

Cover page	
Meeting	Trust Board
Paper Title	Complaints and PALS Quarterly Report – Q2
Date of meeting	28 November 2019
Date paper was written	01/10/2019
Responsible Director	Edwin Borman, Director of Clinical Effectiveness
Author	Julia Palmer, Head of PALS & Complaints
Executive Summary	
<p>This report sets out details of the complaints and PALS activity during Quarter Two, 2019/20, as well as details of the Bereavement Services, Freedom of Information requests and Letters of Thanks.</p> <p>The numbers and subjects of complaints and PALS contacts remain similar to previous quarters, with some increases noted in specific areas, which have been appropriately escalated. Completion of action plans and complaints responses being sent out with agreed timescales are being maintained. The report also includes an update on the Medical Examiner Service.</p>	
Previously considered by	Quality & Safety Committee

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:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>
	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	<input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	<input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
Link to Board Assurance	<input type="checkbox"/> OUR PEOPLE Creating a great place to work
	RR 1186 If we do not develop real engagement with our community we will fail to

Framework risk(s)	support an improvement in health outcomes and deliver our service vision
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Equality Impact Assessment	<ul style="list-style-type: none"><li><input type="radio"/> Stage 1 only (no negative impact identified)</li><li><input checked="" type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</li></ul>
Freedom of Information Act (2000) status	<ul style="list-style-type: none"><li><input checked="" type="radio"/> This document is for full publication</li><li><input type="radio"/> This document includes FOIA exempt information</li><li><input type="radio"/> This whole document is exempt under the FOIA</li></ul>
Financial assessment	N/A

## Main Paper

### Situation

Complaints and PALS contacts continue to be managed in line with Trust policy, with reviews held at a variety of levels, including the weekly Rapid Review meetings, Care Group Board meetings and Specialty Governance meetings. 202 complaints and 505 PALS contacts were received during quarter two, with the main subjects remaining similar to previous quarters.

The Medical Examiner Service has now been in place for six months at RSH, and plans are in place to roll this out to PRH.

### Background

A full breakdown of complaints and PALS contacts is included in the report below.

An increase in complaints has been noted in relation to the Emergency Department at PRH and this has been escalated to senior management within the Care Group. In addition, there has been an increase in complaints about the Pain Service, due to a reduction in consultant staff numbers which has impacted on waiting times. .

Work continues to ensure that learning from PALS and complaints is a focus of the investigation, with recent changes to the complaints statement form to further strengthen this .

### Assessment

Where increases are noted in particular areas, or in relation to specific individuals, this is highlighted with the relevant managers and support is given to identify reasons for increases and what can be done to address this. As outlined above and in the main report, there have been some increases noted in quarter two, which are being addressed. There have been no significant areas of concern identified in quarter four, but there are a number of areas that continue to be monitored.

Learning from complaints and PALS continues to be reviewed and shared across the Trust.

There was one partially upheld Ombudsman Case in quarter two. This identified that although the care and decision-making was appropriate, the DNAR form indicated a discussion with the family at the time of completion, but there was nothing in the records to confirm this. A letter of apology was sent to the family for this.

### Recommendation

The Board is asked to note the report, and the ongoing work in using feedback from patients to improve services.

# COMPLAINTS & PALS REPORT JULY TO SEPTEMBER 2019

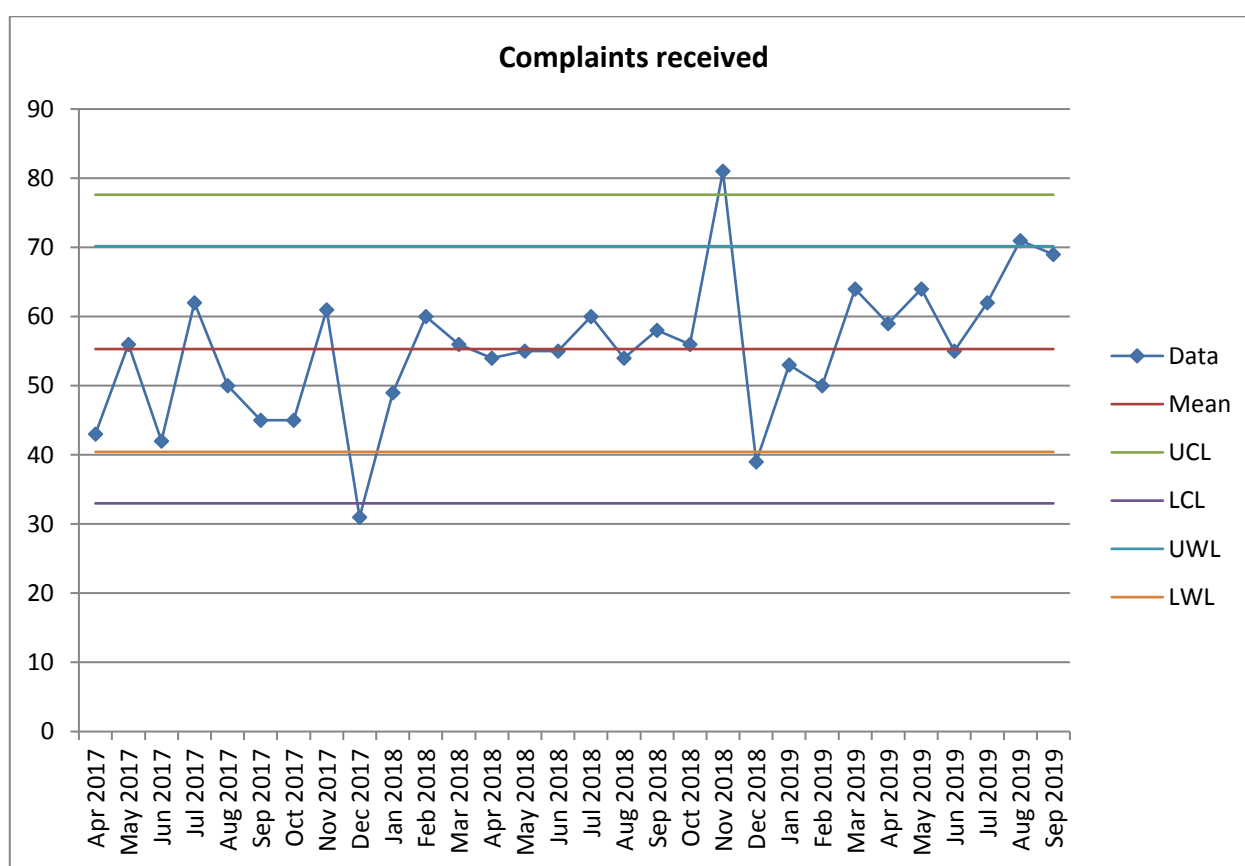
## 1. Introduction

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 two (July to September 2019). 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 two the Trust received a total of 202 formal complaints which equates to less than one in every 1000 patients complaining (0.8 complaints per 1000 patient; this is slightly higher than previous quarters but still within expected variation).

The graph below shows the number of formal complaints received by month from April 2017 to date. The breach of the upper control limit in November 2018 is thought to be as a result of negative publicity during a two week period, when the Trust was placed into special measures.



## 3. Performance

The Trust is required to acknowledge all complaints within three working days. The Trust achieved 97% compliance with this requirement during quarter two. During August, there was a period where an unusually high number of complaints were received, at a time when there were staff off on annual leave and sick leave, which resulted in delays. Where possible, complainants were contacted by phone to apologise for the delay.

The Complaints Team have set a stretch target of acknowledging complaints within two working days, and in quarter two, 73% received an acknowledgement within two working days. Where possible, complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales, and to provide a personal contact moving forward.

The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required, with most timescales ranging from 30 working days up to 60 working days. At the time of this report, 72% of complaints in quarter one have been closed within the timescales agreed initially. Where the Trust is unable to 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 on a monthly basis of the complaints where responses are overdue. The graph below shows response rates by Care Group.



