Recommendation DECISION ☐ NOTE ☑	The Trust Board is asked to **review** the report and **note** how feedback received is being used to improve services and encourage shared learning to provide a better patient experience.
Reporting to:	Trust Board
Date	29/06/2017
Paper Title	Annual Complaints & PALS Report 2016/17
Brief Description	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 2016-17 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations. A total of 422 formal complaints and 1908 PALS contacts were received during 2016/17.
Sponsoring Director	Julia Clarke, Director of Corporate Governance
Author(s)	Julia Palmer, Head of PALS & Complaints
Recommended / escalated by	Quality & Safety Committee
Previously considered by	
Link to strategic objectives	PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce
Link to Board Assurance Framework	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 (RR 561) If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected (RR 1185) If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)

Equality Impact Assessment	● **Stage 1 only (no negative impacts identified)**
	● **Stage 2 recommended (negative impacts identified)**
	● negative impacts have been mitigated
	● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	● **This document is for full publication**
	● **This document includes FOIA exempt information**
	● **This whole document is exempt under the FOIA**

NHS

The Shrewsbury and Telford Hospital
NHS Trust

Annual Complaints and PALS Report 2016/17

Proud To Care
Make It Happen
We Value Respect
Together We Achieve

TRANSFORMING
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LEADERSHIP
ACADEMY

PATIENT & FAMILY
VISION
MISSION
LEADERSHIP
OUR PEOPLE
OUR VALUES

# Annual Complaints and PALS Report 2016-17

1.0   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 2016-17 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.

2.0   Formal complaints

During 2016/17, the Trust received 422 formal complaints. This represents just under one in every 2000 patients seen at this Trust making a formal complaint (0.94).

The graph below shows the number of complaints over the last five years:

Formal Complaints Received
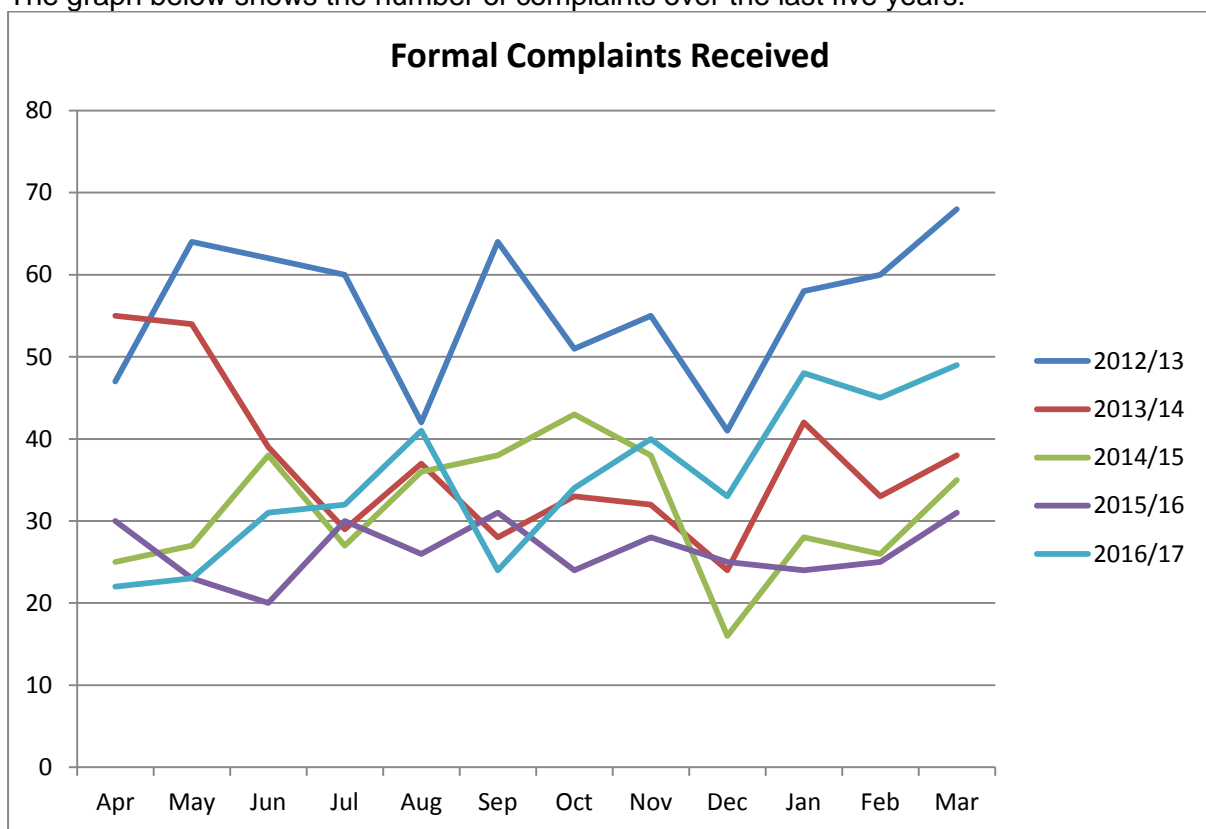
The graph below shows the number of complaints received per 1000 patients over the last four years:

