

Reporting to:	Trust Board
Title	Complaints & PALS Report October - December 2013
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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 (October – December 2013) and provide assurance that the Trust is handling complaints in accordance with the regulations.
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 type="checkbox"/> Receive <input checked="" type="checkbox"/> Note <input checked="" type="checkbox"/> Review <input type="checkbox"/> Approve

COMPLAINTS & PALS REPORT OCTOBER - DECEMBER 2013

1. Introduction

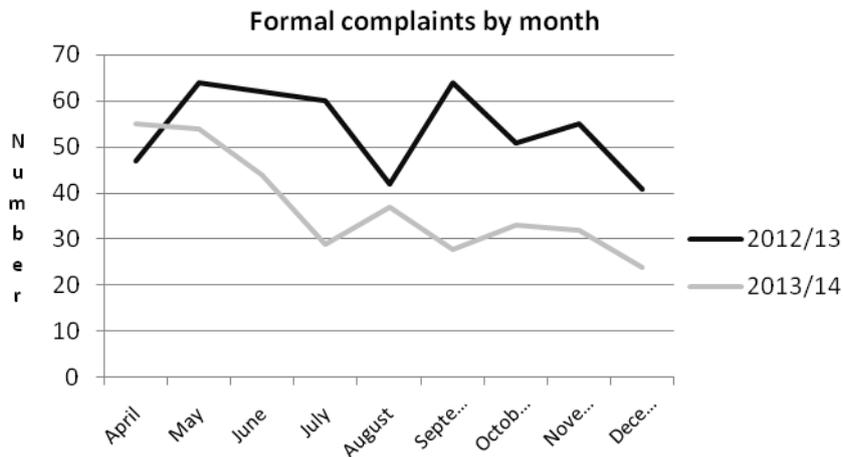
The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during Quarter 3 (October – December 2013). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS.

2 Formal complaints received

In Quarter 3, the Trust received a total of 89 formal complaints demonstrating a continued downward trend.

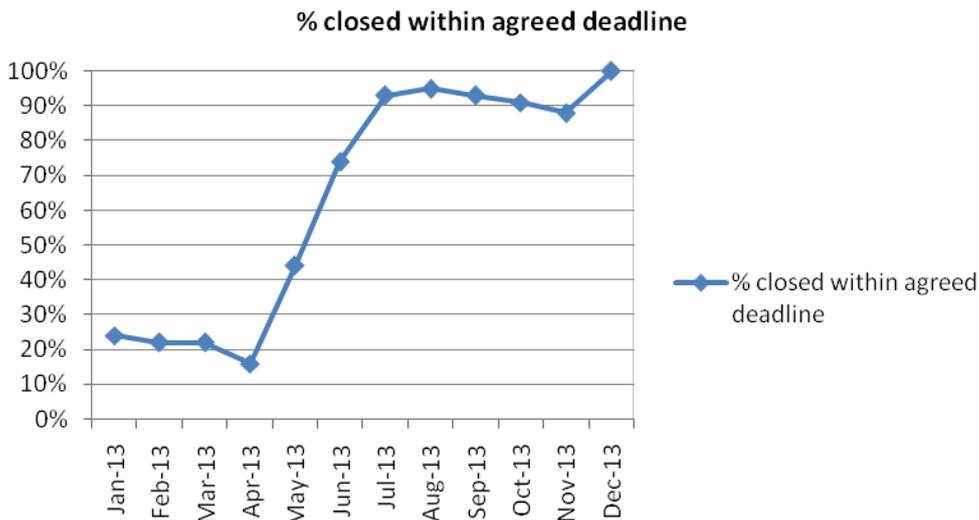
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	Apr-Dec 2012	Total 2012/13
Formal complaints received	55	54	39	29	37	28	33	32	24	331	486	671

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 within the agreed timescale with the complainant, as shown in the graph below – 93% for the quarter.



Formal complaints received per 1,000 occupied bed days

	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013
Formal complaints received	166	186	148	94	89
Formal complaints per 1,000 occupied bed days	2.6	2.8	2.3	1.5	1.4

Of the 89 complaints received, 24 (27%) were upheld, 39 (44%) were partly upheld and 26 (29%) not upheld by the Trust.

