

Paper 13

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> 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	28 September 2017
Paper Title	Quarter One Complaints & PALS Report 2017/18
Brief Description	<p>The purpose of this report is to provide an overview of the formal complaints and PALS concerns received by the Trust during Q1 2017/18 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.</p> <p>A total of 144 formal complaints and 392 PALS contacts were received during 2016/17.</p> <p>Appendices are contained in Information Pack</p>
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	<p>PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives</p> <p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</p> <p>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</p>
Link to Board Assurance Framework	<p>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)</p> <p>If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected (RR 1185)</p> <p>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)</p>

Equality Impact Assessment	<ul style="list-style-type: none">● Stage 1 only (no negative impacts identified)● Stage 2 recommended (negative impacts identified)<ul style="list-style-type: none">● negative impacts have been mitigated● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none">● This document is for full publication● This document includes FOIA exempt information● This whole document is exempt under the FOIA

COMPLAINTS & PALS REPORT APRIL TO JUNE 2017

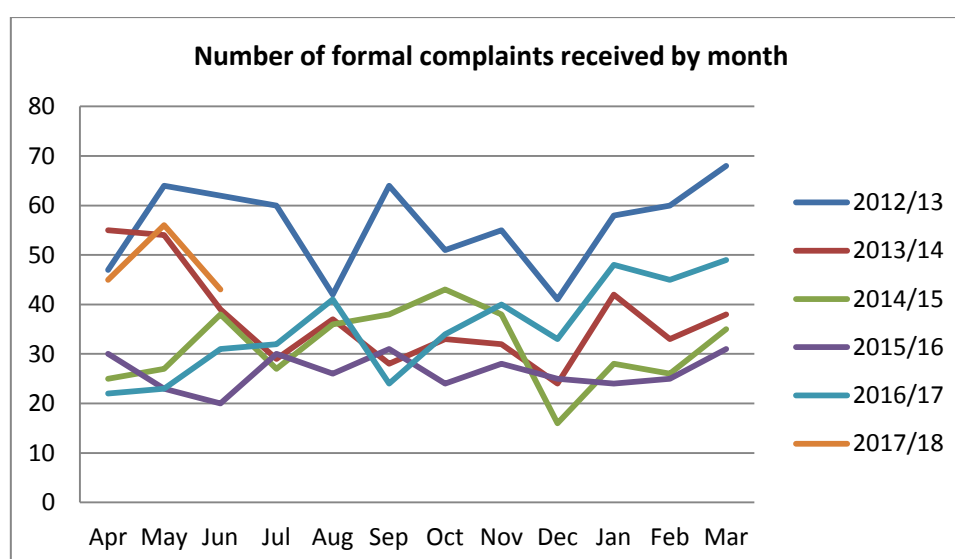
1. Introduction

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 one (April to June 2017). 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 quarter one the Trust received a total of 144 formal complaints which equates to less than one in every 1000 patients complaining (0.62 complaints per 1000 patients).

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



3. Performance

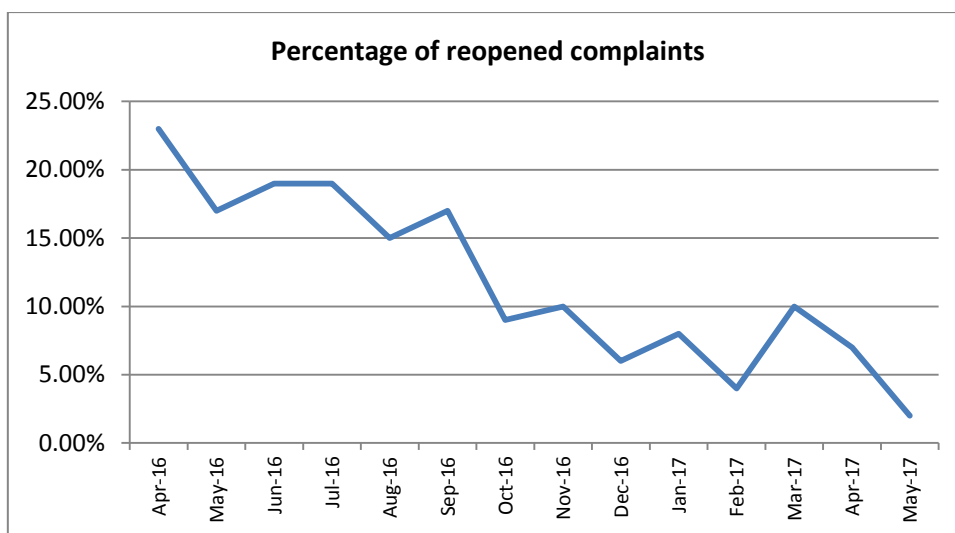
The Trust is required to acknowledge all responses within 3 working days. The Trust achieved 99% compliance with this requirement; one acknowledgement was sent out within four working days. The decision was made to delay the acknowledgement as the complainant had sent in a previous complaint. This response was ready to be sent at the time of receiving the second complaint and it was therefore felt that it would be better for the complainant to receive the first response before the second acknowledgement. Where possible, 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. A formal written acknowledgement is then sent to the complainant, enclosing 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 occur, regular contact is made with the patient/family to keep them updated. 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. At the time of this report, 57% of complaints in quarter one have been closed within the timescales agreed initially and 71% have been closed within 10 days of the timescale agreed initially. Although this shows an improvement on Q4 response rates, this is still far lower than would be expected and there are a variety of reasons why a complaint is not closed within the timescale initially agreed, such as the investigation proving more complex than initially thought or staff from whom a response is required being away from the Trust. In addition, the Trust has recently had several joint complaints with other organisations where the response has been delayed because comments have not been received from the other organisation. Where the Trust is unable to fully respond within the response time initially agreed with the complainant, the complainant is kept fully informed of any delays. All overdue complaints are closely monitored to ensure that delays are kept to a minimum and senior management within the care group are advised of the complaints where responses are overdue.

21% of the complaints closed during quarter one were not upheld, 46% were partly upheld and 33% were upheld. A complaint is deemed to be 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.

Complainants are advised to contact the Trust if they are unhappy with the response to the complaint; the complaint will be reopened and a further investigation carried out. Of the complaints closed in quarter one, 11 were reopened. The graph below shows the percentage of complaints that have been reopened by month. Figures for April and May are likely to change as complainants receive responses and decide whether or not to write in again.

