

Reporting to:	Trust Board - 25 June 2015
Title	Complaints & PALS Annual 2014-2015
Sponsoring Director	Sarah Bloomfield - Director of Nursing & Quality
Author(s)	Jackie Harrison - Head of PALS & Complaints
Previously considered by	Quality & Safety Committee
Executive Summary	<p>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 the year 2014-2015 and provide assurance that the Trust is handling complaints in accordance with the regulations.</p> <p>Overall, the Trust has continued to see a downward trend in the number of formal complaints received and has maintained its performance in responding to complaints in a timely manner. The report also demonstrates the learning arising from complaints received.</p>
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 type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led	Outcomes Standard 17
Recommendation	The Board is asked to: <input checked="" type="checkbox"/> Receive <input type="checkbox"/> Note <input checked="" type="checkbox"/> Review <input type="checkbox"/> Approve

ANNUAL COMPLAINTS & PALS REPORT

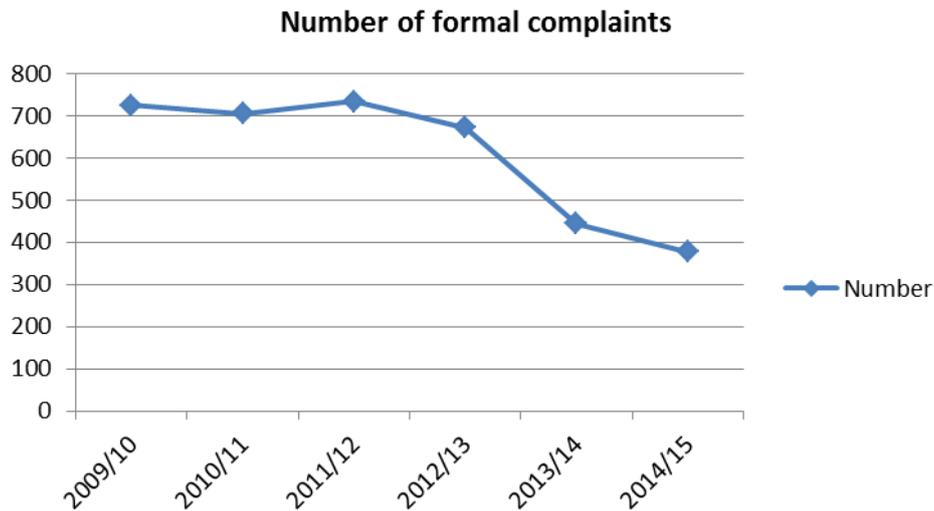
2014-2015

1. Introduction

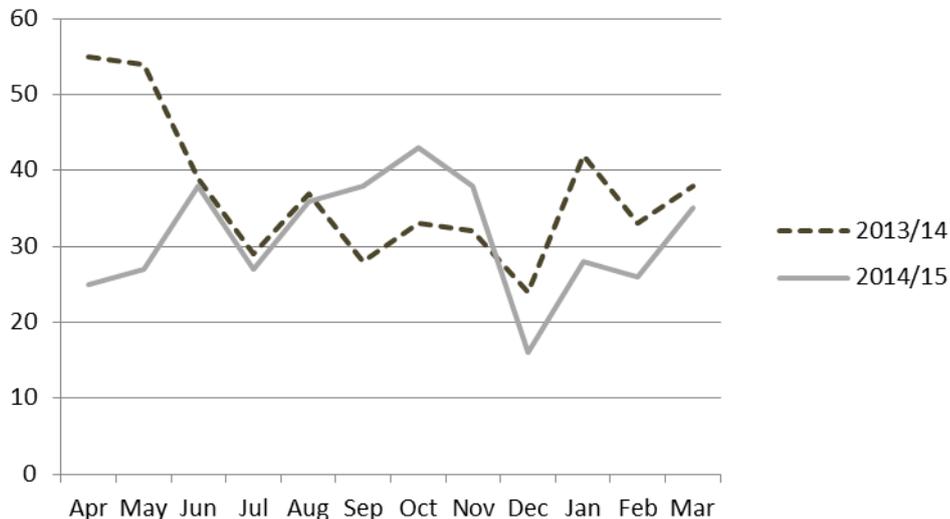
The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during the year April 2014 to March 2015. The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS. It will also provide details of the progress made during the year to improve the handling of complaints within the Trust.

