

**Annual Report for
Patient Advice & Liaison Service (PALS) &
Complaints received 2014/2015**

July 2015

1. INTRODUCTION

This Annual Report provides an analysis of the complaints received by the Trust from April 2014 to March 2015. The report identifies and quantifies the complaints and PALS received in 2014/2015, it reports upon the Trust performance in responding to these complaints and most importantly it details how and where the Trust has listened and learnt from the feedback the complaints have provided to affect positive changes to the care and experience we provide for our patients and their carers.

2. SUMMARY

Number of Complaints, PALS and Praise Received

In total the Trust had **1798** concerns raised in 2014/2015 which represented **0.22%** of the total Trust activity for the same time period.

The total number of **Formal Complaints** received by the Trust for 2014/15 was **444** compared to **383** the previous year this is an increase of **16%**. The total number of Formal Complaints received represented **0.05%** of the total Trust activity for the same time period. **70** of these formal complaints were Red RAG rated.

The total number of **PALS Concerns** received by the Trust for 2014/15 was **1354** compared to **1441** the previous year this is a decrease of **9%**. This represented 0.17% of the total Trust activity.

At the beginning of 2014, the PALS and Complaints Department began to log all enquiries that were reported and resolved by the team. In the past this was not always done. Consequently the total number of **Enquiries** that were logged for this year was **1073** compared to **209** in the previous year. This figure reflects how proactive and accessible the PALS service is for our patients and their families. The aim of the team is to promptly respond to and resolve the issues that are raised wherever possible.

The Trust received **487** letters of **Praise** compared to 312 in the previous year this is an increase of **56%**. It is recognised that the PALS & Complaints Team only see a small proportion of the 'thank yous' received every day throughout the hospital.

3 Trust Performance for Response Rates

The Trust aims to respond to all concerns and complaints within the agreed timeline 80% of the time. This year the Trust's combined performance for the year was **81%** compared to **83%** in 2013/14. This is a decrease of **2%**

The performance for **Formal Complaints** for the year was **79%** compared to **81%** for the previous year. This was a decrease of **2%**.

The performance for responding to **PALS Concerns** for the year was **81%** compared to **84%** in 2013/14. This was a decrease of **3%**.

Additional measures were put in place in response to this dip in performance. This is reflected in the current Trust Performance for complaint responses.

4. OVERVIEW OF CONCERNS RECEIVED IN 2014/2015

A total of 3358 records were logged onto the Datix Database during 2014/15, this figure includes praise, enquiries, all PALS Concerns records and Formal Complaints (1798 of these records were PALS Concerns and Formal Complaints).

Prior to April 2014, the majority of enquiries/queries which were resolved immediately by the PALS & Complaints Department were not logged onto the Datix database. However, since April 2014, the PALS & Complaints Team have logged all of these enquiries onto the database to ensure that the Trust has a record of all activity managed by this team. Due to this, the figures for Enquiries has increased significantly compared to the previous Financial Year which is reflected in the figures shown below.

Praise	Enquiries	PALS	Formal Comp	TOTAL
487	1073	1354	444	3358

- The total number of records recorded by the PALS & Complaints Team has increased from 2464 last Financial Year (2013/14) to 3358 this Financial Year – an additional 894 records logged (increase of 36%)
- The number of Formal Complaints reported has increased from 383 in Financial Year 2013/14 to 444 this Financial Year (an increase of 61 – 16%)
- The number of PALS concerns reported has decreased from 1441 to 1354 (a reduction of 9%).

The total Trust activity for 2014/15 (including A&E attendances, Day Case admissions, Planned Admissions etc) was 801,142. The total number of formal complaints and PALS Concerns logged represents 0.22% of the total Trust activity.

The table below shows the percentage of concerns raised compared to the overall activity of the Trust for the year

	Total activity for Trust for 2013/14	Total feedback (PALS and Formal Complaints)	Formal Complaints	PALS Concerns
	801,142	1798	444	1354
% of overall Trust activity		0.22%	0.05%	0.17%

An average of 150 concerns were logged each month during 2014/15; an average of 37 Formal complaints and 113 PALS concerns. In addition to this an average of 89 Enquiries were received each month.

4.1 Distribution of PALS Concerns & Complaints per Directorate

Directorate	Formal Complaints	PALS Concerns	Total
Anaesthetics and Theatres	8	115	123
Burns & Plastics	33	87	120
Corporate / Governance	2	27	29
Critical & Emergency Care	97	133	230
Estates & Facilities	2	61	63
Medical Specialities	95	163	258
Medical records & Secretaries	0	9	9
Muscular Skeletal Services	27	80	107
Pharmacy	1	28	29
Surgery	32	109	141
Therapies & Diagnostics	18	120	138
Outpatients	6	214	220
Specialist Surgery and Oncology	35	118	153
Braintree Community Hospital	7	18	25
Women, Children & Sexual Health	81	72	153
Total	444	1354	1798

The Table demonstrates that the Top 4 Directorates which received the highest total number of Formal Complaints and PALS Concerns was:

- Medical Specialities **258**
- Critical & Emergency Care **230**
- Outpatients **220**
- Women and Children and Specialist Surgery and Oncology both had **153**

5. Red Rag Rated Complaints

The PALS & Complaints Managers review and triage all correspondence received into the PALS & Complaints Department. Any serious complaints are RAG rated as 'Red' if they have one or more of the following criteria:

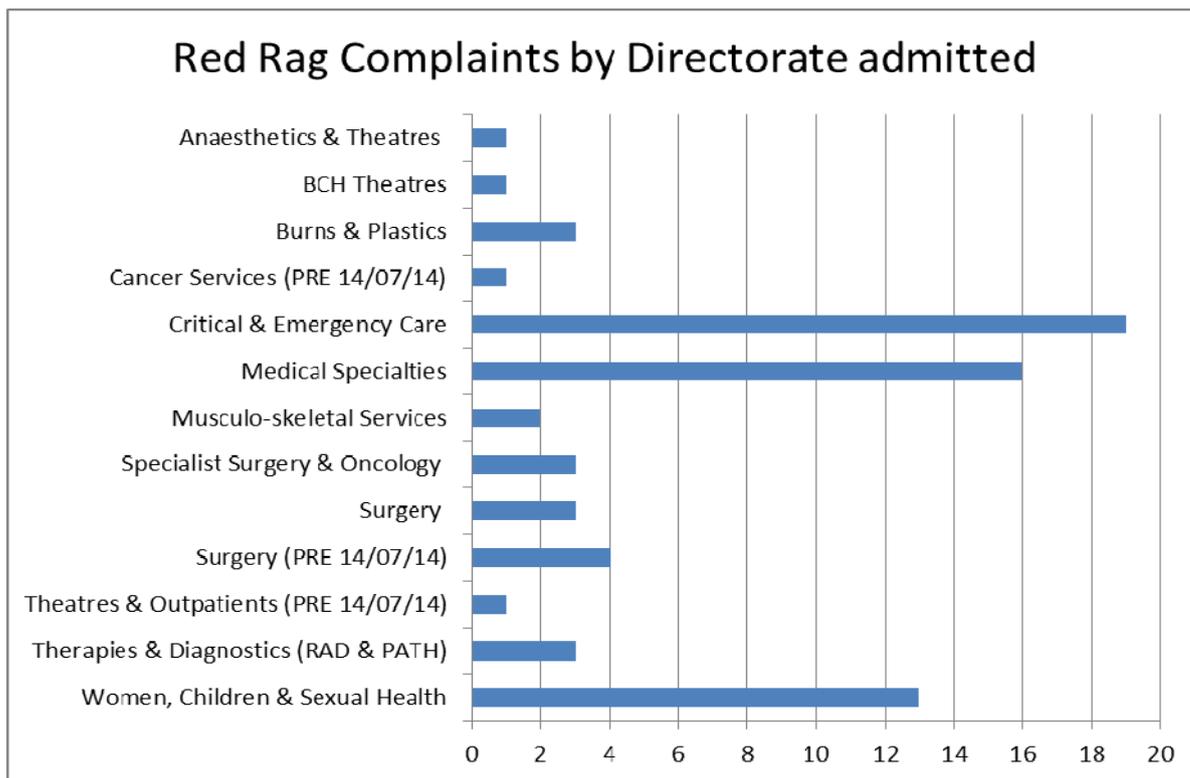
- The complaint is regarding a deceased patient, and the concerns are specifically regarding issues around the patient's death (i.e. unexpected)
- The concerns raised in the letter indicate a potential/actual Serious Incident
- The issues raised in the complaint would suggest a possible claim for clinical negligence

In an effort to ensure that any Red RAG rated complaint is highlighted and reviewed appropriately, a complaints/incidents dual management process was introduced in October 2014. This new system was introduced to ensure that any potential Serious Incident arising from the Red Rag rated complaint would be identified early and will be addressed and resolved by the same investigator.

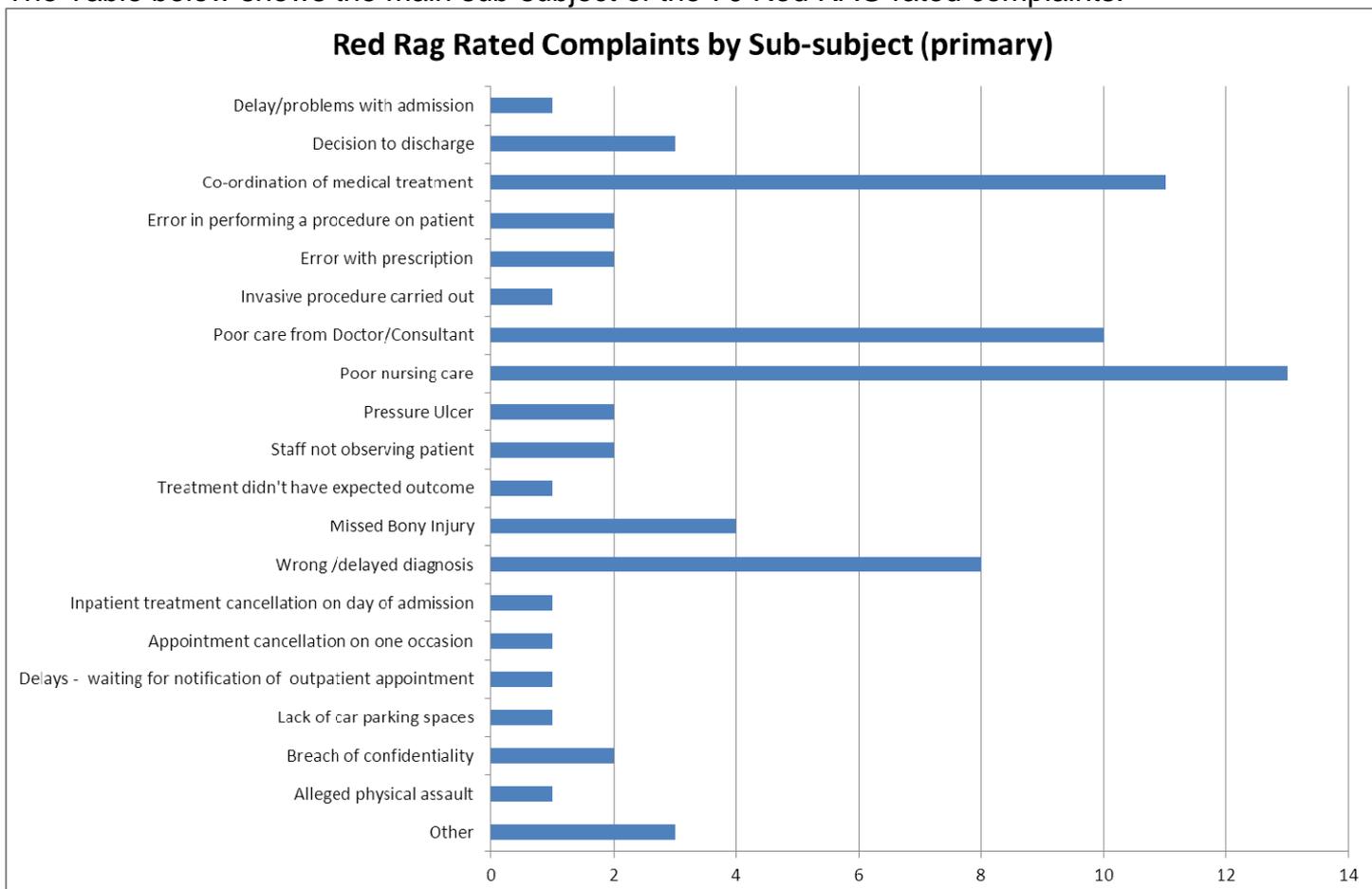
The new process also ensures an identified main point of contact for the family/patient, and the result of the investigation is fed back sensitively at a face to face meeting.

In 2014/2015 the Trust received 444 Formal complaints, 70 of these were Red RAG rated.

The Table below shows the Red Rag rated complaints by Directorate



The Table below shows the main sub-subject of the 70 Red RAG rated complaints.



6. TOTAL NUMBER OF FORMAL COMPLAINTS UPHELD / PARTIALLY UPHELD

At the point of closing a Formal Complaint, the PALS & Complaints Team use the information from the Investigation Report to review whether the complaint has been fully upheld, partially upheld or not upheld. Of the 444 Formal Complaints Received, 51 were fully upheld, 229 were partially upheld and 160 were not upheld. There are currently still 4 cases open and active within the agreed timeframe that are not yet responded to so we cannot comment on their outcome.

7 RECURRENT THEMES FOR CONCERNS RAISED TRUST WIDE

When PALS Concerns and Complaints are logged onto the Datix Database, information is recorded for each record, including the main Directorate the concern relates to, the main subjects, and the ward/department the concern relates to. All main subjects have sub-subjects to enable closer scrutiny and identification of the key themes.

