

Complaints Annual Report 2016-2017

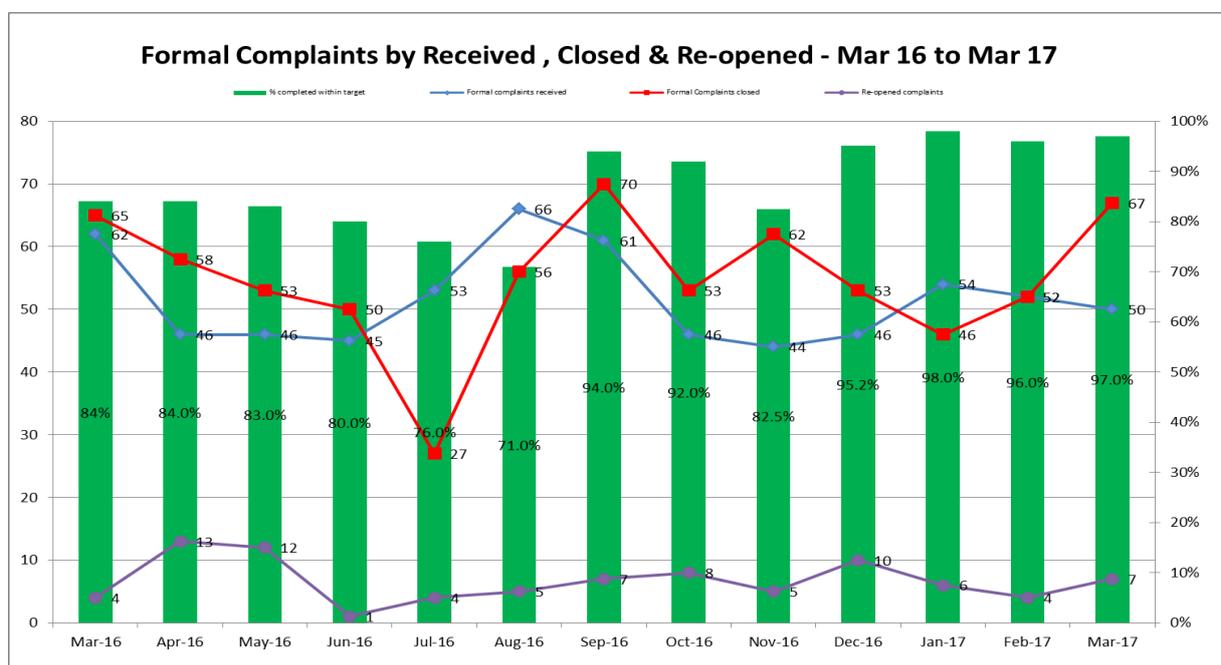


1. Introduction

Listening to feedback from patients, relatives and carers, both positive and negative, is an important element of organisational learning. This Complaints Annual Report provides a detailed overview of activity relating to complaints for the period 01 April 2016 to 31 March 2017. It has been produced in line with statutory complaints legislation, regulation 18 and will provide a detailed view of performance in respect of meeting target times, alongside qualitative complaints information.

