

**ANNUAL REPORT: COMPLAINTS AND CONCERNS  
RECEIVED BY AIREDALE NHS FOUNDATION TRUST  
DURING 2014/15**

**May 2015**

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## Foreword

This is our sixth annual report, which provides an overview of complaints and feedback the Trust has received from patients, relatives and users from 1st April 2014 to 31 March 2015. The report is written in accordance with the NHS Complaints Regulations (2009) and is available on our website.

The NHS experienced significant pressures over the course of the last year, particularly during the winter, against a back drop of planned regulatory change and increasing challenges to ensure the provision of quality care while continuing to achieve financial efficiency. More than ever, what people tell us about the way in which we care for them and their families is crucial to ensure that we continue to make improvements and learn from our practices and processes.

Over the last year, our complaints handling policy has been revised and we have started to put in place the new procedures, which should help make it even easier, in the future, for people to make a complaint. The Complaints Team and Patient Advice and Liaison Service are also working more closely than ever with colleagues in the Quality and Safety and Patient Experience teams in order to ensure that all information the Trust receives about its care and services is used in a coordinated way to safeguard the quality of care. It is really important to us that we continue to respond to people as soon as possible to help them resolve any concerns or issues they may have and the Patient Advice and Liaison Service in particular, continues to play a crucial role with this.

The Trust continued to treat and care for a significant number of people last year and the vast majority of these had a positive experience. We will seek to continue to listen to our patients and encourage them to tell us what they think about their experience so that we can continue to provide quality care and services.

Debra Fairley: Deputy Director of Nursing

8 May 2015

## **EXECUTIVE SUMMARY**

1. In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the nature and number of formal complaints and contacts with the Patient Advice and Liaison Service (PALS) at Airedale NHS Foundation Trust during 2014/15.
2. Approximately 270,500 (compared to 268,000 during 2013/14) patients, annually, use services at Airedale General Hospital as inpatients, outpatients, via the Emergency Department, and as users of therapy services - a further 87,145 in 2014/15 (compared to 71,600 during 2013/14) patients use community services.
3. Only a small proportion of patients (0.53 per cent) who used the Trust's services or experienced care had cause to contact the Complaints and PALS team (C-PALS) with issues or concerns affecting them. This is comparable to 0.58 per cent during 2013/14 despite the increase in patient activity.
4. In accordance with the Trust's Policy, and in the event that a concern/complaint is not able to be resolved locally, resulting in a written complaint (thus deeming it to be formal), a total of **103** formal complaints were received and investigated by the Trust during 2014/15 compared to **73** in 2013/14 and **67** received during 2012/13.
5. The Trust received confirmation from the PHSO, that five complainants approached them to undertake reviews. One complaint was not investigated and a further one was investigated and not upheld. Two of the complaints are currently being investigated and the Trust awaits the outcome. The remaining complaint is undergoing an initial review.
6. During 2014/15 there were **2,307** issues raised, from **1,797** contacts with the Patient Advice and Liaison Service (PALS), of which **2,190** issues were specifically related to Airedale General Hospital: **359** were compliments, **386** were requests for information and **1,545** were expressions of concern, dissatisfaction and requests for action to be taken. The remaining 117 issues were related to other organisations.
7. **0.94%** of PALS issues go on to become formal complaints – illustrates the effectiveness of the PALS service. This is an increase of 0.54%.
8. PALS also received **3,438** compliments about the Trust's care and services which come via the clinical areas and departments. Therefore, a total of **3797** compliments were received during 2014/15.

## **ANNUAL REPORT: COMPLAINTS AND CONCERNS RECEIVED BY AIREDALE NHS FOUNDATION TRUST**

### Introduction

In accordance with NHS Complaints Regulations (2009), this Annual Report provides detailed information about the nature and number of complaints Airedale NHS Foundation Trust (ANHSFT) received, as well as feedback and concerns via the Patient Advice and Liaison Service (PALS), from 1 April 2014 to 31 March 2015. The Trust deals with complaints and concerns from patients and users, their relatives/carers, in accordance with its Complaints Policies and Procedures and the Care Quality Commission's (CQC) *Essential Standards of Quality and Safety*.

### Definitions

The Trust uses the following definitions:

- complaints are expressions of displeasure or dissatisfaction where the complainant wishes for a formal investigation to be undertaken;
- concerns are issues that are of interest or importance affecting the person raising them, including displeasure or dissatisfaction and where the complainant is happy for the issue to be dealt with via the PALS route;
- feedback is information/suggestions about care or services that ANHST provides, which may be complimentary or critical;
- Compliments are expressions of thanks and praise.

The distinction between a 'concern' and a 'complaint' is challenging. Both indicate a level of dissatisfaction and require a response. It is important that concerns and complaints are handled in accordance with the needs of the individual, and investigated with an appropriate level of scrutiny.

In order to ensure that complainants have access to appropriate support, as part of the complaints handling process, complainants are signposted to the National Health Complaints Advocacy Service for help in making their complaint. All complainants are signposted to the Parliamentary and Health Service Ombudsman (PHSO) stage 2 of the NHS complaints process in case they wish to take their complaint further.

The Trust has an integrated service - Complaints, Patient Advice and Liaison Service (referred to as C-PALS throughout this report and as set out in the Complaints Policy) - to manage and deal with complaints, concerns and feedback in accordance with its Complaints Policy.

It is important to note that during this year there have been several ward moves and changes in service provision, however, we are confident that the numbers for complaints and PALS logged are accurate, however, there may be some discrepancy to which area the concern has been logged as many PALS issues are received retrospectively

## Complaints, Patient Advice and Liaison Service (C-PALS)

The C-PALS team comprises 3.3 WTE – Complaints Manager (1wte), Patient Relations Officer (0.8), a PALS Officer (0.5) and a Data Input Clerk (1.0).

The Complaints Manager is responsible for the day to day operational management of C-PALS, while the Deputy Director of Nursing is responsible overall for its leadership and management. The Director of Nursing has executive responsibility and is authorised by the Trust Board to oversee the Trust-wide management of complaints.

### Data collection and analysis

Both Complaints and PALS data are entered into a data set and analysed using *Ulysses* computer software system. As well as recording the number of formal complaints and PALS contacts, a vast amount of qualitative data are entered into the data set, as follows:

- the nature of concerns reported about ANHSFT and external Healthcare providers
- the number and nature of compliments forwarded directly to PALS.

All concerns and complaints are categorised to enable more detailed analysis of themes and have included categories such as care and treatment (medical and nursing), attitude of staff and communication with staff. The data are also analysed to show the total number of contacts by ward, department or service.

Formal complaints and PALS information are discussed separately in this report in order to address specific issues relating to each.

It is important to note that the categorisation of concerns and complaints is somewhat subjective. (During 2014/15 the data inputting has been undertaken by four different staff). However, in an attempt to minimise variation, the inputting and categorising of information are overseen by the Complaints Manager.

All complaints are logged in line with the KO41, NHS: The Information Centre for Health and Social Care Survey (IC) categories. The annual KO41 return for 2014/15 has been submitted to the IC.

Where a concern and a compliment are reported with the same PALS contact, the issues are logged separately for transparency; again, this is done in order to capture all issues and to enrich the data.

## **Formal Complaints**

In line with the Trust's Policy, a complaint becomes formal in accordance with a patient's wishes. This may originate from a concern (written or verbal) which has not been possible to resolve through PALS, or directed to the Complaints Team for a formal investigation using this definition. A total of 103 formal complaints were received and investigated by the Trust during 2014/15 compared to 73 received during 2013/14. Table 1 summarises the breakdown of these complaints for each quarter (as well as issues received by PALS).

Of these 103 complaints:

- Six complainants referred their complaint to the Ombudsman upon the Trust's investigation compared to two during 2013/14. It is important to note that the complaints being reviewed were not all from this year. Following the initial review by the PHSO, the Trust was informed that one complaint would not be subject to a full PHSO investigation and was closed. One complaint was investigated and was not upheld the complaint and therefore closed. One complaint is currently under initial review and the

Trust waits to learn if a full investigation is to take place and the remaining three are undergoing a full investigation and the Trust awaits the PHSO findings.

- The Trust was made aware of one referral to the Care Quality Commission (CQC) by a complainant. However, on contact with the CQC, they confirmed they had not been informed.
- Responses to complaints are by letter or provided at a formal meeting in line with complainant's wishes. The Trust has seen a significant increase in the length of time it has taken for a final response to be sent out to the complainant. This was due in part to the complaint complexity, the C-PALS Manager on extended leave, the impact of the increase in hospital patient activity and/or investigations being commissioned which impacts on the time frame for responding. However, any changes to agreed target dates for responding are always discussed and agreed with the complainant.
- For 13 (12 per cent) of the 103 complaints, consent was deemed to be required and, of these, two consents were waived due to the health of the patient. On both these occasions, the Trust proceeded to deal with the complaints as it was deemed to be in the patient's best interest to do so. This number does not include where a parent raises a complaint on behalf of a child. Assumed consent was assumed on three occasions as the complaints were about the care of a child. Five complaints were raised by Solicitors on behalf of patients and the relevant consents were obtained. Three complaints were received via a Member of Parliament, therefore, of the 103 complaints, 79 people complained directly to the Trust about their own care and treatment.
- Of the 103 complaints received, 35 (33 per cent) concerned care and treatment of patients over the age of 65 years, compared to 40 during 2013/14 and 29 during 2012/13. Of these, on 10 occasions, a family member wrote on the patient's behalf and appropriate consent was obtained (including two waived or not appropriate as patient was deceased). The remaining 15 patients wrote on their own behalf and received the response.

