

Annual Report for Complaints and Patient Advice & Liaison Service (PALS) 2015/2016

September 2016



1. Introduction

This Annual Report provides an analysis of the complaints received by the Trust from April 2015 to March 2016. The report identifies and quantifies the complaints and PALS received in 2015/2016, 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 **2136** concerns raised in 2015/16 (all Formal Complaints and PALS Concerns) which represent 0.25% of the total Trust activity for the same time period.

The total number of **Formal Complaints** received by the Trust for 2015/16 was **436** compared to **444** the previous year this is a slight decrease of 1.8%. The total number of Formal Complaints received represented 0.05% of the total Trust activity for the same time period. **90** of these formal complaints were Red RAG rated.

The total number of **PALS Concerns** received by the Trust for 2015/16 was **1700** compared to **1354** the previous year. This is an increase of **26%**. This increase is seen as a positive, in that patients and visitors are more aware of the PALS Service, and more concerns are being addressed quickly rather than escalating into formal complaints. The 1700 PALS Concerns represents 0.20% of the total Trust activity.

The total number of **Enquiries** that were logged for this year was **1049** compared to **1073** in the previous year. These enquiries are all dealt with directly by the PALS Department without the need to pass onto Directorates to respond. All enquiries are where the patient or service user has made contact with the PALS Department to request information or enquire about services, and the PALS team have been able to obtain the information and resolve the enquiry directly.

The Trust received **548** letters of **Praise** compared to **487** in the previous year; this is an increase of **12.5%**. In addition to this, the PALS & Complaints Team were informed of 233 additional thank you's received directly into various wards and departments, although it is recognised that only a handful of wards provided this information during the year. Many more letters and cards of thanks are received in wards and departments throughout the Trust on a daily basis.

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 **83%** compared to **81%** in 2014/15, and increase of **2%**.

The performance for **Formal Complaints** for the year was **82%** compared to 79% for the previous year; an increase of 3%.

The performance for responding to **PALS Concerns** for the year was **83%** compared to 81% in 2014/15; an increase of 2%. The Divisions and the Pals and Complaints team are to be commended for this increase in performance which makes a positive difference for our complainants.

4. Overview of concerns received in 2015/16

A total of **3733** records were logged onto the Datix Database during 2015/16, this figure includes praise, enquiries, all PALS Concerns records and Formal Complaints (2136 of these records were PALS Concerns and Formal Complaints).

Praise	Enquiries	PALS	Formal Comp	TOTAL
547	1049	1700	436	3733

- The total number of records recorded by the PALS & Complaints Team has increased from 3358 last Financial Year (2014/15) to 3733 this Financial Year – an additional 375 records logged (increase of 11%)
- The number of Formal Complaints reported has decreased by 8, from 444 in Financial Year 2014/15 to 436 this Financial Year (decrease of 1.8%)
- The number of PALS concerns reported has decreased from 1354 to 1700, and additional 346 records (an increase of 25.5%). This increase is extremely positive, as it shows that the PALS Service is being accessed by patients and service users more (most likely due to the service being located in an extremely accessible area of the hospital, and the service is being highlighted throughout the hospital via leaflets and posters) and the issues being raised are being addressed and resolved quickly, thus preventing an increase in formal complaints.

The total Trust activity for 2015/16 (including A&E attendances, Day Case admissions, Planned Admissions and all other attendance was **843,083**. The total number of formal complaints and PALS Concerns logged represents 0.25% 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 2015/16	Total concerns (PALS and Formal Complaints)	Formal Complaints	PALS Concerns
	843,083	2136	436	1700
% of overall Trust activity		0.25%	0.05%	0.20%

An average of 178 concerns were logged each month during 2015/16; an average of 36 Formal complaints and 142 PALS concerns. In addition to this an average of 90 Enquiries were received each month.

4.1 Distribution of Complaints and PALS Concerns per Directorate

Directorate	Formal complaints	PALS Concerns	Total
Anaesthetics and Theatres	8	79	87
Braintree Community Hospital	0	16	16
Burns & Plastics	26	108	134
Corporate / Governance	5	66	71
Critical & Emergency Care	82	165	247
Estates & Facilities	5	69	74
Medical records & Secretaries	0	21	21
Medical Specialties	70	217	287
Muscular Skeletal Services	39	120	159
Main Outpatients (incl Patient Access)	15	292	307
Pharmacy	3	19	22
Specialist Surgery and Oncology	41	116	157
Surgery	52	155	207
Therapies & Diagnostics	12	152	164
Women, Children & Sexual Health	78	105	183
Total	436	1700	2136

The above Table shows the Top 4 Directorates which received the highest total number of concerns (Formal Complaints and PALS Concerns) was:

- Main Outpatients (including Patient Access) **307**
- Medical Specialties **287**
- Critical & Emergency Care **247**
- Surgery **207**

5. Red Rag Rated Complaints

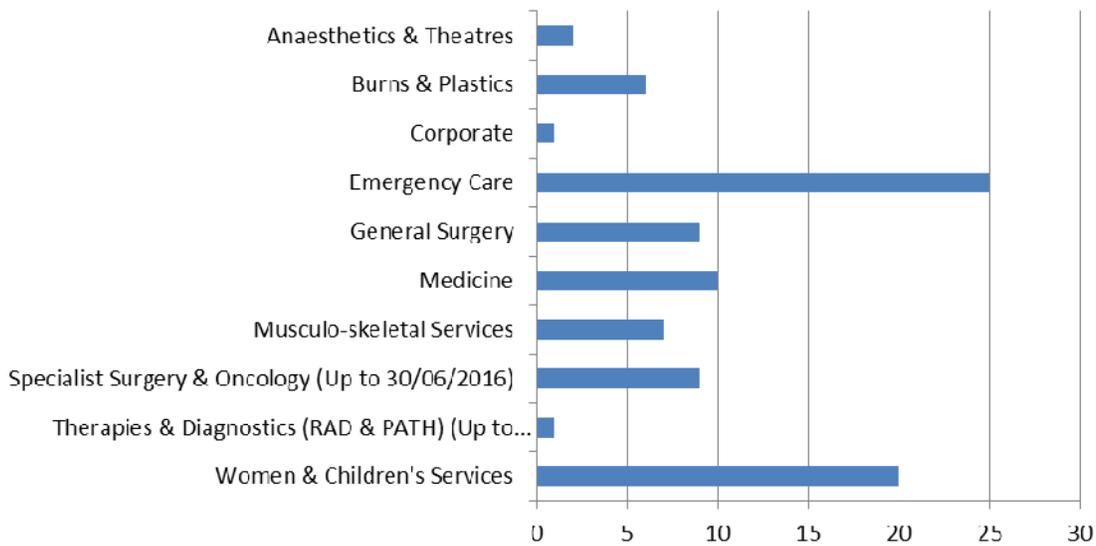
For an explanation of RAG rating, please see appendix 1

Of the 436 Formal complaints received in this year **90** were RAG rated as Red. This compares with 70 (15.7%) of the 444 Formal complaints received last year.

