

# Annual Report for Complaints and Patient Advice & Liaison Service (PALS) 2016/2017

July 2017



## 1. INTRODUCTION

This Annual Report provides an analysis of the complaints received by the Trust from April 2016 to March 2017. The report identifies and quantifies the complaints and PALS received in 2016/2017, 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 **2378** concerns raised in 2016/17 (all Formal Complaints and PALS Concerns) which represent **0.28%** of the total Trust activity for the same time period. This is an increase of 11% compared to 2136 concerns recorded last year (although still only 0.28% of the total Trust activity).

The total number of **Formal Complaints** received by the Trust for 2016/17 was **471** compared to **436** the previous year this is an increase of **8%**. This does not appear to be a rise in any one particular Division. The total number of Formal Complaints received represented 0.05% of the total Trust activity for the same time period. **82** of these formal complaints were Red RAG rated compared to 90 in the previous year.

The total number of **PALS Concerns** received by the Trust for 2016/17 was **1907** compared to **1700** the previous year. This is an increase of **12%**. This is the second year running that the PALS Serviced has seen such an increase. This is seen as extremely positive, and shows that issues being raised are being addressed and resolved quickly, thus preventing these cases from escalating into formal complaints.

The total number of **Enquiries** that were logged for this year was **1021** compared to **1049** 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 **704** letters of **Praise** compared to **548** in the previous year; this is an increase of **28.5%**. In addition to this, the PALS & Complaints Team was informed of **1418** additional thank-you's received directly into various wards and departments. Not all wards and departments provide this information to the PALS & Complaints Team, but it is pleasing to note that many more are providing this information compared to the previous year. Many 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. It is pleasing to note that this year the Trust's combined performance for the year was **88%** compared to **83%** in 2015/16, and increase of **5%**.

The performance for **Formal Complaints** for the year was **93%** compared to 82% for the previous year; an increase of **11%** this is an excellent improvement. At the time of writing the report there were

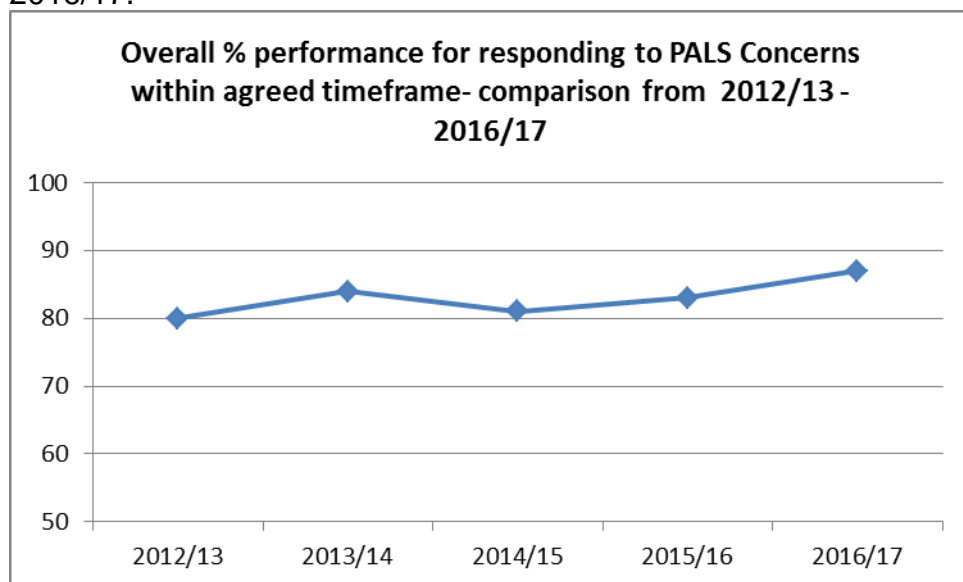
18 Formal Complaints still active and within the agreed timeframe these will be monitored closely to minimize any reduction in performance.

The performance for responding to PALS Concerns for this year was **87%** compared to **83%** in 2015/16; an increase of **4%**. At the time of writing the report there were 22 PALS Concerns still active and within the agreed timeframe, these will be monitored closely to minimize any reduction in performance.

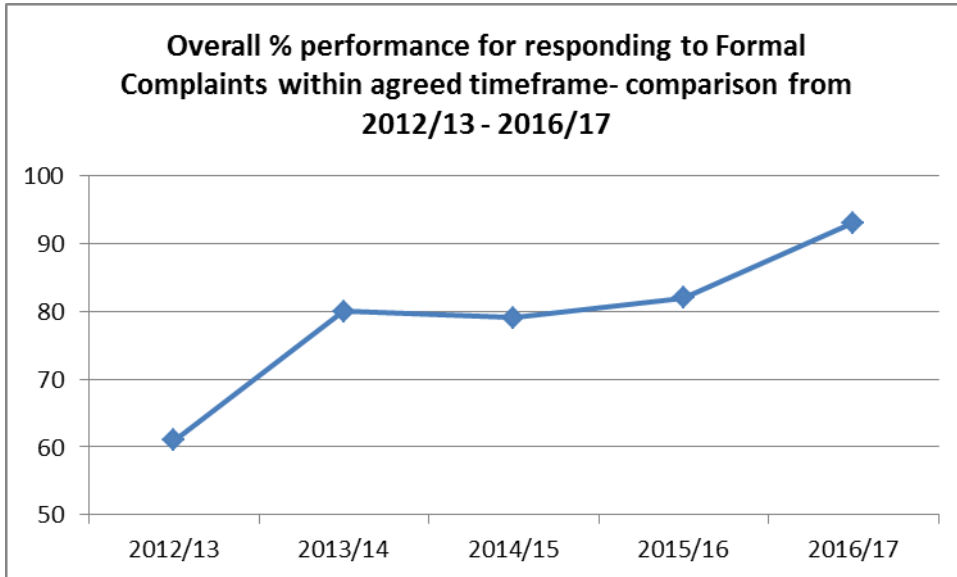
The Divisions and the PALS and Complaints team are to be commended for this increase in performance which makes a positive difference for our complainants. It should be noted that performance is maintained by extending time frames where required, in communication with the complainant, when delays occur in the investigation.

The graphs below show the cumulative percentage performance for responding to PALS Concerns, Formal Complaints, and all concerns combined (PALS Concerns and Formal Complaints) per year since 2012/13. You can see the improvements made by the Trust in this period compared to previous years.

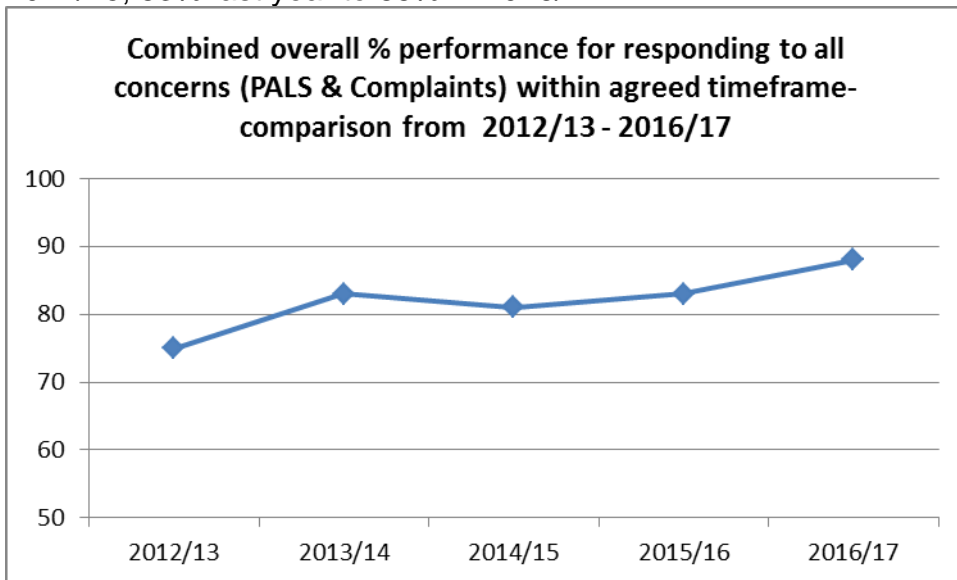
PALS Concerns performance has improved, rising from 80% in 2012/13, to 81% in 2014/15 to 87% in 2016/17.



The performance for responding to Formal Complaints within the agreed timeframe in 2012/13 was 61%. Performance was at 79% in 2014/15, and continued to improve to 82% in 2015/16, with 93% of Formal Complaints being responded to within the agreed timeframe in 2016/17 which clearly demonstrates a year on year improvement from 2014 onwards.



Overall the Trust's performance for responding to all concerns (combined cumulative response rates for responding to PALS Concerns and Formal Complaints) rose from 75% in 2012/14 to 81% in 2014/15, 83% last year to 88% in 2016/17.

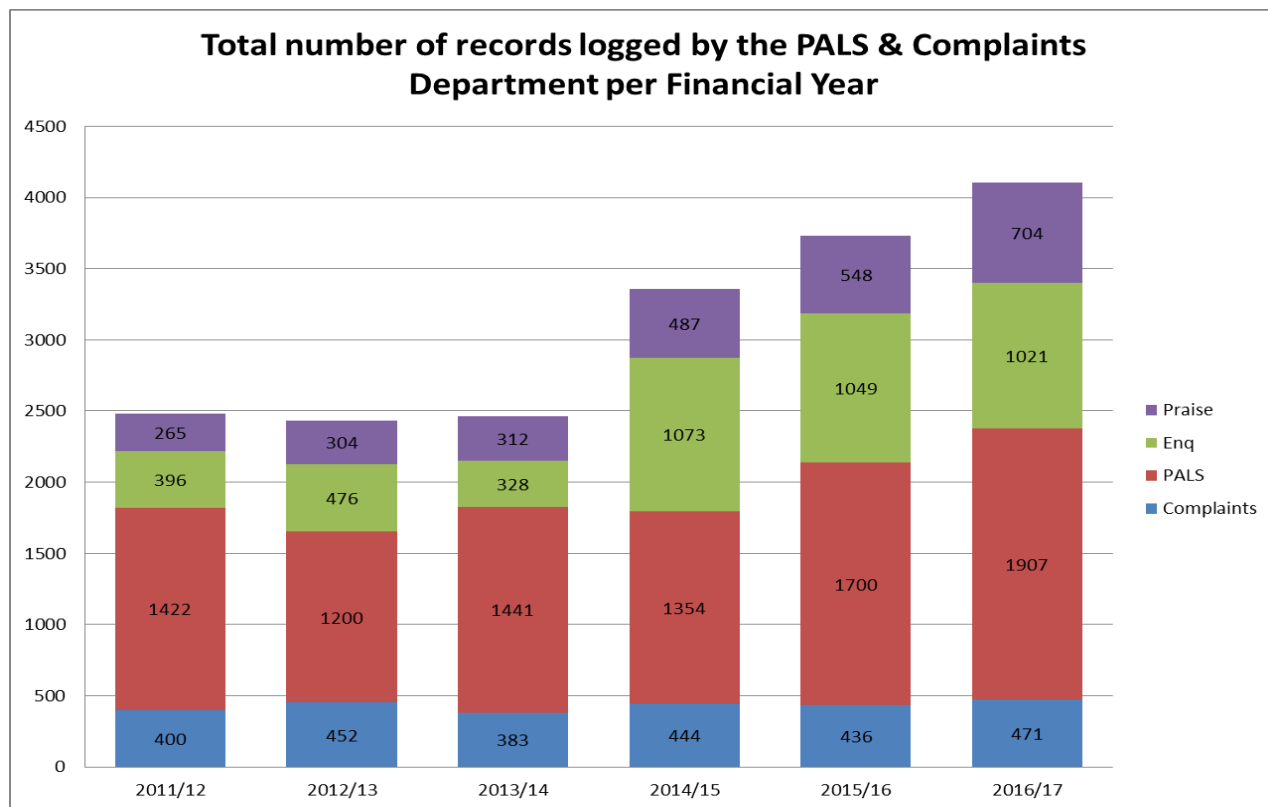


#### 4. OVERVIEW OF CONCERNS RECEIVED IN 2016/17

A total of **4103** records were logged onto the Datix Database during 2016/17, this figure includes praise, enquiries, all PALS Concerns records and Formal Complaints (2378 of these records were PALS Concerns and Formal Complaints).

