

# **Complaints Annual Report 2017-2018**

## **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 2017 to 31 March 2018. It has been produced in line with the statutory complaints legislation (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009), under regulation 18 and will provide a detailed view of performance in respect of meeting target times, alongside qualitative complaints information.

## **2. Our Team**

Our Formal Complaints Team is managed by Alison Stanton, Complaints and PALS Manager and consists of 3 full time Complaints Facilitators who receive and process all formal complaints in line with a patient's or their family's/carer's wishes and in accordance with the statutory regulations.

Complaints are received via letter, email, telephone and in person and the team offer to assist a complainant in articulating their concerns wherever possible.

The Patient Advice and Liaison Service is also managed by the Complaints & PALS Manager and consists of a team of 4, who provide a presence in the Welcome Centre on Level 6 at Derriford Hospital. The Welcome Centre is well placed to receive patients or their representatives, and allows the impromptu and unplanned attendances to ensure that concerns are easily captured and taken forward.

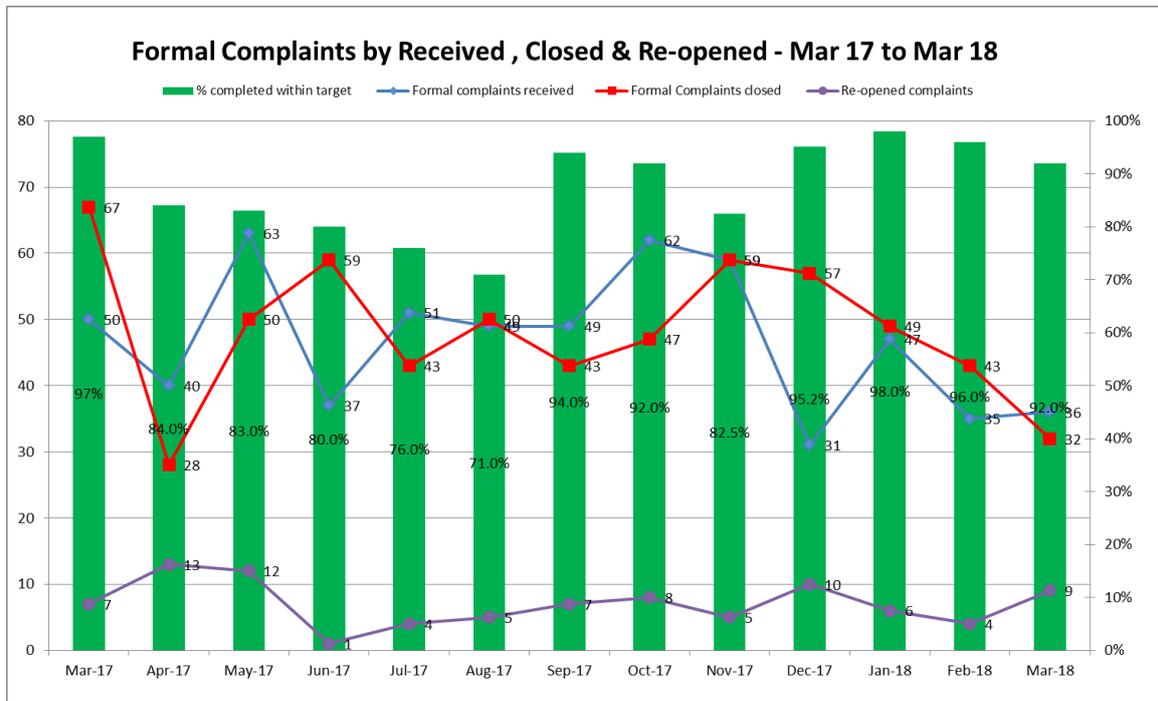
In addition PALS maintain a presence in the Patient Services Office on Level 7, which allows an alternative walk in option if patients or their families need to raise concerns at the time they arise.

Our netcall telephone system, which is manned by the Patient Services team, ensures that callers are connected to the appropriate department wherever possible. This system also means a patient can speak to a member of the wider team if the PALS team are not available.

