

Trust Board Meeting in Public: Wednesday 9 May 2018

TB2018.41

Title	Learning from complaints - Lessons learnt from a complaint and the processes used to respond to the complaint
--------------	--

Status	For information and learning
History	Patient stories are presented to the Trust Board or the Quality Committee. This paper focuses on the processes and lessons that could be learnt from a complaint.

Board Lead(s)	Sam Foster, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Board Quality Report in May 2018 highlighted 11 themes that the Trust will track the improvements required for service delivery based on learning from complaints.
2. The paper provides an opportunity to highlight lessons learnt from a patient's complaint, including the investigation undertaken and the closed response to the patient's complaint.
3. The original complaint and response are appended to this paper.
4. The Trust Board is asked to reflect upon the lessons learnt from the patient's experience that led to the complaint, which involved third parties and the reliance upon up to date notifications of contract status. This highlights the difficulties that occur in communications between multiple agencies, leading to process related complaints.

Issues raised in the complaint:

- Delays due to poor notification of change in provider of an outpatient service and subsequent lack of service provision of Community Physiotherapy.

5. Recommendation

The Trust Board is asked to reflect on the lessons learnt and assurance gained through the thoroughness of the investigation processes, in addition to the response provided to the patient.

1. Purpose

The purpose of this paper is to highlight the complex processes involved in the investigation of a complaint which involved more than one provider including the issues that occur due to changes in provider at the point of transition in relation to communication.

2. Background

- 2.1. The patient had no complaints about their experience of the Trust or Ambulance service which included a two and half hour wait for an ambulance, and an overnight stay in the Emergency Department , and a three day wait to be operated on.
- 2.2. 'The surgeons, doctors and staff did a great job and the hospital physiotherapists helped me to begin my journey of recovery.' (See appendix 1 – patient's letter.)

3. The complaint

- 3.1. On discharge 'I was told I had been referred to Abingdon Out Patient Department urgently, so on my return home I rang the Marcham Road hospital to ask for an appointment, to be told the NHS no longer manage this service and it had been taken over by HealthShare.' (See appendix 1 - patient letter.)
- 3.2. More than 17 days after discharge, no-one from HealthShare had contacted the patient and she became anxious that she had not received the physiotherapy she needed in a timely manner. The patient felt that physiotherapy was even more warranted because of a pulmonary embolus she had experienced whilst in hospital. The patient felt that physiotherapy after the operation would help to prevent potential life changing complications.

4. Processes and best practices undertaken

- 4.1. The thorough investigation undertaken by OUH is evident, it is open and addresses all the key issues.
- 4.2. Further assurance can be gained through the sign off processes undertaken by the Trust through the Chief Nurse undertaking to review every complaint personally for detail and accurate and responsiveness on behalf of the Chief Executive (appendix 2). However, upon re-review, one could consider whether a more joined up response could have been organised- i.e. could OUH worked with Healthshare to provide a more joined up response rather than simply refer the patient to Healthshare? Particularly as this is our approach with other NHS providers. In addition the lessons learnt from this complaint in section 5 of this report would have read well in the response letter which, it could be suggested reads in a slightly defensive tone.

5. Lessons to be learnt from this complaint

- 5.1. The complaint has highlighted issues of miscommunication between the commissioner, and the OUHFT and a third-party provider, which can result in delays in service provision
- 5.2. The need for OUHFT to strengthen and ensure the discharge processes gain a closer working partnership with community services in order to ensure effective referral systems post-discharge.
- 5.3. Closer communication and partnership working with the OCCG, to inform OUHFT of changes to commissioned services external to the Trust.

5.4. The need for the Trust to communicate more effectively with patients at the point of discharge, so patients understand the specific services that will be available to them, and the appointments booked prior to discharge in a timely manner.

6. Recommendations

The Trust Board is asked to reflect on the lessons learnt and assurance gained through the thoroughness of the investigation processes, as well as the honest and compassionate response given to the patient.

Ms Sam Foster

Chief Nurse

April 2018

Report prepared by:

Ms Liz Wright, Deputy Chief Nurse

Appendix 1

23/10/2017

Dear Mr. [REDACTED],

My husband was just about to post ICI's letter when I had a phone call from the JR with a number for Health Share!

I now have an appointment for ICI Wednesday at Whitney (25).

I am still sending ICI's letter because there must be others who need to be seen but are not as 'pushy' as me. My first thought was why didn't Health Share ring me.

Hope ICI's gets solved for everyone.

Yours
[REDACTED]

25 OCT 2017

Appendix 1

[REDACTED]
[REDACTED]
[REDACTED]
E-mail [REDACTED]

Tel: [REDACTED]

[REDACTED]
Chief Executive Officer,
Oxford University Hospitals,
NHS Foundation Trust,
The John Radcliffe Hospital,
Headley Way,
Oxford
OX3 9DU

23rd October 2017

Dear Mr [REDACTED]

JR Hospital [REDACTED]

It is with regret I am writing to you to make a complaint, after my hip operation at the JR. I was admitted on 24th September 2017, operated on 27th September and released on 5th October.

I fully understood the two and a half hour wait for the ambulance, the overnight stay in A & E and the three day wait to be operated on. I knew the reason was that others were worse off than me and though unpleasant I understood.