4 Formal complaints by specialty

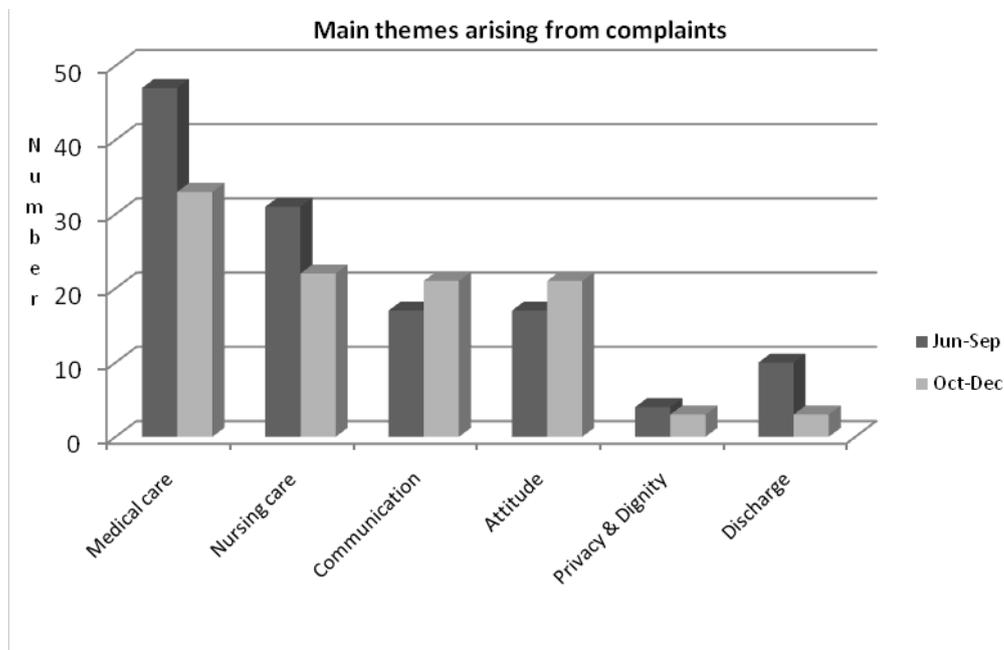
The top 5 specialties receiving complaints during the quarter were:

Emergency Medicine	12
Acute Medicine	9
Ophthalmology	8
Orthopaedics	7
Obstetrics	7

The Ophthalmology department has now established a bi-monthly clinical governance meeting where complaints and incidents are reviewed and actions identified.

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, although these have reduced. Three complaints related to end of life care; details of these will be shared with group reviewing this aspect of care.



Issues relating to medical care include:

- Complications arising during surgery or treatment
- Failure to act on abnormal result
- Birth trauma following failed forceps delivery
- Delays in diagnosis and treatment – delay in diagnosis of a myocardial infarction, delay in undertaking a CT scan

Again, where patients have a number of co-morbidities and their care is complex, the need for a senior clinician who can co-ordinate the care, is highlighted through the complaints received.

Nursing issues were reduced significantly during the quarter with delays in pain relief being the most common theme – 4 compared to 7 in the previous quarter. 3 complaints included delay in answering the call bell (3 in previous quarter) and 3 complaints related to a lack of attention shown to hygiene.

6 Triangulation with Patient Safety

During the last quarter the team has been working closely with the Patient Safety team to ensure triangulation of complaints and serious incidents. When a complaint is received this is now aggregated with any associated incident report or claim/inquest that is relevant and a link made in the Complaints module of Datix. This ensures that there is triangulation between all three and any previous investigation or information is used in the investigation of the complaint. Where serious clinical issues are raised in a complaint, these are discussed with the Patient Safety team and where appropriate, either a High Risk review or root cause analysis investigation is undertaken. The outcome of the root cause analysis and complaint investigation is then shared with the patient and/or family in a joint meeting.

7. Formal complaints by location

The following wards/departments have received the highest number of complaints relating to nursing care during the quarter.

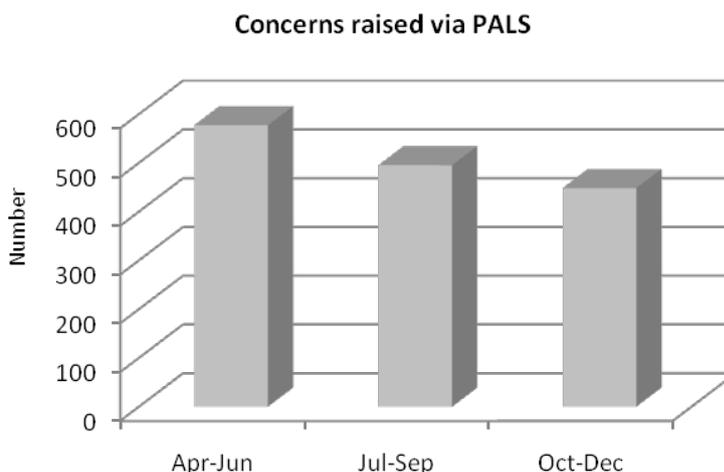
Ward/Department	Number
Ward 10	2
Ward 27	2
Ward 34	3

Wards that received the highest number of complaints relating to nursing care/attitude last quarter have all seen an improvement in the current quarter

Ward/Department	Jul-Sep	Oct-Dec
Ward 25	5	0
Accident & Emergency (RSH)	4	1
Ward 28	3	0
Ward 12E	3	0

8. PALS

PALS is often 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. As with complaints, PALS has seen a downward trend in the number of concerns being raised and in quarter 3, the team handled 488 concerns compared with 577 in quarter 1 (22% decrease). The graph below shows a comparison with previous quarters.



