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# Complaints and Feedback Report April 2012

## Introduction

This report aims to show a complete picture of the Trust's performance in relation to complaints and feedback. It illustrates which departments are receiving feedback and the issues that patients and their families are concerned about.

The first few pages of the report provide an overview of key activity indicators routinely monitored by the patient partnership department.

Page 5 gives a summary of the outcome and action taken for the high risk complaints that were closed last month.

The charts on pages 6-13 are used to track any changes and monitor trends in relation to complaints activity.

Page 14 of the report provides an update on any complaints that we know are being considered by the Ombudsman.

## Summary

The number of new complaints received in April fell slightly from previous months. The reduction is however consistent with the same period last year reflecting the impact of bank holidays over the Easter period. The level of other feedback received remains low and the Patient Partnership Department are working with Clinical Directorates, Governors and Volunteers to look at ways of encouraging more patients to give us their feedback.

Ward Osborn 1 received more complaints than expected in the previous 3 months and this has been escalated and are being investigated by the Nurse Director. 4 outpatient areas; Cardiology, Neurology, Ophthalmology and Orthopaedic outpatient departments received higher numbers of complaints however no trends or themes have been identified in those complaints which were upheld following investigation.

This month's report includes data on the number of Patient Services Team (PST) enquiries that have been dealt with in the month. A process of recording and responding to PST enquiries was introduced in December 2011 to try to deal with minor concerns and enquiries in a more timely manner and to avoid the need to initiate the complaints process where appropriate. If calls, emails or face to face enquiries are received by the PST that staff feel can be dealt with quickly by direct action or be putting the enquirer in touch with an appropriate member of staff such as a Matron or Service Manager, contacts are made and the enquiry is recorded on the complaints database. If the concern or issue is not dealt with within 2 days, or if the enquirer remains concerned, the issue is re categorised as a complaint and processed accordingly.

The Trusts performance for replying to complaints within 25 working days was 87% in April compared to a target of 85%.



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## Complaints

Month	Apr-11*	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	Year to date
Received	88	127	160	113	116	103	134	126	91	103	122	118	99	99
New High Risk	7	5	5	7	4	6	8	8	6	7	9	9	8	8
PST Enquiries								2	54	41	85	96	90	90
Closed	75	93	105	110	114	110	72	118	96	84	80	121	93	93
Well Founded	28%	27%	29%	20%	19%	26%	35%	25%	38%	33%	24%	35%	27%	27%
Partially Founded	48%	51%	38%	50%	43%	39%	35%	45%	40%	34%	46%	31%	46%	46%
Unfounded	24%	22%	33%	30%	38%	35%	30%	30%	23%	34%	30%	34%	27%	27%
Response time against 25 day target	88%	87%	90%	71%	82%	82%	82%	81%	79%	79%	76%	89%	87%	87%
Reopened	12	4	5	5	4	2	3	1	0	3	2	2	0	0
Ombudsman New Cases	3	0	0	3	1	1	1	1	2	3	1	2	1	1
Ombudsman Decisions	3	1	1	0	1	2	1	0	0	1	3	0	2	2
Rec. in past 12 months still open.	230	222	232	190	198	200	233	227	203	196	208	215	197	

\*Data included for comparison

\*\*The outcome of all complaints closed is recorded according to the extent to which the findings of the investigation uphold the issues raised by the complainant. The 2009 complaints regulations require the Trust to specify the number of complaints that were well-founded.

Well Founded **	Complaints in which the concerns were found to be correct on investigation.
Partially Founded	Complaints in which, on investigation, the main concerns were not found to be correct, however some of the concerns or issues raised by the complainant were found to be correct.
Unfounded	Complaints in which the concerns were not found to be correct on investigation.

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## Feedback

	Apr-1 *	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	Year to date
<b>** Number of Primary Care PALS enquiries</b>	71	56	60	31	56	45	41	34	37	28	26	24	22	22
<b>** *Letters of thanks received centrally</b>	31	14	43	24	46	51	46	52	12	74	24	50	61	61
<b>Number of website comments received</b>	5	16	17	13	14	7	21	25	11	10	23	23	13	13
<b>Number of comments cards received</b>	64	31	34	30	35	65	59	52	40	15	18	132	27	27

### Feedback Type:

<b>Concern</b>	10	18	15	13	12	16	19	28	10	4	13	23	9	9
<b>Compliment</b>	58	24	36	30	37	49	53	44	38	20	27	130	27	27
<b>Patient Story</b>	1	5	0	0	0	7	8	5	3	1	1	2	4	4

\* Data is included for comparison purposes.

\*\*Primary Care PALS enquiries describe those enquiries that we received and dealt with from patients regarding Primary Care GP and Dental services. The Trust recorded them separately for reporting purposes for the PCT during 2011/12 having taken on the PCT PALS service in February 2011 but this recording process is now under review. The Patient Services Team deal with all Primary Care and STHFT enquiries centrally.

\*\*\*The increase in the number of thankyou's is partly attributable to the transfer of community services. In addition to the letters of thanks received centrally and those received regarding community services, many more are received directly by wards and departments throughout the Trust. These are shared with relevant staff but are not systematically recorded in a way that can be reported on.

