

To: Trust Board

Date of Meeting: 28th May 2015

Agenda Item: 8

Title
Annual Complaints & PALS report 2014-15
Responsible Executive Director
Amanda Parker, Director of Nursing & Patient Safety
Prepared by
Tracey Nevell, Customer Relations Manager
Status
Non-disclosable
Summary of Proposal
To note the findings of the report
Implications for Quality of Care
To review statistics and summary of feedback and improvements from complaints & PALS enquiries about service and patient care
Link to Strategic Objectives/Board Assurance Framework
Patient Safety agenda – improving the patient experience/learning lessons
Financial Implications
<ol style="list-style-type: none"> 1. Financial penalties may be incurred in the event of a reported Never Event. 2. Subsequent patient litigation claims may occur. 3. Loss of Commissioner confidence may result in loss of Trust business.
Human Resource Implications
<ol style="list-style-type: none"> 1. Professional performance management issues for individuals. 2. Learning and development requirements. 3. Organisational, behavioural and cultural issues.
Recommendation
The Board is asked to: note the findings of the report
Communication and Consultation
Patient Experience & Feedback Committee, divisions and Customer Relations team
Appendices
None

**Patient Advice & Liaison Service (PALS)
& Complaints**
Learning the Lessons and Improving

Annual Report 2014-15



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Foreword

This report summarises the way we worked last year to listen to those who use our services and sought ways to improve services for patients as a result of complaints.

The role of the Customer Relations department



The Customer Relations Department provides advice and information, guidance on how and where to complain, investigates matters of concern and resolving things that have gone wrong. Not every complaint needs to be resolved by investigation if the concerns are about current treatment where action can be taken quickly to resolve problems.

A daily triage service operates within the Customer Relations Department at both Worthing and St Richard's Hospitals to deal with all telephone calls, face to face enquiries and e-mails received to ensure that they are dealt with appropriately and quickly for patients and their relatives/carers.

The Patient Advice and Liaison Service (PALS) is situated in the main entrance of St Richard's Hospital and opposite the new Endoscopy Unit in the West Wing at Worthing Hospital. Their role is to carry out signposting i.e. providing information, advice or

reassurance, management of issues that can be resolved quickly and assisting patients/relatives who need time to discuss concerns.

The PALS office at Worthing Hospital moved location in February 2015 to a more prominent accessible area with new facilities to improve patient experience. The move has seen an increase in the number of people accessing the service.

Formal complaints that require investigation of more complex and serious concerns are dealt with in accordance with the NHS Complaints Procedure and the complaints team manage these cases to ensure the appropriate procedures are followed in a timely and consistent way with the divisional teams.

LEVEL OF ENQUIRIES & COMPLAINTS



During the year we examined in detail the PALS enquiries and formal complaints received to listen and learn when things went wrong. We responded in a variety of ways including:

- ✚ providing advice and information to people on a variety of matters ranging from literature on support organisations, operations and departments to general signposting within the hospital and helping resolve appointment queries.
- ✚ we provided written explanations about treatment that patients received as part of our formal complaints procedure and we met with patients and relatives about their concerns together to ensure issues were resolved and actions required followed through.

The Customer Relations team had **13,140** contacts during the year from patients, relatives and other users of our services. In **96%** of cases, we helped put things right via our PALS service.

68% of enquiries (8,939) were on the spot general advice and information requests. A further 3,627 were individual issues or concerns dealt with by the PALS team within one working day, most involving the relevant staff/divisions to facilitate answers and/or a meeting where appropriate.

574 cases (4% of all enquiries) required a formal investigation under the NHS Complaints Procedure due to their complexity or the seriousness of the issues raised. Only 3% of these cases were referred to the Health Service Ombudsman, the second stage of the formal NHS Complaints Procedure.

POSITIVE OUTCOMES/LESSONS LEARNT

In 2014/15 53% of formal complaints were either fully or partially upheld. As a result of the PALS enquiries and formal complaints throughout the year the trust implemented a number of improvements. The following examples are a selection of these:

You said there was.....

A lack of information and help with arrangements for patients leaving hospital.

A need to improve care for patients with swallowing difficulties.

A lack of information about what to expect following shoulder surgery.

A delay in diagnosing your illness as a result of

We acted by....

Improving communication and the accuracy of handover information, particularly involving staff from other NHS organisations. The pharmacy dispensing team has been reminded to query any ambiguities over medication and is introducing a one stop pharmacy service. A West Sussex integrated policy on managing hospital discharge has also been introduced.

Giving staff further training in dysphagia.