Complaints per 1000 patients
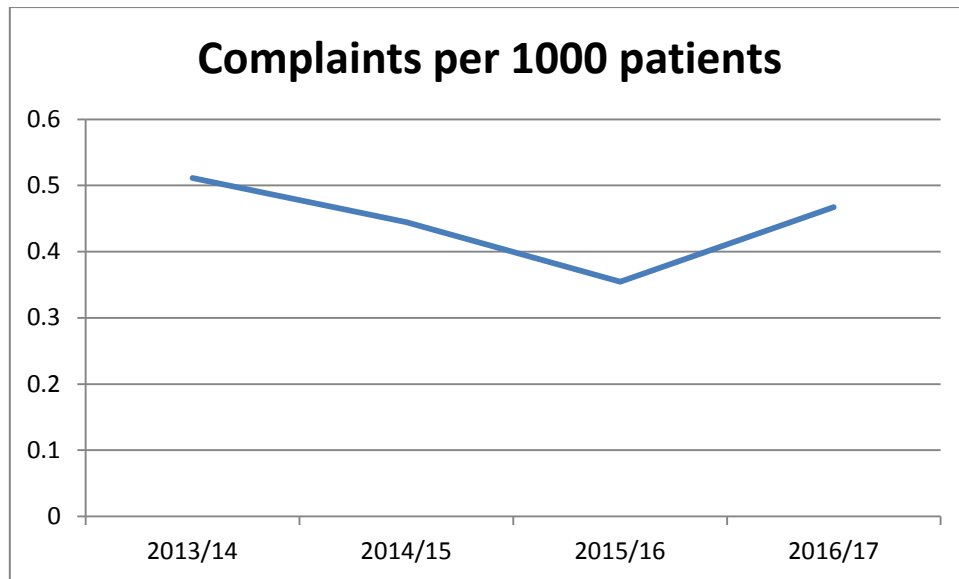
There may be a number of reasons why the number of complaints has increased in 2016/17. During the year, there was a change in the process for triaging complaints and PALS, leading to some concerns that would previously have been dealt with via that PALS process being logged as formal complaints instead. This change has ensured a greater transparency and robustness in our complaints process, as well as giving greater assurance, as all complaints and the responses are seen by the Chief Executive. A recent benchmarking activity concluded that the level of complaints that the Trust is currently receiving is comparable with Trusts of a similar level of activity.

Benchmarking Data

Trust	Sites	Beds	Staff	Outpatients per year	Inpatients per year	A&E attendance	Complaints in Q3
Wirral University Teaching Hospital	4		5871	449154	106345	93247	76
Peterborough and Stamford Hospitals NHS Foundation Trust	2	650	4100	521495	87527	99042	100
SaTH	2	700	5500	407108	104000	121105	106
University Hospital South Manchester	2	950	5900	508254	94028	96746	116
Northampton	1	765		435575	88900	114179	120
Basildon and Thurrock University Hospitals NHS Foundation Trust	2		4000	300000	77500	103000	162
Worcestershire Acute	3	800	5500	468000	117000	139000	197

Hospital							
Mid Essex Hospital Services NHS Trust	4		5000	653548	92177	91082	219
West Hertfordshire Hospitals NHS Trust	3	600	4000	475000	84000	136000	227

Of the closed complaints, 29% (86) were upheld, 44% (130) were partially upheld and 27% (82) were not upheld. A complaint is deemed to partially upheld if any aspect of it is upheld in the response and fully upheld if the main aspects of the complaint are deemed to be upheld.

3.0   Performance

3.1   Acknowledgement
The Trust is required to acknowledge all complaints either verbally or in writing within three working days of receipt. This was achieved in 100% of cases in 2016/17. The Case Manager handling the complaint will phone the complainant to clarify the issues for investigation and the complainant's expectations and to act as a contact point throughout the complaint. Where appropriate, complainants are also invited to share their experience with the Trust as a patient story.

3.2   Response Times
Each complainant is given a timescale for response, which will vary depending on the complexity of the complaint and the level of investigation required. Where it is not possible to respond within the initial timescale agreed, the complainant is contacted and advised of the delay and given a new timescale. In 2016/17 46% of complaints were responding to within the initial agreed timescales. This figure is far lower than would be expected, and this will be a key area for improvement in 2017/18.

4.0   Breakdown of Formal complaints

The graph below shows the number of complaints by specialty for the top 20 specialties. 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.

