<table>
<thead>
<tr>
<th>Title</th>
<th>Annual Report on the Complaints and Patient Liaison Service (PALS). 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For report</td>
</tr>
<tr>
<td>History</td>
<td>Trust Management Executive 28/8/2014</td>
</tr>
<tr>
<td>Board Lead(s)</td>
<td>Ms Catherine Stoddart, Chief Nurse</td>
</tr>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
</tr>
</tbody>
</table>

### Executive Summary

1. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, require NHS organisations to publish an annual report on complaints received by the Trust, lessons learned and actions taken as a result of complaints. The report is also required to cover the effectiveness of the Trust's management of complaints.

2. **Recommendation**

   Trust Board is asked to approve the Annual Complaints report.
Complaints and Patient Liaison Service (PALS) Annual Report 2013/2014

1. Purpose

1.1 The publication of the Complaints Annual Report is a requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

1.2 The report prescribes that each responsible body must prepare an annual report for each year which must;

- specify the number of complaints received
- specify the number of complaints which were well-founded
- specify the number of complaints referred to the Health Service Commissioner to consider under the 1993 Act
- summarise the subject matter of complaints received
- any matters of general importance arising out of those complaints, or the way in which the complaints were handled
- any matters where action has been or is to be taken to improve services as a consequence of those complaints

1.4 The PALS and Complaints Manager and Safeguarding Adults Manager have compared and benchmarked with Shelford Group and other acute Trust's within the National NHS Complaints Network.

1.5 The benchmarking exercise identified that there is no standard format for these reports and a range of formal and informal language used. All reports contained examples of lessons learned and future clinical practice.

1.6 The Annual report includes a summary of the Complaints and Patient Advice and Liaison Services at trust and divisional level. The report also includes performance of the Trust in Complaints management and elements for improvement in 2014/2015.

1.7 Trust wide learning from complaints will be further developed following implementation of the Trust’s new complaints management system in late 2014.

2. Recommendations

The Trust Board is asked to approve the annual complaints report for 2014.

Catherine Stoddart, Chief Nurse

Prepared by
Caroline Heason
Safeguarding Adults and Patients Services Manager
10 September 2014
Complaints and Patient Advice and Liaison Service (PALS)

Annual Report  2013/14
Introduction by Sir Jonathan Michael, Chief Executive:

I am pleased to present Oxford University Hospitals NHS Trust’s Patients Advice and Liaison (PALS) and Complaints Service Annual Report for the period 01 April 2013 to 31 March 2014.

As an organisation we are committed to delivering compassionate excellence in all interactions with our patients and when we fall short we expect to be held to account. This is one of the Trust’s core values.

We believe it is important to listen carefully to what people tell us and that we are open, honest and transparent when responding to concerns or complaints. We do all we can to resolve concerns and complaints in a timely way and to learn from our mistakes, to put things right for the future and improve the services and care we provide.

The management of complaints and any trends or themes identified from them are regularly reported and monitored through the Trust’s Quality Committee and the Trust Board. At each Board meeting we use a patient story describing both positive and negative experiences to anchor our frame of reference squarely on what matters to patients and to help inform our decision making.

As well as complaints and constructive comments we receive hundreds of compliments each year about individuals, teams and departments. In a recent inspection by the Care Quality Commission among the many positive findings, their report provides a clear endorsement of our staff who were observed, providing compassionate and excellent care throughout all our four hospitals.

In the past year The Trust has carried out a review of the way we deal with comments and complaints. This included three interactive engagement events with members of the public, staff and the Complaints Team, an internal audit and a detailed evaluation of the Complaints Service by the Care Quality Commission during their recent inspection. The recommendations from this review are included in this report and will be implemented during 2014/15.

I commend this report to you, which I hope provides an interesting insight into the work of the Patient Advice and Liaison Service (PALS) and the Complaints Service as well as an overview of the activity and feedback from patients and their families throughout the year.

Sir Jonathan Michael FRCP
Chief Executive
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Executive Summary:

This report provides a summary of patient complaints and PALS contacts received in 2013/14. This includes details of the numbers of complaints and PALS contacts received during the financial year, and compliance performance in responding to complaints. Trust-wide and division level, Parliamentary and Health Services Ombudsman (PHSO) investigations are included and the actions taken by the Trust in response to these complaints. In addition, the report presents the feedback on the complaints process received by the Trust during the recent KPMG audit Care Quality Commission (CQC) inspection. This report also presents the Trust’s complaints review and the improvements as a result of the engagement events, CQC feedback and the national guidance.

