

Complaints and PALS Annual Report 2017-18

Andrew Wilkins, Head of Patient Relations
April 2018



Introduction

In the vast majority of cases patients, relatives and carers are satisfied with the care, treatment and service they receive. On the occasions where a patient, relative or carer is dissatisfied, it is important that they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or, if failings have occurred, ensure that learning and improvements take place.

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the service. The Patient Advice and Liaison Service (PALS) is available to provide confidential advice and support to any patient, relative or carer who may not feel comfortable raising their concern with the service directly, or where they have done so but their concern remains unresolved. The PALS aim to resolve any concerns that are raised with them quickly and informally.

Should the patient, relative or carer feel that their concern should be formally investigated they are able to make a formal complaint. The Trust operates a centralised Complaints Service, which ensures that a patient centred approach is taken to the management of complaints and that all complaints received are thoroughly investigated and responded to within a timely manner, usually within 25 working days of receipt.

In addition to the valuable learning and improvements that result from individual concerns or complaints, complaints and PALS data is analysed to identify any themes and the intelligence generated is shared across the organisation so that the necessary improvements can be made. Additional mechanisms to share intelligence include regular reporting to the Patient Engagement and Experience Committee and monthly reports to Chief Officers, such as the Chief Nursing Officer. On a monthly basis a Non-executive Director of the Trust Board also reviews the Trust's management of concerns and complaints to ensure that good standards are being maintained.

Complaints

Complaints Activity

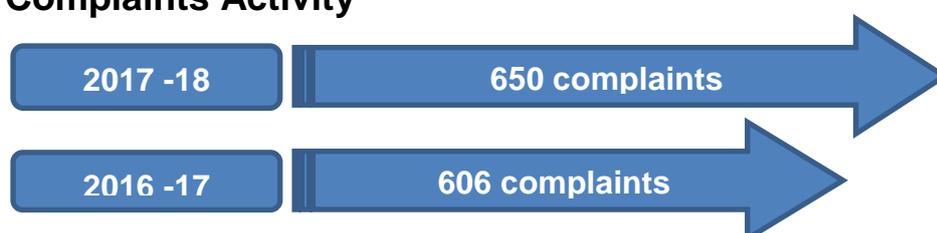


Figure 1: The number of complaints received in 2017-18 and 2016-17

The Trust received 44 more complaints in 2017-18 compared with 2016-17. This amounts to a year on year increase of 7%. During 2017-18 the Complaints Service has continued to raise awareness of the importance of supportive and effective complaint management across the Trust which may be a factor in the increase in complaints received. However, see Figure 2 for a year on year comparison by Specialty Group for further detail on the increase in the number of complaints received.

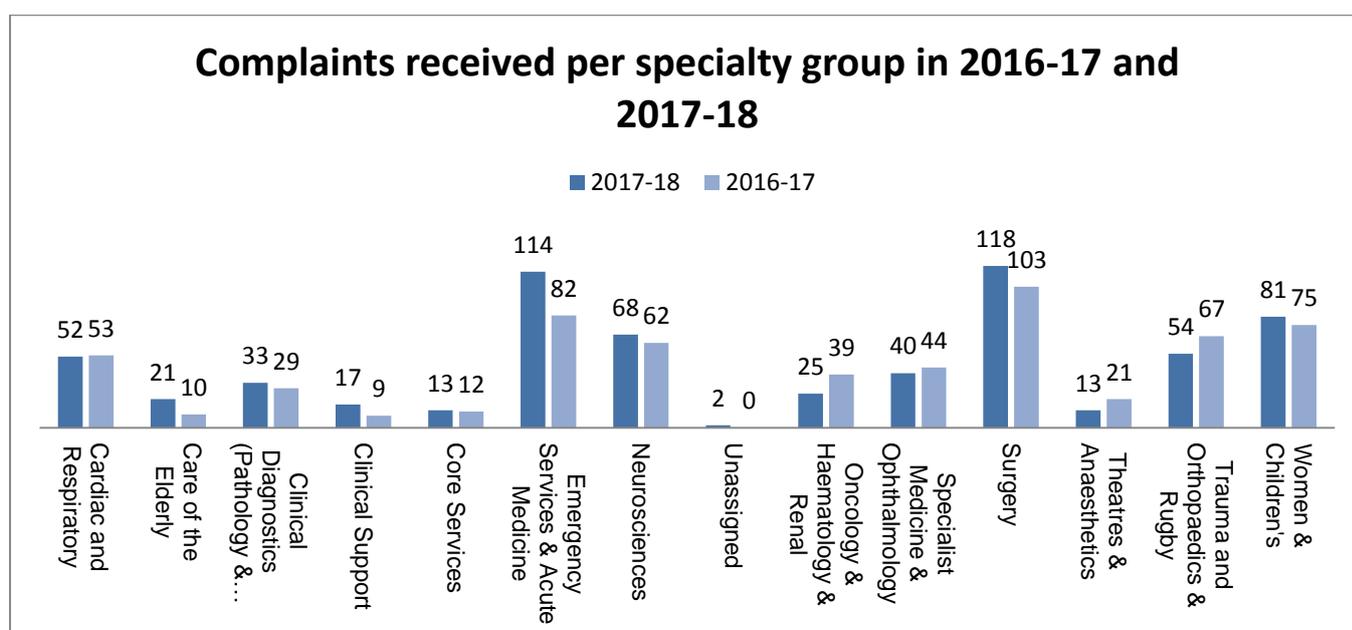


Figure 2: Comparison of the number of complaints received per specialty group in 2016-17 and 2017-18.

Emergency and Acute Medicine, Surgery, Women and Children's, Neurosciences and Trauma and Orthopaedics again received the greatest number of complaints with the greatest increase being seen in Emergency and Acute Medicine. The greatest number of complaints relating to the Emergency Department related to Clinical Treatment, with the second highest concerning Admissions, Discharges and Transfers.

