

Paper 15

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	5 July 2018
Paper Title	Annual Complaints & PALS Report 2017/18
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 2017/18 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.
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	Clinical Governance Executive Committee
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 (see over)	<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"> <input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts

**Freedom of
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(2000) status**

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA



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**The Shrewsbury and
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Annual Complaints and PALS Report

2017/18

Annual Complaints and PALS Report 2017/18

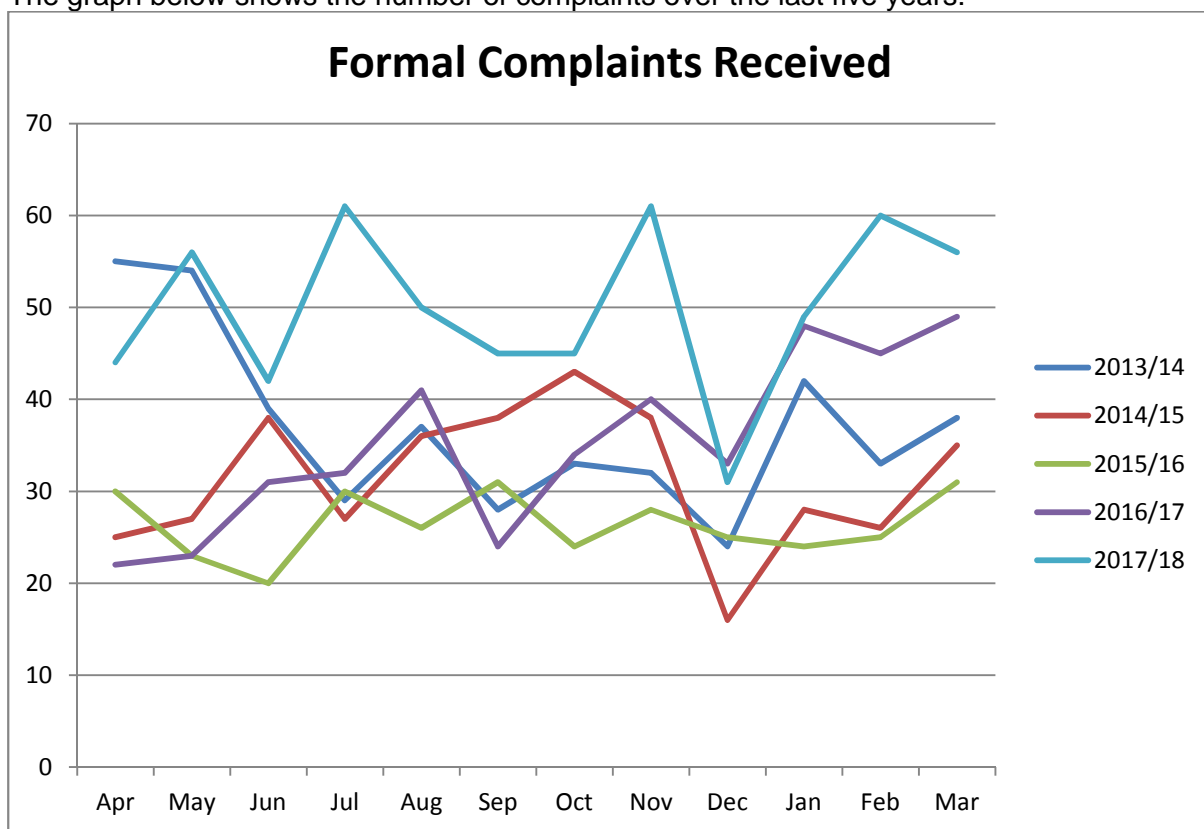
1.0 Introduction

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 2017/18 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.

2.0 Formal complaints

During 2017/18, the Trust received 600 formal complaints. This represents just under one in every 1000 patients seen at this Trust making a formal complaint (0.69).

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



During 2016/17, 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 ensured a greater transparency and robustness in our complaints process, and has continued in 2017/18. Since the change the number of complaints has remained overall in line with average numbers for a Trust this size, with some in-month variation.

