

Health Scrutiny Panel

24 January 2018

Report title	The Royal Wolverhampton NHS Trust Patient Experience PALS and Complaints Report
Report of:	Alison Dowling, Head of Patient Experience and Public Involvement
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Be assured of current service delivery status.
2. Support plans for future development which require cross organisation collaboration
3. Accept for information.

1.0 Introduction

1.1 The purpose of this report is to inform the Health Scrutiny Panel of the functions of the PALS and Complaints Service at the Royal Wolverhampton NHS Trust and detail activity, mechanisms for measurement and outcomes.

2.0 Background

2.1 Outline of responsibilities of the service and key people

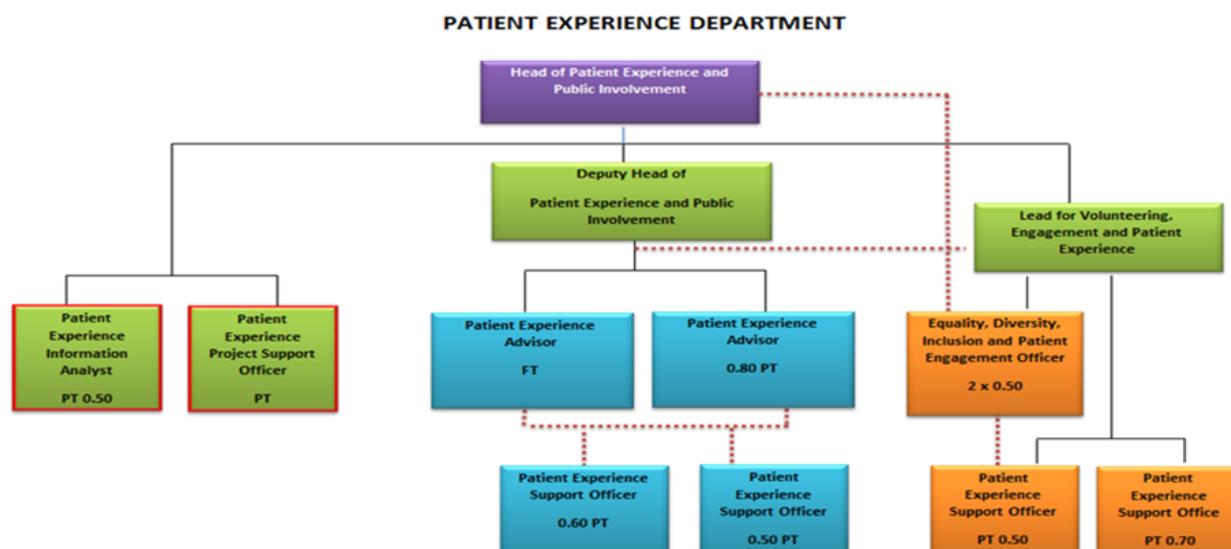
The provision of the PALS and complaints service is delivered partly by a multidisciplinary patient experience team whose roles also cover the provision of other methods of patient feedback and engagement, all with the aim to improve the patient experience.

The Patient Experience Team underwent a restructure in September 2017 to align the services provided by the Department to accurately reflect the requirements of the Trust

and to mirror the governance structures in how support is offered to the Divisions.

The Patient Experience Team had not undergone any restructure for several years and as the Trust has expanded by the addition of services from Cannock Chase Hospital and Primary Care (Vertical Integration) it was felt that the roles and structure needed to accurately reflect how services are delivered Trust wide. This also included the complexities around complaints which fail to meet Section 42 of Safeguarding regulations and therefore are managed within the Trust's statutory complaints procedure.

As a result of the restructure (and further amendment) the patient experience team now consists of the following:



Progress against key priorities for the service during 2017/2018 – extracts from the summary of the Trust's Quality Account Annual Report.

A patient's experience is influenced by every interaction they have with us - from the first contact to the last, and therefore each milestone in a patient's journey provides an opportunity for the experience to be positive or negative.

This previous year, the Trust has focused on the holistic approach to patient experience recognising that a positive patient experience is not solely reliant on a good clinical outcome.

Several initiatives have been implemented which focus on improved processes and communication not only between Trust departments but also with stakeholders and patients and their carers.

These have included:

- Increased patient and user engagement by the introduction of a patient voice through the establishment of a Council of Members, and delivering local bespoke surveys.
- Progression through goal 2 of the EDS2 – Improved Patient Access and Experience.
- Publication of the Trust's Equality, Diversity and Inclusion report.¹ in addition to the

¹ <http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-experience-team/equality-diversity-and->

Trust's Patient Experience Report.

