Agenda

Hospital Services Task Group

Date: **Wednesday 15 February 2017**

Time: **10am – 12pm**

Location: **Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT**

1. **Welcome, introductions and apologies [5 mins]**

2. **Faster Flow, Safer Care and Discharge Programme [45 mins]**
    2.1 To receive an update from Anna Perkins and Tracey Moore (Kingston Hospital)
    2.2 To discuss opportunities to gather patient experiences about discharge

3. **Notes of the meeting held on 4 January 2016 [5 mins]**
    3.1 To approve the notes of the last meeting

4. **Matters Arising [5 mins]**
    4.1 Not covered on the agenda

5. **Health & Social Care Work Programme 2016-17 [20 mins]**
    5.1 To discuss the communications project plan & progress report
    5.2 To discuss the discharge project plan & progress report

6. **Health & Social Care Work Programme 2017-18 [10 mins]**
    6.1 To discuss priority setting and work programme process

7. **Kingston Hospital's Quality Priorities for 2017-18 [10 mins]**
    7.1 To note process to contribute to Kingston Hospital's Quality Account

8. **Patient Experience Record Log [5 mins]**   APPENDIX A
    8.1 To agree draft volunteer record of patient experience form

9. **PALS Report [10 mins]**
    9.1 To discuss the January 2017 report (previously circulated)

10. **Any Other Business [5 mins]**

    DATE OF NEXT MEETING: Wednesday 15 March 2017 10am-12pm

Hospital Services Task Group

Notes of the Hospital Services Task Group Meeting
Wednesday 4th January 2017
At the Kingston Quaker Centre

Present:

Graham Goldspring, Chair	GG	Pippa Collins	PC
Nigel Spalding	NS	Jo Boxer	JB
Stephen Hardisty	SH	Clare Parker (Kingston Hospital)	CP

ITEM		ACTION
1.	**Welcome and Apologies** 1.1 Apologies were received from Anne Blanche, Martin Gale, Marianne Vennegoor, Philip Indge, Glenn Davies and Diva Shah.	
2.	**Clare Parker (Head of Litigation, Complaints and PALS)** 2.1 CP was welcomed to the meeting. It was noted that a number of questions from HSTG members had been previously circulated to Clare. Consequently Clare was able to prepare answers prior to this meeting which are included at the end of these notes. 2.2 CP proceeded to provide an overview of the NHS complaints procedure and the role of PALS. She described the two options that are available to people who have concerns about their treatment and care at Kingston Hospital. Specifically support provided by the PALS team which aims to resolve any concerns in a practical manner and the nationally prescribed NHS complaints procedure. It was noted that people are supported to make an informed choice and that this involves the provision of relevant information leaflets. 2.3 It was noted that issues of concern that are raised through PALS and/or complaints processes are logged onto a risk management database including incidents reported by staff. This allows for a comprehensive analysis of areas where there are perceived shortfalls in service delivery which are shared with service managers to ensure improvements are put in place. 2.4 A key outcome of resolving concerns conveyed by patients and/or their family members is to establish positive and proactive practices at the point of service delivery. For instance ward managers are encouraged to react to issues as soon as possible so that they do not escalate. Where necessary people are referred to PALS for additional support. There are, however, occasional issues that highlight tensions between a patient and their family, although the needs of the patient are always paramount. It was reassuring to note that most issues are resolved by the PALS team with only 1-2% of people proceeding to make a formal complaint.	

2.5 All formal complaints are seen by the CEO afterwhich they are investigated by the relevant service manager and other members of the clinical team. The process is overseen and coordinated by the complaints team who will review the outcome of an investigation before a draft response is sent to the CEO prior to dispatch to the complainant.

2.6 GG asked about response rates. CP replied that about 80% of complainants receive a response detailing the outcome of the investigation within the 25 working day target. The reasons why the target is not 100% is due to the complexity of some complaints and the need to co-ordinate responses from a number of hospital staff. A very small number of people proceed to legal action.

2.7 SH asked at what point complainants were notified about the opportunity to seek help and support from an independent advocate. CP replied that this is done when an acknowledgement letter is sent to the complainant although it was noted that only a few complainants choose to use independent advocacy.

2.8 JB asked about the emergence of trends and themes from patient complaints and concerns. CP said that any identifiable trends and themes specific to service ares and/or hospital functions are addressed as a matter of course. CP added that the risk management database is an effective tool that is used to track trends and produce reports which are shared with relevant service areas. Recommendations are identified and action taken to address shortfalls. For instance there have been issues with outpatient communication processes and a small cluster of issues at A&E regarding the misdiagnosis of fractures.

