Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
23rd June 2014

TITLE	**Complaints procedure**
EXECUTIVE SUMMARY	Driven by the national context of changes in expectation, scrutiny and consequences alongside the Trust's increase in PALS and Complaints activity, the Trust is not assured that the complaints procedure is fit for purpose. The paper will outline the context as well as the measures that will be put in place to address the lack of assurance.
The Council is asked to:	Discuss the report.
Submitted by:	Heather Caudle, Associate Director of Quality / Deputy Chief Nurse on behalf of Suzanne Rankin, Chief Nurse.
Date:	June 2014
Decision	For Discussion.

Ashford and St. Peter's Hospitals NHS
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Complaints procedure

1. Introduction

This report aims to answer the question *Is the board satisfied that the basic complaints procedure is fit for purpose and appropriate having regard to what appears to be an ever increasing volume?* In order to answer this question the paper will compare activity of complaints and PALS over the last two years, the national strategic drivers around complaint handling leading to an increased awareness by the public of their right to complain, and the plans to address gaps in assurance that the process is fit for purpose.

2. Context

Over the past 18 months, there has been a national focus on quality and culture, represented mainly by the following publications:

1. The Francis Report – Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry *February 2013*;
2. The Keogh Mortality Review; Patients First and Foremost – The Initial Government Response to the Report of Mid Staffordshire NHS Foundation Trust Public Inquiry *March 2013*;
3. The Cavendish Review – An Independent Review into HealthCare Assistants and Support Workers in the NHS and Social Care Settings *July 2013*;
4. A promise to learn – a commitment to act: Improving the safety of patients in England (Don Berwick, National Advisory Group on the Safety of Patients in England) *August 2013*;
5. A Review of NHS Hospital Complaints System conducted by the Right Honourable Ann Clwyd MP and Professor Tricia Hart *October 2013*.
6. In March 2014, the House Of Commons Public Administrations Committee – 12th Report *More Complaints Please.* http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpubadm/229/22902.htm

The above documents, reviews and reports have emphasised the need for Trusts to take complaints, complainants and complaints handling more seriously. These strategic messages have and continue to shape public opinion and have led to a rise in the amount of complaints across the NHS.

3. PALS and Complaints activities

In 2013/14 there were 581,830 total patient episodes[1] in the Trust compared to 573,186 in 2012/13 representing an increase in patient activity of 8,644 episodes (1.5%). Included within this were 92,198 A&E attendances (compared with 91,856 in 2012/13).

Regarding the volumes of complaints and concerns compared with Trust activity:

- PALS concerns have risen from 0.17% of activity last year to 0.23% of activity this year.
- Complaints as a percentage of Trust activity has remained relatively constant at 0.09%.
- In the A&E Department, PALS concerns have risen from 0.07% of activity last year to 1.0% this year. However, A&E complaints as a percentage of activity is constant at 0.08% (in line with both the Trust overall, and with the prior year).

Thus, whilst the overall volume of complaints rose from 485 cases last year to 548 cases in the

[1] Patient episodes (attendances) include all outpatient attendances, day-cases, births and inpatient admissions.

Trust this year, this rise was in line with an increase in activity at the Trust over the last financial year. The rise in PALS concerns exceeds the rise in Trust activity, and reflects a rise from 0.17% of activity to 0.23% represented by 385 more cases this year (approximately 1.5 additional cases per weekday).

Table 1 PALS 'Concerns' and Complaints in relation to Trust activity

Trust	2012/13	% of 2012/13 activity	2013/14	% of 2013/14 activity
PALS concerns	976	0.17	1,361	0.23
PALS contacts	1,281	0.22	1,646	0.28
Complaints	485	0.08	548	0.09
Patient Episodes	573,186		581,830	1.5% increase

Table 2 A&E 'Concerns' and Complaints in relation to A&E activity

A&E Department	2012/13	% of 2012/13 activity	2013/14	% of 2013/14 activity
PALS concerns	61	0.07	92	1.0
Complaints	75	0.08	72	0.08
Patient Episodes	91,856		92,198	0.4% increase

The 2012/13 it was noted that there was a need to promote access to PALS within A&E. PALS concerns have risen by 31 cases for A&E to 92 cases in the year, thus, this supports that access has been increased.