There are four key reports influencing this annual report; *Mid Staffordshire NHS Foundation Trust Public Inquiry* by Robert Francis, QC, *A Promise to Learn – a commitment to act: improving the safety of patients in England* by Professor Don Berwick, *Review into the Quality of Care and Treatment by 14 Hospital Trusts in England* by Professor Sir Bruce Keogh, and *Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture* by Ann Clwyd, MP, and Professor Trisha Hart. These have all recommended listening to patients, and the implementation of learning from PALS feedback and complaints as a key focus for patient experience improvements within the NHS.

The Trust strives to achieve a personalised approach to managing complaints which involves listening to individual experiences, planning with the complainant an appropriate response according to their wishes and ensuring that if necessary actions are taken to address issues raised in a timely manner. This is demonstrated through the complaints and PALS activity which ensures accessibility for complainants to report both informally and formally.

Key points of the report (1 April 2013 – 31 March 2014):

- 887 formal complaints received and investigated, 0.07% of consultant Finished Episodes (FCE’s)
- 4931 PALS contacts recorded
- 699 formal complaints were upheld or partially upheld following investigation
- 160 formal complaints not upheld following investigation (28 complaints remain open for 2013/14 at the point of writing this report)
- 1 formal complaint investigated via an independent review of the care and treatment provided to a patient. There were no adverse findings against the care and treatment provided by the Trust
- 5 complaints have been investigated by the Parliamentary and Health Services Ombudsman (PHSO) IN 2013/14.
1. **Patient Advice & Liaison Service (PALS):**

The Trust’s Patient and Advice Liaison Service (PALS) comprise four full time members of staff. Two of the team are based at the John Radcliffe Hospital, one is based at the Nuffield Orthopaedic Centre and one is now based full time at the Churchill Hospital. In addition, the Complaints Co-ordinator based at the Horton General Hospital also provides the face to face PALS service for that site.

The purpose of PALS team is to offer an ‘on the spot’ open door service for patients, relatives and carers. PALS are a NHS recognised service providing advice, information or guidance to those wishing to raise a concern or as a way of signposting the enquirer to the relevant service. PALS can be contacted by attending the office, making a telephone call or by using a fax, email or letter. PALS Officers are also able to visit inpatients on the wards if required.

The key role for PALS is to provide an opportunity for patients, relatives and carers to discuss their concerns, enabling the issue(s) to be appropriately identified and provide a timely response, in a manner that will support a suitable resolution. Where necessary, PALS will escalate the concerns to the relevant Complaints Co-ordinator for action through the formal complaints process. PALS also provide a means for patients and relatives to share their compliments with Trust staff and these are recorded on the Trust’s Datix database, and shared with Divisions on a monthly basis.

Work has been undertaken over the past 4 months to improve the process by which issues are escalated for inpatients, to the most appropriate person within the clinical Divisions, resulting in issues being resolved in a timely and appropriate manner. This approach is being extended to include patient’s outpatient queries by 31 December 2014.

In 2013/14 there were 4931 PALS contacts recorded for the Trust. These are presented by Division in Table 1 below comparing the figures recorded for 2012/13 (although it should be noted that there were 7 divisions for seven months of this year):

<table>
<thead>
<tr>
<th>Division</th>
<th>Number of PALS contacts 2012/13</th>
<th>Number of PALS contacts 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosciences, Orthopaedics, Trauma, Specialist Surgery</td>
<td>1374</td>
<td>1751</td>
</tr>
<tr>
<td>Surgery and Oncology</td>
<td>417</td>
<td>676</td>
</tr>
<tr>
<td>Childrens and Womens</td>
<td>303</td>
<td>290</td>
</tr>
<tr>
<td>Medicine, Rehabilitation, Cardiac</td>
<td>692</td>
<td>857</td>
</tr>
<tr>
<td>Clinical Support Services</td>
<td>175</td>
<td>268</td>
</tr>
<tr>
<td>Corporate</td>
<td>225</td>
<td>1089</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3186</strong></td>
<td><strong>4931</strong></td>
</tr>
</tbody>
</table>

*Table 1: Source OUH Complaints Management System*
The table demonstrates an increase of 35.4% in PALS activity from the previous year, and the reasons for this increase include:

- Increased accessibility to complain through wider distribution of revised posters and leaflets distributed throughout the Trust
- Increased public awareness of the service through national/local media following the *Mid Staffordshire NHS Foundation Trust Public Inquiry*
- Full time PALS Officer established at the Churchill Hospital enabling increased immediate access
- Increase in clinical activity and healthcare undertaken by the Trust in 2013/14

The majority of the enquiries relate to Neurosciences, Orthopaedics, Trauma, and Specialist Surgery directorates, and include the difficulties encountered by patients in relation to making an outpatient appointment. These issues are high on the Trust’s quality agenda for improvements through the implementation of the outpatient appointment review process, and improvements to the telephone access.

