

# Concerns, Comments, Complaints and Compliments

## Annual Report 2011-2012



## 1. Executive Summary

1. The Trust adheres to the Local Authority Social Services and National Health Service Complaints (England) Regulations. This gives sets out a single approach to dealing with complaints. It gives organisations the flexibility they need to deal with complaints effectively. It also encourages a culture that seeks and then uses people's experiences to make services more effective, personal and safe. (reference 1)
2. The purpose of this report is to provide information on informal concerns and formal complaints received by the Trust through the Patient Advice and Liaison Service (PALS) or via the formal complaints process between 1 April 2011 and 31 March 2012.
3. PALS received 2,852 contacts during the year, and of these 1,690 were to raise one or more concerns with 72% of these resolved within 3 days by the PALS team or through liaison with the team(s) involved: nursing staff, clinicians and allied health professionals.
4. The key themes identified from issues raised by PALS contacts were: Appointment delays and cancellations, communication, and medical and nursing care.
5. There were a total of 192 complaints recorded from 1 April 2011 to 31 March 2012. This compares to 260 complaints received for the previous year which represents a 36% decrease.
6. There were 55 complaints which were resolved informally and the Trust has subsequently seen an increase of 23% in the number of informal concerns.
7. The number of complaints received from MPs on behalf of constituents was 8 in 201/12 compared to 10 in the previous year.
8. The grading all complaints is calculated using the Trust's risk categorisation Matrix. 121 complaints were graded low harm, 71 moderate and none graded as major. This grading reflects the status when the complaints were regraded following our response rather than when they first came in.
9. The top 5 trend categories identified in the formal complaints received were medical care, nursing care, communication, attitude and appointment cancellation/delay.
10. The number of concerns raised where patients felt they had been discriminated was 2 formal and 4 informal. All concerns were resolved and the 2 formal complaints were partially upheld but apologies were given.

11. A performance report is provided on a monthly basis to the Trust board and bi-monthly to the Patient Experience Committee. These discuss PALS issues and Complaints and describe learning that has occurred as a result, plans for future improvement to patient experience.
12. In response to recommendations by the Patient Safety Agency and published reports (reference 2) such as The Role of Boards in Improving Patient Safety published by Monitor, "Patient Stories" have been introduced at Trust Board meetings. This method focuses on patient safety and patient experience and stories are based on either a complaint, a patient discovery interview or a risk incident.

Patient Stories are reported by audio and visual methods and have included a patient who is profoundly deaf explaining how services have been improved to meet her needs; a patient who had raised concerns about the environment of an admissions unit which has now been refurbished. Positive feedback from a patient experience highlighted that "staff on the front line worked extremely hard and the ward was extremely clean".
13. The Trust's Complaints Review Panel is under review and the Trust is currently participating in a project led by the Patient's Association which involves benchmarking complaints handling with other NHS Trusts.
14. The Patient Experience Team, which includes PALS and staff managing complaints completed a service review in 2011 culminating in the formation of a Customer Care Team to bring together PALS and Complaints. This will provide service users and staff with a more effective seamless service.
15. This report outlines ongoing improvement plans for the service for 2012/13 and sets out the progress made both by the divisions and the recently established Customer Care Team who continue to work in partnership to meet the needs of patients and families when they are dissatisfied.
16. The Trust participating in an innovative project to try and understand whether our complaints process is satisfying our complainants. Whilst we are asked to collect data on our complaints and have previously conducted our own surveys of complainants, we were keen to see how the satisfaction of our complainants compared to other Trusts. We are seeking the meaningful comparable data that has been lacking in the area of complaints handling. Complainants are such a useful source of insight into all aspects of quality and the patient experience and delivering effective responses is the key to improving care by understanding the issues raised and explaining what changes will be made as a result of the feedback. As such we have just joined a group of 10 Trusts working with the Patients Association as part of the Health Foundation funded "Speaking Up" project (<http://www.patients-association.org.uk/Default.aspx?tabid=232>).

## 2. Patient Advice and Liaison Service (PALS)

### 2.1 Overview

During 2011/2012 there were 2,852 contacts into PALS compared to 3,136 in 2010/2011. 1,690 (59%) of these contacts reported one or more concerns.

**TABLE 1**

The following table shows the number of PALS contacts received each quarter.