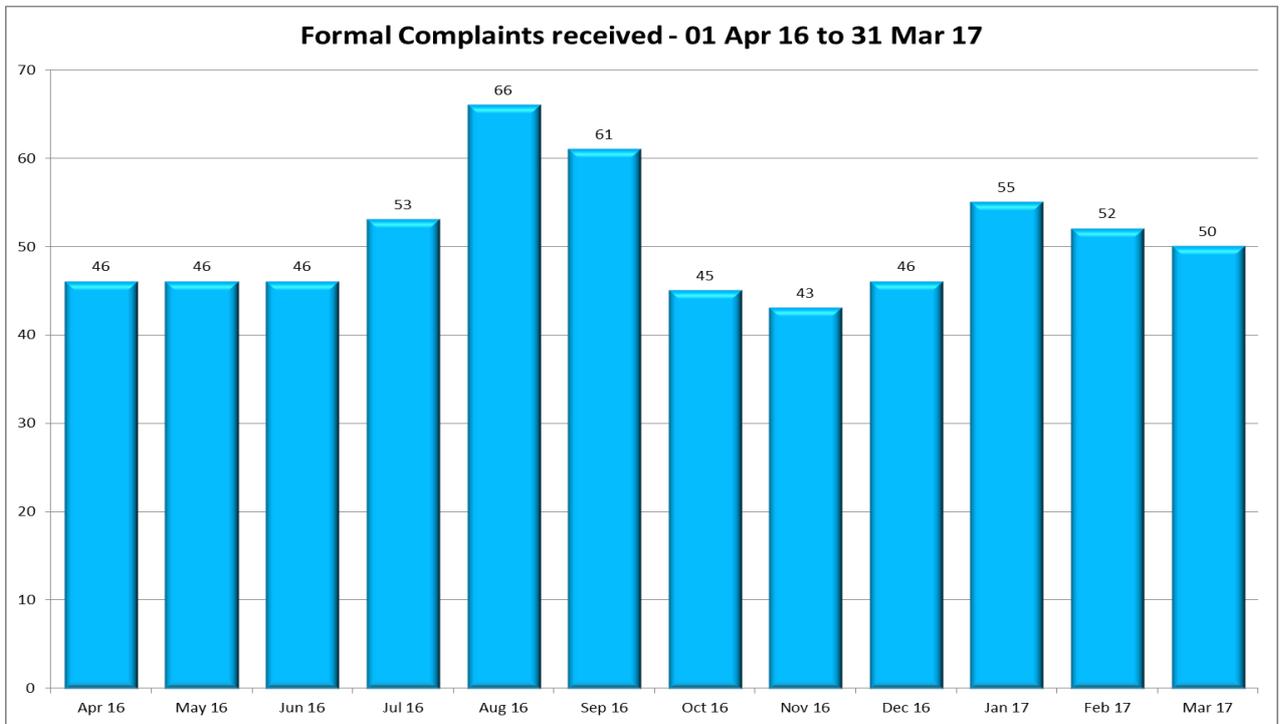
Particular focus has been given to identification of areas for improvement, learning that has taken place, progress made in meeting the associated performance targets and standards and implementation of the new Complaints Standard Operating Procedure during the last twelve months.

The table below provides an overview of complaints activity for 2016-17.



2. Complaints Activity 2015-16

For the period 01 April 2016 to 31 March 2017, 609 formal complaints were received by the Trust, which are detailed in the table below by month. This represents a 6.16% reduction compared to the same period in 2015/16. On review, 4127 PALS enquiries were received during 2016/17 which would indicate concerns are being managed at an earlier stage and via appropriate routes. For the same period 689 complaints were closed.

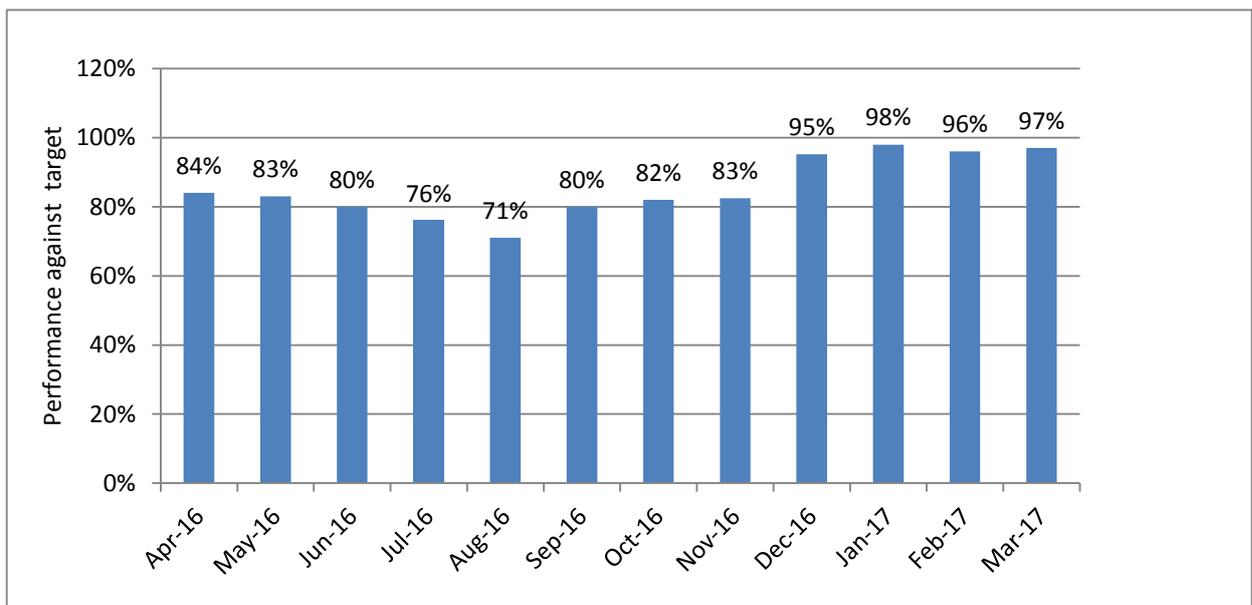


3. Performance

The Trust's performance target for responding to complaints with 25 working days or where necessary agreed timeframes was 90% for 2016/2017. This was achieved for the majority of last year and has improved to over 95% per month during 2017.