What I cannot understand is the complete lack of any physiotherapy once I was discharged. The JR surgeons, doctors and staff did a great job and the hospital physiotherapists helped me to begin my journey of recovery. I was told I had been referred to Abingdon OPD urgently so on my return home I rang Marcham Road Hospital to ask for an appointment, to be told the NHS no longer manage this service and it had been taken over by Health Share.

When in hospital one lives in a bubble and I had no idea what was happening in the outside world until a friend brought me a local paper, whose headlines were about the debacle and that Health Share were quoted as apologising to the people of Abingdon, but they were unable to help them as they had nowhere to work. It appears there had been some disagreement between your hospital trust and the new company over the use of premises, which seems very petty when so many people have been seriously affected by this. I only hope that this does not lead to a potentially life changing negligence for those of us who have been left to cope alone.

So this time I am upset. It is not just a case of me having to wait because of more urgent cases but no one, however necessary, is going to get physiotherapy in Abingdon. Also I have been led to believe that physiotherapy is even more warranted in my case as I suffered a pulmonary embolus during my stay in the JR. So I am anxious to avoid a potentially second life threatening event, by receiving the appropriate physiotherapy. I have already been home 17 days with no attempt by Health Share to contact me.

Also as 76 year old I have done my best the last eight years to keep my arthritis (in my spine) under control by using the gym, taking long walks and doing the exercises give me eight years ago and I have been able to function without painkillers. However, because I cannot go to the gym or have long walks (at the moment) and because all my exercises bar one are impossible with the hip replacement, not only am I trying to heal my hip but I am battling with the arthritis which is enjoying the chance to establish itself again.

You will see that I have forwarded a copy of this letter to the Rt Hon [REDACTED], my local MP and I would be most grateful if you could resolve this impasse and allow those that need further physiotherapy in Abingdon to receive it as soon as possible.

Thank you for reading this. I look forward to your response.

Yours sincerely,

[REDACTED]

G.C. Rt Hon [REDACTED]

Appendix 2



Oxford University Hospitals

NHS Foundation Trust

The John Radcliffe

Headley Way

Headington

Oxford

OX3 9DU

Tel: 01865 226889

Our Ref: 1718 7173 GGY
30 November 2017

Mrs [REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

Thank you for bringing your concerns regarding your physiotherapy appointment following your recent hip operation to my attention in your letter of 23 October 2017. I am sorry that you have had reason to complain and I appreciate that you will not have done so lightly.

Your concerns have been investigated on my behalf by Mr [REDACTED], Service Manager for the Trauma Service.

Mr [REDACTED] appreciates that you understood the delays prior to your operation; as you noted, the services are under immense pressure at the moment and we have to respond to each patient according to clinical necessity.

Mr [REDACTED] would like to clarify a few changes that have taken place in regard to the Community Physiotherapy Service, as he was involved in the Musculoskeletal Triage Service (MSK Hub) prior to his current position in Trauma.

Up to 30 June 2017, Oxford University Hospitals (OUH) NHS Foundation Trust provided – under contract from the Oxfordshire Clinical Commissioning Group (OCCG) – the MSK Service to patients in Oxfordshire, whereby following a referral from a patient's GP, individual patients would be triaged and assessed on which service or care would be required. In addition, Oxford Health NHS Foundation Trust (separate to OUH) also provided Therapy Services in the community. This contract ended on 30 June 2017 and a new provider was appointed by OCCG, this new provider is Healthshare and is responsible on behalf of OCCG for MSK Services and Community Physiotherapy. Healthshare are a private company and have no connection to OUH or Oxford Health whatsoever.

Following the end of the contract, our staff and services were reassigned and premises contracts ended for the provision of services by OUH and Oxford Health in respect of MSK and Community Physiotherapy Services.

Mr [REDACTED] understands that Healthshare identified and arranged for premises, according to OCCG requirements in their contract, but this had nothing to do with OUH. However, Mr [REDACTED] understands that there was some issues with Healthshare finding a location to provide services in Abingdon, but as this was no longer under OUH or Oxford Health control or contract neither organisation were involved. As far as Mr [REDACTED] is aware there was no

disagreement between OUH and Healthshare regarding premises. As an independent provider of services, with a separate contract with OCCG, Healthshare would have been required to arrange their own locations to provide their services.

The services provided by OUH are directed by the contracts and agreements set in place with OCCG and we have to abide by their guidance and requirements on pathways for patient care. Thereby when discharged from a clinical service at OUH, patients are referred to Community Therapy which is now provided by Healthshare.

Mr [REDACTED] is very sorry to learn that your experience in using the services provided by Healthshare has been negative, but can only advise you to take your complaint to OCCG at the following address:

Oxford Clinical Commissioning Group
Jubilee House
John Smith Drive
Oxford Business Park South
Oxford
OX4 2LH

I would like to apologise for your experience and give you my assurance that we have your concerns seriously. If you have any further questions, please do not hesitate to contact Miss [REDACTED] Complaints Coordinator, on [REDACTED] or via email at [REDACTED] who will be happy to assist you further.

Yours sincerely

[REDACTED]

[REDACTED]
Chief Nurse