<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
Apr – Jun 2011	Jul – Sep 2011	Oct – Dec 2011	Jan – Mar 2012
718	732	682	720

**TABLE 2**

The following table shows contact with PALS by the type of enquiry.

<b>Contacts</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
Advice and Information	210	236	165	211
Interpreter Bookings	90	120	95	83
Concerns	435	393	427	435
Compliments	50	50	61	58

### 2.2 Issues Raised in PALS

Although 1,690 contacts raised concerns for this Trust, many of these were about more than one issue. Therefore, the number of issues raised is much higher than the number of contacts.

Table 3, overleaf, shows the number of PALS issues raised by the type of category.

Table 4, also overleaf, shows the top 5 issues raised by category.

**TABLE 3**

The following table shows issues raised by the type of category

<b>Issue Type</b>	<b>Number of issues raised 2011/2012</b>	<b>Number of issues raised 2010/2011</b>
Access to NHS Services	3	2
Admission Arrangements	16	10
Appointments – Delay and Cancellation	276	253
Attitude of Staff	180	135
Bereavement	9	13
Care - Medical and Nursing	237	203
Care of Older People – Medical and Nursing	177	132
Communication	583	478
Confidentiality	16	7
Cultural	0	2
Discharge	108	89
Discrimination	4	2
Entitlement to NHS Services	1	-
Environment	68	92
Equipment	31	21
Hotel	19	25
Infection Control	23	20
Organisational	104	105
Other	19	30
Privacy and Dignity	20	22
Property	102	118
Records	17	22
Time	45	58
Transport	8	8
Treatment – Delay and Cancellation	183	133
<b>Total</b>	<b>2,249</b>	<b>1,980</b>

The total number of issues has increased by 269 on the year of 2010/2011 (1,980).

**TABLE 4**

The following table shows the top 5 types of issues raised by Category.

<b>Issue Type and Number</b>	<b>Issue Category</b>	<b>Number Received 2011/2012</b>	<b>Number Received 2010/2011</b>
Communication – 583 (478)	Between Health Professionals	120	106
	Calls not Answered/Messages not Returned	20	44
	With Patients – Face to Face	149	108
	With Patients - Telephone	70	52
	With Patients - Written	80	68
	With Relatives – Face to Face	79	54
	With Relatives - Telephone	52	34
	With Relatives - Written	10	6
	Other	3	6
Appointments – 276 (253)	Cancellation of Appointment	146	137
	Delay in Appointment	119	86
	Appointment Time	8	9
	Appointment Notification	0	21
	Other	3	0
Care – 237 (203)	Medical – Delay in Medical Review	19	19
	Medical – Delay in Treatment	25	13
	Medical – Diagnosis Problems	32	29
	Medical – Medication Error/Delay	29	22
	Medical – Operation Adverse Outcome	5	5
	Medical - Other	37	40
	Nursing – Delay Answering Call Bells	6	4
	Nursing – Falls Assessment	0	0
	Nursing – Medication Delay/Problem	22	14
	Nursing – Nutritional Issues	11	10
	Nursing – Oral Hygiene	1	0
	Nursing - Other	31	17
	Nursing - Personal Care	17	27
	Nursing - Pressure Ulcer Care	2	0
Treatment – 183 (133)	Cancellation of Treatment	87	49
	Delay in Treatment	95	64
	Treatment Time	0	5
	Other	1	5
	Notification	0	11
Attitude of Staff – 180 (135)	Administration	36	20
	Anaesthetist	1	2
	Consultant	25	22
	Doctor	31	21
	HCA	8	2
	Midwife	7	3
	Nurse	57	57

	Nurse Specialist	3	2
	Porter	1	1
	Scientific/Technical	5	4
	Security	4	1
	Other	2	0

### 2.3 Examples of Service Improvement

Display boards are located in key public areas in the Trust with examples of actions taken, “You said, we did”, as a result of contacts made to PALS highlighted. These include:

