

TRUST BOARD PRIVATE - MARCH 2016

Agenda Item Number: 31/16  
Enclosure Number: (6)

<b>Subject:</b>	Example of Complaints
<b>Prepared by:</b>	Marion Brown, Head of Patient Experience (Interim)
<b>Sponsored by:</b>	Cathy Stone, Director of Nursing
<b>Presented by:</b>	Cathy Stone, Director of Nursing
<b>Purpose of paper</b>	The Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC, published in February 2013, recommended that the Board are required to receive an in-depth analysis of all aspects of the complaints process.
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	The report has been reviewed at the Trust's Patient Experience Committee.  The Board are asked to consider the report.
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	Discussion
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	N/A
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	N/A
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	N/A

<b>Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register</b>	
<b>Strategic Aim</b>	Strategic Aim 1: Deliver Safe, High Quality Patient Centre Care

<b>BAF/Corporate Risk Register Reference (if applicable)</b>	N/A
<b>Risk Description</b>	N/A
<b>CQC Reference</b>	Outcome 17: Complaints People should have their complaints listened to and acted on properly.

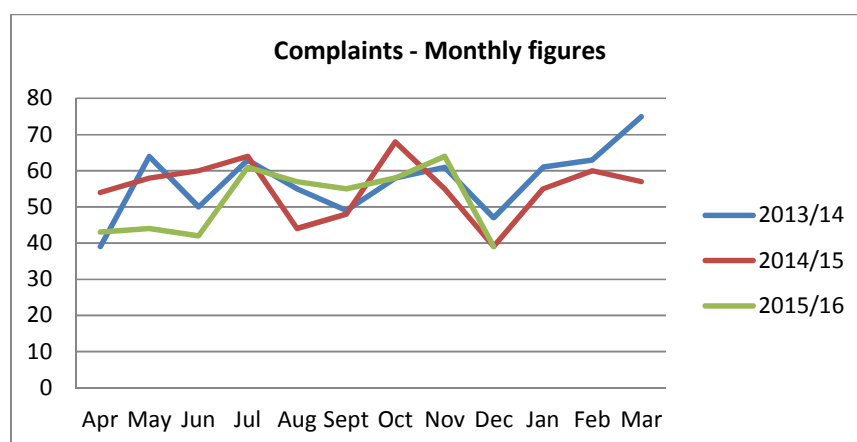
<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>

## QUARTERLY COMPLAINTS & PALS REPORT – 1 October to 31 December 2015 (Quarter 3 2015-16)

1. **INTRODUCTION:** Quarter 3 saw a **8% reduction** in the number of complaints (**160**) received as compared to the previous quarter (173) and 1% reduction since Quarter 3 2014/15 (162)

	2012/13	2013/14	2014/15	2015/16
Quarter 1	128	152	172	129
Quarter 2	119	165	156	173
Quarter 3	125	165	162	160
Quarter 4	159	198	172	

In keeping with the time of year, complaints reduced from 64 in November to 39 in December 2015, and there has been no significant variance in the numbers of complaints received during this quarter for the last 2 years.



Month	No. of Complaints received			Variance year on year	Variance month on month
	2013/14	2014/15	2015/16		
Dec	47	39	39	↔	▼26
Nov	61	54	64	▲10	▲6
Oct	68	58	58	↔	▲3

2. **BREAKDOWN BY CLINICAL SERVICE CENTRE:** Of note is the number of complaints involving Head & Neck CSC which rose from 7 in Quarter 2 to 18 in Quarter 3. Outpatient appointment delays and cancellations was the most common reason for people to complain particularly in ENT.