Of those complaints that were not responded to within timescale during quarter two, in all but two cases, the delays were due to staff within Care Groups not responding to the Complaints Team in time, or further information being required; this was due to a variety of reasons, including key staff being off sick and difficulties obtaining notes to be able to respond. Work is ongoing with the Care Groups to improve responses rates, as part of the CQC improvement work. Of the other two cases, one was delayed because notes could not be located initially, and one was delayed because of an administrative error in the Complaints Department which meant that it was not identified that all responses had been received; this has been addressed with the team.

Of the 160 complaints closed during quarter two, 24% (38) were not upheld, 57% (92) were partly upheld and 19% (30) were fully 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 again if they are unhappy with the response to their complaint; the complaint will be reopened and a further investigation carried out. Seven complaints were reopened in quarter two, relating to complaints initially received in January, March, May, June and July 2019. Of these seven, it was acknowledged that the initial responses to one of these had not been sufficient to address the complaint. The number of complaints that are re-opened as a result of an inadequate initial response from the Trust remains very low.

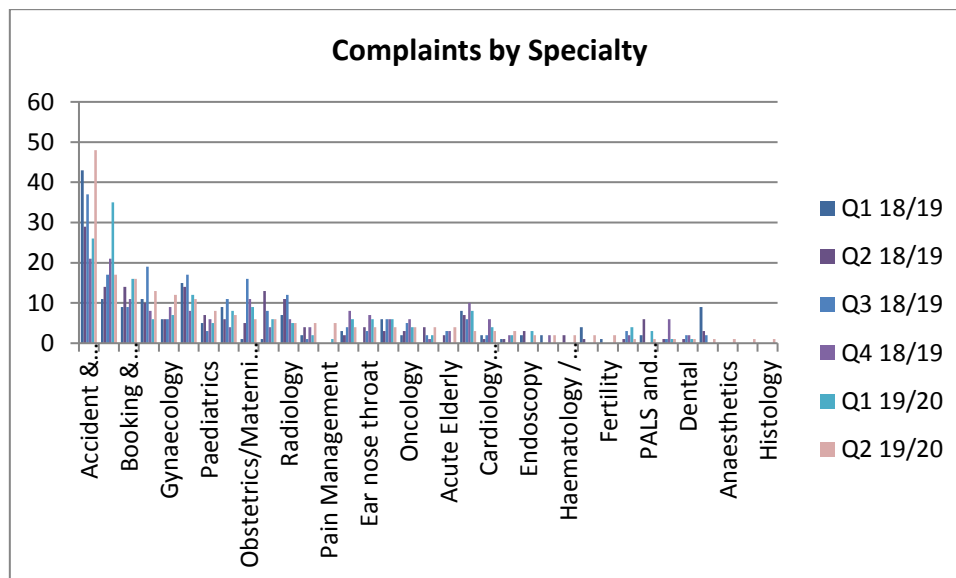
#### 4. Formal complaints by speciality

The top specialties receiving complaints during the quarter were:

Specialty	Q2	% against activity	Q3	% against activity	Q4	% against activity	Q1	% against activity	Q2	% against activity
Pain Management	0	0	0	0	0	0	1	0.42%	5	3.42%
General Surgery	14	0.61%	17	0.77%	8	0.42%	12	0.55%	11	0.46%
General Medicine Acute/ unspecified	14	0.21%	17	0.24%	21	0.32%	35	0.33%	17	0.23%
Gynaecology	6	0.09%	6	0.09%	10	0.12%	7	0.08%	12	0.16%
Colorectal	4	0.10%	1	0.03%	4	0.11%	2	0.06%	5	0.14%
Accident & Emergency	29	0.08%	37	0.11%	21	0.06%	26	0.07%	48	0.12%
Urology	6	0.10%	11	0.15%	4	0.06%	8	0.13%	7	0.11%
Respiratory	2	0.04%	4	0.09%	8	0.18%	6	0.11%	4	0.09%
Orthopaedics	10	0.07%	19	0.15%	8	0.06%	6	0.04%	13	0.09%
Paediatrics	7	0.20%	3	0.07%	6	0.14%	5	0.05%	8	0.08%
Maternity	5	0.02%	16	0.09%	11	0.11%	9	0.05%	6	0.07%
Ear, Nose & Throat	4	0.03%	3	0.05%	7	0.11%	6	0.09%	4	0.06%
Ophthalmology	13	0.11%	8	0.06%	4	0.03%	6	0.05%	6	0.05%
Gastro Enterology	7	0.09%	6	0.07%	8	0.10%	8	0.10%	3	0.04%
Radiology	11	0.01%	12	0.01%	6	0.00%	5	0.01%	5	0.01%

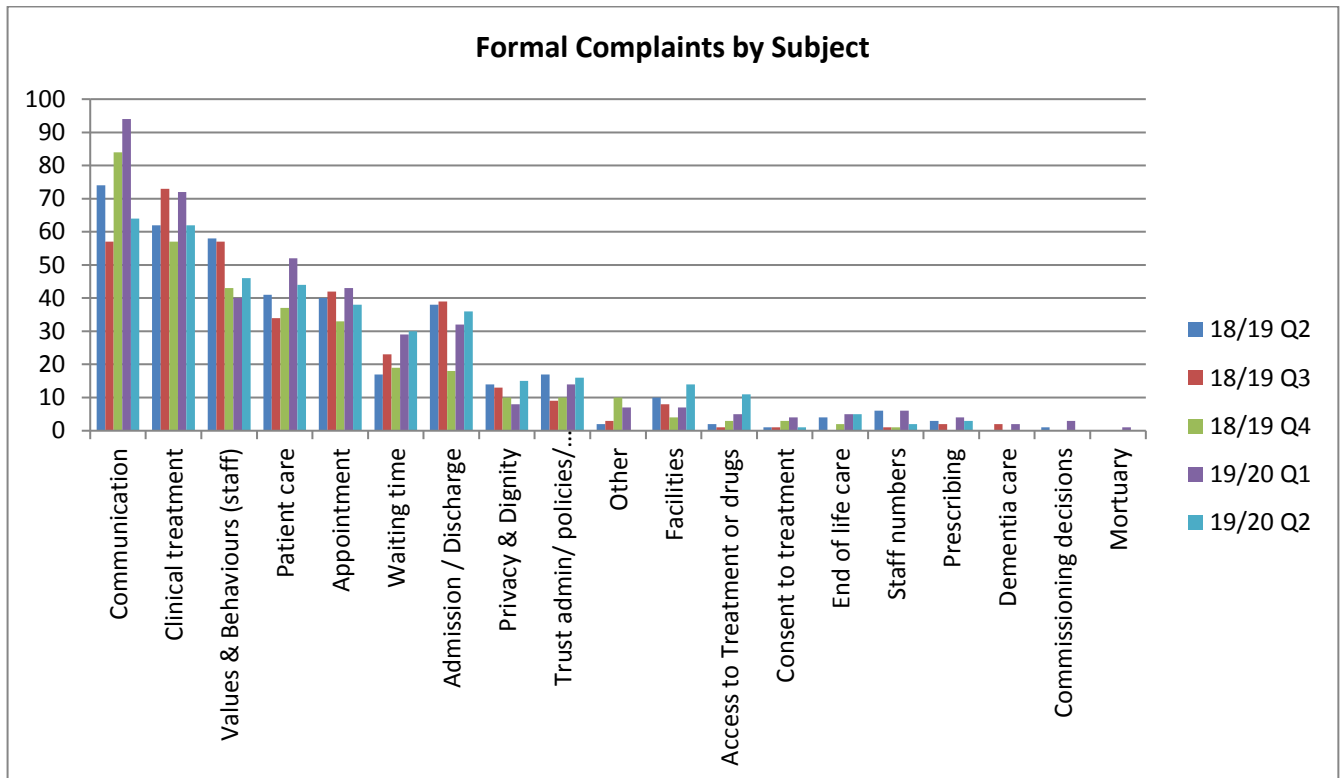
Pain Management has seen an increase in complaints; this is due to waiting times for appointments and cancellations of appointments, as a result of a reduction in consultant staff.

