

South Tees Hospitals

NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting date:	24 June 2014
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Title:	Complaints Report Quarter 4 / End of Year
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Purpose:	The purpose of the report is to provide assurance regarding complaints and PALS handling across the Trust. It enables the opportunity to identify trends and act as an indicator of quality of care.
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Key issues / items for consideration in the report:	<p>This report provides a detailed analysis of the formal complaints, Patient Advice and Liaison Service (PALS) enquiries.</p> <p>PALS management is highlighted as a risk to patient experience and trust reputation.</p>
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Prepared by:	Linda Oliver Patient Experience Co-ordinator	Presented by:	Ruth Holt Director of Nursing and Quality Assurance
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Recommendation:	Review this report and agree future reporting requirements of the Patient Experience Sub-Group.
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Implications (please mark an X)	Legal	Financial	Safety & Quality X	Strategic X	Risk & Assurance X
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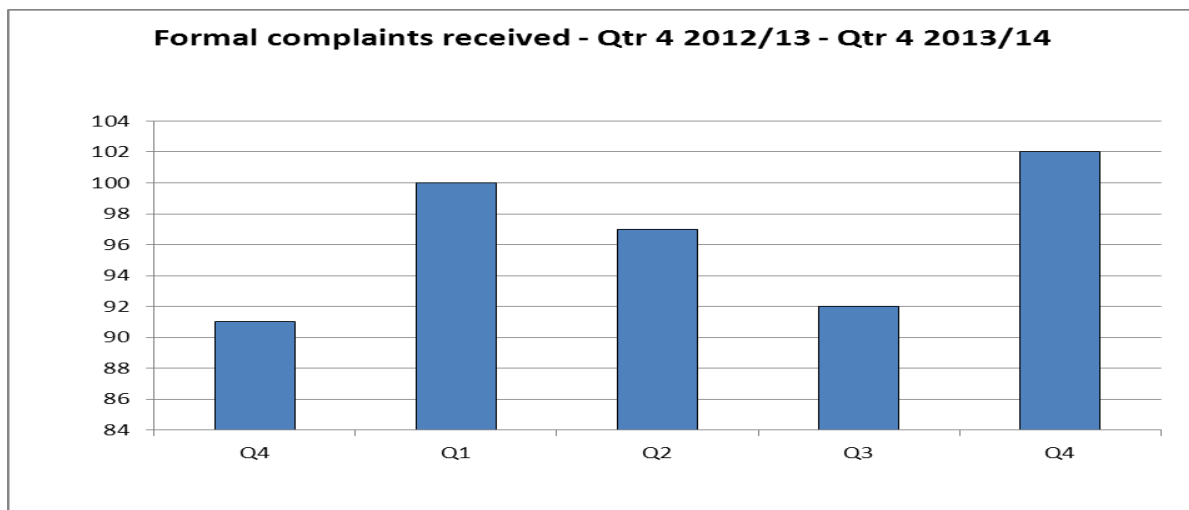
PATIENT RELATIONS DEPARTMENT

This report provides a detailed analysis of formal complaints Patient Advice and Liaison Service (PALS) and compliments received over the last year. Due the recent reorganisation and need to transfer data the majority of this report is presented against the Divisions that were in place during 2013-14. There are however a small number of charts shown against current Centres.

1.0 Formal complaints

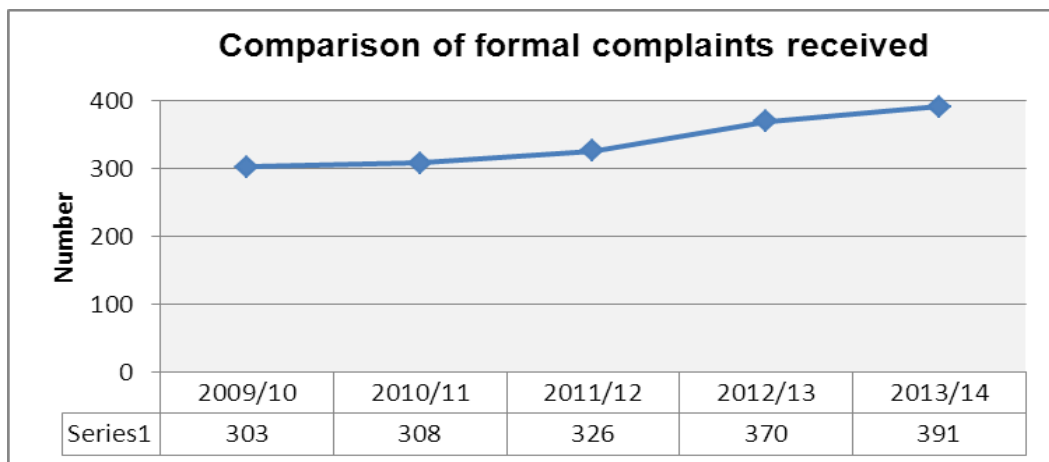
102 formal complaints were received in Quarter 4 a total of 391 formal complaints have been received in the last twelve months. In addition to complaints received; STHFT assisted other Trusts and organisations with a further 13 complaints in Qtr 4.

Chart 1.0: Formal complaints received into the Trust by quarter



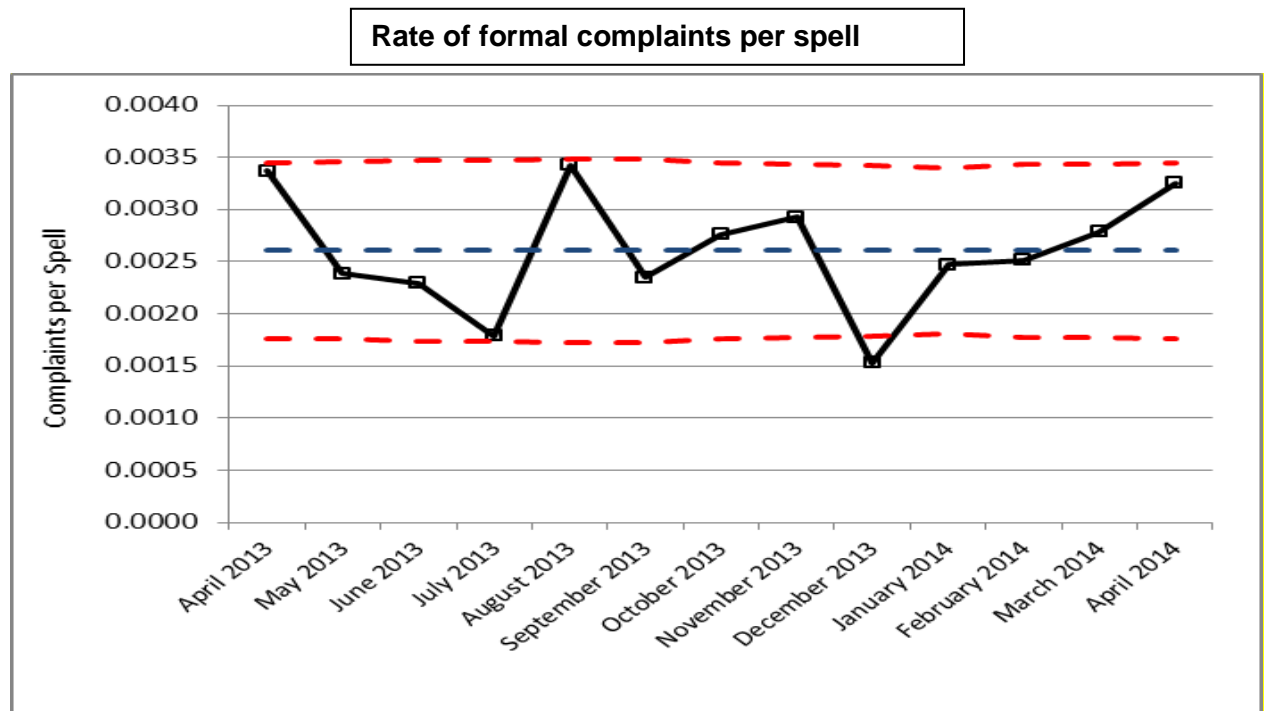
Graph 1.1 a below shows the year on year picture of complaints received over a five year period while 1.1b shows a 2 year SPC analysis of complaints.

Graph 1.1a: Formal complaints received into the Trust by year



The above graph shows that there has been a gradual increase in formal complaints received since 2009/10.

Chart 1.1b: SPC analysis of formal complaints 2008-2014.



The following charts show rate of complaints per 1000 spells for the year 2013/14 by Centre and how they compare with the Trust average.

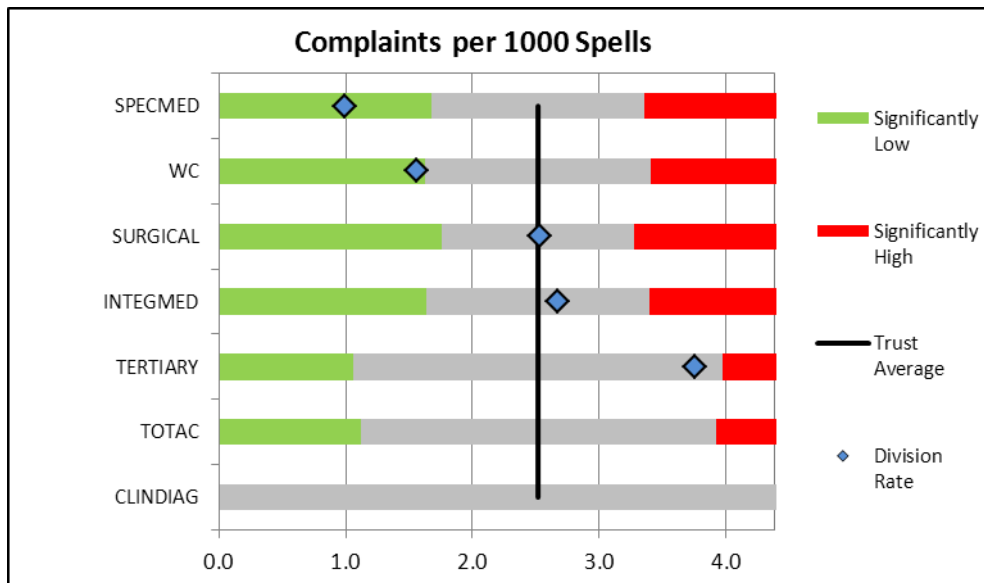
Table 1.0 Formal complaints per 1000 spells by month

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	2013/14	2012/13
Formal Complaints	42	30	28	24	43	30	36	37	19	33	31	38	391	370
Spells	12455	12585	12210	13412	12547	12770	13039	12642	12389	13369	12426	13685	153529	150869
Per 1000 Spells	3.4	2.4	2.3	1.8	3.4	2.3	2.8	2.9	1.5	2.5	2.5	2.8	2.5	2.5

Table 1.1 Formal complaints per 1000 spells by clinical Centre

2013/14 ^{2.7}	Formal Complaints	Per 1000 Spells
SPECMED	32	1.00
WC	45	1.56
SURGICAL	100	2.53
INTEGMED	78	2.67
TERTIARY	40	3.75
TOTAC	80	6.95
CLINDIAG	11	7.22

Chart 1.2 Formal complaints per 1000 spells by clinical Centre



While Trauma is showing as an outlier, this is a consistent picture over the year since this type of analysis was introduced. During October the division provided further information to the risk and assurance group which reassured the group that this is likely to be reflective of the speciality and patient demographics. Improvements to future reporting will show trends over time for each centre which will be more useful.

