Q3 the Trust treated 16,988 people as inpatients, day cases and regular day attendees. Another 17,669 were seen in the Emergency Department (includes Walk-in Clinic) and 34,246 as outpatients. 62 complaints were received overall which is 0.09% of the number of patients treated. There were no complaints about mental health issues this quarter. 252 compliments were received across the Trust in Q3, which represents 0.4% 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. 11 complaints (4 Medicine, 4 Musculo-Skeletal and 3 Surgery) were re-opened in Q3. 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 decreased from 16% in Q2 to 13% in Q3:

0-10 working days		11-24 working days		25+ working days	
365	79%	34	8%	64	13%

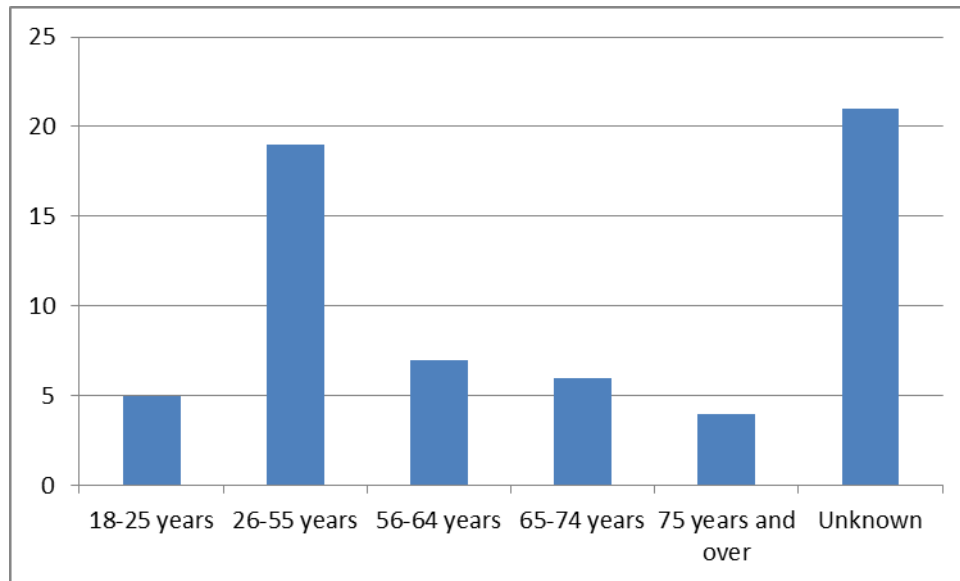
Response timescales for just complaints beyond 25 working days is unacceptably high, with a further increase of 2.25% on Q2 and will be the focus for directorates:

0-10 working days		11-24 working days		25+ working days	
7	11%	17	28%	38	61%

Reasons for some complaints taking more than 25 working days to respond to is: arranging meetings; operational pressures; and key members of staff on leave. Complainants are kept informed.

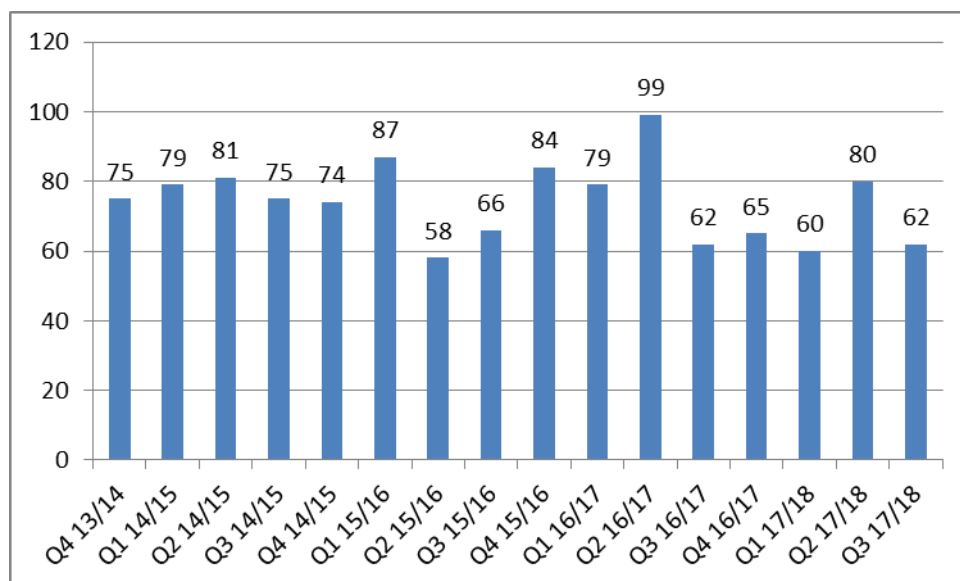
3.3 Complaints by Age-Band of Complainant

The following graph shows the age-band of the 62 people raising complaints.