The graph below shows the overall trend of the specialties that received complaints during quarter four:



## 5. Key themes

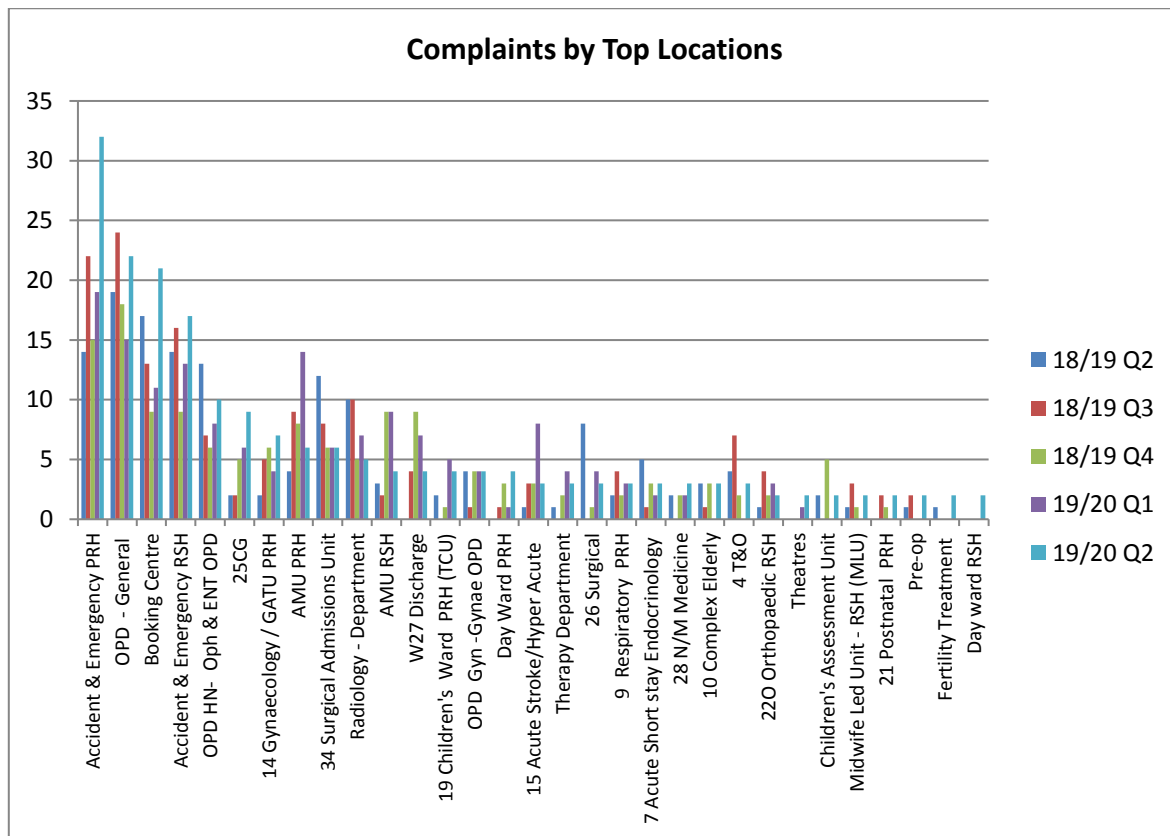
Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that may involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number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



The main themes remain the same, with increases in complaints relating to waiting times, facilities, Trust admin / policies / procedures, and admission / discharge although this remains within expected variation when plotted on an SPC chart; this will continue to be monitored for any triggers. All other subjects remain within expected variation.

## 6. Formal complaints by location

Due to the high volume of patients seen and the nature of the specialty, some areas, such as the emergency departments, 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 for action to the Care Group Medical Director and Clinical Director.



The main locations remain similar to previous quarters, with most locations showing standard deviation. There are however some areas that are triggering on the SPC charts:

- PRH Emergency Department continues to see an increase that is triggering on the upper warning limit, although this is linked with an increase in activity.
- Ward 25 has seen a recent increase that is triggering on the upper control limit

In both cases, this issue has been highlighted to the relevant management team.

## 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 changes made as a result of complaints received are as follows:

- The family of a patient met with senior managers from the Unscheduled Care Group to share their concerns about the care their loved one received at the end of his life. In particular, it was evident that communication with the family was very poor, and that their concerns were not listened to. In addition, it was noted that there was a disconnect between the patient's observations and how unwell he actually was. This case has been shared with the medical and nursing staff, and the senior management team are working with staff to look at ways of improving communication and listening to family members better when they raise concerns.
- The family of a patient raised concerns about the care given to their loved one, in particular that he did not receive his Parkinson's medication, that he was not given support with eating, that he fell and the lack of communication with his wife about his discharge. As a result, the ward manager is arranging training sessions for staff with the Parkinson's Disease Specialist Nurse, and the sisters on the ward are setting up family clinics to engage better with relatives.
- A patient experienced a number of problems with appointments, including delays and cancellations, confusion pre-admission, as well as difficulties contacting the hospital following

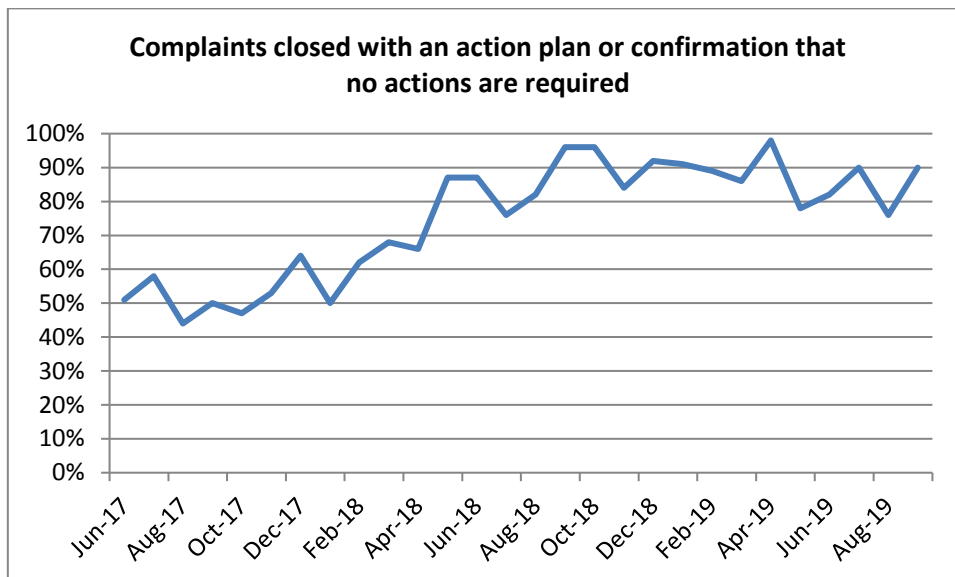


discharge. The complaint has been shared with bookings staff and they have been reminded of the need for vigilance when generating letters. The difficulties contacting the hospital related to a telephonic programming issue which has now been resolved, and written advice sheets in relation to post-op warfarin are being introduced.

- A patient experienced problems with his walking equipment and was told that the Trust could not resolve this, resulting in him being housebound for a number of weeks. This has been shared with the therapy staff and they have been advised that they should ensure that patients are given the contact details for the Community Equipment Stores rather than advising them to contact their GPs for a referral. In addition, if appropriate, they should make contact on behalf of the patient to avoid any delays in patients getting the equipment they need.