Benchmarking

The acute trust quality dashboard shows the following favourable benchmark position. This information is refreshed annually:-

6. Organisational Context		Period	Value	National Mean	Chart
OQ07	Rate of written complaints per 1,000 episodes	1213	2.84	6.26	

The following table shows the number of complaints recieved by each division over the last year, it does not include those complaints led by external organisations.

Table 1.2: Formal complaints by division and quarter

Division	Qtr 4 12/13	Qtr 1 13/14	Qtr 2 13/14	Qtr 3 13/14	Qtr 4 13/14	Total
Anaesthesia & Theatres	3	1	3	1	3	11
Cardiothoracics	1	1	3	3	5	13
Clinical Support Services	0	1	0	3	3	7
Finance Directorate	1	0	0	0	0	1
Directorate of Quality Assurance	2	0	2	0	1	5
IT and Health Records	1	0	0	1	0	2
Medicine (Acute)	15	23	24	11	17	90
Medicine (Specialty)	11	6	8	2	8	35
Neurosciences	1	6	6	8	6	27
Operational Services	0	1	0	0	0	1
Service Strategy & Infrastructure	1	0	1	1	0	3
Radiology	0	2	1	1	0	4
Division of Community Services (North Sector - M'bro & Redcar locality)	3	3	3	1	2	12
Division of Community Services (South Sector - H&R locality)	1	1	0	0	1	3
Surgery	26	26	21	24	28	125
Trauma	15	18	15	21	22	91
Women & Children	10	11	10	15	6	52
Totals:	91	100	97	92	102	482

During Qtr 4 2013/14 the Division of Surgery generated the highest number of complaints (28), followed by the Division of Trauma (22) and the Division of Acute Medicine (17). The three areas generated 66% of all complaints in Qtr 4 2013/14.

Complaint categories for the Division of Surgery were as follows: 17 complaints were received regarding all aspects of clinical treatment: 5 complaints were received regarding appointments, delay/cancellation (in-patient); 2 complaints were received regarding appointments, delay/cancellation (out-patient); 2 complaints were received regarding attitude of staff and 2 complaints were received regarding communication/information to patients (written and oral).

Complaint categories for the Division of Trauma were as follows: 16 complaints were received regarding all aspects of clinical treatment: 4 complaints were received regarding appointments, delay/cancellation (in-patient); 1 complaint was received regarding attitude of staff and 1 complaint was received regarding personal records (including medical or complaint files).

Complaint categories for the Division of Acute Medicine were as follows: 15 complaints were received regarding all aspects of clinical treatment and 2 complaints were received regarding admissions, discharge and transfer arrangements.

Although the Trust received 102 formal letters of complaint in total throughout the quarter, there is usually more than one issue within the complaint therefore the total number of issues below does not equal the number of complaints received.

Table 1.3: Formal complaints by KO41 code and quarter

KO41(A) Subject Code	Qtr 4 12/13	Qtr 1 13/14	Qtr 2 13/14	Qtr 3 13/14	Qtr 4 13/14	13/14 Total
Admissions, discharge and transfer arrangements	2	6	4	6	2	18
Aids and appliances, equipment, premises (including access)	1	3	1	4	2	10
Appointments, delay/cancellation (out-patient)	3	9	4	7	6	26
Appointments, delay/cancellation (in-patient)	12	8	7	4	12	31
Attitude of staff	6	3	5	6	3	17
All aspects of clinical treatment	52	62	67	48	70	247
Communication/information to patients (written and oral)	8	4	4	11	4	23
Consent to treatment	1	1	0	0	0	1
Patients' privacy and dignity	0	1	0	0	0	1
Patients' property and expenses	1	0	0	1	0	1
Personal records (including medical and/or complaints)	1	1	2	0	3	6
Failure to follow agreed procedure	0	0	1	0	0	1
Patients' status, discrimination (eg racial, gender, age)	0	0	0	2	0	2
Mortuary and post mortem arrangements	0	0	0	1	0	1
Transport (ambulances and other)	0	0	1	0	0	1
Policy and commercial decisions of trusts	0	1	1	1	0	3
Hotel services (including food)	0	0	0	1	0	1
Others	4	1	0	0	0	1
Totals:	91	100	97	92	102	391

The majority of complaints received in Quarter 4 remain related to all aspects of clinical treatment. Table 1.3 shows a breakdown of all K041 categories. Please note K041 (A) subject codes are nationally set mandatory codes.

Table 1.4 below, shows quarterly comparisons of the top 10 sub category codes for complaints received across the Trust in Quarter 4.

Clinical / Medical care – quality of remains the highest sub-subject code throughout the year. The second half of the year has shown a pleasing reduction in the number of complaints relating to quality of nursing care. During Q4 wait for admission / treatment has increased in frequency and 10 complaints regarding possible missed diagnosis were also received no change from Q3.

Table 1.4: Formal complaints by sub-subject and quarter

Sub-subject	Qtr 4 12/13	Qtr 1 13/14	Qtr 2 13/14	Qtr 3 13/14	Qtr 4 13/14	2013/14 Total
Wait for an appointment too long (delay)	3	3	2	1	5	11
Wait for admission / surgery / treatment too long (delay)	3	2	4	2	8	16
Admission/Procedure cancelled - other	2	1	2	2	2	7
Nursing care - quality of	9	13	18	4	5	40
Clinical / Medical care - quality of	26	21	27	24	45	117
Misdiagnosis / missed diagnosis	7	10	6	10	12	38
Patient fall - prevention / management	1	0	0	1	2	3
Pain relief - prevention / management	1	0	0	1	2	3
Medication - Administration / Dosage incorrect	0	3	3	3	2	11
Rehabilitation: Physio, OT etc - unhappy with	1	1	0	1	2	4
Totals:	53	54	62	49	85	250

It can be seen from the information above that the majority of complaints fall in the categories of Clinical / Medical care- quality of, Nursing Care – Quality of and misdiagnosis / missed diagnosis. Further detailed information / Divisional breakdown can be seen in Appendix 1.

Reopened complaints

Reopened complaints are often seen as an indicator of the quality of the complaints process, the number of reopened complaints for the year 2013/14 is shown in figure 1.3a. Ideally reopened complaints should be shown as a rate, however due to time lag between closure and reopen it is not possible to attribute reopened complaints to any one quarter or month at this present time. However, in order to provide a snapshot picture figure 1.3b shows a year on year comparison of both number and rate of reopened complaints for the past 5 years.

Chart 1.3a: Number of reopened complaints by quarter

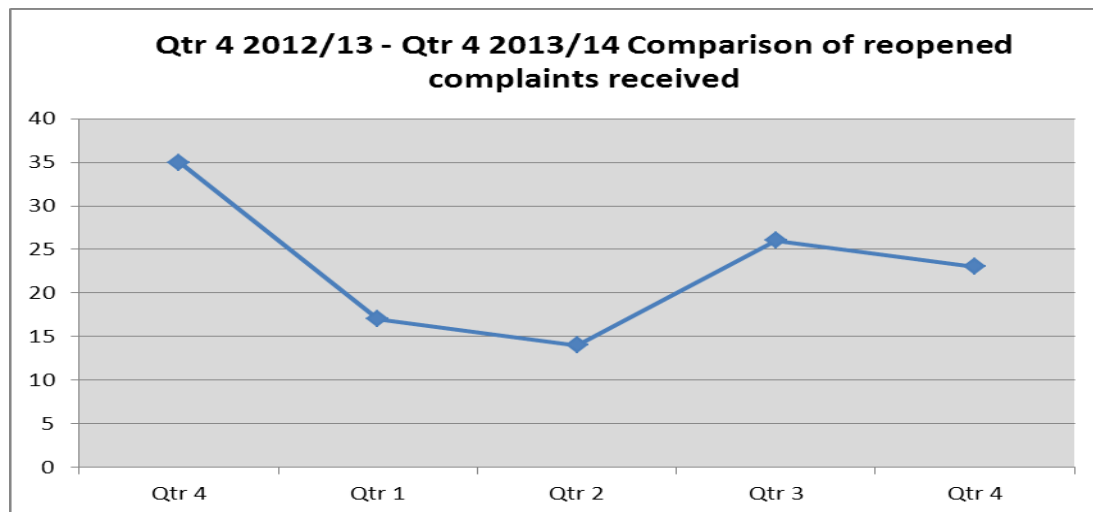
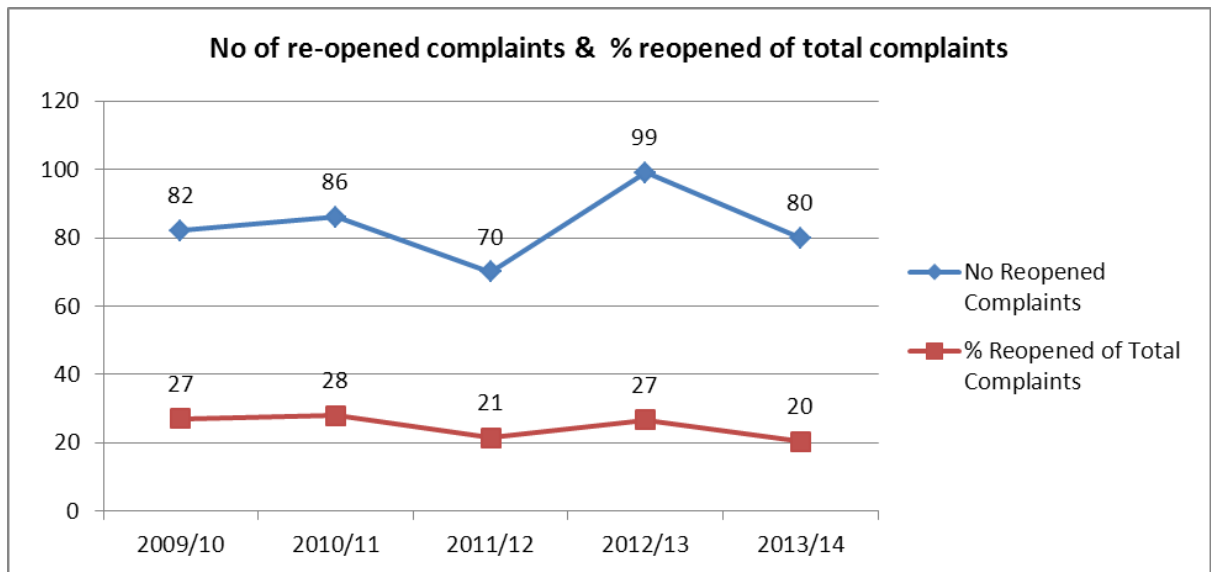


