

Annual Report for all Patient Advice & Liaison Service (PALS) Concerns & Complaints received 2013/14

July 2014

1. INTRODUCTION

This report summarises an analysis of complaints received by the Trust from April 2013 to March 2014. The focus of this report is to identify and quantify complaints and PALS for 2013/2014. The Trust's combined performance for the whole Financial Year 2013/14 (for responding to PALS concerns and Formal Complaints within the agreed timeframe) is 83%. This is compared to 75% responded to overall during 2012/13.

For Formal Complaints the Trust has responded to 81% within the agreed Timeframe (cumulatively for the whole year) compared to 61% of Formal Complaints being responded to within the agreed timeframe the previous year (2012/13). This significant improvement was the result of various actions taken, including a revised Complaints Handling Policy, the implementation of regular meetings between the PALS & Complaints Team with key senior staff within the various clinical directorates, and improved systems for managing complaints both within the Complaints Team and for the Trust as a whole. New leaflets and posters were updated in March 2014, these leaflets and posters were circulated to all clinical areas and electronic copies are also available to download from the web.

It has been a successful year in relation to complaints handling for the Trust. In April 2013 the Parliamentary & Health Service Ombudsman visited the Trust for a Trust Liaison Visit. The purpose of the visit was to continue to build on the working relationship between the two organisations, and to ensure the Trust was up-to-date with changes taking place within the Ombudsman's office. During the visit the Ombudsman commended the Trust for the changes already made to complaints handling and for the pending implementation of the new Complaints Handling Policy since their liaison visit 18 months previously. They congratulated and recognised the work the Trust was doing to become more proactive and patient centred when dealing with the complaint which then ensured the needs of the complainant were the main driver in complaints handling.

In light of the findings highlighted both in the Francis and the Hart review the Trust recognises that it is essential to maintain the public's confidence. There has been a great deal of work carried out throughout the Trust for this financial year. The importance of patient engagement is central to the Trust in order to increase patient experiences and maximise learning from themes. The Trust actively looks to collect feedback and act upon shortfalls when they have been identified. Patient experience is at the heart of the Trust ethos and is evident in the work being carried out by all staff members. Many of the failings identified not only in the Francis review, but in the Hart review clearly demonstrate that patient and the community at large simply want a proactive NHS service rather than a reactive NHS, and one that is willing to accept both positive and negative feedback from its service users and learn from it.

PALS Performance has improved from 80% responded to within the agreed timeframe in 2012/13 to 84% in 2013/14.

The total number of Formal Complaints received for the Trust for the Financial Year 2013/14 has reduced by 15.5% compared to the previous year (2012/13). There were a total of 383 Formal Complaints in 2013/14 (which represents 0.05% of total Trust activity) compared to 453 Formal Complaints received for 2012/13 Financial Year (which represents 0.06% of the total Trust activity). This reduction in formal complaints is likely to have been as a result of a number of factors. The PALS & Complaints Managers review all written concerns (post & emails) on a daily basis in order to triage concerns and ensure they are effectively managed. This has resulted in a rise in the number of concerns being resolved more quickly with immediate intervention (PALS Concerns), resulting in concerns being addressed immediately by frontline staff rather than waiting 25-working days for a written response. We have also seen an increase in responsiveness within the Directorates to address concerns with telephone and/or face-to-face contact with complainants at the point of first receipt which can often bring resolution and closure.

The improvement in response times to concerns reflects the commitment of the clinical and non-clinical Directorates who are now much more proactive in resolving complaints and concerns when they are first reported. The clinical teams now work in very close partnership with the Patient Advice and Liaison Service (PALS) & Complaints Department to monitor and review complaints. This includes a regular detailed trend analysis which ensures the Trust continues to learn and act upon the information gleaned from complaints. This information is triangulated with other patient experience information which is then provided to all ward sisters and departmental leads to inform service improvement.

The Trust now has in place a reciprocal agreement with Farleigh Hospice that both organisations will provide independent support and reviews into complex clinical complaints relating to end of life care, should there be a need for an independent assessment.

For the purpose of this report, the different “levels” of record received and logged by the PALS & Complaints Team is listed below:

Praise

This is the total number of praise received by the Corporate Office and within the PALS & Complaints Team which is recorded onto the Datix database. The praise referred to within this report is only that which is received into the PALS & Complaints Department or the Corporate Office. Many more are received by the individual wards and department and are not formally recorded by the Trust.

Enquiries

Any contact to the PALS & Complaints team where a concern is not raised, but there is a comment about services provided, request for information or assistance is required.

PALS Concerns

Concerns which are dealt with and responded to within a short time-frame. This is usually within 24 hours, but never longer than 10 working-days. PALS Concerns do not generally require a response by the Chief Executive, but are responded to by an appropriate senior member of staff within the service concerned. The response can be written or verbal. The Complaints & PALS Team requests an update of action taken, and the file remains open on the Datix database until confirmation is received from the service that a response has been provided to the complainant.

Formal complaints

These concerns require a full investigation and a response from the Chief Executive. It is expected that the response will be sent within 25 working-days. All complaints are triaged by the Complaints Managers when received, and if serious concerns are raised, these are logged as a “Red” complaint and the concerns are escalated to senior managers for appropriate prompt action where required.

2. IMPROVING COMPLAINT HANDLING

The PALS & Complaints Department is part of the Patient Experience Directorate which is led by the Director of Patient Experience and Communications. Over the last year a number of patient involvement and engagement initiatives have been implemented throughout the Trust. A new Mid Essex Hospital Services NHS Trust (MEHT) Patient, Community and Stakeholder-Engagement Strategy 2014 -2018 has been developed, consulted on and approved by the Trust Board in order to provide a transparent strategy and vision on how the Trust will continue to improve the patients experience and actively encouraging patient engagement. MEHT's Strategy to improve the patient experience is underpinned by how we will influence the behaviours and actions of staff that have direct & indirect patient interaction. Clinical Tuesdays is protected time to enable all the senior nurses to work clinically.

Each week there will be a focus on a particular area of care; this initiative offers the opportunity for senior nurses to “Lead by Example” and to understand the day-to-day problems experienced by nursing staff on the wards. The Medical Director has introduced a series of ward inspections at Broomfield Hospital which are very similar in format to the Keogh reviews, which were commenced as part of the enquiry into Mid Staffordshire Hospital. These local ward inspections have proved to be extremely helpful in identifying problems and the results of the inspections will influence funding decisions for the future. Both medical and nursing staff from all

wards are encouraged to participate in these reviews in order to learn and subsequently apply the same level of scrutiny on a daily basis in their own ward areas. The Care Quality Commission has agreed to carry out their future inspections along a similar format. The Trust has also implemented clinical Tuesdays where all senior nursing staff work alongside ward teams every Tuesday morning. This initiative offers the opportunity for senior nurses to “Lead by Example” and to understand the day-to-day problems experienced by nursing staff on the wards. It is protected time to enable all the senior nurses to work clinically.

The Trust has seen a 15.5% reduction in Formal Complaints this year, with a cumulative performance of 80% response rates within the agreed timeframe.

The 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 and where required are escalated for urgent action immediately.

There are two Complaints Coordinators who continue to be designated to their specific Clinical Directorates in order to maintain a consistent approach to complaints. The Complaints Coordinators continue to attend regular meetings with the Heads of Nursing and other senior staff within the Directorates to track the complaints cases and ensure prompt escalation takes place where necessary.

In support of clinical teams the PALS & Complaints Team now provide training and support for staff undertaking complaint investigations. This ensures that these staff members are clear on the Trust’s philosophy of being open, honest and patient centred in the handling of complaints and 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 for us to identify these learning opportunities and to improve services. The Trust undertook an audit of the learning identified from complaints investigations during December 2013. This audit identified that the process for making recommendations and monitoring learning from complaints needed to be improved. This resulted in various actions being undertaken to review the active recommendations and ensure on-going monitoring of learning. The Executive Team receive regular reports regarding performance in relation to complaint handling to ensure that the Trust maintains an improved performance in relation to these areas.

The Trust has also redesigned and produced new leaflets and posters for patients and visitors which gives advice on how to raise concerns and give feedback to the Trust about the care they have received and the services provided by the Trust.

The Trust is committed to being open and a full complaint report is tabled in every public Board meeting to share the themes and regards to PALS Concerns, Complaints and Survey feedback and actions / learning taken as a result of this feedback.

3. CONTEXT

All complaints were registered and tracked electronically using the Datix database. This system enables monitoring and analysis of complaints in each Directorate. The categories used are specified by the NHS Executive and are in accordance with the NHS complaint procedure guidelines (see Appendix One for definitions). Comparisons have been made with complaints logged in 2012/13 using the Datix database.

4. OVERVIEW OF CONCERNS RECEIVED IN 2013/2014

The PALS and Complaints Team receive, log and co-ordinate all feedback coming into the Trust. In addition the team also deals with numerous telephone queries which are either resolved immediately by the department or they are signposted to the relevant internal or external department. These contacts are not logged onto the Datix database.

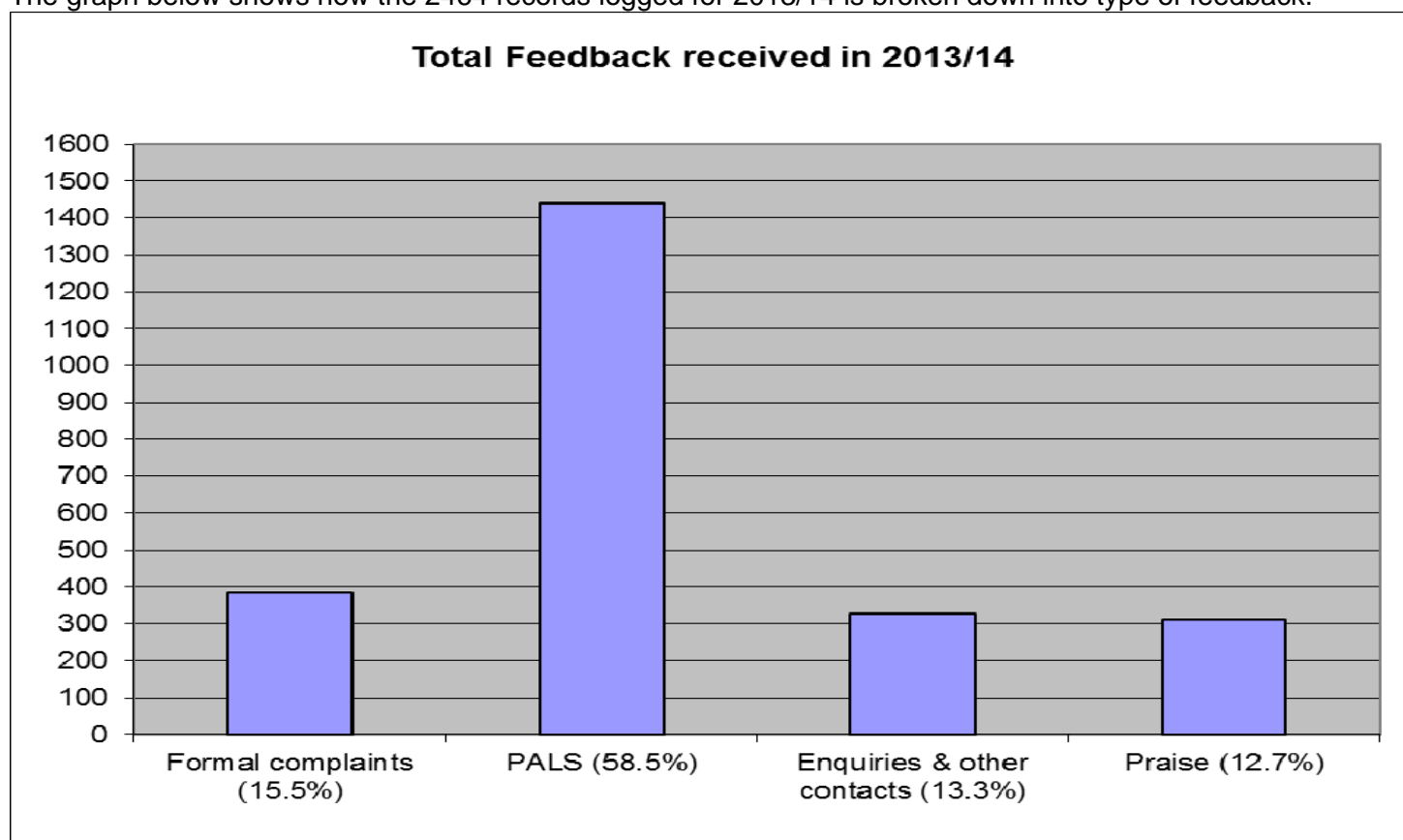
A total of 2464 records were logged onto the Datix Database during 2013/14, which includes praise, enquiries, all PALS records and formal complaints (1824 of these records were PALS Concerns and Formal Complaints).

