

**Trust Board Meeting: Wednesday 11 September 2013**

**TB2013.101**

<b>Title</b>	<b>Annual Report on Complaints</b>
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<b>Status</b>	For information
<b>History</b>	This is an annual report to the Board

<b>Board Lead(s)</b>	Liz Wright Acting Chief Nurse			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

**Summary**

1	This report summarises the complaints received by the Trust from April 2012 to March 2013.
2	The provision of an annual report of concerns and complaints is a requirement of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
3	The Trust received a total of 860 formal complaints and the main themes were patient care and experience, discharge/delays, communication and staff behaviour.
3.	The key reports published this year that have identified the paramount importance of listening compassionately to patients' and relatives concerns and ensuring that clinical staff are confident and equipped to resolve concerns and complaints as speedily and humanely as possible.
4	The key priorities for complaint management during 2013/14 will be to complete the full review of the Trust's management of complaints.
<b>Recommendation</b>	
The Trust Board is asked to receive the annual report.	



# PALS and Complaints Annual Report 2012/2013

**Delivering  
Compassionate  
Excellence**

learning  
respect delivery  
excellence  
compassion improvement

## Chief Executive's Foreword



I am pleased to present Oxford University Hospitals NHS Trust's Patient Advice and Liaison Service and Complaints Annual Report for the period 01 April 2012 to 31 March 2013.

The Trust's core theme of "Delivering Compassionate Excellence" reflects our commitment to deliver the highest standard of healthcare possible and to ensure we provide an excellent experience for patients and their relatives. However, there are times when their experience falls short of this standard and this is always a cause for concern. I welcome the feedback provided by patients, and their families, as this helps us to learn and to improve the service for others.

It is important that we listen carefully to what people tell us, that we are open, honest and transparent when responding to concerns or complaints and that we do all we can to resolve concerns and complaints and learn how to put things right for the future. Our complaint process adheres to the Parliamentary and Health Service Ombudsman's six Principles for Remedy:-

- Getting it Right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

Complainants are provided with an opportunity to discuss their complaint, agree timescales and meet with managers or clinicians to reach a satisfactory resolution. We try to provide support for staff who have had concerns raised against them, and encourage them to change their practice or behaviours to improve patient experience.

We use the lessons learned as a result of complaints to change and improve the services we provide and to reflect on our patient care. Where learning and actions are identified through the feedback we receive, we take immediate steps to initiate improvement and change.

The management of complaints and any trends or themes identified from them are regularly reported and monitored through the Quality Committee and Trust Board. I am

proud, on behalf of our staff, of the many compliments we receive about our services and I strongly encourage that these are shared to help us learn from examples of excellence as well as from those where we provided less satisfactory care.

We have drawn on the key reports published this year. *'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry'* chaired by Robert Francis QC; *'Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report'* published by Professor Sir Bruce Keogh KBE, which have highlighted the paramount importance of acting on, and learning from, concerns and complaints and the report on "Improving the Safety of Patients in England" from the National Advisory Group chaired by Professor Don Berwick. We will also take on board advice that come from the national Complaints Review being undertaken by Anne Clwyd MP.

The Trust is currently reviewing policies and procedures for the handling of complaints with the aim of ensuring sensitive and speedy coordination and resolution of complaints, meeting the expectations of patients and relatives. To achieve this the Trust will increase early resolution of complaints, ensure that the confidence and skills of staff in handling concerns and complaints are improved and the learning obtained from complaint investigations is used as a driver for service improvement. Good patient centred complaint coordination and sensitive responsiveness is a key driver to department's ability to deliver on Trust Values and will be a key objective of the Complaints Team during 2013/4.

