

Reporting to:	Trust Board, 31 March 3016
Title	Complaints & PALS Report October - December 2015
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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 3 and provide assurance that the Trust is handling complaints in accordance with the regulations. In quarter 3 the Trust received a total of 77 formal complaints. The Trust continues to maintain a high performance in responding to complaints with 91% of complaints being closed within the agreed timescales during this quarter.
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 Standard 17
Recommendation	The Board is asked to: <input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Note <input checked="" type="checkbox"/> Review <input type="checkbox"/> Approve

COMPLAINTS & PALS REPORT OCTOBER – DECEMBER 2015

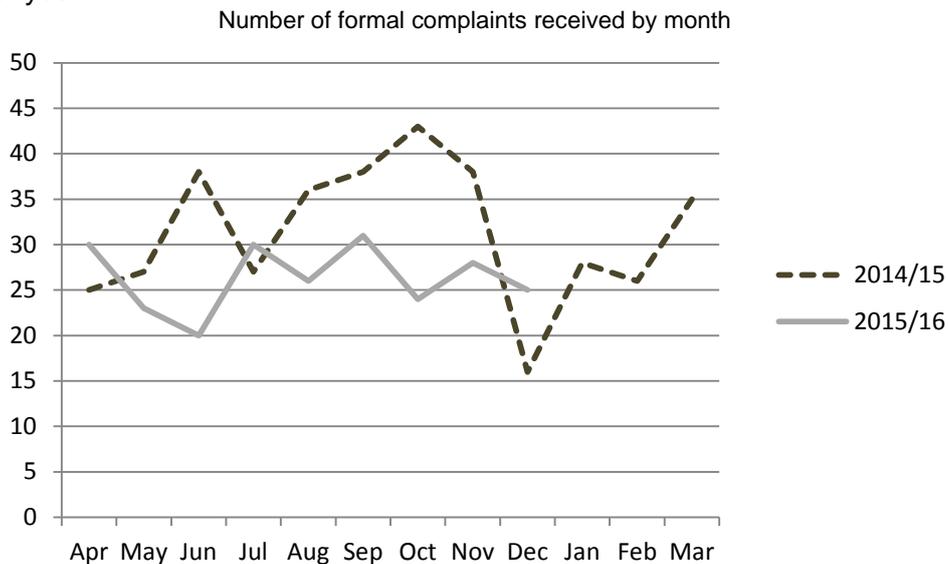
1. Introduction

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 Quarter 3 (October - December 2015). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS contacts.

2 Formal complaints received

In Quarter 3, the Trust received a total of 77 formal complaints, a fall of 11% from the previous quarter. During the first 9 months of the year we have seen a 17% reduction in the number of formal complaints received compared to the same period in 2014/15.

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



3 Performance

The Trust continues to maintain a high performance in responding to complaints with 91% of complaints 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. 24% of the complaints closed during the quarter were upheld, 32% were partly upheld and the remaining 44% not upheld by the Trust.

The number of formal complaints received during the quarter equated to 1.1% per 1,000 bed days compared with 1.5% in the quarter 3, 2014/15.

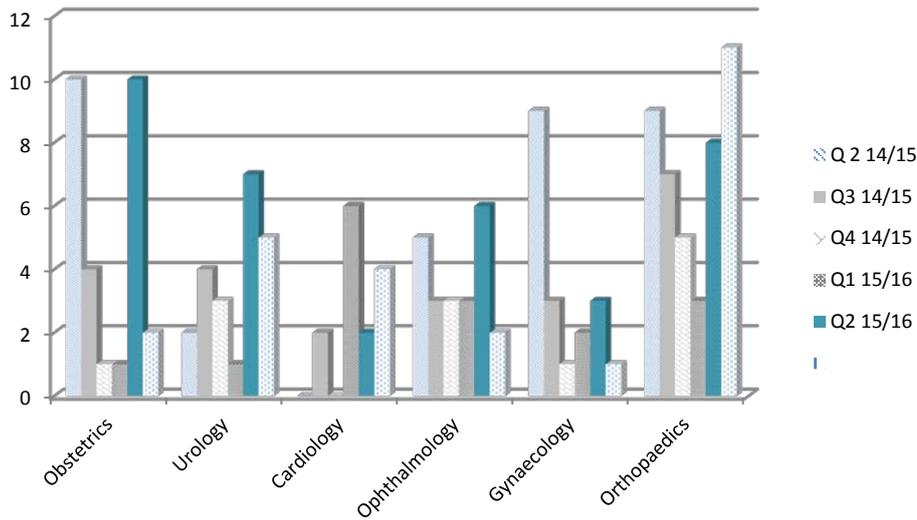
4 Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

Emergency Medicine	9	(0.3% per 1,000 patients)
Orthopaedics	11	(0.5% per 1,000 bed days)
Acute Medicine	10	(3% per 1,000 bed days)
Urology	5	(2.6% per 1,000 bed days)

The graph below shows the overall trend of the specialties that received the highest number of complaints last year. The graph does not include Acute Medicine, Emergency Medicine and General Surgery as these specialties will have a higher number of complaints due to their level of activity.