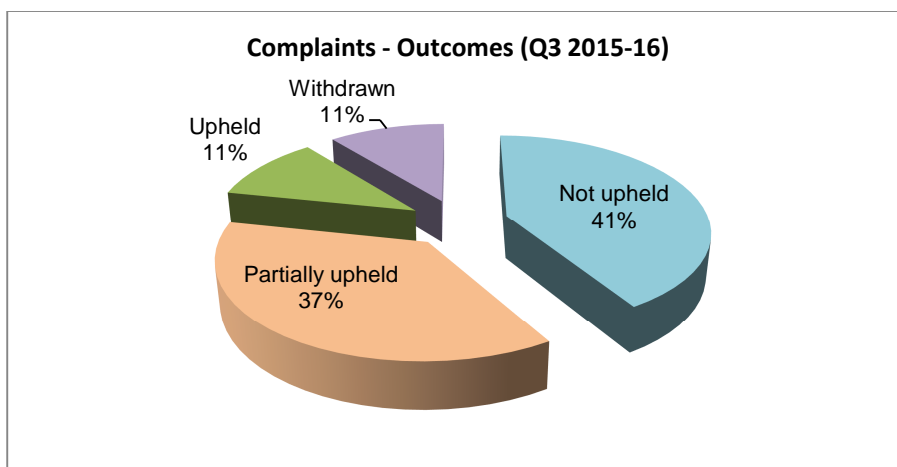
CLINICAL SERVICE CENTRE	Q1	Q2	Q3	Q4
Clinical Support Services	4	10	9	
Corporate Services	0	2	1	
Dept of Med for Older People & Stroke	5	9	5	
Emergency Medicine	21	27	24	
Head & Neck	4	7	18	
Medicine	31	29	39	
Renal & Transplant	1	3	1	

Theatres, Anaesthetics & Critical Care	4	4	3	
Surgery & Cancer	30	33	24	
Trauma,Ortho,Rheum & Pain	16	29	20	
Women & Children's Services	13	20	16	
<b>TOTAL</b>	<b>129</b>	<b>173</b>	<b>160</b>	

3. **PERFORMANCE INDICATORS:** Although more than 47% (74) complaints have already been responded to within the agreed 30 working days, 11% (18) have been sent after the deadline originally set. Responses are breaching deadlines due to the late receipt of the draft response from the CSC and the subsequent required approval by Head of Nursing or Chief of Service.

Indicator	Q1 2015/16	Q2 2015/16	Q3 2015/16
No. of complaints acknowledged in 3 working days	127 (98%)	173 (100%)	160 (100%)
No. of complaints resolved within 30 working days	81 (63%)	103 (59%)	74 (47%)
No. of complaints not resolved within agreed timescale	47 (36%)	69 (40%)	18 (11%)
Number of complaints on-going	1 (1%)	1 (1%)	67 (42%)

4. **COMPLAINT OUTCOMES:** Of the complaints responded to during Quarter 3, 5 (11%) have been upheld and 17 (37%) partially upheld. Following investigation, 19 (41%) complaints were not upheld and 5 (11%) were withdrawn as either involved services not provided by PHT or the issues were resolved to the satisfaction of the complainant.



5. **SEVERITY OF RISK ASSOCIATED:** Of the 160 complaints received, **88 (55%)** were graded as Moderate risk and **48 (30%)** as Low. Only **24 (15%)** complaints were felt to be of High risk and were shared with the Risk and Legal Teams to ensure they are handled through the most appropriate process.

GRADE OF SEVERITY	No.	%
Green (Low risk)	48	30%
Yellow (Moderate risk)	88	55%
Amber (High risk)	24	15%
Red (Extreme risk)	0	0%

6. **SUBJECTS:** All complaints and PALS enquiries are recorded onto the Trust's Risk Management database (Datix). The following shows a breakdown of the primary reason for the complaint or concern.

The most common reason for people making a formal complaints involved aspects of clinical treatment. However overall people were concerned about Outpatient delays and cancellations and the particular service areas who received most concerns included ENT (49), Ophthalmology (32) and Urology (26).

The problems at ENT are now being addressed by the CSC in the recruitment of an additional Head and Neck Surgeon, additional Outpatient Clinics scheduled, and review of surgical lists to help reduce the number of appointments cancelled on the day.

