Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
29th September 2011

TITLE	**Ashford & St Peter's Annual Report on PALS & Complaints 2010/11**
EXECUTIVE SUMMARY	This report seeks to assure the Trust Board that formal complaints made to the Trust during the period April 2010 to March 2011 are being considered in accordance with the NHS and Social Care Complaints Handling Regulations (England) 2009.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Assurance is given to the Trust Board that complaints are being handled as specified in the regulations. Any complaints that take longer than the timescale agreed with the complainant are done so with the understanding and agreement of the complainant and a reason for the delay offered. The Trust responded to 94% of complaints within the timescale agreed with the complainant for response.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	All complaints are examined for Trust wide learning and with the aim of service improvement and avoidance of duplication of causational factors to the complainant.
EQUALITY AND DIVERSITY ISSUES	All complaints are treated equitable according to severity / grading. All complaints are assured that the fact they have complained will not jeopardise care for any future admissions.
LEGAL ISSUES	This paper sets out how the Trust meets its statutory requirements in relation to the handling of formal complaints.
The Trust Board is asked to:	Read and make note of the report, be assured that this annual report has been approved by the Complaints Monitoring Group on 29 July 2011.
Submitted by:	Suzanne Rankin, Chief Nurse – Executive Lead for Complaints.
Date:	15th September 2011
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

Annual PALS and Complaints Report For the period: 1 April 2010 – 31 March 2011

Author
S Maughan, Patient Experience Manager
1 July 2011

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1. Introduction

The purpose of this report is to provide information on informal concerns and formal complaints received by the Trust through the Patient Advice and Liaison Service (PALS) or via the Formal Complaints Process between 1 April 2010 and 31 March 2011.

Developments and plans to ensure compliance to legislation and standards of the Care Quality Commission (CQC) and National Heath Service Litigation Authority are discussed.

Divisions have provided individual reports. These discuss PALS issues and Complaints and describe learning that has occurred as a result, as well as plans for future improvement. Please see Appendix 1.

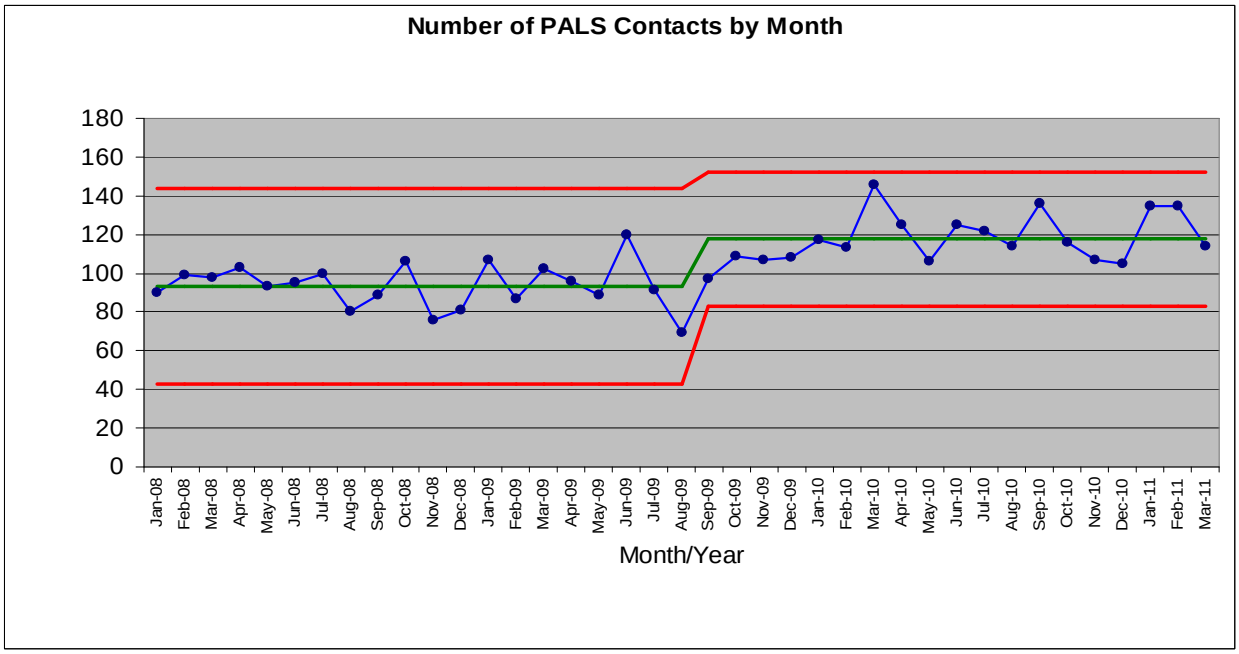
2. PALS Contacts

PALS works with patients, relatives, carers and Trust staff to resolve concerns in a timely manner. PALS also provide information, advice and support in relation to Trust, NHS, Social and Community Services. During 2010/11, there were 1,440 contacts with PALS, an increase of 14% when compared with 2009/10 (1261) and an increase of 28% compared with 2008/09 (1118).

In total, 79% of contacts with PALS were in relation to concerns (1,134). This represents an increase of 14% in the number of concerns compared with the previous year (992).

Chart 1 demonstrates an increase in PALS activity and a step change in September 2009 when the average number of contacts over a period increased from 90 to 115. The average number of contacts per month remains at 115.

Chart 1



3. Complaints Received

During 2010/11, the Trust received 361 formal complaints which is a decrease of 10% compared with the previous year (401).