In addition, individual staff have been asked to complete reflections, individual training needs have been identified and addressed, and individual learning plans have been developed. Details of complaints are also shared through team meetings and team briefs. Further details are learning are included in appendix two

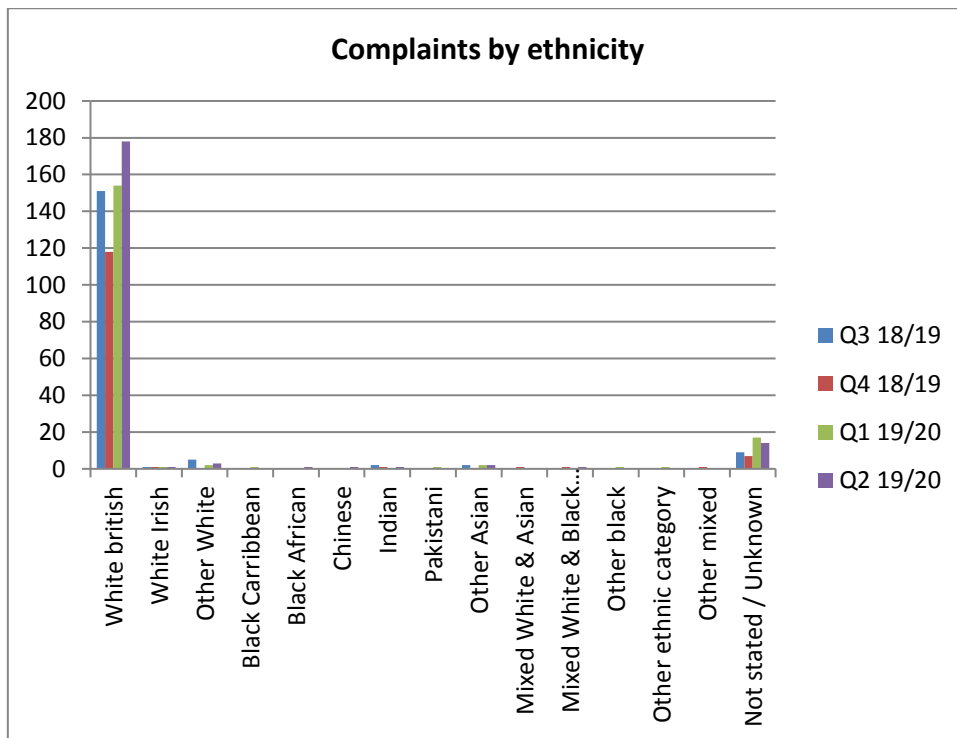
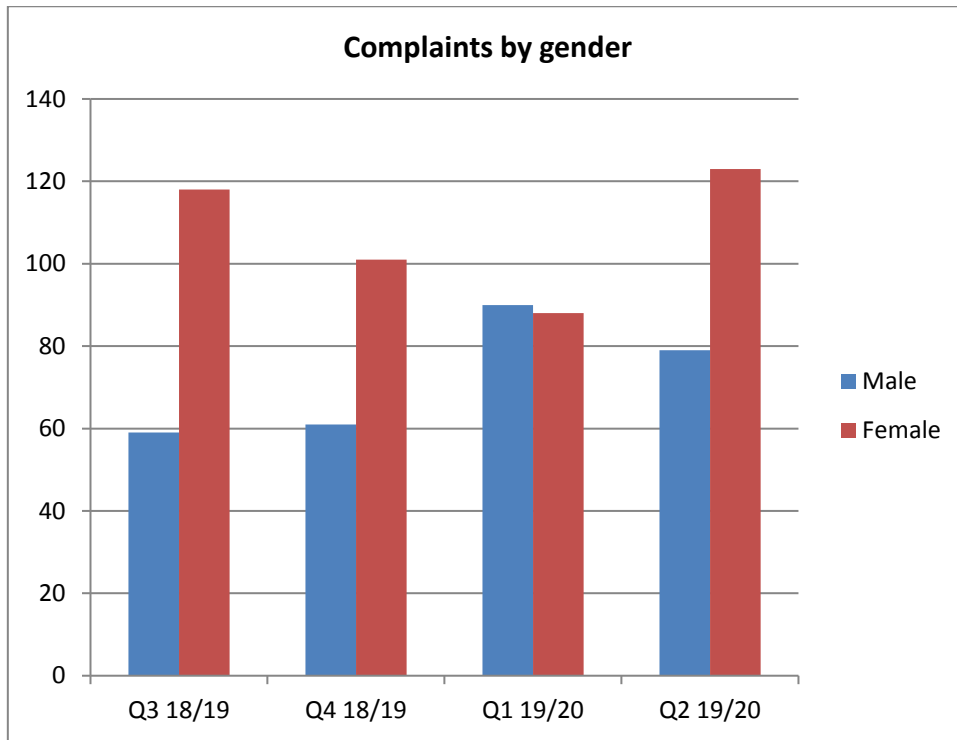
85% of complaints closed in quarter two had an action plan completed, or confirmation that no actions were required.



Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum, Care Group Boards and Specialty Department governance meetings.

### 8. Equality & Diversity Review

Following participation in a recent stakeholder event organised by the Trust, it was agreed that complaints data would also be broken down by patients' key characteristics, where this was available. The following graphs shows complaints in quarter one by gender, age and ethnicity; with the exception of gender, the figures reflect the wider demographic of our patients.



## 9. Parliamentary & Health Service Ombudsman (PHSO)

Where a patient or relative remains dissatisfied following the Trust's response to their complaint, they may forward their complaint to the Parliamentary & Health Service Ombudsman for review. On receipt, the Ombudsman will undertake an assessment and may take the following options:

- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation

- Decide to investigate the case further.

During quarter two, three new cases were accepted by the Ombudsman for investigation:

- Concerns raised by patient about his discharge and insufficient pain management in 2017
- Concerns raised by the son of a patient about the decision to board his mother, the lack of assessments and the communication with the family in 2018
- Concerns raised by the family of a patient about the treatment, communication with the family and the decision to discharge the patient in 2017

During quarter two the Ombudsman concluded one investigation, which was partially upheld. This related to concerns raised by the son of a patient about his mother's care, delays in a diagnosis and the decision to put in place a DNAR order in 2016. The Ombudsman concluded that the care given was appropriate, as was the decision to put in place a DNAR order, however it was noted that, although the box on the form was ticked to state that the decision had been discussed with the family, there was no evidence of this at the time the form was completed. The Trust wrote to the son to apologise for this matter.

The Trust has not had a fully upheld PHSO review since April 2015.

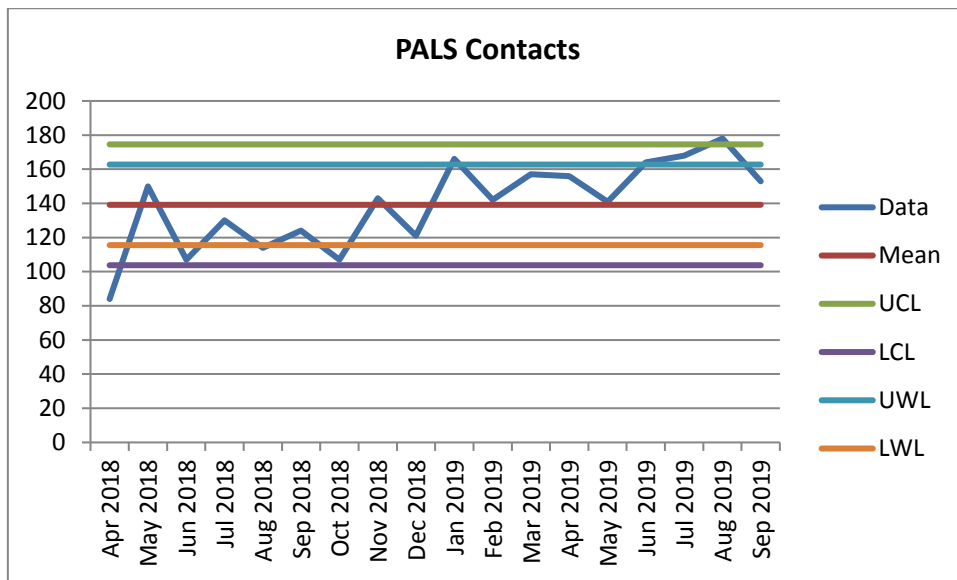
## **10. Complaints Service Review**

During quarter two, the Complaints Team updated the complaints statement form, to make the learning section more robust. Changes include the use of high quality questions in line with the ThinkOn methodology, inclusion of how actions will be monitored and details of at which meetings the complaint will be shared. Following a recent Genba walk, the Complaints Team are looking at how they can move to a paper-light system, with the aim of then moving to paper-free, and are working with the TCI team to apply further improvements to processes.