The total Trust activity for 2013/14 (including A&E attendances, Day Case admissions, Planned Admissions etc) was 767,938. The total number of formal complaints and PALS Concerns logged represents 0.24% of the total Trust activity.

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

| | Total activity for Trust for 2013/14 | Total feedback (PALS and Formal Complaints) | Formal Complaints | PALS/Level 1 concerns |
|-----------------------------|--------------------------------------|---|-------------------|-----------------------|
| | 767,938 | 1824 | 383 | 1441 |
| % of overall Trust activity | | 0.24% | 0.05% | 0.19% |

The graph below shows how the 2464 records logged for 2013/14 is broken down into type of feedback.



An average of 152 concerns (logged as PALS Concerns and Formal Complaints) were logged each month during 2013/14; an average of 32 Formal complaints and 120 PALS concerns.

The table below sets out the number of PALS Concerns and Formal Complaints received per Directorate for the year.

| Directorate | Formal complaints | PALS Concerns | Total |
|--------------------------------------|-------------------|---------------|------------|
| Anaesthetics | 4 | 3 | 7 |
| Burns & Plastics | 22 | 72 | 94 |
| Cancer Services | 12 | 30 | 42 |
| Corporate / Governance | 7 | 28 | 35 |
| Critical & Emergency Care | 84 | 138 | 222 |
| Estates & Facilities | 3 | 49 | 52 |
| Medical Specialties | 80 | 218 | 298 |
| Medical records & Secretaries | 3 | 21 | 24 |

| | | | |
|---|------------|-------------|-------------|
| Muscular Skeletal Services | 28 | 68 | 96 |
| Pharmacy | 1 | 19 | 20 |
| Surgery | 56 | 201 | 257 |
| Therapies & Diagnostics | 9 | 77 | 86 |
| Theatres | 4 | 16 | 20 |
| Outpatients (including Patient Access) | 9 | 417 | 426 |
| Women, Children & Sexual Health | 61 | 84 | 145 |
| Total | 383 | 1441 | 1824 |

4.1 Distribution of PALS Concerns & Complaints per Directorate

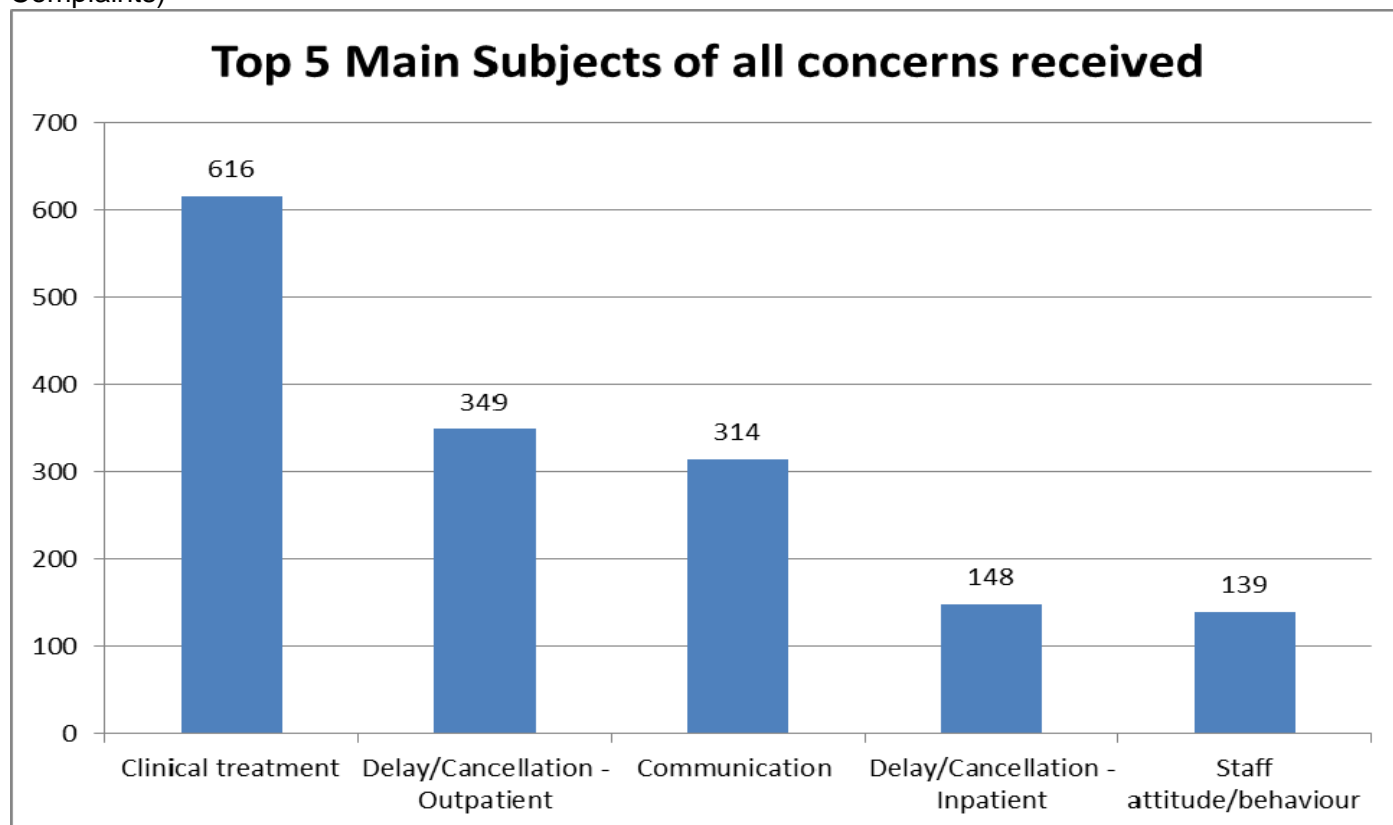
The table above clearly demonstrates that the top 4 areas per directorate receiving the highest number of Formal Complaints and PALS Concerns were: Outpatients Directorate (including Patient Access), Medical Specialities, Surgery and Critical & Emergency Care. The top 4 directorates receiving the highest number of Formal Complaints were: Critical & Emergency Care, Medical Specialties, Women, Children & Sexual Health and Surgery. And lastly the distribution of the highest number of PALS Concerns was seen in: Outpatients Directorate (including Patient Access), Medical Specialties, Surgery, and Critical & Emergency care.

5 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 383 Formal Complaints Received, 66 were fully upheld, 194 were partially upheld and 123 were not upheld.

6 DOMINANT THEMES IN CONCERNS TRUST WIDE

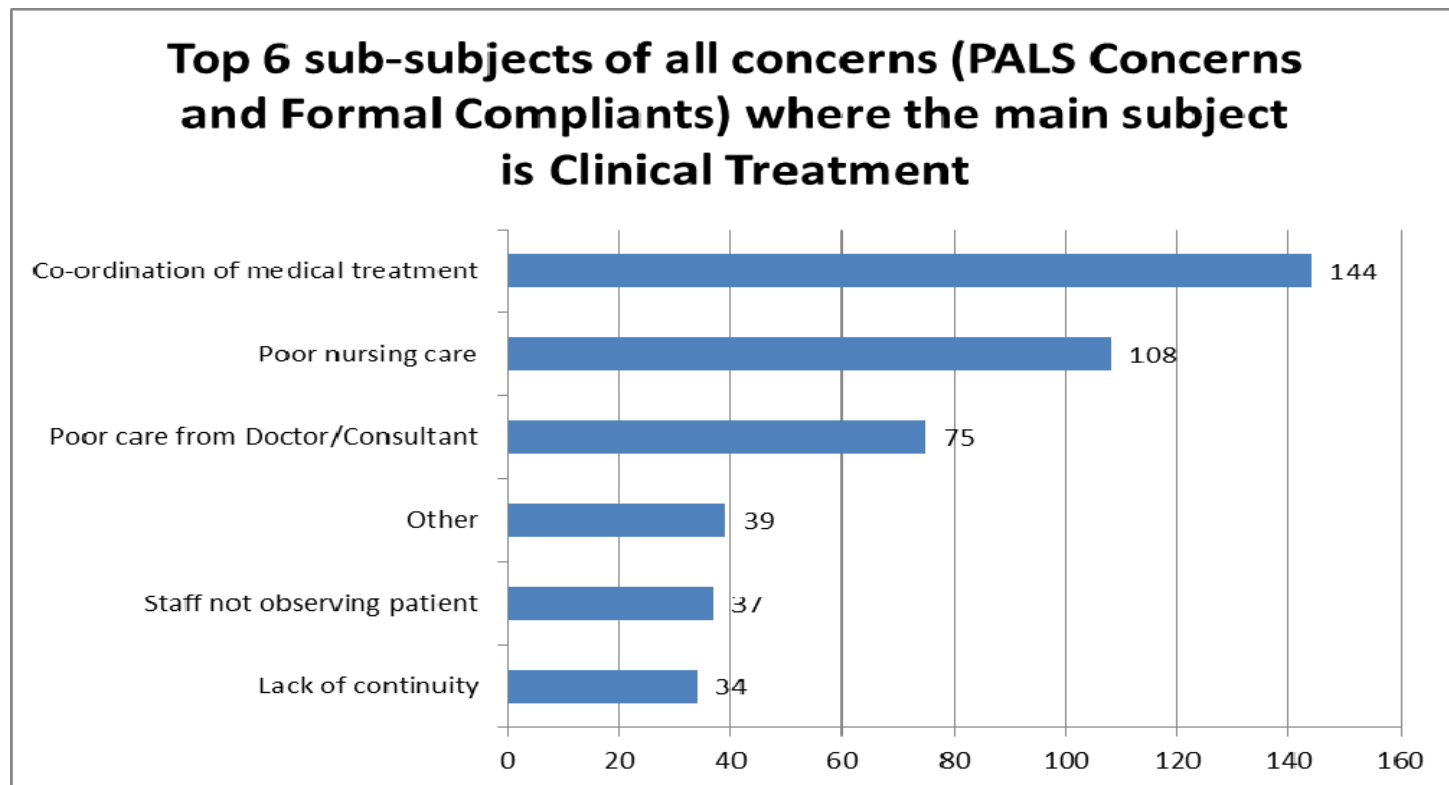
The graph below shows the top 5 subjects for all concerns received by the Trust (PALS Concerns and Formal Complaints)



