Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
26th August 2010

TITLE	**Ashford & St Peter's Annual Complaints & PALS Report 2009/10**
EXECUTIVE SUMMARY	This report seeks to assure the Trust Board that formal complaints made to the Trust and concerns raised through the Patient Advice and Liaison Service (PALS) during the period April 2009 to March 2010 are being considered in accordance with the *NHS and Social Care Complaints Handling Regulations (England) 2009*.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Assurance is given to the Trust Board that complaints and concerns are being handled as specified in the regulations.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	All complaints and concerns are examined for Trust wide learning and with the aim of service improvement.
EQUALITY AND DIVERSITY ISSUES	All complaints and concerns are treated equitable according to severity / grading. All complainants and users raising concerns are assured that the fact they have raised concern will not adversely affect future care.
LEGAL ISSUES	This paper sets out how the Trust meets its statutory requirements in relation to the handling of formal complaints and concerns.
The Trust Board is asked to:	Read and make note of the report.
Submitted by:	Susan Osborne, Chief Nurse, Executive Lead for Complaints.
Date:	26 August 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

Annual Complaints and PALS Report
For the period:
1 April 2009 – 31 March 2010

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12 August 2010

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Introduction

The purpose of this report is to provide information on formal complaints received by the Trust via the formal complaints process or through the Patient Advice and Liaison Service (PALS) between 1 April 2009 and 31 March 2010.

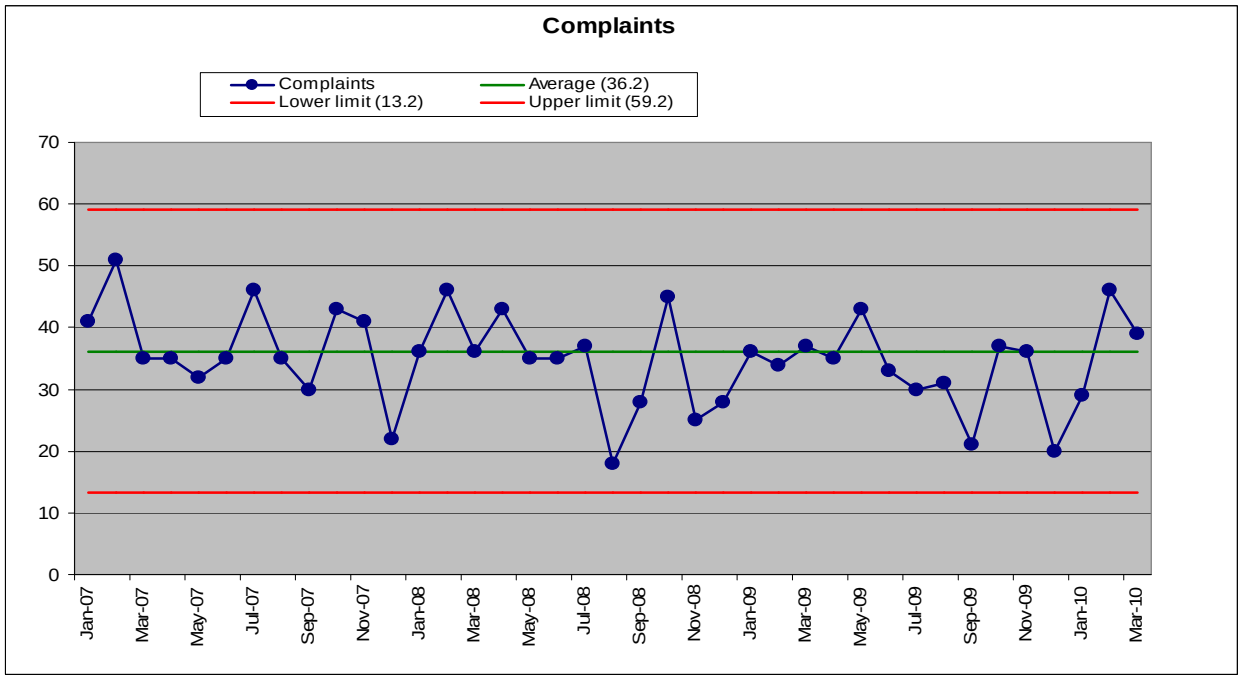
Developments and plans to ensure compliance to legislation and standards of the Care Quality Commission (CQC) and National Heath Service Litigation Authority are discussed.

Directorates have provided individual reports from their areas. These discuss Complaints and PALS issues and describe learning that has occurred as a result, as well as plans for future improvement. Please see appendix 2.

Complaints Received

During 2009/10, the Trust received 401 formal complaints which is the same number of complaints received as in the previous year (401).

Graph 1



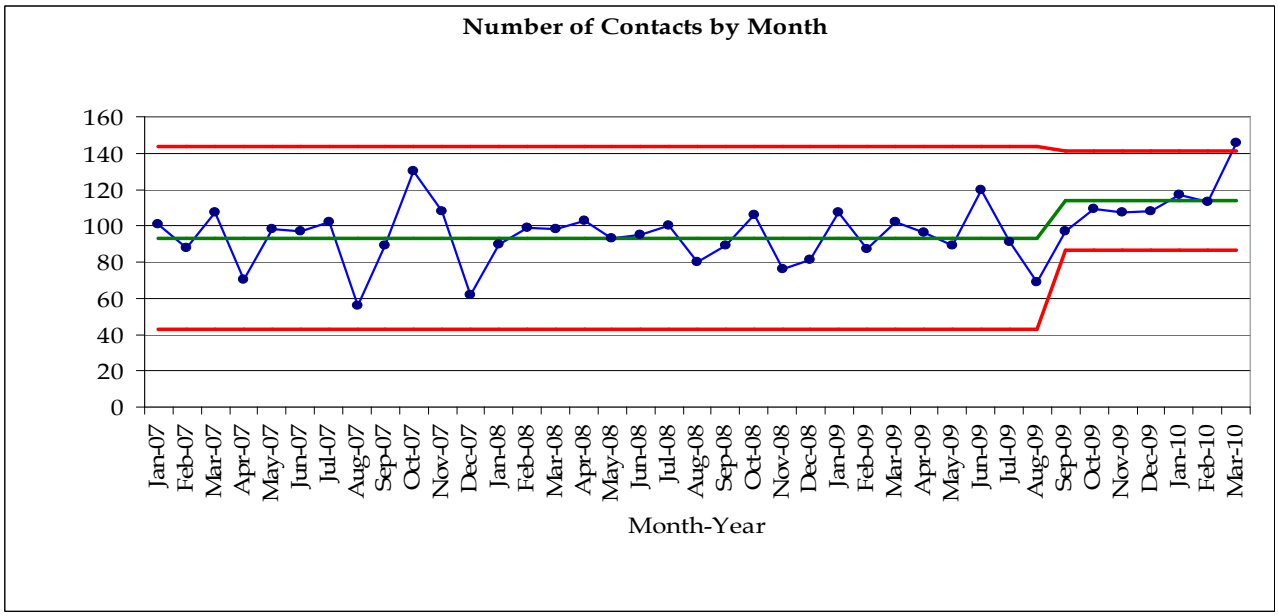
Graph 1 (SPC Chart)[1] demonstrates that the average number of complaints received each month is 36.2. Whilst there were variations in the numbers of complaints received month by month during 2009/10, these corresponded to seasonal highs and lows and the average number of complaints received remained constant.

