| | |
|---|---|
| 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 2
1st July – 30th September 2018

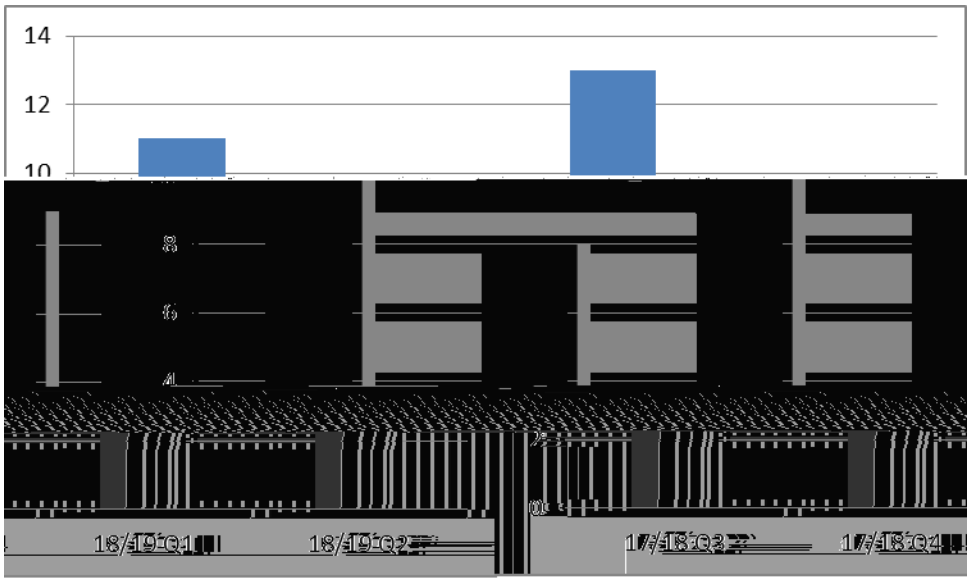
1 PURPOSE OF PAPER

To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrates

In Q2 the Trust treated 17,186 people as inpatients, day cases and regular day attendees. Another 17,471 were seen in the Emergency Department (includes Walk-in Clinic) and 29,437 as outpatients. 50 complaints were received overall which is 0.07% of the number of patients treated. There were no complaints about mental health issues this quarter. 313 compliments were received across the Trust in Q2, 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. 9 complaints (3 Musculo-Skeletal, 2 CSFS, 2 Medicine and 1 each for Surgery and Facilities) were re-opened in Q2 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 increased from Q1 (12%):

| 0-10 working days | | 11-24 working days | | 25+ working days | |
|---|---|---|---|---|---|
| 406 | 81.2% | 27 | 5.4% | 67 | 13.4% |

Response timescales for just complaints beyond 25 working days has increased by 19% this quarter compared to Q1 (55%) with fewer complaints received. Complainants are kept informed of delays but further work within the directorates needs to be done to improve response timescales:

| 0-10 working days | | 11-24 working days | | 25+ working days | |
|---|---|---|---|---|---|
| 4 | 8% | 9 | 18% | 37 | 74% |

3.3 Complaints by quarter

The following graph shows the trend in complaints received by quarter. There has been a slight decrease in complaints in Q2 compared to Q1 with the overall trend36 255 Tm ( )Tj 255 Trere f 283.68 2525 Tm ( )Tj 255 Tre

Customer Care that are received through their feedback forms, and 5 concerns related to this service.

| | | |
|---|---|---|
| All areas | Attitude of staff | Staff attitudes have been raised with the Ward Leads and particular concerns raised with identified staff and managed through the appropriate HR processes. Identified staff are being closely monitored in their areas and supported to ensure behaviours are not repeated. |