Subject Breakdown

Top 5 Subjects	2017 -18	Top 3 Sub-subjects	
Communications	87	Communication with patient	27
		Communication with relatives/carers	23
		Discharge Arrangements (inc lack of or poor planning)	10
Clinical Treatment - Surgical Group	82	Delay or failure to diagnose (inc e.g. missed fracture)	18
		Post-treatment complications	15
		Delay or failure in treatment or procedure	10
Admissions, Discharges & Transfers (excl delayed discharge due to absence of care package - see Integrated care)	72	Discharged too early	24
		Discharge Arrangements (inc lack of or poor planning)	22
		Cancelled/rescheduled surgery/procedure	7
Values and Behaviours (staff)	68	Attitude of Medical Staff	27
		Attitude of Nursing Staff/midwives	18
		Communication with patient	7
Patient Care including Nutrition / Hydration	59	Failure to provide adequate care (inc. overall level of care provided)	12
		Care needs not adequately met	12
		Discharged too early	7

Figure 3: Top 5 most common complaint subjects

Communication has risen from the fifth most complained about issue in 2016-17 to the most complained about in 2017-18. Values and behaviours of staff also features in the top five most complained about issues for the first time in 2017-18 as well as patient care. The Trust is taking a number of steps to improve in these areas such as

delivering “Brilliant Basics” training to front line staff, a leadership programme for all leaders across the organisation and UHCW, the Trust’s improvement model which puts the patient at the centre of everything we do. The Trust is also constantly working to ensure our values are embedded and delivered across the organisation through initiatives such as values based recruitment and appraisals and co-produced values based feedback so that we can measure patient satisfaction in this area.

Complaint Outcomes

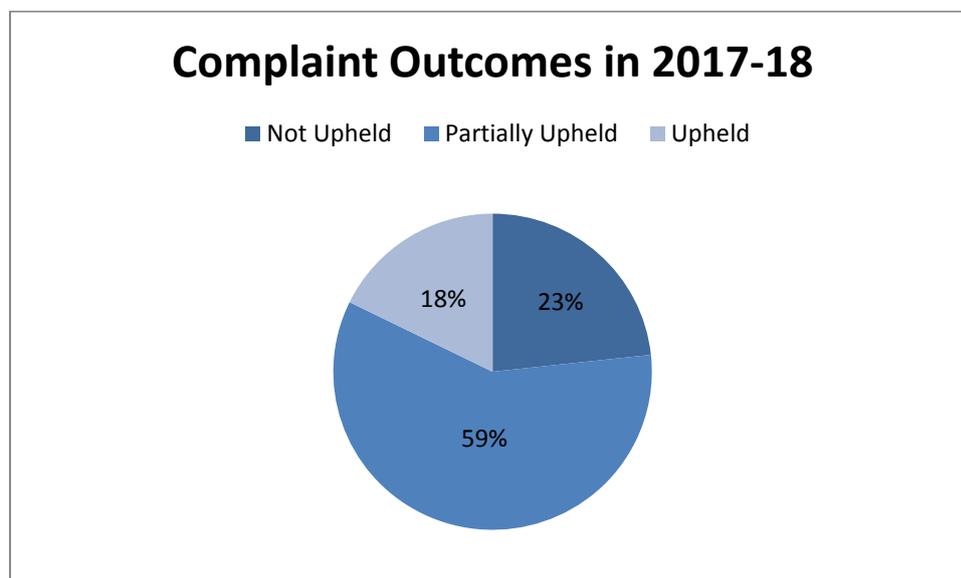


Figure 4: Complaint outcomes by upheld in 2017-18

In line with the Parliamentary and Health Service Ombudsman’s approach to categorising the outcome of complaints, a complaint is recorded as being fully upheld if UHCW made mistakes or provided a poor service that amounted to maladministration or service failure and this had a negative impact on an individual.

A complaint is partially upheld if UHCW got some things wrong, but not all the issues that were complained about or the mistakes made did not have a negative impact on anyone. Finally a complaint is not upheld if we find that we acted correctly. The same percentage of complaints were upheld in 2017-18 compared to 2016-17 with a 5% increase in the number of complaints partially upheld.

Parliamentary Health Service Ombudsman (PHSO)

The Trust recognises the value of having an independent body that patients, relatives and carers can refer their complaint to should the Trust not be able to resolve their concern to their satisfaction. In such instances and in accordance with the regulatory requirements, the Trust advises patients, relatives and carers of their option to refer their complaint to the PHSO. The Trust embraces the PHSO’s scrutiny of its complaint handling and uses findings as an opportunity to learn and improve. In addition to the PHSO’s case work, the Trust review and seek to learn from the various reports that the PHSO produce throughout the year.