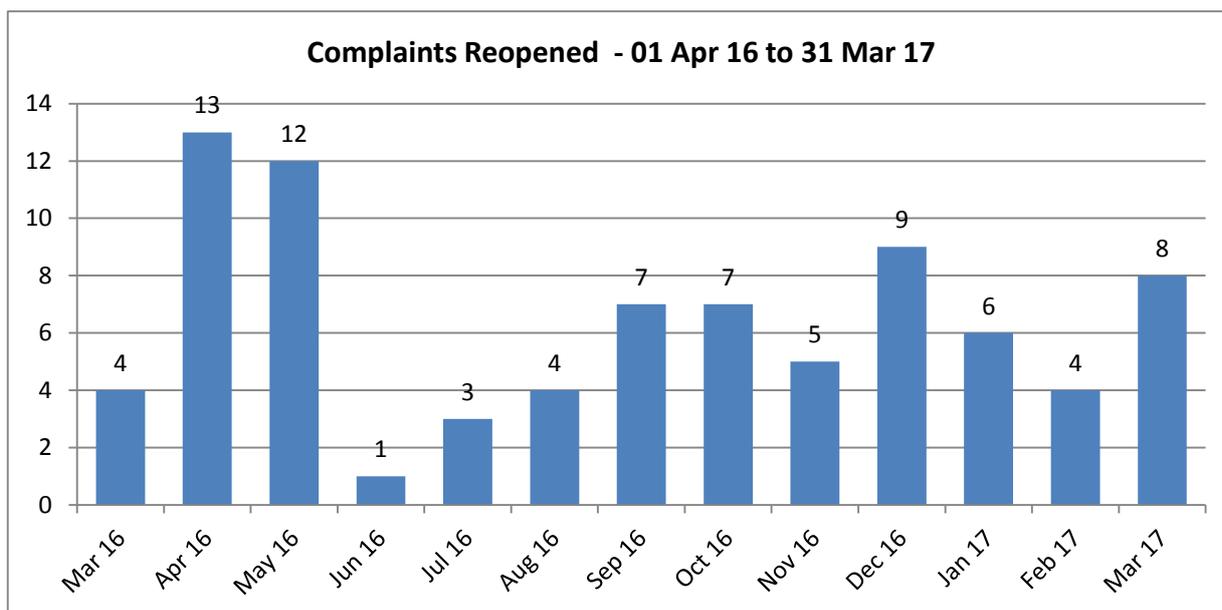
The response rate accurately reflects the number of complaints responded to within appropriately agreed timescales. Performance for each service line is reported internally on a monthly basis through the Quality Governance Learning Group, Patient Experience Committee and through the monthly email circulation.

The following chart illustrates performance against our agreed target.



4. Re-opened Complaints

The number of re-opened complaints is a key quality indicator. For the period 01 April 2016 to 31 March 2017 we re-opened 90 complaints, details are set out in the table below.



For the period 01 April 2016 to 31 March 2017, 609 formal complaints were received, of which 90 were re-opened, equating to a rate of 14.78%. This represents deterioration in performance when compared to 2015/16 when we reported a reopened rate of 9.75%.

At this stage there has been an improvement in the re-opened rate compared to 2014/15 however, the rate for 2015/16 may increase if cases are re-opened after the end of the financial year. The total number of re-opened complaints in 2015-16 was 90 however, 26 related to complaints initially received in 2014-15. These reflect in the increased rate detailed above for 2014/15. There is no particular service line or department as a concern and there were no specific themes leading to complainants being dissatisfied with their original response.

The complaints acknowledgement letter helps to clarify and confirm issues identified by the complainant and a number of complainants now contact us on receipt of this letter to clarify the issues they have or to add additional points. This information also provides the service line with a summary of the concerns they need to investigate and respond to.

