

Reporting to:	Trust Board, 1st December 2016
Title	Complaints, PALS and FOI report
Sponsoring Director	Director of Corporate Governance
Author(s)	Judith Bennion - Senior Complaints Case Manager and Temporary PALS Manager
Previously considered by	
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 Quarter 1 and 2 and provide assurance that the Trust is handling complaints in accordance with the regulations. In Quarters 1 and 2, the Trust received a total of 173 formal complaints, 77 in quarter 1 and 96 in quarter 2. During the first 9 months of the year we have seen a 7.5% increase in the number of formal complaints received compared to the same period in 2015/16. The report includes the actions and learning from complaints.</p> <p>There were 299 Freedom of Information (FOI) requests in the six months from April - September. A number of actions have been taken to improve response times from Departments to requests.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <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
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
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
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow 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 get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients

	<input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Board is asked to consider the report and note how feedback received is being used to improve services and encourage shared learning to provide a better patient experience

COMPLAINTS & PALS REPORT

APRIL – SEPTEMBER 2016

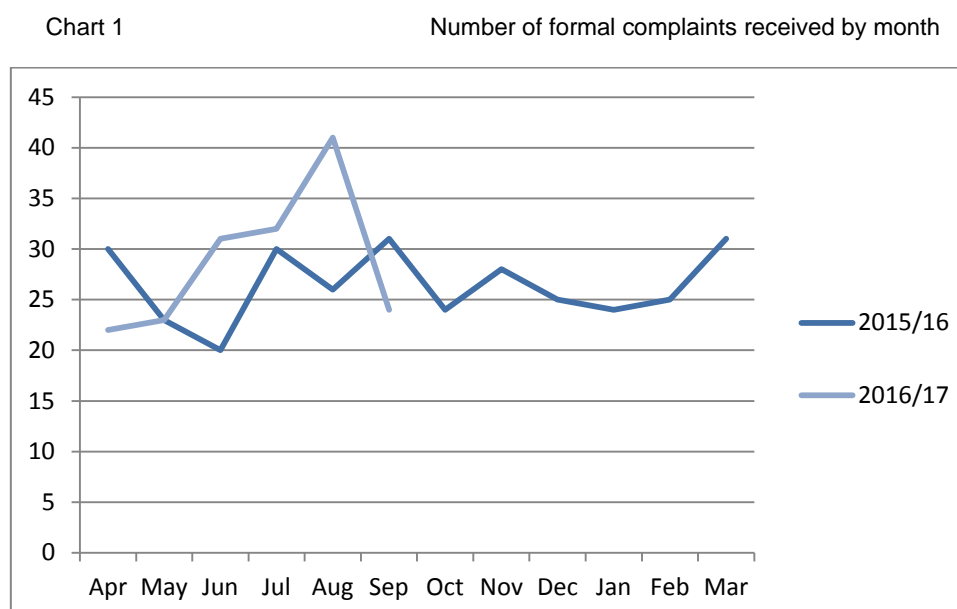
1. Introduction

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 Quarters 1 and 2 (April - September 2016). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS contacts. The paper also includes an update on Freedom of Information (FOI) requests.

2. Formal complaints received

In Quarters 1 and 2, the Trust received a total of 173 formal complaints, 77 in quarter 1 and 96 in quarter 2. During the first 9 months of the year we have seen a 7.5% increase in the number of formal complaints received compared to the same period in 2015/16.

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



3. Performance

The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 100% compliance with this requirement. All complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales and provide a personal contact moving forward. They also receive a simple leaflet that explains the process and options if they remain dissatisfied once the investigation is complete. They are also asked if they would be happy for their experience to be shared as part of wider learning for staff during training sessions.

The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required. For the majority of complaints the Trust aims to respond within 30 working days; for more complex complaints, for example, those involving a number of different specialties/organisations or a serious incident that requires a root cause analysis, a longer timescale for response is agreed with the complainant allowing time to undertake a thorough and fair investigation – this may take up to 60 working days to complete. Where delays occurred, regular contact was made with the patient/family to keep them updated. During Q1 and Q2 54% of complaints

were closed within 30 working days. In more complex cases the Case Manager will also telephone the complainant when the investigation is complete and the response prepared to provide an opportunity for a sensitive and sympathetic conversation. Where the Trust is unable to fully respond within the response time initially agreed with the complainant, in 100% of cases the complainant was kept fully informed of any delays and a new response date agreed.