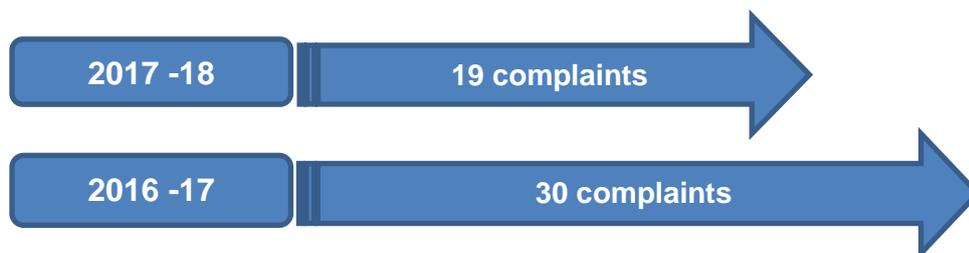


Figure 5: The number of PHSO complaints Decided in 2017-18 and 2016-17

PHSO Outcomes

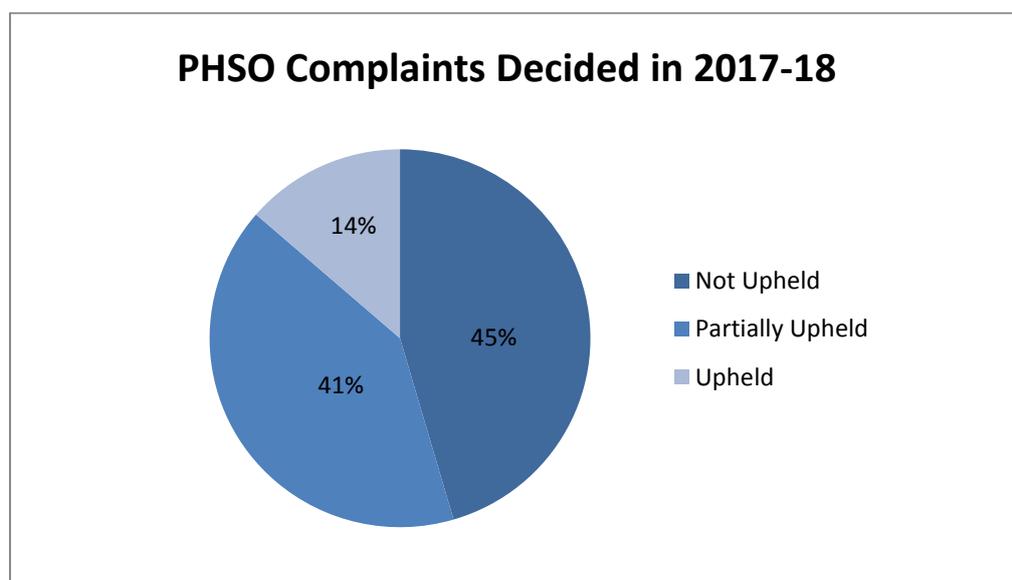


Figure 6: The number of PHSO complaints decided in 2017-18

The percentage of PHSO cases fully upheld has reduced by 9% and the number of cases partially upheld has reduced by 10% compared to 2016-17. The 37% reduction in the number of complaints referred to the PHSO combined with the 19% reduction in the number of cases being fully or partially upheld by the PHSO suggests that the Trust has got better at addressing and resolving patient complaints internally.

The table below (Figure 7) provides details of those cases that were upheld, whether fully or partially and a description of the action taken to learn and improve.

Complaint	Decision	Recommendation	Actions
Complaint relating to poor monitoring and delay in treatment	<u>Partly Upheld</u> The patient did not receive a full examination when the family reported deterioration in their condition. This was not found to have affected the patient’s outcome. The complaints investigation did not fully address the	<ul style="list-style-type: none"> Trust apology Action Plan to reduce the likelihood of a reoccurrence of the issues identified. 	<ul style="list-style-type: none"> Trust apology Ombudsman findings and learning disseminated via the Stroke Quality Improvement and Patient Safety Meeting. Ombudsman findings and learning disseminated via the Complaint Department Meeting.

Complaint	Decision	Recommendation	Actions
	family's explanation of events.		
Complaint relating to Miss-diagnosis and poor communication	<u>Upheld</u> The patient's family were not informed that the patient has suffered an acute stroke. The treatment was found to be appropriate.	<ul style="list-style-type: none"> • Trust apology. • Action Plan to reduce the likelihood of a reoccurrence of the issues identified. • Compensation in the sum of £350. 	<ul style="list-style-type: none"> • Trust apology. • Learning disseminated via the Stroke Quality Improvement and Patient Safety Meeting and the Trust's Complaints Learning Group. • Any respiratory patient being cared for outside of the preferred medical specialty will be assigned a substantive respiratory consultant so as to ensure the family receive the best possible communication.
Complaint about the quality of a skin graft, consent to treatment and management and communication of post-surgery management.	<u>Partly Upheld</u> The treatment was found to be appropriate however the patient did not receive clear communication about the post-surgery management.	<ul style="list-style-type: none"> • Trust apology. 	<ul style="list-style-type: none"> • Trust apology. • Feedback given to surgeon to support reflective practice.
Complaint relating to delays when waiting for hip surgery leading to further delays in the patient's recovery	<u>Upheld</u> The patient experienced excessive delays in the provision of hip replacement surgery due to the lack of coordination of their treatment.	<ul style="list-style-type: none"> • Trust apology. • Internal processes to be reviewed. • £2,500 compensation. 	<ul style="list-style-type: none"> • Trust apology. • Process for the transfer of care between clinicians was reviewed and new process developed and shared. • Compensation.
Complaint relating to the mismanagement of Fitness to work (FTW) which resulted in the Department for Work and Pensions (DWP) stopping the patient's payments	<u>Partly Upheld</u> There was found to be a delay in providing the patient with a FTW and the apology provided was not sufficient given the distress and inconvenience caused.	<ul style="list-style-type: none"> • £250 compensation. 	<ul style="list-style-type: none"> • Compensation. • Findings shared with staff involved and Group Management to positively influence future practice.