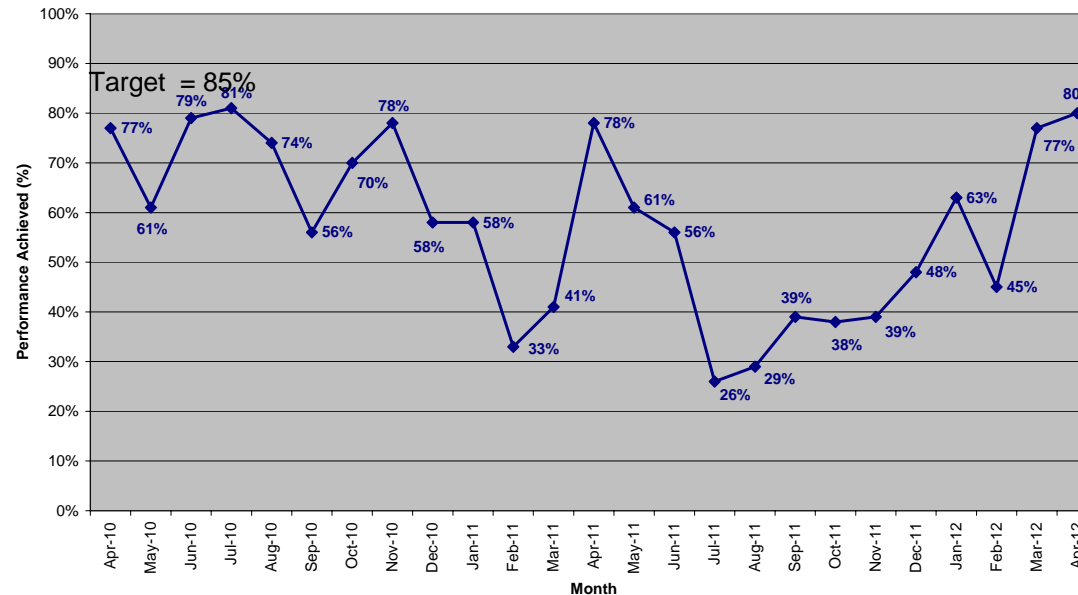
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## Response Times: Clinical Group Exception Report

The Trust did achieve the overall response time target in April however the following table provides information on any clinical group that has not been able to meet the target of responding to 85% of concerns within 25 working days.

Clinical Group	Trust Overall	Surgical Services	Obstetrics, Gynaecology and Neonatology	Specialised Cancer Medicine and Rehabilitation	Operating Services, Critical Care and Anaesthesia
<b>Performance Achieved (%)</b>	87%	80%	80%	67%	50%
<b>Number on time or with agreed extensions</b>	81	24	8	4	1
<b>Number Late</b>	12	6	2	2	1

**Surgical Services Response Times – Performance Achieved**



The response time for Surgical Services continues to improve, and the performance achieved is at its highest since July 2010.

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## New Complaints received by Risk Grading during April

Low Risk (Green)	Moderate Risk (Yellow)	High Risk (Amber)	Extreme Risk (Red)
33	58	8	0

Risk grading is carried out in accordance with the Trust Risk Assessment Matrix for Incidents and Complaints. Risk assessments consider both the consequence of the event and the likelihood or recurrence to determine the overall category of risk.

High Risk Complaints closed during April 2012 which were classed as well founded by the Trust.

### 12/110 – Surgical Services

Relative raised concerns about the system of managing patient outliers and the lack of support patients have from distant medical teams. Concerns were raised regarding delays for the patient receiving pain relief and care of the pressure areas.

#### Outcome and Action Taken:

Apologies offered that due to bed pressures it was not immediately possible to admit the patient to a specialist care of the elderly bed. The patient was transferred as soon as possible. There was a delay in the patients drug card being re-written although the patient was given the prescribed medication except for one occasion. Staff have been reminded of the Trusts bleep policy to ensure that if a doctor cannot attend the ward in a timely manner this is escalated. The development of pressure sores was reported as a safeguarding issue and a safeguarding alert was issued. An action plan will be drawn up and results shared with the patient and their family.

### 12/174 – Diagnostic and Therapeutic Services

The patient explained that she was diagnosed in 1995 with a malignant melanoma and complained that she was treated with radiotherapy for 18 years following the development of other lesions thought to be the same. However, the patient has since received a different diagnosis and is therefore concerned that the treatment given may not have been appropriate.

