

<b>Reporting to:</b>	<b>Trust Board, February 2015</b>
<b>Title</b>	Q3 Complaints & PALS Report October - December 2014
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<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 3 (October - December 2014) and provide assurance that the Trust is handling complaints in accordance with the regulations.
<b>Strategic Priorities</b> <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	<b>Operational Objectives</b> Deliver all key performance targets.
<b>Board Assurance Framework (BAF) Risks</b>	<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
<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	<b>Outcomes</b> Standard 17
<b>Recommendation</b>	The Board is asked to: <input checked="" type="checkbox"/> <b>Receive</b> <input checked="" type="checkbox"/> <b>Note</b> <input checked="" type="checkbox"/> <b>Review</b> <input type="checkbox"/> <b>Approve</b>

## COMPLAINTS & PALS REPORT OCTOBER - DECEMBER 2014

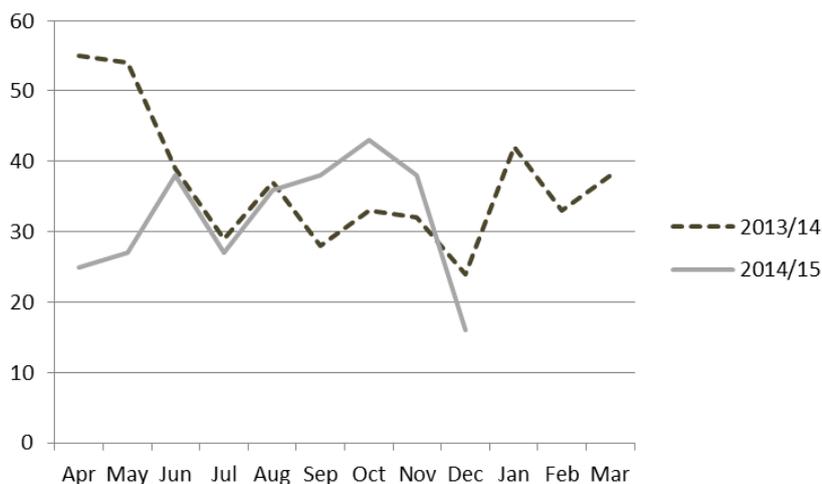
### 1. Introduction

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 3 (October - December 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 3, the Trust received a total of 97 formal complaints compared with 90 in the previous quarter. The total year to date is 288 compared with 332 formal complaints received between April – December 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 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, 11 complaints fell into this category.

The Trust continues to maintain a high performance in response rates against the target with 93% 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 and a new response date agreed.

The number of formal complaints received during the quarter equated to 1.5% per 1,000 bed days compared with 1.6% in the previous quarter.

At the time of this report 3 complaints are still under investigation. Of the remaining complaints completed, 19% were upheld, 42% were partly upheld and the remaining 39% not upheld by the Trust.

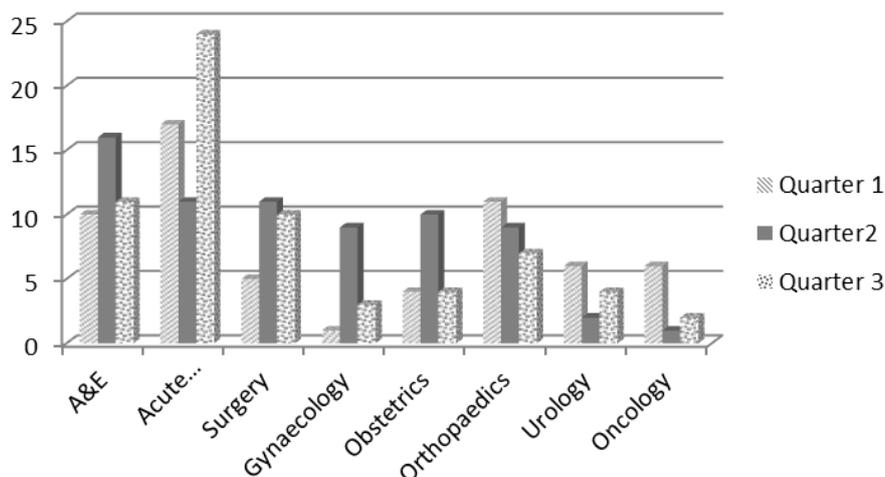
### 4 Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