23% of the complaints closed during quarter 1 were upheld, 30% were partly upheld and 37% not upheld, with 10% still under investigation by the Trust.

In quarter 2 17% were upheld, 38% were partly upheld with 17% not upheld, the remaining 28% are still under investigation.

4. Formal complaints by specialty

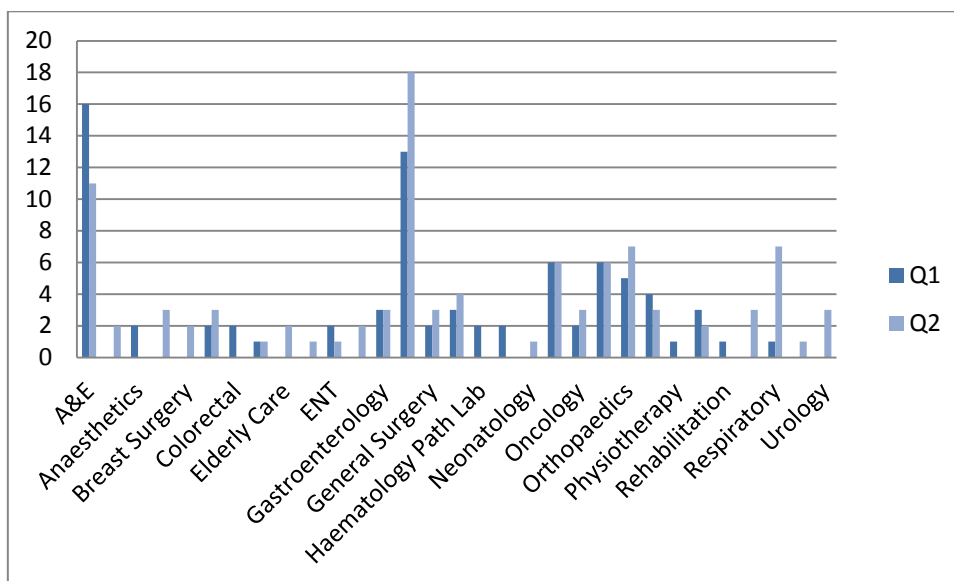
The top specialties receiving complaints during the quarter were:

Table 1

Specialty	Quarter 1	Quarter 2
A & E	16	11
Acute Medicine	13	18
Obstetrics	6	6
Ophthalmology	6	6
Orthopaedics	5	7
Paediatrics	4	3
Respiratory	1	7

The graph below shows the overall trend of the specialties that received the highest number of complaints during quarter 1 & 2. Acute Medicine and Emergency Medicine have a higher number of complaints due to their level of activity.

Chart 2 Formal complaints received by Specialty



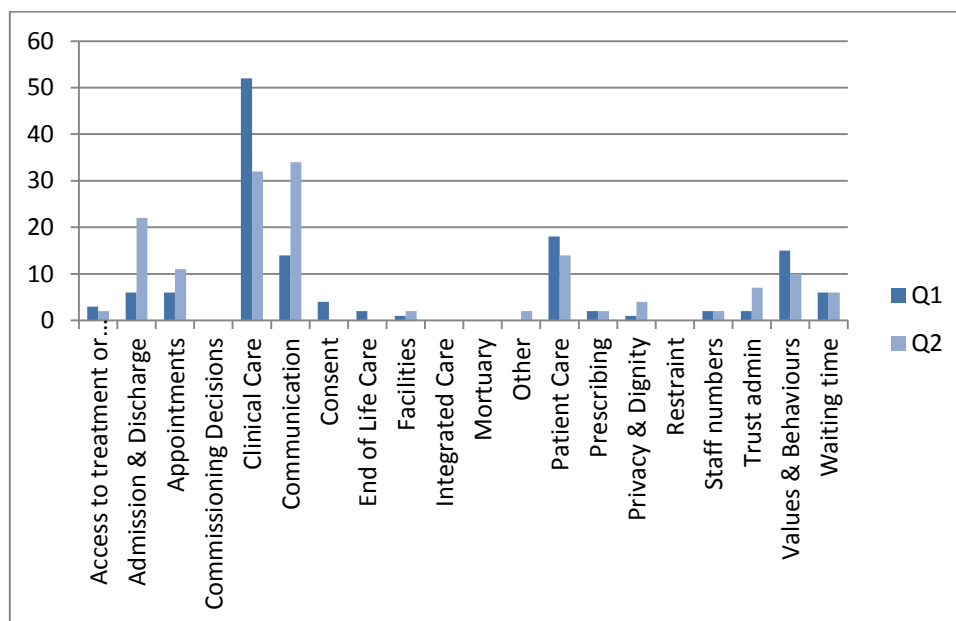
Orthopaedics continued to have a high number of complaints, but this is comparable with other Trusts. Respiratory have received a high number of complaints in quarter 2 which will be monitored for any emerging trend and also reflects the higher number of respiratory emergency admissions during this period.