Trustwide Areas of concern	Complaints	PALS	Total
Outpatient appointment Delay/Cancellation	16	178	194
All aspects of Clinical Treatment	58	49	107
Communication	24	83	107
Admission, Discharge and Transfer	23	35	58
Attitude of staff	8	34	42
Inpatient appointment Delay/cancellation	9	33	42
All Aspects of Nursing Care	15	11	26
Personal Records	4	6	10
Hotel Services		4	4
Aids, appliances & equipment		4	4
Policy and commercial decisions of the Trust	1	2	3
Patients privacy & dignity	2		2
Patients property & expenses		2	2
Transport		2	2
Other		3	3

7. **LEARNING FROM COMPLAINTS:** The following table shows some of the areas of where learning and actions have been implemented as a result of complaints.

Date received	CSC	Outcome
November 2015	Head & Neck	Patient unhappy with changes in appointment dates and delay in having procedure. Extra follow-up and new outpatient clinics have been set up. Improved communication with consultants and admin staff to provide more continuity for patients.
October 2015	Medicine for Older People, Stroke and Rehab	Following the discharge of a patient without adequate pain relief, a full review was carried out to improve processes for discharge and communication for those patients discharged with fast-track funding or those who are nearing the end of their life.
October 2015	Medicine	Patient upset at not being informed that they could have sedation during a gastroscopy. As a result, patient information leaflets updated to make this clearer for patients.

October 2015	Critical Care, Theatres and Anaesthetics	Father felt that staff did not provide adequate pain relief and gave no advice about the management of a drain. This was discussed at Team Meeting and all staff have reminded of importance of effective communication and handover. Staff also discussed the Young Person's Policy around visitors. Reinforced standards of verbal and written discharge information. New patient information leaflet about care of drains to be produced with input from surgeons.
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## 8. KO41(a) QUARTERLY SUBMISSION

- a) **Point of Delivery:** The table below provides a summary of the total numbers of complaints by point of delivery which is a requirement of the quarterly KO41a submission.

Point of delivery	Complaints
Inpatients	62
Outpatients	68
Emergency Dept	23
Maternity	7
<b>Total</b>	<b>160</b>

- b) **Age Range:** The Trust is required to ensure that services are accessible to all patients of all ages and that there is no evidence of age discrimination. The following data helps to identify whether a particular age range has had more concerns about their care. Each quarter has shown that the most common age range of people who have complained about their care (or had someone complain on their behalf) is 26-55 years, closely followed by those of 75 years and over.

Age range	Q1	Q2	Q3
0 to 5 years	8 (6%)	11 (7%)	7 (4%)
6 to 17 years	2 (2%)	5 (3%)	7 (4%)
18 to 25 years	10 (8%)	9 (5%)	9 (6%)
26 to 55 years	40 (31%)	61 (36%)	48 (30%)
56 to 64 years	13 (10%)	13 (8%)	20 (12%)
65 to 74 years	22 (17%)	32 (19%)	28 (18%)
75 years and over	34 (26%)	38 (22%)	41 (26%)

9. **PHSO REFERRALS:** The second stage of the NHS Complaints procedure is referral to the Parliamentary and Health Service Ombudsman (PHSO). Encouragingly, so far this year, the PHSO have not upheld any of the small number of complaints referred to them so far this year.

PHSO	Total rec'd	Under review	Upheld	Part upheld	Not upheld
2014-15	16	1	3	9	3
2015-16	10	5			5

Only a small number of complainants have referred their case to the PHSO and very few of these have been upheld which reflects the quality of the Trust's investigation and response.

**10. COMPLAINTS HANDLING EVALUATION:** Once a letter of response has been sent, the Complaints Team send an Evaluation Form to the complainant to gain some feedback on how they felt their experience had been in making a formal complaint. Unfortunately very few completed Evaluation forms are returned, however the Complaints Team also carry out telephone surveys to gain as much feedback as possible.