Acute Medicine	24
Emergency Medicine	11
Surgery	10
Orthopaedics	7

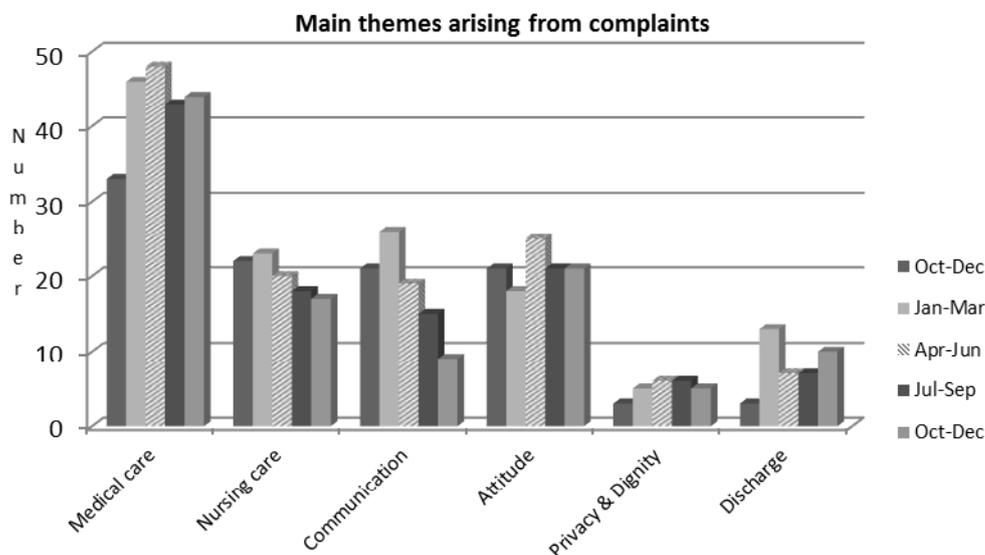
Obstetrics	4
Urology	4

The graph below shows the overall trend of the top specialties receiving complaints over the last 3 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. Complaints specifically about communication and nursing care are continuing to see a downward trend.



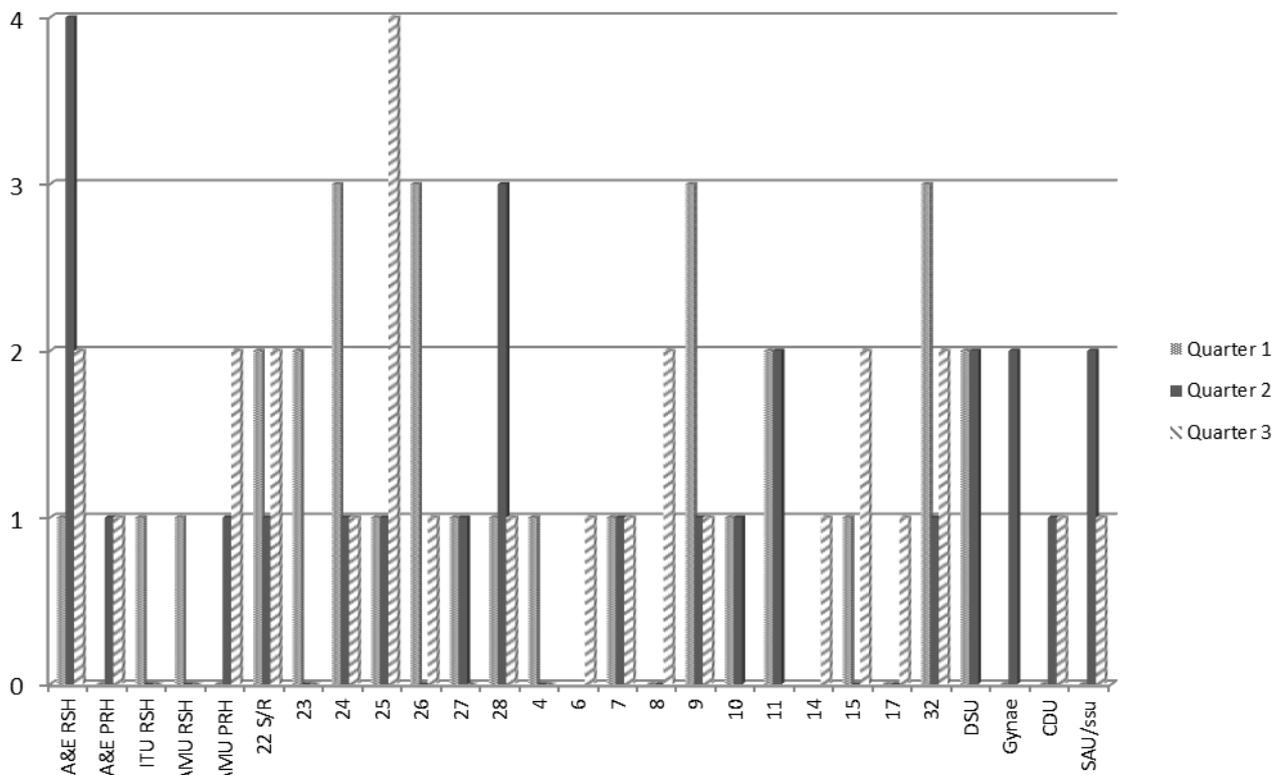
Issues relating to medical care were predominantly concerns about the diagnosis and treatment offered. Examples of some issues relating to medical care include:

- Damage to ureter during hysterectomy
- Delay in diagnosis of volar plate injury
- Alleged neurological damage during arthroscopy
- Incorrect staging of bowel cancer (laboratory)
- Delay in decision making process during patient's treatment plan
- Reflex sympathetic dystrophy following fractured ulna and radius
- Alleged delay in treatment for keratosis
- Pain experienced during eye procedure
- Alleged failure to diagnose dissecting aorta

Nursing issues have shown a steady fall over the last few quarters. Issues that continue to be highlighted in complaints are pain relief, hygiene, record keeping, failure to act on abnormal results, failure to record fluid balance, falls, noise at night and discharge planning.

