

TRUST BOARD
28th May 2012

TITLE	Ashford & St Peter's Hospitals NHS Foundation Trust - Annual Report on PALS & Complaints 2011/12
EXECUTIVE SUMMARY	This report seeks to assure the Trust Board that formal complaints made to the Trust during the period April 2011 to March 2012 are being considered in accordance with the NHS and Social Care Complaints Handling Regulations (England) 2009.
BOARD ASSURANCE (Risk) / IMPLICATIONS	<p>Following the devolvement of the complaints process to Divisions, performance against timescales has decreased. Assurance is given to the Trust Board that robust actions are in place to address this issue to ensure complaints are handled as specified in the regulations. Any complaints that take longer than the timescale agreed with the complainant, are done so with the understanding and agreement of the complainant and a reason and apology for the delay offered.</p> <p>The Trust responded to 45% of complaints within the timescale agreed with the complainant for response.</p> <p>The number of complaints referred onto Independent Review by the Parliamentary and Health Service Ombudsman has reduced.</p> <p>The Board is assured also that whilst there has been a 40% increase in complaints received, there has not been a relative increase in serious complaints. Work is underway to understand the reason for this increase and will inform the wider Trust agenda to improve patients' experience and perceptions of quality of care.</p>
STAKEHOLDER / PATIENT IMPACT AND VIEWS EQUALITY AND DIVERSITY ISSUES	<p>All complaints are examined for Trust wide learning and with the aim of service improvement.</p> <p>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.</p>
LEGAL ISSUES	This paper sets out how the Trust meets its statutory requirements in relation to the handling of formal complaints.
The Trust Board is asked to:	Read and make note of the report, which was approved by the Complaints Monitoring Group on 4 May 2012.
Submitted by:	Suzanne Rankin, Chief Nurse - Executive Lead for Complaints.
Date:	18 th May 2012
Decision:	For Noting

Annual PALS and Complaints Report

**For the period:
1 April 2011 – 31 March 2012**

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11.4.2012

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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 2011 and 31 March 2012.

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

Detailed Divisional reports are available on request. These discuss PALS issues and Complaints and describe learning that has occurred as a result, plans for future improvement to Patient Experience as well as evidence of compliance with CQC Essential Standards: Outcome 17.