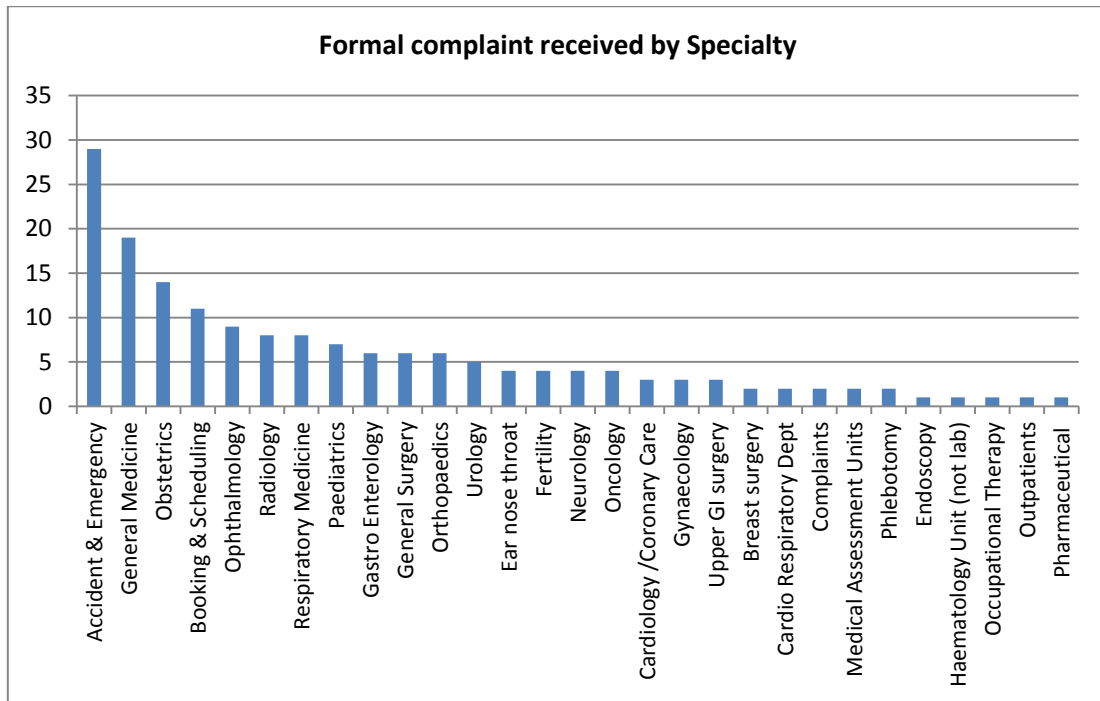


4. Formal complaints by specialty

The top specialties receiving complaints during the quarter were:

Speciality	Quarter One
Accident & Emergency	28
General Medicine	19
Obstetrics	14
Booking & Scheduling OPD/IP	11
Ophthalmology	9
Radiology	8
Respiratory Medicine	8
Paediatrics	7

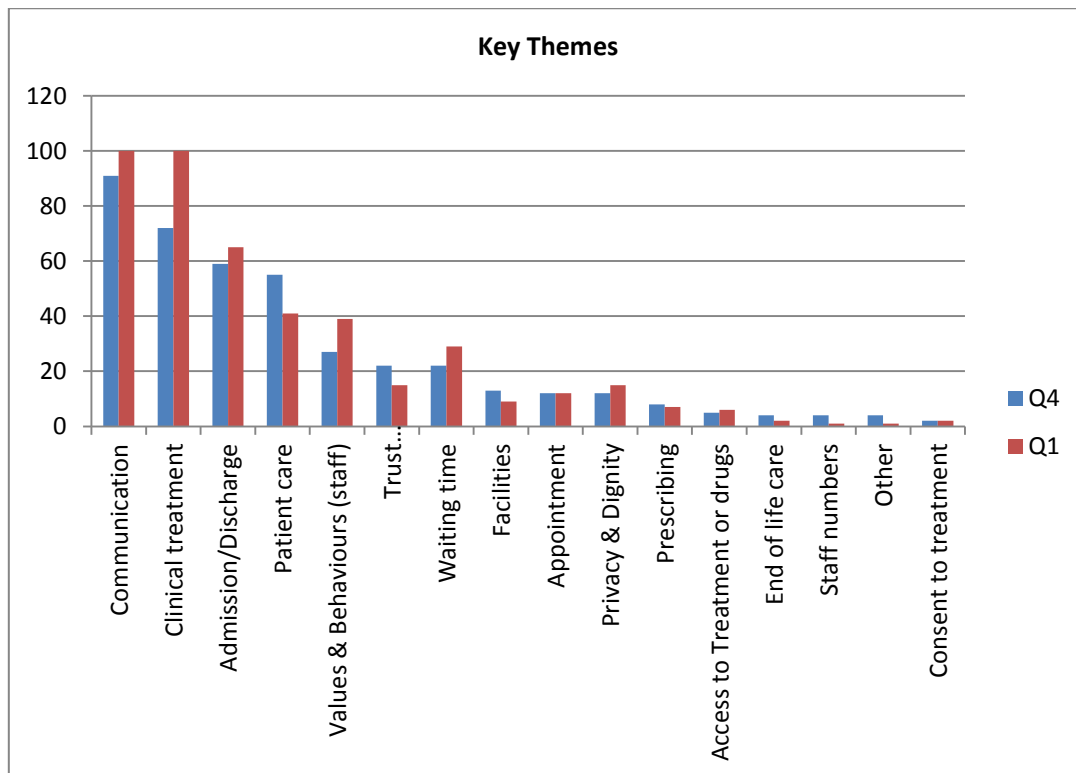
The graph below shows the overall trend of the specialties that received complaints during quarter one.



The number of complaints relating to maternity has shown an increase; this is thought to be in response to the increased publicity. There has also been an increase in the complaints relating to Radiology; there do not appear to be any trends, but this increase is being monitored by the Care Group.

5. Key themes

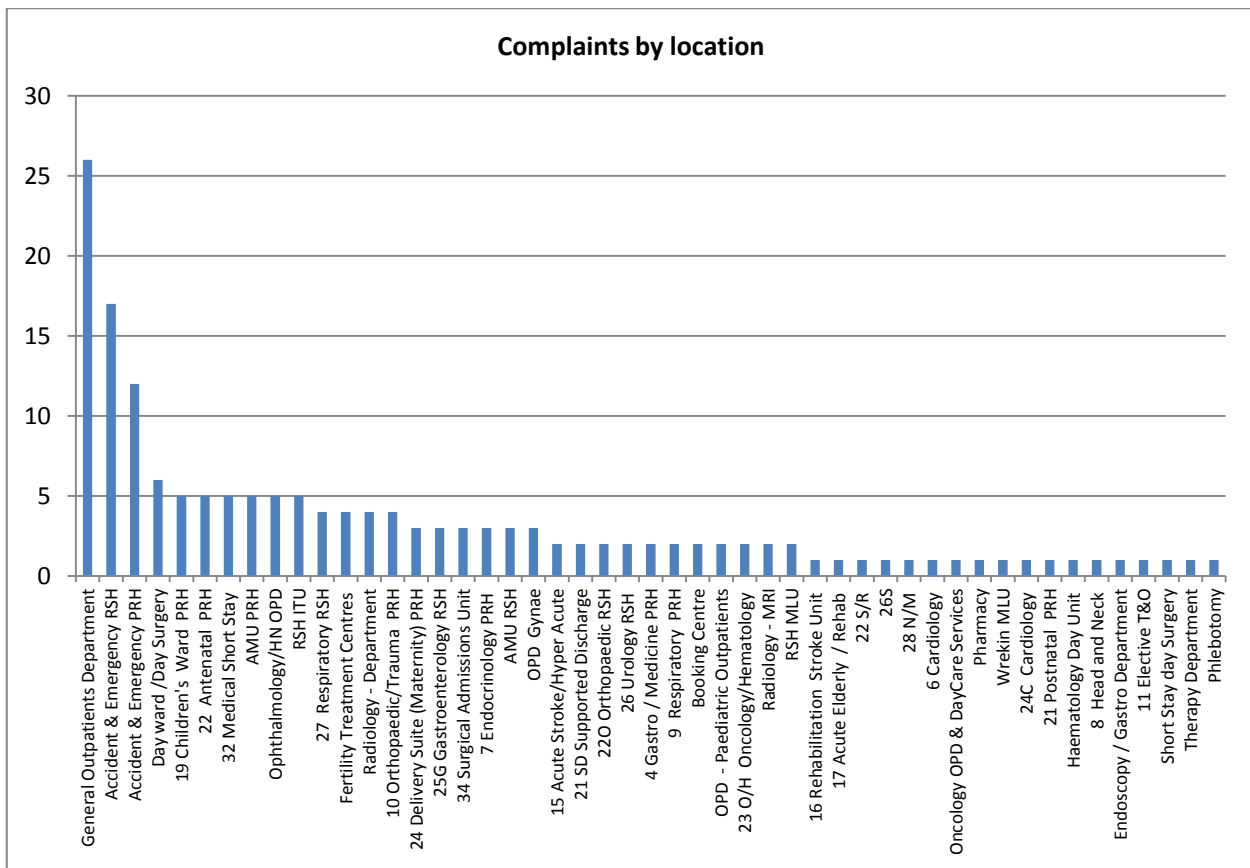
Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal complaints received. The graph below shows the number of issues raised by subject in quarter four of 16/17 and quarter one of 17/18:



Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. A further breakdown of the complaints by subject and staff group can be found at appendices one and two.

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 may total more than the number of complaints received. 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 develop action plans that are monitored until complete. Some of the significant changes made as a result of complaints received are as follows:

- Use of treatment room for boarding to be reported on Datix
- Risk relating to use of treatment room for boarding to be reviewed
- Signage to be put up in A&E advising members of the public that they cannot film there
- Booking staff to advise patients that they may be seen sooner than estimated waiting times
- 24 hour ECG results to be sent out daily.
- Staff to ensure they provide up to date waiting times
- Complaint to be used as case study in junior doctor training
- Staff to ensure they document all communication with relatives
- Single use tape measures to be ordered for A&E
- Housekeeper numbers to be increased in A&E
- Regular audit of hand hygiene in Ophthalmology
- All consent forms to be available in each clinic room
- PEIP to be asked to review endoscopy unit from patient perspective
- Booking times for patients to be reviewed
- Senior/Managerial support to be given to secretaries for challenging phone calls
- Weekly checks to be carried out by bookings team to review all patients not yet on lists
- Individual training requirements for staff to be addressed
- Complaints shared with relevant staff for wider reflection

50% of complaints closed in quarter one had an action plan completed. From quarter two, the complaints team are sending out monthly reports to each of the care groups to let them know which responses still require action plans and to seek confirmation of completed action plans.

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.

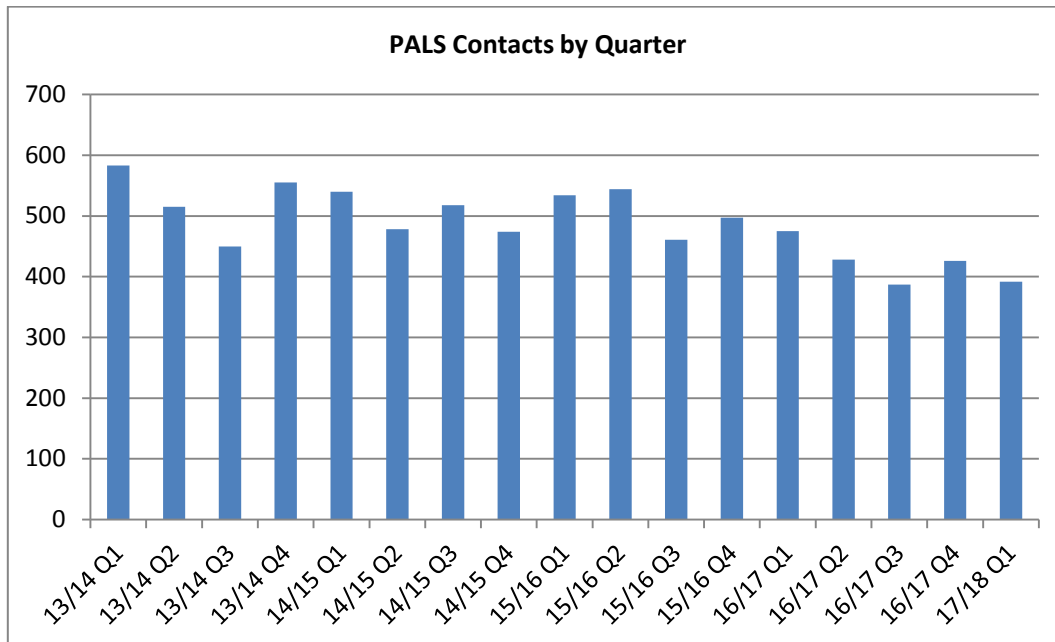
During quarter one the Trust was notified of three cases referred to the Ombudsman:

- Patient passed away in April 2016 - wife believes it may have been avoidable and has raised concerns about the delay in diagnosis and delays in treatment, as well as poor communication.
- Patient not allowed to give birth at place of her choice
- Patient passed away in April 2016 – a full RCA was undertaken at the time and shared with the patient's family. The Ombudsman has not yet confirmed that this case will be taken on.

During quarter one the Ombudsman did not conclude any investigations

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 one the PALS team handled 392 contacts. The graph below shows the PALS activity over the past three years.



Main themes arising from the concerns raised via PALS

The majority of PALS contacts relate to concerns about appointment issues (primarily appointment availability, waiting times and cancelled appointments), and communication (primarily with the patient).

The majority of PALS contacts come from the following areas:

- Ophthalmology

- Orthopaedics
- General Medicine
- Gastroenterology
- General Surgery
- Radiology
- Cardiology

Examples of PALS cases are included at appendix three.

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 quarter one, 32 comments were published on the NHS Choices website. 69% (22) of these were positive, 19% (6) were negative and 12% (4) were mixed.

The area that received the most positive comments was A&E with 8 positive comments. All comments received are forwarded to the departmental manager for review and action.

Examples of positive and negative comments are included at appendix four.