Formal complaints received by Specialty

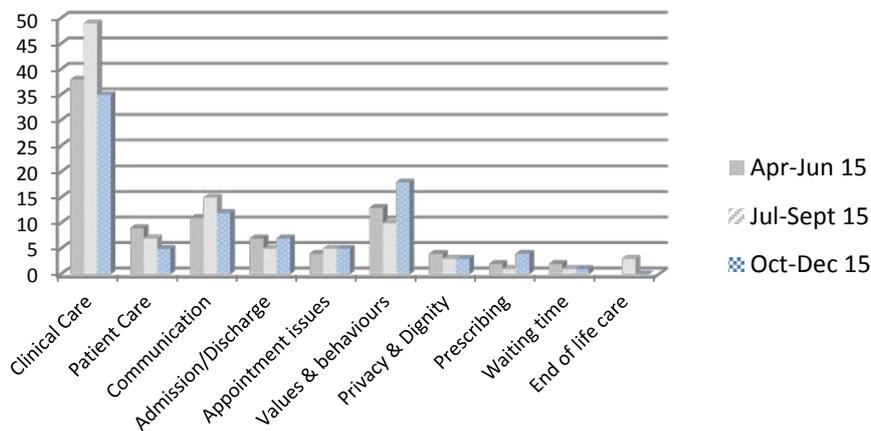


Orthopaedics continues to have a high number of complaints, but this is comparable with other Trusts. However, Urology and Ophthalmology would not normally feature in the top specialties receiving complaints and in comparison with other specialties, the number of complaints is high. Further analysis of these specialties is underway to identify the trends.

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 has resulted in a change of the way in which the Trust records key themes identified in complaints which makes it difficult to draw comparisons with previous years.

Key themes



Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. Of the 35 complaints relate to clinical care (48 in the previous quarter), 28 relate to medical treatment, 4 to nursing, 2 to midwifery care and 1 to Allied Health Professionals.

Complaints relating to diagnosis and treatment include:

- Missed fractures - 2 (both not visible on initial x-rays)
- Failure to arrange follow up surveillance of patient with abdominal aortic aneurysm
- Undiagnosed breech
- Pain following CT scan
- On-going pain following facet joint injection
- Alleged failure to diagnose ruptured cruciate ligament
- On-going pain following arthroscopy
- Delay in pain relief

- Breakdown in communication following MDT meeting resulting in delay in on-going treatment

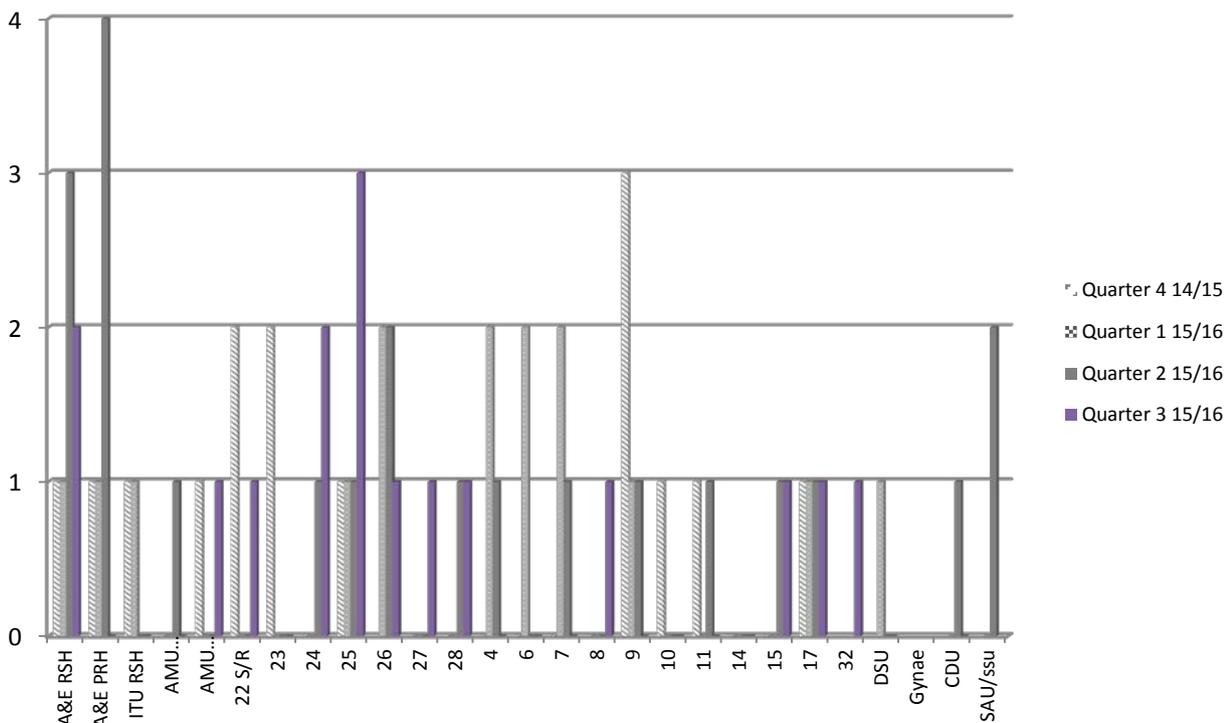
There were 5 complaints relating to patient care; these include 2 where patients were not given sufficient help with feeding, 1 where there was insufficient assistance given when the patient wished to use the bathroom and failure to clean a patient's PEG tube correctly.