- The Trust worked with other healthcare providers (North Yorkshire County Council, North West Ambulance Service, The Yorkshire Clinic, Bradford District Care Trust and various General Practitioners) on eight occasions to provide joint complaint responses compared to four during 2013/14 and one in 2012/13. The Trust agreed to be the lead investigator on two of these complaints as the key issues were regarding Airedale, the remaining six were led by other organisations.
- The Trust received no requests for a response in large print or brail which reflects previous years.
- Again, as in the previous six years, all formal complaints were received in the English language with no requests made by a complainant (or enquirers) for the use of the Trust's Interpreting Service.
- The Trust received no complaints where people stated they had a learning disability nor was this established during any of the investigations.
- Of the 103 complaints, 16 complainants took the option of meeting with senior members of staff on completion of the investigation, compared to 11 in 2013/14, nine during 2012/13 and six during 2011/12. A further eight complainants opted to meet with Trust staff following receipt of the Chief Executive's letter of response. The Trust has met with four complainants on more than one occasion. Following each meeting, a full summary of the investigation and meeting has provided for the complainant. The Trust has shown flexibility in the way in which complaints are handled as per a complainant's wishes. The remaining 87 complaints requested the findings in writing.
- Monitor<sup>1</sup> does not have a role in the NHS complaints process and is unable to deal with individual complaints about NHS Foundation Trusts. However they can provide information about the complaints process to complainants if they contact them. Foundation Trusts have a requirement to inform Monitor of any serious complaints that the Trust receives, as part of the requirement of the Compliance Framework. During 2014/15, none of the 103 complaints were referred to Monitor.
- The Deputy Director of Nursing was commissioned to investigate one complaint after consultation with the Executive Team due to the nature of the complexity of the issues expressed. On two further occasions an external review of care was commissioned as part of the Trust investigation.

## Further analysis

- Only one ward, Ward 9 has received four complaints compared to four wards during 2013/14. Two wards (Wards 5 and 14) received three complaints, three wards received two complaints; four wards, one complaint and one ward, Ward 7 received none.
- During 2014/15 Community Services has not received any formal complaints compared to three the previous year.
- Maternity Services received a total of six complaints compared to seven during 2013/14, four during 2012/13 and eleven during 2011/12.

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<sup>1</sup> Independent Regulator of NHS Foundation Trusts 2008

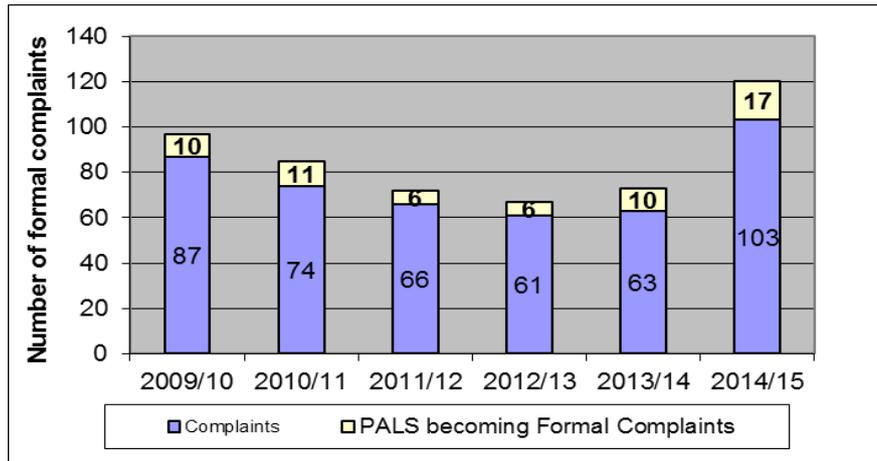
- The Emergency Department has received 20 compared to eight complaints during 2013/14. It is important to note that during this time the Emergency Department was in temporary accommodation whilst the new Emergency Department was being built which was over a 12 month period. There was also an increase of the patient attendances. The key issues were delay in reaching diagnosis and waiting times.
- The Acute Medical unit (Ward 2) has received seven complaints compared to four in each of the last two years. The key issues of waiting time, delay in reaching a diagnosis or wrong diagnosis were the key issues.
- Orthopaedic surgery received eleven complaints, however these did not all refer to the year 2014/15. Three complaints related back several years.
- Gynaecology surgery received five complaints, neurology medicine four, Haematology and Oncology Unit received three and Cardiology services three.
- Out of the 103 complaints, 11 (10.5 per cent) complainants stated that they believed the Trust had been negligent or were seeking compensation and/or seeking legal advice. It is very difficult to provide information regarding which of these (raised in 2014/15) proceeded down the litigious route. Delays are often seen between complaints information being provided and the complainant formally contacting the Legal Department at the Trust. Nor is there necessarily a correlation between those who said they intended to pursue matters litigiously and those who actually did.
- Of the 103 complainants 16 have had the support of an advocate. The Trust has seen an increase of users seeking help and guidance from a complaints advocate, who help the complainant write the letters of complaint, offer support at meetings and to understand the processes within the Trust and that of the PHSO.

**Figure 1: Summary of the total number of formal complaints and PALS issues, from 2010/11 – 2014/15**

| Quarter   | 2010/11      | 2011/12      | 2012/13      | 2013/14      | 2014/15      |
|---|--------------|--------------|--------------|--------------|--------------|
| <b>2014/15 Quarter 1</b>  |              |              |              |              |              |
| Number of PALS issues   | 513↑         | 476↓         | 497↑         | 679↑         | 643↓         |
| Number of formal complaints                                     | 18↓          | 16↓          | 25↑          | 18↓          | 35↑          |
| Number of PALS contacts becoming formal complaints              | 1            | 1↓           | 3↑           | 5↑           | 5↑           |
| <b>Quarter 2</b>  |              |              |              |              |              |
| Number of PALS issues   | 478↓         | 456↓         | 638↑         | 583↑         | 543↓         |
| Number of formal complaints                                     | 17↓          | 17           | 13↓          | 17↑          | 27↑          |
| Number of PALS contacts becoming formal complaints              | 4↑           | 1↓           | 0↓           | 1↑           | 5↑           |
| <b>Quarter 3</b>  |              |              |              |              |              |
| Number of PALS issues   | 485↑         | 467↓         | 581↑         | 617↑         | 542↓         |
| Number of formal complaints                                     | 17↓          | 17           | 13↓          | 22↑          | 25↑          |
| Number of PALS contacts becoming formal complaints              | 2↓           | 1↓           | 2↑           | 2            | 4↑           |
| <b>Quarter 4</b>  |              |              |              |              |              |
| Number of PALS issues   | 465↑         | 576↑         | 646↑         | 687↑         | 579↓         |
| Number of formal complaints                                     | 33↑          | 22↓          | 16↓          | 16           | 16           |
| Number of PALS contacts becoming formal complaints              | 4↑           | 3↓           | 1↓           | 1            | 3↑           |
| <b>Total number of PALS issues</b>                              | <b>1941↑</b> | <b>1975↑</b> | <b>2362↑</b> | <b>2566↑</b> | <b>2307↓</b> |
| <b>Total number of formal complaints</b>                        | <b>85↓</b>   | <b>72↓</b>   | <b>67↓</b>   | <b>73</b>    | <b>103↑</b>  |
| <b>Total number of PALS contacts becoming formal complaints</b> | <b>11↑</b>   | <b>6↓</b>    | <b>6</b>     | <b>9↑</b>    | <b>17↑</b>   |

In three quarters there is an increase in the number of complaints received. The analysis has indicated that less than one per cent (0.94%) of concerns progress to the formal complaints process.

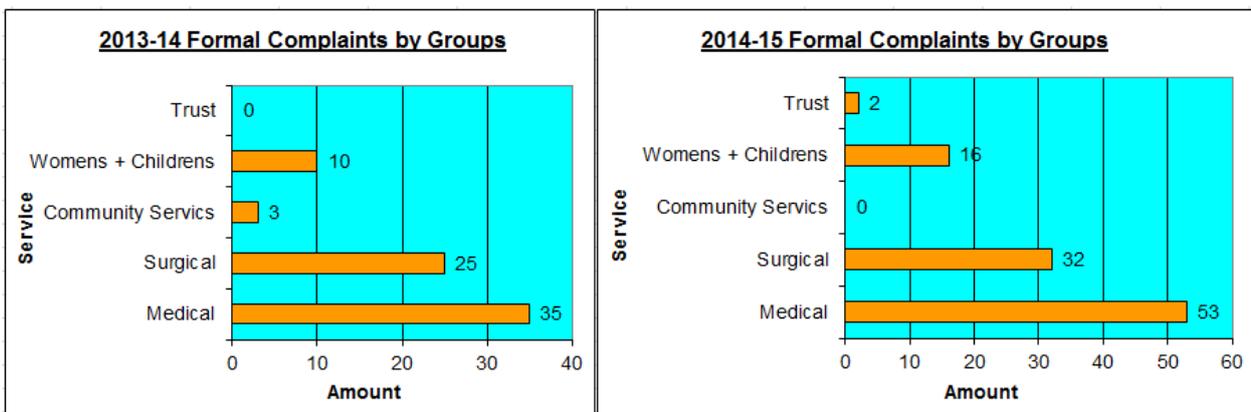
**Figure 2; ANHSFT PALS contacts becoming a complaint**