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

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 2009/10, 1,261 users contacted PALS an increase of 13% when compared with 2008/09 (1118).

Graph 2



Graph 2 demonstrates an increase in PALS activity and a step change in September 2009. This shows that the average number of contacts per month has increased from 93 to 115.

Complaints/PALS related to Trust activity

In 2009/10 there were 494,958 total patient episodes compared to 494,504 in 2008/09 representing an increase of 0.09%. Complaints activity remained the same and PALS activity increased by 13% over the same period. During this period contacts to PALS regarding concerns increased by 6.5%.

The Trust saw a decrease of 15% in the total number of A&E attendances during 2009/10. By comparison, the number of complaints in this service area decreased by 8.5% over the same period. The number of PALS concerns regarding A&E increased by 30% when compared with the previous year.

The number of complaints received represents 0.09% of 494,958 total patient episodes. The number of contacts to PALS regarding concerns represents 0.19% of total patient episodes.

Complaints and PALS Concerns by Directorate

Graph 3 shows the number of formal complaints and the actual number of expressions of concern raised through PALS by directorate during 2009/10.

Graph 3

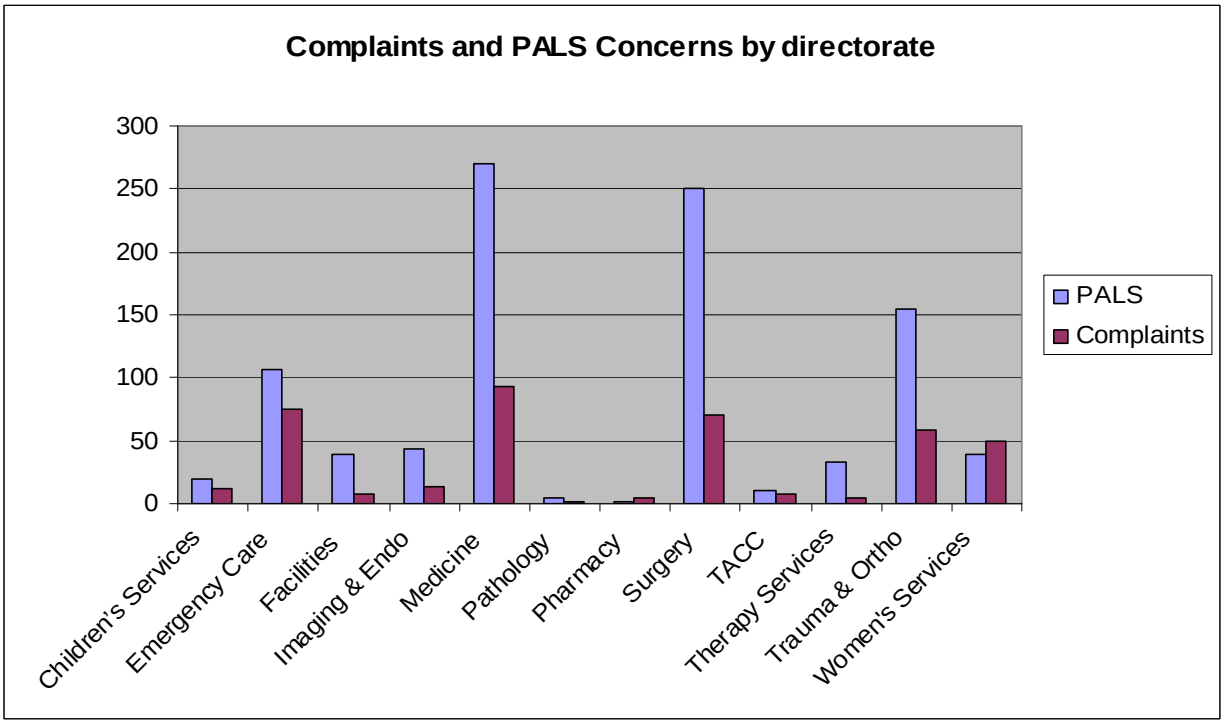


Table 1

Complaints & PALS Contacts Regarding Concerns by Directorate				
	Complaints		PALS	
	2008/09	2009/10	2008/09	2009/10
Admissions & Activity	3	2	1	0
Children's Services	16	12	20	20
Emergency Care	82	75	82	106
Facilities	25	8	51	39
Finance	1	0	0	0
Imaging & Endoscopy	14	14	29	44
Information	4	0	6	9
Medicine	82	93	280	270
Pathology	3	1	8	5
Pharmacy	2	4	3	1
Surgery	84	72	275	251
Theatres, Anaes & Critical Care	9	8	10	10
Therapy Services	3	5	13	33
Trauma & Orthopaedics	35	58	94	154
Women's Services (inc Maternity)	37	49	47	39
Quality, Customer Affairs & Litigation	0	0	2	3
Total	**401**	**401**	**921**	**984**

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 2009/10, 33% were Grade 3, 62% were Grade 2 and 5% were Grade 1. This shows a 1% increase in the proportion of Grade 3 complaints received compared with 2008/09. There were no Grade 4 complaints received during 2009/10.