- Introduction of mandatory training on Equality, Diversity and Inclusion.
- Redesign of the Trustwide Patient Feedback Posters containing several patient experience metrics for public information.
- Refining the complaints policy further to enhance how the Trust responds to complaints and other forms of patient feedback and included a further level of scrutiny for cases where complainants remain dissatisfied and incorporated this into the complaints management process.
- The introduction of enhanced technology to support the overall patient experience feedback mechanism by the review and implementation of a new telephony system resulting improved average response time for PALS queries.
- The introduction of extended visiting hours where friends and family will be able to visit their loved ones from 12pm until 7pm, recognising that visits and support from family and friends can help aid a patient's recovery. Flexible visiting promotes family involvement in the care of patients such as mealtimes, encouraging visitors to assist the patient they are visiting. Exceptions to this are the children's ward, neonatal unit and maternity. Visiting times will also differ for surgical wards and day case surgery to ensure adequate provision of rest time for patients post-surgery.

Complaints' Management and Performance

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors its performance against its policy of 30 working days.

We aim to respond to all complaints within 30 working days. The investigating officers continue to make contact with complainants directly to renegotiate timescales for complaints where a delay is anticipated due to extenuating circumstances or complexity. This approach shows that the Trust is putting the complainant at the heart of the process ensuring good communication and involvement in how their complaint is handled. The agreed timescales are recorded on the online complaints monitoring system (Datix).

As a result of the amendments to the policy, the Trust has experienced a positive part year in relation to complaints. Complaints management training was delivered to investigating officers, which included Matrons and Directorate Managers. Feedback received regards the training was extremely positive.

Recognising the need for thorough and consistent approaches to investigations for safeguarding concerns which do not meet the Section 42 criteria, these complaints are now investigated in line with the Trusts formal complaints process.

All new complaints are triaged by the central complaints team with the aim of providing complainants with the opportunity to have their experience addressed informally by PALS, where intervention is felt possible.

Complaints are graded on receipt according to likelihood and consequence and grading is undertaken on the basis of the content of the complaint prior to investigation by directorates. In

line with Trust policy, directorates re-grade complaints where appropriate once issues have been explored.

Volume

In terms of volume of Formal Complaints, the first six months of 2018 have shown a volume of 205 in comparison to 203 for the previous six months.

Timeliness

Formal complaints are managed in accordance with the relevant statutory regulations.² With the amendments made to the Complaints' Management Policy in August 2017 and, and following bespoke training, we have again seen a dramatic improvement in the timeliness of complaint handling and informing the complainants of the progress of their complaint.

For the first six months of 2018, 100% of complaints were closed either within the organisational timeframe of 30 working days or were given consent to breach due to extenuating circumstances or complexity. This is reinforced by putting the complainant at the heart of the process and ensuring that they are communicated to and involved in how their complaint is handled. Over the last three years there has been continual improvement with the compliancy rising from 63% to 100%.

Outcomes

The Trust returns the required quarterly KO41a collections to NHS Digital (formally known as the Health and Social Care Information Centre (HSCIC)). The returns record the number of written complaints received about hospital and community services made by (or on behalf of) patients. The data includes the outcome of all complaints which are upheld, not upheld or partially upheld and is broken down by service area (who was complained about) and by subject area (what was complained about) and is available on the public website³.

The methodology used by NHS Digital in order to determine the outcome of a complaint is that if a complaint is received which relates to one specific issue and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld. Where there is no evidence to support any aspects of a complaint this should be recorded as not upheld. If one or more of the issues complained about are upheld (but not all), the complaint should be recorded as partially upheld.

For the period January to June 2018, results of complaints closed are as follows:

Jan – March 2018

Upheld 5%
Partially upheld 21%
Not upheld 72%
Subject to an RCA Investigation 2%

April – June 2018

Upheld 5%
Partially Upheld 27%
Not Upheld 68%

This is significantly lower than the national average of 33.60% for cases upheld.

² http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

³ <http://content.digital.nhs.uk/>

PALS Concerns (Patient Advice and Liaison Service)

PALS has maintained its position with patients, the public, staff and external organisations as a department that is responsive and pro-active to queries and concerns. PALS remains an effective resource in supporting patients, their representatives and staff respond to 'real time' queries and concerns.

