

Reporting to:	Trust Board - 25 September 2014
Title	Complaints & PALS Report - Q1 April-June 2014
Sponsoring Director	Sarah Bloomfield - Director of Nursing and Quality
Author(s)	Jackie Harrison - Head of PALS & Complaints
Previously considered by	Quality & Safety Committee
Executive Summary	The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during Quarter 1 of 2014/15 and provide assurance that the Trust is handling complaints in accordance with the regulations.
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	Operational Objectives Deliver all key performance targets.
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well led	Outcomes
Recommendation	The Board is asked to: <input type="checkbox"/> Receive <input checked="" type="checkbox"/> Note <input type="checkbox"/> Review <input type="checkbox"/> Approve

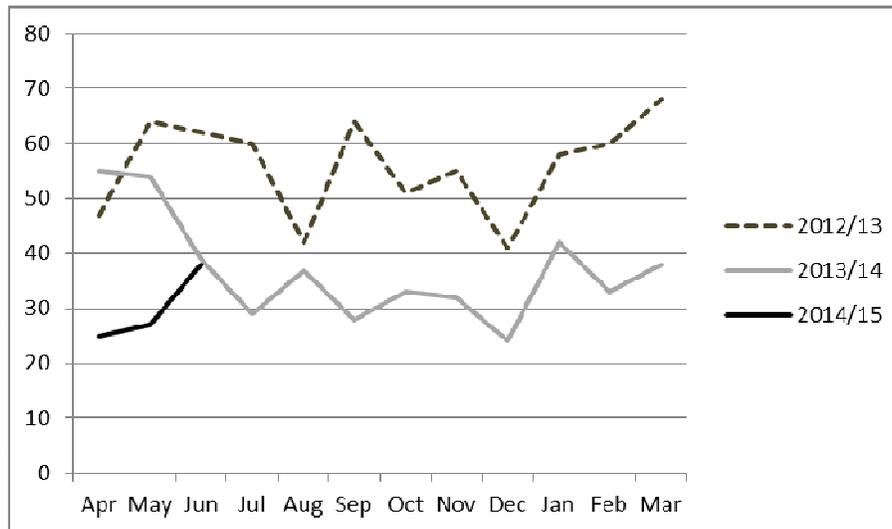
COMPLAINTS & PALS REPORT APRIL – JUNE 2014

1. Introduction

The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during Quarter 1 (April – June 2014). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS.

2. Formal complaints received

In Quarter 1, the Trust received a total of 90 formal complaints which is comparable with the number of formal complaints received in previous quarters over the last 12 months. The graph below shows the number of formal complaints received by month in comparison with previous financial years.



3. Performance

In April 2014, the Trust introduced a timescale for responses of 30 working days for the majority of complaints; a reduction of 5 working days. Complaints that are complex such as involving several specialties or where more than one organisation is involved may require a longer investigation period. This is agreed with the complainant at the start of the process and during this quarter, 12 complaints fell into this category.

The Trust continues to maintain a high performance in response rates against the target and the Graph below shows that 97% of complaints were closed within agreed timescales. One complaint is still ongoing in response to the complainant's wishes following bereavement. Where the Trust is unable to respond within the response time initially agreed with the complainant, the complainant is kept fully informed of any delays.

Table One below shows that the in Q1 the number of complaints equated to 1.4% per 1000 bed days. This is a 0.9% decrease compared to the same quarter last year.

Formal complaints received per 1,000 occupied bed days

Table One

	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014
Formal complaints received	148	94	89	113	90
Formal complaints per 1,000 occupied bed days	2.3	1.5	1.4	1.8	1.4

Of the 90 complaints received, 14 (16%) were upheld, 46 (51%) were partly upheld and 30 (33%) not upheld by the Trust.