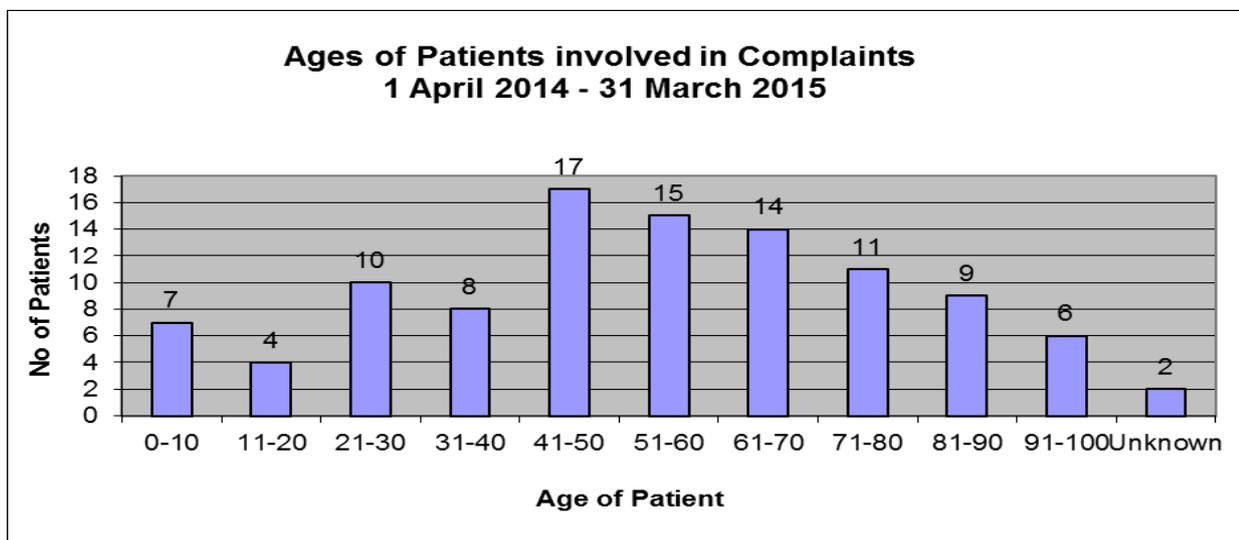
Only 0.94 per cent of PALS issues go on to become formal complaints which illustrates the effectiveness of the PALS service.

**Figure 3: Formal complaints by Groups**

The Surgery Group have seen an increase of seven complaints and the Medical Group an increase of 18 complaints. Women and Children Group received an increase of six, whereas Community Services has not received any formal complaints.

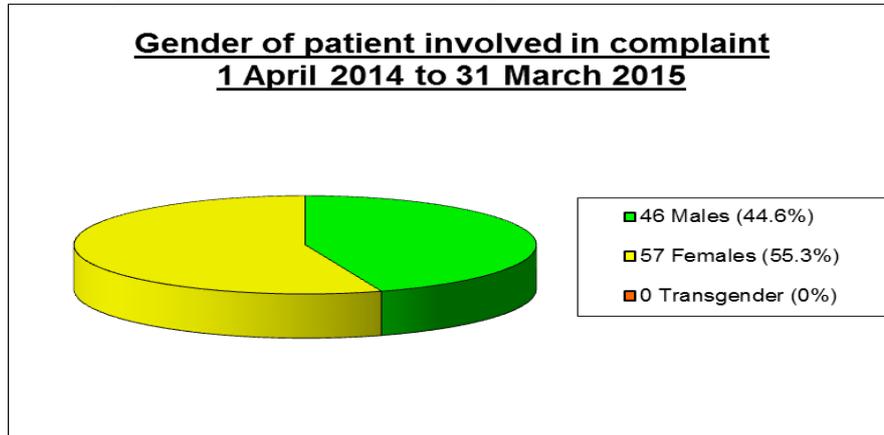


**Figure 4: Age of patients involved in complaints (not the age of the complainant)**



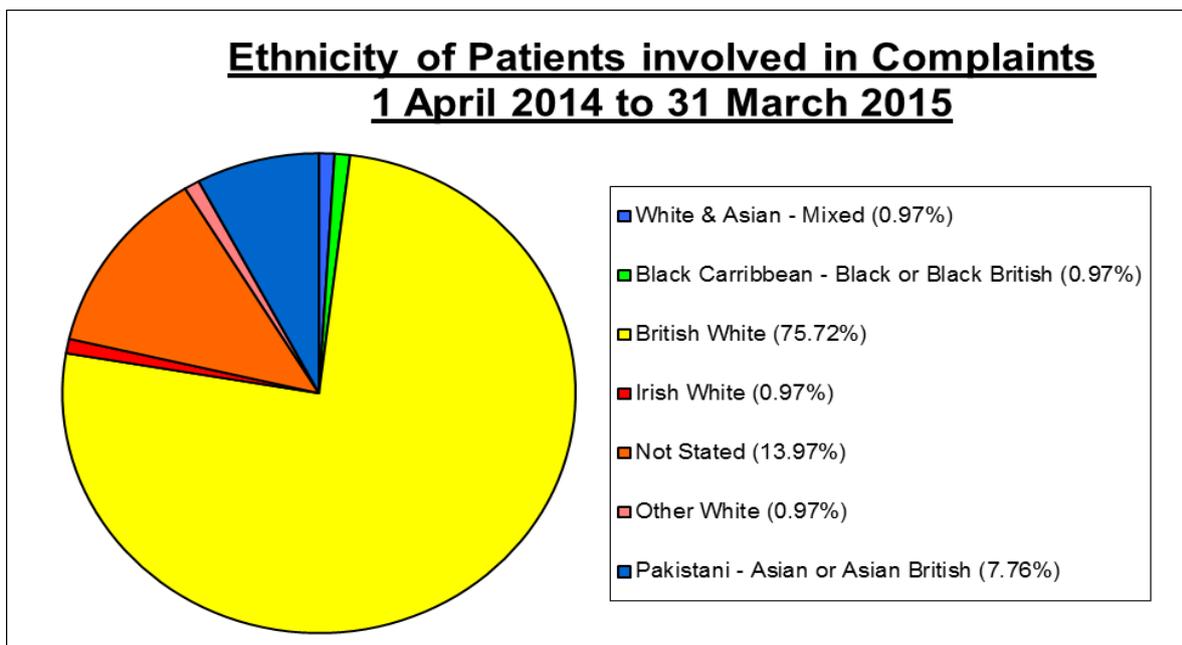
This graph identifies the age of the patient not the complainant. It is worthy of note that 40 (39%) of the 103 complaints concerned some aspect of care and treatment of adults over the age of 65 years of age, compared to thirty seven (50%) out of seventy three complaints (during 2013/14. Where a young person is under the age of 16 years, consent is not obtained, as long as the complaint is submitted by a parent/legal guardian.

**Figure 5: Gender of patients involved in complaints**



The above data reflects a similar gender ratio per the last three years. On closer scrutiny there remains a tendency for the mother/wife/daughter to write the letter of complaint regarding a family member. The above data reflects the gender of the patient which is not necessarily the complainant.

**Figure 6: Ethnicity of patients involved in complaints**

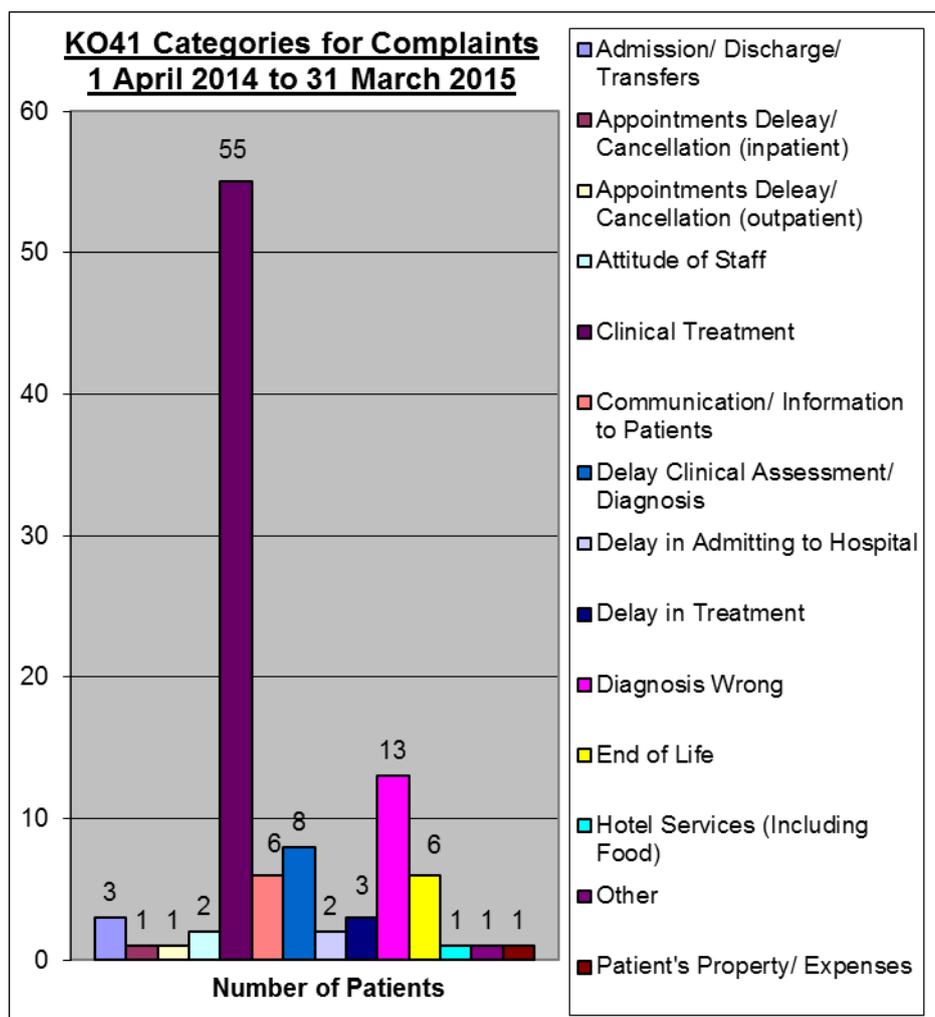


The above information regarding a patient's ethnicity is taken from the PAS information and not directly from the patient at the time of raising the complaint.