Complaints by Specialty
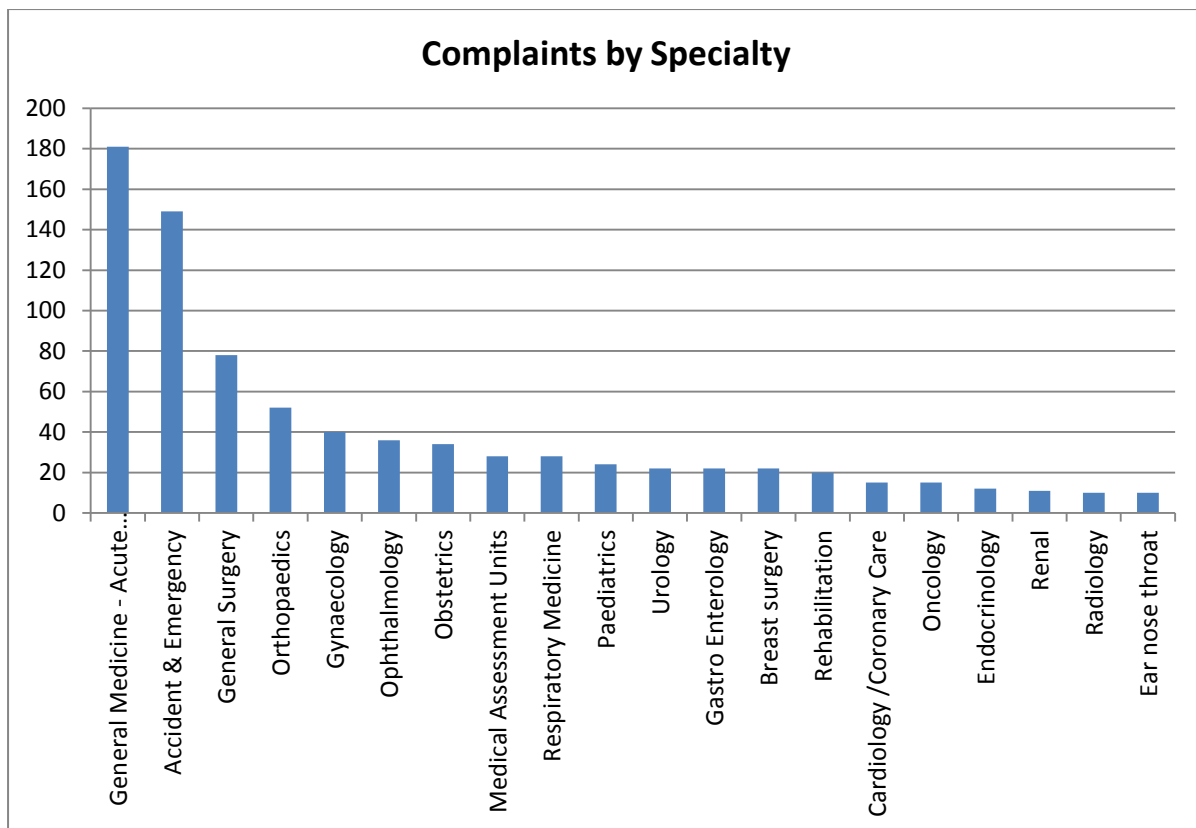
4.1 Key themes

The graph below shows the number of complaints by subject. Because a complaint may be multi-faceted and cover more than one subject, which means that the total number of issues raised will exceed the total number of formal complaints.

Complaints by Subject
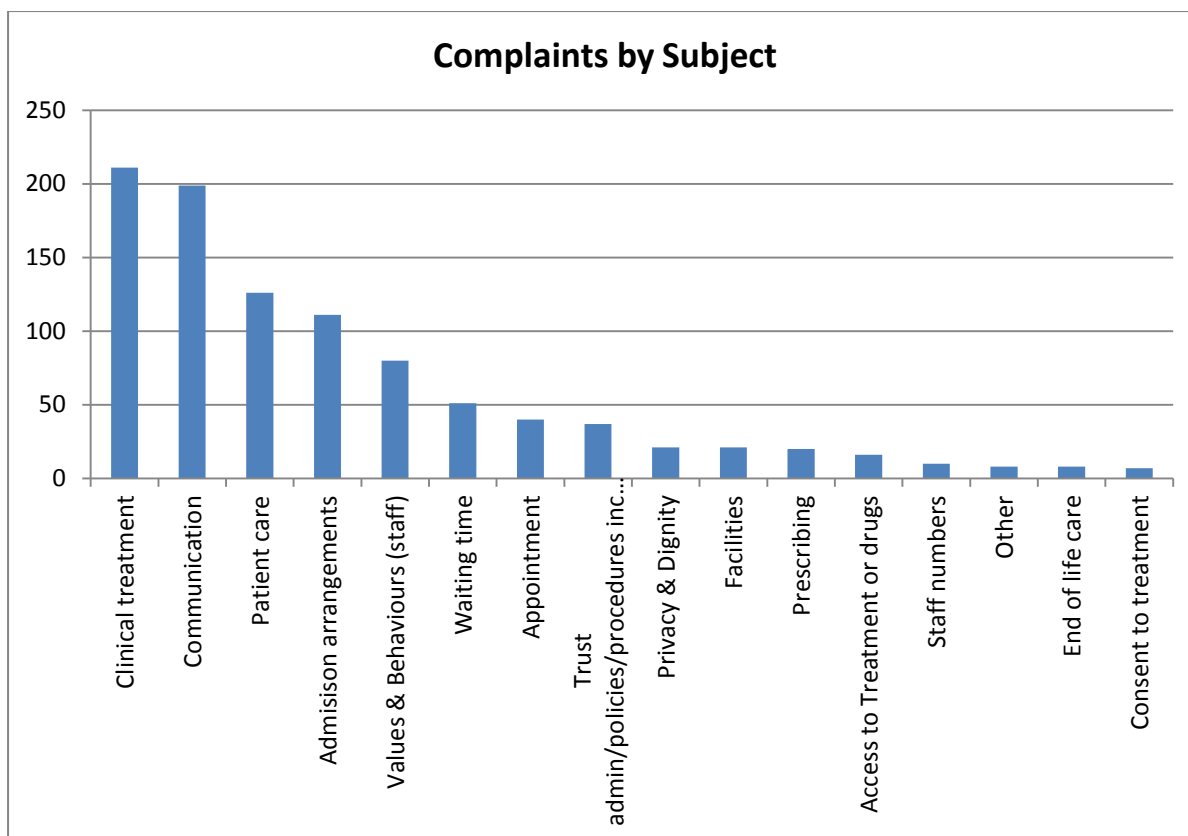
Clinical care
Complaints within this category may involve aspects of the clinical care provided by health professions, as well as complaints about the patient's diagnosis and treatment, any complications, and pain management. During 2016/17, there were 211 complaints that fell into this category. The majority of these related to delays in diagnosis and misdiagnosis (including missed fractures) and delays in treatment.