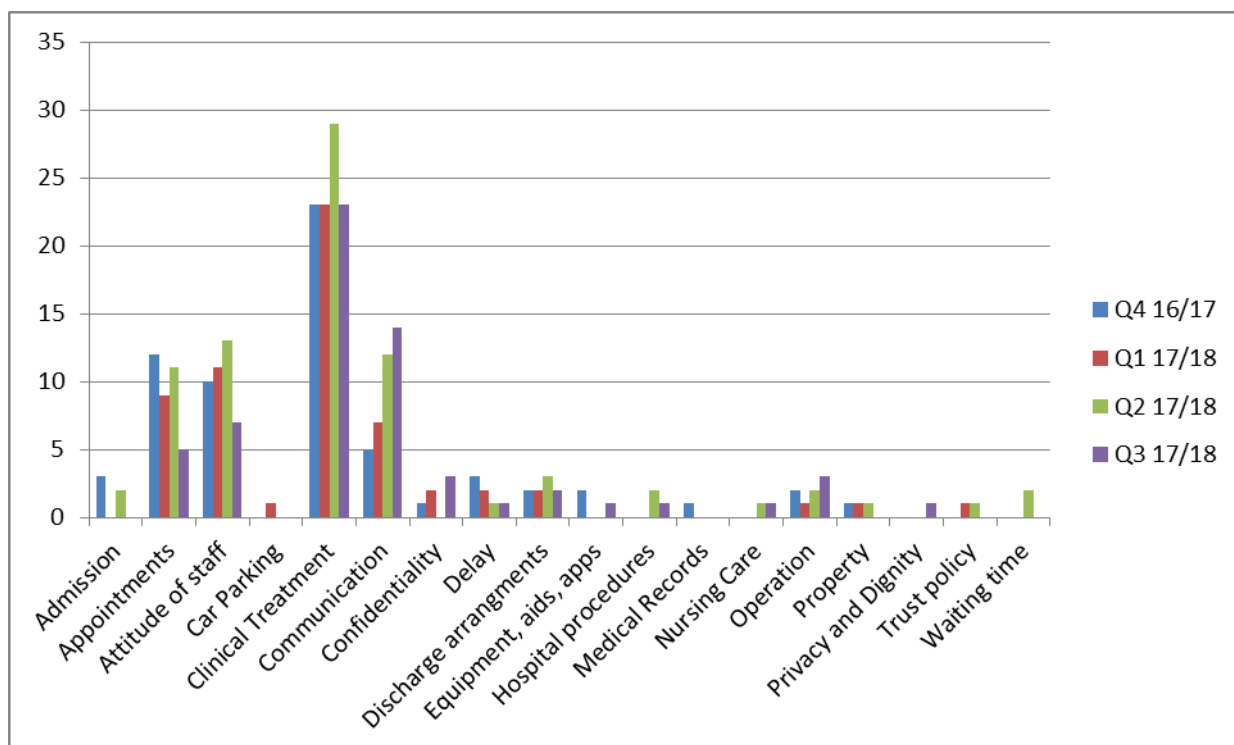
3.4 Complaints by quarter

The following graph shows the trend in complaints received by quarter. There has been a decrease in complaints in Q3 compared to Q2. The specialty areas with the most complaints are Orthopaedics (10), Plastic Surgery (7), and the Emergency Department (6) with 12 related to clinical treatment.



