

Appendix 2 – Complaints, Concerns, Comments and Compliments – December 2014**SUMMARY****REPORT TO: BOARD OF DIRECTORS****DATE: 29th January 2015****SUBJECT: Complaints, Concerns, Comments and Compliments – December 2014****REPORT FROM: CHIEF NURSE & DIRECTOR OF QUALITY****PURPOSE: Discussion Information****SUMMARY:**

This Appendix offers additional detail in the trends in activity and themes of the complaints received in the Trust this financial year. The Board of Directors to requested greater visibility of the Divisional complaint data and the actions in place to address the process and the themes. In particular they requested to receive in this month's report:

- Changes in reporting levels over time (Figures 1 and 2);
- The response rates within time (Main Report);
- The number of returning complaints (Main Report);
- The key drivers – this report outlines the key themes over the year;
- Divisional variances (Tables 1 to 13);
- Site variances (Tables 14 to 17);
- Actions in place to reduce the number of complaints.

This report provides the Board of Directors with the top three themes that are mapped by Division, by Speciality and by Site. The actions in place to improve the whole complaints process are described.

The key areas to highlight are:

- The increased number of formal complaints over the financial year until October;
- The decreased number of compliments since the publication of the CQC report;
- The specialities that have the highest number of complaints. These are currently the Emergency Departments, Health Care of the Older Person Specialty, General Surgery, Trauma and Orthopaedics and Obstetrics;
- The site with the greatest number of complaints is the William Harvey Hospital;
- Actions are in place to improve the complaints process being led by the Patient Experience Team with the Divisions.

This Appendix explains and describes the progress and actions in place to improve the process and ensure a responsive service to our patients and their families and friends.

Introduction

The experience of the patients and their families is of paramount importance to the Trust. Patients' views are sought via a number of ways including the Patient Opinion website, the Friends and Family Test, NHS Choices and also through the Trust's formal systems. Since the CQC visit and also the publication of the CQC report, followed by the announcement of the Trust being placed in Special Measures, the number of formal complaints steadily rose until October 2014. The number peaked in September when the Trust received 134 formal complaints and saw the lowest satisfaction score recorded via the Friends and Family Test so far for the Trust. This is similar to the trends that other Foundation Trusts experienced following their Special Measures status and the published CQC reports they have received.

In addition, due to the increase in the volume of formal complaints the Divisions have not consistently met the 85% standard of responding within the timescale agreed with the client throughout the year, although we are pleased to report that November and December have seen this standard achieved Trust wide. We have seen a trend of more extensions being arranged with clients, common themes not improving month on month and some months showing a rise in returning clients. These data led the Board of Directors to request greater visibility of the Divisional complaint data this month and the actions in place to address the process and the themes. In particular they requested to receive in this month's report:

- Changes in reporting levels over time (Figures 1 and 2);
- The response rates within time (Main Clinical Quality & Patient Safety Report);
- The number of returning complaints (Main Clinical Quality & Patient Safety Report);
- The key drivers – this report outlines the key themes over the year;
- Divisional variances (Tables 1 to 10)
- Site variances (Tables 11 to 15);
- Actions in place to reduce the number of complaints.

This report provides the Board of Directors with the top three themes that are mapped by Division, by Speciality and by Site. The actions in place to improve the whole complaints process are described.