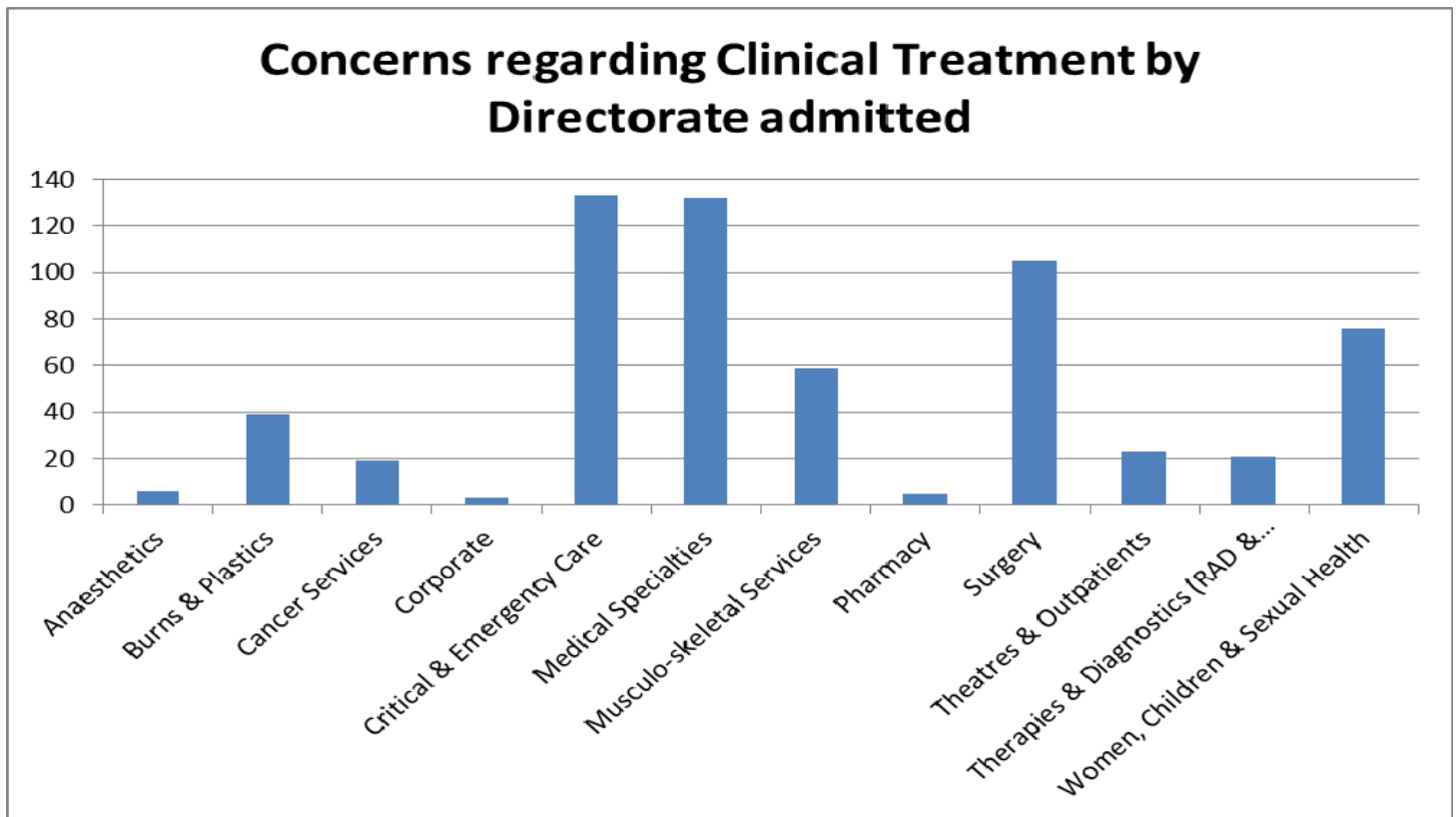
All main subjects have sub-subjects to enable closer scrutiny and identification of themes. Each of the top 5 main subjects of concerns highlighted in the table above have been reviewed below to show the sub-subjects.

6.1 Clinical Treatment

The table below shows the top 6 sub-subjects of all concerns where Clinical Treatment was the main subject. The Clinical Treatment subject has a further 24 sub-subjects, including Coordination of medical treatment, Poor Nursing Care, Poor care from Doctor/Consultant, Staff not observing patient etc. (Please note that Co-ordination of medical treatment encompasses a number of issues in relation to delays/failures to refer patients to other specialties or co-ordinate treatment inter departmentally in a timely fashion whilst keeping the patient informed and involved).



There were 616 concerns (Formal Complaints and PALS Concerns) where the main subject was clinical treatment. In order to try and identify any trends within the Trust this data was broken down into Directorates as shown in the graph below. Complaints received under the subject of clinical treatment when broken down are distributed widely across many areas within the Trust.



Examples of complaints and PALS Concerns where main subject is “Clinical Treatment”

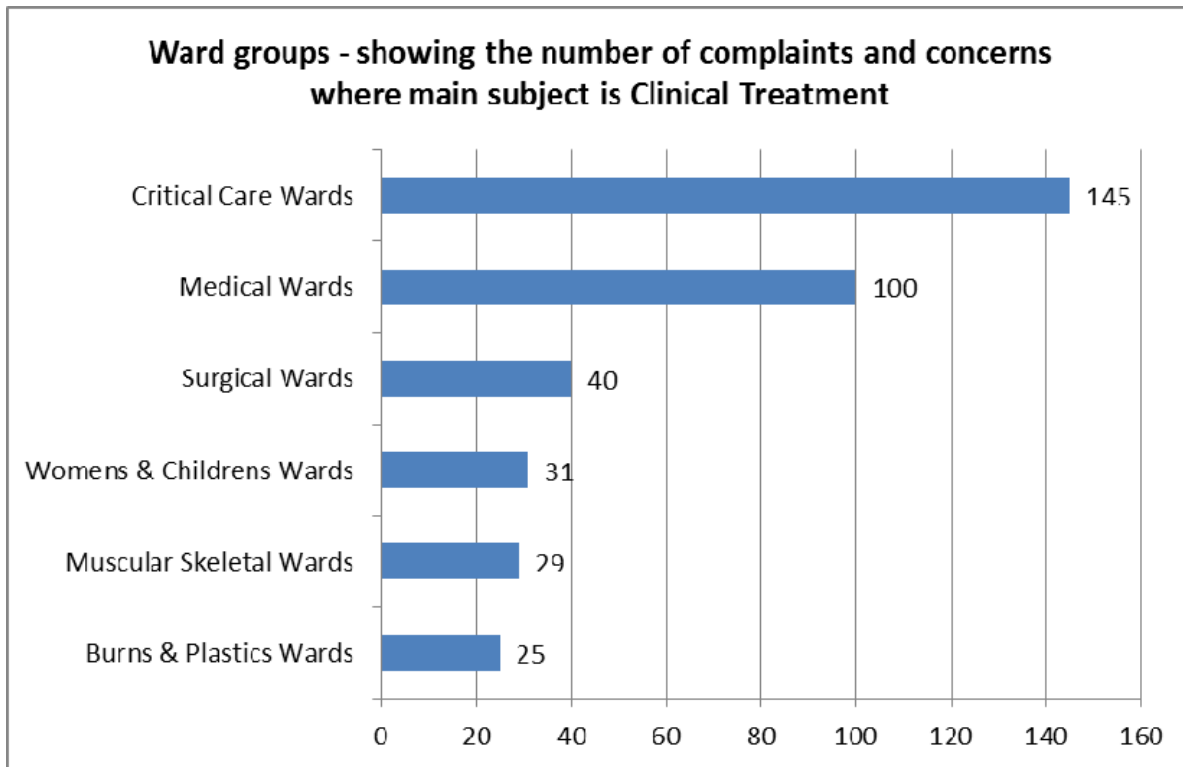
Formal complaints:

- Complainant not happy with how long it took to diagnose his late mother with Bowel Cancer. Also unhappy with elements of care on the ward. (complaint was partially upheld)
- Unhappy with immediate care given following back injury, believes they should have been in corset and believes they were discharged too early. (complaint was partially upheld)

PALS Concern:

- Patient concerned about the continuity of their care. Would like to know why they cannot see the same consultant each time they comes for an appointment.
- Patient attended A&E after fall, unhappy with comments from nurse; also that patient was not offered any food / drink. Cannula still left in arm when discharged.

The graph below shows the wards grouped together in Directorates showing the number of complaints where the main subject was Clinical Treatment.



The 4 ward groups with the highest number of formal complaints observed from the graph above are discussed below.

6.1.1 Critical Care Wards – concerns about Clinical Treatment

In total there were 241 concerns (Formal complaints and PALS Concerns) logged against Critical Care Wards. This represents 0.28% of their total activity (85,283 Critical & Emergency Care events including A&E attendances, IP & OP). Of these, there were 145 concerns raised where the main subject was Clinical Treatment.

The two main sub-subjects of the Clinical treatment concerns about Critical Care Wards was Poor Care from Doctor (24 concerns) and Coordination of Medical Treatment (24 concerns). There were also 16 concerns about missed bony injuries, 16 about Poor Nursing care and 16 about staff not observing patient.

The Critical Care Ward receiving the highest number of complaints and PALS Concerns where the main subject is Clinical Treatment was the A&E Department where 90 concerns were logged. Emergency Short Stay received 29 complaints and PALS Concerns about Clinical Treatment and Emergency Assessment Unit received 23 complaints and PALS Concerns about Clinical Treatment.

6.1.2 Medical Wards – concerns about Clinical Treatment

In total there were 186 concerns (Formal complaints and PALS Concerns) logged against Medical Wards. This represents 0.11% of their total activity (163,146 Medical Specialty events including A&E attendances, IP & OP).

The two main sub-subjects of the 100 concerns regarding Clinical Treatment were Poor Nursing Care (41) and Coordination of Medical Treatment (19 concerns logged). There were 11 concerns logged about Poor care from Doctor/Consultant and 8 regarding staff not observing patients.

Danbury Ward received the highest number of complaints and PALS Concerns where the main subject was clinical treatment (26). Terling Ward received 18 Concerns where the main subject was Clinical treatment and Felsted Ward received 17 Concerns where Clinical Treatment was the main subject.

6.1.3 Surgical Wards – concerns about Clinical Treatment

There were a total of 73 concerns (Formal complaints and PALS Concerns) logged against the 3 Surgical Wards (not including Muscular Skeletal). This represents 0.05% of their total activity (138,737 surgery events including A&E attendances, IP & OP).

The two main sub-subjects of the 40 concerns where the main subject was Clinical Treatment for this group of wards was Coordination of Medical Treatment (12 concerns) and Poor Nursing Care (11 concerns). 20 Concerns about clinical treatment were logged to Rayne Ward, 10 to Heybridge Ward and 10 to Goldhanger Ward.

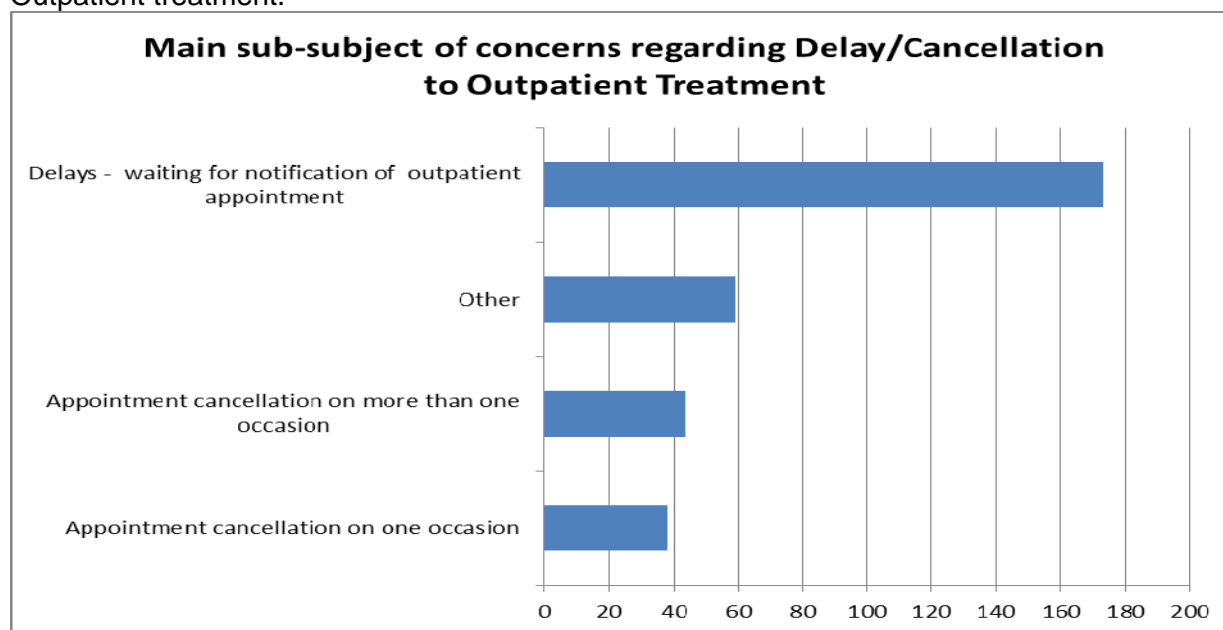
6.1.4 Women’s & Children’s Wards – concerns about Clinical Treatment

There were a total of 45 concerns (Formal complaints and PALS Concerns) logged against Women’s & Children’s Wards. This represents 0.04% of their total activity (126,347 Women’s & Children’s events including A&E attendances, IP & OP).