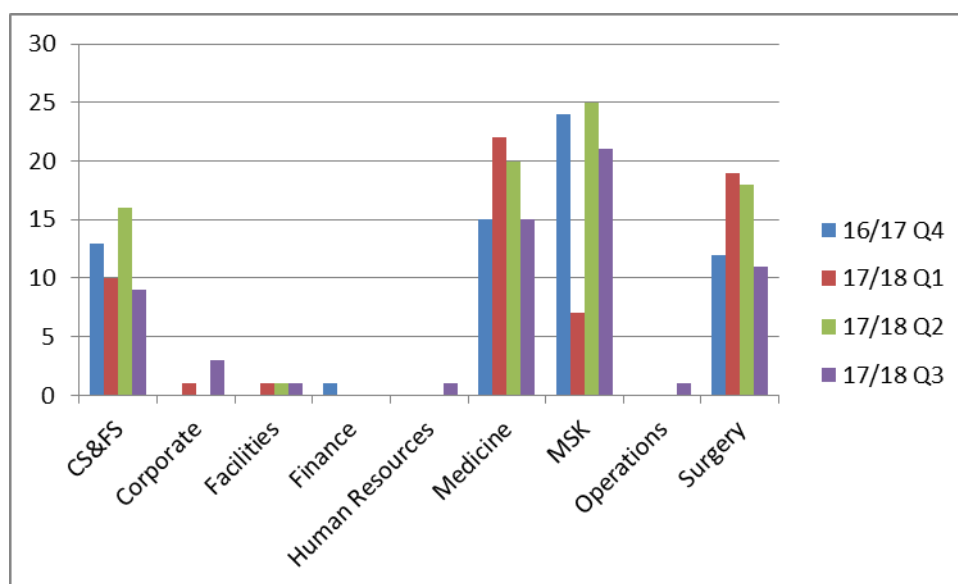
3.5 Complaints by Subject

The following graph shows the trend in complaints by subject over the last four quarters. Complaints have decreased from the previous quarter by 18.



3.6 Complaints by directorate

The following graph shows the number of complaints by directorate over the last four quarters. The four clinical directorates have each seen a decrease in complaints from Q2. The highest sub-themes for each of the clinical directorates were CS&FS communication (6) and clinical treatment for MSK (12), Medicine (6) and Surgery (4).



3.7 Clinical Support and Family Services Directorate

	Quarter 3 2016-17	Quarter 2 2017-18	Quarter 3 2017-18
Complaints	5	16	9
Concerns	19	25	10
Compliments	61	76	36
Re-opened complaints	0	0	0
% complaints responded to within 25 working days	20%	31%	33%

- Complaints have decreased by 7 in Q3 which is a significant amount compared to Q2.
- The Radiology Department received the most complaints with 3 and the themes were due to insensitive communication.
- No complaints were re-opened in Q3 and one meeting took place.
- There has also been a decrease of 15 concerns compared to Q2 but no particular theme with the concerns raised.
- Low response compliance was due to delays in receiving statements from consultants and members of nursing staff.
- Total activity within the directorate was 9467 and of this number 0.09% raised a complaint.
- The directorate are still piloting a rota system to proactively deal with concerns and complaints, whereby the individual staff members are linked to a speciality instead of a set day. This is proving to work well.
- There are 4 action plans outstanding from closed complaints since 1st April 2017 for this directorate. 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
Radiology Department	Insensitive communication	<ul style="list-style-type: none"> • Pregnancy policy has been redistributed to CT/MRI staff. Staff have been asked to confirm their understanding by 9th February 2018. • A list of high foetal dose examinations are to be displayed in appropriate areas to minimise the risk of misunderstanding. • It has been highlighted to booking staff the importance of accuracy when booking. • Concerns with the radiographers' handling of the incident has been escalated to Inhealth. • DMT has been assured that changes in protocol have been communicated appropriately.

Compliments

In total 36 compliments have been received across the directorate with the breakdown as: Neonatal = 7, Maternity Admin = 5, Endoscopy = 5, Bowel Screening = 4, Speech and Language = 4, Radiology = 3, Postnatal = 2, Occupational Therapists = 2, Labour ward, Gynaecology, Pathology and Sarum = 1 each.

3.8 Medicine Directorate

	Quarter 3 2016-17	Quarter 2 2017-18	Quarter 3 2017-18
Complaints	16	20	15
Concerns	24	18	19
Compliments	122	112	102
Re-opened complaints	3	5	4
% complaints responded to within 25 working days	56%	55%	40%

- Complaints have decreased by 5 in Q3 compared to Q2.
- The Emergency Department received the most complaints (6), which was 1 less than Q2. The main themes were misdiagnosis and lack of communication/insensitive communication.

