

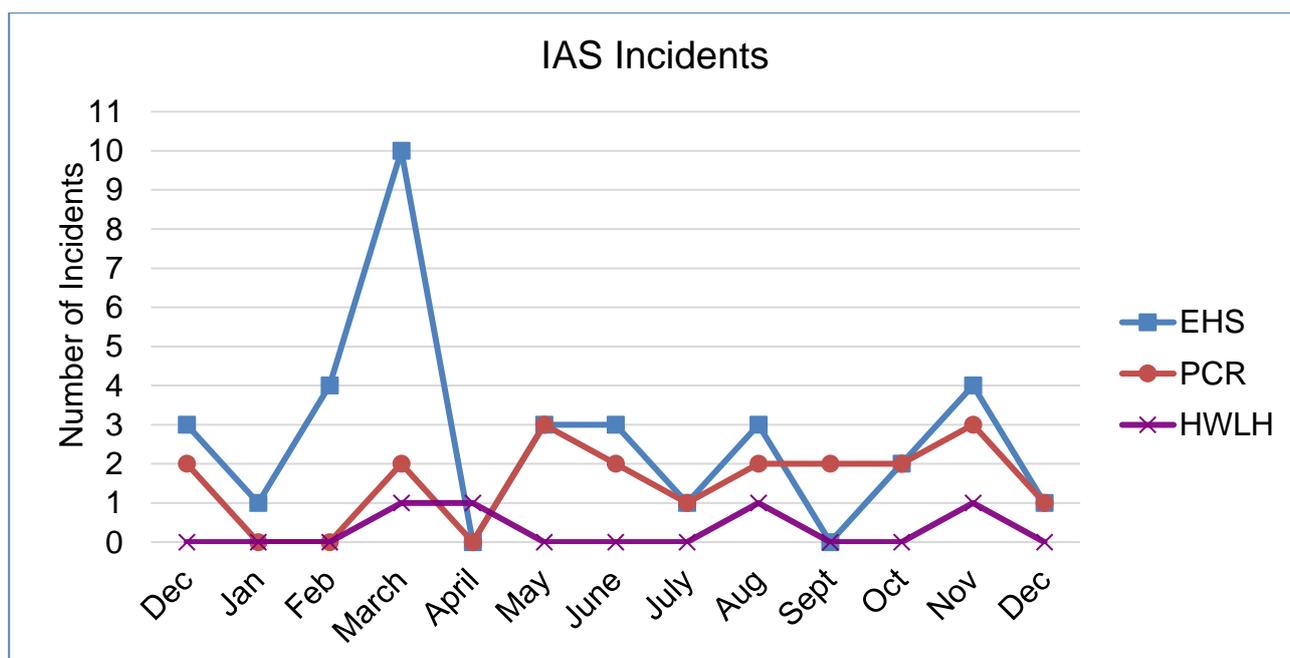
### Purpose

To provide the Clinical Quality Group with a summary of incidents, complaints & plaudits during October 2021 across the Improving Access Services, and to share the learning, relevant actions taken and any process changes that have been implemented if applicable.

The group is required to formally close the incidents and complaints following agreement that all appropriate actions have been implemented by the operational team.

### 1 Summary of Incidents Reported

In total there were 2 incidents reported within the Improving Access Service in December. They can be broken down into the following areas.



### 1.2. Incidents reported for December 2021

There were 2 incidents reported for December 2021, 1 for EHS and 1 for PCR.

The 2 incidents are described as below:

#### 2358 Communication Error

- Receptionists at Charter, let IAS admin know that GP is working remotely. The GP is out of Brighton area, thought he had agreed with AM that he would be working remotely for the next few months.

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## Action Taken

- Asked GP who he had spoken with to confirm remote working.
- GP said he had spoken to the assistant manager, and it had been agreed that he would work remotely for a few months.
- Spoke to AF, she had not agreed to this, had asked GP if he could let us know each time, he wanted to remote work.
- Relayed this to GP, he will let us know next time. He will not be in the area until March 2022.

## Outcome - Bulk mail sent out to EHS GPs on 23/12/2021 (see below)

*"Dear team,*

*For those of you who are set up to work remotely occasionally, please ensure you are confirming that this is ok to do with either of Alice at a.forsdick@nhs.net or Stephen at stephen.cracknell@nhs.net prior to your shift."*

*Please let us know if you have any questions.*

## 2348 Procedural Error

- Swab from 04-12-21 was left in tray at reception, subsequently this was not sent to lab.