Activity Information

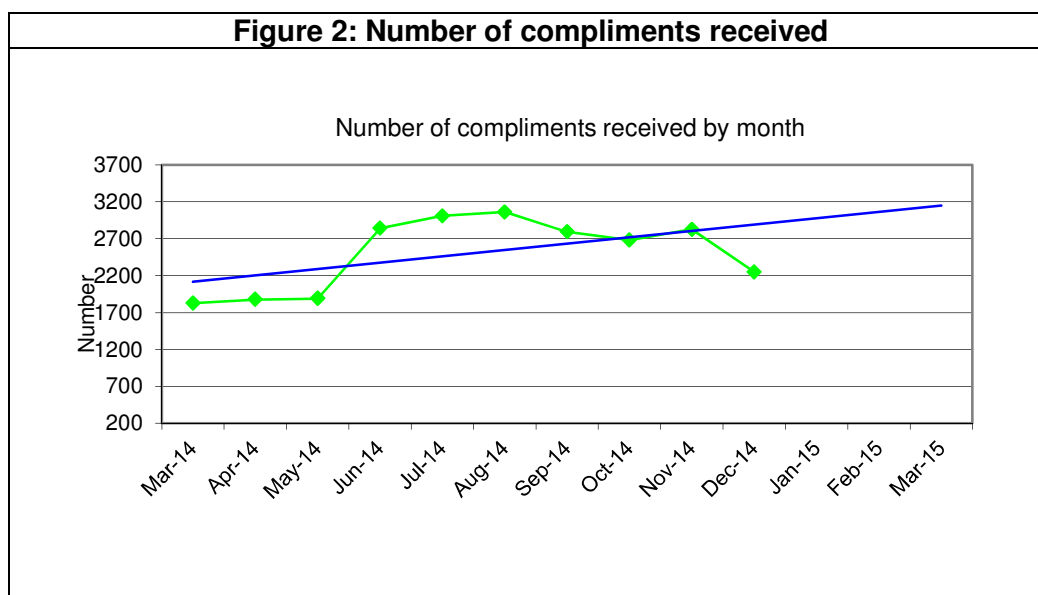
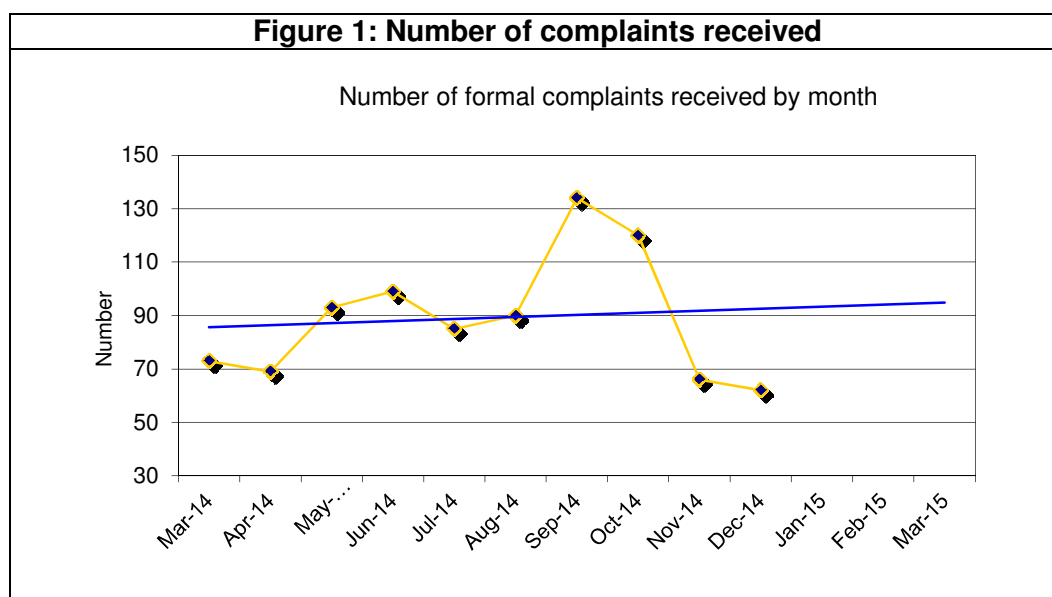
Since April 2014 we have seen an overall increase in the number of formal complaints received each month by the Trust until October this year when numbers began to return to normal levels. Complaints are described in different ways:

Formal complaints are those where communication received is of sufficient concern that it is designated as a formal complaint. This is assigned a realistic timeline that is agreed with the client depending on the complexity of the complaint. If a complaint becomes very complex an extension is agreed with the client to ensure a thorough and robust response that answers all of their concerns.

Concerns are the informal contacts that a client may have with a Trust. We aim to turn these around within 10 working days. We now have the Patient Advice and Liaison Service (PALS) in place across each of the acute sites. The role of this team is to provide an on-the-spot point of contact for patients, their families, and their carers who need confidential advice, support, and information on health-related matters. This service helps to prevent people needing to escalate their concern to a formal level and is operationalised in a very person-centred way.

The Patient Experience Team (PET) manage all of the telephone enquiries and email enquiries that are received centrally. Currently the team are managing between 40 to 45 emails, calls and letters per day in addition to processing and supporting the Divisions with the existing workload and formulation of responses. The team respond to 100% of the telephone calls within 1 working day. Every email receives an immediate acknowledgement of receipt within 1 working day. Formal complaints receive an acknowledgement letter or verbal acknowledgement. The internal metric for this is 3 working days and we are monitoring our compliance against this metric which sat at 68% in December.

