

Report to:	Public Board of Directors	Agenda item:	8
Date of Meeting:	25 July 2018		

Title of Report:	Annual Complaints Report 2017-2018
Status:	For approval
Board Sponsor:	Lisa Cheek, Acting Director of Nursing and Midwifery
Author:	Laura Davies, Patient Experience Manager
Appendices	None

<b>1. Executive Summary of the Report</b>
<p>The purpose of this report is to provide assurance to the Board of Directors that the Trust follows its Complaints Policy adheres to the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009 and the Principles of Good Complaint Handling from the Parliamentary and Health Service Ombudsman.</p> <p>This report provides an overview and analysis of complaints and PALS concerns received by the RUH in 2017/18. The report includes examples of complaints where lessons have been learned and to improve the quality of patient care.</p> <p>The RUH had a total of <b>691,169 patient attendances in 2017/2018 which is a decrease of -0.67% from 695,849 patients attending the Trust in 2016/17</b>. Patient attendances include inpatient, outpatient and Emergency Department visits.</p> <p>The Trust received <b>178</b> formal complaints in the year 2017/18 which represents a <b>16% decrease from 214 in 2016/17</b> with a monthly average of 15 complaints.</p> <p>There has also been a <b>decrease of approximately 500 contacts to the Patient Advice and Liaison Service (PALS) from 3739 in 2016/2017 to 3216 in 2017/2018</b>.</p> <p>The most frequently cited subject matter of formal complaints received was that of <b>clinical care. This category accounted for 72% (155) of the formal complaints received in 2017/18. In 2016/17 it was 60% and in 2014/15 it was 56%</b>.</p> <p>The <b>overall complaint rate</b> against patient activity has <b>reduced from 0.030 complaints in 2016/17 to 0.025 in 2017/18</b>.</p> <p>This report also includes information on how the Trust responds to complaints and performance against a number of key metrics; i.e. targets for responding to a complaint, the number of reopened complaints and numbers referred to the Parliamentary Health Service Ombudsman (PHSO).</p>

<b>2. Recommendations (Note, Approve, Discuss)</b>
The Board of Directors is asked to approve the report.

<b>3. Legal / Regulatory Implications</b>
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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.

Care Quality Commission (CQC) Registration 2013/14

Patients Association 'Good practice standards for complaints handling' September 2013

<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
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There are no risks recorded on the risk register with regards to the complaints and PALS service.

<b>5. Resources Implications (Financial / staffing)</b>
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Capacity of staff across the Trust to effectively respond to complaints within the agreed timescales particularly as the Trust encourages meetings for patients with clinical staff.

Embedding a culture of learning from complaints/concerns. This has been identified as a Trust priority in the Quality Accounts 2018/19.

<b>6. Equality and Diversity</b>
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The Trust must comply with the Equality Delivery System (EDS) 2 (section 149 of the Equality Act 2010) in particular '*Better Health Outcomes for all*' and '*Improved Patient Access and Experience*'. The EDS2 covers all people with characteristics protected by the Equality Act 2010 regardless of age, disability, gender reassignment, marriage, race, religion, sex and sexual orientation.

<b>7. References to previous reports</b>
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Complaints Annual Report 2016/17 to the Board of Directors – September 2017.

<b>8. Freedom of Information</b>
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This is a public document.

# Annual Complaints Report 2017-2018



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## Introduction

The RUH understands that complaints matter and contain valuable insights into how we can improve our services or how patient experience can be improved. They provide an opportunity to learn and make improvements in the areas that patients and their relatives and carers say matter to them most.

We understand that handling concerns and complaints effectively matters to the people who use our services; they deserve an explanation when things go wrong and they want to know what steps have been taken to prevent something similar happening to anyone else.

It is our aim to address concerns and resolve problems quickly and effectively at the point of care to ensure the satisfaction of all involved. Many issues can be resolved quickly and easily at the point of care or by the Patient Advice and Liaison Service (PALS). We believe that putting things right immediately will have the most positive impact upon the quality of care and on handling complaints. However, should it not be possible to resolve an issue quickly, possibly because of the complexity or severity of the issue then we understand how important it is to have a simple and straightforward way to make a formal complaint.

Information is 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 on request.

In the case of formal complaints the RUH has a robust complaints policy which has been developed in-line with the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009, the NHS Constitution and The Principles of Good Complaint Handling by the Parliamentary and Health Service Ombudsman.

This report provides an overview and analysis of complaints and PALS concerns received by the RUH between April 2017 and March 2018.

### 1. Formal Complaints Received by the RUH

In 2017/2018, the Trust saw a further decrease in the number of complaints received from the 214 received in 2016/17 to **178** in 2017/18, this represents a decrease of 16.8%.

The number of formal complaints received each year from 2015 to 2018 is shown in table 1 below.

Financial Year	2015/16	2016/17	2017/18
Total Number of Complaints	303	214	178
% change from Previous year	-2%	-28%	-16.8%

Table 1

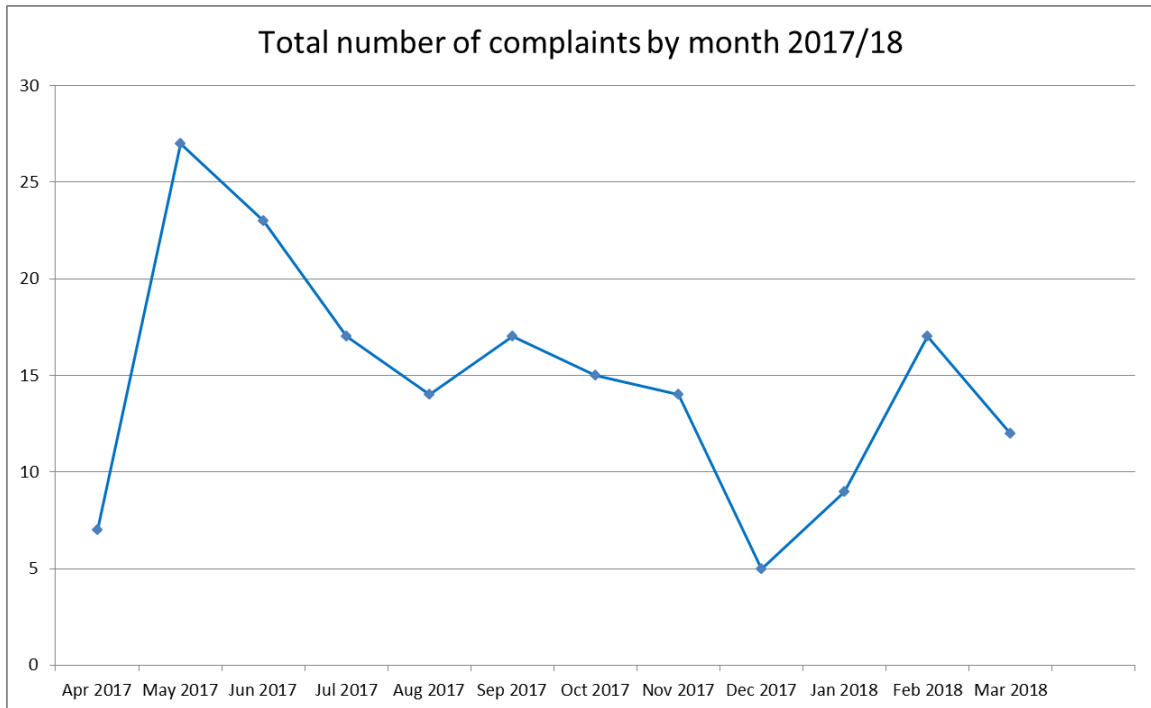
### 1.1. Quarter comparisons 2015-2018

Table 2 provides this data as a quarterly comparison.