5. Outcome of Complaint Investigations

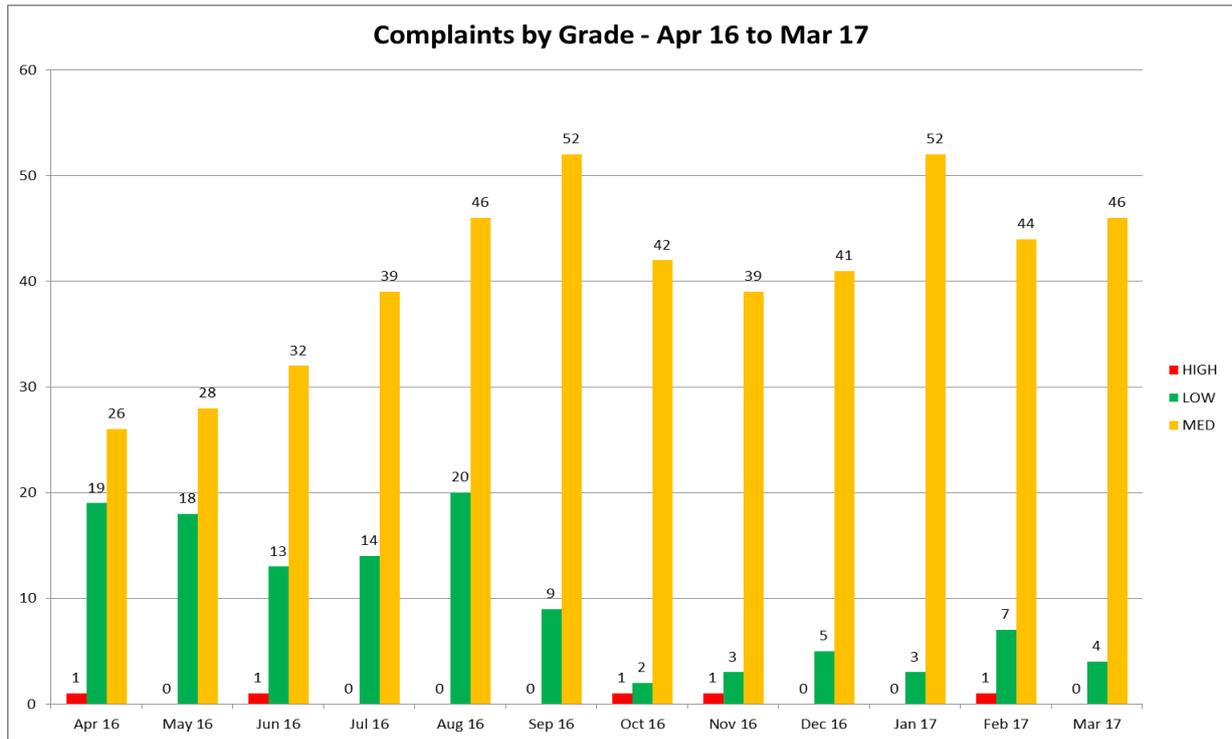
On completion of the investigation of each complaint, a judgement is made by the Trust as to whether or not the complaint has been upheld. As it is closed, each complaint is classified as 'upheld' or 'not upheld'. Definitions of the classifications are outlined below along with the numbers cases for each outcome.

Outcome	Definition	Number	Percentage
Upheld	Complaints in which the concerns were found to be correct on investigation	313	51.40%

Partially Upheld	Complaints in which some of the concerns were found to be correct on investigation	180	29.56%
Not Upheld	Complaints in which the concerns were not found to be correct on investigation	101	16.58%
Ongoing	Complaint investigation ongoing therefore, outcome has not yet been confirmed	15	2.46%

