

Cover page	
Meeting	Trust Board
Paper Title	Complaints Annual Report 2018/19
Date of meeting	1/08/19
Date paper was written	14/05/2019
Responsible Director	Julia Clarke, Director of Corporate Governance
Author	Julia Palmer, Head of PALS and Complaints
Executive Summary	
<p>This reports provides an overview of complaints, PALS contacts and bereavement activity during 2018/19. Numbers of complaints and PALS contacts continued to be in line with expected activity, and learning is a key focus for complaints investigations.</p>	
Previously considered by	Quality & Safety Committe

The Board is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

We need real engagement with our community to ensure that patients are at the centre of everything we do (CRR 1186)

We need positive staff engagement to create a culture of continuous improvement (CRR 423)

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

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

Financial assessment

Is there a financial impact associated with the paper?

Main Paper

Situation

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 2018/19 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.

Background

During 2018/19, the Trust received 680 formal complaints. This represents just under one in every 1000 patients seen at this Trust making a formal complaint (0.71). The SPC chart in the report confirms that this is in line with expected figures, with the exception of a breach of the UCL in November 2018, when an increase in negative publicity led to an increase in complaints over a two week period.

The Trust received 1545 PALS contacts during 2018/19, with the majority relating to appointments and communication.

The Trust has continued to develop bereavement services during 2018/19, with plans to introduce a Medical Examiner System during 2019/20.

Assessment

Complaints and PALS contacts continue to be seen as an opportunity to learn and make improvements based on what patients and their relatives are telling us about their experiences. Data is shared with care groups on a monthly basis so that any problem areas identified can be addressed promptly, and learning is shared across all care groups.

Improvements have been seen in response rates and action plans arising from complaints.

Recommendation

The Board is asked to note the details included in this report.

Annual Complaints and PALS Report 2018/19

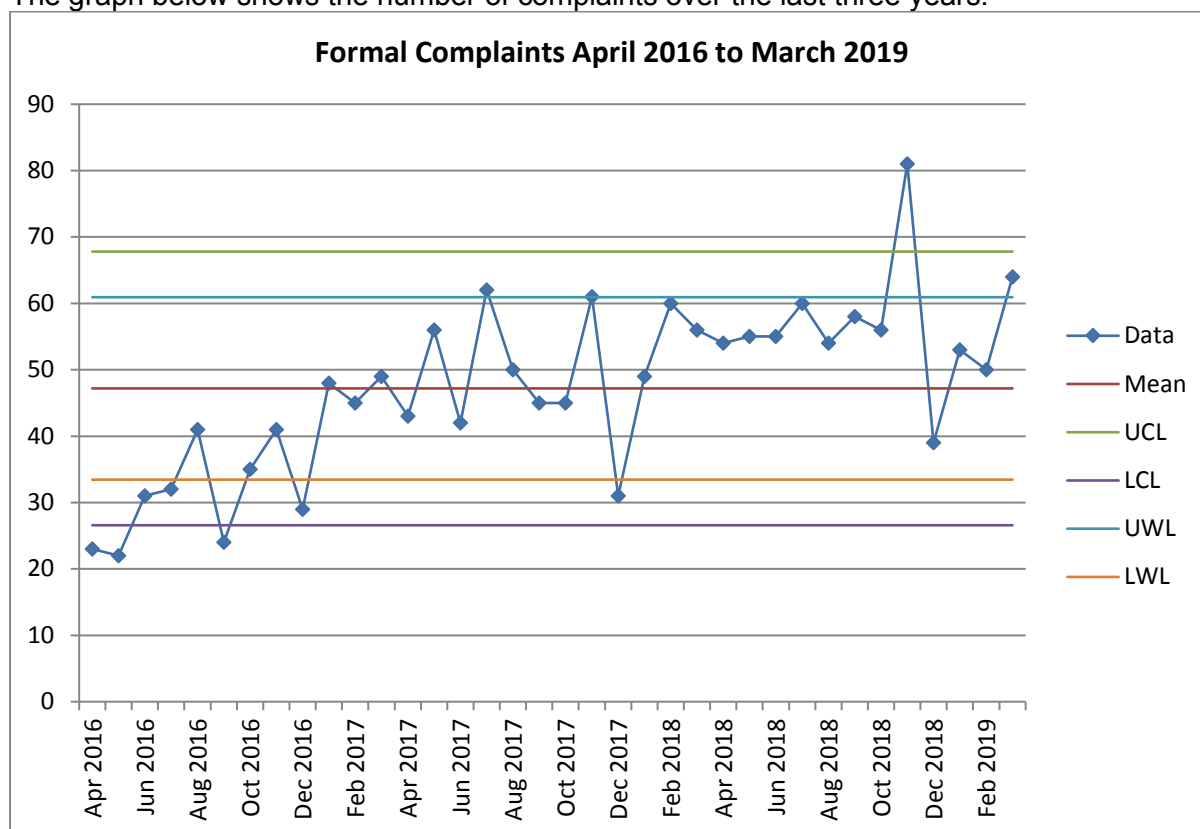
1.0 Introduction

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 2018/19 and to provide the Board with assurance that the Trust is handling complaints in line with national regulations.

2.0 Formal complaints

During 2018/19, the Trust received 680 formal complaints. This represents just under one in every 1000 patients seen at this Trust making a formal complaint (0.71).

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



During 2016/17, there was a change in the process to ensure a greater transparency and robustness in our complaints process. 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, and only one breach of the upper control limit which corresponded with a significant increase in adverse publicity when the Trust was placed into special measures in November 2018.

Of the 658 complaints closed in 2018/19, 29% (190) were upheld, 52% (345) were partially upheld and 19% (123) 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 2018/19. From October 2018, the Complaints Team set a stretch target of two working days, and 83% of complaints were acknowledged within two working days.