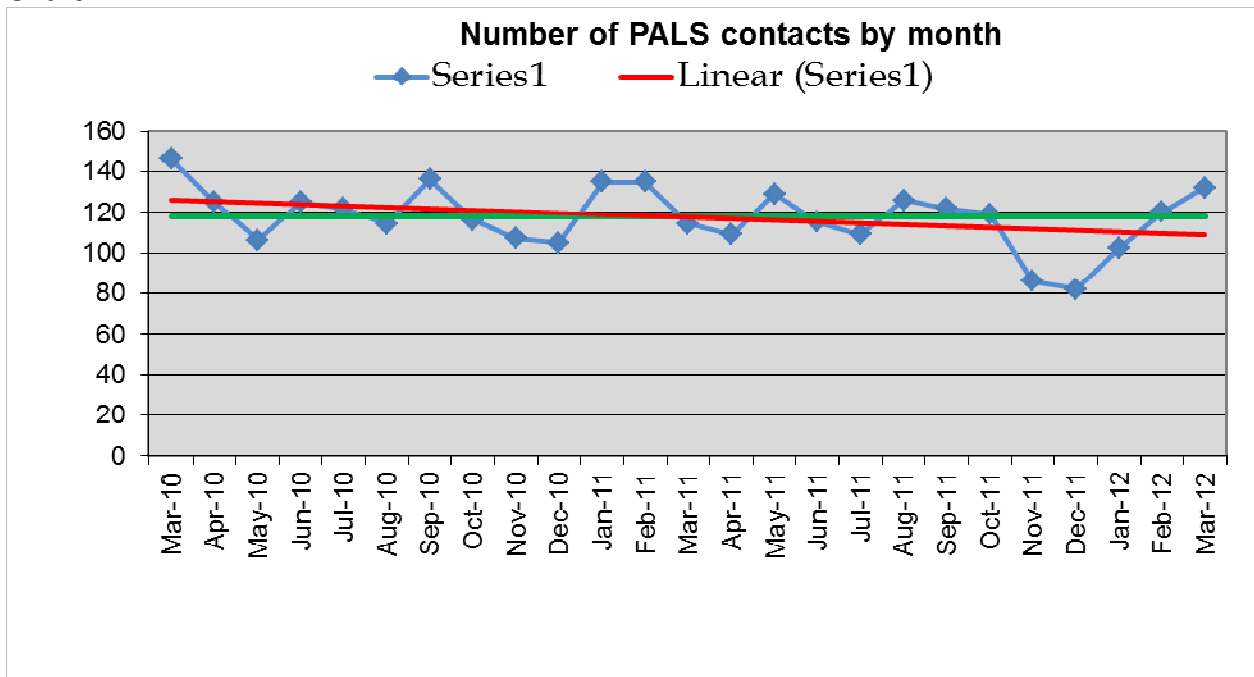
2. PALS contacts

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 2011/12, there were 1,354 contacts with PALS, a decrease of 6% when compared with 2010/11 (1,440) and an increase of 7% compared with 2009/10 (1,261).

In total, 81% of contacts with PALS were in relation to concerns (1,095). This represents a decrease of 3.6% in the number of concerns compared with the previous year (1,131).

Chart 1 (SPC Chart)¹ demonstrates a slight downward trend in PALS activity (Series 1), this is despite a peak in PALS contacts in March 2012. The average number of contacts per month remains at 115.

Chart 1



¹ Statistical process control (SPC) charts plot measurements 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.

3. Complaints Received

During 2011/12, the Trust received 503 formal complaints which is an increase of 40% compared with the previous year (361).

Chart 2

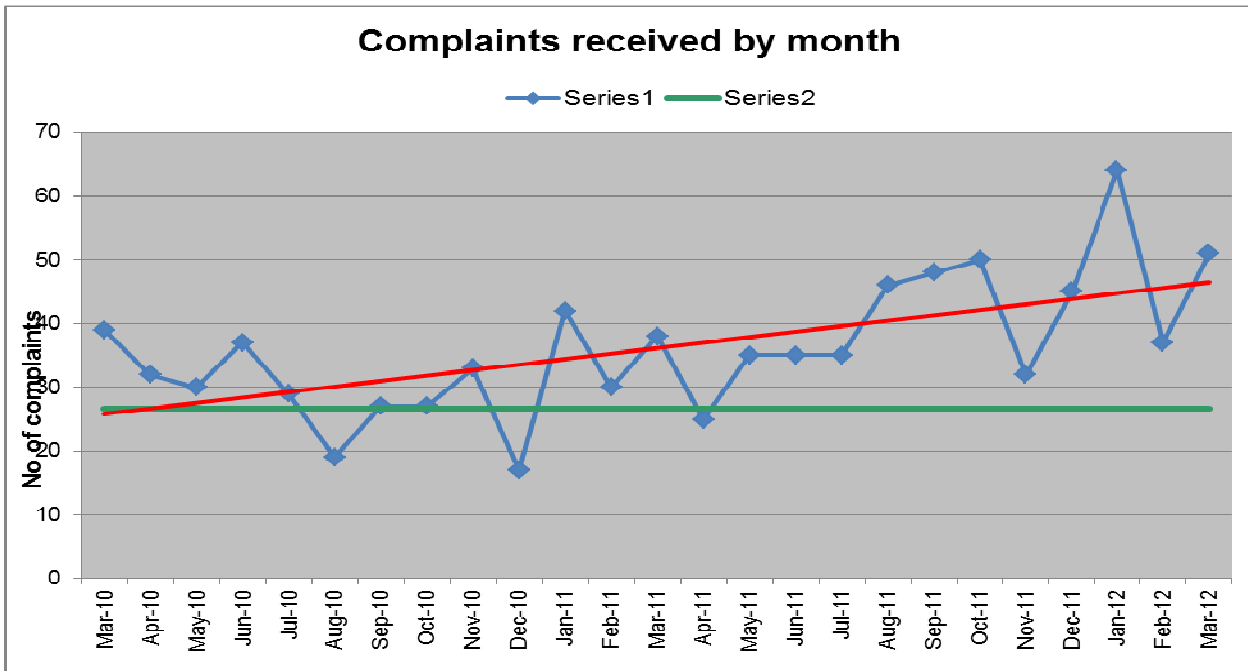


Chart 2 shows a breakdown of complaints received by month (Series 1), monthly target (Series 2) and overall trend line (red).

