Executive Summary

- The Royal United Hospitals Bath NHS Foundation Trust had a total of 542,195 patient attendances in 2014/15 which is an increase in activity of 13% from 2013/14. Patient attendances include inpatient, outpatient and Emergency Department visits.

- The Trust received 310 formal complaints in the year 2014/15 which represents a 19.5% decrease from 2013/14, with a monthly average of 26 complaints.

- The most frequently cited subject for a complaint was that of clinical care, which accounted for 69% of the total number of formal complaints received. In 2013/14 this category represented 61%.

- The overall complaint rate against overall activity for the Trust has reduced from 0.080 in 2013/14 to a rate of 0.057 in 2014/15.

- There has been a reduction of 20% in the number of complaints regarding outpatient services. Outpatient activity has increased by 10.7% within this timeframe.

- There has been a statistically significant reduction in the number of complaints reopened in 2014/15 which it is felt is a direct result of a more thorough and detailed approach to written responses and the open offer to meet with staff. The target set at the beginning of 2013/14 to reduce this to no more than 5% of the total number formal complaints has been met.

- There has been a 30% increase in the number of contacts to the Patient Advice and Liaison Service from 1617 contacts in 2013/14 to 2104 in 2014/15.

- The Trust received 301 formal compliments in 2014/15, which included comments about the kindness and caring attitude of staff, the quality of the clinical care and excellent communication. This does not include ‘Thank-you’ cards sent directly to areas and departments.
1. Purpose of the Report

This report examines the formal complaints received by the Royal United Hospitals Bath NHS Foundation Trust (RUH) during the financial year 2014/2015.

As part of the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009, the Trust has a statutory duty to record and report the following information:

- The number of complaints
- The number that were well-founded
- The number referred to the Parliamentary Health Service Ombudsman
- The subject matter of complaints
- Matters of importance arising from the complaints or handling thereof
- Action taken, or being taken, to improve services as a result of complaints received

This report is intended to provide assurance that the Trust is correctly recording complaints received, and concerns through the Patient Advice and Liaison Service (PALS), noting trends in complaints, and actions taken to address concerns raised by the users of services.

A key objective of the Trust is to ensure that patient, family and carer experience continues to improve as detailed in the Patient and Carer Experience Strategy for the RUH 2012/15. The complaints the Trust receives are a key component to drive change through lessons learnt.

Information is made available to patients, carers and families who wish to raise a concern or make a complaint. Leaflets and posters are displayed in all areas of the Trust and advice on how to contact the service is available through the RUH website. This information is also available in easy read format as well as different languages.

2. Recording of Complaints

The Trust uses the DATIX database to log and track complaints. In November 2014 a new web based version of the system was installed. As part of this new application the standard categories used to identify the subject matter of a complaint were reviewed to ensure more robust reporting.

3. Formal Complaints Received

In 2014/15, the Trust saw a decrease in the number of complaints received from the 385 received in 2013/14 to 310. This represents a decrease of 19.5%.

Number of formal complaints received between 2012-2015 by year.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of complaints</td>
<td>372</td>
<td>385</td>
<td>310</td>
</tr>
<tr>
<td>% change from previous year</td>
<td>+8.8%</td>
<td>+3.5%</td>
<td>-19.5%</td>
</tr>
</tbody>
</table>

Table 1.

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Date: 13 October 2015
Version 13
Agenda Item: 10

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The trend in the number of complaints received per year from 2012 to March 2015 remained constant at 32 per month. In 2014/15 this reduced to an average of 27.

This lower level of formal complaints continued for the first 3 quarters of in 2014/15 but quarter 4 saw a rise from the same period the previous year.

During quarter 4 the hospital experienced exceptional clinical and staffing pressures. This position was reflected across the wider NHS with extreme pressures being put on the ability of Trusts to effectively manage patient flow and deliver high quality care in a timely way.