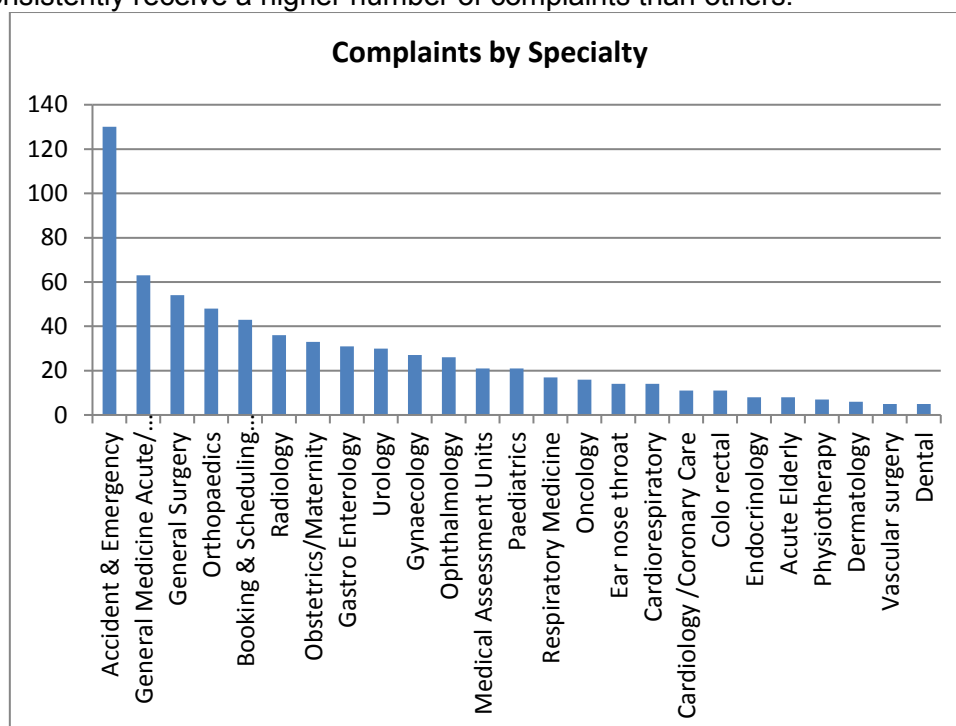
The Case Manager handling the complaint will phone the complainant where possible to clarify the issues for investigation and the complainant's expectations and to act as a contact point throughout the complaint.

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 2018/19, 71% of complaints were responded to within the initial agreed timescales, compared to 61% in 2017/18. Work is ongoing to increase this further, with training being provided to managers on investigating complaints and further refinements to the complaints processes.

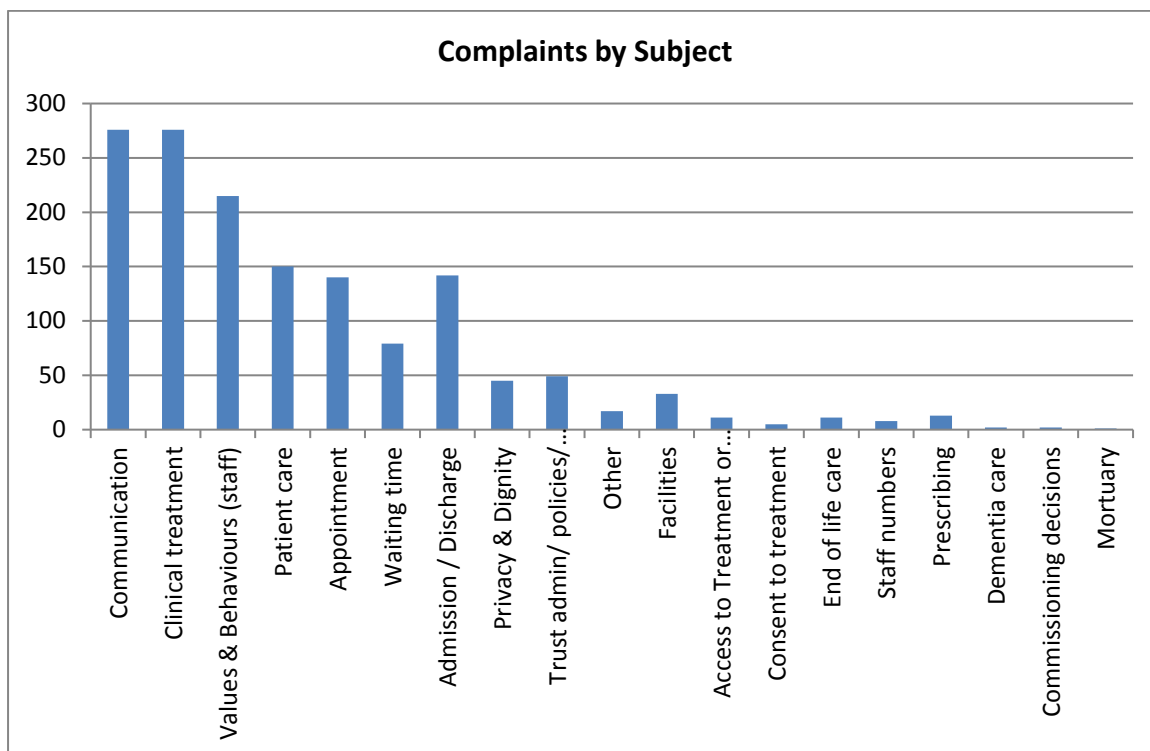
4.0 Breakdown of Formal complaints

The graph below shows the number of complaints by specialty for the top 25 specialties in 2018/19. 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.



