

<b>Reporting to:</b>	<b>Trust Board - 27 November 2014</b>
<b>Title</b>	Complaints & PALS Report (Q2 - July to September 2014)
<b>Sponsoring Director</b>	Sarah Bloomfield - Director of Nursing & Quality
<b>Author(s)</b>	Jackie Harrison - Head of PALS & Complaints
<b>Previously considered by</b>	Quality & Safety Committee
<b>Executive Summary</b>	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 2 (July - September 2014) and provide assurance that the Trust is handling complaints in accordance with the regulations.
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	<input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	<input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	<input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy <input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4. Community and Partnership	<input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	<b>Recommendation</b>

## COMPLAINTS & PALS REPORT JULY - SEPTEMBER 2014

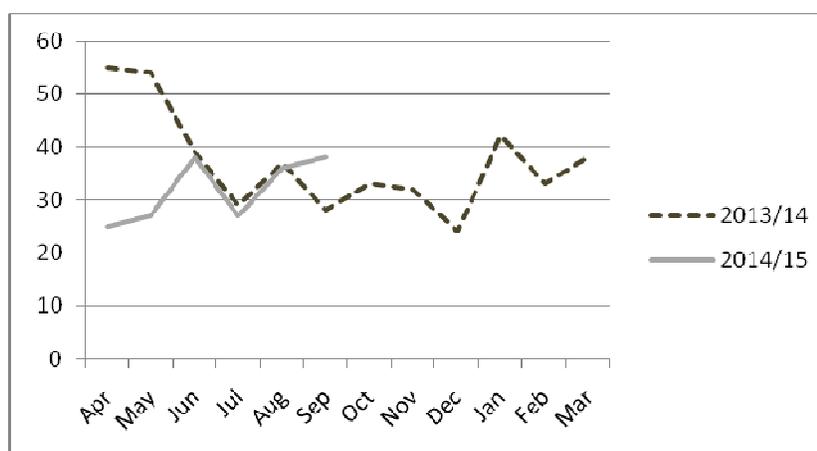
### 1. Introduction

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 2 (July - September 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 2, the Trust received a total of 101 formal complaints compared with 90 in the previous quarter. The total year to date is 191 compared with 242 formal complaints received between April – September 2013.

The graph below shows the number of formal complaints received by month in comparison with the previous financial year.



### 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 those 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, 5 complaints fell into this category.

The Trust continues to maintain a high performance in response rates against the target with 97% of complaints being closed within the agreed timescales during this quarter. 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.

The number of formal complaints received during the quarter equated to 1.6% per 1,000 bed days compared with 1.4% in the previous quarter.

Of the 101 complaints received, 14 (16%) were upheld, 46 (51%) were partly upheld and 30 (33%) not upheld by the Trust.

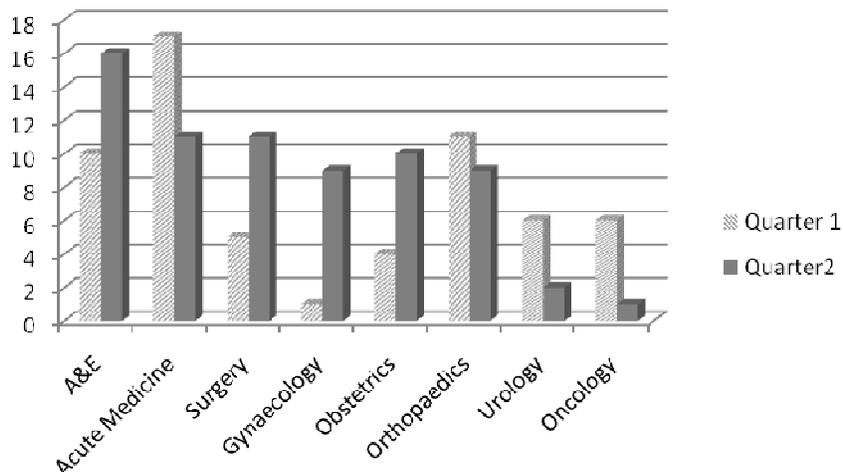
### 4 Formal complaints by specialty

The top 6 specialties receiving complaints during the quarter were:

Emergency Medicine	16	(0.06% of patient spells)
Acute Medicine	11	(0.1% of patient spells)
Surgery	11	(0.5% patient spells)