Complaint	Decision	Recommendation	Actions
<p>Complaint relating to numerous aspects of patient care and treatment. Complaint also concerned the family not being informed of the patient's deterioration in a timely manner.</p>	<p><u>Partly Upheld</u></p> <p>Care and treatment found to be appropriate.</p> <p>Delay in patient's family being informed of their deterioration preventing them from being with the patient when they died.</p>	<ul style="list-style-type: none"> • Trust apology. • Take action to reduce the likelihood of reoccurrence. 	<ul style="list-style-type: none"> • Trust apology. • Learning shared with nursing team. • Learning shared at the Respiratory and Cardiac Quality Improvement and Patient Safety Meeting to share learning more widely, including the Junior Doctor cohort.
<p>Complaint that doctors failed to diagnose a Pulmonary Embolism(PE)</p>	<p><u>Partly Upheld</u></p> <p>The WELLS Score was not properly performed resulting in the patient not receiving a CT pulmonary angiography when one was indicated and ultimately a missed diagnosis of a Pulmonary Embolism.</p>	<ul style="list-style-type: none"> • Trust apology. • Take action to reduce the likelihood of reoccurrence. 	<ul style="list-style-type: none"> • Trust apology. • Develop, disseminate and embed new Trust Guidelines for the diagnosis and management of pulmonary embolism. • Provision of additional training in Emergency Department and Acute and Respiratory Medicine. • Allocation of the management of PE within UHCW via the reconvening of the Thrombosis Committee.
<p>Complaint from relative about the treatment provided to patient on their final admission. Considered hospital should have better investigated patient's abdominal pain and better monitored his condition and made an earlier diagnoses of small bowel ischaemia which was only identified shortly before the patient's death.</p>	<p><u>Partly Upheld</u></p> <p>Initial assessment within the Emergency Department was found to be in line with established good practice but there was a failure to assess and monitor the patient adequately after they were admitted. This was found to be a missed opportunity to consider earlier intervention but it was not found to have affected the outcome.</p>	<ul style="list-style-type: none"> • Trust apology. • Take action to reduce the likelihood of reoccurrence. • Compensation in the sum of £500. 	<ul style="list-style-type: none"> • Trust apology • Ensure all observation ward nursing staff receive Management of the Acutely Ill Patient training • Implementation of mandatory consultant sign-off for all patients admitted to observation ward with specific inclusion/exclusion criteria. • Learning message disseminated to ED doctors and nurses via the ED newsletter (EDQIPS) of the clinical signs of ischaemic bowel and the importance of maintaining a low threshold for investigation in older patients with abdominal pain.

Complaint	Decision	Recommendation	Actions
			<ul style="list-style-type: none"> • Compensation.
<p>Complaint that following an operation the patient did not receive critical care in a timely manner which was a missed opportunity to prevent their death.</p>	<p><u>Partly Upheld</u></p> <p>The PHSO found there was a significant delay in medical review following the patient's procedure, the review that did ultimately take place was not by a suitably senior clinician, perforation should have been considered and a CT scan performed and the patient should have received IV fluids and should not have been told to eat or drink. The PHSO considered that the failings in care amounted to a lost opportunity for a better outcome.</p>	<ul style="list-style-type: none"> • Trust apology • Take action to reduce the likelihood of reoccurrence. • Compensation in the sum of £1,000. 	<ul style="list-style-type: none"> • Trust apology. • Creation and implementation of a new pathway for patients requiring an unplanned admission following an endoscopy procedure. • Compensation.
<p>Patient Safety Investigation consent to PEC procedure of a minor and post-operative management. Family felt that the patient's death was avoidable.</p>	<p><u>Upheld</u></p> <p>Insufficient communication with the patient's family about the risk and complications of the procedure.</p> <p>In the circumstances the procedure should not have been performed as a day case.</p> <p>Insufficient communication with the community teams caring for the patient upon discharge.</p> <p>The PHSO considered that the action already identified by the Trust's investigation was sufficient to prevent reoccurrence.</p>	<ul style="list-style-type: none"> • Trust apology • Share evidence of implementation of the action taken to prevent recurrence. 	<ul style="list-style-type: none"> • Trust apology • The Trust's Clinical Operating Procedure for the Care of Adult Patients receiving Gastrostomy Feeding was revised. • The day-case information sheet has been updated to show more specific symptoms and signs to look out for following PEG insertion. • Patient Information Booklet updated to be more specific regarding the benefits and risks of PEG insertion. • The clinician who performed the procedure on the patient has attended a consent course to update his knowledge and skills in this area.
<p>Complaint that there was a delay in operating on the patient and</p>	<p><u>Partly Upheld</u></p> <p>Failure to identify patient's low potassium levels prior to surgery</p>	<ul style="list-style-type: none"> • Trust apology • Take action to reduce the likelihood of reoccurrence 	<ul style="list-style-type: none"> • Anonymously share the ombudsman findings at all surgery specialty quality and improvement patient safety meetings.

Complaint	Decision	Recommendation	Actions
sepsis went untreated.	<p>which was not therefore a consideration when weighing up the risks of surgery. The PHSO were not able to say that this affected the patient's outcome.</p> <p>Insufficient communication with family about the risks of surgery.</p> <p>Delays in completing the complaints investigation.</p>		<ul style="list-style-type: none"> • Include the case in the Junior Doctors Induction. • Share the Complaint with the complaints team to share learning regarding the management of complex investigations. • Revise the weekly complaint review process to include a check that the complainant is being kept reasonably updated throughout the investigation.
Aborted aortic thoracic surgery which patient complains should have been identified through angiogram and sonogram tests.	<p><u>Upheld</u></p> <p>It should have been identified through the pre-operative tests that the level of calcification of the patient's aorta meant that her condition was not suitable for open heart surgery. Consequently the surgical team failed to consider the patient for potentially life-extending and symptom relieving TAVI.</p>	<ul style="list-style-type: none"> • Trust apology • Take action to reduce the likelihood of reoccurrence • Compensation in the sum of £10,000. 	<ul style="list-style-type: none"> • Trust apology. • All high risk cases and their investigations to be discussed in the weekly departmental consultant meeting, to seek second opinions from other cardiac surgeons. • Where appropriate referrals will be made internally to the UHCE TAVI service ensuring urgency is explicit at the time of referral. • Patient to be offered all clinical letters. • Compensation.