2. Formal Complaints received

During the year the Trust received a total of 377 formal complaints, a reduction of 15% from the previous year. The graph below shows the number of complaints received over the last 6 years demonstrating the downward trend. Over the last two years the Trust has been more proactive in encouraging patients and carers to give their feedback and resolving concerns as they arise. This has resulted in concerns being resolved at a much earlier stage rather than the need to make a formal complaint.



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



3. Performance

Acknowledgment

The Trust is required to acknowledge all complaints, either verbally or in writing, within 3 working days of receipt, in accordance with the Regulations. The Trust achieved 100% compliance with this standard. Following receipt of the complaint the Manager handling the complaint will contact the complainant by telephone to personally acknowledge the complaint; this allows the opportunity to clarify the issues for investigation, discuss expectations, explain the investigation process and agree timescale for response and is then followed by a written acknowledgment.

Response time

In 2014/15 the Trust responded to 96% of complaints within the timescale initially agreed with the complainant, compared with 75% from the previous year.

During the year the Trust has continued to focus on improving its responsiveness to complaints. The timescale for responding to a complaint is agreed with the complainant following receipt of the complaint. The timescale agreed is dependent upon the nature of the complaint and the level of investigation required. For the majority of complaints, the Trust now aims to respond within 30 working days (this has reduced from 35 working days in 2013 and prior to July 2013, a minimum of 40 working days was in place). For more complex complaints, for example, those involving a number of different specialties/organisations or a serious incident, which requires a root cause analysis, a longer timescale for response is agreed with the complainant allowing time to undertake a thorough and fair investigation.

Formal complaints received per 1,000 occupied bed days

	2013/14	2014/15
Formal complaints received	444	377
Formal complaints per 1,000 occupied bed days	1.7	1.2

Of the 377 complaints received, 20% were fully upheld, 35% were partly upheld and 45% not upheld by the Trust.

