

TRUST BOARD**25th July 2013**

TITLE	PALS & Complaints: Lessons Learned
EXECUTIVE SUMMARY	This paper looks at the learning that has come from PALS concerns and complaints received in 2012/13. It sets out the main trends and themes identified, with examples of some of the key actions taken by Divisions to learn from and improve patient experience. The paper sets out plans for on-going improvement by Division
ASSURANCE (Risk) / IMPLICATIONS	Following the devolvement of the complaints process to Divisions, performance against timescale has improved in 2012/13. Assurance is given that robust actions are in place to further improve the quality of complaints handling as specified in the regulations.
LINK TO STRATEGIC OBJECTIVE	SO 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	All complaints are examined for Trust wide learning and with the aim of service improvement.
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:	Review, discuss and obtain assurance from the paper.
Submitted by:	Suzanne Rankin, Chief Nurse
Date:	July 2013
Decision:	For Assurance

1. Introduction

At the April Trust Board meeting the Annual PALS and Complaints Report was presented for 2012/13. A copy of the report is attached at Appendix I. During discussion further detail was requested on main trends and themes identified, examples of key actions taken, plans for on-going improvement described by the Divisions and lessons learned which is detailed in the paper below.

2. Background

There was a 5% decrease in PALS activity and a 4% decrease in formal complaints received by the Trust in 2012/13. This would suggest a significant recovery from the peak of 64 complaints received in January 2012. 2012/13 showed a steady settling of complaints received, in line with seasonal variations. The number of complaints received in relation to total patient episodes has not increased in 2012/13 (0.08%) compared with 2011/12 (0.09%).

The Trust continues to work to improve patient care and services as a result of feedback from complaints. A key result has been the work to improve our patients' experience of discharge and the Trust met the agreed target of no greater than 73 complaints relating to discharge in 2012/13.

Examples of learning from PALS and complaints – by Division

2.1 Acute and Emergency Medicine

3.1.1 Themes

- The Division saw an increase in the number of formal complaints and PALS concerns during 2012/13 compared with 2011/12.
- Themes raised related to discharge issues, reflecting capacity issues within the Division. Early action was taken in issues raised relating to transport services highlighted following the new contract in September. The Trust is working closely with the provider to resolve on-going issues.
- The Emergency Department received an increased number of complaints in quarter 2 12/13 and saw a reduction in quarter 3 & 4. Issues mainly related to treatment and care, with a trend relating to missed fractures.
- The Medical Short Stay Unit received an increased number of complaints during the end of 12/13, most frequently related to discharge and team working.

3.1.2 Learning and improvement

- Appropriate action taken with individual clinicians in relation to missed fractures.
- Discharge lounge booklet produced for all patients explaining the purpose of the lounge, and the waiting period. The discharge lounge is now closed after 20:00 hrs to prevent late discharges.
- Re-design of A&E Casualty card to include trust observation chart Moderate Early Warning Score (MEWS) scoring and waterlow score, prompting more detailed documentation from nursing staff. Documentation audited regularly, with next documentation audit planned for May 2013.
- Speciality clinical governance meetings required to include review of all speciality complaints and the monitoring of action plans.

3.1.3 Plans for on-going improvement

- Continue to develop Speciality clinical governance meetings, reviewing actions and sharing learning.
- Use the action log tracker to monitor actions at Speciality clinical governance meetings and sign off of action plans.
- Contact complaints and offer them to discuss their concerns
- MSSU are working to an improvement action plan and bespoke development days were commenced in May 2014.

2.2 Theatres, Anaesthetics, Surgery and Critical Care

3.2.1 Themes

- Issues relating to communication between patients and staff and inter staff communication
- Treatment and Care
- Waiting times and administrative processes

3.2.2 Learning and improvement

- Improved 18 week performance.
- Improved team working through Team ASPH with a focus on communication
- Ward Managers and Specialty Leads working together as a triumvirate to improve communication and team working.