Figure 7: Cases decided by the PHSO which were upheld or partially upheld

Performance Measures

Complaints Satisfaction Survey 2017-18	Yes completely %	Yes to some extent %	No %
Do you feel we understood your complaint?	20(27%)	32(44%)	21(29%)
Do you feel your concerns were treated seriously and with sensitivity?	29(40%)	22(31%)	21(29%)
Do you feel we fully addressed your complaint?	24(32%)	23(31%)	28(37%)
Did we provide you with a clear and understandable response?	34(48%)	19(26%)	19(26%)
Do you feel that your response was responded to within a reasonable amount of time?	33(46%)	29(40%)	10(14%)
Overall how satisfied are you with the way your complaint was handled?	34(47%)	25(34%)	14(19%)

Figure 8: Complaints satisfaction survey results – 2017-18

The Trust is committed to supporting people to raise their concerns and we strive to make the complaints process as user friendly as possible. The Complaints Service therefore place great importance on understanding and learning from the user experience and feedback surveys are issued with every complaint response to gain and learn from customer insights. The satisfaction survey is reviewed by the Patient Relations Management Team every quarter and actions are agreed to improve the service in areas of low satisfaction. The satisfaction survey results are presented to the Patient Experience and Engagement Committee on a quarterly basis. The survey can be completed online or in paper form and in 2017-18 the complaints team received 77 responses.

The two main areas where the Complaints Service has committed to making improvements are:

- **Do you feel we understood your complaint?**

29% of respondents felt that we did not understand their complaint. It is very important to the Complaints Service that anyone raising concerns feels that we are committed to fully understanding their concerns and their experience. This is also key to ensuring the issues raised are properly investigated. The Complaints Service has already strengthened its triage process to ensure that each complaint receives a senior review and input to ensure it is managed in the most appropriate way. More telephone contact is being made with complainants, particularly if the case is of a sensitive or complaints nature to ensure we properly understand the issues being raised and to demonstrate our commitment to ensuring they are thoroughly investigated.

- **Do you feel that your concerns were treated seriously and with sensitivity?**

29% of respondents felt that we did not treat their complaint seriously and with sensitivity. The Complaints Service appreciate the importance of demonstrating our commitment to properly investigating issues and to responding in the most appropriate manner; in 2017-18 the Complaints Service met with more complainants than ever before to discuss their concerns with them face to face and the service will continue to offer this option where appropriate.

Overall performance against the 25 Working Day Response Standard

The Trust is committed to providing timely responses to any complaints received and all complaints are managed in accordance with the Trust's complaint management plan to ensure they are responded to within 25 working days of receipt. The graph below shows the Trust's performance against the 25 working day response standard over the last three financial years.

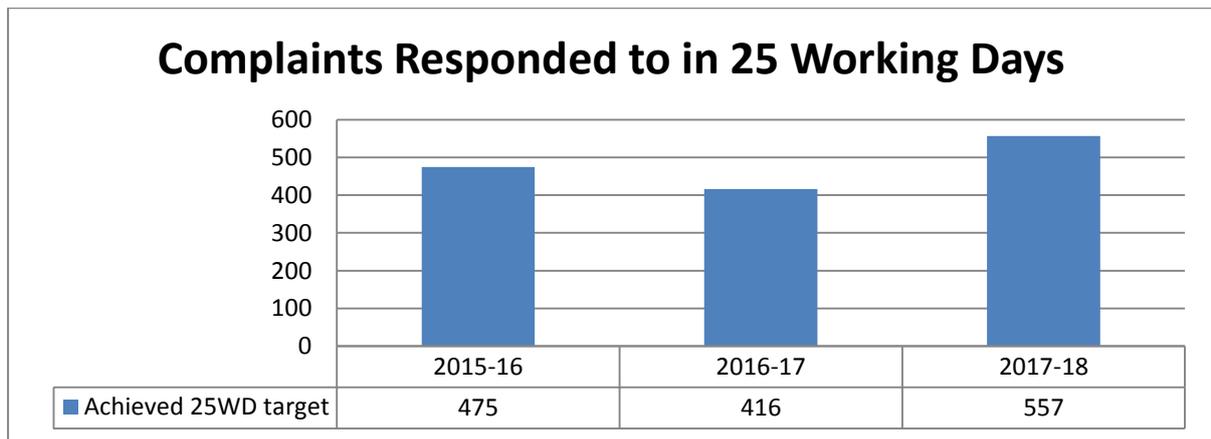


Figure 9: Comparison of the Trust’s performance against the 25 working day response standard from 2015-16 to 2017-18

Performance against the 25 working day standard significantly improved in 2017-18m with 86% of complaints achieving the 25 working day response standard. It can be challenging to arrange meetings within the 25 working day standard as complainants are not always able to attend the dates offered thus reducing performance against the standard.

Complaints returned for further local resolution



Figure 10: The number of complaints returned for further local resolution in 2017-18

A complaint is categorised as further local resolution if the complainant is not satisfied with the Trust’s first response, and requests a further response to the issues raised. 10% of the 650 complaints received in 2017-18 were returned for further local resolution in the period up to the 1 May 2018.