Praise	Enquiries	PALS	Formal Comp	TOTAL
704	1021	1907	471	4103

The graph below shows the total number of records logged by the PALS & Complaints Department for Financial Year 2016/17 compared to the previous five years.



- The total number of records recorded by the PALS & Complaints Team has increased from 3733 last Financial Year (2015/16) to 4103 this Financial Year – an additional 370 records logged (increase of 10%)
- The number of Formal Complaints reported has increased by 35, from 436 in Financial Year 2015/16 to 471 this Financial Year (increase of 8%)
- The number of PALS concerns reported has increased from 1700 to 1907, an additional 207 records (an increase of 12%). This is the second year running that the PALS Service has seen such an increase. This is seen as extremely positive, as it shows that the PALS Service is being accessed by patients and service users; the department is located within the main hospital atrium in an accessible area, and the service is highlighted throughout the hospital via leaflets and posters. The issues being raised are being addressed and resolved quickly, thus preventing these cases from escalating into formal complaints.

The total Trust activity for 2016/17 (including A&E attendances, Day Case admissions, Planned Admissions and all other attendance was **848,471**. The total number of formal complaints and PALS Concerns logged represents 0.28% of the total Trust activity.

The Table over the page shows the percentage of concerns raised compared to the overall activity of the Trust for the year

	<b>Total activity for Trust for 2016/17</b>	<b>Total concerns (PALS and Formal Complaints)</b>	<b>Formal Complaints</b>	<b>PALS Concerns</b>
	848,471	2378	471	1907
% of overall Trust activity		0.28%	0.05%	0.22%

An average of 198 concerns were logged each month during 2016/17; an average of 39 Formal complaints and 159 PALS concerns. In addition to this an average of 85 Enquiries were received each month.

#### 4.1 Distribution of Records per Division/Directorate

The table below shows the total number of records logged per Division, including praise and enquiries as well as concerns and complaints. The red columns show the total number of concerns raised regarding the services provided by each Division.

Division	Praise	Enquiries	PALS concerns	Formal Complaints	Total of all concerns (PALS Concerns and Formal Complaints) logged for Directorate	Total number of all records logged for the Directorate
Emergency Care & Medicine (Division 1)	186	108	404	162	566	860
Surgery (Division 2)	200	159	498	162	660	1019
Cancer and Support Services (Division 3)	88	71	215	38	253	412
Women's & Children's Services (Division 4)	133	31	91	75	166	330
Non-Clinical Services/Other	97	652	699	34	733	1482

As you can see from the table above, the Divisions receiving the highest number of Formal Complaints was Emergency Care & Medicine and the Surgery Divisions, both of which received 162 complaints. The Division receiving the highest number of PALS Concerns was Non-Clinical, mainly relating to concerns regarding Outpatients or Patient Access. Comparisons cannot be made with previous years, as there was a re-configuration of Divisions during 2016.

The Table over the page breaks this information down further into the Directorates within each of the Divisions, showing the total number of records logged per Directorate, including praise and enquiries, as well as concerns and complaints. The red columns show the total number of concerns raised regarding the each of the Directorates during the Financial Year.

Directorate	Praise	Enquiries	PALS concerns	Formal Complaints	Total of all concerns (PALS Concerns and Formal Complaints) logged for Directorate	Total number of all records logged for the Directorate
Anaesthetics & Theatres (including Crit Care)	27	15	49	12	61	103
Burns & Plastics	44	20	112	45	157	221
Cancer Services	13	6	9	7	16	35
Corp / Governance / Finance / IMT / Info Gov	24	120	51	2	53	197
Emergency Care	119	35	179	79	258	412
Estates & Facilities	9	52	65	7	72	133
Operational Support (Main OP Dept incl Pt Access)	7	119	583	25	608	734
Medicine	67	73	225	83	308	448
Muscular Skeletal Services	28	36	91	42	133	197
Pharmacy	4	5	21	0	21	30
Specialist Surgery	38	44	126	29	155	237
Surgery	90	59	169	46	215	364
Therapies & Diagnostics	44	45	136	19	155	244
Women's & Children's Services	133	31	91	75	166	330
Trust Wide / Other	57	361	0	0	0	418
<b>TOTAL</b>	<b>704</b>	<b>1021</b>	<b>1907</b>	<b>471</b>	<b>2378</b>	<b>4103</b>

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

- Operational Support (this includes Main Outpatients and Patient Access) **608**
- Medicine **308**
- Emergency Care **258**
- Surgery **215**

## 5. RED RAG RATED COMPLAINTS

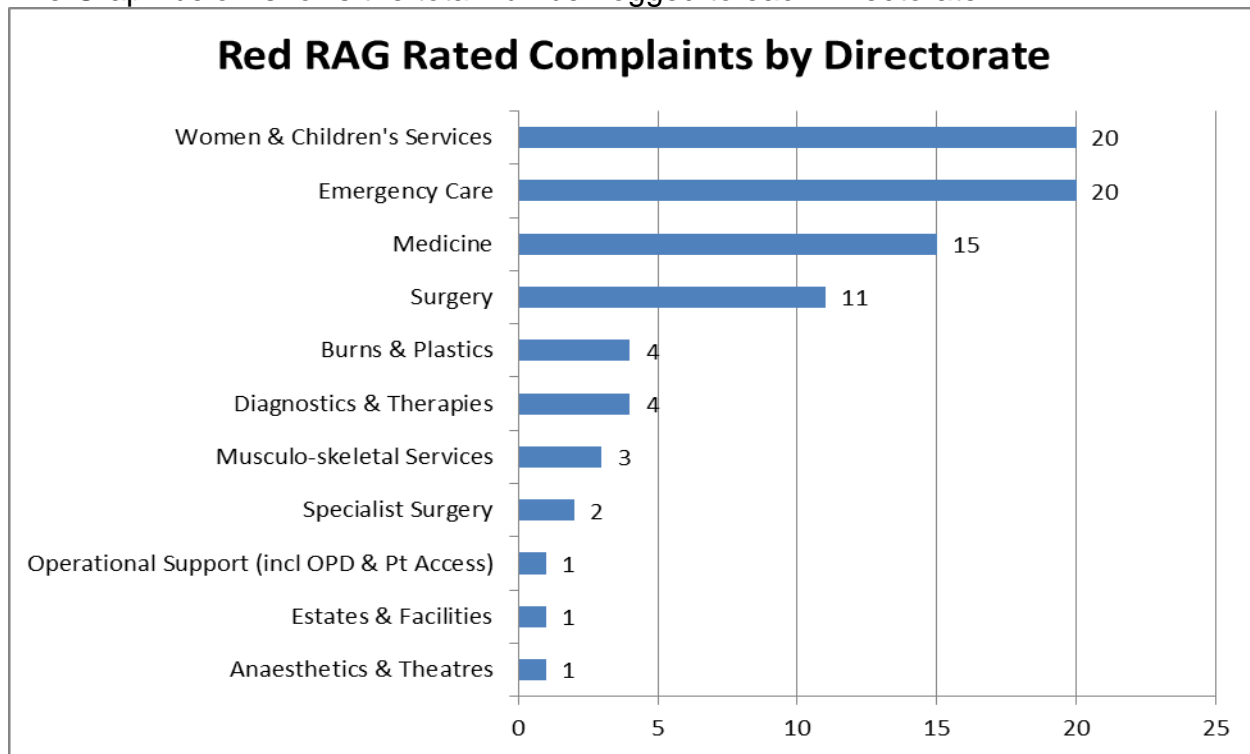
For an explanation of RAG rating, please see Appendix 1

Of the 471 Formal complaints received in this year **82** (17.5%) were RAG rated as Red (an additional 2 cases were initially RAG rated as Red but then downgraded to Amber). This is a reduction from last year when there were **90** (20.5%) of the 436 Formal complaints received.

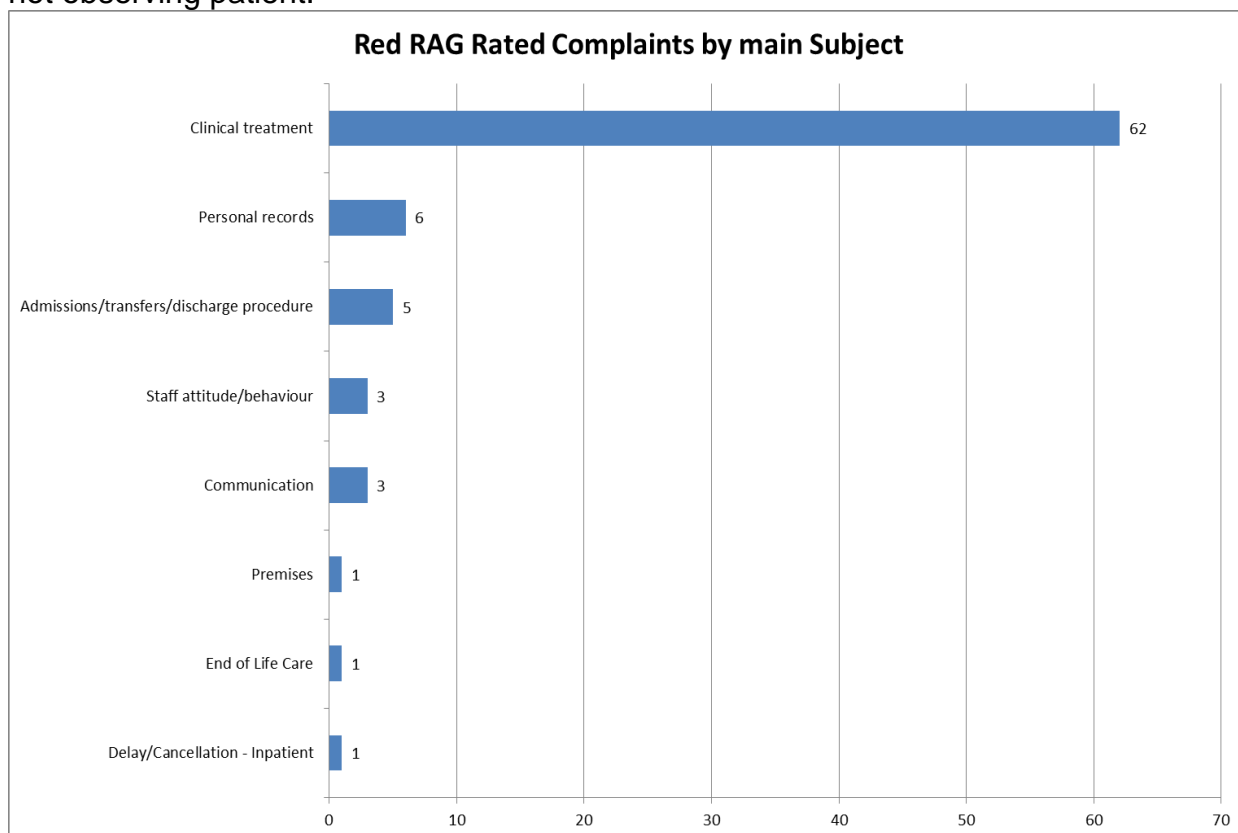
**64** of the Red RAG Rated complaints were investigated through the Complaints Process. The other **18** were logged as joint complaints, and these were monitored through the Serious Incident Management Group (SIMG) and reported in line with the Trust's Incident reporting procedures.