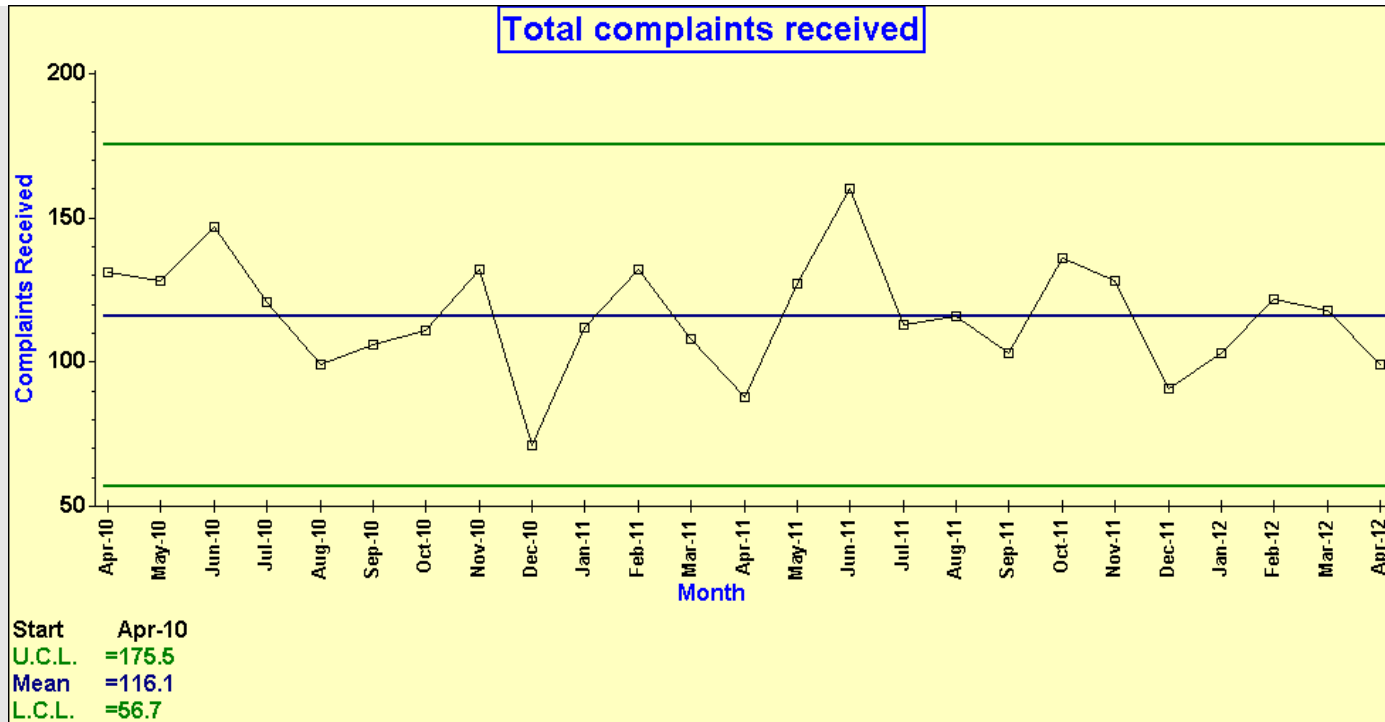
#### Outcome and Action Taken:

Unreserved apologies to the patient have been offered from the Trust. The investigation identified that the patient was diagnosed with non-pigmented malignant melanoma in 1995 in accordance with the best and only technology available. A number of pathologists reached the same diagnosis. In 2011, it was identified that the patient suffered from Langerhans Histiocytosis (LCH) which is not malignant. It was explained that technology has advanced over the years and that as so many pathologists had agreed with the diagnosis, there was no reason to question this. The patient still needs to be treated with radiotherapy for LCH, but that in hindsight, the doses might have been reduced on some occasions. There is a possibility that there has been a long term effect on the left eye and bowel, but this cannot be confirmed.

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## Trust Complaints Activity

The total numbers of complaints received by the Trust by month over the past year are shown in the chart below.

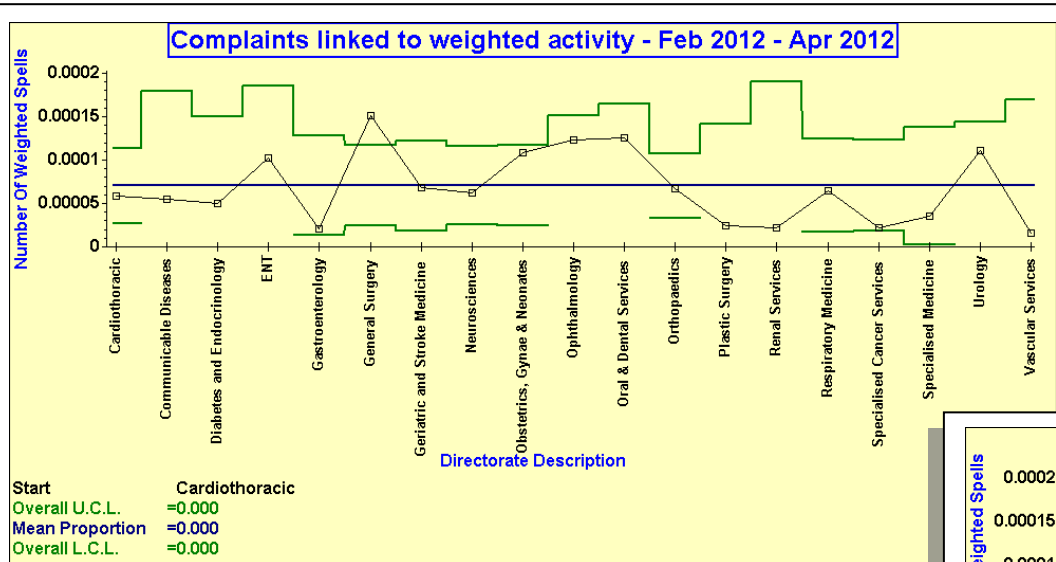


The UCL ( Upper Control Limit) of 175.5 reflects the highest number of complaints the Trust would expect to receive in any month within the normal range. The LCL (Lower Control Limit) of 56.7 reflects the least number of complaints the Trust would expect to receive in any month within the normal range. These charts are helpful in outlining that there is always some expected variation in the numbers of new complaints received and are helpful in identifying peaks that are outside of the normal range and require further investigation.