## Action Taken

- Receptionist on Sunday noticed and let IAS admin know. PCR receptionist sent to lab on 05/12 even though GP advised it would now be void.

## Outcome - Contact patient's surgery to let them know. Swab will need to be redone. Advice needed. Speak to receptionist at PCR yesterday to find out what happened.

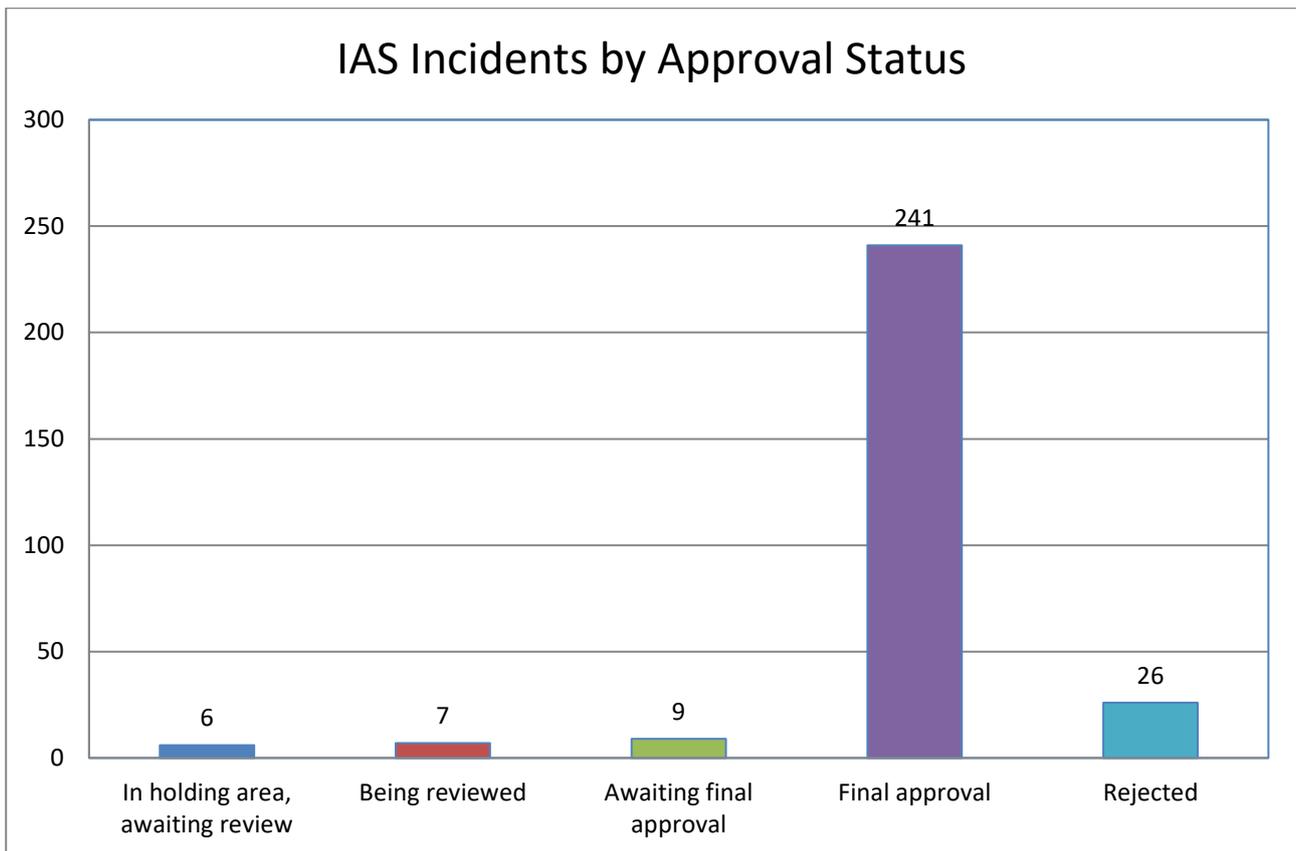
*PCR receptionist informed us of the swab being left in the tray - incident logged and patient's practice called to follow up. The surgery confirmed that the patient had been in touch with them after their appointment with the IAS doctor and had spoken to a clinician about the issue, no further action required.*

## 1.3 Incidents Awaiting Closure

Currently we have a total of 9 Incidents awaiting closure in IAS.