Improving the information for patients about the recovery period after their operations.

Giving additional specialist training to

radiology test problems.

Radiologists around reporting of chest x-rays and introducing a manual system to ensure that ultrasound scan results are followed up and verified by a manager on a weekly basis and in the longer term different use of technology will allow for instant reporting.

Poor communication between staff and carers representing patients with mental health needs. *(The Independent Mental Capacity Advocate (IMCA) is a new role created by the Mental Capacity Act 2005. An NHS body has a duty to involve an IMCA when a vulnerable person who lacks mental capacity needs to make a decision about serious medical treatment, or an accommodation move. This could be an older person with dementia or a learning disability. The IMCA will help support the older person to make the decision, will represent their views and should act in the person's best interests).*

Ensuring that there is now a senior key person to liaise with organisations such as POWHER who manage IMCA cases to improve communications and case management.

Avoidable pressure injury due to a lack of equipment and knowledge.

Providing additional pressure relieving cushions for patients and increased tissue viability education.

A lack of consistent and specialist advice for parents bringing their child to hospital in an emergency.

Extending the opening times of the paediatric area in A&E at night.

Poor communication with doctors and a need for more awareness about certain medical conditions.

Introducing simulation training to provide structured teaching and reflection on individual cases and specific areas relating to communication styles, behaviours, team working and knowledge.

Unnecessary distress and disorientation caused to cancer patients, in particular, by being moved between wards late at night.

Introducing a new policy to prevent the sickest patients and those receiving end of life care from being moved between wards. Where a move is unavoidable, it will be done as early in the day as possible to avoid a move late at night.

Inconsistent and inaccurate advice given to couples when calling the maternity department during labour.

Introducing a new telephone triage to improve management of calls to the department. A number of postnatal clinics have also been set up in the community.

Repeated cancellations of eye appointments, long delays and poor communication when contacting the hospital.

Reviewing the ophthalmology service, increasing the number of consultants and improving the appointment system to reduce the number of delays and cancellations.

PLAUDITS

We measured the number of plaudits received within the organisation during the year to celebrate good practice with staff and the public. Plaudits were received in a variety of ways by letter, cards, e-mails, telephone calls, donations and food items.

4,385 patients and relatives made a special effort to thank the staff who looked after them or their loved ones and compliment their standards of care. The trust shares this information on a compliments board with staff on its intranet site and on notice boards around the hospital sites for the public to read. A few examples are shared below including two 5 star ratings from feedback posted on the NHS Choices Website:

*“I feel that I must write to thank and congratulate all concerned with my hospital visits and the actual operation. I was admitted to the ward on the day of my operation where the pre-op staff were excellent – attentive, informative and always cheerful. Needless to say the anaesthetist and his assistant were very reassuring, and the consultant was superb. He had explained the procedure beforehand and I felt very comfortable with the whole plan of action. He also spoke to me afterwards to say how well everything had gone. I stayed overnight and the nurses in the ward were very accommodating and polite. In this day and age of complaint and dissatisfaction, I have to compliment you on the way I was treated during my stay”. **(letter to Chief Executive – July 2014)***

*“My husband was brought by ambulance to you following a seizure. Within 20 minutes he was seen by a nurse who started some tests. 3 hours 15 minutes later he had had every test you could think of and had been seen by 2 nurses, and a staff nurse and 2 doctors. He was moved to the medical assessment ward and given a bed. For the next 2 days you looked after him very well indeed, running even more tests, stabilising him, getting him eating again and changing his medication. During Sunday afternoon a physiotherapist cleared him for return to the Home and hospital transport was arranged for him on that Sunday evening”. **(e-mail to Chief Executive – January 2015)***

*“Everybody in A & E was exceptionally kind and helpful, and I felt reassured by their care and attention and the doctor who admitted me, broke the news of impending Total Hip Replacement very kindly! I would like to pass on my thanks to everybody, every single person with whom I came in contact on the ward. They were all kind, thoughtful, helpful, very professional and I shall always remember them with admiration. I cannot repeat often enough how grateful and appreciative I am”. **(e-mail to Chief Executive – January 2015)***

“From the start of the day, right through to when we left, we were treated in the best way one could possibly imagine. The standard of care was of the highest calibre; we were made to feel very comfortable and my wife's treatment was careful and considerate at all times. Please pass on our most sincere and heartfelt thanks. The nurse was a real credit to the NHS. Please also pass onto the remainder of the staff of the labour ward our thanks too. I know that it is a team effort there, and the rest of the team deserve thanks and credit too”. (e-mail to Chief Executive – January 2015)