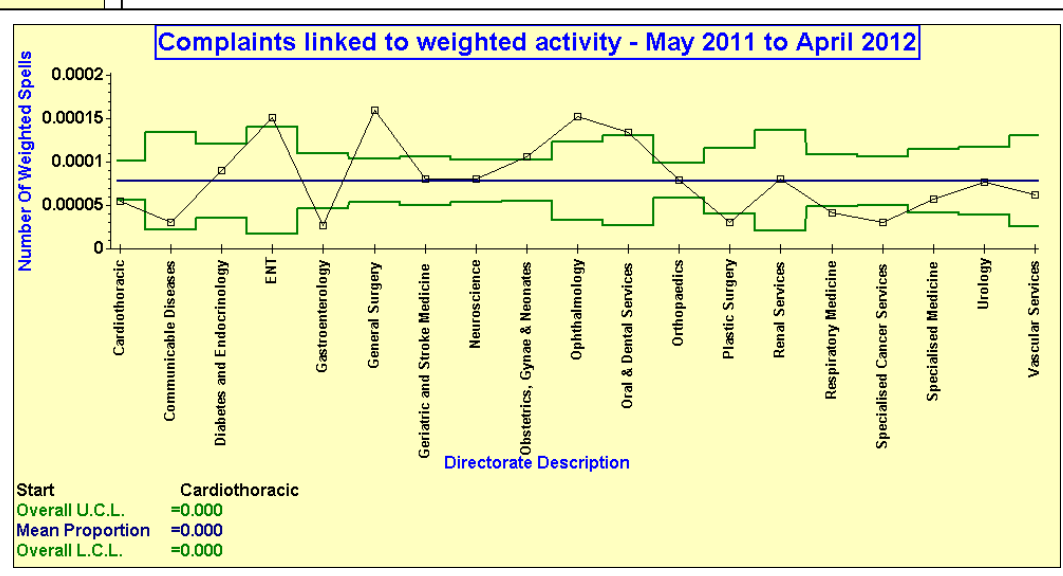
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## Complaints Activity for Admitting Directorates

The charts below show complaints received by directorates as a proportion of activity based on weighted spells. When taking into account the clinical care provided to patients, as reported previously, the General Surgery Directorate has received proportionately more complaints than other directorates over the past 12 months and slightly more than would have been expected for the activity delivered.



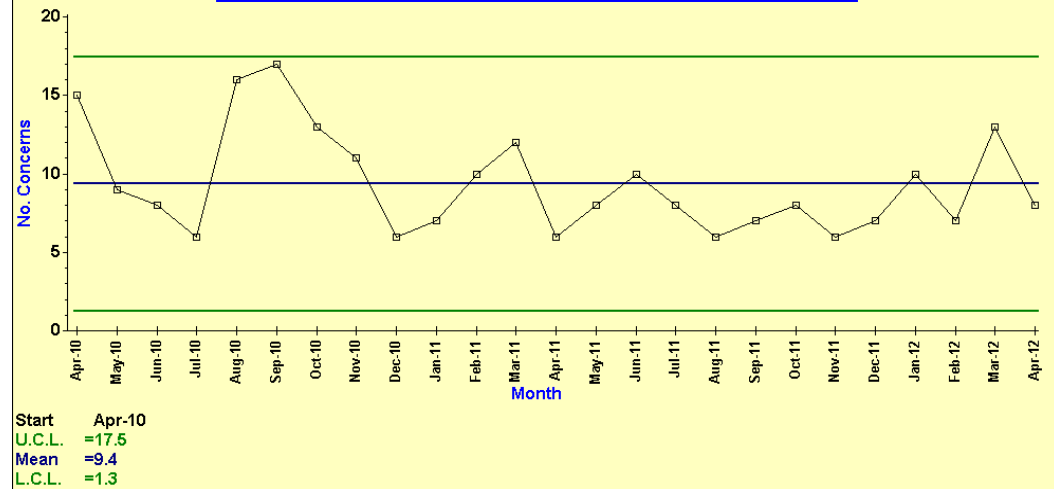
These charts illustrate the actual weighted activity delivered by the Directorate rather than the average activity. This is helpful in understanding the link between the amount of care delivered and the numbers of complaints received. This further helps us to spot any outlying directorates. We consider the charts for the past 3 months and also for the past 12 months on a rolling basis to help us to fully understand any possible trends and ensure any peaks in complaints activity are reduced before we move on to look at the next calendar period.



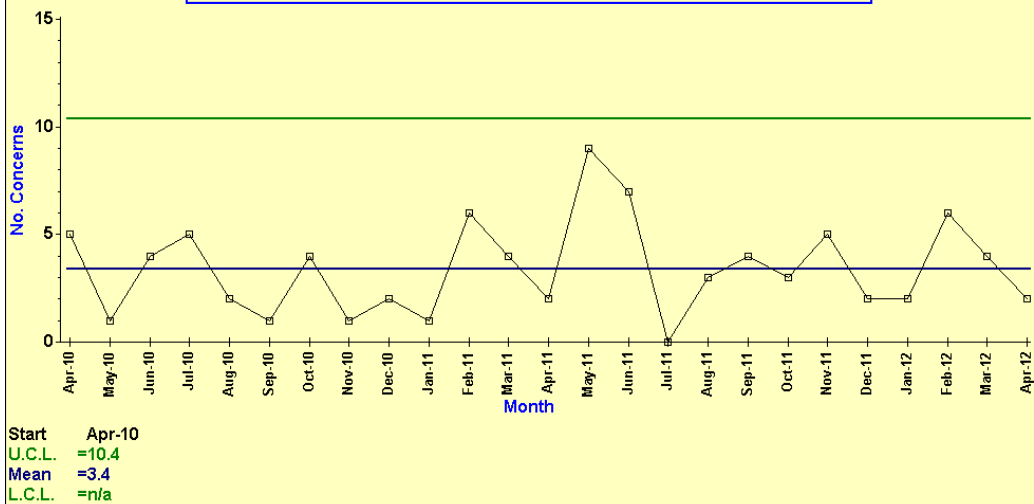
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The numbers of complaints about Accident and Emergency and the Diagnostic and Therapeutics Departments are not separately shown in the previous charts or in the charts on pages 10 and 11 of this report so are monitored by the Patient Experience Committee using the charts below:

Complaints received about Accident and Emergency



Complaints received about Diagnostics and Therapeutics

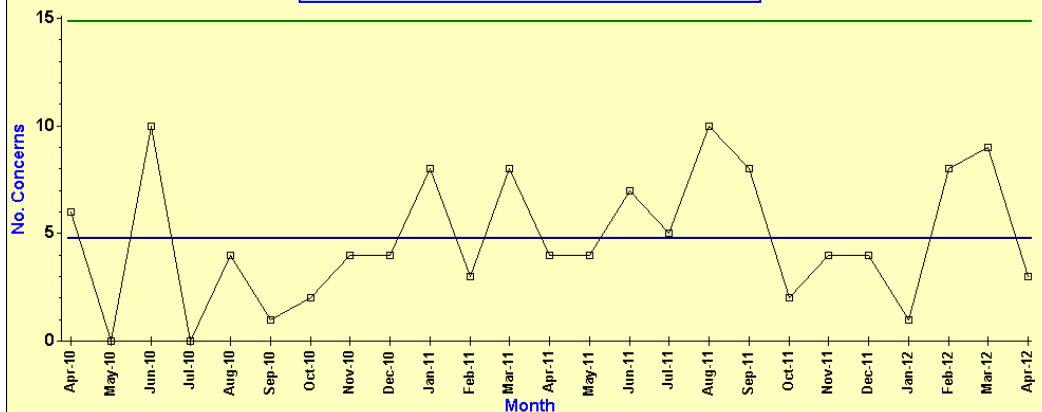




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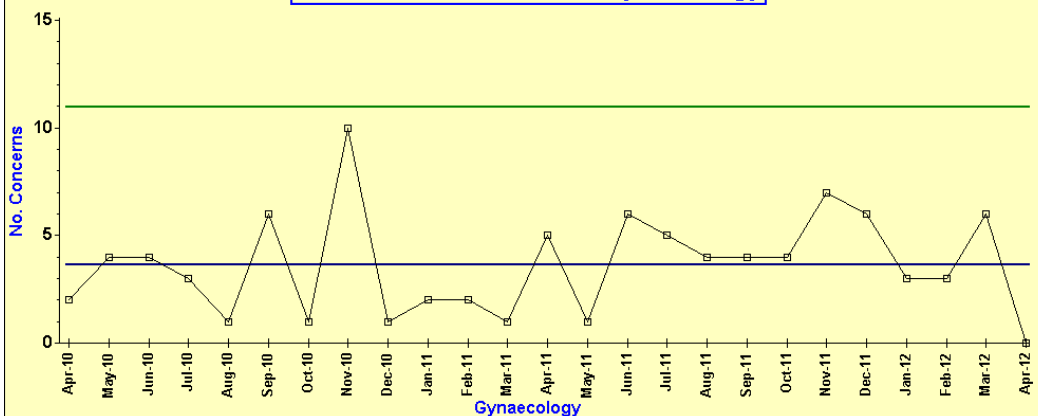
Complaints about the Obstetric and Gynaecology Directorates are excluded from the ward and department charts on pages 11 and 12 because patients regularly transfer between ward areas in these specialties. A monthly breakdown of complaints received by directorate is presented in the charts below.