7.1 Formal Complaints analysis

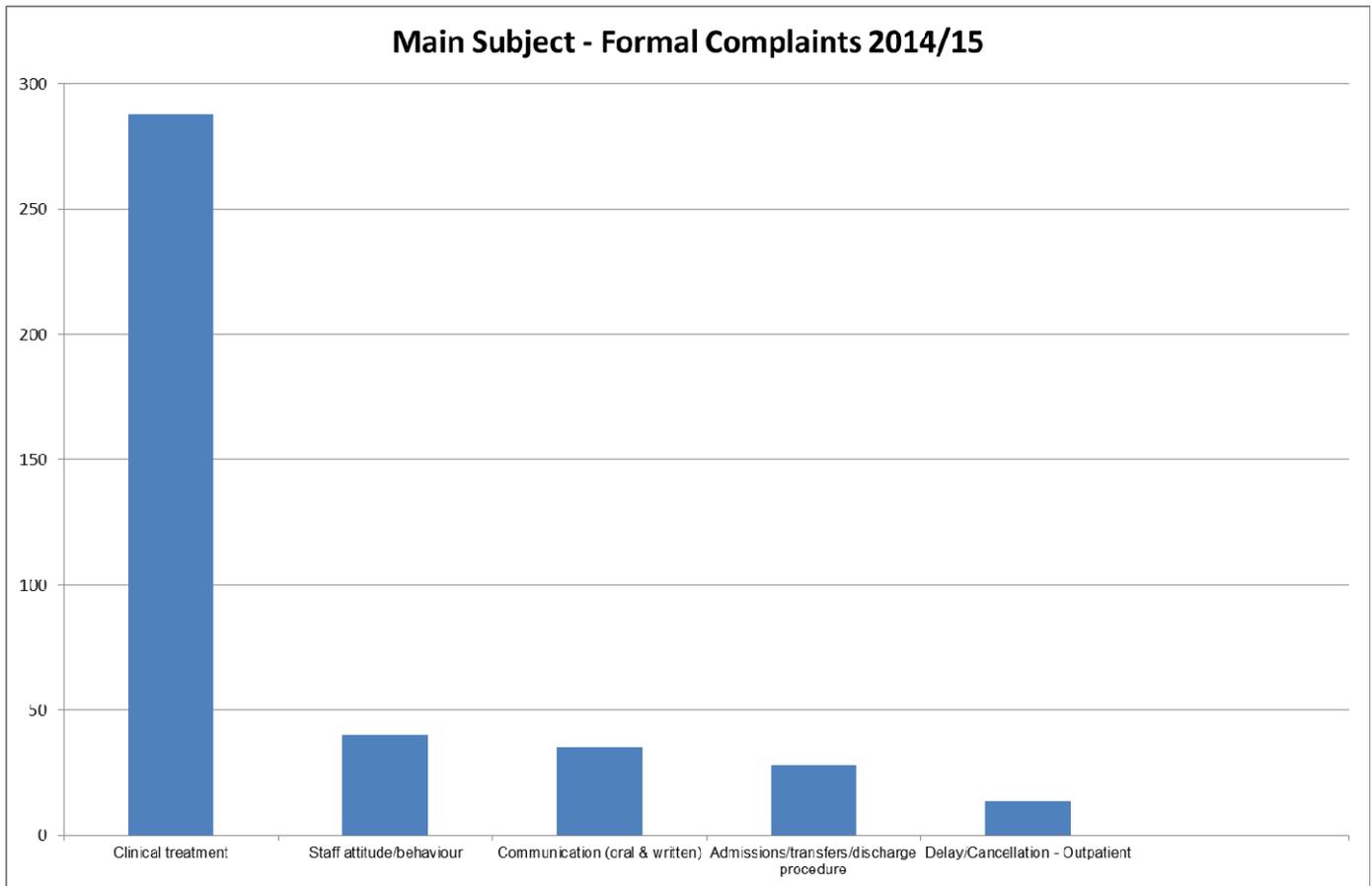
The Four Directorates which received the most Formal Complaints for this Financial Year were:

1. Critical & Emergency Care **97**
2. Medical Specialties **95**
3. Women's and Children's **81**
4. Specialist Surgery and Oncology **35**

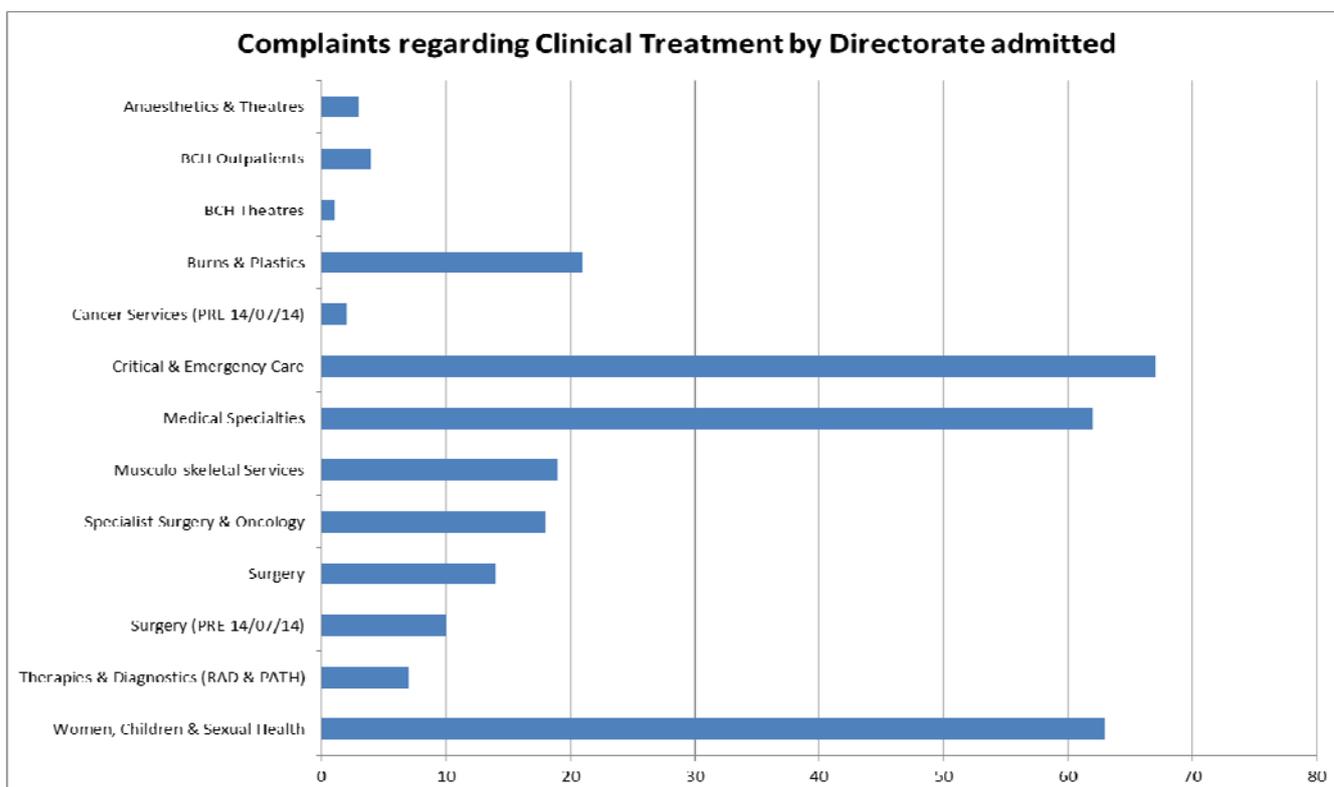
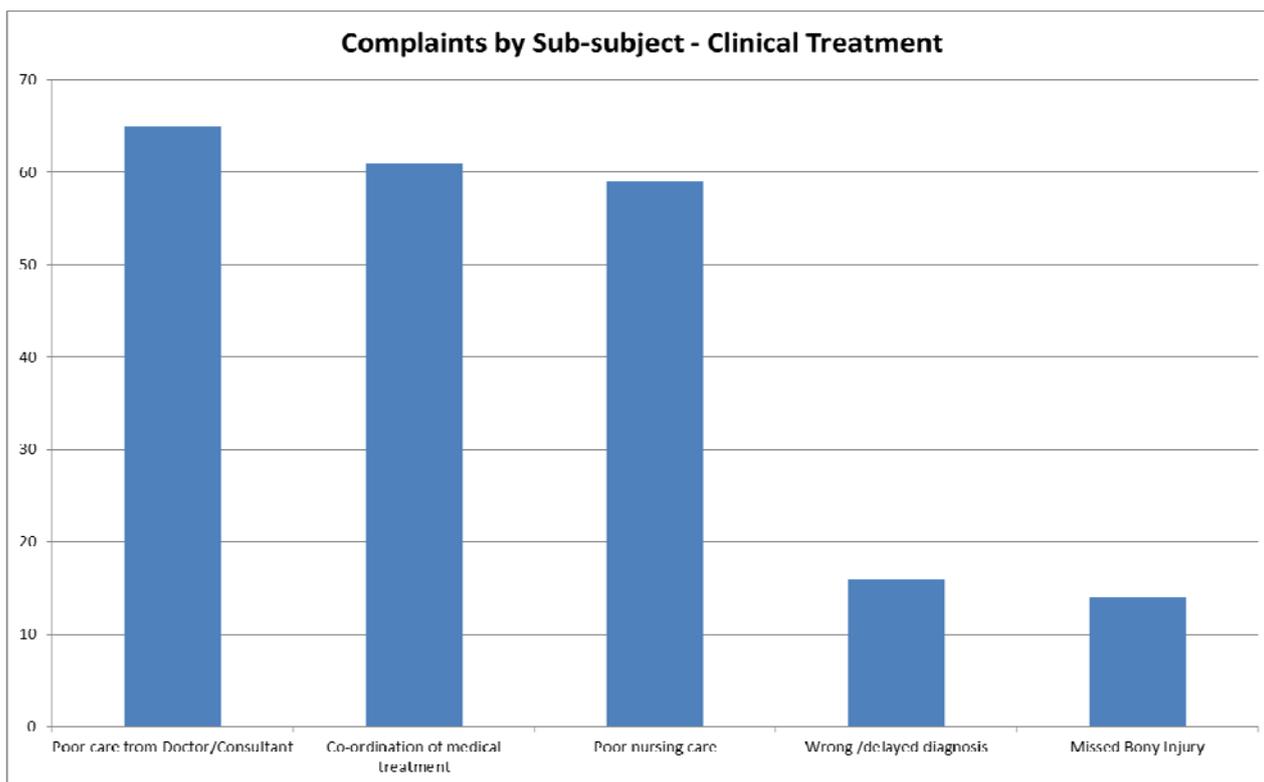
Summary of the Top 5 Subjects for Formal Complaints:

1. Clinical treatment – **288**
2. Staff Attitude & Behaviour - **40**
3. Communication (written and verbal) – **35**
4. Admission/transfer/discharge procedure – **28**
5. Delay/Cancellation Outpatient Appointments – **14**

The graph below shows the Top 5 subjects for all Formal Complaints received by the Trust



7.1.1 Breakdown of Complaints for Clinical Treatment (see 7.1.2)



To identify any trends regarding Clinical Treatment within the Trust, the data was broken down by Directorate as above the highest Directorates were:

- Critical and Emergency Care
- Women and Children
- Medical Specialities
- Burns and Plastics

Critical Care Wards – Formal Complaints about Clinical Treatment

Critical Care Wards received **75** Formal Complaints where the main subject was Clinical Treatment. **49** of the **75** complaints for these wards were relating to clinical treatment in the Accident & Emergency Department.

Women's & Children's Wards – Formal Complaints about Clinical Treatment

The Women's & Children's Wards received a total of 58 formal complaints about clinical treatment. Phoenix Ward received **13** formal complaints where clinical treatment was the main subject.

Medical Wards – Formal complaints about Clinical Treatment

There are 6 medical wards under this Directorate, and in total there were 50 formal complaints received about clinical treatment. The Wards that received the highest were; Felsted, Stroke, Terling and Danbury.

Burns & Plastics Wards – Formal complaints about Clinical Treatment

The three Burns & Plastics Wards received 20 complaints about clinical treatment. The ward receiving the highest was Mayflower Ward.