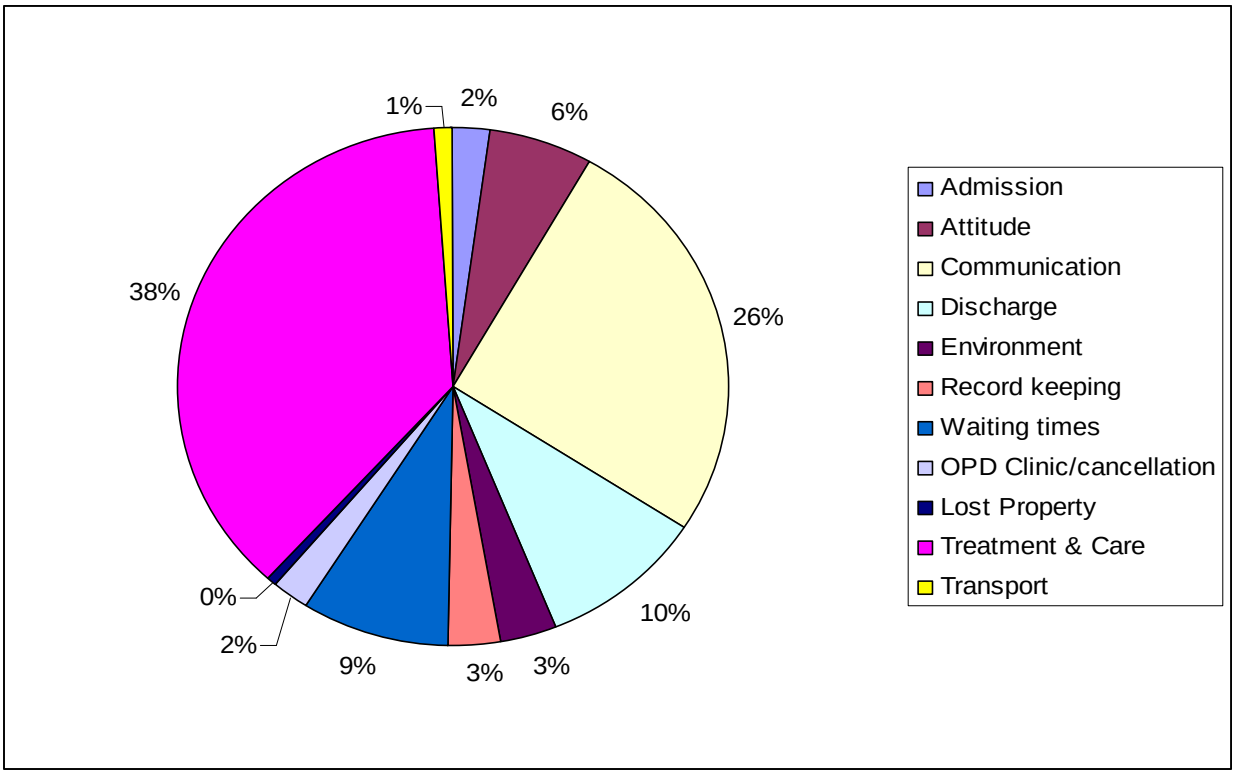
Analysis of Complaints

The separate issues raised in each formal complaint are logged onto the Trust's risk management database (Datix) to enable analysis of emerging trends.

During 2009/10, a total of 1448 issues were recorded with the most issues raised relating to the category of Treatment and Care (541), followed by Communication (372). There were four recorded concerns relating to 'mixed sex bays' compared to five during the previous year.

Graph 4 provides a breakdown of the issues raised in complaints;

Graph 4 Issues raised in Complaints 2009/10



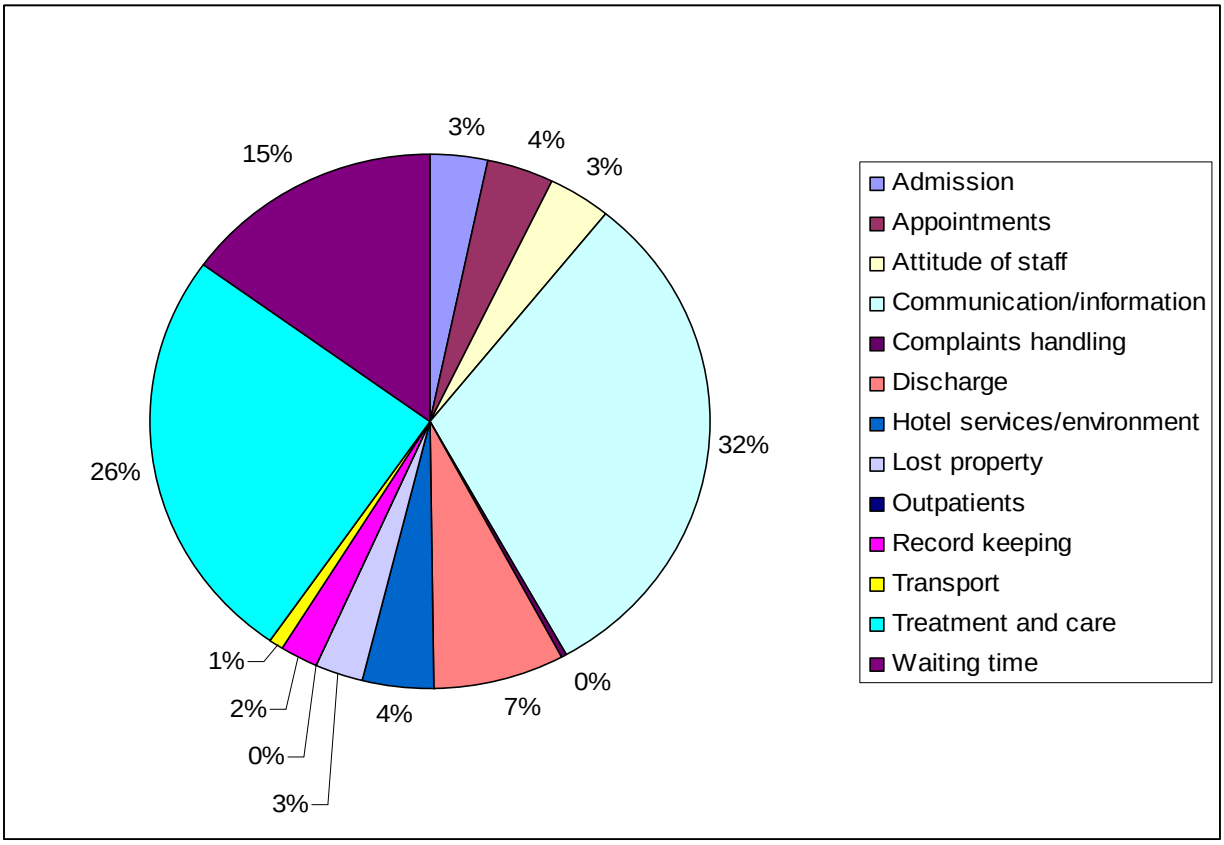
Analysis of PALS Concerns

Graph 5 provides a breakdown of PALS concerns, which are recorded in the same way as Complaints, using the same categories.

During 2009/10, a total of 1,261 users contacted PALS and 79% of these were in relation to concerns. During 2008/09, there were 1118 contact and 83% of these were in relation to concerns. Where users have contacted PALS in relation to concerns, the average number of concerns raised has reduced from 1.4 in 2008/09 to 1.3 in 2009/10.

Graph 5 provides a breakdown of the concerns raised. The highest number of concerns (407) related to Communication (verbal and written), followed by concerns about Treatment and Care (326).

Graph 5 Concerns raised in PALS 2009/10



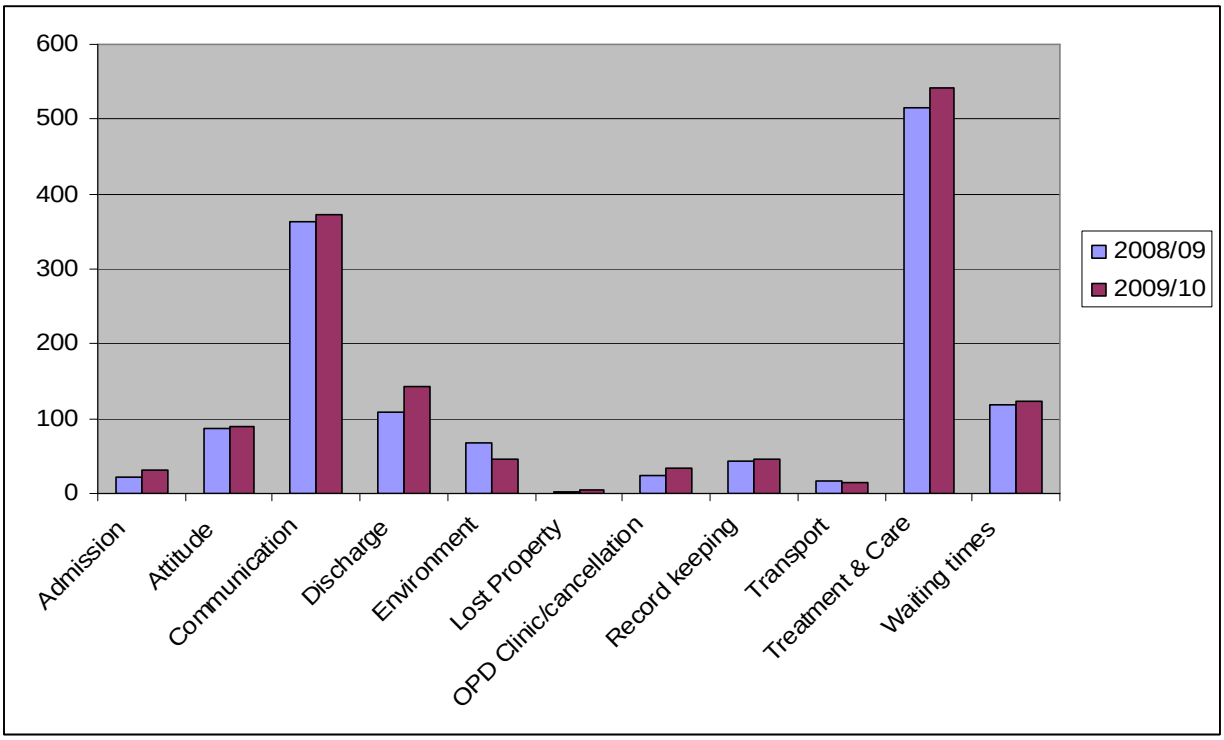
Analysis of themes in Complaint Issues and PALS concerns