- 4 complaints were re-opened in Q3 which is a decrease from Q2. 3 of these re-opened complaints were for the Emergency Department due to complainants not being satisfied with the response or needing further clarification.
- 2 meetings were held this quarter which is a decrease from previous quarters, with fewer complaints relating to end of life care.
- The number of concerns has increased by 1 from Q2.
- Response compliance has significantly decreased from Q2, with the reason for some delays due to investigating managers not sending the response to Customer Care in a timely manner.
- Total activity within the directorate was 32,243 and of this number 0.04% raised a complaint.
- Medicine has not set up the daily rota system due to feeling they already had a good system in place. This is working well when Customer Care needs to escalate concerns directly to DM/DSN which can be resolved quickly.
- There are 26 action plans outstanding from closed complaints since 1st April 2017 for this directorate. 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
Emergency Department	Misdiagnosis and insensitive communication	<ul style="list-style-type: none"> • Identification of specific staff members who struggle with appropriate communication and offer of support/training. • Offer regular 1:1s and appraisals with all staff. • Direct action for staff who have more than one complaint relating to attitude/communication, to improve communication with patients about their diagnosis by offering a copy of the ED discharge letter. • To code each diagnosis with a qualifier of suspected or confirmed diagnosis to improve clarity for GP/patient. • To redesign and improve quality of ED GP discharge letter and work to get all ED letters messaging electronically to GPs.

Compliments

In total 102 compliments have been received across the directorate with the breakdown as: Hospice = 29, A&E = 28, Durrington ward = 16, Laverstock ward = 9, Redlynch ward = 6, Cardiology = 4, Tisbury ward and Winterslow Annex = 3 each, Whiteparish ward = 2, Respiratory and Breamore ward = 1 each.

3.9 Musculo-Skeletal Directorate

	Quarter 3 2016-17	Quarter 2 2017-18	Quarter 3 2017-18
Complaints	20	25	21
Concerns	34	32	13
Compliments	60	41	51
Re-opened complaints	2	1	4
% Complaints responded to within 25 working days	35%	48%	29%

- Complaints have decreased by 4 this quarter compared to Q2, and is 1 more than that received in the Q3 last year.

- Concerns have decreased by 19 this quarter compared to Q2 and is also a decrease from the same period last year.
- The total activity in the Directorate was 15154 and of this number 0.1% raised a complaint
- There have been 4 re-opened complaints with 2 resolved with meetings, 1 a further letter was sent and 1 complainant was offered a meeting but requested that the case be closed.
- The largest number of complaints received were for Orthopaedics (11) and Plastics (7). The main themes were delay in receiving treatment (4) and unsatisfactory treatment 4).
- The highest number of concerns were for Plastics (4) and Orthopaedics (2).
- The main themes for concerns were appointment system (3) and lack of communication (2).
- There have been four complaint/concern meetings held in this quarter.
- The MSK directorate has no action plans outstanding.

General actions

- Daily telephone contact still working well and Henry Wilding, DSN, has now joined the rota for one day per week.

Themes and actions

Department/Ward	Topic	Actions
Orthopaedic and Plastic Surgery	Concerns relating to appointments (delay in receiving treatment)	<ul style="list-style-type: none"> Continue to review long waiters. Increase capacity in specialities through additional sessions. Informatics support to provide accurate waiting list information by speciality. Active waiting list validation by specialty to reduce waiting list times.
Orthopaedic and Plastic Surgery	Unsatisfactory treatment	<ul style="list-style-type: none"> No themes of treatment or individual clinician so individual actions relating to complaint taken to resolve issues.

Compliments

In total 52 compliments have been received across the Directorate with the breakdown as: Chilmark Suite = 25, Orthopaedics = 7, Maxillo-Facial = 4, Orthopaedic OP = 4, Plastics = 4, Oral Surgery = 2, Rheumatology = 2, Amesbury Suite = 1, Burns Unit = 1, Plastics O/P = 1, Spinal Unit = 1.

3.10 Surgical Directorate

	Quarter 3 2016-17	Quarter 2 2017-18	Quarter 3 2017-18
Complaints	17	18	11
Concerns	22	41	27
Compliments	104	39	52
Re-opened complaints	3	2	3
% complaints responded to within 25 working days	65%	44%	36%

- Complaints have decreased by 7 this quarter compared to Q2 with only 4 being closed within 25 working days.
- Total inpatient and outpatient activity within the Directorate was 12,039 and of this number 0.09% raised a complaint.
- Three complaints and one concern have been re-opened in this quarter, with no local resolution meetings taking place.
- The highest number of complaints were for the Urology Department (3), Central Booking Department (2) and General Surgery (2).
- The highest themes for complaints were unsatisfactory treatment and the appointment system with 2 each.
- There were 27 concerns received in Q3 with the highest number for the Ophthalmology Department and Central Booking both with 9 each.