Chart 1.3b below shows a year on year picture of reopened complaints for the past 5 years.

Chart 1.3b: Annual comparison of reopened complaints. (Number & Rate)



The graph above shows a decrease in 2013/14 of both number of reopened complaints received and also a decrease in the percentage of complaints that were reopened. This is a pleasing picture which implies an improvement in the quality of responses to complainants. As Centres are now under increased pressure to adhere to 25 day closure for complaints, reopen rates need to be monitored more closely and will become a part of routine monthly reporting.

Of the complaints reopened in 2012/13, 62% of complainants advised their questions were not answered to their satisfaction indicating that a more in-depth response is required, complainants may claim there are inaccuracies in the Trust’s response or may have a difference of opinion/perception. It was not possible to disaggregate how many of these complainants had a meeting with Trust staff and were satisfied following that.

Table 1.5 shows the number of reopened complaints by Division (based upon the month the complaint was reopened).

Table 1.5: Number of reopened complaints by Division

Division	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	March 14	Total	Reopen Rate as %
CSS	0	0	1	0	0	0	0	0	1	0	0	0	2	29%
Comm Serv (N)	0	0	0	1	0	0	0	0	0	1	0	0	2	22%
Acute	3	1	3	0	3	0	2	3	1	0	1	2	19	25%
Specialty	0	0	3	0	0	0	2	1	1	2	1	2	12	50%
Neuro	0	0	0	0	1	1	3	0	0	0	2	1	8	31%
Surgery	0	0	2	0	1	3	3	0	0	5	3	1	18	18%
Trauma	1	1	0	0	2	0	4	1	2	0	1	0	12	16%
W&C	0	0	2	0	1	1	0	1	1	1	0	0	7	17%
Totals	4	2	11	1	8	5	14	6	6	9	8	6	80	20%

Assisting other Trusts/Agencies/Organisations

In addition to complaints led by South Tees Hospitals NHS Foundation Trust, the Trust also receives requests to assist other Trusts/agencies/organisations with their complaint investigations. In Qtr 4 2013/14, 13 requests were received from other agencies / organisations.

The table below details the number of complaints where the Trust was asked to assist by division. Although these complaints are not officially logged against the Trust they do represent additional workload for the Divisions.

Table 1.6 Assisting complaints by division and quarter

Division	Qtr 4 12/13	Qtr 1 13/14	Qtr 2 13/14	Qtr 3 13/14	Qtr 4 13/14	Total
Cardiothoracics	2	0	1	0	0	3
External Organisation - NHS	0	0	1	0	0	1
Medicine (Acute)	2	4	2	1	4	13
Medicine (Specialty)	2	2	3	1	4	12
Neurosciences	2	0	1	2	0	5
Operational Services	0	0	0	1	0	1
Service Strategy & Infrastructure	0	1	0	0	0	1
Surgery	4	2	4	1	2	13
Trauma	1	1	1	1	2	6
Women & Children	0	0	0	0	1	1
Totals:	13	10	13	7	13	56

Closed complaints

Chart 1.4 Closed complaints

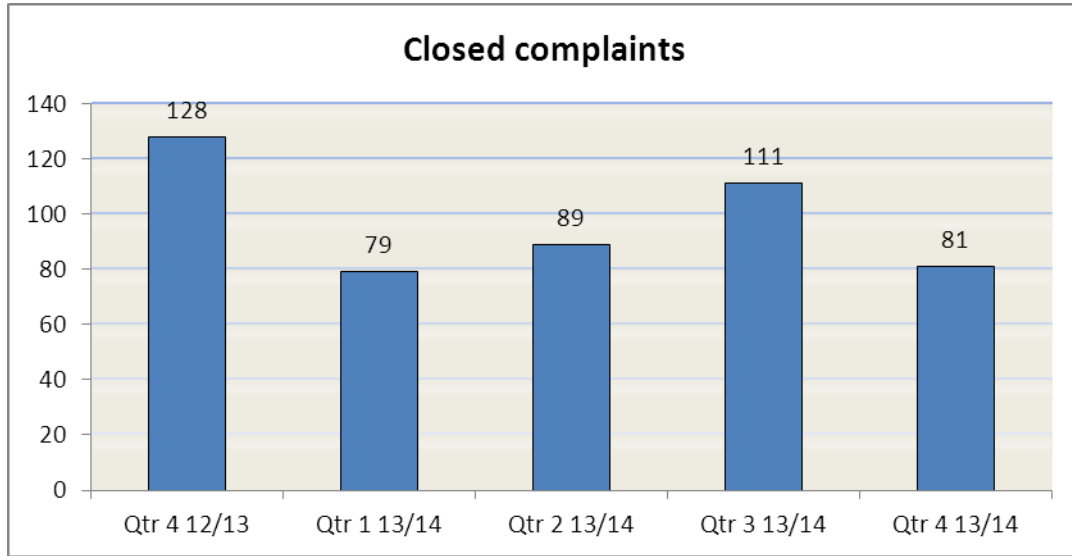
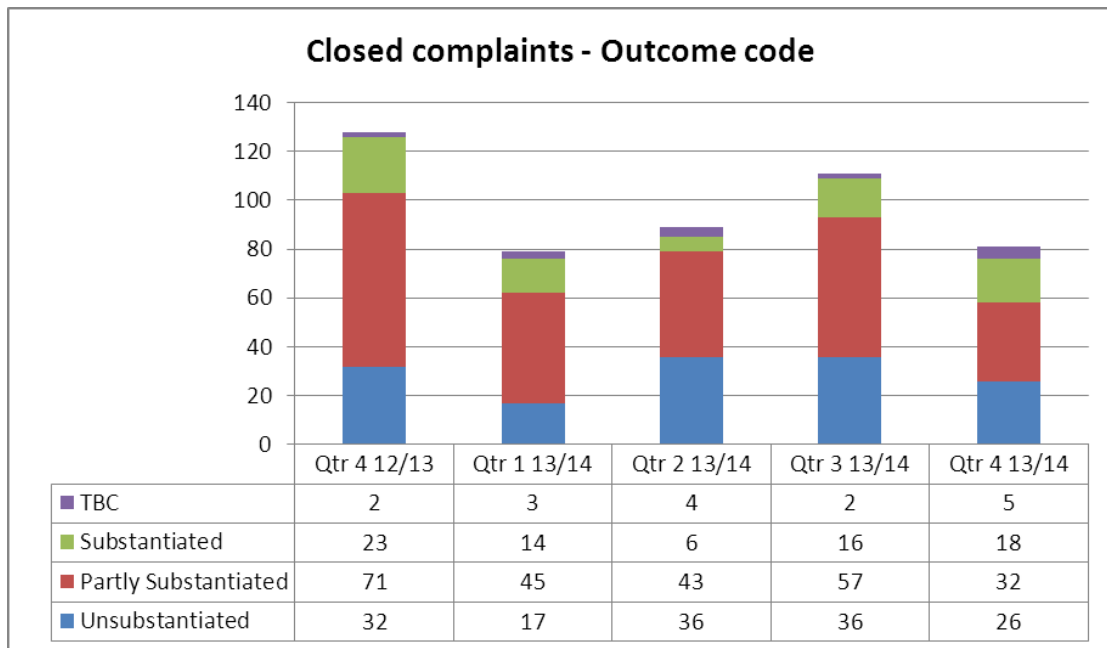
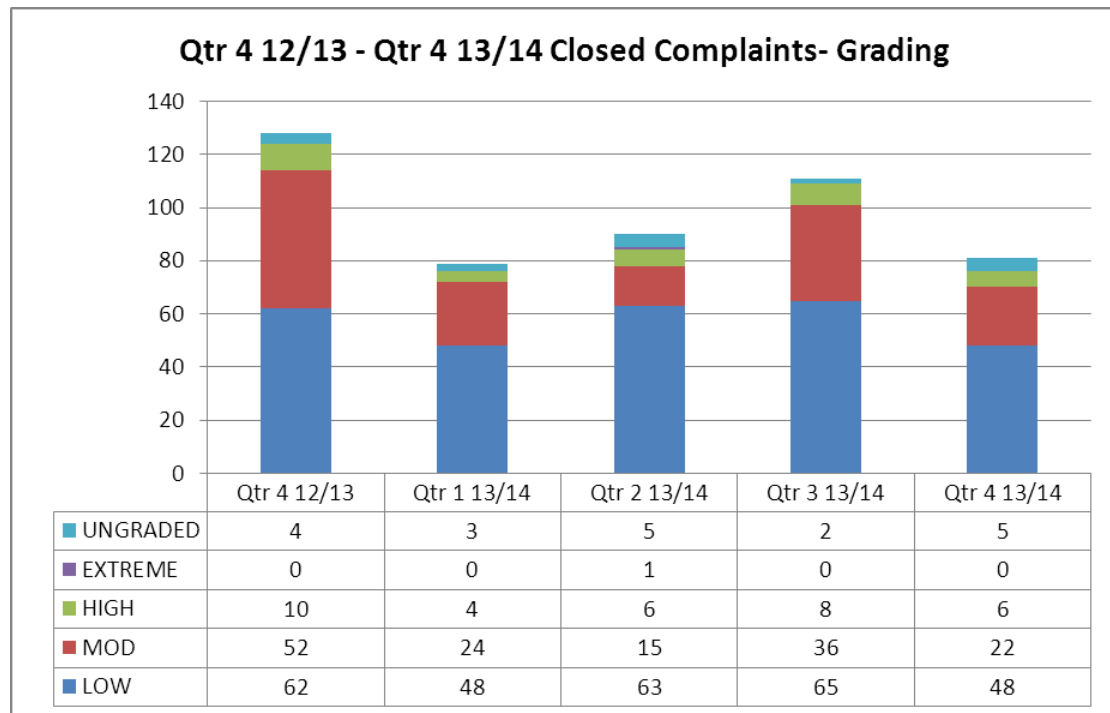


