

Report to:	Public Board of Directors	Agenda item:	22
Date of Meeting:	27 September 2017		

Title of Report:	Annual Complaints Report
Status:	For information
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Authors:	Sharon Manhi, Lead for Patient and Carer Experience Jenny Evans, Complaints Manager Tereza Cleverley, Patient Advice and Liaison Service (PALS) Manager
Appendices	None

1. Executive Summary of the Report

The purpose of this report is to provide the Board with a summary of the complaints received by the Trust in 2016/17. The report reviews the complaints and concerns received during this period highlighting trends and providing further information on how these complaints have been managed. The report also provides details of learning from experience and improvements that have been implemented as a result of patient feedback.

2. Recommendations (Note, Approve, Discuss)

The Board is asked approve the report.

3. Legal / Regulatory Implications

Care Quality Commission (CQC) Registration 2013/14.
NHS Health Service Complaints (England) regulations 2009
Patients Association 'Good practice standards for complaints handling' September 2013

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

There are no risks recorded on the risk register with regard to the complaints and PALS service.

5. Resources Implications (Financial / staffing)

Capacity of staff across the Trust to respond to complaints within the agreed timescales remains a challenge.

6. Equality and Diversity

Ensures compliance with the Equality Delivery System (EDS).

7. References to previous reports

Monthly Quality reports to Management Board and the Board of Directors
Quarterly Patient and Carer Experience Reports to Quality Board/Management Board and the Board of Directors
Report to Non Clinical Governance Committee – July 2016
Complaints Annual Report to Management Board – August 2017

8.	Freedom of Information
Public	

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Executive Summary

- The purpose of this report is to provide assurance that the Trust follows its Complaints Policy, and to provide an overview and analysis of complaints and PALS concerns received in 2016/17. The report includes examples of complaints which have been used to assist in learning lessons and to improve the quality of patient care during the year.
- Complaints and their responses are reviewed by the Director of Nursing and Midwifery and are signed by either the Chief Executive or Deputy Chief Executive.
- The Trust has a Non-Executive Director as the lead for complaints who now reviews the complaint files twice a year using the CQC framework. The robustness of this review will be a focus for 2017/18.
- The Royal United Hospitals Bath NHS Foundation Trust had a total of 707,700 patient attendances in 2016/2017 which is an increase in activity of 2%, from 690,432 patients attending the Trust in 2015/16. Patient attendances include inpatient, outpatient and Emergency Department visits.
- The Trust received 214 formal complaints in the year 2016/17 which represents a 28% decrease from 303 in 2015/16 with a monthly average of 18 complaints.
- This year, we have seen a reduction in the number of formal complaints received by the Trust, and an increase in the number of informal complaints, the support for which is delivered by the Patient Advice and Liaison Service. As a consequence, there has been a 29% increase in the number of contacts to the Patient Advice and Liaison Service (PALS) from 2754 in 2015/2016 to 3739 in 2016/2017.
- The most frequently cited subject matter of formal complaints received was that of clinical care. This category accounted for 60% (128) of the formal complaints received in 2016/17. In 2015/16 it was 56% and in 2014/15 it was 69%.
- The overall complaint rate for the Trust against activity has reduced from 0.044% complaints in 2015/16 to 0.030% in 2016/17.

1. Purpose of the Report

This report provides a detailed analysis of the formal complaints received by the Royal United Hospitals Bath NHS Foundation Trust (RUH) during the financial year 2016/17.

As part of the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009, the Trust has a statutory duty to record and report the following information:

- The number of complaints
- The number that were well-founded
- The number referred to the Parliamentary Health Service Ombudsman
- The subject matter of complaints
- Matters of importance arising from the complaints or handling thereof
- Action taken, or being taken, to improve services as a result of complaints received

This report is intended to provide assurance that the Trust is correctly recording complaints received, and concerns raised with the Patient Advice and Liaison Service (PALS), noting trends in complaints, and actions taken to address concerns raised by patients and their families/carers.

A key objective of the Trust is to ensure that patient, family and carer experience continues to improve. Complaints are seen as a key component to drive change through lessons learned and practice change.

Information is made available to patients, carers and families who wish to raise a concern or make a complaint. Leaflets and posters are displayed in all areas of the Trust and advice on how to contact the service is available through the RUH website. This information is also available in easy read format as well as different languages.

2. Recording of Complaints

The Trust uses the DATIX database to log and track complaints.

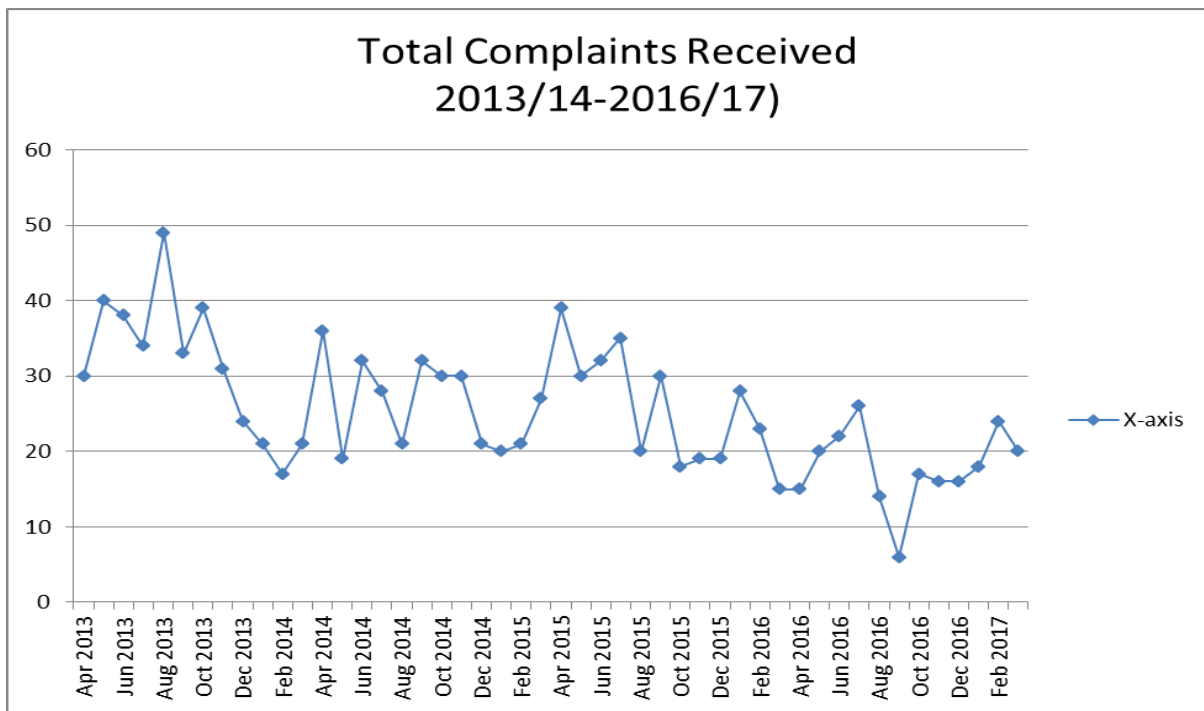
3. Formal Complaints Received

In 2016/2017, the Trust saw a significant decrease in the number of complaints received from the 303 received in 2015/16 to 214 in 2016/17, this represents a decrease of 28%.

The number of formal complaints received from 2014 to 2017 is shown in table 1 below.

Financial Year	2014/15	2015/16	2016/17
Total Number of Complaints	310	303	214
% change from Previous year	-19.5%	-2%	-28%

Table 1



Graph 1

The number of complaints received each year from April 2013 to March 2017 continues to show a decreasing trend. Table 2 below, shows the breakdown by quarter.