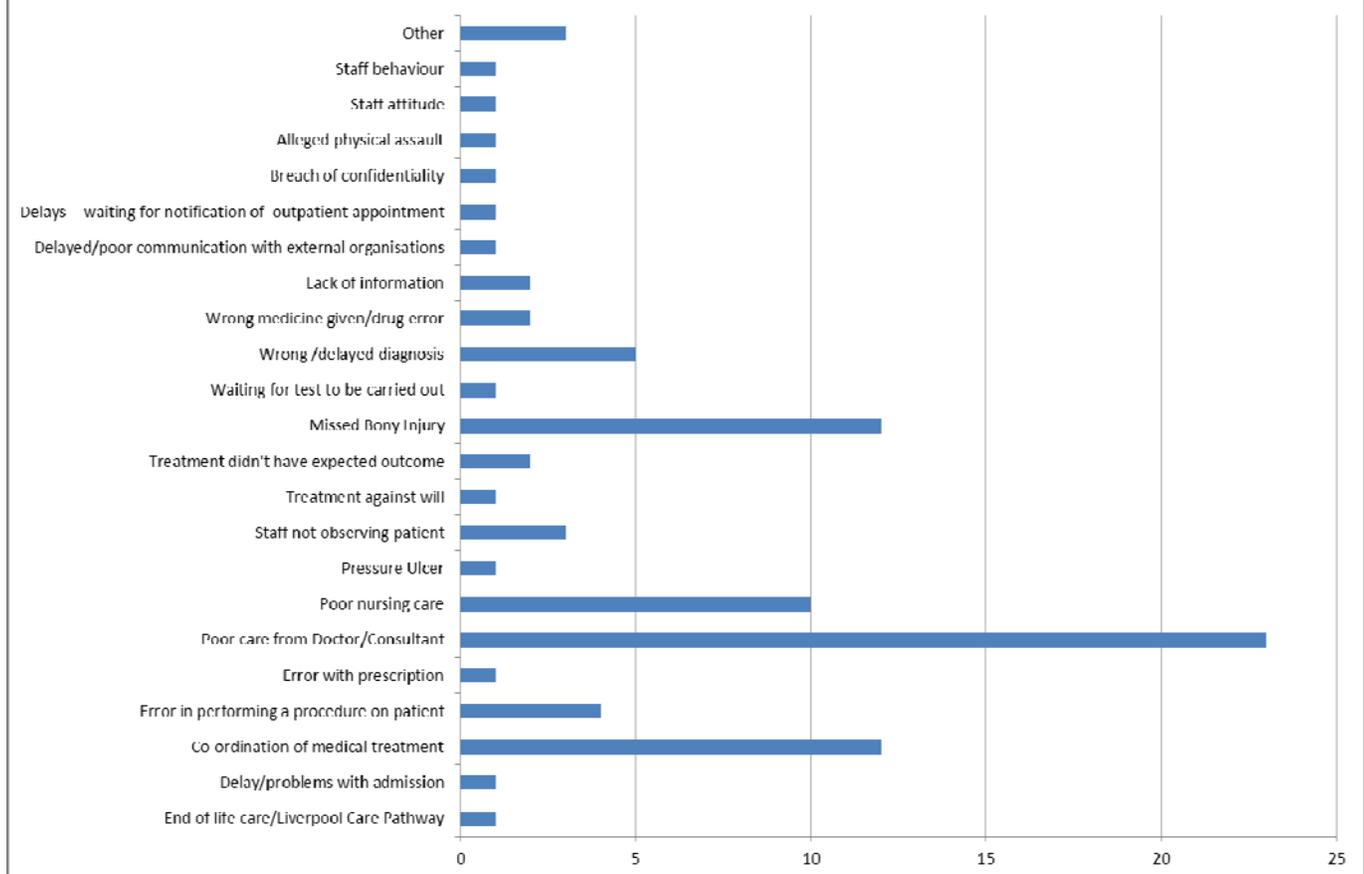
70 of the Red RAG Rated complaints were investigated through the Complaints Process. The other 20 were logged as joint complaints, and these were monitored through the Serious Incident Management Group (SIMG) and reported in line with the Trust's Incident reporting procedures.

The Clinical Directorates who had the highest number of Red RAG rated complaints was Emergency Care who had 25 and Women's & Children's Services had 20.

Red Rag Rated Complaints by Directorate admitted



Red RAG Rated complaints by Sub-Subject



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 436 Formal Complaints Received, 51 were fully upheld, 268 were partially upheld and 117 were not upheld.

7. Recurrent Themes for Concerns raised Trust Wide

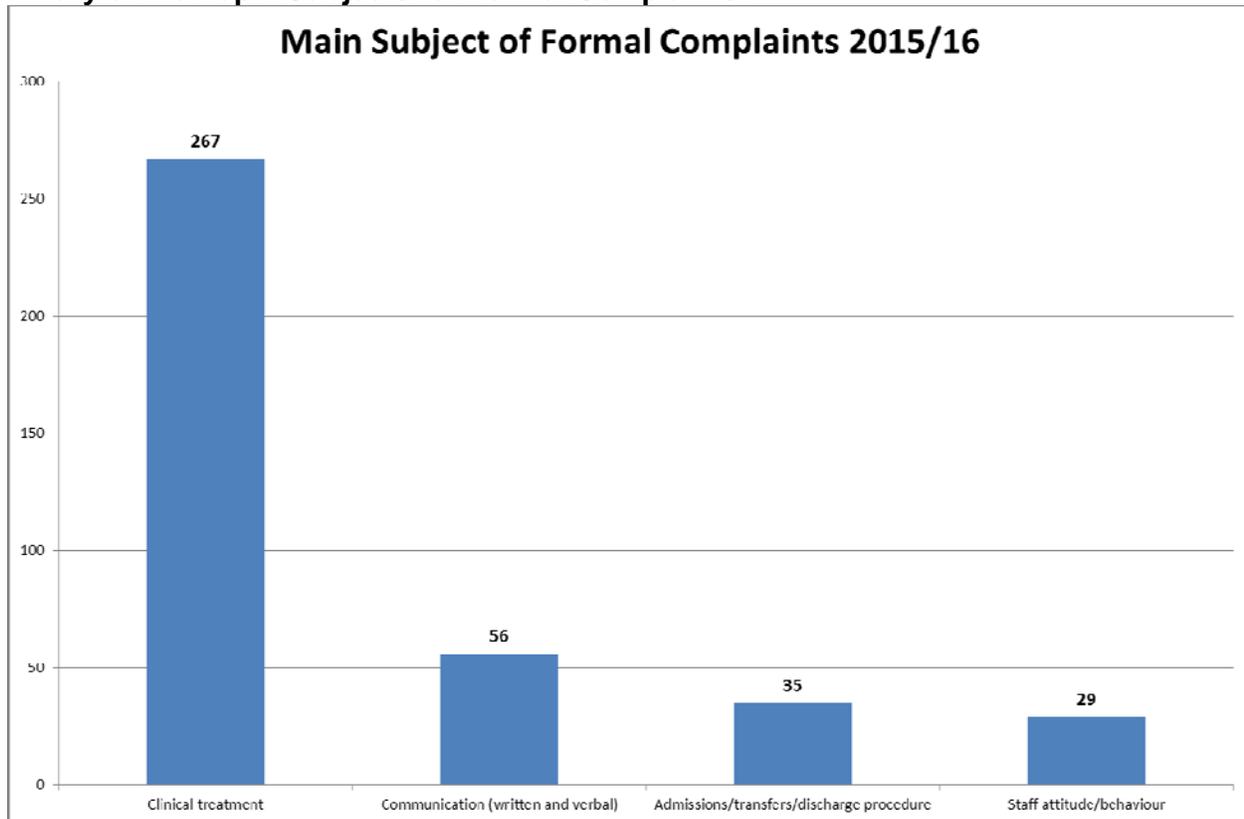
When PALS Concerns and Complaints are logged onto the Datix Database, information is recorded for each record, including the main Directorate the concern relates to, the main subjects, and the ward/department the concern relates to. All main subjects have sub-subjects to enable closer scrutiny and identification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