**Quarter comparisons 2012-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>87</td>
<td>74</td>
<td>91</td>
<td>120</td>
<td>372</td>
</tr>
<tr>
<td>2013/14</td>
<td>110</td>
<td>117</td>
<td>97</td>
<td>61</td>
<td>385</td>
</tr>
<tr>
<td>2014/15</td>
<td>86</td>
<td>81</td>
<td>75</td>
<td>68</td>
<td>310</td>
</tr>
</tbody>
</table>

Table 2

Split by clinical division, Surgery received 41% (127), Medicine 49% (152) and the Women and Children’s Division 28% (28) of the formal complaints between 1st April 2014 and 31st March 2015. The 3 remaining complaints related to other teams.

**4. Subject Matter of Complaints**

The most frequently cited subject of formal complaints received was that of Clinical Care:

- The category of ‘clinical care’ accounted for 69% (214) of the formal complaints received. (in 2013/14 it was 61% (229)).
- In the Medical Division it accounted for 69% (105) of their complaints (in 2013/14 it was 41.6%).
- In the Surgical Division it accounted for 70% (89) of their complaints (in 2013/14 it was 58.4%).
- Table 3, charts 2, 3 and 4 show the comparison in the subject of the complaint by Division between 2012/13, 2013/14 and 2014/15.

**Comparison of complaint subject matter by Division 2012/13 to 2014/15**

Maternity services were transferred to the RUH and a new Women and Children’s Division was created in June 2014. No data is available for comparison with previous years.
The change to the divisional structures this year makes direct comparison between years difficult as some of the complaints within the new Women and Children’s division would have been in the Medical or Surgical division.

5. Complaints by Specialty
Charts 5, 6 and 7 show the breakdown of complaints received by each specialty within each division.
The complaint is allocated to the division that has the majority of issues to be investigated and responded to. In some cases although the specialty will be the same, the complaint may include multiple aspects of care which may cross more than one division. In these cases the specialty will appear in the data for more than one division.
The specialties of Orthopaedics, General Surgery and Emergency Department account for the highest levels of activity within the Trust. The data shows that the number of complaints received for these specialties is proportional to their activity and is within the expected range given the number of patients seen.
The Women and Children’s Division have comparisons available between 2013/14 and 2014/15 for Gynaecology and Paediatrics as these specialties were provided by the RUH in 2013/14.
6. Top specialties receiving Complaints
The table below shows the specialties receiving the majority of formal complaints. General surgery, Orthopaedics and Acute Medicine account for some of the highest patient activity levels within the Trust.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>44</td>
<td>34</td>
</tr>
<tr>
<td>Acute Medicine</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>31</td>
<td>41</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Day Surgery</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>OPU</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>155</strong></td>
<td><strong>177</strong></td>
</tr>
</tbody>
</table>

Table 4
6.1 KO41 Subject of complaint for the Emergency Department and those specialties receiving the highest number of formal complaints.

<table>
<thead>
<tr>
<th>K041 Subject of Complaint</th>
<th>Emergency Department</th>
<th>Orthopaedics</th>
<th>General Surgery</th>
<th>Older Persons Unit</th>
<th>Cardiology</th>
<th>Day Surgery</th>
<th>Oncology</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All aspects of clinical treatment</td>
<td>26</td>
<td>18</td>
<td>15</td>
<td>16</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>92</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Admissions, discharge and transfer arrangements</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Aids and appliances, equipment, premises (including access)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (out-patient)</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Communication/information to patients (written and oral)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (in-patient)</td>
<td>2</td>
<td>2</td>
<td></td>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients' property and expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Patients' privacy and dignity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mortuary and post mortem arrangements</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Failure to follow agreed procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>41</strong></td>
<td><strong>34</strong></td>
<td><strong>28</strong></td>
<td><strong>16</strong></td>
<td><strong>16</strong></td>
<td><strong>16</strong></td>
<td><strong>177</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 5
6.2 KO41 Subject of Complaint for all complaints 2014/15
The table below shows the subject of the complaint for all complaints received in 2014/15. It is noted that the top 4 subjects for both the overall number of complaints and the top 7 complaints are the same.