Of the complaints closed in 2017/18, 26% (155) were upheld, 55% (322) were partially upheld and 19% (115) 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

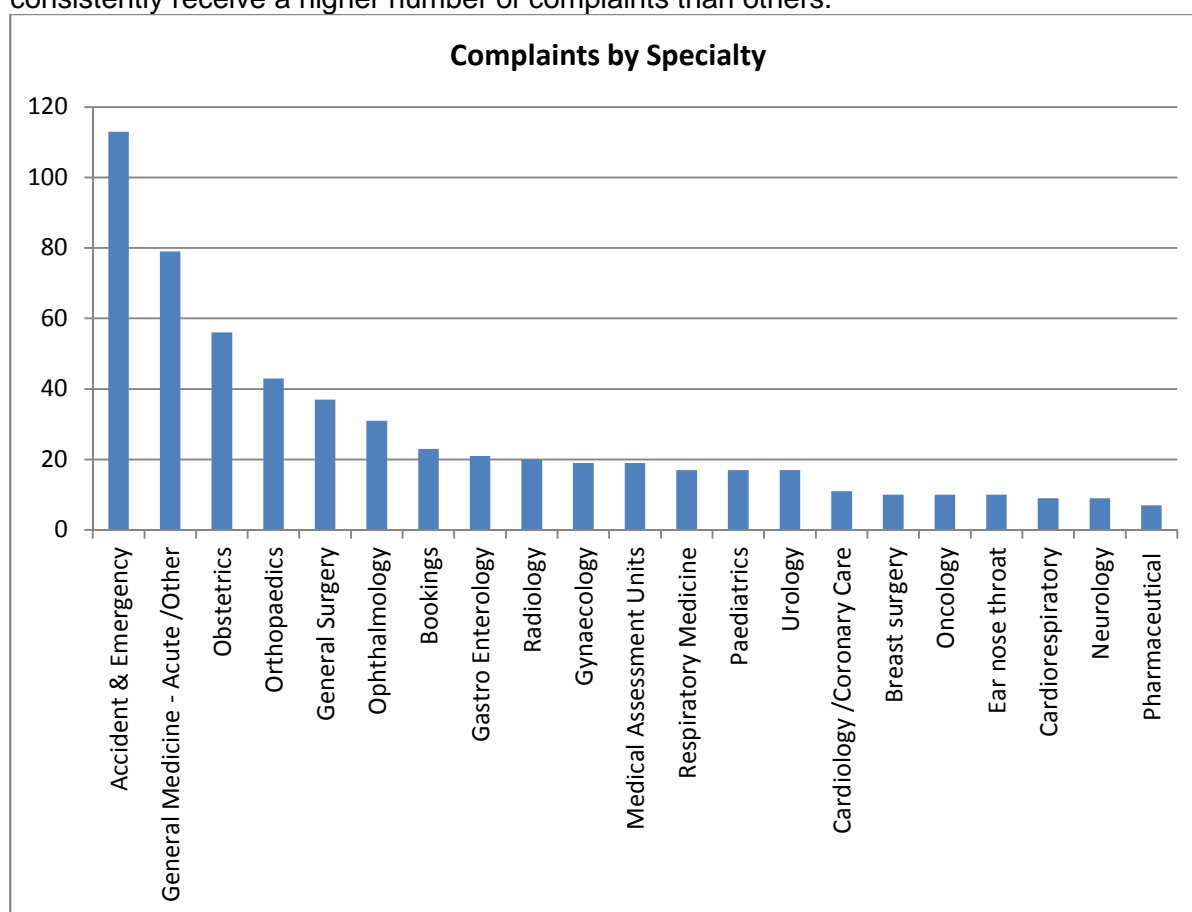
The Trust is required to acknowledge all complaints either verbally or in writing within three working days of receipt. This was achieved in 99% of cases in 2017/18; one acknowledgement was sent out within four working days. The decision was made to delay the acknowledgement as the complainant had sent 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. The Case Manager handling the complaint will phone the complainant where possible to clarify the issues for investigation and the complainant's expectations and to act as a contact point throughout the complaint.

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 2017/18 63% of complaints were responded to within the initial agreed timescales, with 73% by the end of the year. This figure has improved significantly from 2016/17 when response rates were 30% at year end, but the Trust is aiming to reach 100%, in line with the VMI principle of zero defects.