Graphs 6 and 7 provide a comparison of the issues raised in complaints and of concerns raised through PALS during 2009/10 compared with 2008/09.

Graph 6 demonstrates that the themes in issues raised through complaints remain largely the same. There were 1448 issues raised through 401 complaints in 2009/10 compared with 1369 issues raised through 401 complaints in 2008/09. Therefore, the average number of issues per complaint has increased from 3.4 in 2008/09 to 3.6 in 2009/10.

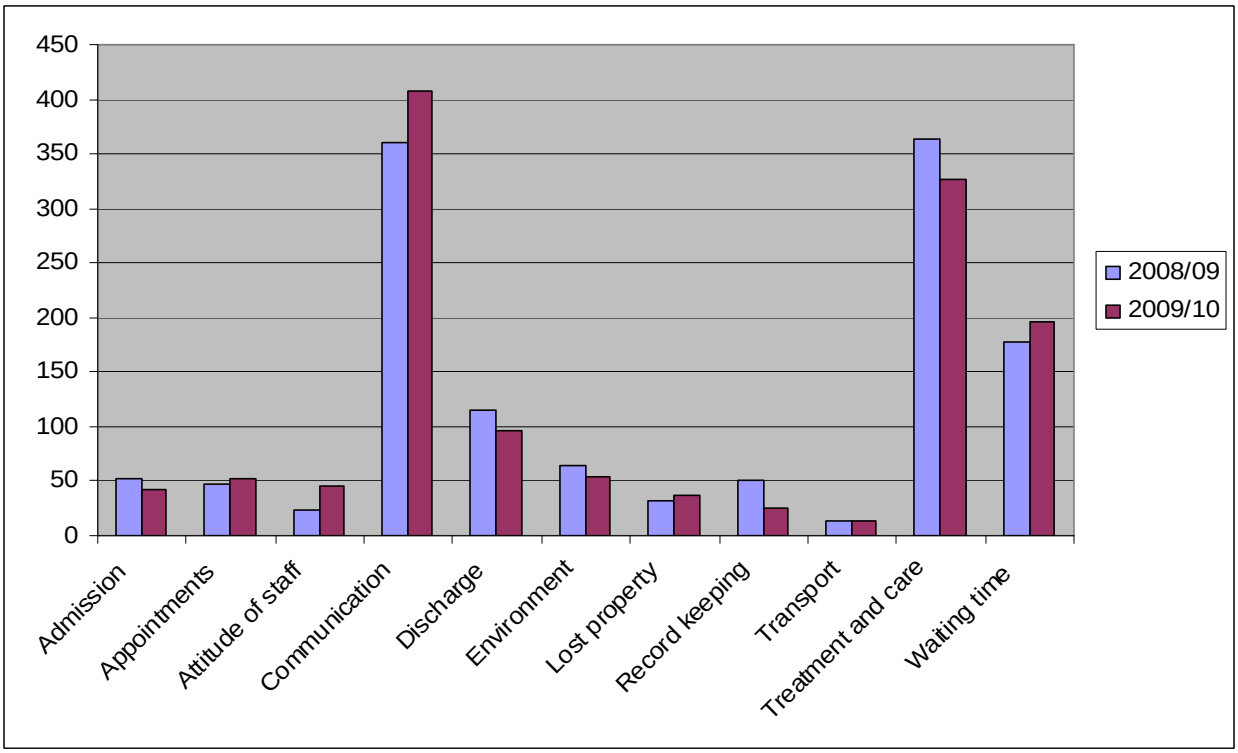
There has been a 30% increase in the number of issues relating to Discharge and a 5% increase in issues relating to Treatment and Care. However, there has been a significant decrease of 30% in issues relating to Environment compared with the previous year.

Graph 6 Issues raised in complaints in 2009/10 compared to 2008/09



Graph 7 demonstrates that the greatest number of concerns reported through PALS relate to Communication and Treatment and Care. Whilst there has been an increase of 13% in concerns relating to Communication, concerns regarding Treatment and Care have decreased by 10% compared with the previous year. There has been a significant increase of 87% in concerns relating to staff attitude however the overall numbers of concerns in this category are low.

Graph 7 Concerns raised through PALS in 2009/10 compared to 2008/09



Single sex accommodation:

One concern relating to mixed bays was raised during 2009/10, identical to the previous year.

Monitoring

Complaints Monitoring Group

The Trust has a Complaints Monitoring Group (CMG) which meets quarterly and is chaired by the Chief Executive. Members include the Chief Nurse, Chief Operating Officer, Head of Customer Affairs, Complaints Manager, General Managers, PALS Manager, a Senior Clinician and a Patient Representative. The group reports to the Trust Executive Committee (TEC) twice each year, and its Terms of Reference are reviewed annually. The group aims to consider trends in complaints, monitor action taken and seeks reassurance that appropriate action is taken in response to any trends identified.

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

PALS reports quarterly to the CMG where concerns and trends are discussed and examples of positive outcomes following PALS contact are reported. From quarter three PALS reported on cases that may constitute a formal complaint, where users have requested that PALS help resolve their concerns. Timeliness of response and outcome of these cases is reported.

Legislative changes

On 1 April 2009 a single two stage process for health and social care was published in the *Local Authority Social Services and National Health Service Complaints (England) Regulations*. The aim of the new process is to ensure comprehensive, accessible, flexible and patient focused complaints handling procedures.