The two Directorates receiving the highest number of Red RAG Rated complaints was Emergency Care and Women's & Children's Services, each receiving 20. These were the same two Directorates receiving the highest number of Red RAG Rated complaints last year. However, the Emergency Care Directorate saw a decrease compared to last year (when 25 Red RAG Rated complaints were logged). The Women's & Children's Services Directorate has received the same number of Red RAG Rated complaints for 2 years running.

The Graph below shows the total number logged to each Directorate.



The graph below shows the main subject of the 82 Red RAG Rated complaints. 62 were for Clinical Treatment which covers the sub-subjects of Treatment from a Doctor/Consultant, Nursing care, missed bony injuries, coordination of medical treatment, drug errors, lack of pain management, staff not observing patient.





## 6. TOTAL NUMBER OF FORMAL COMPLAINTS 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 471 Formal Complaints Received, **116** were fully upheld, **205** were partially upheld and **134** were not upheld. At the time of writing the report there were a further 16 complaints still active and within the timeframe. Until the investigations for these cases are complete, we will not be able to determine their status.

## 7. RECURRENT THEMES FOR CONCERNS RAISED TRUST WIDE

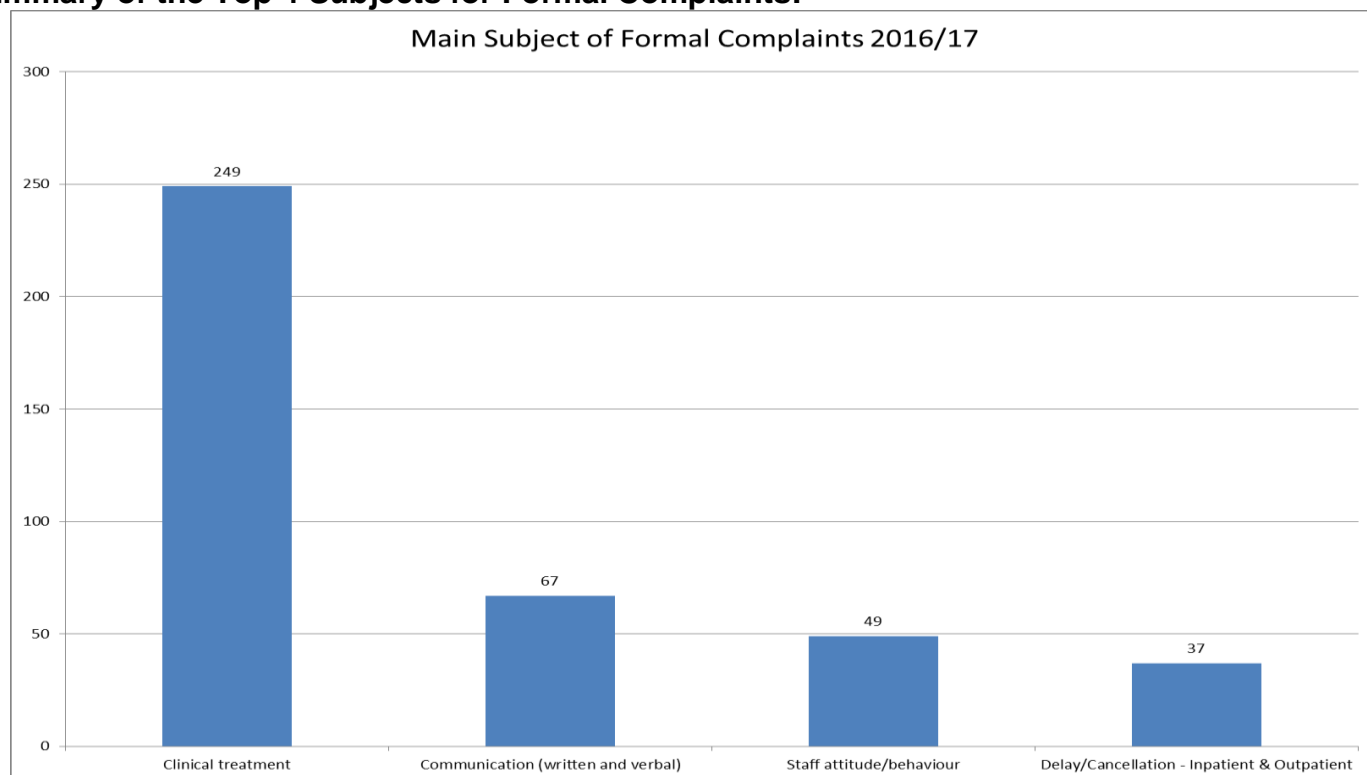
When PALS Concerns and Complaints are logged onto the Datix Database, information is recorded for each record, including the main Directorate the concern relates to, the main subjects, and the ward/department the concern relates to. All main subjects have sub-subjects to enable closer scrutiny and identification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

### 7.1 Formal Complaints analysis

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

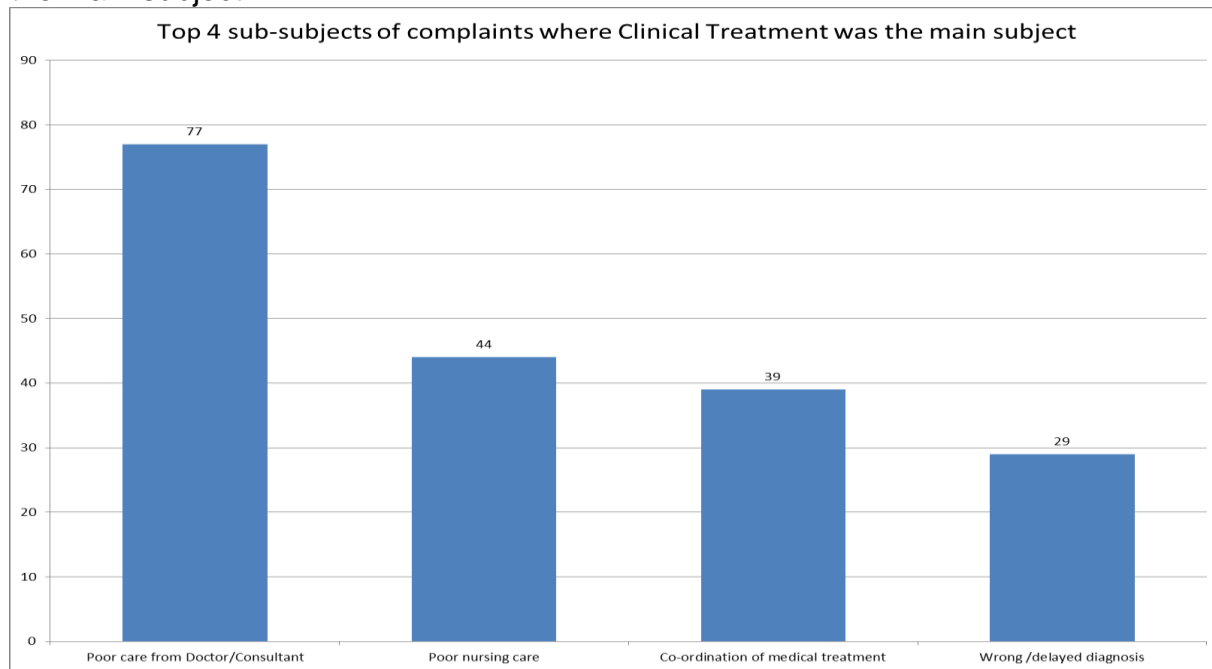
1. Medicine **83** (last year 70)
2. Emergency Care **79** (last year 82)
3. Women's and Children's **75** (last year 78)
4. Surgery **46** (last year 52)

### Summary of the Top 4 Subjects for Formal Complaints:

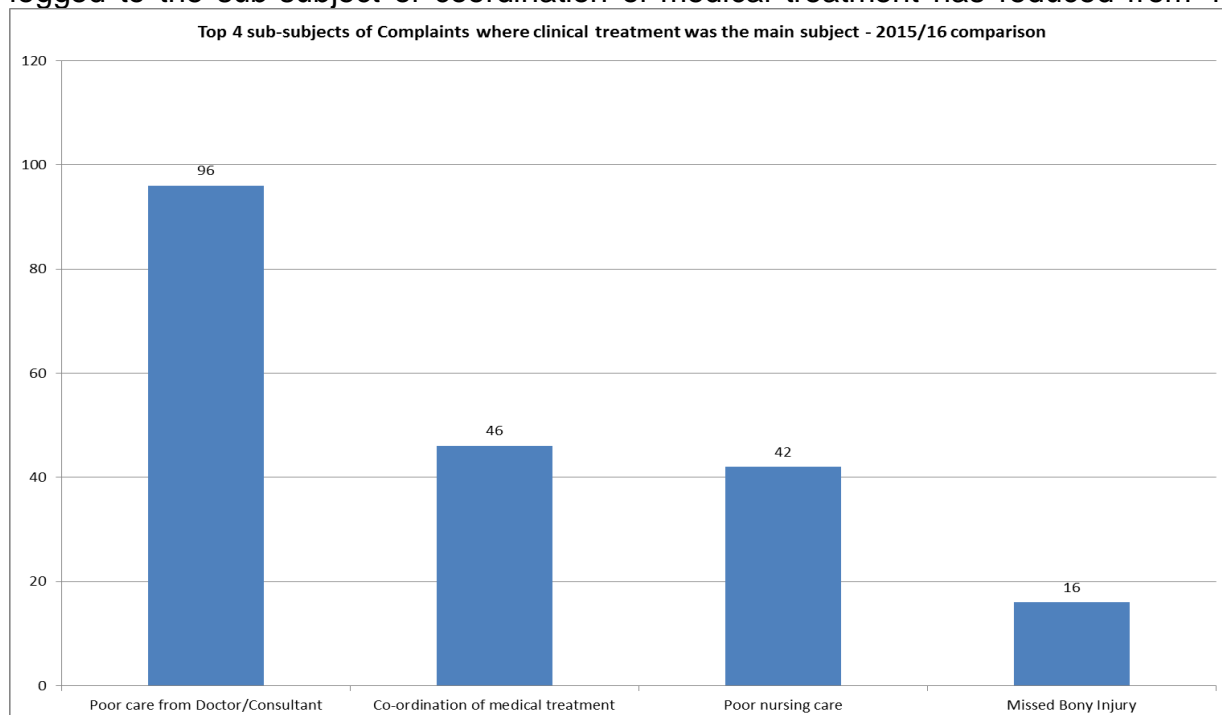


### 7.1.1 Breakdown of Complaints for Clinical Treatment

The graph below shows the top 4 sub-subjects of the **249** complaints where Clinical Treatment was the main subject.