Each complaint receives an Equality Monitoring questionnaire and of the 103 distributed, 23 were returned completed, a return of 22 per cent, which was a slight decrease from 27 per cent during 2013/14. Of these 17 were female and married. In response to the question regarding sexual orientation, 15 stated they were heterosexual, three bisexual, two preferred not to state. Two returns were from complainants of over 80 years of age, of which they stated they had disabilities, but did not clarify what the disabilities were. All of the responders stated they could read and write in English and described themselves as White British.

**Figure 7: Key themes arising in complaints based on KO41**

(Key categories set out by the Information Centre for Health and Social Care Department)

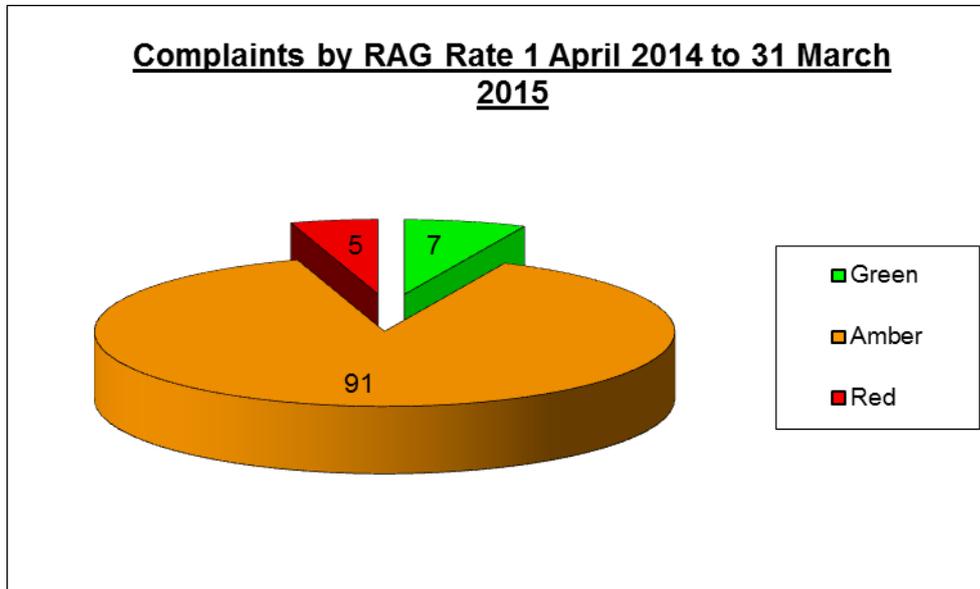


Medical/Surgical/Nursing Clinical remains the key themes for 53 per cent of complaints, comparable to 2013/14. There has been an increase (at the point of receipt of complaint) of alleged wrong diagnosis being made. In 2014/15, the spread of categories was across 14 areas in line with 2013/14. There was two complaints where the key factor in the complaint was notably that of attitude of staff.

Six complaints were fundamentally referring to end of life issues, including DNAR decision making, end of life nursing care and treatment, including that of communication. All end of life complaints are reviewed by the lead consultant for palliative care, so that trends and themes can be captured.

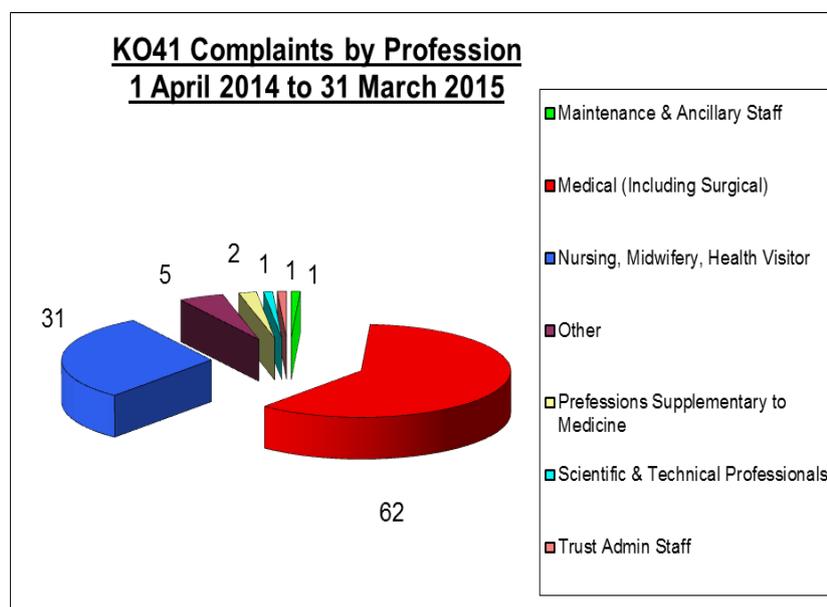
**Figure 8: RAG rate score given on initial review**

All complaints are risk assessed (Red Amber Green - RAG rated) on receipt to assess the seriousness of the complaint about the service/care or treatment. This assessment is undertaken to help identify the right course of action complaints investigation, root cause analysis (RCA) or Serious Incident Requiring Investigation) to be taken by the Trust. The assessment includes any reference to Safeguarding issues, Serious Incident, misconduct or adverse incident.



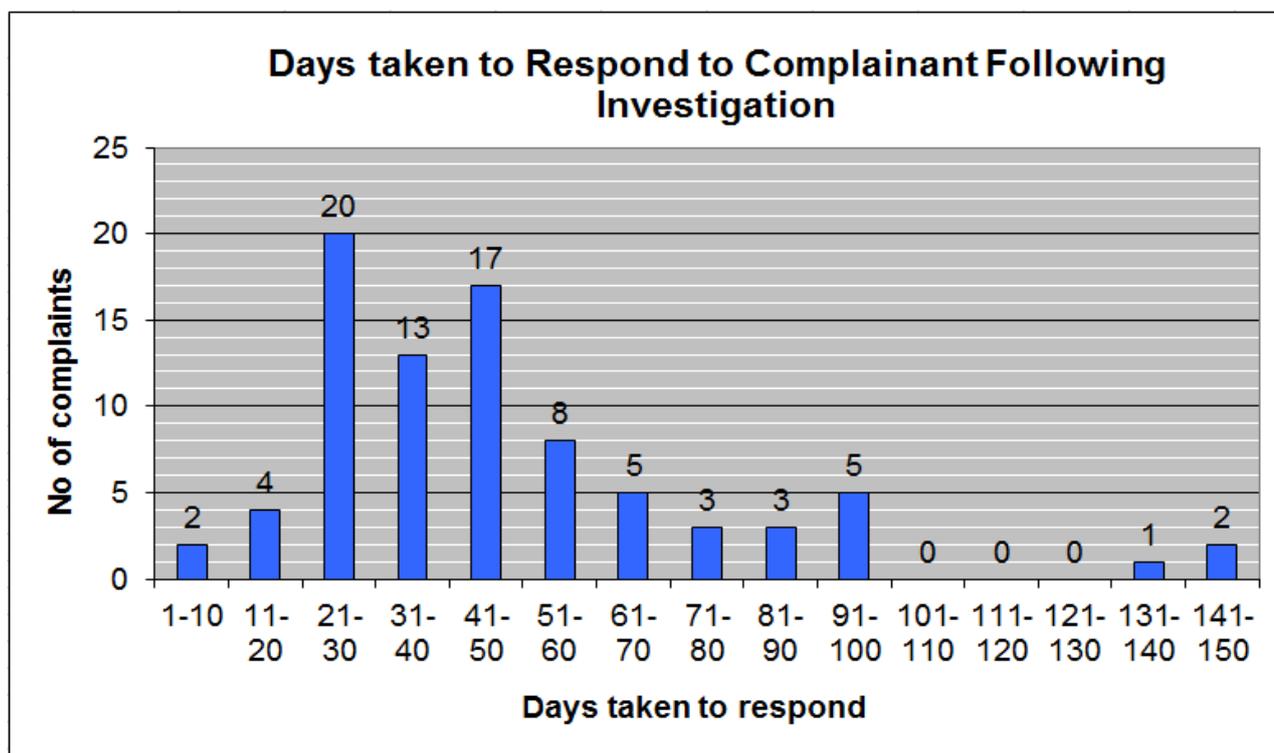
- Five complaints were considered for escalation as a serious incident in accordance with the Trust’s risk management policies, compared to seven in 2013/14 and three in 2012/13. Of these, two were reported as serious incidents to the Clinical Commissioning Group (CCG) commissioner and one investigated as per the complaints process.
- A further three RCA’s have taken place following receipt of a formal complaint.