4. PALS concerns and complaints by Division

Table 3 shows the number of PALS concerns and formal complaints by division during 2013/14.

Both PALS concerns and formal complaints show an increasing trend across divisions. This would be expected given the rise in Trust activity demonstrated in section 2 above.

Table 3 PALS concerns and complaints by division 2012-12 v 2013-14

PALS Concerns & Complaints by Division						
	PALS			**Complaints**		
	2012/13	**2013/14**		**2012/13**	**2013/14**	
Acute Medicine & Emergency	376	463	↑23%	242	235	↓3%
• *Of which A&E*	*61*	92	↑51%	*75*	*72*	↓4%
Women's Health & Paediatrics	72	78	↑8%	68	83	↑22%
Trauma, Orthopaedics, Diagnostics & Therapies	196	290	↑48%	70	84	↑20%
Theatres, Anaesthetics, Surgery and Critical Care	267	412	↑54%	97	129	↑33%
Facilities	59	55	↓7%	5	12	**
Information Services	-	35	**	-	1	**
Other	6	28	**	3	4	**
Total	**976**	**1,361**	↑39%	**485**	**548**	↑13%

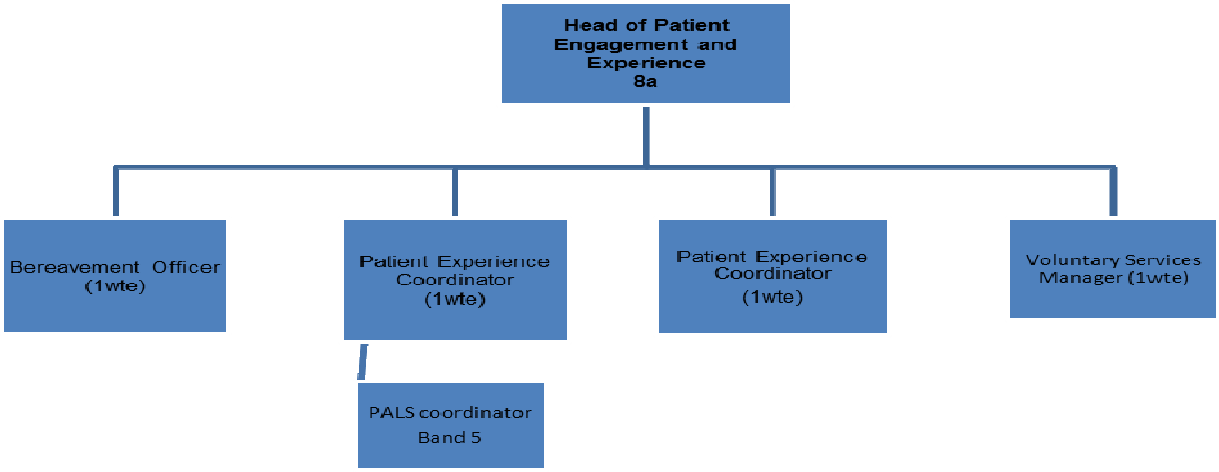
**Percentage not calculated for samples less than 20 items in either year.

The rise in volume of complaints and PALS means that there is pressure in the system. This inevitably would put a strain on the resources and procedures that are in place to handle complaints. If this is not addressed, the staff experience would be adversely affected, which will have an impact on patient experience. Since complaints handling is devolved in Ashford and St. Peter's the consequences of not getting this right in the Trust would be significant.

4. 2013 Quality Governance Restructure

In July 2010, the formal complaints process was devolved to divisions with the aim of creating greater accountability for complaints and improving 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. This meant that resources were taken out of the corporate quality team and not replaced at a divisional level. Figure 1 represents the resources dedicated to complaints handling in the Trust between July 2010 and September 2013.