3.2.3 Plans for on-going improvement

- Complaints update to be reported at Senior Meeting on a fortnightly basis.
- Recruit to vacancies' within the structure
- Quarterly complaints action plan and feedback from complaints monitoring group to be discussed with Specialty Leads and at Divisional management team
- Clinical Nurse Leaders to intercept potential complaints at ward level and address actions.
- Clinical Nurse Leaders to review Friends and Family responses in order to address recurring themes
- Associate Director of Nursing leading on review of pre op assessment pathways and processes

2.3 Trauma and Orthopaedics

3.3.1 Themes

- Verbal and written communication with patients
- Staff attitude – medical and non- medical
- Discharge process

3.3.2 Learning and improvement

- Complainants invited to meetings to discuss their concerns with the team within 1 week of complaint.
- Work commenced to address discharge planning problems and streamline the process. Improve the numbers of patients discharged before 11am.

3.3.3 Plans for on-going improvement

- Review of patient information leaflets
- Set up discharge planning working group to improve discharge processes within the Division for both SPH and AH.
- Staff to attend multi-disciplinary team discharge training.
- All patients to receive next day follow up calls
- Improve the current ward information leaflets.
- Laminated copies of the ward layout to be made available at all bedsides
- Nurse led discharge for set procedures for a more timely response to discharge

2.4 Diagnostics & Therapeutics

3.4.1 Themes

- Communication and attitude of staff
- Waiting for treatment and care mainly the phlebotomy Service. Investigation identified that the service is in high demand and operates in a less than ideal environment.
- Delays and accuracies in Imaging reports due to shortage of Radiologists

3.4.2 Learning and improvement

- Review of Phlebotomy clinics – accessibility and processes. Planning for capital and revenue investment to increase capacity. A second clinic room is planned for SPH.
- Work to improve reporting timescales, including revision of the radiologist rota. Improved out of hours reporting. Extra reporting ‘out of hours’ has been undertaken; resulting in a reduction of the back log in reporting.

3.4.3 Plans for on-going improvement

- Recruit two Radiologists and change the Radiologist rota to improve reporting turnaround times.
- Follow Trauma and Orthopaedics example by inviting complainants to meet to discuss their experience with senior team.
- Phlebotomy service to have an increase in capacity and completion of staffing review.

3. Conclusion

There is good evidence that Divisions have used the feedback from complainants and PALS users in order to improve services and patient experience. Divisions are working more closely with complainants, meeting face to face, to listen to and understand their experience and have used these opportunities to develop action plans aimed at further improvement.

The Divisions have started to record all grade three actions on a central action tracker and these will be reported by exception at the Integrated Governance Assurance Committee.

Further work is planned to use comments from the Friends and Family Test to identify themes and issues at an early stage in order to make early changes and improvements as a result.

In order to further improve action planning following feedback from patients it is recommended that Divisions consider customer service training opportunities. Options for this are currently being scoped.

APPENDIX 1

Ashford and St. Peter's Hospitals 
NHS Foundation Trust

Annual PALS and Complaints Report

For the period:

1 April 2012 – 31 March 2013

Author

L Robinson, Head of Patient Engagement and Experience

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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 2012 and 31 March 2013.

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

This report discusses PALS concerns and Complaints. Divisional action plans are available on request and these describe learning that has occurred as a result of complaints and plans for future improvement to Patient Experience.

2. PALS contacts

PALS works with patients, relatives, carers and Trust staff to resolve concerns in a timely manner. PALS also provides information, advice and support in relation to Trust, NHS, Social and Community Services. During 2012/13, there were 1,281 contacts to PALS, a decrease of 5% when compared with 2011/12 (1,354) and a decrease of 11% compared with 2010/11 (1,261).

In total, 76% of contacts with PALS were in relation to concerns (976). This represents a decrease of 11% in the number of concerns compared with the previous year (1,095).