Chart 2

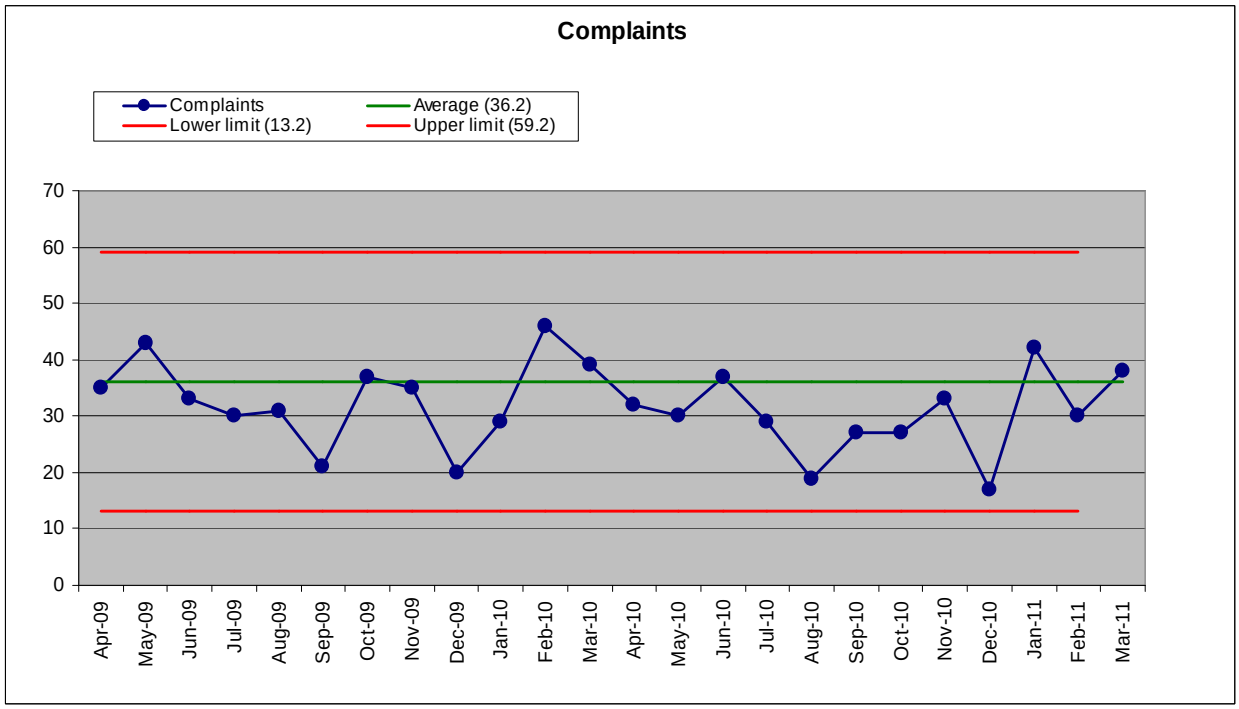


Chart 1 (SPC Chart)[1] demonstrates that the average number of complaints received each month is 36.2. Whilst there were variations in the numbers of complaints received month by month during 2010/11, these corresponded to seasonal highs and lows. Despite a 10% decrease in the overall number of complaints, statistically there has been no step change in the average numbers received.

4. PALS/Complaints Related to Trust Activity

In 2010/11 there were 549,764 total patient episodes compared to 494,958 in 2009/10 representing an increase of 11%. PALS activity increased by 14% during the same period whereas Complaints activity reduced by 10%.

The Trust saw a decrease of 3% in the total number of A&E attendances during 2010/11. By comparison, the number of PALS concerns increased by 20% during this period and the number of formal complaints regarding A&E decreased by 2%.

The number of contacts to PALS regarding concerns during the reporting period represents 0.20% of total patient episodes. The number of complaints received represents 0.07% of 549,764 total patient episodes.

[1] Statistical process control (SPC) chart plots measurement over time showing the upper and lower control limits. These lines display the amount of variation present in the system, and highlights where analysis is required of any significant variations outside the normal range.

5. PALS Concerns and Complaints by Division

Chart 3 shows the number of PALS concerns and Formal Complaints by Division during 2010/11. Further comparison with the previous year is demonstrated in Table 1.

Surgery has seen the largest relative increase both in the number of PALS concerns (+29%) and Complaints (+22%). By Division, Diagnostics and Therapeutics saw a decrease of 70% in the number of Complaints received and Trauma and Orthopaedics a decrease of 24%.

Chart 3

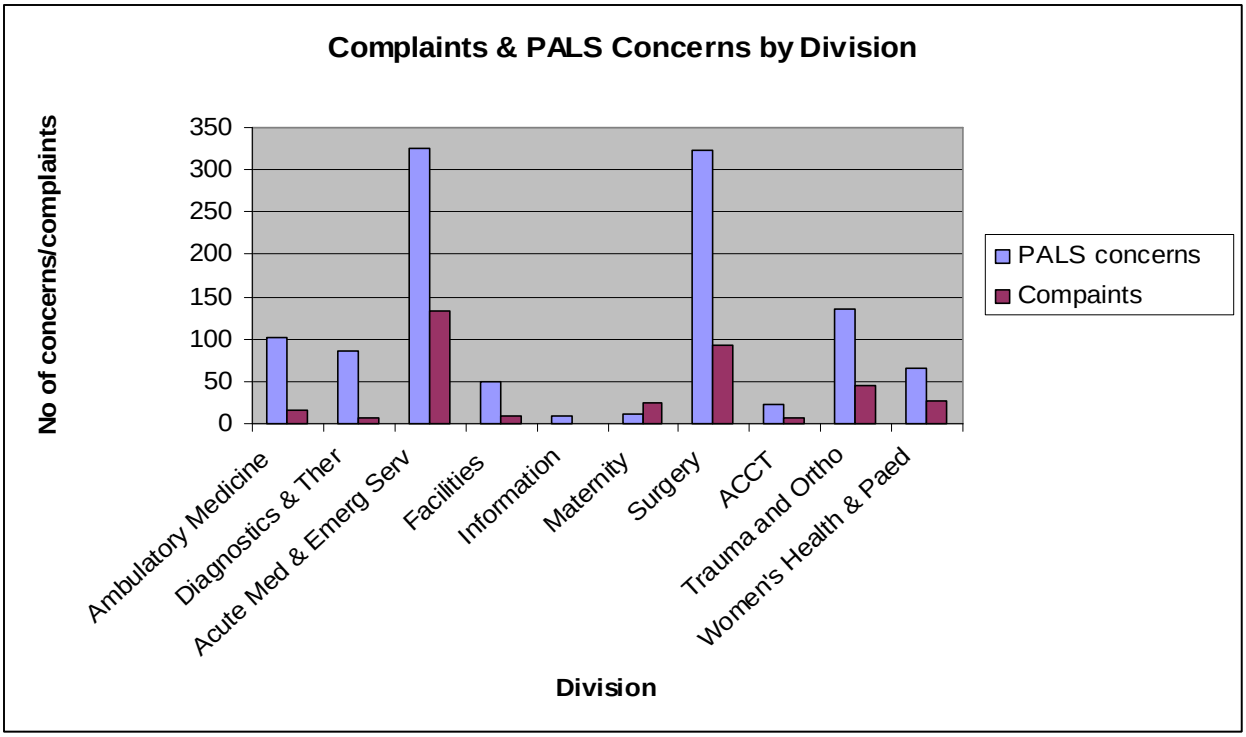


Table 1

PALS Contacts Regarding Concerns & Complaints by Division				
	PALS		Complaints	
	2009/10	2010/11	2009/10	2010/11
Anaes, Critical Care & Theatres	14	23	11	6
Ambulatory Medicine	80	101	32	15
Acute Medicine & Emergency	298	325	132	133
Corporate (IT, HR, Quality)	12	11	2	3
Diagnostics & Therapeutics	79	85	21	6
Facilities	39	50	8	9
Maternity	15	12	28	24
Surgery	249	323	75	92
Trauma & Orthopaedics	154	135	59	45
Women's Health & Paediatrics	44	66	33	28
Total	**984**	**1134**	**401**	**361**