3.1 Quarter comparisons 2014-2017

Year	Q1	Q2	Q3	Q4	Total
2014/15	86	81	75	68	310
2015/16	100	82	55	66	303
2016/17	56	46	50	62	214

Table 2

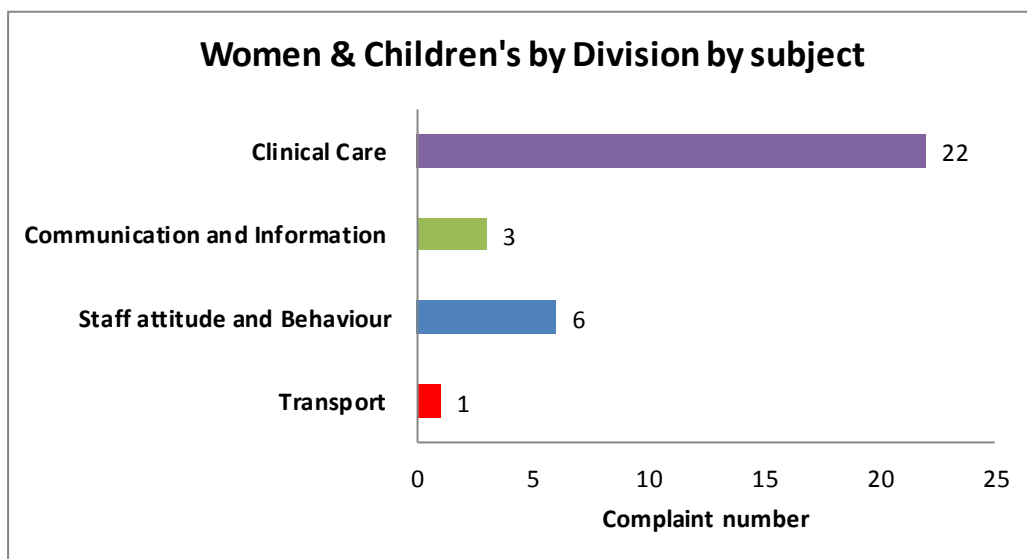
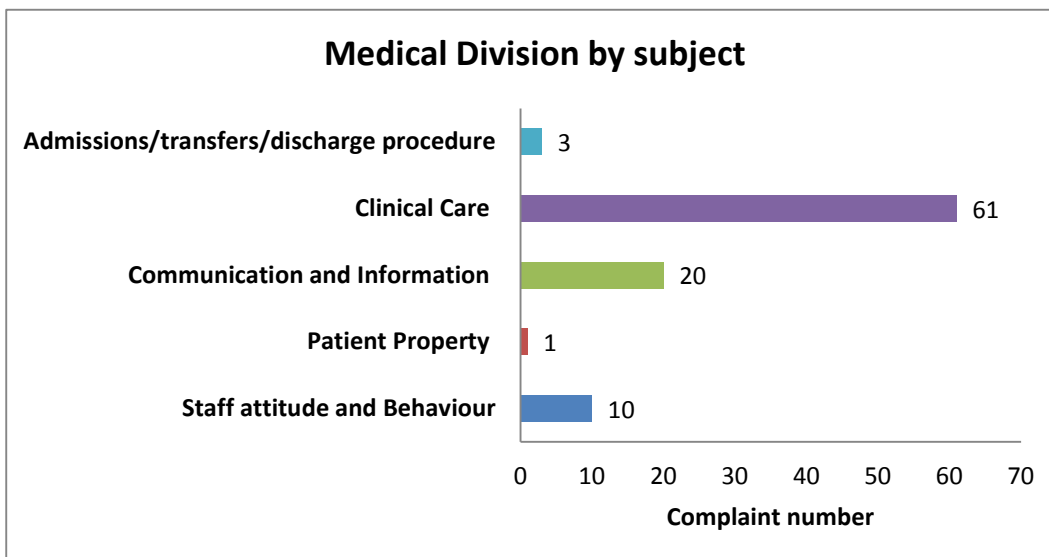
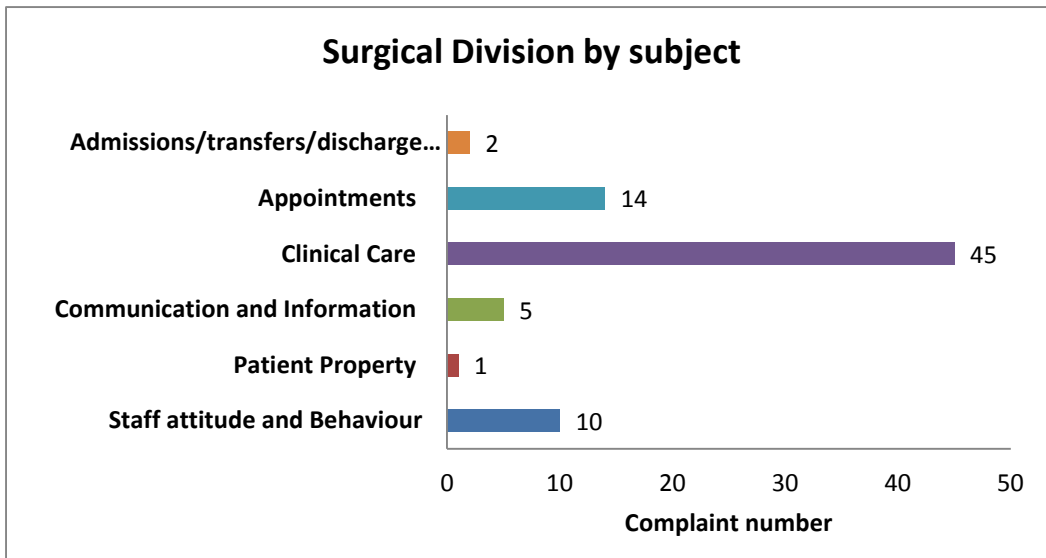
Split by clinical division, Surgery received 36% (77), Medicine 45% (95) and the Women and Children’s Division 15% (33) of the formal complaints between 1st April 2016 and 31st March 2017. The remaining 4% (9) complaints relate to the Estates and Facilities, Finance, Corporate and Quality and Patient Safety Teams.

4. Subject matter of complaints

The most frequently cited subject of formal complaints received was that of Clinical Care.

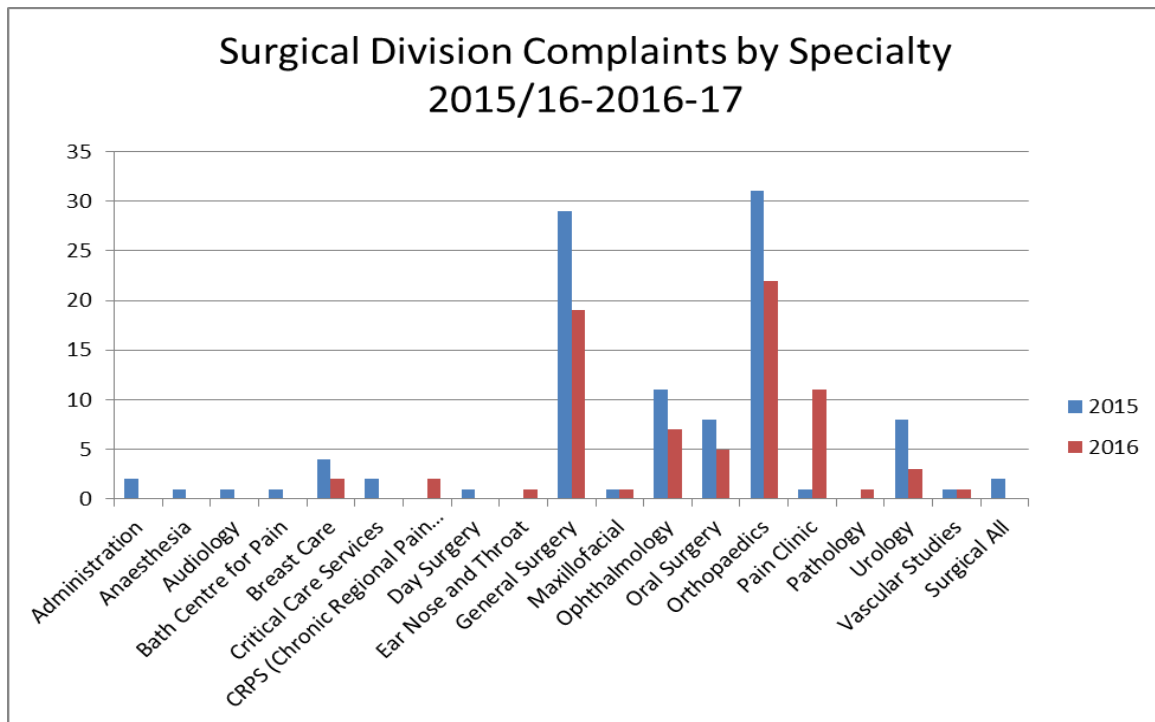
- The category of ‘clinical care’ accounted for 60% (128) of the formal complaints received in 2016/2017.
- In the Medical Division it accounted for 65% (61) of their complaints. In 2015/2016 it was 51% (77).
- In the Surgical Division it accounted for 58% (45) of their complaints. In 2015/16 it was 60% (60).
- In the Women and Children’s Division it accounted for 67% (22) of their complaints. In 2015/16 it was 69% (23).