4. PALS/Complaints related to Trust activity

In 2011/12 there were 555,759 total patient episodes² compared to 549,764 in 2010/11 representing an increase of 1%. PALS activity reduced by 6% during the same period whereas Complaints activity increased by 40%. Although the number of complaints has risen across NHS nationally, the reason for this increase is not currently understood and work is on-going to understand the reason for this increase.

The Trust saw an increase of 2% in the total number of A&E attendances during 2011/12. By comparison, the number of PALS concerns regarding A&E decreased by 30% during this period and the number of formal complaints A&E increased by 23%. Detailed analysis has demonstrated the need for more promotion around access to PALS within A&E and this work is already on-going.

The number of contacts to PALS regarding concerns during the reporting period represents 0.2% of total patient episodes. The number of complaints received represents 0.09% of 555,759 total patient episodes.

5. PALS concerns and complaints by division

² Patient episodes (attendances) include all outpatient attendances, day-cases, births and inpatient admissions

Chart 3 shows the number of PALS concerns and formal complaints by division during 2011/12. Further comparison with the previous year is demonstrated in Table 1. Facilities saw the largest increase in PALS concerns (+102%), a large proportion of these related to concerns around changes to Car Parking (70%). Trauma & Orthopaedics has seen the largest increase complaints (+68%) with an increase in complaints around booking of appointment and theatre times and surgery being cancelled on the day. Specialist Medicine and Specialist Surgery also saw an increase, (+54%), in particular relating to over-running clinics in conjunction with revised car-parking charges. By Division, Surgery saw a decrease of 22% in the number of complaints received and Acute & Emergency Services a decrease of 11%.

