

Reporting to:	Trust Board - 27 February 2014
Title	Complaints Report July - September 2013
Sponsoring Director	Sarah Bloomfield - Acting Director of Nursing & Quality
Author(s)	Jackie Harrison - Head of PALS & Complaints
Previously considered by	Quality & Safety Committee
Executive Summary	<p>The Francis report following the public enquiry into the standards of care provided at Mid Staffordshire Hospital made a number of recommendations in relation to complaints handling in NHS Trusts. This resulted in a review of the way in which NHS Trusts handled complaints, led by Ann Clwyd MP and Professor Hart.</p> <p>The pupose of this report is to update the committee on progress in relation to the actions and recommendations of the Clwyd/Hart report and provde assurance that the Trust is handling complaints in accordance with statutory regulations.</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 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 REPORT JULY – SEPTEMBER 2013

1. Introduction

The purpose of this report is to provide the Trust Board with an overview of formal complaints received by the Trust during Quarter 2 (July – September 2013). The report outlines the Trust's performance and includes the trends and themes arising from complaints. This is the first complaints report in response to the recommendations made by the Clwyd/Hart report. The format and information presented is for discussion and comment and future reports may change following feedback and review by the Trust Board. A further report will be presented to the Trust Board in March 2014 outlining the Trust's performance in Quarter 3 and will include information and feedback from PALS contacts. The report also provides Board assurance that the Trust is implementing the actions and recommendations following the Clwyd/Hart report and recent Care Quality Commission review in relation to complaints handling.

2. The Clwyd/Hart report

The Clwyd-Hart review was commissioned by the government after the public inquiry into Mid Staffordshire and was published in October 2013. The report reviewed how NHS Trusts handled complaints made by patients, their carers and representatives and made a number of recommendations.

The recommendations include:

- Improving the quality of care
- Improving the way complaints are handled
- Ensuring independence in the complaints procedures
- Whistleblowing

Previously the Francis Report contained 14 recommendations about complaints handling. The Clwyd-Hart report echoes the needs around culture change and transparency from the highest level and concurred with the Francis report in recommending the use of independent investigation in certain circumstances.

Prior to the publication of the Clwyd/Hart report the Trust appointed a new Head of PALS & Complaints in July 2013 who undertook a review of the Trust's processes for complaints handling. The process was subsequently streamlined resulting in immediate improvements both in the timeliness and the quality of the response to complainants but also in ensuring that there was a system in place to learn lessons from complaints raised. An action plan has been developed to evidence the Trust position in relation to recommendations of the Clwyd/Hart report and to identify further work that is required to ensure full implementation. This plan can be found in the information pack which supplements board papers.