In total this Quarter we received feedback from 47 complainants and reassuringly the amount of positive feedback has increased considerably since the previous quarter. Although the response to Question 2 has improved since the last quarter, the Trust still needs to find ways of assuring patients and visitors that they have listened and will improve as a result of the feedback received.

Complaints Evaluation		Positive responses	
Questions		Q2	Q3
1. Were you able to access information easily on how to make a complaint?		85%	94%
2. Do you feel reassured that the Trust has listened and will improve as a result of your complaint?		57%	62%
3. Did you receive a prompt acknowledgement of your complaint?		81%	94%
4. Were you kept up to date with the investigation of your complaint?		70%	89%
5. Would you feel comfortable to make a complaint to the Trust in the future?		92%	91%
<b>Overall satisfaction rate</b>		<b>87%</b>	<b>87%</b>
<b>Examples of varied comments received:</b>			
<p><b>POSITIVE</b></p> <ul style="list-style-type: none"> <li>• PALS Team visited on ward.</li> <li>• I appreciated the apology and felt it was genuine.</li> <li>• I was very nervous about complaining but now I would be comfortable.</li> <li>• First class, they took the time to listen and were kind and warm.</li> <li>• I was listened to and most importantly believed and not classed as a trouble maker.</li> <li>• A detailed response and action taken with relevant individuals.</li> </ul>		<p><b>NEGATIVE</b></p> <ul style="list-style-type: none"> <li>• No faith in future changes.</li> <li>• Provide clearer, more detailed response.</li> <li>• Display feedback forms more prominently.</li> <li>• Quicker answers, not to be kept in the dark</li> <li>• Letter was unsatisfactory, contained misinformation.</li> <li>• Medical issues responded to but issues relating to hospital systems and organisation not.</li> </ul>	

**11. PATIENT EXPERIENCE COMMITTEE:** The purpose of the Patient Experience Committee is to provide assurance that the Trust's complaints procedures are in line with national and local requirements. In October 2015, as Chair of the Patient Experience Committee, a Non-Executive Director carried out a second audit of complaints within the Complaints office.

The outcome of the audit was shared at the Committee meeting on 19 October 2015 and demonstrated that improvements had taken place in the process and that complainants were now being kept more up to date on the progress of the investigation into their complaint. However there are still some difficulties in obtaining timely draft responses from the CSCs which is leading to a delay in meeting the required 30 working day deadline for response.

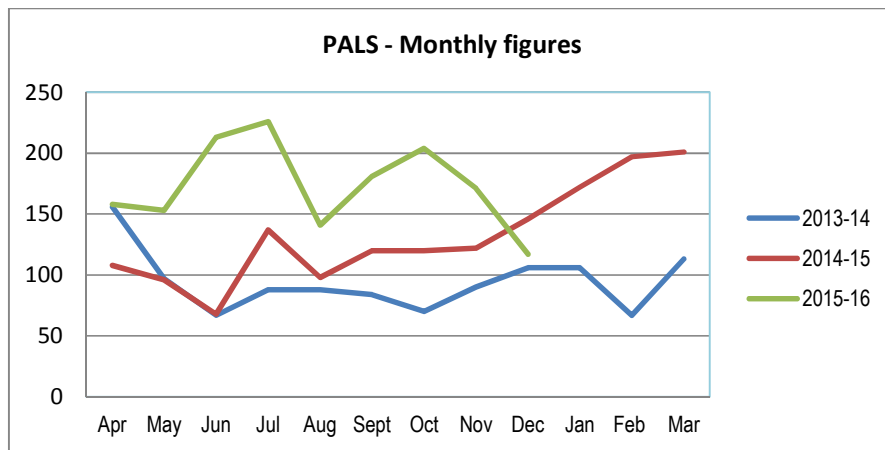
The Committee also reviewed all of the high grade complaints, small claims, referrals to the Ombudsman, complaints handling training for staff, and themes coming through from PALS.