7.1 Formal Complaints analysis

The four Directorates receiving the highest number of Formal Complaints for this Financial Year were:

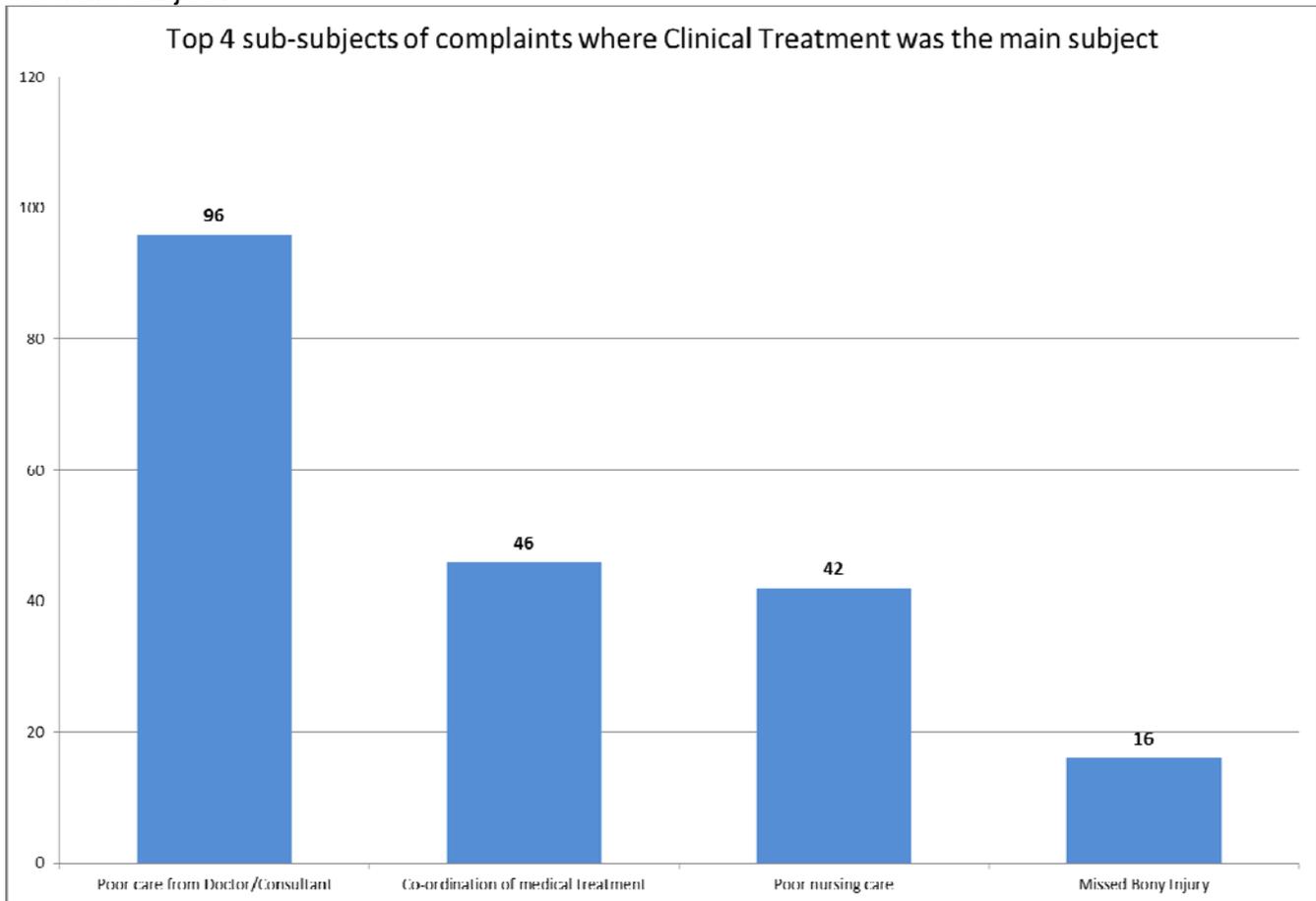
1. Critical & Emergency Care **82** (last year 97)
2. Women's and Children's **78** (last year 81)
3. Medical Specialties **70** (last year 95)
4. Surgery **52** (last year 32)

Summary of the Top 4 Subjects for Formal Complaints:



7.1.1 Breakdown of Complaints for Clinical Treatment

The graph below shows the top 4 sub-subjects of the 267 complaints where Clinical Treatment was the main subject.



The Directorates receiving the highest number of complaints about Clinical Treatment were:

- Women's & Children's Services (**65** formal complaints regarding Clinical Treatment)
- Emergency Care (**49** formal complaints regarding Clinical Treatment)
- Medical Specialities (**40** formal complaints regarding Clinical Treatment)
- Surgery (**35** formal complaints regarding Clinical Treatment)

Women's & Children's Services

Themes of complaints were:

- **Clinical Treatment**
- **Communication**
- **Staff attitude**

Lessons learnt and Actions taken from the identified Trends

The maternity services had 4524 births in the 2015/16 Financial Year. The number of Formal Complaints regarding Maternity Services (excluding Gynaecology and Children's Services) represents 0.68% of complaints versus number of births.

Action was taken to reduce the number of patient placed as outliers on Gosfield Ward as this was having an impact on the level of planned gynaecology surgery/procedures that had to be cancelled.

The key changes that have been introduced as a result of the feedback received from complainants are highlighted below:

Maternity Services

- Complaint trends are monitored and communicated to the multidisciplinary team via the Monthly governance and Audit meetings and the Divisional Newsletter
- Mandatory training incorporates learning from trends
- Supervisors of Midwives/Lead Nurses meet with staff for reflection
- Daily safety huddles enable the discussion of themes from complaints ensuring a multidisciplinary approach to solutions
- Hot Topics memo used to reinforce changes required or made
- Introduced evening antenatal clinics
- Now provide flexible antenatal and postnatal appointments closer to home
- To minimise the delay of Caesarean Sections and Inductions of labour have improved the process of how they are booked and managed
- Hypnobirthing classes introduced
- Changes to clinical guidelines made where appropriate

Poor nursing/midwifery care in Women and Children

- Extra clinics introduced: Midwife led Perineal Trauma clinic, NIPE (Newborn and Infant Physical Examination) clinic, Community midwives out of hours clinics
- Improved staffing levels across all services following recruitment drive
- Telephone triage implemented in the Day Assessment Unit
- Doctor's rotas reviewed/changed across Women's & Children's Services
- Additional equipment purchased for the Birthing Units, Acute services
- Paediatric ED incorporated into Women and Children
- New induction pack implemented for Agency staff (midwives/nurses)
- Waiting times reduced for Paediatric & Gynaecology clinics across service

Lack of information

- All modes of Patient information reviewed
- Guidelines for Women's & Children's services now available on the Trust internet

Emergency Care Directorate

Themes of complaints were:

- **Missed diagnosis**
- **Missed fractures**
- **Poor communication**

The rate of missed fractures for the Trust (0.8%) is below the national rate of 5%.

The Directorate escalate where appropriate any complaint via the SIMG process. All complaints are reviewed at the Directorate monthly governance meetings where actions are discussed and agreed. Where lessons have been learnt these are shared at the Serious Incident Learning Initiative (SILI) meetings, these are monthly for Emergency Department teams.