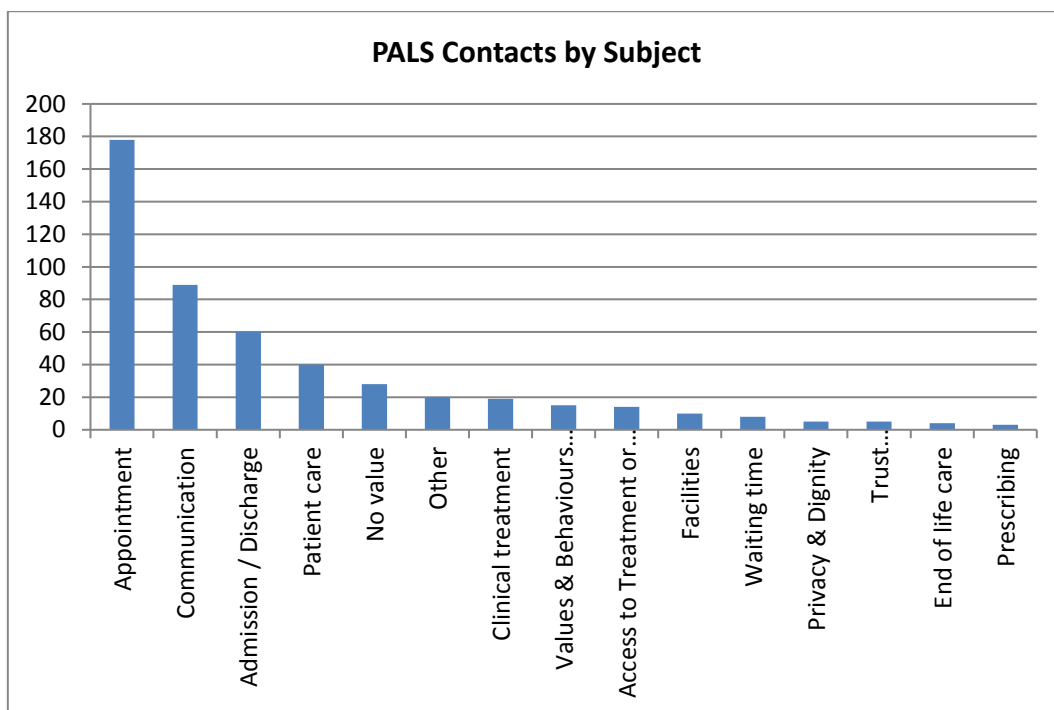
During quarter two, only five complainants responded to the survey, which is not sufficient for a full analysis. This data will be included with the surveys received during quarter three, and reported on in the next quarterly report.

## **11. Patient Advice and Liaison Service (PALS)**

PALS are available to assist and support patients, service users and relatives and can be the first point of contact for any concerns they wish to raise about their care or service they have received. With prompt action these concerns can often be resolved quickly and have positive outcomes. The majority of contacts are received by telephone or in person, although contacting the service by email is popular and is well used. During quarter two of 2019/20, the PALS team reported and investigated 505 PALS concerns which is an increase of 42 cases from quarter one. The graph below shows the PALS activity over the last 18 months. There has been a steady upward trend in activity since the beginning of quarter 3 of 2018/19, which is thought to be due to increased awareness of how the service can be used to help patients and families. Increased staffing levels in the PALS team will also have contributed to this rise in activity.

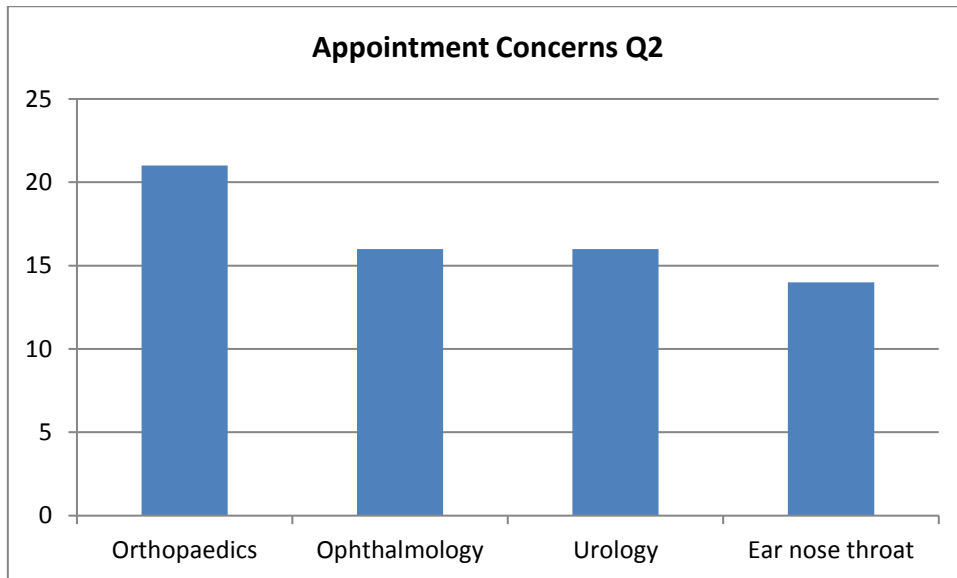


The main themes arising from the concerns raised via PALS for quarter two are:



**Appointments:**

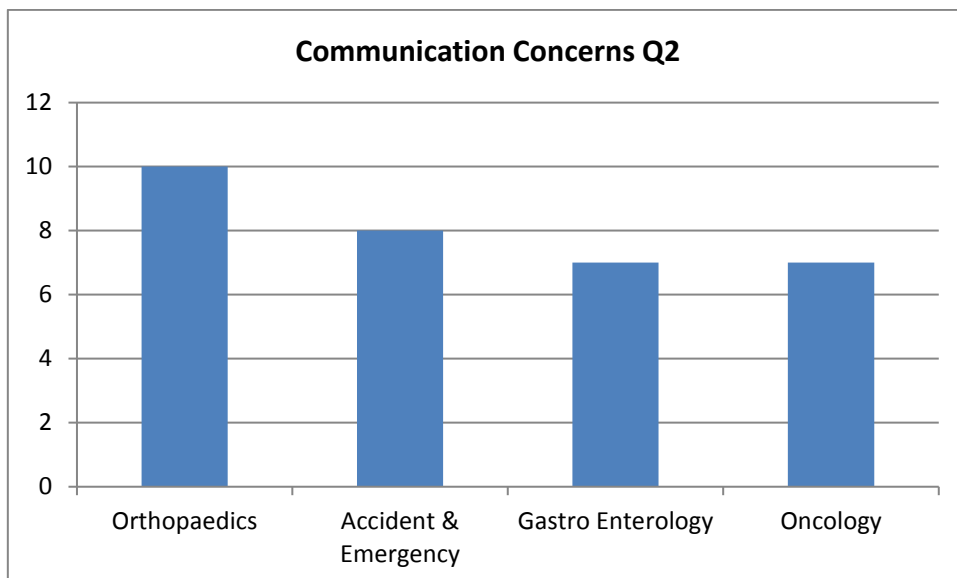
In quarter two PALS received 178 concerns regarding concerns about appointments, however in comparison to quarter 1 this is a reduction of 16 cases. The top 4 specialties to have received concerns about appointments are depicted in the graph below.