We are working to ensure that staff have allocated time available to investigate, close incidents and take appropriate action to share and put plans in place to mitigate against happening again in future.

**Below is a diagram outlining the current status of Incidents in IAS (these figures will include incidents after the 31<sup>st</sup> of December 2021)**



#### 1.4 Incident Summary

Overall, the progress of incidents has improved now that Datix (the reporting system) has been updated and that members of staff can access the system to manage their incidents. There have been regular emails from the system informing if actions have been completed, or if they have run over the timeframe given to complete them. This has allowed the Governance Coordinator to support where needed to progress or complete incidents for the service.

There are still issues with how people record incidents, complains, and follow up on any actions. Clinical lead has requested that the IAS team set aside some time to go over what is required when reporting incidents and complaints.

#### 1.5 Siri

Patient Passed Away 2 days after IAS Appointment

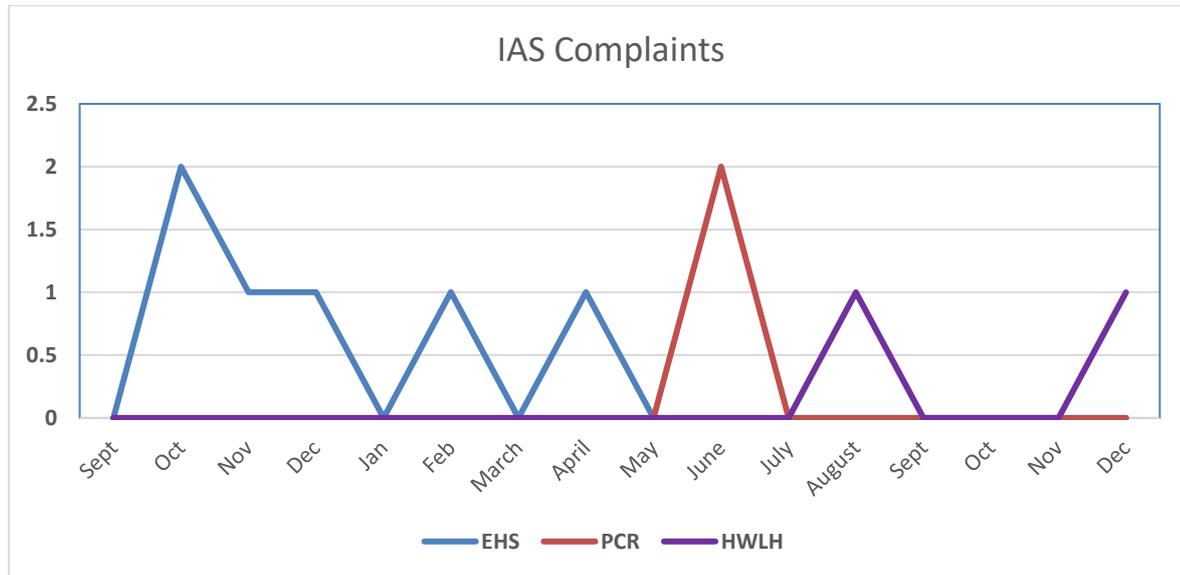
##### Current Status

We have requested a further extension the service was under incredible stress during the period that we were gathering information for the final report for our investigation. This was due to the pressures on the service, delivering the Covid-19 booster vaccination programme, and LIVI going live over the Christmas period.

The extension was agreed by the CCG the new deadline date is the **07.02.22**.

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## 2 Complaints



There has been 1 complaint for IAS in the HWLH service, patient unhappy with telephone service - did not receive calls

- Patient emailed to say that he had booked 2 appointments and had not been able to speak to the GP on either occasion.

The first appointment was booked on the 2nd of October at 11am. The Dr called at 10:55am, and there is no evidence that they tried the patient twice, as is our process. However, the notes mention that a voicemail was left, and the patient did not seem to have received a voicemail, or at least did not mention it.

The second appointment was booked for 13th November at 10:15, the records show that the Dr called twice, notes show the time as 10.09.