2.9 GG added that from his own personal experience there have been issues with hospital staff not being aware of a patient's next of kin. CP said that she was aware of this case and that action has been taken to ensure electronic systems are updated with the most up to date information.

2.10 NS said that it is reassuring that the Trust adopts an open and transparent attitude to handling complaints. SH added that this is particularly important as a number of national enquiries have shown that a culture that covers up poor practice has led to serious events although as PC noted this is fortunately rare.

2.11 CP added that the recommendations from the recent CQC 'Learning, Candour and Accountability' dealing with the deaths of patients have been used to improve practice particularly in relation to serious incidents.

2.12 PC asked about the support provided to staff who were the subject of a complaint. CP replied that they are provided with a number of options such as their line managers, the complaints team

	or occupational health. Staff have reported that they find the complaints process rigorous but fair. It was noted that the Speak Up Gurdian selection process was completed in December 2016. 2.13 CP responded to questions from NS and JB about cases where patients do not complain because they are worried about the consequences of doing so. CP added that wherever possible staff are encouraged to identify these people and reassure them that they can approach PALS where their concerns will be listened to and taken seriously.	
3.	**Notes and Actions of the meeting held on 30 November 2016** 3.1 The notes of the meeting held on 30 November 2016 were agreed as an accurate record of proceedings. 3.2 The only action not covered by the agenda was feedback from Philip Indge about his involvement with an internal audit. As Philip was not able to attend this meeting no update was available.	
4.	**Project Updates and Reports** **4.1 Communication Project** 4.1.1 It was noted that SH had previously circulated a progress report detailing recent activity against the project plan. 4.1.2 A key development has been the addition of an additional outreach session to the Radiology Department as discussed at the previous HSTG meeting. SH requested volunteers to conduct two two hour sessions. Members provided their availability and SH agreed to confirm dates and times as a matter of urgency. 4.1.3 SH agreed to complete the feedback document previously circulated to members after the visit to Radiology which he hoped to do by the end of January. Thereafter SH asked members to read the document and identify any trends or themes prior to the next meeting in February. 4.1.4 SH added that the next phase of the project plan is to draft a report based on the findings of the outreach sessions and previous research into communication processes at Kingston Hospital. SH added that he would use guidance from Healthwatch England to structure the report in such a way that it clearly communicated people's experiences. It was agreed to discuss this further at the next meeting. It was noted that the deadline for the report is the end of February 2017. **4.2 Discharge Project** 4.2.1 SH reported that there have been no further developments with this project since the previous meeting. It was noted, however, that SH would invite hospital representatives to the next meeting to provide an update on the "Faster Flow, Safer Care and Discharge Programme" and to use this opportunity to ascertain what Healthwatch Kingston can do to gather patient experiences of	**SH** **SH** **ALL**

	discharge. SH added that it is unlikely the HSTG can deliver this project by the deadline so he suggested that it forms part of 2017-18 work programme. Further consideration to this suggestion will be given at the next meeting.	**ALL**
5.	**Patient Experience Record Log** 5.1 Due to time constraints GG agreed to consider developing an appropriate format to log patient experiences including those of Healthwatch Kingston members who will be used to pilot the methodology.	**GG**
6.	**Any Other Business** 6.1 There was no any other business.	
7.	**Date of next meeting** The next meeting will take place on 15 February 2017 10am - 12pm in the Large Committee Room at the Kingston Quaker Centre.	

Addendum to item 2 Clare Parker - pre-prepared questions and answers

1. When and how do the PALS team advise people that they can make a formal complaint

When a visitor/patient comes to PALS, the PALS and formal process is discussed with them. It is the choice of the complainant which route they take. Most choose PALS, but if they remain unhappy with the outcome of this process, they are encouraged to complain formally.

2. How do the PALS team ensure they do not inappropriately divert or prevent formal complaints from being made.

There is no culture of doing so. There is no pressure on PALS to 'divert or prevent formal complaints' for any other reason than to help patients/visitors to resolve issues at the earliest opportunity. There is open discussion about the formal process and indeed the PALS staff frequently encourage a patient to use the formal process where they identify that it would suit the patient better.

3. What systems are in place to ensure all members of staff receive feedback about formal complaints

The investigation process, whether PALS or formal, ensures that staff are involved in the investigation process. As such, they are made aware of the complaint and receive the appropriate feedback from their manager who will be investigating the concerns raised. Each SL receives regular information about PALS and complaints and these are discussed at various SL meetings.