The changes to the procedural requirements can be summarised as follows:

- Increased flexibility in the timescales for the acknowledgement and response to formal complaints which allows the opportunity to discuss and agree with complainants how we can work to resolve their concerns. This may involve offering meetings at a much earlier stage.
- The removal of the second stage review by the Healthcare Commission and introduction of a new two tier system as of 1 April 2009. Complainants who consider the Trust has failed to resolve their complaint satisfactorily can refer their complaints to the Parliamentary and Health Service Ombudsman, (PHSO) for review.
- A continued and more definite responsibility upon the Trust to provide an appropriate remedy to complainants as part of its complaints handling process, in the first instance this will be an apology, confirmation of action/learning but may include financial remedy.
- Complainants may now bring their complaint within 1 year of the event or knowledge of the subject of complaint.

- Health and Social Care organisations must work jointly to resolve concerns in a patient-centred way.

The Trust's Complaints Procedure has now been fully updated to reflect the requirements of the new legislation and good practice guidance issued by the PHSO. In addition the Trust's 'Guidelines for Managers on receipt of a request for financial compensation from a Complainant (Remedy)' Trust Policy was developed and ratified, to fully reflect the requirements of the legislation.

Following guidance from the PHSO relating to the PALS function within the new Complaints Legislation, a review of the PALS/Complaints interface has been undertaken. Following this the Trust PALS Policy has been updated and the future processes for handling concerns and complaints continue to be explored.

Performance Monitoring

Over the year, the Complaints Department has achieved a 99.75% response rate against the timescale for response agreed with the complainant, which constitutes 2 missed deadlines. This compares to a 99.5% response rate for the previous year.

82% of concerns raised through PALS were resolved.

Second stage reviews

During 2009/10 the Trust was notified of eleven requests to the Health Service Ombudsman for second stage review. All were subject to an initial assessment by the Ombudsman who declined to the complainants' request for review in nine cases. Two went on to full review which included obtaining an independent clinical opinion. The first case was not upheld and the second was upheld and the Trust has received notification that recommendations will be made to the Trust for action. A summary of all cases can be found at Appendix 1.

Essential standards – Planned developments 2010/11

Care Quality Commission (CQC)

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

In order to further develop and improve practice, the following activity will be taken forward in 2010/11.

The CQC essential standards state that:

People who use services or others acting on their behalf :

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

This is because providers who comply with the regulations will:

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

To ensure continued compliance the following actions are proposed:

- Integrate Complaints and PALS reporting in order to gain a better overview of patient experience.

- To enhance the directorates understanding of patient concerns and improve learning and outcome the management of complaints responses will be devolved to the directorates.

- To continue to provide a strong front line support to patients who raise concerns, working with directorates to gain a speedy and robust response, ensuring early learning and improvement to services.

- Review information regarding raising concerns and complaints provided in the 'Coming into Hospital Booklet'

- Review the current publicity information including leaflets, poster and website information

- Continue to provide staff training upon PALS and Complaints Team functions, in order to maintain awareness of the need to ensure care is not adversely affected where concerns and complaints are raised.

- Patients will continue to be invited to relay their stories directly to the Trust Board.

- Matrons will report directly to the Trust Board on complaints within their area of responsibility.

- Further develop partnership working between General Managers/Heads of Service and the Complaints Department and PALS to ensure more thorough responses and consistent reporting of actions

National Health Service Litigation Authority (NHSLA)

It is intended that the Trust will be compliant with the level 2 requirements for standard 5 of the NHSLA Standards for Acute Trusts, Primary Care Trusts and Independent Sector Providers of NHS Care.

This standard focuses on the processes for:

- Listening and responding to concerns and complaints.
- The process by which the Trust aims to improve as a result of concerns and complaints being raised.

<u>Level 1</u>

Level 1 requires that approved documentation sets out:

- Duties and the process for listening to and responding to concerns and complaints.

- The process for handling joint complaints between organisations.
- The process for ensuring patients, relatives and their carers are not treated differently as a result of raising a concern or complaint
- The process by which the organisation aims to learn as a result of concerns and complaints being raised.

The PALS and Complaints Policies are currently compliant with level 1 and it is anticipated that any changes to the process for handling concerns and complaints will be reflected at policy level.

Level 2

Level 2 requires that the organisation can demonstrate compliance with the objectives set out in the approved documentation in relation to:

- The process for listening and responding to the concerns and complaints of patients, their relatives and carers.
- The process by which the organisation aims to improve as a result of concerns and complaints being raised.
- Where monitoring has identified deficiencies, evidence that recommendations and action plans have been developed and changes implemented, must be provided.

Evidence of the outcome of the proposed actions discussed above will be collated. Where deficiencies have been identified evidence of recommendations and action plans developed as a result will be collated. Evidence of change and improvement as a result of concerns and complaints being raised will be collated.

Complaints and Claims

During 2009/10 16 cases which had previously been investigated as a complaint went on to make further allegations which were investigated as part of the claims management process. This compared to 15 cases in the previous year.

Remedy

During 2009/10, the Complaints department recorded 2 cases where financial remedy had been provided. In both cases, a full complaint investigation took place, following which it was considered by the Trust that maladministration had occurred and an offer of compensation was made. These cases were managed in accordance with the Trust's 'Guidelines for Managers on receipt of a request for financial compensation from a Complainant (Remedy)'

Conclusion

PALS saw an increase in overall activity of 13% compared with the previous year. There was an increase of 7% in contacts relating to concerns during 2009/10 when compared with the previous year.

The number of formal complaints made in 2009/10 remained the same as the previous year and the Trust has responded to 99.75% of formal complaints within the Department of Health timescale. In addition, the number of complaints referred for second stage review has continued to fall compared with previous years.

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

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

Ref	Specialty	Summary	Comment	Decision/Outcome	Status
Q4 08/09					
06/192	Surgery	Following a necessary endoscopic procedure which the patient suffered complications and later died. Complaint around alleged inappropriate and delayed care.	Full review carried out including seeking independent clinical advice – **complaint not upheld**	30.3.10	Closed
Q1 09/10					
08/162	Medicine	Complaint around incorrect treatment and discharge from the MHDU too soon leading to a respiratory collapse 24 hours later at St Helier's Hospital.	Closed following initial assessment – no further action	30.10.09	Closed
07/006A	Medicine	Complaints regarding alleged lack of nursing care provided to patient with regard to nutrition, personal care and diabetes monitoring.	Referred back to Trust with request to provide further response – sent 10.7.09. Closed – no further action	28.8.09	Closed
08/004A	Medicine (Cardiology)	Complaint around cardiology care, perceived underreporting of symptoms to employer and lack of clear information around diagnosis and treatment options.	Closed following initial assessment – no further action	11.2.10	Closed

07/346	Medicine	Patient's daughter made a complaint regarding a lack of treatment and care in particular inadequate assessment prior to discharge and lack of nutritional care. Poor discharge planning and patient discharged when developing infection leading to readmission to another hospital.	Full review carried out: draft report received 3.6.10 indicating that the complaint has been upheld. Findings sets out service failure with regard to discharge planning, nutritional care and medical assessments A number of recommendations made to the Trust for action including a consolatory payment of £1000 for distress caused to complainant. Action planning is currently underway to respond to recommendations on receipt of full report.	5.7.10	Final report received Response underway.
Q2 09/10					
09/101& 08/317	Surgery (Urology)	Two consecutive complaints regarding the treatment and diagnosis decisions and process of patient's urological symptoms.	Initial assessment carried out further comments provided 10.2.10. Closed – no further action	9.3.10	Closed
08/466	Specialist Surgery	31.7.09	Referred back to Trust with request to provide local resolution meeting. Meeting held Closed – no further action	28.10.09	Closed
08/002	Surgery	23.9.09	Referred back to Trust with request to provide local resolution meeting. Trust carrying out independent clinical review. Closed – no further action	23.11.09	Closed