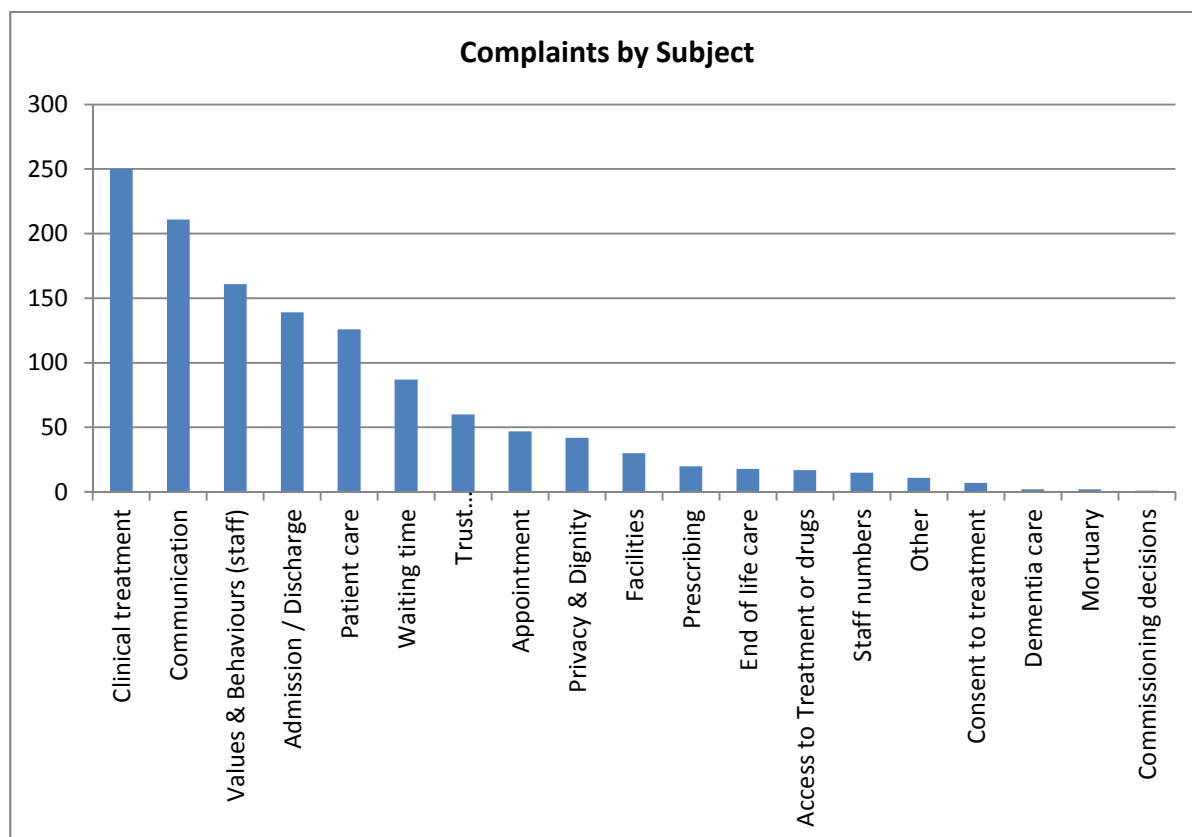
4.0 Breakdown of Formal complaints

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.



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.



a) 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 2017/18, there were 250 complaints that fell into this category. The majority of these related to delays in diagnosis and misdiagnosis (including missed fractures) and delays in treatment.

b) 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 2017/18, the Trust received 211 complaints where communication featured. These cover a range of specialties, with the main issues being communication with relatives and patients receiving conflicting information.

c) 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 not having their care needs adequately met.

d) Admission Arrangements

Complaints within this category relate to the patient's admission and subsequent discharge, as well as any transfers. During 2017/18, there were 139 complaints within this category.

Discharge was an area of focus in 2017/18 and one of the Trust Quality Account Priorities and although the number of complaints relating to discharge has increased, this is in the context of an overall increase in the number of complaints.

e) Values and behaviours

This category includes complaints about staff attitude, professional behaviour and breaches of confidentiality. There were 161 complaints within this category during 2017/18, which is a significant increase on 2016/17. Data on this has been shared with the Workforce Team, who will feed this into their ongoing work in relation to the findings from the national staff survey.