4. Formal complaints by specialty

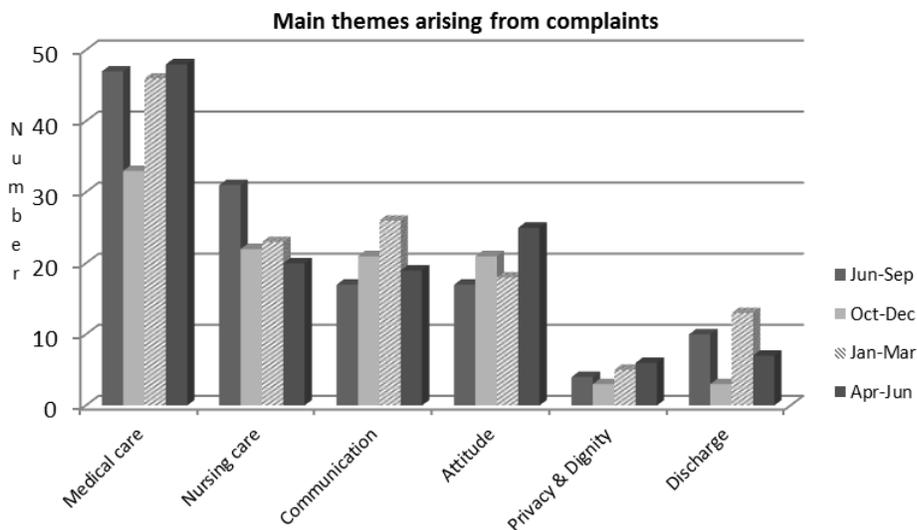
The top 5 specialties receiving complaints during the quarter were:

Acute Medicine	16	(0.2% of patient spells)
Orthopaedics	11	(0.07% of patient spells)
Emergency Medicine	10	(0.03% of patient spells)
Urology	6	(0.1% of patient spells)
Oncology	6	(1.3% of patient spells)

In previous quarters, Ophthalmology has featured in the top 5 specialties receiving formal complaints. In response to this, Ophthalmology has established a bi-monthly clinical governance meeting where complaints and incidents are reviewed and actions identified resulting in a reduction in the number of complaints received; only one complaint was received in quarter 1.

5. Key themes

Each complaint may have several issues of concern. Each of these issues is recorded and so the total number of themes will usually be greater than the number of complaints received. As in previous quarters, the main issues highlighted in complaints relate to clinical care; particularly medical and nursing care.



Issues relating to medical care were predominantly concerns about the diagnosis and treatment offered.

Many issues related to complications arising during surgery or treatment including:

- Wound dehiscence
- Bowel perforation as a result of existing widespread cancer
- Bowel perforation during surgery
- Failure to prescribe mechanical thromboprophylaxis
- Elbow dislocation following initial reduction
- Patient prescribed Penicillin despite having a known allergy

Nursing issues showed no significant trends however; delay in administering pain relief was highlighted in 3 complaints arising. One complaint arose following a patient fall. A root cause analysis had already been undertaken demonstrating that staff had taken all measures to prevent the fall and that the fall that occurred could not have been predicted. Whilst not attributable to the fall, the investigation highlighted an initial delay in undertaking the falls assessment on admission and actions were taken on the ward to improve this.

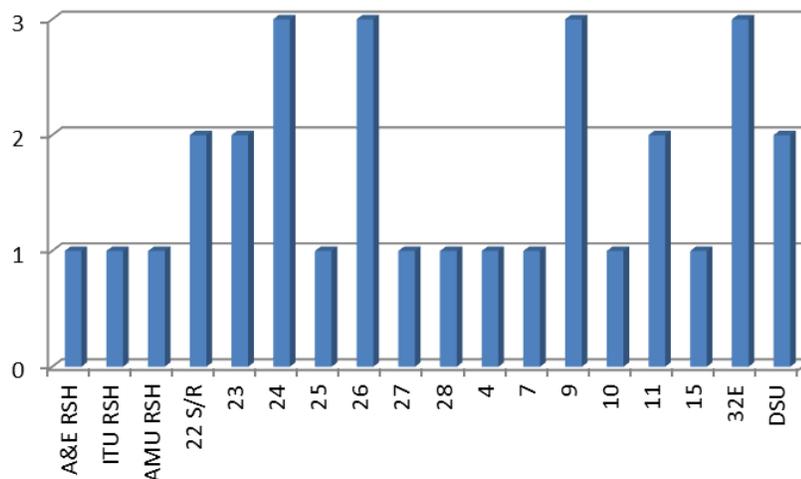
One complaint was received about pressure ulcer care. This was investigated by the Patient Safety team prior to the complaint being made with the conclusion that the pressure ulcer was unavoidable due to the patient's condition and the need for him to lay flat on a spinal bed. Appropriate specialist advice had also been sought from a neighbouring tertiary provider.