2. **The Complaints Service:**

The Trust received 887 formal complaints in 2013/14, compared to 788 in 2012/13 which is an increase of 11.2%.

However the number of complaints also compares to 0.07% of total finished consultant episodes (FCE) in 2013/14 with 0.075% in 2012/13.

This increase is reflected across the wider NHS, and is in part attributable to the increased public awareness in the complaints process following the report from the Mid Staffordshire enquiry.

The Trust has also enhanced the publicity in relation to making a complaint or PALS enquiry, which has resulted in an increase in people contacting these services. This is also concurrent with increased inpatient and outpatient activity across the Trust.

The Complaints team comprises four full time and three part time members of staff, who offer a 9am – 5pm Monday to Friday service covering all formal complaints received by the Trust.

Each division is supported by at least one Complaints Co-ordinator, who works closely with the Division’s Clinical Governance team and Management team. This ensures complaints receive a comprehensive investigation and an appropriate response at divisional level. The complaints/divisional relationship is being strengthened in order to ensure that the complaints plans established with the complainant receives a response that is individual, compassionate and appropriate to their requests.
The breakdown and analysis of the formal complaints per Division by month is presented within the following section.

**Complaint subjects:**

Complaints are reported monthly by subject, and the numbers of complaints by subject are displayed in the table 2, below: Please note complaints can span more than 1 subject code which is why the numbers displayed below exceed the total number of complaints received. Patients most frequently complained about appointments, admission or discharge processes, the outcome of surgical or medical care, communication, information and consent.

The Trust received very few complaints about the Trust’s facilities, transport, documents and records.

![Trust Complaints by subject](chart.jpg)

**Table 2: Source OUH NHS Trust Complaints Management System**

The most common issues identified by patients and their families are illustrated in the charts 1, 2 and 3 below.

Neurosciences received the highest number of complaints relating to appointments, admission, discharge, communication, information and consent. The complaints relating to Corporate services include car parking, hotel services and smoking.
Complaints relating to Appointments, Admission and Discharge

Appointment/Admission/Discharge Complaints

Chart 1: Source OUH NHS Trust Complaints Management System

Complaints relating to Communication, Information and Consent

Communication Information/Consent

Chart 2: Source OUH NHS Trust Complaints Management System

Complaints relating to Outcome of Surgical/medical care

Outcome of Surgical/Medical Care
Seasonal Trends in complaints:

The number of formal complaints received during each quarter of 2013/14 is presented in table 3, below. Traditionally there are often fewer complaints received about NHS services between October to December. However there has been an overall upward trend during the year.

<table>
<thead>
<tr>
<th>Seasonal Trends in Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong></td>
</tr>
<tr>
<td>01 April to 30 June 2013</td>
</tr>
<tr>
<td>Number of formal complaints received</td>
</tr>
</tbody>
</table>

Table 3: Source OUH NHS Trust Complaints Management System

Red Graded Complaints:

All formal complaints are graded using the Department of Health Matrix System displayed in table 4, below. The system assesses the seriousness of the complaint versus the likelihood of recurrence which equals the category of risk.

Department of Health Matrix System

<table>
<thead>
<tr>
<th>Seriousness</th>
<th>Likelihood of Recurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>High</td>
<td>Extreme</td>
</tr>
</tbody>
</table>
Table 4: Source Department of Health

Eight formal complaints were initially graded as red in 2013/14, two for the Children’s and Women’s division, four were for the Medicine, Rehabilitation and Cardiac division and two were recorded for the Surgery & Oncology division. Each complaint was managed through the divisional governance processes and the key issues identified, actions implemented and monitored and wider learning facilitated through sharing with the relevant teams.