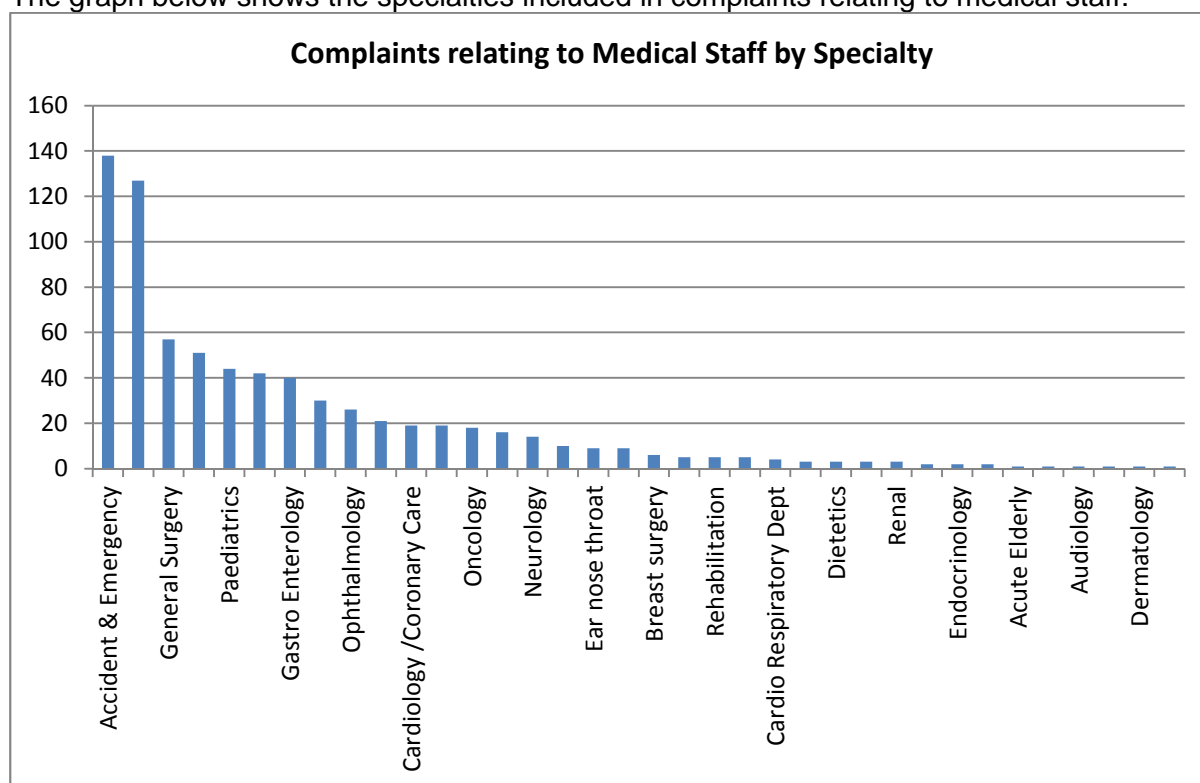
f) Waiting time

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 2017/18, the Trust received 87 complaints; the top specialties within this area were Accident & Emergency and General Medicine,

4.2 Staff Groups

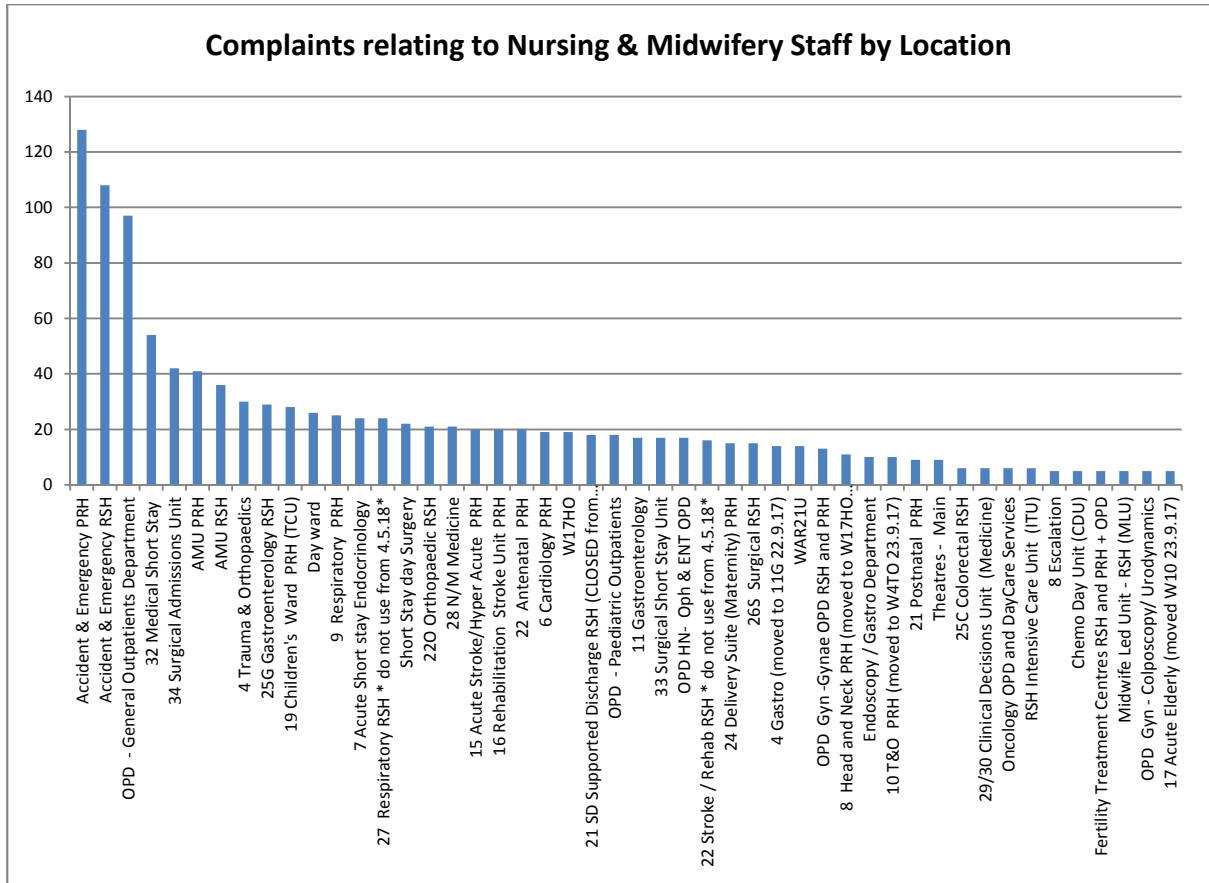
338 complaints raised issues relating to medical staff. Of these 271 were about clinical treatment, 167 were about communication, 100 were about admission and discharge arrangements and 80 were about values and behaviours.