The table below shows the 2015/16 top 4 main sub-subjects of complaints where the main subject was Clinical Treatment for comparison. As you can see the number of concerns logged to the sub-subject of poor care from Doctor/Consultant has reduced from 96 to 77 (-20%). The number of complaints logged to the sub-subject of poor nursing care has increased by 2 (+4.5%), and those logged to the sub-subject of coordination of medical treatment has reduced from 46 to 39 (-15%).



The Directorates receiving the highest number of formal complaints where the main subject was clinical treatment were:

- Medicine – 52
- Women’s & Children’s Services – 51
- Emergency Care – 46
- Surgery – 25

Of the 77 Complaints where the main sub-subject was poor care from a doctor/consultant, 24 were logged to the Women’s & Children’s Services Directorate, 14 to the Emergency Care Directorate, and 8 complaints were logged to the Surgery Directorate, the Specialist Surgery Directorate and the Medicine Directorate.

There were 44 complaints about Clinical Treatment which were logged to the sub-subject of Poor Nursing Care. Of these 17 were logged to the Medicine Directorate, 11 to Emergency Care and 8 to the Women’s & Children’s Services Directorate.

Coordination of Medical Treatment was the third highest sub-subject of the complaints regarding Clinical Treatment. 7 of these were logged to the Medicine Directorate, 6 to Burns & Plastics Directorate and 6 to Women’s & Children’s Services Directorate.

### **7.1.2 Communication (Written and verbal)**

**67** of the 471 Formal Complaints received during the Financial Year were logged to the main subject of Communication. This compares to 117 formal complaints about this subject last year. 54 of the 67 complaints logged to this subject were regarding verbal communication (85 last year) and 13 regarding written communication (32 last year).

The main sub-subject of the complaints about verbal communication was lack of information; there were 45 complaints regarding this sub-subject. 8 of the 45 complaints were logged to the Women’s & Children’s Services Directorate, 7 to the Burns & Plastics Directorate and 7 to the Medicine Directorate.

3 of the complaints about written communication were regarding information in outpatient letters, 3 were regarding delayed or poor communication with external organisations, and 2 were in relation to a failure to notify the patient of a change or cancellation.

### **7.1.3 Staff Attitude/Behaviour**

**49** complaints were logged to the main subject of staff attitude. This compared to 55 logged under this subject last year. 12 of the 49 complaints about staff attitude were logged to the Emergency Care Directorate, 10 to the Women’s & Children’s Directorate and 8 to the Muscular-Skeletal Directorate.

There were 26 complaints about the attitude of doctors or consultants. 10 complaints about staff attitude were logged to nurses. There were 2 complaints specifically about the attitude or behaviour of Midwives.

### 7.1.4 Delays/Cancellation (Inpatient and Outpatient)

A total of **37** formal complaints were logged against the main subject of delays and cancellations. 18 of these related to inpatient treatment and the other 19 to outpatient treatment.

8 of the 18 complaints about delayed/cancelled inpatient treatment related to the Burns & Plastics Directorate. A further 3 were logged to the Surgery Directorate.

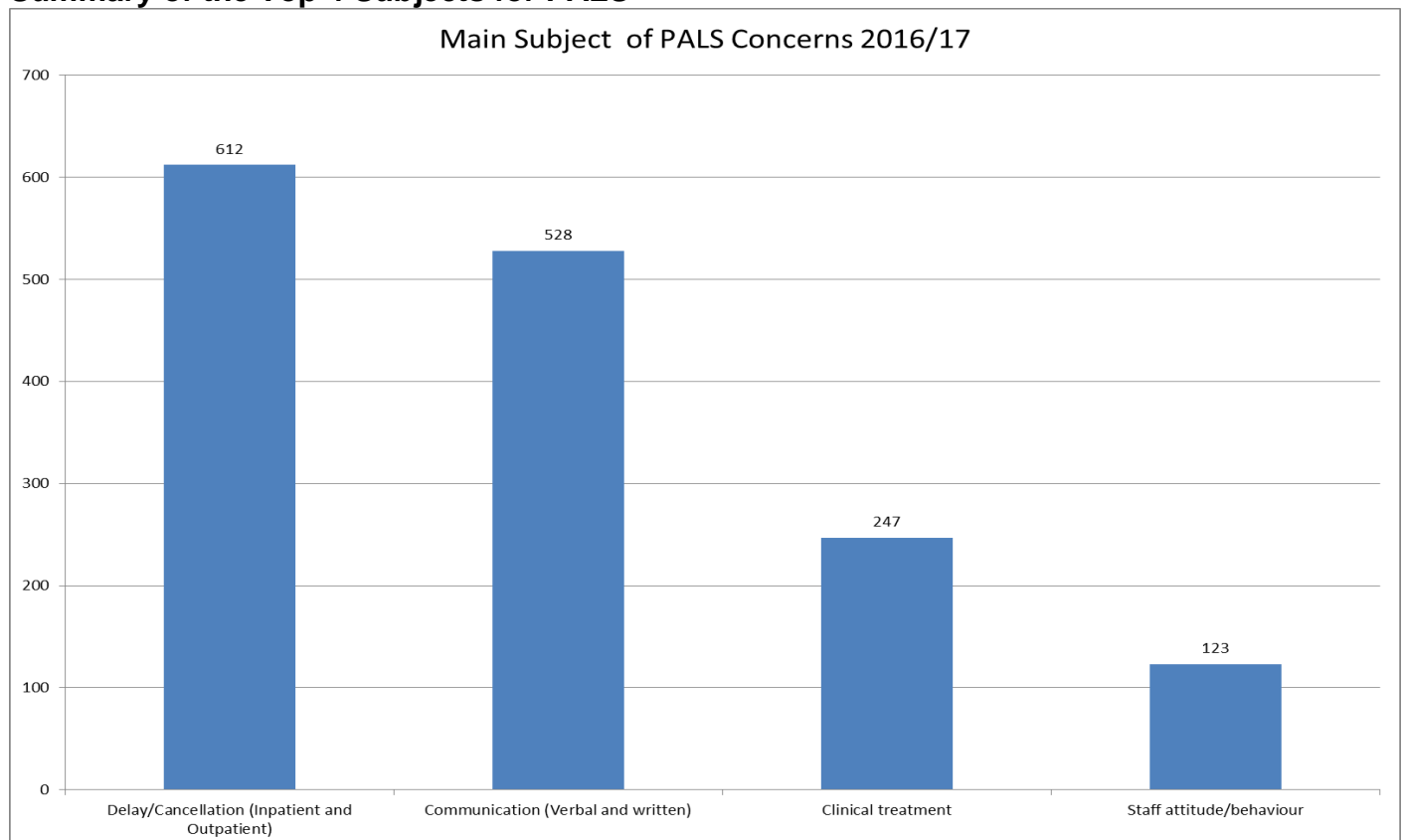
Of the 19 complaints about delayed or cancelled outpatient treatment, 8 related to Specialist Surgery (4 regarding Ophthalmology). The rest related to various other Directorates.

### 7.2 PALS Concerns Analysis

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

1. Operational Support (including main OPD and Patient Access) – **583** (no comparable data to last year)
2. Medicine – **225** (last year 217)
3. Emergency Care – **179** (last year 165)
4. Surgery – **169** (last year 155)
5. Therapies & Diagnostics – **136** (last year 152)

### Summary of the Top 4 Subjects for PALS



### **7.2.1 Delay/Cancellation – Outpatient and Inpatient Treatment**

This was the top subject for the PALS Concerns logged during the year. 470 of the 612 PALS Concerns logged to this subject were regarding Outpatient Treatment (288 last year), and 142 regarding Inpatient treatment (88 last year).

The majority of the inpatient concerns logged to this subject were logged to patient access (waiting list). There were 81 PALS Concerns regarding patients awaiting a date for surgery compared to 41 last year (an increase of 97.5%), and 40 regarding operations being cancelled prior to date of admission compared to 12 about this sub-subject last year (more than three times more). A further 13 were logged to cancellation on the day of surgery. This compares to 21 PALS Concerns regarding cancellation on day of surgery last year (38% reduction).

There were 246 PALS Concerns logged to the sub-subject of waiting for notification of outpatient appointment, compared to 154 about the same sub-subject last year (60% increase). 139 PALS Concerns were regarding cancelled outpatient appointments; 61 of these were regarding outpatient appointments being cancelled on more than one occasion, compared to 27 about this sub-subject last year (more than twice the number). 56 PALS Concerns were logged regarding outpatient appointments being cancelled on one occasion and 22 were regarding appointments being cancelled but not re-booked. 31 PALS Concerns were logged regarding delays in clinic on the day of attendance; this compares to 38 logged to this sub-subject last year (a reduction of 18.5%).

### **7.2.2 Communication (Written and verbal)**

There were a total of 528 PALS Concerns logged regarding communication, which was the second highest subject of PALS Concerns. This is a 21.5% increase in the number of PALS Concerns logged to this subject. 375 of these were regarding verbal communication (291 last year) and the other 153 regarding written communication (144 last year).

224 PALS Concerns were regarding lack of information provided to patients or relatives (compared to 143 last year) and a further 58 were regarding wrong information being given (compared to 55 last year). 33 PALS Concerns were logged regarding the automated telephone feedback service (compared to 35 last year).

Of the 153 PALS Concerns about written communication, there were 41 regarding delayed or poor communication with external organisations which compares with 8 logged to this sub-subject last year. 29 PALS Concerns were logged regarding information in outpatient letters (compared to 32 concerns last year) and 25 were regarding lack of communication between departments (compared to 33 last year).