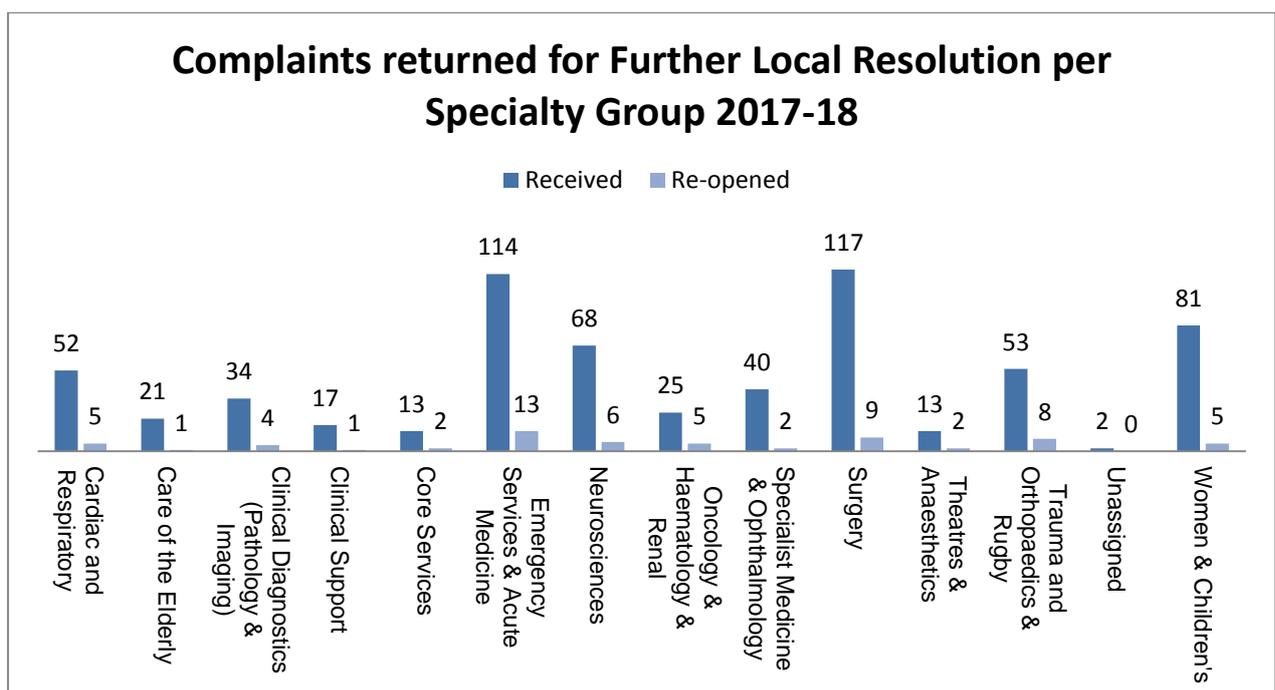


Figure 11: Number of complaints returned for further local resolution by Specialty Group 2017-18 compared to complaints received in the same period.

With a 20% return rate, Oncology and Haematology had the greatest number of complaints returned for further local resolution compared to complaints received. Three other Specialty Groups had over a 10% return rate, namely trauma and Orthopaedics, Clinical Diagnostics and Emergency and Acute.

The Trust is committed to understanding why complaints are returned for further local resolution and is constantly seeking to improve the way complaints are investigated and handled to improve complainant satisfaction.

Patient Advice and Liaison Service (PALS)

Introduction

The PALS is an independent and confidential advice and support service, helping resolve patients, relatives or carers concerns with the treatment, care or service being provided. The PALS liaise with the service to help resolve concerns quickly and informally. Where necessary, the PALS will help patients, relatives or carers raise a complaint and provide the necessary support throughout that process.

In addition to the individual learning and improvements that result from individual enquiries, the Patient Relations Team analyse enquiries data to identify and share learning opportunities across the organisation.

The PALS has relocated within the Main Foyer at University Hospital Coventry and now operates from an open centre which is more inviting with clear signage.

The enquiries the PALS received in 2017-18 range from questions about waiting times, appointments and cancellations, car parking and lost property through to supporting patients and families when meeting with staff.

The PALS also received a number of requests for information covering a wide range of issues including how to access support and assistance with aspects of present care. This also includes signposting relatives and carers to other external organisations. The PALS is continuing to engage with staff at all levels to ensure that learning and improvements take place to improve the service for future patients.