<table>
<thead>
<tr>
<th>KO41 Subject of Complaint</th>
<th>Number of Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>All aspects of clinical treatment</td>
<td>175</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (out-patient)</td>
<td>35</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>34</td>
</tr>
<tr>
<td>Admissions, discharge and transfer arrangements</td>
<td>24</td>
</tr>
<tr>
<td>Communication/information to patients (written and oral)</td>
<td>17</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (in-patient)</td>
<td>10</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
</tr>
<tr>
<td>Aids and appliances, equipment, premises (including access)</td>
<td>3</td>
</tr>
<tr>
<td>Patients' property and expenses</td>
<td>3</td>
</tr>
<tr>
<td>Patients' privacy and dignity</td>
<td>2</td>
</tr>
<tr>
<td>Failure to follow agreed procedure</td>
<td>1</td>
</tr>
<tr>
<td>Mortuary and post mortem arrangements</td>
<td>1</td>
</tr>
<tr>
<td>Personal records (including medical and/or complaints)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>310</strong></td>
</tr>
</tbody>
</table>

Table 6

6.3 Sub subject of complaints
Of the 310 complaints received in 2014/15 the top 10 sub-subjects account for 60% (184) of complaints received.

<table>
<thead>
<tr>
<th>Sub subject of complaint</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Nursing care</td>
<td>32</td>
</tr>
<tr>
<td>Co-ordination of medical treatment</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
</tr>
<tr>
<td>Staff attitude</td>
<td>25</td>
</tr>
<tr>
<td>Error in performing a procedure on patient</td>
<td>13</td>
</tr>
<tr>
<td>Lack of Treatment</td>
<td>13</td>
</tr>
<tr>
<td>Wrong diagnosis</td>
<td>13</td>
</tr>
<tr>
<td>Competence/knowledge of staff</td>
<td>12</td>
</tr>
<tr>
<td>Inappropriate/unsafe Discharge</td>
<td>11</td>
</tr>
<tr>
<td>Inappropriate care and treatment</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>184</strong></td>
</tr>
</tbody>
</table>

Table 7

6.3.1 Quality of Nursing care
Of the 32 complaints that reference a concern regarding the quality of nursing care, twenty two related to the Medical Division, 9 to the Surgical Division and 1 to the Women and Children’s Division.
This category covers a wide spectrum of concerns and all cases involved more than one concern. They included poor communication with families, lack of compassion, multiple bed moves, waiting for basic cares such as toileting and discharge arrangements.

6.3.2 Co-ordination of medical treatment
28 of the 310 formal complaints cited the coordination of medical treatment as the main reason of the complaint.
15 relate to outpatient departments, 11 to ward areas and 2 to the Emergency Department.
Those relating to outpatient services concern the coordination of appointments and tests, communication between specialties delaying appointments and correspondence to the patient and the patient’s General Practitioner.

The inpatient concerns relate to availability of allied health professionals and poor communication between different staff groups.

6.3.3 Staff attitude
Of those complaints regarding staff attitude, 16 relate to medical staff and 9 relate to Nursing and Midwifery staff. The Trust expects all staff to be polite and respectful to patients and relatives at all times and instigated Trust ‘Respect’ values 2013/14. Work commenced across the Trust in quarter 4 of 2014/15 to ensure all staff are aware of their responsibilities in this respect.

Where a member of staff has been identified as not following the Trust respect values, appropriate measures have been taken.

Investigations into several complaints regarding staff attitude revealed that the staff involved had documented challenging behaviour and attitude from those making the complaint. The Trust recognises that patients, carers and their relatives can be emotionally stressed at times and therefore personal resilience and conflict resolution training is available to staff.

6.3.4 Error in performing procedure
There were 13 complaints that were logged in this subject in 2014/15. Close analysis reveals that the majority of these complaints were not upheld.

Investigations revealed that the concerns raised regarding ‘errors’ were recognised as associated risks of that particular surgery and the appropriate explanations and consent had been obtained.

6.3.5 Lack of treatment
Investigations showed that this sub category is used to describe multiple scenarios which include:

- People’s expectations not being met in terms of an expectation of treatment that was not clinically indicated or appropriate at the time.
- Demand for treatment in the wrong setting and time.
- Treatment was not available in the NHS.
- No clinical indicators present at the time of presentation- therefore no treatment was given.
6.3.6 ‘Other’ Category
Analysis has revealed that this category has been used when there are multiple issues over multiple locations and sometimes over multiple admissions and there is no one overarching theme to the complaint, for example, where a person’s complaint spans a long term episode of care on subjects including:

- Quality of the food
- Nursing care
- Ward moves
- Disagreement of ‘Best Interest’
- Communication
- Other providers input

The number of ED complaints has remained static despite increased activity of the over the last 3 years. (34) in 2012/13, (31) in 2013/14 and (32) in 2014/15.