Chart 1

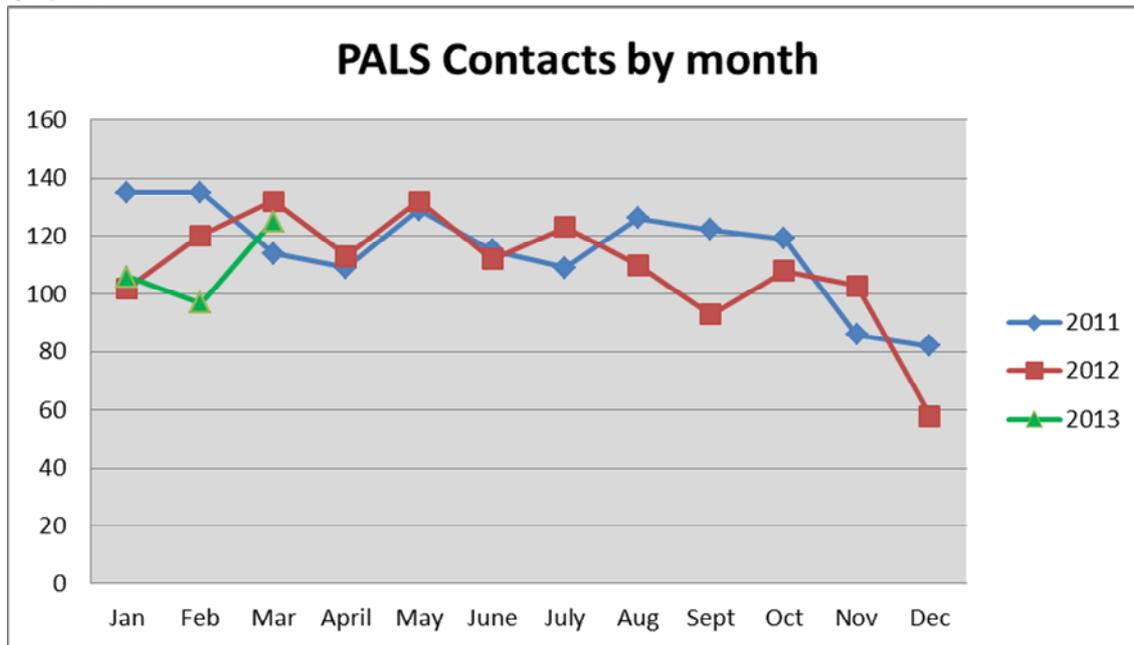


Chart 1 shows a breakdown of contacts by month from January 2011.

3. Complaints Received

During 2012/13, the Trust received 484 formal complaints.