PALS Activity

Number of enquiries

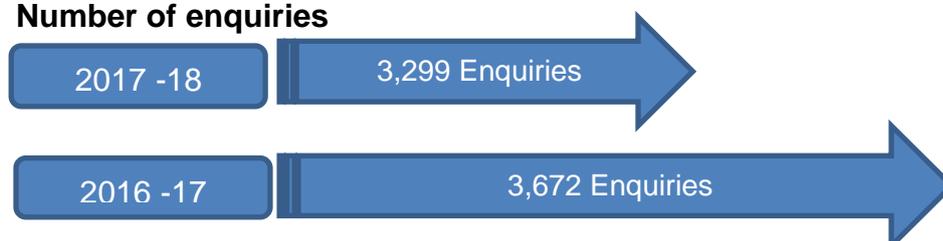


Figure 12: comparison of PALS Enquiries 2017-18 and 2016-17

Enquiry activity by Specialty Group

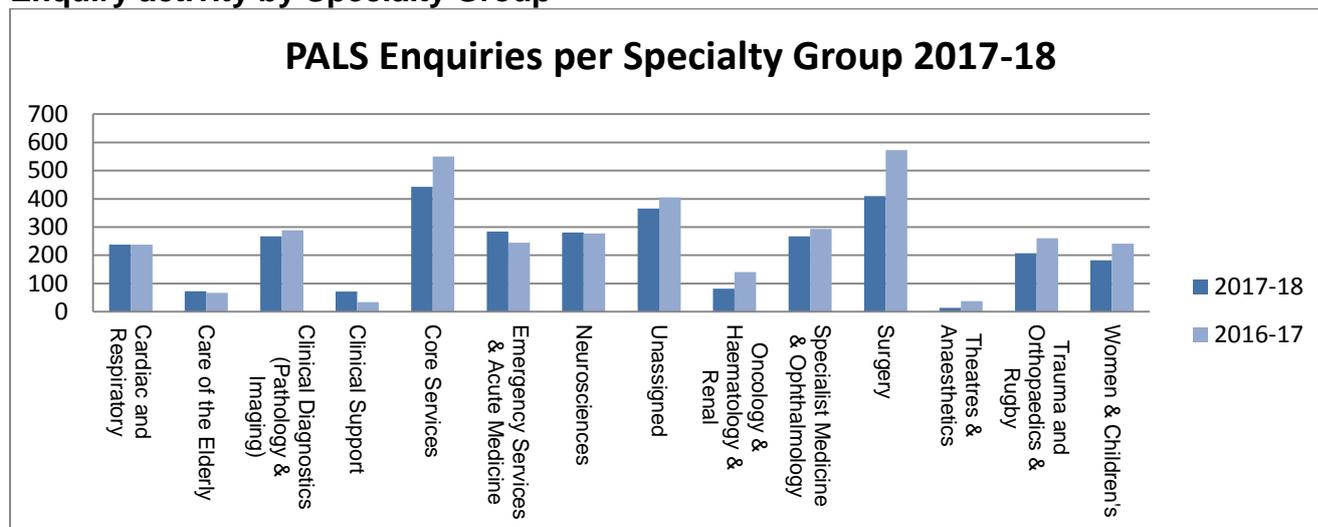


Figure 13: PALS enquiries by Specialty Group in 2016-17 and 2017-18

Core Services received the greatest number of enquiries in 2017-18 which is consistent with 2016-17 and 2015-16. The enquiries related to matters such as car parking, how to access health records and information on the complaints process. Surgery was the second highest area, with enquiries relating to waiting times for surgery/procedures. The “not applicable” figure relates to the PALS signposting enquiries to other Trusts, charitable organisations and community services.

Most common subjects

Top 5 Subjects	2017-18	Top 3 Sub-subjects	2017-18
Appointments	860	Appointment - availability (inc urgent)	332
		Appointment delay (inc length of wait)	173
		Appointment Cancellations	88
Communications	814	Communication with patient	418
		Communication with relatives/carers	229
		Other - Communications	63
Trust Admin / Policies / Procedures incl Pt record management	423	Complaint handling - all aspects	262
		Access to health records	98
		Other - Trust Admin issues	22
Waiting Times	244	Wait for operation/procedure	181
		Waiting at Appointment	18
		Waiting for Appointment / Length of Waiting List	16
Other	172	Loss of/damage to personal property including compensation issues	128
		Financial Procedures/Patient finance	15
		Aggressive behaviour (not assault) by patient	9

Figure 14: Top 5 subjects and related sub-subjects in 2016-17

The subject breakdown shows that delays, waiting times and cancellations are regularly a cause for concern and give rise to patients seeking the support of the PALS. Communication continues to be a common issue and it is important to note that this relates to communication with relatives as well as patients. A large proportion of the PALS work is supporting service users to raise their concerns or complaints as well as to obtain copies of their medical records, both of which is demonstrated in the subject breakdown under Trust Admin, Policies and Procedures.

Performance

5 working day response standard

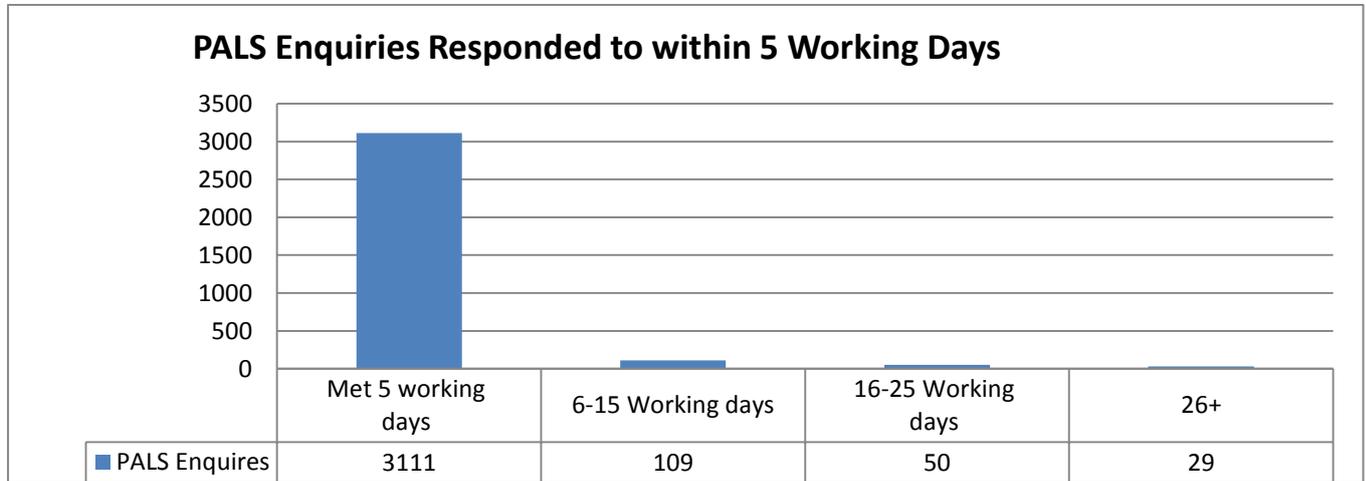


Figure 15: Performance against the 5 working day response standard.

The PALS are committed to responding to enquiries quickly and informally and aim to resolve or refer any enquiries received within 5 working days. The PALS responded or referred 3111 of the 3,299 enquiries received within 5 working days, equating to a performance of 94% against the 5 working day standard.