There has been a 20% reduction in the number of outpatient complaints between 2013/14 and 2014/15, despite a 10.7% increase in outpatient activity from 306,536 contacts to 339,410 during the same period.

Of the 111 complaints received in 2014/15 that related to outpatient services, 71.1% related to the same top three themes from 2013/14:

- Clinical Treatment (54)
- Communication (14)
- Staff attitude and behaviour (11)

7. Complaints compared to hospital activity

The Trust had a total of 478,480 patient contacts for the year 2013/14 which includes Inpatients, Outpatients and Emergency contacts. In 2014/15 provisional data indicates that the number of patient contacts increased to 542,195, representing a 13% increase in activity.

When the number of formal complaints is considered against total activity it demonstrates that the RUH has a 0.057 complaint rate.

In 2014/15 the Trust’s activity increased by 13.3% on the previous year (as seen in table 7) however, the complaint rate against total activity for 2014/15 has reduced from a complaint rate of 0.080 in 2013/14 to 0.057 in 2014/15.

RUH activity 2012/13 – 2013/14

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient Admissions</th>
<th>Out Patient Attendances</th>
<th>A&amp;E Visits</th>
<th>Total Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>67,386</td>
<td>306,536</td>
<td>71,594</td>
<td>445,516</td>
</tr>
<tr>
<td>2013/14</td>
<td>69,266</td>
<td>339,410</td>
<td>69,804</td>
<td>478,480</td>
</tr>
<tr>
<td>2014/15</td>
<td>78,536</td>
<td>393,694</td>
<td>69,965</td>
<td>542,195</td>
</tr>
</tbody>
</table>

Table 8
8. Benchmarking against other Trusts

Table 9 shows the number of complaints received by local peer providers in 2013/14 and 2014/15.

<table>
<thead>
<tr>
<th>Peer (Local Providers)</th>
<th>Number of complaints 2013/14</th>
<th>Number of complaints 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Western Hospitals NHS Foundation Trust</td>
<td>360</td>
<td>Not available</td>
</tr>
<tr>
<td>Taunton and Somerset NHS Foundation Trust</td>
<td>182</td>
<td>254</td>
</tr>
<tr>
<td>Royal United Hospitals Bath NHS Foundation Trust</td>
<td>385</td>
<td>310</td>
</tr>
<tr>
<td>Salisbury NHS Foundation Trust</td>
<td>330</td>
<td>309</td>
</tr>
</tbody>
</table>

Table 9

9. Complaint Grade

All complaints are graded for severity by the Division on receipt using the Trust’s Severity assessment.

- Grade 1 indicates an unsatisfactory service or experience, but no impact or risk to provision of care.
- Grade 2 indicates the service fell below reasonable expectation in several ways, but did not cause lasting problems.
- Grade 3 indicates significant issues regarding standards, quality of care, safeguarding or denial of rights.

Of the 310 formal complaints received in 2014/15, 13 (4%) were recorded as grade 3, 278 (90%) grade 2 and the remaining 19 (6%) were grade 1. Grade 1 and 2 should be responded to within a local target of 25 working days. The timescale for grade 3 complaints are agreed with the person who has raised a complaint and takes into consideration the complexity of the concerns raised. These complaints often cover a number of specialities.

10. Response times to complaints

The number of resolution meetings continues to increase reflecting the greater emphasis on early informal resolution with service users however; this has an impact on the overall completion deadline.

The data in respect of response times has not been recorded consistently in 2014/15. Action has been taken and the implementation of the new version of DATIX will ensure that this is resolved from April 2015.

11. Ethnicity

The 2011 census showed the population of Bath and North East Somerset to be 90% White British and 10% ‘Other’ ethnicities and Wiltshire had a 96% White ethnicity.