Muscular-Skeletal Wards – Formal Complaints about Clinical Treatment

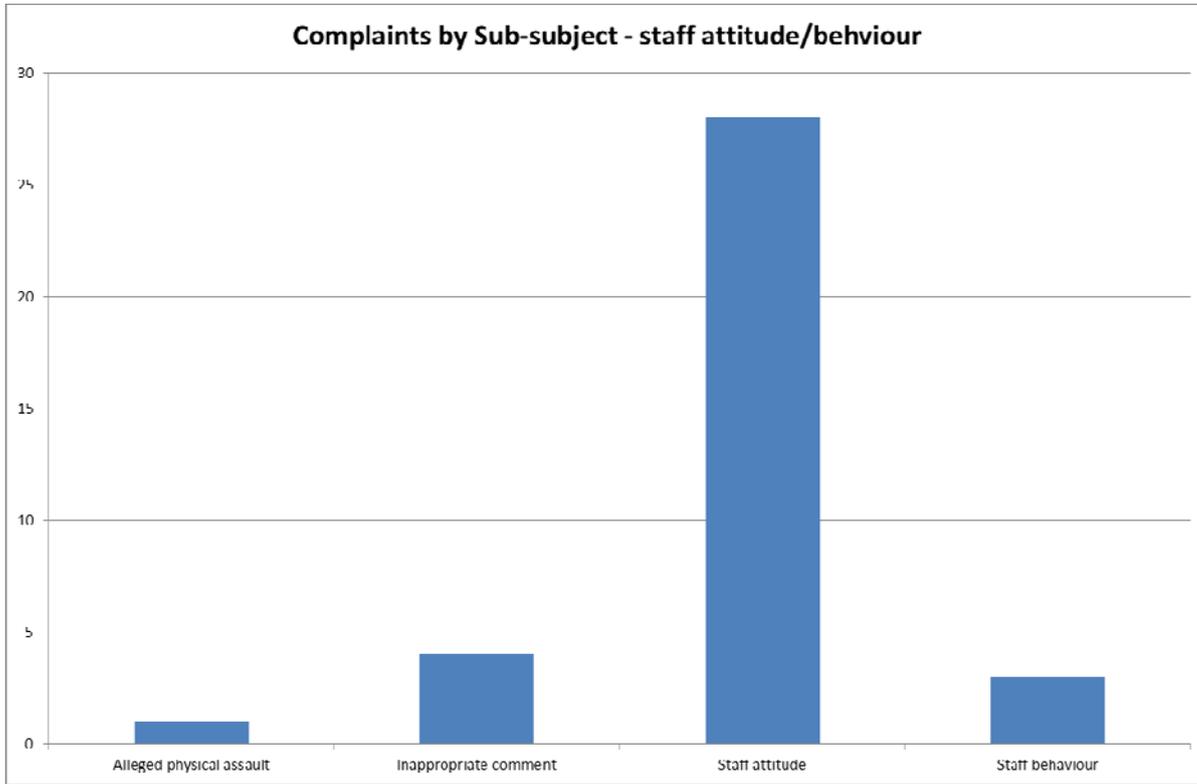
There were 16 clinical treatment complaints for this specialty. The ward receiving the highest was Notley Ward,

Surgery Wards – Formal complaints about Clinical Treatment

There were a total of 8 clinical treatment complaints for these wards. The ward receiving the highest was Rayne Ward

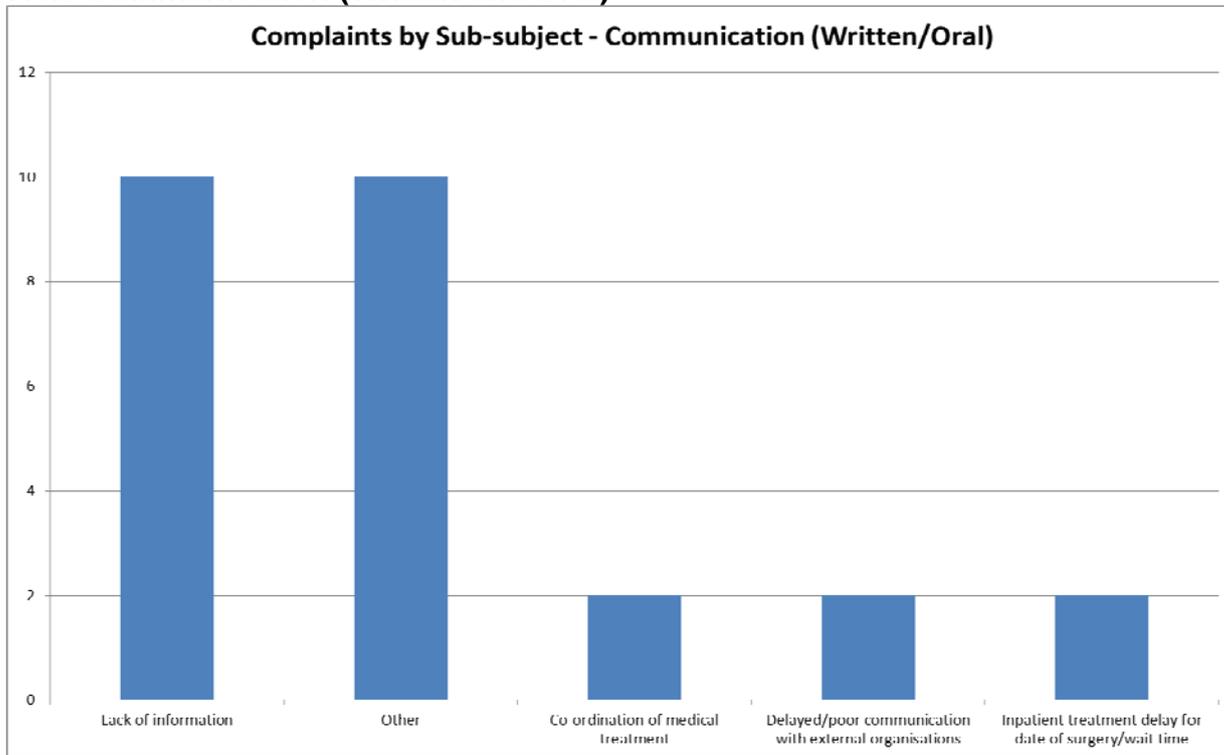
7.1.2 Staff Attitude/Behaviour

A total of 40 formal complaints were logged where the main subject of complaint was staff attitude/behaviour of staff. The graph below shows the sub subjects, and clearly shows that attitude was the main issue, followed by staff behaviour and inappropriate comments being made.



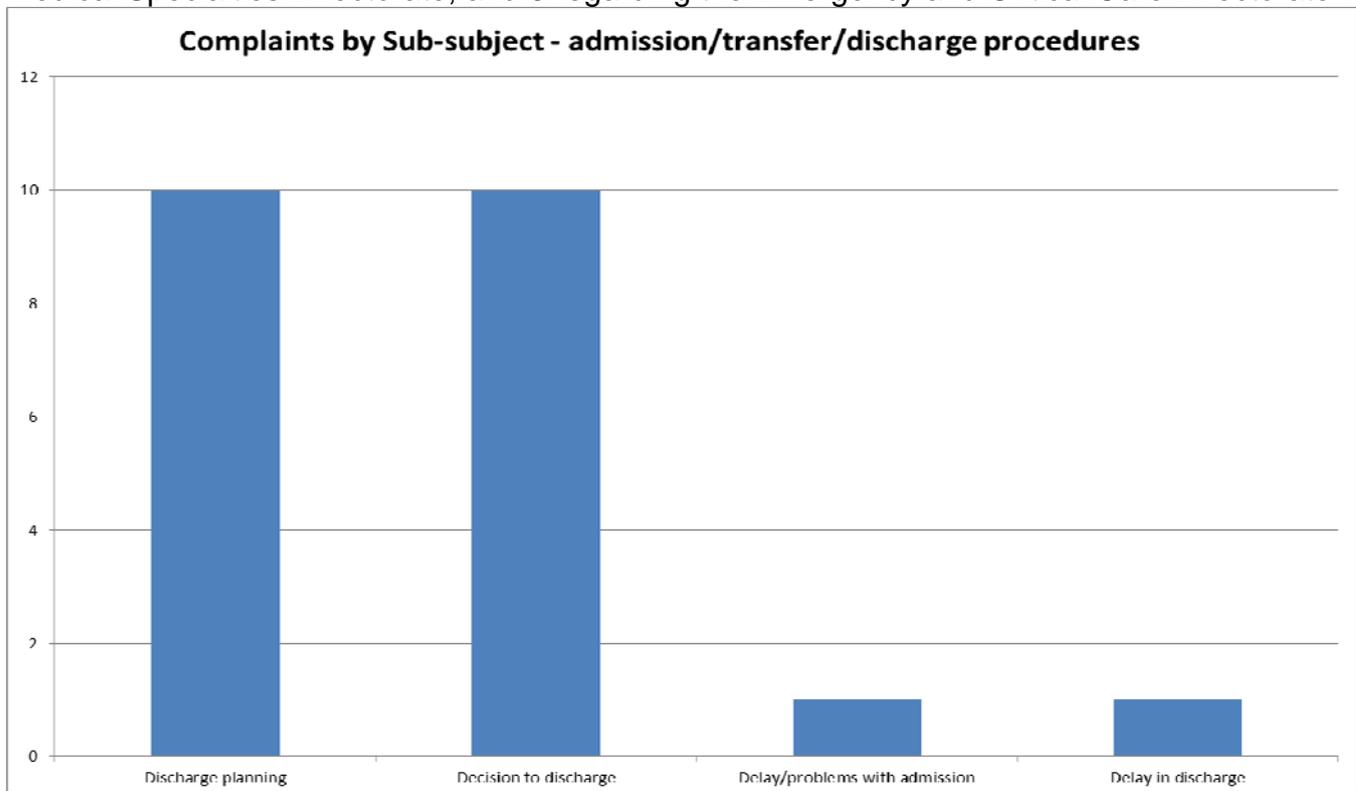
The area which was found to have the highest number was Critical & Emergency Care Directorate, followed by Women's & Children's Services followed by Specialist Surgery & Oncology.

7.1.3 Communication (Written and Oral)



7.1.4 Admission/Transfer/discharge procedures

The main area of concern relating to the complaints logged under this subject was around decision to discharge and discharge planning. 10 of the complaints made about this subject were relating to the Medical Specialties Directorate, and 6 regarding the Emergency and Critical Care Directorate.

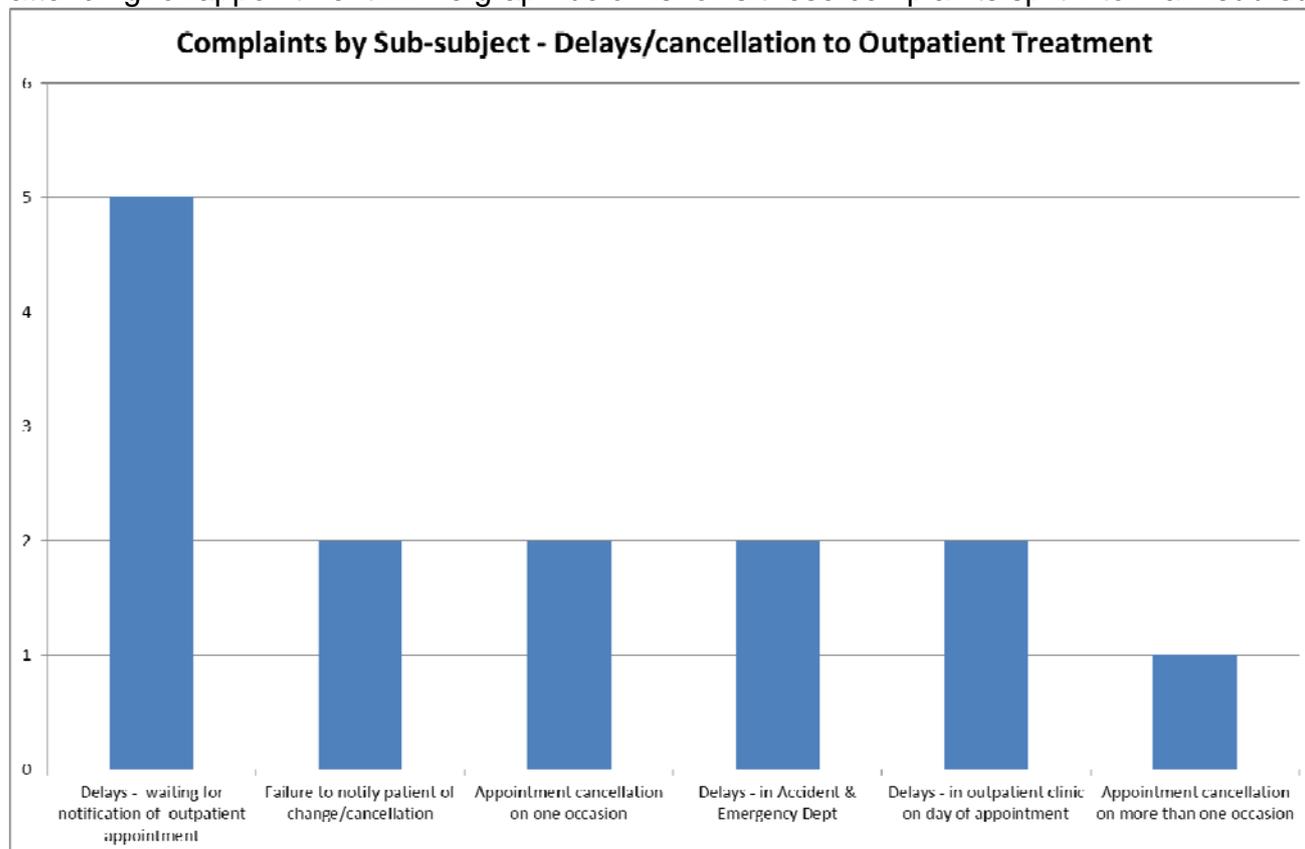


Complaint example (Admission/Discharge/Transfer arrangements): Mother was discharged on 2 occasions. Family believe she was discharged too early and consequently passed away.

Complaint example (Admission/Discharge/Transfer arrangements): Mother discharged with urine infection without any medication and was confused. She was discharged in her nightdress with nothing underneath despite having her own clothes.

7.1.5 Delays/Cancellation Outpatient Treatment

This subject includes concerns relating to delays in being notified of an appointment, unavailability of appointments, failure to notify patients of changes to appointments, and delays when actually attending for appointment. The graph below shows these complaints split into main sub-subject.



Complaint example (delays/cancellation to Outpatient treatment): Patient unhappy with Eye Clinic, has appointment every 6 months and never received apt for Nov 2013 and after querying this received apt for 13 months later in June 2014.

Complaint example (delays/cancellation to Outpatient treatment): Patient unhappy with the outpatient booking appointment system at Broomfield Hospital. Also, the appointments supervisor did not call them back, and they had to wait 5 months for an appointment.