## 6. Formal complaints by location

The following wards/departments have received complaints relating to nursing care, attitude of nursing staff or communication involving the nursing team during the quarter.



## 7. Actions and learning from complaints

- A surgeon's use of a particular type of forceps has changed following complications during a surgical procedure.
- All patients who present with a dislocated finger are now followed up in fracture clinic following a delay in diagnosis
- A Tracking system for investigating reports is now in use by medical secretaries and standard operating procedures are now in place outlining an escalation process where delays in reporting occur.
- Junior doctors have received training in PICC lines
- The paediatric department are reviewing their sedation guidelines for children requiring an MRI scan.
- Maternity have revised their Antenatal Appointment records ensuring that antenatal risk assessments are clearly documented.

## 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:

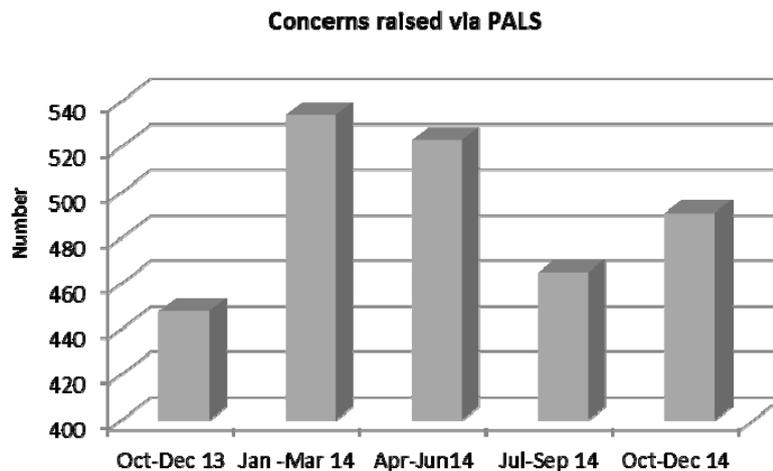
- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During the quarter, the Trust was notified of 4 cases referred to the Ombudsman – 1 of these is a complaint received in in 2014 with the other 3 complaints initially received in previous financial years; these are currently being investigated.

In quarter 3, the Ombudsman concluded 2 investigations; one cases was upheld and the other 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 3, the PALS team handled 491 compared with 465 concerns in the previous quarter. The graph below shows a comparison with previous quarters.



### PALS Case

A patient contacted PALS as she felt frightened getting on and off the MSL ambulance on her own. The patient uses an electric wheelchair and has a visual impairment. PALS liaised with MSL who undertook further training with their staff and changed their practice as a result of the concerns raised. MSL now ensure that electric wheelchairs are now placed in manual mode and staff physically assist the patient into the ambulance.

### Main themes arising from the concerns raised via PALS

- Appointments
- Concerns about the patient's medical treatment and pathways.
- General attitude of staff

### PALS Case

A patient who attended an evening clinic was told that staff could not see him as they had not been informed of his attendance. Through the intervention of PALS staff can now contact the Booking Office to obtain a copy of the patient's referral letter ensuring that the patient does not have a wasted journey.

## 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 October - December, 30 comments were published on the NHS Choices website; 80% of these were positive, 10% were negative and 10% had a mixture of positive and negative feedback. Patients may also leave feedback on the Trust's website and of the 4 received during the quarter, all of which

were positive. It is encouraging to see that many of the positive comments praised staff for the high standard of care received reflecting the recent CQC findings. Areas that received several positive comments were Endoscopy, Gynaecology and the Emergency Department at PRH. The key words used are highlighted below.



The negative comments focussed on general aspects of the patient's care and journey.

In addition to the feedback give via NHS Choices and the Trust's website, 28 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

*"We must congratulate you and the team. The care and support we received from them was far beyond what we are sure they are 'paid to do'. No matter what the question or concern was that we raised the consultant would answer it or if he was unavailable his secretary would find out the answer and always respond. The level of support and care received by all the family during what has been a difficult time has made all our lives a lot easier" (ward 9)*

*"Throughout this experience I was amazed at the speedy and courteous treatment I received. The operation carried out under local anaesthetic is not without some discomfort, but the professionalism of all your nurses and doctors went a long way towards making the experience tolerable. The time frame of 4 days from diagnosis to repair was truly remarkable." (Ophthalmology)*

*"My mother was admitted in January last year and passed away in February. The staff were incredibly caring and sensible and we were all massively impressed by all of the staff. One hears of alarming reports about care of the elderly, but I can assure you that all was functioning perfectly on the ward and we are enormously grateful." (22R)*

## 12. Conclusion

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