In 2014/15 81% of complaints came from those who were White British and 16% chose not to state their ethnicity either when spoken to or in their written complaint. The remaining 3% were from other ethnic groups.
The Trust ensures that access to interpreters and translation services is available for patients and carers, and PALS and complaints leaflets are available in different languages.

12. Reopened Complaints
A further approach to assessing performance is to monitor the number of complaints that are reopened:

- In 2012/13 70 complaints were reopened (19% of total complaints)
- In 2013/14 31 complaints were reopened (8% of total complaints)
- In 2014/15 15 complaints were reopened (5% of total complaints)

This is significant reduction from the previous year.

The target set at the beginning of 2014/15 was to reduce the number of reopened complaints to 5% or less of the total number of complaints received. This target has been met.

The Trust recognises the importance of ensuring that all the issues raised in a complaint are addressed in the initial response or meeting. During the latter part of 2013/14, focus was placed on the content and quality of all written responses and making an open offer to meet and this continued into 2014/15.

13. Complaints Upheld
Fifty percent of the closed complaints in 2014/15 were either partially or fully upheld. A complaint is considered to be upheld where the investigation has demonstrated that the service provided did not meet the appropriate standard.

14. Complaints Survey
Following changes to the complaint process a revised complaints survey was created and the survey recommenced in October 2014. The returns from this survey were very low. The responses that were received indicated that people had been satisfied with the overall complaints process but would have liked the response sooner.

The survey was reviewed again in February 2015 and was brought into line with the Parliamentary and Health Service Ombudsman’s ‘I’ Statements on good complaint handling.

15. Training
A learning specification was developed which provided a plan for the training required to meet the gap between the current situation and the new skills, process and structure for complaints that was needed to improve the service.

The company ‘Plain Words’ were commissioned to deliver the training in conjunction with the Head of Patient Experience. The training took place on 3rd February and 25th March 2015 and focussed on communication skills, both written and verbal and support for staff in recognising and managing the emotions and feelings involved with the complaints process. By the end of the course, staff involved in the complaints process were given the skills to:

- Listen effectively so they understand what they need to do
• Choose the best response to a complaint
• Structure their responses effectively
• Use best practice for emails and letters
• Write in a clear, concise style
• Check their responses and give them a ‘final polish’ before sending them

Feedback from staff, who attended the sessions, was that it helped them to develop new skills and techniques and was a useful opportunity to reflect on their existing skills.

16. Parliamentary and Health Service Ombudsman (PHSO)
In 2014/15, 5 requests had been received from the PHSO for information prior to a decision to proceed with a full investigation. The PHSO proceeded to a full investigation in all of these cases, which is consistent with their new approach to investigate more concerns, which it announced in 2013/14.

3 cases opened in 2013/14 were closed during 2014/15. A further case was referred back to the Trust by the PHSO as the complainant raised new concerns that the Trust had not had an opportunity to address. A full complaint response was given to the complainant addressing all concerns and this case was closed.

16.1 Cases closed from 2013/14 in 2014/15

Case 1: Not upheld
The PHSO investigated issues relating to alleged failures of:

• Unsafe discharge on multiple occasions
• Isolation/poor social interaction.
• Inadequate physiotherapy
• Standard of nutritional arrangements
• Staff responding to patient calls
• Staff attitude/respect
• Failure to communicate sensitively
• Omission to respond to concern in complaint response

The PHSO considered the evidence provided by both parties and concluded that the care and treatment the patient received was appropriate and in line with relevant guidance and established good practice. There were no failings identified.

The Trust was asked to apologise for omitting a small area of concern from the final complaint response and to remind staff about the need to deal sensitively with quality of life issues and to treat people respectfully.

Case 2: Not upheld
The complainant approached the PHSO with regard to a clinician’s decision not to offer surgery for a child’s condition. The child subsequently had surgery at another Trust.