5. Key themes

In April 2015, the Department of Health increased the frequency of complaints data collection and at the same time, introduced new subject codes for use by all Trusts. This means that changes have been made to the way in which the Trust records key themes identified in complaints to meet Department of Health requirements; because these changes are so significant it makes it difficult to draw comparisons with previous years in some areas.

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 shows the number of complaints for the main themes identified in the complaints received each quarter.

Chart 3 Key Themes



Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. Of the 52 complaints relating to clinical care in quarter 1, 40 relate to medical treatment, 4 to nursing, 1 to midwifery care and 1 to Allied Health Professionals. In quarter 2 the number significantly reduced to 32 of which 23 relate to medical treatment, 2 to nursing, 2 to midwifery, 1 to Allied Health professionals and 4 others.

Complaints relating to diagnosis and treatment during quarter 1 and 2 include:

- Missed fractures x3
- Failure to identify that a patient's waters had broken
- Delays to see a doctor in the Emergency Department x2
- Delay for surgery in cancer patient
- Alleged failure to treat allergic reaction
- Delay to treat abdominal condition whilst on respiratory ward

- Delay in pain relief
- Delay for scans and follow up review for prolonged bleeding post complications delivering placenta.
- Multiple attempts to take blood leading to excessive bleeding and bruising
- Alleged early discharge x5

There were 18 complaints relating to patient care in quarter 1; these include 4 where patients were not given sufficient help with feeding, 3 in respect of general nursing care, 3 where communication was poor and one where a lack of compassion was shown to the family, 2 where special dietary requirements were not met, 2 due to delay in providing pain relief, 2 relating to discharge issues. There was a slight improvement in quarter 2 with 14 complaints; 2 relating to privacy and dignity, 2 regarding poor communication, 2 where poor discharge was reported, 1 each due to being left in a soiled bed, a fall, no pain relief offered, no help with eating, multiple ward moves, acquired infection, wrong diet offered and not assisted to the toilet.

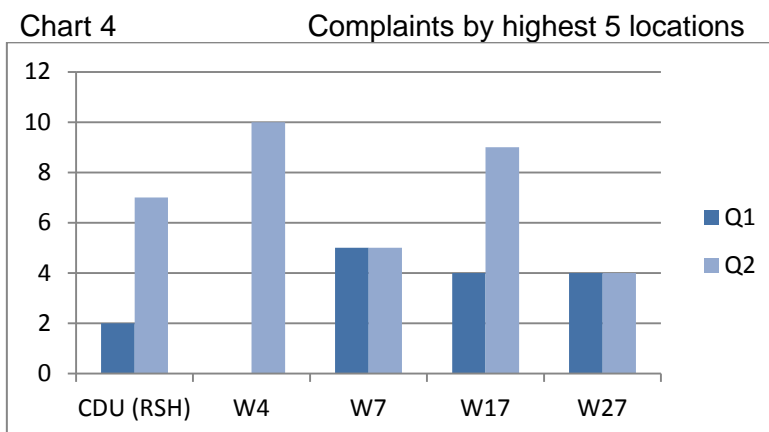
The Trust received 118 complaints during quarter 1 & 2 where medical staff were involved. The top specialties receiving these were the Emergency Departments on both sites, Orthopaedics, General Surgery and Acute Medicine. No trends emerged in individuals involved.