4.1 Complaint subject matter by Division 2016/17 Graphs 2, 3 and 4 below show the subject matter of complaints by Division.

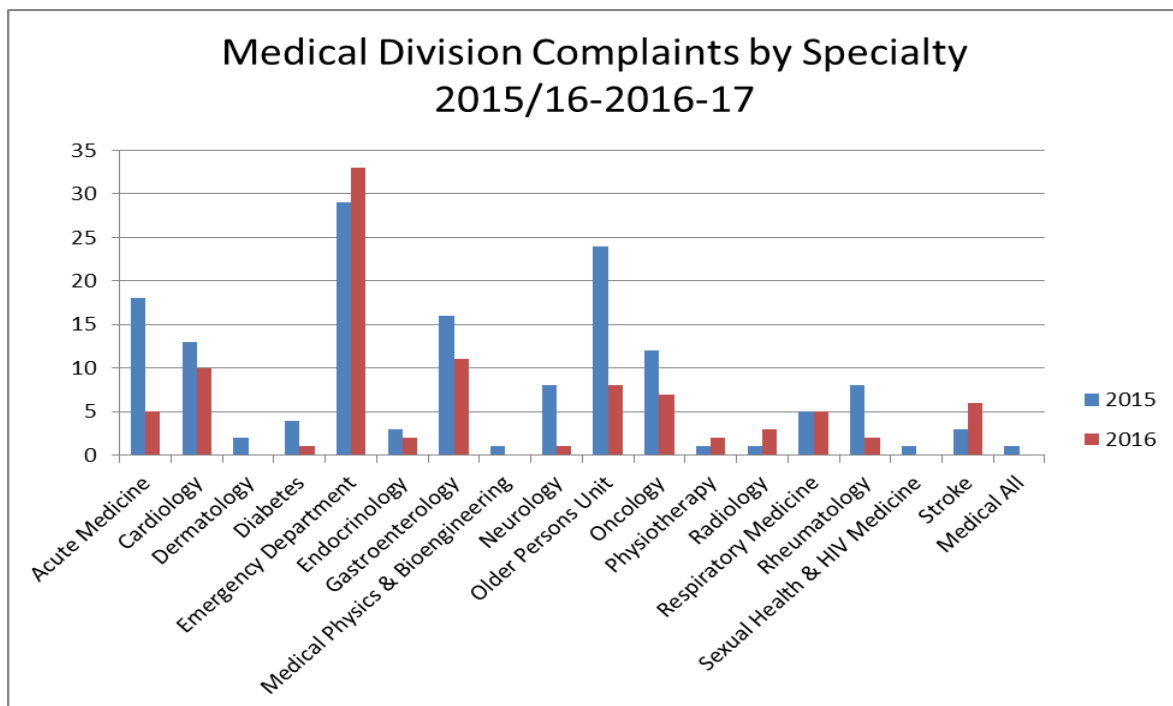


Graphs 2, 3 and 4

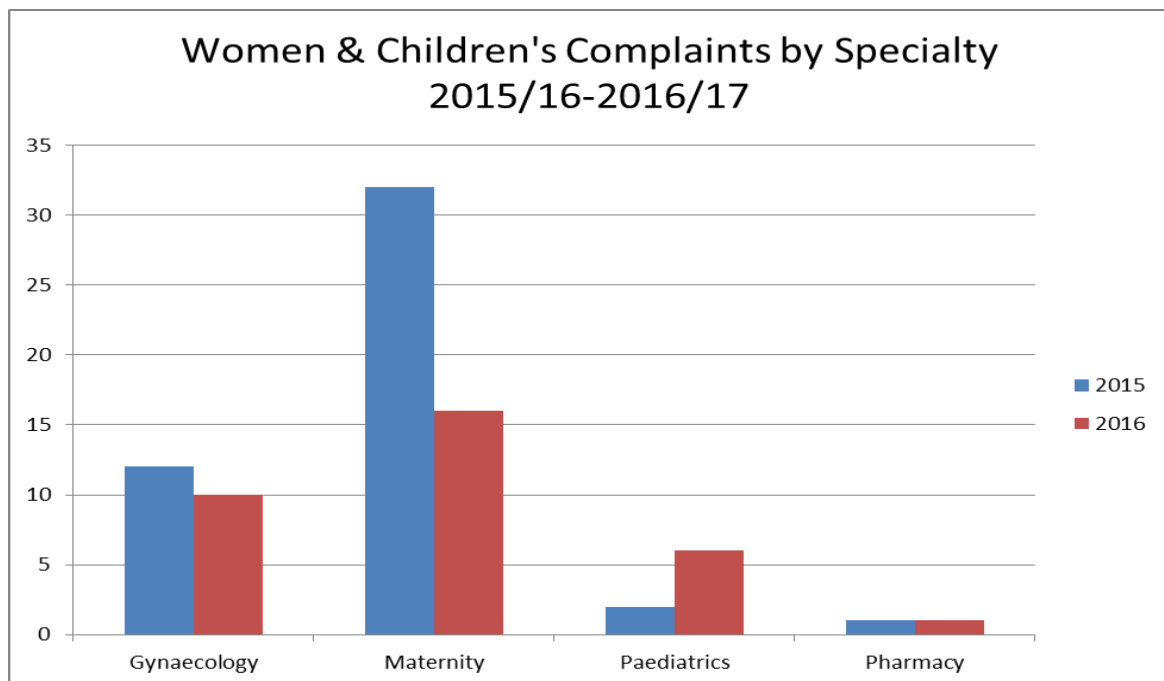
4.2 Complaints by Specialty



Graph 5



Graph 6



Graph 7

The above graphs show the breakdown of complaints received by individual specialties within the Divisions. The complaint is allocated to the Division that has the majority of issues to be investigated. In some cases although the specialty will be the same, the complaint may include multiple aspects of care which may cross more than one Division. In these cases, the specialty will appear in the data for more than one Division.

4.3 Specialties receiving the highest number of complaints

The table below shows the specialties receiving the majority of formal complaints. The Emergency Department, Orthopaedics and General Surgery also account for some of the highest patient activity levels within the Trust. However, the numbers of complaints received in Orthopaedics and General Surgery have reduced in 2016/17. There was a substantial increase in the number of complaints received by the pain clinic as the Trust experienced considerable problems with capacity. BaNES and Wiltshire Clinical Commissioning Group and the Trust worked hard to resolve the issues and agreed a plan that ensured the service remained open to those patients with the greatest clinical need. Referrals to the service were reviewed by the clinical team and a number of patients were discharged back to the care of their GP. The 8 specialties listed in table 3 below account for 60% (214) of the formal complaints received.

Specialty	2015/16	2016/17
Emergency Department	28	31
Orthopaedics	34	22
General Surgery	28	19
Maternity	32	16
Pain Clinic	1	11
Gastroenterology	16	10
Cardiology	13	10
Gynaecology	12	10
Total	164	129

Table 3

5. Subject of complaints

Table 4 below shows the subject of the complaint for all complaints received in 2016/17.

Complaints- Subjects	2015/2016	2016/2017
All aspects of clinical treatment	176 (58%)	128 (60%)
Attitude of Staff	32 (11%)	26 (12%)
Communication & Information to patients (written & oral)	28 (9%)	28 (13%)
Appointment/Delays/Cancellations (outpatients)	19 (6%)	15 (7%)
Appointments/Delays/Cancellations(inpatients)	5 (2%)	3 (1%)
Admissions, discharge and transfer arrangements	29 (10%)	5 (2%)
Consent to treatment	0	1
Failure to follow agreed procedure	1	2
Hotel Services (including food)	0	2
Patient Property and Expenses	1	2
Personal Records(including medical records and/or complaints)	3	1
Other	8	0
Transport (ambulances and other)	0	1
Complaints Handling	1	0
Total	303	214

Table 4

There has been an increase in the number of complaints regarding clinical care and treatment (58% to 60%). However, there has been a notable decrease in the number of complaints regarding admission, discharge and transfer arrangements (10% to 3%). This is likely to be as a result of the Trust focus on improving the care and experience for patients and their families when they leave hospital. It is important to note that the National Inpatient Survey 2016 showed improvements in 3 questions relating to leaving hospital - delays in waiting for medication; waiting to see the doctor and being given enough notice of discharge.