PALS answered 21 enquiries in relation to Orthopaedic appointment concerns. Generally patients have been concerned with the delay and waiting time to receive an appointment and there have also been concerns with cancelled operations. There were 16 concerns about Ophthalmology appointments with the main concern being delays with scheduled follow up appointments. Urology received 16 concerns, the main theme being the waiting time for appointments and repeated cancelled appointments. We received 14 contacts regarding ENT appointments, 10 of these being concerns about waiting times for appointments.

**Communication:**

PALS received 89 enquiries that were categorised as concerns with communication in quarter 2. This is an increase of 11 cases from what received in quarter 1. The top 4 specialties to have received concerns about issues with communication are discussed below:

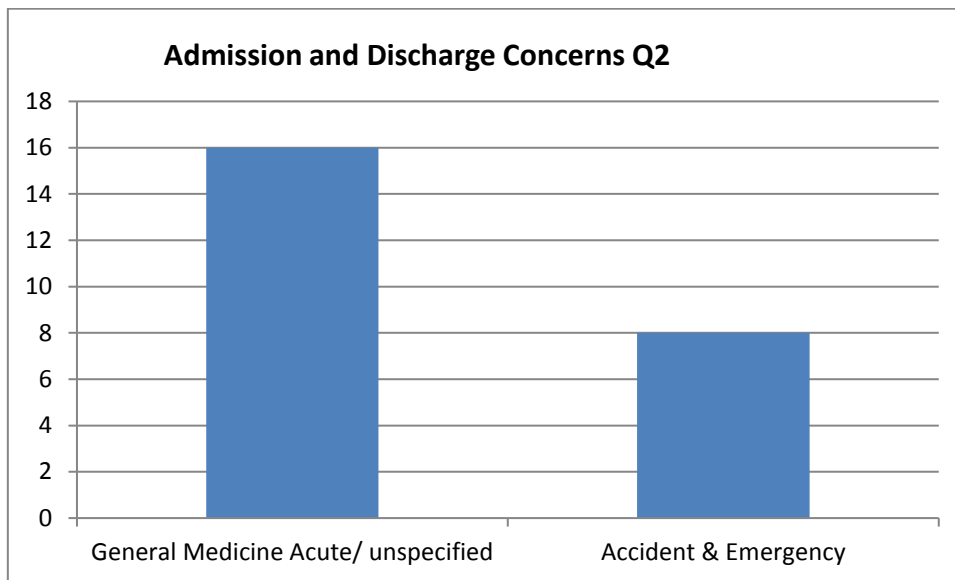


PALS received 10 concerns from service users of Orthopaedics with concerns around lack of communication about their care. Of these enquiries, 5 callers needed assistance with receiving clarity on their current care plan or that of a relative. Our Emergency Departments received 8 enquiries regarding communication with 3 of these requesting an update on their care and a plan going forward and 2 concerns with incorrect written information. Gastroenterology received 7 concerns. 5 of these

were requiring assistance with getting a clear update on care being provided with the remaining 2 being about delays with results being reported. Oncology's main theme was concerns over delays with written communication receiving 3 enquiries in this regard.

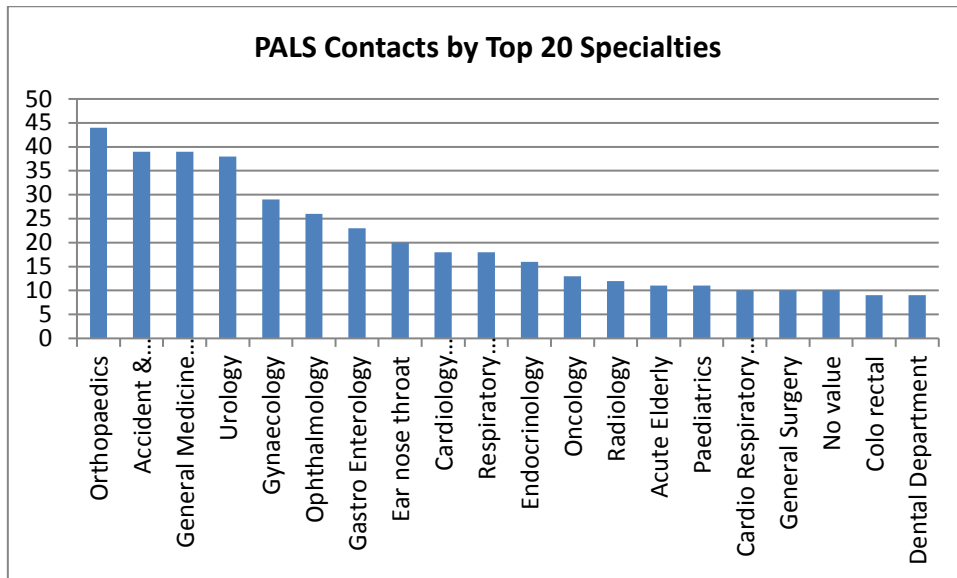
**Admission and Discharge:**

PALS received 60 concerns relating to the admission and discharges in quarter 2. This is a reduction of 18 cases from the previous quarter. However more analysis on the top 2 specialties who have received concerns in this regard are outlined below.



General/Acute Medicine received 16 concerns about admission and discharge experiences and of these, 10 concerns related to the patient being discharged with either an incorrect/inappropriate package of care or there had been a change to their discharge plan. The main theme for our EDs was inappropriate discharge.

The top 20 specialties that PALS have received concerns about are shown in the graph below with Orthopaedics receiving 44. This is an increase of 14 from the previous quarter. EDs have seen a significant increase in concerns received, 39 in comparison to 16 in quarter 1.



Of the 44 concerns pertaining to Orthopaedics, 23 of them related to the length of wait for appointments and surgery with a significant number of cases relating directly to surgery dates being cancelled, with some patients experiencing multiple cancellations.