During quarter 1 & 2 there were 47 complaints where nursing staff were involved and 7 involving midwives. The greatest number of complaints, 13 of the total, relate to lack of or poor communication with patients and their relatives, 9 relate to care needs not being met or identified, 6 refer to lack of help to eat or provide the correct food for dietary requirements, 4 are about privacy and dignity issues, with 3 each relating to failure to provide pain relief, falls and discharge planning.

During quarter 1 there were 10 complaints about staff attitude, this was down from 16 in the previous quarter. 8 of these related to concerns about the attitude of medical staff. In quarter 2 this had further reduced to 8 with 5 relating to the medical staff, 2 to the nursing staff and 1 regarding an Allied Health Professional.

6. Formal complaints by location

Due to the high volume of patients seen and the nature of the specialty, some areas consistently receive a higher number of complaints than others. In the same way that each issue is recorded in a complaint, all locations are also recorded so the number of locations will total more than the number of complaints received. The following wards/departments have received complaints within these two quarters – this included all aspect of care, attitude of nursing staff, communication, discharge planning and lack of communication with the patient or family. Matrons and Heads of Nursing are kept informed of this information and where trends are emerging, the Matron works alongside the Ward Managers to address this. Cases which involve medical staff are copied to the Care Group Medical Director and Clinical Director for action.



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. They are also discussed at governance meetings and all complainants are now asked if they would be happy to be contacted to use their experience as part of shared learning for staff

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

- Review of consent procedure for Gastroscopy patients
- Closer working between the End of Life Care Team and ward staff to ensure EOL care plan is followed.
- Comprehensive information regarding community services including contact details is given to patients on discharge.
- Phlebotomy records are now retained for twelve months to ensure that they are there to be checked when the blood sample is not reported on.
- Receiving wards now contact patient's relatives when ward transfers take place to ensure that the families are aware.
- Appointment of a new stroke consultant to respond to the increase in demand for stroke and TIA follow up to meet national guidelines.
- Partnership in Care documentation prepared for the patient hand held records in maternity care to ensure that past history is taken into account during labour.

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.

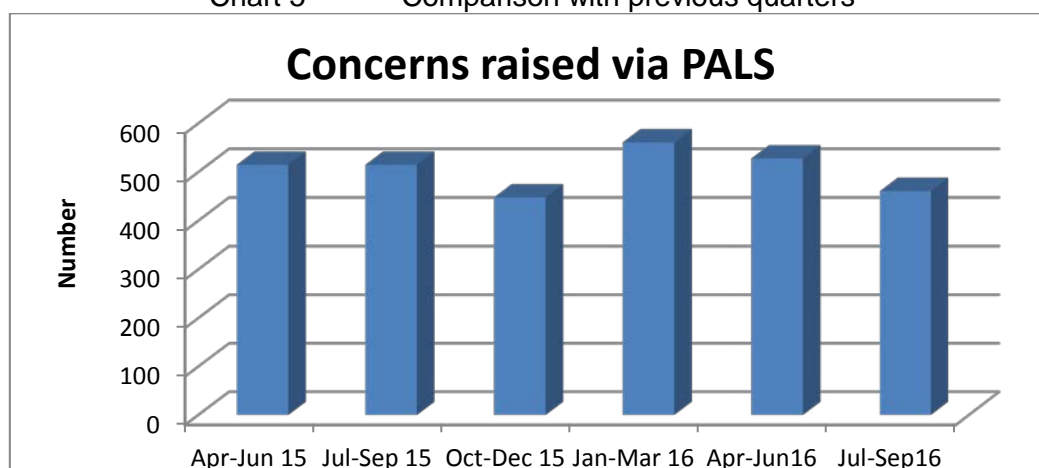
During quarter 1, the Trust was notified of 1 case referred to the Ombudsman; a complaint that was initially investigated in 2015. During quarter 2, the Trust was notified of 2 cases referred to the Ombudsman; complaints that were initially investigated in 2015 and 2016.

In quarter 2, the Ombudsman concluded 1 investigation which 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 1 & 2, the PALS team handled 528 & 461 concerns respectively. This is comparative to previous years.