7.2 PALS Concerns Analysis

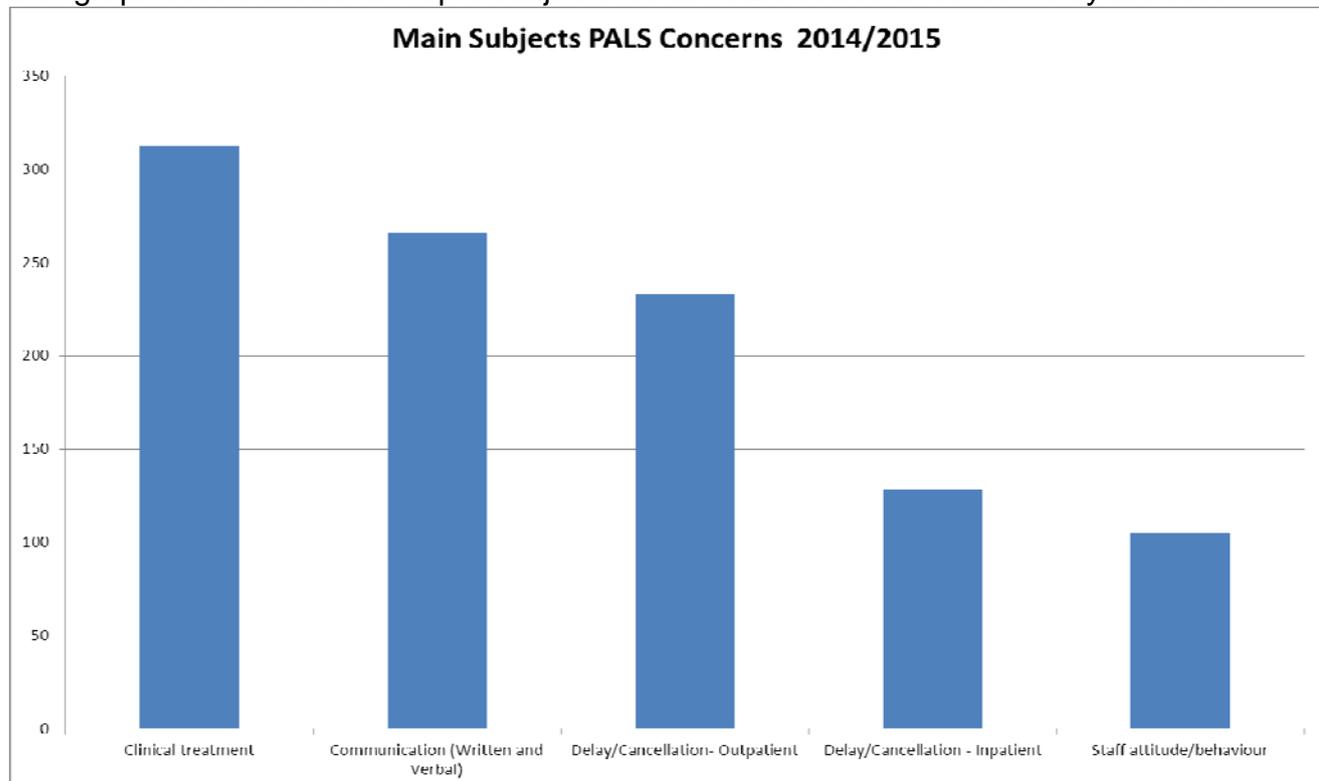
The Four Directorates with the most PALS Concerns for this financial year were:

1. Outpatients – **214**
2. Medical Specialties - **163**
3. Critical and Emergency Care – **133**
4. Therapies and Diagnostics - **120**

Summary of the Top 5 Subjects for PALS

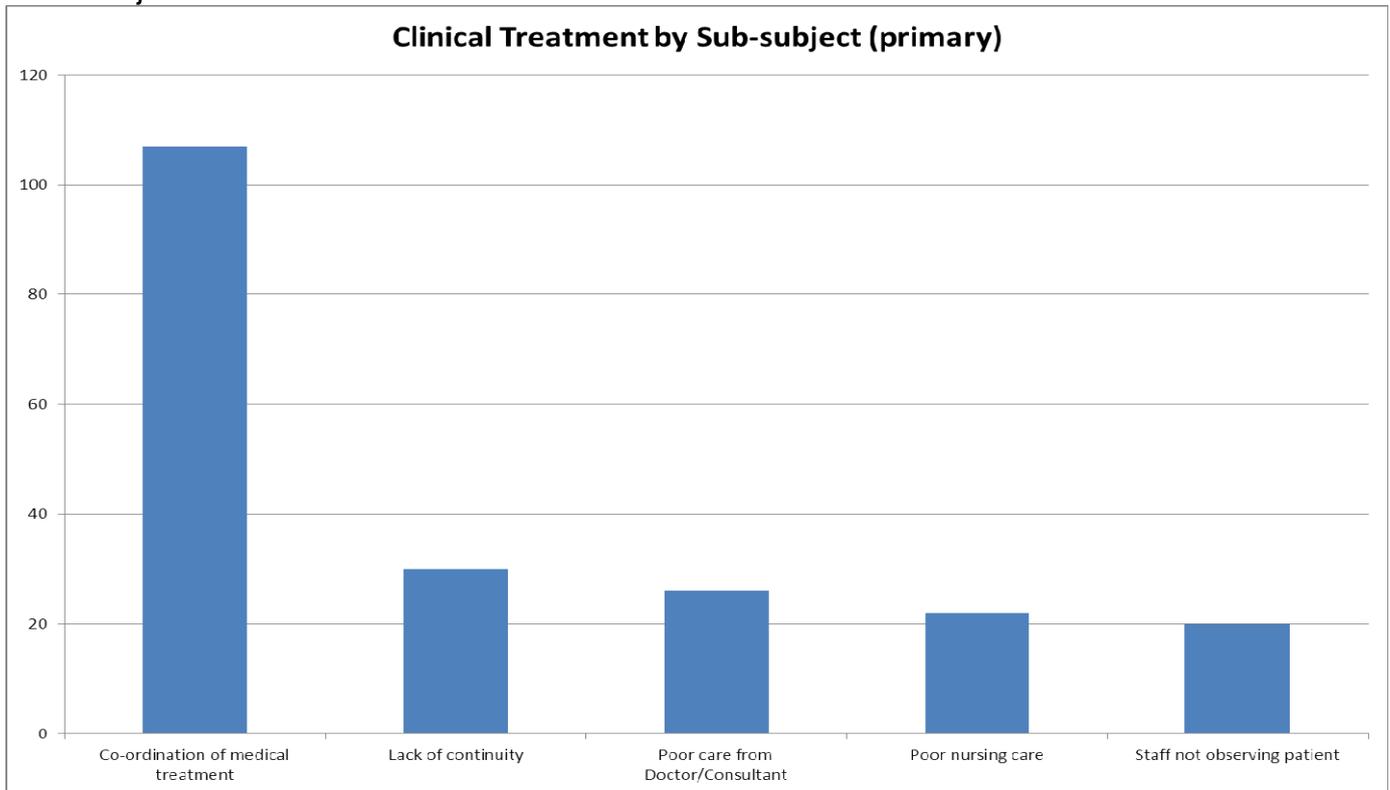
1. Clinical Treatment – **313** (358 previous financial year)
2. Communication **266** (written and verbal) (288 previous financial year)
3. Delay/Cancellation in Outpatient Appointment **233** –(340 previous financial year)
4. Delay/Cancellation in Inpatient Appointment **128** (140 previous financial year)
5. Staff Attitude and Behaviour **105** (103 Previous financial year)

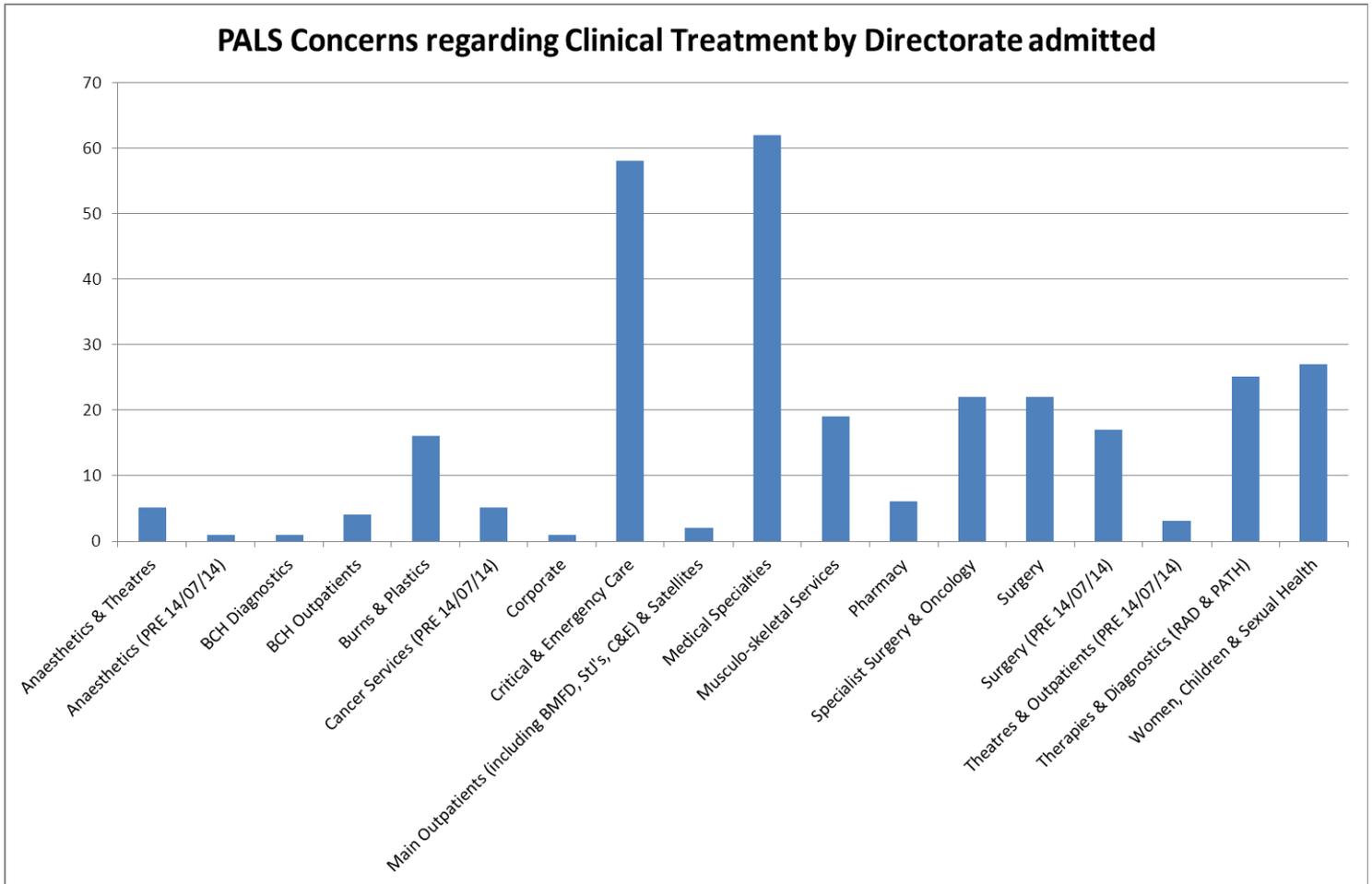
The graph below shows the top 5 subjects for all PALS concerns received by the Trust



7.2.1 Clinical Treatment

The table below shows the top 5 sub-subjects of PALS Concerns where Clinical Treatment was the main subject.





The Top areas are detailed below:

Critical Care Wards – PALS Concerns about Clinical Treatment

Critical Care Wards (including Accident & Emergency, Emergency Assessment Unit, Emergency Short Stay, ITU and Ambulatory Care Wards) received 58 PALS Concerns where the main subject was Clinical Treatment.

Medical Wards – PALS Concerns about Clinical Treatment

There are 6 medical wards under this Directorate, and in total there were 36 clinical treatment PALS concerns received regarding these wards.

Surgery Wards – PALS Concerns about Clinical Treatment

There were a total of 11 clinical treatment PALS concerns for these wards.

Burns & Plastics Wards – PALS Concerns about Clinical Treatment

The three Burns & Plastics Wards received 9 PALS Concerns about clinical treatment.

Women’s & Children’s Wards – PALS Concerns about Clinical Treatment

The Women’s & Children’s Wards (including Labour Ward, Writtle Ward, Birthing Unit, and Phoenix Ward) received a total of 7 PALS Concerns about clinical treatment.

Muscular-Skeletal Wards – PALS Concerns about Clinical Treatment

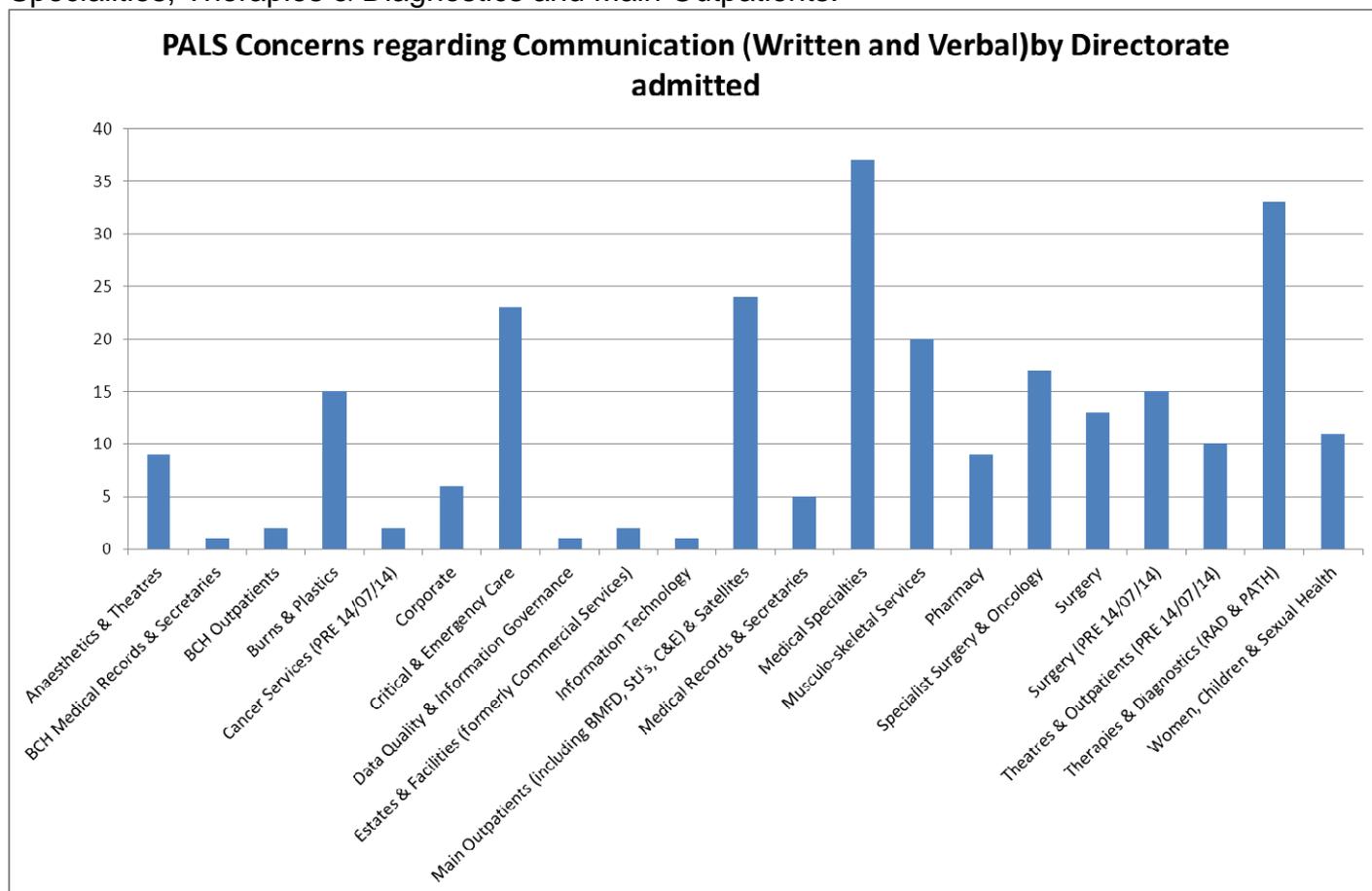
There were 7 clinical treatment PALS concerns for this specialty.