As part of the complaints process we also record the number of compliments we receive each month. These far outweigh the number of complaints and concerns received. The charts below show the number of complaints and compliments received on a monthly basis since March 2014. It can be seen that from May to September we saw an increased numbers of formal complaints and from September to December the numbers decreased significantly. Similarly we also saw an increase in compliments at the same time until the publication of the CQC report in August where the numbers have decreased.



Divisional leads are reporting that some of the complaint activity is relating to people complaining about their experience in the Trust as far back as 2012 and 2013. This may be in response to the CQC report and has caused the Divisions additional workload. At the time of writing the number of complaints and concerns open were 261. Table 1 shows the distribution across the Divisions. It can be seen that Surgical Services Division has the greatest number open.

Table 1: Current Open Cases by Division

Division	Formal complaints	Concerns	Total
Urgent Care and Long Term Conditions	58	8	66
Surgical Services	114	20	134
Specialist Services	31	11	42
Clinical Support	11	5	16
Corporate	2	1	3
Other	0	0	0
TOTAL	216	45	261

Themes and Trends of the Concerns and Complaints

This section outlines the most common themes of the complaints and concerns received from April 2014 to date. There is a concern that these themes are recurrent and work has commenced with the Divisions to address the root cause of the themes and also to proactively place strategies in place to prevent a person's concern becoming a formal complaint. The top three themes are presented by Division and also by site.

Urgent Care and Long Term Conditions Division

The top three themes that the Urgent Care and Long Terms Condition Division (UCLTC) have received as complaints since April are:

1. Problems with Communication;
2. Problems with Clinical Management.
3. Problems with Discharge Arrangements;

The Tables below show the patterns across the Division relating to these themes.

Table 2 - UC<C - Problems with Communication

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Emergency Dept.	3	2	2	1	9	9	3	4	3	36
HCOOP	0	3	1	2	10	1	5	1	6	29
Cardiology	3	1	0	0	3	2	2	0	3	14
Respiratory medicine	2	1	2	1	0	1	1	2	0	10
Neurology	1	0	0	0	1	2	2	0	1	7
Stroke	2	1	0	0	1	0	1	0	1	6
General Medicine	0	1	0	0	0	3	0	1	1	6
Diabetes	0	0	1	0	2	1	0	0	0	4
Gastroenterology	0	0	1	0	0	1	1	0	1	4
Haematology	0	1	0	0	0	0	0	0	0	1
Rehabilitation	0	1	0	0	0	0	0	0	0	1
Rheumatology	0	0	1	1	0	0	0	0	1	3
TOTAL										121

Communication concerns are most prevalent in the Emergency Department, Health Care of the Older Person Specialty and also in Cardiology. The holiday period appears to show a small rise in numbers during August.

Table 3 – UC<C - Concerns about Clinical Management

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Emergency Dept.	2	5	0	2	2	18	12	5	1	47
HCOOP	0	1	2	2	4	1	1	1	6	18
Gastroenterology	1	1	1	1	0	0	1	1	0	6
Neurology	0	1	0	0	1	2	0	0	1	5
Stroke	1	1	0	0	0	0	0	2	0	4
General Medicine	0	0	0	0	2	2	0	0	0	4
Cardiology	1	0	0	0	0	0	1	0	1	3
Respiratory medicine	0	0	0	0	0	0	1	1	0	2
Rheumatology	0	0	0	1	0	0	0	0	1	2
Diabetes	0	0	1	0	0	0	0	0	0	1
TOTAL										92

It can be seen that the greatest number of complaints about clinical management are received by the Emergency Department and also the Health Care of the Older Person Specialty. A peak was seen in this theme during September.

Table 4 – UC<C - Problems with Discharge Arrangements

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Emergency Dept.	5	6	2	4	2	5	2	4	3	31
HCOOP	3	0	3	2	4	6	1	0	8	27
General Medicine	0	1	2	0	2	1	0	1	0	7
Stroke	0	2	1	0	1	0	1	1	0	6
Respiratory medicine	2	2	0	1	0	0	0	0	0	5
Cardiology	2	0	0	0	2	0	0	0	0	4
Neurology	0	0	0	0	0	2	1	0	0	3
Gastroenterology	0	0	0	0	0	3	0	0	0	3
Haematology	0	0	0	0	0	0	0	0	0	0
Rehabilitation	0	0	0	0	0	0	0	0	0	0
Rheumatology	0	0	0	0	0	0	0	0	0	0
Diabetes	0	0	0	0	0	0	0	0	0	0
TOTAL										86

This Table shows again that the hot spots are the Emergency Department and HCOOP with regard to problems with discharge for patients.