6. Grading of Complaints

Upon receipt, all Formal Complaints received within the Trust are graded from Grade 1-4 according to the severity of failing/outcome for the patient. Grade 1 would indicate a minor failing with no tangible effect upon the patient and Grade 4 would indicate a major failing or failure with very serious effect on the patient.

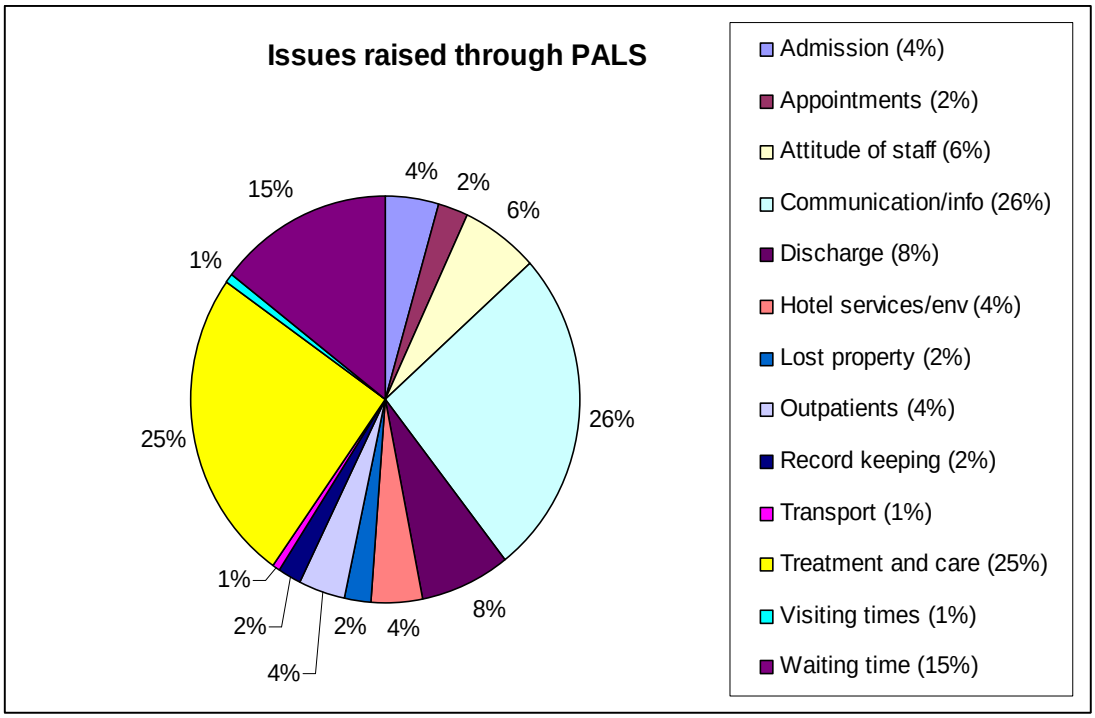
Of the total number of Complaints received during 2010/11, 40% were Grade 3, 54% were Grade 2 and 6% were Grade 1. This shows a 7% increase in the proportion of Grade 3 Complaints received compared with 2009/10. There were no Grade 4 complaints received during 2010/11.

7. Analysis of PALS Concerns

The separate issues raised in each PALS concern are logged onto the Trust's Risk Management Database (Datix) to enable analysis of emerging trends.

Chart 4 provides a breakdown of the issues raised through PALS. During 2010/11, a total of 1690 issues were recorded. The highest number of concerns (442) related to Communication (verbal and written), followed by concerns about Treatment and Care (423) and Waiting Time (243).

Chart 4

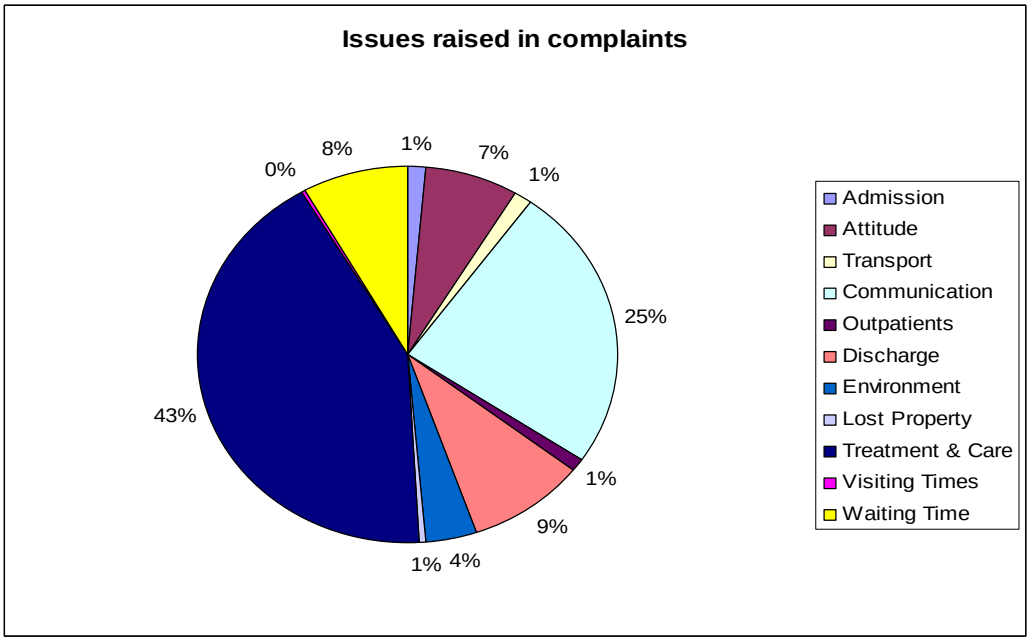


8. Analysis of Complaints

During 2010/11, a total of 1445 issues were recorded with the most issues raised relating to the category of Treatment and Care (604), followed by Communication (347). There were no recorded concerns relating to 'mixed sex bays' compared to four during the previous year.