Themes arising relating to privacy and dignity include failure of staff to introduce themselves (2), lack of appropriate clothing for a patient and several ward moves (2).

Staff attitude continues to feature in the top 5 issues that patients and families raise in complaints. Of the 25 complaints relating to staff attitude, 11 of these involved medical staff, 12 involved nursing staff, 1 involved a member of the administrative team and 1 involved an Allied Health Professional. Where the complaint is upheld, staff have been instructed by their manager and their performance is being monitored.

7. Formal complaints by location

The following wards/departments have received complaints relating to nursing care, attitude of nursing staff or communication issues during the quarter. No trends have been identified.



9. Actions and learning from complaints

1. Following a complaint where a patient felt unable to understand the doctor's explanation of her condition, the doctor is booked to attend an Advanced Communication course to enhance his communication skills.
2. A memo has been issued to all medical staff in Oncology stressing the importance of ensuring diagnostic updates are documented in the patient's notes.
3. Development of Trust-wide guidelines on thromboprophylaxis.
4. The Echo machines in the Trust have now been updated and replaced.
5. Bollards in the car park have been painted with high visibility paint.
6. Lessons learnt from cases have been disseminated at departmental clinical governance, mortality and morbidity meetings.
7. Ward clocks have been purchased.

8. Spot checks undertaken of comfort round charts and discharge documentation.
9. Newsletter issued to ward staff suggesting sourcing medication from other departments to avoid a patient missing a dose of regular medication.
10. Refresher training for staff on manual handling and falls assessment.
11. Changes made to the format of the Breast multi-disciplinary team meeting ensuring that all actions are confirmed by the team and documented.

10. Parliamentary & Health Service Ombudsman (PHSO)

Where a patient or relative remains dissatisfied following the Trust’s response to their complaint, they may forward their complaint to the Parliamentary & Health Service Ombudsman for review. On receipt the Ombudsman will undertake an assessment and may take the following options:

- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

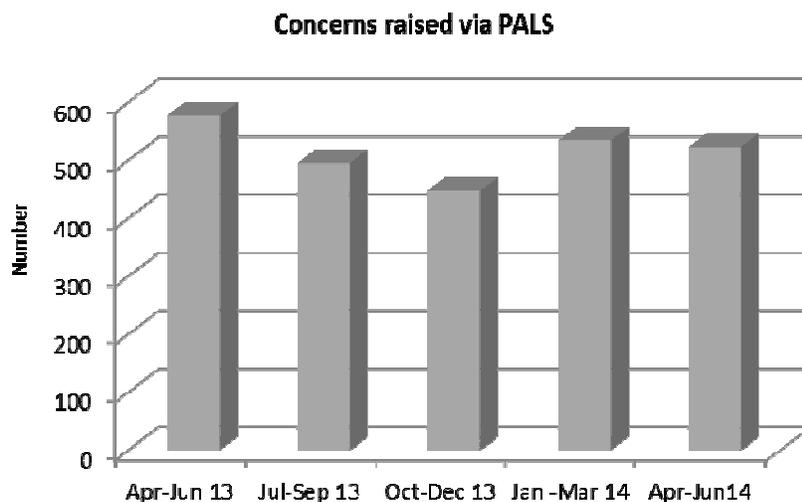
During the quarter, the Trust was notified of one case referred to the Ombudsman. This case related to a complaint initially made in November 2012 and the case is currently under investigation.

During the quarter; the Ombudsman concluded 4 investigations, 3 of these were partly upheld and 1 case was upheld. Actions arising from these cases include:

- Development of a painful hip pathway
- Update of the Patient Transfer policy
- Development of a pathway for patients who are referred with suspected AMD via Chose and Book or direct to a consultant rather than the fast track referral pathway

8. PALS

PALS is often the first point of contact for patients and relatives wishing to raise concerns about their care and with prompt help these can often be resolved quickly. The majority of contacts are by telephone or in person. During quarter 1, PALS handled 523 concerns raised by patients and relatives, compared to 577 in quarter 1 of 2013. The graph below shows a comparison with previous quarters.