**Complaints by staff group:**

The number of complaints received in 2013/14 recorded by staff group is provided to the Department of Health in the annual national complaints return (KO41A). This is presented in table 5, below. The medical profession received the highest number of complaints; this is in the context of 1,232,794 finished consultant episodes throughout the year and represents 0.07% of activity. This number is also reflected nationally, in “Data on Written Complaints” published by the Health & Social Care Information Centre (HSCIC) in August 2014, which shows the biggest proportion of Hospital and Community Health Services (HCHS) complaints by profession were for the medical profession (including hospital doctors and surgeons). These amounted to 45.6% (52,100) of all HCHS written complaints. Nursing, Midwifery and Health Visiting accounted for the second biggest at 21.7% (24,800). For 2012/13 the proportions were 47.1% and 22.1% respectively. It is worth noting that complaints normally span more than one profession, but can currently only be recorded against one category of profession on the system.
## Complaints by staff group

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of complaints received</th>
<th>Reasons for complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (including surgical)</td>
<td>515</td>
<td>Inadequate care, treatment, communication, attitude</td>
</tr>
<tr>
<td>Dental (including surgical)</td>
<td>5</td>
<td>Recorded incorrectly, should have been recorded under medical/surgical</td>
</tr>
<tr>
<td>Professions supplementary to medicine</td>
<td>20</td>
<td>Attitude, communication</td>
</tr>
<tr>
<td>Nursing, Midwifery and Health Visiting</td>
<td>146</td>
<td>Attitude, communication, inadequate care</td>
</tr>
<tr>
<td>Scientific, Technical and Professional</td>
<td>7</td>
<td>Attitude, communication, delays</td>
</tr>
<tr>
<td>Ambulance crews (including Paramedics)</td>
<td>1</td>
<td>Delays</td>
</tr>
<tr>
<td>Maintenance and Ancillary Staff</td>
<td>14</td>
<td>Inadequate food, poor parking conditions</td>
</tr>
<tr>
<td>CCG staff/members (exc. GP Admin)</td>
<td>4</td>
<td>Access</td>
</tr>
<tr>
<td>Trust staff/members</td>
<td>110</td>
<td>Attitude, communication</td>
</tr>
<tr>
<td>Other</td>
<td>65</td>
<td>Access, Communication, Smoking, Hotel Services</td>
</tr>
<tr>
<td>Total</td>
<td>887</td>
<td></td>
</tr>
</tbody>
</table>

**Table 5: Source OUH NHS Trust Complaints Management System**

### The Trust's top complaints themes:

The key issues facing the Trust have been identified as appointments, admission and discharge, outcome of surgical and medical care and communication information and consent. These are presented in table 6, below with an example and a short complaint extract.

The consistent theme throughout these complaints is communication and the Trust’s day to day clinical and organisational interaction with patients and relatives. This is reflected nationally for all clinical professions and administrative services across the NHS.

It is a key priority for the delivery of the Trust's values of delivering compassionate excellence. Patients have also commended the Trust's staff for their care and compassion in Friends and Family Test feedback.
The Trust’s Top Complaints themes

<table>
<thead>
<tr>
<th>Complaint subject</th>
<th>Explanation</th>
<th>Short PALS or complaint extract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome of surgical and medical care</td>
<td>Outcome of Surgical/Medical Care: examples of this include infection linked to surgery or treatment, poor outcome of surgery or treatment, clinical treatment inadequate/insufficient</td>
<td>A patient of the Oxford Eye Hospital was worried that he may have been given conflicting advice regarding his treatment and what could be done. The patient also perceived the consultant was dismissive about his concerns. PALS arranged for the patient to meet his consultant to discuss his concerns.</td>
</tr>
<tr>
<td>Appointment, admission and discharge</td>
<td></td>
<td>The patient was unhappy with the delay to his first ear nose and throat appointment. This was delayed from August 2013 until late January 2014. He was concerned that this is beyond the 18 week wait. The investigation found that the appointments had been cancelled due to clinical emergencies. Following a review of the service, a new consultant was appointed to try to reduce delays for patients and part of the clinic was redesigned.</td>
</tr>
<tr>
<td>Communication, information and consent.</td>
<td></td>
<td>A woman who experienced very long first delivery stage subsequently required an emergency Caesarean Section. The woman’s husband asked why a scan was not undertaken earlier, as they had raised concerns that her baby was breach. The Division shared the policy and practice of scanning for a breach birth. The midwife, who did not engage with the couple, was spoken to and apology was made to them.</td>
</tr>
</tbody>
</table>

Table 6: Source OUH NHS Trust Complaints Management System

The Trust focus for 2014/15 will be on those with the highest number of complaints that affect all divisions. The Trust wide programmes of the Outpatient, Re-profiling Project and the Discharge Oversight Group commenced during 2013/14 and regularly review the PALS and complaints to analyse the concerns expressed and to monitor the impact of improvements made to patient’s services.