The two main sub-subjects of the 31 concerns where Clinical Treatment was the main subject for this group of ward were Poor Nursing Care (13 concerns) and Coordination of Medical Treatment (11 concerns). There were 13 concerns about Clinical Treatment on Phoenix Ward, 9 for Labour Ward and 5 for Antenatal Day Assessment.

6.2 Delay/Cancellation Outpatient Appointments

The graph below shows the top 4 sub-subjects of all concerns regarding delays and/or cancellation to Outpatient treatment.



Examples of complaints and PALS Concerns where the main Subject is “delays and/or cancellation to Outpatient treatment”

The majority of the 356 concerns received regarding “delays and/or cancellation to Outpatient treatment” were dealt with as PALS concerns in order to facilitate a prompt resolution.

Formal Complaints

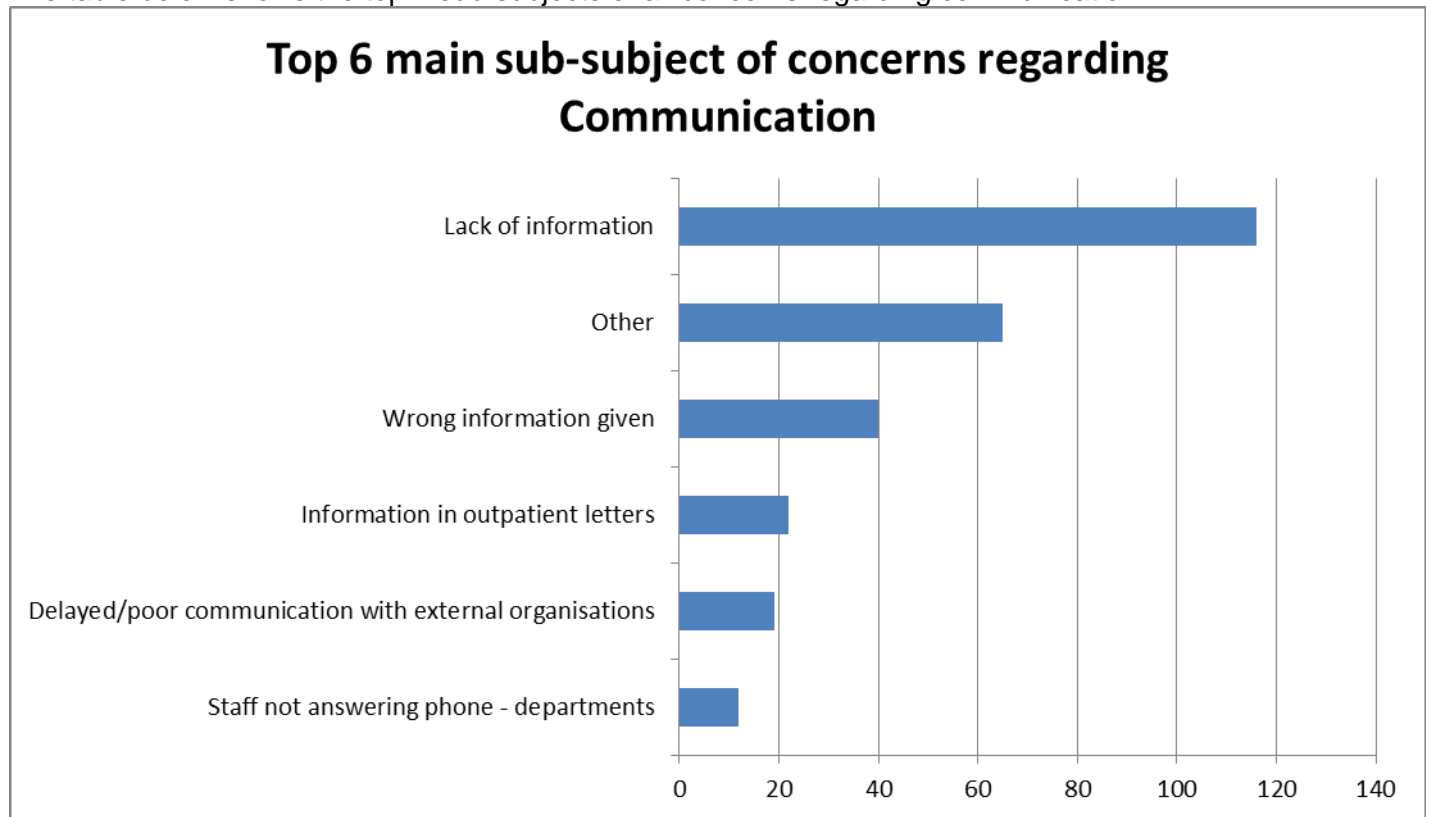
- Patient complained that there was no follow up care for her eye appointment, and that there was a delay in treating her condition and as a result her sight has been compromised.
- Patient raised a complaint that her appointment was cancelled and they could only offer a new date for 6 weeks later

PALS Concerns

- Appointment was cancelled but patient received no notification.
- Patient raised concerns regarding the length of time he has to wait for an urgent ultra sound.

6.3 Communication

The table below shows the top 4 sub-subjects of all concerns regarding communication



Examples of complaints and PALS Concerns where the main Subject is “Communication”.

Formal Complaint

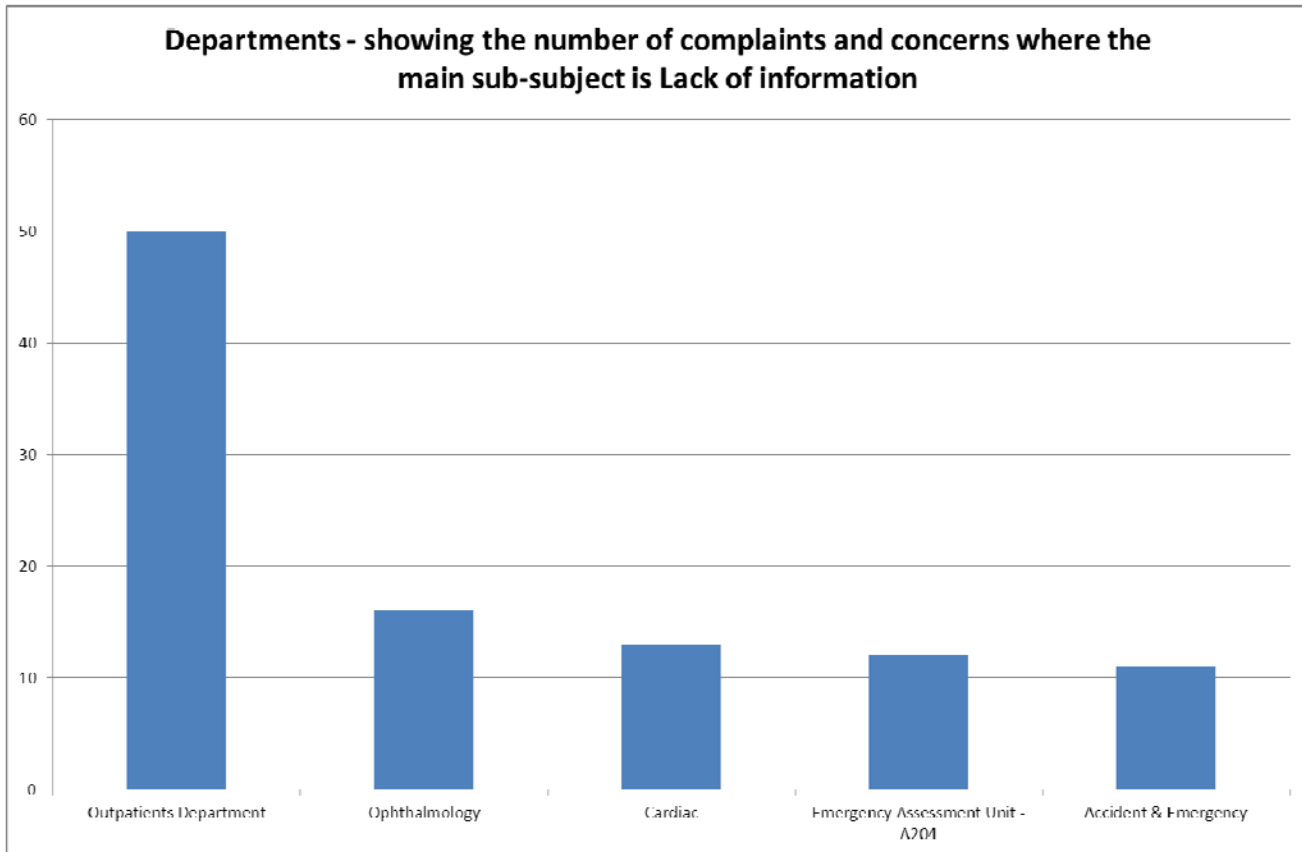
- Complainant not happy with how long it took for the referral letter to go to Great Ormond Street hospital and has now been told by them it may take 4-5 months to get an appointment through. (This complaint was not upheld).
- Complainant raised concerns that the nurses and doctors were giving the family conflicting information relating to the patients discharge arrangements (this complaint was partially upheld).

PALS Concerns

- Patient was admitted and the Next of Kin was not notified.
- Patient has not been advised of her scan results

6.3.1

The graph below shows the main departments receiving the highest number of Complaint and PALS concerns logged under the sub-subject of Lack of information.



Of the 116 Concerns received under the sub-subject of “lack of communication” the Outpatients Department received 50, Ophthalmology received 16 and the rest of the concerns are widely distributed.

Examples of concerns received logged under the Outpatients Department

PALS Concerns

- Never received an appointment letter and therefore missed the appointment.
- Was not informed that the appointment had been cancelled until she came to check in.

Examples of concerns received logged under Ophthalmology

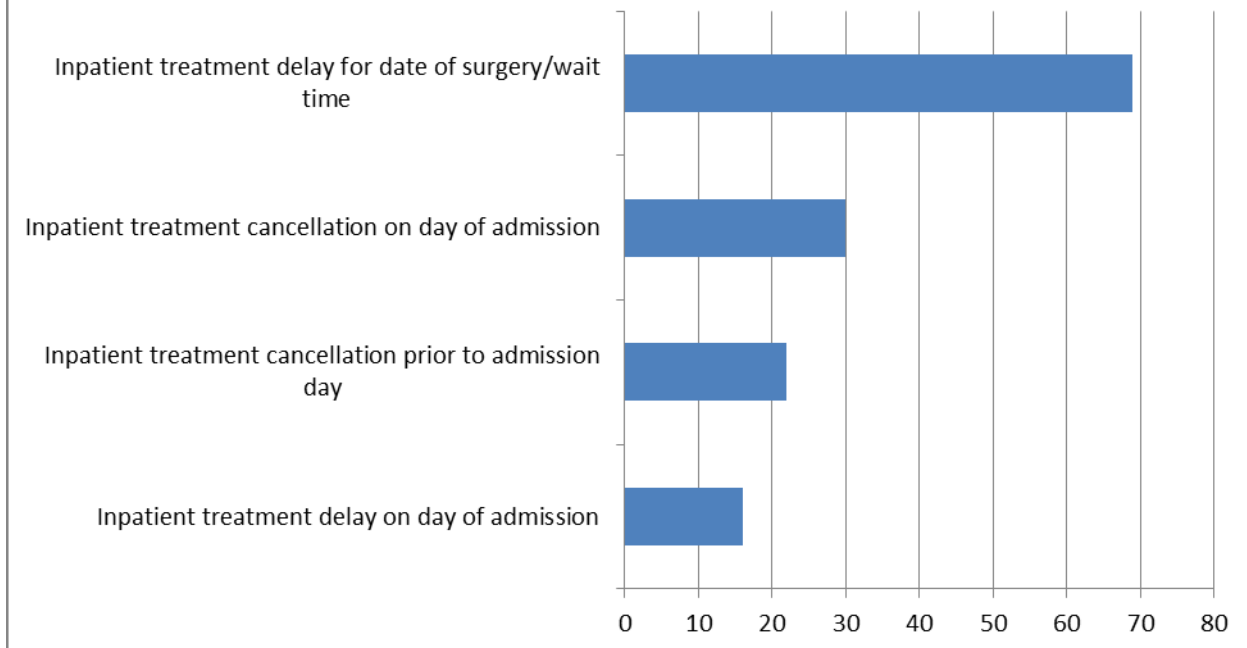
PALS Concerns

- Patient was dissatisfied that his urgent referral was not acted upon in a timely manner and he had to continually chase it with the worry of his eye condition deteriorating.
- Patient was told he was going to have a particular treatment, saw a different Doctor who informed him that no such arrangements had been made.