In future the Committee will also review the outcomes of some high level complaints which have been considered upheld or partially upheld. The Committee will request that the relevant staff from the CSC attend a Committee meeting to present the findings of the investigation and the evidence that learning or improvements have taken place as a result.

**12. PATIENT ADVICE AND LIAISON SERVICE (PALS):** The principle of PALS is to effect speedy resolution. This table reflects this principle with 16 PALS cases which due to their complexity or inability to be resolved quickly required escalation to the formal complaints process.

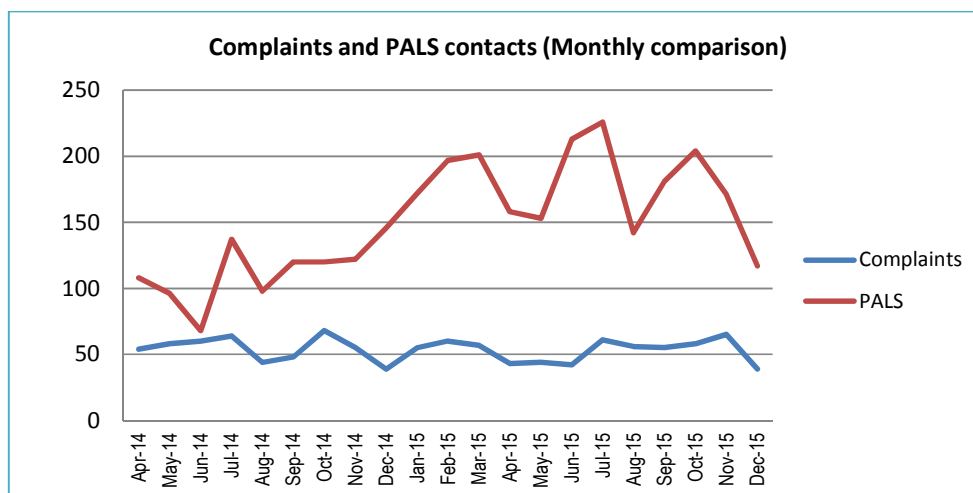
Patient Advice & Liaison Service (PALS) contacts		Quarter 3	Total for last 12 months
Total contacts received	Concerns	445	2,216
	Info/advice	47	508
	<b>TOTAL</b>	492	2,724
Resolved within 5 working days		387 (79%)	Not avail.
Unresolved - Passed to Complaints		16	39

**13. MONTHLY COMPARISON:** It is noted that PALS contacts have been reducing since October, although we expect that numbers will rise again in Quarter 4. It is reassuring to note that 387 concerns (79%) were resolved within 5 working days during the three month period.





**14. MONTHLY COMPARISON OF ALL CONTACTS RECEIVED:** The following graph reflects the consistency in the number of complaints compared to the high, recently fluctuating, number of people using PALS since its re-launch in July 2014.



**15. SMALL CLAIMS:** Since September 2015, the management of small claims has been the responsibility of the Complaints Team. There has been a slight reduction in the number of small claim from 34 in Quarter 2 to 30 during Quarter 3.

Not all claims are accepted or paid in full and so far of the claims made during Quarter 3 so far only 11 have been settled. As there was no evidence that items had been lost or brought into the hospital, in 7 cases the claim was declined and in 3 cases the items claimed for were later found.