Chart 3

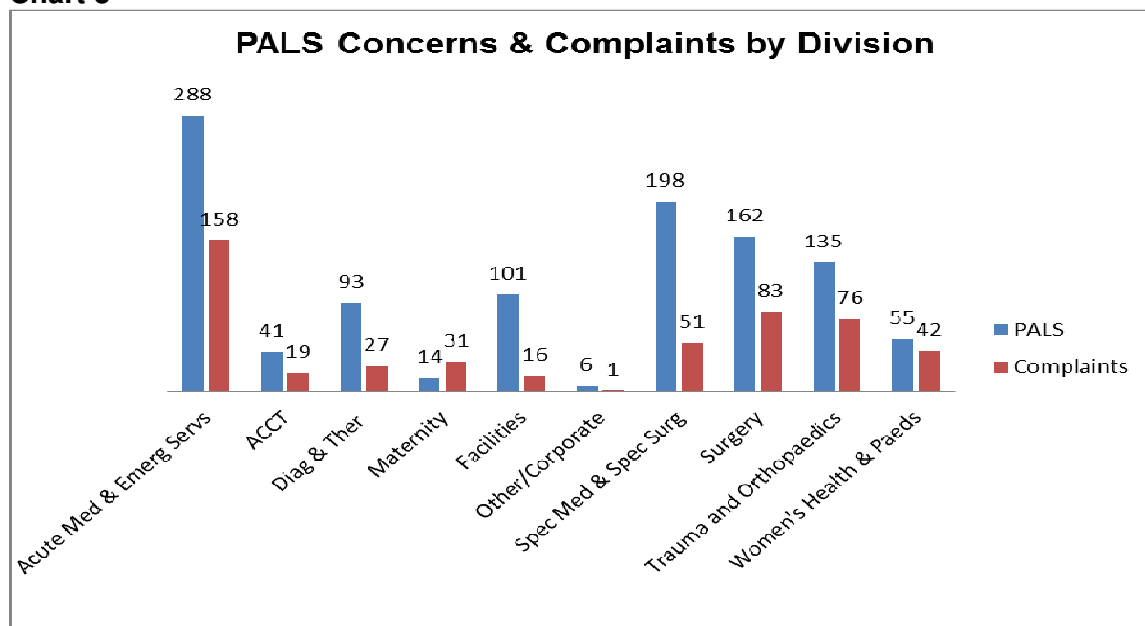


Table 1

PALS Concerns & Complaints by Division				
	PALS		Complaints	
	2010/11	2011/12	2010/11	2011/12
Anaes, Critical Care & Theatres	23	41	6	19
Acute Medicine & Emergency	325	288	133	158
Other/Corp (IT, Finance, Qual)	11	6	3	1
Diagnostics & Therapeutics	85	93	6	27
Facilities	50	101	9	16
Maternity	12	15	24	31
Specialist Med & Spec Surgery	216	198	33	51
Surgery	208	162	74	83
Trauma & Orthopaedics	135	135	45	76
Women's Health & Paediatrics	66	55	28	42
Total	1131	1094	361	504

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.

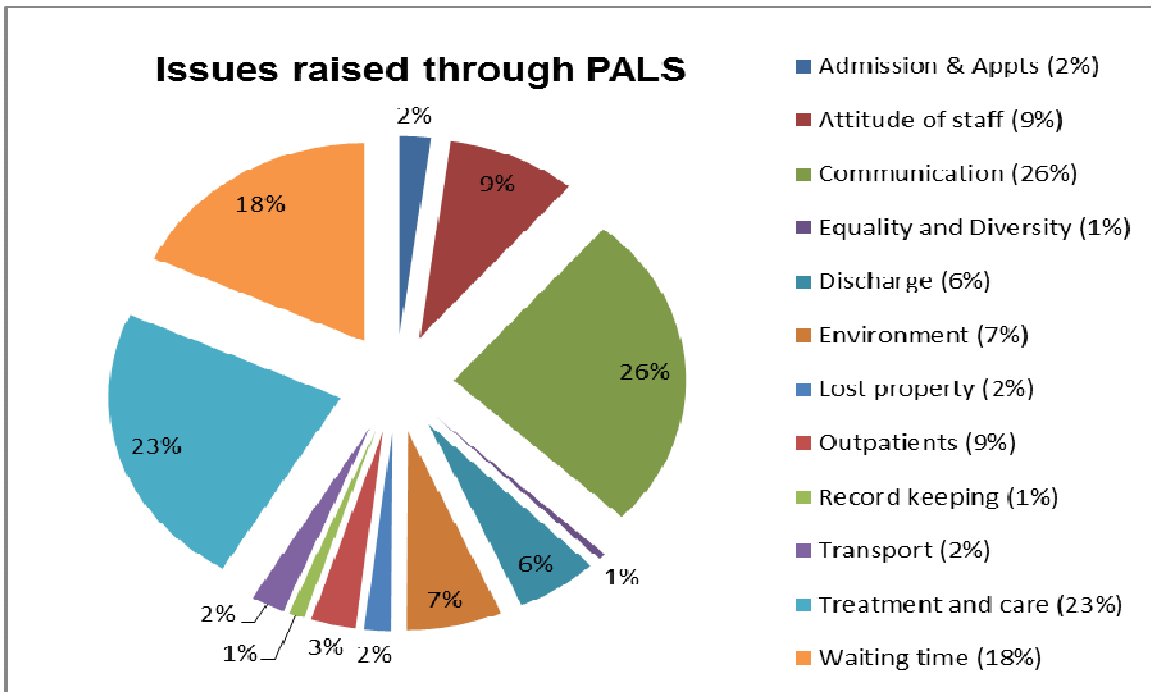
Of the total number of complaints received during 2011/12, 32% were Grade 3, 65% were Grade 2 and 2% were Grade 1. This shows an 8% decrease in the proportion of Grade 3 complaints received compared with 2010/11. There were no Grade 4 complaints received during 2011/12.