### **7.2.3 Clinical Treatment**

247 PALS Concerns were logged to the main subject of Clinical Treatment (226 last year). The main sub-subject of these concerns related to coordination of medical treatment (55), and poor nursing care (51). There were 20 regarding lack of continuity and a further 20 about treatment not having the expected outcome.

The Directorate receiving the highest number of PALS Concerns logged to this subject was Emergency Care (63), followed by Medicine (45) and surgery (31).

## 7.2.4 Staff Attitude and Behaviour

A total of 123 PALS Concerns were logged to this subject (135 last year). 93 were logged to attitude of staff (compared to 103 last year) and 24 to behavior, which is the same number logged to this sub-subject last year. A further 4 were logged to inappropriate comments from staff. The Directorate with the highest number of PALS Concerns about attitude/behavior of staff was Therapies and Diagnostics, receiving 25. There were 21 logged to the Emergency Care Directorate and 14 to the Women's & Children's Services Directorate. The profession with the highest number of PALS Concerns regarding attitude and behavior of staff was Doctors (20).

## 8. IMPROVING AND LEARNING FROM COMPLAINTS

### 8.1 PALS & Complaints Department

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 department or external organisation.

All correspondence coming into the PALS & Complaints Department is triaged by the PALS & Complaints Manager, and where required, serious concerns are highlighted and escalated to the relevant senior members of staff.

There are three PALS Officers within the PALS & Complaints Team. At the beginning of Quarter 4 of the Financial Year, two PALS Officers left the organisation to pursue their careers elsewhere. This meant that for the last three months of the Financial Year there were two vacancies within the team. These vacancies were filled by the beginning of Quarter 1 2016/17.

The complaints handling side of the PALS & Complaints Team consists of two full time Complaints Coordinators. One of the Complaints Coordinators left the team in July 2016 to pursue their career elsewhere in the NHS, and this vacancy was filled by January 2017. The Complaints Coordinators are each linked to specific Divisions, and meet on a weekly basis with the relevant senior managers within the Divisions to track the active complaints cases and ensure prompt escalation takes place where necessary. The Complaints Coordinators are also responsible for ensuring that complainants are kept informed during the handling of their complaint regarding the progress or any delays experienced.

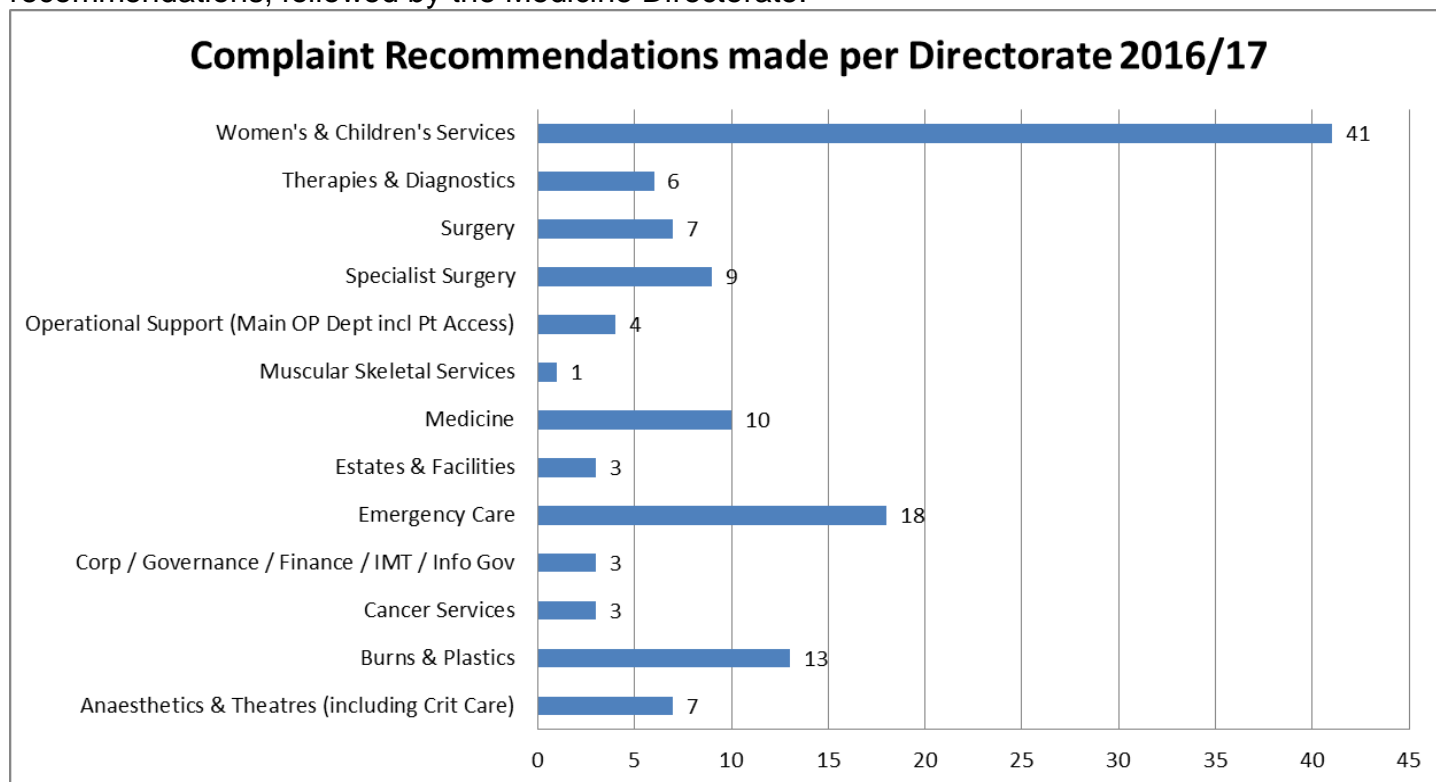
The Trust recognises that complaints and concerns are essential to identifying learning opportunities which lead to improvements to services. This section of this report sets out the key learning that has occurred from complaints during the last year.

### 8.2 Learning from complaints – Specific Recommendations 2016/17

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 Associate Chief Nurse or the Clinical Director) the PALS & Complaints staff enter the details of the recommendations onto the Datix 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 125 recommendations were recorded onto the Datix Database during 2016/17. 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, followed by the Medicine Directorate.



Specific learning by each Directorate has been highlighted within Section 9 of this report.

## 9. THEMES, LEARNING & ACTIONS PER DIVISION

### 9.1 Division 1 – Emergency Care & Medicine

Main theme noted for the Division

- Communication

Additional main themes Medical Specialties:

- End of life care
- Discharge (planning and communication)

Additional main themes Emergency Care:

- poor information/managing expectations for waiting times
- poor information/management condition and mis-diagnosis
- lost property
- discharge planning



## Learning and actions taken following complaints

All Band 6 & 7 nurses in the Medicine Directorate have either attended or are booked to attend leadership courses, which will assist with improved communication with all levels of staff and also with patient and relatives.

One ward has piloted an initiative called “Better Lives”, which involved closer working with the community. The initiative is about ensuring early conversations with expectations of patients/families/relatives regarding discharge; what is available in relation to support etc. It aims to ensure early and continuous communication in relation to discharge, ensuring patients and their families are fully aware of and involved in the discharge of the patient.

A lot of work has been undertaken in relation to End of Life care, working on the National Gold Standard Framework for End of Life care. Two Medical wards initially commenced on this framework, and this is now being rolled out across other wards. This is about ensuring that there are early conversations with patients and their families, including the plan of care for the patient over the coming year, ensuring communication with outside organisations. As part of this initiative, the Trust has worked closely with the local Hospice, and one of their Consultants has been attending Board rounds, working with Trust staff to identify patients that the Hospice may be able to support, resulting in early and proactive contact. Thus ensures support for patients and their families and also for Trust staff.

Goldhanger Ward is trialing an electronic sound monitor. This enables staff to see at any time of day or night the level of noise on the ward. The monitor displays lights to show the noise level; green being low level, amber medium, and red showing high levels of noise. This is particularly useful to monitor noise at night. Staff can easily see if noise levels are too high, thus affecting the patient experience.

Complaints are regularly discussed at Ward meetings to ensure learning and reflection following complaints. A more robust system has now been introduced to ensure these discussions are documented within meeting notes and minutes are shared with all ward staff, including those not present at the meeting.

Braxted Ward has piloted a “topic of the month” board and it is planned that this will be rolled out to other medical wards. This board highlights issues and feedback raised by patients and relatives including the themes of complaints, and the learning from these.

There was recently a listening event for the Medical Wards, where patients were invited to attend the Trust to provide feedback following a previous, recent admission to a medical ward at the Trust. This event was very well attended, and there was a lot of positive feedback. This has been shared with the clinical and managerial staff within the Division. The areas highlighted for improvement have been collated into an action plan which was presented to the Patient Experience Group (PEG) this will now be monitored by PEG and at the Accountability meetings.

The key senior staff within the Division meet weekly with the PALS & Complaints Coordinator linked to their Division. At this meeting, all active records are discussed, monitoring progress and highlighting any cases of concern or any cases where responses are delayed to ensure action is taken. The Division is working with the PALS & Complaints Team to actively reduce the number of active records.



The Medical Directorate holds safety huddles at the beginning of every shift on the wards. Although this meeting is mainly for discussing patient risk, it also allows staff to share outcomes of complaints/concerns raised to improve patient care.

Once a month there is a Division meeting where Governance and Risk issues are discussed. One of the key elements of this meeting is a discussion regarding complaints themes and any other complaint issues. This meeting is attended by the Clinical Leads, Business Manager, Assistant Director of Operations, Associate Chief Nurse, Matrons, Clinical Directors and the Governance Facilitator.

The Matrons and Associate Chief Nurse attend a 'huddle' every day to discuss Risks, Complaints and any other key issues.

Themes of complaints are displayed on the quality and safety board in the Emergency Department.

Themes of complaints are discussed at daily safety huddles with staff, and also get discussed on staff away days. On the away days complaints are discussed and all staff members are given specific complaints to read and identify what we can do as a team to improve the experience and care of all our patients.

As part of complaint investigations, where there are individual staff learning needs, these have been addressed either through clinical supervision or retraining and competency sign off.

Where reflection on behaviour and attitude have negatively impacted on communication, staff have been required to write reflective accounts to help develop future practice

A folder has been introduced in the Emergency Short Stay Ward to address discharge communication and planning. The folder was designed by the Senior Sister. The folder ensures all information needed for discharges is easily available, including forms telephone/fax numbers etc.

## **9.2 Division 2 - Surgery**

### **Formal complaints**

In Quarter one the Muscular Skeletal Directorate saw an increase from 9 Formal Complaints in Quarter 4 to **17** in Quarter 1. The main sub-subject of these complaints was regarding care from a Consultant/doctor (4). 7 of the 17 Muscular Skeletal complaints were relating to care on the Orthopaedic wards.