Q3 09/10					
no referrals received					

Q4 09/10					
06/304a	Medicine	Patient unhappy with Haematology and Rheumatology care in 1999. Several detailed responses provided by Trust.	Closed following initial assessment – no further action	31.3.10	Closed
07/252	Surgery	Patient unhappy with nursing care on Surgical ward.	Closed following initial assessment – no further action	30.3.10	Closed
09/024	Trauma & Ortho	Patient unhappy with orthopaedic care. Trust referred to PHSO as unable to resolve complaint despite meeting with Medical Director.	Closed following initial assessment – no further action	21.6.10	Closed

Appendix 2: Complaints and PALS Report by Directorate

Children's Services

The overall number of formal complaints received by the Paediatric Department has fallen during this reporting year by 25% compared to the previous two reporting years of 2007/08 and 2008/09. The overall numbers of complaints remain low, at 12. Within the directorate, we believe that this fall is due to the proactive work we have undertaken this year to address issues of communication.

Numbers of PALS referrals are very low for Paediatrics and therefore do not regularly feature in the report, we do, however work closely with PALS to quickly resolve any concerns raised.

The vast majority of complaints received in Paediatrics have involved communication issues and a trend was noted around Paediatric A&E and medical staff early in the year. As a result of a number of complaints we added the importance of communication and patient experience as a standing item to our junior doctor induction. In addition, we individually fed back to staff, who had been named in complaints, with both the positive and negative aspects reported. This was done sensitively as it was acknowledged that sometimes comments are unjustified; however we felt that it was important to report back to individuals what the patient perceived. The trend in communication complaints early in the year reduced and the remaining three quarters showed significantly less communication issues reported.

Other complaints which involved issues of medical or nursing care, have been routinely reviewed carefully in our monthly quality and risk meetings, and also in mortality and morbidity forums where lessons could be learnt and put in to practice. Practices have changed as a result of this. For example, a policy to ensure that Social Workers are copied into clinic letters about looked after children was developed following a complaint about communication with the natural parent of a looked after child.

As a result of a recent complaint, we have plans within Paediatric A&E to develop a laminated information sheet for patients to aid with basic communication.

Emergency Services

Figures

The following number of complaints was received across 2009/10:

	Grade 1	Grade 2	Grade 3	Total
Quarter 1	2	9	7	18
Quarter 2	0	6	8	14
Quarter 3	0	9	8	17
Quarter 4	1	18	7	26
2009/10	**3**	**42**	**30**	**75**

The results indicate that complaints rose in Quarter 4, reflecting perhaps a busier time in the Department. This also represents an opportunity to improve care and patient experience in both the A&E and the Medical Admissions Unit (MAU) in response to concerns expressed via both the official Complaints and PALS process.

The main themes of the complaints relating to A&E included clinical decisions and treatment, missed or wrong diagnosis, medication, waiting time to see a doctor, or early discharge.

The main themes relating to MAU related to discharge; nursing care, including privacy and dignity, and hygiene and bodily functions, and communication – sensitivity.

No complaints related to Surgical Admissions Unit (SAU) as highlighted in the quarterly Complaints reports across 2009/10.

The following number of PALS concerns were reported:

	Q1	Q2	Q3	Q4	Total
PALS concerns by quarter	25	26	40	60	**151**

The key themes identified through PALS related to communication (timeliness, sensitivity, accuracy, etc); discharge arrangements (too early, lack of follow-up arrangements and involvement of patient/care); clinical care (including clinical competence and decision-making); waiting times; and other (personal hygiene and lost property)

Key Actions Taken in 2009/10

Numerous actions were taken in 2009/10 to address concerns raised, including:

- Continued nursing recruitment, including a new Matron for MAU/SAU and a new Matron for A&E.
- Implementation of the Manchester triage system.
- Incorporation of the 'Property List' into the Casualty card to make it easier to use – admin staff actively encourage nursing to attach patient information labels to all pieces of personal property so they can be properly attributed.
- Established a clothing resource for patients in the Discharge Lounge for use if required.
- Lessons learned from clinical complaints are circulated to all A&E doctors in the form of a 'lesson of the week'.

Key Actions Planned for 2010/11

Reducing complaints and PALS concerns is a key priority for the A&E and MAU over 2010/11. The number of complaints received is highly correlated to the overall standard of care, flow and patient experience across the unplanned care pathway and therefore it is hoped that all of the activities within the Business Plan for 2010/11 will jointly support the targeted reduction of complaints.

Some of the associated actions and initiatives include:

1. Improve communication with patients and improve pain management:
    a. Raise awareness
    b. Incorporate into induction, appraisal and personal development planning
    c. Complete Patient Group Directives for all nursing staff by October
    d. Collaborate with Pharmacy
2. Re-establish robust Clinical Governance processes, including monthly review of new Emergency Services dashboard (includes A&E re-attendance figures), monthly cross-Directorate complaints and incident review and communication via the A&E Communication Board and monthly Directorate newsletter.
3. Ensure the implementation of all recommendations arising from incident and complaint reports to avoid recurrence – link junior doctor training to key themes arising from incidents and complaints.

Hotel Services

Cleanliness

Over the last year there has been a significant drop in cleaning complaints and in Q3 we received none. There have been no grade 3 complaints as a direct result of cleanliness. The complaints we do receive tend to be added in to a clinical complaint and are secondary to the main issue raised by the patient.

Housekeeping over the last year has increased its management cleanliness audits and encouraged Matrons and Sisters to participate in the inspection so as to improve standards in all areas of responsibilities in cleanliness standards. Matrons also carry out their own environmental audits weekly and report any issues immediately to the Housekeepers for remedial address.

Food

There have been no direct food service or quality issues reported this year. Nurses participating in the food service has improved especially in MAU and patients are therefore receiving help with eating and the right meal for their dietary requirements. Patients are surveyed twice yearly with a detailed catering survey and actions are then taken in response to areas identified for improvement.

Car Parking

Main complaints regarding parking are received from outpatients who have difficulty finding a car parking space due to the car park being full. Most recently, it has been noted that the Inpatient visiting hours pilot has helped ease the pressure on the car parks in the afternoon. In addition, increased security presence in order to ensure there is no unauthorised parking in the Outpatients car park has helped increase the amount of spaces available to patients.

Imaging and Endoscopy

There has been a decrease in overall complaints from 15 to 14 from 2008/9 to 2009/10. Activity has continued to increase during this time, with the Directorate dealing with 225, 000 patient episodes in this last financial year.

Most issues raised regarded areas in the radiology department that were already identified as areas of concern and were being addressed by the Directorate.

The main areas highlighted through complaints for the year were categorised as either care and/or communication concerns. Two complaint themes that recurred in quarters 3 and 4 were the lack of administration staff in the appointments call centre and the long expected wait for the Ultrasound walk-in service.