Chart 5 provides a breakdown of issues raised in Complaints, which are recorded in the same way as PALS, using the same categories.

Chart 5



9. Analysis of Themes in PALS Concerns and Complaint Issues

Charts 6 and 7 provide a comparison of the issues raised through PALS concerns and Complaints during 2010/11 compared with 2009/10. Chart 6 demonstrates that the greatest number of concerns reported through PALS relate to Communication (442) and Treatment and Care (424). Whilst there has been an increase of 30% in concerns relating to Treatment and Care and concerns relating to Discharge compared with the previous year.

Chart 6

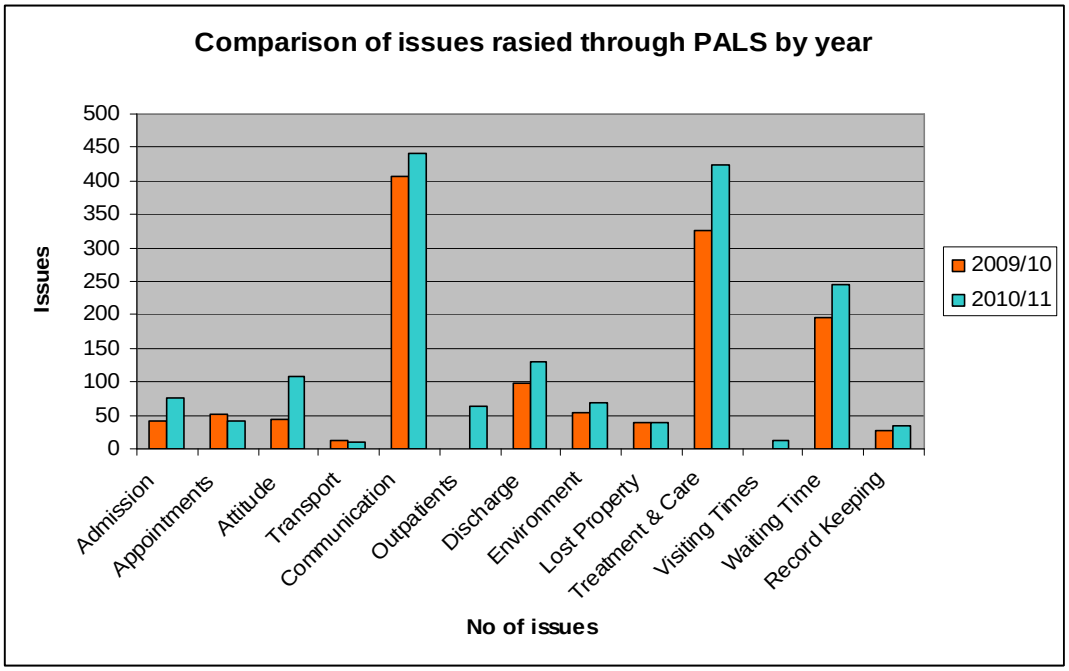
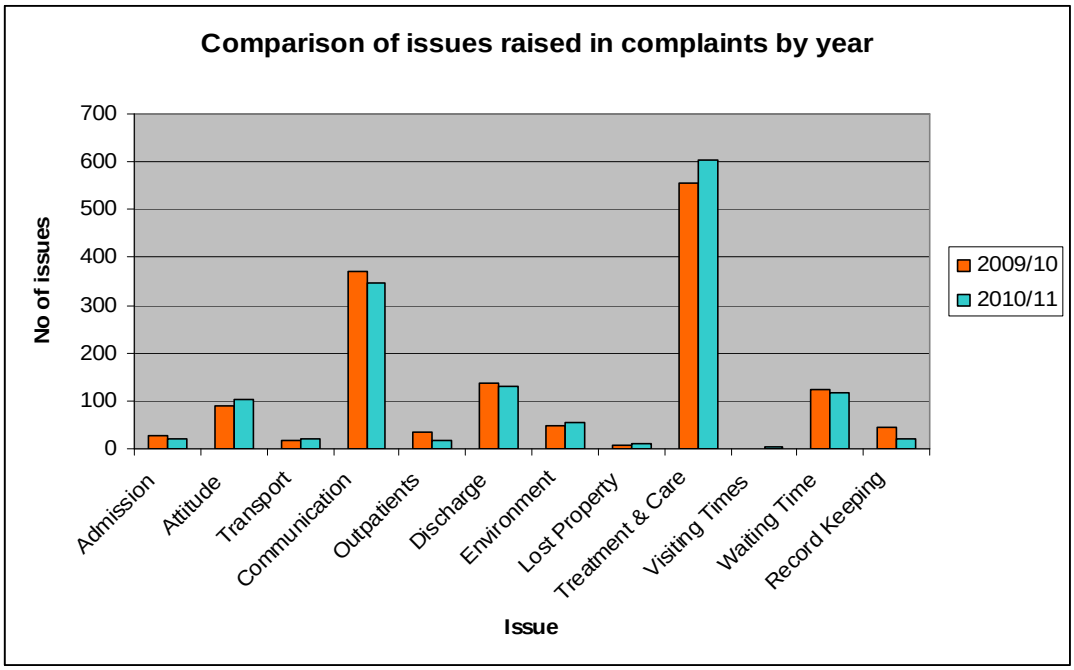


Chart 7 demonstrates that the themes in issues raised through Complaints remain largely the same. There were 1445 issues raised through 361 Complaints in 2010 compared with 1448 issues raised through 401 Complaints in 2009/10. Therefore, the average number of issues per complaint has increased from 3.6 in 2009/10 to 4 in 2010/11.