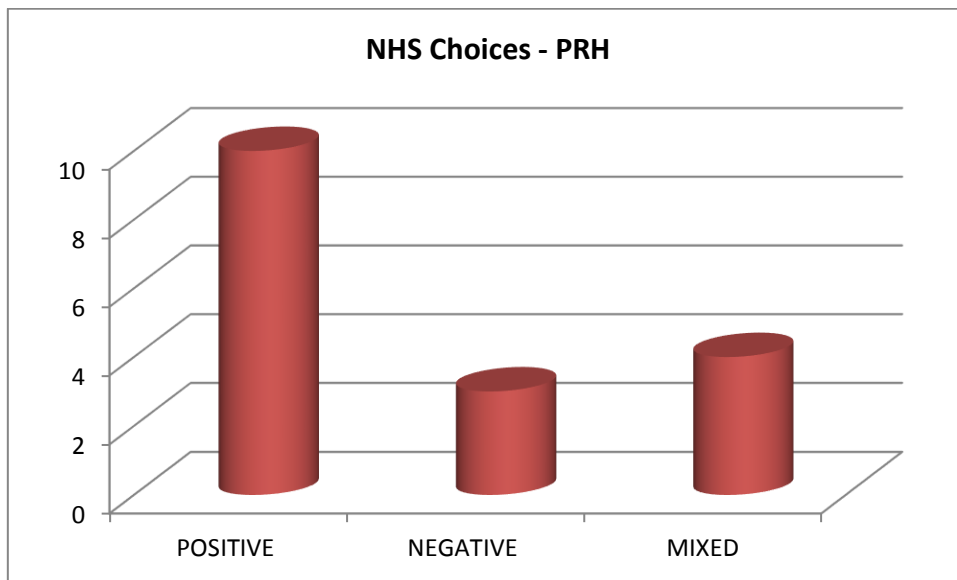
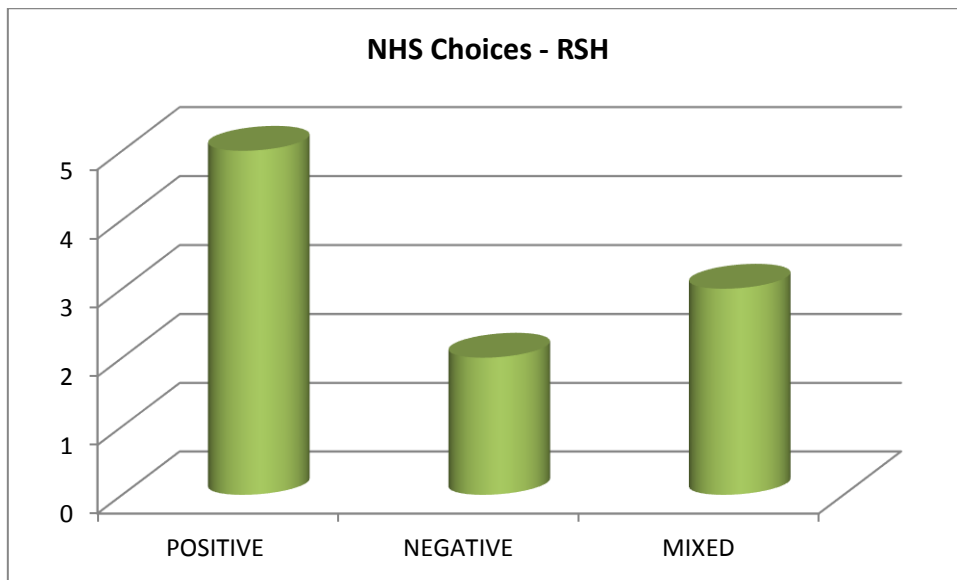
Across both EDs PALS received 39 concerns. The most common concern received has been about worries with patient care, receiving 8 enquiries from patients/relatives. Concerns around lost property were also a theme in this quarter, receiving 6 enquiries. Inappropriate discharges and staff attitude have also been raised as concerns in this quarter.

## 12. Other Patient Feedback

NHS Choices remains a useful tool for service users to leave feedback about their experience, whether it is positive or negative. Once a patient or carer publishes their comments, these are all acknowledged by the PALS Manager and forwarded to the relevant department so that they are made aware of the patient experience. 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 two, 27 comments were published on the NHS Choices website for SaTH. 10 of these were for RSH and 17 were for PRH.

15 of these comments shared positive feedback with 5 being about a negative experience and 7 posted mixed experiences. A breakdown for both RSH and PRH are below.



Of the 27 experiences shared on NHS Choices, 9 of them were for A&E, 5 for PRH and 4 for RSH. There was a mix of positive and negative experiences for this area with waiting times and staffing pressures featuring amongst the feedback.

A closer look at the feedback received for A&E is included in appendix four.

### Letters of thanks

In addition to the feedback give via NHS Choices, 28 letters of thanks and appreciation were received by the Chief Executive. In addition to this, positive feedback was received through the SaTH website and on our main social media channels, during quarter one; this is a decrease on previous quarters, and may reflect the increased use of social media to provide feedback instead of writing in. This is in addition to the cards and letters sent to wards and to individual members of staff. Each letter received by the Chief Executive was acknowledged and a copy of the letter was sent to the ward, department or individual involved. This service is provided by the Communications Team so that the positive feedback can be more widely shared through social media, and individuals from the senior leadership



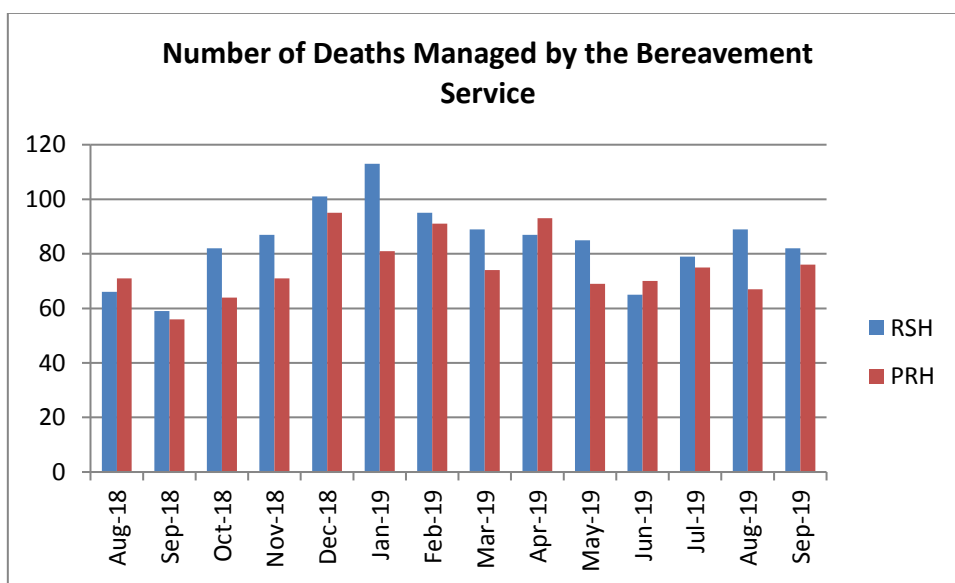
team can take the letters to their buddy ward. They are also invited to nominate the members of staff for the new Values in Practice (VIP) Award. The table below details the letters of thanks received:

Month	Unspecified	Unscheduled Care	Scheduled Care	Women and Children's	Support Services	Corporate Departments	Total
July	1	3	2	0	0	0	6
August	1	2	3	2	1	0	9
Sept	1	8	2	0	2	0	13

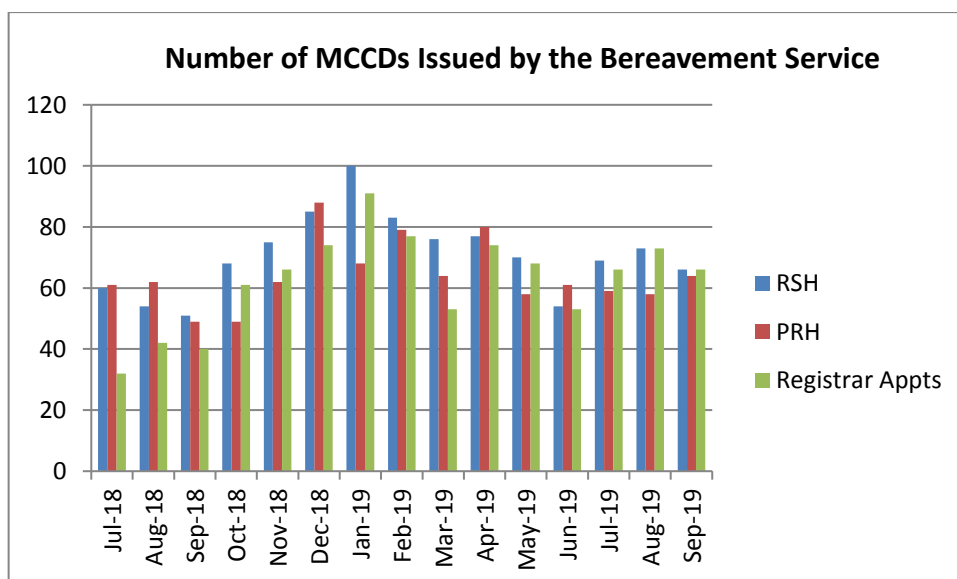
Examples of letters received are included at appendix five.