Year	Q1	Q2	Q3	Q4	Total
2015/16	100	82	55	66	303
2016/17	56	46	50	62	214
2017/18	57	49	34	38	178

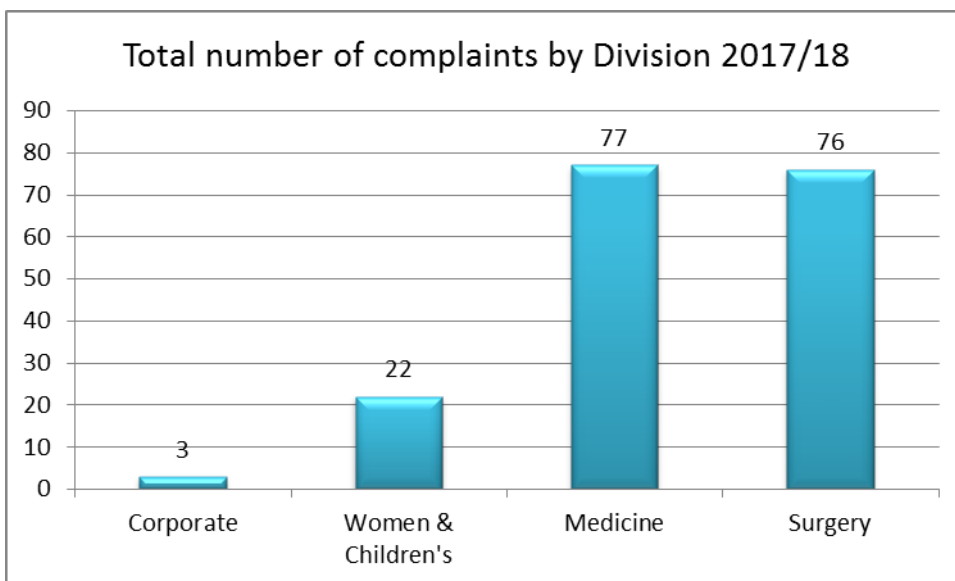
Table 2

### 1.2. Total complaints received by the RUH during 2017/2018 by month



Graph 1

### 1.3. Total complaints received by Division during 2017/2018



Graph 2

## 2. Subject matter of complaints

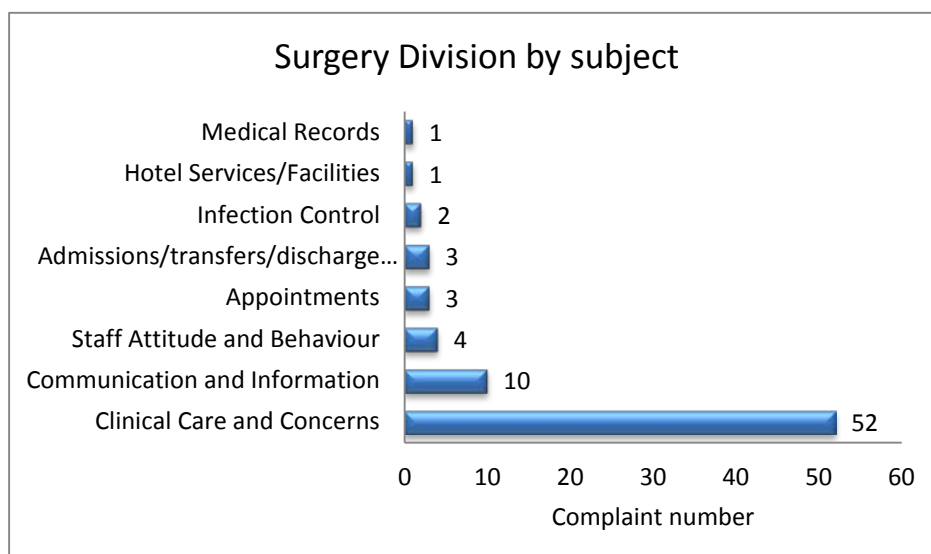
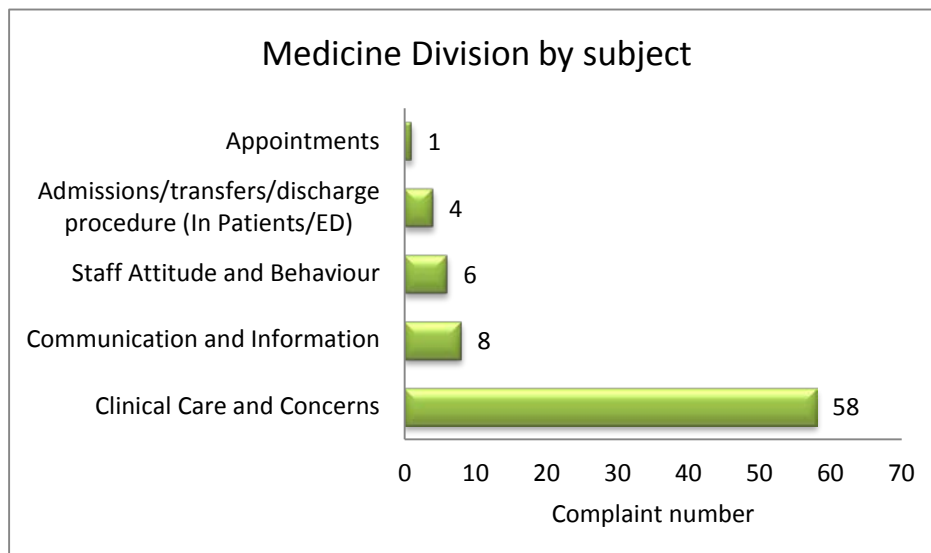
The most frequently cited subject of formal complaints received was Clinical Care. The category of clinical care accounted for 71% (126) of the formal complaints received in 2017/18:

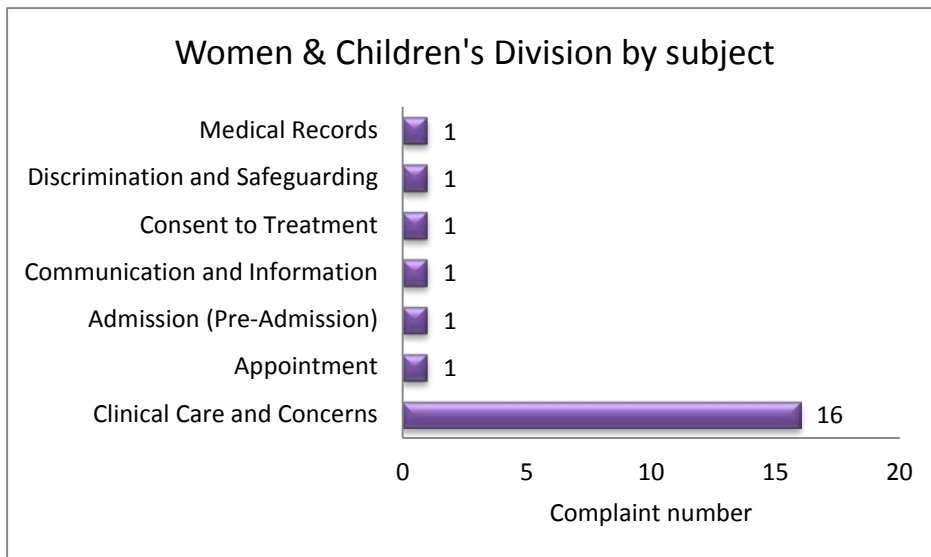
- In the Medical Division it accounted for 75% (**58**) of their complaints. In 2016/2017 it was 65% (61).
- In the Surgical Division it accounted for 68% (**52**) of their complaints. In 2016/17 it was 58% (45).
- In the Women and Children's Division it accounted for 73% (**16**) of their complaints. In 2016/17 it was 67% (22).