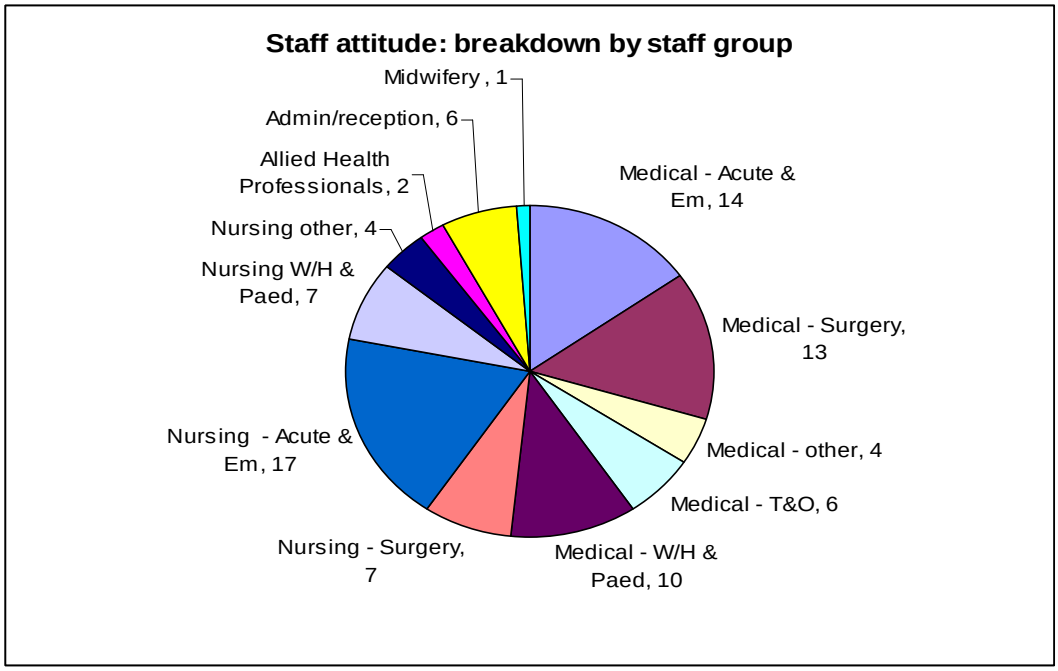
There has been an increase of 14% in issues relating to staff attitude and an 8% increase in the number of issues relating to Treatment and Care. However, there has also been a 7% decrease in issues relating to Communication and a decrease of 4% in issues relating to Discharge.

Chart 7



Analysis of the significant increase in concerns relating to Staff Attitude reveals that 91 Complaints featured Staff Attitude and Chart 8 shows a breakdown by staff group:

Chart 8



Single Sex Accommodation:

One PALS concern relating to mixed sex accommodation was raised during 2010/11, identical to the previous year. The concern was raised by a patient who was admitted to the Medical Assessment Unit into a mixed nursing bay due to clinical need. There were no Complaints issues relating to mixed sex accommodation.

10. Monitoring

Complaints Monitoring Group

The Trust has a Complaints Monitoring Group (CMG) which meets quarterly and is chaired by the Chief Executive. Members include the Chief Nurse, Chief Operating Officer, Head of Customer Affairs, Complaints Manager, General Managers, PALS Manager, a Senior Clinician and a Patient

Representative. The group reports to the Trust Executive Committee (TEC) twice each year, and its Terms of Reference are reviewed annually. The group aims to consider trends in Complaints, monitor action taken and seeks reassurance that appropriate action is taken in response to any trends identified.

General Managers are required to ensure individual Complaint responses demonstrate learning and must also submit a quarterly report to the group detailing the actions taken in response to the analysis of Complaints within each service area. The CMG also receive a summary of requests for second stage review and monitors the actions taken as a result of recommendations made by the Parliamentary and Health Service Ombudsman following second stage review.

Performance Monitoring

Over the year, the Complaints Department has achieved a 94% response rate against the timescale for response agreed with the complainant, which constitutes 20 missed deadlines. This compares to a 99.5% response rate for the previous year.

86% of concerns raised through PALS were resolved.

Second stage reviews

During 2010/11 the Trust was notified of 5 Complaints referred to the Parliamentary and Health Service Ombudsman for review. Of these, three requests were declined following an initial assessment and two were referred back to the Trust for further work (Appendix 2).

In addition, a Complaint referred for review in 2009/10 underwent full review and was upheld. The outcome was shared with the Trust in June 2010 and recommendations for action made. An action plan was developed to address identified failings and has been regularly monitored by the Trust Board and the Complaints Monitoring Group. This case was also highlighted in the February 2011 Ombudsman Report: *Care and Compassion*. A summary of the case can be found at Appendix 3.

11. Devolved Process of Handling Complaints

In July 2010, the Formal Complaints Process was devolved to Divisions with the aim of creating greater accountability for Complaints and improving the patient experience. It was recognised that this change represented a risk and 'Loss of patient confidence in the Complaints Service' was placed on the Corporate Risk Register in July 2010. An action plan is in place to treat the risk and progress against this is reviewed and monitored quarterly by the Complaints Monitoring Group.

12. Essential standards – Planned Developments 2011/12

Care Quality Commission (CQC)

The management of and learning from Concerns and Complaints is an essential criteria in the CQC Essential Standards of Quality and Safety. The Trust has declared 'compliant' with the standards relating to this area.

In order to further develop and improve practice, the following activity will be taken forward in 2011/12.

The CQC Essential Standards state that:

People who use services or others acting on their behalf:

- are sure that their comments and complaints are listened to and acted on effectively
- know that they will not be discriminated against for making a complaint.

This is because providers who comply with the regulations will:

- have systems in place to deal with comments and complaints, including providing people who use services with information about that system
- support people who use services with information about that system
- consider fully, respond appropriately and resolve, where possible, any comments and complaints.

To ensure continued compliance the following actions are proposed:

- integration of PALS and Complaints Team into new Patient Experience Team in order to support divisional complaints handling and provide a single point of entry for people who wish to raise concerns

- following the devolvement of the Complaints Process to Divisions, continued training and support in investigating and responding to Complaints

- introduction of an electronic complaint tracking system to enable Divisions to process complaints efficiently and within agreed timescales

- introduction of one reporting module for concerns and complaints on the Trust Risk Management Database to enable high level reporting across the Patient Experience function

- review all relevant policies in line with new Patient Experience Team structure

- to continue to provide a strong front line support to patients who raise concerns, working with Divisions to develop and strengthen local resolution of concerns, ensuring early learning and improvement to services

- review the current publicity information including leaflets, poster and website information to reflect a single point of entry or those wishing to raise a concern or complaint in line with new team structure

- patients will continue to be invited to relay their stories directly to the Trust Board and to take part in the 'Living our Values' programme to support improving patient experience work stream

- further develop partnership working between General Managers/Heads of Service and the Patient Experience Team to ensure more thorough responses and consistent reporting of actions.