Communication
This category covers all aspects of communication, written and verbal, with the patient, relatives, between staff, with the GP and in relation to test results. During 2016/17, the Trust received 199 complaints where communication featured. A trust-wide review of complaints relating to communication is being undertaken to identify areas where this can be improved.

Patient care
Complaints within this category include complaints about patient falls, nutrition and hydration, infection control and pressure area care. The Trust received 126 complaints during the year about this aspect of care. The majority of these complaints related to patients being moved between wards and no having their care needs adequately met.

Admission Arrangements
Complaints within this category relate to the patient's admission and subsequent discharge, as well as any transfers. During 2016/17, there were 111 complaints within this category. During the second half of the year, a significant increase was noted in complaints in this area with regard to discharge arrangements; this has been reviewed at length, with a number of measures introduced, such as the introduction of the Red2Green process and training for staff on this and the introduction of going home chats. This will continue to be an area of focus in 2017/18 and will be one of the priorities in the Trust Quality Accounts.

Values and behaviours
This category includes complaints about staff attitude, professional behaviour and breaches of confidentiality. There were 80 complaints within this category during 2016/17. 45 of these complaints related to the attitude of the doctor and 34 related to the attitude of the nurse or midwife

Waiting time
Complaints within this category include waiting times in the Emergency Department and in Outpatient clinics, as well as waiting times to receive an appointment or a surgery date. During 2016/17, the Trust received 51 complaints; the top specialties within this area were Ophthalmology and Orthopaedics.

4.2   Staff Groups
441 issues were raised relating to medical staff. Of these 178 were about clinical treatment, 99 were about communication, 60 were about admission and discharge arrangements and 41 were about values and behaviours.

The graph below shows the top 15 specialties included in complaints relating to medical staff:
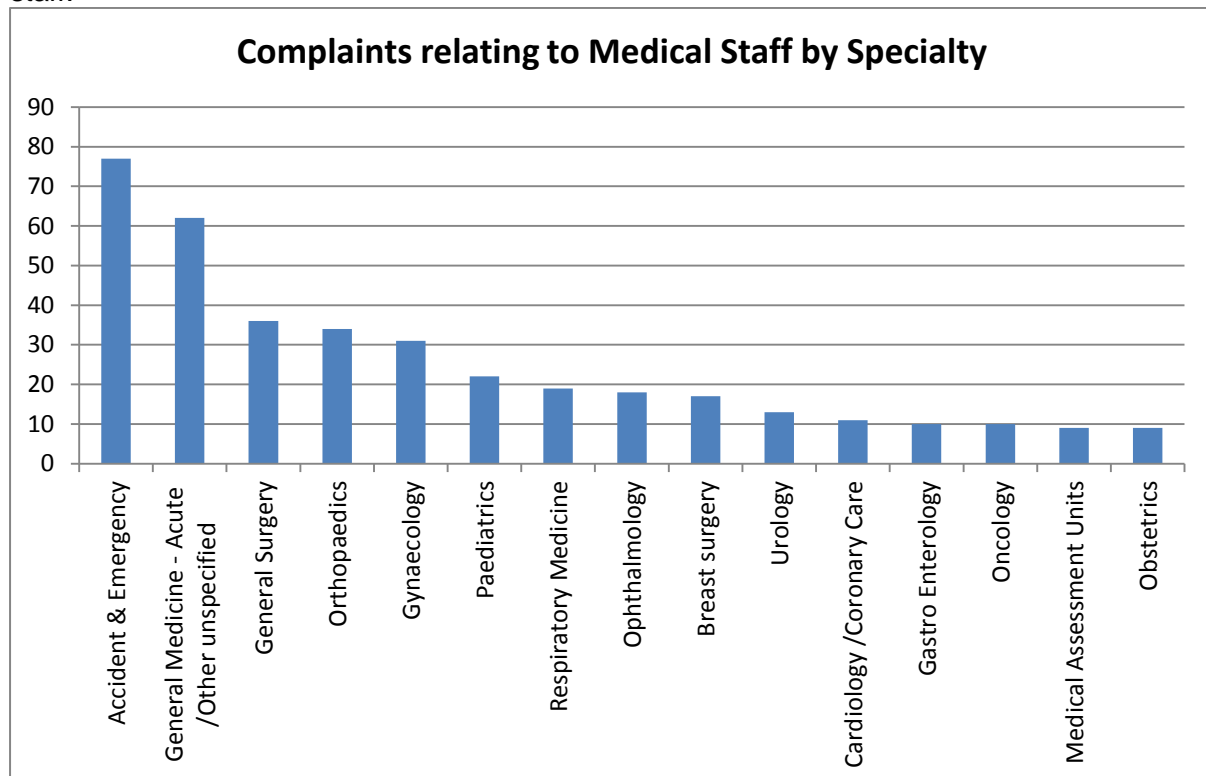
376 issues were raised relating to nursing and midwifery staff. Of these, 117 related to Patient Care, 77 related to Communication, 37 related to admission and discharge and 34 related to values and behaviours.