Chart 2

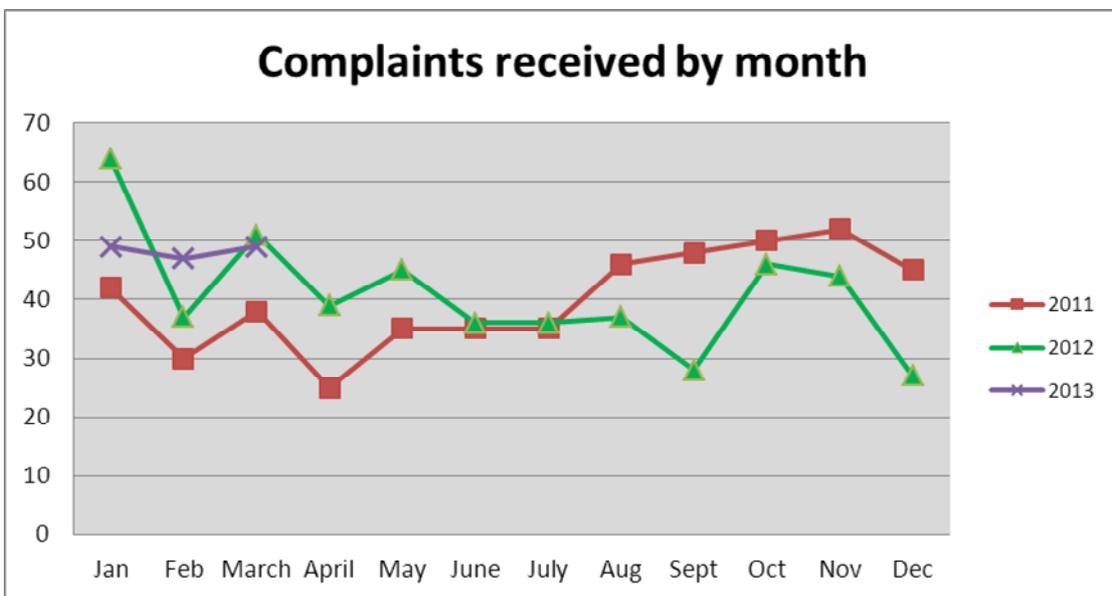


Chart 2 shows a breakdown of complaints received by month from January 2011

4. PALS/Complaints related to Trust activity

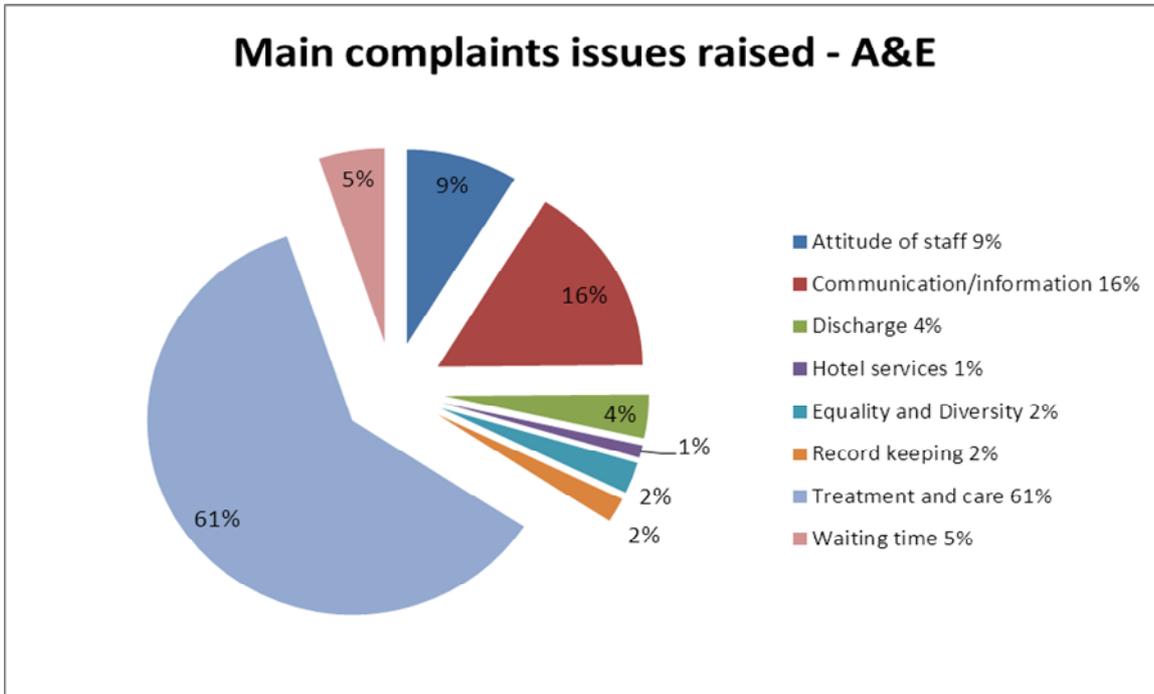
In 2012/13 there were 573,186 total patient episodes¹ compared to 555,759 in 2011/12 representing an increase of 3%. PALS activity decreased by 5% during the same period and complaints activity decreased by 4%.

The number of contacts to PALS regarding concerns during the reporting period represents 0.2% of total patient episodes, equivalent to 2011/12. The number of complaints received represents 0.08% total patient episodes, compared with 0.09% in 2011/12.

The Trust saw an increase of 0.5% in the total number of A&E attendances during 2012/13. The number of PALS concerns regarding A&E increased by 3% during this period and the number of formal complaints regarding A&E increased by 34%. Chart 3 provides a breakdown of the main issues raised through PALS and complaints regarding A&E. This shows that in 61% of complaints regarding A&E relate to treatment and care, compared with the overall figure for the Trust of 51% (chart 5).

¹ Patient episodes (attendances) include all outpatient attendances, day-cases, births and inpatient admissions as recorded at the time of reporting

Chart 3



5. PALS concerns and complaints by division

Table 1 shows a comparison of PALS concerns and complaints received by Divisions and with the previous year. This table represents the Divisional structure at the time of reporting. Table 2 provides detail of activity in the Divisions that at the time of reporting have been disbanded and absorbed into other Divisions.