- ❖ Some patients wished to wear their own cotton clothing during an MRI scan. Some patients did not wish to wear the hospital gowns provided because they felt their dignity was compromised. PALS arranged with Medical Imaging to order some extra larger gowns to promote patient dignity.
- ❖ Patients felt that more information was needed on “Do not resuscitate” DNR status. The Resuscitation Training Officer developed an information leaflet for patients and family to help support verbal explanations.
- ❖ Patients contacted PALS due to a wait in clinic for an Optometrist appointment. Staff had not been informed that the clinic was not running until patients commented that they were waiting. As a result there was a change in procedure to ensure Optometrists in clinic liaise directly with reception staff and report when they arrive.
- ❖ The ENT Department and the Eye Care Centre amalgamated their waiting areas to ensure that there was sufficient space for patients and visitors.
- ❖ Staff at a GP Surgery within Cheshire West PCT were not receiving some patient discharge information because they have no electronic link. The policy on e-discharge was due to be reviewed. A comment was inserted to advise staff to check for the 'sent electronically' message. If this message does not appear staff send the information electronically. Training for staff was disseminated down from the Divisional Leads.
- ❖ A patient felt that she was not given enough sedative for a procedure and she could remember everything and felt her experience was upsetting. The patient met with the Endoscopy Lead and suggested all patients who have the procedure receive a questionnaire asking about their experience. Their idea has been implemented.

## 2.4 Compliments

The Trust receives many compliments each month in the form of letters, 'thank you' cards, e-mails and 'How are we doing' cards. Many of these go directly to the clinical areas. However, in 2011/12, 217 contacts reported 584 separate compliments directly to the Chief Executive or PALS

**TABLE 5**

The table shows the number of compliments received by Division

<b>Division</b>	<b>Number Received</b>
Corporate	8
Diagnostics and Clinical Support Services	63
Emergency Care	199
Estates and Facilities	46
Surgery and Cancer	199
Women's, Children's and Sexual Health	64
Other	5
<b>Total</b>	<b>584</b>

In addition to the above, each ward and department log the number of compliments they receive. They are then forwarded to PALS to collate. For this financial year, 131 letters, 1,240 'thank you' cards and 1,027 gifts were received by wards and departments.

## Community Presentations

PALS have given two presentations to third sector organisations which were Woolstanton United Reform Church and Darnhall and Wettenhall Womens Institute.

<b>Ethnicity</b>	<b>Complainant</b>	
	<b>Number</b>	<b>%</b>
White British	1550	94%
White Irish	5	0.3%
White – Any other Background	10	0.6%
White/Black Caribbean	1	0.06%
White/Asian	1	0.06%
Any other Asian Background	1	0.06%
Any other Black Background	1	0.06%
Any other Ethnic Group	4	0.2%
Not Stated	69	4.2%
<b>TOTAL</b>	<b>1642</b>	<b>100%</b>

### 3. COMPLAINTS

#### 3.1 Overview

There were a total of 192 complaints recorded from 1 April 2011 to 31 March 2012. This compares to 260 complaints received for the previous year which represents a 36% decrease.

This decrease has resulted from a change in the way in which complaints are assessed when they are first received by the Trust. All complaints are risk graded upon receipt and for those complaints risk graded as 'low harm', the appropriate service manager or matron telephones the complainant to see if their concerns can be resolved verbally. This has resulted in fewer complaints being handled formally and an improved turnaround time for resolution of concerns. The Trust has subsequently seen an increase of 23% in the number of informal concerns.

The Trust places a high priority upon the handling of complaints and aims to do everything possible to ensure that complaints are dealt with speedily and efficiently, complainants are treated courteously and sympathetically and are involved in decisions about how their complaints are handled and considered.

**TABLE 6**

The following table shows the number of complaints received each quarter.

Qtr 1	Qtr 2	Qtr 3	Qtr 4
Apr – Jun 2011	Jul – Sep 2011	Oct – Dec 2011	Jan – Mar 2012
45	52	38	57

Of the complaints received:

- 34% were fully upheld;
- 51% were partially upheld;
- 15% were not upheld.

#### 3.2 Performance

- 79% of our complaints were acknowledged within three working days of receipt.

#### 3.3 Issues Raised in Complaints

Although 192 complaints were received, many of these were about more than one issue. Therefore, the number of issues raised is much higher than the number of complaints received.

Table 7 (overleaf) provides an analysis of complaints by type.