PALS conversion to complaints

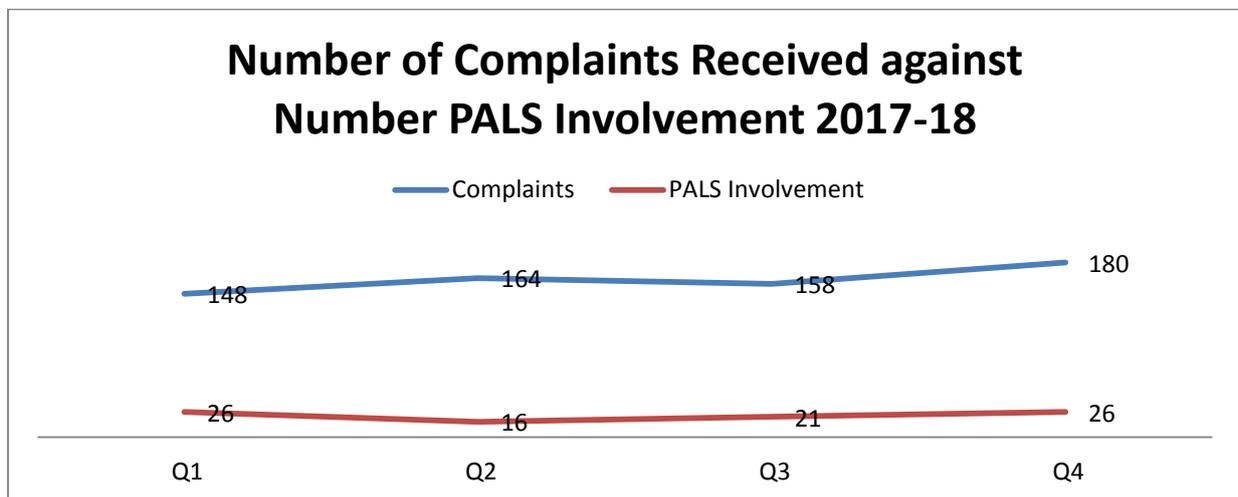


Figure 16: Number of complaints received against number of complaints with previous PALS involvement

The PALS work hard to ensure that concerns are quickly acted upon and resolved. However, it is important that where it is has not been possible to resolve a concern that the PALS support the individual to have the issues raised investigated and responded to via the Trust’s complaints procedure. In 2017-18, 89 of the 650 complaints received had previous PALS involvement demonstrating that in the vast majority of cases the PALS are able to resolve concerns and that the complaints procedure is accessible when this is not possible.

MP Enquiries

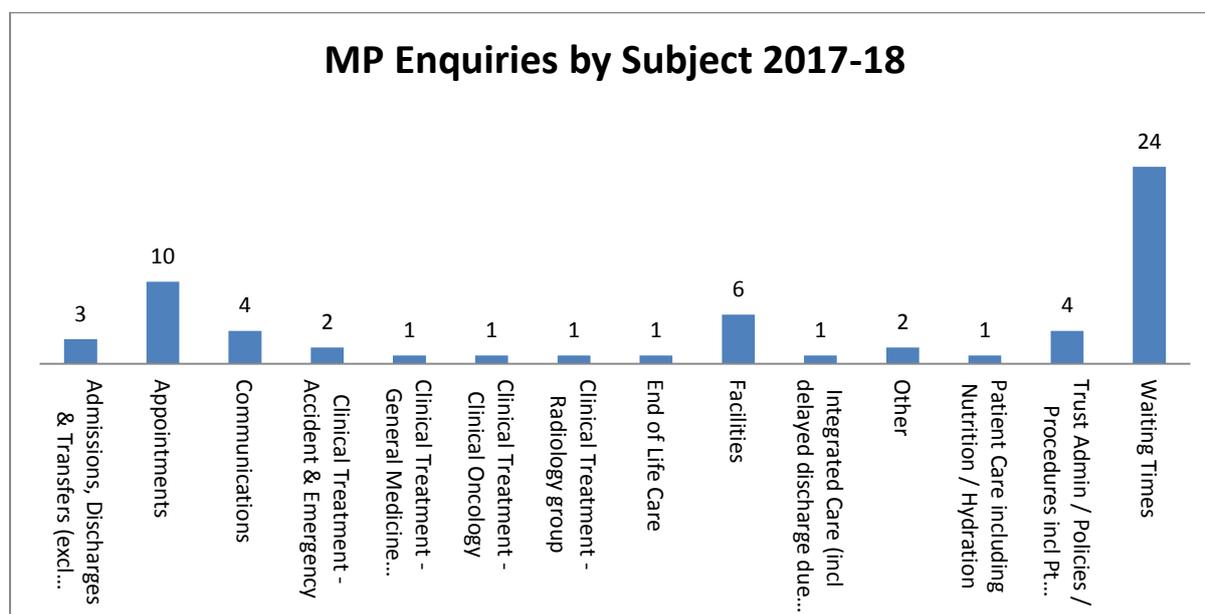


Figure 17: MP enquiries received by Primary subject in 2017-18

The PALS support the Chief Executive's Office in the handling of enquiries received from Members of Parliament, ensuring that they are investigated and responded to in a timely manner. In 2017-18 the PALS supported with 61 MP enquiries relating to matters including discharge, communication and record management.

Method of contact

Method of Enquiry	2017-18
Email	112
Executive office	7
Feedback Inbox	614
Letter	64
Telephone	1628
In person	781

Figure 18: Method of enquiry

To ensure that the PALS are accessible to all, they are contactable by a range of means. The above table shows that the majority of patients, relatives and carers contact the PALS by telephone. This is in line with the PALS objective of resolving enquiries with minimum formality and that the PALS are able to resolve some enquiries in a single telephone conversation.

Service User Satisfaction

PALS Satisfaction Survey 2017-18	Yes completely %	Yes to some extent %	No %
Did you find the PALS staff approachable and	99(82%)	11(9%)	11(9%)

supportive?			
Did you feel that the PALS understood your enquiry?	98(82%)	9(7%)	13(11%)
Did the PALS clearly explain how they could help you?	84(69%)	24(20%)	14(11%)
Did the PALS do what they said they would do?	88(73%)	18(15%)	14(12%)
Were you happy with the speed in which the PALS responded to your enquiry?	86(70%)	24(19%)	13(10%)
Did you feel you were kept reasonably informed of progress during the handling of your enquiry?	77(65%)	24(20%)	17(14%)
How likely are you to recommend the PALS to friends and family?	72(68%) of service users were extremely likely and 31(28%) were likely to recommend PALS to their friends and family. Only 8(7%) of service users answered extremely unlikely.		

Figure 19: PALS satisfaction survey results – 2017-18

The PALS Satisfaction Survey received 123 responses in 2017-18. The PALS are committed to constantly improving the service they provide and carefully consider the feedback they receive to inform and prioritise service improvement activity. It is important that enquirers understand and are kept updated on the action the PALS are taking to address their enquiry. Improving in this area will be a priority for PALS in 2018-19.