Signed

**Sir Jonathan Michael FRCP**

**Chief Executive**

## Introduction

1. Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, a responsible body must prepare an annual report each year. This must specify the number of complaints received, the number of complaints which the responsible body decided were well-founded and to summarise the subject matter of complaints, any matters of general importance arising from those complaints, or the way in which they have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints.
2. This is the Complaints and Patient Advice and Liaison Service (PALS) annual report for the Oxford University Hospitals NHS Trust (OUH) for the period 1 April 2012 to 31 March 2013.
3. The OUH is a centre of clinical innovation and training. It is one of the largest NHS teaching hospital trusts in the UK. The Trust is made up of four hospitals, The John Radcliffe Hospital, the Churchill Hospital, the Nuffield Orthopaedic Centre, which are all located in Oxford, and the Horton General Hospital located in Banbury.
4. The Trust provides a wide range of clinical services, specialist services and tertiary services to the people of Oxfordshire and beyond, serving a diverse rural and urban population in excess of 653,800.
5. The activity includes approximately 727,500 outpatient appointments across the Trust each year and 186,500 emergency and elective inpatient admissions. The Trust also delivers 8,500 babies per year.
6. Our trust values are to provide compassionate excellence by taking pride in the quality of care we provide, putting patients at the heart of what we do and always striving to improve. Receiving concerns and complaints and learning how to improve our services is very important to us.
7. The Complaints and PALS team form part of the wider Patient Services Team and reports on complaints are presented to Trust Board and Quality Committee as part of the Quality Report. Divisional PALS and complaints are presented at the monthly Trust Clinical Governance Committee. A detailed report is presented in the quarterly Patient Experience Report.
8. The Complaints and PALS team consists of seven Complaint/PALS Co-ordinators and four Patient Service Officers. The Team are customer facing and work with patients and/or their families. They facilitate local resolution by liaising on the patient's behalf with services and departments throughout the Trust with the intention of being responsive, accessible, visible and patient centred. The Complaint/PALS Co-ordinators are aligned to individual divisions and work closely with their divisional leadership to ensure the pro-active and responsive co-ordination of complaints resolution, to ensure that learning and actions are identified, to improve services. The team is managed by the Complaints Operational Manager.

## An overview of the complaints received and managed during 2012 – 2013

### Complaints Received

9. There were 860 new formal complaints received April 2012 to March 2013, this was relatively consistent with previous years. This is presented in Figure 1 below.

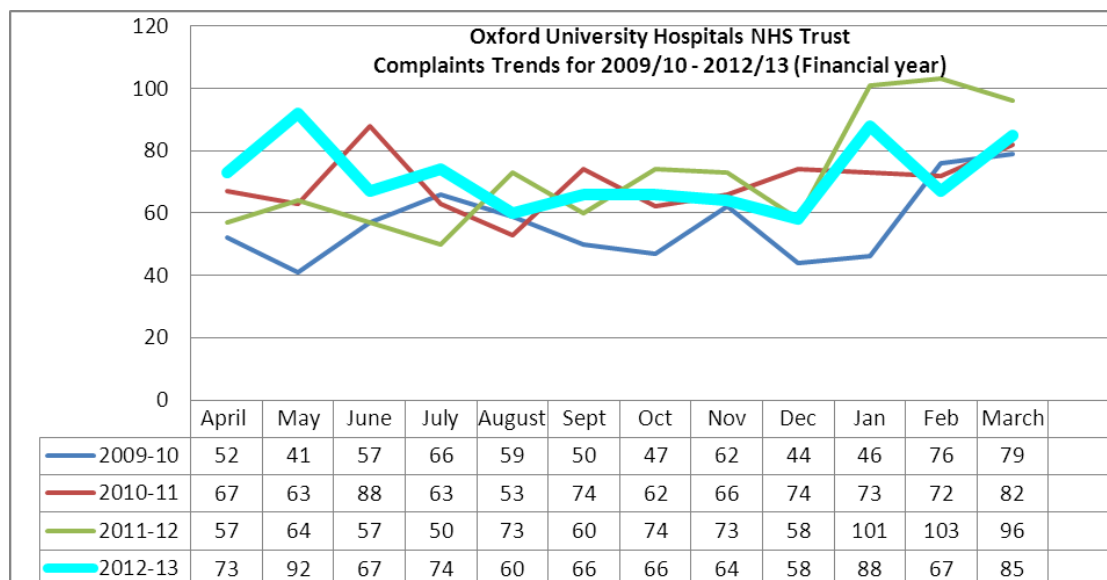


Figure 1

10. Table 1 illustrates the complaints trends against total OUH activity

Financial Year	Total OUH activity	% of activity
2010-11	1101845	0.075%
2011-12	1135868	0.076%
2012-13	1145846	0.075%

Table 1

11. The activity in Table 2 includes Finished Consultant Episodes (FCEs), the amount of Outpatient appointments attended and the A&E attendances, per Division for the period April 2012 to March 2013, together with the corresponding number of complaints received and the corresponding percentages.