6.4 Delay/Cancellation to Inpatient Care

The graph below shows the top 4 sub-subjects of all concerns regarding delays/cancellation to inpatient treatment.

Top 4 main sub-subjects of concerns regarding Delays/Cancellation to Inpatient Treatment



Examples of complaints and PALS Concerns where main subject is “Delays/Cancellation to Inpatient treatment”

Formal complaints:

- Patient complained that their surgery has been cancelled twice and was told they would be a priority patient; however, they have now received a date for surgery which is in 8 weeks time. (complaint not upheld)
- Patient unhappy about the waiting time on Mayflower Ward for emergency hand surgery. (complaint was partially upheld)

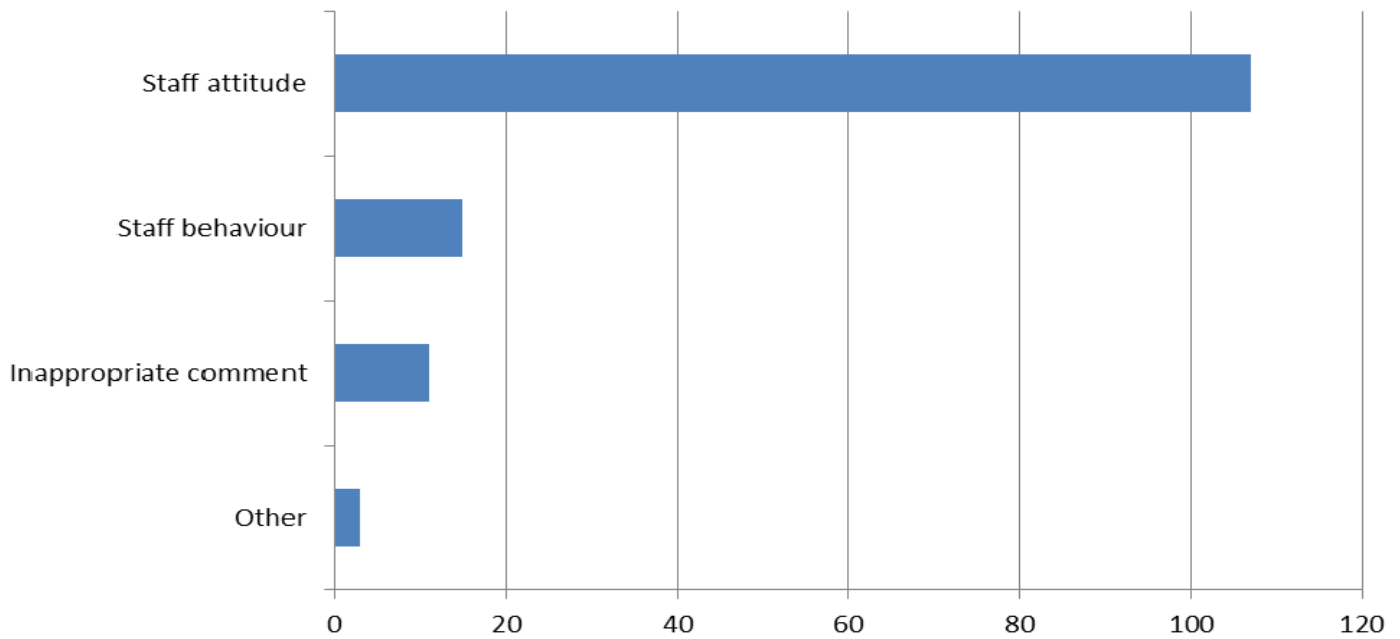
PALS Concern:

- Patient raised concerns that they had not been given a date for surgery and they do not know who their consultant is.
- Patient raised concern that she is waiting for breast reconstructive surgery, and has had her surgery cancelled 3 times. She does not currently have a new date for surgery.

6.5 Staff Attitude/Behaviour

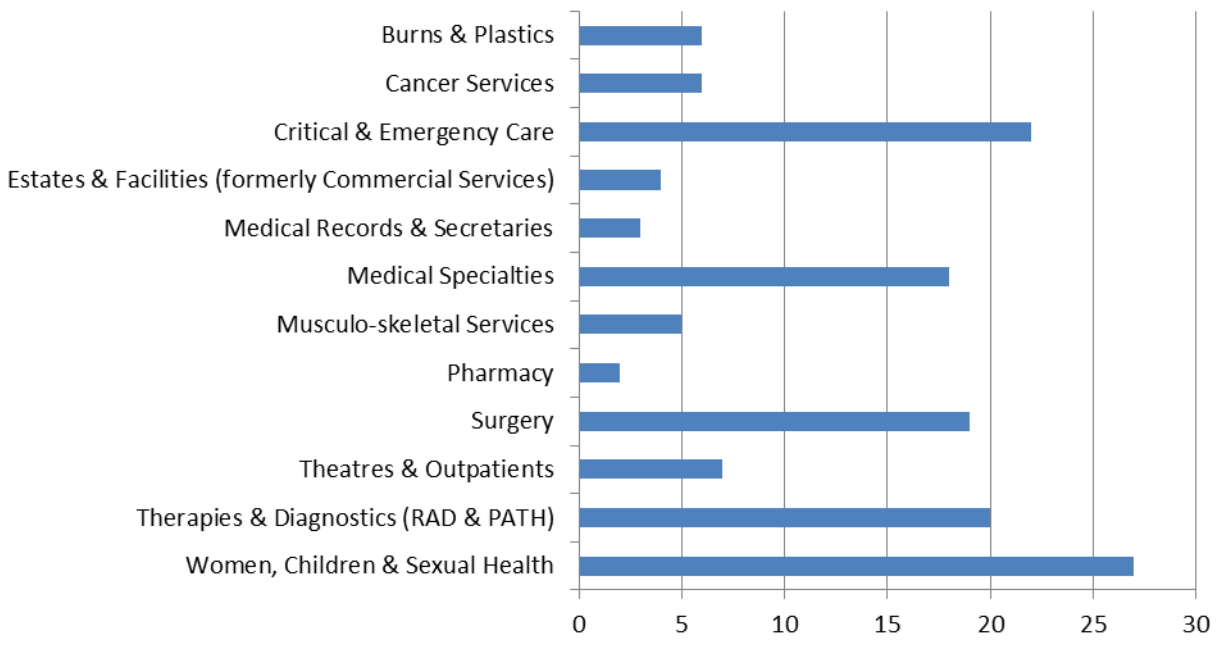
The graph below shows the top 4 sub-subjects of all concerns regarding attitude or behaviour of staff.

Top 4 main sub-subjects of concerns regarding Staff attitude/behaviour



The graph below shows the Directorates within the Trust that received concerns regarding staff attitude or behavior. (This will include all types of staff professions, including consultants, doctors, nursing or midwifery staff, therapy staff, admin & clerical etc.).

Directorates receiving concerns about Attitude of Staff



There were 139 concerns logged under the subject of staff attitude, many of these concerns were raised in relation to:

- Staff members being dismissive and insensitive when handling sensitive situations.
- Staff making inappropriate comments or failing to provide good standards of 'customer care'.
- Members of staff displaying a lack of understanding or empathy towards a patient or relative.

Examples of complaints and PALS Concerns where main subject is “Attitude of Staff”

Formal complaints:

- Patient felt the consultant was rude, dismissive, arrogant and unprofessional, when questioning him about recent incident. (complaint partially upheld)
- Concerns raised about the attitude of a receptionist and nurse. Receptionist was extremely dismissive and rude. The nurse appeared aggressive and reluctant to help. (complaint was partially upheld)

PALS Concern:

- Parent raised concerns that staff are smoking and using inappropriate language near the children's ward.
- Patient raised concerns that doctor was not very sympathetic to their pain and made unprofessional remarks. Also when describing some discomfort in their knees, the doctor proceeded to show his knees and made the remark that his knees click too. Patient has requested an explanation for the doctor's comments.

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

The Trust has taken feedback from patients and the public and has identified many learning opportunities to improve patient satisfaction, below is a list of achievements the Trust has implemented in order to make the process and experience a more positive one for patients and relatives.

Listening and Learning from complaints and patient feedback -

Examples of the Service Improvements directly made due to listening to patient feedback are listed below:-

Engage Project – Enriching patient feedback

A number of patients are spoken to during the ward engage project to ascertain what it is like to be a patient on that ward. All comments are then fed back to the Senior Sister to help them identify what is going well and what needs to improve on the ward.

Discharge Lounge

Feedback from patients via patient opinion and the EAU engage visit identified that there are too many patient flows going through the discharge lounge resulting in a poor patient experience. This is being addressed via the Emergency Strategic Project led by Dr Kevin Kiff.

Ambulatory care

A patient feedback questionnaire has been designed and implemented in this area in order to monitor patient experience in this new department. This information will be fed back to the department managers to enable actions to be taken where identified.

Bereavement Services

The lead chaplain is leading a working group who are reviewing the current services provided as feedback received has identified that a number of changes are needed to improve the experience of relatives. This

Communication regarding Outpatient appointments:

The Trust received a high number of concerns relating to communication with patients regarding cancelled appointments, delays in waiting for an appointment and patients being discharged from the system due to them failing to attend an appointment.

Action Taken

The Patient Experience Directorate worked with the Manager for Outpatients to streamline and improve the Outpatient correspondence processes. As a result of this the Trust has now made changed the format and the contents of outpatient letters in order to improve the patient experience.

Poor Access to the Ophthalmology Department

The Trust had logged a number of complaints in relation to the poor accessibility of the Ophthalmology department.

Action Taken

In response to this the Trust relocated the department to the main atrium of the hospital to enable easy patient access and improve the patient experience with the service operational from January 2014.

Lack of Patient Information at the Bedside

A number of complaints highlighted that patients needed and wanted clear information regarding what will happen to them when they are in a hospital ward

Action Taken

Bedside folders are being printed and will be available for each patient in order to orientate each patient to MEHT. Each bedside folder will now contain a pen and paper to support patient communication.

Improving the Environment and Care of Dementia Patients

It has been identified that the ward environment does not fully support the recovery of a patient diagnosed with Dementia.

Action Taken

An implementation plan has been signed off by the Executive Team to improve the environment on Braxted and Baddow ward. These improvements include better signage, and better toileting facilities. The next phase of the plan will include the development of a sensory garden.

The other action underway is to employ dedicated volunteers for the care of dementia patients. These volunteers will follow a prescribed care plan which will be provided by the Dementia Nurse Specialist.

Development of Bed Head Information

The Trust received has received a number of complaints in relation to patients not knowing who their allocated Nurse or Consultant was and not being addressed as they would wish.

Action Taken

As a result of this the Trust is planning the implementation of a standardized patient bed head information board, which will determine the Named Consultant and named nurse as well as identifying what special needs the patient may have. These will be in place by April 2014.