Lessons learnt/Action taken

- The Directorate has re-configured the process of reviewing radiology reports with support from colleagues in the Radiology Department. All reports from the last 24 hours are reviewed electronically through the PACS system by the Emergency Department Consultants.
- The Emergency Department consultants have also been given access to the lung cancer pathway for suspected malignancy on chest films.
- The Directorate carried out an audit on missed fractures, a higher percentage of missed fractures were found in paediatrics, as a direct result of this all Paediatric images are now reviewed by a senior doctor prior to their discharge.
- All patients attending with neck injuries have their c-spine cleared by doctors competent to do so (competence is gained either through completion of Advanced Trauma Life Support (ATLS) course, or direct teaching and clinical supervision).
- The importance of communication to patients and within the team is emphasised to all staff at the local induction of all new staff, including junior doctors. This is also reinforced at the daily safety huddles.
- The key challenge for A&E is the level of vacancy at Consultant and middle grades level when needing to review all radiological images prior to discharge.

Medical Specialities Directorate

Themes of complaints were:

- **Clinical Treatment**
- **Poor Communication**
- **Delays in accessing treatment**

Lessons Leant /Actions Taken

The Directorate has implemented safety huddles on all inpatient wards. This ensures that important safety information is communicated to all members of the team. The Directorate recognized that families were not always kept updated in a timely manner when an incident has occurred such as a fall, as a result of this is now recorded as part of the incident report and is handed over during the safety huddle.

The learning from complaints is disseminated to the relevant team via the following routes:-

- E-mail to all staff sharing the key learning points
- Standing agenda item on all Ward meetings
- Standing agenda item on the Directorate Clinical Governance meetings
- Communication books
- Shared learning at Sisters meetings

A Matron's huddle has also been implemented where learning is shared from complaints and now Vital Pac is used to identify the unwell patients who are at risk of deterioration and where staff may require additional support. This information helps the senior team to ensure that the staffing resources are directed towards the areas of greatest need.

Communication surrounding end of life was also a key theme. To address this, the Directorate staff have actively participated in the end of life training, and have enrolled in the scheme and have implemented the end of life care plan throughout the Directorate. The medical team has been actively encouraged to be included in all these initiatives. The Directorate aims to guarantee that nursing staff will accompany medical staff to important family meetings to ensure consistency of the feedback being given. They are also trialing the GSF (Gold Standard Framework) prognostic indicator on Felsted and Baddow Wards. This relates to End of Life care.

The Directorate was proactively involved in the Culture listening events which enable patients and their families to tell their stories and feedback their experiences. This has proved to be a powerful method of identifying areas that require improvement as we sometimes fail to listen to our patients

Surgery Directorate

Themes of complaints were:

- **Clinical Treatment**
- **Poor Communication**
- **Staff attitude**

Lessons learnt/Actions taken

The Directorate has improved the management of complaints by offering face to face meetings with patients and relatives, and quick initial telephone calls to complainants to reassure them that concerns are being dealt with, led by the Clinical Director and Matron for Surgery, and locally by the Ward Sisters/Charge Nurses.

The Directorate has fed back concerns, actions and changes in practice at ward staff meetings and daily ward huddles and logged information cascaded in the ward daily diary.

Learning from Root Cause Analysis (RCA's), Serious Incidents (SI's) and incidents has also been cascaded at daily Huddles and ward staff meetings to ensure all staff are kept up-to-date with what has happened in their own areas and other areas.

The Surgery Directorate has commenced a monthly newsletter with all staff information, governance information and Time to Shine praise and congratulations for staff concerned.

Governance and audit meetings are held monthly within the directorate/division where learning from incidents, audit, and actions taken are cascaded to both nursing and surgical medical staff.

Since the Trust commenced Time to Shine (terrific tickets, department of the month and staff member of the month) staff and teams within the Surgery Directorate have achieved many of these awards.

7.1.2 Communication (Written and verbal)

32 complaints were received during the Financial Year regarding written communication. Lack of communication between departments was the main sub-subject with 6 concerns raised, followed by delayed/poor communication with external organisations where there were 5 complaints. Other themes included discharge summaries that were incorrect or had not been sent and information in outpatient letters.

85 Complaints were made where the main subject was verbal communication. The main theme for this area was of lack of information and 29 complaints were logged for this. This was followed by 9 complaints where the sub subject was poor care from a Doctor/Consultant and next was 7 complaints where the sub subject was co-ordination of medical treatment.

7.1.3 Admission, Transfer, Discharge Procedure

54 complaints were received regarding this subject. Discharge planning was the main sub-subject of these complaints, with 20 complaints logged. This was followed by 10 complaints regarding decision to discharge and 6 complaints in respect of lack of information.

7.1.4 Staff Attitude/Behaviour

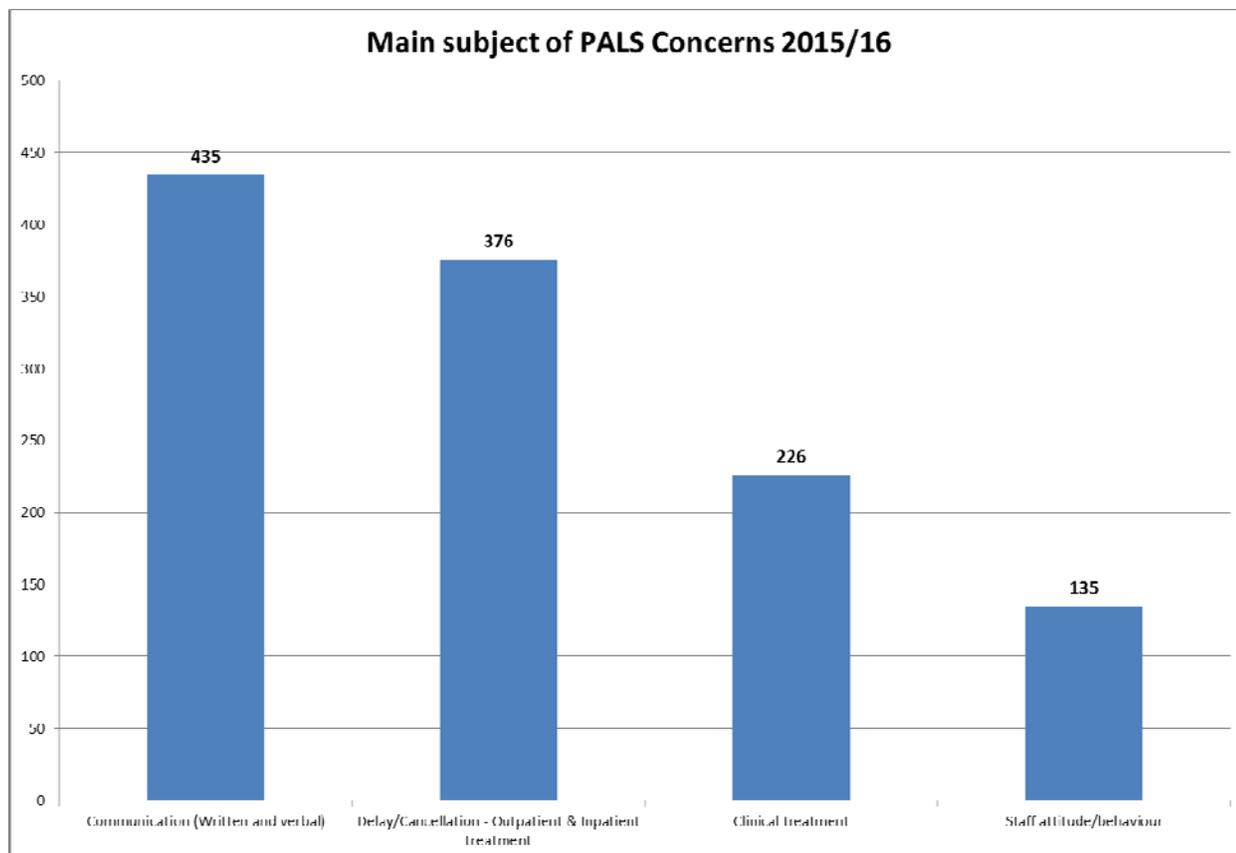
55 complaints were logged under this subject. 22 of these had a sub subject of staff attitude. 8 were in relation to poor care from a Doctor/Consultant and 4 were with regard to poor nursing care.