Complaints received about Obstetrics



Start Apr-10  
U.C.L. =14.8  
Mean =4.8  
L.C.L. =n/a

Concerns received about Gynaecology



Start Apr-10  
U.C.L. =11.0  
Mean =3.6  
L.C.L. =n/a

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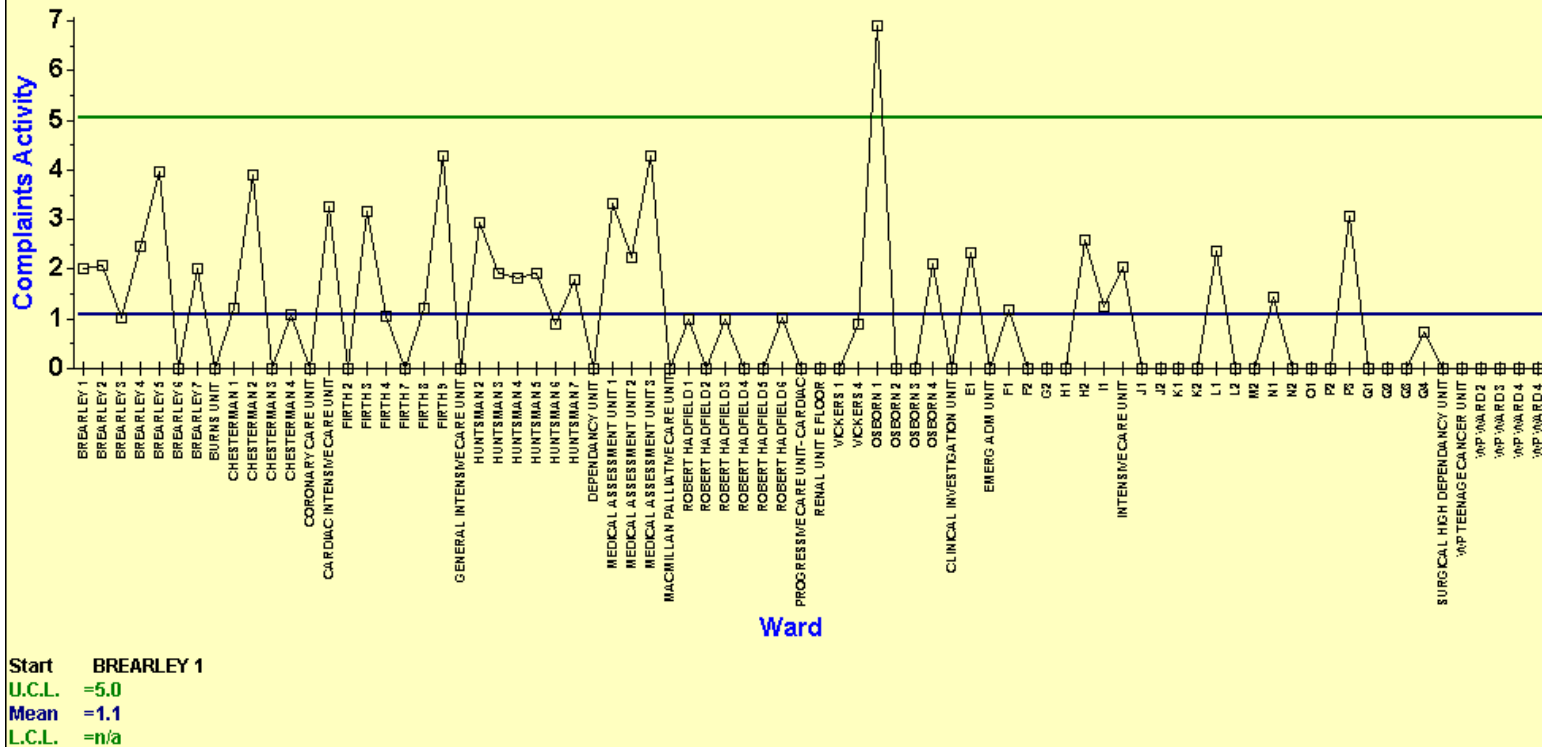
## The Inpatient Graph

The Inpatient Graph shows the number of complaints received that have been recorded over the preceding 3 months by each ward per 10,000 bed nights. Using a rolling 3 month complaints activity figure means that we can identify and monitor any possible trends of increasing complaints activity until they fall to within normal range.

A total of 317 complaints were received in the 3 months to 30 April 2012. 78 complaints were about specific wards and 117 complaints related to specific outpatient departments. 78 complaints were recorded as being not applicable to any specific area.

The Graph is designed to highlight individual areas where there could, potentially, be a problem requiring more in depth investigation. During March and April, 4 complaints were received on ward Osborne 1 about staff shortages. These complaints were escalated appropriately and the Nurse Director and Deputy Chief Nurse were made aware. It was explained that problems had been experienced due to short and long term sickness and absence, maternity leave and delays in recruitment but that action had been taken to improve staffing levels through recruitment.

### Complaints Received about Inpatient Wards between February 2012 and April 2012



# The Outpatient Graph

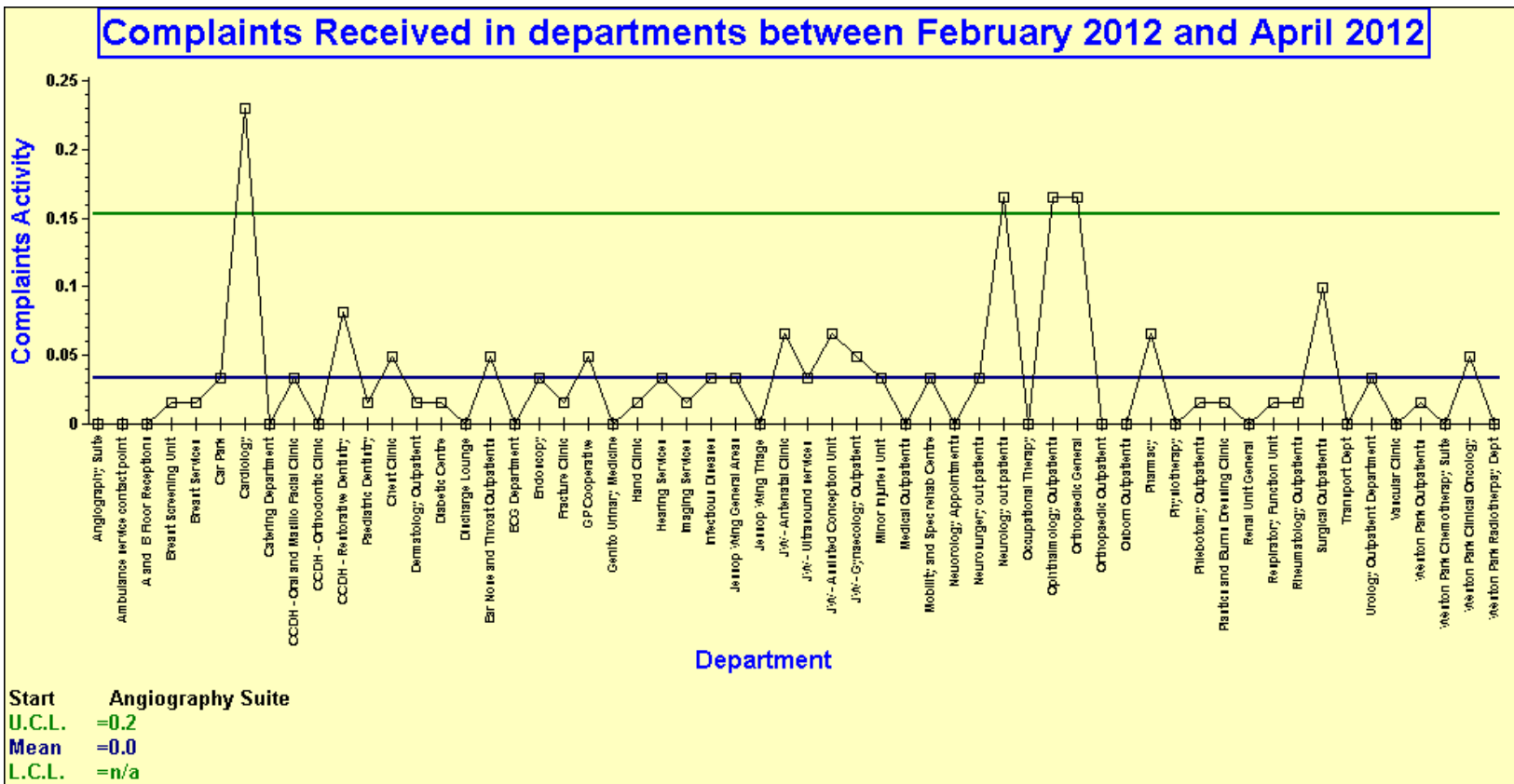
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The Outpatient Graph shows the number of complaints received over the preceding 3 months by departments. A proportion of actual numbers of complaints received are shown in order to produce a graph on a single scale however the same denominator figure which is based on hours open is used consistently across all departments. Using a rolling 3 month activity figure means that we can fully understand any possible trends and ensure any trends of increasing complaints activity are reduced before we move on to look at the next calendar period. A total of 11 complaints were received for **Cardiology** for this period. The highest number of complaints (5) related to Appropriateness of Medical Care as a sub-subject.