Date Received	Claim No	CSC	Ward	Description	Amount Claimed	Amount Paid
15.10.15	119/15	W&C	A6	Glasses	£63.75	£63.75
20.10.15	124/15	ED	ED/MAU/E7	Clothing	£20.00	£20.00
21.10.15	123/15	ED	ED/Majors	Glasses / Mobile	£425.00	£425.00
2.11.15	120/15	RENAL	G9	Jewellery (Wedding Ring)	£299.00	£299.00
2.11.15	131/15	ED	MAU/CT	Glasses	£238.50	£238.50
2.11.15	130/15	MSK	D3	Hearing Aid	£1,950.00	£1,000
12.11.15	132/15	ED	ED	Other (Mobile & Jacket)	£130.00	£80
20.11.15	134/15	CSS	Occ Therapy	Other (Damaged wall unit)	£700.00	£350.00
26.11.15	136/15	ED/DMOP	ED/MAU/F4	Glasses	£447.95	£447.95
30.11.15	140/15	MOPRS	F4	Clothing (Slippers)	£7.00	£7.00
10.12.15	143/15	H&N	Maxillofacial	Other (Travel Expenses)	£30.00	£30.00
<b>TOTAL AMOUNT PAID</b>					<b>£2,961.20</b>	

**16. PLAUDITS:** During Quarter 3 the Trust recorded a total **1,869 plaudits** across the organisation from patients, relatives and visitors to the Chief Executive's Office, various wards and departments and through social media (including Patient Opinion and NHS Choices).

Some examples of the plaudits received include:

**Department of Medicine for Older People (Ward G4):** *Just arrived home after visiting my 96 year old nan on G4 ward. I have to say the nurses on duty tonight were fantastic. They tended to my nan with such care and patience. Nothing was too much trouble. Just how nursing should be!*

**Women & Children, Maternity Unit (Ward B5):** *My daughter gave birth 17/12/15 to my grandson on B5 ward. Firstly would like to say a Big Thank you to her midwife, who did their job as a midwife excellently, But went beyond that, was caring calming and just a lovely person. Thank you again. I personally think hospitals in general get bad press let's not forget these doctors nurses midwives etc work long hours short staffed. But how lucky are we to have a NHS.*

**Surgery & Cancer, Plastics/Paed:** *Excellent care received for my 16 month old son. My young son had to attend Plastic Surgery on 28th October to have a minor op on his finger after trapping it in a door. I can honestly say I was so impressed with everyone we came into contact with. My son is only 16 months old and was understandably distressed, both he and I were treated so kindly and kept informed every step of the way. Even in theatre, one of the nurses got a Peppa Pig episode up on her iphone to distract my son before he went under a general. And when I had to leave him there, they didn't make me feel stupid for being upset and were just lovely. The children's ward Shipwrecked we were on was also spotlessly clean. We went back a week later to have the bandages off and although yes, there was a wait (10.30 appointment and we went in at 11.20), I still could not fault anyone. Would be happy to come back to QA if I had to.*

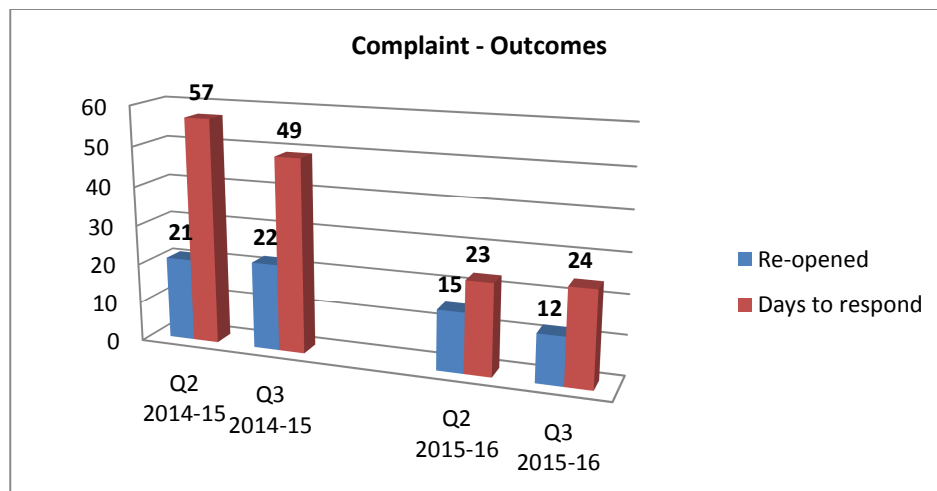
**Medicine, Cardiology:** *On arrival I was seen by nurses and a little later by the duty doctor. This was Sat morning so it was pretty chaotic in there. I Was taken into serious cases ward where I was visited by a Cardio consultant and transferred to CCU where I was wired up and bedded all by about 0330. All the staff I had contact with were cheerful attentive and caring. I stayed in for five days during which time I was visited by consultants, had an angiogram and numerous blood tests. When it was decided to discharge me I was given advice, medication and a form telling me what had gone on from the consultant.in the CCU I could get a cuppa at any time and the staff (day and night ) were always willing and helpful. The food was fine and I the whole experience was a credit to the CCU staff. I think the contract cleaners should be better supervised (the nursing staff have no time for that in the mornings) Well done CCU and QA. An excellent performance!*