Muscular Skeletal Services has seen a large increase in Formal Complaints. The main sub-subjects of these complaints were regarding care from a Consultant/doctor (4), with other concerns being about decision to discharge (2), nursing care (2), wrong/delayed diagnosis (2), lack of information (2), and staff attitude (2). 6 of the 17 complaints regarding Muscular Skeletal Services were about Orthopaedic treatment as a whole (6). There were some complaints regarding specific wards: Lister Ward (3), John Ray Ward (2), Notley Ward (1) and Fracture Clinic (1).

The Burns & Plastics Directorate has seen an increase in complaints. Although the Directorate has received as many as 14 formal complaints in a previous Quarter (Quarter 1 2016/17), this is the first time that they have featured as one of the top four Directorates receiving the highest number of complaints in a single quarter. Only 5 of the complaints were ward based, with 3 logged to Mayflower

Ward and 2 for Billericay Ward. The main subject of 9 of the complaints was Clinical Treatment (of these 3 related to wrong/delayed diagnosis, 2 for poor care from a doctor/consultant and 2 regarding coordination of medical treatment), and 4 complaints were about delays and cancellations to treatment. No obvious trends were noted to explain the increase in complaints.

The main subjects of formal complaints for the year were:

1. Clinical treatment
2. Communication (written and verbal)
3. Attitude of staff
4. Admissions/Discharge/Transfer procedure

The main sub-subject of the complaints logged against Communication was lack of communication. This was mainly in relation to communicating with the patient/family during the course of the patient's treatment; either on the ward, or in clinic.

### **PALS Concerns**

The Specialist Surgery Directorate was the Directorate receiving the second highest number of PALS Concerns in Quarter 4, seeing an increase from 30 in quarter 3 to 40 this quarter. 15 of the concerns relate to Ophthalmology, 10 for Orthodontics and 10 to Oral / Maxillo Facial and 5 to ENT. 17 of the concerns relate to issues regarding delays and cancellation to outpatient treatment. 12 are logged against the main subject of communication. A large number of the concerns relating to Oral and Orthodontic Services can be attributed to the retirement of a Consultant, which has had an effect on the service, causing concerns from patients about their on-going care and some delays in treatment.

The majority of the PALS Concerns logged to the Surgery Directorate in Quarter 4 relate to the General Surgery specialty (13). There were 6 logged to Vascular Surgery and 6 to Urology. 13 PALS Concerns for Surgery were logged against the main subject of communication. 8 were regarding clinical treatment.

The main subjects of PALS Concerns for the year were:

1. Delays/Cancellation of inpatient/outpatient treatment
2. Communication (written and verbal)
3. Clinical Treatment
4. Staff Attitude and behaviour
5. Admission/Discharge/Transfer arrangements

### **Lessons learnt/Actions taken**

The Surgical Directorate meets weekly with the Complaints manager for the Directorate at this meeting there is the Associate Chief Nurse, plus representatives from the Matrons and Service Managers. The complaints are tracked at this meeting and any delays or additional support are identified. The Directorate has had a change of Clinical Director for the surgical directorate but the directorate continues to offer face to face meetings with patients and relatives, The Divisional Clinical Director and the Divisional Associate Director of Operations continue to support the Division in the investigation, learning from and dissemination of learning from complaints to the clinical and administration teams. Complaints are reviewed by the Division at directorate governance meetings.

The Directorate feeds back concerns, actions and changes in practice identified as the result of complaints and PALS concerns at ward sisters and ward/ department staff meetings and at the daily ward safety huddles and any logged and written information are also cascaded at the ward daily safety huddles.

Learning from Root Cause Analysis (RCA's), Serious Incidents (SI's) and incidents is cascaded at ward sisters and ward/ department staff meetings and at daily ward safety huddles and logged information is also cascaded at the ward daily safety huddles, to ensure all staff are kept up-to-date with what has happened in their own areas and other areas.

The Surgical Directorate continues with its monthly newsletter with all staff information, governance information and Time to Shine praise and congratulations for staff concerned. The Burns Service is now producing a local newsletter and they also include lessons learned from complaints and incidents.

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.

Outstanding complaint recommendations are discussed at the monthly governance meetings and regular reminders are sent out by e-mail to those who have outstanding actions or recommendations to complete.

The Associate Chief Nurse and Matrons each meet weekly with the clinical governance facilitators for the division and review the progress against red rag rated complaints and SI's that have been declared following a complaint, including outstanding actions and recommendations.

### **9.3 Division 3 – Cancer & Support Services**

The main issues raised in relation to Phlebotomy were about staff attitude and behaviour related to training and work load issues. The following actions have been taken regarding this: Reconfiguration of phlebotomy service with robust management structure, defined roles and responsibilities and staff training

Missed diagnosis and reporting discrepancies and appointment issues were the main issues raised in relation to Radiology. The following actions have been taken regarding this: Staff training, Insourcing reporting and authorisation of extra sessions (reporting has lower percentage of discrepancies), systems approach for reporting at MSB level, business plan and ATI approval for 3 additional Consultant posts.

Under the Oncology specialty, there were various concerns raised relating to Consultant staff communication with patients and other staff, Consultant staff understanding of Governance, communication at MDT, lack of NICE Guidance for GIST patients, gaps in end of life (EoL) care. These issues have been addressed with the following actions: addressing issues with individual Consultants, interim leadership, appointment for Service Manager, establishment of Governance and Business meetings, systems approach within MSB, implementation of National GIST and other guidelines, development of Pathway for GIST referrals, introduced EoL input from Consultants, bereavement follow-up letter revised.

Within ITU and Theatres, there were actions taken following feedback from family meetings. These included improved/improving relatives areas, seating areas, seating/TV's/picture collage, Improved/improving communication with relatives in the TADSU, DSU and Recovery areas.

Within Pathology services, the main issues were regarding missed diagnosis and reliability of results. Actions taken to address these include performance versus quality balance to be maintained, staff training and outsourcing of specialised low volume tests, documentation of MDT decisions and out of MDT discussions, change of leadership structure, new equipment being replaced/installed is undergoing verification in line with ISO15189 standards.

The Pain Service saw issues relating to capacity issues and waiting times, wrong information sent prior to injection and frustration and dissatisfaction with diagnosis. Various actions have been taken to address these issues including a new information leaflet for procedure (for occipital nerve block), open discussion and reflection on agenda for every department meeting (monthly), full discussion in the department. Meeting with suggestions/advice from the Psychological Therapist in the team regarding management of difficult situations and staff have been reassured and informed about the support available if required regarding the management of patient expectations and distress.

#### **9.4 Division 4 – 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 4556 births in the 2016/17 Financial Year. The number of Formal Complaints regarding Maternity Services (excluding Gynaecology and Children's Services) represents 1% of complaints versus number of births.

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 Divisional Board/governance and Audit meetings and the Divisional Newsletter
- Multi-disciplinary mandatory training incorporates learning from trends
- Replacement model for Supervision of Midwives introduced PMA (Professional Midwifery Advocate)
- Daily safety huddles enable the discussion of themes from complaints ensuring a multidisciplinary approach and immediate resolution where possible
- Hot Topics memo used to reinforce changes required or made
- Evening antenatal clinics embedded
- Now provide flexible antenatal and postnatal appointments closer to home
- Hypnobirthing classes were embedded
- Changes to clinical guidelines made where appropriate
- Postnatal clinics were introduced at the weekends

- Capping of out of area patients for 3 months to manage activity ensuring safety and positive patient experience
- Day Assessment Unit re arranged to improve turnover, extra appointments added
- A second dedicated team was introduced to help reduce the delays in Caesarean Sections.

#### 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 including recruitment of 10<sup>th</sup> Consultant Obstetrician increasing Clinic and Surgery Slots
- Telephone triage Day Assessment Unit running six days a week, with dedicated midwife.
- Specialist Midwife for Bereavement post funded
- Doctor's rotas reviewed/changed across Women's & Children's Services
- Additional equipment purchased for the Birthing Units, Acute services
- New induction pack implemented for Agency staff (midwives/nurses)
- Waiting times reduced for Paediatric & Gynaecology clinics across service
- Nurse led follow up for Gynaecology oncology
- Nurses have been funded for Paediatric oncology foundation course

#### Communication/ Staff Attitude

- Individual feedback offered to patients, appointments available with Birth Reflections Midwife.
- Facebook page introduced for patients with approved links to information sources such as: Counting the Kicks, Tommy's leaflet.
- Introduction of Band 7 standard setting workshops
- Paediatric listening event for Children
- Staff Attitudes were addressed in formal meetings with engagement of the Trusts 'Hello My Name is ....' Campaign.
- Gynaecology patient survey results were presented at Trust Audit
- PALS attend Ward Meeting to give training and feedback in Children's Services.
- Listening events across the services

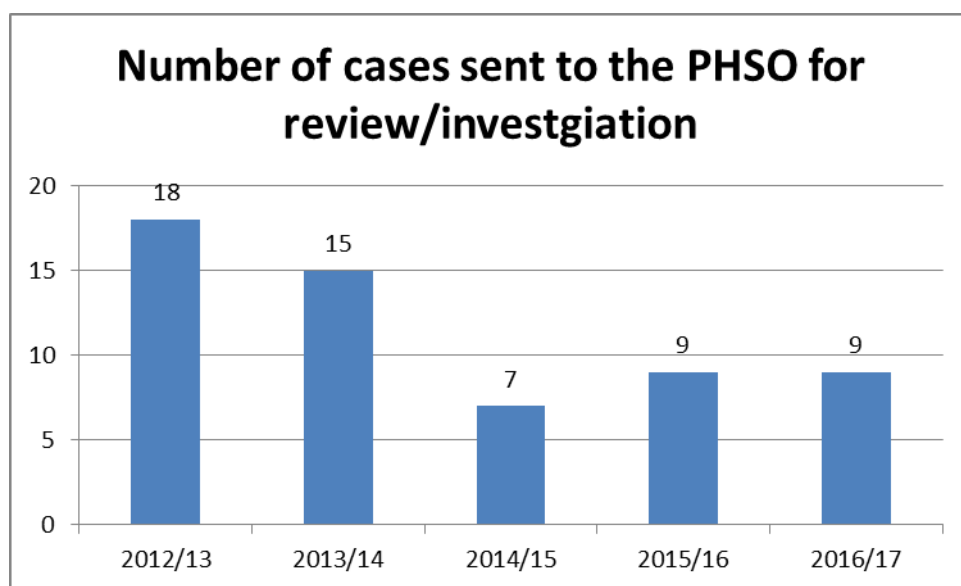
There was recently a listening event for Children's Services, where children were invited from age 4 to 15 to attend the Trust to provide feedback following a previous, recent admission to a Paediatric Ward or Children's A&E at the Trust. This event was very well attended, and there was a lot of positive feedback. This has been shared with the clinical and managerial staff within the Division. The areas highlighted for improvement have been collated into an action plan which was presented to the Patient Experience Group (PEG) this will now be monitored by PEG and at the Accountability meetings.

## **10 PARLIAMENTARY & HEALTH SERVICE OMBUDSMAN CASES**

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

## 10.1 2016/17 Cases

During Financial Year 2016/17 the Trust supplied the PHSO with copies of 9 complaint files. The graph below shows the number of cases sent to the PHSO each year for the last 5 years.