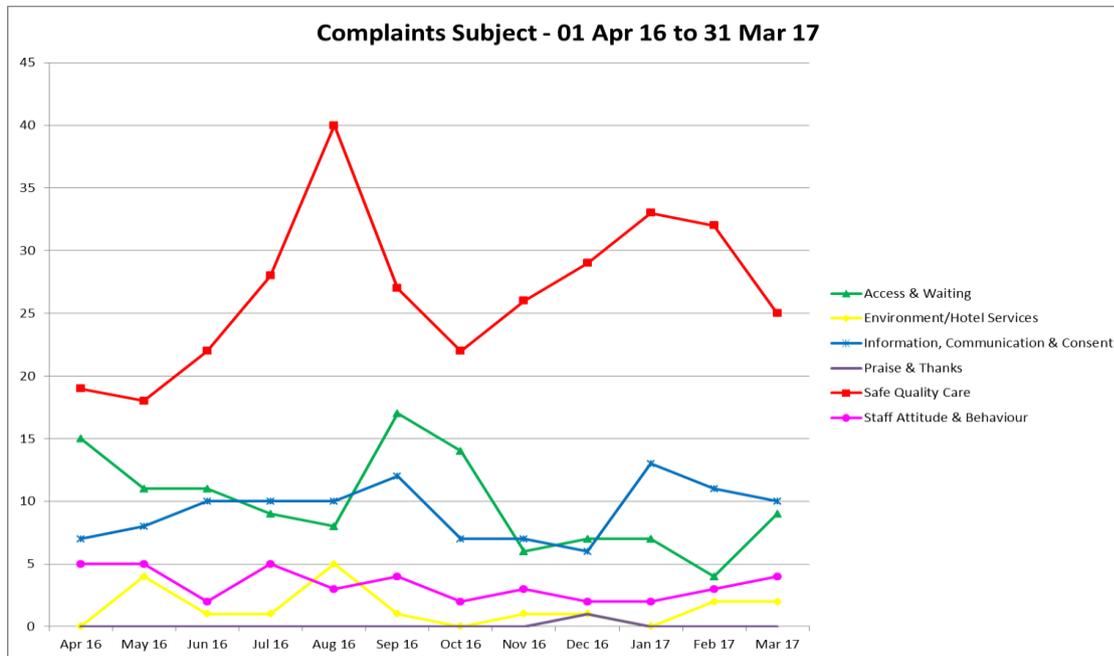
6. Levels of Risk

All complaints are categorised for levels of risk based on the Trust Risk Management Policy. The chart below illustrates the risk score for complaints received in 2016/17.



7. What concerns our patients and relatives?

Trend analysis of both complaints and PALS is now possible using the same categories to more easily identify key areas of concern. The graph below provides an overview of key themes for complaints received in 2016/17.



8. Feedback and Learning

Based on the learning from complaints and concerns, examples of changes made at care group level made are detailed below.

Trustwide

'Making Mealtimes Matter' Campaign

To coincide with the Nutrition and Hydration Week in March 2017 the hospital ran a number of different initiatives as part of our 'Making Mealtimes Matter Campaign', which aims to raise awareness of the importance of nutrition to aid our patient' recovery. During the week we showcased a number of initiatives which have been developed to improve patient mealtimes and invited members of our Trust Board to join ward staff in assisting the mealtime service for our patients.

As part of the campaign patients, visitors, staff and members of the public were given the opportunity to sample dishes from the inpatient menu and to talk to hospital staff about the importance of patient mealtimes. The campaign was generously supported by a number of our local suppliers and retailers in order to illustrate our partnership working. Throughout the day, clinical staff were on hand to discuss the importance of keeping hydrated, how patients nutritional intake can be improved through protected mealtimes and improving the mealtime experience and dietetic staff were available to advise on the Malnutrition Universal Screening Tool (MUST) assessments and explain its importance. The event was a huge success and the feedback was extremely positive.

The new patient menu which was launched in the Autumn of 2016 has proven to be very popular. The menu for lunch has been extended to offer a total of 6 hot meals daily which includes energy dense and healthier options every day. The supper meal was changed to a lighter meal offering which consists of a range of sandwiches and jacket potatoes with fillings, followed by a hot dessert. Hot main courses are available for those patients on special diets. The choice of snacks available at afternoon tea was increased and breakfast choices reviewed. The menu review gave the opportunity to increase access to fresh fruit with fresh fruit pots available as a snack throughout the day and fresh fruit salad, freshly made on site every day, is available as a dessert option at lunch time.

Lets Be Open Campaign

During the year we took the decision to extend our opening hours on all of our adult inpatient wards, with the exception of critical care and maternity, which meant friend and relatives were able to visit between the hours of 07:30 and 22:00. This initiative had multiple benefits, including enhanced recovery, a reduction of anxiety for both the patient and their relative and many more and was influenced by the John's Campaign, which aims to give the carers of those living with dementia the right to stay with them in hospital.