PALS Concern example (Clinical Treatment): Concerns of a missed fracture after attending Accident & Emergency (A&E). Patient attended A&E following a fall from a ladder, he was x-rayed and told he

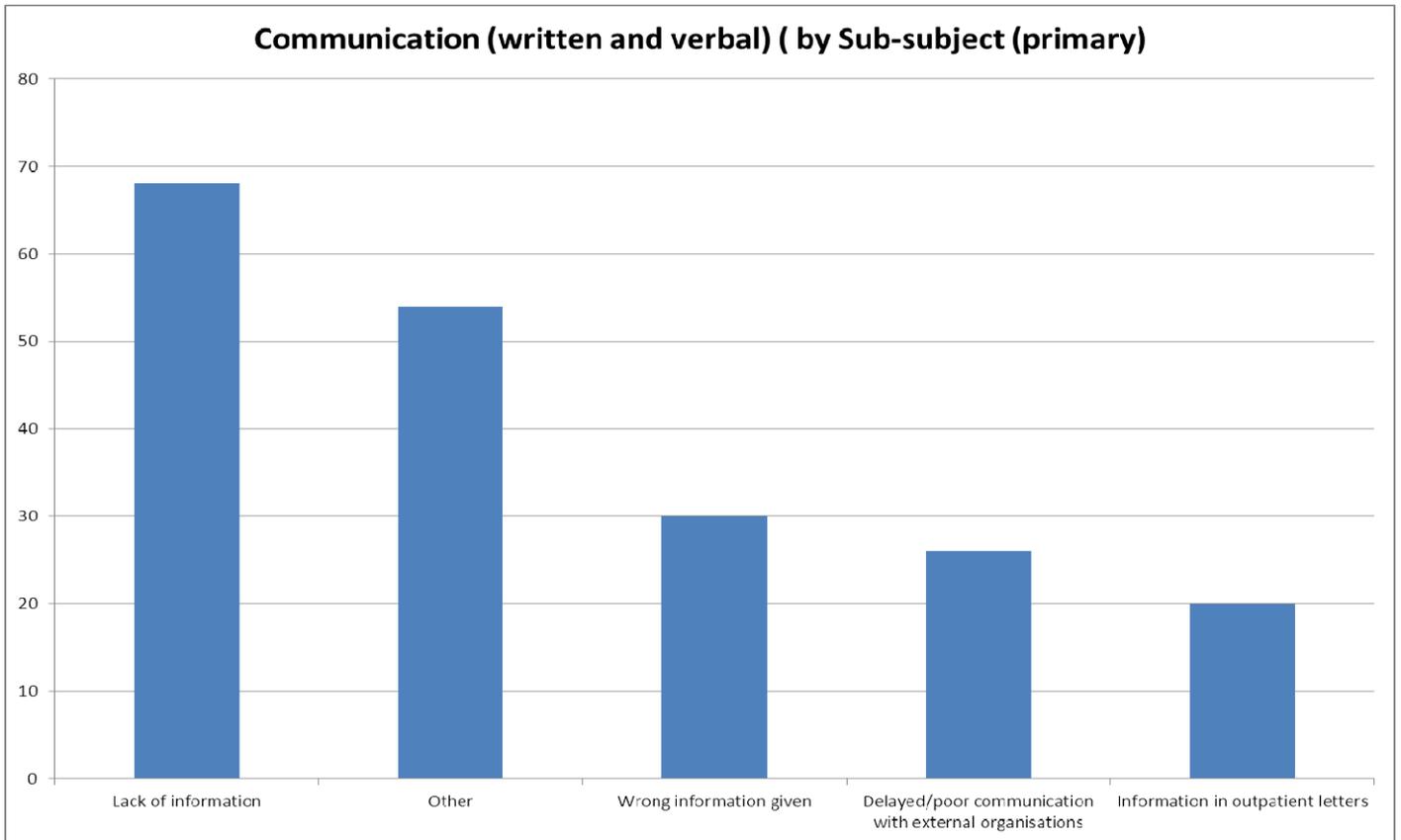
had no breaks and was discharged. The following morning he received a telephone call asking him to return to the Emergency Department as they thought there was a break. A subsequent second scan found 2 breaks and he was then admitted to Notley Ward.

7.2.2 Communication (Written and Verbal)

The top three directorates with the most PALS Concerns regarding Communication were Medical Specialities, Therapies & Diagnostics and Main Outpatients.



The table below shows the top 5 sub-subjects of PALS Concerns where Communication (Written and Verbal) was the main subject. The Communication (Written and Verbal) subject has 14 sub-subjects.

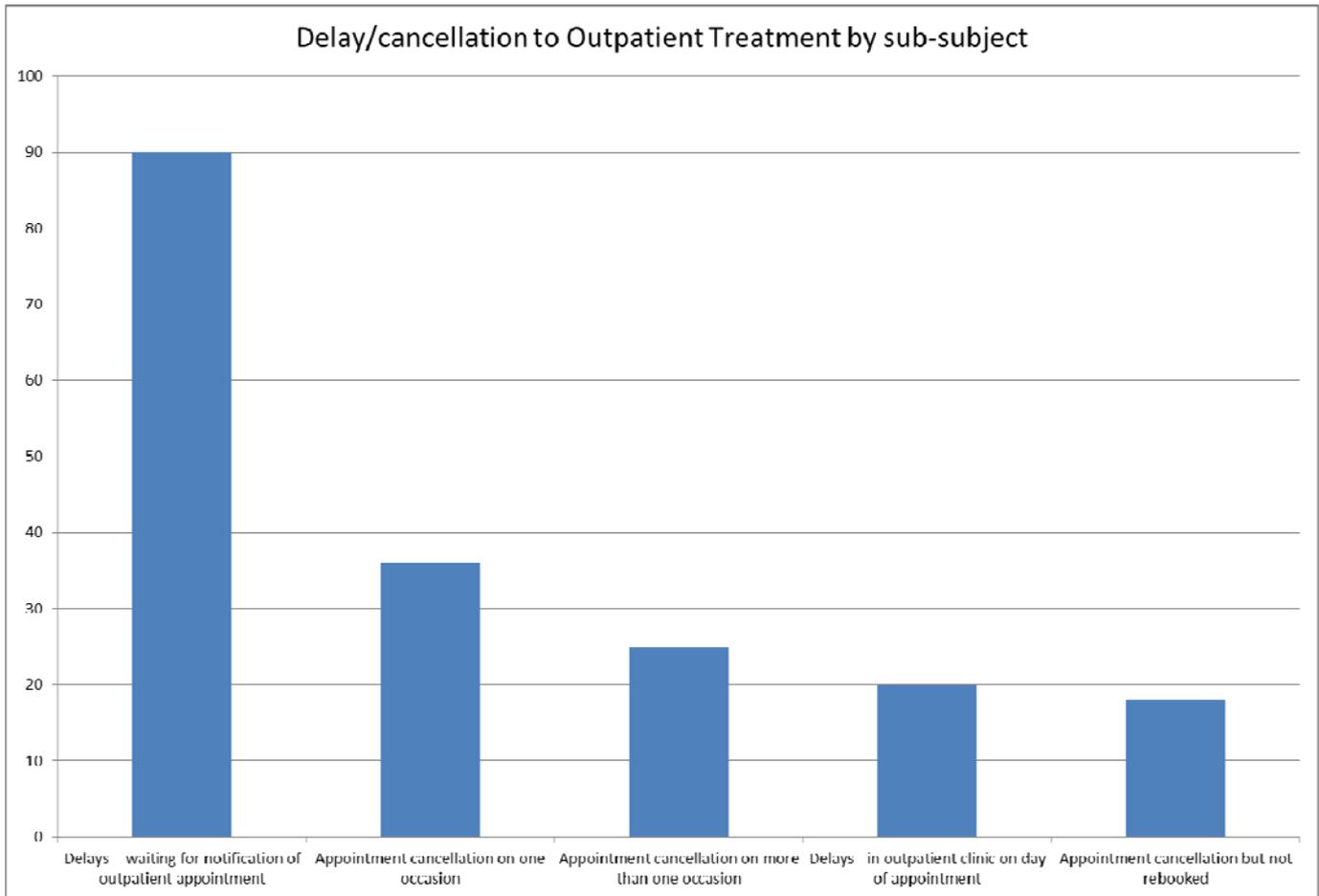


PALS Concern Example (Written Communication): Patient raised concerns regarding his discharge summary not being sent to his GP following his admission to A&E.

PALS Concern Example (Verbal Communication): Relative wanted to know why she was not informed when the patient was admitted to hospital even though her name and address was clearly stated as Next of Kin. She wanted to know when patient was admitted and why she was not informed.

7.2.3 Delay/Cancellation in Outpatient Treatment

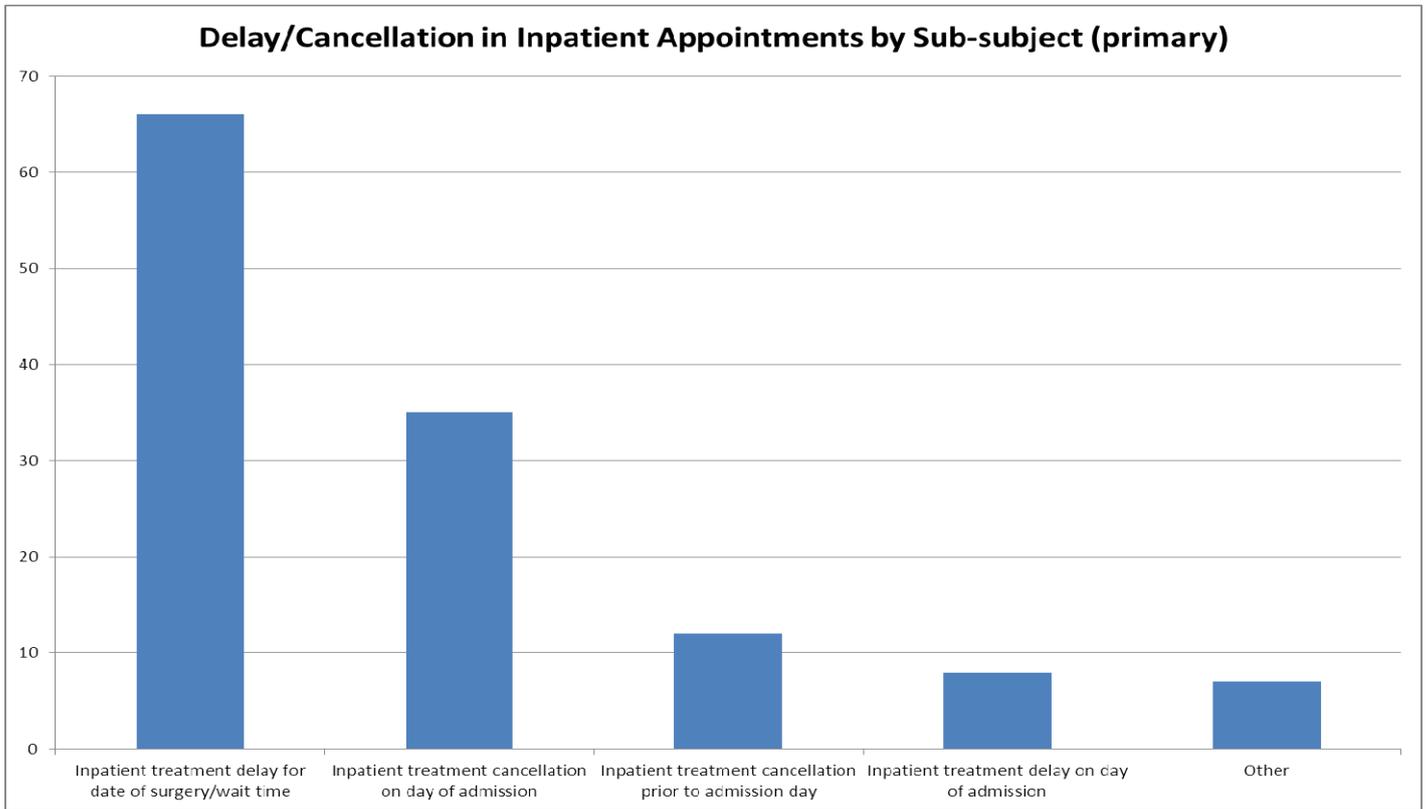
The sub-subject with the highest number of concerns logged under this main subject was delays waiting for notification of an outpatient appointment (90 concerns). The other main reason for concerns being raised was due to appointments being cancelled. There were a total of 61 concerns about this (appointment being cancelled on one occasion 36 and appointment being cancelled on more than one occasion 25).