7. Analysis of PALS Concerns

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

Chart 4 provides a breakdown of the issues raised through PALS. During 2010/11, a total of 1480 issues were recorded. The highest number of concerns (384) related to Communication (verbal and written), followed by concerns about Treatment and Care (346) and Waiting Time (268).

Chart 4

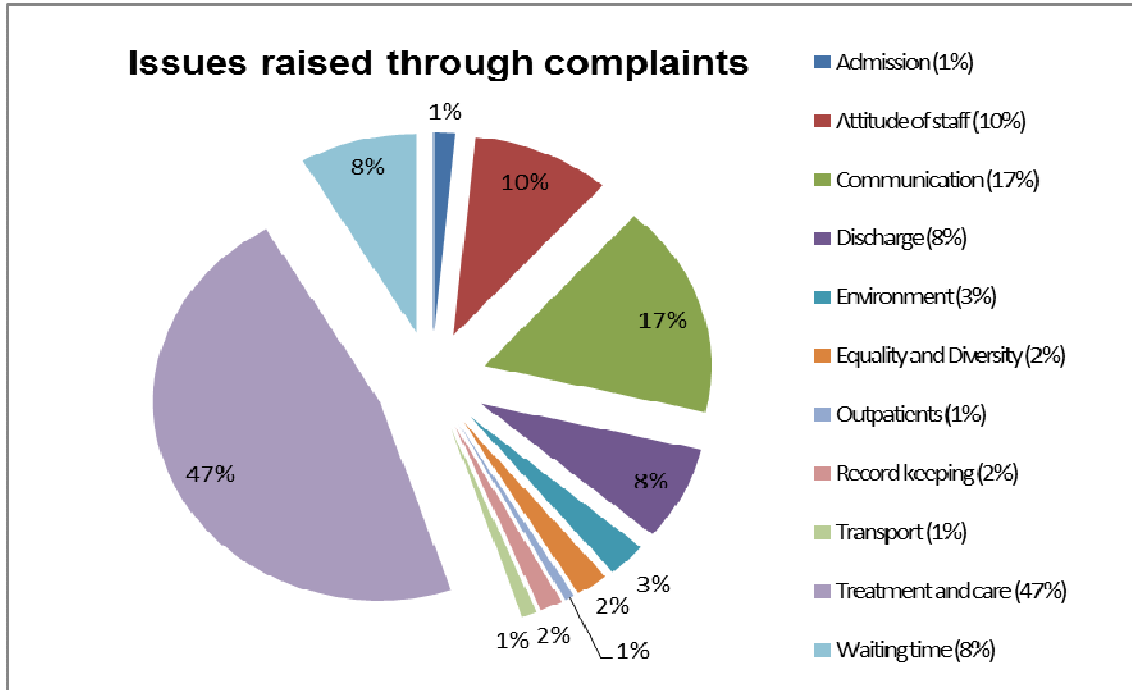


8. Analysis of Complaints

During 2011/12, a total of 1432 issues were recorded with the most issues raised relating to the category of Treatment and Care (666), followed by Communication (246). There were no recorded concerns relating to ‘mixed sex accommodation’ during 2011/12, the same as the previous year.

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

Chart 5



9. Analysis of themes in PALS concerns and Complaint Issues

Charts 6 and 7 provide a comparison of the issues raised through PALS concerns and complaints during 2011/12 compared with 2010/11. Chart 6 demonstrates an increase in issues relating to Environment (+40%), which includes car parking issues and Staff Attitude (+24%). There has been a significant decrease in issues relating to Discharge (-35%) and Treatment and Care (-18%) compared to the previous year.