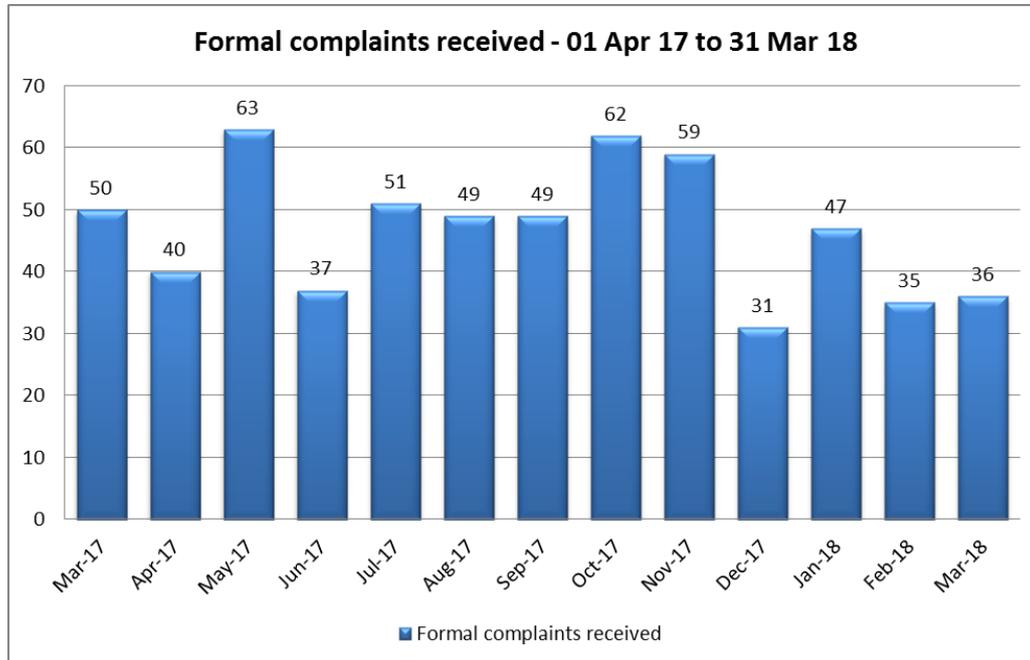
## **3. Complaints Activity 2017-18**

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 2017-18.



For the period 01 April 2017 to 31 March 2018, 563 formal complaints were received by the Trust, which are detailed in the table below by month. This represents a 7.56% decrease compared to the same period in 2016/17. On review, 4432 PALS enquiries were received during 2017/18 which has increased from 4127 in the previous year and reinforces that concerns are being managed at an earlier stage and via appropriate routes. For the same period 561 complaints were closed compared to 689 closed cases last year.



#### 4. Performance

The Trust's performance target for responding to complaints with 25 working days or where necessary agreed timeframes was 90% for 2017/2018. This was achieved for the 11 of the 12 months of last year and has improved 100% in August and October 2017.

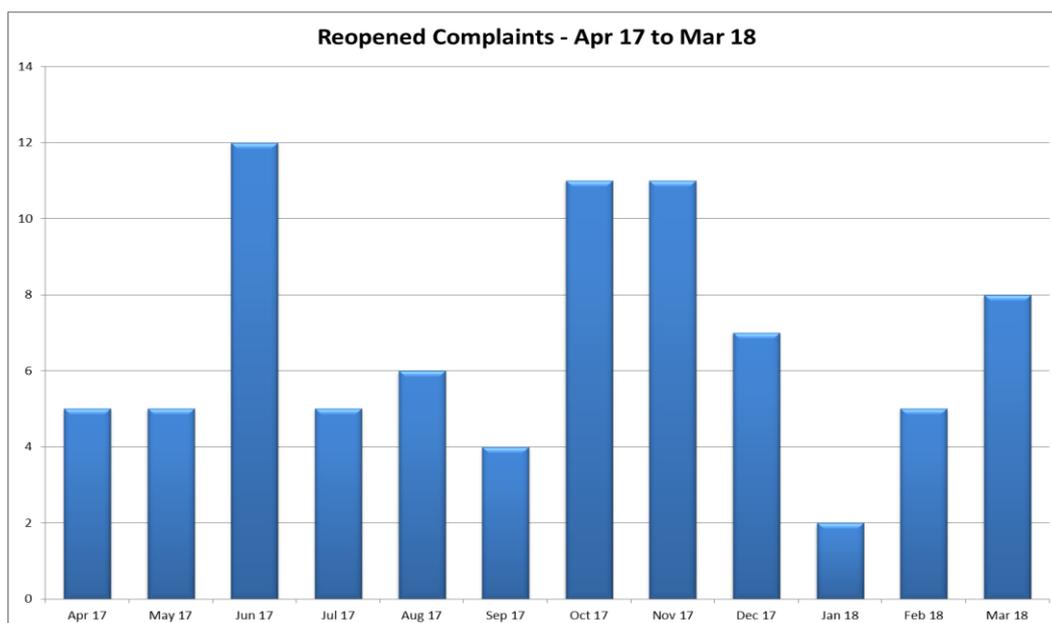
The response rate accurately reflects the number of complaints responded to within appropriately agreed timescales. Performance for each service line is reported internally on a monthly basis through the Quality Governance Learning Group, Patient Experience Committee and through the monthly email circulation.