Way Finding

In response to patients feedback about the size of the atrium and way finding within Out Patients the Trust is working on a new video which shows the journey of a patient as they visit key areas of the hospital. The areas chosen are: Ophthalmology, Burns and Plastics and Fracture Clinic. This will demonstrate access; check in, the volunteer support available and the general clinic environment.

8. SUMMARY OF KEY LEARNING

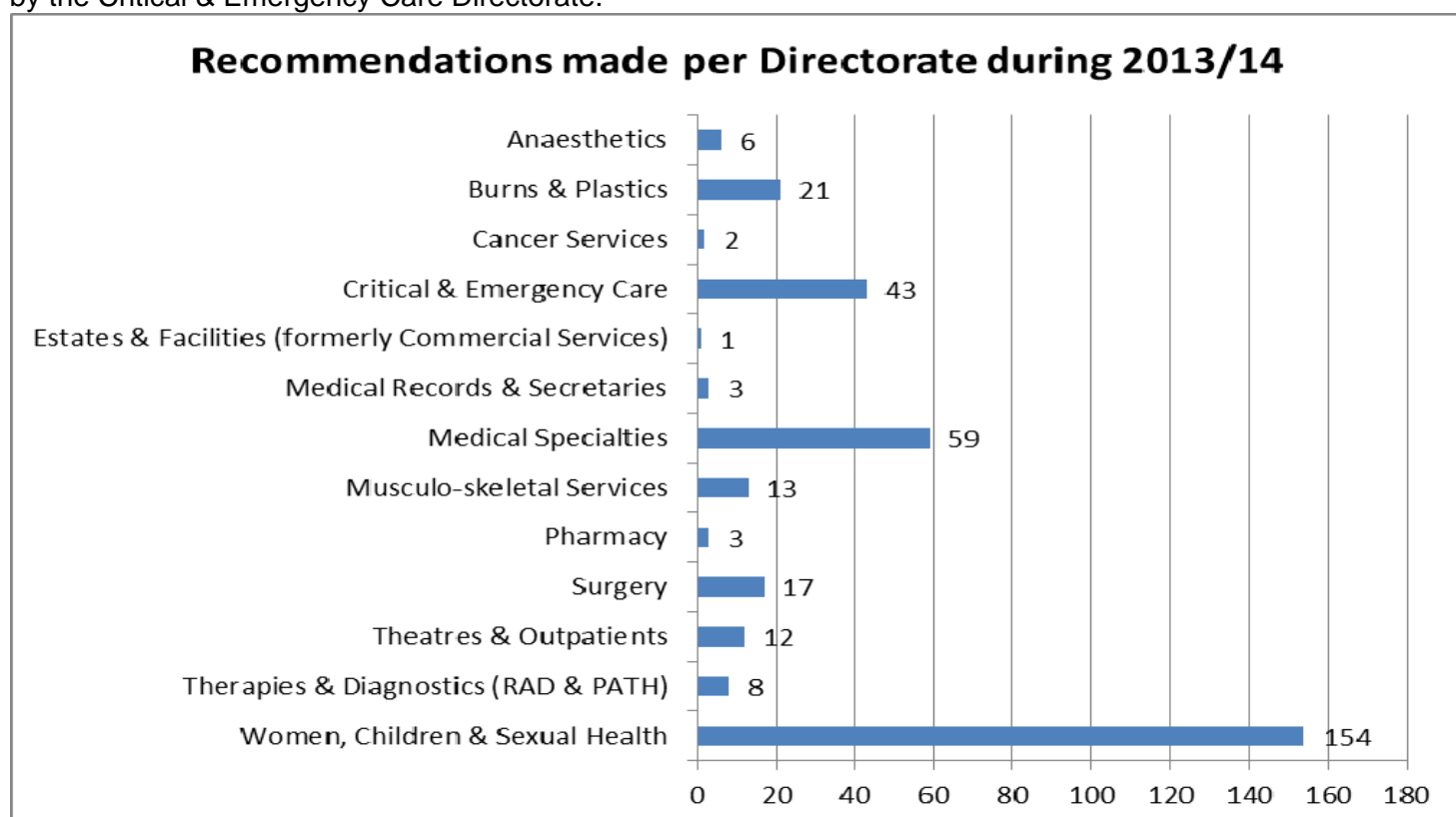
8.1 Number of specific Complaint Recommendations 2013/14

In November 2013 the Trust reviewed its systems and processes used to capture learning opportunities from complaints. The Trust were committed to ensuring that they had a robust system in place which supported and encouraged a culture whereby information gathered through complaints were acted upon and become integral to improving standards and quality of patient care. It was identified that there were some improvements required. The Complaints Department has developed a monthly report that details the recommendations that are due the following month and which are outstanding for each Directorate. This is

also shared with the Clinical Directors and the Heads of Nurses as well as a complaints report that goes to the Executive team meeting.

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 342 recommendations were recorded onto the Datix Database during 2013/14. As is demonstrated below the Women & Children Directorate made, by far, the most recommendations during this financial year. The Medical Specialties Directorate made the second highest number of recommendations, closely followed by the Critical & Emergency Care Directorate.



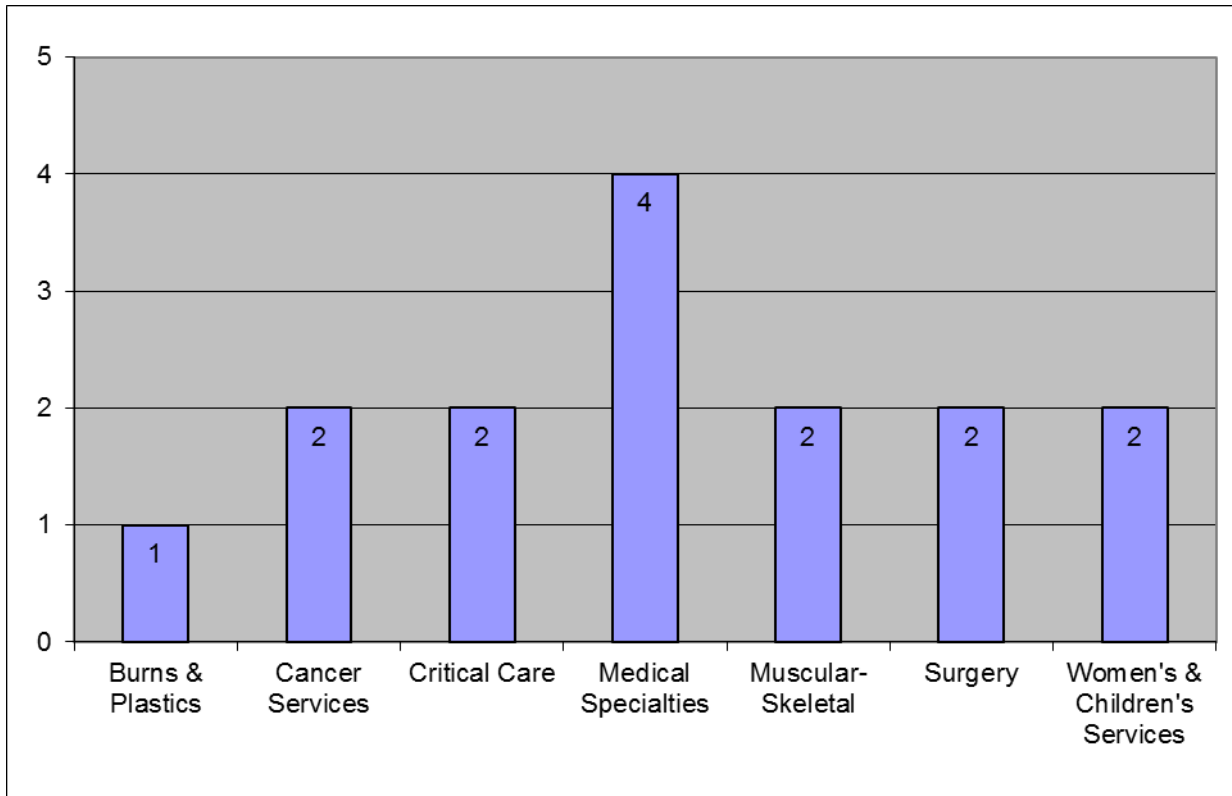
9 PARLIAMENTARY & HEALTH SERVICE OMBUDSMAN

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.

9.1 2013/14 Cases

During Financial Year 2013/14 the Trust supplied the Parliamentary & Health Service Ombudsman (PHSO) with copies of 15 complaint files. This is a 16.5% reduction compared to the 18 cases in 2012/13. 8 of the 15 cases are still open and awaiting a decision from the PHSO. 4 of the 15 cases were denied (no further action). In 3 of the cases the PHSO produced reports; 2 of these cases recommendations were made, in the 3rd case the Trust was criticised for providing incorrect information, which was rectified by the Trust following receipt of the complaint, so the PHSO were satisfied that appropriate action was taken by the Trust (no further action was required following this PHSO report).

The graph below shows the main Directorate for all 15 Ombudsman complaints:



9.2 Reports by the Ombudsman 2013/14

The Parliamentary & Health Service Ombudsman reported on three complaint cases regarding this Trust during 2013/14 as shown in the table below.

| Complaint first received by Trust | Directorate / Specialty | Summary of Complaint | Summary of findings of PHSO | Payments made to complainant |
|-----------------------------------|-------------------------|--|---|--|
| (CR12127) May 2011 | Information Governance | Complaint that confidential information was disclosed by a Trust member of staff to patient's ex-partner | The findings of the PHSO were that, although there was no evidence that a Trust member of staff had disclosed the information, they believed on the balance of probability it was a Trust member of staff. The PHSO required the Trust to apologize to the patient and confirm what actions the Trust had taken to ensure staff do not disclose confidential information. | £2,000 in recognition of the distress suffered as a consequence of the service failure |
| (CR15664) September 2012 | Medical Specialties | The complainant believed surgery should have been carried out on patient, and that the Trust did not do enough for the patient. Believed lack of care received by patient may have contributed to patient's death. | The Trust was found to have treated the patient appropriately but failed to communicate effectively with the patient and their family regarding the decision to manage the patient's condition conservatively. | N/A |
| (CR9533) | Medical | Unhappy with Nursing | The Trust was found to | £1,000 in |

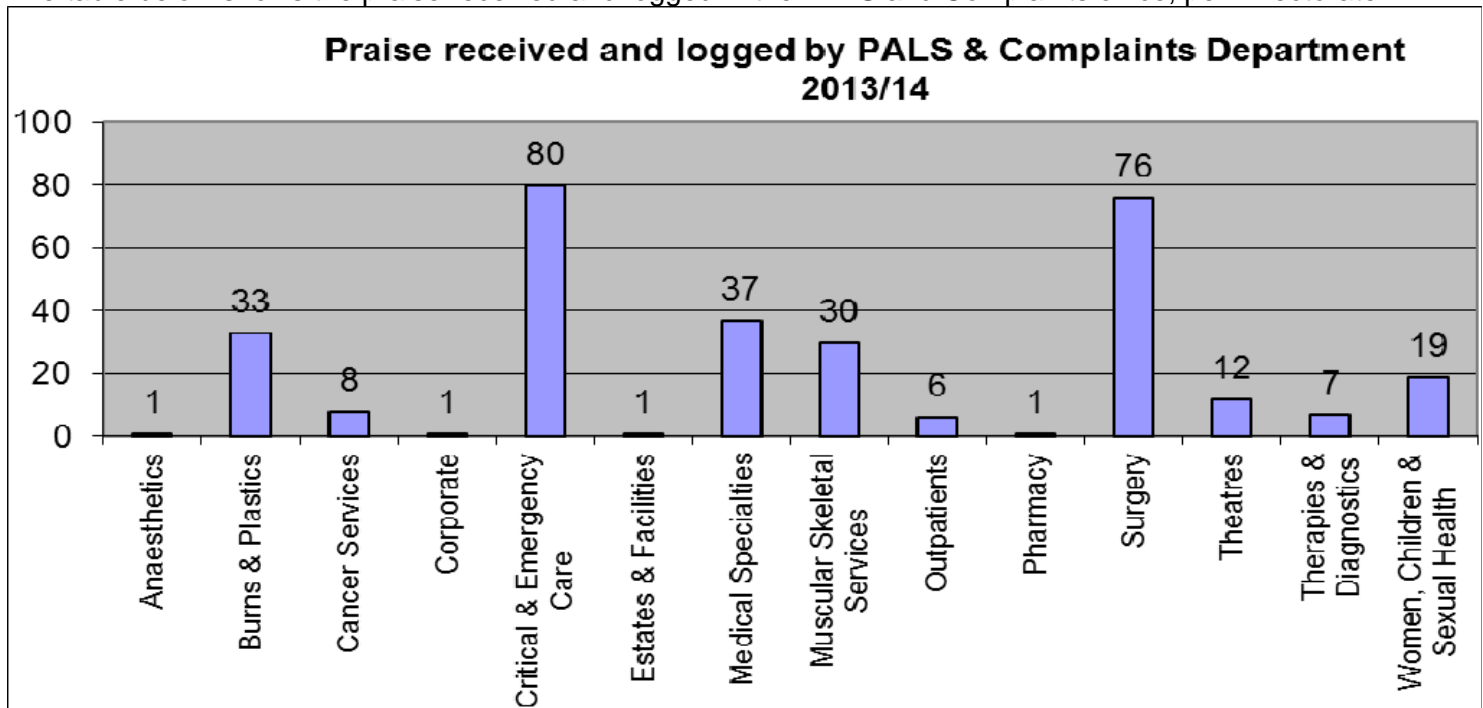
| | | | | |
|------------|-------------|-----------------------------|--|---|
| April 2010 | Specialties | and medical care of patient | have failed in identifying when the patient deteriorated, failure to request senior review of the patient over the weekend, and the Trust needed to improve management and treatment of acutely ill patient, including management and recognition of sepsis. | recognition of the distress caused to patient's family as a consequence of the service failure identified by the PHSO |
|------------|-------------|-----------------------------|--|---|