Chart 1.5 Outcome code of complaints closed by quarter



Of the above complaints 5 are awaiting confirmation of the outcome from the lead division and 5 are outcome unknown as STHFT were an assisting organisation.

Chart 1.6 Grading of closed complaints by quarter



Of the above complaints 5 are awaiting confirmation of the grading from the lead division for Q4 and the 5 complaints that are ungraded are where STHFT was an assisting organisation.

Total number of active complaints is 135 at the end of Qtr 4 2013/14 95 initial complaints, 26 reopened complaints and 14 where the Trust has been asked to assist another Trust /organisation/ agency.

Complaints Handling Time to Closure

While there are no statutory requirements with regard to closure times the Trust aims to offer a timely response and close as many complaints as possible within 25 working days.

The following charts show closure times over the period 2009/10 to 2012/13. Length of time is shown as working days and has been adjusted for bank holidays.

Figure 1.7 Complaints Closure Times

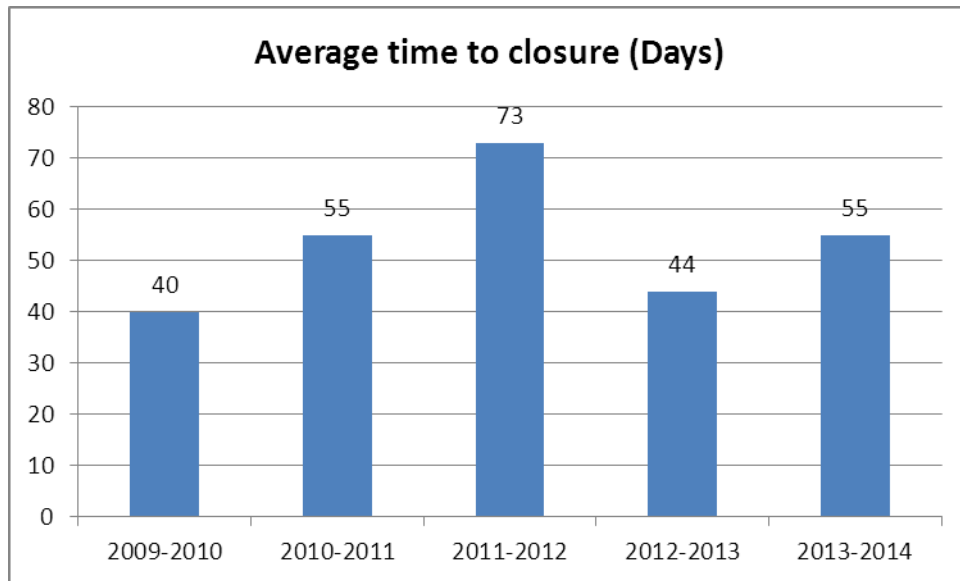
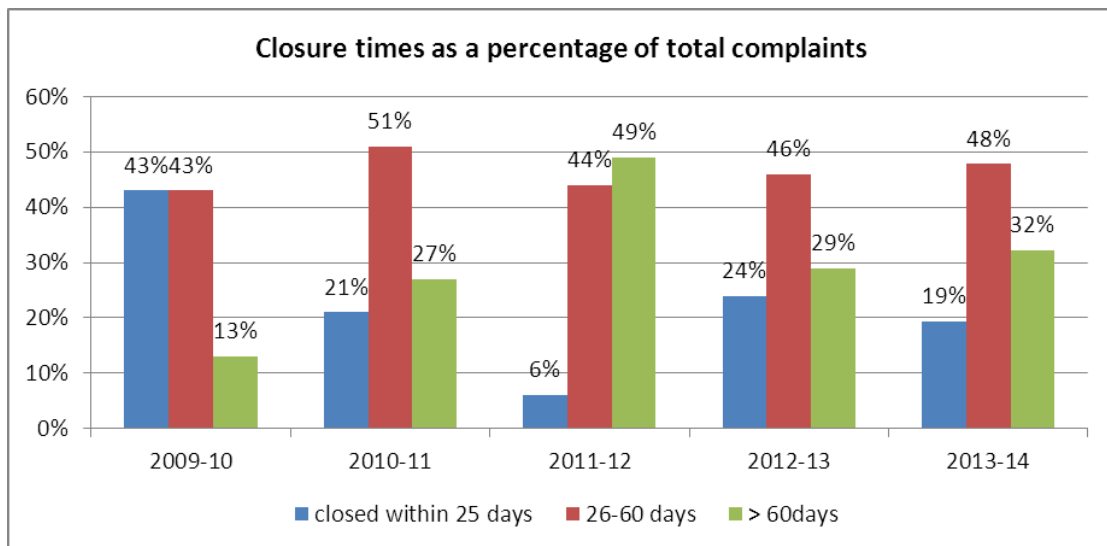


Figure 1.8



The figures above cover a period of time when the complaints process piloted a trial complaint process which involved shifting accountability and much of the complaint handling from Divisions to the central team. The trial period commenced on 10 January 2011 and ended 01 March 2012.

Since 2012/2013 the accountability for investigation, contact with complainants, and coordination/ collation of response has been held by the Divisions, with the central team being responsible for logging, acknowledgement, distribution, tracking and issuing the written response.

Although closure times may be slightly worse in 2013/14 than 2012/13 it is worth noting that the volume of complaints has continued to rise year on year since 2009, from 303 in 2009/10 to 371 in 2012/13, to 391 in 2013/14.

In-depth Analysis of substantiated and partly substantiated complaints.

During quarter 4 of 2013/14 a more in-depth analysis of partly and wholly substantiated complaints which are graded as moderate and above has been introduced as part of monthly reporting. The aim is to identify themes and facilitate sharing learning and improvements made across the Trust. The table below summarises some of the key themes, lessons and actions taken as a result of complaints closed during Quarter 4.

Table 1.7 Themes from complaints, lessons learned and actions taken

Theme	Lessons Learned and Actions Taken
Communication.	<p>The majority of complaints analysed contained some elements of communication whether that was communication breakdown with patients or relatives or between different parts of the MDT, loss of information, staff attitude or where patients have felt they weren't listened to or their concerns were not acted upon. There were also a number of incidents where patients did not know who staff were, where staff made flippant or insensitive comments and demonstrated a lack of compassion during interventions. Other examples were when written information and explanations did not meet a patient's needs, a key aspect of these complaints was that a patient had not understood the information given and reflected a need for professionals to check understanding.</p> <p>Actions taken to improve communication have been wide ranging and some examples are given below:</p> <ul style="list-style-type: none"> • Communication issues such as staff needing to check patients understanding of information given have been identified as generic issues and have been communicated across the organisation to raise awareness, via the Chief Executive's core brief and blog. • Analysis of these complaints has specifically highlighted the patients' need to understand the decision making behind the course of action taken or recommended. • In all cases the patient experience and comments have been shared with the relevant staff and or teams as reflective exercises and have been used as part of performance reviews for individual staff members where appropriate for learning and development. • Customer care training continues to be rolled out across the Trust • Access to medical records for community staff is being investigated as this was highlighted as a significant contributory factor to miscommunication for one patient and highlighted the potential for this situation to arise in the future.
Discharge	A small number of complaints arose regarding discharge such as delays

	<p>in discharge information being issued or received, breakdown in communication of discharge arrangements to relatives or changes in medications not communicated. One complaint was regarding a bed being stripped prior to a patient leaving the ward. Due to a subsequent delay a frail elderly patient had nowhere to lie down to rest for an excessive period of time. The practice of stripping beds before patients leave the ward has been stopped in this area. Lack of communication of changes to medications also arose.</p> <p>Actions to improve practice have included;</p> <ul style="list-style-type: none"> • Awareness raising regarding the importance of timeliness and accuracy of discharge letters to GPs. • Reflective exercises have been undertaken with nursing staff to highlight the importance of effective communication with relatives / carers regarding discharge arrangements and to understand the impact of poor communication / information given at this time. • One issue that has arisen across a number of complaints and needed to be shared across the trust is that while patients may have capacity to make decisions regarding their care and treatment, they may subsequently forget details about the information given. Nurses need to check with patients what information they have understood & retained and ensure that this has been passed on to family members who need to know what is happening. • Audit of use of and completion of discharge checklist undertaken.
<p>Clinical Care and Treatment</p>	<p>Clinical Care and Treatment is one of the biggest reasons for complaint, the following information is a sample of issues raised and actions taken from monthly reports during quarter 4.</p> <p>Two patients have asked for comprehensive explanations of their care and treatment as they felt that their diagnoses may have been delayed. Neither of these issues were upheld, however both complaints have been reopened, one for a meeting to discuss the explanation and one with further questions.</p> <p>A further complaint, regarding the care and treatment of a child with a gastrostomy, has led to the following actions:</p> <ul style="list-style-type: none"> • Gastrostomy management guidelines are being reviewed with regard to the information that parents are given in relation to management post tube insertion. • All children with a gastrostomy now have a named paediatrician with a gastroenterological interest at JCUH as a point of contact and to coordinate care. • A process has been put in place to ensure that all issues relating to children under review by the Children's Community Nursing Team can be discussed with the paediatric consultant on call for the unit.