PALS Concerns have steadily reduced over the last two years and the first six months of 2018 have indicated a reduction in volume of 40% from a six monthly average of 928 (July – December 2017) to 553 for the first six months of 2018.

PALS concerns are correlated against the formal complaints and FFT (Friends & Family Test) and highlighted to the respective divisions for remedial action to be taken. Any Trust wide learning identified will be brought to the attention of the governance department to be included in their Risky Business newsletter.

During 2018, the Trust has strengthened its approach to undertaking outreach to gather the views of patients in a variety of community and healthcare settings. This has included bespoke surveys and attendance at community sub groups and charities.

Other forms of patient feedback – Patient Stories

Collecting Patient Stories is an important component in understanding how patients' perceived the health care they have received and how we can improve on the many different aspects of service delivery in our hospitals, and in our community-based health care programs.

Patient Stories assist staff in improving the experience for patients and can assist staff through education and reflection. These are collected and used on a monthly basis at a variety of forums, including Trust Board, and are easily accessible for all staff.

Patient stories can be positive or negative and detailed action plans for improvement are written for negative stories and best practice is shared for positive stories.

Areas for action in 2019

Trust's priorities for financial year 2018/2019 have been agreed as part of the Trust's Quality Account 2017/18. These have included:

1. Strengthening relationships with patient communities including Increased Patient and User Engagement.

Whilst the Trust has made some significant improvements with increasing patient and user engagement, in particular the creation of a Council of Members, ensuring that the voice of the patient is embedded throughout the organisation at a strategic level, the Trust aim to build on key relationships with the community and empower patients from every background to embrace and engage in the process.

Our aim during 2017/18 was to increase public and patient engagement, in particular to

- Have a patient voice heard at Trust Policy Group for every policy change ensuring that

the patient is always at the centre of service change.

- To undertake public consultations on key issues before service delivery change. The Trust are keen to involve local people in decisions which will determine how healthcare is provided.
- Increase membership of the Council of Members ensuring that members reflect the diverse population of the patients we serve.
- To undertake a series of engagement sessions to community groups specifically to gain views of patients accessing services for protected characteristic groups.
- Continue to implement a broad range of initiatives to encourage patient involvement and utilizing various methods and platforms to ensure inclusivity.

2. To review and enhance the use of volunteers to aid a positive patient experience

This has included:

- A comprehensive audit of the volunteer base.
- Working with stakeholders, community groups and education facilities to promote the benefits of volunteering to a younger audience.
- Devise an audit tool in order to measure the effectiveness of volunteers in correlation to a positive patient experience.
- Explore different software packages to assist in the administration of recording of volunteer base

3. To be amongst the highest performing Trust's regionally and nationally in relation to the Friends and Family Test.

This has included:

- Benchmarking ourselves against our peers with aim to show continual improvements and narrowing the gap where applicable
- Having robust systems in place to evidence actions and improvements for lower performing areas
- The recruitment of a data analyst to undertake more detailed analysis of the FFT metrics at divisional level

Relationship with Stakeholders

The Trust regularly meets with key stakeholders to share patient feedback activity and learning. Reports are presented on a quarterly basis to the CCG of which the Joint Engagement Assurance Group (JEAG) forms part of this.

The Trust has agreed a memorandum of understanding with Healthwatch enabling a positive and productive relationship, sharing information where appropriate to improve the patient experience.

Where possible the Trust meet with Healthwatch representatives to seek the views shared with them around the services and experiences. Action is taken upon such feedback, and where applicable, is fed back to the relevant parties.

The Trust also has a joint policy with the Local Authority in relation to complaints management and this works particularly well with complaints which cross organisational boundaries.

Representatives from the team regularly attend regional Complaint Manager Forums sharing best practice with peers from other Trusts and utilising the forum for support and advice.

Positive relationships are also present with colleagues at NHS England for complaints which may be in relation to Primary Care Services which come under the Trust remit and of course the Parliamentary Health Service Ombudsman (PHSO).

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

- | | |
|--|-------------------------------------|
| Wider Determinants of Health | <input checked="" type="checkbox"/> |
| Alcohol and Drugs | <input type="checkbox"/> |
| Dementia (early diagnosis) | <input type="checkbox"/> |
| Mental Health (Diagnosis and Early Intervention) | <input type="checkbox"/> |
| Urgent Care (Improving and Simplifying) | <input checked="" type="checkbox"/> |

4.0 Decision/Supporting Information (including options)

5.0 Implications

None

6.0 Schedule of background papers

6.1 Any background papers relating to this report can be inspected by contacting the report writer:

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