A number of actions have been taken to address the issues raised through complaints for example:

- Staff have been informed at the team briefings to address patients in a professional and appropriate manner at all times.
- Efforts to ensure that there is always a breast radiologist available for reporting has been highlighted as a priority.
- In the event of a broken down CT scanner all rescheduled appointments will be arranged over the phone where possible. This is aimed to inform the patients of the situation and ensure that they can attend the new appointment.
- The issue of poor staff attitude was highlighted. Communication issues are discussed directly with the member of staff concerned by their line manager.
- Reception and administration staffs are currently attending the Trust led customer care course.
- Another member of the administration staff has been appointed, to commence work in due course after pre-employment checks are complete.
- The business centre actively monitors complaints through the business centre core team meeting and also undertakes local patient surveys in both endoscopy and imaging as a means to further improving our services, and to improve the patient experience.
- The ultrasound walk-in service will shortly change to a phone-in service where patients will be given a time to attend. This is aimed to minimise any waits for the very successful and popular service.

Medicine

Main themes

The Medical Directorate received 94 complaints during 2009/2010, an increase from 2008/2009. At the same time it should be noted that unplanned medical admissions have increased over the year with 19,505 admissions in 2008/2009 compared to 21,853 admissions in 2009/2010.

The largest number of complaints were received during quarter 4, (29) which was equal to the number received in Q4 2008/09. Activity in quarter 4 2010 was also higher than in previous quarters with 5,709 medical admissions compared to 4,816 medical admissions in quarter 4 2008/09.

57 complaints contained issues relating to treatment and care. This is reflected by contacts to PALS, where 99 concerns regarding treatment & care were raised.

The Outpatients department received the most complaints throughout 2009/10 (18) complaints in total. Medical out-patients attendances for 2009/10 were 77,543.

Actions to improve services

The following are two examples of service improvements as a result of complaints:

- From August 2009, junior doctors on ward teams now also work weekends. This helps improve communication with relatives and patients wishing to speak with doctors at weekends rather than having to rely on the availability of the on-call teams.

- Booking procedures have been changed in Neurology to ensure continuity of care by appropriate consultants

- Following a specific complaint and incident where a patient received a drug to which she had an allergy, mandatory training for junior doctors regarding allergies and antibiotics has been introduced. Information has also been added to junior doctors' induction packs.

Future plans

The Medical Directorate Patient Experience Committee has been established to discuss complaints, PALS concerns and patient feedback. The first meeting of the Patient Experience committee takes place on 29 June where the Directorate programme of work will be agreed.

A current pilot on Aspen ward has seen the introduction of three dedicated afternoon slots for Doctors to speak with families. This pilot was successful and has now been rolled out across the medical wards.

Pharmacy

Pharmacy has received very few formal complaints during 2009/10 (4). The main theme of complaints is around discharge prescription waiting times and there has been much action in this area over the past year including:

- Setting target for 90% of discharge prescriptions to be processed in pharmacy within 2 hours. In June 2010 we have begun to hit this target for the first time. A year ago only 30% of discharge prescriptions achieved this target and many prescriptions took over 4 hours.

- There has been an EQUIP event around the discharge prescription process and this has reviewed and improved the pathway in several ways. The signing off system for discharge prescriptions is being revised electronically and is currently being piloted in 3 areas to improve the efficiency of the process

- Doctors have been asked to ensure prescriptions reach pharmacy 24 hours in advance where possible especially in areas like surgery. There is still work to be done in this area

Another area pharmacy provides support to the complaints process is around providing accurate medicines information to support the complaints department when they are answering complex enquiries about medicines. The department continues to do this when required.

Surgery

Summary of main themes from PALS and Complaints

For the purposes of this report, both the Specialist Surgery Directorate and the General Surgery & Urology Directorate have been reported as one area, Surgery. This is due to the fact that within the quarterly 2009/10 PALS and Complaints summary reports, all figures have been reported as under the generic title of "Surgery".

In 2009/10 Surgery received a total of 72 complaints compared with 119 in 2008/09. This is a significant reduction in formal complaints which the Directorate is proud of.

Quarters 1 & 2 in 2009/10 showed a decline in the number of complaints received with 43% of issues raised in quarter 1 relating to General Surgery (55 complaints) followed by Urology (20). A high number of issues were raised relating to Falcon ward (47) in particular around privacy & dignity, patient safety and treatment and nursing care. 54% of issues raised in quarter 2 related to General Surgery (37) followed by Urology (10). Kingfisher and Falcon wards saw the highest number of issues raised (15). Main concerns on Falcon were around discharge and nursing care, whilst on Kingfisher there was no trend of note.

General Surgery & Urology were asked to aim for a 10% reduction in closed complaints from Q1, and were very pleased to report an almost 40% decrease from Q1 to Q2. It was discussed at the Q2 CMG that this may be due to a recognised seasonal decline in complaints. The challenge was identified as being able to keep the quarterly figures at this level or lower ongoing.

In quarter 3 complaints remained at a static level to Q2. 63% of issues raised related to General Surgery (28) followed by Urology (7). As with quarters 1 & 2, by location, Kingfisher ward saw the highest number of issues raised (13) followed by Falcon ward (7). The main concerns on these wards were around communication and treatment and care but no trends were definable.

In quarter 4, 44% of issues raised related to General Surgery (23) and again there was no trend of note. 23% of issues related to Ophthalmology (12) where waiting times in clinic featured. By location, Kingfisher ward saw the highest number of issues raised (16) followed by the Eye Clinic (11).

The reoccurring themes in the complaints focused around communications. The issues mentioned were that patients and relatives received conflicting information regarding care / treatment / medication and that patients did not always feel that they had been given the appropriate treatment. Most of the complaints were resolvable with an apology and / or an explanation about the reasons why such treatment was given and how that was the best course of action.

All Consultants have been reminded about the need to ask patients if they have any questions about the information that they have / have not received. This should take place in both the outpatient setting and by the bedside. Nursing staff are supporting this by asking patients if they have any questions or if they understood all that had been said to them.

In addition the importance of good, consistent communication is given to all the juniors via the Junior Doctors Forum meetings.

Examples of specific actions taken to improve services in response to PALS / Complaints during 2009/10

Falcon ward experienced complaints in quarter 2 regarding discharge. Remedial action has now been put in place on Falcon Ward. This includes implementing a discharge checklist for the doctors to complete during rounds which ensures all appropriate information is communicated to the patient and all appropriate procedures are undertaken to ensure a smooth discharge. In addition multi-disciplinary discharging has been implemented on Falcon ward which has enabled patients to be discharged earlier once they have met pre-determined clinical criteria.

ENT services received frequent complaints and PALS concerns regarding the booking process for audiology appointments. Investigation showed that the issues were concentrated on hearing aid repairs and the lack of an easy process for patients to access an appointment combined with an apparent capacity problem within clinics for patients to be seen. As a result, patients were unable to get an appointment to have their hearing aid checked and / or repaired. To rectify this the audiology clinic templates were adjusted and dedicated hearing aid repair clinics were established. The process for booking an appointment was also amended so that patients were then able to phone up a dedicated number, and request a check and repair appointment. Patients waiting time reduced to 7-10 days and no further complaints were received on this matter.