The table below shows the **top 5 sub categories** within 'All aspects of clinical care and treatment'

All aspects of clinic treatment	Number
Inappropriate care and treatment	45
General Enquiry – Clinical Care	24
End of Life concerns	9
Invasive procedure carried out	7
Wrong diagnosis	7
Grand Total	92

Table 5

5.1. Attitude of Staff

Table 6 overleaf shows the number of complaints relating to staff attitude by profession and Division.

Division	Staff type	Number
Medical Division	Consultant	5
	Nurse Practitioner	2
	Nursing Sister	2
	Pool Nurse	1
	Staff Nurse	3
	Other	1
Total		14
Surgical Division	Consultant	3
	Staff Nurse	2
	Admin & Clerical	1
	Porter	1
	Other	1
Total		8
Women and Children's Division	Consultant	3
	Midwife	3
Total		6
Grand Total		28

Table 6

Investigations into several complaints regarding staff attitude revealed that the staff involved had documented the difficulties in caring for patients and their families who at times had challenging behaviour. Staff recognise that at times of illness patients, carers and their relatives can be emotionally stressed. Staff are encouraged to reflect on the complaint outcome to identify whether the situation could have been managed more effectively. All front line staff undertake mandatory training in conflict resolution and personal resilience.

5.2. Admission, Transfer and Discharge arrangements

Admission, discharge and transfer arrangements	Number
Inappropriate/unsafe Discharge	3
Delay in admission	2
Delay in discharge	1
Cancellation of admission	2
Grand Total	8

Table 7

This year was the second year that we committed to improving the discharge planning process for patients, in particular around the experience that patients have at the point when they leave hospital. During the year we have undertaken a number of initiatives aimed at improving discharge planning.

As part of the ongoing work around discharge, nursing and therapy staff received training to update them about discharge planning. The Trust also established an Integrated Discharge service (IDS) this year. This involves health and social care teams working

together on helping those patients who require ongoing support and care once they leave hospital. The complaints that the Trust received related to relatives feeling they were not involved in the arrangements and assessments prior to discharge or felt their views that the patient should not be discharged were not taken into account, or the patient was not discharged to the relative's choice of location. Work is continuing to ensure that families are involved in the discharge planning process.

5.3. Communication and information to patients

Communication and information to patients	Number
Inappropriate/Insensitive/communication/attitude	16
Inappropriate/inaccurate/incomplete correspondence	7
Lack of clear explanation	6
Data Protection breach/Confidentiality breach	5
General Enquiry – Communication	2
Patient not kept informed/updated (discharged/outpatient)	2
Patient not kept informed/updated (inpatient)	1
Private and Overseas visitors enquiries	1
Grand Total	40

Table 8

Errors and inaccuracies in the written correspondence sent to patients together with a general lack of information provided is the main cause of concern for the complaints in relation to communication and information.

During November and December 2016 work was undertaken with key clinical stakeholders to gain an understanding of how the Trust can improve the way in which it communicates with patients. An IT solution, the 'Patient Portal' is currently being developed. This will allow patients to access their own computer medical records. In addition, a review is being undertaken of all correspondence that patients receive in relation to their outpatient appointment in order to streamline and co-ordinate the information provided.

5.4 Appointment delays and cancellations

Appointments, delay/cancellation (out-patient)	Number
Cancellation of appointment	6
Length of time for new appointment	5
Length of time for follow up appointment	3
Overbooking/wait time in clinic	1
Appointment date continues to be rescheduled	1
Grand Total	16

Table 9

6. Complaints compared to hospital activity

In 2015/16 the complaint rate against activity was 0.044. In 2016/2017 the complaint rate against activity was 0.030. The Trust complaint rate against activity has shown a year on year reduction in the last 3 years.

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RUH activity 2012/13 – 2016/17

Year	Inpatient Admissions	Out Patient Attendances	A&E Visits	Total Contacts	Complaint Rate
2013/14	69,266	339,410	69,804	478,480	0.080
2014/15	78,536	393,694	69,965	542,195	0.057
2015/16	85,431	821,137	83,791	690,432	0.044
2016/17	86,238	519,460	102,002	707,700	0.030

Table 10

7. Response times to complaints

The Trust has set a local response target of 35 working days. This target was set on 1st August 2016. Prior to this the target was 25 working days.

In 2016/17 there were 214 complaints, 37 of these were resolved by a local resolution meeting and 177 by a written response. Table 12 shows a breakdown of the number of complaints responded to within 25 and 35 working days.

Complaint response time	Number	%
Responded to within 25 working days	16	7%
Responded to within 35 working days	69	33%
Response exceeded 35 working days	129	60%

Table 11

The Medical Division received 96 (45%) of the 214 complaints in 2016/17. The overall performance for the divisions has dramatically improved over the last quarter and the challenge will be maintaining this. The Surgical Division received 77 (36%) of the complaints and the Women and Children's Division 33 (15%). The remaining 4% was Estates and Facilities and Finance.

Complaint response time by Division	Number within 25 working days	Percentage	Number within 35 working days	Percentage
Medical Division	1	3%	32	48%
Surgical Division	12	43%	29	60%
Women & Children's Division	2	18%	12	63%

Table 12

Table 13 below shows the total number of meetings held in the Divisions. On occasions more than one meeting is held per complaint.

Division	Number of complaint meetings held 2015/16	Total number of complaint meetings held 2016/17
Medical Division	24	24
Surgical Division	21	16
Women and Children's Division	11	5
Grand Total	56	45

Table 13

In agreement with the person raising a complaint/concern, an increasing number of concerns are being addressed through the Trust's Patient Advice and Liaison Service (PALS). Concerns routed through PALS require resolution within 48 hours, where possible. This leaves more complex complaints to be resolved through the formal process within the 35 day response target. The national target for resolution is 6 months and all the complaints have been addressed but may not have been resolved within this target.

The 35 working day target which was introduced in August 2016 for responding to complaints has showed an improved performance. It is expected that this will continue to improve in 2017.

8. Ethnicity

In 2016/17, 27% of complaints came from those who chose not declare the ethnicity either in writing or when spoken to regarding their complaint. Of the remaining 73%, 72% were White British, 1% other ethnic categories split between mixed white and Asian, other mixed and White Irish.

In order to ensure equal access to services the Trust ensures that access to interpreters and translation services is available for patients and carers.

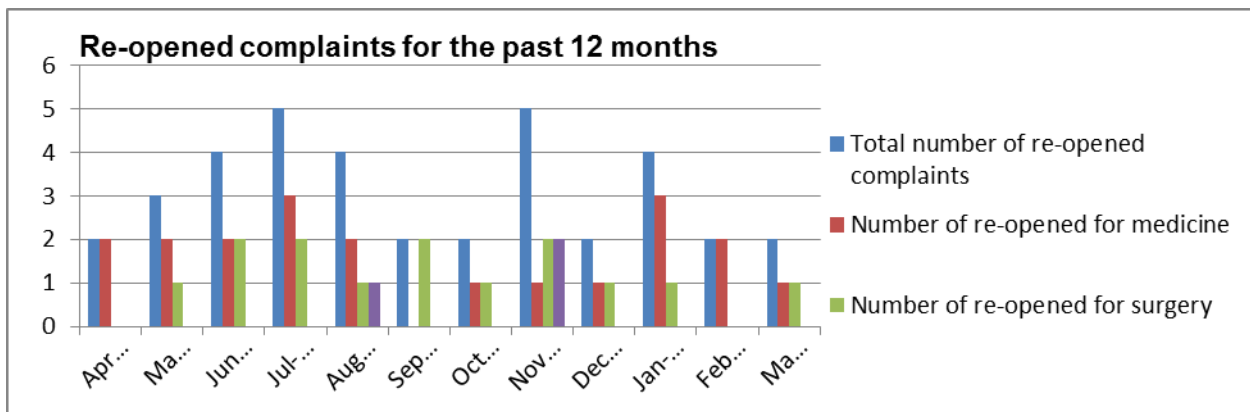
9. Reopened Complaints

A further approach to assessing performance is to monitor the number of complaints that are reopened:

Reopened complaints by year		
Year	Number	% of total complaints
2014/15	15	5%
2015/16	21	7%
2016/17	37	17%

Table 14

In 2016/17 there was an increase in the number of reopened complaints compared to 2015/16.