The following chart illustrates performance against our agreed target.



### 5. Re-opened Complaints

The number of re-opened complaints is a key quality indicator. For the period 01 April 2017 to 31 March 2018 we re-opened 84 complaints, details are set out in the table below.



For the period 01 April 2017 to 31 March 2018, 563 formal complaints were received, of which 81 were re-opened, equating to a rate of 14.39%. This represents a slight deterioration in performance when compared to 2016/17 when we reported a reopened rate of 14.78%.

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.

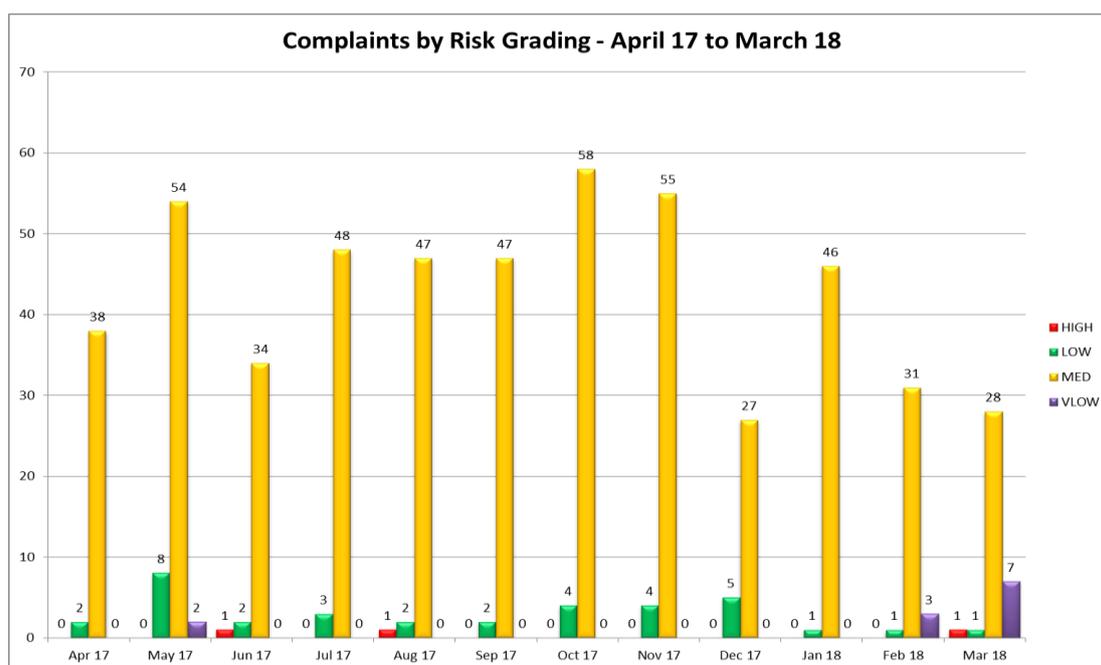
## 6. Outcome of Complaint Investigations

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
<b>Upheld</b>	Complaints in which the concerns were found to be correct on investigation	374	66.79%
<b>Partially Upheld</b>	Complaints in which some of the concerns were found to be correct on investigation	110	19.64%
<b>Not Upheld</b>	Complaints in which the concerns were not found to be correct on investigation	76	13.57%
<b>Ongoing</b>	Complaint investigation ongoing therefore, outcome has not yet been confirmed	32	N/A