The graph below shows the top 25 locations for complaints relating to nursing and midwifery staff:

Complaints relating to Nursing & Midwifery Staff by Location
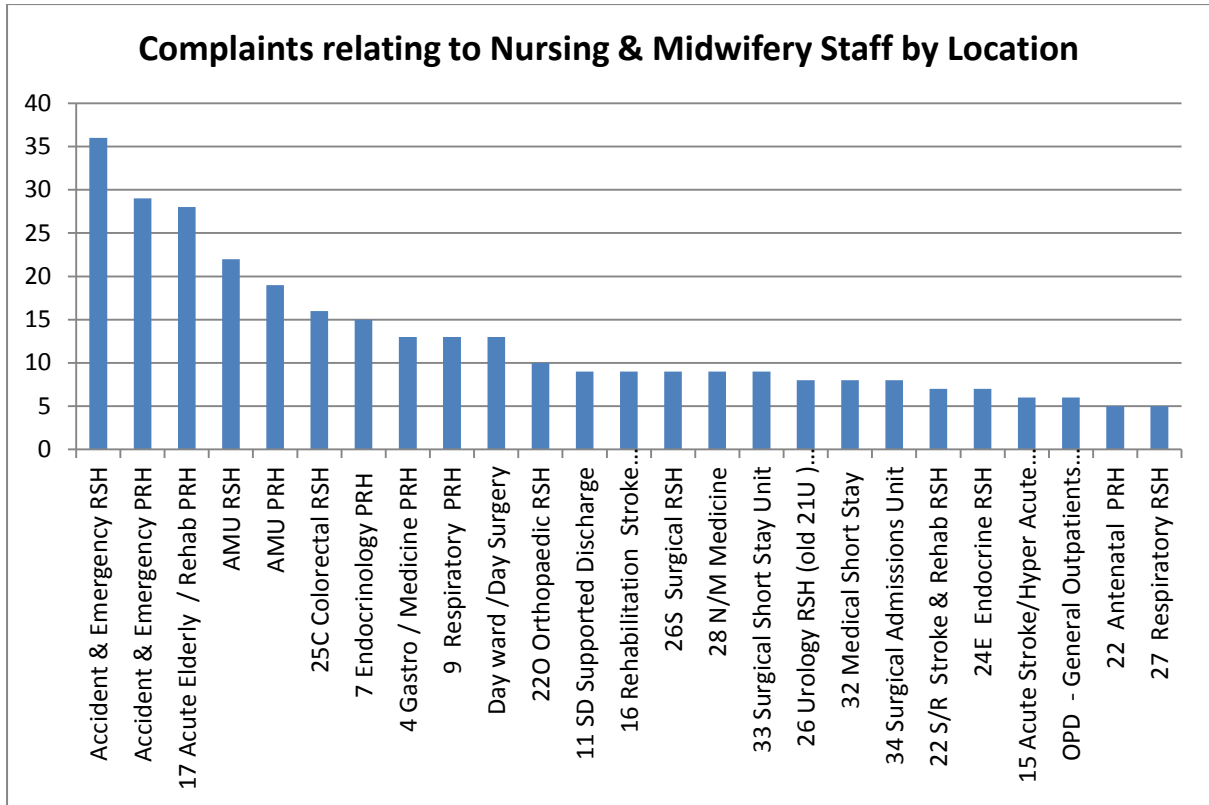
4.3   By location

The graph below shows the number of complaints by location:

Complaints by Location
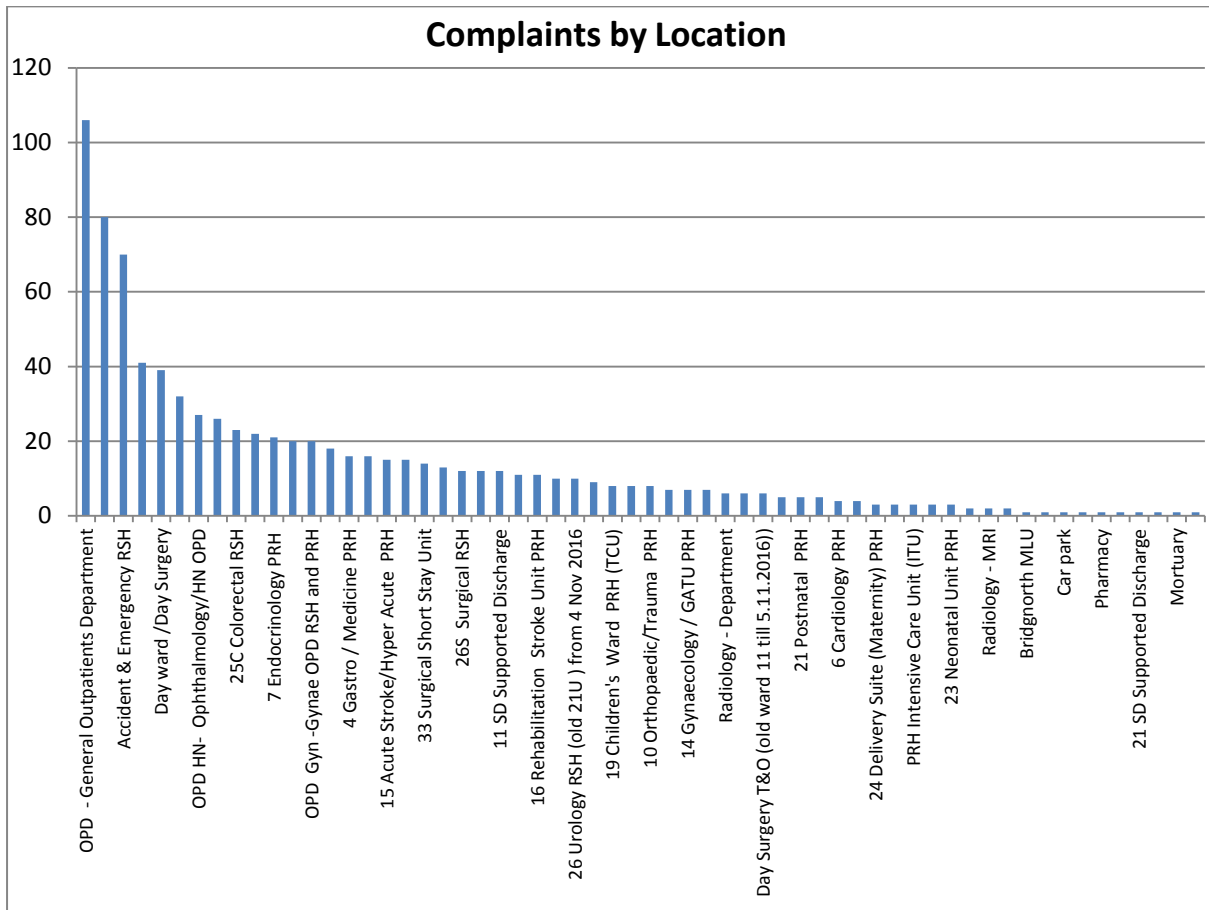
5.0   Actions and Learning from Complaints

The Trust is committed to becoming the safest and kindest Trust and as part of that, it is important that each complaint is seen as an opportunity to reflect, learn and make improvements in the areas that matter most to our patients and their carers and families.

Below are some examples of learning and changes in practice as a result of patient complaints:

- Review of consent procedure for Gastroscopy patients
- Neurology secretaries are keeping a log of all outstanding test results and submit these to available consultants in the absence of the requesting clinician
- 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.
- Where two patients with a similar name are on the same ward, they will be nursed in different parts of the ward where possible and an alert will be placed on the ward whiteboard to ensure staff are aware of the potential for error.
- Ensure joint working between SATH and RJAH booking teams regarding follow-up clinics and sharing of information on prior bookings
- The Viability Lead Nurse has arranged additional training on the ward, using the anonymised complaint as a case study.
- Neonatal feeding guideline is being updated to provide more clarity and triage cards and checklists are being developed to support midwife conversations about breastfeeding support and assessment of neonatal health.
- All cleaning on public corridors is now done using battery operated machines to avoid having trailing cables.
- The Dementia Nurse Specialist is working closely with ward staff to deliver training on caring for agitated patients.
- Audit of theatre trays to be carried out.
- Review of where second Theatre kits are required for back up
- Consultant changed practice to open all single instrumentation trays at the beginning of the case to ensure that filter trays are sterile side down.
- Stroke clinic process to be reviewed and more formalised links with radiology to be introduced
- Policy for the transfer of patients between hospitals to include maximum wait time for a bed before issue is escalated.
- Patient's records updated with accurate information.
- SOP to be produced to provide staff with clear guidance around consent processes for looked after children.
- Ward manager introducing checklist for patients being discharged on Tinzaparin
- Information leaflet developed for pregnant women on inconclusive scans
- IPC approved cleaning chart and sign introduced for cubicles

- Ward staff record contact details of who from the care agency has confirmed that care package is in place.
- Change in process for x-raying specimens following use of guide wire.
- Review of information given to patients with a low-lying placenta.
- Process for recording cancellations updated to ensure 'did not attend' letters are not sent out in error.

6.0   Parliamentary and Health Services Ombudsman (PHSO)

During 2016/17, five cases were referred to the PHSO.