Graph 8

A review of the cases reopened indicates that in the majority of cases all the issues raised had been addressed. However the person or family that made the complaint either remained unhappy with the Trust response and wished to take the offer of a meeting with staff or had further additional questions.

10. Complaints Upheld

The final response to a complaint is reviewed by the Divisions to identify those where changes need to be made as a result of the complaint and to ensure actions are identified for improvement. In 2016/17 24% percent of the closed complaints were either partially or fully upheld and there were areas identified for improvement. This is a 16% reduction reported for 2015/16. A complaint is considered to be upheld where the investigation has demonstrated that the service provided did not meet the appropriate standard. This decision is made on completion of the investigation by the lead investigator.

11. Complaints Survey

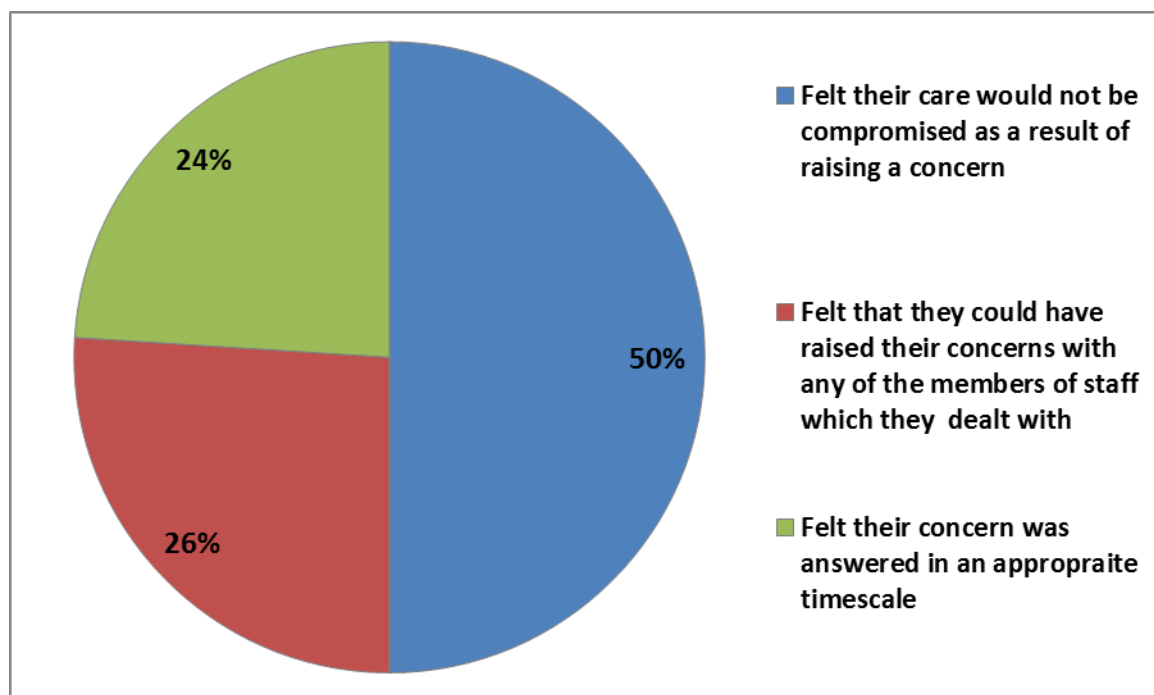
Each person who makes a complaint is sent a survey to complete after the final response has been sent. The questions are based on the Parliamentary and Health Service Ombudsman's 'guide on good complaint handling':

- Considering a complaint
- Making a complaint
- Staying informed
- Receiving outcomes
- Reflecting on the experience

The returns from this survey in 2016/17 remain low at 27%. 100% of those who responded stated that they knew they had a right to complain, the responses that were received indicate that 38% of people felt they had not been advised of the availability of advocacy support. Information regarding advocacy services is included in the initial acknowledgement letter. Nevertheless, the Patient Experience team have been reminded of the importance of informing patients/families/carers as to what support is available and will be ensuring that this is discussed at the earliest opportunity and documented in the complaints file that the discussion has taken place.

Respondents to the survey indicate that they were satisfied with the overall complaints process *'At the complaints meeting I attended with my son all our concerns were noted and points raised were agreed to be looked into, my thanks to all those who helped with my concerns about my husband's last weeks on William Budd Ward, we are grateful for a speedy resolution.'*

'Through my experience, I am aware that the Trust regards poor care very seriously, and that it's better to make a complaint'



50% felt that their care would not be compromised as the result of raising a concern.
 26% felt that they could have raised their concerns with any of the members of staff which they dealt with.
 24% felt that their concern was answered in an appropriate time scale.
 100% said that they would complain again if they needed to.

This information has been shared with the Divisions.

12. Parliamentary and Health Service Ombudsman (PHSO)

In 2016/17, 12 requests were received from the PHSO to provide information to support their investigations. This compares with 13 cases were investigated by the PHSO in 2015/2016. At the end of the year, 5 remain as open investigations and 7 cases were closed during the year.

12.1 Cases closed from during 2016/17

Case 1: Upheld

The person complained about the time taken to diagnose his bowel cancer by the Royal United Hospitals Bath NHS Foundation Trust (the Trust). He said that there were delays in his original referral from the GP reaching the Trust, in the time it took to have his first appointment and in the time it took to receive his diagnosis. He also said that there were serious discrepancies in the Trust's response to his complaint.

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The person said that the delays meant that the Trust missed opportunities to diagnose his cancer earlier and that this has reduced his chance to survive.

The PHSO considered that as a result of a change in treatment pathway, the patient's investigations and treatment were delayed. They cannot see that the change in decision was justified and as such they conclude that they were not carried out in a reasonable timescale. They considered that this was service failure and as such upheld the complaint. However, the PHSO confirmed that the delay in treatment would not have changed the outcome.

Case 2: Not Upheld

The person complained about the care and treatment provided to her late husband. She said that her husband was discharged even though he was unwell. She said he had to go back into hospital and developed pneumonia and sepsis.

The PHSO concluded that the patient was fit for discharge home and that he did not have sepsis, but if he had the treatment then the outcome would have been the same.

Case 3: Not Upheld

The person complained about the care and treatment provided by the Trust to his late wife. He says that she was in hospital for four weeks and was treated for Cellulitis, an infection in her toe, and a further unidentified infection. He says that when he visited his wife, staff advised him that she would be discharged that day. He says that his wife did not appear well at the time of her discharge, and she passed away two days after she returned home. He states that his wife suffered from chronic heart failure, and she should not have been sent home without treatment for this. He says that on her admission to hospital, hospital staff suspected cardiomyopathy, but this was not treated and no further cardiac investigations took place. He also states that the Trust staff should not have discharged his wife and that the decision to do so led to her life being shortened.

The PHSO concluded whilst they noted the significant impact that the patient's death has had on her family, their investigation found that Trust staff provided appropriate care and treatment. They found no evidence to suggest that further cardiac investigations should have taken place during the patients admission, or that she should not have been discharged from hospital. Although the PHSO acknowledge that the death was unexpected to the family, they found no evidence to suggest that it was avoidable. The PHSO did not uphold the complaint about the Trust.

Case 4: Partially Upheld

The person complained that the Trust failed to diagnose his hippocampal sclerosis when he was admitted to the Emergency Department. He also complained that after his second admission to the hospital he was informed to double his dose of his epilepsy medication, causing carbamazepine toxicity. He claimed that the Trust's failure to diagnose his condition combined with his carbamazepine toxicity meant that he was unable to work for several months.

The PHSO found some failings in care and treatment however they did not find that this caused any injustice to the patient. This complaint was partially upheld by the PHSO.

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Case 5: Partially Upheld

The person complained about the release of his sister's body by the mortuary to an unauthorised undertaker. He also complained about the way in which his complaint was handled.

The PHSO decided to partially uphold the complaint as they found that there were some failings in the release of the body, but satisfied that this has been addressed now. However they said that the Trust could do more to remedy the shortcomings in the complaints handling process.