**Figure 6: Breakdown of Professionals identified within the 103 complaints (including sub-categories).**



It is important to note that, upon investigation, not all allegations were upheld. Of the 103 complaints, the above table is a breakdown of the profession of the person(s) or key teams identified within the body of the complaint.

**Figure 7: Number of days taken to respond to complainant following receipt of complaint.**



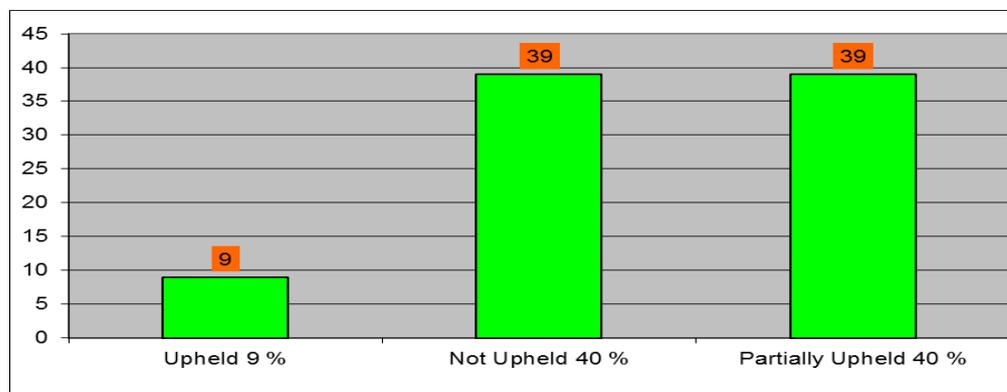
Complaint legislation does not state the length of time a complaint investigation should take, as there is an expectation that target dates for completion are agreed between the complainant and the complaints team. There is an expectation that a complaint should be concluded within six months from receipt where possible.

Out of 103 complaints, 26 received the findings of the Trust’s investigation either in writing or at a ‘face-to-face’ meeting, in line with a complainant’s wishes, in less than 30 days, compared to 17 during 2013/14 and 27 during 2012/13. A total of 30 complainants received investigation findings between 31 - 50 days, in line with their agreed time scales, albeit on 15 occasions the target date was renegotiated. A further 29 received the findings within 51-80 days, compared to 17 during 2013/14 and five during 2012/13. A further eleven took 81 and 150 days. The key reason for the extended length of time was the unforeseen complexity of a complaint which became apparent during an investigation.

At the end of March 2015, the remaining 7 complaints were still under investigation and are in line to meet with the complainant’s agreed time scale.

### Figure 8: Investigation outcomes - upheld/not upheld/partially upheld

The Complaints Manager presently assesses each complaint, after its investigation, to ascertain whether or not it is upheld. This is somewhat subjective and can be complex, as often there are a multiplicity of concerns/allegations within an individual complaint, some of which may prove to be unfounded and not upheld and some elements which are.



The nine complaints considered to be fully *upheld* (seven upheld in 2013/14) included incidents related to service failure. Subject matter was varied for example: lumbar puncture procedure, clinical assessment in ED, inappropriate consent and communications. These complex cases have resulted in three legal challenges at the time of writing this report and on two occasions media interest.

It is important to note that within most of the complaints, there may be several issues, some of which were/were not upheld. Any complaint involving both aspects have been classed as *partially upheld*, hence the figure of 40 per cent.

The 39 partially upheld complaints were categorised as such because there were clear concerns about a patient's experience being poor. This included poor communication, certain aspects of care could be improved and the accumulation of issues regarding cleanliness, quality of food, smoking shelter, delays in receiving test results and expectations not being met. The relevant clinical groups addressed these issues at the time of the complaint and the complainant notified of the changes made in response to them raising a complaint.

For those 39 which were deemed *not upheld*, the investigation concluded that care and treatment was timely and appropriate. The remaining seven (11 per cent) complaints will be categorised once the investigations are complete.

### Figure 9: Comparison of number of complaints received by other organisations

| Number of Complaints                             | 2011/12 | 2012/13 | 2013/14 |
|--|---------|---------|---------|
| Airedale NHS Foundation Trust                    | 72      | 67      | 73      |
| Bradford Teaching Hospitals NHS Foundation Trust | 71      | 84      | 80      |
| Harrogate & District NHS Foundation Trust        | 215     | 218     | 215     |
| Leeds Teaching Hospitals NHS Trust               | 1131    | 1270    | 1066    |
| Salford Royal NHS Foundation Trust               | 327     | 351     | 384     |

It is important to note that each organisation will vary in its classification of what is deemed a formal complaint and what is a concern, whilst working within Complaints Regulations.

(Information was obtained from the individual organisations Quality Accounts Report).

On undertaking a literature review regarding the rates of international complaints for comparison, little was found. However, it is worthy to note that the number of complaints do not reflect opinions of services. While most cases show a gradual increase in the number of complaints in recent years it was notable that where a positive attitude was taken about receiving complaints the numbers increased rapidly.

It is also apparent that some complaints do not reflect a realistic understanding of what patients/clients should reasonably expect. It is important to be able to close such complaints without overloading the system. On the other hand it is also important to be able to draw conclusions from complaints occurring in different localities and different parts of the systems, where these show common system failing or show changing patient/client expectations. (Handling Complaints in Health and Social Care: International Lessons for England 2013-14.)

### *Discussion*

The Trust has seen a significant increase in the number of formal complaints during 2014/15 compared to the previous year (an increase of 30 complaints, compared to an increase of six complaints during 2013/14).

Work continues in developing the manner in which concerns and complaints are addressed.

- Enhanced and collaborative working between the clinical/department teams, Matrons/Clinical Directors, Deputy Director of Nursing, Medical Director and PALS. This is underpinned by clear processes resulting in increased Managers/Matron visibility and timely input and intervention when dealing with concerns. There is patient involvement and engagement at the outset.
- The Chairman, Chief Executive, Medical Director, Deputy Medical Director, Director and Deputy Director of Nursing, Clinical Directors, Director of Operations and General Managers continue to see all complaints which are received into the Trust. This seeks to encourage that lessons are learned between medical/nursing/professional teams in the event of concerns about treatment and service provision.
- The complaints policy and procedures have now been reviewed in line with the recommendations of the Clywd-Hart report 2013. Advanced complaints training has been commissioned and it is aimed to launch the new processes in October 2015. The emphasis is for a single lead investigator to be nominated to each complaint. The investigator will manage the process from start to finish, including gathering evidence, interviewing witnesses, writing the report and communication with the complainant. This is to encourage the operational groups to take ownership of the complaint.
- The continued development of the reconfiguration of the complaints and PALS teams has resulted in more collaborative working and improved communication with senior staff throughout the organisation.
- Introduction to the PALS service for staff (undertaken by C-PALS) continues to be delivered to a small number of staff around the organisation. The C-PALS team deliver an awareness session to all staff who attend the Trust's Induction programme.

- The revised Complaints Policy sets out clear processes, roles and responsibilities for staff, focusing on achieving the best outcome for patients.
- There continues to be more effective advertising and visibility of PALS within the hospital, promoting an open and engaging culture which may have resulted in more timely and appropriate resolution of concerns and issues at the point at which they occur.
- There are five PALS notice boards around the Trust, providing information to patients/relatives about how to make a complaint. The PALS feedback form is available in six languages (Chinese-Mandarin, Polish, Russian, Slovakian, Urdu and English) since February 2013, however, there has been no forms forwarded to PALS for action since the time these forms were available. Each ward has information regarding the PALS service on visual display. The communications team and Matrons are currently standardising the notice boards to the entrance of each ward and '*How to make a complaint, Raise a concern*' information is to be included. PALS is an invaluable service for enabling patient involvement and engagement, providing a rich source of effective feedback about patient experience as well as services and care at the point of care.
- The National Inpatient Survey response to question 70 during 2014 for ANHSFT: "Did you see, or were you given any information explaining how to complain to the hospital about the care you received?" was scored at 2.5 out of 10 for our 2014 survey compared to 2.4 in 2013. The lowest score achieved in this category nationally was 1.4 and the highest was 5.8, so the Trust is at the lower end of 'about the same' as other trusts in comparison. Out of the 396 respondents to the survey- 284 answered this question. Discussions are on-going with the Service Improvement team as to how best publicise to the public how to make a complaint and share their individual experiences.
- The PALS telephone contact line is operated by a member of C-PALS during working hours Monday to Friday. A voice mail service is available during 'out of hours' and calls are returned on the next working day. During 2014/15 the voice mail service has been required activated on occasions, due to requests for ward/department visits or availability of staff cover.

### Learning From Formal Complaints

The Trust seeks to make changes following all incidents, complaints and concerns to improve the care and services received by patients, users and their representatives. As soon as a complaint is received by the Complaints Team, it is the responsibility of the Complaints Manager to immediately consider whether the complaint should be escalated (for example to the Deputy Director of Nursing, Medical Director) to establish whether any immediate and/or remedial action(s) should be taken - prior to the investigation - in the interest of safeguarding safety, equality and quality.