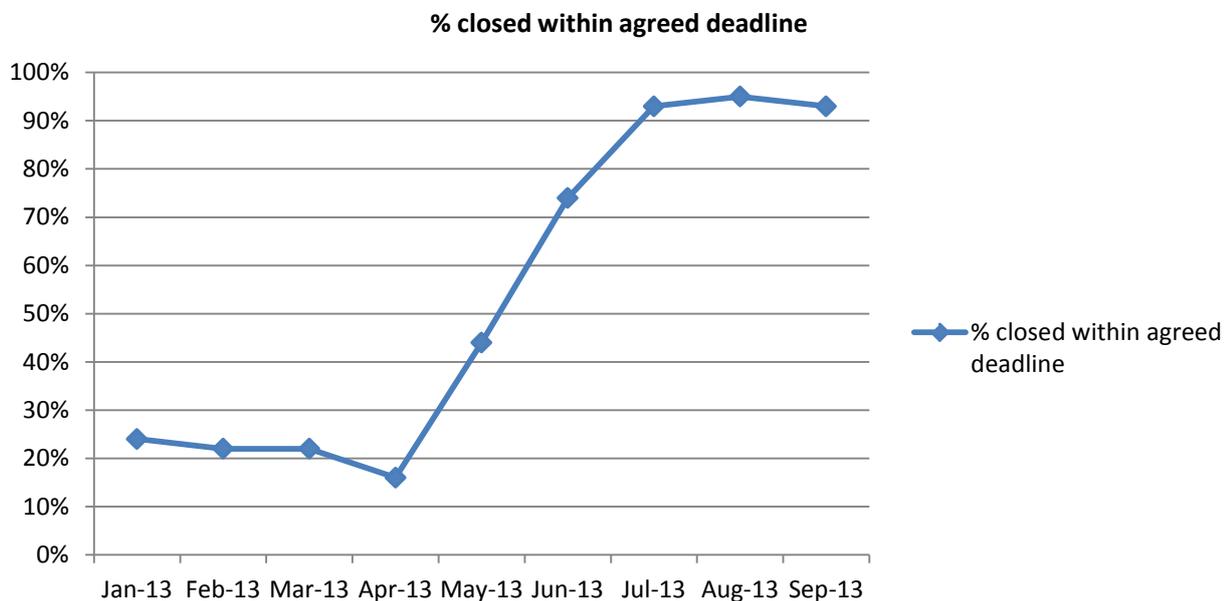
3. Formal complaints received

In Quarter 2, the Trust received a total of 94 formal complaints. Overall, during the year the Trust has seen a downward trend in the number of formal complaints received. In previous years all concerns raised in writing or via the Trust's website were handled as a formal complaint, regardless of the content. Many of these issues related to appointment or admission problems that could be resolved by the early intervention of the PALS team. Since July 2013, all concerns are now assessed and where appropriate and in agreement with the complainant, these issues are now handled by the PALS team, therefore ensuring a timely response. Overall, this has led to a sustained decrease in the number of formal complaints received by the Trust.

	April	May	June	July	Aug	Sept	YTD	Apr-Sep 2012	Total 2012/13
Formal complaints received	55	54	39	29	37	28	242	339	671

4. Performance

Prior to July 2013, the Trust aimed to respond to formal complaints within 40 working days following receipt of the complaint. This proved a challenging target and the Trust was only able to achieve this in 16-22% of complaints. Since July 2013, the response time was reduced to 35 working days and since then the Trust has seen a significant improvement in its performance as shown below.



Formal complaints received per 1,000 occupied bed days

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

Of the 94 complaints received, 19 (20%) were upheld, 54 (57%) were partly upheld and 21 (23%) not upheld by the Trust.

5 Formal complaints by specialty

The top 5 specialties receiving complaints during the quarter were:

Acute Medicine	16
Emergency Medicine	15
Orthopaedics	9
General Surgery	8
Oncology	5

6 Key themes

Each complaint may have several issues of concern. Each of these issues are recorded and so the total number of themes will usually be greater than the number of complaints received. The table below highlights the main key themes from the complaints received this quarter.

Medical care	47	Delay in diagnosis/treatment (17) Wrong diagnosis (2) Complications of surgery/treatment (6) Failure to give sedation (1) Failure to act on abnormal result (1) Record keeping (1) Lack of supervision (1) Lack of follow up (2) Missed fracture (4) Pain relief (1) Prescribing error (4) Patient felt incorrect treatment/diagnosis (7)
Nursing/Midwifery care	31	Care in labour (1) Call bell out of reach or delay in answering (3) Continence (1) Falls (2) Hydration (1) Nutrition (6) Medication error (5) ID error (2) Intravenous care (2) Pain relief (delays) (7) Failure to record/act on observations (1)
Communication Attitude	17	Doctor (7) Nurse/Midwife (10)
Privacy & Dignity	4	Multiple moves to different wards (2) Failure to address by preferred name (1) Failure of staff to introduce themselves (1)
Discharge Arrangements	10	Lack of planning (2) Discharged to early (2) Delayed discharged (3) Lack of communication with family (3)

7. Formal complaints by location

The following wards/departments have received the highest number of complaints relating to nursing care and discharge arrangements during the quarter. In future reports the following data will be reported for previous and current quarters to allow for comparison over longer time periods to inform trend analysis. There is only one quarter reported below as this is the first report.

Ward/Department	Number
Ward 25	5
Accident & Emergency (RSH)	4
Ward 28	3
Ward 12E	3

8. Actions and learning from complaints

- Concerns were raised by a relative of a patient with dementia regarding the lack of awareness shown by staff to the needs of patients with dementia. As a result, arrangements were made for staff to attend Dementia Awareness training.
- Following concerns raised by relatives about the lack of communication during the patient's admission, staff now display posters on the ward giving details of the nurse in charge and how appointments can be arranged with clinical staff.
- A family made a complaint after staff failed to detect the patient had a fractured neck of femur on x-ray. The investigation showed that the fracture was not evident on the films initially. However, as there were clinical signs of a fracture it was acknowledged that a scan would have been helpful. Based on the findings, staff in A&E can now request a scan in patients who present with similar symptoms.

4. A child's parents complained that after their baby was admitted with breathing difficulties arrangements were made to transfer the child to another Trust in the parent's car. Whilst the decision was made as the child was showing clinical signs of improvement, the department has now reviewed their transfer policy.
5. A patient raised concerns about a delay in their treatment following an attendance with severe eye pain. The patient subsequently was diagnosed with acute angle closure attack. Whilst the clinical information provided by the referrer was limited and influenced the decision making process, a full case review was presented to staff and a review of the Acute angle closure protocol was undertaken.
6. A number of complaints recently have arisen from patients who are under the care of several specialties due to their complex medical needs. A need for co-ordination of their care by a senior clinician has been identified and put in place as a result of the complaint being raised. Consideration needs to be given to appoint a senior clinician to co-ordinate the care of this group of patients.