- The main themes for concerns were appointment system procedures (6) and unsatisfactory outcome (3).
- The Surgical directorate have now set up the daily rota system.
- Customer Care is waiting for 14 actions plans outstanding from closed complaints since 1st April 2017 for this directorate. 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
Central Booking	Booking issues	<ul style="list-style-type: none"> • Partial booking posters being produced to be displayed in outpatient areas. • Letter project set up with patient readership panel to review processes and content of letters. • Further roll out of Electronic Referral Service enabling patients to choose their appointment
Ophthalmology	Unsatisfactory outcome	<ul style="list-style-type: none"> • Themes shared with clinical lead for discussion at department meeting.

Compliments

In total 52 compliments have been received across the Directorate with the breakdown as: Britford Ward = 31, Urology = 7, Downton Ward = 4, Breast Service = 4, Ophthalmology = 2, DSU = 2, Audiology = 1, DSSSU = 1.

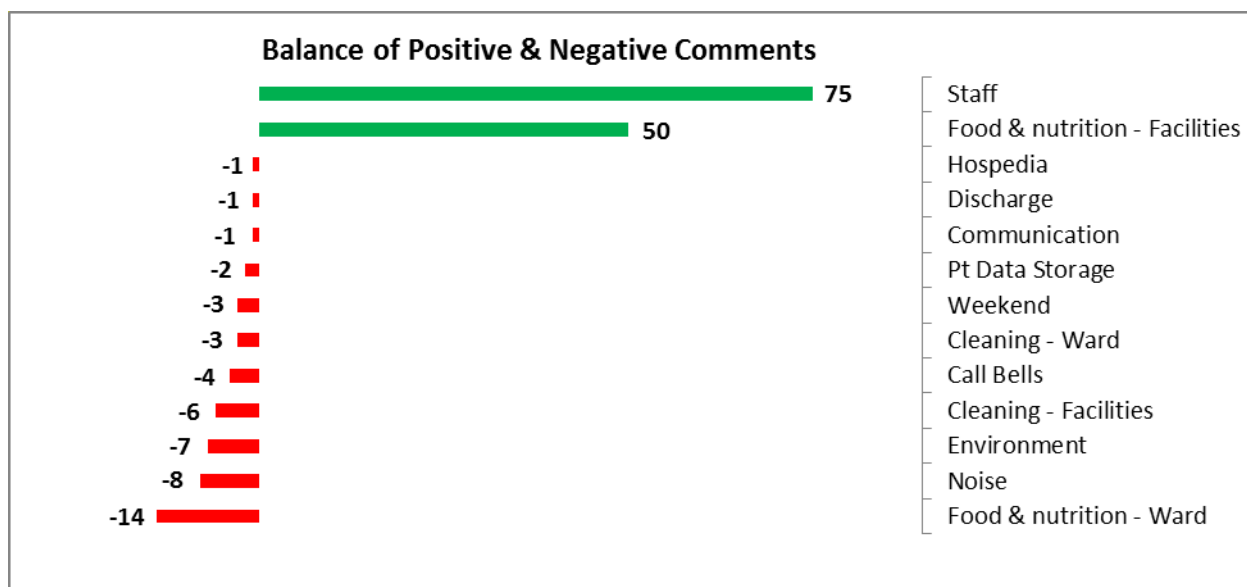
4 TRUSTWIDE FEEDBACK – INCLUDING REAL TIME FEEDBACK AND THE FRIENDS AND FAMILY TEST

The top negative themes from inpatient real time feedback, the Friends and Family Test and complaints are:

Feedback area	Theme	Actions
Complaints	Clinical Treatment	<ul style="list-style-type: none"> • Emergency Department to code each diagnosis with a qualifier of suspected or confirmed diagnosis to improve clarity for GP/patient. Improve quality of discharge letter to GP.
	Communication/Staff Attitude	<ul style="list-style-type: none"> • Direct action for staff who have more than one complaint relating to attitude/communication, to improve communication with patients about their diagnosis.
Inpatient, Maternity, Paediatrics and Spinal RTF	Food and nutrition on the ward Communication Storage of patient data	<ul style="list-style-type: none"> • Wards reviewed progress on their action plans and 'You Said – We Did' information should be displayed on the ward boards.
FFT	Numbers too low	<ul style="list-style-type: none"> • Wards reviewed progress on their action plans.

5 INPATIENT REAL TIME FEEDBACK

A total of 256 inpatients were surveyed in the quarter. They made 177 positive and 106 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 food and nutrition on the ward, noise and environment.