Table 1

PALS Concerns & Complaints by Division				
	PALS		Complaints	
	2011/12	2012/13	2011/12	2012/13
Medicine & Emergency Services	414	376	194	242
Estates and Facilities	101	59	16	5
Other	7	7	1	2
Women's Health & Paediatrics	275	72	74	68
Theatres, Anaesthetics, Surgery & Critical Care	227	267	116	97
Trauma & Orthopaedics and Diagnostics & Therapies	70	196	103	70
Total	1094	976	504	484

Table 2

PALS Concerns & Complaints by Division				
	PALS		Complaints	
	2011/12	2012/13	2011/12	2012/13
Anaes, Critical Care & Theatres*	41	24	19	7
Diagnostics & Therapeutics	93	106	27	23
Specialist Med & Spec Surgery	198	192	51	56
Total	332	322	97	86

* Q1-3 2012/13

6. Grading of Complaints

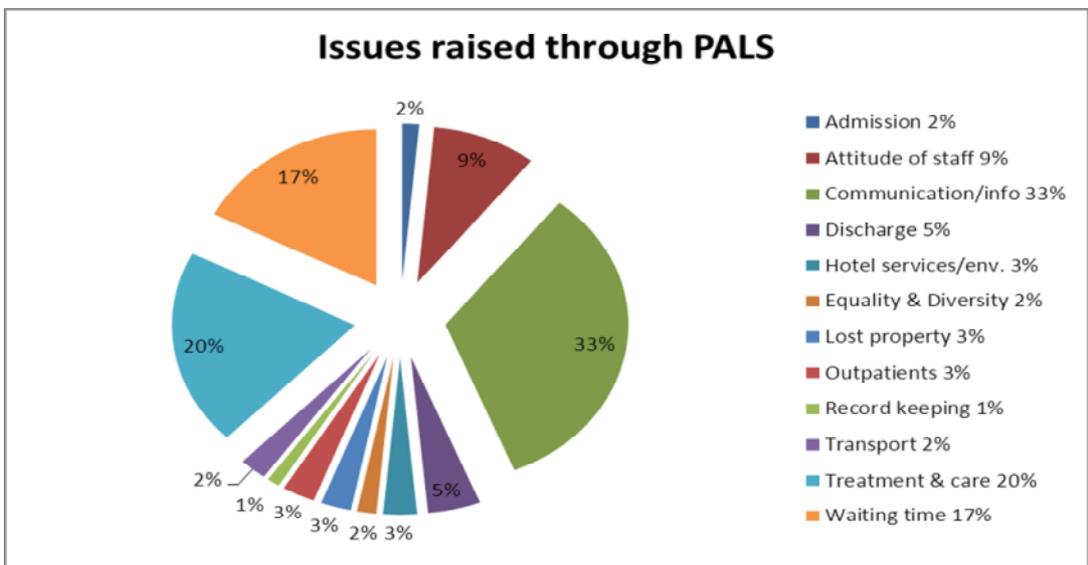
Upon receipt, all formal complaints received within the Trust are graded from Grade 1-4 according to the severity of failing/outcome for the patient. Grade 1 would indicate a minor failing with no tangible effect upon the patient and Grade 4 would indicate a major failing or failure with very serious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

Of the total number of complaints received during 2012/13, 32% were Grade 3, 67% were Grade 2 and 0.4% were Grade 1. This shows a 5% increase in the proportion of Grade 3 complaints received compared with 2011/12. There were no Grade 4 complaints received during 2012/13.

7. Analysis of PALS Concerns

Chart 5 provides a breakdown of the issues raised through PALS concerns. During 2012/13, a total of 1,414 issues were recorded. The highest number of concerns (33%) related to communication and information, followed by concerns about treatment and care (20%) and waiting time (17%).