Within Surgery, staff belongings were being stored in the patient bathroom on an inpatient ward. Staff have now all been provided with lockers to prevent personal belongings being stored in public / patient areas.

The PALS issues were largely focused around cancelled or reschedule operations and appointments and any associated patient inconvenience or delayed appointments. Clinic templates have been redesigned to improve patient appointment times and the smooth running of clinic and multiples of extra clinics across a range of specialities have been put on to meet the demand for capacity for both new and follow up patients.

Future plans to improve patient experience and achieve a reduction in PALS / Complaints in 2010/11

Complaints and the outpatient Picker survey within Ophthalmology has led the service to develop a detailed action plan to resolve the issues raised by patients. Whilst not exhaustive, this includes:

- Reviewing signage to department
- Creating privacy area at reception desk
- Developing culture of “I will” and “Patients First”
- Reviewing appointment letters to ensure appropriate content
- Regular mini audits to review progress against plan and implemented changes.
- Send copy of policy to all appropriate staff stating the need to copy letters to patients.
- Review clinic timetables to provide dedicated casualty clinics and prevent over-bookings / late running clinics
- Create clear and smart ways of informing the patient who they are seeing and whether there are any delays.
- Place “zero tolerance” posters in all clinical departments.

ENT services are working with Estates to upgrade the ENT outpatients department at St. Peter’s Hospital.

The Matron for General Surgery & Urology speaks with all patients on the day and at the time of any issue that they raise. Through this she is able to stem the smaller incidents into becoming formal complaints. The actions that are being taken to improve the inpatient survey results in 2010 will also work towards minimising complaints. The actions include:

- Addressing the cause of long call bell waiting times.
- Staggered feeding times to provide greater staff support with feeding
- Volunteers being recruited to assist with meal times.
- Reinforcing to all staff the importance of telling patient what we are doing and why we are doing it.
- Updating all patient information
- Increasing the presence of senior staff on the wards

The Directorate would like to see complaints reduced even further in 2010/11.

Theatres, Anaesthetics and Critical Care (TACC)

The overall number of formal complaints received by Theatres, Anaesthetics and Critical care has fallen in this reporting year compared to the previous year 2009/2010. The overall numbers of complaints remains incredibly low, at 9 (13 last year). Within the directorate we are pleased to state that all complaints were responded to in a timely fashion easily achieving less than 25 days for all.

Our PALS concerns were mainly regarding cancelled surgery and our waiting times for clinic appointments within the chronic pain service. The Directorate have now taken a proactive stance, with our Matrons taking on a much more visible role, and where possible they now go to address any concerns as they are arriving. We are also working with the secretarial team within the chronic pain service to ensure timely communication and accurate information.

Like most teams the main theme for our complaints was poor or inadequate communication. A number of these though within TACC, actually concern the Surgical Directorates. In response to this worrying trend we have implemented a number of different training events, including positive influencing and human factors training for our staff. The directorate has also taken over management of the pre operative assessment service. We are taking the opportunity to use this team to ensure that the information given is more complete.

Therapies

Summary of main themes from PALS and complaints 2009/10:

- Communication – issues and staff attitude with regard to discharge planning and long term care
- Outpatient Physiotherapy waiting times
- Availability of Speech and Language Therapy to stroke patients on Fielding Ward

The following are examples of specific actions taken to improve services in response to PALS/complaints during 2009/10:

- Timely communication with relatives, keeping them advised of progress/changes to point of discharge and communicate this ensuring privacy and dignity in an appropriate setting.
- Contact numbers given to relatives for post discharge contact and prompt referral to community services.
- Member of staff attitude discussed and reviewed monthly in supervision
- Urgent referrals for physiotherapy are prioritised
- Patients requiring Speech Language Therapy (SLT) are not placed on Fielding Ward, here possible.
- Speech & Language Therapists transferred from Surrey Community Health on 1 April 2010 to ensure there is ownership and more accountability for the service.

Future plans to improve the patient experience:

- There is an action plan in place to reduce the Physiotherapy waiting list
- Communication with relatives has been cited by staff as being stressful hence a stress survey has been developed and all Therapy staff will complete this.
- A review of the Rehabilitation Pathway and use of Ashford Beds has been completed and an action plan will be formulated to improve communication and the rehabilitation process.
- Discharge meetings with relatives are planned and held in appropriate areas.
- A review of SLT service provision underway.

Trauma and Orthopaedics

Trauma and Orthopaedics saw an increase in the overall number of complaints received (49) compared with the previous year (35).

A number of concerns throughout the year have centred upon the inability of the Unit staff to answer the phones in a timely manner. This has been due to a shortage of staff which has been addressed and reorganisation of the existing lines which has given improved cover. Waiting times to be seen in clinic within the Rowley Bristow Unit have also featured highly. A trial of a new pathway is to take place offering patients the ability to attend the main x-ray departments at Ashford or St. Peter's for their re-x-ray before the day of appointment. It is envisaged this will reduce the wait on the day of appointment and streamline the process. Discussions are also taking place regarding creating outreach clinics for fracture or orthopaedic patients in areas such as Teddington Memorial Hospital.

A specific complaint raised the issue of a lack of disabled facilities in the Appliance Workshop and this has been addressed and facilities are now in situ.

Communication at all levels and with all grades of staff has been highlighted. Decisions following the Trauma Meeting were not being passed on to the patients. A new system of recording all clinical decisions by the Trauma Coordinator has been put in place and the coordinator now has the responsibility of ringing the patients post meeting to update them on any expected developments in the treatment pathway. Ward Sisters now attend daily Trauma meetings with the surgeons and take back the information and action plans to the wards and the patients.

Cleanliness of ward, attitude of nursing staff together with perceived lack of use of hand gel was highlighted. A working group has been set up to assess the affect the higher acuity and dependence of patients on Elm Ward has had on staff morale and patient experience.

Medical attitude again featured and all medics have been reminded of the 4 P's (Patients First, Personal Responsibility, Passion for Excellence, Pride in our Team), and the need to speak in clear understandable terminology. Ward staff have been involved in appraisal objective setting around communication and attitudes. Communication strategy has been implemented by the ward sisters and the Matron.

Women's Health

Complaints in Maternity remained the same in 2009/10 against a level of activity that was the same as the previous year. The complaints represent 0.05% of Maternity contacts which is also the same as the Trust average for complaints. Again this year, there were no follow up complaints, indicating that complainants were satisfied with the responses they received to their complaints. Maternity complaints are generally complex and represent events and contacts with staff over a nine month period. Most of the complaints received can be linked to staff shortages and ongoing recruitment continues. A night duty housekeeper has been appointed for labour ward which will address issues of cleanliness and the opening of the labour ward door when the unit is very busy.

Gynaecology saw a significant rise in complaints during the first two quarters of 2009/10. An extraordinary meeting was held to review the situation and to identify trends. Themes were linked to communication (particularly with one doctor who left in September) and to post surgery care for emergency patients. Discussions were held with the doctor in question and since she left, the number of complaints in Gynaecology has reduced again. Changes to the way the junior doctors function has helped to improve the post surgery care and we plan to appoint a consultant with a special interest in Emergency Gynaecology which will improve the training of junior doctors in this sensitive area of care.

Proactive management to prevent and respond to complaints early, remains a high priority within the whole service.