During 2016/17, the PHSO concluded three investigations; none of the complaints were upheld.

7.0   Advice and Liaison Service (PALS

During 2016/17, the Trust dealt with 1908 patient contacts. The majority of contacts relate to problems with appointments and waiting times. The graph below shows the top ten subjects for PALS contacts:

PALS Contacts by Subject
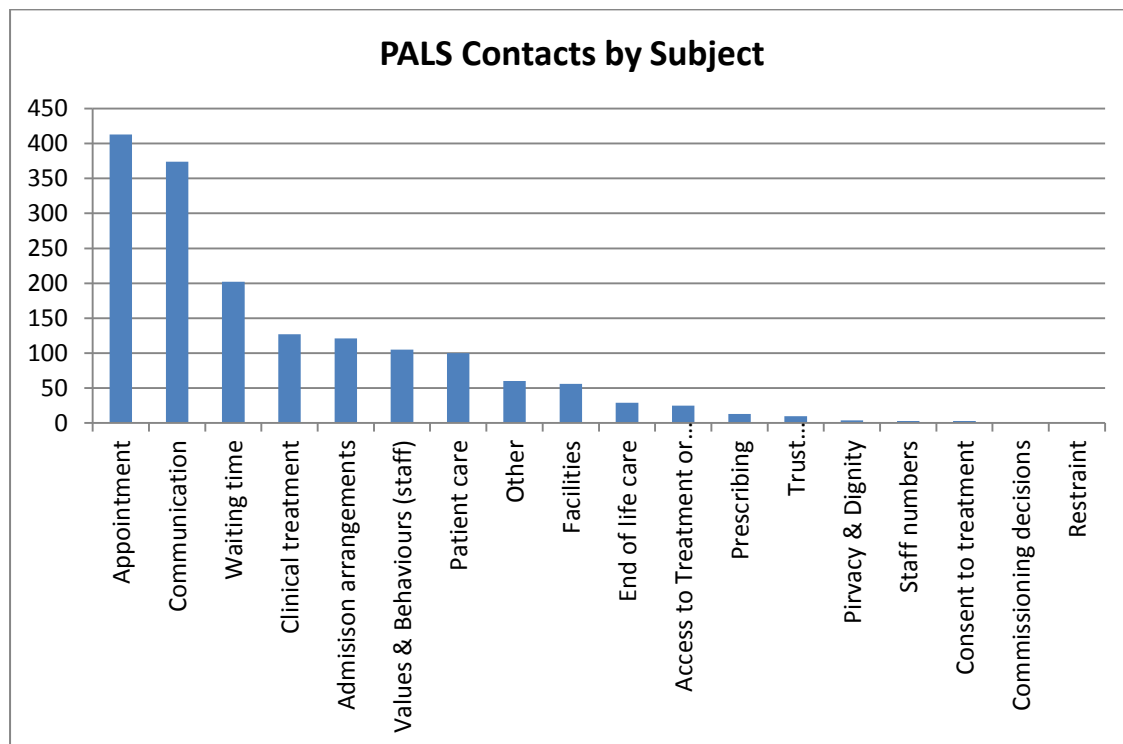
Unsurprisingly, the majority of PALS contacts received relate to the bookings centre and Outpatients; the graph below shows the top 15 locations for PALS contacts:

PALS Contacts by Location
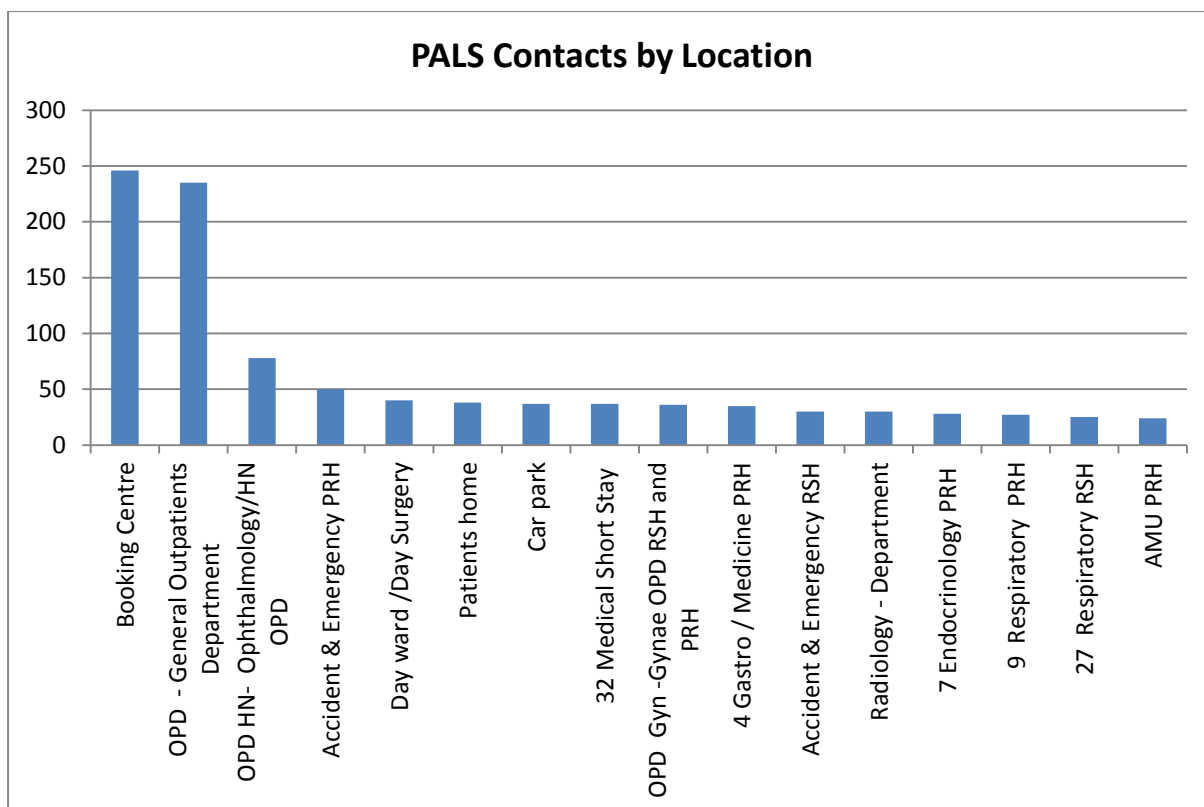
8.0   Patient feedback