Chart 5 Comparison with previous quarters



PALS Case

Contacted by patient's support worker (Ward Manager) from Redwoods Centre. Patient was treated in the Emergency Department (ED) and had various concerns regarding the nursing care and the lack of support / dignity shown to patient. A meeting took place with the Matron and Ward Manager. Ward Manager from Redwoods undertook a training session with ED staff. This demonstrates how PALS can bring other health care providers and Trust staff together for the mutual benefit of the patient with good learning outcomes.

Main themes arising from the concerns raised via PALS

The majority of PALS contacts relate to concerns about access to care and appointment issues due to capacity constraints particularly with Ophthalmology, Orthopaedics and Oral Surgery; whereas in Unscheduled Care contacts relate to communication and admission/discharge arrangements as well as delays within Neurology due to capacity constraints.

PALS Case

Contacted by patient's daughter who was extremely unhappy about the discharge of her father. Believes it was completely unsafe. Matron has gone through concerns raised with patient's daughter. Patient's daughter agreed to write a patient story. This is an example of how wider learning from an issue can be achieved.

PALS Case

A patient contacted PALS and wanted a little bit more information about a form she was asked to complete by the doctor when she attended a clinic appointment. PALS Advisor spoke to the doctor who advised the form is part of the GMC patient evaluation for medical staffing to validate doctors registration. The Doctor agreed to check with Medical Staffing / HR with regards to the form and the paper it is printed on. As a result Trust practice was changed to ensure that the forms were correctly printed and approved by the Trust prior to seeking patient views. The patient was satisfied with the open and honest approach of the Trust and with the feedback they were given.

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. The information posted on NHS Choices is anonymous and sometimes it is not possible to identify any further details such as the speciality involved or the location. Where a patient shares a negative experience they are invited to contact PALS to enable the team to investigate further.

During April – September 2016, 12 comments were published on the NHS Choices website, 83% (10) of these were positive, 8% (1) were negative and 8% (1) had a mixture of positive and negative feedback.

The area that received the most positive comments was the Emergency Department. Of the 10 positive comments received on the NHS Choices website, four involved the Emergency Department. Some of the negative comments raised were the attitude of staff and lack of communication. All comments received are forwarded to the departmental manager for review and action.

Some of the positive comments received were as follows:

"From the arrival by ambulance, to the departure by ambulance, everything was spot on. I could not fault a thing. Ward 10 was brilliant. All of the staff, Dr's, Nursing staff, catering staff, porters, cleaners, just everyone, involved in my few day's stay, made the experience a good one, and several went above and beyond the call of duty. Excellent! You should be very proud to have such committed staff. Absolutely stunningly well run hospital. Thank you so much. Kindest regards"

"Thanks for all the attention that you gave me. Your hard work and unceasing attention plus the thorough examination of me gave me confidence in the team. I can only praise you highly for what you do. Well done to all who helped me at the PRH A & E. God bless you".

"I would like to thank my consultant, the colorectal department, the surgical and anaesthetist team, and the nurses during the course of my surgery, treatment and recovery, for the care and understanding I received. My husband and I felt that we were informed every step of the way, our fears and worries being acknowledged and answered in a clear and concise manner, without the feeling of being rushed. Thank you again."

The negative comments received were as follows:

"Lack of communication with us and waiting times for a bed were shocking.There was little or no information about his condition or when he was ready for discharge, although staff were kind and helpful. Shower hadn't been working for four months. My boyfriend was shoved in the end of a Bay, not in a full sized Bay like other patients. Very busy, shortage of beds, no air conditioning, it was far too hot sticky air quality.

"The care I received on ward 27 was excellent. Lovely staff who all went above and beyond for everyone on the ward. I cannot thank them enough.... I think I was in bay 1 next to nurses' station. Unfortunately I was moved to SAU afterwards where the same cannot be said, mainly due to lack of staff possibly but heard patients being snapped at by staff. A&E looked after me very well too (from what I can remember!)"

11. Letters of thanks

In addition to the feedback give via NHS Choices and the Trust's website, 74 letters of thanks and appreciation were received by the Chief Executive during quarters 1 & 2. This is in addition to the cards and letters sent to wards and individual members of staff. Each letter received by the Chief Executive was acknowledged and a copy of the letter sent to the ward, department or individual involved. This service has now been taken on by the Communications Team so that the positive feedback can be more widely shared through social media and individuals from the senior leadership Team can take the letters to their buddy ward. They are also invited to nominate the members of staff for the new Values in Practice (VIP) Award.

