

TAUNTON & SOMERSET NHS FOUNDATION TRUST

Annual Report 2017/18 - Complaints and Concerns

1. Introduction

This annual report sets out an overview of the number of complaints and concerns received during the year (April 2017–March 2018) with key themes identified. We value complaints and view them as an opportunity to reflect on our service and learn where we need to improve.

We seek to be a complaints service that is accessible, open and transparent. We aim to support colleagues, patients and their families through the complaints journey, treating people compassionately and with respect.

2. Complaints and concerns received

Our Patient Advice & Liaison Service (PALS) are available to offer advice and support, to quickly respond and provide information. We take a proactive approach to resolving concerns in real-time and encourage early meetings for quick resolution where possible. Where the situation requires a formal complaint to be raised we have processes to enable a full investigation in a timely manner.

2.1 PALS concerns

In the year 2017/18 the Trust received 1,695 PALS concerns.

Each concern is recorded and action taken with individuals and team(s) to resolve in a timely manner.

2.2 Complaints

In 2017/18 we received 160 formal complaints.

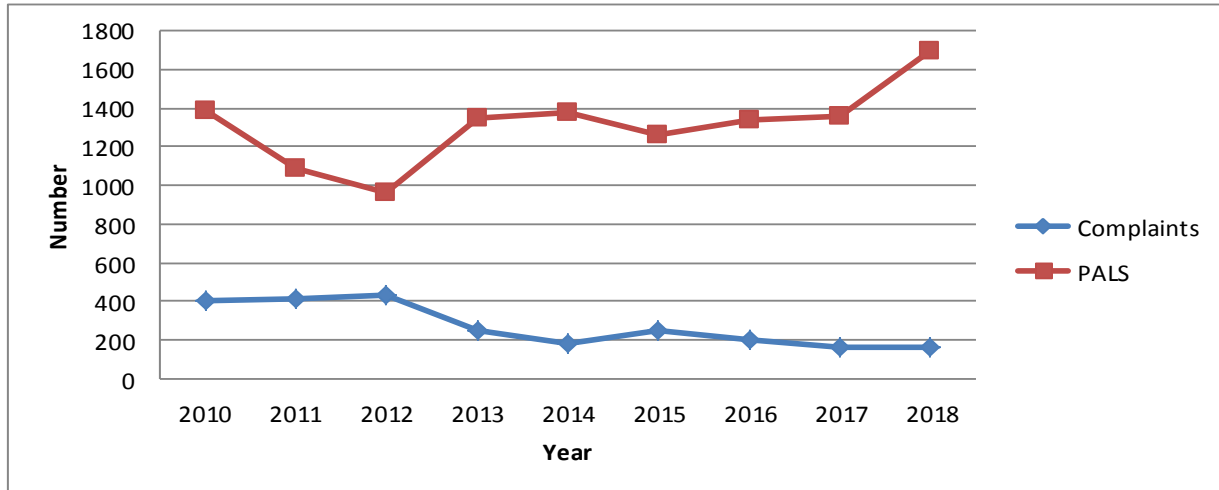
Every complaint received is fully investigated and a thorough response is provided to the complainant. This can often involve a meeting with the complainant and key staff involved. Experience has shown that patients are generally more satisfied with outcomes in the form of meetings. All meetings are followed up with a recording of the meeting on CD and a meeting outcome letter summarising what was discussed and any actions to be taken forward.

All complaints are reviewed after they have been investigated to confirm the grading assigned to the complaint and to assess whether the complaint is Upheld, Partially Upheld or Not Upheld. Of the 160 complaints: 22 were Upheld; 92 Partially Upheld and 42 were Not Upheld (four live complaints at time of writing).

2.3 Trends in number of PALS and Concerns Received

The graph below shows the number of PALS and formal complaints received each year.

Number of PALS & Complaints received by year



There has been a 25% increase in the number of PALS concerns received in the last year (from 1,362 in 2016/17 to 1,695 in 2017/18). The rise was particularly significant in the final (winter) quarter and reflects the significantly increased activity in the hospital.

The number of formal complaints received is approximately the same as the last year (160) and continues the trend of the reduced number received, producing an average over the last six years of 202 per year. All complaints are reviewed following investigation to confirm grading and assess whether the complaint is upheld or not. Of the 160 complaints investigated in 2017/18, 22 were Upheld, 92 were Partially Upheld, 42 were Not Upheld, and at the time of reporting four were still open.

Both PALS concerns and formal complaints have become more complex over the last two years with patients/relatives asking more questions and requiring more in-depth responses. Colleagues are supported by the PALS and complaints team to conduct thorough investigations and produce robust responses in the form of meetings and/or letters.