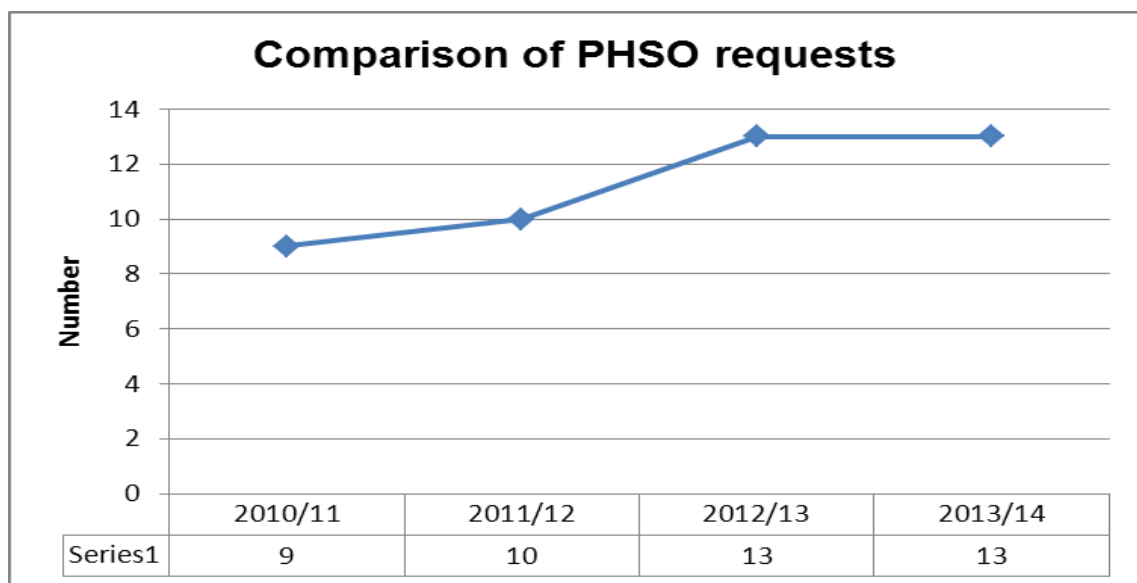
	<ul style="list-style-type: none"> • All medical and nursing staff are to be reminded of the increased risk of serious infection in children with any artificial tissue in their bodies. This artificial tissue may be in their heart or an indwelling venous access device, or other device. Staff are also being reminded of the importance of investigating such children at an earlier stage of their illness and of ensuring a senior review of management decisions • Lessons learnt bulletin for all staff is to be circulated. • Case already shared at paediatric risk / governance meeting and directorate/ divisional meeting. • The information that is provided to parents of children with open access is also to be improved so that situations can be managed more appropriately according to risk; i.e. when to request admission, when to attend A&E or when to call 999
<p>Nursing Care</p>	<p>Examples of complaints relating to nursing care are regarding subjects such as. Medicines left with a vulnerable patient were not taken, a patient being left in a soiled bed, communication breakdown regarding theatre-to-ward transfers and a perception that a lack of palliative care beds and a palliative patient being treated on a general ward led to substandard care and treatment.</p> <p>Improvement actions have included;</p> <ul style="list-style-type: none"> • Staff reminded of the requirement to witness medication being taken and that not to do so is a breach of the medication policy and NMC code of conduct. • Daily patient rounds and weekly and monthly ward rounds with the clinical matron have been implemented in certain areas. • A review of intentional roundings has been undertaken and individual patients are highlighted for closer observation ensuring a proactive approach to care. Intentional rounding is being reviewed Trust wide. • Training has been provided to increase staff awareness and confidence & skill in dealing with patients at the end of their lives.
<p>Processes</p>	<p>A small number of complaints have been due, in part to process failures such as loss of information or referrals leading to delayed appointments or treatments.</p> <p>Improvements of particular note during this quarter were:</p> <ul style="list-style-type: none"> • Where continuing care is needed, referral will be made to a single consultant not to the MDT to ensure consultant responsibility and avoid patients being lost or delayed to follow up... • All patients with rare/complex conditions will be brought back to the gynaecology/oncology clinic as opposed to waiting for decisions/information from other MDTs. • A review of the referral process to outpatient physiotherapy is being

	<p>undertaken to ensure it is a clear and robust procedure.</p> <ul style="list-style-type: none"> • Implementation of a referral tracking system database: to log referrals that may be sent via JCUH Dietetic Office to another Dietetic office (FHN) (or Medical Records) for appointment allocation. Referrals from initial receipt onwards can now be tracked, thereby enabling staff to monitor any delays to this system. • Improvements to referral form processing: Notification will be sent to all departments to recommend that all Dietetic referral forms are faxed internally, rather than being sent by internal mail, so that receipt can be confirmed, and referrals processed quickly.
<p>Infection Prevention & Control</p>	<p>Ward cleanliness was mentioned on three occasions and the following actions have been taken.</p> <ul style="list-style-type: none"> • Information has been shared with Carillion who have agreed to commence unannounced audits for cleanliness on the named wards and feed back to ward staff. • Another ward has instigated a walk about each week with matron, ward manager and domestic supervisor to monitor cleanliness. • Comments have been highlighted to ward and domestic staff and staff have been asked to check all areas regularly for cleanliness and tidiness. • The correct protocols for the appropriate use of aprons and gloves have been re-emphasised.

Parliamentary and Health Service Ombudsman

Graph 1.9 shows the number of complaints which have progressed to stage 2 of the national complaints process.

Graph 1.9: Number of requests received from PHSO by year



From April 2013 to March 2014 a total of 13 complainants have approached the PHSO, however, with regard to 3 of these, the Trust assisted the North Tees and Hartlepool NHS Foundation Trust; County Durham and Darlington NHS Foundation Trust and Middlesbrough Social Care. 1 request made by the PHSO was for information only.

Of the 13 requests received by the PHSO in 2013/14:

- 2 are not being investigated;
- 4 were not upheld;
- 2 have been partially upheld. The Trust has responded to 1 partially upheld case and is awaiting further advice from the PHSO as to whether the case can be closed. The PHSO have submitted a draft report regarding 1 case and the Trust has responded to advise they accept the report, however, some additional comments were sent to the PHSO;
- 4 are awaiting a decision;
- 1 was an information request only.

The PHSO made the following recommendations regarding 1 of those complaints the final report is still awaited in respect of the second case as advised above:-

PHSO Recommendations & Actions Taken:

Case 1 (13/14):-

1. In recognition of the failures identified in our investigation report the Trust should. Within three months of the date at the top of our final report, undertake the following remedial actions:
 - Write and apologise unreservedly to the complainant that faecally contaminated material was not managed in an appropriate manner when packaged up and handed to the patient's family for disposal or washing;
 - Provide a written explanation to the complainant of what action has been taken to ensure that soiled clothing for washing at home is contained within sealed, washable bags before being handed to relatives or carers;
 - Apologise in writing to the complainant for poor record keeping;
 - Undertake an audit of record keeping on the ward as it relates to nursing assessment forms and charts, and take action to ensure that sufficiently robust procedures and training are in place to avoid patients' progress or deterioration not being appropriately identified, and to avoid their needs being overlooked or ignored;
 - Provide the complainant with a written explanation of those actions taken to improve record keeping;
 - Apologise in writing to the complainant that insufficient action was taken to deal with the patient's complaints that they were cold;
 - Provide a written explanation to the complainant of what action has been taken to ensure that patients' concerns about their comfort are given appropriate consideration in future;
 - Apologise in writing to the complainant that nothing was done to address the patient's lost hearing aid, and for the additional difficulties this caused the patient in communicating;

- Provide a written explanation to the patient of what procedures have been put in place to ensure that any loss of hearing aids on the ward are in future followed up with action to provide a timely replacement;
- Apologise to the complainant that the Trust's initial explanation about the diagnosis did not address her question as to why the diagnosis was not made prior to the patient's discharge; and
- Provide a written assurance that the Trust will in future check before sending out its written responses to complaints that these provide comprehensive and evidence based explanations which address all aspects of the concerns raised.

In quarter 4, 1 investigation was part upheld and the Trust has responded to the complainant and the PHSO as requested. The Trust are awaiting further advice from the PHSO as to whether the case can now be closed.

In quarter 4, 3 complaints (including 1 request in respect of complaint which was led by North Tees & Hartlepool NHS Foundation Trust) were not upheld and the file has been closed.

One draft response was received quarter 4 and the Trust is awaiting a final response. The draft report has been received from the PHSO, and accepted by the lead division, however, some additional comments were sent to the PHSO.

At the end of quarter 4 2012-13, 4 complainants had approached the PHSO during the quarter; (two are led by other organisations) and there are 4 further investigations awaiting decision.

The Trust have still to complete all actions regarding a PHSO investigation from 2012/13. The Trust are preparing a response to the complainant regarding the review of the Trust's complaints policy GO1 and the Management of Violent or Potentially Violent Incidents Policy HS21.

Key Messages from the PHSO briefing April 2004

- They aim to undertake 4000 more complaints investigations during 2014/15 and had already increased investigations fivefold during 2013/14 to 2,199.
- There will be more joint investigations with the Local Government Ombudsman
- The time taken for a PHSO investigation has been halved with an average investigation time of 163 days.
- It is now easier for members of the public to complain to the PHSO.
- The PHSO will investigate all complaints which allege a service failure has led to a preventable death. However locally, until the middle of 2012/13 the PHSO screened all requests but only investigated a proportion of these. This screening process has now ceased and all requests are now fully investigated. For STHFT this will mean an increasing number of PHSO investigations.