Food and Nutrition on the Ward

A total of 3 positive and 17 negative comments were received regarding food and nutrition on the ward. The negative comments have been categorised as set out in the table below:

REASON	WARD
Temperature (10)	Plastics & Burns (3)
	Pitton (2)
	Amesbury (1)
	Chilmark (1)
	Clarendon (1)
	Tisbury (1)
	Winterslow [Farley] (1)

REASON	WARD
Portion size (3)	Clarendon (1)
	Whiteparish (2)
Lack of condiments (1)	Tisbury (1)
Slow service (1)	Redlynch (1)
Unprotected mealtimes (1)	Breamore (1)
Weekends (1)	Pitton (1)

Noise

A total of 2 positive and 10 negative comments were received regarding noise. The areas of negative comments are as follows:

REASON	WARD
Staff (4)	Tisbury (2)
	Whiteparish (1)
	Winterslow (1)
Patients (3)	Chilmark (1)
	Laverstock (1)
	Tisbury (1)

REASON	WARD
General (2)	Durrington (1)
	Pitton (1)
Outside environment (1)	Pitton (1)
TV (1)	Whiteparish (1)
Ward equipment (1)	Pembroke (1)

Environment

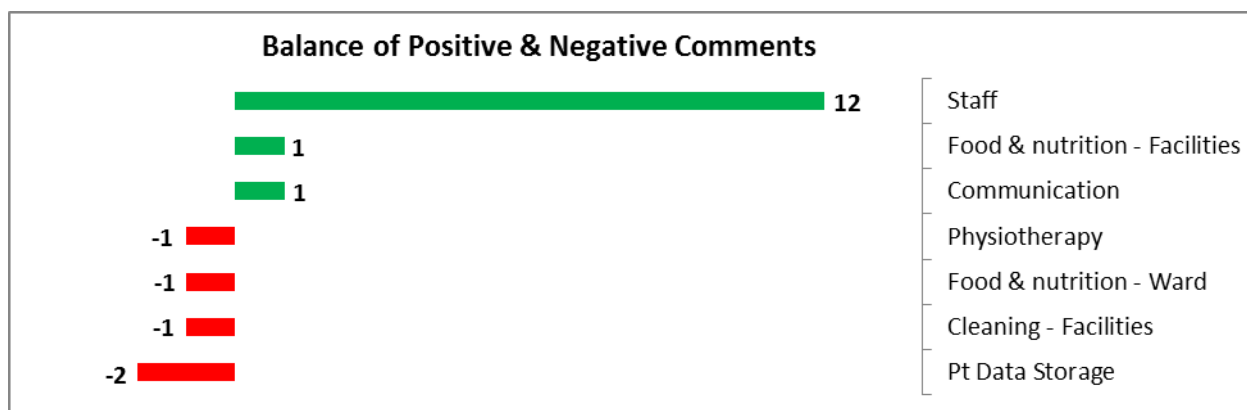
A total of 1 positive and 8 negative comments were received regarding the environment. The negative comments were made in the following areas:

REASON	WARD
Bathrooms/toilets (2)	DSU Inpatients (1)
	Tisbury (1)
Bed uncomfortable (2)	Chilmark (1)
	DSU Inpatients (1)

REASON	WARD
Broken equipment (1)	Amesbury (1)
Lack of blankets (1)	DSU Inpatients (1)
Lack of space (1)	Laverstock (1)
Power cut (1)	Tisbury (1)

Spinal

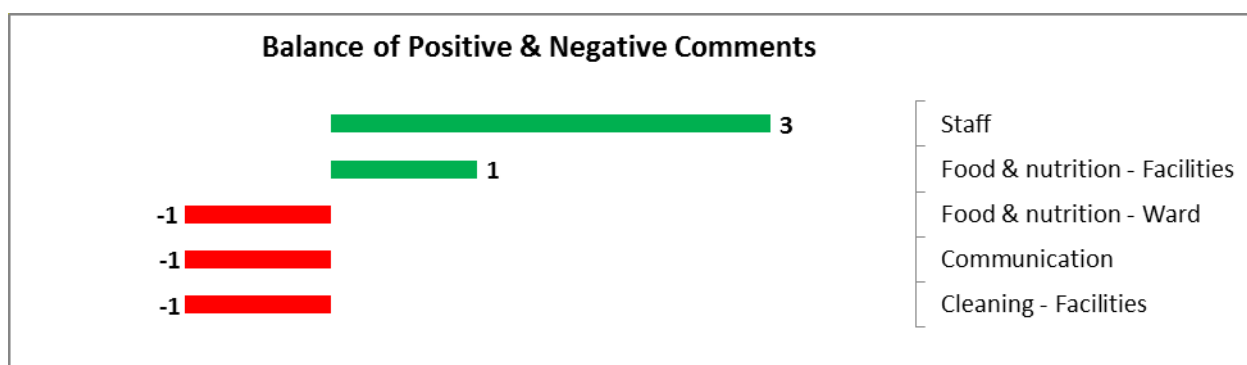
A total of 23 patients were surveyed in the quarter. They made 20 positive and 12 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below:



The main area of concern was storage of patient data.

Maternity

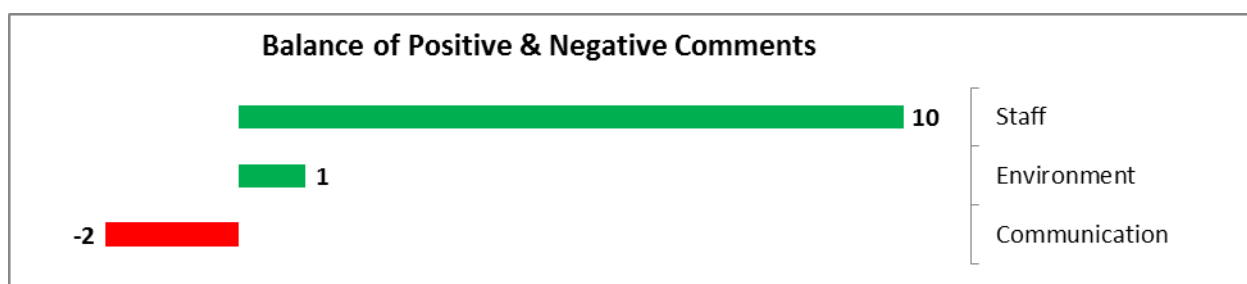
A total of 15 patients were surveyed in the quarter. They made 4 positive and 3 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below:



The areas of concern were cleaning, communication, and food and nutrition on the ward.

Paediatrics

A total of 41 adults or carers and 5 children were surveyed during the period. They made 11 positive and 2 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below:



The area of concern was communication.