3. Parliamentary & Health Service Ombudsman

Patients or their relatives can complain to the Parliamentary and Health Service Ombudsman (PHSO) if they believe we have not acted properly or fairly, or given our service user or their relative a poor service and not put things right. If the PHSO decide that we got things wrong which had a negative effect on the service user, they can recommend action(s) we should take.

In 2017/18 there were seven cases referred to and investigated by the PHSO. At the time of writing two have been investigated and Not Upheld and the other five are currently under investigation. This is a decrease in referrals from 2016/17, when 15 cases were referred to the Ombudsman. We welcome the PHSO review of our processes and use their reports to further improve our services.

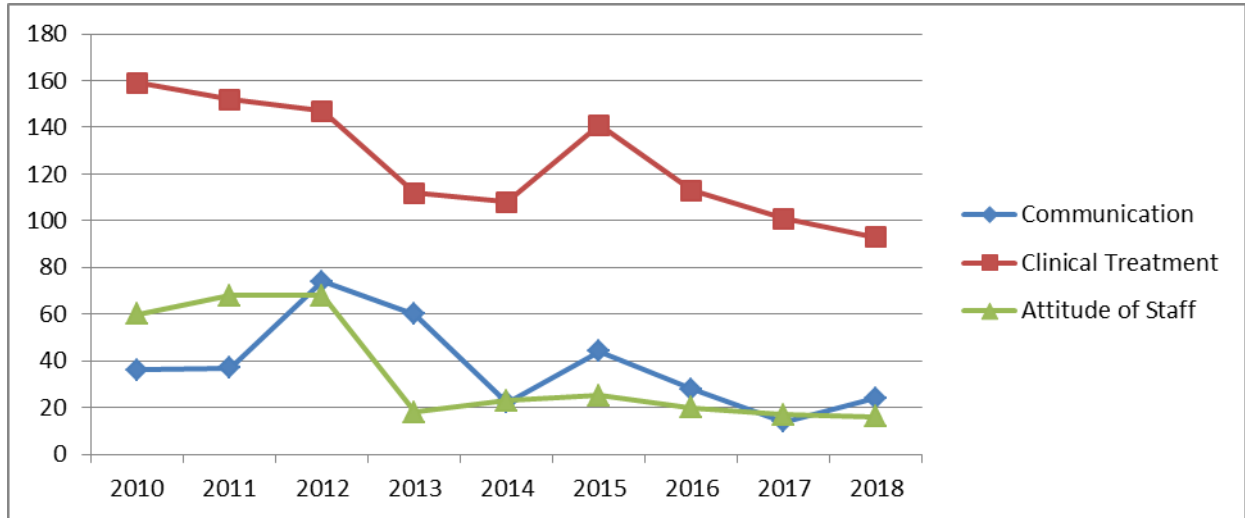
4. Key themes

Every complaint is reviewed to identify the issues raised by the complainant to ensure that we can learn and continuously improve. The categorisation of issues identified for all complaints is recorded and reviewed to allow wider learning and identification of trends. This information is considered alongside other patient experience information such as incidents and feedback from other sources such as the ‘two minutes of your time’ survey, Care Opinion postings and national surveys.

4.1 Categorisation of Formal Complaints

In 2017/18 the three highest categories of complaints related to clinical treatment, communication and attitude of staff. The following graph sets out these themes over time. It is worth noting that clinical treatment, communication and staff attitude have been in the top three categories most frequently over the years; clinical treatment and attitude of staff continue to show a downward trend while communications has not maintained the downward trajectory seen over the previous two years but remains lower than the 2010-1013 period.

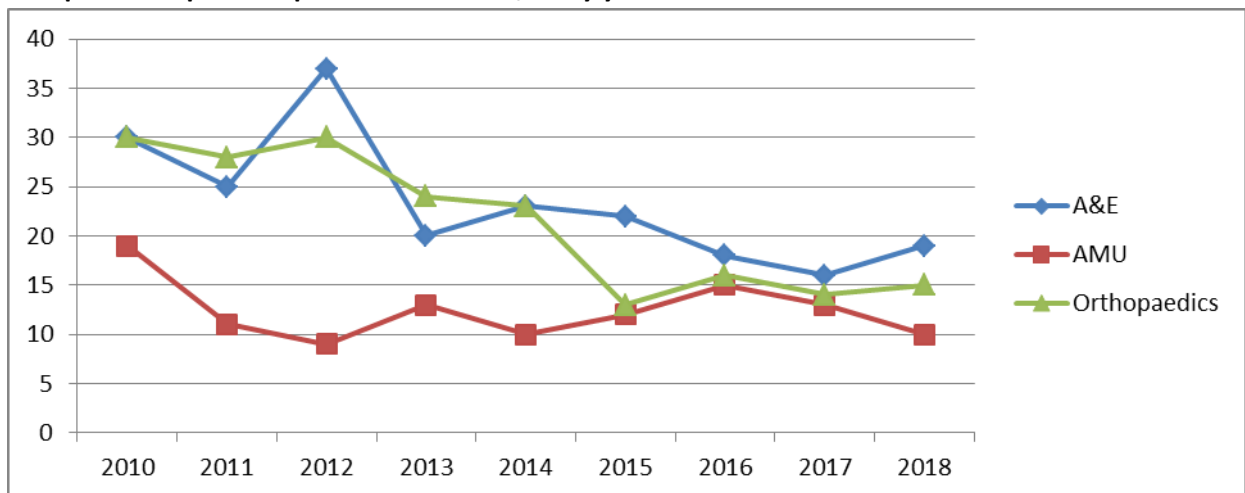
Most frequent complaint categories in 2017/18 by year