### Status

The patient has not received any feedback the patient's name has been entered onto the report in Datix but no contact details are available. Action was set for completion on the 14<sup>th</sup> January for investigator of complaint to update details, and add the outcome to investigation notes in Datix.

**Response letter was due the 29<sup>th</sup> December 2021.**

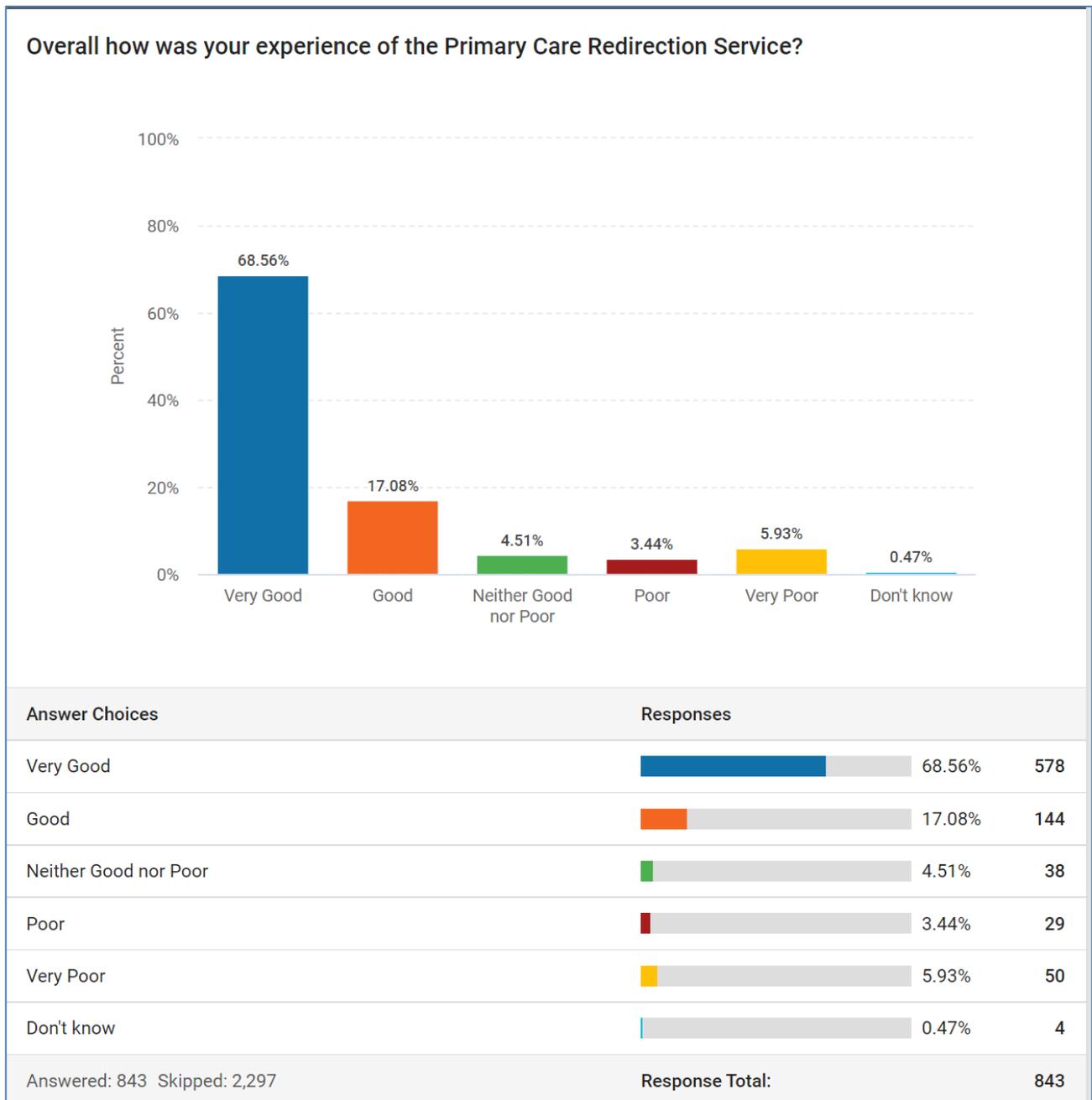
## 3. Patient Survey Feedback

There is currently a large amount of data in the survey and we need to analyse what we have and form a plan to make improvements to the service. We need to decide whether we pause the survey for a short while, whilst we gather the data to form action plans.