Division	Activity Apr 2012 to Mar 2013	Complaints Apr 2012 to Mar 2013	%
Cardiac Thoracic & Vascular	59789	44	0.07%
Critical Care Theatres Pharmacy &Diagnostics	195000	52	0.02%
Children & Women's	157860	136	0.08%
Emergency Medicine & Therapies	325513	147	0.04%
Musculoskeletal & Rehabilitation	132635	76	0.06%
Neurosciences, Trauma & Specialist Surgery	254593	210	0.08%
Surgery & Oncology	286727	170	0.06%

Table 2: Activity

Corporate Services received 25 complaints.

12. The main complaints themes have remained consistent throughout the year. These were related to: patient care and experience, discharge/delays, communication and staff behaviour.
13. These are categorised using the Datix risk management system, which was introduced in May 2012. This system is used widely within the NHS, however it is recognised that further work is needed on the classification of complaints and development of Datix to accommodate the finer understanding of the essence of each complaint. This is to ensure the system clearly identifies the root causes of complaints; to enable the Trust to learn from them and the reasoning behind the complainant's issues in order to effectively improve services and clinical practice.
14. New complaints are graded using the Department of Health complaints grading criteria which are categorised according to the impact of the issues within the complaint upon the patient. Please refer to Appendix 1.

#### **Resolved, and closed complaints.**

15. There were 860 complaints closed from April 2012 to March 2013 within 25 days or later in agreement with the complainant. There are two complaints that have been re-opened during 2013/14.
16. The Department of Health requires the Trust to report the ethnicity of complainants on an annual basis in the KO41A return in order to ensure inclusivity and equity of access. Please refer to Table 3.



Ethnic Group of Complainant	
Black African – Black or Black British	1
Black Caribbean – Black or Black British	4
British - White	117
Other White - White	6
White and Black Caribbean - Mixed	1
Indian – Asian or Asian British	1
Pakistani – Asian or Asian British	1
Not Stated (these complainants were not asked about their ethnicity and work is underway to improve this)	729
<b>Total</b>	<b>860</b>

Table 3: KO41A Ethnicity Report for 2012/13

### 17. Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO) by Complainants

In 2012/13 there were 10 complaints referred to the Parliamentary and Health Service Ombudsman by complainants who remained dissatisfied with the Trust's response to their complaint. Five of these complaints were not upheld by the Ombudsman, one was partially upheld and the Ombudsman's recommendation is currently being reviewed by the Trust, and one was not investigated as the Ombudsman felt the Trust had dealt with the matter appropriately. Three investigations remain outstanding.

### 18. Summary of complaints received and actions taken by division

#### Critical Care Theatres Diagnostics and Pharmacy:

The summary for the division's complaints is presented in table 4, below.

Complaints Received	52
Complaints Closed	52
Complaints Not Upheld	7
Complaints Partially Upheld	23
Complaints Upheld	20
Complaints Withdrawn by complainant	2

Table 4

The main themes of the complaints received were delays and waiting times. The division has taken steps to provide timely discharge medications, improve communication with patients regarding cancelled operations and re-written patient admission letters.

### Children and Women's :

The summary for the division's complaints is presented in table 5, below.

Complaints Received	136
Complaints Closed	136
Complaints Not Upheld	8
Complaints Partially Upheld	79
Complaints Upheld	49

**Table 5**

The main theme of the complaints received was communication. The division has undertaken staff customer care training, recruited more staff to improve reception capacity, telephone responses and implemented training for radiology staff in dealing with specific child issue procedures.

### Corporate :

The summary for the division's complaints is presented in table 6, below.

Complaints Received	25
Complaints Closed	25
Complaints Not Upheld	6
Complaints Partially Upheld	8
Complaints Upheld	10
Complaints Withdrawn by complainant	1

**Table 6**

The main theme of the complaints received was communication. The division has changed the production of appointment letters over Bank Holidays, recruited two staff members to the Patient Contact Centre to improve telephone service and reviewed car park ticket machines.

**Cardio Thoracic and Vascular:**

The summary for the division's complaints is presented in table 7, below.

Complaints Received	44
Complaints Closed	44
Complaints Not Upheld	11
Complaints Partially Upheld	16
Complaints Upheld	15
Complaints Withdrawn by complainant	1
Complaints put on hold by complainant	1

Table 7

The main theme of the complaints was communication. The division has established a Task and Finish Group to improve discharge process, implemented teaching sessions for administrative staff and undertaken customer care training for staff.