PALS

627 PALS enquiries were received in Quarter 4 2013/14.

Chart 1.10: Number of PALS enquiries received

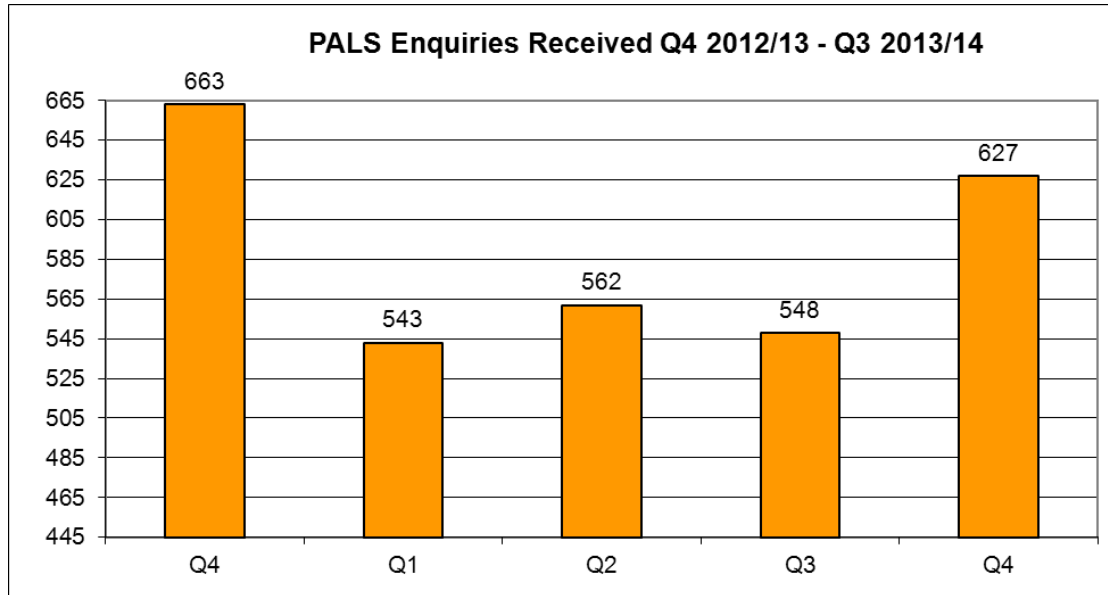
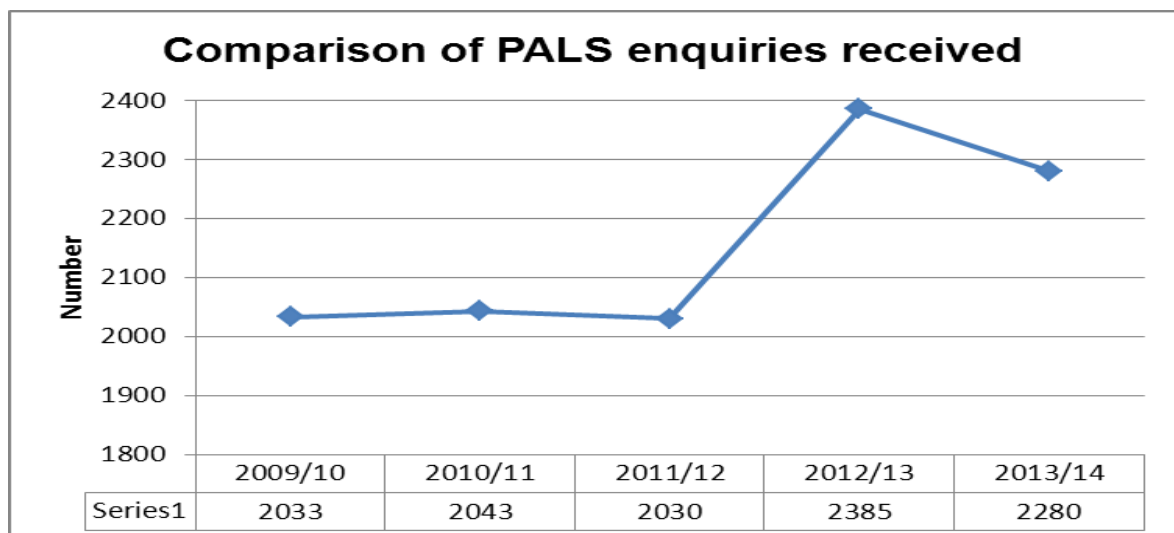


Table 1.8 Number of PALS by month 2013-14

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	2013 /14	2012 /13
PALS Enquiries	158	124	124	138	127	126	132	137	118	158	135	151	1628	1874
Spells	12455	12585	12210	13412	12547	12770	13039	12642	12389	13369	12426	13685	153529	150869
Per 1000 Spells	12.7	9.9	10.2	10.3	10.1	9.9	10.1	10.8	9.5	11.8	10.9	11.0	10.6	12.4

Graph 1.11: Total number of PALS enquiries received by year



Although graph 1.11 shows that the number of PALS enquiries has reduced over the last year. This reduction correlates with changed processes in the Patient Relations team and should be treated with caution. It appears that a change to a queuing system is resulting in a number of ineffective call backs being made and what may be a number of calls being lost, the change in process was made in response to an inability to keep on top of record keeping and effectively administer the enquiries in a timely manner. The change in process although it has improved the timeliness of record keeping and getting information out to the centres has resulted in a number of failed return calls to enquirers and it is estimated that the department may be missing in the region of 40 calls a month. These problems indicate an inability of current resource to meet growing demand.

This issue is now logged formally on the Trust risk register as a risk to patient experience and Trust reputation, the department will be involved in a Rapid Process Improvement Workshop towards the end of September 2014 in an aim to resolve the problems encountered and assist in more efficient working practices and or identify if additional resource is needed.

Chart 1.12 PALS enquiries per 1000 spells

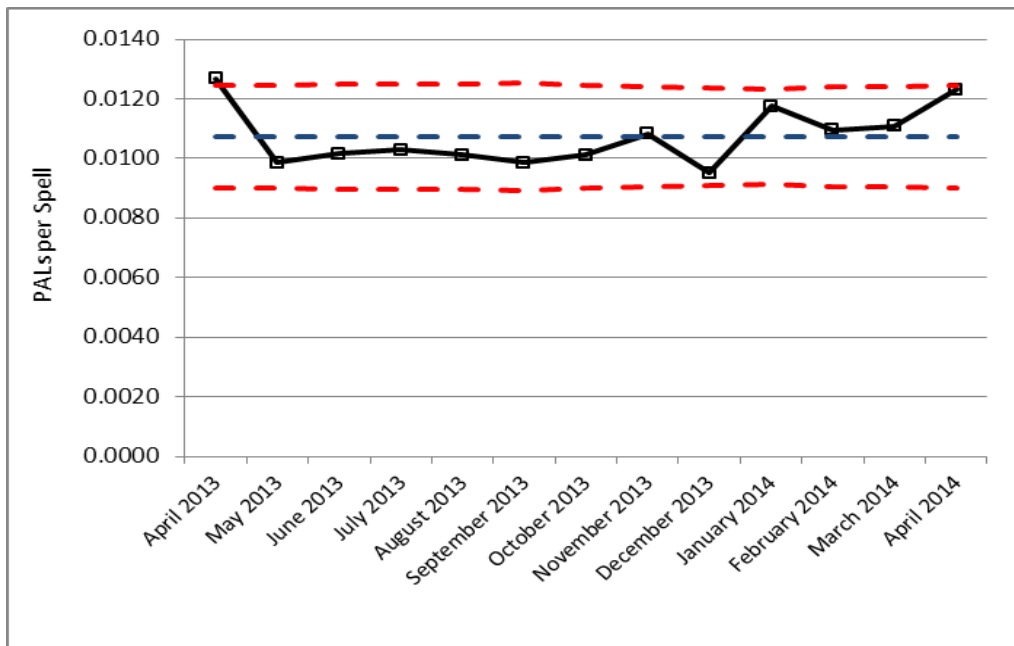
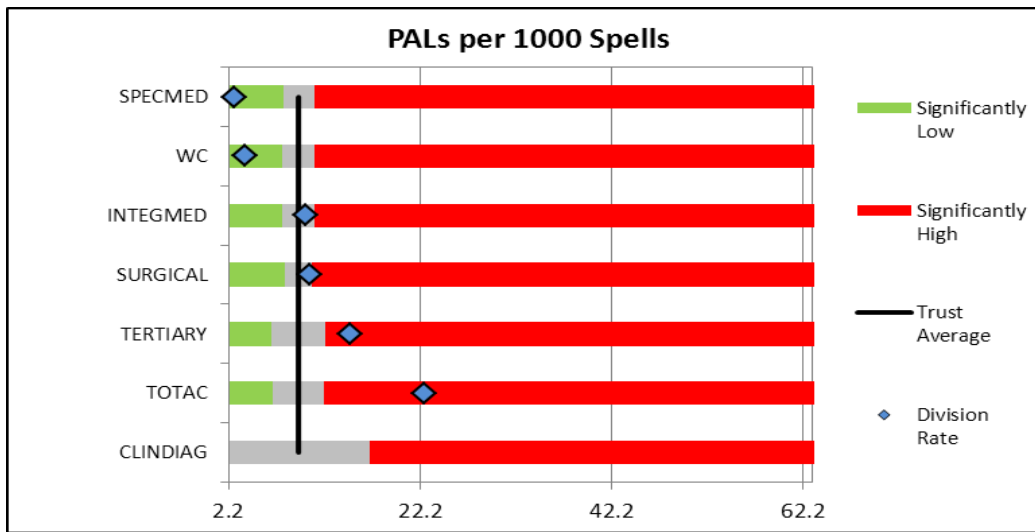