7 of the 9 cases sent to the PHSO during the year are still active and awaiting decision by the PHSO. The other two were closed; one with recommendations and the other was not upheld and no further action was required. These feature in the table in point 10.

The Table below shows the 9 cases per Directorate:

Directorate	Number of cases to the PHSO
Medicine	2
Surgery	2
Operational Support (Main OPD & Pt Access)	2
Muscular Skeletal	1
Specialist Surgery (Ophth)	1
Emergency Care	1

## 10.2 Reports by the Ombudsman 2016/17

The Parliamentary & Health Service Ombudsman reported on 7 complaint cases regarding this Trust during 2016/17 as shown in the table below (many of these cases were first sent to the Ombudsman in previous FYs). This compares to 10 cases reported on by the PHSO last year.

Only 2 cases were partially upheld (compared to 6 last year) with recommendations made to the Trust for actions. Four cases were not upheld and the cases were closed with no further action required by the Trust. One case was closed due to lack of contact from the PHSO for over 18 months. This is extremely positive, as this shows that in the majority of cases, the Trust had fully investigated and responded to the complaints, without the need for further actions.



Details of each of the cases are listed in the table below:

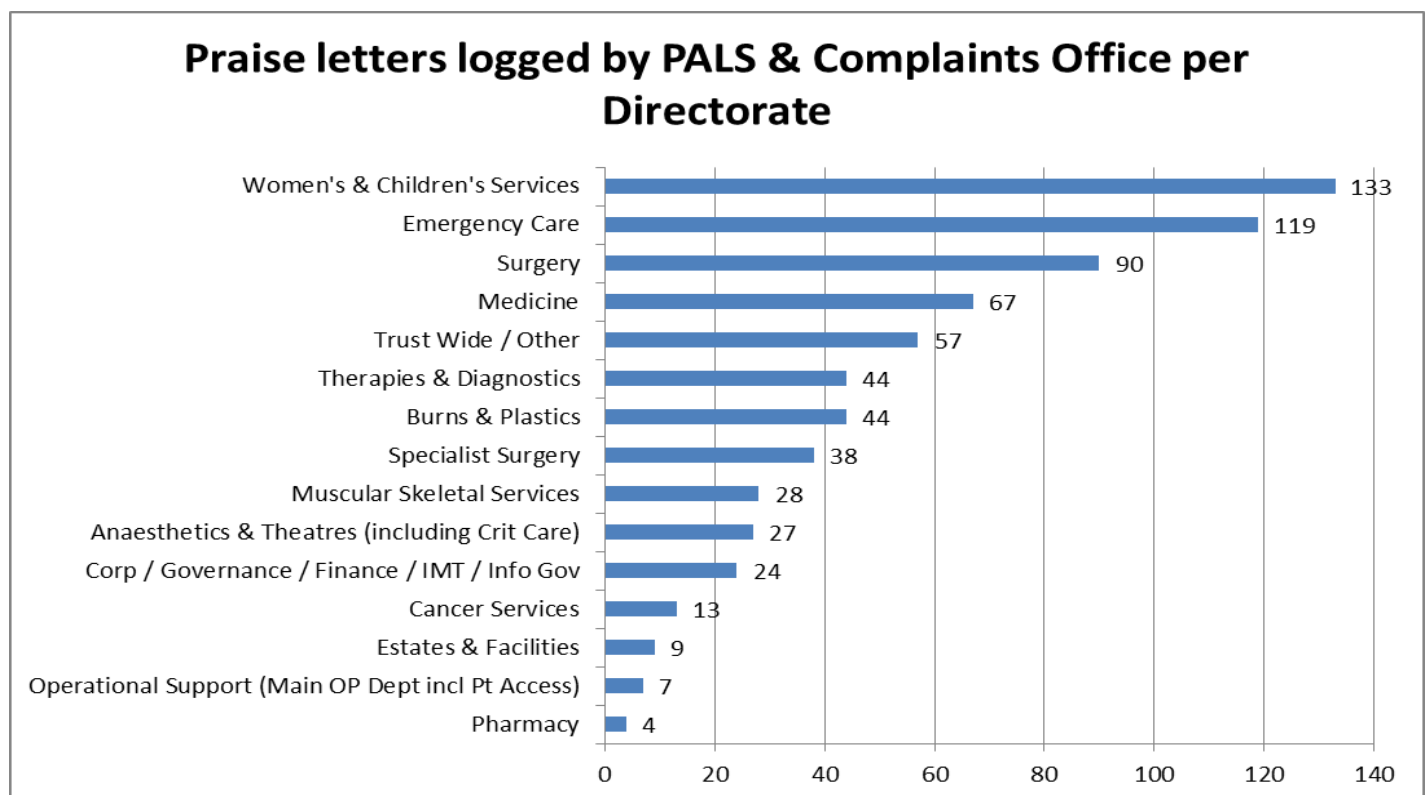
Complaint received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
November 2014	Medicine & Oncology	Concerns regarding end of life care, lack of integrated care plan, poor communication and record keeping.	<b>Complaint Partially Upheld</b> Trust required to: <ul style="list-style-type: none"> <li>- send apology letter</li> <li>- pay £500 for recognition for the service failures identified</li> <li>- Produce and action plan regarding the learning from the PHSO report.</li> </ul>	£500
June 2014	Medicine	Patient dissatisfied with treatment under Gynaecology and Dermatology, concerns regarding lack of information regarding suspected diagnosis, poor communication and refusal to provide allergy testing.	<b>Complaint Partially Upheld</b> Recommendation made in relation complaint: <ul style="list-style-type: none"> <li>- Apologise for the lack of information provided regarding suspected diagnosis</li> </ul>	N/A
January 2015	Women's & Children's Services (Maternity)	Patient unhappy with care following birth of baby.	<b>Complaint Not Upheld</b> PHSO satisfied that the trust had acknowledged where things had gone wrong and had taken appropriate actions. No failings identified by PHSO, no further action required, case closed.	N/A
August 2015	Medicine (Care of the Elderly)	Concerns raised regarding patient care, specifically in relation to medication, poor communication, DNAR, and accuracy of Medical Records.	<b>Complaint Not Upheld</b> No failings identified by the PHSO. Care provided by the Trust in line with usual clinical practice. No further action required, case closed.	N/A
January 2015	Specialist Surgery (Ophthalmology)	Concerns regarding treatment for Glaucoma.	<b>Complaint Not Upheld</b> PHSO satisfied that patient was managed appropriately, and also believes the apologies given by the Trust were appropriate.	N/A
March 2015	Women's & Children's Services (Maternity)	Concerns regarding care and treatment during birth of baby. Concerns that both mother and baby were not given appropriate medical treatment during and after birth, which complainant alleges caused ongoing developmental and medical problems for the child.	<b>Complaint Not Upheld</b> No failings identified by the PHSO. Care provided by the Trust in line with recognised quality standards and established good practice. No further action required, case closed.	N/A

Complaint received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
February 2014	Muscular Skeletal	Concerns regarding missed fracture	<b>Complaint closed</b> – nothing further heard from PHSO following their initial review of case. No further action required.	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 figure listed within this report (704) is the total number of these letters recorded onto the Datix Database by the PALS & Complaints 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 704 letters of Praise in 2016/17 compared to 548 in the previous year; this is an increase of 28.5%. The Graph below shows the 704 praise letters logged per Directorate:

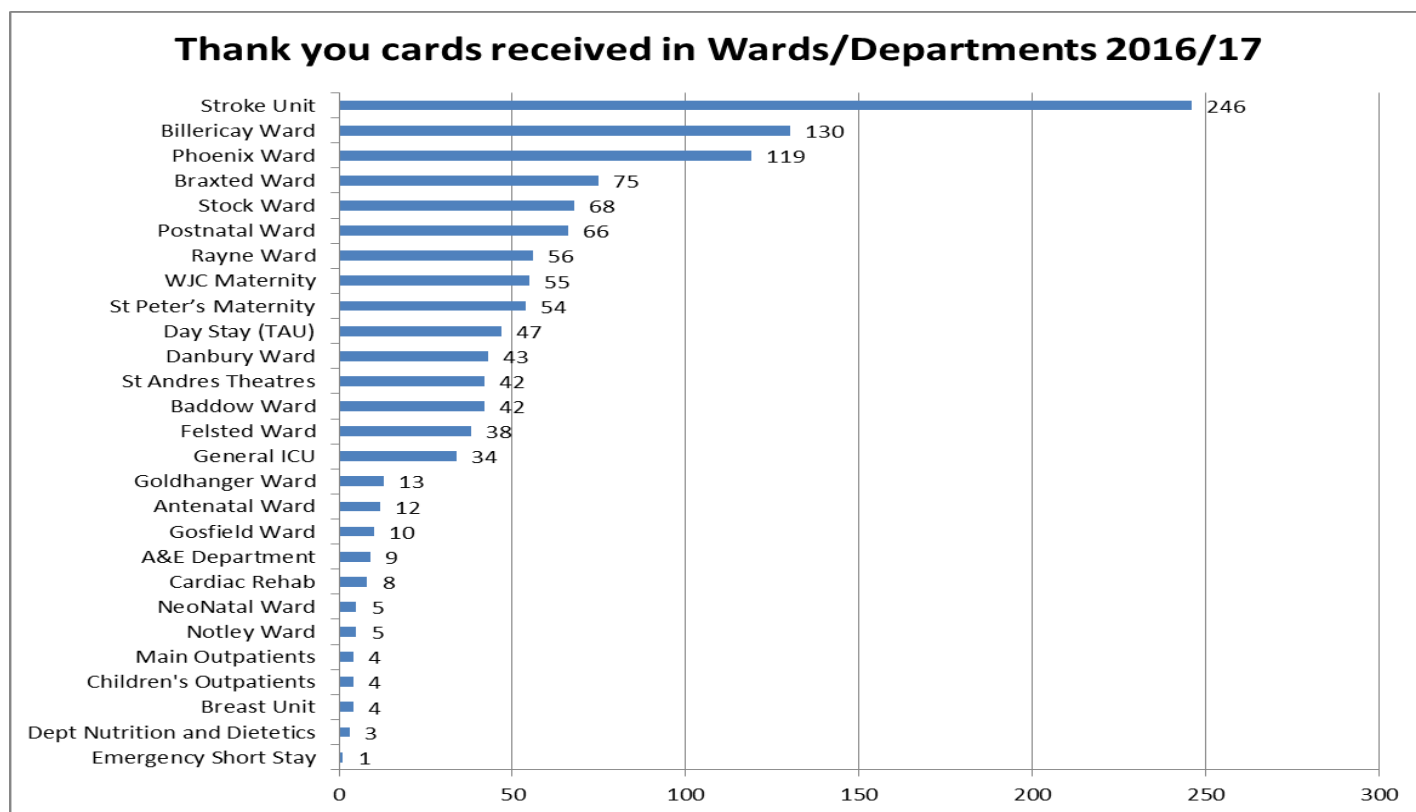


The PALS & Complaints Team were informed of an additional **1193** thank-you's received directly into various wards and departments. The PALS & Complaints Team encourages all wards and departments to provide this information, and there has been a large increase in the number of areas providing this information compared to last year. Not all areas provide this information, but the PALS



& Complaints Team will continue to liaise with the various Directorates to ensure the wards and departments provide this information regularly to enable the data to be captured and reported on.