**Emergency Medicine, Therapies and Ambulatory :**

The summary for the division's complaints is presented in table 8, below.

Complaints Received	147
Complaints Closed	147
Complaints Not Upheld	28
Complaints Partially Upheld	67
Complaints Upheld	48
Complaints Withdrawn by complainant	1
Complaints put on hold by complainant	1
Complaints referred to Legal Services	2

Table 8

The main theme of the complaints was patient care. The division conducted a review of medical wards to assess patient needs with personal care, improved guidance for nursing staff for booking patient transport and worked closely with pharmacy staff to ensure discharge medication is provided in a timely manner.

**Musculoskeletal and Rehabilitation Services:**

The summary for the division's complaints is presented in table 9, below.

Complaints Received	76
Complaints Closed	76
Complaints Not Upheld	13
Complaints Partially Upheld	29
Complaints Upheld	31
Complaints Withdrawn by complainant	1
Complaints re-opened in 2013/14	2

Table 9

The main themes of complaints received was, communication and delays. The division appointed a Spinal Co-ordinator to maintain good communication with patients and improved the pre-admission process.

**Neurosciences, Trauma and Specialist Surgery :**

The summary for the division's complaints is presented in table 10, below.

Complaints Received	210
Complaints Closed	210
Complaints Not Upheld	24
Complaints Partially Upheld	120
Complaints Upheld	63
Complaints Withdrawn by complainant	3

Table 10

The main themes of the complaints received was, communication and nursing care. The division has improved telephone communication with patients, re-established nursing standards, and implemented 'intentional rounding'.

**Surgery and Oncology:**

The summary for the division's complaints is presented in table 11, below.

Complaints Received	170
Complaints Closed	170
Complaints Not Upheld	17
Complaints Partially Upheld	118
Complaints Upheld	35

Table 11

The main themes of complaints received was, communication and delays. The division appointed co-ordinators to improve rescheduling of appointments, improved communication with patients regarding waiting times, increased Theatre capacity and implemented staff training.

**Management of complaints.**

19. The PALS and Complaints Team were reorganised within the Chief Nurse's directorate and amalgamated during 2012/13 following a review of the services.
20. 846 of the 860 complaints received (98%) were acknowledged within the required statutory 3 working days. Under the 2009 Complaints Regulations there is no set time limit for responding to complaints, but a requirement to agree a timescale with the complainant. The OUH continues to use the 25 working days as a benchmark when agreeing timescales with complainants. 22 complaints received (2.5%) were not responded to within the agreed timescale due to complainants not being contacted to extend the response period.

**PALS contacts received for 2012/13**

21. In updating the NHS Complaints Regulations, the Department of Health recognised the important role that PALS services play in providing early resolution to patients' concerns or complaints, as well as the provision or access to information. The PALS team usually work either face to face, on the telephone or by email, to resolve patients' concerns.

22. There were 3718 contacts made with the PALS in 2012/13. Tables 12 and 13, below present a comparison of PALS activity between 2011/12 and 2012/13

Year	Email	Telephone Payer	In Person	Letter	Feedback forms Web Feedback	Total
2011/12	758	2173	406	121	1228	4086
2012/13	744	1572	304	201	1572	3718

Table 12

Division	Activity Apr 2012 to Mar 2013	PALS contacts Apr 2012 to Mar 2013	%
Cardiac Thoracic & Vascular	59789	255	0.4%
Critical Care Theatres Pharmacy & Diagnostics	195000	236	0.1%
Children & Women's	157860	364	0.2%
Emergency Medicine & Therapies	325513	557	0.1%
Musculoskeletal & Rehabilitation	132635	536	0.4%
Neurosciences, Trauma & Specialist Surgery	254593	955	0.3%
Surgery & Oncology	286727	476	0.1%

Table 13

Corporate directorates of, Operational Services and Service Improvement received 286 and 53 PALS contacts. The main themes of those contacts in 2012/13 are presented in table 14, below:-

Delays	Delay in new appointment	169
	Delayed operation	147
	Delay in Follow up Appointment	138
	Referral Delay	110
	Delay in referral to specialist unit	36
Communication	No answers provided	232

	Lack of Information (patients)	37
	Radiological Results not communicated	31
	Lack of Information (relatives)	28
Staff Attitude	Caring Friendly and helpful	71
	Rude	55
	Disinterested/Uncaring	56
	Aggressive	4

Table 14

23. PALS contacts received during 2012/13, relating to issues that required resolution were 1997 (67%).

The overriding type of PALS contacts received (39%) were compliments and positive feedback. 53% of the contacts were issues that required resolution and the remaining 8% related to requests for advice or information (6%) and negative feedback (2).