Table 1.13 PALS per 1000 spells Table 1.4 Assisting complaints by division and quarter

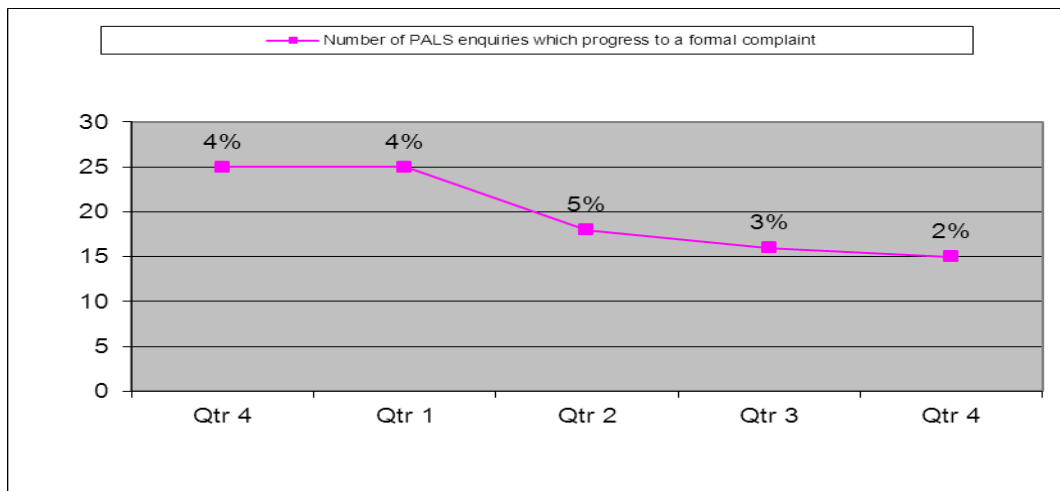
2013/14 ^{10.2}	PALs Enquires	Per 1000 Spells
SPECMED	87	2.71
WC	113	3.93
INTEGMED	300	10.27
SURGICAL	419	10.59
TERTIARY	158	14.83
TOTAC	261	22.66
CLINDIAG	113	74.15

Chart 1.14 PALS per 1000 spells



There is no National benchmarking data available for PALS enquiries. As for complaints this type of analysis is new this year and trends need to be observed over time although Tertiary Services and Trauma show as having a high rate of enquiries per 1000 spells not particular concerns have been identified.

Graph 1.15: Percentage of PALS enquiries which progress to a formal complaint



15 PALS enquiries in Q4 progressed to a formal complaint; this is 2% of the number of PALS received. Over the year very few PALS enquiries progress to a formal complaint although on a monthly basis this does tend to fluctuate between 2% and 5%. It has been agreed that where resolution of enquiries is particularly complex or prolonged consideration will be given to escalating the enquiry into the formal complaint route. This will mean that in the future the conversion rate is likely to rise as is the total number of formal complaints

Table 1.9: PALS by division and quarter	Qtr 4 12/13	Qtr 1 13/14	Qtr 2 13/14	Qtr 3 13/14	Qtr 4 13/14	Total
Academic Division	0	1	0	2	0	3
Anaesthesia & Theatres	26	13	15	15	16	85
Cardiothoracics	22	19	11	19	30	101
Chief Executive	0	2	2	0	0	4
Clinical Support Services	23	24	25	20	18	110
External Organisation - NHS	28	19	25	23	25	120
External Organisation - Non NHS	14	5	8	5	11	43
Finance Directorate	3	1	3	5	2	14
Directorate of Quality Assurance	26	74	104	88	133	425
Human Resources	3	0	2	3	0	8
IT and Health Records	16	7	11	14	13	61
Medicine (Acute)	109	93	60	64	77	403
Medicine (Specialty)	27	26	17	22	18	110
Neurosciences	30	16	27	28	24	125
Operational Services	3	0	5	0	4	12
Pathology	2	3	1	3	2	11
Service Strategy & Infrastructure	23	12	8	10	24	77
Radiology	10	5	16	9	9	49
Division of Community Services (North Sector - M'bro & Redcar locality)	15	7	14	15	8	59
Division of Community Services (South Sector - H&R locality)	0	2	1	3	1	7
Surgery	149	115	112	107	121	604
Trauma	92	66	67	59	61	345
Women & Children	42	33	28	34	30	167
Totals:	663	543	562	548	627	2943

The Directorate of Quality Assurance and The Division of Surgery generated the highest number of PALS enquiries in Quarter 4, (133 enquiries and 121 enquiries respectively) accounting for 41% of PALS activity. Although the division of surgery are not outliers for either complaints or PALS it needs to be noted that the workload is significantly higher in terms of numbers than any of the other divisions.

The Directorate of Quality Assurance received 133 enquiries, however, 122 of these enquiries related to the code 07S advice line. These enquiries are general in nature, however and require no action from the divisions.

More detailed PALS information / Divisional breakdown can be seen in Appendix 2

NHS Choices

In Quarter 4, the Choices website received 6 comments from patients/relatives using JCUH.

4 comments were positive responses and were regarding the Division of Trauma (2); the Division of Surgery (1), and the Division of Acute Medicine (1).

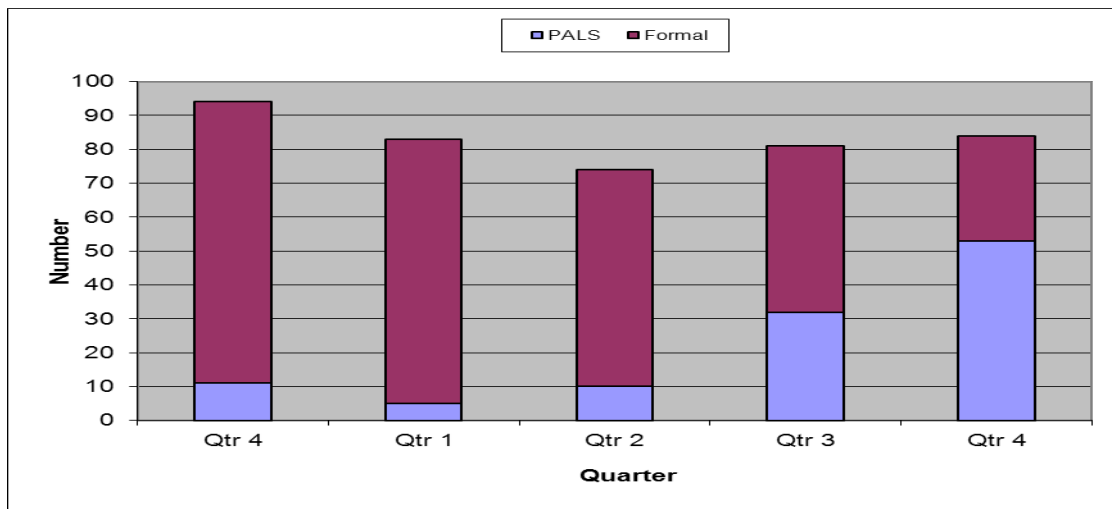
2 comments were negative responses; 1 related to the Division of Neurosciences, Neurology regarding treatment provided and the attitude of more senior staff. 1

related to the Division of Clinical Support Services, Occupational Health and the treatment provided.

In Quarter 4, the Choices website received 12 comments from patients/relatives using FHN. 9 comments were positive responses and related to The Division of Acute Medicine (3); The Division of Women & Children (2); The Division of Trauma (2); The Division of Surgery (1) and The Division of Anaesthetics & Theatres (1). 3 comments were negative relating to The Division of Trauma (2) around the treatment provided in A&E. 1 comment was regarding the provision of, and the quality of food, however, it was unclear which ward/division this related to.

Compliments

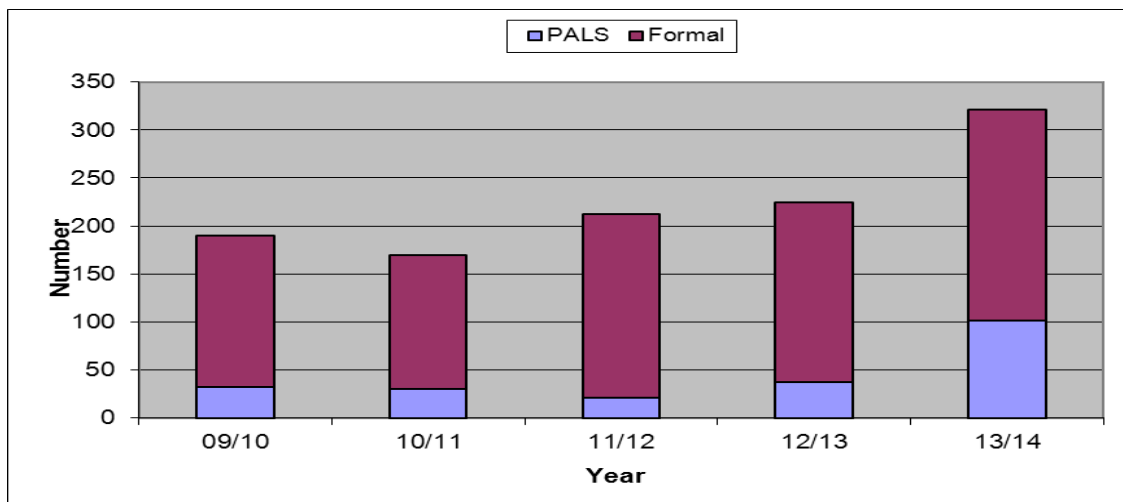
Graph 1.16: Total number of compliments



The total amount of praise letters received in the Patient Relations Department in Quarter 4 was 84, 31 received through the formal route and 53 received via PALS.

The Trust receives compliments and letters of praise both formally and through the PALS Department. Graphs 8.1 and 8.2 show the numbers of compliments received from 2009 to date and by month for year 2013/14.

Graph 1.17: Number of compliments received into the Trust by year



A total of 220 letters of praise were received through the Patient Relations Department for 2013/14 but is only a fraction of all thank you letters, cards and expressions of gratitude received in clinical areas across the Trust. It is good to see that although the number of complaints has risen over the last few years, so has the number of formally logged compliments.