Fig 1 – Old Quality Corporate Department Structure for Complaints (up to 2013)

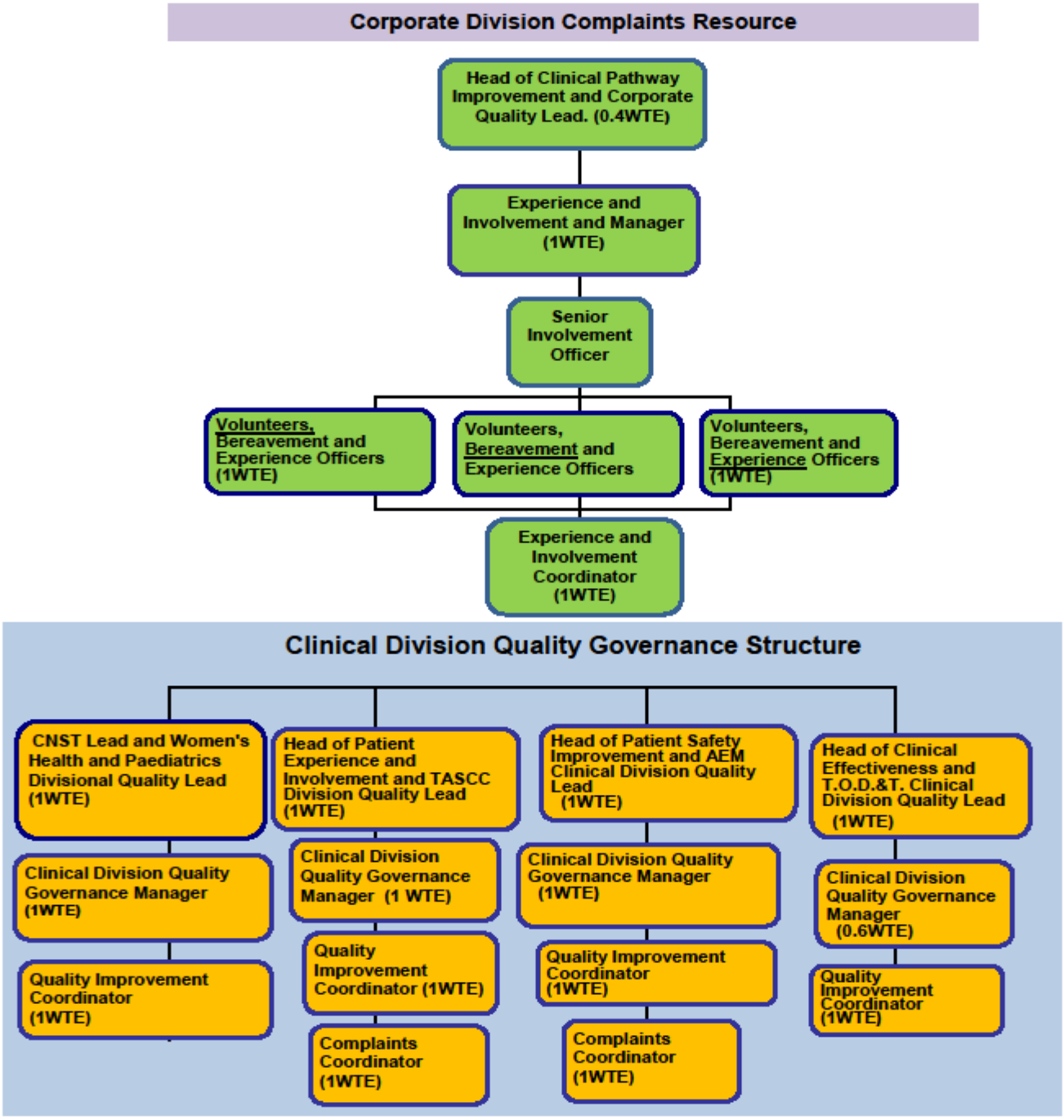


In October 2013, the Trust restructured its Quality, Research, Medical, Nursing and Midwifery corporate departments in order to facilitate each clinical division having their own Head of Quality along with a quality team to help monitor, analyse and improve quality performance.