The graph below shows the specialties included in complaints relating to medical staff:



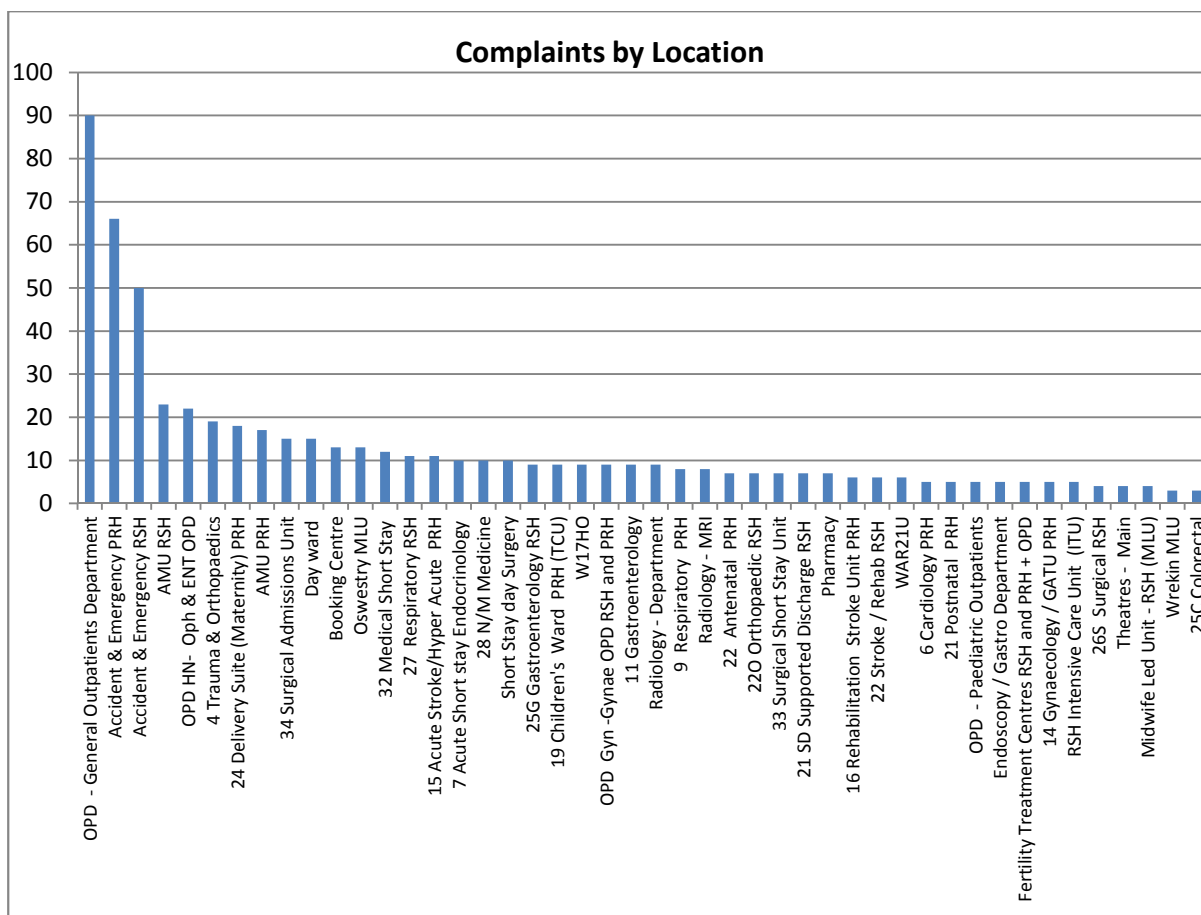
22 complaints raised issues relating to nursing and midwifery staff. Of these, 157 related to Patient Care, 114 related to Communication, 62 related to admission and discharge and 88 related to values and behaviours.