This downward trend follows a review of the data recorded on the PALS database. Evidence from the review showed that data entered onto the PALS database was sometimes duplicated or cases were being logged even when they referred to concerns raised about other Trusts e.g. issues relating to the Community Trust, Mental Health Trust or patient transport were entered onto the database, even when the call was directed to the correct Trust to handle. It was also evident that where staff gave simple advice to the caller, such as how to donate knitted garments to the Neonatal unit and directions to the Trust were all being logged onto the database as a concern. Simple calls of this nature are no longer entered onto the database. On-going coaching and training is in progress with the team to ensure accurate information is being recorded so that the data entry is a true reflection of the number of concerns being raised.

Historically, the team has also relied on paper records to record all concerns raised and then duplicated relevant information onto the database. This meant that there were often delays in data entry, due to the volume of work, and information that was recorded onto the database was limited. Since September 2013, all information is now entered onto the database in 'real time' providing a contemporaneous record of the contact; all supporting documentation (such as e-mails) is also attached electronically. Benefits of this include the avoidance of duplication of work, timely data entry, the data is accessible by all members of the team regardless of their work base and the accuracy of data can be monitored, along with the added cost savings in time, paper and archiving.

Where issues raised via PALS are serious these are now escalated and handled as a formal complaint or serious incident. One recent example of this is when a patient raised serious concerns about the conduct of doctor. This was handled as a formal complaint and immediately escalated to the Medical Director and investigated accordingly.

PALS Case

A patient's husband contacted PALS as his wife, who has Alzheimer's disease, had attended on 2 occasions for breast screening with staff from her Care Home. Screening had not taken place as the patient was unable to consent to the procedure and the Care Home staff had no clinical information with them. Following discussion with the Radiology Business Manager and the Breast Screening Manager changes have been made to the information packs given to Care Homes. Care Homes are now advised to ensure that they bring the patient's individual care plan and photo ID with them along with details of any relevant medical issues.

The Dementia Project Lead Nurse was also contacted in respect of training and education of staff in the Trust regarding patients with dementia and a copy of the Care Pathway and Care Management Plan for all patients with dementia was shared with the patient's husband. The husband has also been invited to contact the Breast Screening Manager to arrange another date for his wife's screening when he will be able to come in with her.

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, 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 the current care pathway.

PALS Case

A patient contacted PALS with a number of concerns:

- the drinking water dispenser was tucked away in the main outpatient reception,
- the small font on the price information posters in the League of Friends Shop,
- the lack of information that the Minsterley Motors bus does not come onto the hospital site.

As a result, the League of Friends has enlarged the sign making it easier to locate the water dispenser and have increased the font on their price lists.

Minsterley Motors bus has indicated that they will review the wording of their timetable and amend it accordingly. The patient was also advised of the numbers of the Arriva buses that do stop outside the main outpatient reception area.

9. Actions and learning from complaints

1. The Women & Children's Unit are in the process of writing and updating a number of clinical guidelines following a traumatic forceps delivery, including operative vaginal guidelines, neonatal massive haemorrhage, subaponeurotic haemorrhage. The department will also undertake an audit of operative vaginal deliveries in theatre.
2. Following concerns raised by a patient in clinic about a lack of a chaperone during a consultation, staff have been reminded to ensure that chaperones are always readily available for every patient.
3. A family complained that staff were not completing the nursing Comfort round checks accurately. As a result, the ward manager completed a sample check list and displayed this as a learning tool on the ward.
4. Concerns were raised by a family of a patient who had advanced invasive ductal carcinoma who said that the medical team did not discuss with them the patient's prognosis in detail. Whilst the patient notes appeared to indicate that discussions were held with the patient and the family, the team have now introduced a proforma where staff can document the prognostic discussions held with patients.
5. A patient wrote to the Trust following a difficult consultation in the clinic where she felt that the doctor was unable to explain medical terminology to her at a level that she could understand. As a result, the doctor has undertaken a number of on-line training sessions concentrating on shared decision making to improve his communication skills.

10. 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 complaints
- Close the case without investigation
- Decide to investigate the case further.

During the quarter, the Trust was notified of 4 cases referred to the PHSO.

Up to the end of December 12 cases have been referred to the Ombudsman during the year; 10 cases relate to complaints received in previous financial years with only 2 cases from complaints received in the current financial year.

6 of these cases are now closed. 3 cases were not upheld, 1 required further explanation to the complainant from the Trust and was then closed. 1 case was upheld and 1 partly upheld.

The remaining cases are still under review or investigation.

11. Conclusion

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