Figure 2 shows the resources dedicated to complaints handling in the Trust, both centrally and at divisional level.

This more detailed devolvement of the responsibility to handle patient feedback was intended to facilitate a significant improvement in the Trust's ability to respond to complaints in a timely manner and also to improve the issues raised within complaints and PALS. With a more distinct separation between investigation and handling from reporting and performance monitoring, the Trust strengthened its mechanism in this area leading to complaints being answered in a timely manner with complainants being more reliably kept abreast of the progress of their complaints even in line with the increase in complaints and PALS activity.

Figure 2 – Current Devolved Quality Resources (Complaints) – Corporate and Divisional



5. Performance Monitoring

Over the year prior to the changes, the Trust achieved a cumulative 86% response rate against the timescale for response agreed with the complainant, which, although a significant improvement upon 2012/13 (80%) and 2011/12 (45%), was not acceptable. Following the restructure and initiatives regarding communication with complainants and proactive monitoring mechanisms the Trust improved its performance against timescale in quarter 4 - January 2014 100%, February 2014 98%, and March 2014 100%.

6. Challenges to a complaints process

The sustainability of this performance was questionable, particularly as April and May's performance dipped to 91.7% and 85% respectively.

The gaps in staffing as the new teams got filled meant that the processes that were put in place to address the increase in complaints and PALs activity were stretched. These, as well as the focus of efforts on service improvements to reduce the amount of complaints in the first place, were put under strain, as was the Trust's ability to sustain the earlier high performance of 2014.

There continue to be efforts to improve the reporting and monitoring of complaints activity in order to keep track of performance. In spite of this there are some crippling factors that constantly compete with the drive for excellence in complaints handling and with which the teams are constantly battling. These include:

- Lack of staffing and expertise in complaints and PALS handling
- High agency usage compounding issue of staff not familiar with Trust or statutory processes around complaints
- The administrative processes that have had to change as the Trust moved to a more devolved complaints handling process.
- Low morale of staff and ensuing high staff turnover in central complaints team
- Constantly having to train staff in activity reporting systems

8. Plans for improvement

The Trust is not fully assured that the quality governance structure is either appropriately designed or sufficiently resourced to cope with the increasing volume of complaints and PALS. The Trust is also committed to receiving patient feedback and understanding concerns to improve both patient experience and clinical care.

To receive this assurance the Trust has put some measure in place and also continues plans to do the following:

1. Conduct a systematic review of the behaviours, practices and processes around complaints handling across the Trust. This will be carried out by the Chief Nurse Project Lead supported by the PMO. This is due to start in July 2014.
2. Development of a complaints procedure guidance which is constantly refreshed with improvements based on feedback from those that use the system. Started in April 2014.
3. The creation of a Patient Involvement Centre with the co-location of the PALS, Bereavement, Complaints and Volunteer staff allowing for more team working and support. Before these teams sat separately and were fragmented in their approach and stretched when there was a need to cover in the case of absence or leave.
4. At the end of June 2014, there will be an exercise involving the central and divisional teams with the use of actors to reveal through role-play the complaints procedure in order to improve insight and understanding by all involved of the complaints procedure in its totality.

5. In partnership with the Learning and Development Team, develop training and development programmes around:
    a. having difficult conversations,
    b. investigatory skills
    c. report writing
    d. root cause analysis

    This has already started and a review meeting is taking place end of June.
6. Focus session on medical engagement asking Dr Elliott from the CQC to deliver a talk on Medical Engagement and complaints.

9. Conclusion

The Trust is not assured that the complaints procedures are fit for purpose and seeks to gain this assurance though a number of interventions over the next three months. The increase in resources to the quality teas means that the investment is there but the design needs to be tested in light of the increase in volume brought on by increased awareness and expectation by the public.