ANHSFT is fully committed to the principles set out by the Government and National Policy, ensuring that the services provided help to keep children, young people and adults safe from harm. Therefore, a copy of all 103 complaints which have been received by the Trust were sent to the Senior Nurse for Safeguarding Adults or Named Nurse for Safeguarding Children, in order to ensure the complaint is assessed and reviewed against the *Safeguarding Adults and Safeguarding Children and Younger People Trust Policies*. On four occasions, the complaint prompted further scrutiny and investigation with regard to safeguarding adults; however, this did not lead to a full safeguarding referral. There

has been one complaint involving a child which led to further scrutiny which did not lead to a full safeguarding case review.

As work continues to seek to ensure that the Trust complies with equality and diversity principles, all 103 letters of complaint were forwarded to the Head of Equality and Diversity for scrutiny.

All complaints continue to be forwarded to the Appraisal Performance Outcome Group (this group is led by Deputy Medical Director, Clinical Professions) who will scrutinise the content of complaints and identify any learning and/or support requirements for medical staff, probity and competences. This group reviews the complaints in order that trends may be picked up early and dealt with promptly and review the outcome of the investigations.

Where a complaint has led to a Serious Untoward Incident to be declared or a Root Cause Analysis to be undertaken, it is the responsible operational group which escalates via their individual governance framework, monitors and complete learning action plans.

Where nursing issues are raised within the complaint, a copy of the complaint is sent to the Senior Nurse Practice Development for learning and training purposes.

Complaint reports are regularly produced for managers, heads of service, matrons and clinical directors so that these can be shared with their respective teams and that service improvements and learning takes place. These reports are continually developing to meet service need.

The Trust's operational groups were provided with a summary of national complaints which were taken from the Parliamentary and Health Service Ombudsmen Case Summaries (online launch May 2014). This was to enable Trust staff enhanced learning from other organisations complaints.

In addition, the Trust seeks to learn and provide remedy as an outcome of formal complaints and PALS in a variety of ways, as follows:

- C-PALS *"You Said, We Did"*.

**You said ....concerns regarding the lack of support following the death of a loved one, which occurred sooner than anticipated.**

**We did .... along with the family a letter was agreed, which is to be sent to all bereaved families connected the Oncology service, where death has occurred sooner than anticipated to offer support .**

**You said ..."How can hospital staff think that a small sized stoma is acceptable for an adult patient."**

**We did.... The Matron has employed a Health Care Support Worker within the colorectal stoma department. This role will support wards who do not routinely deal in supplying stoma appliances.**

|  |
|--|
| <p><b>You said .... Why when I left a message did no one return my call.</b></p> <p><b>Why did .... The ward clerk has implemented a message pad system and the message passed on in writing to the relevant nurse.</b></p>  |
| <p><b>You said .... I was informed which clinic I had to attend but not whereabouts in the hospital the clinic was located.</b></p> <p><b>We said.... the location of the clinic will be added to the appointment letters.</b></p>   |
| <p><b>You said ... “The delays in the length of time to be able to have an orthotic review is unacceptable.”</b></p> <p><b>We did ... A review of the orthotic service is underway and the feedback provided from the complainant is to be shared as a means to understand the impact of delays in appointments.</b></p>   |
| <p><b>You said ... “The information regarding my father’s social situation at home was not considered when planning his discharge and this impacted on him when he returned home.”</b></p> <p><b>We did.... The Matron shared with the ward staff how the lack of documentation of social situation affected the patient. The importance of listening and documenting social circumstances was emphasised.</b></p> |
| <p><b>You said..... why was my father not reviewed appropriately following a fall.</b></p> <p><b>We did..... a change to Hospital at Night (H @ N) bleep system and guidance was undertaken: Fall review – actual or suspected head injury.</b></p>  |
| <p><b>You said ... why was there no palliative care discharge planning for my father.</b></p> <p><b>We did ... Palliative Care, Clinical nurse Specialist attended surgical group meeting to update on palliative care good discharge planning. Other clinical areas also involved to cascade learning</b></p>   |

Each month formal complaints, PALS, issues and compliment numbers continue to be reported via the Quality Account Dashboard to Quality & Safety Operational Group, Executive Assurance Group and Trust Board. This information is also broken down by division – surgical, medical and community services on the *Quality Account Dashboard* – and received at the respective Delivery Assurance Group. This includes more detailed information, particularly around complaints, provided to facilitate review and scrutiny at local governance group level.

Quarterly reconciliation and trends over time are presented in on the quarterly Quality Account Dashboard which is reviewed at the Trust’s Executive Assurance Group and received at the public section of Trust Board. In addition, a quarterly quantitative and qualitative report is compiled, including lessons learned and improvements made as a result of complaints and PALS contacts. This information is shared with partner organisations, including the lead commissioning Clinical Commissioning Group (CCG). A

brief outline of each complaint is also provided (every two weeks) for the CCG at the point of receipt.

### Feedback obtained from complainants regarding the handling of the complaint

- During 2014/15, we received 18 (18.75 per cent) completed questionnaire feedback forms despite 96 being sent out with the final complaint response (only 5.8 per cent were returned during 2013/14). The questionnaire is seeking to understand a complainant's perception of how their complaint had been dealt with. C-PALS staff continues to reflect on any written and verbal feedback which is received and to review the manner in which complaint responses are written.

### *Discussion*

In an attempt to understand the rationale as to why the Trust has seen a significant increase in formal investigations during 2014/15 despite those being *upheld* has not significantly grown, the General Managers have advised this may be partly due to the following-

- Francis Report effect,
- Level of complexity of the patient's being admitted into hospital
- Lower threshold of complainants seeking a formal investigation rather than approaching or using the PALS route
- Recent adverse media attention on the NHS. E.g. care in hospitals and emergency department waiting times.
- High activity leading to the need to open additional beds requiring the use of bank and agency staff.
- The nature of the speciality has an impact on the amount of complaints received. E.g. emergency department and maternity services.

The assessment of the outcome of complaints at a local level, into categories of *upheld*, *not upheld* or *partially upheld* will continue to be developed in the forthcoming year.

The impact of Community Services has continued to be monitored closely and the amount of contacts to the C-PALS services has been minimal.

The Trust's Complaints Policy has been reviewed to include a number of issues such as financial redress as well as those arising from the recent Department of Health (2013) report *Patients First and Foremost*, *Frances report* and the *Patient Association report*.

During 2014/15 there has been no recommendation by the PHSO regarding offering financial redress. However, as part of the Trust complaints process, financial redress is now considered.

Monthly audits are undertaken by the C-PALS team to ensure that information is readily available in all clinical/department areas and general public areas throughout the hospital. Where information is lacking, replacement information is provided. The Trust's web page also contains C-PALS information. Further scrutiny of the information has taken place during 2014/15 to ensure that the visibility of the PALS forms in various languages is maximised. Work will also continue to ensure that the service is well publicised throughout the Trust.

The hospital volunteers who collect data (at the point of a patient discharge) for the inpatient survey also continue to provide a comments leaflet to patients they see to encourage feedback where a patient raises concerns with them.

### **Patient Advice and Liaison Service (PALS)**

This section of the annual report concentrates on the nature and number of PALS contacts and issues raised within those contacts received during 2014/15. PALS remained an invaluable source of help/guidance to people using services.

In 2014/15 there were 2,307 issues raised, from 1,797 PALS contacts of which 2190 issues were specifically related to Airedale General Hospital: 359 were compliments: 286 were requests for information, and 1545 were expressions of concern, dissatisfaction and requests for action to be taken. The remaining 117 issues were related to other organisations.

Individuals contact PALS with a number of issues, all of which require processing, action, logging (at point of receipt and close) and outcomes fed back to the users. Feedback is provided by the manager/matron dealing with the issue or a member of the PALS team depending on the nature of the issue. Many of the concerns require involvement of several managers/matrons in order to reach resolution with the user.

At the point of receipt PALS contacts are reviewed by the C-PALS team to consider safeguarding concerns. The C-PALS team maintain their basic training about Safeguarding and on two occasions concerns have been brought to the attention of the Senior Nurse for Safeguarding Children and Young Adults. Further discussion took place and, on both occasions, further investigation was sought although no further action was required. On a further two occasions, referrals to the Senior Nurse for Safeguarding Adults were made and after further scrutiny, no actions were required.

Key PALS data for 2014/15 are set out in Appendix I. The ways in which patients/carers contact PALS is set out in Table 1 and Table 2 summarises the time taken to resolve an individual PALS issue.