PALS Concern Example (Delay/Cancellation in Outpatient Treatment): Patient advised that she attended an outpatient clinic in August 2014. Following that, 4 further appointments had been cancelled. She states that her GP sent a letter requesting she be given an MRI but no such letter had been received by the Trust. She was in acute pain, had not worked since December 2014 and was very frustrated.

7.2.4 Delay/Cancellation in Inpatient Treatment

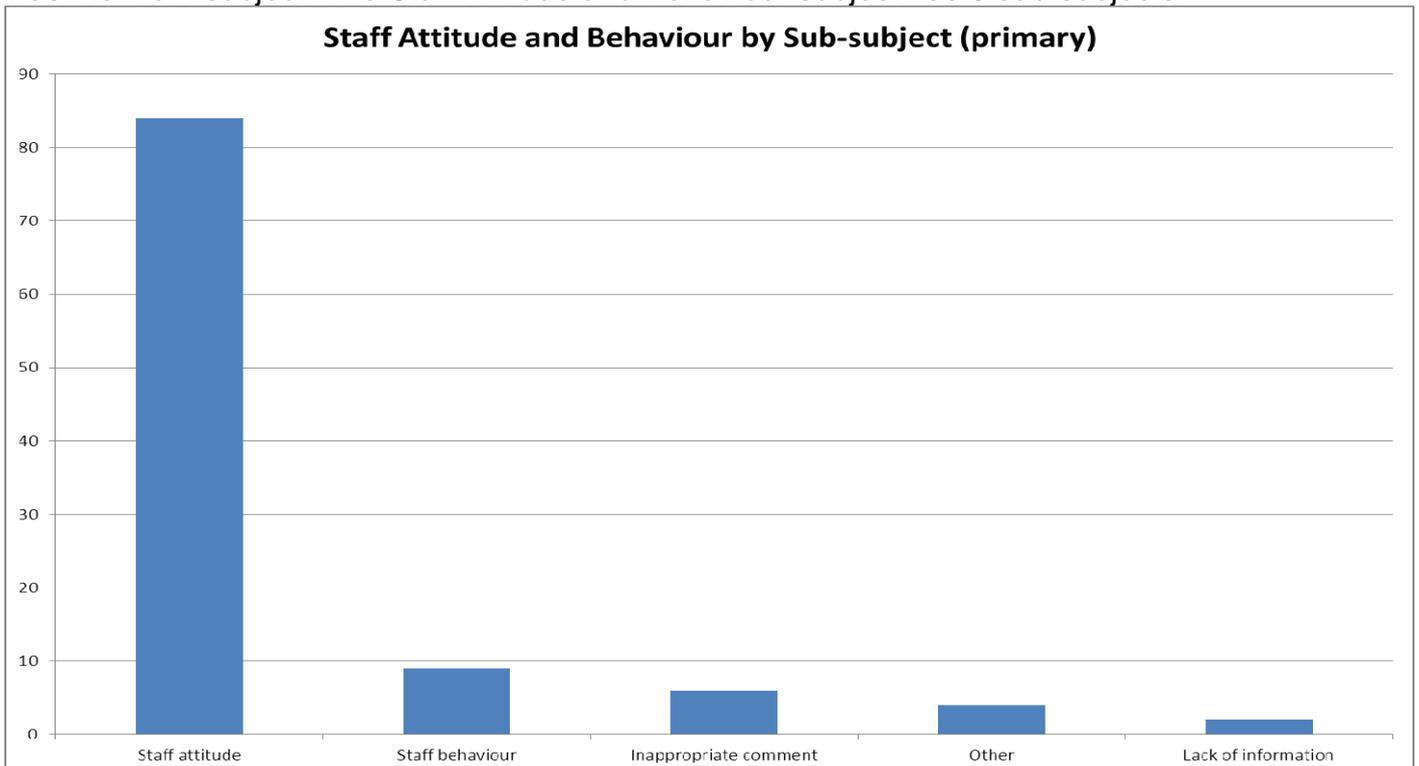
The table below shows the top 5 sub-subjects of PALS Concerns where Delay/Cancellation in Inpatient Treatment was the main subject. The Delay/Cancellation in Inpatient Appointments subject has 5 sub-subjects.



PALS Concern Example (Delay/Cancellation in Inpatient Treatment): Patient came in for a procedure under Urology and required a bed overnight. Patient had cancer and was in a lot of pain and bleeding. After waiting in Theatre Admissions Unit for half an hour the operation was cancelled due to lack of beds and the patient was very unhappy about this.

7.2.5 Staff Attitude and Behaviour

The table below shows the top 5 sub-subjects of PALS Concerns where Staff Attitude and Behaviour was the main subject. The Staff Attitude and Behaviour subject has 6 sub-subjects.



PALS Concern example (Staff Behaviour): Complainant raised concerns to the locum doctor who attended to the patient's injury in Accident and Emergency. He states that the locum doctor was unprofessional and at times giggled as he didn't seem to know where anything was. When stitching the patient's leg he put them in and out again and tried again as they didn't go in correctly. Complainant said he felt that the doctor might as well have come in off the street and his behaviour was unprofessional.

PALS Concern example (Staff Attitude): Patient attended Accident & Emergency and the Registrar asked for the on-call Gynaecologist to come to see the Patient. The Registrar and Gynaecological Consultant then proceeded to have an argument on the telephone in front of the patient which lasted for half an hour because he refused to see the patient.

8. IMPROVING COMPLAINT HANDLING

The PALS and Complaints Team receive, log and co-ordinate all feedback coming into the Trust. In addition the team also deals with numerous queries which are either resolved immediately by the department or they are signposted to the relevant internal or external department.

The PALS and Complaints Department has a well-established system in place within the Department in order to provide a consistent service to both patients and the public. During the working week all complaints received are triaged daily by the PALS and Complaints Manager and where required these are escalated to the relevant senior member of staff for urgent action.

There are two Complaints Coordinators who are designated to specific Clinical Directorates in order to maintain a consistent approach to complaints. There is currently a member of bank staff to assist in administration of complaints due to the increase in contacts received within the PALS & Complaints Team.

The Complaints Coordinators continue to attend regular meetings with the Heads of Nursing and other senior staff within the Directorates to track the active complaints cases and ensure prompt escalation takes place where necessary.

To support the Directorates the PALS & Complaints Managers have been providing training and support for staff who undertake complaint investigations. This takes place on a bi-monthly basis. These training sessions ensure that staff members are clear on the Trust's philosophy of being open, honest and patient centered in the handling of complaints and aims to ensure that the staff are equipped with the necessary support and skills required to undertake these investigations.

The Trust is always looking at new ways to improve and learn in order to ensure that our patients receive the best possible care and experience. The Trust recognises that complaints and concerns are essential to identifying learning opportunities which lead to improvements to services. This section of this report sets out the key learning that has occurred from complaints during the last year.

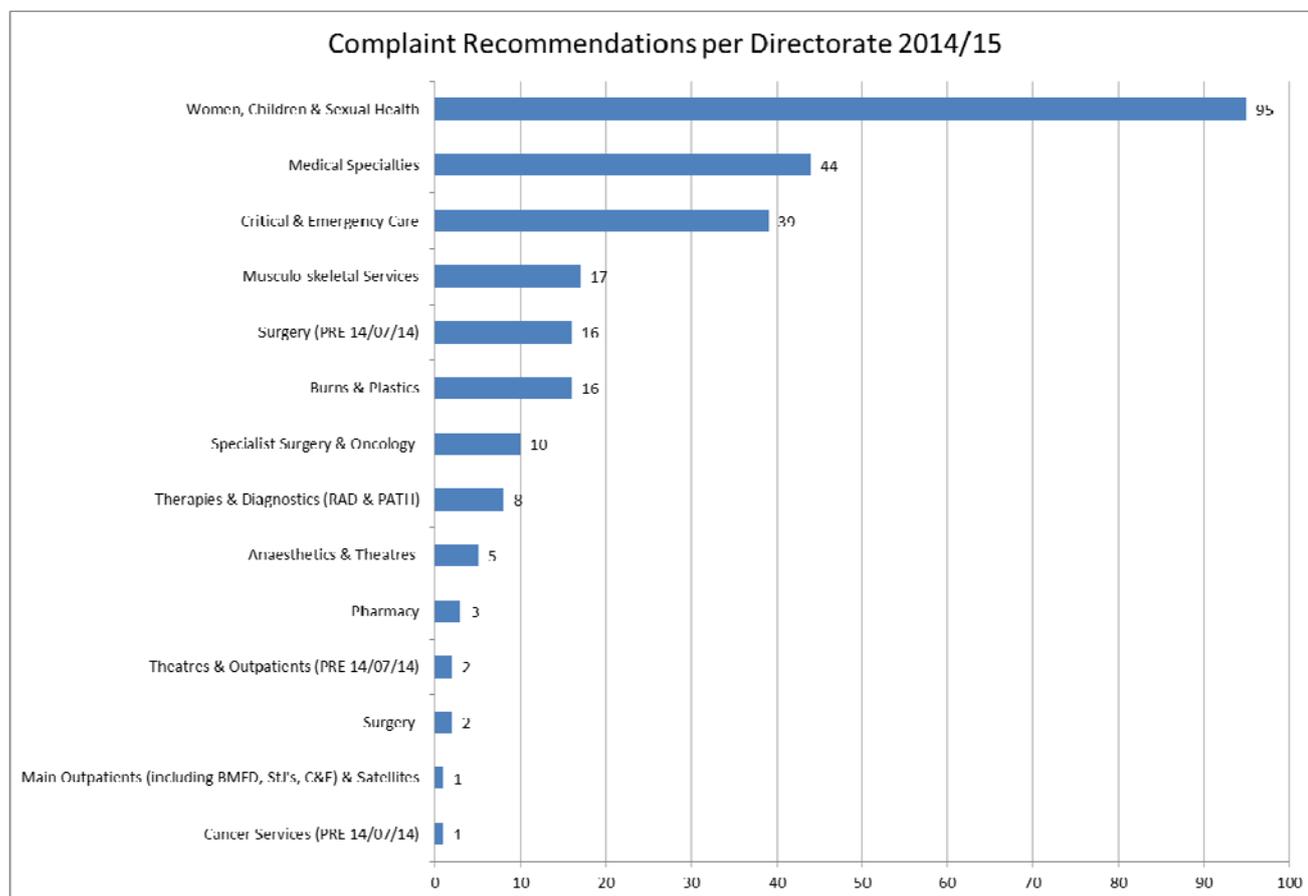
The Trust is committed to being open and transparent and to this end presents a detailed complaint report to Public Board bi monthly.

8.1 Learning from Complaints - Number of specific Complaint Recommendations 2014/15

Following a complaint investigation, learning and recommendations identified by the Investigating Officer are recorded onto the Investigation Report. Once the Investigation Report has been approved by the Directorate Complaints Lead (normally the Head of Nursing or the Clinical Director) the PALS & Complaints staff enter the details of the Recommendations onto the Datix Web database, and a new "action" is created. The action is given a 6 week timeframe for completion and an automatic e-mail is sent from the database to the identified "lead". The action remains active on the database until the lead person completes and closes the relevant sections on the live record. The lead person

can update the action at any time. At the time of closing the action, the lead person must include details of evidence has been collated for proof of implementation.

A total of 259 recommendations were recorded onto the Datix Database during 2014/15. As is demonstrated below the Women & Children Directorate made, by far, the most recommendations during this financial year. The Medical Specialties Directorate made the second highest number of recommendations, closely followed by the Critical & Emergency Care Directorate.



9. LESSONS LEARNT FROM COMPLAINTS AND THE MONITORING OF KEY THEMES

Set out below is a summary of the Trust-wide learning and improvements that have been put in place during 2014/15. The improvements listed below have all come from listening to our patients and visitors, and taking action on this feedback to improve our services (this feedback includes complaints, concerns, patient surveys, web feedback, and general feedback). A summary of the most tangible examples of how the Trust has learnt and improved as a result of patient feedback are provided below.

- Patient Experience team are providing in house customer care training and supervision to front line staff where staff attitude has been highlighted as an issue
- A new training video was developed for staff by the Dignity Champions, led by Angela Wade and Clive Gibson to raise staff awareness of caring for patients with dignity and respect at all times. This was showcased at the AGM in September 2014 as an example of how we are

developing our culture with our teams and will be available through staff induction going forwards. This is now shown at all Staff Inductions.

- A new patient bedside folder, to improve information for patients and visitors is now available in all ward areas from October 2014, following detailed review by the Patient Experience Group and Patient Council. The feedback from patients and staff has been very positive
- A new play area for children was formally opened on 20 September 2014 to support the Children's Phoenix Ward. The outdoor area improves the healing environment for young people on the ward and their siblings visiting them.
- A re-launch of discharge card supported patient information at discharge occurred in December 2014
- "Sssh Campaign" was re-launched to reduce noise at night for our patients. The 'Friends of Broomfield' charity funded comfort packs that contains ear plugs, eye mask and non-slip socks and these were distributed during Dignity Week which took place in the first week of February 2015
- New bedhead boards as recommended by the Department of Health were introduced to all wards in May 2014. The information includes who the patient's designated Doctor and Nurse / Midwife are.
- All wards now display 'Welcome Boards' that display staff photographs, ensuring patients know who is looking after them.
- All Wards display staffing levels to assure patients of the number of staff on duty
- In response to patient feedback about the size of the atrium and way finding within Outpatient areas, the Trust developed and implemented a new video which is on the Trust Website which shows the journey of a patient as they visit key areas of the hospital. The areas chosen are: Ophthalmology, Burns and Plastics and Fracture Clinic. This demonstrates access; check in, the volunteer support available and the general clinic environment.
- A redesigned and updated Trust Website was launched May 2014 to ensure it provides user friendly access to patient related information. The site offers updated information for the 65,000 visitors we have to the web site every month and accessibility has been enhanced with new Google translate functionality and Brousealoud. The cancer service user group, Patient Engagement Group, Healthwatch and Patient Council were very supportive in developing the refreshed content to ensure a better patient and visitor experience. This is an ongoing process of ensuring that current and updated information is always available.
- The Trust is piloting the appointment reminder service for Outpatients This is an automated telephone service where patients are contacted and given options to confirm, cancel and re-book their outpatient appointments.
- The Red Cross has been working with the Discharge Team at the Trust to support and expedite safe discharge for patients.
- A small number of volunteers have been specially trained to provide assistance and company for patients with dementia. It is recognised that this specialised one-to-one approach enhances the recovery of patients and shortens their stay in hospital which can be confusing and frightening.