Chart 6

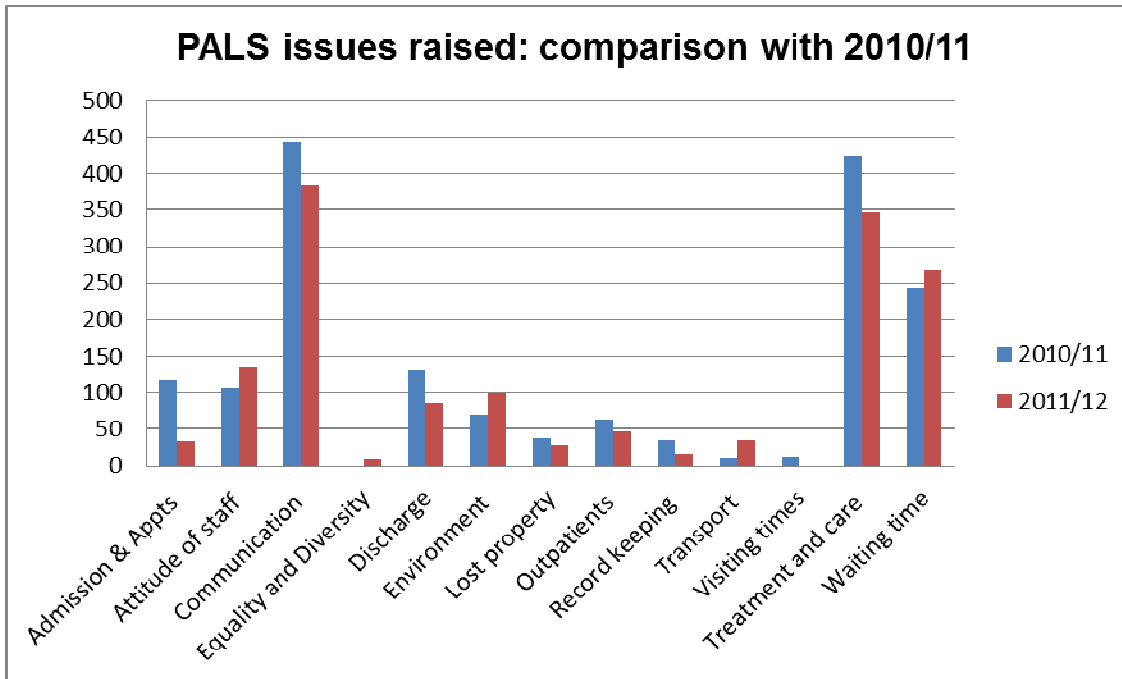
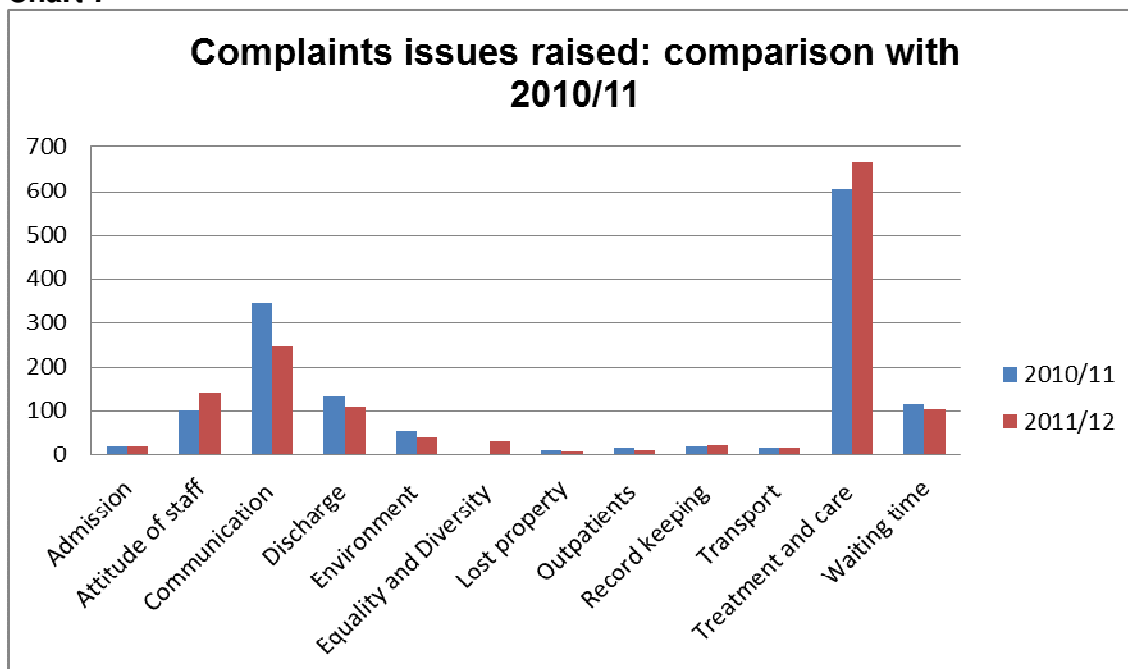