The PHSO investigated and after considering professional evidence concluded that the clinician’s decision not to offer surgery was reasonable and in line with established good practice.
**Case 3: Partly upheld**
This case related to care given at the start of 2013. The PHSO was asked to consider aspects of care relating to:

- Falls management
- Appropriate MRSA screening
- Cannula care
- Premature discharge
- Overall clinical management
- Timeliness of medication

The PHSO partially upheld this complaint. It found that there were some failings in elements of care provision. The Trust was required to:

- Acknowledge and provide an apology in relation to leaving the complainant unsure if the falls management protocol had been followed and as a result left the complainant with doubts that the patient had been kept safe.
- Acknowledge and provide an apology in relation to cannula care.
- Acknowledge that medication which would give the optimum treatment had been delayed.

The Trust was also required to provide the PHSO with an action plan regarding falls management and cannula care.

**16.2 New cases for 2014/15**
Of the 6 cases opened in 2014/15, 2 have been closed. 4 have yet to be concluded.

**Case 1: Not upheld**
This complaint concerns care given during 2012. The person approached the PHSO with regard to alleged failure to provide:

- Adequate care to prevent a pressure sores.
- Adequate mobilisation.
- Adequate continence care.
- Encouragement to ensure nutritional needs were met.
- Encouragement to take medication.

The investigation concluded that 2 failings could be identified in the care provided; these could not be linked to the injustice claimed. The PHSO considered the Trust had provided appropriate apologies and taken appropriate action to rectify the 2 areas identified.

**Case 2: Not upheld**
The PHSO investigated family’s complaints regarding the care and treatment a relative received with specific regard to:

- Inadequate record keeping
- Premature stepdown from a high care area
The PHSO concluded there had been no failing with regard to the patient’s step down from the high care area. Whilst there were failings with regard to the documentation, the failings had previously been identified and accepted by the Trust and had been corrected.

17. Changes to the Complaint Process/ Review
A revised process for the handling of formal complaints was agreed and implemented on 1st October 2014. The process focusses on resolving patients/carers concerns at an early stage through the Patient Advice and Liaison Service (PALS). For complex complaints, a single point of contact is agreed from the outset and it is this person who, with the complainant arranges meetings or undertakes a Root Cause Analysis (RCA) of the investigation.

From 1st January 2015, the DATIX web based version for tracking complaints was purchased and is available on all computers. This supports the improved tracking of complaints and provides alerts when timescales are not met.

18. Patient Advice and Liaison Service (PALS)
The service primarily assists with any concerns that patients, carers and members of the public wish to bring to our attention, and listens to their concerns and comments. Wherever possible staff try to resolve any issues informally at the initial time of contact and work very closely with the staff in the Divisions. These are generally classed that those issues that can be addressed within twenty four hours.

If it is not possible to provide a satisfactory response due to either the complexity or serious nature of the concerns raised, then the aim is to provide a seamless transition into the formal complaint process.

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

The service also provides information regarding the translation and interpreting service.

18.1 Contacts to the PALS service
In 2014/15 the service received 2104 contacts. This represents a 30% increase in contacts when compared to the 1617 contacts received in 2013/14.

The number of contacts from 2013/14 to April 2015 can be seen in table 10.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Pals Contacts</td>
<td>1617</td>
<td>2104</td>
</tr>
</tbody>
</table>

Table 10

In 2014/15 quarters 1 and 2 saw 152 contacts and quarters 3 and 4 198, a difference of 30%.
Table 11 shows the number of contacts to the PALS service for each Division.

### Number of Contacts to PALS by Division 2014/15

<table>
<thead>
<tr>
<th>Division</th>
<th>Number of PALS Contacts</th>
<th>% of contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Division</td>
<td>746</td>
<td>36</td>
</tr>
<tr>
<td>Surgical division</td>
<td>736</td>
<td>35</td>
</tr>
<tr>
<td>Quality and Patient Safety</td>
<td>329</td>
<td>15</td>
</tr>
<tr>
<td>Women and Children</td>
<td>109</td>
<td>5</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>72</td>
<td>3</td>
</tr>
<tr>
<td>Operations</td>
<td>55</td>
<td>3</td>
</tr>
<tr>
<td>Corporate</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Finance</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>External no division</td>
<td>12</td>
<td>0.6</td>
</tr>
<tr>
<td>Human Resources</td>
<td>7</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2104</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The chart below demonstrates the increasing contacts to the PALS service between 2013/14 and 2014/15.