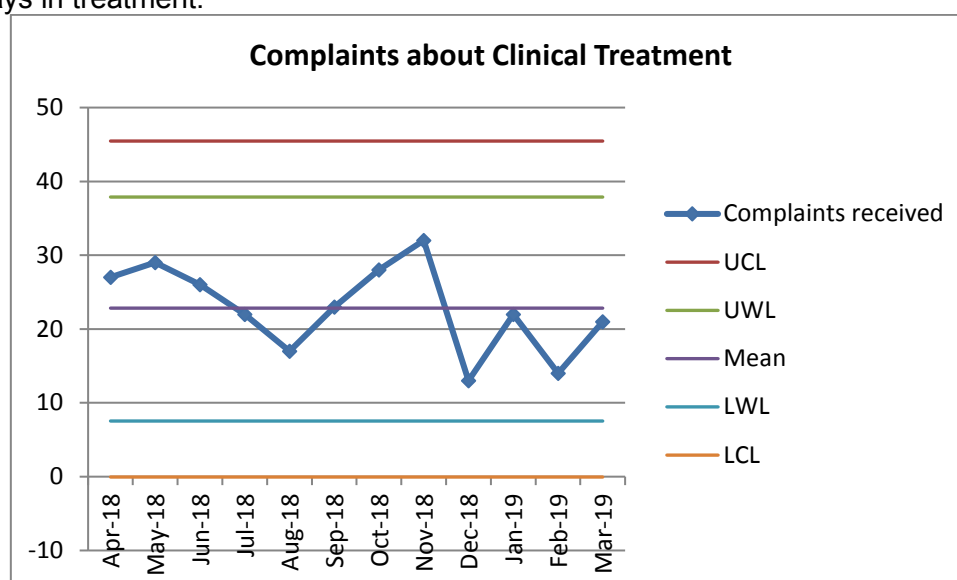
4.1 Key themes

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 Treatment

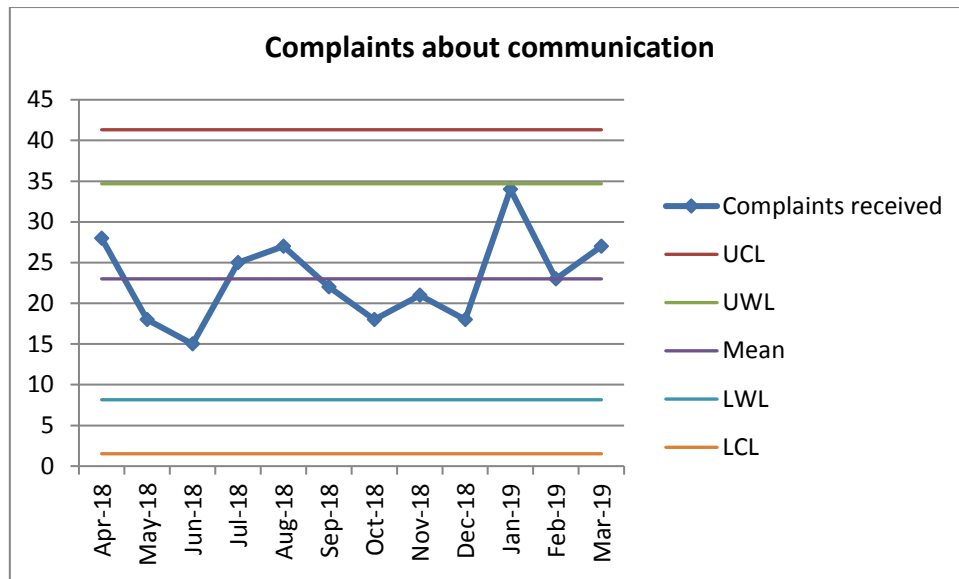
Complaints within this category may involve aspects of the clinical care provided by health professions, as well as complaints about the patient's diagnosis and treatment, any complications, and pain management. During 2018/19, there were 276 complaints that fell into this category; there were no breaches of the upper warning or control limits. The majority of these related to delays in diagnosis and misdiagnosis (including missed fractures) and delays in treatment.



b) Communication

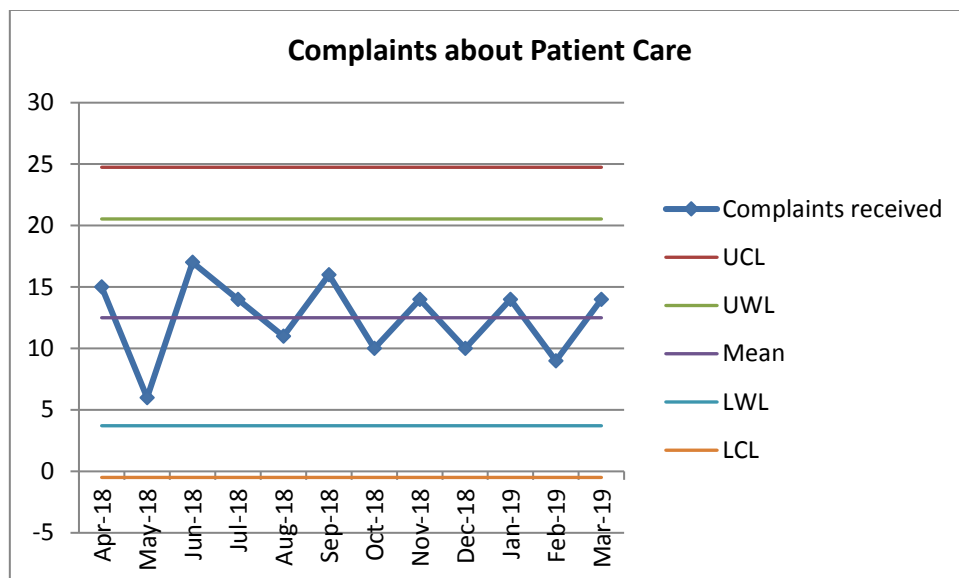
This category covers all aspects of communication, written and verbal, with the patient, relatives, between staff, with the GP and in relation to test results. During 2018/19, the Trust

received 276 complaints where communication featured; there were no breaches or the upper warning or control limits. These cover a range of specialties, with the main issues being communication with relatives and patients receiving conflicting information.