PALS Case

A patient attended Viewpoint for their Ophthalmology appointment and then contacted PALS raising concerns about the attitude and general appearance of the staff.

As a result of this feedback the following actions occurred:

New uniforms have been ordered for the nursing staff to ensure that they have a consistent and quality appearance and that they can be easily recognised by patients. Viewpoint has also reiterated to all of the staff that their appearance reflects on them and that it should be maintained to the highest standards at all times; their demeanour, approach and communication with the patient should be courteous, pleasant and engaging and that staff need to ensure the patient is comfortable with any tests being carried out with a full explanation given. Viewpoint has now put internal measures in place to address any operational issues directly with managers at Shrewsbury and Telford Hospital as they arise.

The PALS contact wrote to thank the PALS Advisor for her help and was pleased to hear that improvements had been put in place.

Main themes arising from the concerns raised via PALS

- Appointments – calls relating to delays in receiving appointments and capacity issues in some specialties, errors with appointment times/arrangements, appointments being sent with short notice of clinic date, patients being unable to make contact with departments to arrange appointments or change existing appointment times.
- Cancellation of appointments or operation.
- Lack of communication about the changes made to appointment time and dates.
- Car parking and attitude of car parking staff.

Due to the large number of calls relating to appointment issues, the Booking & Scheduling department have now introduced a number of Standard Operating Procedures for staff to ensure a consistent approach throughout the team. Netcall is now being used to remind patients of their appointments and appointment letters are now being printed locally rather than centrally giving the Booking staff responsibility for ensuring that letters informing patients of any change to their appointment is sent.

In previous quarters, patients who were unhappy with their appointment or admission date were automatically being transferred to PALS without any attempt by the Bookings team to resolve the issues. The Bookings team now has a process in place whereby issues are escalated to a Supervisor or Manager.

PALS Case

A patient attended for a colposcopy appointment and was advised that she would need to have a pregnancy test undertaken. The patient contacted PALS as she was not informed of this prior to her attendance. She was concerned that the only reason she knew that she was taking a pregnancy test was because she asked. Had she not asked, then the test would have been done without her knowledge.

Based upon the feedback given changes have been made to the appointment letter that is sent to the patient advising that a pregnancy test will need to be undertaken prior to the procedure and this will be discussed on attendance.

9. Patient Feedback

In addition to the feedback we receive via PALS, patients and relatives may publish and share their views of the hospital and their care on the NHS Choices website. Once a patient or carer publishes their comments, these are all acknowledged by the PALS team and forwarded to the relevant department.

During April – June, 26 comments were published on the NHS Choices website. The majority of comments compliment the compassionate care given to them, the efficiency of the staff and cleanliness of the Trust; 9 of these relate to care provided in the Emergency Department. The key words used to describe the care given are highlighted below. Only one negative comment was received and this related to a cancelled outpatient appointment.

Patients may also leave feedback on the Trust's website and of the 10 received during the quarter, 5 were positive, one had a mixture of positive and negative views and the remaining 4 were negative; these related to staff attitude, car parking and a cancelled appointment.



In addition to the feedback given via NHS Choices and the Trust's website, 24 letters of thanks and appreciation were received by the Chief Executive during the quarter. This is in addition to the cards and letters sent to wards and individual members of staff. Each letter received by the Chief Executive is acknowledged and a copy of the letter sent to the ward, department or individual involved.

Extracts from a selection of letters

"Although about 2 1/2 years ago I had reason to make a complaint I am now writing the opposite! I recently had to go into the AMU because of suspected Pneumonia and I am full of praise for the staff in that unit. The attention I received was absolutely superb from the trainee nurse up to the consultants".

"I am writing to compliment you on the way my mother was treated with compassion and dignity while in your hospital. Unfortunately her condition deteriorated overnight. What was an appalling time for me was made bearable by two members of staff who didn't fuss me or neglect their other patients but every so often just checked I was ok and offered cups of tea and support. There was also no haste to move Mum before my Sister had had chance to say her goodbyes."

"I want to place on record my gratitude and appreciation for the treatment I received after suffering a heart attack. You can be rightly proud of the very high standards in the hospital which is a benchmark of how the NHS can and should be operating throughout the country."

11. Conclusion

The Board is asked to consider the report and note its findings.