Surgical Services Division

The top three themes that the Surgical Services Division have received as complaints since April are:

1. Concerns about Surgical Management;
2. Problems with Communication;
3. Delays.

The Tables show each specialty and the trends so far this financial year.

Table 5 - Surgical Services – Concerns about Surgical Management

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
General Surgery	5	3	5	6	3	4	1	1	1	29
T&O	1	7	8	2	2	1	3	4	1	29
Ophthalmology	0	1	2	0	2	2	1	1	1	10
Colorectal Surgery	0	0	2	0	2	2	4	0	0	10
Urology	0	0	1	0	2	1	0	3	0	7
ENT	0	1	1	0	1	0	1	3	0	7
Maxilo Facial	0	0	0	1	0	1	0	1	2	5
Day Surgery	0	0	0	0	0	0	1	1	2	4
Critical care	1	0	0	0	0	1	0	0	0	2
Head & Neck	1	0	0	0	0	0	0	1	0	2
Interventional Radiology	1	0	0	0	0	0	0	0	0	1
Pain Services	0	0	0	0	0	1	0	0	0	1
Oral Surgery	1	0	0	0	0	0	0	0	0	1
TOTAL										108

Trauma and Orthopaedics and General Surgery record the highest number of complaints about surgical management.

Table 6 – Surgical Services - Problems with Communication

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
T&O	0	4	2	5	3	2	7	2	1	26
General Surgery	1	1	1	0	5	3	1	2	1	15
Ophthalmology	1	2	1	3	1	3	4	2	0	17
Urology	1	1	1	1	1	1	0	3	3	12
Colorectal Surgery	0	0	0	0	2	2	0	3	0	7
ENT	1	0	0	0	1	1	1	0	0	4
Day Surgery	0	0	0	0	0	2	2	0	0	4
Pain Services	0	0	0	0	0	1	2	1	0	4
Maxilo Facial	0	0	0	0	1	0	0	0	1	2
Haematology	0	1	0	0	0	0	0	0	0	1
Audiology	0	0	0	1	0	0	0	0	0	1
Anaesthetics	0	0	0	0	0	0	1	0	0	1
Vascular	0	0	0	0	0	0	0	1	0	1
Critical care	1	0	0	0	0	0	0	0	0	1
Head & Neck	0	0	0	0	0	0	0	1	0	1
TOTAL										95

Trauma and Orthopaedics, Ophthalmology and General Surgery have received the greatest number of complaints about communication.

Table 7 – Surgical Services - Problems with Delays

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
General Surgery	2	1	4	1	9	2	4	6	1	23
T&O	2	3	4	1	2	4	6	0	0	22
ENT	3	2	2	0	0	1	2	1	0	10
Colorectal Surgery	1	0	3	1	3	0	0	4	1	8
Ophthalmology	0	3	1	0	1	1	1	0	0	7
Urology	1	1	0	1	0	0	2	0	1	5
Maxilo Facial	1	0	0	2	0	0	0	0	2	3
Anaesthetics	1	0	0	1	0	0	1	0	0	3
Head and Neck	0	0	0	0	0	2	0	0	0	2
Audiology	0	1	0	0	0	0	0	0	0	1
Day Surgery	0	0	0	0	0	0	1	0	1	1
TOTAL										88

General Surgery and Trauma and Orthopaedics have the greatest number of complaints around delays. August may have been a hot spot looking at the spread across the year.

Specialist Services Division

The number of complaints received by the Specialist Services Division is less than the UCLTC and Surgical Services. The top three themes that the Specialist Services Division have received as complaints since April are:

1. Problems with Communication;
2. Problems with Clinical Management;
3. Problems with Attitude.

The Tables show each specialty and the trends so far this financial year.

Table 8 - Specialist Services – Problems with Communication

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Obstetrics	1	0	3	3	0	3	4	4	1	19
Gynaecology	0	2	1	1	1	1	3	4	1	14
Acute paediatrics	0	0	1	1	0	1	0	4	0	7
Neonatal	0	0	0	0	1	1	0	1	1	4
Clinical Oncology	1	1	1	1	0	0	0	0	0	4
Dermatology	0	0	0	1	0	1	0	0	0	2
Renal	0	0	0	0	0	0	0	1	0	1
Cancer	1	0	0	0	0	0	0	0	0	1
Haematology (Clinical)	0	0	0	0	0	0	1	0	0	1
TOTAL										53

Obstetrics and Gynaecology have the greatest number of complaints in the Division, which appear evenly spread throughout the year to date.