Compliments

In total 120 compliments have been received across the directorate with the breakdown as: Hospice = 26, Pembroke Ward = 23, Emergency Department = 17, Redlynch Ward = 17, Farley Ward = 12, 6 each for Durrington Ward and Spire Ward, 3 each for Whiteparish Ward, AMU and Cardiology, and 2 each for Tisbury Ward and Gastroo404(or)-6( )]TJ -0.015 Tw 0 -1.141 TD [(T)-11(i)3(s)-2(bur)-6(y)9( W)-36()9(11(G)-7(as)D

| | | |
|---|---|---|
| | | expectations of care, and minimise risk.<br>Actively participate in all Trust recruitment initiatives.<br>Escalation to DSN/ADSN of staffing concerns for active management. |

Compliments

In total 42 compliments have been received across the Directorate with the breakdown as: Chilmark Suite = 12, Orthopaedics = 6, Plastics Department = 5, Plastics O/P = 4, 3 each for Amesbury Suite and Orthopaedics O/P, 2 each for Maxillofacial Surgery, Oral Surgery and Wessex Rehab, 1 each for Fracture Clinic, Rheumatology and Spinal Unit non ward area.

3.8 Surgical Directorate

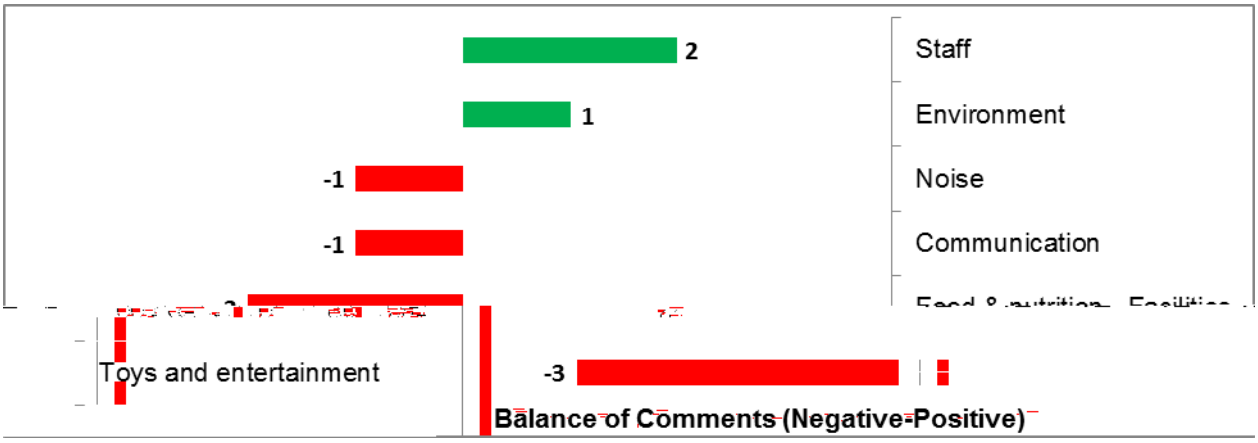
| | Quarter 2 2017 -18 | Quarter 1 2018-2019 | Quarter 2 2018 -19 |
|---|---|---|---|
| Complaints | 18 | 19 | 13 |
| Concerns | 41 | 22 | 18 |
| Compliments | 39 | 33 | 50 |
| Re-opened complaints | 5 | 6 | 1 |

currently being investigated by IT. This should mitigate the risk of human error of

## 5 INPATIENT REAL TIME FEEDBACK

A total of 328 inpatients were surveyed in the quarter. They made 378 positive comments and shared 337 suggestions of areas where services could be improved. These have been categorised and the

A total of seven adults or carers and five children were surveyed during the period. They made seven 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.




Toys and Entertainment

There was one positive and four negative comments regarding the toys and entertainment. The negative comments related to inadequate age-related toys, wishing to see a play leader, lack of information on the type of toys and entertainment available, and lack of educational support. A weekly rota of activities will be produced and circulated to patients; research the use of volunteers to host play/craft sessions; play specialist to see every patient every day; play leader to ensure teachers are visiting relevant patients; and write a business case for a second play specialist.