Chart 4

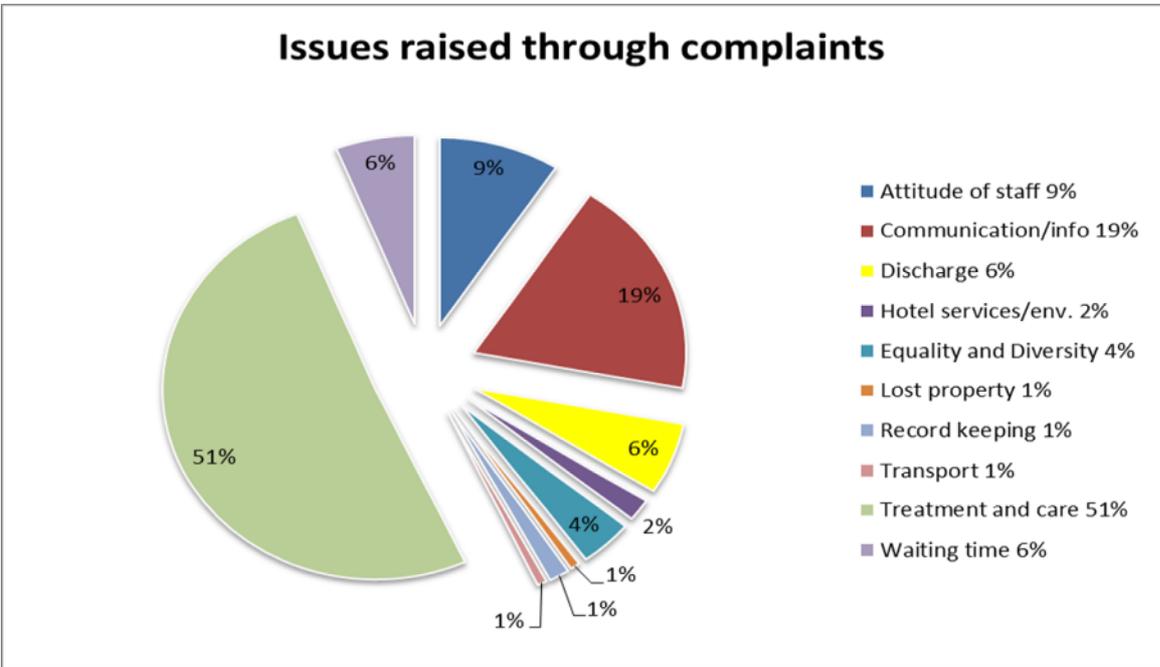


8. Analysis of Complaints

During 2012/13, a total of 1,487 issues were recorded with the most issues raised relating to the category of treatment and care (753), followed by communication (279).

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, 7 and 8 provide comparison and analysis of the issues raised through PALS concerns and complaints during 2012/13 compared with 2011/12.

Chart 6

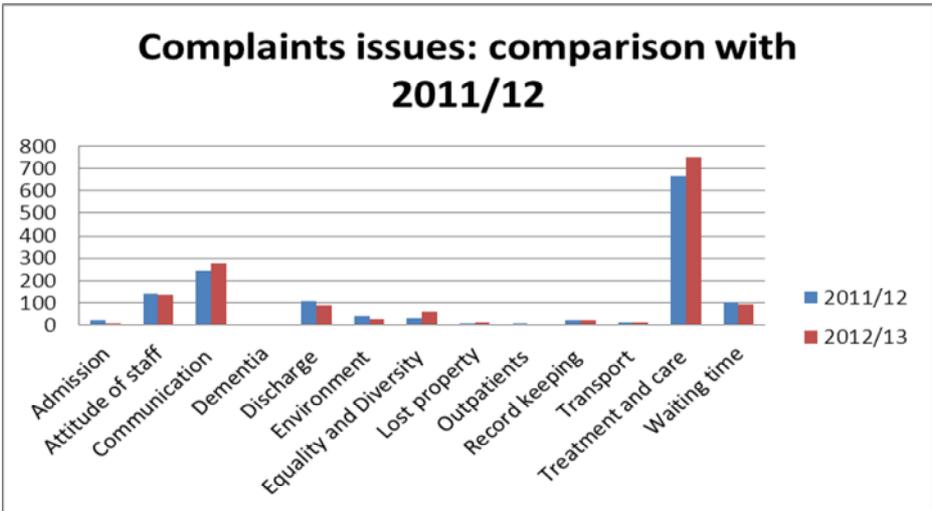


Chart 6 demonstrates an increase in issues relating to treatment and care (13%). There has been a 17% decrease in issues relating to discharge compared to the previous year.