![PALS contacts comparison 2013/14 - 2014-15](chart8.png)
18.2 Method of Contact
Table 12 demonstrates changes in the method of contact to the PALS service between 2013/14 and 2014/15.

<table>
<thead>
<tr>
<th>Method of contact</th>
<th>2013/14</th>
<th>2013/14 %</th>
<th>2014/15</th>
<th>2014/15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>695</td>
<td>43</td>
<td>1051</td>
<td>49.9</td>
</tr>
<tr>
<td>Email</td>
<td>423</td>
<td>26.1</td>
<td>565</td>
<td>26.9</td>
</tr>
<tr>
<td>In person</td>
<td>193</td>
<td>12</td>
<td>305</td>
<td>14.5</td>
</tr>
<tr>
<td>Letter</td>
<td>201</td>
<td>12.4</td>
<td>180</td>
<td>8.5</td>
</tr>
<tr>
<td>Other</td>
<td>103</td>
<td>6.4</td>
<td>3</td>
<td>0.2</td>
</tr>
<tr>
<td>Via Comms Team</td>
<td>2</td>
<td>0.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1617</strong></td>
<td><strong>100</strong></td>
<td><strong>2104</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 12

The category of ‘Other’ in relation to the method of contact includes referrals from other organisations such as care organisations and other providers.

The increase in the number of contacts made via email continued in 2014/15.

There has been a 33.5% increase in the number of contacts via email with a 10.5% decrease in the number of letters received by the service. The number of referrals to the service by other organisations has also decreased substantially.

The number of contacts in person has increased by 58%. There has also been a significant change in the number of telephone contacts between the two years with an increase of 51%.

The staffing of the service was reviewed during the year when it became apparent that the number of contacts was continuing to increase and 2 members of staff were added to the existing team.

18.3 Themes
The top five themes of contacts with the PALS service in 2014/15 can be seen in the table below.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contacts 2014/15</th>
<th>% 2014/15</th>
<th>% 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication/information</td>
<td>966</td>
<td>46%</td>
<td>47%</td>
</tr>
<tr>
<td>Waiting times / delays</td>
<td>310</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>277</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Admission/Discharge arrangements</td>
<td>131</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Patient Property</td>
<td>103</td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Table 13
The top 5 themes have remained the same between 2013/14 and 2014/15. There has been an increase in contacts regarding Clinical Care and Admission/Discharge.

**18.3.1 Communication and Information**
2014/15 saw a rise of 27% in the number of contacts relating to communication and information from 761 in 2013/14 to 966 in 2014/15. This needs to be put into context of the increase in PALS activity of 30%. The percentage of contacts in this category has remained proportional.

Analysis indicates that some of the concerns relate to lack of communication between departments when patients are being scheduled for serial testing or appointments with different clinical teams. This has been passed to the divisions to address.

There were also issues about being able to contact departments on the telephone to cancel or change appointments. The departments concerned have changed the routing of calls to ensure prompt answering of calls and also fill vacancies within the department. Since this intervention the concerns have decreased.

**18.3.2 Clinical Care**
Contacts to the service regarding clinical care accounted for 12% in 2014/15. In 2013/14 this subject accounted for 8% of the contacts. Most contacts regarding clinical care were of a general nature or were concerns regarding inappropriate or lack of treatment. Concerns regarding inappropriate or lack of treatment on analysis relate to patients and relatives expectations not being met, poor communication which left patients and relatives uninformed as to the clinical reasoning for treatment, and some basic care not being delivered to an expected standard. All these concerns were addressed with the areas and clinical teams concerned.

**18.3.3 Patient Property**
The number of concerns relating to patients property remains static in 2014/15 representing around 5% of the number of contacts to the service. The majority of the issues relate to lost personal items and although some are located, the majority are not.

The most notable items to be misplaced are:

- Dentures
- Hearing aids
- Glasses

Work is continuing to try and reduce the number of these vital items that are misplaced as they cause considerable distress to the patient and stress for families and carers.

**19. Compliments**
The Trust formally recorded 301 formal letters of compliment during the year 2014/15. This number has remained stable from 2013/14 when 295 were received.