Extracts from a selection of letters

"During my recent stay on Ward 8 in the Princess Royal Hospital, I was extremely happy with the care I received. All the nurses, carers & cleaning staff were amazing & and nothing was too much trouble".

"I have filled in my patient questionnaire with A all the way through. I just want to say thank you personally for everything that the NHS and our own Shrewsbury Hospital do for us. Why can't more people give praise where praise is due? "*

"In May this year I was referred with suspected cancer. From my first visit I was struck by the professionalism of everyone with whom I had contact, be they administrative or medical, their genuine care and interest in my welfare has been touching."

12. Bereavement Service

The Bereavement Service has worked closely with the End of Life Care team during the first two quarters to enhance the care and support given to grieving families. This is an increasing area of responsibility for the PALs team and they have developed close links with Jules Lewis and Elin Roddy in the End of Life Care Team. It is important to guide and support grieving relatives and allow them to continue with their lives as they make preparations for the funeral of their loved one. A significant area of unnecessary delay and added distress is the delay in issuing the Medical Certificate of Death, which then has to be registered with the Registrar of Births, Deaths & Marriages. The PALs Team have

been looking at better links the End of Life team to make the experience less distressing for relatives of patients who have died in hospital and to improve the current death certification process. Aaron Prior from the PALs team has been looking at improvements to support grieving families as part of a Transforming Care project (using Virginia Mason techniques) and will take part in a Report Out in January. Early in 2017 it is planned that the PALs office at RSH will move back to the main wards corridor, to be more visible and accessible to patients and an extension to the current office will allow the Complaints team to be centralised by the admissions office and release an office for the Registrar of Deaths to come on-site so relatives can register the death on-site instead of trying to find and park at the Shirehall. This office will also provide a base for the End of Life Care Team, led by Jules Lewis and two recent appointments so that they have a base close to both the wards and the PALs Team, which should provide a much kinder and joined-up service for relatives

13. Freedom of Information (FOI)

The Trust receives an average of 50 Freedom of Information requests each month; many of which are complex. There is a time limit of 20 working days to provide a response.

Table 2 – Overview of FOI requests April - September 2016

Month	Received	Answered within 20 days	NOT answered within 20 days
April	51	10	41
May	45	21	24
June	62	25	37
July	46	17	29
August	65	17	48
September	32	7	25

Table 3 – Responding department - April - September 2016

Department	April	May	June	July	Aug	Sept	TOTAL
Corporate	11	6	3	7	10	11	48
Estates	1	1	0	0	2	1	5
Facilities	1	1	3	3	1		9
Finance	5	6	9	3	10		33
Infection control	0	0	0	1	1		2
Information	4	8	11	6	7	3	39
IT	3	4	4	5	6	3	25
Nursing & Quality	2	4	2	2	5		15
Pharmacy	5	1	1	4	2	3	16
Procurement	2	1	1	1	1		6
Radiology	1	0	2	0	1		4
Scheduled Care	6	2	2	2	1		13
Support Services	0	1	3	0	2	4	10
Unscheduled Care	4	0	9	1	3	2	19
Women & Children's	2	1	2	4	7		16
Workforce	2	9	10	7	6	5	39
Grand Total	49	45	62	46	65	32	299

Appeals Received

The Trust received a complaint about its recent handling of an FOI request. The internal review upheld some of the complaint, as the response was not supplied within the time limit, although the response was judged to be accurate.

Improvements

A number of actions have been implemented recently to improve FOI handling:

- The FOI policy has been substantially updated and now requires a 10 day internal response time in order to give the FOI Officer time to provide a response and seek additional information from other members of staff if necessary.
- Managers answering FOIs are required to complete sign-off sheets to confirm that the information supplied is complete
- Robust process implemented for escalating non-responses and tracing outstanding replies with a new tracking system
- Dedicated mailbox for FOI requests: foi@sath.nhs.uk
- FOI policy will be uploaded to the 4policy system for dissemination to senior managers and heads of service, along with key points and a test to emphasise the importance of responding to FOI requests in a timely manner.

14. Recommendation

The Board is asked to consider the report and note how feedback received is being used to improve services and encourage shared learning to provide a better patient experience