Table 9 - Specialist Services – Problems with Attitude

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Obstetrics	3	1	1	0	2	3	2	1	1	14
Gynaecology	0	1	1	0	0	2	1	2	0	7
Acute paediatrics	2	0	0	0	0	1	1	1	0	5
Neonatal	0	0	0	0	0	1	0	1	2	4
Cancer	0	0	0	0	0	0	0	0	2	2
Clinical Oncology	0	1	1	0	0	0	0	0	0	2
Haematology (Clinical)	0	0	0	1	0	0	1	0	0	2
Community Paediatrics	0	1	0	0	0	0	0	0	0	1
Dermatology	0	0	0	0	0	0	0	0	0	0
TOTAL										37

Once again, Obstetrics have received the greatest number of complaints about attitude during this year. These are evenly spread across each month.

Table 10 - Specialist Services – Concerns about Clinical Management

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Obstetrics	2	0	1	1	2	3	9	5	1	18
Gynaecology	0	0	1	0	1	2	2	0	1	6
Acute paediatrics	0	1	0	0	0	3	2	0	1	6
Clinical Oncology	0	0	1	1	0	0	0	0	0	2
Neonatal	0	0	0	0	0	1	0	0	0	1
Haematology (Clinical)	0	0	0	0	0	0	1	0	3	1
Cancer	1	0	0	0	0	0	0	0	0	1
Community Paediatrics	0	1	0	0	0	0	0	0	0	1
Dermatology	0	0	0	0	0	0	0	0	0	0
TOTAL										36

Obstetrics has received the greatest number of complaints about clinical management. There appears to be a peak in October, but otherwise they are fairly evenly spread across the year.

Clinical Support Services Division

The Clinical Support Services Division receives less complaints than the other clinical Divisions.

The top three themes that the Clinical Support Services Division have received as complaints since April are:

1. Problems with Communication;
2. Delays;
3. Problems with Attitude.

The Tables show each specialty and the trends so far this financial year.

Table 11 – Clinical Support Services – Problems with Communication

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Radiology	1	0	0	0	2	4	3	0	0	10
Physiotherapy	0	1	0	1	0	0	1	0	1	4
Breast Screening	0	0	0	3	0	0	0	0	1	4
Appointments	0	0	0	0	0	1	0	0	0	1
Therapies	0	0	0	0	0	1	0	0	0	1
Dietetics	0	0	0	0	0	0	1	0	0	1
TOTAL										21

Radiology has received the greatest number of complaints about communication. There appears to be a slight peak in September, but otherwise they are fairly evenly spread across the year.

Table 12 – Clinical Support Services – Delays

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Radiology	0	1	0	1	0	1	3	0	0	6
Pharmacy	0	1	0	0	0	2	0	0	0	3
Physiotherapy	0	0	0	0	0	0	2	0	0	2
Dietetics	0	0	0	0	0	0	1	0	0	1
Occupational Therapy	0	0	1	0	0	0	0	0	0	1
Pathology	0	0	0	0	0	0	1	0	0	1
TOTAL										14

Radiology has received the greatest number of complaints about delays.

Table 13 – Clinical Support Services – Problems with Attitude

Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Radiology	0	1	2	0	0	2	1	0	0	6
Breast Screening	0	0	0	2	0	0	0	0	1	3
Physiotherapy	0	0	0	0	0	0	1	0	0	1
Pharmacy	0	1	0	0	0	0	0	0	0	1
Occupational Therapy	0	0	1	0	0	0	0	0	0	1
Audiology	0	0	0	0	0	0	1	0	0	1
TOTAL										13

Radiology has received the greatest number of complaints about attitude.

Themes by Site

Table 14 shows how the themes are distributed across the three acute sites for December only. Greater analysis is presented in Tables 15, 16 and 17 overleaf for the top reporting theme, problems with communication.

Table 14 – Top Three Themes by Site – December 2014

	KCH	QEQM	WHH
Problems with Communication			
Doctor communication issues	4	2	5
Misleading or contradictory info given	0	0	1
Nursing communication issues	5	3	3
Lack of info of how procedure went	0	2	2
Other Staff Communication Issues	0	0	2
TOTAL	9	7	13
Concerns about Clinical Management			
Unhappy with treatment	1	3	4
Incomplete examination carried out	1	0	1
Lack of / inappropriate pain management	2	3	2
Referral issues	0	0	3
End of Life/Palliative care	1	2	1
Blood tests not carried out	0	0	1
TOTAL	5	8	12
Problems with Nursing Care			
Problems with Nursing Care	4	4	3
Lack of response to call button	0	2	3
Nutrition	2	2	0
Pressure ulcer care	1	0	1
Delay in receiving treatment	0	0	1
Staffing level difficulties	0	0	1
TOTAL	7	8	9
GRAND TOTAL	21	23	34

It can be seen from this snapshot taken from the December data that WHH has the greatest number of complaints in each of the three top themes, but does have the greatest number of beds and the highest level of activity.