### Outcomes to PALS contacts received in 2012/13

24. As a result of the PALS contacts received, the Trust has put in place a number of initiatives to improve services

- Customer Care Training
- Out-patient re-profiling initially focussing on ophthalmology
- Plans for additional Pharmaceutical staff for the West Wing were finalised to improve waiting times for discharge medications

### The National Reports and OUH Complaints Review

25. A national review aimed at ensuring that all hospitals listen to and act upon the concerns of patients was launched in March 2013. It has been led by [Ann Clwyd](#), MP for Cynon Valley, and [Professor Tricia Hart](#), Chief Executive of South Tees Hospitals NHS Foundation Trust

27 Additionally, patient centered complaints resolution has been identified in:

*'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry'* chaired by Robert Francis QC, *'Patient Centred Leadership: Rediscovering our Purpose'* published by the King's Fund in May 2013, *'Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report'* published by Professor Sir Bruce Keogh KBE, and the Parliamentary and Health Service Ombudsman's report *'Designing Good Together : transforming hospital complaint handling'*.

These reports have identified the paramount importance of listening compassionately to patient's and relatives concerns; and ensuring that clinical staff are confident and equipped to resolve concerns and complaints as speedily and humanely as possible.

28. The vision of the OUH complaints review is to develop sensitive, patient centred coordination and resolution of complaints. To achieve this aim the Trust will increase early resolution to complaints, ensure that confidence and skills of staff are improved and the learning obtained from complaint investigations is used as a driver for service improvement. Good patient centred complaint coordination and sensitive responsiveness is imperative to the department's ability to deliver on Trust Values and will be an objective of the Complaints Team during 2013/4.
29. A Trust wide task and finish group, which includes previous complainants, is conducting the review ensuring that a patient centred complaints service is embedded locally with divisions focusing on early complaints resolution, training staff to enable them to be better equipped at resolving concerns and complaints. Sharing learning from complaints across the organisation is important to stimulate innovation and change in clinical practice. This will report to Trust Board in November 2013.
30. The key priorities for the Complaints Team during 2013/4.
- The development of training, for complaints team and investigators based on Trust Values with a planned programme to improve patient centred approaches to early resolution and complaint investigation.
  - The standardisation of the investigative process across the Divisions, by implementing core investigation principles and documentation.
  - The triangulation of patient feedback, concerns, compliments and complaints to obtain a balanced view of overall patient experience.
  - Regular PALS and Complaints 'Listening into Action' events with staff, patients, complainants, carers, executive directors and non-executive directors.
  - Regular case study review of anonymous complaints which would entail a review of anonymised complaints to learn and improve, with a panel of clinicians and patient representatives to obtain optimal learning.
  - The development of a resource toolkit for resolving and managing complaints for investigators, which can be shared across the Trust enabling improvement.
  - The improved categorisation of themes on the Datix complaint database to enable root causes to be clearly identified.
  - To re-write the Standard Operations Procedures and Policy for complaints as a result of the review to include early resolution, patient and staff empowerment, complaint co-ordinators to be much more embedded within clinical divisions, clearer standardised investigative process and escalation if unresolved, divisions to triage and grade complaints.
  - To develop detailed sensitive criteria defining categorisation of complaints and PALS



- To develop local targeted outcomes about complaints.
- To develop the classification of complaints on the Datix system to ensure the system clearly identifies the root causes of complaints; to enable the Trust to learn from complaints to improve services and clinical practice.

### **Conclusions**

31. The Trust Board is asked to note the report which presents activity relating to the complaints and PALS contacts for the year 2012/3, national influences to the changes in the management of complaints. The Trust's drive to transform and align the management of complaints with intuitive approaches to responding to complainants is in order to achieve resolution, and enable the Trust's wider learning and service improvement, that is sustainable and addresses the complainants' issues

**Liz Wright**  
**Acting Chief Nurse**

**Caroline Heason**  
**Safeguarding Adults and Patients Services Manager**

**August 2013**

Appendix 1

**Department of Health Complaints Grading Criteria**

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	