National Health Service Litigation Authority (NHSLA)

The PALS and Complaints policies and procedures were assessed in February 2011 and declared fully compliant with the Level 2 requirements for Standard 5 of the NHSLA Standards for Acute Trusts, Primary Care Trusts and Independent Sector Providers of NHS Care.

13. Complaints and Claims

During 2010/11, 14 cases which had previously been investigated as a complaint went on to make further allegations which were investigated as part of the Claims Management Process. This compares to 16 cases in the previous year.

14. Remedy

There has been one request received for financial compensation from a complainant during 2010/11. An offer of compensation was made in reimbursement for missing property and was managed in accordance with the Trust's *'Guidelines for Managers on Receipt of a Request for Financial Compensation from a Complainant (Remedy)*'.

In addition, a second payment was made to the Complainant whose complaint was reviewed and upheld by the Ombudsman. The Ombudsman recommended that the Trust make a consolatory payment to redress the distress caused by the failings in care identified. This is in line with the Ombudsman's *Principles for Remedy*.

15. Conclusion

The number of Formal Complaints made in 2010/11 decreased by 10% compared with the previous year. The Trust has responded to 95% of Formal Complaints within the agreed timescale for response. In addition, the number of Complaints referred for second stage review has continued to fall compared with previous years.

PALS saw an increase in overall activity of 14% compared with the previous year. There was an increase of 7% in contacts relating to concerns during 2010/11 when compared with the previous year. In total 67 PALS concerns went on to become Formal Complaints, which represents 5.9% of total concerns.

The Trust is always disappointed to learn of a patient or carers' concerns. However, it continues to view a patient and carers' expression of concern as an important part of its feedback processes with the overall understanding of concerns as essential mechanism for improving the patient experience.

Appendix 2: Reports by Division

Acute & Emergency Medicine
Divisional General Manager – Hugh Jelley

Brief analysis of themes raised through informal PALS concerns and complaints during 2010/11 and key challenges of service:

409 Pals referrals were received during 2010/11 and the top 5 themes reflected were treatment and care, discharge, communication, lost property and waiting time. Complaints received during 2010/11, 133 reflected similar issues raised in PALS concerns , top five subjects were treatment and care, discharge, communication /information, waiting time and attitude of staff. A&E and MAU received the most complaints during 2010/11

The division has been challenged with capacity issues throughout the last year, leading to increase in escalation beds needed at short notice this has been reflected in some of the complaints received.

Three specific and measurable actions taken in 2010/11 to address themes;

A complaints and incident group has been set up for Accident and Emergency looking at complaints and incident themes, action plans for grade there complaints and sharing the learning from these.

Hourly care-rounding, although now a Trust wide policy, was first piloted in MAU as a result of complaints received around nursing care. Complaints have subsequently reduced in MAU.

Referrals for in-patients are to be actioned at the same time as writing the discharge summary. Junior members of the elderly care team are to carry out a formal handover at the end of the day to ensure that any jobs completed that day are carried out the following day.

A faxed confirmation will be sent of all referrals made by elderly care team and a hard copy will be kept in a folder on the ward to ensure all referrals are completed.

Dedicated times for doctors to speak to relatives have been identified on Aspen ward, when relatives can book one of the afternoon slots, or doctors can request to see patient families.

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%)

- An A&E Picker survey is to be carried during 2011/12 to identify specific areas to address in A&E.
- A review of current patient written information regarding the hospital, admission, ward timetable rules, treatment and conditions and medications.
- A review of clinic and discharge letter templates.
- Best practice in services will be identified in order to amend and align local practice as necessary with support from Clinical Leads
- Improved discharge planning will include sharing ward and speciality based daily discharge targets with staff.
- Agree best practice ward round (MDT preparation, inputs, behaviours, outputs, EDD use and frequency)
- Implementation of criteria based discharge
- Communication behaviours improved by delivering best practice communication training.

Ambulatory Care
Divisional General Manager - Barrie Jones

The main themes from concerns and complaints fell into three categories:

Communication

- Communication in relation to the care and treatment provided and the clarity and accuracy in corresponding with the patient.
- Patients concerns around how they were spoken to and what they heard being discussed by the nursing teams.
- Patients being unable to contact consultant secretaries or appointment staff, with no facility to leave a message

Appointment administration

- Timeliness of a follow up appointments
- Patients reporting that they had not received appointment letters, leading to DNAs. or turning up for an appointment when clinics had been cancelled.
- Waiting times in clinic being too long due to overbooking of clinics

Treatment plans

- Clarity and accuracy in the correspondence to GP and patient
- Lack of clarity in relation to the treatment plan and the patients desired outcomes not being fully realised.
- The administration of Gentamicin which caused tinnitus and dizziness.

Three specific actions taken in 2010/11 to address themes:

1. Patient feedback cards re-launched in outpatients to give teams involved feedback on patient experience
2. Processes within the department have been addressed to ensure voicemail is accurate and switched on
3. The complaint has meant a new Gentamicin calculator has been introduced to assist clinicians in calculating the correct dose.

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

- Outpatient efficiency programme commenced in April 2011 to address issues of overbooking and long waits in outpatients
- Company commissioned to text and contact patients to ensure that they are aware of appointments and do not DNA. Due to start July 2011.
- Message board introduced for patients to leave comments on. Introduced May 2011
- Senior staff walking through outpatients departments to specifically encourage 'on the day' feedback and action to prevent PALs concerns and complaints. Introduced May 2011.
- Information screens introduced in outpatients to effect communication re approximate wait times and public health messages

ACCT: Anaesthetics, Critical Care and Theatres
Divisional General Manager – Jenny Martin

PALS
Concerns have increased in the last few months which are mainly due to inpatient capacity in the Day surgery Units and at times endoscopy and recovery.

The themes raised through the Division relate to communication in particular accuracy of information given, timings of admission/waiting times and verbal communication. These issues have been addressed within the Division and discussed at team meetings with all staff. Issues were raised surrounding waiting times for outpatient appointments in pain, the current waiting times for pain clinic appointments is13 weeks. Treatment/medication has been identified as clinical competency relating to (medical staff). The Divisional Director has brought these issues to the attention of the medical staff at the consultant meeting which is held on the educational half day. One Anaesthetist in question has also been spoken to by the Divisional Director.