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



4.3 By location

The graph below shows the number of complaints by top 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. Some examples of learning and changes in practice that have arisen from complaints are set out below:

Changes in Practice

- Signage to be put up in A&E advising members of the public that they cannot film there
- Staff to ensure they document all communication with relatives
- Regular audit of hand hygiene in Ophthalmology
- Weekly checks to be carried out by bookings team to review all patients not yet on lists
- Review and strengthening of SOP for dispensing trays
- Nursing staff to ensure that all consent forms, including paediatric forms, are available in each clinic room
- Checks in place to ensure that staff declutter and wipe clean lockers and tables at least twice a day
- Letter to be sent to staff about smoking in non-smoking areas
- Revise guidance on the review of babies after birth whose mothers are suspected of sepsis
- Improve multi-disciplinary working to ensure patients and family members are involved in decision-making processes re discharge
- Housekeeper numbers to be increased in A&E

- Ensure mother's birth wishes are properly communicated to midwives attending birth
- Nursing staff to check omitted medicine in daily huddle and ensure that reasons for omission are clearly documented
- Review in place for flow through Paediatric Assessment Unit

Training

- Medication safety update delivered to wards on security of patients' own medications, self-administration policy and use of dosette boxes
- Flow chart of actions to be taken when a pressure sore develops produced for ward staff
- Refresher training on admission planning and scheduling
- Communication skills training for admin staff/secretaries
- Staff members attending training to deal with communication and difficult situations that may occur on the ward

New Policies and Processes

- 24 hour ECG results to be sent out daily.
- Single use tape measures to be ordered for A&E
- Mouth care policy for end of life patients implemented
- Introduction of 'plan for the day' sheets to be given to patients following ward rounds
- New head and neck assessment for vulnerable patients with NIV / oxygen therapy / NG tubes.
- Develop link worker role for hearing aids/devices.
- New nursing documentation has a section within it that outlines discharge plans for patients and should be followed.
- ED dementia link nurse role to be introduced

Information for Patients

- Booking staff to advise patients that they may be seen sooner than estimated waiting times
- Staff to ensure they provide up to date waiting times
- Update of endoscopy patient information leaflets to include the role of nurse or operating department practitioner
- Booking team to contact patients by phone when dating patients with less than two weeks' notice
- Update wording on website to clarify when partners can stay with women in labour
- Hysteroscopy leaflet updated with more information on pain

Individual staff are asked to reflect on complaints that they have been involved on, and learning from complaints is also discussed at ward and departmental meetings.

In 2018/19, the PALS team will be capturing learning from PALS contacts and will share this learning across the Trust, to ensure that all learning from patient feedback is captured and cascaded to all areas.