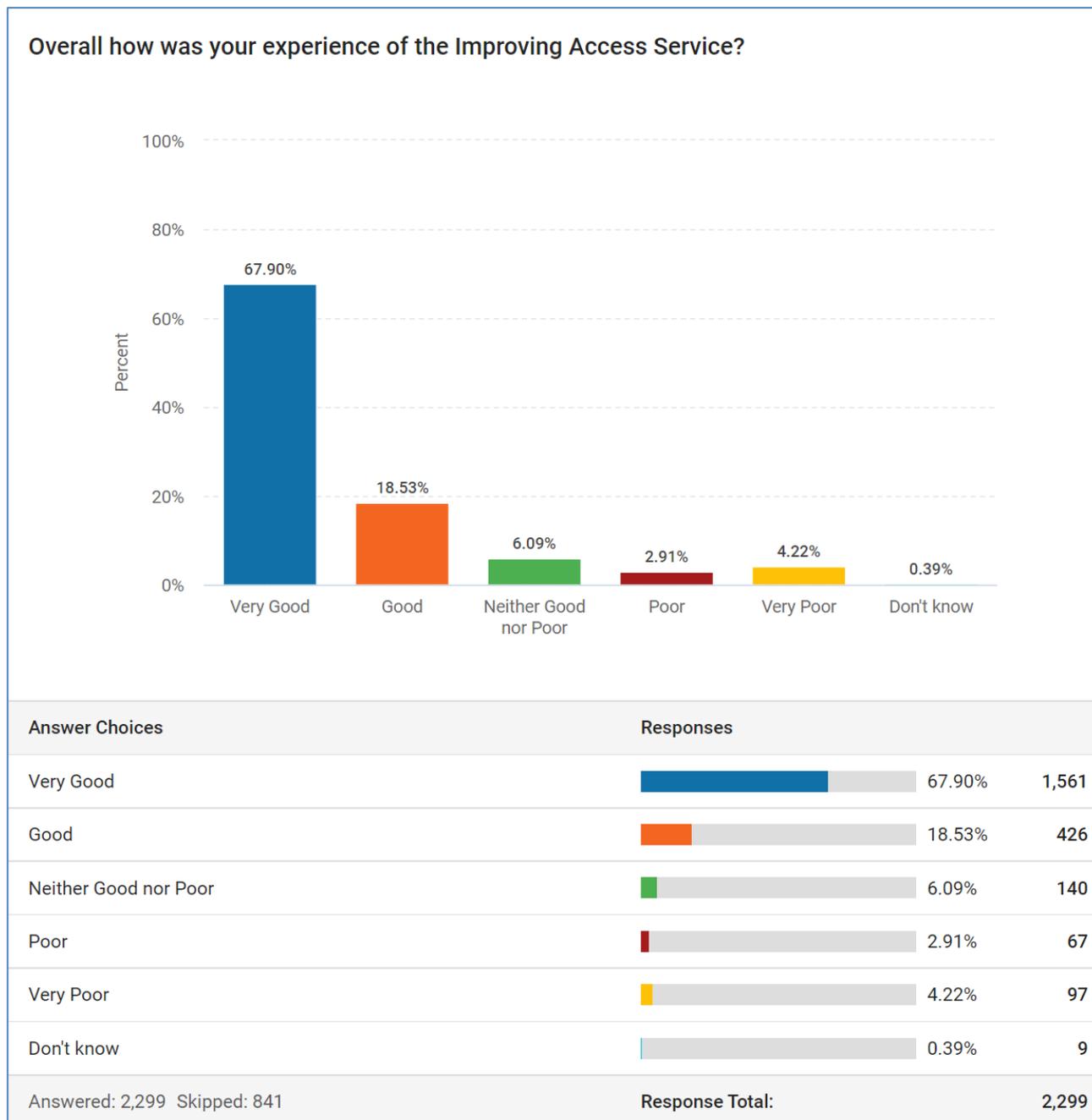
### 3.1 Patient Survey Overall Satisfaction.

The following two diagrams give an overall percentage of customer satisfaction from our combined services survey for IAS (Improving Access Services) and PCR (Primary Care Redirection).