Issues surrounding cancelled admissions/appointments in Endoscopy and pain were highlighted this was mainly due to in patient capacity within the day surgery unit and endoscopy unit.

Environmental issues in DSU have been raised as a concern, building works have now finished at Ashford DSU at SPH cleanliness scores have improved and any maintenance issues within the unit reported to estates department.

Environmental issues were raised for Day Surgery at St Peters Hospital, this has been down to the volume of patients attending the unit.

Complaints
There were six grade 2 complaints in the previous year relating to poor communication

Three specific actions taken in 2010/11 to address themes:

1. Move all day case surgery to DSU Ashford Hospital and to hold 23 hour stay patients in the DSU at St Peters Hospital, including Pain services

2. Better communication – staff to attend communication skills training. Patient information leaflets to be reviewed and Customer care training for staff

3. Living our values- all staff to attend this programme

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

The Divisional Director has brought these issues to the attention of the medical staff at the consultant meeting which is held on the educational half day. The Divisional Head of Nursing has also met with all staff and holds regular senior staff meetings whereby any issue that arises is immediately addressed. Complaints have also included waiting times for bed allocation and surgery and patients not being kept informed. This is being addressed by asking surgeons to agree to staggered admissions.

Children's Services
Divisional General Manager – Helen Sibley

The majority of complaints received in Paediatrics relate to care received within our Paediatric A&E department as it has the highest throughput of patients. Most of the issues relate to patients perception of their experience and our failure to ensure clear communication with families and managing the expectations of our services.

Another theme is around lack of space/ privacy for patients when the A&E department is busy. An example of this is a parent being upset that she had to sit in a crowded waiting room whilst her child was vomiting, next to other sick children. After personal discussion with one complainant, the general manager found that cramped conditions in the department were a contributing factor to the poor patient experience on that occasion.

The key challenges are to create a culture where ensuring an excellent patient experience as well as excellent clinical care, is second nature to our staff and to ensure our facilities are as good as they can be against a backdrop of cost efficiencies

Three specific actions taken in 2010/11 to address themes:

1. Publication of a patient information leaflet in Paediatric A&E
2. Creation of a registrar information sheet for the one stop allergy service
3. Re development of the existing Paediatric A&E space to provide an additional cubicle.

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

Because of the year on year rise in activity, the cramped conditions in Paediatric A&E are a clear contributing factor to complaints received in Paediatric A&E. A business case has being prepared to expand the physical facilities within Paediatric A&E and is awaiting consideration.

Engagement of all paediatric A&E staff in the Living our Values programme with an emphasis on managing expectation of what we are realistically able to provide.

Diagnostics & Therapeutics
General Manager – Victoria Griffiths

There are only a small number of complaints so it is difficult to identify trends. The following points have been the main concerns:

- Issues relating to waiting times for appointments for diagnostics tests, therapy interventions and waiting times for medicines
- Provision of information to patients / healthcare professionals relating to medicines / diagnostic tests
- General communication issues between staff and patients / healthcare professionals relating to services provided by the Division
- Issues relating to signage of services within the hospital

Three specific actions taken in 2010/11 to address themes:

- Site map information on website has been reviewed and improved and advice available to patients about availability of wheelchairs near to reception
- Prescription turnaround times introduced with great success. 90% + OPs are dispensed within 30 minutes and 90% + TTOs within 2 hours
- Communication with GPs both directly and via GP newsletter to address issues which have arisen

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

- "Your Feedback" questionnaire under development for Division to ensure up to date awareness of patients' experience from services provided to enable continuous improvement
- Use of EQUIP programmes e.g. improvements in physiotherapy process with action plan developed
- Improved information to be available for both staff and patients relating to diagnostic tests, medicines , therapies services via a dedicated area of the intranet

Facilities
Associate Director of Facilities - Chris Bell

The main themes from complaints were:

- St Peters Patients unable to park or spending a considerable time driving around the campus trying to find a car parking space.
- Availability of wheelchairs at Ashford near the main entrances.
- Length of time to answer the phone

Three specific actions taken in 2010/11 to address themes:

- Security policed Outpatients car park early morning to help reduce inappropriate parking. This resulted in more spaces being available to patients and had a drastic reduction in complaints to PALS
- Through the League of Friends at Ashford, we purchased ten robust secure wheelchairs with a chain lock for both the Main entrance and Outpatients entrance. Since installing these chairs, we have had no adverse comments concerning the availability or access to wheelchairs.
- Switchboard Report on actual traffic destination and identify high activity areas to ensure calls answered in a timely manner

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

- Commissioned the installation of barriers to be installed in St Peter's Outpatient car park to further increase the availability of space in this car park.
- Planned improvements to signage informing patients and visitors of the availability of car parking spaces and location.
- Development and implementation of new car park policy and development of new Travel Plan Initiatives
- Catering development through market testing to achieve best value to improve patient perception and nutritional focus
- Installation of voice recognition to improve switchboard customer service through efficiency

Surgery
Divisional General Manager – Amanda Mockridge

The Division received a large number of PALS issues relating to Ophthalmology. This was a consequence of the template changes made to create equity amongst clinicians and to ensure adequate time available for each outpatient consultation. The team had to remove all patient appointments from PAS before reallocating a new appointment under the new templates. Due to the large number of queries received in the first 48 hours, the Division mitigated this issue by sending a letter explaining the cause of the changes to each affected patient. The PALS issues relating to Ophthalmology have since dropped.

In 2010/11 several complaints related to unexpected outcomes from surgery. Patients complained that they were not provided with adequate information during the consent process to inform them about the associated risks and benefits. Some of the unexpected outcomes would be considered common place within a surgical environment such as, post op pain, scarring and length of stay in hospital.

Actions to address themes:

The Division has implemented 1-2-1 specialty specific consultant led consent training for all doctors. The Division holds a consent competency register and put in place an agreement that only someone qualified to carry out all elements of the procedure, was able to take a patient's consent. This ensures a higher degree of accuracy in the explanation.

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

The Division will pilot the development of procedure specific consent forms in Upper GI with the three most common procedures. The consent form will list all risks, benefits, and commonplace outcomes expected with the procedure. This will include basic consequences of surgery, such as scarring, pain and limited mobility. It will also include expected length of stay in hospital and the requirement post op for recovery. It is anticipated that this will reduce the surgery complaints and will improve the patient expectation and thus, their experience at ASPH.