Chart 7 demonstrates that the themes in issues raised through complaints remain largely the same. There were 1432 issues raised through 504 complaints compared with 1445 issues raised through 361 complaints in 2010/11. Therefore, the average number of issues per complaint has decreased from 2.8 in 2009/10 from 3.6 in 2010/11.

There has been an increase of 39% in issues relating to Staff Attitude and a 9% increase in the number of issues relating to Treatment and Care. However, there has also been a 29% decrease in issues relating to Communication and a decrease of 17% in issues relating to Discharge.

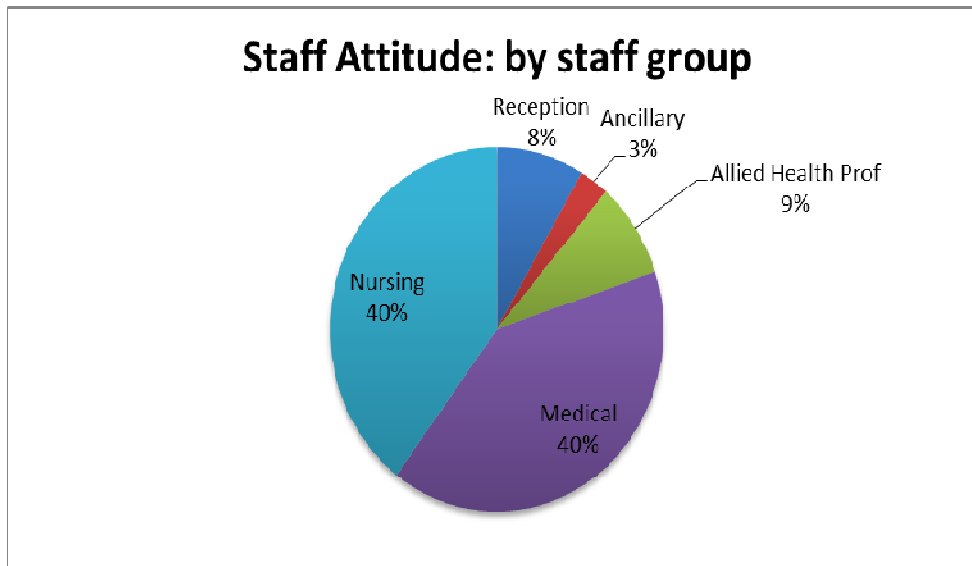
Chart 7



Analysis of the significant increase in concerns relating to staff attitude reveals that 131 complaints

featured staff attitude and Chart 8 shows a breakdown by staff group:

Chart 8



9.1 Single sex accommodation:

There were no PALS concerns or formal complaints issues relating to mixed sex accommodation, compared to one PALS concern received during 2010/11.

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 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. The CMG also receive a summary of requests for second stage review and monitors the actions taken as a result of recommendations made by the Parliamentary and Health Service Ombudsman following second stage review.

Performance Monitoring

Over the year, the Trust has achieved a 45% response rate against the timescale for response agreed with the complainant, which constitutes 261 missed deadlines. This compares to a 94% response rate for the previous year.

During 2011/12 the process of complaints handling was devolved to Divisions. The aim of this was to ensure greater accountability for the issues raised in complaints within specialty areas

and ensure local ownership of the learning and actions arising from complaints. Where previously investigations and responses were collated by the central, corporate team, it is now a requirement for each Divisional team to investigate and respond to complaints relating to their area. The process of transition to a devolved process has however proved problematic with Divisional performance against agreed timescales decreasing. Prompt and thorough action was taken to address this issue and a corporate action plan implemented which is monitored on a quarterly basis by the Trust Complaints Monitoring Group and performance is monitored monthly by the Trust Board. As a consequence of the corporate plan and approach, the performance has increased from 18% in September 2011 to 70% in March 2012.