The Trust has recognised the critical importance of the embedding the Trust’s values into everyday practice. The Values into Action programme, Leadership programme and staff recognition awards lead this work. The Trust will commission a compassionate care programme during 2014/15 for both clinical and administrative
staff. This will be incorporated into the ‘Values into Action’ programme; and will be led by the Chief Nurse and Director of Organisational Development and Workforce.

3. The complaints and PALS received by each Division during 2013/14.

Each division has summarised their priorities to improve patient experience following the analysis of PALS and complaints during the year.

Neurosciences, Orthopaedics, Trauma and Specialist Surgery (NOTSS)

The numbers of formal complaints for NOTSS by month are displayed in table 7 below:

![Graph showing the numbers of formal complaints for NOTSS by month]

**Table 7: Source OUH NHS Trust Complaints Management System**

**Analysis of Complaints and action undertaken by the Neurosciences, Orthopaedics, Trauma, Specialist Surgery Division:**

290 formal complaints were received by the Trust relating to the NOTSS division. The vast majority (135) were related to accessing appointments, arrangements for admission and discharge. This illustrates the difficulties encountered by patients when accessing the division’s outpatient services Ophthalmology, Audiology, and Oral Surgery out patients.

These issues were addressed by the Division, through investment in a new telephone system that enables access to identified extension numbers to ensure the call is answered by the relevant member of staff in a timely manner.

The Trust has undertaken a trust wide Outpatient re-profiling programme to maximise the efficiency and capacity for outpatient slots including the Ear, Nose and Throat (ENT) clinic.

The Spinal Service has experienced increasing waiting lists for patients to be seen due to reduced capacity and increasing demand for this service and has been identifying options for increasing capacity.
Medicine Rehabilitation and Cardiology (MRC):

The numbers of formal complaints for MRC by month are displayed in table 8 below:

![Chart showing the numbers of formal complaints for MRC by month]

Table 8: Source OUH NHS Trust Complaints Management System

Analysis of complaints and actions by MRC:
The division received 187 formal during the year. These complaints related to communication and information, staff attitude, documentation and discharge. The key theme throughout the complaints is the manner in which the Division communicates both in writing and verbally with patients, relatives, within the team and with external partners.

The Division has addressed the completeness, accuracy and timeliness of documentation relating to patient safety to improve the coordination of patient care. They have prioritised the Pressure Ulcers scoring system (PSPS), patient falls, regular nurse rounds to address patients' needs proactively i.e. fluids, turning and need for the toilet and the written patient handover to other providers i.e. District Nurses and GPs.

The Division has adopted both an individual and team approach to improve the verbal communication and the attitude of staff in their interactions with patients and carers. This has been a key aspect of complaints investigations and team reflection at team meetings to learn from and understand the patient’s perspective. The senior staff across Acute General Medicine has also been strengthened, demonstrating the importance placed by the division on the role of clinical leaders supporting improvements in patient care.

Patients and relatives have identified, through their complaints that they have not been kept informed with discharge arrangements. There has been a particular divisional focus on improving communication between doctors, nurses and pharmacy so that patients are provided with accurate information and included in their discharge process.
Children’s and Women’s Division (C&W):
The numbers of formal complaints for C&W by month are displayed in table 9 below:

The numbers of formal complaints for C&W by month

<table>
<thead>
<tr>
<th>Month</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>12</td>
</tr>
<tr>
<td>May</td>
<td>10</td>
</tr>
<tr>
<td>June</td>
<td>8</td>
</tr>
<tr>
<td>July</td>
<td>9</td>
</tr>
<tr>
<td>August</td>
<td>11</td>
</tr>
<tr>
<td>September</td>
<td>8</td>
</tr>
<tr>
<td>October</td>
<td>10</td>
</tr>
<tr>
<td>November</td>
<td>11</td>
</tr>
<tr>
<td>December</td>
<td>12</td>
</tr>
<tr>
<td>January</td>
<td>11</td>
</tr>
<tr>
<td>February</td>
<td>10</td>
</tr>
<tr>
<td>March</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 9: Source OUH NHS Trust Complaints Management System

Analysis of complaints and action undertaken by the Children’s & Women’s Division:
The division received 118 formal during the year. The overarching themes related to communication with the patient/relative including changes to appointments, consent discussions and during post-operative care. The Division recognised that this theme crosses a broad range of scenarios. In many cases, however, the complaint could have been avoided had more time and care been taken in the communication with the patient and/or their family. The Division also identified delays in assessment or treatment, resulting in either a poor clinical outcome and/or sub-optimal patient experience as a noticeable problem.