The total number of complaints has reduced and the total number of those in regard to clinical care has reduced. However, the percentage of complaints about clinical care has increased – this is because less complex complaints that can be responded to within 48 hours are dealt with by PALS. Therefore those dealt with as formal complaints are generally more complex and require further, more in depth investigation.

### 2.1 Complaint subject matter by Division 2017/18

Graphs 3, 4 and 5 below show the subject matter of complaints for each clinical Division.

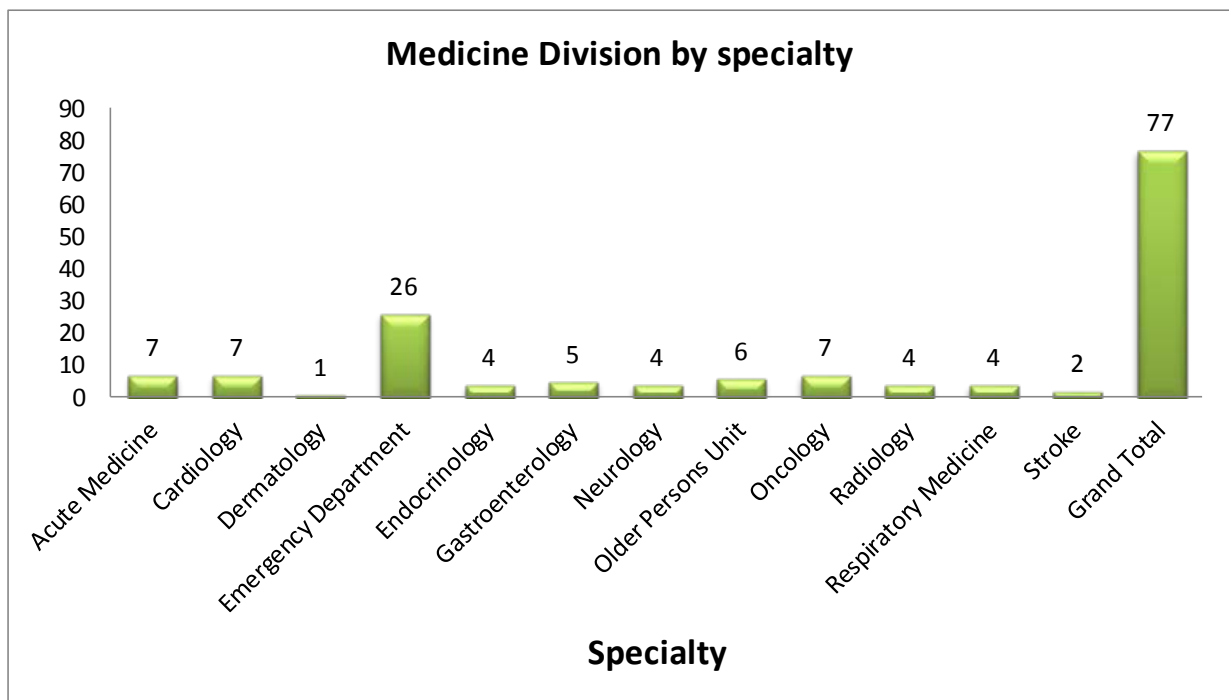




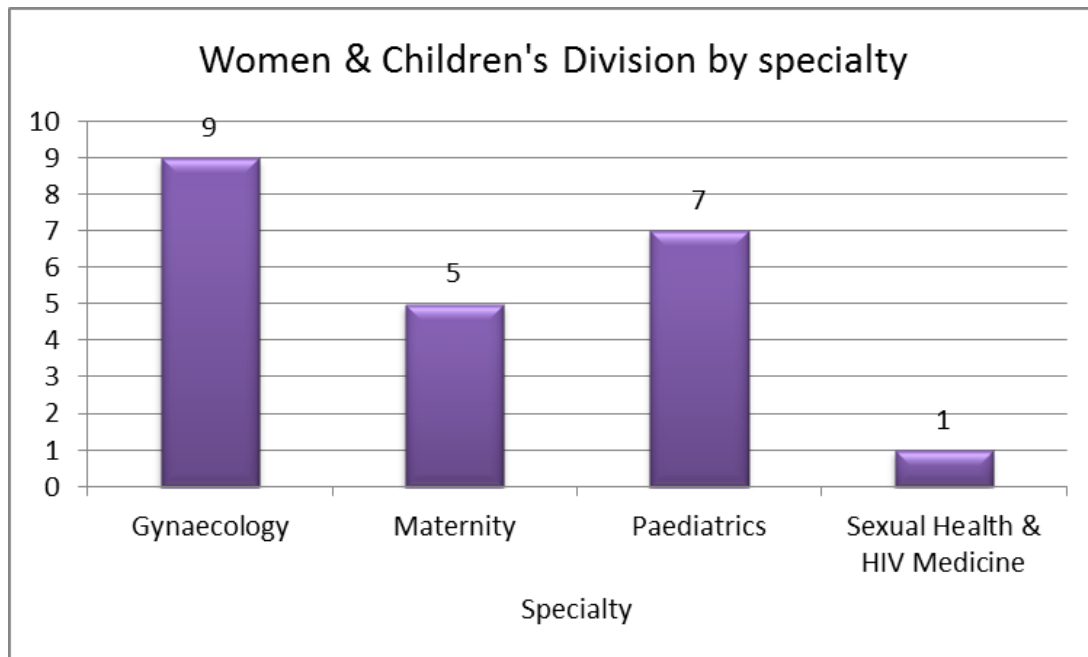
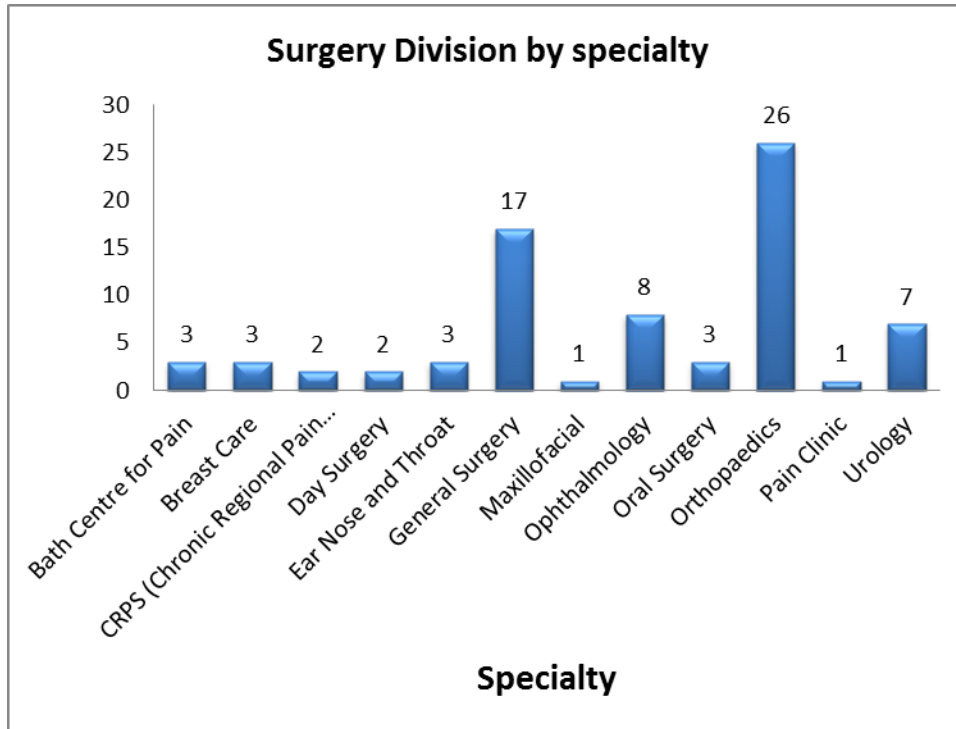
Graphs 3, 4 and 5

## 2.2 Complaints by Specialty

Graphs 6, 7 and 8 below show the complaints by specialty for each clinical Division.