Trauma & Orthopaedics
Divisional General Manager – Cathy Parsons

The main themes from complaints were:

1. Waiting times in out patient department at SPH.
2. Booking service for in patient admission from the central booking hub.
3. Discharge process from the wards
4. Communication – medical and non medical
5. Staff attitude
6. Fracture neck of femur wait times to operation
7. Insufficient information given to patients regarding ward and routine
8. Pain control

Three specific actions taken in 2010/11 to address themes:

1. Out patient Equip Event to improve the patient pathway from A/E and within the Unit.
2. Equip Event to improve the process and meet the standards for fractured neck of femur
3. Address discharge planning problems and streamline the process. (Work in progress) Improve the numbers of patients discharged before 11am

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

1. Following the above equip event for out patients improve waiting experience with new x ray equipment (presently being installed), convert consultant offices to consulting rooms (work to be completed in the next two months) and continue to increase in and out patient services at Ashford Hospital including providing a fracture clinic under the control of the Division.

2. Set up Discharge Planning working group to improve discharge processes within the Division for both SPH and AH. Staff to attend MDT discharge training. All patients to be to be telephoned 24 hours post discharge to address any concerns

3. Develop the Limb Reconstruction Service to maximise income and provide a reactive service for this group of patients from tertiary referrals improving the waiting times from referral to operation at SPH.

4. To improve the current ward information leaflets. Laminated copies of the ward layout to be made available at all bedsides

Women's Health including Maternity
Head of Midwifery & Gynae Nursing - (Eileen Nolan)/Sandra Houston

Women's Health saw the lowest number of complaints ever in 2010/11. Maternity complaints were very individual and ranged from concern about community care, labour care and care in postnatal period. Many of these complaints in maternity can be directly related to inadequate staffing levels. Gynae complaints were mainly about appointments and care on Kingfisher ward.

Communication was a main theme in all complaints. Communication skills are raised with staff at induction and again at staff meeting when complaints are discussed

Three specific actions taken in 2010/11 to address themes:

- Signs placed by entry buzzers for women with hearing disabilities
- Change to bladder care policy and further staff training in bladder care
- Changes to Urogynaecology clinic appointments

Future plans to address to improve the Patient's experience and reduce formal complaints (Trust target 30%):

Maternity staffing has improved significantly in last 6 months and it is anticipated that this will have a positive benefit in improving patient experience and reducing of complaints. Staff know to highlight early when they think a woman may not be satisfied with her care so that she can be seen and her concerns addressed appropriately before they become a formal complaint.

Appendix 2
Summary of requests to the Ombudsman for second stage review

Ref	Specialty	Summary	Decision/Outcome	Status
Q1 09/10				
		No referrals		
Q2 09/10				
		No referrals		
Q3 09/10				
09/342	**A&E**	Complaint regarding failure to properly examine and diagnose Cauda Equina in A&E in May 2009. Patient alleged full examination was not carried out and that condition could have been diagnosed sooner as a result. Alleged doctor had falsified records. The Trust provided three detailed responses and confirmed correct examination, treatment and referral was undertaken.	PHSO declined complainant's request to fully review complaint. following initial assessment.	**Closed 6.12.10**

08/466	**Oral Surgery**	This patient had general anaesthesia for a tooth extraction due to allergy to local anaesthesia. Patient alleged long term side effects were caused by general anaesthesia used including extensive tooth decay. Complainant initially referred complaint to PHSO in 2009 having received several responses from Trust but having declined offer to meet. PHSO closed the case and referred back to Trust for local resolution meeting – held in Feb 2010. Further responses provided subsequent to meeting.	PHSO carried out a assessment of 2nd request. In view of further work done by Trust, declined complainant's request to review complaint.	**Closed 21.12.10**
Q4 09/10				
10/156	**Acute & Emergency Medicine**	Concerns regarding medical care of elderly in-patient. Delay in oncology referral, lack of nursing care and privacy and dignity. Complaint investigated in Q3 2010/11. Initial assessment carried out and referred back to Trust for further work closed. Detailed response provided and action plan developed to address concerns. Complainant has the right to refer back to the Ombudsman if dissatisfied.	Referred back for further work	**Closed 19.11.10**
09/252	**Acute & Emergency Medicine**	Complaint regarding a lack of adequate assessment and continuity of care during patient's inpatient's admission. Patient's death was subject to a Coroner's investigation and later a claim. Complaint was investigated in 2009. Having sought independent clinical advice, the Ombudsman advised the Trust that	Referred back for further work	**Response sent on 23.6.11 and meeting offered.**

		insufficient evidence of learning had been provided. A recommendation was made to the Trust to provide a further, detailed response to the complainant upon actions taken in response to the complaint. The complainant retains the right of appeal to the Ombudsman		

09/039	**Surgery**	Patient alleged damage caused to liver during emergency surgery. Also that follow up care was inadequate. Several detailed responses provided. An assurance was given that damage could not have been caused by surgery and that follow up care was appropriate. Complaint investigated in 2009.	PHSO declined complainant's request to fully review complaint. following initial assessment.	**Closed 4.5.11**

Appendix 3
Summary of case reviewed and upheld by Ombudsman.

Ref	Directorate	Patient Details	Date referred to Ombudsman	Decision	Status
07/346	Medicine	PC DOB 29/1/1928	22 January 2009	Draft report received 3.6.10 **UPHELD**	Final report received 5.7.10

Summary

Patient's daughter made a complaint, via her MP in March 2008 regarding father's care and discharge in December 2007.

Concerns included:
Lack of treatment and care in particular inadequate assessment and support with nutritional status
Patient discharged without an up to date medical review and without confirmation of results of stool sample (? C-diff)
Pressure upon daughter for patient to be discharged
Patient developed pneumonia over the following 24 hours, was re-admitted to another hospital and made a full recovery.

Findings
The ombudsman has upheld the complaint and found that the patient's discharge was not in accordance with either the Trust own guidelines or with accepted

good practice guidance around discharge planning.

This was identified as a service failure and the Ombudsman has made a recommendation to the Trust to develop an action plan addressing the failings set out it in its report. A formal group and met on has been set up and the action plan is currently being developed to include the following areas:

1. Discharge planning

2. Nutritional support

3. Communication and advocacy of vulnerable patients needs/Dementia care

4. Multidisciplinary team working and structure for raising and escalating concerns

5. Clinical review of patients on day of discharge.

The Ombudsman further recommended that the Trust provide a consolatory payment to remedy the distress suffered by the failings in care identified.