7.2 PALS Concerns Analysis

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

1. Outpatients (including Patient Access) – **292** (last year 214)
2. Medical Specialties – **217** (last year 163)
3. Critical and Emergency Care – **165** (last year 133)
4. Surgery – **155** (last year 109)
5. Therapies & Diagnostics – **152** (last year 120)

Summary of the Top 4 Subjects for PALS



7.2.1 Communication (Written and verbal)

144 PALS Concerned were received regarding written communication. Of these lack of communication between departments formed 33 of these concerns, followed by information in outpatient letters which had 32 concerns and 11 concerns were raised in relation to failure to notify a patient regarding a change or cancellation.

291 PALS Concerns were raised regarding verbal communication. Of these 143 of these had a sub subject of lack of communication, 55 were regarding wrong information given and 35 were about the Automated Telephone Service

7.2.2 Delay/Cancellation – Outpatient and Inpatient Treatment

Delay in cancellation of inpatient treatment was the main subject for 88 PALS concerns received this Financial Year. 41 concerns had a sub subject of inpatient treatment delay for surgery date or wait time. This was followed by 21 concerns regarding inpatient treatment cancellation on the day of admission and 12 concerns in relation to inpatient treatment cancellation prior to admission day.

Delay in cancellation of outpatient treatment was the main subject for 288 PALS concerns received. 154 concerns had a sub subject of delays in waiting for notification of an outpatient appointment. This was followed by 38 concerns regarding delays in outpatient clinic on the day of the appointment and 27 concerns in relation to appointment cancellation on more than one occasion.

7.2.3 Clinical Treatment

68 PALS concerns were received for this subject where the main sub subject was co-ordination of medical treatment. This was followed by treatment that did not have the expected outcome which received 64 concerns. 23 PALS concerns were logged as having poor care from Doctor/Consultant.

7.2.4 Staff Attitude and Behaviour

Of the 135 PALS concerns received for this subject, 103 of these had staff attitude as their sub subject and 24 were regarding staff behaviour.

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

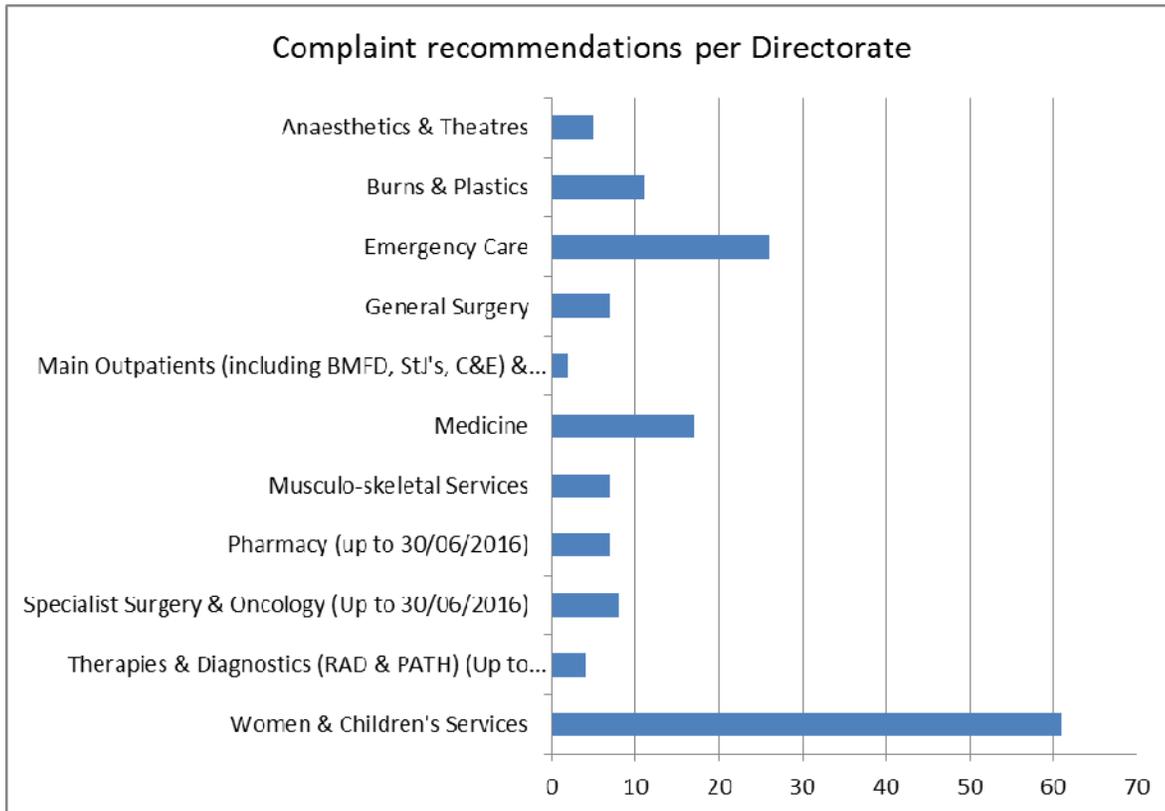
To support the Directorates the PALS & Complaints Managers have been providing training and support for staff who undertake complaint investigations. This takes place on a bi-monthly basis. These training sessions ensure that staff members are clear on the Trust's philosophy of being open, honest and 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.

8.1 Learning from Complaints - Number of specific Complaint Recommendations 2015/16

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 155 recommendations were recorded onto the Datix Database during 2015/16. As is demonstrated below the Women & Children Directorate made, by far, the most recommendations during this financial year. The Emergency Care Directorate made the second highest number of recommendations, closely followed by the Medical Specialties Directorate.



9. Lessons Learnt from Complaints and the monitoring of key themes

A summary of the Trust-wide learning and improvements that have been put in place during 2015/16 is listed below. These changes are due to the Trust listening to our patients and visitors, and taking action on this feedback to improve our services.

- Implemented the new Trust Values and Behaviors that are: At our best we are a:

Kind, Professional Positive Team

- Developed a Culture Project Board that is chaired by Cathy Geddes Chief Nurse which is ensuring the delivery of the work streams that were identified by over 350 patients during Culture Week in September 2015. These work streams will make a positive difference to patient care.
- Refurbished the Bereavement Suite to provide a comfortable and calm environment for families and relatives to visit.

- Improved the care for dementia patients through the provision of a dementia garden, the introduction of pet therapy and music on the wards and by providing free TV during peak hours.
- Introduced WIFI in all patient areas.
- Introduced a personal telephone line for the automated telephone service for friends and family in office hours that enables patients to talk to a person to give their feedback.
- Patient Experience Team continue to provide in house customer care training and supervision to front line staff where staff attitude has been highlighted as an issue.