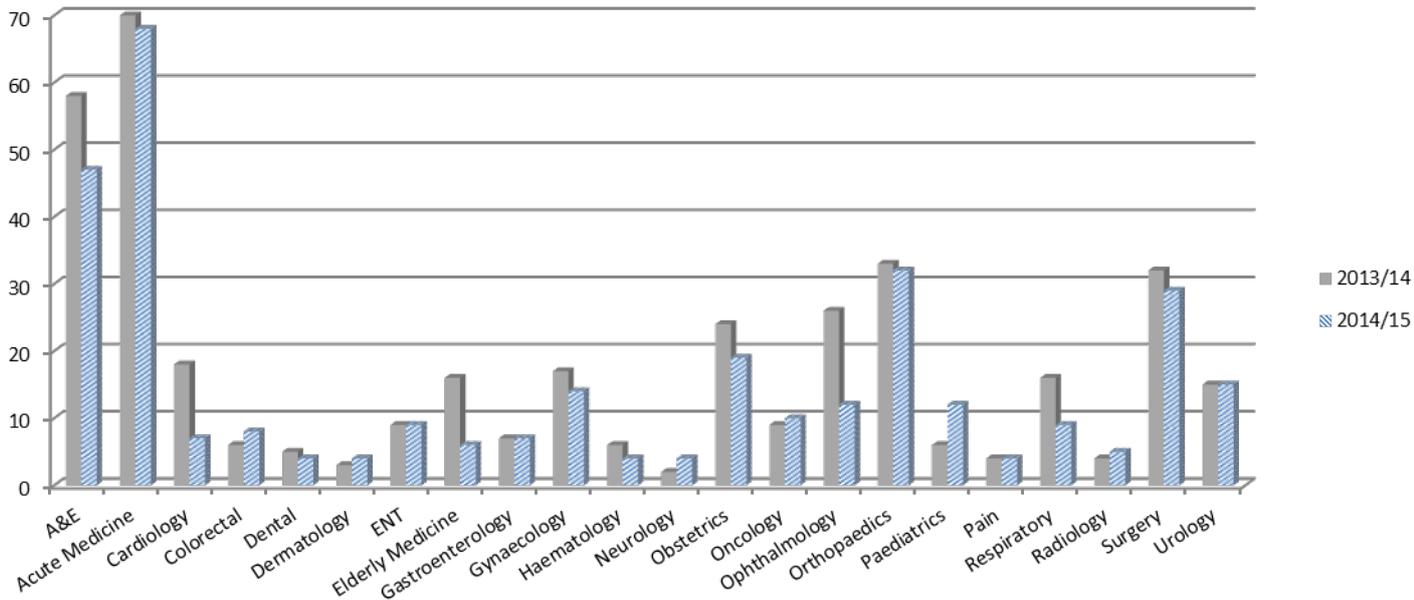
4. Formal complaints by specialty

The top specialties receiving complaints during the year were:

Acute Medicine	68
Accident & Emergency Medicine	47
Orthopaedics	32
General Surgery	29
Obstetrics	19

The following graph identifies the specialties receiving more than 1 formal complaint during the year

Formal complaints by specialty



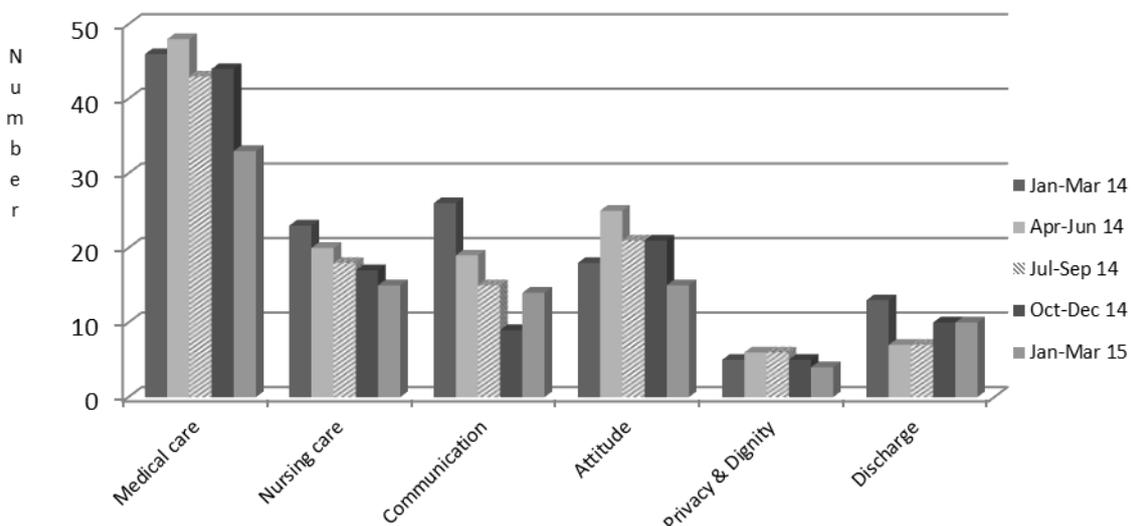
It is well known that certain specialties will receive a higher number of complaints than others due to the high volume of patients seen and the nature of the specialty. This is certainly evident from the evidence showing the specialties in this Trust with a high number of complaints. During the year, Ophthalmology, a specialty that featured in the top 5 last year, has seen a significant reduction in the number of complaints received. The Complaints team continues to meet with the clinical governance lead and senior managers from the specialty every 2 weeks to highlight new complaints and agree actions and learning.