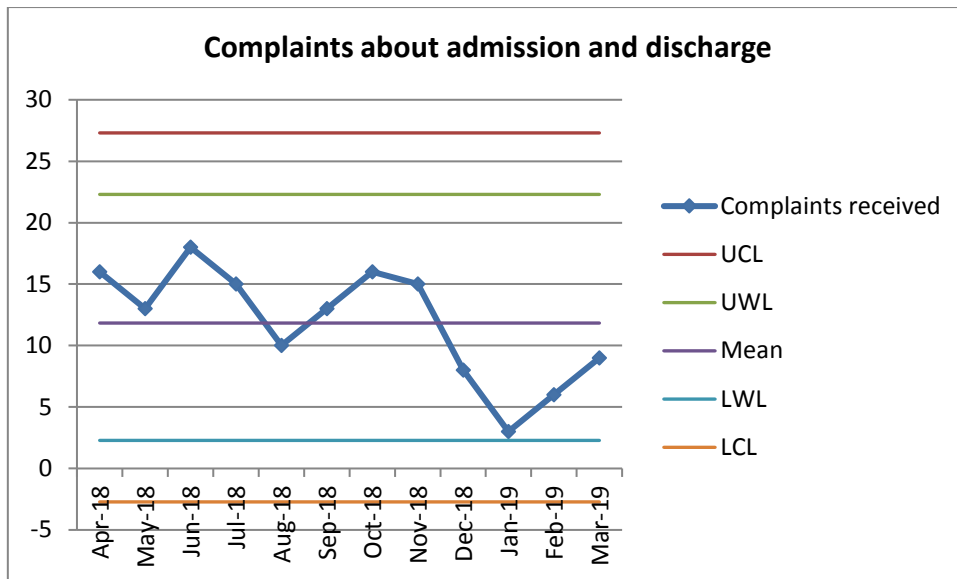
c) Patient care

Complaints within this category include complaints about patient falls, nutrition and hydration, infection control and pressure area care. The Trust received 150 complaints during the year about this aspect of care; there were no breaches of the upper warning and control limits. The majority of these complaints related to patients not having their care needs adequately met.



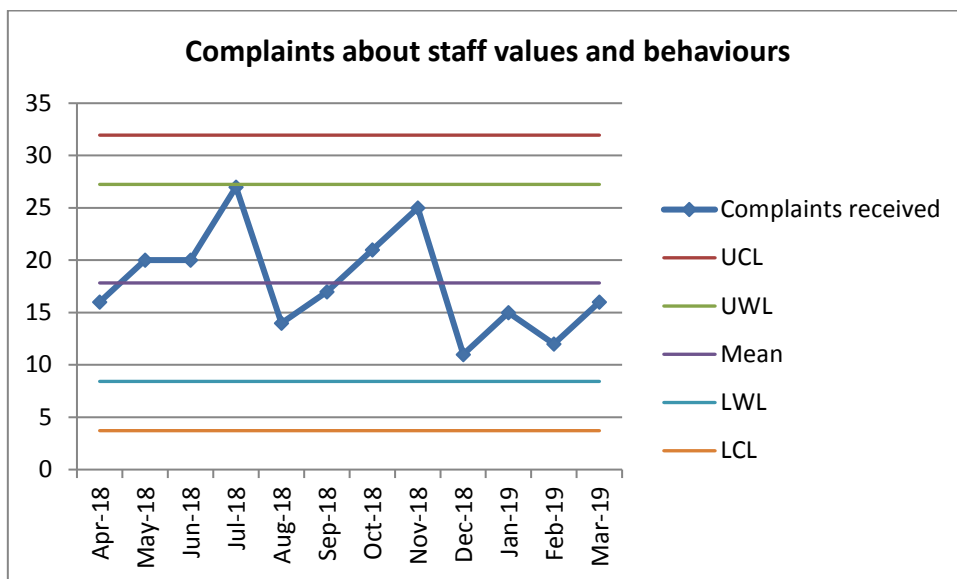
d) Admission Arrangements

Complaints within this category relate to the patient's admission and subsequent discharge, as well as any transfers. During 2018/19, there were 142 complaints within this category; there were no breaches of the upper warning and control limits.



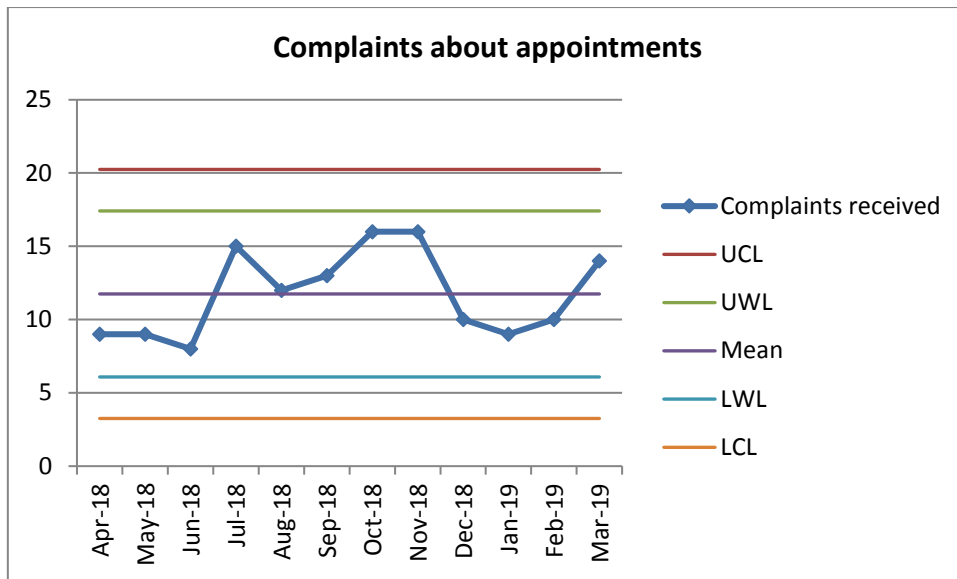
e) Values and behaviours

This category includes complaints about staff attitude, professional behaviour and breaches of confidentiality. There were 215 complaints within this category during 2018/19, which is an increase on 2017/18; however there has been a decrease during the latter part of the year, with only one breach of the upper warning limit.