Maternity services identified pain management, sensitivity in post miscarriage care, confidentiality (particularly where women are in 4-bedded bays) as themes during the year. As a result of the complaints received and the trends identified within them, the service has capitalised on the opportunities at team meetings, training and communications to improve practice across the service. Examples of this include the need to support mothers accompanying their babies specifically when attending New Born Care Unit (NB CU) for antibiotic treatments; the arrangements available for partners staying to support women during labour and overnight and the use of mobile computers to record observations at the bedside to avoid leaving women alone during labour.

The gynaecology service has identified privacy and dignity, information and communication about appointments as themes of complaints during the year. Examples of improved practice include the improved timeliness of informing patients by telephone, when surgery/appointments are cancelled as well as follow-up with emails or letters; ensuring patients are given appropriate dates for future surgery, where there is availability and capacity and patients understanding that they can have relatives or partners with them during consultations. The service has improved patient clinical information in relation to cervical biopsy and what to expect following treatment with silver nitrate.
The Children’s Service has identified the themes of working practices, team working and patient assessment as service improvements from complaints during the year. For example the Children’s Emergency Department has been asked to ensure patients reach the most appropriate clinical area as quickly as possible. Additionally, the staff in the Clinical Decision Unit for children improved the timeliness of answering the telephone and forwarding messages regarding requests for medical advice to doctors.

The Division has identified pain assessment as a quality priority and a nurse has been identified to specifically focus on training staff in children’s pain assessments. Nursing staff now ensure children are reunited with their parents as soon as possible post-surgery. Additionally, revised transport guidelines and the development of an education programme have ensured the sustained practice of recording the discussion held with parents prior to transferring their baby to another hospital.

**Surgery and Oncology:**

The numbers of formal complaints for Surgery &Oncology by month are displayed in table 10 below:

![The numbers of formal complaints for S&O by month](image)

**Table 10: Source OUH NHS Trust Complaints Management System**

**Analysis of complaints and action undertaken by the Surgery & Oncology Division**

The division received 189 formal during the year. The Division have identified their key themes as incorrect and inconsistent communication, uncaring attitude of clinical staff, outpatient appointment waiting times and cancellations, waiting times to see a doctor and waiting to be transferred to a different clinical area.

The Division are providing staff with training to reinforce the importance of accurate information and undertaking a review of patient centred information throughout the patient pathway.

Continuity of care is being addressed by increasing the level of junior medical staffs’ clinical supervision, provides additional training, clarification of roles and plans to link aftercare and include documentation within the Electronic Patient Record (EPR).
The Division is also participating in the external review of outpatient appointment systems to be completed later this year. The potential to utilise increased nurse-led clinics is being reviewed and outpatient departments have also made improvements to communication systems with patients when appointments are cancelled.

The Trust has recognised waiting times to see a doctor, be transferred, wait for a bed or wait for referral as a key priority. Work is underway to reduce waiting times for surgery and improve communication to patients about waiting times.

The Division has identified perceived uncaring attitude of clinical staff has resulted in a lack of personalised care, not meeting expectations and lack of explanations. Any unprofessional or uncaring attitudes are challenged and managed at the time of the complaint. This has also been addressed, strategically, through clinical supervision sessions to review complex cases, understand the implications and understand the patient’s perception. Complaints are discussed with staff to develop an understanding against implementation plans developed to enable the delivery of personalised compassionate care.

**Clinical Support Services:**

The Division received and investigated 53 formal complaints in 2013/14. The numbers of formal complaints for CSS by month are displayed in table 11, below:

![The numbers of formal complaints for CSS by month](image)

Table 11: Source OUH NHS Trust Complaints Management System

**Analysis of complaints and action undertaken by the Clinical Support Services Division**

The Division has identified that poor communication is a common theme in all complaints. This is improved by addressing the issues with to the specific individuals’ concerned and wider learning at team meetings and customer care training.

The Division has identified key areas for improvement. For example, in the Pain Relief Unit extra patient appointments were implemented to improve capacity by altering the consultant job plans. The newly recruited consultants have enabled and sustained an improved level of patient appointments and access.
The management of bariatric patients’ care, improved communication quality issues have been addressed and discussed at audit meetings. The outcomes and shared learning is being used to improve the way the suitability for surgery is discussed with bariatric patients.

Following complaints about poor communication with patients, written communications/information has been revised to improve the clarity regarding appointment letters. Relevant Radiology staff has also undergone customer care training.