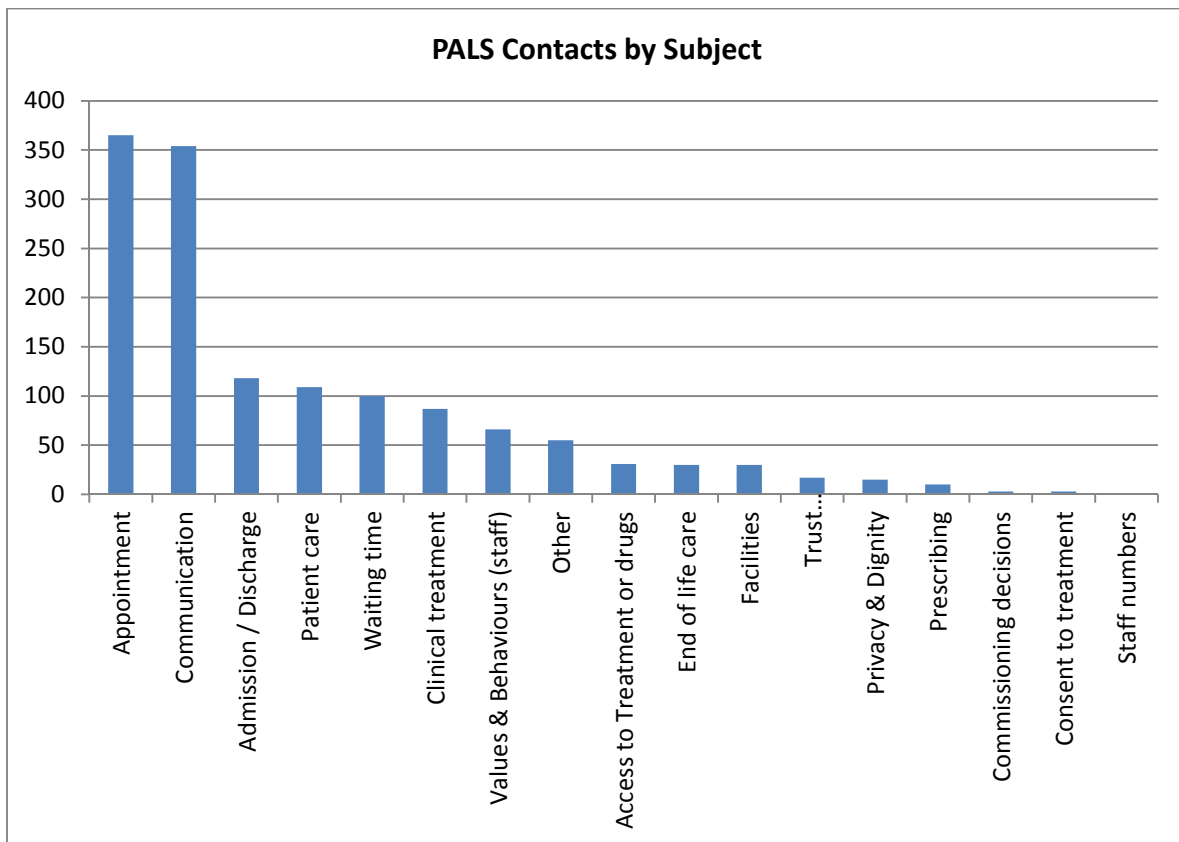
6.0 Parliamentary and Health Services Ombudsman (PHSO)

During 2017/18, eight cases were referred to the PHSO.

During 2017/18, the PHSO concluded five investigations; two complaints were not upheld and three complaints were partially upheld. For those complaints that were partially upheld, the recommendations related to improving the processes around women’s preferred place to give birth, reviewing processes for the recognition and reporting of previous adverse drug reactions in patients presenting to the trust, and ensuring that learning about the need for clear communication around patients’ expectations has been shared. The Trust has fully complied with all recommendations from the PHSO.

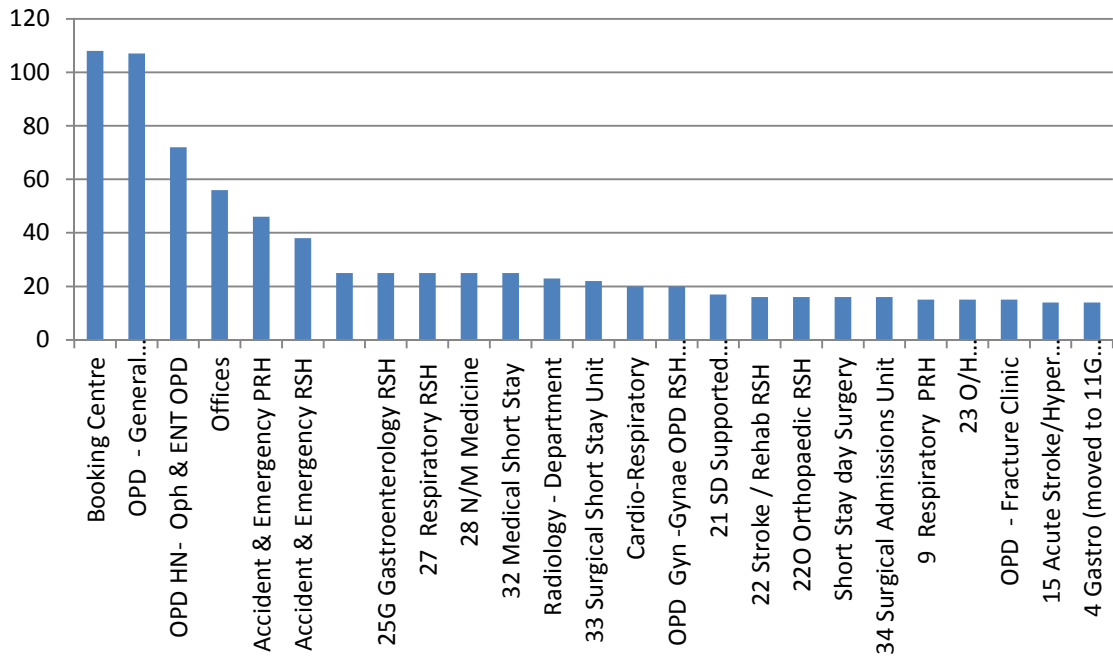
7.0 Patient Advice and Liaison Service (PALS)