In addition to the feedback received via PALS, members of the public are able to leave feedback on the NHS Choices website. All comments are acknowledged by staff and shared with the relevant ward or department. All comments are posted anonymously and so individual comments are advised to contact the PALS department if they would like to discuss the matters further.

97 patient comments were published on the NHS Choices Website in 2016/17. Of these, 76% (74) were positive, 22% (21) were negative and 2% (2) were a mixture of positive and negative.

In addition to the comments left on the NHS Choices Website, the Trust received 280 letters of thanks.

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.

If a stay in hospital can possibly be described as 'enjoyable', then this was it!! Everyone was so kind, helpful and pleasant.

I just wanted to convey my unending sincere thanks to all the staff who have treated my son. The staff you have there need to be thanked individually and commended for the work that they do.

Following a fall at home on Monday afternoon and subsequent visit to A&E at Shrewsbury, the attention I received was second to none – in fact fantastic!!!!

9.0   Bereavement

In addition to supporting patients and their families with on the spot concerns, the PALS team meet with bereaved families to issue death certificate and provide advice on registering deaths. During 2016/17, an office was made available at RSH for the Registrar of Deaths, to allow families to register deaths onsite rather than having to go to Shirehall. This has received a lot of positive feedback from families and the Registrar has been able to increase the number of days she is on site, to allow more families to register deaths. Introduction of a similar system at PRH has also been discussed, but is not felt necessary by the Registrar at this stage.

In 2016/17, the PALS team issued 1929 death certificates.

The PALS team work closely with the End of Life Care Team, providing support and advice for families following the death of a loved one, as well as assisting in arranging marriages for patients at the end of their life.

10.0   Key achievements in 2016/17

- PALS office moved back onto the main corridor to be more visible and accessible.

- The Complaints and PALS team have worked to strengthen their links with Healthwatch Shropshire's independent complaints advocacy service, to ensure that patients are aware of the services provided by Healthwatch, should they require support in making a complaint.

- Complaints training is being developed in line with existing training programmes, such as inductions and supervisor training to ensure that staff are supported in responding to complaints and dealing with patient concerns before they escalate to a formal complaint.

- Complaints and PALS data is reviewed alongside staff survey data to enable HR to identify areas where additional support may be required.

- The complaints and PALS staff worked with Datix to develop the web-based module for recording complaints and PALS contacts.

- Introduction of onsite registration of deaths at RSH

- Work has been undertaken with the End of Life Care Team and Chaplaincy to ensure there is a clear process in place to arrange marriages for patients at the end of their life. The PALS team have supported the End of Life Care Team in arranging these services.

11.0   Plans for 2017/18

- Complaints and PALS data will be included as part of the recently relaunched Exemplar scheme, including a focus on resolving patient concerns locally and ensuring all complaints have a clear action plan.

- With the introduction of the Datix web module, it is hoped that ward staff will be able to directly log concerns that they resolve, preventing escalation to formal complaints. This will allow any trends across the Trust to be identified.

- Complaints training will continue to be developed in line with existing training, including values-based conversations and the Leadership Academy

- The team will increase the number of complaints responded to within timescales

- Patients who make a complaint or access PALS will be sent a survey to ascertain areas where improvements could be made in the processes.

- Complaints relating to the Women and Children's Care Group will be managed in the same way as complaints for other Care Groups, ensuring that there is clear corporate oversight.

- Links with clinical audit will be strengthened to ensure that actions identified as a result of complaints are audited for effectiveness and that themes identified through complaints feed into the clinical audit programme.

- The complaints process will be reviewed using VMI principles to identify areas where waste can be reduced and greater value added for the complainant.

12.0   Conclusion

The Trust has continued to handle complaints in line with national regulations and has used both formal complaints and PALS contacts as an opportunity to drive improvements in patient care.

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

Julia Palmer
Head of PALS and Complaints
April 2017