5. Key themes

Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal complaints received.

The graph below highlights the key themes identified in complaints received in the last year.

Main themes arising from complaints



As in previous years the main issues highlighted in complaints relate to clinical care, particularly, medical and nursing care, although both have seen a downward trend, particularly nursing care.

Medical issues are primarily concerning the patient’s diagnosis and treatment and also complications that arise as a result of treatment or surgery.

The main themes that arose with nursing care are:

- Discharge planning and communication with patients/families
- Pain management
- Falls
- Hygiene
- Call bells (out of reach or delays)
- Record keeping

Concerns relating to discharge and pain management feature in the findings of the patient surveys undertaken and whilst work is on-going in the Trust to improve communication, particularly around discharge, further work is required to ensure that families are involved in the discharge process.

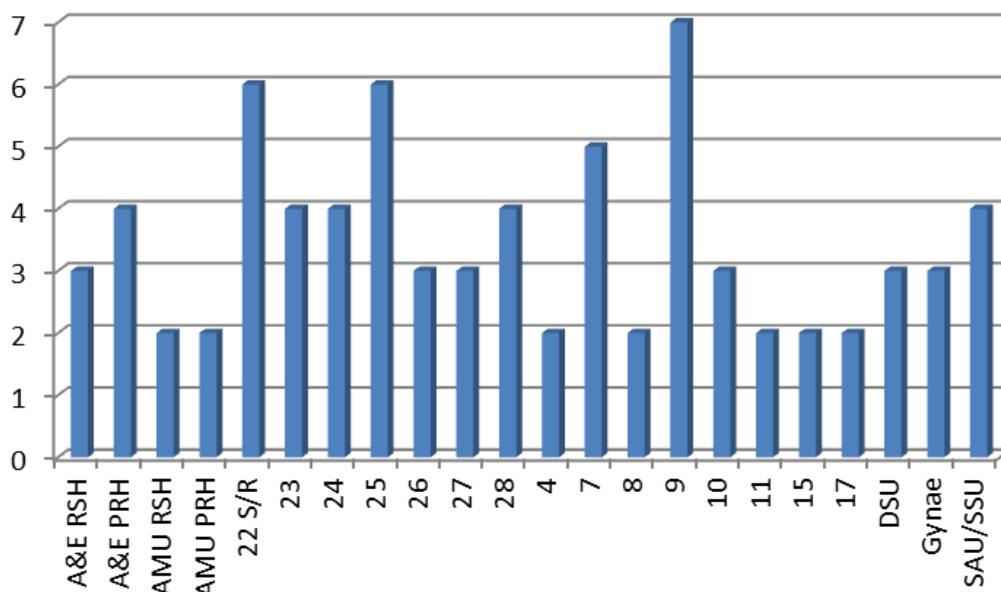
Of the complaints relating to staff attitude, 54% of these relate to nursing or midwifery staff and 46% to medical staff. Those involving nursing staff were predominately relating to Agency staff. Last year the Trust launched its values setting out the behaviours expected of every member of staff and work is continuing to ensure that these are embedded in the recruitment and appraisal process.

The Complaints team meets with Heads of Nursing and Matrons each month to highlight trends and themes and further action required.

6. Formal complaints by location

The following wards/departments have received the highest number of complaints relating to nursing care and nurse attitude during the year. Head of Nursing and Matrons are aware of the wards receiving a higher number of complaints and are working closely with Ward Managers to address this.

Formal complaints relating to nursing care by ward/department



7. Actions and learning from complaints

The Trust recognises the importance of learning from complaints and using the valuable feedback obtained to reflect on the care we provide and take steps to improve services for future patients. When service improvements are identified following investigation of a complaint, staff now develop action plans that are monitored until complete.