During 2017/18, the Trust dealt with 1491 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:



Unsurprisingly, the majority of PALS contacts received relate to the bookings centre and Outpatients; the graph below shows the top 25 locations for PALS contacts:

PALS Contacts by Top Location



8.0 Patient feedback

In addition to the feedback received directly via PALS, members of the public are able to leave feedback on the NHS Choices website and the PALS team will respond to these and share them with the relevant areas. 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.

106 patient comments were published on the NHS Choices Website in 2017/18. Of these, 68% (72) were positive, 26% (28) were negative and 6% (6) were a mixture of positive and negative.

In addition to the comments left on the NHS Choices Website, the Trust received 395 letters of thanks.

"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. "

"Words can never truly convey the immense gratitude for what the medics and nursing staff have done for my daughter. There is nothing I can say or do that would ever be enough. Thank you so much for everything you did."

"I wish to thank all members of staff (including the volunteers) for all their professionalism and efficiency. The positive attitude and genuine kindness I have received over the numerous years I have been a patient at this hospital has been, and is, a credit to our National Health Service. I am overwhelmed with the after care and support given after my operations. This has been a crucial part of my recovery, and I feel very privileged to have such a caring and supportive hospital."

"I am just writing to pass along our sincere thanks for the care given by the maternity staff in the ante-natal and delivery suite areas in PRH. We both felt the services offered were of an excellent standard and the care delivered was exceptional. I would particularly like to praise the midwives who were on duty at the time. Their clinical and interpersonal skills were of the highest order and they should be seen as a credit to the Trust and their profession."

9.0 Bereavement

In addition to supporting patients and their families with on the spot concerns, the PALS & Bereavement team meet with bereaved families to issue the death certificate and provide advice on registering deaths. In 2017/18, the PALS team issued 1870 death certificates.

During 2017/18, the PALS and Bereavement Team have further developed the support and information provided to bereaved families, and, working with the End of Life Team, have now introduced a leaflet on coping with grief and a condolence card from the Trust.

Each family is given a bereavement survey and findings from this are monitored each month. During 2017/18 303 surveys were returned. Key findings from these surveys include the following:

- 92% found that the support they had received from the Bereavement team was enough or more than enough
- 98% were given the death certificate and any belongings in an appropriate environment

- 97% were given a bereavement booklet
- 83% felt that they had enough opportunity to talk to hospital staff about any concerns.

The survey also offers families the opportunity to request a call back from the Trust. These call backs were initially provided by the End of Life Team, but during 2017/18, the Bereavement Team took this role on and now call back all families and work with them to provide ongoing support as needed.

The PALS and Bereavement Team have also developed a video on the process of completing an MCCD that will be used during 2018/19 as a training video for all staff involved in the process.

10.0 Key achievements in 2017/18

- The introduction of Datixweb for the logging of all complaints and PALS contacts
- The development of a complaints statement form to help staff in being clear on the issues requiring response and prompting the consideration of learning and actions for each issue raised
- Complaints and PALS surveys sent out and the results used to identify areas of improvement
- The team has commenced on Aston team building journey and as part of this have identified a clear purpose and objectives
- Members of the team have undergone SAGE & THYME Training which provides a framework for supporting patients and their families through difficult conversations
- Training for individual staff groups has been provided throughout the year
- A learning report is presented each month to the Clinical Governance Executive to share details of learning from complaints for wider cascading throughout the Trust
- The Head of PALS and Complaints participates in the weekly rapid review meetings, where all complaints and moderate and severe harm incidents are reviewed
- Complaints relating to the Women & Children's Care Group are now managed through the Trust process, rather than having a separate process
- Introduction of the condolence cards and coping with grief leaflets for bereaved families
- Introduction of learning report at Clinical Governance Executive meetings

11.0 Plans for 2018/19

- The Head of PALS & Complaints will be undergoing Lean for Leaders training and applying the principles to the complaints process to further reduce timescales for responding to complaints
- Review of processes in line with new General Data Protection Regulations
- Rollout of the Bereavement Training Video
- Further increase the number of complaints responded to within agreed timescales
- Formal recording of learning from PALS Contacts to allow this to be shared in reports

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
May 2018