Graphs 6, 7 and 8

The above graphs show the breakdown of complaints received by individual specialties within the clinical Divisions. If the complaint covers more than one Division it is allocated to the Division that has the majority of issues to be investigated.

### 2.3. Specialties receiving the highest number of complaints

Table 3 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.

Division	Specialty	2016/17	2017/18
Medicine	<b>Emergency Department</b>	31	<b>26</b>
Surgery	<b>Orthopaedics</b>	22	<b>26</b>
Surgery	<b>General Surgery</b>	19	<b>17</b>
Women & Children's	Gynaecology	10	9
Surgery	Ophthalmology	7	8

Table 3

In the three specialties where most complaints have been received the complaints have been broken down in to categories and sub-categories in tables 4, 5 and 6.

<b>Emergency Department - Total Complaints</b>	<b>26</b>
<b>Clinical Care and Concerns</b>	<b>23</b>
<i>General Enquiry - Clinical Care</i>	3
<i>Inappropriate care and treatment</i>	6
<i>Quality/concerns regarding Medical Care</i>	10
<i>Wait for Treatment</i>	1
<i>Waiting to see doctor/nurse once admitted</i>	1
<i>Wrong diagnosis</i>	2
<b>Communication and Information</b>	<b>2</b>
<i>General Enquiry - Communication</i>	1
<i>Patient not kept informed/updated (inpatient)</i>	1
<b>Staff Attitude and Behaviour</b>	<b>1</b>
<i>Confrontational</i>	1

Table 4

<b>Orthopaedics - Total Complaints</b>	<b>26</b>
<b>Admissions/transfers/discharge procedure (In Patients/ED)</b>	<b>1</b>
<i>Delay in/cancellation of admission</i>	1
<b>Appointments</b>	<b>1</b>
<i>Appointment information: date, time, location</i>	1
<b>Clinical Care and Concerns</b>	<b>20</b>
<i>End of Life Care Concerns</i>	1
<i>Error in performing a procedure on patient</i>	1
<i>General Enquiry - Clinical Care</i>	3
<i>Inappropriate care and treatment</i>	7
<i>Lack of pain management</i>	2
<i>Patient Slip/Trip/Fall</i>	1
<i>Quality/concerns regarding Medical Care</i>	1
<i>Treatment didn't have expected outcome</i>	2
<i>Wait for Treatment</i>	1
<i>Wrong diagnosis</i>	1
<b>Communication and Information</b>	<b>2</b>
<i>Inappropriate/Insensitive communication/attitude</i>	1
<i>Patient not kept informed/updated (inpatient)</i>	1
<b>Infection Control</b>	<b>1</b>
<i>Hospital Acquired Infection (e.g. C. Difficile, MRSA)</i>	1
<b>Medical Records</b>	<b>1</b>
<i>Gaining access to records</i>	1

Table 5

<b>General Surgery - Total Complaints</b>	<b>17</b>
<b>Clinical Care and Concerns</b>	<b>11</b>
<i>End of Life Care Concerns</i>	1
<i>General Enquiry - Clinical Care</i>	5
<i>Inappropriate care and treatment</i>	3
<i>Invasive procedure carried out</i>	1
<i>Quality/concerns regarding Medical Care</i>	1
<b>Communication and Information</b>	<b>3</b>
<i>Complaint</i>	1
<i>Inappropriate/Insensitive communication/attitude</i>	2
<b>Infection Control</b>	<b>1</b>
<i>Staff not following infection control procedures (e.g. hand washing)</i>	1
<b>Staff Attitude and Behaviour</b>	<b>2</b>
<i>Staff attitude</i>	2

Table 6

### 3. Subject of complaints

Table 7 below shows the main subject categories of the complaints received in 2017/18, in comparison with 2016/17.

Complaints – Subject categories	2016/17	2017/18
All aspects of clinical treatment	128 (60%)	<b>126 (73%)</b>
Communication & Information to patients (written & oral)	28 (13%)	20 (11%)
Staff Attitude and Behaviour	26 (12%)	10 (6%)
Admissions, discharge and transfer arrangements (inpatients)	5 (2%)	8 (4.5%)
Appointments/Delays/Cancellations (outpatients)	15 (7%)	5 (3%)
Personal Records(including medical records and/or complaints)	1	2
Infection Control	0	1
Premises/Environment/Parking	0	1
Consent to treatment	1	1
Discrimination and Safeguarding	0	1
Failure to follow agreed procedure	2	0
Hotel Services (including food)	2	1
Patient Property and Expenses	2	0
Transport (ambulances and other)	1	1
Bereavement Services	0	1
<b>Total</b>	<b>214</b>	<b>178</b>

Table 7

There has been a decrease in the numbers of complaints across the majority of categories. Particular there is a notable decrease in the number of complaints regarding appointments, delays and cancellations (from 15 (7%) in 2016/17 to 5 (3%) in 2017/18) and staff attitude and behaviour (from 26 (12%) in 2016/17 to 10 (6%) in 2017/18).

This mirrors the overall decrease in the number of formal complaints for these subject-categories. In addition concerns raised about appointments and staff attitude are often resolved informally through PALS to ensure a more immediate resolution for the complainant. However this does not negate the level of investigation of the concerns that were raised.

#### 3.1. All aspects of clinical care and treatment

The majority of complaints are about individual concerns about a patient's care and treatment. The table below shows the top six sub-categories within the 126 complaints about clinical care and treatment by Division.

Sub-category	Medicine	Surgery	Women & Children	Total
Inappropriate care and treatment	14	15	3	32
Medical Care	18	6	2	26
General – clinical care	9	11	4	24
Wrong diagnosis	5	2	2	9
End of Life Care Concerns	3	3	-	6
Treatment didn't have expected outcome	-	4	1	5

Table 8

All complaints are discussed at specialty governance meetings and **further analysis of some of the complaints about aspects of clinical care is detailed below:**

- Delays in treatment/concerns around care/earlier or missed diagnosis.
- Conflicting information given in particular around care and treatment, use of medication, signs/symptoms following treatment.
- Care of the dying patient/questions from bereaved families after death of a family member.
- Expectations not met/not explained fully.
- Explanations to patients in relation to clinical decision-making/what to expect following procedures.
- Patient was not advised of the possible side effects of a procedure.
- Patient felt Consultant was unable to accurately interpret a scan.
- Patient unhappy with kind of chemotherapy used and that she had to have a mastectomy and not a lumpectomy.
- Patient was not isolated immediately to protect from infection and was not given support when asked and pain relief was not managed effectively.
- Discharging patient with three missed fractures.
- Patient misdiagnosed with a urine infection.
- The administration of insulin.
- Nutrition and hydration and the pain relief.
- Discharge of a patient who was later readmitted.
- Fractured hip not identified on x-ray.
- Care of a patient's catheter and possible Sepsis.
- Inconsistent information about x-ray results and diagnosis.
- Administration of analgesia and reluctance to administer the medication intravenously.
- Post-natal complication.
- Discharge following trauma injuries.
- Possible misdiagnosis regarding a knee fracture.
- Delay in patient being diagnosed following scan results.
- Patient waiting in the Emergency Department corridor and concerned that the delay in treatment may have had an impact on the outcome.

### 3.2. Other complaints received

Table 9 below details the three complaints received by the RUH that were not about clinical services.