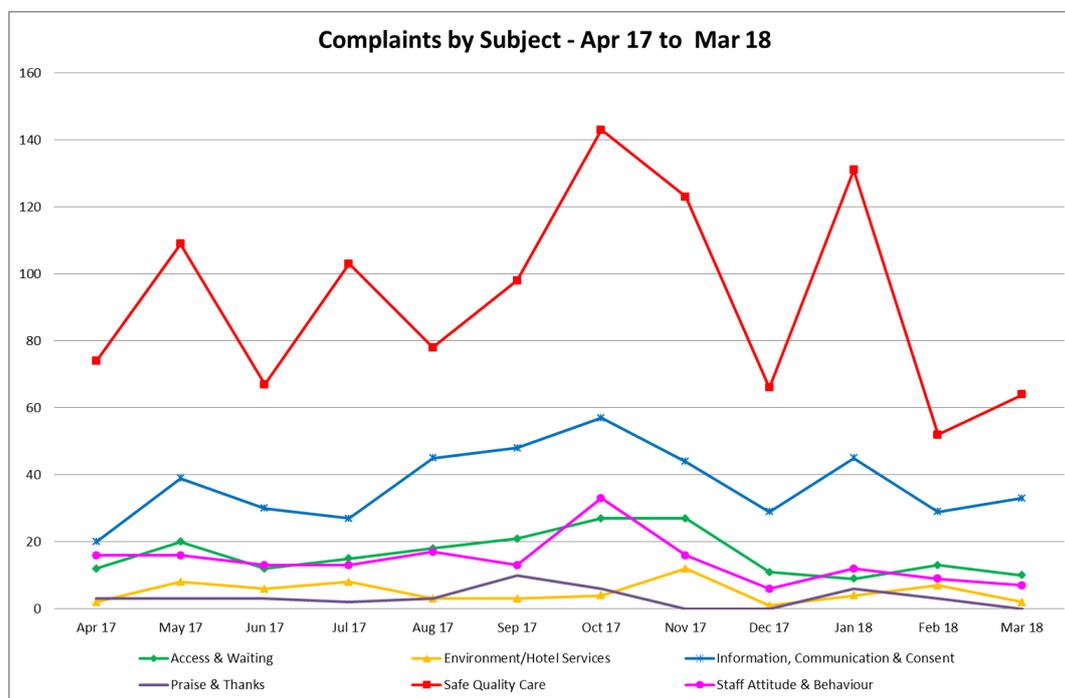
## 7. Levels of Risk

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 2017/18.



## 8. 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 2017/18.



## 9. Feedback and Learning

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

- Awareness campaign about the new Carers Hub on level 6, to ensure staff and the public know how to access services.
- Our Welcome Centre has been refurbished, this has provided a more welcoming environment for our patients, families and carers.
- It is accepted that the Derriford Hospital building can seem very daunting to navigate, our Hospital Guides and way finding are key to helping people get to their destination easily. A new Hospital Guide logo has been designed and features on the new uniforms ensuring our guides are easily visible to people visiting the hospital.
- PALS clinics are in place on our wards and reach those patients, carers and relatives that may not otherwise visit the Welcome Centre or raise a concern or compliment.
- Bereavement Relatives Room was refurbished, to include including new furniture, decoration and flooring.