Letters of thanks

In addition to the feedback give via NHS Choices and the Trust's website, 118 letters of thanks and appreciation were received by the Chief Executive during quarter four. 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. The table below details the letters of thanks received:

Month	Unspecified	Unscheduled Care	Scheduled Care	Women and Children's	Support Services	Corporate Departments	Total
April	1	8	9	18	3	1	40
May	0	4	10	18	1	1	34
June	2	9	6	27	2	0	44

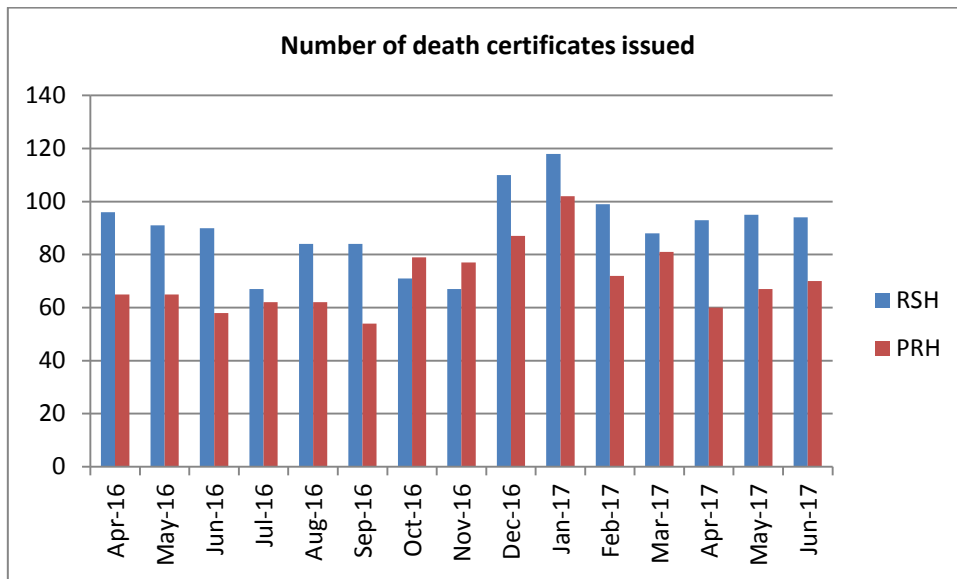
Examples of letters received are included at appendix five.

11. Bereavement

The Bereavement Service has continued to work closely with the End of Life Care team during quarter one to enhance the care and support given to grieving families. During quarter one the Registrar of Deaths has increased her presence on site to three days a week. The feedback from relatives continues to be very positive in relation to this. Discussions have been held recently about extending the service to include registering births as well and the Bereavement Service are working with the Maternity Service to facilitate this.

In addition, the team have been working with the End of Life Care team to develop and pilot a sympathy card to be included in the pack issued to the family.

The graph below shows the number of death certificates issued over the last year:



12. Complaints & PALS Services

Following a recent internal audit, all Women and Children’s Complaints are now being managed under the same process as complaints from other Care Groups to ensure that there is a standard approach and corporate oversight of all complaints.

Reporting within all Care Groups has been strengthened to ensure that the Care Groups are receiving accurate data that allows them to use complaints and PALS contacts more effectively to improve services.

Complaints and PALS surveys have been developed and will be sent out in quarter two; feedback from these surveys can be used to further improve the services provided to patients and their relatives.

13. Freedom of Information (FOI)

The number of FOI requests received by the Trust is steadily increasing. Until recently the average number of requests received was about 45 per month but this has been almost 60 per month. March 2017 saw the highest number of requests ever received with 90, however, the numbers have reduced since then.

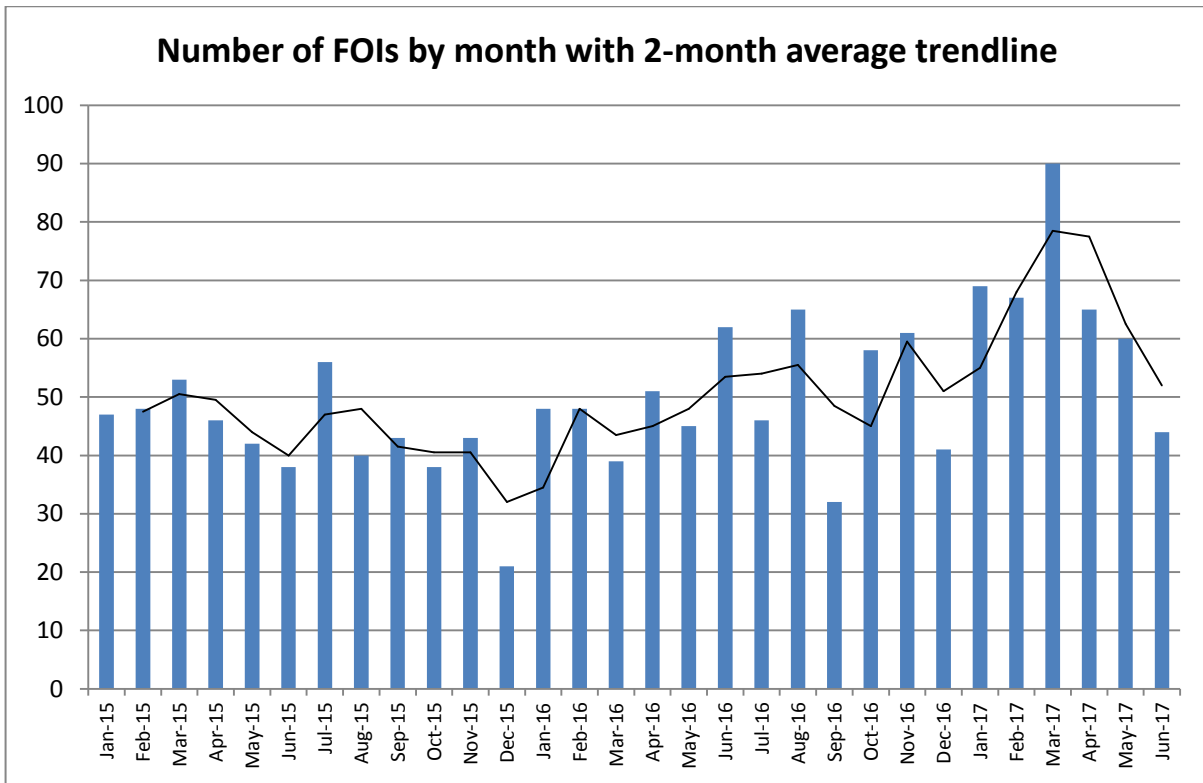


Table – Overview of FOI requests July 2016 – June 2017

Month	Received	Answered within 20 days	NOT answered within 20 days
July	46	17	41
August	65	17	24
September	32	7	37
October	58	54	29
November	61	57	48
December	41	17	25
January	69	24	4
February	67	33	4
March	90	82	8
April	65	60	5
May	60	49	11
June	44	30	Not due yet