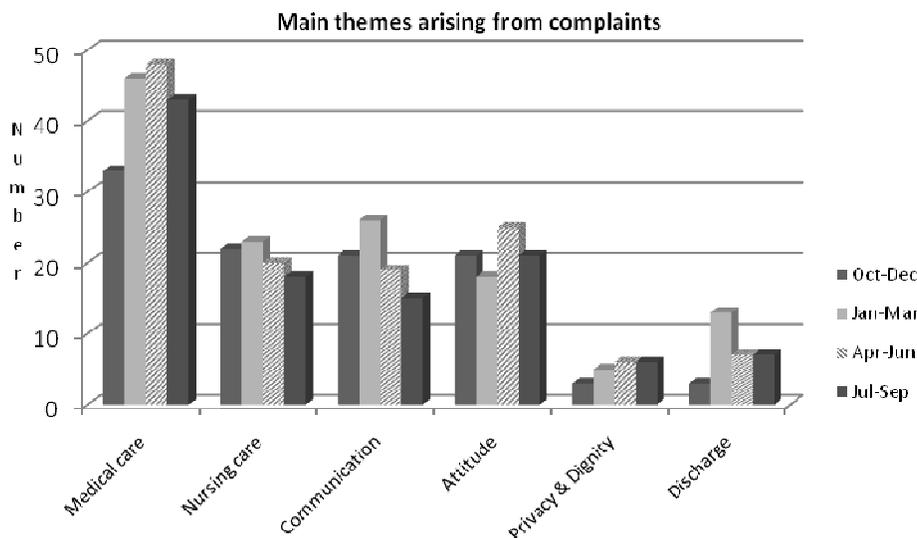
Obstetrics	10	(0.5% of patient spells)
Gynaecology	9	(0.1% of patient spells)
Orthopaedics	9	(0.05% of patient spells)

The graph below shows the overall trend of the top specialties receiving complaints over the last 2 quarters.



### 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. Examples of some issues relating to medical care include:

- Inadequate suturing of facial wound in A&E
- Alleged inappropriate treatment for limb injury
- Perforation during endoscopy
- Haemorrhage following retinal detachment surgery
- Alleged missed fracture
- Alleged delay in diagnosis of ear dimple
- Alleged failure to diagnose tinnitus and hearing loss
- Alleged delay in diagnosis of developmental dysplasia of the hip
- Incorrect diagnosis of appendicitis

- Alleged inappropriate surgery undertaken to remove gall bladder as no stones were identified
- Adverse reaction to Gentamicin

Nursing issues showed no significant trends; two complaints related to patient falls both of which had been investigated by the wards at the time of the incident; one patient suffered a fracture humerus and the other a sub-arachnoid haemorrhage. One fall was considered unavoidable – staff had completed all the appropriate assessment, the patient had capacity, they had previously always called upon staff for assistance and had the call bell to hand. The second fall was considered avoidable as staff failed to act upon the risk assessment undertaken which may have resulted in closer monitoring of the patient. As a result, weekly risk assessment audits were commenced and improved handover during the Patient Safety Briefs.

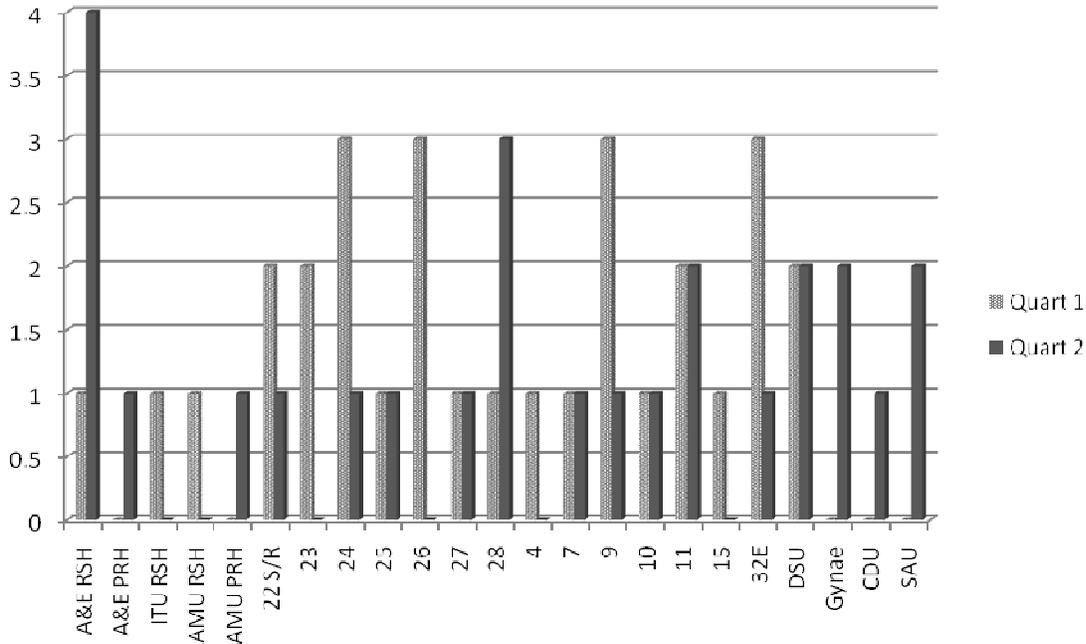
Other issues raised include noise at night, call bell left out of reach, hygiene, care in labour, failure to correctly ID patient, record keeping and IV care.