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 2015/16 Cases

During Financial Year 2015/16 the Trust supplied the Parliamentary & Health Service Ombudsman (PHSO) with copies of 9 complaint files. This compares to 7 records the previous year in 2014/15, 15 cases in 2013/14 and 18 cases in 2012/13. Of these, five cases (55.6%) were not upheld by the Ombudsman, and the cases were closed with no further action required by the Trust. Three cases were reported on by the Ombudsman and the Trust had recommendations to action. One case was referred back the Trust for further local resolution.

The Table below shows the 9 cases per Directorate:

Directorate	Number of cases to the PHSO
Anaesthetics & Theatres	1
Burns & Plastics	1
Medical Specialties	3
Muscular Skeletal	2
Women's & Children's Services	2

10.2 Reports by the Ombudsman 2014/15

The Parliamentary & Health Service Ombudsman reported on ten complaint cases regarding this Trust during 2015/16 as shown in the table below (many of these cases were first sent to the Ombudsman in previous FYs). Six of these cases were either fully or partially upheld, with recommendations made to the Trust for actions. Three cases were not upheld and the PHSO discontinued their investigation into one case as the Trust agreed to see the patient for follow-up treatment in the outpatient clinic, which resolved the complaint. Details of each of the cases are listed the table below:

Complaint received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
April 2015	Anaesthetics & Theatres (Theatres)	Patient experienced problems with her hand following the siting of a cannula for surgery	Complaint not upheld by the PHSO – case closed, no further action required by the Trust.	N/A
December 2010	Medical Specialties (General Medicine)	Concerns about care of patient regarding tumour diagnosis and strokes	Complaint partially upheld Recommendations made: 1. The Trust to acknowledge the likely link between the patient's tumour and the strokes	N/A
October 2013	Therapies & Diagnostics (Ultrasound)	Complaint about management of hernia and inadequate communication. Also concerns regarding complaints handling.	Complaint not upheld by the PHSO – case closed, no further action required by the Trust.	N/A
June 2013	Outpatients (Patient Access)	Concerns about the waiting time for surgery and mismanagement of 18-week pathway	Complaint partially upheld Recommendations made: 1 Apologise for poor communication regarding 18 week pathway.	N/A
November 2013	Specialist Surgery (Ophthalmology)	Concerns regarding delays in ophthalmic care, which resulted in damage to patient's eye	Complaint upheld . Recommendations made: 1. apologise for the failings identified 2. Support patient in making a claim for clinical negligence 3. Produce action plan detailing lessons learnt	Claim for Clinical Negligence made by patient
November 2013	Muscular Skeletal	Patient underwent knee replacement which resulted in foot drop.	Complaint not upheld by the PHSO – case closed, no further action required by the Trust.	N/A

Complaint received by the Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
March 2015	Burns & Plastics (Plastic Surgery)	Concerns about disfigurement following previous plastic surgery. Funding not approved.	PHSO discontinued investigation. Trust agreed to see patient for follow-up treatment in clinic. Case closed.	N/A
November 2014	Medical Specialties (Respiratory) / Orthopaedics	Delay in identifying patient's infected knee replacement.	Complaint upheld . Recommendations made: 1. Apologise for the failings identified 2. Pay £5,000 in recognition for the injustice 3. Produce action plan detailing lessons learnt	£5,000
December 2013	Emergency Care (EAU)	Concerns regarding nursing care during admission	Complaint upheld . Recommendations made: 1. Apologise for the failings identified 2 Pay £300 in recognition of the impact of the failings identified 3. Produce action plan detailing lessons learnt	£300
December 2014	Medical Specialties (General Medicine)	Concerns regarding nursing care during admission, and also concerns regarding discharge planning	Complaint partially upheld . Recommendations made: 1. Apologise that the patient was moved numerous times during admission and for poor discharge documentation.	N/A

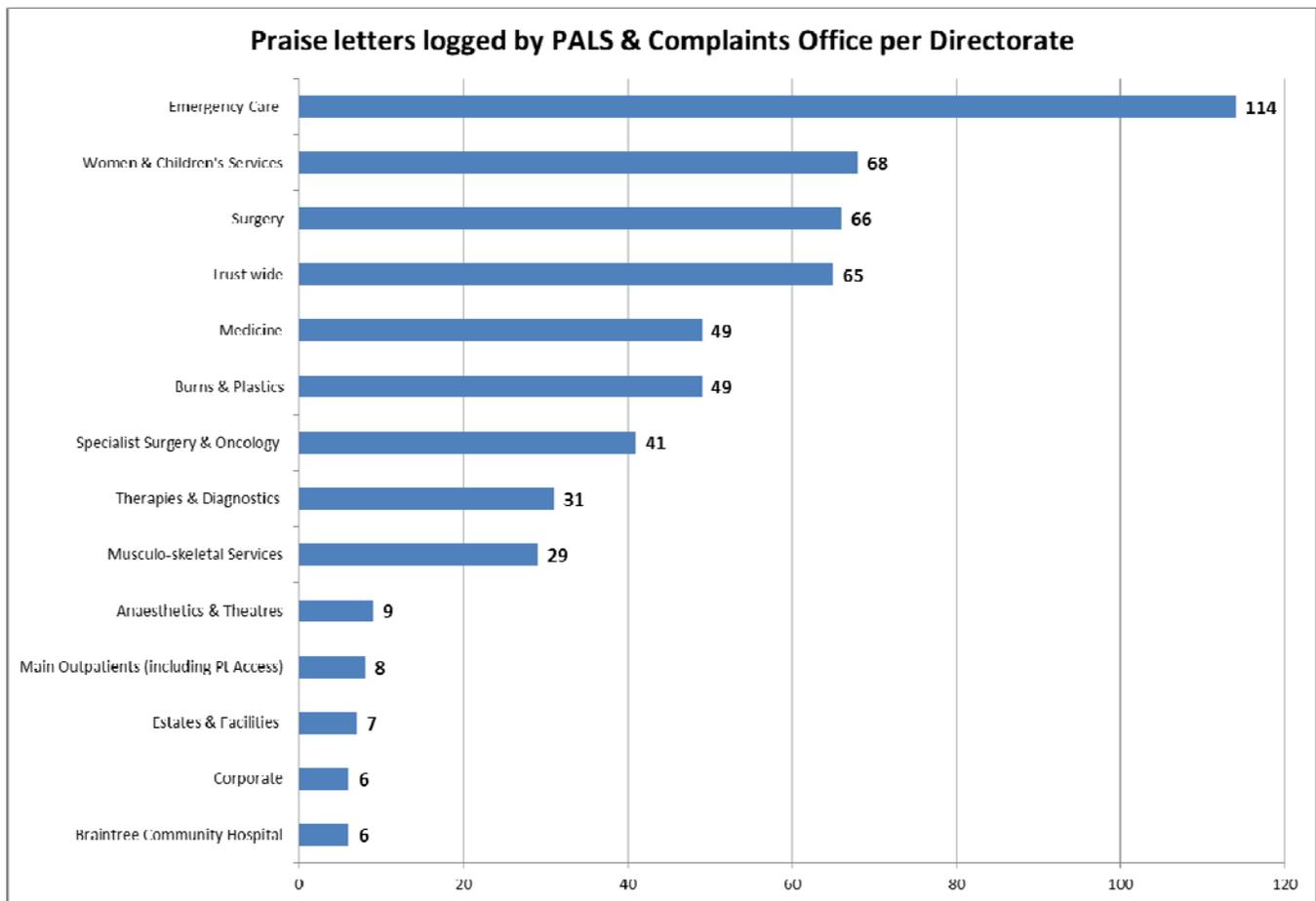
11. Praise

The PALS & Complaints Team log praise letters received by the Corporate Office, letters directly received into the PALS Department, and letters of praise received by wards and departments which are forwarded to the PALS Team. The praise listed below is the total number of these letters recorded onto the Datix Database by the PALS Team.