Table 2 – Responding department - July 2016 – June 2017

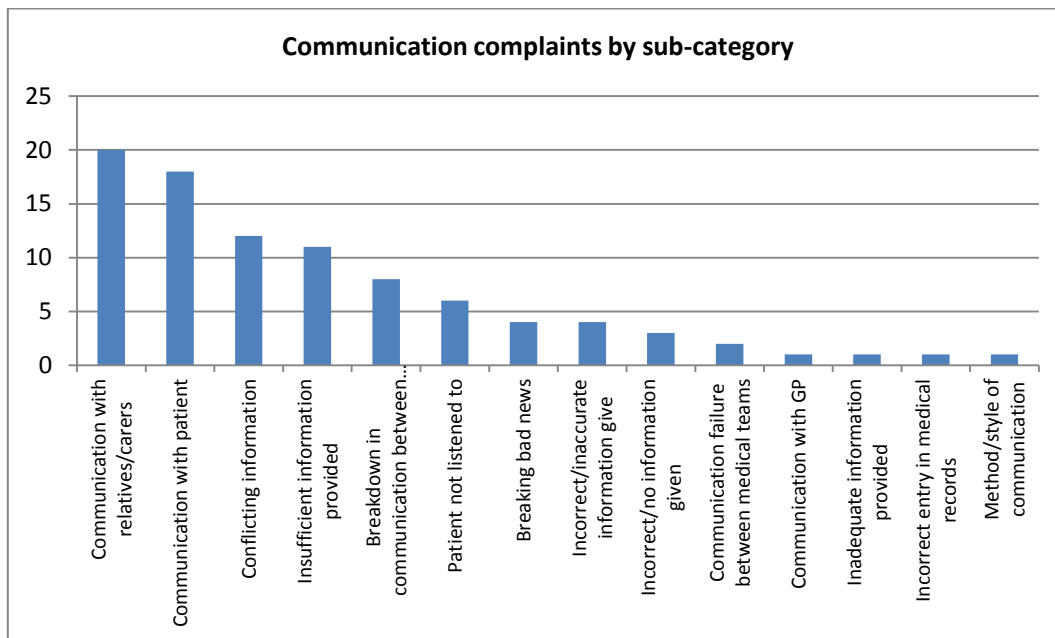
Department	July - Sept	Oct - Dec	Jan - Mar	Apr - June 17	TOTAL
Corporate	28	17	67	30	142
Estates	3	7	6	6	22
Facilities	4	6	9	5	24
Finance	13	20	26	11	70
Infection Control	2	7	1	1	11
Information	16	5	26	13	60
IT	14	13	10	11	48
Nursing & Quality	7	3	8	2	20
Pharmacy	9	6	11	7	33
Procurement	2	13	6	6	27
Radiology	1	8	3	1	13
Scheduled Care	3	3	12	9	27
Support Services	6	12	2	4	24
Unscheduled Care	6	1	7	7	21
Women & Children's	11	11	11	9	42
Workforce	18	12	21	19	70
Grand Total	143	160	226	141	654

Recommendation

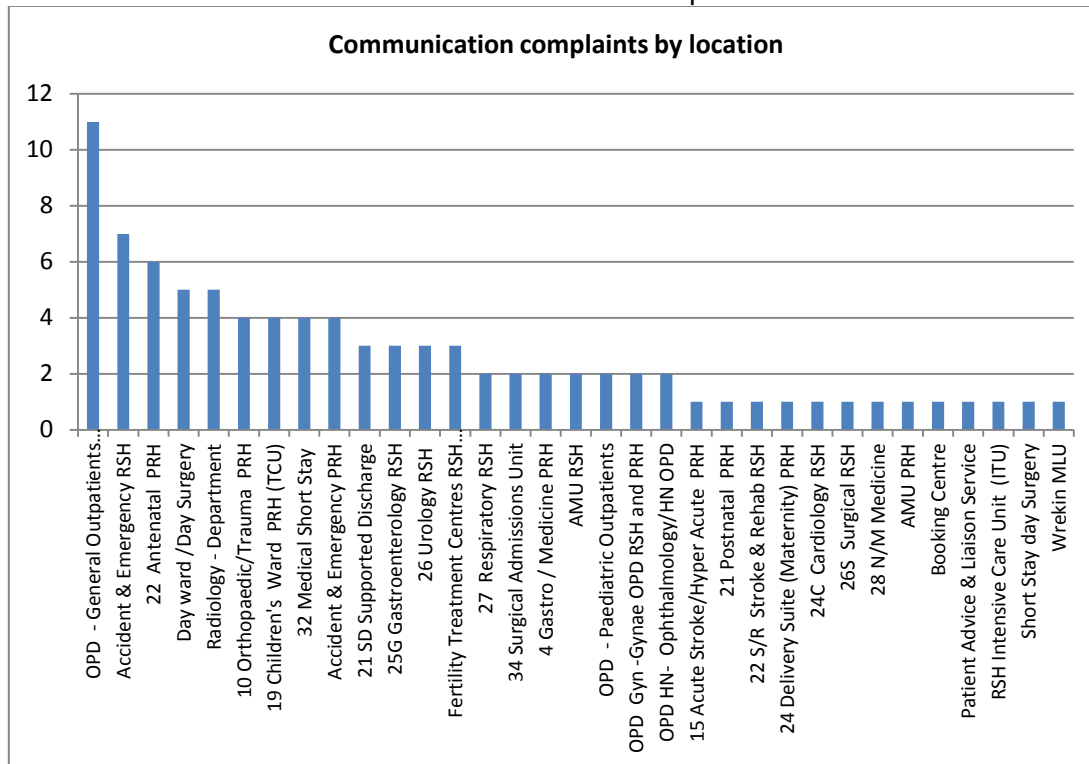
The Board is asked to consider the report

Detailed breakdown of complaints themes

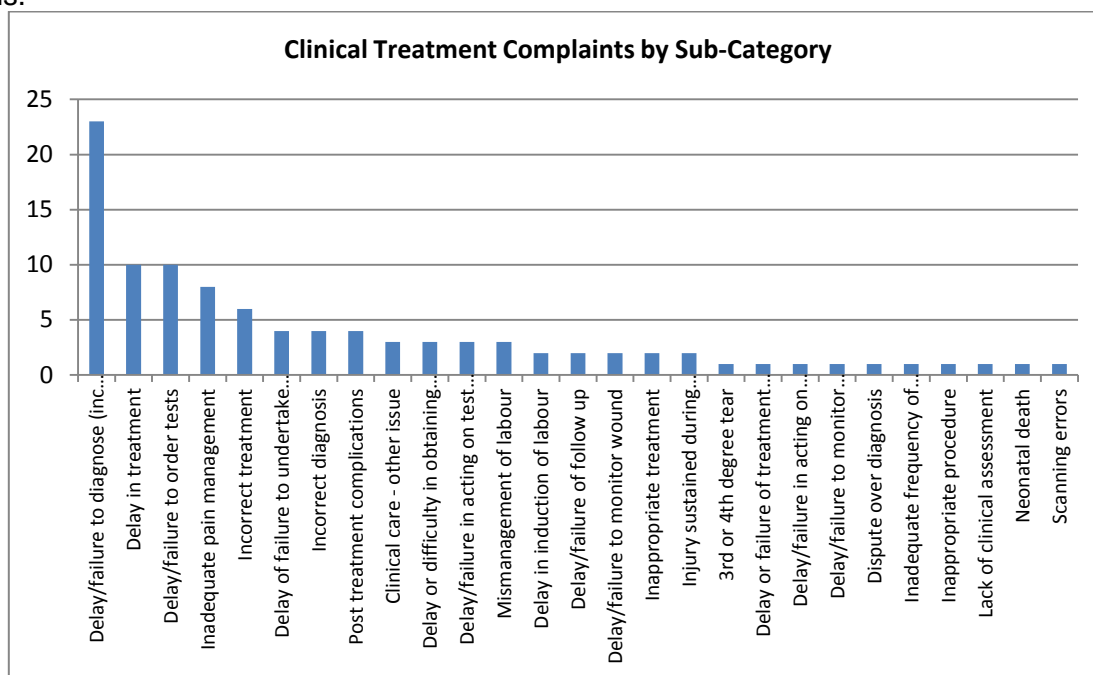
Communication forms a part of the majority of complaints and the details can be broken down as follows:



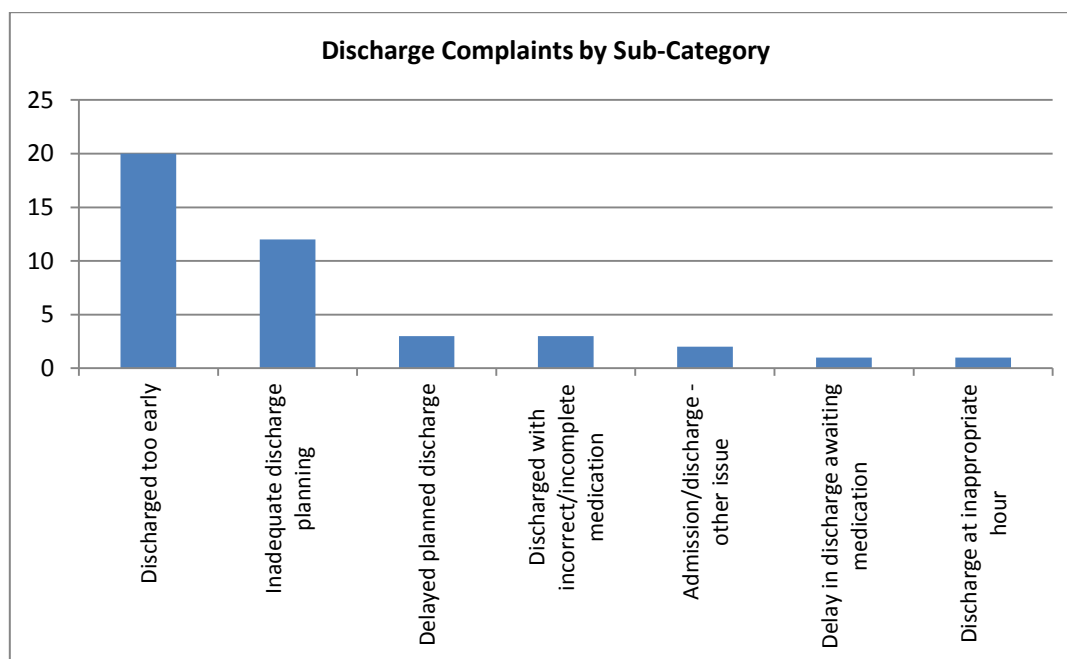
The graph below shows the areas where communication complaints occur:



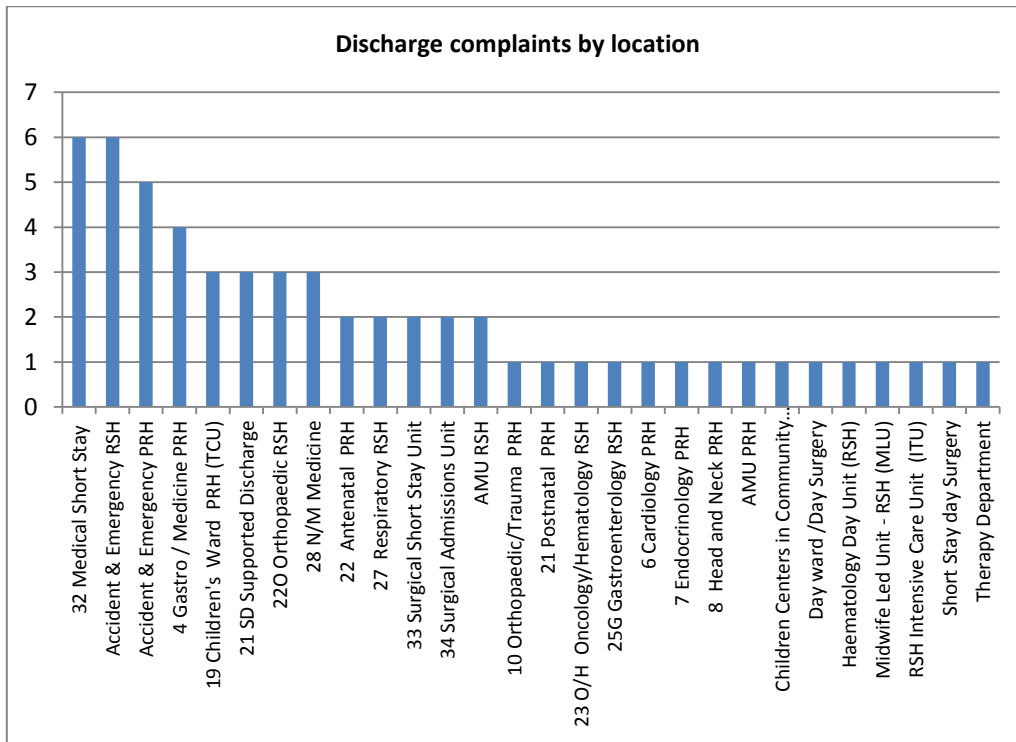
A lot of complaints also raise clinical treatment as an issue; the graph below shows these complaints broken down by sub-category. The majority of these complaints relate to issues in obtaining a diagnosis.



A number of patients and relatives continue to be unhappy with the discharge process, in particular feeling that patients are discharged too soon or are not adequately prepared. This is an area of focus in the Trust. The graph below shows the complaints broken down by sub-subject.



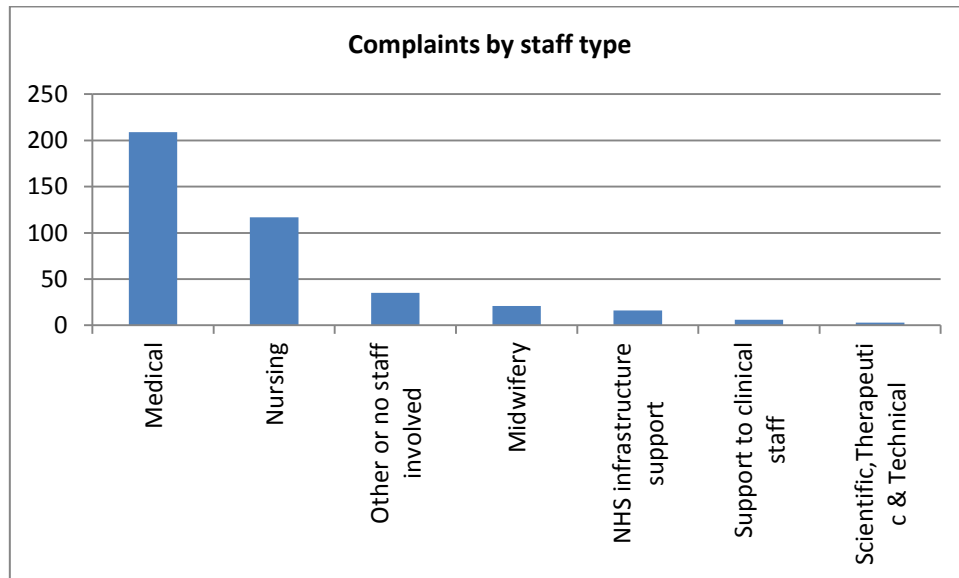
These complaints come from a number of areas and the graph below shows the complaints by location.