**Table 1: Method of communication by patients with the Trust**

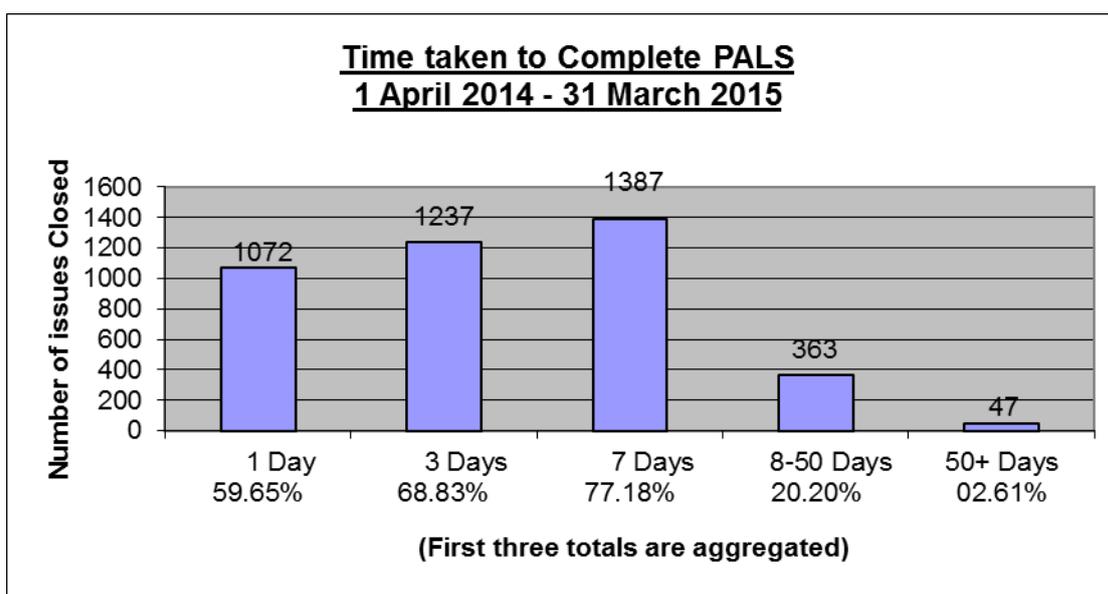
| <b>Contact Method</b> | <b>2013/14</b> |        | <b>2014/15</b> |        |
|-----------------------|----------------|--------|----------------|--------|
| Email                 | 330            | 17.28% | 349            | 19.42% |
| Feedback Form         | 121            | 6.33%  | 166            | 9.23%  |
| Letter                | 242            | 12.67% | 186            | 10.35% |
| Newspaper Letter      | 10             | 0.52%  | 1              | 0.05%  |
| NHS Patient's Choice  | 33             | 1.73%  | 10             | 0.55%  |
| Personal Caller       | 102            | 5.34%  | 106            | 5.89%  |
| Social Media          | 20             | 1.05%  | 21             | 1.16%  |
| Telephone             | 1,038          | 54.24% | 944            | 52.53% |
| Ward Visit            | 14             | 0.73%  | 14             | 0.77%  |
| <b>Total</b>          | <b>1910</b>    |        | <b>1797</b>    |        |

The method of contact has been consistent over the past two years.

Of the 1,797 contacts (compared to 1,910 during 2013/14 and 1,797 during 2012/13), 2,190 issues (compared to 2,408 during 2013/14 and 2,162 during 2012/13) related to care and services at Airedale hospital. Therefore, the service has seen a decrease of 113 contacts being made.

The communication team deals with contacts via social media and advice PALS accordingly. No data is available to see if those on Twitter make contact with the Trust to discuss the issue which they have raised via the social media.

**Table 2: Chart showing completion times for PALS queries.**



- Of the 1,797 people who contacted PALS, 1,072 (59%) (Compared to 62% during 2013/14) were acknowledged, resolved and closed within one day, 1,237 (68%) within three days and 1,387 (77 per cent) within seven days. The remaining 410 (22 per cent) contacts were acknowledged within one day, however these varied in the length of time it took to respond and close due to the complexity of the issue(s) being raised.
- The length of time taken to resolve concerns is in part due to the increase in complexity. The ethos of PALS is to resolve all contacts in as short a time as possible to the satisfaction of the patient. It is also important to note that when complex PALS concerns/requests are received, the team discuss with individuals how they would like their concern dealing with and offer explanation that time is often required to fully address their individual concerns. The option to have a formal investigation is shared openly with individuals and what this entails. However, the final decision as to how the complainant wishes to proceed is left for them to make. The complainant is advised if they remain unhappy with a no outcome via the PALS route, then they may submit a formal complaint.

## *Discussion*

- Not all contacts dealt with by PALS are complaints/concerns about care and services provided by the Trust.
- PALS also received compliments about the Trust's care and services. Compliments are also sent directly to wards/departments and this information is collated by PALS. For all quarters during 2014/15, the number of compliments about the Trust outweighed the number of concerns. Total compliments collated were 3,797.
- Recurring themes with the greater number of concerns received by PALS include waiting times for treatment/appointments and particularly recurrent cancellations of OPD appointment; missing property both of which reflect 2013/14. Concerns regarding communications with patients and relatives remain to be raised. Many contacts highlight named staff members regarding their individual communications.
- Issues regarding end of life has remained stable at thirteen enquires.
- Concerns regarding entitlements to NHS care and services has remained stable at thirty five compared to eighteen 2012/13. These concerns have proved to be time consuming to address for the operational groups.
- PALS data has highlighted that patient continue to report the loss of property, especially the loss of glasses, jewellery and hearing aids.
- A small proportion, seventeen of the PALS contacts, became a formal complaint during 2014/15, compared to nine during 2013/14. This was thought to be due to the complexity of the concern and the complainant, subsequently requested wished for a formal investigation.
- The workload of PALS has continued to increase steadily since 2008 despite during 2014/15 seeing a slight drop in the contacts made by individuals. There may be a number of reasons for this. There appears to have been an increase in the complexity of the PALS being received. Other factors include the accessibility of the service; the various ways in which users can make contact; high bed occupancy levels causing increased workload; and improved advertising about the PALS service around the hospital so that patients and carers know how to contact the service. During the past year we have seen users returning to use the service on a regular basis to seek help and advice.

## **Audit of PALS files for compliance with Trust Policy.**

A member of the Patient and Carer Panel, for a fourth year, has been involved in undertaking an audit of PALS files and during 2014 -2015, 43 PALS files were reviewed compared to 56 in 2013/14. Of these 100 per cent were assessed as being dealt with in accordance with a complainant's wishes and the concern was dealt with by the most appropriate person.

Of the 43 concerns, seven required consent before proceeding which were appropriately obtained.

There was clear evidence that all 43 concerns had been acknowledged within a day working days of receipt, which is in line with Trust Policy. In response to three concerns lessons were clearly identified and actioned. These included changes in practice and processes and reflection by staff on attitudes and behaviours. On the remaining 40 PALS no learning was identified and, upon further review, this appeared to be accurate, as the issues raised and dealt with were not deemed to have been a fault or process breakdown.

Quote from the member of the Patient and Carer Panel –

I am a volunteer at Airedale Hospital and have no current declarations of interest to declare

*“I was invited to meet with the manager for the PALS service. She has responsibility for looking at all complaints and compliment information and seeking a resolve for all concerned”*

*“I was invited to examine the manner in which concerns were handled and with clear guidelines to cover all aspects expected of the service of which I was supported to do this efficiently and fairly”.*

*“All the correspondence that we looked at was picked randomly and I was not guided down any particular route. I was particularly impressed by the meticulous timely follow up work that is done with both patient and family and for feedback to relevant staff and managers”.*

*Further comment*

*“From the patients point of view it is important to realise that the concerns that are raised may lead to learning experiences and training”.*

### Feedback about the handling of concerns

Feedback is sought from people who use PALS. One hundred and twenty six people have responded to the evaluation questionnaire following resolution of their concern (300 questionnaires sent out in total). At the same time an Equality Monitoring Questionnaire was also sent.

### PALS service questionnaire analysis.

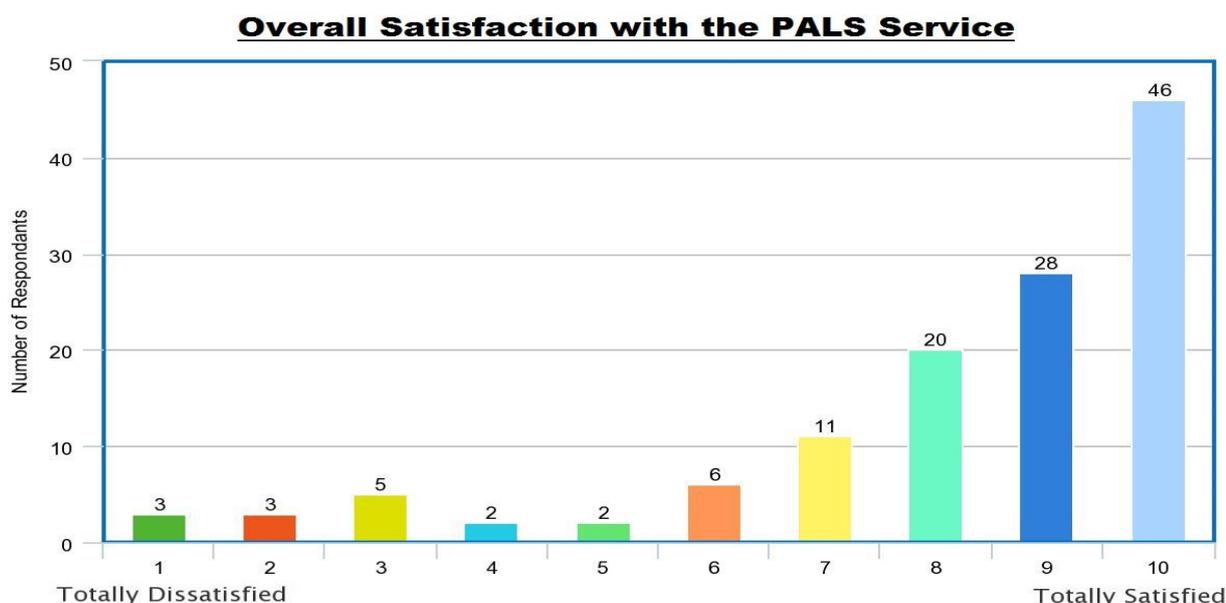
In answer to the question: ‘Did you feel you achieved the outcome you were hoping for’, 85 people confirmed that they did; 25 responses were not sure; nine did not answer the question; and seven people said they had not achieved the outcome that they hoped.