f) Appointments

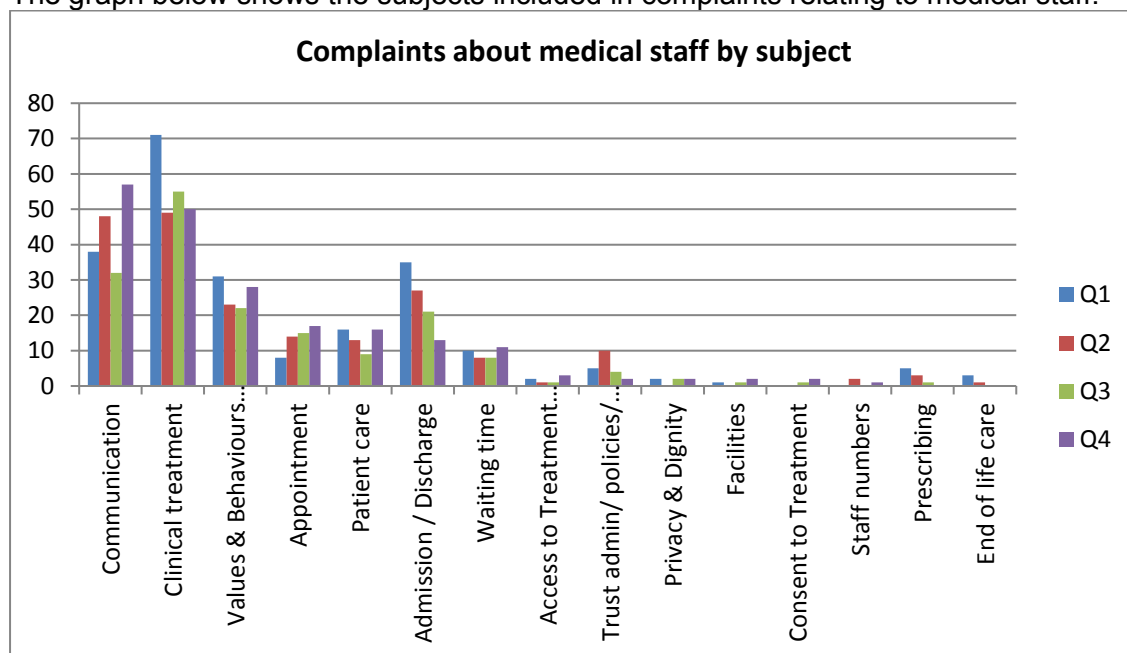
Complaints within this category include waiting times to receive an appointment and cancellations of appointments. During 2018/10, the Trust received 141 complaints; although this is an increase on 2017/18, there were no breaches of the upper warning and control limits.



4.2 Staff Groups

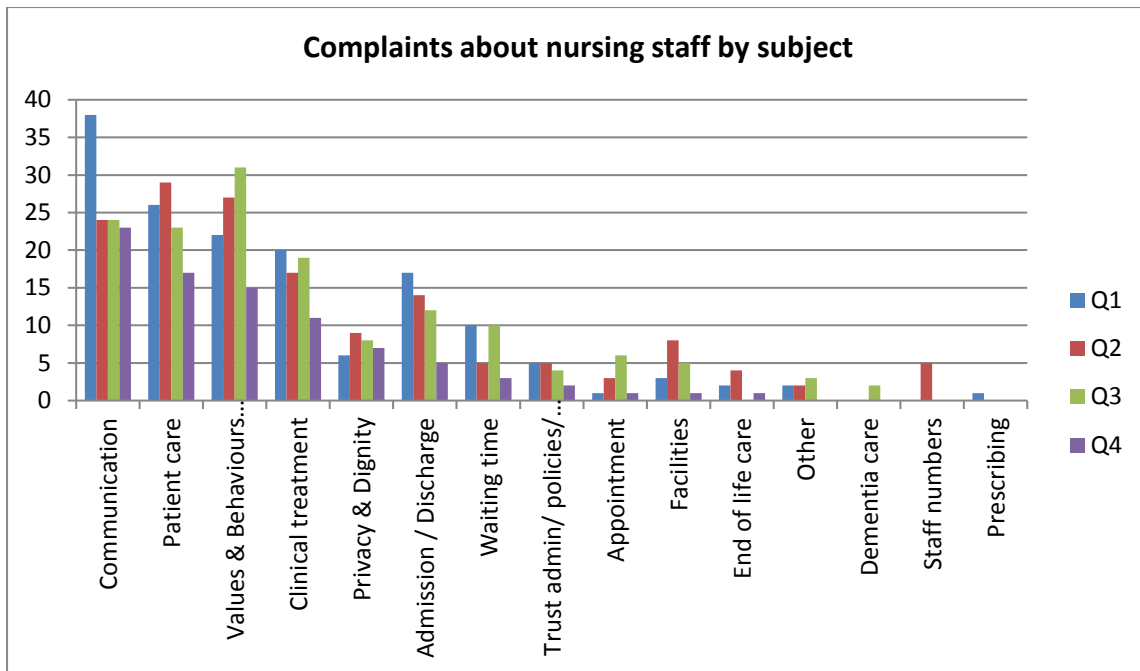
445 complaints raised issues relating to medical staff. Of these 225 were about clinical treatment, 175 were about communication, and 104 were about values and behaviours.