4.2 Areas from which complaints are raised

The areas which received the highest number of complaints during this year were the Accident and Emergency Department (A&E), Acute Medical Unit and Orthopaedics. It is important to note that these are areas that have some of the highest levels of activity in the hospital. Although AMU remains in the top three of areas of numbers of complaints received, it can also be seen that the number has decreased over the past few years. The teams are not complacent with this and have over the past year taken further steps to improve the experience for their patients, families and carers.

Most frequent complaint departments in 2017/18 by year



4.3 Matters of importance arising from complaints: listening and learning

During the year, learning from complaints has been shared across the hospital in a number of ways. These include use of patient stories - hearing directly from our patients and their relatives about their experience. Feedback is given to the individual staff and/or teams concerned in a manner to be constructive for learning. We have used learning gained from complaints to inform staff training and to influence improvement projects and most importantly the care we provide to our patients. The Trust Board begins the meeting with a relevant patient story.

Action plans as a result of a complaint are monitored via the directorate governance meetings. The following are just a few examples of the learning and improvements we have made during the year:

Acute Surgery: A complaint was received regarding a patient's significant wait for surgery which the patient thought led to additional post-operative complications.

Following investigation into the complaint, two actions were identified and implemented: a) staff worked closely with the junior doctors to increase their awareness and identification of sepsis, and b) a new proforma has been introduced into the surgical admission notes to support this.

Maternity: Following the birth of her child, a mum complained that forceps were employed during her caesarean section.

Following investigation, a senior matron and consultant met with the patient to reassure her that they would discuss her concerns with their wider team and agreed to adding use of forceps to the consent form so that this is discussed prior to surgery as being a possible instrument used to aid delivery.

Ophthalmology: A patient complained that she had difficulty in being seen when she had developed a detached retina.

In most cases of retinal detachment the patient would be seen on the same day, to allow appropriate planning of surgery and to hopefully allay some of the worry and this did not happen. As a result: a) the local triage guidance is being amended to reflect the urgency where a detached retina is suspected and b) a service review is taking place with the Emergency Department to improve the referral process.

End of Life: The wife of a patient was very upset that she had not been called to inform her that her husband had deteriorated when she had specifically asked to be notified.

Upon investigation no record of this request could be found in the patient's hospital notes. To prevent this from happening in the future action has been taken to ensure accurate record-keeping and handover procedures are advocated by service leads, followed by clinical teams and audited.

5.0 Feedback on complaint handling

We recognise that it can be hard for people to complain, and it's even harder when they are in a situation of vulnerability, such as being in a hospital so it is important that we handle our complaints to allow patients, families and carers to be listened to and to show how we have learnt from them. We explain to patients that their complaint is important to us and thank them for taking the time to bring their concerns to our attention to give us the opportunity to learn from their experience and take learning forward. Patient feedback received by the team during such conversations is that they find this reassuring.

We also listened to feedback from patients who are deaf and use British Sign Language. They told us that they were concerned that no one was listening to them when they needed interpreters for appointments. As a direct result of their requests we worked with colleagues to raise awareness of the need for interpreters and made the booking process easier. Further, we tested for six months a PALS clinic with a BSL interpreter present. After all the changes, we received feedback that a regular PALS session was no longer required; we agreed to set up any PALS session with an interpreter as needed and the group have developed trust and confidence in our service.

5.1 Governors Peer Review

In March 2017, our Governors supported a review of our complaints handling using the Patients Association Complaints Standards for NHS Complaints Handling. From that, the complaints team developed an action plan mainly to improve the process of that review. In terms of the complaints journey, the review found the cases were either good or satisfactory practice. To improve the opportunity for quality feedback and learning, we have re-designed the process ahead of a further review in 2018.