Case 6: Partially upheld

The person complained about the care and treatment he received from the Trust. He believed that excessive force used during his surgery fractured his hip ball and vertebrae.

The PHSO decided to partially uphold this complaint although they found that the treatment was appropriate and therefore there was no evidence to suggest that the Trust performed the procedure poorly, they found that the Trust had failed to adequately explain the procedure to the patient.

Case 7: Partially Upheld

The person complained about the care and treatment she received from the Trust. She said that the Trust failed to recognise and treat an infection on multiple occasions when she was pregnant, which later developed into sepsis. She also said that the delay in the post mortem and the delays in responding to her complaint and factual inaccuracies compounded the distress she suffered.

The PHSO decided to partially uphold this complaint. As they stated that the Trust should have done more to communicate the results of the post-mortem and found discrepancies in the handling of the complaint. The Trust was required to make a payment of £900 to reflect the impact that the failings had on the family.

13. Improvements made as a result of Complaints

The RUH promotes a transparent and open culture in relation to the complaints and concerns it receives. It bases its approach on the PHSO 'Principles of Remedy':

'Putting things right' which includes that public organisations should consider fully and seriously all forms of remedy (such as an apology, and explanation, remedial action or financial compensation; and

'Seeking continuous improvement'- which includes that public organisations should use the lessons learnt from complaints to ensure that maladministration or poor service is not repeated.

1. Out of date medication was dispensed - Training sessions with the Pharmacy Team regarding stock rotation was implemented. An audit on all expiry dates on all pharmacy stock was completed.

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2. A relative complained that their mother was brought into the Emergency Department and the relatives were not informed of her admission and the family were unable to locate her -The documentation has been reviewed and new documentation has been put in place to ensure communication with relatives takes place.
3. An elderly lady who lives alone had a fall and attended the Emergency Department, however she was later discharged. The patient's GP requested an X-ray the following day as she was still unwell and a fracture was diagnosed - Change of practice has been put in place. It will be routine practice to x-ray patients who have underlying conditions that pre disposes them to an increased risk of fractures. The case has been used as a training example for staff.
4. A patient was readmitted having suffered a major stroke and there was no suitable seating for her - The ward reviewed the number of stroke chairs available and purchased more chairs.
5. A staff member misinterpreted the results of an investigation. Results from a blood test were not recorded in the patient's notes. Further supervised training for the staff member is in place. All staff have been made aware of the importance of correct interpretation of results by way of a safety newsflash via hospital email.
6. Patient felt the standard of post-natal care could have been improved when she experienced a known complication relating to the epidural. 'Catheter passports' are being piloted in the Division to support the use of a catheter and to ensure patients are informed about the care and management of their catheter.
7. Patient had concerns surrounding staff attitude and staff not recognising the signs of acute mental illness - Further training for staff in relation to Mental Health issues. Review of options for amenity room and Wi-Fi access.
8. Confusion over a mums plan about where she had wished to deliver her baby - Complaint identified a lack of clear pathway for women wanting to have their babies out of area .A new pathway is being developed which will be shared with all community midwifery staff in team meetings and safety briefings. Staff involved in this incident have also reflected on their current practice and how they could have communicated better with the patient and her family.
9. Patient not informed of delay in waiting times following outpatient referral. Patient did not receive any correspondence from the hospital/opportunity to transfer to an alternative provider - the Cardiology service is implementing a system in place to shorten wait times and where possible update patients if their waiting times are exceeding expectations.

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14. Patient Advice and Liaison Service (PALS)

The role of the Patient Advice and Liaison Service (PALS) team is to offer responsive open door service for patients, relatives and carers. The team provide advice, information and guidance to those wishing to raise a concern or to signpost to relevant services. The PALS team work closely with the staff in the Divisions to resolve issues with patients/families/carers in an informal way. These are generally issues that can be addressed within forty eight hours.

If it is not possible to provide a satisfactory response due to either the complexity or serious nature of the concerns raised, then the aim is to provide a seamless transition into the formal complaint process.

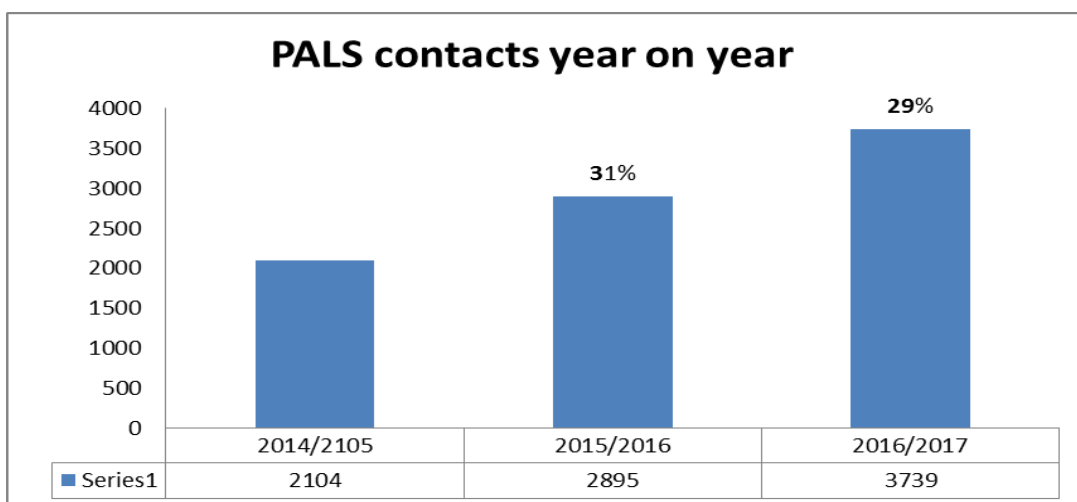
Issues raised within the team are seen as an opportunity to monitor service delivery issues and act as a catalyst for change.

The service also provides information regarding the translation and interpreting service as well as facilitating bereavement meetings between families and clinicians if appropriate.

14.1 Contacts with the PALS service

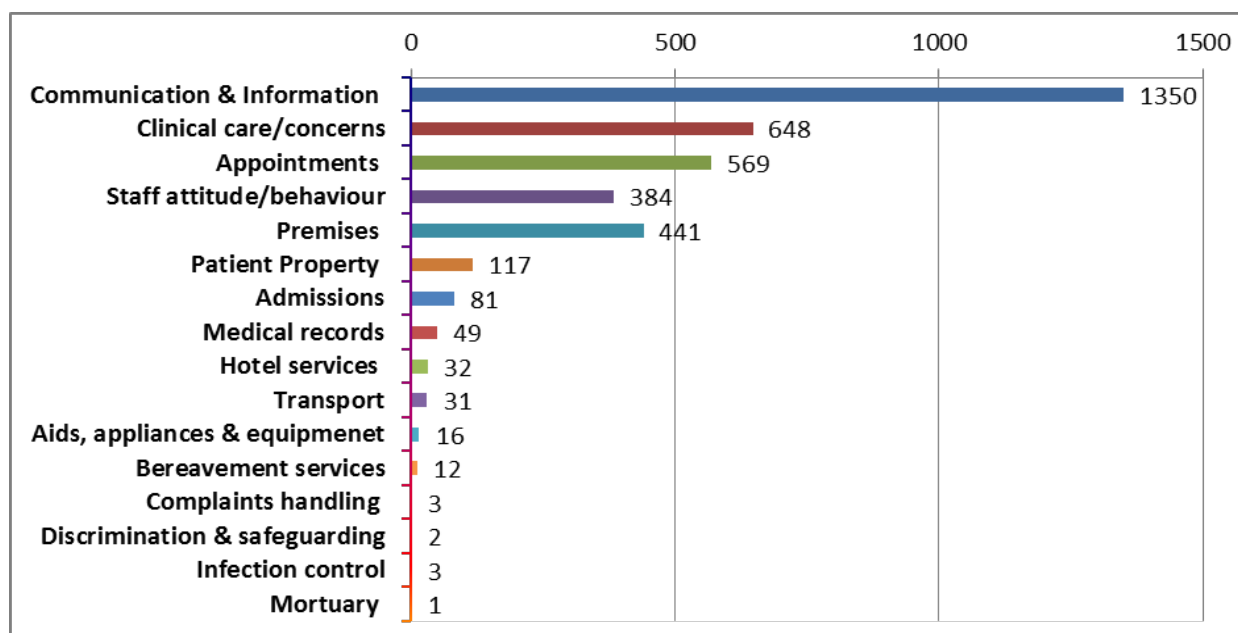
In 2016/17 the service received 3739 contacts, 1841 (49%) of the contacts required resolution, 1319 (35%) requested advice and information and 281 (8%) wanted to provide feedback. The remaining 298 (8%) were received from people wishing to provide compliments. All were logged on to the PALS database on Datix.