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



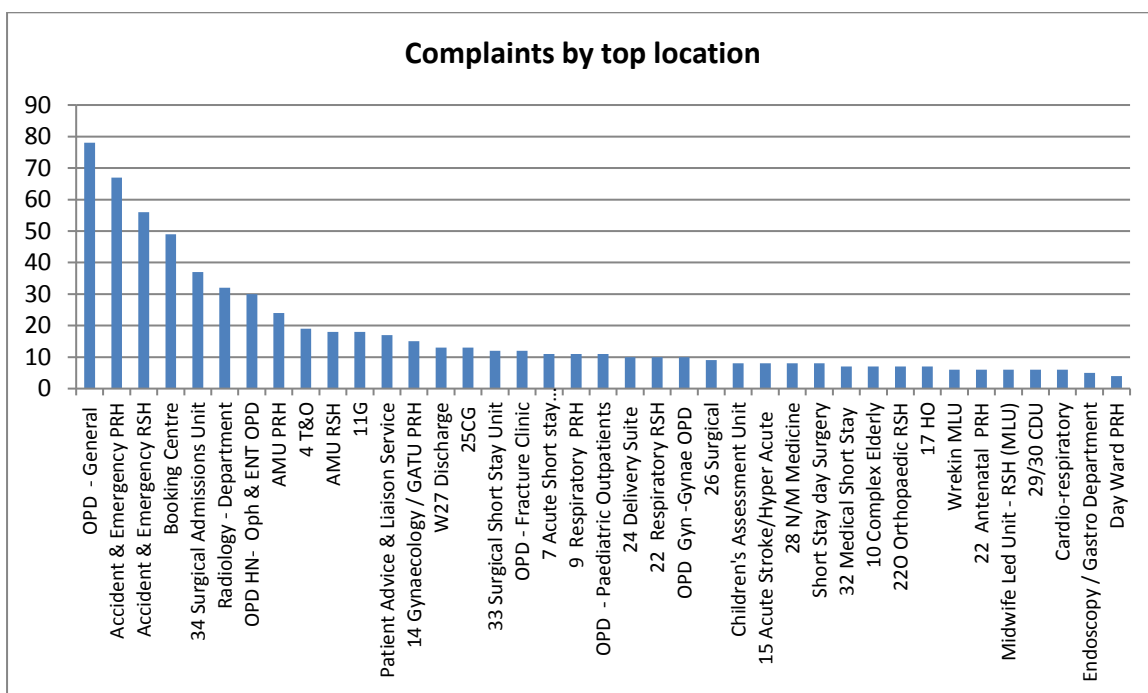
261 complaints raised issues relating to nursing and midwifery staff. Of these, 109 related to Communication, 95 related to Patient Care, and 95 related to values and behaviours.

The graph below shows the subjects in 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:

Training

- Concerns re dementia care
 - Information for carers reviewed
 - Training reviewed
- Problems with catheter
 - Bladder training and pain management study day to be held
- Poor care in relation to diabetes
 - Further teaching on management of diabetes to be arranged
 - Discussion at ward meeting and put in newsletter
 - Clinical lead to clarify responsibilities for on call juniors
- Concerns regards position of patient when administrating NG feed and following of feeding regime, pressure sore management
 - Ensure that all new staff complete the NG training
 - Ask dietician to print a separated sheet for each day or change of regime.
 - Inform NOK if appropriate of pressure sores/ sore areas on patient
 - Ensure all marks on body are documented on transfer of care summary when discharged
- Copy of GP letter sent to wrong patient
 - Ensure staff in date with IG training
 - Staff to use finger cones when sorting letters
- Staff attitude
 - Staff patient interactions to be monitored

New Policies and Processes / Changes in Practice

- Failure to communication results as agreed
 - Ensure responsibilities for communicating agreed in MDT
- Patient kept as NBM on three occasions then told procedure would not go ahead
 - NBM status to be included as part of post ward round de-brief to ensure decisions made and acted upon promptly
- Concerns re therapy input
 - Ensure that physiotherapy intervention is clear to patients and relatives.
- Patient's mastectomy prosthesis was lost
 - Add disclaimer to care bundles
 - Regular audits on completion of documentation
- Patient removed from waiting list in error
 - Booking teams reminded to check the correct reason for any cancellations is used.
- Multiple problems with appointments
 - Introduction of one stop clinic and regular meetings to discuss any issues and acting on clinical feedback.
- Concerns re EPAS
 - Communication diary introduced
 - Review of guidelines re referral of patients with pain/bleeding in early pregnancy
 - Medway update disseminated to staff
- Appointment letters not received
 - New auditable system being introduced to help identify problems
- Confusion over cancellation of appointments
 - SOP for cancellations being rewritten
 - Correct reason for cancelation to be used
 - Clear instructions to be sent to all booking staff
 - Secretaries to be reminded of the process when sending request to date or cancel patients at less than 2 weeks' notice
- Poor communication & confusion around transfer, concerns about discharge

- Ward now has a checklist that has been completed with all information regarding patients discharge.
- Lack of support when attending ED with miscarriage
 - Ensure A&E have EPAS contact cards for patients to contact EPAS if they have any concerns
- Attitude and lack of care from night staff, delay in providing medication, poor end of life care, cot sides not put back, family not offered drinks or refreshments, staff attitude, family not offered parking permits
 - All staff to complete end of life care training
 - All staff to undergo falls training
 - Staff reminded of the need to offer drinks/ food & vouchers – via the team huddle
 - 3 month Trial of nursing notes to be written in the medical notes to aid communication.
 - Parking permits to be attached to the Patient information booklets
- Insufficient stock of injections for planned patients
 - Changes to process for ordering
 - Increase in stock holding
 - Improve information flows between pharmacy and ophthalmology
- Change of clinic location not communicated
 - New letter to be sent when clinic location is changed, and staff to phone patients if this is a short notice change
- Junior doctor not introduced during ward round, patient given conflicting information
 - Review ways of displaying staff details in bays
 - Give patients access to Renal Patient View

Staff Awareness / Sharing of Learning

- Delays in appointment
 - Reminder to bookings staff of correct processes and following up on enquiries
- Management of labour
 - Discussion with team about the importance of communication and roles and responsibilities required at ward meeting
 - Memo reminding midwives and WSAs of the importance of placing call bells within easy reach of women, particularly in the bath and shared at the daily safety huddle
 - Staff need to be reminded to make sure that each woman has been properly orientated to the ward and is happy with the buzzer system and how to obtain further refreshments for themselves
- Concerns re wait when sent to Trust
 - CCC made aware of need for clearer communication and managing patient expectations
- Poor communication with family, inappropriate comments made by staff
 - Staff to ensure they are aware of their patients attending scans and results / non-completion of scan
 - Staff to assess situations prior to communicating
- Patient not given wristband, staff overheard discussing other patients
 - Reminder to staff re IG and when and where to discuss other patients
 - Reminder to staff to ensure that all patients have wristband

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

In 2019/20, the Complaints & PALS team will be reviewing how the many thank you letters and cards received across the Trust can be recorded and analysed in a more structure way, to allow learning from good feedback as well, with a pilot planned for quarter one of 2019/20.