**Ophthalmology Outpatients** received 10 complaints; 4 regarding communication; 3 regarding lack of care; 1 related to attitude, 1 was about administrative and clerical arrangements and 1 was regarding lack of nursing care. **Neurology Outpatients** received 10 complaints.

10 complaints were received relating to **Orthopaedic General**

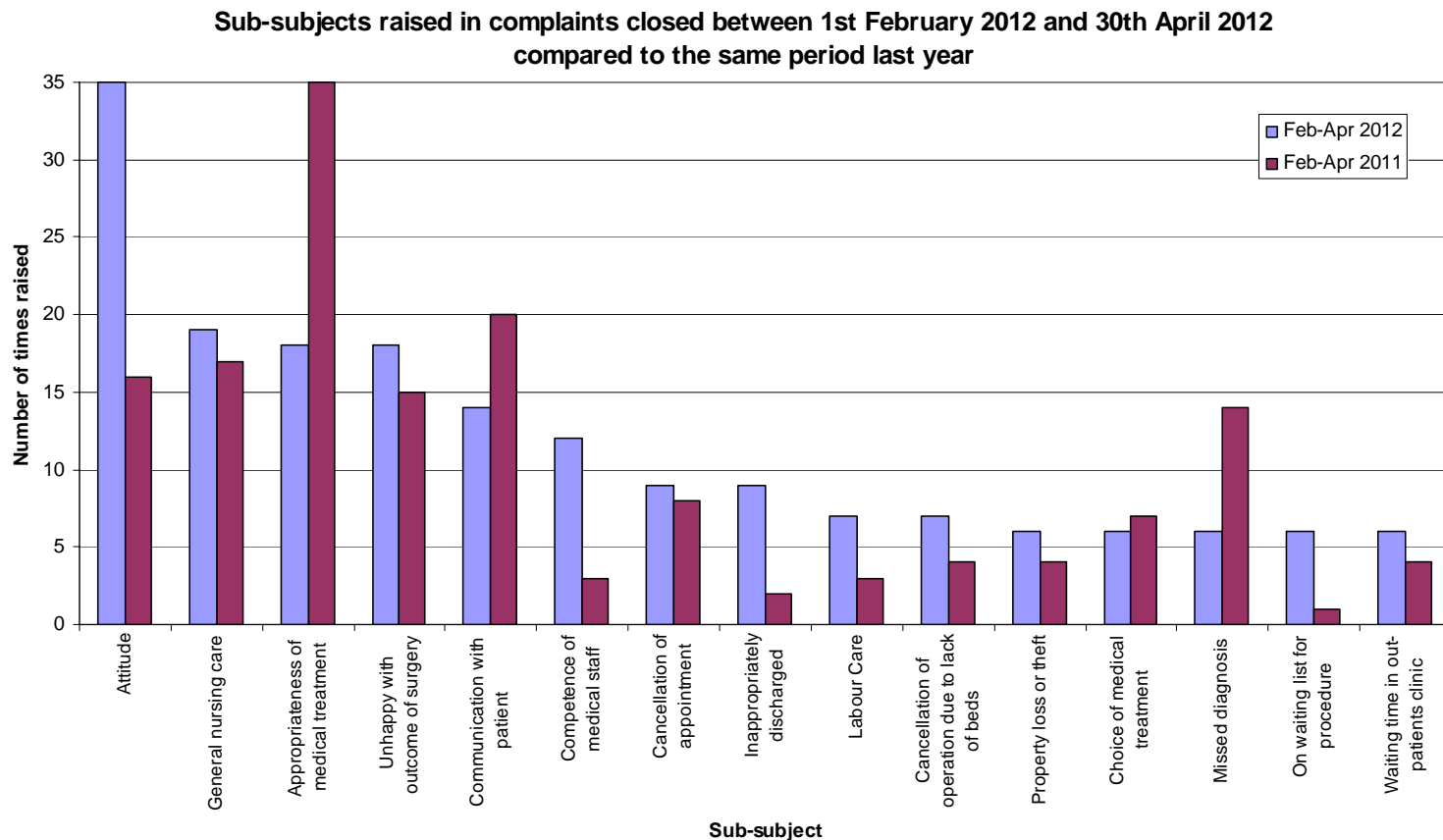
All of these complaints peaks have been reviewed. **No themes or trends have been identified in any Of the complaints that were upheld in each of these specialties.**