86% of concerns raised through PALS were resolved.

Second stage reviews

During 2011/12 the Trust was notified of three complaints referred to the Parliamentary and Health Service Ombudsman for review. Of these, one request was referred back to the Trust for further work and is now closed. The second case is under assessment and the final case has gone on to full review. (Appendix 1)

11. Devolved process of handling complaints

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

12. Essential standards – Planned developments 2011/12

Care Quality Commission (CQC)

The management of and learning from concerns and complaints is an essential criteria in the CQC Essential Standards of Quality and Safety. The current level of Trust self -assessment indicates an area of moderate concern which relates to the poor complaints handling performance.


National Health Service Litigation Authority (NHSLA)

The PALS and Complaints policies and procedures were assessed in February 2011 and declared fully compliant with the level 2 requirements for standard 5 of the NHSLA Standards for Acute Trusts, Primary Care Trusts and Independent Sector Providers of NHS Care. Policies will be reviewed in line with eth requirements of the newly published standards for 2012/13.

13. Complaints and Claims

During 2011/12, 44 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. Of these, 11 proceeded to become claims. This compared to 14 cases in the previous year.

14. Remedy



There have been three requests received for financial compensation from complainants during 2011/12. In one case the request was appropriately referred to be managed as a claim. An offer of compensation was made in the other two cases, the first for delays in arranging surgery, the second for service failures in the complaints handling process. Both were managed in accordance with the Trust's *'Guidelines for Managers on receipt of a request for financial compensation from a Complainant (Remedy)'*.

15. Conclusion

The number of formal complaints made in 2011/12 increased by 40% compared with the previous year. The Trust has responded to 45% of formal complaints within the agreed timescale for response. The number of complaints referred for second stage review has continued to fall compared with previous years.

Clearly the significant increase in the number of complaints received is of concern and the reason for this is not fully understood. In order to help further understand the current position regional benchmarking is underway, however this has to date, proved difficult.

To better understand the drivers for complaints, a brief telephone survey was undertaken across December and January. The results indicated that early intervention by ward and department staff is key to preventing concerns going on to become a formal complaint.

Key pieces of work on-going to support early intervention and resolution of concerns has included the introduction of patient diaries, the wider roll-out of 'Your Feedback' Surveys and on-going promotional work around access to PALS. In addition, early contact by Divisions with complainants has been effective and well received in dealing with complaints at an early stage.

PALS saw a decrease in overall activity of 6% compared with the previous year. There was a decrease of 3.6% in contacts relating to concerns during 2011/12 when compared with the previous year. In total 50 PALS concerns went on to become formal complaints, which represents 4.5% of total concerns.

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

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

Ref	Specialty	Summary	Decision/Outcome	Status
Q1 11/12				
		No referrals		
Q2 11/12				
08/463	Surgery	<p>Urology patient considered the way in which news of his (non-life threatening) condition was relayed was both insensitive and threatening, leading to distress for both him and his wife.</p> <p>Ombudsman found the complaints handling to have been thorough but recommend a personal apology from the Consultant involved.</p>	Referred back to the Trust for further action	Closed
Q3 11/12				
11/082	Medicine	Patient raised concerns regarding on-going pain in his groin that he has been left with following a cardiology procedure in 2009.	Under assessment	Trust awaits outcome of initial assessment
Q4 11/12				
09/039	Surgery	<p>Patient alleged damage caused to liver during emergency surgery. Also that follow up care was inadequate.</p> <p>Several detailed responses provided. An assurance was given that damage could not have been caused by surgery and that follow up care was appropriate.</p> <p>Complaint investigated in 2009.</p> <p>PHSO initially declined complainant's request to fully review complaint. Following appeal the case was re-opened and has gone on to full review.</p>	Proceed to full review	Trust awaits outcome of review