“I recently had day surgery (hernia repair) at the Chanctonbury Suite. I have to say that from pre-admission screening/testing through to treatment & discharge, I couldn't fault the treatment, care and customer service I received throughout. Everyone, from the clerical & admin staff through to clinicians, nurses etc were so genuinely helpful, took the time to deal with me properly, and you sensed they really cared about what they were doing (i.e. I didn't feel like I was a source of income). The facilities in the Chanctonbury Suite were spotless throughout, couldn't fault a thing. I feel very reassured to have such a good quality local hospital, and I think everyone involved at the hospital should feel very proud of the fantastic job they're doing. Thank you very much”. (NHS Choices - March 2015)

“I was very impressed with the service and treatment I received. In 8 weeks I was referred to Breast Clinic, screened, biopsy performed, results given, surgery arranged and completed, a bed was found for me, with one night stay in hospital on Clapham Ward. The staff were excellent, and everything went extremely well, Only one little concern and that is with agency nurses, the one who was working on the afternoon I was due to have my operation, did not know what she was doing and did not seem interested. The staff were caring, friendly, respectful, and I am very thankful to all the staff who helped me”. (NHS Choices – September 2014)

PATIENT EXPERIENCE & FEEDBACK COMMITTEE

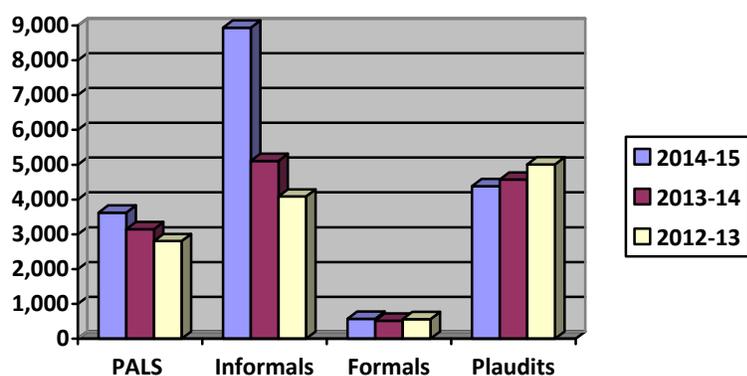
This committee meets on behalf of the Trust Board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging. The committee audited a selection of formal complaints received in 2014-15 to ensure that the complaints process is managed fairly and effectively and in accordance with policy and procedure.

STATISTICS

The following tables give a statistical breakdown of information regarding PALS and complaints activity during the last year.

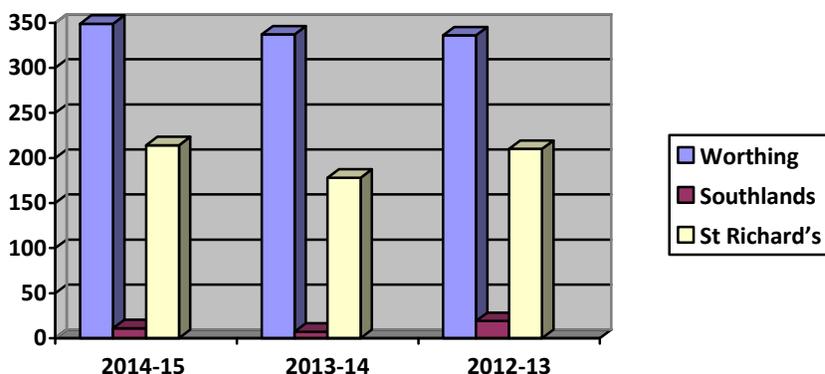
- Figure 1: New and closed cases

	2014-15	2013-14	2012-13
PALS cases	3,627	3,149	2,807
Informal enquiries	8,939	5,110	4,089
New formal complaints	574	522	565
Formal complaints upheld	307	282	Not collected
Plaudits	4,385	4,574	5,010