#### PCR



# IAS



## 4. LIVI – Update

LIVI UTC went live just before Christmas – currently we have shift cover only on Wednesday evenings and Saturday mornings. As LIVI are currently not seeing patients from non-S1 practices and have a restricted DoS template not many cases have been streamed to their GP. There will be a meeting on 24.01.22 to review whether the LIVI GP can start using GP Connect and therefore increase the potential pool of patients suitable for streaming. No significant issues raised to date with this service.

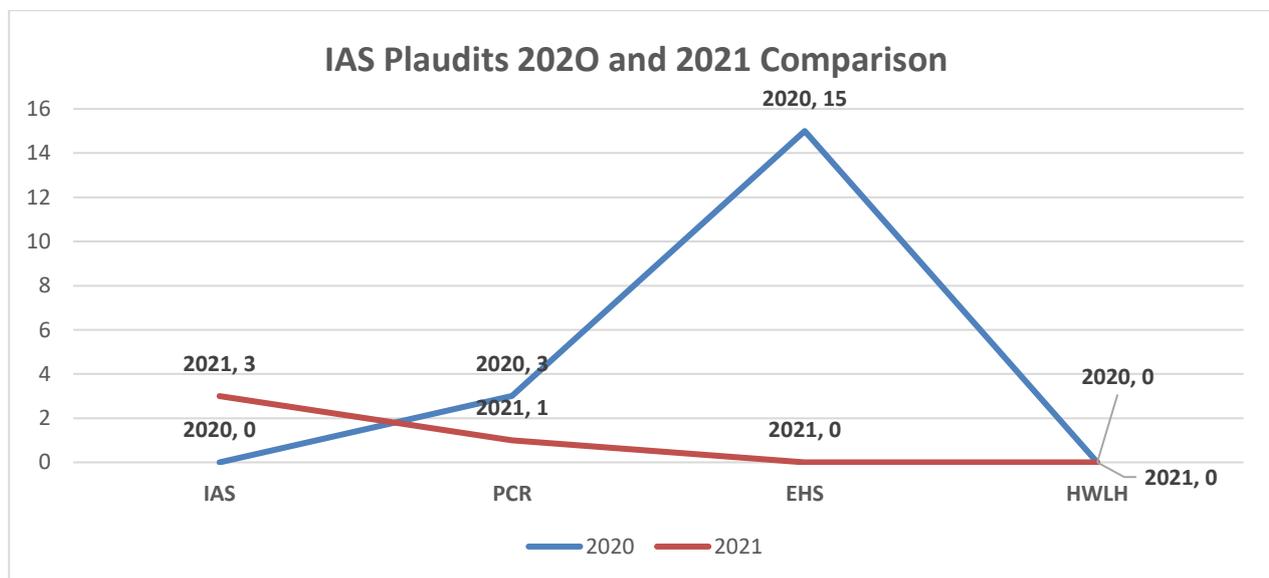
## 5. GP Auditing

We are currently onboarding two new GP Auditors for the service, we will be beginning the process of auditing our GPs for the service from the end of January, this will be for December 2021 cases.

## 6. Plaudits

It is good to reflect on the plaudits for the service where people have recognised that we have had a positive effect on how we have delivered a service.

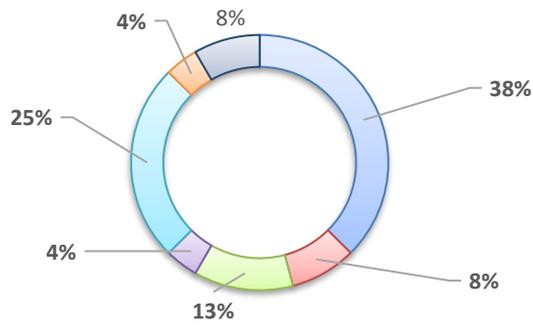
*The following diagram shows the trends in Plaudits from 2020 to the end of 2021.*



The diagram above shows a real spike in plaudits for the EHS service in 2020.

In the following diagram, the plaudits can be broken down into specific areas, with 38% of plaudits over the timeframe in relation to the Doctor's working in the service, followed by 25% in relation to staff working in the service. This shows a positive attitude towards the people delivering our services.

### Who were the Plaudits for



- Doctors
- EHS Team
- PCR Staff
- IAS & Mileoak Staff
- IAS Staff
- Whole Team
- Specific Assitant Manager EHS

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December 2021