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## Issues / Sub-subjects Raised in Complaints closed between February and April 2012

Sub-subjects are recorded and checked as complaints are closed in an effort to improve the scope and detail of the information available on specific issues raised by complainants. A comparison between the past 3 months and the same period last year is shown to identify whether or not an issue is being more frequently raised. The issue of attitude will now be further investigated and reviewed to understand reasons for the increase.

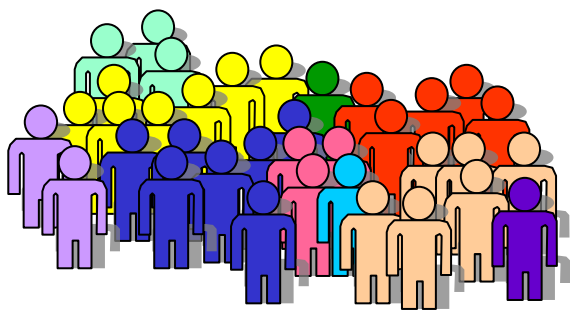


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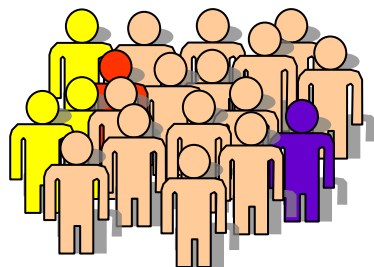
Issues / Sub-subjects Raised in Complaints received between February and April 2012

The diagram below shows the top 5 sub-subjects raised in complaints between February and April 2012. The number of people represent the number of times a sub-subject has been recorded and the different colours indicate which care group complaint was regarding. The issue of attitude was raised across all Care Groups.

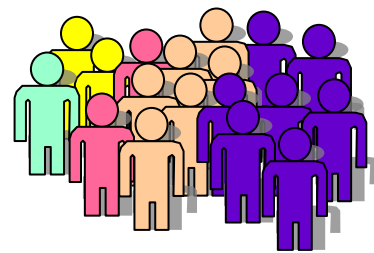
**ATTITUDE**



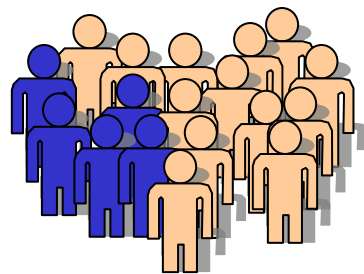
**GENERAL NURSING CARE**



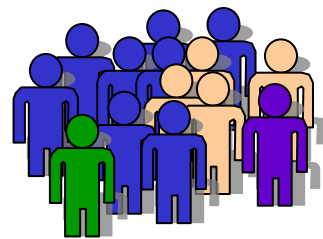
**APPROPRIATENESS OF MEDICAL TREATMENT**



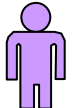









**UNHAPPY WITH OUTCOME OF SURGERY**



**COMMUNICATION WITH PATIENT**



**KEY**

-   
Corporate Departments
-   
Diagnostics & Therapeutics
-   
Emergency Care
-   
Head & Neck
-   
Obs, Gynae & Neonatology
-   
Operating Services, Critical Care & Anaesthetics
-   
Primary Care
-   
Spec Cancer, Medicine & Rehab
-   
Surgical Services
-   
South Yorkshire Regional Services



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## Complaints referred to the Parliamentary Health Services Ombudsman (PHSO)

### **There was one new information request received from the PHSO during April 2012.**

- 11/2409 – OSCCA Patient concerned that the safeguarding team contacted his children's school. Patient feels discriminated against.

### **There were two new decisions received from the Ombudsman in April 2012.**

- 11/1439 – Obs & Gynae Patient concerned regarding the standard of care she received following elective caesarean section. Main issues related to lack of privacy and breastfeeding support  
Decision – Rejected by PHSO, but one recommendation made relating to the involvement of the Infant Feeding Co-ordinator.
- 12/302 – SYRS Patient been told she could not have transport for Vascular Surgery clinic at NGH. However, her GP advised her that she was entitled to it and she has transport for other appointments.  
Decision – Referred back to local resolution so that a further detailed response can be provided.

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## Conclusion and Recommendations

### Conclusions

Complaints received by the General Surgery Directorate over the past 12 months should be reviewed in detail to understand the reason for the increase in complaints received by this directorate, and the actions being taken as a result of any themes.

Complaints received about the individual outpatient departments where peaks in the numbers of complaints being received have been noted over the past 3 months should be closely monitored.

### Recommendations.

The Monthly complaints and feedback report that is produced for the Patient Experience Committee should be reviewed through discussion with a group of representatives from different forums across the Trust to ensure that the report is meeting the needs of the different bodies to which it is now being presented.