Table 15, 16 and 17 show the highest recorded complaint theme by site and speciality across the year. This allows the Board of Directors to see a snapshot of where the issues and 'hot spots' are across the Trust with our most commonly reported theme, which is problems with communication.

Table 15 – KCH – Problems with Communication

KCH											
Division	Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
UCLTC	HCOOP	0	0	1	1	3	0	1	1	4	11
	ECC	1	2	0	0	0	1	0	2	0	6
	Cardiology	0	0	0	0	0	0	0	0	1	1
	Rheumatology	0	0	0	0	0	0	0	0	1	1
Surgery	Ophthalmology	1	1	0	2	1	0	2	1	0	8
	General Surgery	0	1	0	0	0	1	0	0	0	2
	Urology	0	0	0	0	0	0	0	0	2	2
	Vascular	0	0	0	0	0	0	0	1	1	2
	T&O	0	0	0	1	0	0	0	0	0	1
Specialist	Renal	0	0	0	0	0	0	0	2	0	2
	Obstetrics	0	0	0	0	0	1	0	0	0	1
	Gynaecology	0	0	1	0	0	0	0	0	0	1
	Acute Paediatrics	0	0	0	0	0	0	0	1	0	1
TOTAL											39

At KCH, it can be seen that HCOOP and Ophthalmology receive the greatest number of complaints. The spread is fairly even across the year.

Table 16 – QEQM – Problems with Communication

QEQM											
Division	Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
UCLTC	Emergency Dept.	1	0	2	0	2	2	0	1	1	10
	HCOOP	0	1	0	0	2	0	1	0	1	5
	Cardiology	1	0	0	0	1	0	0	0	0	2
	Stroke	0	0	0	0	0	0	0	0	1	1
Surgery	Urology	0	0	0	0	0	0	0	3	1	4
	General Surgery	1	0	0	0	1	1	0	0	0	3
	T&O	0	2	0	0	0	0	0	2	1	2
	Colorectal Surgery	0	0	0	0	0	0	0	2	0	2
	Women's Services	0	0	0	0	0	0	0	2	0	2
	Ophthalmology	0	0	0	0	0	0	1	0	0	1
Specialist	Gynaecology	0	1	1	0	0	0	2	1	0	5
	Obstetrics	0	0	1	0	0	0	3	2	0	3
	Acute Paediatrics	0	0	0	0	0	0	0	3	0	3
Clinical	Physiotherapy	0	0	0	0	0	0	0	0	1	1
TOTAL											44

At QEQM, the Table shows that the Emergency Department, Health Care of the Older Person and Gynaecology specialties receive the largest number of complaints. The spread across the year is fairly even.

Table 17 – WHH – Problems with Communication

WHH											
Division	Speciality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
UCLTC	Emergency Dept.	1	0	0	0	3	2	2	1	2	8
	HCOOP	0	2	0	1	2	1	0	0	1	6
	Cardiology	1	1	0	0	1	1	2	0	2	6
	Respiratory Medicine	0	0	0	0	0	0	0	2	0	2
	General Medicine	0	0	0	0	0	0	0	1	0	1
	Gastroenterology	0	0	0	0	0	0	0	0	1	1
	Neurology	0	0	0	0	0	0	0	0	1	1
Surgery	General Surgery	0	0	1	0	3	1	1	2	1	9
	Ophthalmology	0	1	1	1	0	3	0	1	0	7
	Colorectal Surgery	0	0	0	0	0	0	0	1	0	1
	Pain Services	0	0	0	0	0	0	0	1	0	1
	Head & Neck	0	0	0	0	0	0	0	1	0	1
	Maxillo	0	0	0	0	0	0	0	0	1	1
	T&O	0	1	0	0	0	0	0	0	0	1
Specialist	Obstetrics	1	0	2	1	0	1	1	2	1	8
	Gynaecology	0	1	0	0	1	1	1	3	1	8
	Neonatal	0	0	0	0	0	0	0	1	1	2
Clinical	Breast Screening	0	0	0	0	0	0	0	0	1	1
TOTAL											65

Summary and Actions of the Themes

UCLTC Division have the greatest number of complaints in the top three themes. The William Harvey site appear to have the greatest number of complaints across all of the acute sites. This may reflect the pressure the site has experienced in recent months with increased numbers of patients attending the hospital for urgent care. All Divisions are aware of these themes. They have also been triangulated with the feedback from the Friends and Family Test and inpatient surveys which mirror some of the themes around communication.