4. How are lessons learnt from complaints and what process is used to disseminate this learning to staff

On an individual basis, there is an expectation that any issues identified during an investigation are remedied. The PALS and Complaints team, as part of their normal process, ensure this is done. A central actions database has recently been introduced and SLs provide continual assurance on the actions they have taken. The CEO will not consider the complaint process is complete unless the complaint response has evidence of appropriate actions and learning, and the assurance comes from the SLs' governance meetings and the central actions spreadsheet.

5. How are staff supported in the event of a complaint being made about them
They are supported by their Managers usually, but many will also seek support from me.

6. When did the Trust nominate a Freedom To Speak Up Guardian and how is this working in practice
Selection process concluded 5 December 2016. Deadline date was supposed to be 1 October; we are not unusual in taking our time to get it right. We have adopted the national Raising Concerns (Whistleblowing) policy for the NHS and used the model role description from the national FTSU office for our local Guardian role. The selection panel was chaired by the Chief Executive and included the Director of Workforce, the Head of Corporate Affairs and the FTSUG from HRCH (Chris Hall) who was one of the first FTSUGs to be appointed and has worked closely with the national office to establish the role.
We are connecting our Guardian to the national office and to the local network. Their first tasks will be to connect with the complementary work that is already taking place within the organisation and to launch their role to staff. They will be supported by the Director of Workforce, who has a lot of experience in Freedom to Speak Up work, and the Head of Corporate Affairs/Company Secretary who will link the Guardian to the Board.

7. A discharge policy is easy to find and access on the hospital website but, after a search, there is no indication of a complaints policy. Is there one?
Yes; most complainants will not need the policy although it is freely submitted if required. The information on the website directs patients to PALS who will readily provide the policy where needed.

8. There is a detailed analysis of complaints by topic and department in a monthly PALS report. Are there equivalent data reports for formal complaints submitted to the Chief Executive? If not, why not?
Yes; there are many reports for both PALS and formal complaints submitted to various committees – Trust Board, CQRG, Patient Experience Committee,

9. Is there a procedure for staff to make a complaint about a situation they observe which is questionable? When they do so, is this logged and recorded? If so, is this information reported and made available?
Staff are encouraged to raise any concerns they have. They would normally do this through incident reporting; reports are provided routinely for incidents.

10. Patients in a ward might feel a need to complain about their treatment and care to a nurse or matron. If they do, is this logged? In such cases, is there a data report of such complaints which can be made available?
Concerns that patients/visitors raise that are dealt with on the spot by ward or clinic staff are not logged in the same way as those received centrally through PALS/Complaints. The Ward Managers will, however, raise any issues that they feel needed broader dissemination to all the ward staff at the ward meetings, or in the Big 4 – where key issues of the day are highlighted at the start of each shift.

11. What about complaints made by outpatients? Is it clear how they can complain? If they do, is their complaint logged and included in a data report of complaints from outpatients departments?

Complaints/concerns about Outpatients are dealt with in exactly the same way as any other complaint. The same information about how to do this is available within Outpatient areas.

12. You are the manager of complaints holistically. Yet as far as we can see, analysis of complaints in a report only received by the PALS office is produced. Why is there not a report analysing all complaints, irrespective of the channel by which complaints are made?
There is. Much work on aggregation/triangulation of data in the past.

13. What is the policy of dealing with complaints around unexplained deaths and end of life care? Are such complaints and investigation outcomes reported and included in complaints statistics.
Unexplained deaths are reported to the Coroner. An SI may be declared where the criteria is met. Any complaint that arises from an unexplained death will be considered in the same way as a formal complaint but may dovetail with other processes such as an inquest/SI. All complaints logged are included in reports. Complaints about end of life care are logged and reports are generated regularly to the End of Life Care Group.

14. How will the next steps and recommendations of the recent CQC's report "Learning, Candour and Accountability" be implemented across the Trust
We are conducting a gap analysis (we believe we already do this well but will use the recommendations and findings from the report to check our practice). A report is to be written for the Trust Board meeting on 25 January 2017 proposing next steps and how these will be monitored by the Board.

Volunteer Record of Patient Experience

Name(optional)... Date........................

If you, and/or a friend or a relative, have had an experience about the quality of a service you or your relative/friend has received, then write about it in the box below. Both positive as well as negative reports are welcome.

Some of the procedures which would be useful to know about are listed below. Please comment particularly on any which are related to your experience as well as aspects of your experience which are not here. Thank you.

- GP referrals
- Prescription management
- Reception staff
- Appointments e.g letters/ accessible format
- Waiting times
- Choice of dates
- Cancellations
- Self-check system
- Phone access – easy to call
- Information given to you about your treatment/diagnosis
- Medication/care plan
- Respect and dignity
- Discharge
- Provision of medication
- Transport arrangements

Please write about your experience here

Please turn over