- The Trust has increased the number of wheelchairs available to our patients across the hospital site.
- The Trust has increased the amount of seating available for patients and visitors throughout the Trust in the corridors of the hospital
- The Trust has improved the quality of correspondence for patients attending Outpatients
- The Trust has ensured improved signage and wayfinding across the hospital site
- All Ward based communications for patients has been enhanced to ensure the content and quality of the information provided
- A charity provided winter clothing to support patient discharge, they provided large volumes of new warm clothing for our patients which helped support a timely discharge. It has been agreed that this supply of clothing will be provided on an ongoing basis to the Trust
- The environment of the A&E Department has been improved. A water cooler is now in place, a snacks and drinks machine is also in place. Improved signage was implemented.
- The Trust opened a new dedicated paediatric facility in A&E
- The Patient Experience Group is leading a project with user involvement to refurbish the Bereavement Suite at the hospital.
- The Trust provided additional car parking spaces for patients

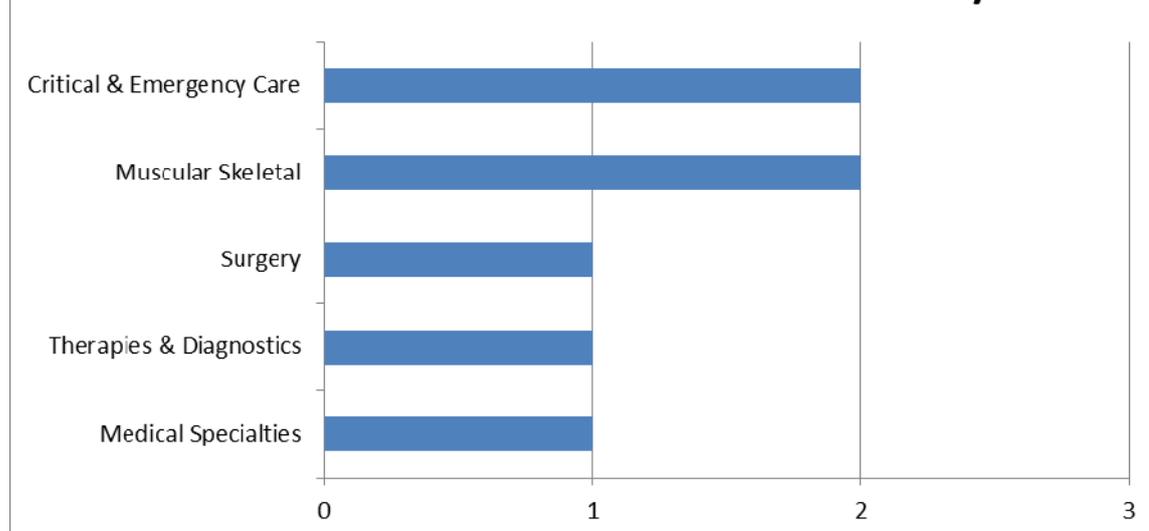
10 PARLIAMENTARY & HEALTH SERVICE OMBUDSMAN CASES

Under the current National Complaints Regulations, the second stage (the review of a complaint) is undertaken by the Parliamentary and Health Service Ombudsman. Any complaint which has been investigated at any level can be reviewed by the Ombudsman.

10.1 2014/15 Cases

During Financial Year 2014/15 the Trust supplied the Parliamentary & Health Service Ombudsman (PHSO) with copies of 7 complaint files. This is a 53% reduction compared to the 15 cases in 2013/14. There were 18 cases in 2012/13. 4 of the 7 cases are still open and awaiting a decision from the PHSO. 1 of the 7 cases was denied (no further action). In 2 of the cases the PHSO made recommendations in their final reports.

Main Directorate - Ombudsman Cases 2014/15



10.2 Reports by the Ombudsman 2014/15

The Parliamentary & Health Service Ombudsman reported on eleven complaint cases regarding this Trust during 2014/15 as shown in the table below (many of these cases were first sent to the Ombudsman in previous FY). Ten of these cases were either fully or partially upheld, with recommendations made to the Trust for actions. One case was not upheld; no further action was required by the trust and the case was closed.

Complaint received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
(CR14631) May 2012	Critical & Emergency Care	Concerns regarding a delay in diagnosis of coeliac disease and lymphoma which relative believes led to patient's death	Complaint partially upheld Recommendations made: 1. apologise for the service failure identified 2. Describe what has been done to ensure lessons learnt from failings in A&E 3. Provide details of what has been done to avoid recurrence (action plan)	N/A
(CR14967) June 2012	Critical & Emergency Care	Concerns that patient's hip fracture was not diagnosed quickly enough, and therefore a full hip replacement was required. Concerns also about poor nursing care, communication and discharge planning.	Complaint partially upheld Recommendations made: 1. apologise for the failings identified 2. Pay £1,250 in recognition for the distress caused 3. Produce action plan detailing lessons learnt	£1,250
CR14985	Specialist	Patient told cancer	Complaint partially	£500

June 2012	Surgery & Oncology	inoperable, but later went on to have successful treatment at another hospital	upheld Recommendations made: 1. apologise for the failings identified 2. Pay £500 in recognition for the distress caused 3. Produce action plan detailing lessons learnt	
Complaint received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
CR15791 October 2012	Surgery	Concerns about care of relative on ward, and sudden death.	Complaint upheld. Recommendations made: 1. apologise for the failings identified 2. Pay £1,000 as remedy for the injustice experienced 3. Produce action plan detailing lessons learnt	£1,000
CR16228 December 2012	Muscular Skeletal	Concerns regarding patient's weight loss, patient contracted infection, poor standard of nursing care, and poor communication and documentation.	Complaint partially upheld Recommendations made: 1. apologise for the failings identified 2. Produce action plan detailing lessons learnt	N/A
CR16786 March 2013	Women's & Children's	Failure to diagnose that baby was in breach position, delay in inducing labour, resulting in emergency caesarean. Also information leaflet did not have up-to-date information.	Complaint partially upheld Recommendations made: Trust already made changes to the leaflet during the investigation, and therefore no further recommendations made.	N/A

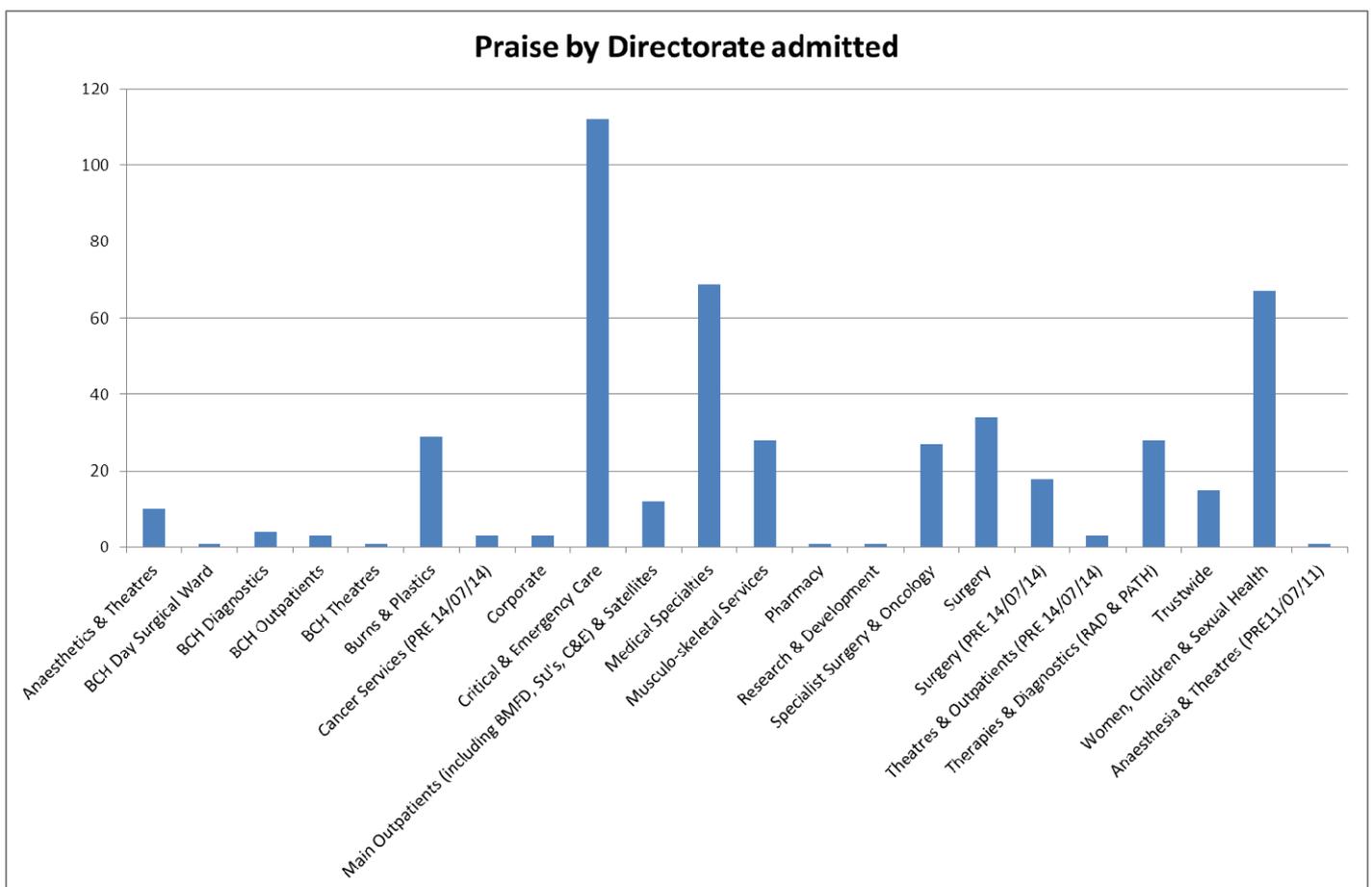
CR17227 May 2013	Medical Specialties	Delays waiting for appointment, concerns regarding consultation and delays receiving patch testing.	Complaint partially upheld Recommendations made: 1. apologise for the failings identified 2. Produce action plan detailing lessons learnt and changes made	N/A
Complaint received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
CR17554 July 2013	Medical Specialties	Concerns regarding care given to relative during admission, including delay in administering Parkinson's medication, and believes patient's death caused by hospital.	Complaint partially upheld Recommendations made: 1. apologise for the failings identified 2. Produce action plan detailing lessons learnt and changes made	N/A
CR17605 July 2013	Surgery	Concerns regarding treatment for kidney stones, specifically care following procedure.	Complaint partially upheld Recommendations made: 1. apologise for the failings identified 2. Pay £350 in recognition for the distress caused 3. Produce action plan detailing lessons learnt	£350
CR17812 August 2013	Women's & Children's	Poor record keeping and poor communication with woman in labour who suffered complications following birth	Complaint partially upheld Recommendations made: 1. apologise for the failings identified 2. Pay £500 in recognition for the distress caused 3. Produce action plan detailing lessons learnt	N/A

CR18865 January 2014	Critical & Emergency Care	Unhappy about care received following emergency admission. Believes wrong medication given and septicaemia contracted.	Complaint not upheld. No further action required by Trust – case closed	N/A
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11. PRAISE

All praise logged onto the database is responded to by the Chief Executive. The praise listed below is the total number of letters received by the Corporate Office and PALS & Complaints Team, and it is recognised that this is only a small percentage of the total amount of praise received within the wards and departments around the Trust. Much of the praise received in the wards and departments is in the form of small notes and “thank you” cards, and it is not possible for the PALS & Complaints Team to log all of this onto the Database. However, the departments are encouraged to forward letters of thanks to the Complaints & PALS Team where a response letter can be sent. A total of 487 items of praise were logged during 2014/15.