10. PRAISE

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

A total of 312 letters of praise were logged during 2013/14. Please note only formal letters of praise are currently being logged therefore any informal praise the Trust receive are not currently logged.

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



Extracts from letters of praise:

- "...I felt I must congratulate Broomfield Hospital on the level of excellent care I received, from arriving in admissions and chatting with the nurses who made me feel at ease. The surgery itself was quite scary for me, but again the Consultant and his team were so professional and caring that I knew instantly that I was in good hands..."
- "... [Recently] my wife and I were blessed with a safe arrival of our daughter. A week prior to this date we met with a Consultant who diagnosed a rare condition that meant we needed more care. The team

was mobilised only days later to ensure we were in the best hands and with such speed was a testament to the Consultant’s skill and her ability to provide such a quick response to the diagnosis....the anaesthetists, the paediatric staff, the midwives, radiology staff, and all theatre staff on that day were without question not only highly skilled but genuinely cared about us in such a unique way that I was truly humbled by the experience....”

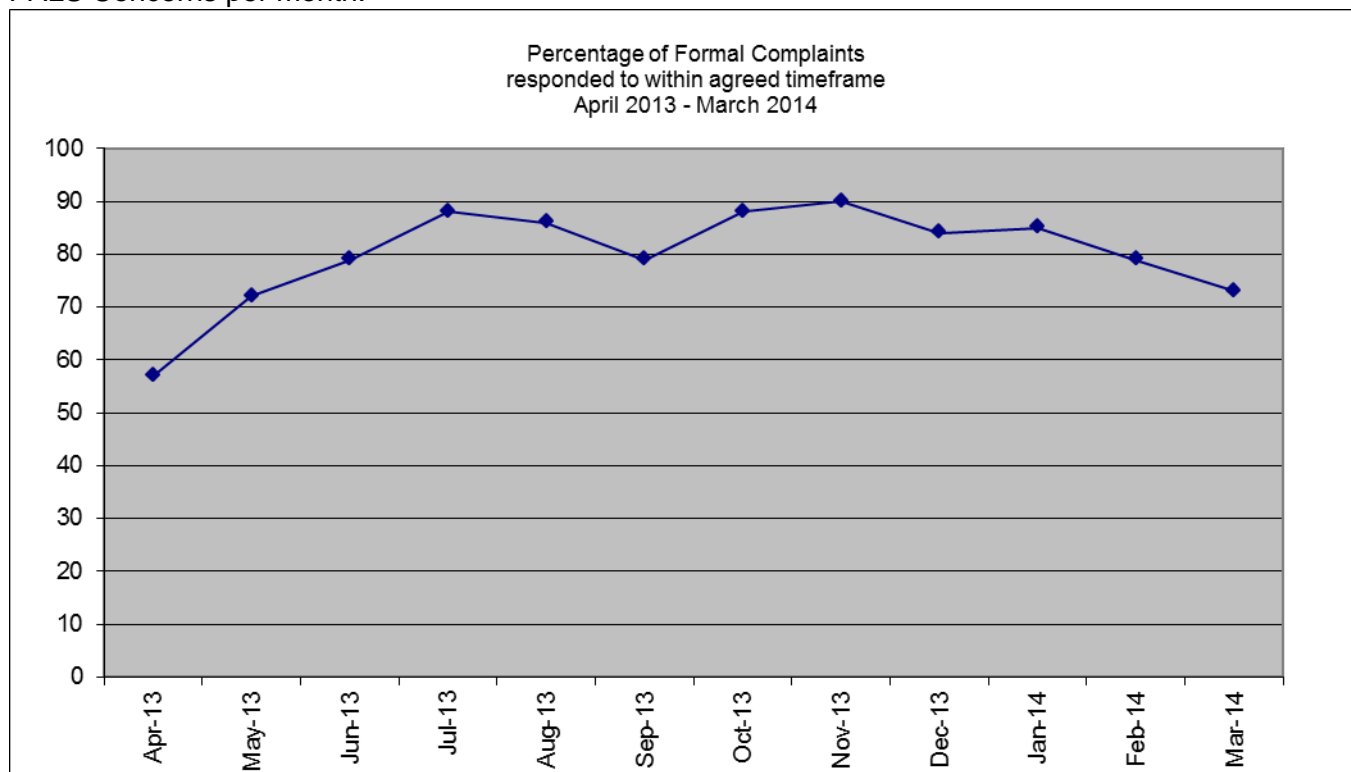
- “...The care, attention and treatment [*my mother*] received in A&E and resus were of the highest standard and could not have been faulted. I would particularly like to thank the nurse who looked after her in resus; apart from keeping me informed (status and progress) the nurse stayed with my mother for over an hour giving her outstanding support, reassurance and friendship; with kindness and humour which helped to relieve her anxiety and helped her settle into safe hands...”
- “...My wife was diagnosed with cancer 30 months ago. The speed at which she was diagnosed from GP referral to being seen by the hospital was a matter of days. She subsequently started courses of chemotherapy and radiotherapy, but unfortunately her cancer progressed and she passed peacefully away [recently].....The care and understanding she and we, as a family, received was first class. The professionalism of all the doctors, nurses, care workers and volunteers cannot be faulted...”

11 COMPLAINT HANDLING

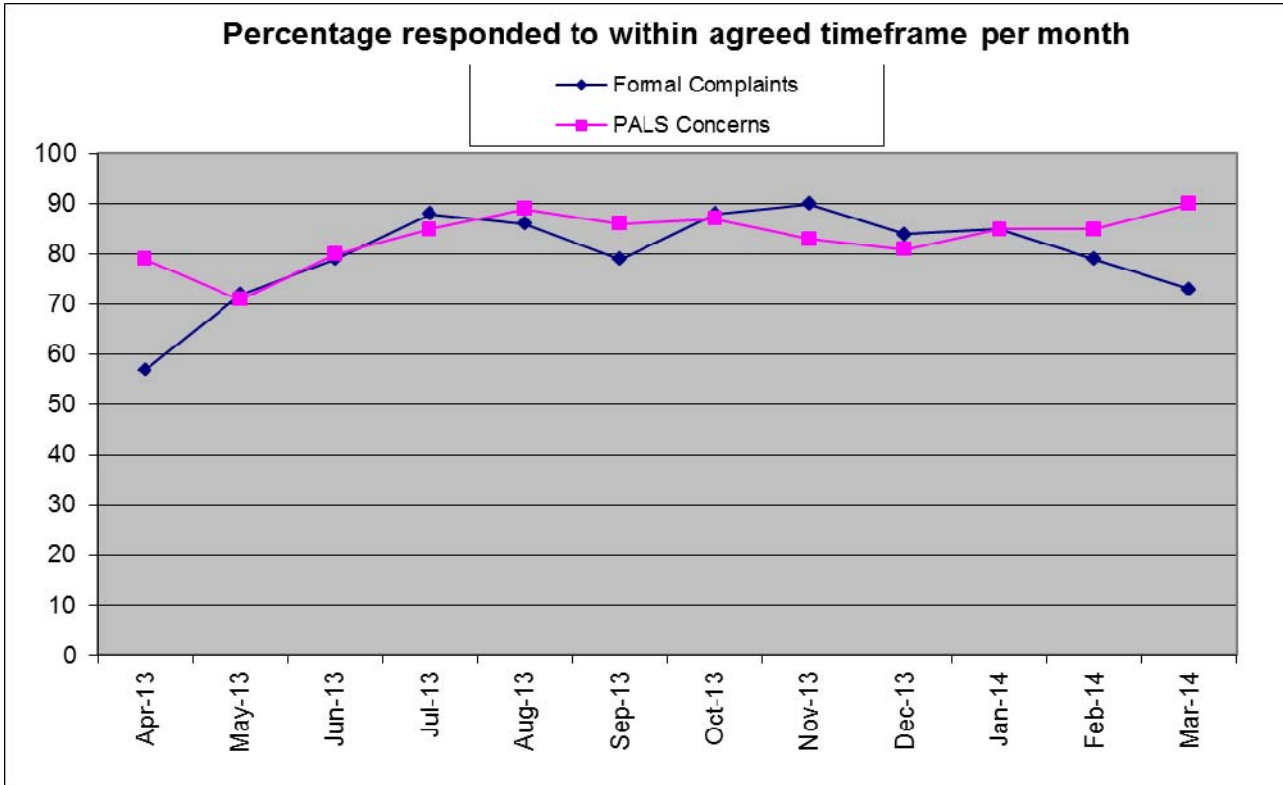
11.1 Performance

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.

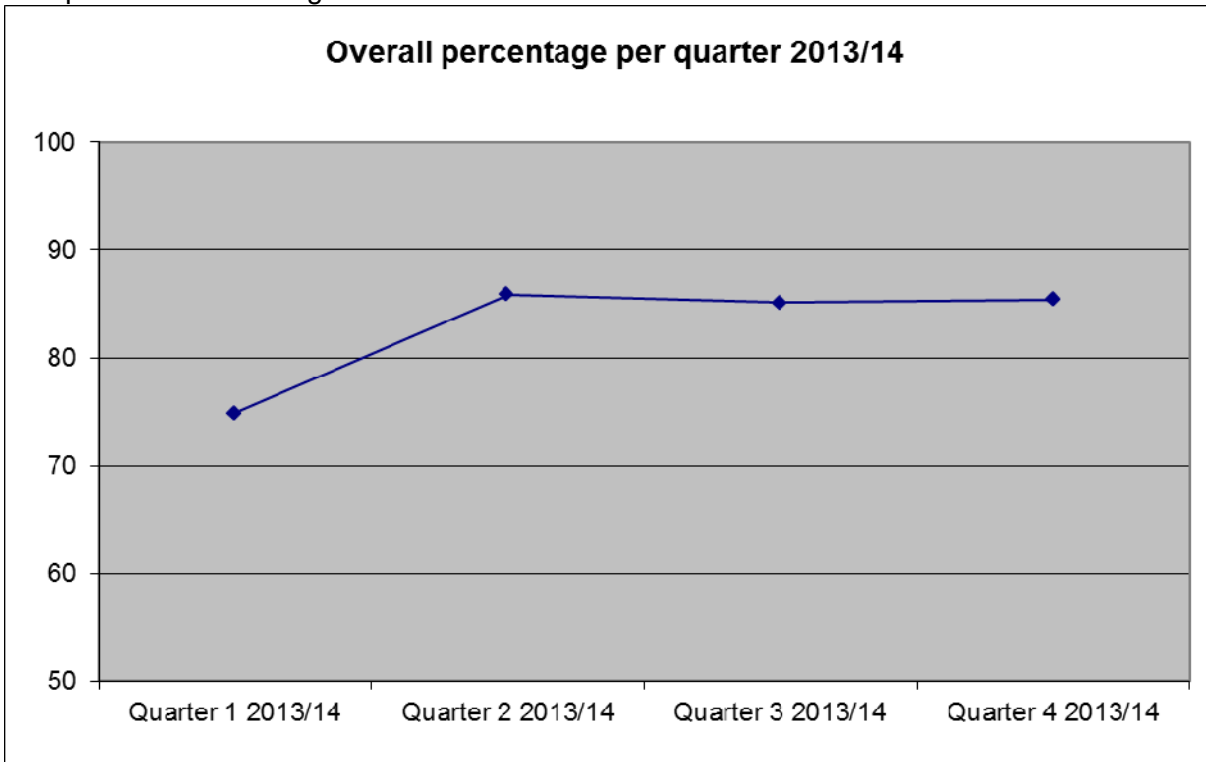
The graph below shows the performance against the agreed timeframes for Formal Complaints per month and PALS Concerns per month.