The Trust received 50 complaints during the quarter where medical staff were involved. The top specialties receiving these were A&E, Orthopaedics, Urology and Paediatrics. No trends emerged in individuals involved.

During the quarter there was also an increase in the number of complaints about staff attitude, 16 compared with 7 in the previous quarter. 11 of these related to concerns about the attitude of medical staff; 3 of these relate to paediatrics and 3 for orthopaedics.

6. Formal complaints by location

The following wards/departments have received complaints relating to nursing care – this included all aspect of care, attitude of nursing staff, communication, discharge planning and lack of communication with the patient or family. Matrons and Head of Nursing are kept informed of this information and where trends are emerging, the Matron works alongside the Ward Managers to address this.



7. Actions and learning from complaints

- PEG care training has taken place
- A pathway is being developed for patients who have problems with their jejunostomy tube out of hours.
- Maternity will update their transfer of patient standard operating procedure making it clear that maternal and fetal observations should be undertaken immediately prior to transfer and within 5 minutes of arrival.
- A review is being undertaken to ensure that the Antepartum haemorrhage guidelines reflect current NICE guidelines
- Additional weighing scales have been purchased by the Fertility Department for each consultation room
- The Midwifery Led Unit intrapartum guidelines have been updated to ensure that they conform to NICE guidance in relation to the frequency of intermittent fetal heart monitoring
- The Maternity Unit are updating their formal handover guidelines

- The Neonatal unit are developing a standard operating procedure for neonatal transfers.
- The Fertility department have increased the length of their first medical appointment slots to allow additional time for discussion with the doctor prior to any examination
- Changes have been made to the clinical outcome forms used by vascular surgery to ensure that patients receive notification of their surveillance scans.

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.

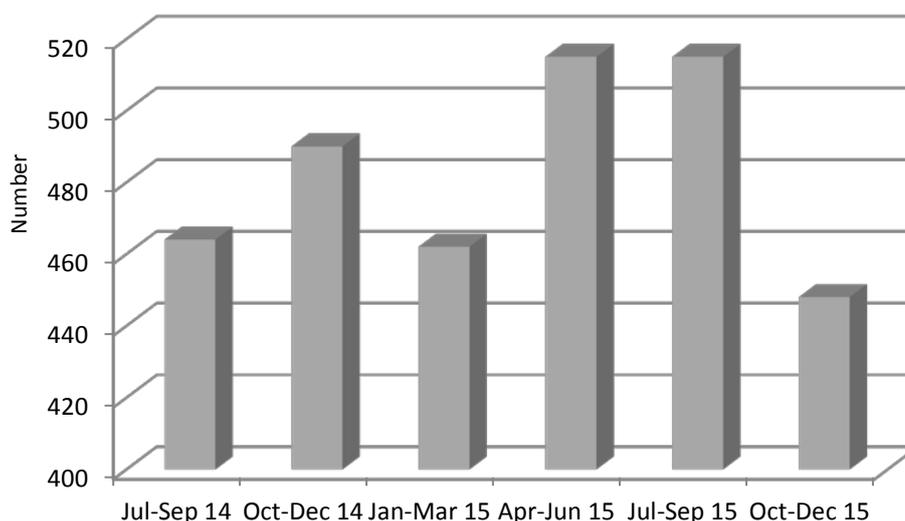
During the quarter, the Trust was notified of 2 cases referred to the Ombudsman; complaints that were initially investigated in 2014. To date, no cases from this financial year have been referred to the Ombudsman.