The Table below shows the praise received and logged in the PALS and Complaints office, per Directorate:



Extracts from letters of praise:

- “I would like thank everybody involved in looking after me during my stay. The Nursing staff, the ancillary staff and everybody I came across treated me with courtesy, consideration and of course excellent nursing care combined with constant good humour. This was not only extended to me but to the other three patients in the ward who needed a great deal more

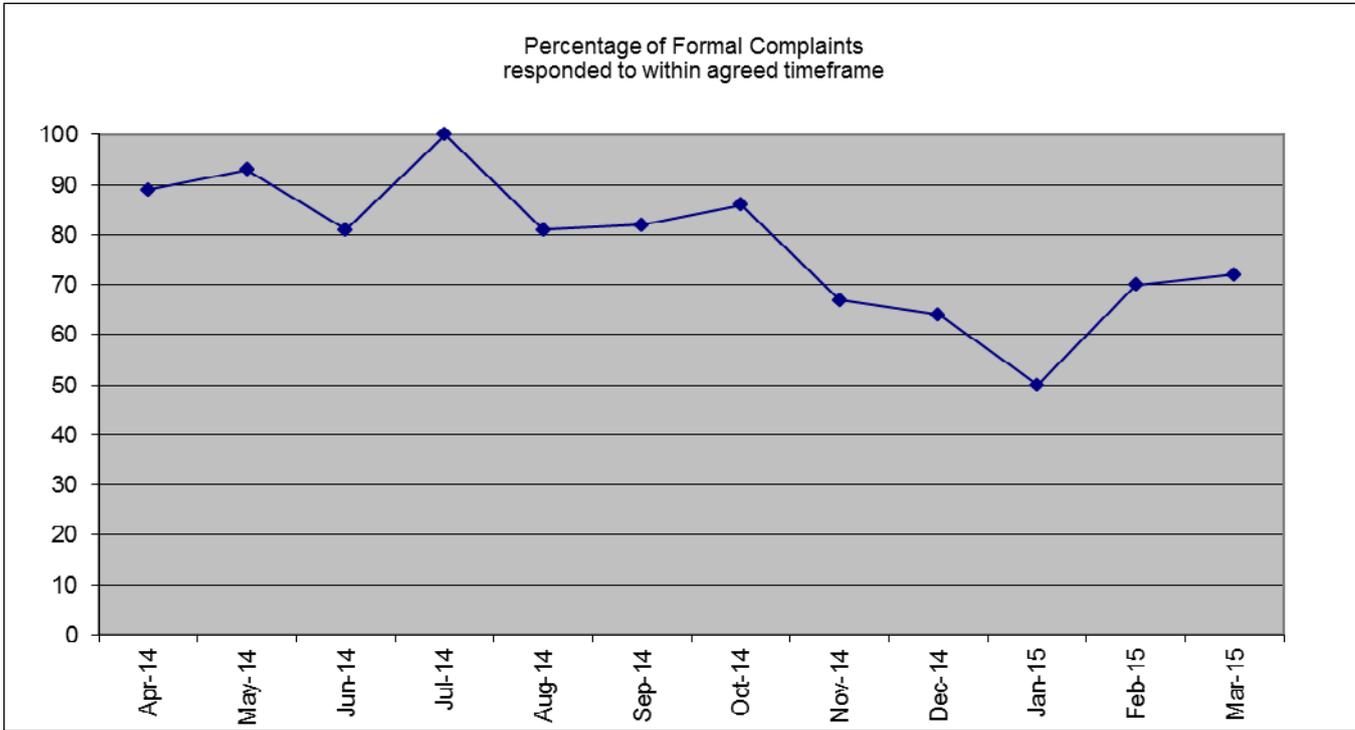
attention than me. I was most impressed by all those I met and I hope you will convey the contents of this message to those who looked after me with my heartfelt thanks ”

- “I just wanted to express my sincere gratitude for the fantastic care and treatment my husband received recently from the ENT Team on Billericay Ward. He was assessed and treatment was started straight away as soon as we reached the ward and a bed found for him in no time at all. We could not have asked for more and given the diagnosis now understand the implications should he have been left untreated for any longer.....Keep up the good work; thank goodness you were all there when we needed you.”
- “...I would like to thank the staff of the A&E department for treating me on.....I received fast and effective treatment with a high level of care, consideration and kindness. All the staff were effective and courteous despite my poor mood as I was in extreme pain and less than tolerant. I cannot praise them too highly for what they did or achieved. “
- “One of the best decisions I have made in my life was to opt for Broomfield Hospital for my mammogram.....The surgery was excellent and I have experienced no pain and very little discomfort.....My breast care team from the mammogram nurses, doctors after care nurses and consultant have been so caring, cheerful, informative and straight forward (friends for life). From the discovery of the cancer to the operation it took only 7 weeks.. Well done Broomfield. As I say, my decision to attend Broomfield Breast Care Unit was the best decision I have, so far, made in my life.”

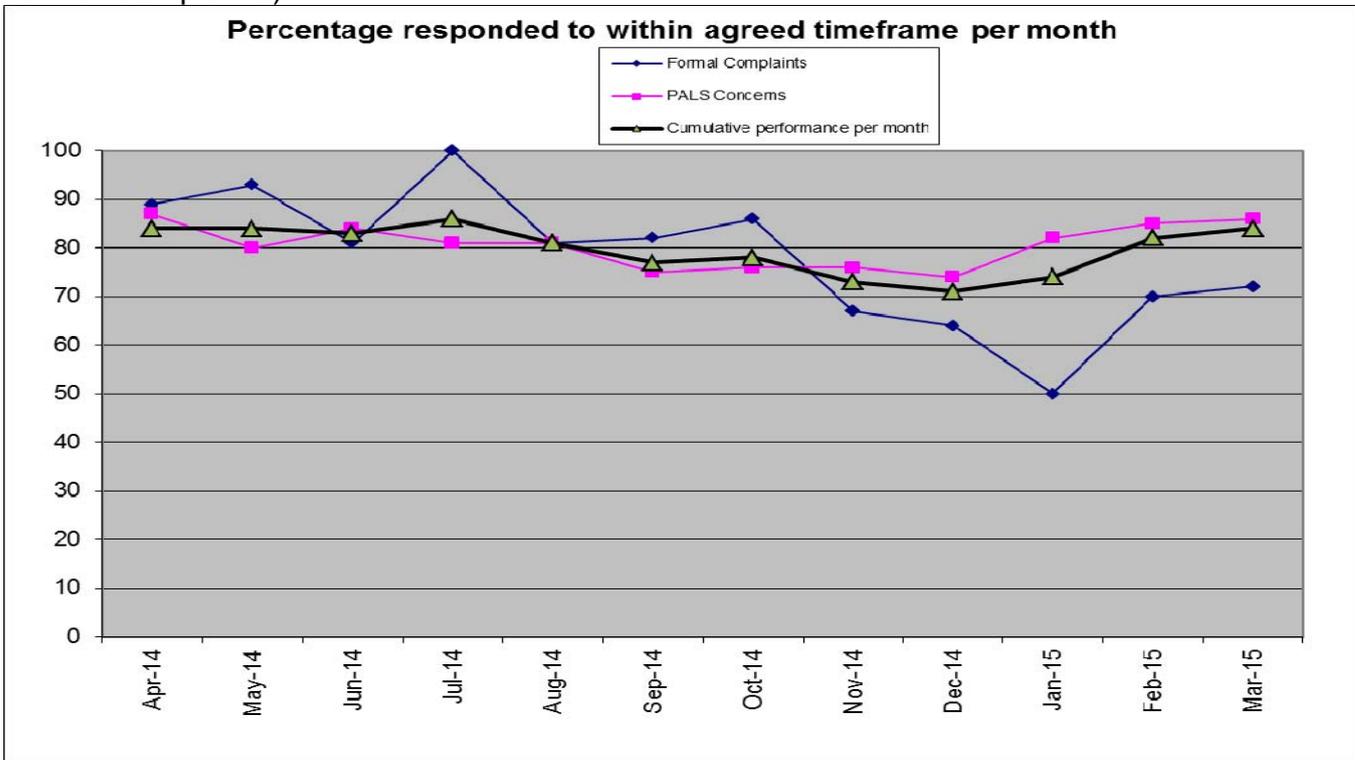
12 COMPLAINT HANDLING

12.1 Performance for Response Rates

No set timeframe exists under the National Complaints Regulations (2009) for responding to complaints, however the Trust has adopted an internal standard of 25-working days. Each month all Formal Complaints and PALS Concerns are monitored for response performance, and reported quarterly. Complaints that are of a more serious nature and those that are also following the incident routes are allocated 40 working days for a response due to the complexity of the case and investigation required. The graph below shows the performance against the agreed timeframes for Formal Complaints per month. The Trust experienced a drop in performance between September 2014 and March 2015 the lowest month was January when it was 47%. This poor performance was proactively managed by the Complaints Team, the Directorates and the Executive Team. The corrective action taken was successful which resulted in a recovery of 70% in February and 71% for March.

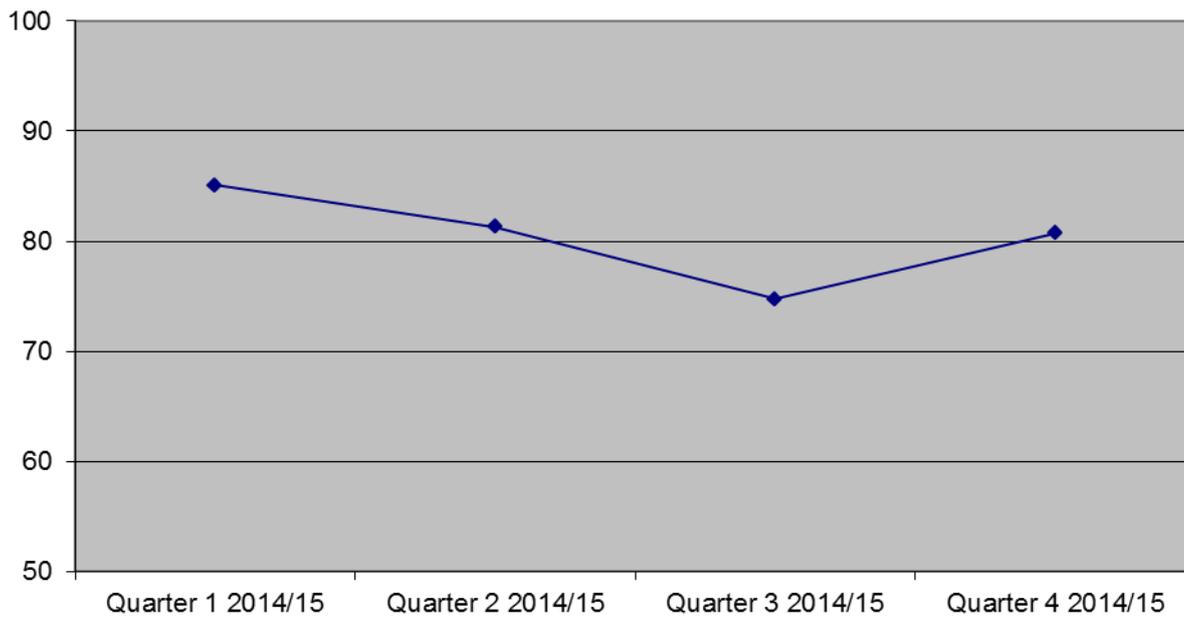


The graph below shows the overall performance for responding to PALS Concerns and Formal Complaints per month, as well as a combined performance for all concerns (PALS Concerns & Formal Complaints)



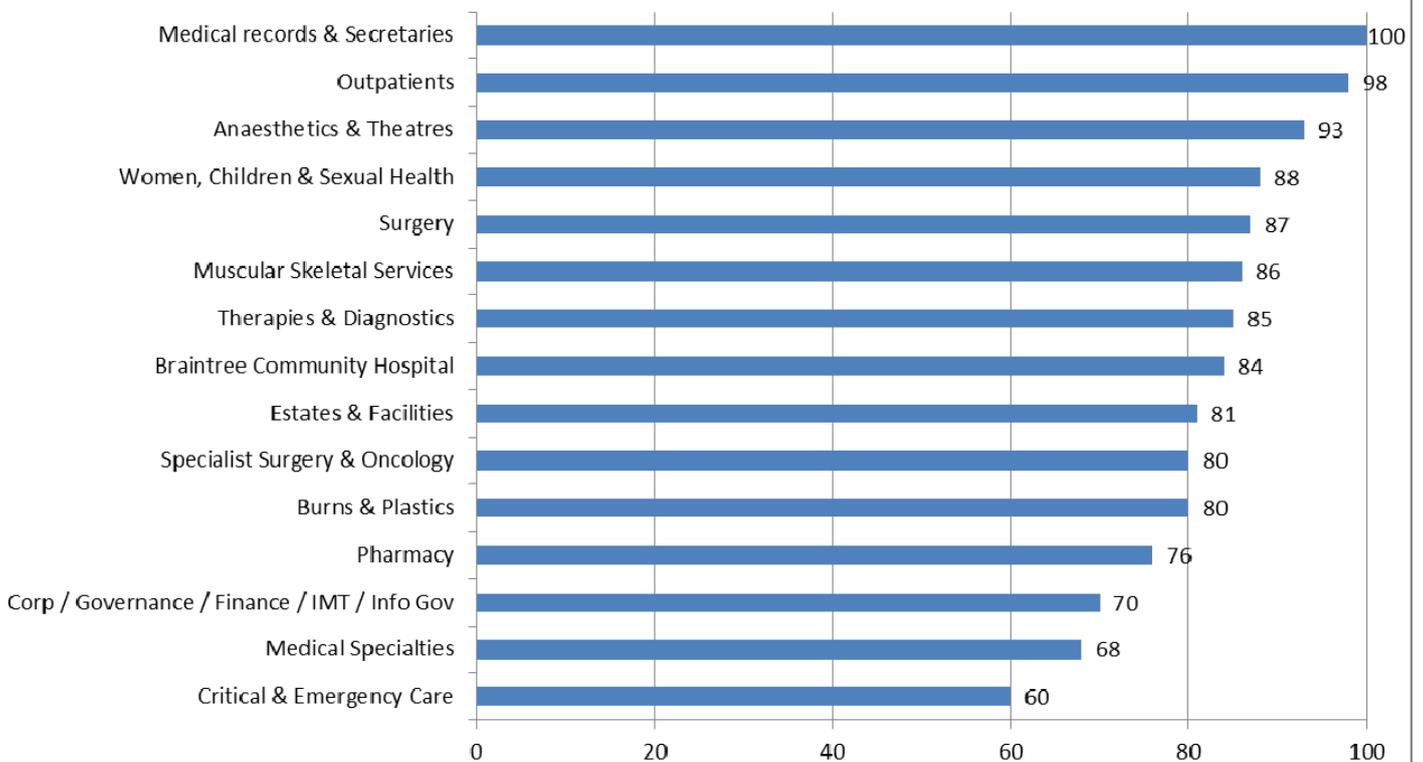
The graph below shows the cumulative performance per quarter for responding to PALS Concerns and Formal Complaints within the agreed timeframes

Overall percentage per quarter 2014/15



The table below shows the overall performance per Directorate for responding to concerns (PALS Concerns & Formal Complaints) within the agreed timeframe.

% responded to within agreed timeframe per Directorate (PALS Concerns & Formal Complaints)



The Directorates who continue to require additional support to sustain performance for response rates are:

- Critical and Emergency Care
- Medical Specialties
- Corporate Services
- Pharmacy

12 CONCLUSION

The Trust has found it challenging to maintain the performance of response rates during the busy operational months. Valuable lessons have been learnt this year that have resulted in additional support being provided within the Directorates and within the Complaints Team alongside a new framework of monitoring and escalation to ensure any small drop in performance is noted and acted upon.

All feedback received via complaints is triangulated with all other feedback received. This has proved invaluable to inform learning and ensure we focus upon the areas for action that will make the biggest difference to the experience of our patients

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