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 wards and departments are encouraged to inform the PALS Team on a monthly basis of the tally of ‘thank you’s’ received.

The Trust received 548 letters of Praise in 2015/16 compared to 487 in the previous year; this is an increase of 12.5%. The PALS & Complaints Team were informed of an additional 233 thank you’s received directly into various wards and departments. Many of the Wards and Departments around the Trust have not been providing this information; the PALS & Complaints Team are working with the various Directorates to encourage wards and departments to confirm the tally of thank you’s each month to ensure this is recorded.

The Graph below shows the 548 praise letters logged per Directorate:

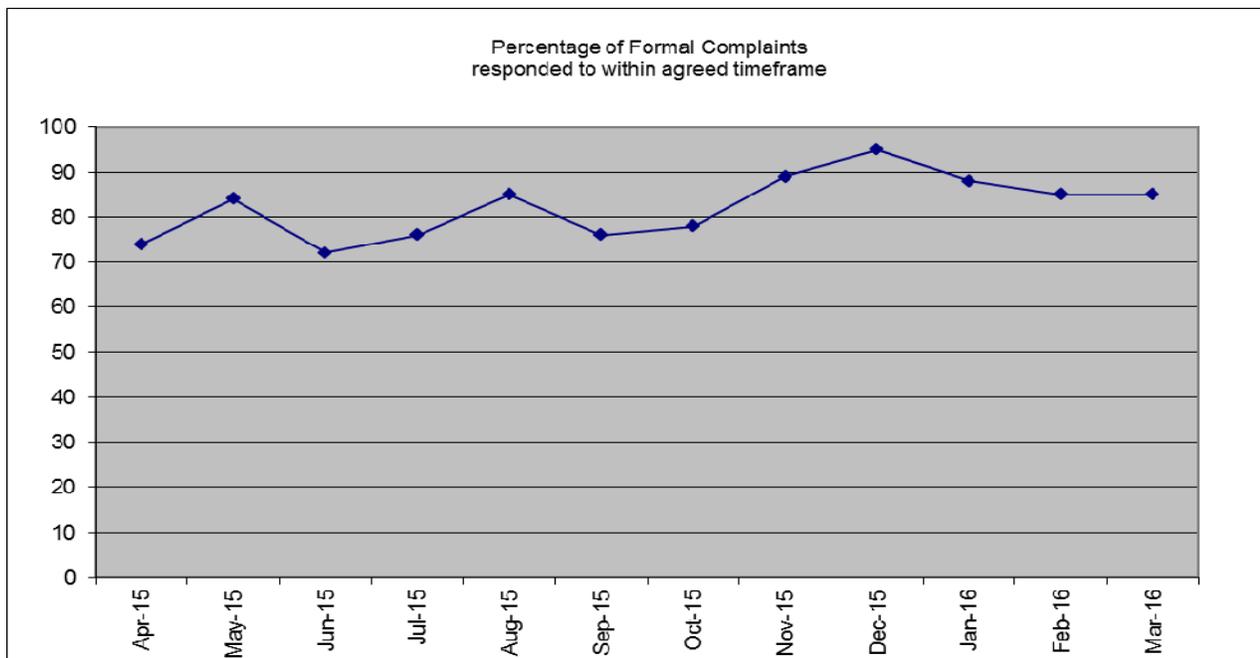


12 Complaint Handling

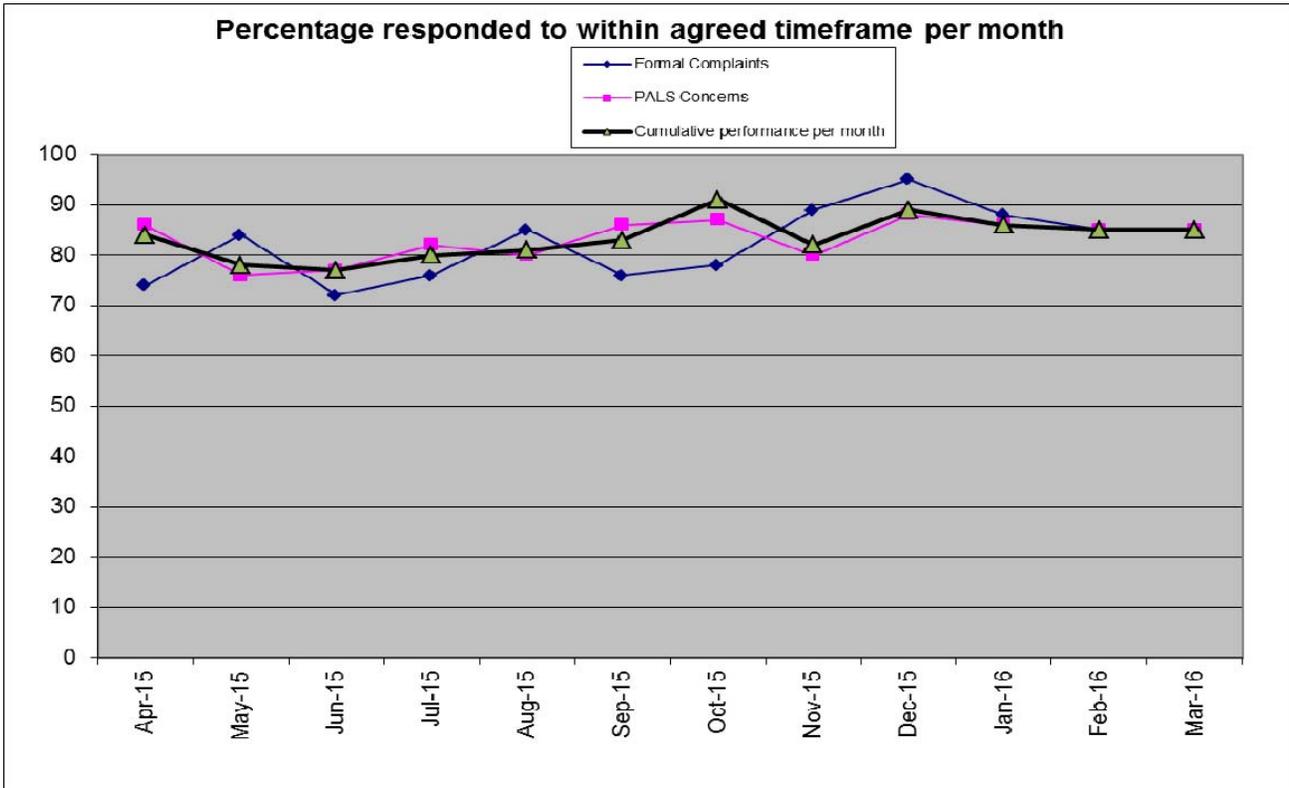
12.1 Performance for Response Rates

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 a longer period of investigation (generally 40-60 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.