There are a number of initiatives in place to proactively address the issues that we are seeing. The Specialist Services Division presents complaints and Friends and Family themes to their teams via a monthly presentation at the relevant meetings. They also have a system whereby every returning complainant is offered a meeting. The Surgical Services Division are working on their backlog and looking to engage all staff in the complaints process. They have recently recruited a Governance Matron who will oversee the Divisional complaint management processes. Surgical Services Division reported at the Clinical Advisory Board that they will be offering meetings at an earlier stage to resolve clients' concerns in a more personal way. UCLTC and Clinical Support Services have a dedicated Matron who manages this workload. All of these teams work closely with the Patient Experience Team (PET). Since November 2014, the Head of PET and her Deputy have triaged all formal complaints and have commenced the central management of simple complaints in order to provide a more timely response to clients.

With the increase in complaint numbers as well as the reduction in the Friends and Family satisfaction scores in September, we commenced a focused piece of work on patient experience during November. As well as complaint and Friends and Family themes, we are reviewing our compliance against the NICE guidance for patient experience, formally reviewing the ward heat maps (inpatient survey), ward dashboard and ward peer review feedback at the Divisional Heads of Nursing Meeting, and introducing a Trust wide fortnightly Ward Managers forum to discuss the detail and share and embed the learning. These forums will commence in February. We are also discussing the reinvigoration the Frontline Fridays, Intentional Rounding, Matron walk-about and ways to seek feedback from patients and visitors using the 'Emotional Touchpoints' tool. Matrons have begun to roster evening shifts and weekend shifts where they will focus on the patient pathways and have an opportunity to meet evening visitors in a proactive way. The We Care Steering Group held a third Trust wide 'Market Place' event during December that captured people's experiences of working or using the Trust's services. The aim of all these initiatives is to agree a practical way of capturing these themes and addressing the root of the problem to prevent recurrence at a shopfloor level.




Performance by Site

This month's Trust wide performance is shown in the main Clinical Quality & Patient Safety report. Earlier in the year KPMG reported an anomaly in our reporting where the standard was reported as having been met, when in fact the extension had been agreed with the client after the first agreed date. PET have put in place a system where extensions target dates are mapped closely and Divisions are notified of all responses due with a week's notice so that we can ensure either that an extension is requested or the draft response is completed ahead of the target date. PET also check every response due when providing the performance report to ensure no case is reported as compliant if the extension was not being agreed prior to the target date. Table 18 shows performance according to site.

Table 18 – Site Performance – December 2014

Site activity in December 2014					Site Performance in December 2014	
Site	Complaints	Compliments	Informal contacts	Compliments: Complaints ratio	First response date target met	Number of returning complaints received
KCH	14	506	16	36:1	36 of 40	2
WHH	32	753	22	23:1	36 of 40	7
QEQM	16	890	18	55:1	47 of 55	3
Other (non-site specific)	0	100	0	0:100	0	0
TOTAL	62	2249	56	38:1	119 of 135	12

Key

Rating	% of first responses met
	85 – 100%
	75-84%
	< 75%

Performance by Site has been given a red, amber or green indicator for the month (see key above).

The data shows 88% of responses due to be sent out the clients in December were sent out on target.

- All three sites sent out a minimum of 85% of their responses on target.

Governance of the Complaints Process Trust wide

The management of complaints has been a focus for the Trust over the past year. In response to the difficulties PET and the Divisions faced the Complaints Management Steering Group was set up. This is chaired jointly by the Chairman and Deputy Chief Nurse, Deputy Director of Quality. The group has terms of reference and an action plan in place that has progressed, albeit not at the pace we would have hoped. The team meet every 2 -3 months currently, although they commenced meeting monthly. Membership is representative from PET and the Divisions. Reporting is monthly to the Board of Directors via the Clinical Quality & Patient Safety Report, and also to the Quality Assurance Board, previously the Risk Management and Governance Group.