Division	Subject	Sub-category	Number
Corporate	Bereavement Services	Delayed release of the body	1
	Communication and Information	General – communication	1
	Premises / Environment/ Parking	General – parking	1

Table 9

#### 4. Complaints compared to hospital activity

In 2016/17 the complaint rate against activity was 0.030. In 2017/2018 the complaint rate against activity was 0.025.

##### RUH activity 2016/17 – 2017/18

Year	Inpatient Admissions	Outpatient Attendances	A&E Visits Type 1	Total	% Up/down activity on previous year	% of complaints compared to total activity
2016/17	86,221	537,836	71,792	695,849	2.12%	0.030
2017/18	88,462	531,059	71,648	691,169	-0.67%	0.025

Table 10

#### 5. RUH Complaints procedure and targets to measure against the process

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.

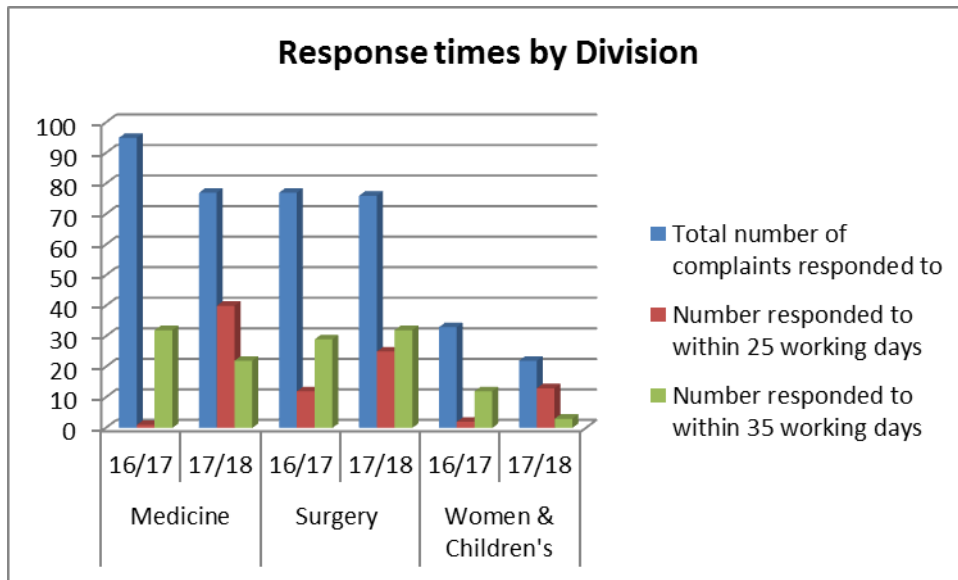
##### 5.1 Response times to complaints

The Trust has a local response target of 35 working days. One of the Trust's measures for its performance in responding to complaints is timeliness. Table 15 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	80	45
Responded to within 35 working days	58	33
Response exceeded 35 working days	40	22

Table 11

The overall performance for the Divisions has shown a notable improvement over this year. Graph 9 compares the figures for each Division and with 2016/17.



Graph 9

We have focused our attention on being more responsive to complainants which has resulted in a significant improvement in the timeliness of response. 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 local resolution is six months and all the complaints have been addressed but may not have been resolved within this target.

In 2016/17 out of the 205 received by clinical divisions 15 (7%) were completed within 25 working days and 73 (36%) were completed within 35 working days.

In 2017/18 out of the 175 received by clinical divisions 78 (45%) were completed in 25 working days and 57 (33%) were completed in 35 working days.

We work towards ensuring the complaint is investigated and responded to as quickly as possible with the 35 working day target. Those that exceed this target are always complex and require a meeting to be arranged, between a number of relevant staff and the complainant, to discuss the findings of the investigation and the actions taken as a result.

## 5.2 Reopened Complaints

A further approach to assessing performance is to monitor the number of complaints that are reopened. Table 12 shows the number of reopened complaints for the year and compares this with 2016/17.

Reopened complaints by year		
Year	Number	% of total complaints
2016/17	37	17%
2017-18	30	17%

Table 12

Table 13 shows the number of reopened complaints by clinical Division broken down in to quarters.

Quarter	Total number Reopened	Medicine	Surgery	Women & Children's
1	11	7	4	-
2	6	-	6	-
3	11	6	5	-
4	2	1	1	-
<b>Total</b>	<b>30</b>	<b>14</b>	<b>16</b>	<b>-</b>

Table 13

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

Reflecting the good work in Women and Children's Division to be more responsive to complainants and take a pro-active approach by meeting with complainants, the number of reopened cases has reduced from 37 during 2016/17 to 30 in 2017/18. We are working towards this becoming more embedded in Medicine and Surgery in the coming year.

### 5.3 Complaints Upheld/ well founded

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. 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. A review of the decision making process regarding whether a complaint is upheld or not will be undertaken in 2018/19 to ensure it is objective and impartial.

	Fully upheld	Partially upheld	Not upheld
Q1	5	16	12
Q2	16	12	10
Q3	10	2	9
Q4	4	7	9
<b>Total</b>	<b>35</b>	<b>37</b>	<b>40</b>

Table 14

In 2017/18 112 complaints were closed during the year, of these 72 (64%) were identified as being either partially or fully upheld. Examples of improvements and learning are provided in section 8.

## 6. Parliamentary and Health Service Ombudsman (PHSO)

In 2017/18, four cases were referred to the PHSO for investigation. This compares with 12 cases which investigated by the PHSO in 2016/17. At the end of 2017/18, no cases remained as open investigations by the PHSO in relation to the RUH. Nine cases were closed during the year; one case was upheld, two partially upheld and six were not upheld. Below provides detail of those cases closed during 2017/18.



### **Case 1: Not upheld.**

The person complained that the Trust misdiagnosed the patient with Parkinson's disease and was treated for this rather than investigating and treating the symptoms of metastatic prostate cancer. The person also complained that the Trust did not recognise that the patient's symptoms were caused in part by opiate sensitivity, and that the Trust did not listen to the patient and his wife about the care and treatment provided. Also the patient's pain was poorly managed and the patient was put on the Liverpool Care Pathway without consent. The person said that the events had caused the patient to be in pain unnecessarily and contributed to his avoidable death.

The PHSO concluded and were satisfied that there were **no failings in the care and treatment** provided to the patient.

### **Case 2: Not Upheld**

The person complained about the care and treatment given to her daughter. Specifically that the Trust wrongly discharged the patient in 2009 as the Trust said that she was still growing at the bottom of the normal growth line and that her bone age was in line with her actual age. The person said that this was inaccurate and gave the family false reassurance. The person said that when she returned to the Endocrine Unit in January 2015 doctors advised that the patient's growth had stopped. The person also said that the Trust failed to act appropriately even after an independent report suggested failings, and failed to follow the NHS Complaints process causing additional delays. The person also complained that because the patient had not received her growth was restricted resulting in mental health issues.

The PHSO found that the actions taken to improve and the financial remedy provided was a recognised compensation to the impact of the failings. For that reason the **complaint was not upheld.**

### **Case 3: Not upheld**

The person complained about the care and treatment by the Trust to his late son. He complained that his son was given inappropriate drug treatment and the hospital failed to monitor his son's condition despite his deterioration.

The PHSO found **no evidence of any failing** by the Trust into the care and treatment of the deceased patient.

### **Case 4: Not upheld**

The person complained about the treatment they received by the Trust for Chronic Regional Pain Syndrome (CRPS). The person stated that he was unsafely discharged from the CRPS Service and as a result he was left to suffer.

The **PHSO were satisfied that the Trust did all it could** and appropriately referred the patient back to the GP.