- In response to an FFT/Patient survey question “The condition/comfort of the waiting room” our Physiotherapy Waiting Area, which was consistently amber (with a few red months), obtained a capital bid, has been refurbished and is much brighter now. This entailed, removing a cupboard, complete painting and making good the area and installing new lighting. Patients have reported that the changes have made a significant improvement to the waiting area by improving space for wheelchairs and lighting for all.
- Paediatrics – Childrens’ Assessment Unit has a projector that displays a moving image on the wall to distract children during a painful procedure.
- Paediatrics – level 12 patient information leaflets now includes information specific to paediatrics, where the content has been designed in collaboration with parents.
- Paediatrics – ordered 30 new parent beds which provide a better night’s sleep for those parent staying in hospital with their child.
- Imaging – MRI play tunnel now available to help children prepare for this type of imaging.
- Paediatrics – new child friendly menus and patient bedside information folders.
- Carer Lounge - Support and identification of carers in the Trust remains a high priority and our aim is to ensure carers have a voice and are well supported by our staff. Recent improvements for carers include the offer of free car parking for all those carers who contribute to the delivery of care for the person they normally look after during an inpatient stay. In addition as part of the development of the Welcome Centre, Plymouth and Cornwall Carers organisations have accepted the opportunity to have a base in the Patient Services Office, level 7 for two days per week to provide further support and guidance to carers as they enter the hospital, this will also serve as an information resource for our staff.
- New education programme introduced for all doctors regarding management of pain relief in terminally ill patients. Audits are being 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
- Concerns regarding the service and help provided by the Emergency Department (ED) Reception were raised by patients and visitors, specific customer service training was introduced to help staff understand the patient perspective. Feedback will continue to be monitored to ensure patient experience improves.
- Pets as Therapy - introduced across the Trust with Hovis visiting wards. Henry the therapy dog visits dementia patients weekly on Hartor Ward.
- Moorgate ward purchased a mobile phone to help patients who could not get out of bed to reach the ward telephone; this ensures they are now 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.
- Hepatology Service Line instigated Operation Tomato to address a speedier turnaround in typing to reduce the delays patients experienced in this regard.
- Following a pilot study over 1 year, Critical Care Patient Diaries are now in use – staff and family members write in the diary to help patients understand what has happened to them in ICU
- Pharmacy – has extended its opening hours as part of the TTA (drugs at discharge) project. This will reduce waiting times for patients.

- Pharmacy – As part of the Weekend Discharge Project we, and our Livewell colleagues, will be piloting a Ward Pharmacist and Technician attached to the Discharge Registrar on Saturdays and Sundays for four weeks (commencing from Saturday 23 September 2017).
- Imaging - Radiographers have been trained to undertake patient consent on the wards, which will improve the privacy and dignity of our patients and avoid consenting in corridors.
- The assessment room on Brent Ward is used 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.
- Plastic Surgery - Lynher Ward is over seen by Plastic Surgery Service line, but has several specialties patients on the ward including ENT, Dental and Maxillo-facial, Ophthalmology, Urology and Plastic Surgery. The competency pathway has been revised for the ward's registered nurses and health care assistants. The competency pathway covers all the relevant competencies relating to the specialties based on Lynher Ward. 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.
- All main reception areas have been provided with a hearing loop and all ward areas have a portable hearing loop and personal listening device.
- A new Chemotherapy day case unit for patients has opened on Lyd Ward to give more space and comfort for patients. It has also improved privacy and dignity as there are now additional clinic rooms for oncology and haematology patients.
- Oncology Outpatients expanded providing a more timely service.
- Wolf Ward – television and radio installed in the ward discharge area for patients who are waiting to go home.
- Maternity – Labour ward - refurbishment of delivery rooms, bathroom and communal areas. Two new mood lights have been purchased for the labour rooms to improve the ambience and to encourage relaxation in labour.
- Eden Unit – purchased cooling fans for treatment and waiting areas.
- Tamar Ward has introduced a Lunch Club in conjunction with the occupational therapists where patients are encouraged to sit out for lunch, to encourage their mobility and enhance recovery by getting up, dressed, moving, socialising. Meals are eaten in a communal area, and the tables dressed with table cloths and table centre pieces.
- Signlive introduced, this is a video BSL interpreting resource that is in place across the Trust for our patients who are deaf and provides patients, visitors and staff with more hearing services choice.
- Clinical Decisions Unit – improvements to environment, reception desk and lounge area furniture to make it more comfortable for patients. Additional areas including a clean prep room, staff room, new reception desk, waiting area with new furniture to make it more comfortable for patients in the lounge who can experience long waiting times.
- ED Intention Care Rounds have been started in the Emergency Department to ensure patient observations are completed regularly, pressure areas are checked if appropriate and patients are offered food and drink if able.
- SAU - patients often have a long planned wait for their treatment and in response to patient feedback the ward has installed a plasma television screen in the triage area.