**TABLE 7**

<b>Issue</b>	<b>Number Received 2011/12</b>	<b>Number Received 2010/11</b>	<b>Trend</b>
Medical Care	131	140	▼
Nursing Care	88	118	▼
Communication	99	92	▲
Staff Attitude	49	79	▼
Appointment Cancellation/Delay	21	35	▼
Discharge	18	36	▼
Treatment Cancellation/Delay	12	24	▼
Privacy and Dignity	10	17	▼
Car Parking	7	7	►
Medical Records	6	11	▼
Organisational	6	10	▼
Confidentiality	6	2	▲
Loss of Personal Property	4	2	▲
Transfer Arrangements	3	1	▲
Infection Control	3	12	▼
Equipment	2	6	▼
Consent to treatment	2	1	▲
Discrimination	2	1	▲
Mixed Sex Accommodation	2	1	▲
Hotel Services – Food	1	2	▼
Hotel Services - Cleanliness	1	5	▼
Transport	1	3	▼
Condition of Ward	0	3	▼
Admission Arrangements	0	2	▼
Death Certification/PM arrangements	0	2	▼
Physio - mobilisation	0	2	▼
<b>Total</b>	<b>484</b>	<b>614</b>	

The top 5 trend categories identified in the formal complaints received were as follows:

- Medical care (e.g. concerns relating to diagnosis and treatment, known complications of treatment, medication issues).
- Nursing care (e.g. medication issues, nutritional support, general issues relating to care, falls, continence).
- Communication.
- Attitude.
- Appointment cancellation/delay (for appointment, admission and waiting time in outpatient clinic).

### 3.4 Complaints by Service

**TABLE 8**

The following table shows the number of complaints raised relating to services compared to the previous year.

<b>Service</b>	<b>2011/12</b>	<b>2010/2011</b>
Inpatient	120	133
Outpatient	41	61
A&E	17	33
Maternity	11	28
Community Services	3	0

### 3.5 Complaints made by complaints directly to Central and Eastern Cheshire Primary Care Trust (CECPCT)

Under the new complaints guidance, complainants may complain to the commissioner rather than the provider of NHS services and in 2011/12, CECPCT received 12 complaints about services provided by the Trust. These have been logged as formal complaints by CECPCT and are not included in Trust data as formal complaints.

### 3.6 Complaints referred to the Ombudsman

The Trust works hard to ensure that all people who have raised a complaint feel that their concerns have been taken very seriously and that their complaint has been resolved to their satisfaction. Those complainants who remain dissatisfied with the response they have received from the Trust are advised that they may request an Independent Review of their complaint by the Parliamentary Health Service Ombudsman. The Ombudsman's Principles, published in March 2009, set out her expectations in regard to good complaint handling, and the Trust's Complaints Policy is aligned to this person centred approach.

It is important, therefore, that investigations are carried out thoroughly. The Trust must be able to demonstrate a good audit trail on how the outcome of an investigation was concluded if required.

The majority of complaints were resolved through Local Resolution. However, 10 complaints were referred to the Ombudsman during the year. To date, none of these complaints have been accepted for review by the Ombudsman. However, the Trust was asked to provide further information in relation to 2 of these complaints.

The Ombudsman concluded her investigation into a complaint made to the Trust about a deceased patient's care in 2009 in the Emergency Department and a medical ward. Although the Trust emphasised to the Ombudsman that at the time the complaint arose, the Trust had an unprecedented 74 per cent increase in patient activity and was operating at major incident status, the Ombudsman has concluded that there was a service failure in terms of the care provided to the patient. The Trust has written to the deceased patient's

widow to offer further apologies in relation to this and to offer £3,000 compensation. The Trust has also prepared an action plan which further demonstrates what it has done to ensure that the Trust has learnt the lessons from the failings in the report.

The Trust awaits the outcome of the Ombudsman's decision in relation to two further complaints which were accepted for investigation by the Ombudsman.

### **3.7. Lessons Learnt**

Lessons learnt from complaints are disseminated through the following:

- Ward staff meetings.
- Ward managers' meeting.
- Discussion at divisional governance meetings.
- Individual debriefing/staff appraisal.
- Training and education sessions with staff groups including induction and customer care training.
- Case presentations to medical and nursing staff.
- Feedback to patients and relatives.