### **Case 5: Not upheld**

The person complained about the care provided to his mother. The person complains that the Trust did not administer Sodium Valproate medication following the admission. The person says the failure to provide this medication led to a seizure which caused his mother to suffer head and spinal injuries and Aspiration Pneumonia. The person said his

mother's death could have been prevented had the Trust administered her Sodium Valproate medication when she was admitted.

The PHSO found no evidence to indicate that the Sodium Valproate medication would have prevented the seizure and did not identify that her death could have been prevented.

The PHSO found that the Trust fully investigated this incident and identified the failings in the care provided and that the action taken by the Trust following its investigation was appropriate to resolve the complaint and ensure that the service was improved.

#### **Case 6: Not upheld**

The person complained about the care and treatment to her late husband who she felt should not have been discharged. The patient developed Pneumonia and Sepsis and the complainant felt that had the treatment for Sepsis started earlier this would have prevented the death of her husband.

The PHSO found that the Trusts treatment for the management of this patient followed the guidelines in place at the time. They also found that earlier intervention would not have prevented the patient's death.

#### **Case 7: Partially upheld**

The person complained about the care and treatment given to his late wife. He stated that the care was unsatisfactory and that she was inappropriately discharged and readmitted. He added that his late wife's pain was poorly managed and that there was poor communication between clinicians and the family. In addition he stated the complaint was poorly managed.

The PHSO said that the care and treatment that the patient received as an inpatient was generally appropriate and in line with established good practice. However they identified the following deficiencies:

- inaccurate CT scan report
- failure to address this with the family once this was discovered
- minor elements of the handling of the complaint
- provision of palliative care

The scan report was reviewed in line with the clinical governance process within the Radiology department and this was also discussed with the reporter as part of the appraisal process.

The Trust continues to review the handling of complaints via the complaints survey and bi-annual review of complaint files by the Lead Non-Executive Director to ensure that the Trust meets the requirements of the Complaints Policy.

Since 2015, there has been an increase in staffing in the palliative care team and agreement by the Board to provide a 7 day a week service. As such, the time from referral to review by a specialist palliative care nurse has improved. The Palliative Care team continue to work with ward staff and End of Life Care Ambassadors to equip them with the skills needed to fully recognise and treat symptoms at the end of life.

### **Case 8: Partially upheld**

The person complained that the Trust failed to diagnose his hippocampal sclerosis (a disease of the nervous system), and that after a second admission the Trust told him to double his dose of his epilepsy medication, causing carbamazepine toxicity.

The PHSO found that the Trust had acknowledged it should have ensured a follow up Neurology appointment. The patient visited the GP the day after the ED attendance and a referral was arranged for him. As such the Trusts failing had no impact on the patient and the Trust apologised.

The Trust has appointed a new Epilepsy Nurse Specialist whose role is to support patients in their care and treatment and respond to the queries, both clinically and administratively.

The case was reviewed at the Neurology Clinical Governance Committee and clinical staff were reminded of the issues relating to increasing antiepileptic medication and how this should be managed with patients in future.

### **Case 9: Upheld**

The person complained about the length of time the Trust took to diagnose his bowel cancer and that the delays meant missed opportunities to diagnose his cancer earlier.

The PHSO found that as a result in a change in treatment pathway, there was a delay in treatment and investigations and service failure but this would not have adversely affected the patient's chance of survival.

A personal letter of apology was sent to the patient from the Consultant Colorectal Cancer Lead and the Chief Executive. In future, patients will not be moved from the two week suspected cancer pathway until all the examinations and investigations have been completed.

## **7. Complaints Questionnaire**

Each person who makes a complaint is sent a questionnaire to complete after the final response has been sent to asking complainants to tell us about their experiences of the RUH complaint response procedure. The questions are based on the Parliamentary and Health Service Ombudsman's 'guide on good complaint handling which cover:

1. Considering a complaint
2. Making a complaint
3. Staying informed
4. Receiving outcomes
5. Reflecting on the experience

47 complainants returned a completed questionnaire in 2017/18.

### **7.1 Considering a Complaint**

44 (94%) of the respondents told us that they knew they had the right to complain.

### **7.2 Making a complaint**

23 (49%) complainants said that they were given information on how to complain.

***“I was advised in the hospital to make a complaint and given the details to do so. I'm not sure if I would have done it otherwise, as I was feeling very vulnerable and anxious.”***

However 26 (55%) said that they were not advised of advocacy services available to support them. **As a result the Complaint Manager now discusses the advocacy support available for complainants during the initial telephone call to the complainant and the complaint leaflet and every complaint acknowledgement letter include this information.**

Only 13 (28%) complainants felt they could raise a complaint with any staff they dealt with. **As a result the Complaint Manager and PALS Manager have developed a programme of training and information to empower staff to respond to verbal complaints and deal with them at the point of care and treatment.**

32 (68%) of the 47 respondents felt able to communicate their complaints in the way that they wanted to, and 35 (74%) at a time they wanted to.

***“We did our complaint over email so was convenient for us due to busy schedules.”***

24 (51%) knew that their concerns were taken seriously when they raised them and 62% felt confident that ongoing care would not be compromised.

***“It wasn't until I returned home and spoke to my daughter, she encouraged me to complain because she said someone maybe treated the same and who might not have a voice. I am very happy at the outcome of the meeting I had with [Matron and Senior Sister]. They made me feel it had all been worthwhile.”***

### **7.3. Staying Informed**

The majority of the respondents (81%) stated they were provided with the name and contact details of the person handling the complaint and of those 55% always knew what was happening with their case.

### **7.4 Receiving outcomes**

34 (72%) felt they had received a timely response and 42% stated their issues had been responded to openly and honestly.

### **7.5 Reflecting on the experience**

42 (89%) of the 47 stated they would complain again if needed. 64% felt the complaints process was fair and 38 (81%) of the 47 would advise others to make a complaint if they needed to.

***“Through my experience I am aware that the trust regards poor care very seriously and that it's better to make a complaint if treated unfairly so that the trust can take steps to rectify these mistakes.”***

## **8. 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.

Ref.	Issue	Division	Lesson Learned
Q1.1	Patient complained that the Trust failed to diagnose his condition when he was admitted to the Emergency Department. He also had concerns with his medication.	Medicine	A specialist nurse has been appointed and the role will include responding to patient’s concerns, for example a medication increase/co-ordination of appointments.
Q1.2	Patient admitted to the Emergency Department following a fall at home. A decision was made not to perform an x-ray at the time. However, the GP requested an x-ray which confirmed a fracture.	Medicine	The complaint was discussed at the Emergency Department Governance Meeting and shared with staff, in particular to discuss ‘signs to look out for’ with patients if their symptoms change and document this accordingly.
Q1.3	Patient complained that they received an incorrect report following a CT scan.	Medicine	Staff have been reminded to check correspondence prior to sending information to patients, in particular when transcribing information.
Q1.4	Client wrote a letter following her son's admission to the Emergency Department. Client was unhappy with the letter stating there were inaccuracies in the detail.	Surgery	The Consultant contacted the paediatric safeguarding nurse who liaised with other specialties to improve the awareness of documentation used in ED as a safeguarding checklist.
Q1.5	Patient had 4 ultrasound scans however was not informed that her bowel could not be seen until the 4th scan. The patient would like to know why they were not informed this beforehand.	Women & Children’s	Complex cases need to be discussed with the radiology team.
Q1.6	Patient complained of the attitude of a midwife at one of the Birthing Centres.	Women & Children’s	Additional training and support given to staff member to address communication and behaviours when dealing with patients and their families.
Q1.7	Complainant’s partner asked to leave the ward because of safeguarding concerns recorded on millennium. The social care team identified that there was no reason why the baby’s father could not have remained on the ward and the anxiety/distress caused could have been avoided.	Women & Children’s	Investigation is ongoing however staff on the ward have been reminded of the correct processes in these scenarios (i.e. speak with the family in the first instance and contact social care to verify information given).