Themes arising relating to privacy and dignity include failure of staff to introduce themselves (1 – medical staff), lack of appropriate clothing for patients on discharge and several ward moves (1).

Staff attitude continues to feature in the top 5 issues that patients and families raise in complaints although there has been a slight decrease this quarter. Of the 21 complaints relating to staff attitude, 9 of these involved medical staff and 11 involved nursing staff. The majority of the complaints about the attitude of nursing staff relate to Agency staff.

**6. 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.



## 7. Actions and learning from complaints

- Following errors made in the follow up arranged for a patient who was admitted with a hypoglycaemic seizure the ward has increased liaison with all members of diabetes team including the Shropshire Community Trust PDSN team to ensure that all patients admitted to the ward should have follow up within set timescales
- Educational supervisor informed of training needs of individual doctors.
- End of Life training sessions held in ward areas
- Newsletter produced on the ward emphasising the importance of ensuring that patients are appropriately dressed on discharge
- Re-design of the Trust's Prescription chart to improve management of patients who are prescribed Gentamicin.
- To undertake an audit of Gentamicin prescriptions
- Ongoing implementation of sepsis bundle to ensure timely administration of antibiotics
- Manual handling training undertaken on ward.
- Doctor to attend conflict resolution training.
- Additional theatre sessions established in urology

## 8. 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:

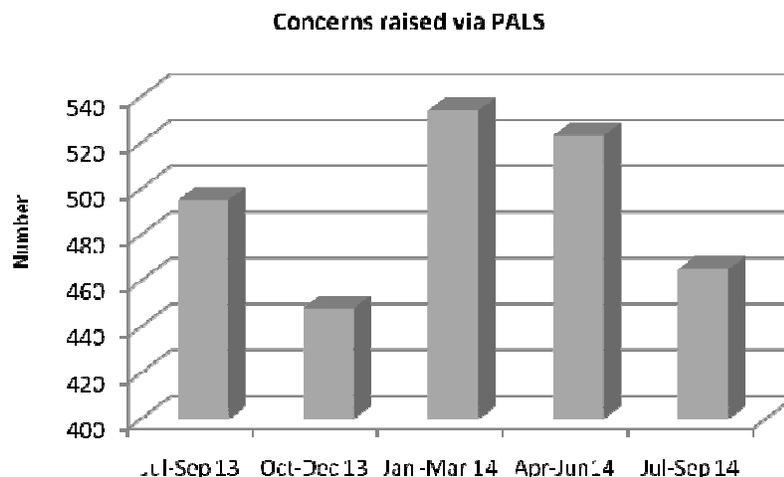
- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During the quarter, the Trust was notified of two cases referred to the Ombudsman – these are currently being investigated.

In quarter 2 the Ombudsman concluded 3 investigations; all 3 were complaints raised in the financial years 2011-12 and 2012/13. One complaint was upheld, one partly upheld and the third was not upheld.

## 9. PALS

PALS is 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 2, the PALS team handled 465 concerns compared to 523 concerns in the previous quarter. The graph below shows a comparison with previous quarters.



### **PALS Case**

A patient contacted PALS as they did not feel they were afforded enough privacy during their visit to the acute referral department. They explained that details of the consultation could be heard by other patients waiting outside.

PALS contacted the Ophthalmology Manager and following liaison with Viewpoint options were considered to improve privacy including the use of clinic rooms when taking details of the patient's history.