Themes in Pharmacy related to delays with prescription dispensing or incorrect items that have been dispensed. The processes have been reviewed and changes implemented to improve the safety checks. Work is also underway through the Discharge Assurance Oversight Group to highlight the importance of writing discharge prescriptions in a timely manner.

**Corporate Services:**

The Division received and investigated 51 formal complaints in 2013/14.

The complaints relating to corporate services include car parking, hotel services and smoking.

**4. The performance of the Trust’s complaints service**

**The number of complaints acknowledged within 3 working days:**

The Trust standard (locally defined) for acknowledging a complaint is 3 working days (either by telephone, email or letter) and the Trust aims to achieve this for 95% of complaints received. The acknowledgement rates have declined for the last four months of 2013/14. However, unexpected sickness within the Complaints team has been the principle reason. Staffing resources within the Complaints team are expected to be returned to full complement by the end of July 2014. The team have employed a temporary administrator to support the team whilst recruiting to substantive posts. The acknowledgement timescales are presented in table 12 below.
The acknowledgement timescales

<table>
<thead>
<tr>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
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<td>77</td>
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<td>78</td>
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<td>84</td>
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<td>56</td>
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<td>81</td>
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<td>74</td>
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<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>96.77%</td>
<td>96.43%</td>
<td>95.6%</td>
<td>95%</td>
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</tr>
</tbody>
</table>

Table 12: Source OUH NHS Trust Complaints Management System

Percentage of complaints responded to within 25 working days (or agreed extension) by quarter:

This is a measurable Key Performance Indicator (KPI) reported quarterly to the Oxfordshire Clinical Commissioning Group (OCCG). The Trust is required to respond to 95% of all formal complaints within 25 working days (or an agreed extension with the complainant). The Trust has not met this KPI for the last 9 months, and is presented in table 13 below. Work is underway to ensure that this is met throughout 2014/15.

This will be improved by the Complaints team agreeing to more realistic timescales with complainants when planning and commencing the investigation process. Complaints that are considered to be uncomplicated in nature will continue to be investigated and responded to within 25 working days, but complaints that appear more complex, where there are multiple issues to be addressed, span more than one division or organisation, will be investigated and responded to over a longer timeframe such as 35 working days, in agreement with the complainant.

The Complaints team will negotiate with the divisions at an earlier juncture if divisions are unable to respond to the complaint within the required timeframe so that a new timescale can be negotiated with the complainant. This will continue to be monitored quarterly by the PALS and Complaints Manager.

Percentage of complaints responded to within 25 working days (or agreed extension) by quarter

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.6%</td>
<td>93.4%</td>
<td>94.05%</td>
<td>93.03%</td>
</tr>
</tbody>
</table>

Table 13: Source OUH NHS Trust Complaints Management System

Number of reopened formal complaints by the divisions:
This is a new performance indicator developed to indicate the effectiveness of the management of complaints.

Table 14 presents the number of reopened complaints, for the year 2013/14. Work will be carried out in conjunction with the divisions and the Complaints team to examine the reasons surrounding reopened complaints i.e. issues not being responded to appropriately initially, or the first response generating further questions rather than providing answers.
The number of reopened complaints, for the year 2013/14.

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<tr>
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<tr>
<td>C&amp;W</td>
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<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>3</td>
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<td>2</td>
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<td>3</td>
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<tr>
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<td>3</td>
<td>1</td>
<td>6</td>
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<td>4</td>
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<td>0</td>
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<td>2</td>
</tr>
<tr>
<td>S&amp;O</td>
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<td>3</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>6</td>
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<td>3</td>
<td>1</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>11</td>
<td>16</td>
<td>17</td>
<td>15</td>
<td>13</td>
<td>22</td>
<td>12</td>
<td>3</td>
<td>8</td>
<td>7</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 14: Source OUH NHS Trust Complaints Management System

Referral to Parliamentary and Health Service Ombudsman (PHSO) and outcome of their investigation:

Five formal complaints were referred to the PHSO in 2013/14. Of the five complaints, two remain under investigation by the PHSO. Two were not upheld by the PHSO and one was found to be upheld with a recommendation that the Trust financially compensate the complainant by offering an ex-gracia payment.

All complainants receive information from the Trust regarding the PHSO. It is envisaged that more complaints will be investigated by the PHSO in the future following recent announcements by the PHSO of their intention to investigate more complaints.