Service Improvements within the Patient Experience Team and Complaints Process

This section outlines the progress to date against the Improvement Plan. This encompasses the feedback the Trust received in the CQC Report as well as our own initiatives to gain further traction on providing an effective service to our clients. Close working is in place between PET, the Divisions and the CEO Office who are all recipients of complaints, concerns, comments and compliments. Monthly performance meetings are in place with the PET, the Deputy Chief Nurse and the Divisional Heads of Nursing to ensure all complaints, concerns and PHSO cases are on track. A particular difficulty has been the engagement of medical colleagues which is the cause of the majority of the breaches. This has been discussed at the Clinical Advisory Board and the Medical Director is fully aware. The Patient Experience Team has also gone through a period of huge change and development since January 2014 and below are some examples of the service improvements implemented within the team:

Restructure/Staffing Levels – PET has undergone a complete restructure and is pleased to report that there is now a full complement of staff. This has allowed for the PET to introduce PET Divisional Leads, who oversee the relevant Division in complaints management and practice. The PET now has a dedicated Link Officer for complaints received from the Parliamentary and Health Service Ombudsman.

Reintroduction of PALS Service – The PALS service was reintroduced within the team in February this year on each of the three acute sites.

Review of Complaints Information on the Trust's Website – The information available on the Trust's website has been reviewed and in the process of being updated in order to improve visibility and accessibility of both the PET and the PALS Service. This includes the introduction of 'easy click' icons for complaints, concerns and compliments. This also meets the action suggested in the CQC report.

New Complaints Form – A new complaints form has been created and distributed to the main reception desks in the Trust in order that patients and relatives can easily complete a form then and there while attending the hospital. The complaints form is also available on the Trust's website.

Review of Complaints Policy – A formal review of the complaints policy is currently in progress. In line with the recommendations following the recent CQC Inspection, previously named 'Informals' are now referred to as 'Concerns'.

Introduction of an Extension and Escalation Process – Extensions to the 30 working day timescale are identified, where necessary by the relevant PET Divisional lead and the client contacted to request an extension, ensuring that the client is kept fully informed regarding the progress of their complaint. Regrettably, second and occasionally third extensions are required. There is now a clearly defined escalation process when complaints are delayed through the management structure and ultimately to the Medical Director and Chief Nurse if necessary.

Review of standard letters and forms – A review of all standard letters has taken place. These include those generated by PET and also those produced for the Chief Executive and Deputy Chief Executive have been reviewed and updated. The PHSO Link Officer has reviewed the standard letters for the PHSO and these have been updated or new letters introduced. The consent forms were also reviewed and a new deceased consent form was created and is in use.

Introduction of a new single combined response from the Chief Executive – A formal review of the complaints response process has been undertaken. It was agreed, in consultation with the Chief Executive, that responses to complaints would come direct from the Chief Executive, rather than have a response from the Division and a separate covering letter from the Chief Executive. This is simpler for clients and also allows flexibility for the response to be tailored to ensure a person-centred and empathetic approach.

Answerphone service for PALS, PET and the Relatives Support Offices (RSO) – It was identified that not all staff within the team had an answerphone facility. All staff, including the RSO office, now have their own answerphone service.

RAG Rating of Complaints – Complaints are now RAG rated on Datix in order that the PET can now assess the seriousness of each complaint received and any potential risks to the Trust. Complaints are categorised on the seriousness of the issues raised plus the likelihood of a reoccurrence of the incident. Action will be taken where a complaint is rated 'Red'. Complaints are RAG rated at the outset and the Division informed. Any complaint rated 'Red' and considered to be an incident can therefore be reported on the incident reporting system on Datix by the Division.

Formal Links with SEAP (Advocacy Service) – The PET has established links with SEAP in order to improve accessibility and communication between the Trust and those making a complaint via an advocate. The Head of the PET meets quarterly with the Kent lead.

Archive/Destruction of PET Paper Files – All PET paper files have been reviewed and in line with legal requirements and the Trust's policy of the retention of documents, these have been destroyed or archived. The PET has made a concentrated effort to clear, tidy and clean the PET offices in recent months, disposing of redundant furniture and historic documentation where possible.

Review of Practice in relation to the storage of deceased patient's belongings – The Relative Support Officers recently audited the stored belongings of deceased patients and made every conceivable effort to return these to the families.

Training – The PET has reinstituted training packages for Trust staff of all levels, including customer care, how to identify and deal with complaints and an understanding of the role of the PET.

Improving the Process - During November a workshop took place with PET, Divisional leads and the Divisional complaint teams to explore further ways to improve the complaints process and make improvements. The outputs of this will be reported to the Steering Group and the Quality Assurance Board.

Summary

This Appendix has described in greater detail the current status of the complaints process within the Trust across the Divisions during the current financial year. The top three themes have been presented by Division and also by site. Actions in place to address the recurrent themes and improve the complaints process are described.