#### **Examples of actions taken in response to complaints include:**

- Care rounds have been introduced on wards, whereby patients are checked by nursing staff every hour to ensure that there is a more proactive approach to meeting patients' needs. Nursing staff check that the patients are comfortable, that their call bell is within reach, and ask whether they need any assistance.
- The Trust has been involved with the Safer Births Initiative Programme (reference 3) over the last 18 months, looking at different ways of working to improve safety on the labour ward. Working in collaboration with other maternity units, an escalation policy has been developed which instigates a cascade of actions in response to workload and staffing on the labour ward at any given time.
- The Ophthalmic Service has undergone a systematic service review during the last year to improve the service provided to patients. The appointment system and the workforce required to deliver care and treatment in the future has been reviewed.
- New documentation is now used to record tracheostomy care, including tracheostomy suction, inner tube replacement times and attention to dressings.
- Discharge documentation in the Emergency Department has been reviewed and a discharge checklist has been developed which includes a tick box to prompt staff to check the discharge address and to telephone relatives/nursing homes when a patient leaves the Emergency Department. This checklist also includes the method of transport and time of booking transport.
- The Dietician service and the Divisional Falls Co-ordinator attend Ward meetings to discuss any patient issues and reinforce good practice.
- Additional training regarding End of Life care and communication has been arranged for ward staff.
- The Emergency Care Division completes annual in-patient surveys which focus on communication in order that the patient's experience

can be captured and actions including the introduction of a bedside folder for all adult inpatients. As a result of this survey, over sixty members of staff attended communication workshops held at the Trust during the last 12 months

- Mandatory medicines management training update programme has been developed for all staff who are involved in the prescribing, dispensing and administration of medicines. The training concludes with a written test which must be passed in order for the staff member concerned to be able to continue to practice with medicines.
- A member of the nursing team is present on consultant ward rounds and any information, plans of care or changes in care are discussed with the patient and clearly documented in the patient's notes. Other nursing staff are informed of these changes after the ward round and successive shifts are given a written and verbal handover at the beginning of each shift change. A senior staff nurse, junior sister or the ward manager are available at visiting times to speak to relatives to update them.

### 3.8. Ethnicity Data

**TABLE 10**

The following table shows the ethnic background of people who made a complaint in 2011/2012.

Ethnicity	Complainants	
	Number	%
White British	156	81%
Irish	1	0.5%
White Other	2	1%
Asian or Asian British	0	0%
Mixed	0	0%
Black or Black British	1	0.5%
Other Ethnic Group	2	0%
Undisclosed	30	17%
<b>Total</b>	<b>192</b>	<b>100%</b>

#### **4. Areas for development in 2011/2012**

1. In 2012/2013 the Customer Care Manager will be leading on developing the role of the newly formed customer care team. The Customer Care Team responds to patients' concerns and issues promptly and effectively, irrespective of whether they have been raised as an informal concern or a formal complaint
2. To reduce the number of re-opened complaints, ensuring that the response to complainant's addresses all concerns.
3. Continue to ensure that complaints are linked to risk governance if serious untoward incidents are identified.
4. The Patient Experience Team will continue to provide customer care training for the Trust and will incorporate themes arising from complaints and PALS.
5. To participate in the project led by the Patient's Association Benchmarking project to survey complainants to assess the level of satisfaction with complaint handling and attend panel meetings to benchmark complaints anonymously with other Trusts.

#### **5. Conclusion**

This annual report has been received by the Patient Experience Committee and the Complaints Review Panel for comment.

QuEst is asked to note the content of this report and, in line with statutory requirements, give approval for it to be published on the Trust's internet site.

**Reference 1** – DH Guide - Listening, responding, improving: a guide to better customer care. The guide has been developed to help complaints professionals work with colleagues to make their organisations better at listening, responding and learning from people's experiences. It is designed to be accessible to anyone working in health and social care organisations who is involved in receiving feedback and resolving concerns and complaints from patients, service users and their representatives. Additional advice sheets for complaints professionals have also been produced covering a range of issues.

#### **Reference 2**

The Role of Boards in Improving Patient Safety - Monitor  
Independent Regulator of NHS Foundation Trust's and Patient Safety First  
Campaign - Tools for improvement. 1000 Lives. Learning to use patient  
stories. [www.1000livesplus.wales.nhs.uk](http://www.1000livesplus.wales.nhs.uk)

#### **Reference 3**

Safer Births Initiatives Programme – aims to enable front line professionals working in maternity units to improve the safety of the services they deliver to women and their babies. Kings Fund.