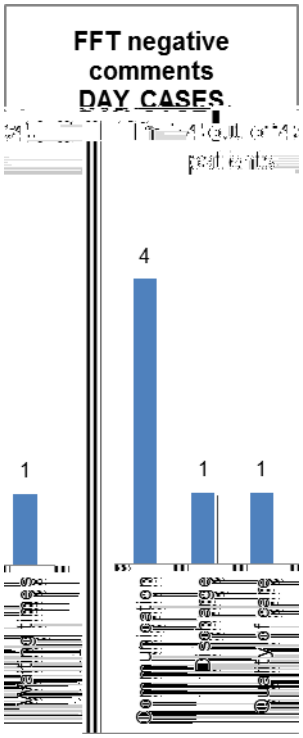
Food and nutrition - Facilities

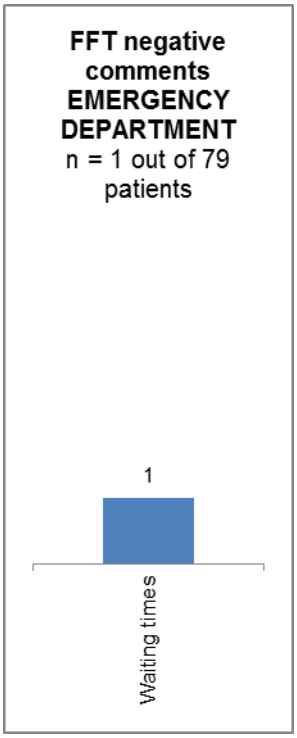
One positive and three negative comments were received. The negative comments related to a requirement for healthier menu options, more variety and timing of meals. There are three menus and staff are to encourage healthy choices where possible by offering the full menu first but making it clear there is a Children's menu. Temporary staff will be made aware of this.

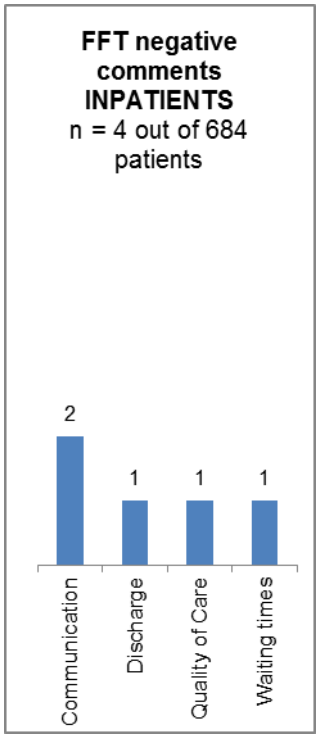
FRIENDS AND FAMILY TEST

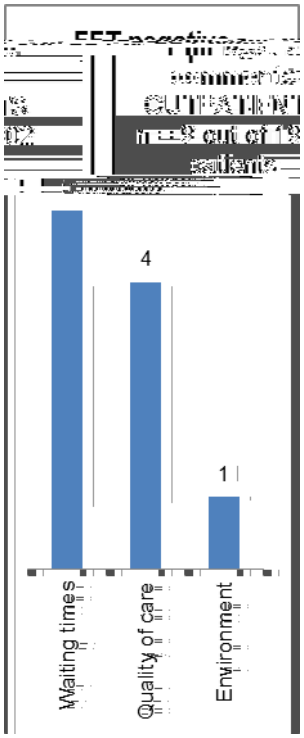
Responses for the period were as follows:

| | | Rating | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total Responses Received | Extremely Likely | | Likely | | Neither likely nor unlikely | | Unlikely | | Extremely Unlikely | |
| Day Case | 434 | 397 | (91%) | 24 | (6%) | 7 | (2%) | 4 | (1%) | 1 | (0%) |
| Emergency Dept | | | | | | | | | | | |




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

ACTION TAKEN ON AREAS OF CONCERN
This feedback is collated in patient experience action plans for the wards, the Emergency Department and Maternity.