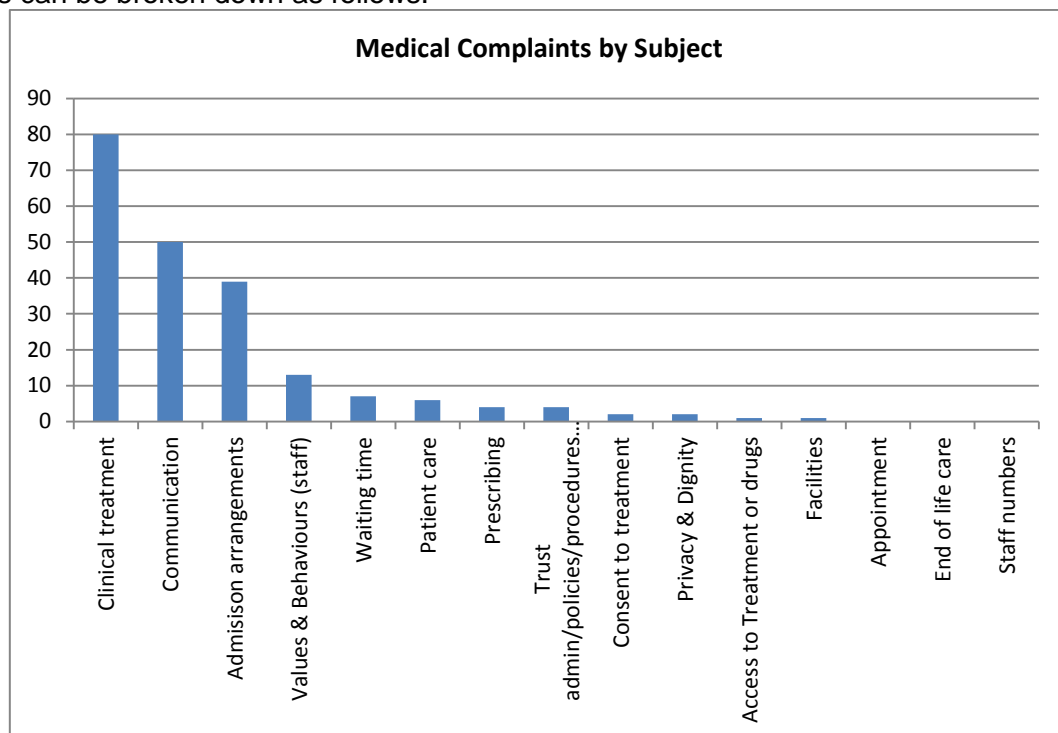
This continues to be an area of focus across the Trust to improve the process for patients and in depth analyses are being shared with Care Groups to enable them to identify areas where improvements can be made.

Complaints by Staff Groups

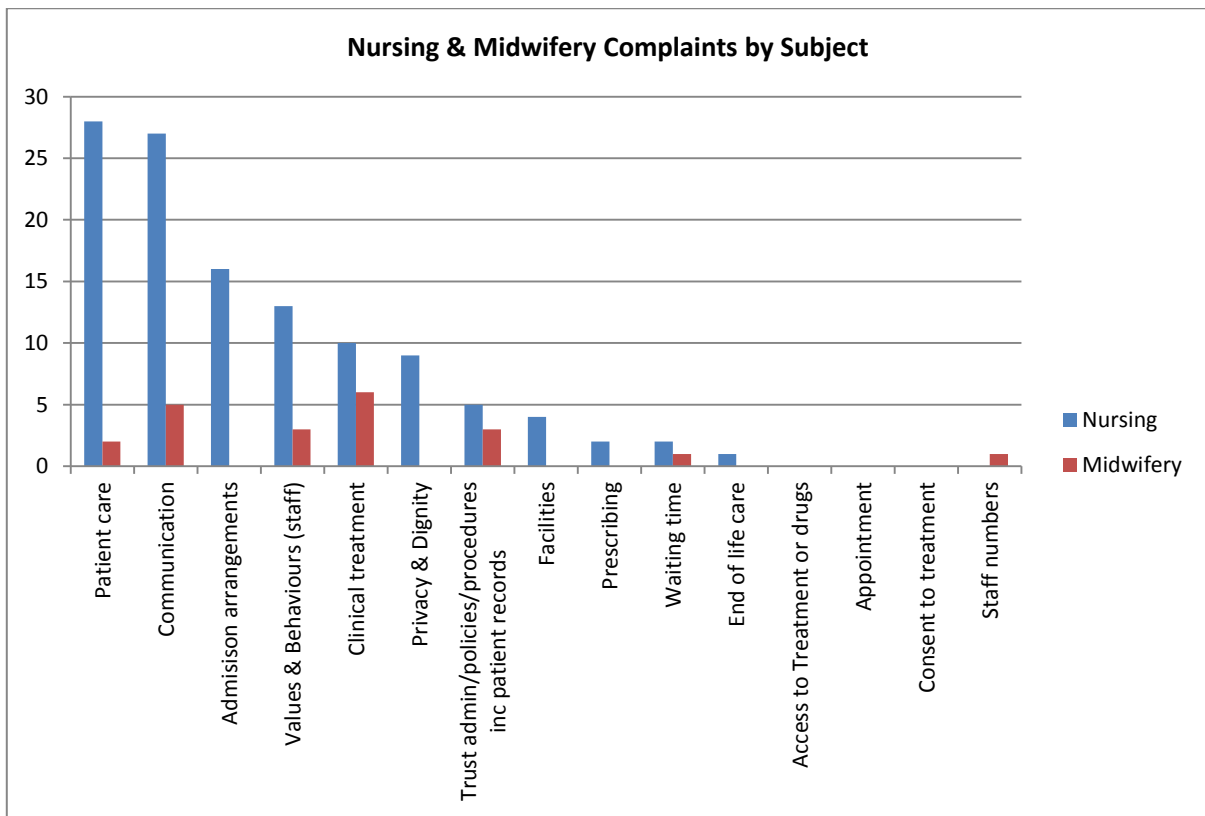
209 of the issues raised in complaints received in quarter one raised concerns relating to medical staff, 117 raised concerns relating to nursing staff. Further details are shown in the chart below:



The Trust received 209 complaints during quarter one where medical staff were involved. The categories can be broken down as follows:



During quarter one there were 117 issues raised where nursing staff were involved and 21 involving midwives. These have been broken down as follows:



Examples of PALS Cases

- Patient's mother was unhappy with her daughter's treatment. The ward manager met with her and was able to resolve her concerns.
- Patient was due to have appointments every two weeks but this had not happened; PALS arranged an appointment with the consultant and patient was given regular treatment dates going forwards.
- Patient's family were concerned that the patient had not been seen by a doctor; reassurance was given that the patient had been reviewed during the morning ward round.
- Patient had been waiting four weeks for his DVLA form to be signed. PALS team arranged for forms to be signed.
- Patient's family were unhappy that patient was receiving active treatment as they didn't feel this would be in line with his wishes. Meeting arranged with doctor and palliative care plan agreed; patient discharged to hospice.
- Patient told she would be listed for surgery, then told she would be discharged instead. Arranged for consultant to speak to patient and agree treatment plan.
- Patient's surgery cancelled three times. Apologies given to patient and arrangements made for him to have surgery at the Nuffield.
- Patient still awaiting dietician referral post-discharge and unclear what she can and can't eat following surgery. Arrangements made for dietician to phone patient.
- Patient was told she would receive a new insole, then told this wouldn't be possible. PALS arranged for the patient to be seen and her insole provision reviewed.
- Patient's daughter unhappy about the delay in receiving scan result; PALS liaised with consultant's secretary to ensure results were sent out.
- Patient unhappy with staff attitude. Apologies given and staff supported to reflect on incident.
- Patient unhappy about lack of follow-up appointment and confusion re removal of stitches. Appointment arranged with consultant
- Patient's money went missing on the ward. Full search carried out and patient advised of compensation process.
- Patient unhappy that warm milk wasn't provided for Weetabix. PALS liaised with catering team who were able to arrange this.
- Patient's husband unhappy in delays for urgent scan. Patient given earliest available date.

Examples of comments from NHS Choices

Some of the positive comments received were as follows:

I honestly cannot fault any staff at this a and e department x one member of staff especially needs recognition in my eyes x I also would like to thank the 2 security staff on duty Saturday the 15th July x they helped me and my son so much they really did go above and beyond x your lucky to have them xx all the staff on duty that night were amazing x the registrar was so wonderful x a massive thank you xc

I was admitted after a car accident and was in a lot of pain and was immobilised in a neck brace . The staff were kind, friendly, efficient, professional and supportive despite being pressurised with work. The rehab was carefully done and equipment provided for home. Because I lived alone they did not pressurise me to leave before I felt ready and put a good support service of carers in place for when I left. The food was nourishing and appetising with plenty of choice. There was no restriction on visitors and phone calls were always passed on for me to speak to the caller. At night when I couldn't sleep some nurses would spend their time talking to me in a friendly way despite having paperwork to do themselves. The Chapel was always a quiet haven to retreat to and many nurses were seen coming in to pray before or after shifts. Despite the pain and difficulty sleeping, I can count my time spent on Ward 22 and ward 21(Discharge) as an enriching experience. 2 weeks on Ward 22 and 1 week on Ward 21. I shall always remember the kindness received.

Just returning home from taking my partner to the A&E with a damaged hand We were seen, xrayed and given the results within 45 minutes Practically no waiting time Staff were courteous and professional and hospital was clean and tidy Very good.

I went for an appointment to the radiology department and found the staff friendly and super efficient. I waited no time at all and was out in minutes. By the way, the standard of cleanliness seems very improved since the bad old days of say 10 years ago. I very much appreciate all the staff in our NHS

I had an appointment on 5th May 2017 at the day surgery i was very apprehensive but there was no reason to be all the staff were amazing ,they made me feel really relaxed and nothing was to much trouble, they took time explaining things and listened. I felt I knew them they were so nice. The treatment I received was second to none thank you all so much.

I hope I never need to go in again but if I do, I know I have no need to worry and that means a lot .

My husband has just returned home after 2 weeks as an inpatient as a result of an emergency admission. We cannot praise highly enough the care he received. From the Shropdoc call handler, to the doctor who called us back within a few minutes, to all the doctors and nursing staff in Shropdoc, A and E, AMU and Ward 9, he received prompt, efficient and caring treatment.. They all made a difficult time much more bearable. Thank you everyone. (PS Not forgetting the catering department - when he was able to eat he said cooked meals were very tasty and served hot and sandwiches freshly made)

I had my little boy on 14th April. Fantastic service, all staff professional and supportive. I was fully informed of decisions and choices available. My baby's heart rate was monitored continuously by staff. The environment was clean and comfortable. What a brilliant centre for women, offering an excellent choice. I would highly recommend Telford as a birthing choice for women.

Some of the negative comments received were as follows:

Neurology was good to start organised team until I saw the consultant who virtually laughed I my Face the examination was in detail but I felt a little disappointed by comments and felt deflated by the end saying I already being in pain since Jan this year it doesn't matter where now in June I felt a little judged by some comments I said to neurology

My wife is currently in the DSU department at the hospital, awaiting an endoscopy, she should have had it yesterday, but cancelled so nil by mouth all day, yet again today she is nil by mouth and it is looking like the procedure is not going to happen today, so she may be have to endure no food or drink for a third day in a row. I am concerned that this is having a detrimental effect on her health and making her current condition worse..

I have returned home from the Acute stroke ward after two consultants saying I have had two strokes, I was given relevant treatment and relevant long term meds, and long term advise, and physiotherapy booked, and stroke nurse booked, and also scans booked to detect abnormalities and possibly save my life. yet third consultant who didn't witness either of my strokes came in like a whirlwind, and totally poo pood everything the others had established in their professional opinion, who looked at me for a few seconds, then abruptly stated they were not convinced and withdrew all stroke meds, and scanning, asked what has happened to me they didn't know. No follow up. Just go home. Should I now drive, should i now eat what I like. Should I get as stressed as I like. I know nothing and probably won't go to a and e next time because I've been made to feel a fraud, I'm very distressed and fearful about what happens now to me.


Extracts from a selection of thank you letters


The Shrewsbury and
Telford Hospital
NHS Trust

Thank you . . .


"We attended the Children's Assessment Unit at Princess Royal Hospital with our daughter, on a referral from ShropDoc. I just wanted to say how pleased we were with the service we got, both on CAU and also the Children's Ward when we were transferred. All the staff we encountered were great, and very attentive both to our daughter and also to us as parents. In particular two nurses on CAU were fantastic and we would like to pass on our thanks for the great care we received...it really did make a worrying situation so much easier for us."

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


The Shrewsbury and
Telford Hospital
NHS Trust

Thank you . . .

"I attended A&E via ambulance, and was eventually transferred to the surgical assessment unit. I would like to thank everybody concerned for the excellent service I received and would be extremely grateful if you could pass this on."


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


The Shrewsbury and
Telford Hospital
NHS Trust

Thank you . . .


"I was taken to the Royal Shrewsbury Hospital following dislocation of my right hip. I just wanted to pay the highest compliment possible to the ambulance crew, the staff in A&E, Ward 22 and the theatre. They all acted thoroughly professionally and informed me of exactly what was to be undertaken and the likely after effects. They were also very friendly and courteous. They are a credit to NHS England and the people of Shropshire. My hip now appears to be on the road to recovery so thanks very much."

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


The Shrewsbury and
Telford Hospital
NHS Trust

Thank you . . .

"[I recently] had a complete knee replacement at the PRH. My stay on Ward 11 was fantastic. ALL of the staff were so hard working and pleasant, nothing was too much trouble. The ward was clean and was kept clean throughout the day. The team work of the staff shone through. THANK YOU for your care and nursing."

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

Thank you . . .

A huge thank you to [@sathNHS](#) staff who took the very best care of my little boy today. He felt safe and happy!!!



Thank you . . .

Some really compassionate care shown today towards my father by [@sathNHS](#) [@MarkCheetham](#) please thank the colorectal team