Some of the significant changes made as a result of complaints received are as follows:

- Closer liaison with the Shropshire Community Trust PDSN team to ensure that all patients admitted have follow up appointments within set timescales
- Educational supervisor informed of training needs of individual doctors to enable learning.
- 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 Gentamycin.
- On-going implementation of sepsis bundle to ensure timely administration of antibiotics
- Manual handling training undertaken on a ward.
- Doctor to attend conflict resolution training.
- Additional theatre sessions established in urology
- 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 laboratory and radiology reports was introduced and standard operating procedures are in place for medical secretaries
- Junior doctors have received training in PICC lines
- The paediatric department are reviewing their sedation guidelines for children requiring an MRI scan.
- Women's & Children's Care Group has revised their Antenatal Appointment records ensuring that antenatal risk assessments are clearly documented.
- Ward clocks purchased
- Echo machines updated and replaced
- Bollards in the car park have been painted with high visibility paint
- Revised format of the Breast multidisciplinary team meeting ensure that all discussions and actions are clearly documented in the patient record
- Appointment letters to be revised advising patients who attend the colorectal or gastroenterology clinic that an internal examination may be required
- Dementia care training undertaken in ward areas
- Case presentations at departmental Clinical Governance Meetings

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.

Of the 377 formal complaints received during the year, 4 of these have been referred to the Parliamentary & Health Service Ombudsman for investigation (1% of total complaints received in 2014/15). All 4 cases are currently in the process of investigation.

In addition, 11 other complaints received in previous financial years were also referred. 3 of these investigations have been concluded and all 3 were not upheld. The remaining 8 remain under investigation.

9 other investigations from previous financial years were concluded during 2014/15; 3 cases were upheld, 4 were partly upheld and 2 were not upheld by the Ombudsman.

Where failings were identified, actions have been taken. These include:

- A revised referral template is now used to ensure that patients referred with dyspepsia and who have a mass identified or who have unexplained weight loss are seen within 2 weeks regardless of their method of referral
- Ophthalmology have introduced a new process to ensure that all patients with suspected AMD are seen within one week regardless of the method of referral
- Women & Children's have revised their antenatal documentation ensuring that antenatal risk assessments are clearly documented

In all other cases, Trust had already taken action to address any failings identified and no further recommendations were made by the Ombudsman.

9. PALS

The Patient Advice and Liaison Service offers an 'on the spot' service to patients, relatives and carers and is often the first point of contact when members of the public who wish to raise concerns about their care or seek advice. Often with prompt advice and intervention, the majority of these issues can be resolved to the satisfaction of all concerned.

As with complaints, PALS has continued to see a downward trend in the number of concerns being raised, 1,935 compared with 2,055 during 2013-14, a fall of 6%. As with the previous year, the team has continued to ensure that they record actual concerns raised by patients and families rather than recording callers who are simply asking for general advice, such as directions within the hospital etc.

When patients or families contact PALS, the team are guided by the wishes of the caller and in the event that the caller wishes to raise a formal complaint, the team will provide assistance and advice and refer the issues to the Complaints team.

PALS Case

A relative contacted PALS seeking their help in arranging the patient's transfer to another hospital. Whilst the ward team and Clinical Site Manager had attempted to liaise with the receiving hospital no progress had been made. PALS made contact with the PALS team and Cardiology service at the other hospital and the patient was subsequently transferred without further delays.

In 2014 a survey was undertaken of patients and families who had made contact with the PALS department to raise concerns to assess satisfaction. The questionnaire was forwarded to 100 patients and families randomly selected over a 2 month period with a 47% response rate. The result of the survey was extremely positive with 92% saying that they found the service easy to access and they had a positive outcome. The survey highlighted a need to improve the signposting to PALS in the Royal Shrewsbury Hospital and as a result, additional signs were put in place.