6.0 What matters to patients and relatives

Although concerns and complaints are important for learning, we also use all our feedback for our learning. The majority of the feedback we receive is positive, with patients and their families telling us we met or exceeded their expectations.

Much feedback comes from individuals, wards and departments personally. Others come through our communications department. We also subscribe to Care Opinion as a platform for people to post publicly visible stories, which we can respond to on-line.

Looking at the informal feedback to the wards and departments over the past year, the three highest scoring themes identified in compliments from patients and families are:

- Kindness of staff
- Individuals care of them
- Professional and quality of care

Just a few samples:

Following his wife's emergency admission with a suspected heart attack a husband wrote:

"We cannot thank the Musgrove hospital staff enough for their wonderful care and attention..."
And following his wife's return home: "...we know that having access to such a fantastic hospital has helped to make that possible. Long Live Musgrove!"

After a mum gave birth at Musgrove she wrote:

"I had the most amazing birth experience...I would highly recommend and will be having future babies here too! The experience has actually made me want to become a midwife too!"

Following surgery, a patient wrote:

"I would like to give my sincere thanks to the members of staff at Musgrove Hospital Taunton for the care and attention I received during my stay and subsequent operation. The staff and consultant were truly outstanding.

A patient who was referred to Musgrove by his GP for an urgent x-ray wrote:

“I would just like to say how impressed I was with the whole process of my treatment. The speed and ease of use as a patient were second to none and it made for a very good experience. By being treated speedily and efficiently it reduces the worry and gives confidence in the treatment.”

7.0 How did we do in 2017/18 against what we said we would do?

The following gives a summary of what we achieved against the aims that were set in last year’s annual report:

Aim 2017/18: To continue to share learning from complaints and concerns for continued improvement across the Trust by participating in training sessions with more staff e.g. registrars.

With a focus on being open and transparent in all we do, there has been a greater emphasis placed on sharing learning from complaints across the hospital. The PALS lead regularly delivers training sessions to preceptor nurses’ learning days promoting the good practice of local resolution to patients’ concerns. The lead has also completed bespoke complaints training sessions with groups of staff across the Trust such as the Acute Medicine Sisters/Matron.

Aim 2017/18: To further develop the Patient Experience Department’s joint working with the Trust Improvement Group to implement learning from our feedback - concerns, complaints and patient feedback/questionnaires.

Learning is also increasingly being taken forward by the Trust’s recently expanded Improvement Team who work in tandem with the Patient Experience team. In illustration, we have worked closely with the Discharge Improvement Group (as part of the in-patient improvement board), supplying regular reports to help them to monitor and identify any trends that require improvement in discharge e.g. failure to supply patient with Discharge Summary at time of discharge.

Aim 2017/18: To ensure that staff feel supported when responding to PALS concerns and complaints, in line with the supporting staff policy.

To support staff with investigating and responding to complaints, we developed a Complaint Investigation Pack including a statement template, guidance for patient complaint resolution meetings and response letter writing guidance. The team is in regular contact and works closely with colleagues, advising and helping them through every step of the process, including debriefing following resolution meetings. We also increasingly work with the security management specialist in advising colleagues how to best manage situations such as unacceptable behaviour towards staff.

Aim 2017/18: Ongoing support at directorate level for learning and quality improvement together with triangulation of complaints with incidents and risk awareness, as part of the safety and learning culture within the Trust.

This year has seen closer and more joined up working with the Serious Incident Report Group. When complaint and serious incident investigations overlap and a Root Cause Analysis Report is required, the complaint and incident responses are combined, usually in the form of a meeting which is more satisfactory for the patient.

We have also been working closely with the palliative care team (attending their team meetings) to ensure joined up working regarding end of life complaints; both teams feel this is

beneficial for managing the complaints journey including learning, but also supporting colleagues affected.

8.0 Focus for the coming year 2018/19

Aim for 2018/19: To work together with the palliative care team, Somerset Clinical Commissioning Group and other local organisations to develop a “directory” for supporting families around End of Life care, expectations and bereavement support.

Aim for 2018/19: To complete a revised governors peer review audit of complaints handling.

Aim for 2018/19: To act on feedback of our complaint responses received from Somerset Clinical Commissioning Group in accordance with the NHS England commissioning toolkit; this is via quarterly virtual meetings.

Aim for 2018/19: To continue to act on any learning taken from the Parliamentary & Health Service Ombudsman investigations and reports in terms of the complaints investigation process.

Aim for 2018/19: Based on feedback from the National In-Patient Survey, test strategies to improve the PALS and complaints service’ visibility across the Trust; this may be in the form of posters, improved signage or more regular drop-in sessions in different locations across the site.

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May 2018