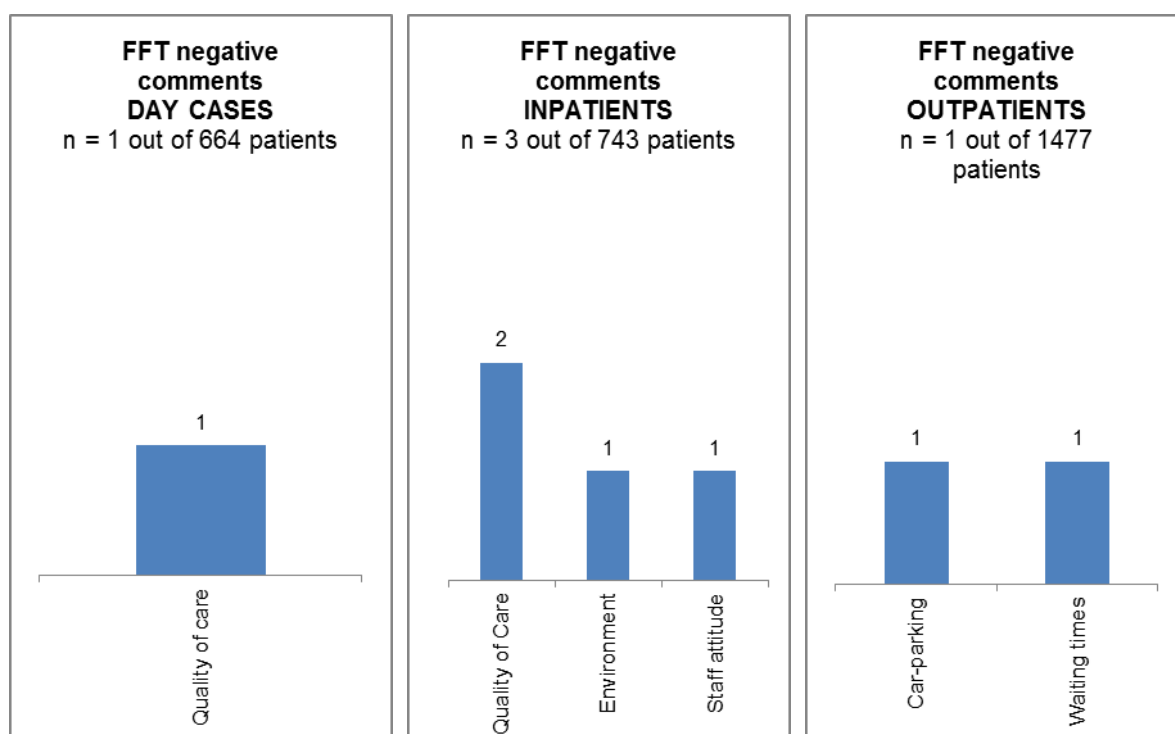
6 FRIENDS AND FAMILY TEST

Responses for the period were as follows:

	Total Responses Received	Rating				
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely
Day Case	664	612	40	11	0	1
Emergency Dept	257	244	11	1	0	0
Inpatients	743	673	47	20	2	0
Maternity	72	66	4	2	0	0
Outpatients	1477	1346	96	34	1	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 4 new projects, 1 completed project and the results from two national patient surveys.

Clinical Support and Family Services

The Anticoagulant Service undertook a patient satisfaction survey and the areas for improvement as a result of that project are: to reduce phlebotomy waiting times; greater use of CUC (finger prick) tests; greater explanation of diagnosis to patient (by all health care professionals); increase in GP phlebotomy appointments; GPs to have CUC provision; continuity of care and increased staffing levels.

The Children's Diabetes team are changing the format of the clinics for young people between 12-16 years old in order to create an opportunity for peer support and learning. In addition, parents will also

have the opportunity to meet and support each other. Patients are being asked to take part in a focus group to shape their own diabetes care.

Medicine

Artcare are co-designing with patients, staff and visitors the Pembroke Unit environment.

Musculo-Skeletal Directorate

The Spinal Unit want to assess how often and in what ways various groups of people (e.g. patients, visitors, ward staff) use Horatio's Garden, and whether/how they benefit from it; to gain feedback about aspects of the design and running of the garden, in order to identify any potential areas for improvement; and to gain data to compare with the results of the satisfaction survey carried out in the summer of 2017.

Quality Directorate

The Emergency Department National Patient Survey results were published in October 2017. Salisbury NHS Foundation Trust scored 'better' than most other Trusts in 8 of the 9 sections overall; and scored 'better' than most other Trusts for 16 out of 35 individual questions.

The Children and Young People National Patient Survey results were published in November 2017. Salisbury NHS Foundation Trust scored 'better' than most other Trusts in 34 of the 63 questions, including overall experience for parents/carers of children and young people aged 0-15 years; and scored 'worse' than most other Trusts for one question relating to the type of ward the child stayed on. Response options were 'a children's ward'; 'an adult's ward'; 'a teenage/adolescent ward'. 13 parents whose children came in for day surgery responded 'an adult's ward'.

Surgery Directorate

There is very little information regarding sexual function in female patients with spinal cord injuries (SCI). The Urology team want to provide a better service for women with SCI regarding their sexual health and have developed two questionnaires to gain this feedback to inform any future service improvements.

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

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

8 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

In Q3 there were no new requests for independent review.

The Trust has written a letter to the complainant of a Surgery case to apologise for the emotional impact and distress the case has caused. This complaint was partly upheld. The Trust is now developing an action plan to explain the learning from the issues; what it will do differently in the future; who is responsible and timescales for each action; and how the Trust will monitor these.

The Trust is awaiting an outcome on the Children's Services and an Orthopaedic 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 Q3 there were 21 comments posted on the NHS Choices website relating to 15 different areas. Of the 19 positive comments, one person said of the Day Surgery Unit "At all times we were kept informed about what had happened and what was going to happen. The nursing staff were absolutely lovely and so caring and efficient given the workload they were expected to handle...every single patient was treated with great care, respect and efficiency. The Unit was spotlessly clean and tidy and the staff seemed to relate well with each other. I am extremely impressed". The one negative comment related to a member of staff in Ophthalmology whom the author felt needed training or supervision and better interpersonal skills when dealing with patients. There was one mixed comment about Maternity where the patient was expecting to see the consultant more as her pregnancy is high risk but the midwife has been very supportive. 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.

AUTHOR: Hazel Hardyman
TITLE: Head of Customer Care