In preparation for the launch, our Visitor's Charter for Adult Inpatients was designed and given the seal of approval by Ann James, Chief Executive, Greg Dix, Director of Nursing and Phil Hughes, Medical Director. The Visitors' Charter outlined what we will do as staff and what we ask of our visitors, including ensuring that no more than two people visit at any one time, supporting and encouraging the patient during mealtimes, observing quiet times or being asked to leave for a short period of time, such as during doctors' rounds, etc.

Bereavement Cards

We recognise that dealing with the loss of a close friend or family member may be one of the hardest challenges some of us face and although death is a natural part of life many of us still can be overwhelmed by shock and confusion. In this state it is well known that we do not take in all information given to us and our ability to think rationally can be impaired.

In this environment it is not surprising that many forget to ask questions and bereavement cards were developed to send to families after the death of a loved one, to give them the opportunity to meet with the clinicians involved and take time to discuss the care they received. There were five designs of cards chosen using local landscape photographs taken by one of the Trust's Critical Care Consultants, two of which are included below.

Bereavement Room

Our Relatives Bereavement Room was looking very tired and unwelcoming, through our Trust charitable funds we were able to completely refurbish the room including new furniture, decoration and flooring. Bereaved relatives are now able to meet with staff in a pleasant and calming environment.

Sleep Right, Sleep Tight Audit - Noise and Light Reduction at Night

Our staff are committed to improving the levels of disturbance on the wards at night, which had been recognised as an issue through a number of sources of patient feedback. The Acute Care Team conducted an audit assessing the levels of disruption at night across a number of areas within the hospital. Findings supported initial views that wards were noisy and at times disruptive during the night.

Improvements were put in place including the procurement of 'sound ears' which provide real time feedback to our staff about the levels of noise, lights down by 23:00 each night, telephone volumes reduced, keeping work area doors closed.

Noise levels and light disruption at night continue to be actively managed and prioritised to enhance the patient experience. Although there is still a long way to go in achieving our target, current and planned action has already made significant improvements to the patient experience enabling our patients to receive a good night's sleep.

Welcome Centre

Following a number of complaints a review of the Patient Advice & Liaison Service (PALS) was undertaken and a 3 pronged approach was adopted to address issues raised and ensure PALS was accessible, available and effective for patients, relatives and staff.

A Welcome Centre was opened in the main concourse of the hospital, ensuring the team can be seen as the first point of contact for all our patients, staff and members of the public. In December 2015 we saw the installation of the Netcall telephone system. This provided us with a facility where we are able to answer all calls within the department immediately. Scheduled PALS clinics held within the ward and departmental areas were introduced and have provided easy access to the services for our patients and their families and carers.

We recognised the importance of providing a calm, caring environment where visitors are able to obtain information and provide feedback both in a positive and negative way by sharing their experiences. An additional meeting room is also available should the attendees be distressed or if their enquiry is of a confidential nature. It offers an opportunity for our visitors to have an informal relaxed meeting area, to discuss and provide feedback on their experience at Derriford Hospital.

Care Groups

Women and Children's Care Group

Children's Assessment Unit - has a projector that displays a moving image on the wall to distract children during a painful procedure.

Meavy Ward – have introduced a mechanism for checking contact details for next of kin. The ward clerk is now responsible for checking the next of kin address and contact number on admission which is verified by the patients named nurse within the first two hours on the ward.

Medicine Care Group

Emergency Department Medical Assessment Unit (MAU) - MAU Consultant Lead and Palliative Care Associate Specialist introduced an education programme for all doctors regarding management of pain relief in terminally ill patients. Audits were completed and presented to departmental meetings to ensure the management of pain relief for terminally ill patients is appropriate in each case and learning is shared when issues have been identified

Oncology – Assessment room on Brent Ward introduced to assess unwell oncology patients, thereby avoiding an unnecessary visit to the Emergency Department. This has reduced admissions and improved the patient pathway and experience.

Surgery Care Group

Moorgate Ward - As a result of FFT feedback Moorgate purchased a mobile phone to help patients who could not get out of bed to reach the ward telephone, this ensured they were able to have contact with their relatives. The ward also installed a video intercom to ensure that when the ward doors are locked the staff are aware of people trying to access the ward, previously they were unable to hear visitors knocking from outside.

Critical Care - Following a year long pilot Critical Care Patient Diaries – staff and family members write in the diary to help patients understand what has happened to them in ICU

Team have introduced the ICU Steps information and activity book designed especially for children with a relative in Intensive Care. The book comes with a pack of colouring pencils, so children can work on the activities and colouring in the waiting room and is designed to help families with a relative in ICU support their young children in understanding what is happening.