**Head & Neck, ENT:** *Having seen her GP just one week before, my wife was referred for tests to the Ear, Nose and Throat department for a lump on her neck. How quick is that?! In the time she was there she saw the consultant along with another training surgeon, had a scan with the attendant doctor and radiologist and a concluding consultation at the end to give her, happily, the good news that it was not cancer. There is no way on earth that this service could have been bettered, and the speed at which she was seen with the resulting peace of mind was quite amazing. Well done NHS and thank you.*

**Emergency Department:** *Within 1 hour my finger injury was assessed, x-rayed, treated and I was on my way home. The staff were all professional, friendly and explained what was happening at each stage. I could not have asked for a better service, thank you to all who were a part of my experience. This is one tiny example of why we are so lucky to have a National Health Service.*

**17. PERFORMANCE:** The table below shows performance in Quarter 3 has improved to that of the same quarter last year, with only 12 people in Quarter 3 having their complaint re-opened as they remained unhappy after receiving their response (compared to 22 in Quarter 3 last year)

The average number of working days to respond also improved, meeting the deadline of within 30 working days, at 24 in Quarter 3 this year (compared to 49 last year in Quarter 3).



In summary more people are receiving timely responses, within the deadline set, and are satisfied that the response has addressed all of the issues they had raised.

## 18. CURRENT INITIATIVES

**(a) Update of Complaints Policy:** In line with the recommendations from the PHSO report *“My Expectations for raising concerns”* the Complaints Policy has now been updated and the Trust will now be monitoring whether the complaints process is compliant with the recommendations of the report.

This report presented the outcome of research carried out with patients, services users, frontline staff and stakeholders, and describes a vision of what good would look like from a service user’s perspective. The framework involves 5 simple “I” statements:

1. *“I felt confident to speak up”*
2. *“I felt that making a complaint was simple”*
3. *“I felt listened to and understood”*
4. *“I felt that my complaint made a difference”*
5. *“I would feel confident making a complaint in the future”*

**(b) PALS Volunteers:** Following a recent (Dec 2015) report by the PHSO *“Breaking down the barriers – Older People and Complaints about Health Care”*, the Trust intends to recruit volunteers to work with PALS in seeking the views of elderly and vulnerable patients by visiting wards and ensuring that they have support in raising a concern or resolving any issues which may have arisen during their time in the hospital.

The PHSO’s report highlighted the fact that elderly and vulnerable patients may feel worried or even unsure of how to raise a concern, and may need additional support to put them at their

ease and get the answers or support they need in timely and less formal way, while ensuring that they are aware of how they can make a formal complaint if they wish.

PALS is a valuable support service for these patients and their relatives, but allowing patients and visitors the opportunity to speak with volunteers on behalf of PALS would help to break down any barriers that may be preventing people from speaking up.

**19. RECOMMENDATIONS:** The Board is asked to note the contents of this report.

**Marion Brown**  
**Head of Complaints and PALS**  
18 January 2016