9. 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.

Up to the end of September 8 cases have been referred to the Ombudsman during the year; 7 cases relate to complaints received in previous financial years with only 1 case received in the current financial year.

4 of these cases are now closed. 3 cases were not upheld. 1 case was upheld.

2 cases are awaiting the outcome of the initial assessment and 2 cases are under investigation.

One case was referred back to the Trust to consider further action. The issues of concern related to the Trust's handling of the initial complaint; the delay in response and the conduct of a meeting with the complainant where incorrect information was conveyed. The Trust subsequently gave assurance to the Ombudsman that improvements had been made and shared evidence (report of complaints handling and standard operating procedure for the conduct of complaints meetings introduced since July 2013) to support this. The case was then closed.

The case that was upheld related to a complaint that was initially received in 2012. It related to the Trust's failure to provide a patient with a timely appointment resulting in the patient's sight being affected. The Trust also failed to respond to the complaint in a timely manner.

10. Conclusion

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

Trust position against the Recommendations from the Clwyd/Hart report in relation to complaints handling – February 2014

Recommendation	Trust position	Further action	Target date for review
Chief Executive responsibility for complaints	The Trust CEO has executive responsibility for complaints on the Board.	Complete	
Board level scrutiny of complaints	Currently the Board receives quantitative data on a monthly basis regarding complaints.	The Trust Board to receive a quarterly report on complaints & PALS.	March 2014
Duty to publish an annual complaints report	Currently this is a statutory duty however; the Trust has not previously published an annual complaints report.	Annual report to be published and presented to the Board in June 2014	June 2014
Co-operation where complaints span other Trusts/organisations	Already a statutory duty. The Trust is compliant with this recommendation.	Complete	
Early contact with complainants to agree handling and timescales	Since September 2013 the complaints team make early telephone contact with complainants following receipt of the complaint to agree handling and timescales.	Complete	
True independent investigation where serious incidents have occurred	<p>Currently root cause analysis for serious incidents is undertaken by senior staff within the specialty.</p> <p>Independent expert opinion may be sought, as appropriate, and following discussion with the Medical Director and Director of Quality & Safety</p>	<p>To update the Trust's complaints policy.</p> <p>To consider expert opinion where appropriate and where agreed.</p>	June 2014
Honesty, openness, a willingness to listen and learn from complaints, appropriate professional behaviours	<p>Newly launched Trust Values with significant staff and patient engagement.</p> <p>Fundamentals of Care training for Registered nurses and HCAs</p> <p>In house training given to Matrons and ward managers on complaints handling</p> <p>Training due to take place with junior medical staff March 2014</p> <p>Increased use of meetings with senior staff/complaints staff and complainants to resolve issues</p>	<p>Embed values throughout the Trust</p> <p>Develop Customer Care board game using real patient feedback and complaints demonstrating how actions and behaviours have an impact on a patient's experience.</p> <p>Continue to encourage early meetings with complainants and families to resolve complaints</p>	<p>Continuous work</p> <p>September 2014</p>

	<p>All complaint responses now include information for the recipient on what to do if they are not satisfied with the response and how to access support.</p> <p>Patients and relatives attend Trust Board to deliver patient stories</p> <p>Actions plans are now in use outlining improvements made as a result of complaints raised</p>		
Improve opportunities for patients to provide feedback	<p>Bedside information packs are currently being developed to provide a wide range of information to patients, including how to complain, raises concerns and provide feedback</p> <p>Revised complaints and PALS information leaflets are in draft form awaiting publication</p>	<p>To review website information</p> <p>To review current publicity and signage for patients and increase visibility and awareness of patients wishing to complain or raise concerns</p> <p>To review existing use of comment cards</p>	May 2014
A responsive and adequately resourced PALS service	<p>Management of change process completed within the Complaints and PALS team in order to provide a more responsive service that is fit for purpose and adequately resourced.</p> <p>Review undertaken of process – Help desk system introduced. Quality of data reviewed to ensure consistency.</p> <p>PALS contacts now recorded electronically rather than paper based ensuring that information is captured contemporaneously, avoids duplication of work, is accessible by all members of the team and the quality of data is monitored.</p> <p>Standard Operating Procedure in place</p> <p>Information leaflets revised and in draft form</p>	<p>Review of changes put in place</p> <p>To review current publicity and signage for patients and increase visibility and awareness for patients wishing to complain or raise concerns</p> <p>Develop Easy Read version of leaflet on website</p>	<p>May 2014</p> <p>July 2014</p>