The compliments refer to ‘gratitude that staff noticed the patient was struggling emotionally and in pain’ and that staff took the time to sit with the patient and resolved the pain control, the dignity and respect that was given by staff, ‘kindness and care’ that was given and the care and professionalism demonstrated by staff.
The Trust received a letter from a local Member of Parliament noting that one of his constituents had written to him praising the care of the Emergency Department.

Most of the thank-you cards are not recorded at the present time.

20. Changes as a result of Complaints 2014/15
The RUH promotes a transparent and open culture in relation to the complaints and concerns it receives. It bases its approach on the PHSO ‘Principles of Remedy’:

- ‘Putting things right’ which includes that public organisations should consider fully and seriously all forms of remedy (such as an apology, and explanation, remedial action or financial compensation; and
- ‘Seeking continuous improvement’ - which includes that public organisations should use the lessons learnt from complaints to ensure that maladministration or poor service is not repeated.

An investigation into a complaint revealed that a patient was not given the necessary support following a difficult experience within the maternity department. As a result we have introduced a way of working ensures that all women are given a named professional to support them once they leave hospital.

A patient was left in the toilet unassisted and without a method to call for help, as the patient call bell was not working. All call bells in the Emergency Department are now audited on regular basis to ensure that they are all working correctly to prevent this from happening again.

A complaint was received from a patient raising concerns regarding the communication provisions available for deaf patients at the Trust.

The plan for the future is to include functionality on the Trust website to enable patients to rearrange appointments and make enquiries via an online form however, at present; unfortunately, our website does not support this functionality. The Trust has a centralised email address that patients who experience difficulties communicating via the telephone can use to make enquiries and re-book appointments. Patients are now advised to email the Patient Advice and Liaison Service if they are unable to use the telephone and the staff are more than happy to deal with enquiries and re-book appointments.

A patient attended the MRI scanner with a cardiac pacemaker, as a result of this incident the Radiology department have changed the appointment letter asking patients to telephone the Radiology department immediately if they have a cardiac pacemaker in order that we can offer advice on alternative diagnostic imaging. The Radiology department have changed the layout of the safety questionnaire so that the question around cardiac pacemakers is more prominent.

21. Conclusion
The RUH recognises the positive effect of listening to, and investigating the concerns and complaints that patients, relatives, carers, other agencies and member of the public may wish to bring to its attention. Substantial progress has been made to deliver a more responsive complaints service in 2014/15, and these efforts will...
continue in 2015/16. The number of formal complaints has reduced in 2014/15 and the number of PALS contacts has increased substantially. All staff have ensured that concerns are discussed and resolved at the earliest opportunity to ensure patients and their relatives receive the best care and feel supported.

Encouraging a culture of using patient feedback to drive change is important and as a result of the feedback received, the Trust invested in ‘Unique Voice’ who created a short play to present to all staff during the ‘See it my way’ programme called ‘The different perspectives of a complaint’.

Workshops were held in October and November 2014 to identify the personal, real-life experiences of staff, patients and their families who have been through the complaints process. Unique Voice is a local theatre company and educational provider and uses drama to enhance learning. Working with the Head of Patient Experience and Head of Quality Improvement, the company produced an original drama, which was performed to staff and filmed on 13th February 2015.

Over 240 staff attended the three live performances of the play and 168 staff provided feedback. 85% of those staff that provided feedback said that it had changed the way that they would work with people who complain. 75% of staff reported that the play had raised their understanding of the patient, family, carer and staff experience by 7+ (out of a scoring of 1-10).

Some examples of feedback to the question “What might you do differently?” included the following:

- “Be more understanding when approaching staff to do a piece of work as you may be distracting them from responding to a complaint – which is of utmost importance.
- Empathise with patients: face to face better than phone/email/letter.
- Contact/keeping in touch is so important.
- Keep the person who complains informed at all times, even if there is no news for them as this at least shows interest/understanding (over 8 people reported this).
- Ensure that I would keep the person informed even if it was just to say that there was no new information – but they hadn’t been forgotten.”

The word cloud above symbolises the feedback from staff on what is important in the
The play was professionally filmed and will be used at all relevant meetings including leadership forums, governance meetings, professional meetings and staff training. It will also be available on the Trust website.