Q2.1	Patient had urinary retention – asked to return for a trial without catheter however on return no-one was able to identify why she was there and she was sent home.	Women & Children's	Nurses reminded that a record needs to be added to millennium in these situations
Q2.2	Patient had hip replacement surgery in 2008 which resulted in metal on metal poisoning. Blood test results showed that the patient had raised levels of metal in the blood. Patient should have had an annual follow up appointment booked.	Surgery	Review being undertaken of patients with metal on metal revisions who were due for a further follow up - original list was for primary total hip replacements only.
Q2.3	Patient wasn't provided with sufficient pain relief to take home as she had used her own medication whilst an in-patient.	Surgery	Staff should have been aware of the checklist for drugs to take home before discharge. This case will be shared at the Sisters Meeting for future learning.
Q2.4	Patients relatives on the ward were unhappy about the lack of communication about their relatives discharge from the ward	Medicine	Staff reminded of the importance of communicating with patient's relatives whilst on the ward and particularly when planning discharge.
Q2.5	Patient had an endoscopy and went home with no discharge letter/summary of the procedure.	Medicine	Ensure that all patients are given a copy of their discharge summary prior to leaving the ward and know who to contact if concerned when leaving hospital.
Q3.1	Preparing families for difficult treatment and scans on babies.	Women & Children's	Ensuring that the families adequately prepared and understand in advance that this can sometimes be distressing to witness, and explain the reasons why the scans and treatment are required to rule out more serious problems.
Q3.2	Long wait to receive outpatient appointment in the Ear, Nose and Throat (ENT) department despite letter from GP	Surgery	Improve communication regarding long wait times and pressure on services on the Trust website and with local GPs. Department continuing to work with GPs to streamline patient pathways.
Q3.3	Improve communication regarding long wait times and pressure on services on the Trust website and with local GPs. Department continuing to work with GPs to streamline patient pathways.	Medicine	Complaint shared at Governance meeting and staff reminded of the importance of clear communication as to the reasons for cancellation of surgery and any appointments.

Q3.4	Multi-disciplinary team on Haygarth ward didn't communicate with the family.	Medicine	Multi-disciplinary team on Haygarth ward didn't communicate with the family.
Q3.5	Delay in diagnosis of eye condition – patient seen by Optometrist prior to Ophthalmologist appointment.	Surgery	Shared with Optometrist – reminded to escalate any potential concerns to the Ophthalmologist in clinic
Q4.1	Patient attended an antenatal clinic at Chippenham Birthing Centre and is unhappy with the way she was treated by a Midwife	Women & Children's	Shared with individual midwife who has been given additional training to support improving her communication skills when speaking with patients and their families
Q4.2	Patient had a hysterectomy however there was some misunderstanding about the procedure to be undertaken and the patient's previous medical history	Women & Children's	Patient met with consultant and an apology was given to her. Consent to surgery is obtained on the day of the procedure and clinicians have been reminded to ensure that the patient fully understands what procedure is being undertaken.
Q4.3	Delay in scan results being communicated to the patient	Medicine	A new results system has been implemented in the Trust so that following a CT scan a report with the results of the scan is sent electronically to the requesting consultant clinician
Q4.4	Patient's discharge delayed and poor communication	Medicine	Ensure that patients who are waiting for medication prior to discharge are informed that there could be a long wait and ensure they are kept updated as to when the medication will be ready.
Q4.5	Patient not given a discharge summary or post-operative information	Surgery	Senior Sister has reminded staff to give patients information on discharge.
Q4.6	Standard of cleanliness on Robin Smith ward and poor state of showers and toilets	Surgery	Cleaning team vacant post filled. Small works completed on bathrooms/toilets included replacement of worn taps; renew silicone around showers and sinks; replaced pull cords with 'bio' pull cords (easy clean). Area reviewed by senior nursing team and cleaning manager

Table 15

## 9. Patient Advice and Liaison Service (PALS)

The role of the Patient Advice and Liaison Service (PALS) team is to offer a responsive, open-door service for patients, relatives and carers. The PALS team provide advice, information and guidance to patients and carers who wish to raise a concern, be signposted to relevant clinical services or require contact with staff. 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.

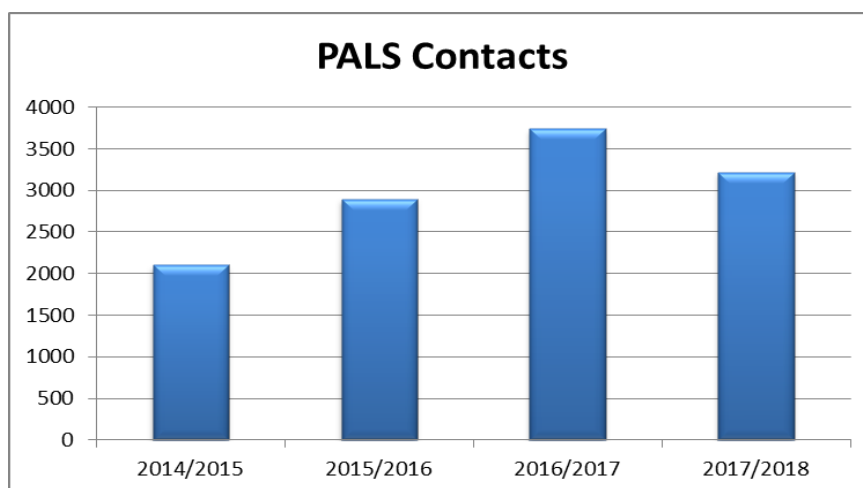
Issues raised within the team are seen as an opportunity to monitor service delivery issues and act as a catalyst for change.

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

### 9.1. Contacts with PALS

In 2017/18 the service received 3216 contacts; 1592 (50%) of the contacts required resolution, 1267 (39%) requested advice and information and 185 (6%) wanted to provide feedback and suggestions. The remaining 172 (5%) were received from people wishing to provide compliments.

There was a reduction of 523 compared to the 2016/17 3739 PALS contacts. The graph below shows the total number of contacts with PALS per year, comparing the past four years.