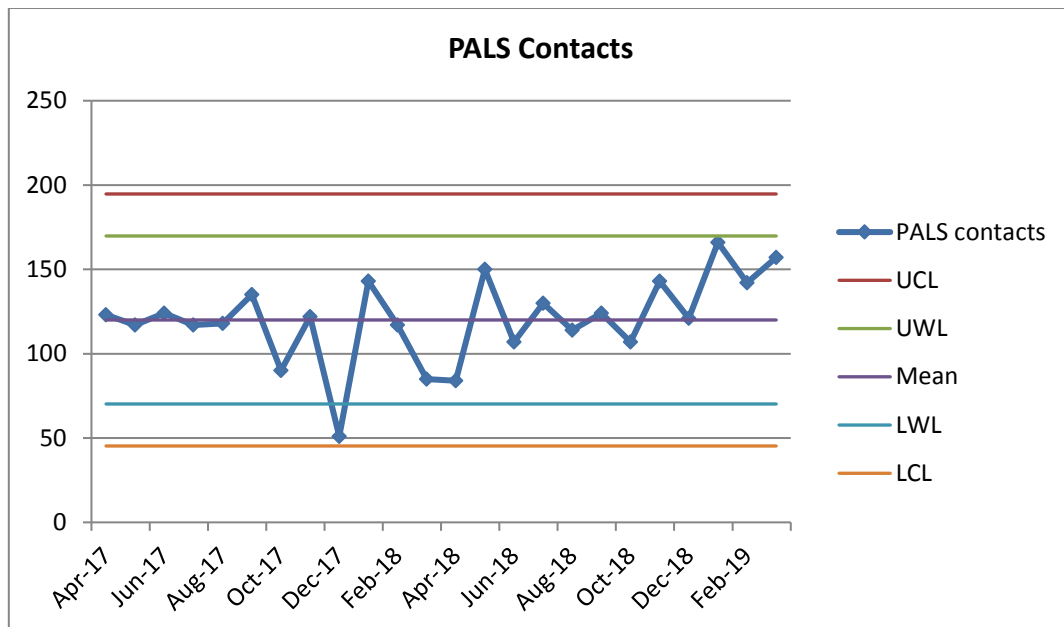
6.0 Parliamentary and Health Services Ombudsman (PHSO)

During 2018/19, six cases were referred to the PHSO.

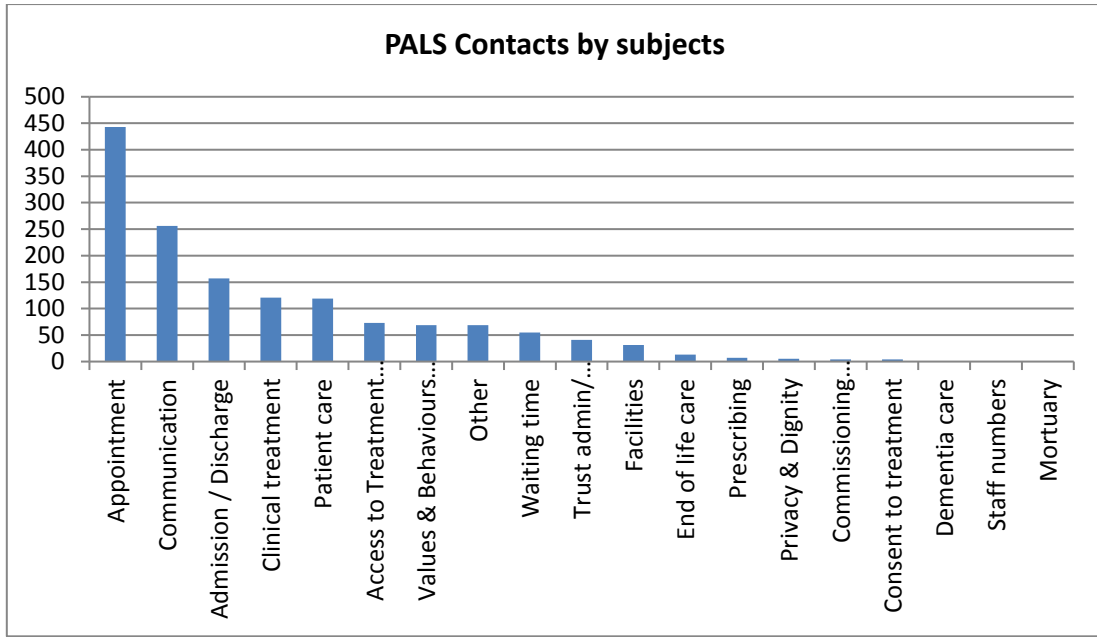
During 2018/19, the PHSO concluded seven investigations. Six of these were not upheld and one was partially upheld; this related to communication with family members about discharge. Actions were put in place in line with the recommendations from the Ombudsman.