This represents a 29% increase in contacts when compared to the previous year's data and a 78% increase compared to the 2014/15 data.



Graph 9

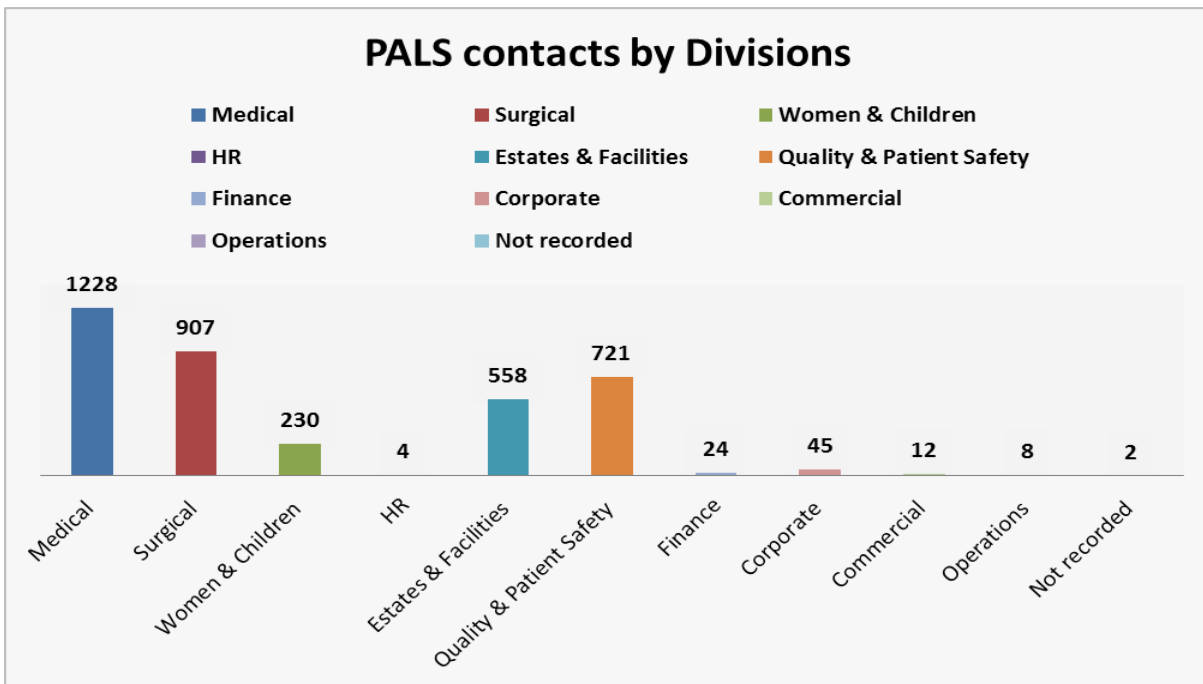
Graph 10 provides a breakdown of PALS contacts by sub-categories.



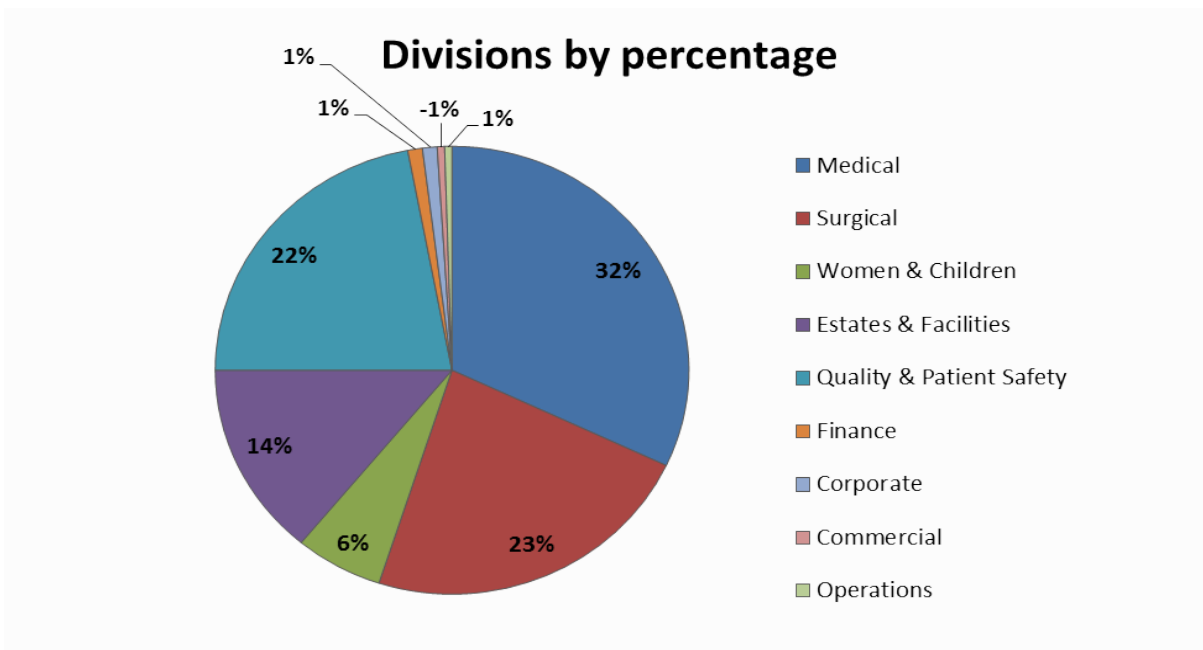
Graph 10

Graph 11 shows the number of contacts to the PALS service by Division. Contacts increased during 2016/17. Medical division contacts have risen from 971 to 1228 (26%), Surgical Division from 752 to 907 (20%), Women & Children's Division from 165 to 203 (23%). The Estates and Facilities Division has seen the most significant rise from 108 contacts in 2015/16 to 558 in 2016/17. The latter is mainly due to changes in onsite parking which were instigated in September 2016.

Number of PALS contacts by Division 2016/17



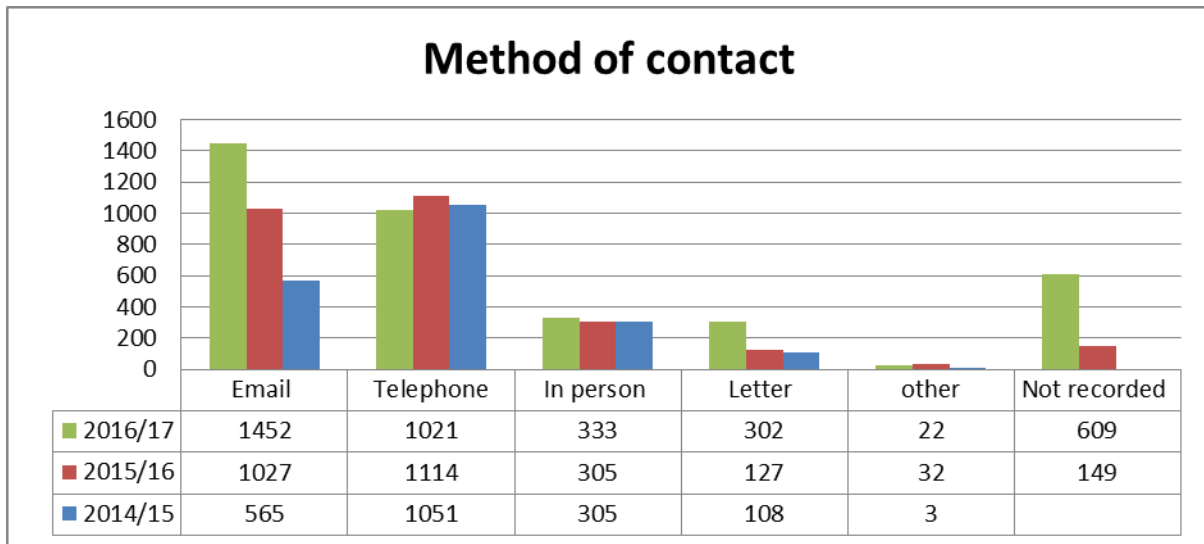
Graph 11



Graph 12

13.2 Method of Contact

Graph 13 overleaf highlights the ways in which people contacted the PALS service between 2014/15 and 2016/17.