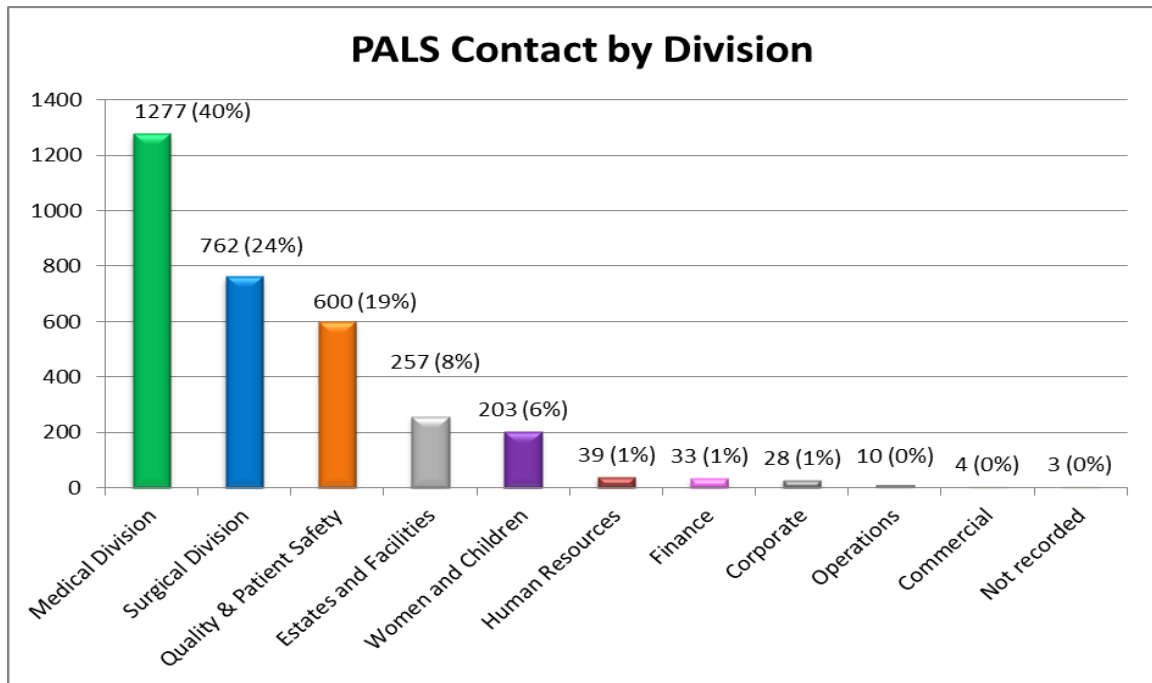


Graph 10



### 9.1.1. PALS contact in reference to the Division

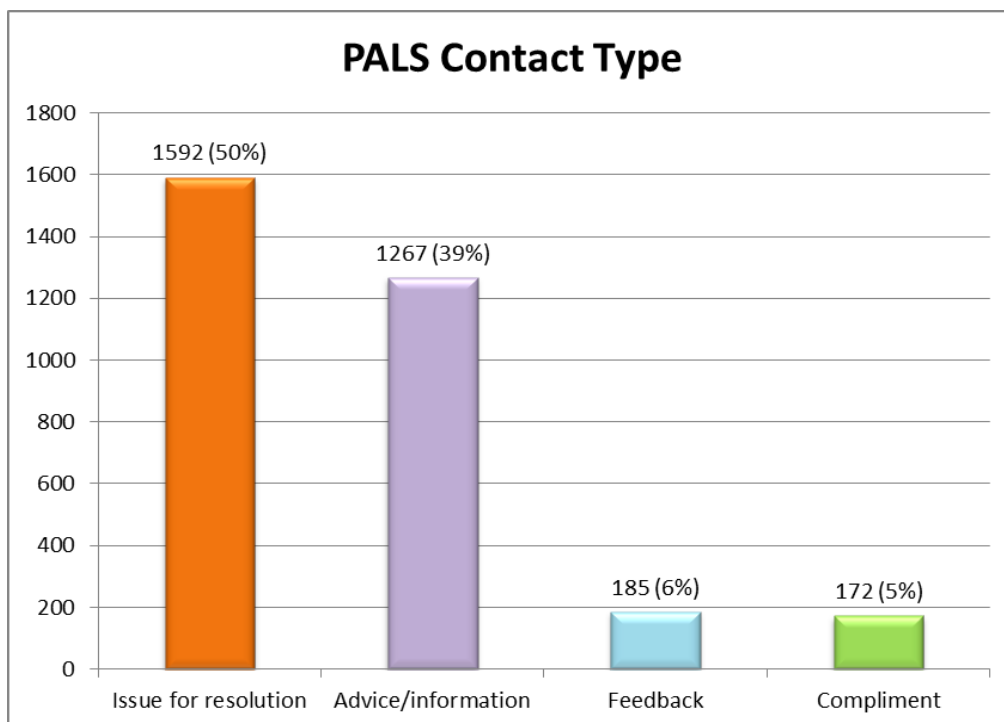
The graph below shows which Division the PALS contact referred to.



Graph 11

### 9.2. Type of contact with PALS

The graph below shows the reason why PALS was contacted.



Graph 12

### 9.3. PALS contact in reference to the subject area

50% of patients/ carers contacted PALS with an issue for resolution. The subjects of these issues are broken down in the tables below.

<b>Issue for Resolution – Top 6 subject areas</b>	<b>2016/17</b>	<b>2017/18</b>
Clinical Care and Concerns	427	<b>346 (22%)</b>
Communication and Information	517	<b>340 (21%)</b>
Appointments	386	<b>318 (20%)</b>
Patient Property	94	<b>124 (8%)</b>
Premises/Environment/Parking	339	<b>118 (7%)</b>
Staff Attitude and Behaviour	109	<b>115 (7%)</b>

Table 16

<b>Issue for resolution Clinical Care &amp; Concerns – Top 3 sub-categories</b>	<b>Medical Division</b>	<b>Surgical Division</b>	<b>Women and Children</b>
General Enquiry - Clinical Care	115	59	25
Quality/concerns regarding Medical Care	19	7	6
End of Life Care Concerns	10	1	-

Table 17

<b>Issue for resolution Communication &amp; Information – Top 3 sub-categories</b>	<b>Medical Division</b>	<b>Surgical Division</b>	<b>Women and Children</b>
General Enquiry - Communication	91	45	9
Telephone issues (e.g. phone not answered)	10	7	-
General Enquiry - Clinical Care	10	6	-

Table 18

<b>Issue for resolution Appointments – Top 3 sub-categories</b>	<b>Medical Division</b>	<b>Surgical Division</b>	<b>Women and Children</b>
Appointment information, date, time, location	37	34	4
Cancellation of appointment	23	21	7
Length of time for follow up appointment	27	21	3

Table 19

<b>Issue for resolution Patient Property – Top 3 sub-categories</b>	<b>Medical Division</b>	<b>Surgical Division</b>
Loss of patient property/valuables with patient	87	15
Loss of patient property/valuables (bailed)	6	-
Stolen patient property/valuables with patient	3	-

Table 20

Issue for resolution Issue for resolution Premises/ Environment/ Parking – Top 3 sub-categories	Estates and Facilities
Parking fees	87
General Enquiries - Premises/ parking	16
Condition of premises	4

Table 21

Issue for resolution Staff Attitude & Behaviour – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
Disinterested/uncaring	24	17	9
Staff attitude	22	10	5
Inappropriate/insensitive information/diagnosis	2	2	1

Table 22

The PALS team work closely with relevant staff in the Divisions to resolve individual issues quickly with patients/families/carers in an informal way. Divisional governance committees identify trends in issues and work towards improving service delivery as a result.

### **Clinical Care and Concerns**

Concerns regarding clinical care varied widely, there are no trends and issues are personal to individual's care and treatment; from concerns regarding medical care to co-ordination of treatment to waiting times for treatment.

### **Appointments**

During the year some issues for resolution were about appointments; waiting for a new or follow-up appointment or requiring information about an appointment.

### **Communication and Information**

Waiting for appointments was exacerbated by difficulties when patients attempted to contact Trust departments by telephones not being answered. As a result the Trust is reviewing communication requirements, for example the provision of text appointment reminders, email, telephones and a patient portal.

## 10. 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 Report.

The Trust is continuing to work to improve its response to complaints. This includes:

- There is a focus on improving communication with complainants during the time when their complaint is being investigated.
- In addition the Patient Experience Team is offering training and information to front-line staff dealing with verbal concerns.
- There is continued focus on procedures to improve the efficiency and timeliness of responses to complaints.
- The Trust continues to improve processes for sharing learning from complaints and making improvements as a result of learning.

The Trust aim is to continue to develop a culture of empowering staff to resolve issues and concerns at an early stage and use complaints as a means of improving the care provided.

In 2018/19 the Trust has committed to ensuring that feedback from patients and their families/carers is a priority in the annual Quality Accounts. We expect to see a year on year increase in the number of service improvements made a result of complaints and concerns raised.