There were 1,492 issues raised through 484 complaints compared with 1,432 issues raised through 504 complaints in 2011/12. Therefore, the average number of issues per complaint has increased from 2.8 in 2011/12 to 3.08.

There was an increase in complaints about treatment and care and chart 7 shows a breakdown of separate issues raised:

Chart 7

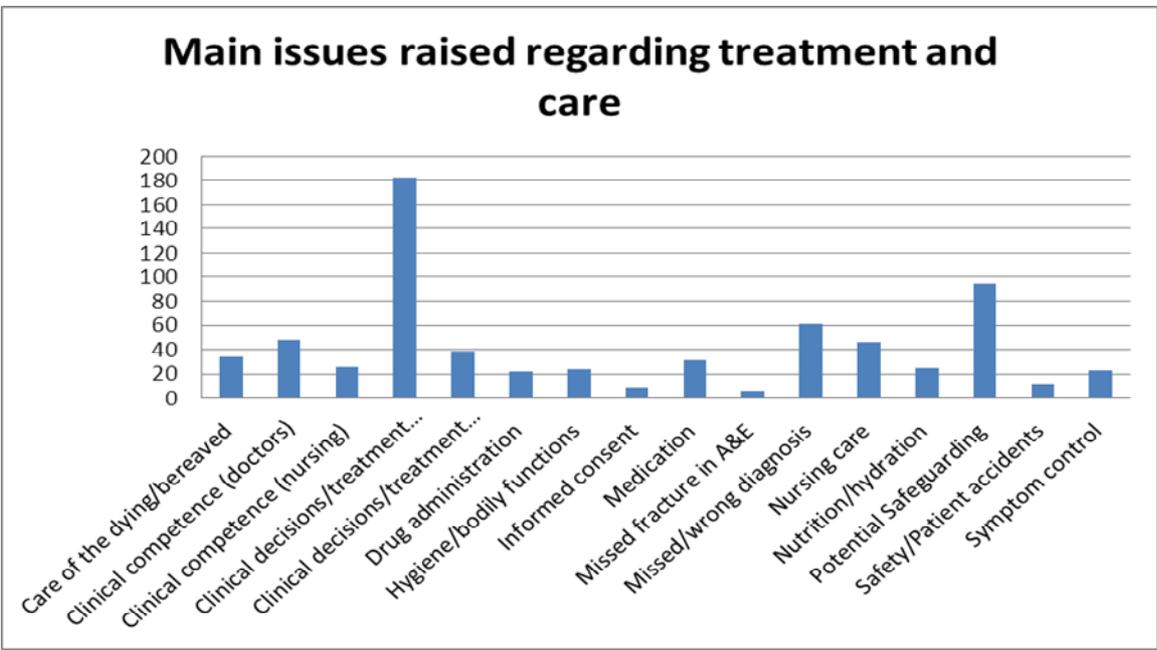


Chart 8

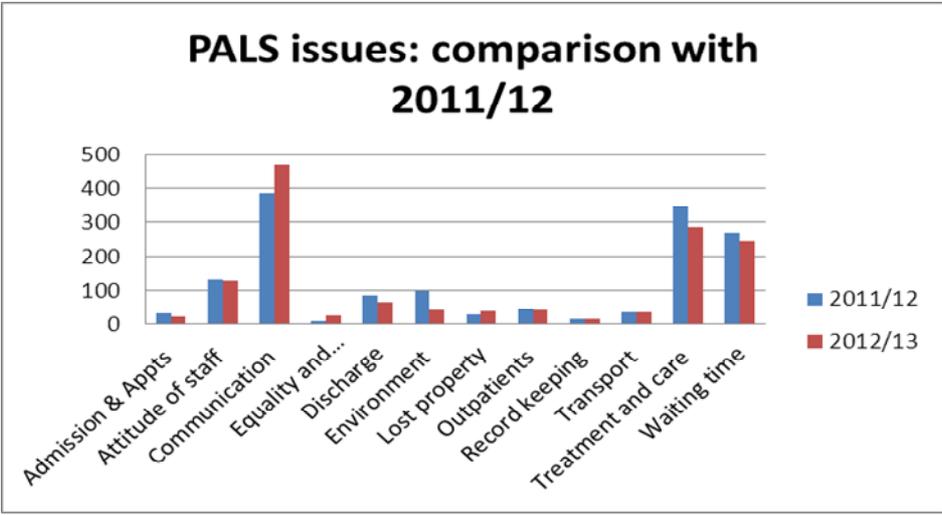




Chart 8 demonstrates an increase of 22% in PALS issues relating to communication, a 17% decrease in issues relating to treatment and care and a decrease of 22% in issues relating to discharge.