The graph below shows the overall performance for responding to PALS Concerns and Formal Complaints per month.

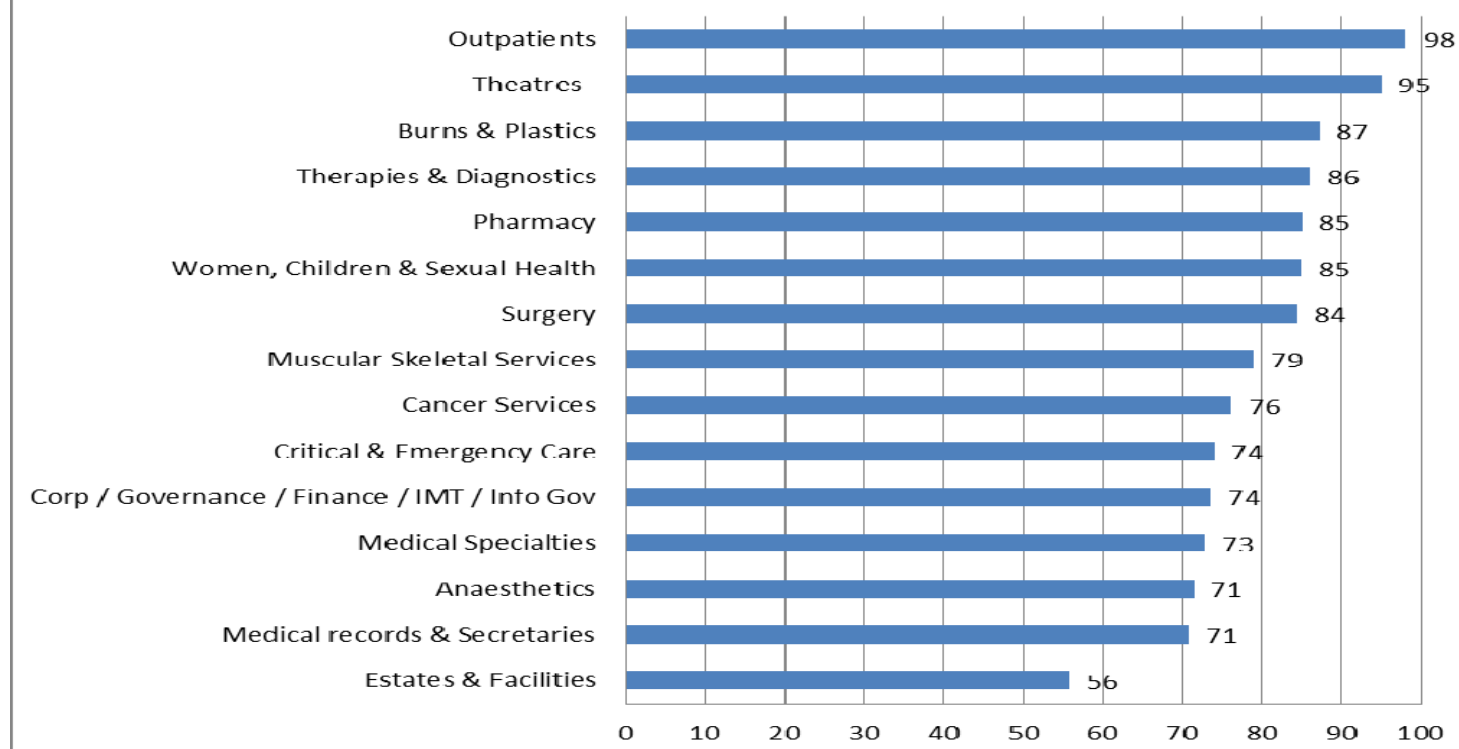


The graph below shows the cumulative performance per quarter for responding to PALS Concerns and Formal Complaints within the agreed timeframes



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

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



11.2 Training

The Trust recognises the importance of patient feedback, and especially the importance of ensuring complaints are handled in an open and honest way ensuring prompt responses. It is also essential that we continuously strive to improve services. Complaints can be an extremely useful way of reviewing our services and identifying problems and trends, which in turn can ensure learning and improved services for our patients.

Due to the various changes to the systems and processes used by the Trust to manage Formal Complaints and PALS Concerns as well as the newly ratified Complaints Handling Policy, the PALS & Complaints Managers designed a new training session for staff investigating complaints. This new training session commenced in September 2013.

The "Investigating Complaints" training session is aimed at any member of staff who is already undertaking complaint investigations and requires 'refresher' training, or for staff who have not undertaken investigations previously, but as part of their role, requirements of the Ward/Department, or their own personal development, need to undertake the training.

This new session, delivered by the PALS & Complaints Managers, covers all aspects of complaints handling and investigation including:

- **The Trust's processes for logging, investigating & responding to Formal Complaints & PALS Concerns**
(Including national guidance, new Trust processes, timeframes, roles and responsibilities etc.)
- **How to carry out an investigation into a complaint**
(Including guidance on completing the documents used, getting statements from staff, ensuring that all points are addressed etc.)
- **How to identify learning opportunities and recommendations for implementation**
(Including the 'SMART' method and basic root cause analysis)

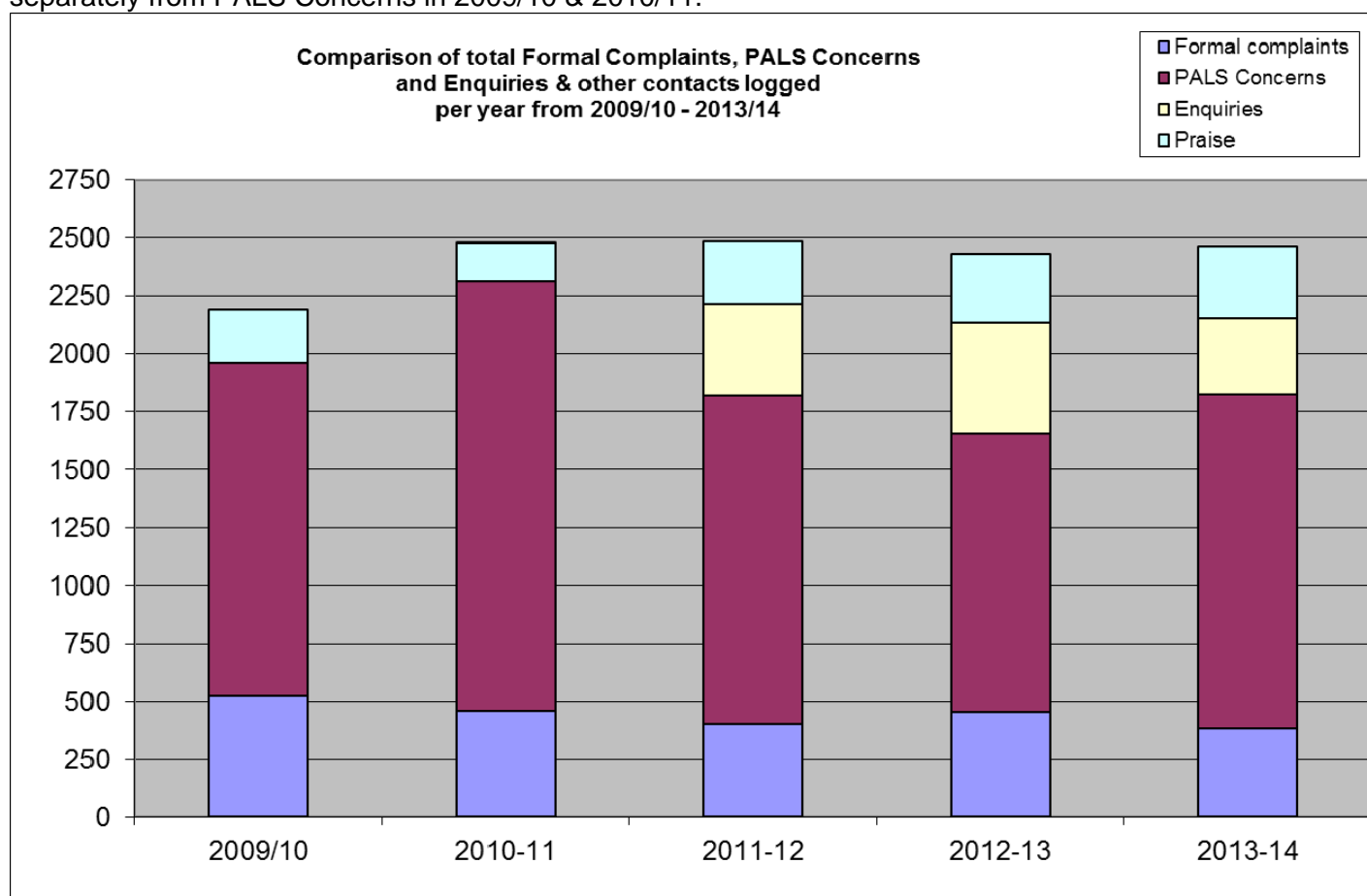
Since the new training sessions commenced in September 2013, a total of 46 staff have attended the sessions. All feedback so far has been positive; with staff commenting on how helpful and interactive the

training session is, providing clear instruction, guidance and helpful discussion regarding cases and processes.

Ad-hoc training is also provided to specific staff groups and individuals when required, including sessions on how to deal with concerns/roles and responsibilities of staff in relation to complaints handling, and investigating complaints.

12 CONCLUSIONS

The graph below shows the comparison of the total number of Formal Complaints, PALS Concerns, Enquiries & other records and Praise logged per financial year. It should be noted that Enquiries were not logged separately from PALS Concerns in 2009/10 & 2010/11.



A great deal of work has been undertaken to improve response times for complaints and PALS concerns. Improvements were seen early on in the Financial Year, with performance improving from 57% responded to within the agreed timeframe for formal complaints in April 2013 88% in July and August. Unfortunately performance for responding to formal complaints dropped again during the Financial Year and by March 2014 the response performance was 73%. Action has been taken and already, at the beginning of the new Financial Year (2014/15) significant improvements have been noted in responding to Formal Complaints. Performance for responding to PALS Concerns

In partnership with the Patient Engagement Group (PEG) the Communications team have redesigned and updated the Trust Website to ensure it provides user friendly access to patient related information. This new website was launched in the first week of May. The site offers updated information for the 65,000 visitors we have to the web site every month and accessibility has been enhanced with new Google translate functionality and Brousealound. The cancer service user group, Patient engagement group, Healthwatch and Patient Council were very supportive in developing the refreshed content to ensure a better patient and visitor experience.

The Trust will continue to focus on what steps can be taken to further improve how we manage, learn from and respond to complaints

AUTHORS

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Completed

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