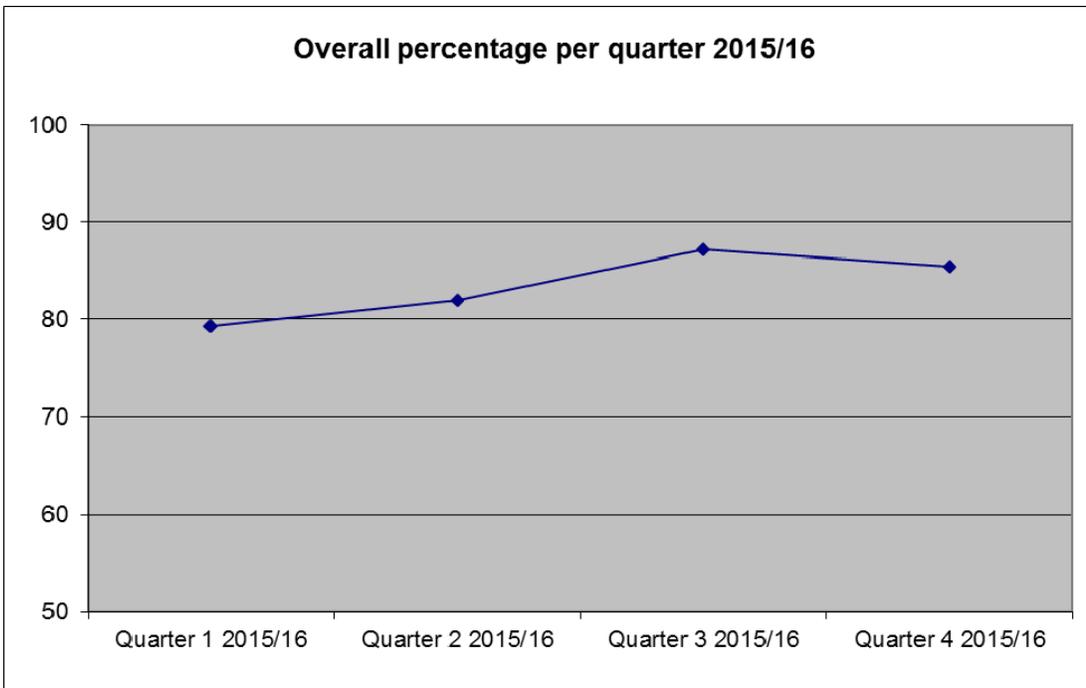
As you can see from the graph, there were some months where a drop below the 80% performance rate was seen. However, from November 2015 the Trust maintained above 80% performance rate for responding to Formal Complaints, and the overall cumulative performance for responding to Formal Complaints within the agreed timeframe for the whole financial year was 82%.



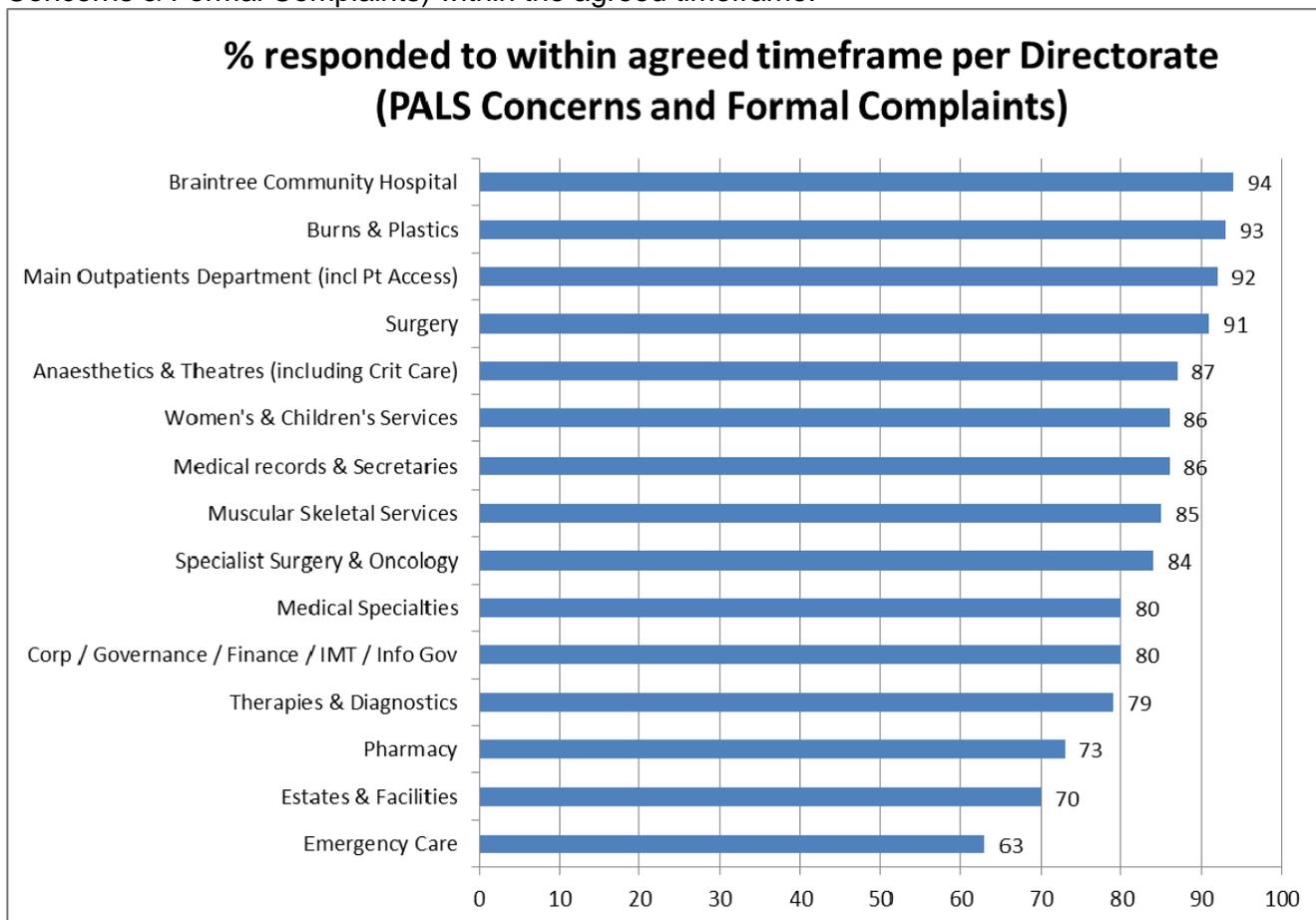
The graph below shows the overall performance for responding to PALS Concerns and Formal Complaints per month, as well as a combined performance for all concerns (PALS Concerns & Formal Complaints)



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



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



The Directorates not achieving 80% or more and therefore require additional support to sustain performance for response rates are:

- Emergency Care
- Estates & Facilities
- Pharmacy
- Therapies & Diagnostics

12 Conclusion

The Trust has seen an increase in the number of contacts made to the PALS & Complaints Team. In particular the number of PALS Concerns has increased, although the Trust has seen a slight decrease in the total number of formal complaints received. This is extremely positive, as it shows that the service is being accessed more by patients and visitors, but concerns are able to be addressed more quickly, therefore preventing Formal Complaints.

The Trust's overall performance for responding to concerns has improved compared to the previous Financial Year, with a total of 83% of PALS Concerns and Formal Complaints being answered within the agreed timeframe compared to 81% in 2014/15.

The Directorates are working more closely with the PALS & Complaints Team and now contribute to the reports regarding learning from PALS & Complaints, ensuring g better ownership and improved patient experience across the Trust.

AUTHORS

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Rag Rating of 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.