Plastic Surgery - Lynher Ward is over seen by Plastic Surgery Service line, but treats patients from several specialties on the ward including Ear, Nose & Throat, Dental and Maxillo-facial, Ophthalmology, Urology and Plastic Surgery. Competency pathway has been revised for Lynher staff RN's and HCA's. The competency pathway covers all the relevant competencies relating to the specialties based on Lynher Ward. Commented this has given staff confidence they are achieving the required standards. The competency pack will be linked to appraisal and revalidation and is a good example of an innovation that will ultimately impact on improving patient care.

Clinical Support Care Group

Pharmacy – Opening times for Pharmacy extended to provide easier access to services for patients and relatives.

Healthcare Science Team – designed and developed a patient pump bridge, which goes over the bed to manage leads and wire. The bridge helped to avoid cables and lines becoming tangled and thereby improved patient transportation around clinical areas. Four models are now available including intensive care units, imaging and emergency departments.

Physiotherapy – Refurbished physiotherapy waiting area, now much larger and brighter.

Physiotherapy - Patient information developed using Youtube - exercises MSK, Neurology and Respiratory. Videos were developed and filmed by the physiotherapy teams and have been so successful physiotherapists from across the NHS are recommending patients access them to support self-management. Plymouth University are also utilising them to enhance physiotherapy student learning experience and Children's Care Group

9. Public Health Service Ombudsman

Complainants have the right to refer their case to Parliamentary and Health Service Ombudsman (PHSO) for review following resolution with the Trust.

For the period 01 April 2016 to 31 March 2017 the Trust received 14 requests for information and investigation from the PHSO.

Of those, 7 cases were not upheld and no further action was required from the Trust, 2 cases were upheld. A summary of the actions taken by the Trust for these cases are summarised below –

Upheld Reports

- Final report received September 2016. Failings identified included incorrect decision to reset referral to treatment (RTT) timeframe for patient which resulted in further distress, lack of advice given and rescheduled surgery date not offered within 28 days. Apology letter and ex-gratia form sent to the complainant in October 2016, a payment of £1500 was made for the distress caused and an action plan put in place to avoid a reoccurrence.
- Draft report received in March 2017. The complaint was upheld because we caused a three day delay in the release of the deceased's body. An apology letter was sent to the family and a payment of £250 for the distress caused. The process has been changed to ensure Bereavement Team notify bereaved families where a case has been transferred to the Coroner.

Partially Upheld Reports

- Final report received in January 2017. The complaint was partially upheld because we failed to provide adequate pain relief, nursing care and communication with the family when the patient started to deteriorate. Letter sent to family apologising for service failures in the patients care and a payment of £250 for the distress caused.
- Final report received in November 2016. The complaint was partially upheld because we failed to provide oxygen within an appropriate time in the Emergency Department and for the quality of end of life care. Letter sent apologising for the stress these shortcomings caused to the complainant.

There are 4 cases which remain open at the present time and the Trust is awaiting the findings of the PHSO.

10. Improving our Complaints Process

Review of Complaints Process

During 2016, a review of the entire complaints process was undertaken and a number of key recommendations were made. Key improvements that have been implemented include –

- Matron for Clinical Standards appointed in November 2015 in order to strengthen the clinical leadership in complaints and to support the engagement with clinical staff
- Introduction of a revised Standard Operating Procedure which is due to be approved in May 2016
- Set extension criteria when complaints cannot be responded to within 25/60 working days, therefore those not completed due to avoidable delays will no longer be extended
- Identification of reasons why complaints have been sent overdue

- Inclusion of the Heads of Nursing and Matron roles within the complaints process
- Improved monitoring and reporting arrangements for Service Lines, including timeliness and quality of responses

11. Plans for 2017/18

- (i) Improve the quality of response letters
- (ii) Review complaint letter templates to promote various methods of resolution for complainants, as evidence suggests local resolution meetings are more effective when addressing concerns raised
- (iii) Retrieve action plans where appropriate and monitor and obtain evidence of implementation
- (iv) Improved reporting to clearly show reasons for re-opened complaints
- (v) Finalise and roll out local complaints management training package for staff
- (vi) Appointment to the Complaints Medical Lead post to support clinical leadership for complaints in the Trust.