Complaints Review

*Putting Patients back in the Picture* and the *The Mid Staffordshire NHS Foundation Trust Public Inquiry* highlighted the importance of an understanding, honest and efficient complaints service within the NHS. Both reports identified the importance to support complainants, share the learning from complaints and investigate complaints with serious safety concerns as clinical incidents. The Trust embarked upon a review of the complaints service in order to establish how the service should improve to better support patients and staff in alignment with national guidance and best practice.

The Trust held three listening events with staff, patients and the PALS and Complaints Team. The PALS and Complaints service was audited by KPMG (internal auditors) and the service was compared with members of the national NHS Complaints network, to benchmark and identify examples of best practice not currently implemented by the Trust.

The CQC inspection, in February 2014, commended the Trust for the recent improvements in the complaints process and the impressive commitment to further improve. Additionally, the report commented on the Trust’s staff’s drive to resolve the concerns of patients and their families, the openness, honesty, support for
complainants and the acceptance of responsibility when something had gone wrong for a patient.

They highlighted the establishment of Trust wide improvements in response to patient and staff feedback, for example the outpatient re-profiling project and the discharge oversight group. All the recommendations from the review are in the process of being adopted into the PALS and Complaints Service. These recommendations include:

- To ensure patients and relatives know how to raise a concern or complain, and meeting with clinicians to resolve their concerns quickly,
- To increase the confidence and skills of staff when working with a patient and family to resolve a concern,
- To jointly produce a complaints investigation plan with the complainant to ensure open, transparent investigations and reports,
- To assess a complaint for investigation as a clinical incident when a complainant highlights a serious incident,
- To ensure clear leadership in place for multi-divisional complaints,
- The guidance for staff on accurate, plain English and sensitive resolution letters,
- The demonstration of how learning from complaints has improved services, shared across the Trust and the presentation at Trust Board,
- The implementation of satisfaction surveys to understand the complaints process from a patients perspective and regular reviews of anonymous complaints by a Trust wide panel with members of the public and non-executive directors,
- A visible complaints annual report easily available and written in plain English.

The Trust will regularly test the impact of these changes through the complainants’ satisfaction survey.

5. **Improvements in managing complaints in 2014/15**

The Complaints and PALS service have been reviewed by the KPMG internal audit in November 2013 and CQC inspection in February 2014. This has culminated in the Trust’s review of the Complaints service. The Trust’s Complaints team will implement that proposed changes during 2014/5.

The Trust’s Complaints team are committed to providing an excellent and responsive service to patients and their relatives, ensuring their concerns are fully addressed in an open and transparent manner. In addition, the Trust is committed to learning and continuously improving from all concerns and complaints raised, to ensure appropriate changes are introduced.
The Complaints and PALS teams, and key staff within the wider Trust will undergo bespoke training to be provided by an external company tailored specifically to the investigation process, responding compassionately and most importantly, developing the learning opportunities from complaints.

The improvements, to be commenced in 2014/2015 by the Complaints service include the implementation of a complaint plan with complainants, and a satisfaction survey once their complaint is resolved. The satisfaction survey will be completed in conjunction with the Patients Association, who have developed a survey which a number of Trusts nationally are using. The surveys are sent directly back to the National Benchmarking Network for analysis.

A complaints algorithm will clarify each stage of the complaints process, with timescales, delegated responsibility, clear governance and monitoring of complaints action plans. Work on this will be undertaken with the clinical divisions and the Trust’s Assurance Team.

The PALS team have instigated an improved level of escalation when managing inpatient complaints that require a formal process, which has been well received by both internal colleagues and service users. This process will be further implemented to address outpatient queries during 2014/15 to ensure these are dealt with as quickly and efficiently as possible.

The Complaints and PALS team will move to recording all complaints and PALS enquiries on a newly purchased system, Datix Web, which will allow the teams to be more accurate in how they record the complaints and queries received and will therefore provide the Trust with more appropriate reports on trends identified as a result. In addition, access to the new system will be extended to the Divisional Nurses to ensure they monitor action plans for their Divisions which arise as a result of the complaints recorded.

Work will be undertaken within the Complaints and PALS team to ensure that written responses sent to enquirers/complainants are appropriately written, in a more personable, and approachable manner. This is in line with findings from other NHS Trusts who have adapted their written responses accordingly. There will be an emphasis on all written responses to ensure they encompass the Trust’s core values.

The PALS and Complaints team will continue to build expertise in data analysis that improves insights into complaints, and reinforce the strong working partnerships with divisional staff throughout the Trust. The aim is to ensure a seamless and efficient way of resolving issues for patients and their relatives, in a timely and compassionate manner.

Catherine Stoddart
Chief Nurse

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