### **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, and wait for appointments or admission. These calls, have however, reduced this quarter as a result of changes put in place in the Booking office
- Communication about the patient's treatment and pathways.
- General attitude of staff
- Car parking

### **PALS Case**

A Patient's daughter contacted PALS as she was concerned about the plans for her mother's discharge. Although they had been liaising with staff they felt that the plan to discharge their mother home with a package of care was not appropriate and that she needed residential care. Through the intervention of PALS staff met with the family, listened to their concerns and plans were altered.

## **10. 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 July - September, 95 comments were published on the NHS Choices website compared with 26 in the previous quarter. The increase was due to NHS Choices solving a cross-syndication issue with the Patient Opinion website. Of the 95 comments received, 68% were positive, 13% had both positive and negative feedback and 19% expressed negative feedback about the service and care provided.

The positive comments were largely complimenting the Trust on the compassionate care, the excellent staff and the prompt care they received. The key words used are highlighted below.



Negative comments were related to car parking charges, availability of appointments and communication.

Patients may also leave feedback on the Trust's website and of the 8 received during the quarter, 6 were positive. The 2 negative comments were related to a lack of information given to patients prior to attending their appointment.

In addition to the feedback give via NHS Choices and the Trust's website, 41 letters of thanks and appreciation were received by the Chief Executive during the quarter compared to 24 in quarter 1. 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**

*"A couple of weeks ago I found myself having some first-hand experience of the surgical assessment and surgical treatment unit at Shrewsbury and I just wanted to let you know what excellent care I had and how impressed I was by the high standard of care delivered by that unit. The team dealt with me with courtesy and respect, inspired confidence and kept me fully informed as to what was happening. The ward teams, post pre op and post op were wonderful and worked as effective teams with everyone being clear about their role and responsibilities and getting on with it efficiently, whilst still finding time to engage with you as a patient. The unit itself was spotlessly clean and it was so reassuring to see hygiene routines being rigorously followed by everyone concerned. As someone who has spent a lot of my NHS career reviewing what does go wrong it was really gratifying to see what can be achieved when we get things right".*

*"I am writing to express my immense gratitude, and that of my children, for the treatment and care of my wife during her final days and hours. Their warm consideration for myself and my children made the worst of situations bearable"*

*"I know the hospital has its own set of values and I can say everybody I came into contact with certainly lived up to them from Receptionists to the Pre-Operative Assessment, the Surgical Admissions Team, Anaesthetist, theatre staff and the excellent care on ward 26; they were all wonderful. I would say that the patient service I have received is up there with some of the best I have come across."*

**11. Friends and Family Test**

The Friends and Family test is a feedback tool that was introduced in 2012 that supports the fundamental principle that patients should have the opportunity to provide feedback on their experience and that this should be used to improve service delivery.

The Trust is currently required to obtain feedback from patients who are discharged from hospital and all patients who attend A&E and Maternity services (for maternity feedback is required at 4 separate points in the patient's pathway). From October 2014, this will be extended to include outpatients, day case surgery and paediatrics.

Since its inception, the Trust has worked in partnership with iWantGreatCare (IWGC) and has obtained feedback by completion of comment cards. Completed cards are forwarded to IWGC who provide the Trust with the Net Promoter score and scanned images of each card.

The table below show the response rate each quarter. Through the increased involvement of volunteers to assist in data collection over the last 3 months significant improvements have been made to the overall response rate. It is hoped that with the transfer of services to the new Shropshire Women & Children's centre the overall response rate for Maternity will also increase.

**Response rate**

	Quarter 1	Quarter 2
In-patients	22.9%	31.3%
A&E	5.7%	7.2%
Maternity (2 <sup>nd</sup> contact point in pathway only)	23.2%	19.7%

In October 2014, NHS England made changes to the way in which the Friends and Family score as the existing Net promoter score did not accurately describe feedback given and was not easily understood. The data below is calculated using the latest guidance issued by NHS England – the new score now uses the percentage of respondents who would recommend the Trust. In each category the Trust has seen a significant improvement in the number of positive respondents since quarter 1.

**Percentage of respondents recommending the Trust**

	<b>Quarter 1</b>	<b>Quarter 2</b>
In-patients	86.7%	90.1%
A&E	84.4%	89.6%
Maternity (all 4 contact points included)	71.4%	80.4%

Whilst the above results are encouraging, the Trust is currently reviewing a number of options to increase data collection using a range of methods suitable to each client group and also ways of enhancing our ability to analyse and publicise the feedback we receive ensuring that these drive forward improvements in the patient’s experience.

**12. Conclusion**

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