### 13. Bereavement

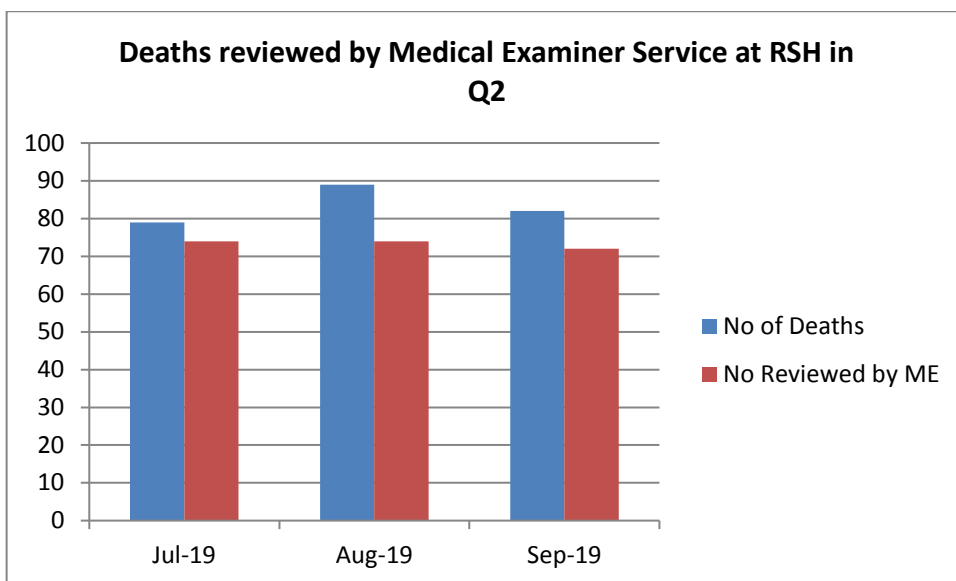
During quarter two, there were 468 deaths across both sites which is comparable with the number reported in quarter one.



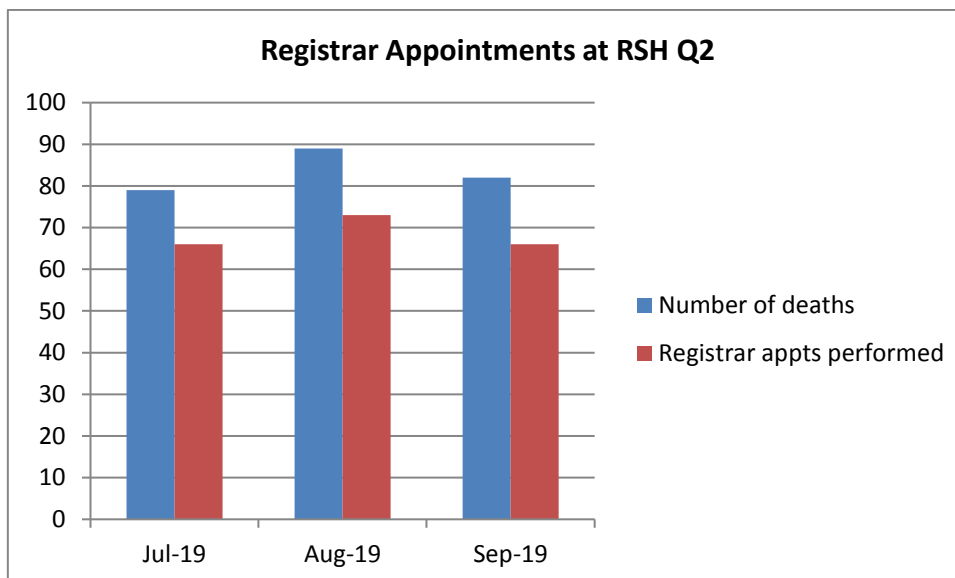
Of the 468 deaths, the Bereavement Team arranged appointments to issue 389 Medical Certificates of Cause of Death (MCCD).



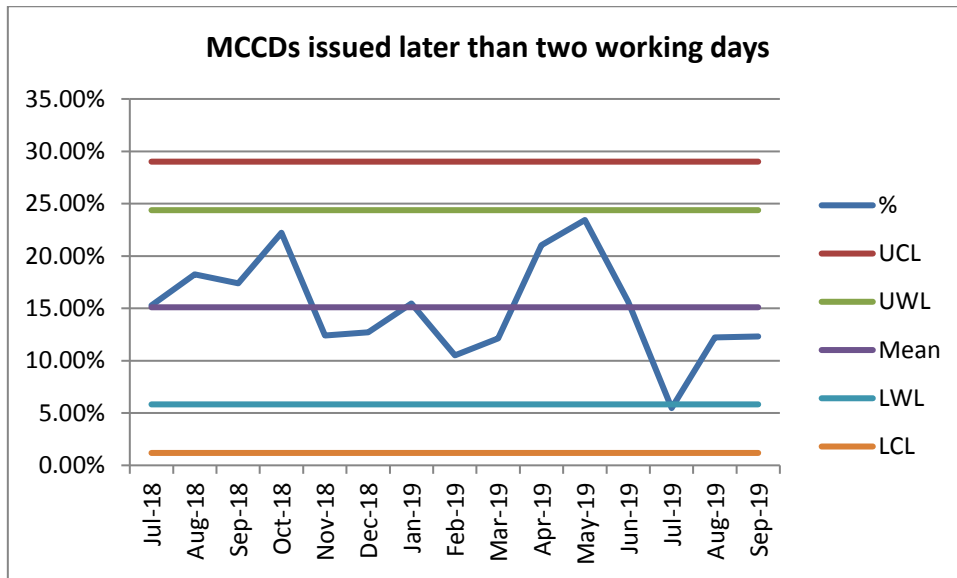
Of the 250 deaths that occurred at RSH, the Medical Examiner Service managed and reviewed 220 cases. The remaining 30 deaths were direct Coroner referrals.



The Registrar service continues to work efficiently for our bereaved relatives and is accessed by many of the families that the service supports. In quarter two the Bereavement Team have arranged 205 appointments at the Royal Shrewsbury Hospital for bereaved families to register the death of their loved one.



Compliance with issuing MCCDs within two working days is detailed below and shows an increase in numbers of MCCDs issued over the two working days in quarter one. This is attributable to the introduction of the Medical Examiner service which commenced in April and whilst new working practices were being established.



#### 14. PALS & Bereavement Services Review

The Medical Examiner Service has been in place for 6 months at RSH and is working very well. Feedback from bereaved relatives has shown that the service is being well received with their experience being improved with regards to understanding the cause of death of their relative.

Recruitment for additional Medical Examiners is taking place with interviews for 4 MEs planned for the end of October. Once recruited it is anticipated that the ME service will be rolled out to PRH in the near future once accommodation for the service has been secured and made appropriate for the service to run.

#### 15. Freedom of Information (FOI)

The number of FOI requests received by the Trust was 180 in quarter two. A further breakdown is below:

Month	Received	Answered within 20 days	NOT answered within 20 days	Unanswered	%compliant
January	70	56	10	4	80%
February	63	48	6	9	76%
March	60	42	1	5	70%
April	62	52	7	3	84%
May	54	44	5	4	81%
June	39	35	4	0	90%
July	78	59	19	2	76%
August	55	42	11	2	76%
September	42	30	7	5	71%
October	66	39	14	13	59%
November	61	41	12	8	67%
December	32	28	1	3	88%
January	65	47	15	3	72%
February	77	63	10	4	82%

<b>March</b>	45	35	6	4	78%
<b>April</b>	49	28	16	5	57%
<b>May</b>	50	16	25	9	32%
<b>June</b>	63	38	17	8	60%
<b>July</b>	48	39	5	4	81%
<b>August</b>	66	41	15	10	62%
<b>September</b>	66	27	29	6	41%

## **16. Recommendation**

The Board is asked to consider the report