- Dementia Care - introduced a new SALUS icon to identify those patients with confusion/delirium – the Pink Forget-me-not. This means that the Blue Forget-me-not will only be used on SALUS for people with a diagnosis of Dementia. Staff can easily identify patients with dementia and ensure person-centred care to meet the specific individual needs of the person, who may be confused or disorientated in hospital.
- Meldon Ward - two side rooms have been refurbished for end of life care.
- Bereavement Bags - the death of a loved one is an event that all of us are likely to experience at some point during our lifetime. Dealing effectively and positively with grief caused by such a loss is central to a loved one's recovery process. The bereavement bag was conceived by Senior Sister Ali Griffiths to provide an alternative to the Trust standard plastic carrier bags, currently being used for bereaved families to collect their loved one's belongings.
- As a direct result of a complaint, the process for triaging ear moulds has been updated to include an improved failsafe. This will ensure that ear moulds are ready for patients and the appointment will not be wasted.
- Following difficulties in contacting the CSN liaison nurse, the process for answer phone messages has been reviewed and standardised. The working hours for the team have also been reviewed. The aim is to properly inform patients as to when they can expect a return call, to manage their expectations in this regard.
- Following a complaint involving a missed fracture, the consultant has discussed this incident with the junior doctor for educational purposes to ensure they learn from this for their future practice.
- To improve communication between midwives and their patients, the newsletter included a reminder to clearly communicate any change in treatment plan. In this case, it related to a planned scan for a breech baby that was not subsequently carried out. The reasons for this were not explained to the patient. In addition, the patient did not receive an explanation in relation to the management of her anaemia and as a result, the 'Anaemia in Pregnancy' guideline has been reviewed.

#### **10. 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 2017 to 31 March 2018 the Trust received 7 requests for information and investigation from the PHSO.

Of those, 3 cases were not upheld and no further action was required from the Trust, 1 case was partially upheld, 2 are on-going and awaiting the PHSO's final report, and 1 has been referred back to the PHSO for their review following further local resolution. A summary of the actions taken by the Trust for these cases are summarised below.

In addition, we have received decisions during this financial year that relate to 9 cases that were received prior to April 2017. Of those 9 cases, 3 were not upheld, 2 were not taken forward by the PHSO, 3 were partially upheld, and 1 upheld.

#### Upheld Reports

- Final report received May 2017. Failings identified included a delay in releasing a patient's body to the family/funeral directors which caused the family anxiety in relation

to arranging the funeral. 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 April 2017. The complaint was partially upheld because there was no evidence in the hospital notes to suggest the Trust offered the patient advice after undergoing a CT myelography and this caused her additional distress and worry. In addition, the rescheduled date for surgery was not offered within 28 days and the patient had to wait five weeks before a further date was offered after the cancellation. An apology letter was sent to the patient and an action plan developed to detail the Neurosurgery business plan to address the waiting list issues. In addition, a leaflet was produced to ensure advice and risks are provided to patients for postural headaches after CT scans.
- Final report received in April 2017. The complaint was partially upheld as we did not keep the family informed when their relative became more unwell, and staff showed little compassion to the family during this time. An apology letter was sent to the family and a payment of £250 for the distress caused.
- Final report received in September 2017. The complaint was partially upheld due to the extent that the Trust's communication with the patient had been poor and, at times, absent. Letter sent to complainant to provide the patient with clear information about the likely waiting time for surgery and to explain the communication the patient could expect from the Service Line in future. An action plan was also produced to provide better information for patients whilst on the waiting list for surgery.
- Final report received in October 2017. The complaint was partially upheld due to a failing in relation to the length of time taken for the Trust to provide the patient with their results following initial assessment with the consultant. Apology letter sent to patient to explain the delay and the actions that are being taken to reduce the number of samples waiting to be processed.

There are 2 cases which remain open at the present time and where the Trust is awaiting the findings of the PHSO. 1 additional case remains classified as 'open' as we are waiting for the PHSO to confirm whether or not they will now investigate the concerns.

### **11. Plans for 2018/19**

- (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) Improve reporting to clearly show reasons for re-opened complaints and continue to monitor
- (v) Continue to delivery complaints management training package for staff. The first training sessions took place in November 2017, and a further 2 sessions planned for 2018.