9.1 Single sex accommodation:

There were no PALS concerns or formal 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, Associate Director of Quality, Head of Patient Engagement and Experience, Divisional General Managers, Heads of Nursing, a Senior Clinician and a Patient Representative. The Terms of Reference for this Group 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.

Divisional 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. For 2013/14 actions for grade 3 complaints will be recorded by Divisions on action tracker. 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

In July 2010 the process of complaints handling was devolved to Divisions. To establish a level of assurance around the quality of complaints handling and to identify gaps and areas for improvement, Parkhill² were commissioned to undertake an internal audit of complaints handling across the Trust, this took place in July 2012 and covered the period January to July 2012. An improvement action plan has been developed as a management response to the recommendations of the auditors.

Work against this plan continues and there is evidence of a sustained trajectory of improvement in the quality of complaints handling, with improved written responses and the achievement of an 80% response rate against the timescale for response agreed with the complainant. This compares to a 45% response rate for the previous year.

82% of concerns raised through PALS were resolved, compared with 86% the previous year.

Second stage reviews

During 2012/13 the Trust was notified of six complaints referred to the Parliamentary and Health Service Ombudsman (PHSO) for review. Of these one request has been closed by the PHSO, one has gone on to full review and three are under initial review.

11. Corporate Risk

² The Trust's internal auditors



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. The continued improvements are evidence of effective mitigation. This will be monitored over quarter one 2013/14 when further consideration will be given to the status of the risk.

12. Essential standards

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 successfully passed the standard "Concerns and Complaints" in all CQC inspections in 2012/13.

National Health Service Litigation Authority (NHSLA)

There has been no NHSLA inspection in 2012/13 and the NHSLA have suspended inspections whilst they review their process for inspection. The Complaints Policy was reviewed in line with NHSLA Standards.

13. Complaints and Claims

During 2012/13, 38 cases which had previously been investigated as a complaint went on to make further allegations which were investigated as part of the Trust's claims management process, compared with 44 the previous year. Of these, 15 proceeded to become claims, compared with 11 cases the previous year.

14. Remedy

There was one request received for financial compensation from complainants during 2012/13.

15. Conclusion

The number of formal complaints made in 2012/13 decreased by 4% compared with the previous year. The Trust has responded to 80% of formal complaints within the agreed timescale for response.

PALS saw a decrease in overall activity of 11% compared with the previous year. In total 41 PALS concerns went on to become formal complaints, which represents 4.2% of total concerns, compared with 4.5% the previous year.

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.

In line with the corporate plans for improving patient experience in 2013/14 the Trust will work deliver the first year plan of the Patient Experience Strategy. Feedback from PALS and Complaints will be considered and used to improve patient experience, facilitated by the Valuing Frontline Feedback project and the Shared Decision Making project.



Appendix 1
Summary of requests to the Ombudsman for second stage review

Ref	Specialty	Summary	Decision/Outcome	Status
Q1 12/13				
09/039	Surgery	Concern about care and treatment relating to bile duct dilation.	Draft finding; partially upheld	Draft recommendations received
Q2 12/13				
11/497	Care of the Elderly	Concern about clinical decisions and treatment at end of life	Initial review by Ombudsman – not investigated	Closed
Q3 12/13				
11/418	General Surgery	Concerns about medical and nursing care and treatment		Under initial review
Q4 11/13				
10/266A	Neurology	Concerns about treatment of neurological symptoms		Under initial review
12/350	A&E	Concern regarding clinical decisions and treatment of ophthalmological condition		Under initial review
11/429 and 11/265	Surgery	Concern about clinical decisions relating to surgery		Under initial review