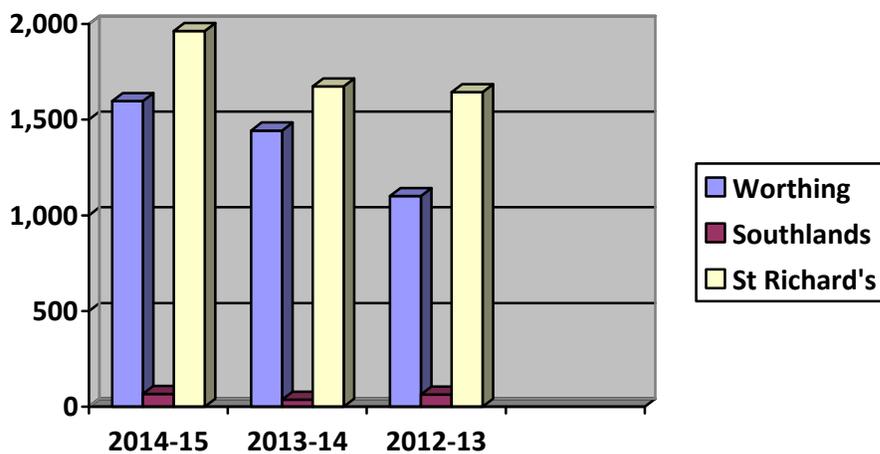
- Figure 2: Formal complaints received by site

	2014-15	2013-14	2012-13
Worthing	349	337	336
Southlands	11	7	19
St Richard's	214	178	210
Total	574	522	565



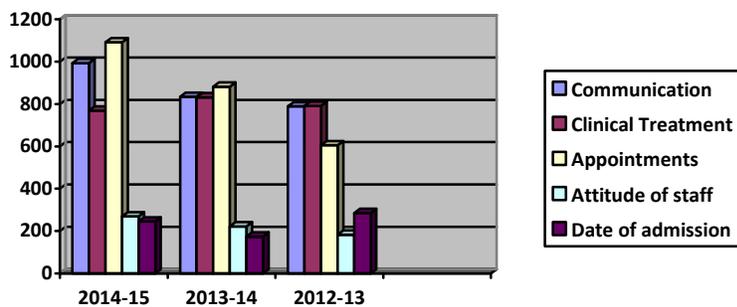
• Figure 3: PALS Enquiries received by site

	2014-15	2013-14	2012-13
Worthing	1,597	1,443	1,100
Southlands	67	36	63
St Richard's	1,963	1,674	1,643
Not site related	-	-	2
Total	3,627	3,153	2,808



- Figure 4: Top 5 enquiries (PALS & complaints) received by category

	2014-15	2013-14	2012-13
Communication	993	834	789
Clinical Treatment	769	832	791
Appointments	1092	882	605
Attitude of Staff	269	222	183
Date of Admission	245	174	285



- Figure 5: Formal complaints referred to the Parliamentary Health Service Ombudsman

	2014-15	2013-14	2012-13	2011-12
Declined/not upheld	5	13	12	13
Further local resolution taken by trust	-	2	4	1
Upheld/recommendations (partially or in full)	2	2	-	1
Decision awaited	10	-	-	-
Total	17	17	16	15

- Figures 6: Formal complaints compared with hospital activity

	2014-15	2013-14	2012-13
Complaints relating to inpatient care	243	233	282
Rate per 1000 bed days	0.75	0.74	0.89
Complaints relating to outpatient appointments	226	197	205
Rate per 10,000 new appointments	10.50	10.06	10.87
Complaints relating to A&E	105	92	78
Rate per 1000 A&E attendances	0.78	0.69	0.59

CONCLUSION



The trust always sees complaints as an opportunity to address problems and improve patient safety. There has been an increase in the number of complaints about discharges, attitude of staff and outpatient appointments. To mitigate this, a number of actions have been taken. A West Sussex integrated policy on managing hospital discharge has been introduced.

A Customer Care Programme has been launched across the trust and an assessment of the outpatient service is underway. There was a 12% increase in the total number of outpatient attendances comparing 2014-15 with the previous year. Day case admissions (+ 11%), non-elective admissions (+6%) and A&E attendances (+1%) also all showed increased compared to the previous year.

The Customer Relations Department plays an integral part of the Patient First Programme, recently launched across the trust to improve all services through quality improvement work, research, governance and training, undertaking the role of Ambassadors to help drive this programme forward within the organisation and assisting with customer care training to departments and front line staff.

The trust is working with the Patients Association to obtain feedback from complainants about their experience of the complaints procedure. All complainants receive an independent survey from the Patients Association once their case is closed and there has been a 15% return rate so far. 89% of respondents understood the explanation given in the response to their complaint. 71% of respondents who had a view, felt that staff handling their complaint made them feel comfortable and 64% did not seek further advice. The trust will continue to work with the Patients Association to send out surveys and monitor feedback provided.

The Patient Safety team is also working closely with the Customer Relations Department to ensure that new Duty of Candour legislation is streamlined with the complaints process requiring NHS organisations to act openly and honestly when patient safety is compromised.

RECOMMENDATIONS

The Board is asked to note the contents of the report.

Tracey Nevell

Customer Relations Manager

May 2015