7.0 Patient Advice and Liaison Service (PALS)

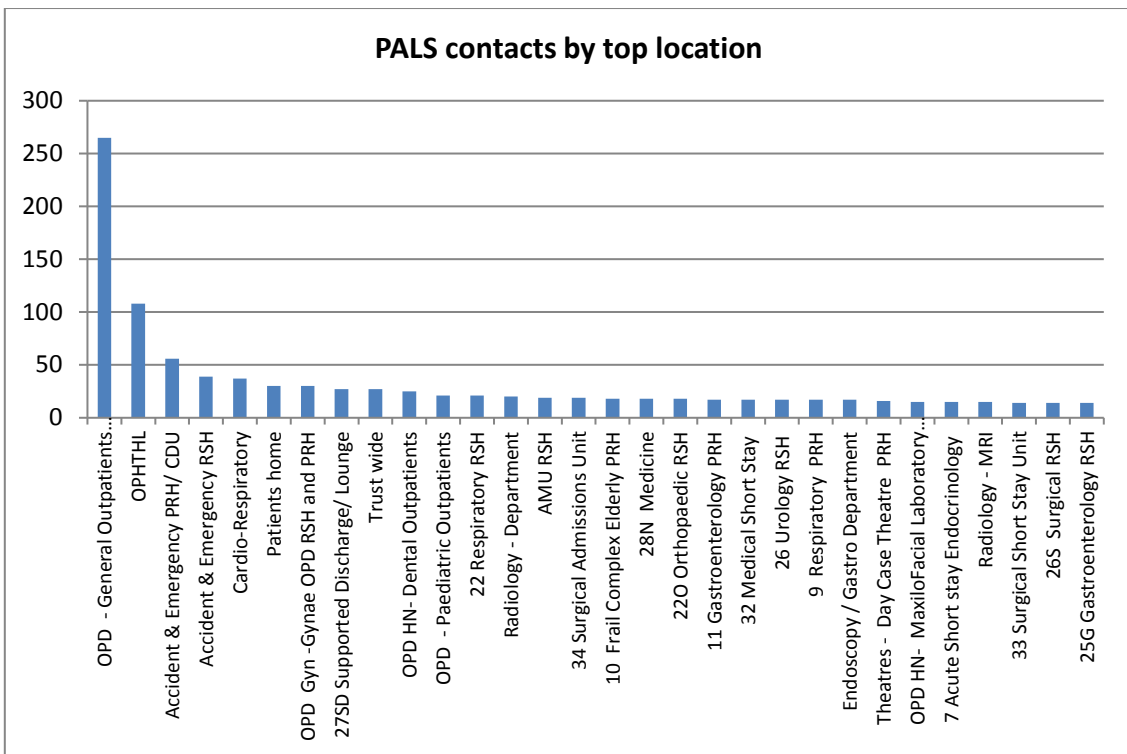
During 2018/19, the Trust dealt with 1545 patient contacts. Work has been ongoing during 2018/19 to publicise the service to patients and their families to ensure that they feel confident to access the service should they need it.



The majority of contacts relate to problems with appointments and waiting times. The graph below shows the top ten subjects for PALS contacts:



The majority of PALS contacts received relate to outpatient locations and the emergency departments, in line with levels of activity; the graph below shows the top locations for PALS contacts:



8.0 Patient feedback

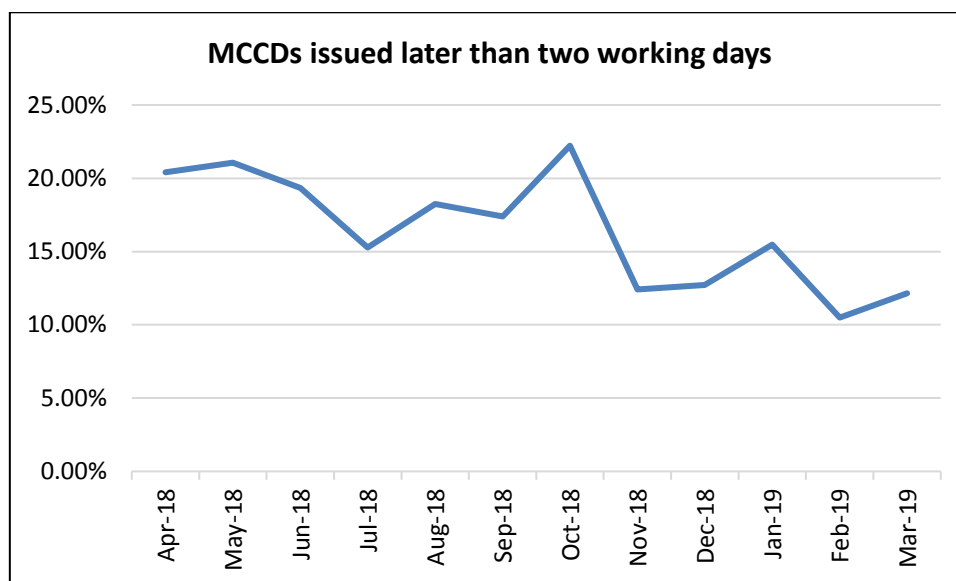
In addition to the feedback received directly via PALS, members of the public are able to leave feedback on the NHS Choices website and the PALS team will respond to these and share them with the relevant areas. All comments are posted anonymously and so individual comments are advised to contact the PALS department if they would like to discuss the matters further.

118 patient comments were published on the NHS Choices Website in 2018/19. Of these, 62% (73) were positive, 27% (32) were negative and 11% (13) were a mixture of positive and negative.

In addition to the comments left on the NHS Choices Website, the Trust received 213 letters of thanks.

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 medical certificate of cause death (MCCD) and provide advice on registering deaths. In 2018/19, the PALS & Bereavement team issued 1601 death certificates, and arranged 672 appointments for families to register their loved ones death at the Royal Shrewsbury site. The time taken to complete MCCDs is monitored and for all cases where there is no coronial involvement, the MCCD should be issued within two working days. As can be seen from the graph below, this has improved during the year.



Each family is given a bereavement survey and findings from this are monitored each month. During 2018/19 222 surveys were returned. Key findings from these surveys include the following:

- 88% found that the support they had received from the Bereavement team was enough or more than enough
- 95% were given the death certificate and any belongings in an appropriate environment
- 97% were given a bereavement booklet

10.0 Key achievements in 2018/19

- Use of Lean methodology to improve processes, including development of Standard Process Descriptions, 5S work and mistake-proofing
- In collaboration with the League of Friends, the Bereavement Service introduced a complimentary drinks voucher for bereaved families who approach the service in the immediate aftermath for help and advice, for families who arrive unexpectedly from faraway places whilst the team work to get the MCCD or for those families who may have a query with the MCCD and who need further help
- Complaints and PALS surveys continue to be sent out and the results used to identify areas of improvement
- The Complaints and PALS team has completed on Aston team building journey with the final assessment showing that they were functioning as an effective team in all areas, with a number of significant improvements.
- Training for individual staff groups has been provided throughout the year
- Further development of learning, including learning from PALS contacts, being shared across the Trust
- Consent forms updated in line with GDPR

11.0 Plans for 2019/20

- A new Medical Examiner system will be introduced at RSH in April 2019, with plans for this to be rolled out at PRH later in the year. This system will allow for independent scrutiny of all inpatient deaths and will also provide opportunity for bereaved families to raise any concerns they have.
- A pilot of recording qualitative data on thank you letters received by wards is planned in 2019/20 to look at how the Trust can learn from positive feedback
- Development of the quality of learning from complaints and PALS contacts and auditing of that learning

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 2019