Some of the comments received were as follows:

"Very pleased that I had an impartial point of contact"

"I felt that the concerns raised were dealt with positively, sympathetically and promptly. Thank you very much. I have recommended your services to friends concerned about a loved one and not knowing who to approach regarding their issues. I felt I was dealing with people rather than the system"

"Our PALS person was our best friend in PRH Telford. My mother was in hospital for nearly 7 weeks, and we went in every day and there was always something wrong or not done and it felt like we were banging our heads against a brick wall with no one listening to us. When we met the PALS Advisor she got us meetings etc for mum; she was an angel"

PALS Case

2 cases of lost property were recently resolved through the intervention of the PALS team. Whilst the issues may seem quite minor in comparison to the clinical concerns that the team addresses on a daily basis, the 2 cases demonstrate the positive impact that their intervention has in improving the patient's experience. The cases also demonstrate the need for all staff to ensure that all property is clearly documented on admission and that when patients are transferred between wards and department, they ensure that the patient takes all their belongings with them.

The first case involved a missing bracelet which had sentimental value to the patient. Although staff on the ward had undertaken a search the property could not be found. The patient contacted PALS who following liaison with A&E located the bracelet in the Cashier's office and returned this to the patient.

The second case was a patient who lost their glasses. Again, the ward said that they had undertaken a search, but it was only when PALS intervened was the patient's journey retraced and the glasses located. The patient, who had been unable to see clearly up until that point, was extremely grateful for the help offered.

Since then, the Trust Property Policy has been updated and circulated to all managers with an e-mail to encourage staff to take more care of the property of the patients during their stay in the Trust

Main themes arising from the concerns raised via PALS

- Communication issues – conflicting information being given regarding care,
- 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, lack of communication when appointments are rescheduled patients being unable to make contact with departments to arrange appointments or change existing appointment times.
- Cancellation of appointments or operation.
- Medical care – patient or relatives seeking information about their care pathway.

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, the comments are acknowledged by the PALS team and forwarded to the relevant department for action. All comments that are posted on the website are anonymous and often it is difficult to identify which specialty or ward the issues refer to so patients/relatives are encouraged to contact the PALS team so that their concerns can be addressed.

During the year, there were 187 comments shared on NHS Choices about the Trust. 74% of these shared positive comments about the Trust. 11% shared a mix of positive and negative comments and 15% had a negative experience.

It is encouraging to see that the majority of positive comments praised staff for the high standard of care received reflecting the findings of the Care Quality Commission. Negative comments were predominantly about waiting time and general care issues.

In addition to the feedback give via NHS Choices and the Trust's website, 117 letters of thanks and appreciation were received by the Chief Executive during the year. 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.

10. Progress during the year and future plans for 2014/15

Progress during the year

- The Trust's Concerns and Complaints Policy was updated and implemented in July 2014
- Both the Complaints and PALS leaflets were re-written and printed
- An Easy Read version of the PALS leaflet was developed, which is available on the Trust's website
- Installed PALS feedback boards in all departments and information at each patient's bedside encouraging patient feedback and advising patients/families how to raise concerns about their care
- Training session held with the Complaints & PALS team, in conjunction with the Samaritans, developing listening skills and strategies to cope with the demands of the role
- Refurbishment of the Bereavement Rooms on both sites with funds kindly donated by the League of Friends and close liaison with the End of Life Care Facilitator
- Undertook a satisfaction survey of patients/families who had raised concerns with PALS

Whilst significant improvements have been made during the year, further plans for the forthcoming year include;

- To revise the PALS and complaints information on the Trust's website
- Develop a complaints resource site for staff on the Trust's intranet including details of lessons learnt from complaints
- Develop further training for staff who investigate complaints
- Introduce the revised complaint categories and reporting in accordance with Department of Health requirements
- To review the current publicity available encouraging patient feedback and advising patients how to raise concerns about their care

11. Conclusion

The Trust has maintained its progress during the year in improving the handling complaints and using the feedback received to drive improvements in patient care.

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