Graph 13

The category of 'other' in relation to the method of contact includes referrals from other organisations such as care organisations and other providers as well as Members of Parliament.

Chart 13 continues to show a trend in people contacting PALS by email and telephone and continues to see a reduction in the number of letters. The number of people attending the office has increased by 32 (9%). Many visitors to the PALS office have been referred there from other services. Previously, this referral method has not been recorded, but the PALS service will start to log this data during 2017/18 for reporting purposes. Although this is a small increase, face-to-face contacts are more time-consuming than other methods and place enormous pressures on the service. PALS would like to gain a better understanding about why referrals are being made and to work with services to improve resolving issues at source. This would also offer an improved user experience for patients, carers and relatives.

13.3 Themes

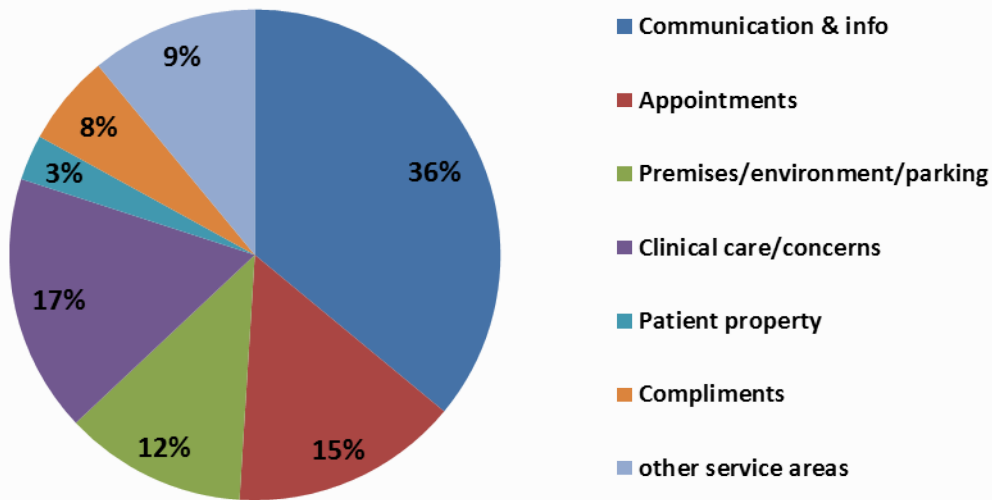
The top five reasons for contact with the PALS service in 2016/17 are shown in the table and chart below.

Subject	Contacts
Communication and Information	1350
Appointments	569
Clinical Care and Concerns	648
Premises / environment / parking	441
Patient Property	117

Table 16

Chart 1

PALS themes by percentages



During 2016/17, the top five themes were communication/information, appointments, clinical care/concerns, premises and patient property. Staff attitude/behaviour, which featured in the 2015/16 PALS annual report falls just outside of the top five with 107 contacts compared to 113 during 2016/17. This theme has been replaced by concerns raised about premises/parking.

13.3.1 Communication and Information

The rise in the number of contacts relating to communication and information continued in 2016/17. In 2015/16 there were 966 contacts and in 2016/17 this has risen to 1350, an increase from 2015/16 of 40%. This needs to be put into the context of an overall increase in PALS activity of 29%.

13.3.2 Appointments

Analysis shows that the top 4 themes of the 569 contacts with regards to appointments relate to:

- appointment information, for example, date, time and location of the appointment (230/40%)
- waiting times for follow-up appointments (80/14%)
- clients wishing to change their appointments (65/12%)
- clients contacting the service as their appointment had been cancelled (83/14%)

In relation to the 12% of contacts from patients requesting that PALS amend/confirm their appointments, the PALS team are working with specialties, as well as gathering feedback from contacts, to understand why patients are contacting PALS rather than contacting the service directly. Early feedback has indicated that it is not always easy to get through to services, but this requires further analysis, which will be the focus in 2017/18.

Top 4 themes for contacts regarding appointments	Number
Appointment information, date, time, location	230

Length of time for follow-up appointment	80
Appointment change by patient	65
Cancellation of appointment	83
Total	388

Table 17

13.3.3 Clinical Care and concerns

Contacts to the service regarding clinical care accounted for 648 (18%) in 2016/17. In 2015/16 this subject accounted for 15% of the contacts.

Analysis indicates that most of the concerns (78%) show that 516 of the 658 relate to general communication between the Trust and the patient or family.

The **top 3 themes within clinical care and concerns** are:

- 39 (6%) relate to inappropriate care and treatment
- 12 (2%) relate to end of life care/concerns.
- 11 (2%) relate to quality/concerns regarding medical care

Concerns regarding inappropriate care and treatment relate to a combination of poor communication from staff; the provision of information in a way that carers and families understand and the ability of staff to meet patients and carers expectations. End of life concerns were mainly concerned with poor communication between families and staff and perceived poor end of life care. Concerns were also raised about the quality of medical care; patients being placed on incorrect wards for their condition and concerns with diagnosis by clinical teams in the Emergency Department.

13.3.4 Estates & Facilities - Parking

445 (11%) people contacted PALS regarding Estates & Facilities; this is a 312% increase from 108 in the previous year. The majority of contacts relate to parking on the RUH site. 284 (64%) were in relation to general parking fees and a further 118 (27%) relate to general parking enquiries. This data was collected from April 2016 to February 2017. In March 2017, the Facilities and Estates team set up a dedicated parking resource to deal with the ongoing issues. Data is collected on the detail regarding patient and family concerns and is being used to inform improvements.

13.3.5 Patient Property

The number of concerns relating to patients property remained static in 2016/17 at 3% (117). In 2015/16 this represented 4% of the total number of contacts with the service. The majority of the issues relate to lost personal items and although some are located, the majority are not. The most notable items to be misplaced are:

- Dentures
- Jewellery
- Hearing aids
- Glasses

Work is ongoing to try and reduce the number of lost items as the Trust recognises the

distress caused to the patient and their families/carers. The process for the management and safe-keeping of patient property was reviewed and refined this year. The paperwork has been streamlined so that there is now one property form from the patients' admission to hospital until their discharge/end of life. A re-launch of the use of the patient property bags together with completion of the documentation will take place once the form has been piloted on a small number of patients admitted to the hospital. It is expected that this will take place in Quarter 2, 2017/18.

Should a patient or relative seek compensation for an item of lost property, this is fully investigated by the relevant division and if it is established that the Trust did not take reasonable care to protect the property, the Trust will pay compensation. However, the Trust will not pay compensation for any items of lost clothing unless in exceptional circumstances. During 2016/2017 there were 15 claims for compensation.

14. Compliments

In 2016/17 the Trust formally recorded 298 compliments. This does not take into account the number of compliments from patients and their carers and families, in the form of letters, cards and notes that are sent to individual departments.

15. Conclusion

The RUH continues to recognise the positive effect of listening to, and investigating the concerns and complaints that the patients, relatives, carers, other agencies and members of the public may wish to bring to its attention.

Complaints and PALS contacts are regularly shared at operational, professional governance meetings. Encouraging a culture of using patient feedback to drive change is important and staff are asked to provide examples where the Trust has changed practice as a result of patient feedback. This is included in the quarterly patient experience report to Quality Board and the Board of Directors. An in-depth review of the themes and causes of complaints is also included in the quarterly Patient Experience.

Future areas of focus will be to ensure the timeliness of response letters to meet the 35 day target which was introduced on 1st August 2016 and to continue to ensure that patients/carers who raise a concern are kept updated on a regular basis. The response rate to the complaints survey needs to improve as well as sharing the learning from complaints and making practice change following patient and carer feedback.

It is very positive to note that the Trust is continuing to develop a culture of empowering staff to resolve issues and concerns at an early stage and using complaints as a tool to make improvements to the service provided. These changes are evident in many specialties; however for them to be fully embedded will take time and commitment.

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