The graph below shows the wards & departments who have informed the PALS & Complaints Team regarding the number of thank-you cards they have received during the year.



## 12 IMPROVING COMPLAINT HANDLING

In line with the current complaints Handling Policy, the Divisions, in partnership with the PALS & Complaints Team, continue to proactively manage all complaints by using early telephone contact where appropriate, and offering an early meeting to facilitate early resolution.

The Trust's Complaints Handling Policy is currently being reviewed, the Trust has received some constructive feedback from complainants which is assisting in this review. The new policy should be implemented in the Autumn.

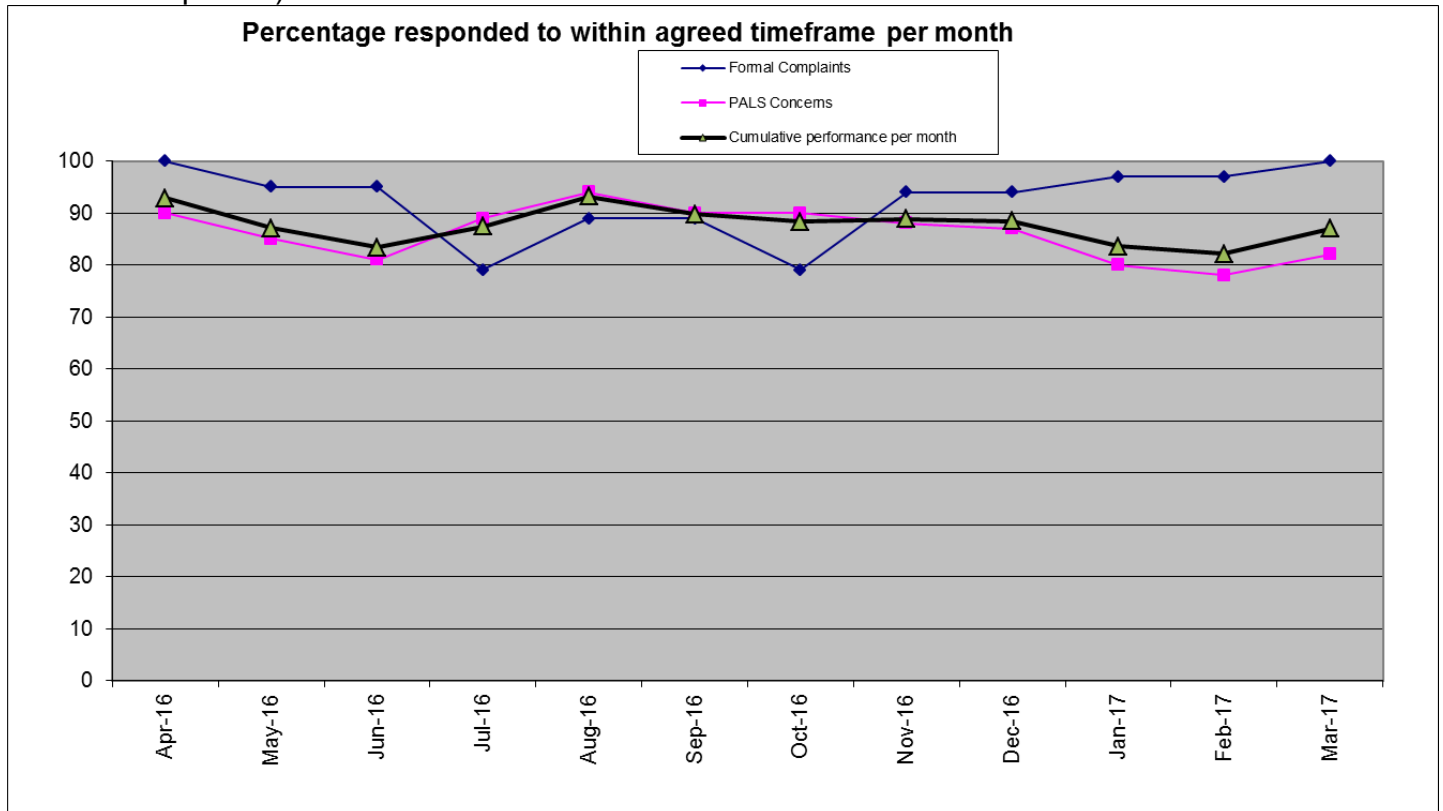
To further support the Divisions the PALS & Complaints Managers provide training and support for staff who undertake complaint investigations. These training sessions are advertised regularly and the courses are run according to demand. These training sessions ensure that staff members are clear on the 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.

### 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 for the majority of complaints to be

responded to within 25-working days. The timeframe set for responding to PALS Concerns is generally 5-10 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 Trust's target is to respond to a minimum of 80% of concerns within the agreed timeframe. It should be noted that performance is maintained by extending time frames where required, in agreement with the complainant, when delays occur in the investigation.

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)



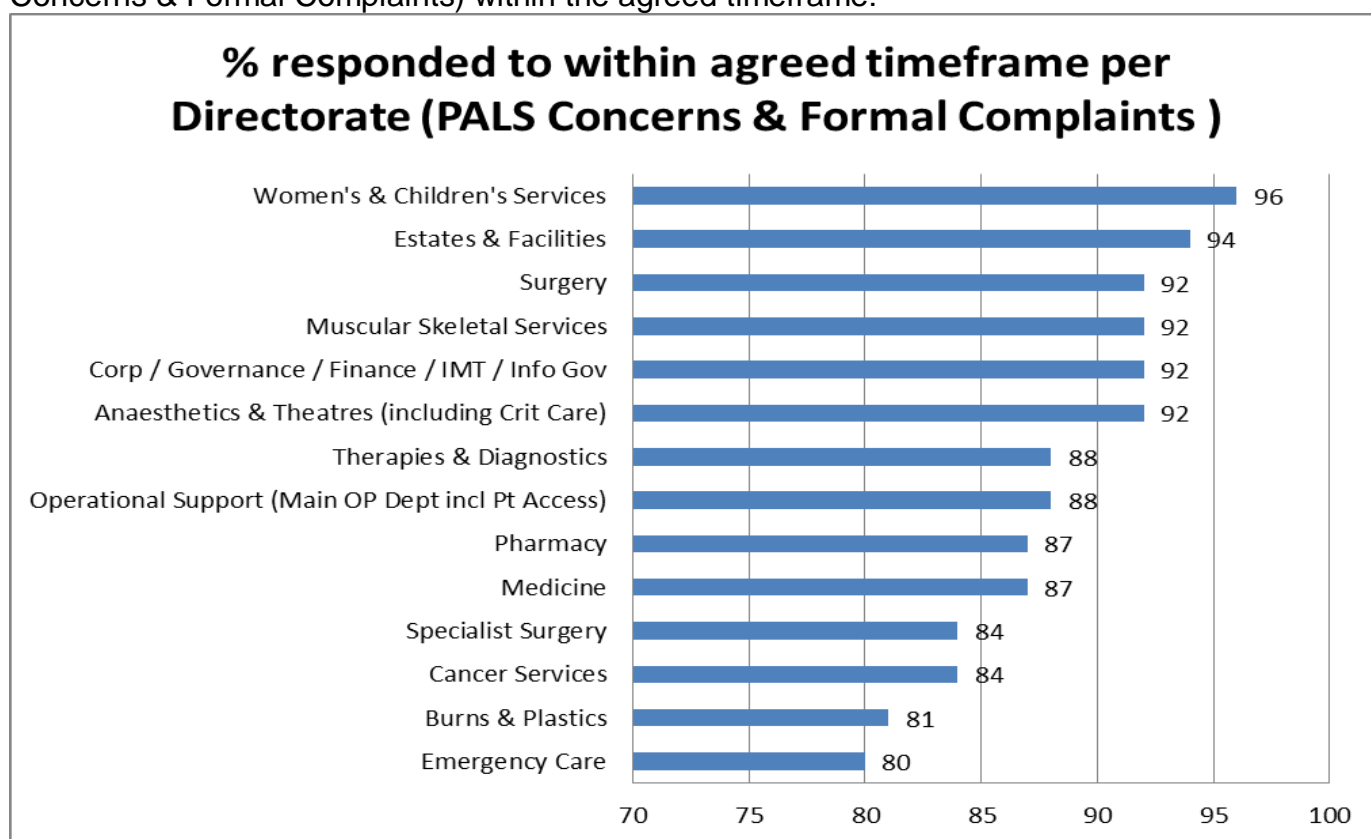
As you can see from the graph above, the performance for responding to Formal Complaints within the agreed timeframe for much of the year has been above 90%. We saw a drop in response performance in July and November 2016 when this dropped below the 80% target (79% for both months). The response performance for PALS Concerns has remained consistently above 80%, except for in February 2017 when the performance dropped to 78%. All of these drops in performance can be linked to periods of time when there were vacancies within the PALS & Complaints Department.

The table over the page shows the overall cumulative performance for responding within the agreed timeframe per Division for all concerns received during 2016/17 (PALS Concerns and Formal Complaints)



Division	performance
Emergency Care & Medicine (Division 1)	84%
Surgery (Division 2)	88%
Cancer and Support Services (Division 3)	89%
Women's & Children's Services (Division 4)	96%
All other services including corporate (Division 5)	89%

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



All Directorates achieved 80% or more overall for responding to concerns within the agreed timeframe.

### 13 CONCLUSION

The Trust's overall performance for responding to concerns has improved compared to the previous Financial Year, with a combined total of 88% of PALS Concerns and Formal Complaints being answered within the agreed timeframe compared to 83% in 2015/16.

The Trust has seen an increase in the number of contacts made to the PALS & Complaints Team, with an increase of 8% in Formal Complaints and 12% rise in the number of PALS Concerns received. The Trust pro-actively encourages patients, relatives and visitors to provide their feedback, and it should be noted that the total number of formal complaints received represented only 0.05% of the total Trust activity for the same time period. The rise in PALS Concerns for the second consecutive year is seen as extremely positive and shows that issues being raised are being addressed and resolved quickly, thus preventing these cases from escalating into formal complaints.

Although the same number of cases was sent to the Parliamentary & Health Service Ombudsman (PHSO) during this year compared to last year (9), the Trust has seen a reduction in the number of cases the PHSO has upheld compared to the previous year. Only 2 of the 7 cases reported on by the PHSO in 2016/17 were partially upheld (compared to 6 last year) with recommendations made to the Trust for actions. The other cases were not upheld and were closed. This would indicate that the Trust's investigations and complaint responses were of a high standard with no further action being required in 5 of the 7 cases reported on by the PHSO in 2016/17.

**AUTHOR**

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**July 2017**



### 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.