In quarter 3, the Ombudsman concluded 3 investigations – 2 were partly upheld and one upheld. In one case the Trust had already taken action and no further recommendations were made. The Trust developed action plans to address the failings identified in the 2 other cases.

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 448 concerns. Whilst this is less than the previous 2 quarters, the number received is very similar to previous years. The graph below shows a comparison with previous quarters.

Concerns raised via PALS



PALS Case

A patient contacted PALS as they had received 2 appointments to attend Audiology at Shrewsbury – their appointments were previously held in Oswestry. The appointments were scheduled to take place on separate days and the patient was grateful when PALS assisted them in arranging these on the same day.

Main themes arising from the concerns raised via PALS

The majority of PALS contacts relate to concerns about access to care and appointment issues predominantly in the following specialties due to capacity constraints particularly with Ophthalmology and Orthopaedics and Oral Surgery whereas in Unscheduled Care contacts relate to communication and admission/discharge arrangements.

PALS Case

Following a number of concerns by patients who had arrived for an appointment at the wrong site, PALS worked with IT to ensure that the text messaging service provides clearer information

PALS Case

PALS supported a family following the death of their love one and facilitated a meeting with a senior consultant following a case review of the patient's care. The review identified some failings in the patient's care and this was fully explained to the family. The family were 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 October - December, 38 comments were published on the NHS Choices website, 76% (29) of these were positive, 21% (8) were negative and 3% (1) had a mixture of positive and negative feedback. It is encouraging to see that many of the positive comments praised staff for the high standard of care received and the respect shown to patients and their relatives.

Areas that received several positive comments were the Emergency Department, Maternity, and Ophthalmology. The negative comments focused mainly on the waiting time for appointments and communication. All comments received are forwarded to the departmental manager for review and action.

"All of the staff that we had contact with were amazing, in particular the nursing staff. They couldn't do enough for us and made sure that my son & I were comfortable. The nurses answered all of my queries and consulted with the doctors/surgeons as soon as possible. Everyone was great with my son and I can't thank them enough." (Paediatric Unit)

"My father has recently undergone a surgery under general anaesthesia to help with the paralysis of his arm. He was admitted to the day surgery unit. The care he received was of an amazing standard, with staff being extremely respectful, helpful and polite. The unit was very clean and environment was quiet and relaxing. He's very satisfied with the quality of care he received- thank you to the amazing staff"

Some of the negative comments received were as follows:

"Took a friend with a head injury to Telford Process Royal this evening, which was advertising a 3.5 hour waiting time. Being local to Shrewsbury I contacted the Royal Shrewsbury to find out their times to speed up the process for everyone only to be told that it was 'against their policy' to give it out. Considering the two hospitals are in the same NHS trust and surely should be attempting to give the best customer experience, I honestly can't see a reason behind this ridiculous reasoning. Almost certainly a selfish work shyness on the part of the staff not wanting to assist their counterparts in Telford?"

I would like to know why I had to go to the RSH for my appointment yesterday as I live in Wellington. I don't drive, and thanks to the extraordinary delay in being seen I was out for over 5 hours. My appointment was for 4:20 and I was not seen until an hour and a half after that time. No explanation was given while I was waiting and the clinic board said 45 minute delay. When I finally got out after 6pm, it was to discover that the bus service now only runs every half hour! Whilst I appreciate there were probably valid and legitimate reasons for the delay, the lack of communication was appalling."

Letters of thanks

In addition to the feedback given via NHS Choices and the Trust's website, 40 letters of thanks and appreciation were received by the Chief Executive during the quarter, an increase of 60%. 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

"My husband, who has been diagnosed with prostate cancer, has recently had investigations and subsequent surgery. All investigations have been very prompt with every member of staff showing compassion and professionalism. Post-operatively he was again treated with the same amount of efficiency and compassion".

"I would just like to take this opportunity to express my thanks to all the staff on the High Dependency Unit and the colorectal surgical ward at the Royal Shrewsbury Hospital where my mum was a patient. Mum is at home and after being so unwell post-operatively she is now back to her pre-op self. The staff on HDU were fantastic and having worked in more than 20 Intensive care units internationally, I was impressed by their commitment to not only looking after my mum so well but keeping us as a family well informed".

"Today I successfully completed my exercise sessions with the Cardiac Rehabilitation unit and wish to record my grateful thanks for the care, help and attention I received. I have been most impressed, not only by the dedication of the staff, but the respect that they have for the patients and each other."

Conclusion

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