6 FRIENDS AND FAMILY TEST
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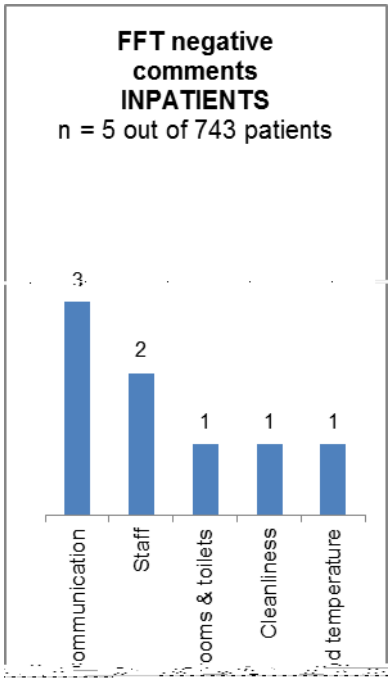
| | Total Responses Received | Rating | | | | |
|---|---|---|---|---|---|---|
| | | Extremely Likely | Likely | Neither likely nor unlikely | Unlikely | Extremely Unlikely |
| Day Case | | | | | | |




Action taken on areas of concern
This feedback is collated in patient experience action plans for the wards, the Emergency Department and Maternity.

The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern. A priority for PALS is to increase compliance rate to the FFT. A proposal to deliver the voice based FFT solution is currently being explored, with the provider of Netcall. If successful, it is hoped that module will be a cost effective method of gathering feedback.

## 7 PATIENT AND PUBLIC INVOLVEMENT (PPI)

There has been 9 new projects, 1 completed project and 2 national patient surveys commenced.

Clinical Support and Family Services

New projects
Maternity are carrying out a survey to find out patients views on whether an alongside Maternity Centre would be welcomed in Salisbury.

Medicine

New projects
Scoping Friends and Family testing for the Smoking and Alcohol Health promotion services.

The Macmillan team are gathering feedback around whether 'Wellbeing Events' are needed for people living with and beyond a cancer diagnosis, or whether adequate services are available already. (A wellbeing event is defined as education and information event to enable people living with cancer and their families to take control and participate in their recovery, giving them necessary information, and promoting positive lifestyle change). This is part of the Transformation Project, where a team have been created to ensure patients are living well with and beyond a cancer diagnosis. Patients could be at any

Musculo -Skeletal Directorate

New projects
Orthopaedics is carrying out patient feedback around the new Virtual Fracture Clinic.

Artcare are undertaking pre-project, public engagement work to define what a world class Spinal Rehab Service might include. Plans include:

- Gathering feedback from all stakeholders so that any future plans for development are solidly built on actual data and quality information.
- Refreshing current methods of patient engagement and reinforce the staff/patient relationships that are already in place.
- Supporting the Spinal Centre in preparing for next steps in service development
- Extracting common/key themes to inform future work

Quality Directorate

New projects
A patient story around care and compassion was taken to the Trust Board on 4th October 2018.

A patient story about HIV will be presented at December Trust Board to coincide with World AID's Day.

A further story about breast cancer will be presented at the February 2019 Trust Board.

Completed projects
The annual report for the Survey of Complaints Management was presented to CGC in September 2018. This enables us to consider how well we deal with complaints from people who have had first-hand experience of our complaints procedure and to identify if we need to make any changes to our service.

National Patient Surveys

National Maternity Survey 2018
Analysis of results will take place shortly. Results will be published by the CQC later this year and will be available early 2019

National Inpatients Survey 2018

several years but unfortunately due to a sudden and severe loss of sight this year have practically been living there for the past five months! I see from some reviews that people have complained about waiting times. Well the best is worth waiting for". Of the 3 negative comments, one person referred to