Planned Developments / Actions for 2014-15

- Following internal and external reviews of complaints handling, there will be further implementation of the actions identified including:
 - Working closely with the Patients Association to develop and roll out further training across the organisation.
 - Improving reporting
 - Improving publication of complaints information
 - Improved use of technology to increase accessibility to complaints and PALS
 - Policy review and refresh
 - Making more of opportunities for shared learning
 - Improving Action Plans
- Implementation of Complaints Review Panel
- RPIW to look at more efficient ways of working regarding PALS handling.

Patient Relations Department

Table 1.2: Formal complaints by division and month

Division	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	March 14	Total
Anaesthesia & Theatres	0	1	0	1	1	1	0	0	1	0	2	1	8
Cardiothoracics	1	0	0	0	2	1	3	0	0	1	2	2	12
Clinical Support Services	0	1	0	0	0	0	0	2	1	1	1	1	7
Directorate of Quality Assurance	0	0	0	0	2	0	0	0	0	0	1	0	3
IT and Health Records	0	0	0	0	0	0	1	0	0	0	0	0	1
Medicine (Acute)	13	5	5	9	11	4	4	5	2	7	6	4	75
Medicine (Specialty)	0	4	2	1	3	4	0	2	0	0	2	6	24
Neurosciences	4	1	1	2	1	3	0	3	5	3	1	2	26
Operational Services	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Strategy & Infrastructure	0	0	0	0	1	0	0	0	1	0	0	0	2
Radiology	0	0	2	0	0	1	0	1	0	0	0	0	4
Division of Community Services (North Sector - M'bro & Redcar locality)	2	0	1	0	1	2	0	0	1	0	1	1	9
Division of Community Services (South Sector - H&R locality)	1	0	0	0	0	0	0	0	0	1	0	0	2
Surgery	10	9	7	3	11	7	8	11	5	11	4	13	99
Trauma	6	5	7	6	5	4	11	9	1	6	9	7	76
Women & Children	4	4	3	2	5	3	9	4	2	3	2	1	42
Totals:	42	30	28	24	43	30	36	37	19	33	31	38	391

The table above show that the Divisions of Surgery (99); Trauma (76) and Acute Medicine (75) account for 56% of the formal complaints received.

1.1 Coding of Complaints

Upon receipt into the Patient Relations Department, each formal complaint is coded according to the issues of concern, and an overarching category code is applied. Table 1.3 shows where there has been a noticeable change in complaints received by sub-subject codes in the year 2013/2014. The table shows the top 10 codes:-

Table 1.3: Top 10 formal complaints by sub-subject and month – April 2013 - March 2014

Sub-subject	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	March 14	Total
Discharge too early	3	2	0	1	2	2	2	2	1	3	1	0	19
Wait for admission / surgery / treatment too long (delay)	1	0	3	1	2	2	2	2	0	2	2	5	22
Medical staff	5	0	3	1	4	1	2	1	3	2	5	1	28
Nursing / midwife staff	3	4	2	1	4	2	1	0	2	1	1	1	22
Clinical / Medical care - quality of	12	13	8	6	16	12	13	12	4	14	20	13	143
Clinical outcome - unhappy with	5	4	3	5	3	3	6	1	0	1	0	0	31
Misdiagnosis / missed diagnosis	7	3	3	3	2	3	4	4	4	3	2	7	45
Pain relief - prevention / management	3	0	1	1	2	2	1	1	2	4	1	2	20
Medication - Administration / Dosage incorrect	8	2	2	3	2	4	3	2	1	2	2	1	32
Management of future care & treatment	5	2	0	2	1	1	1	5	0	1	0	1	19
Totals:	52	30	25	24	38	32	35	30	17	33	34	31	381

Highlights from coded complaints

Table 1.3 shows that clinical /medical care – quality of received the highest number of complaints in 2013/14. Of the 143 complaints received during 2013/14, 38 related to the Division of Surgery; 35 related to the Division of Trauma; 21 related to the Division of Women and Children; 17 related to the Division of Acute Medicine; 9 related to the Division Of Specialty Medicine; 7 related to the Division of Neurosciences; 7 related to the Division of Cardiothoracic Services; 4 related to the Division of Anaesthesia and Theatres; 2 related to the Division of Community Services Middlesbrough & Redcar Locality; 2 related to an external NHS agency and 1 related to the Division of Radiology.

Misdiagnosis / missed diagnosis received the second highest number of complaints in 2013/14. Of the 45 complaints received during 2013/14, 13 related to the Division of Trauma; 7 related to the Division of Women and Children; 6 related to the Division of Surgery; 4 related to the Division of Radiology; 4 related to the Division of Acute Medicine; 4 related to the Division of Specialty Medicine; 4 related to the Division of Neurosciences; 2 related to the Division of Community Services Middlesbrough & Redcar Locality and 1 related to the Division of Anaesthesia and Theatres.

Table 5.3: PALS enquiries by division and month

Division	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	March 14	Total
Academic Division	0	0	1	0	0	0	0	2	0	0	0	0	3
Anaesthesia & Theatres	1	4	8	5	4	6	5	4	6	5	8	3	59
Cardiothoracics	11	4	4	6	2	3	3	10	6	12	8	10	79
Chief Executive	1	0	1	2	0	0	0	0	0	0	0	0	4
Clinical Support Services	8	7	9	12	7	6	9	5	6	7	4	7	87
External Organisation - NHS	11	6	2	5	8	12	10	3	10	5	10	10	92
External Organisation - Non NHS	2	2	1	4	2	2	1	2	2	6	3	2	29
Finance Directorate	0	1	0	1	2	0	1	0	4	1	0	1	11
Directorate of Quality Assurance	7	35	32	29	46	29	34	34	20	61	37	35	399
Human Resources	0	0	0	0	2	0	3	0	0	0	0	0	5
IT and Health Records	2	3	2	4	2	5	3	8	3	8	4	1	45
Medicine (Acute)	34	33	26	20	22	18	19	25	20	28	22	27	294
Medicine (Specialty)	10	6	10	5	7	5	11	5	6	7	3	8	83
Neurosciences	6	4	6	10	4	13	14	9	5	5	5	14	95
Operational Services	0	0	0	0	4	1	0	0	0	2	1	1	9
Pathology	2	0	1	0	1	0	2	1	0	1	0	1	9
Service Strategy & Infrastructure	1	4	7	5	3	0	2	6	2	12	8	4	54
Radiology	2	2	1	11	2	3	3	3	3	2	5	2	39
Division of Community Services (North Sector - M'bro & Redcar locality)	4	3	0	8	4	2	5	5	5	1	4	3	44
Division of Community Services (South Sector - H&R locality)	1	1	0	0	0	1	2	0	1	1	0	0	7
Surgery	54	28	33	38	32	42	33	42	32	42	44	35	455
Trauma	24	17	25	24	24	19	24	16	19	23	18	20	253
Women & Children	11	16	6	10	9	9	9	13	12	8	10	12	125
Totals:	192	176	175	199	187	176	193	193	162	237	194	196	2280

The above table shows that the Divisions of Surgery and Quality Assurance account have the highest numbers of PALS enquiries to deal with, accounting for 37% of the PALS enquiries for 2013/14. The Directorate of Quality Assurance received 399 enquiries, however, 364 of these enquiries related to the code 07S/07S1 advice line/request for formal complaint information. These enquiries are general in nature, however and require no action from the divisions.

Table 5.4 shows the top 10 PALS enquiries by sub-subject and month in 2013/14.

Table 5.4: Top 10 PALS enquiries by sub-subject and month – April 2013 - March 2014

Sub-subject	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	March 14	Total
Wait for an appointment too long (delay)	9	8	14	17	10	11	16	16	17	13	15	12	158
Appointment cancelled / rescheduled	10	2	5	2	7	15	6	4	5	11	4	2	73
Wait for admission / surgery / treatment too long (delay)	11	7	13	10	6	9	8	10	4	9	7	6	100
Medical staff	10	7	10	11	11	11	6	6	7	15	2	8	104
Nursing / midwife staff	6	11	8	11	6	8	2	6	4	9	9	9	89
Nursing care - quality of	12	13	7	6	8	3	6	5	4	2	6	6	78
Clinical / Medical care - quality of	25	9	8	12	18	10	18	8	10	17	10	11	156
Clinical outcome - unhappy with	7	2	1	7	9	9	7	3	6	5	9	6	71
Management of future care & treatment	8	11	5	7	5	4	9	6	6	8	6	8	83
Information & Comms	15	18	14	18	14	24	28	29	15	24	16	17	232
Totals:	113	88	85	101	94	104	106	93	78	113	84	85	1144

NB: For the purpose of reporting the code in relation to advise line/request for formal complaint information has been excluded.

Table 5.4 shows that wait for an appointment too long (delay) received the highest number of PALS enquiries in 2013/14. Of the 158 enquiries received 58 related to the Division of Surgery; 18 related to the Division of Neurosciences; 17 related to the Division of Trauma; 16 related to the Division of Acute Medicine; 10 related to the Division of Women and Children; 10 related to the Division of Clinical Support Services; 8 related to the Division of Cardiothoracic Services; 5 related to the Division of Anaesthesia and Theatres; 5 related to the Division of Specialty Medicine; 5 related to the Division of Radiology; 3 related to the Division of Community Services Middlesbrough & Redcar Locality and 1 related to a non-NHS outside agency.

Clinical / medical care – quality of received the second highest number of enquiries in 2013/14. Of the 156 enquiries received during 2013/14, 42 related to the Division of Acute Medicine; 42 related to the Division of Surgery; 26 relate to the Division of Trauma; 15 related to the Division of Women and Children; 7 related to the Division of Neurosciences; 7 related to the Division of Cardiothoracic Services; 4 related to the Division of Specialty Medicine; 4 related to the Division of Anaesthesia and Theatres; 3 related to the Division of Clinical Support Services; 2 related to an external NHS agency; 1 related to the Quality Assurance Directorate; 1 related to the Division of Community Services Middlesbrough & Redcar Locality and 1 related to the Division of Community Services Hambleton and Richmond Locality.