People were also asked if they felt that they had been treated differently as a result of raising their concern. Sixty people said that they felt the same; 35 said that they felt better; six said that it was not applicable and 25 did not reply. Unfortunately as the questionnaire is anonymous further exploration into this was not possible, nor did the responder state why this was the case.

People were also asked if they felt that their problem would have been resolved if they had not contacted PALS. Twenty people said that they felt that it would; 36 said that they did not think so; 26 said that they could not be sure either way; and the remaining forty four did not answer this question.

People were asked, if the PALS service was not available, would they have submitted a formal complaint? Thirty six people said that they would have done so; 25 said they would not have done so; 15 said they could be sure either way. Fifty did not answer the question.

Table 3: Chart showing overall user satisfaction with contact with PALS service.



People were asked to rate their overall satisfaction with the PALS service (with a score of one being totally dissatisfied to 10 being totally satisfied). Forty six (36 per cent) of the 126 who responded gave a score of 10; a further 28 (22 per cent) scored nine; 20 (16 per cent) scored eight, 21 scored between 4-7: and the remaining eleven gave a score between 1-3. Therefore, of the 126 responses, 74 per cent scored PALS eight out of 10 or above, compared to 74 per cent during 2014/15 and 83 per cent during 2012/13.

The questionnaire also posed the following two questions in order to aid the development of the C-PALS service.

- Do you currently use social media such as Facebook and Twitter? Fifty two of those responded positively while 26 stated, no they did not. Forty eight did not respond.
- If you do use these forms of social media would you find it useful if information about our service was available via this media? Of the 52 responses, eight confirmed they would find it useful and the remaining 44 stated they would not. Comments again were received that Facebook and Twitter are not an appropriate medium for commenting on regarding health care issues.

It is interesting to note that twenty people under the age of 30 years returned the questionnaires, compared to ten in 2013/14 and none during 2012/13 and four patients over the age of 81 also responded.

The Equality and Monitoring form was only returned (in SAE) by twenty of the hundred and twenty six who responded to the satisfaction survey.

In response to the question “Do you consider yourself to have a disability”, six out of the twenty answered “yes”. When asked to identify what disability they had, three identified mobility; two identified mental health needs and the remainder did not provide further information.

In response to “How would you describe your sexual orientation” 16 reported to be heterosexual; one lesbian/gay; and 3 completed the box ‘prefer not to say’.

Eighteen of the 20 responders stated their faith to be Christian; one Hindu; and the remaining 1 did not reply.

Only one of the 20 stated they had a problem with reading and writing. Nineteen stated they spoke English; one Hindi and English one stated other.

### **Conclusion and key initiatives for 2015/16**

During 2014/15, the Trust continued to receive varied concerns from users contacting PALS about a multiplicity of issues. During 2015/16, the C-PALS team will focus on a number of key initiatives aimed at further improving the care and services and will;

- Work continues on the implementation of the revised Complaints Policy as a result of the Department of Health’s (2013) report - *Patients First and Foremost* – to ensure that the Trust continues to listen and learn from complaints.
- The Education Department has commissioned appropriate training for identified key investigators in support of the new complaints process. The aim is to launch the new complaints investigation process in October 2015.
- Improving the understanding and awareness of how to raise concerns and complaints for patients, their relatives and carers. To continue work with the Service Improvement Team on how to encourage patients and relatives to raise their concerns and share their experiences
- Due to the discontinuation of the Independent Complaints Advocacy Service (ICAS) as of 31 March 2013, the Trust has seen a variety of contacts being made by the new advocacy services.
- The PHSO adopted new ways of working from 1 April 2013, and it was their intention to review and investigate a larger number of complaints. This has not been reflected in the amount of contacts made with AGH by the PHSO during 2014/15. We will continue to learn the lessons from the Mid Staffordshire NHS Foundation Trust, particularly with regard to listening and learning from complaints. We will continue to put patients first and, listen to their concerns, fears and feedback so that we can continually strive towards delivering quality care and services that they can trust.
- Monitor the number of re-opened complaints due to the complainants being dissatisfied with the Trusts response to the complaint.

- Continue to seek to understand who/and why people make complaints or express concerns in relation to the Equality Act. PALS will continue to seek information about the nine protected characteristics using a questionnaire when they are contacted to deal with a concern or complaint. This data will then be analysed and compared to this year's data outlined within the Annual report.
- To continue to develop a qualitative data collection to enable enriching reports and to seek to understand individual patients experiences and the impact it has on the health care journey at ANHSFT.
- Work with operational teams to ensure that lessons are learned and that this can be evidenced via the Trust's governance systems and processes.
- Seek to develop and embed systems to aggregate learning from complaints, litigation, incidents and from other sources of feedback such as the real time inpatient survey, patient and user groups, and from staff (including staff survey results).

### **Author**

Mrs Helen Barrow: Complaints and PALS Manager

Contributions by: Mrs D Fairley, Deputy Director of Nursing, Complaints and PALS Team.

May 2015

Presented to Board on 24 June 2015.

## Appendix 1

### Summary of PALS Issues for 2014/15 by Category: Data Source: *Ulysses*

| Category                              | 13/14    | 14/15     | Category                          | 13/14       | 14/15       |
|---------------------------------------|----------|-----------|-----------------------------------|-------------|-------------|
| Access To Medical Records             | 30       | 12        | Inaccurate/missing Record         | 4           | 4           |
| Access To Services                    | 2        |           | Infection Control                 | 19          | 12          |
| Aids, Appliances & Equipment          | 18       | 20        | Lost Property or Valuables        | 43          | 48          |
| Alleged Discrimination                | 1        | 5         | Medication Error                  | 10          | 20          |
| Attitude of Admin Staff               | 22       | 20        | Medication Not Available          | 9           | 9           |
| Attitude of Doctor                    | 51       | 32        | Noise                             | 10          | 6           |
| Attitude of Nurse                     | 82       | 70        | Nutrition                         | 3           | 8           |
| Attitude of Other Health Professional | 24       | 14        | Other - Any Other Issue           | 39          | 46          |
| Bed Availability                      | 19       | 22        | Patient Transport                 | 11          | 25          |
| Car Park                              | 21       | 22        | Privacy and Dignity               | 40          | 38          |
| Care & Treatment                      | 276      | 294       | Signage                           | 9           | 4           |
| Choose & Book                         | 5        | 9         | Safeguarding Adults               | 1           | 3           |
| Clean Hospital                        | 2        | 8         | Slips and Falls                   | 12          | 14          |
| Cleanliness                           | 24       | 11        | Smoke Free                        | 1           |             |
| Comm/Info Given To User               | 185      | 164       | Staffing Problems                 | 25          | 18          |
| Comms Problem Outside Team            | 6        | 10        | Telephone Not Answered            | 27          | 18          |
| Comms Problem /parent/carer           | 32       | 43        | Time Taken to be seen at Appt     | 9           | 10          |
| Communication between Staff           | 17       | 16        | W/times -Treatment Delay/Canc     | 9           | 15          |
| Communication of Doctor               | 50       | 53        | Waiting Area                      | 5           | 21          |
| Communication Problem in Team         | 22       | 18        | Waiting for Results               | 31          | 30          |
| Communication with GP                 | 14       | 10        | Waiting Time A&E                  | 18          | 15          |
| Complaints Handling                   | 3        | 7         | Waiting Times for Appointments    | 58          | 55          |
| Delay in Admitting to Hospital        | 2        | <b>10</b> | <b>Interpreter/cultural issue</b> |             | <b>5</b>    |
| Delay in Treatment                    | 61       | 68        | Compliments                       | 490         | 362         |
| Delay in Sending Results              | 1        | 5         | Information/Advice Requests       | 435         | 321         |
| Delay-Clinical Assessment/Diagnosis   | 38       |           |                                   |             |             |
| <b>Delay Discharge/arrangements</b>   | <b>8</b> | <b>28</b> | <b>Total issues</b>               | <b>2566</b> | <b>2307</b> |
| Diagnosis Wrong                       | 26       | 23        |                                   |             |             |
| Disability Access Issue               | 6        | 3         |                                   |             |             |
| Discharge Arrangements                | 86       | 74        |                                   |             |             |
| Drug Supply Problem/comms             | 4        | 9         |                                   |             |             |
| End of Life                           | 13       | <b>13</b> |                                   |             |             |
| Entitlement to NHS Care/Service       | 33       | 35        |                                   |             |             |
| Failure to Follow Medicines Policy    | 1        | 3         |                                   |             |             |
| Food                                  | 11       | 17        |                                   |             |             |
| General feedback                      | 26       | 20        |                                   |             |             |