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

COUNCIL OF GOVERNORS

17th June 2015

TITLE	**Annual Patient Experience Report**
EXECUTIVE SUMMARY	The Annual Patient Experience Report is presented for the 12 months ending 31 March 2015.
The Council is asked to:	Note the paper
Submitted by:	Heather Caudle, Chief Nurse
Date:	June 2015
Decision:	For noting

Annual Patient Experience Report

For the period:
1 April 2014 – 31 March 2015

CONTENTS

		Page
1.	**Introduction**	4
2.	**PALS contacts**	4
3.	**Complaints received**	5
4.	**PALS and complaints in relation to activity**	6
5.	**PALS concerns and complaints by Division**	7
6.	**Grading of complaints**	7
7.	**Analysis of PALS concerns**	8
8.	**Analysis of complaints**	9
9.	**Trend analysis of themes in PALS concerns and complaints**	10
10.	**Monitoring**	11
11.	**Corporate risk**	13
12.	**Care Quality Commission (CQC)**	13
13.	**National Health Service Litigation Authority (NHSLA)**	13
14.	**Complaints and claims**	13
15.	**Remedy**	13
16.	**Outcome of complaints**	13
17.	**Improving Patient Experience**	15
18.	**Summary**	16

1. Introduction

In accordance with NHS Complaints Regulations (2009), this Annual Report provides detailed information about the nature and number of informal concerns and formal complaints received by the Trust through the Patient Advice and Liaison Service (PALS) or through the formal complaints process between 1 April 2014 and 31 March 2015.

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

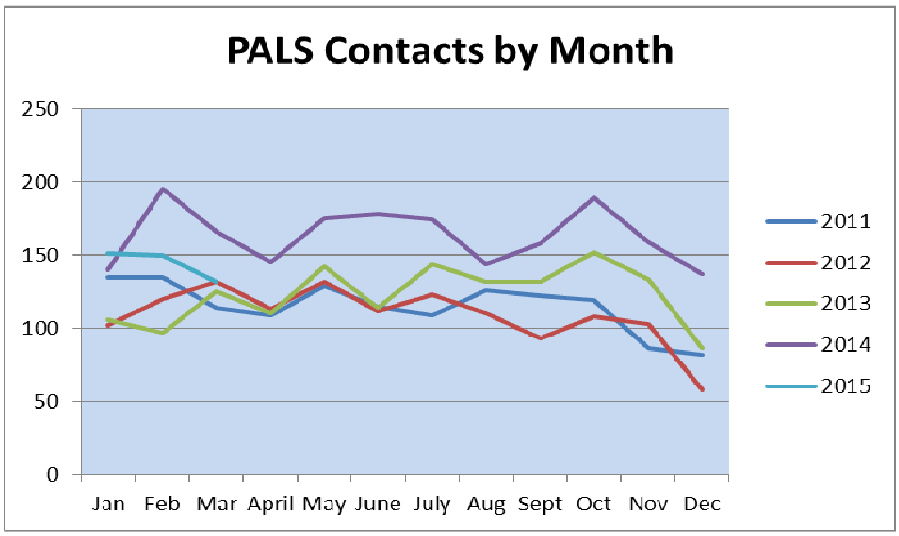
2. PALS Contacts

PALS works with patients, relatives, carers and Trust staff to resolve concerns in a timely manner. PALS also provides information, advice and support to members of the public regarding services provided by this Trust and more widely by the NHS, Social and Community Services.

Year	Pals Contacts
2010/11	1,261
2011/12	1,354
2012/13	1,281
2013/14	1,646
2014/15	1,890

During 2014/15 there were 1,890 contacts with the PALS service. This is a further increase of 14.8% in activity compared to 2013/14 PALS activity. Patient contact numbers for 2013/14 were 581,830, showing an increase of 2.1% to 594,277 in 2014/15. Therefore the PALS activity shows a greater rate of increase when compared with the increase in Trust activity. Explanations for this could be down to all contacts being logged rather than just concerns; more publicity around the Trust and on wards about the PALS service; an extension to PALS opening hours from 10am-3pm to 9am-5pm from October 2014, offering an additional 15 hours per week for patients who would like to walk in resulting in a higher level of capture of patient / relative issues.

Chart 1 shows the increasing trend in PALS contacts year on year:



The purple line for 2014 shows a marked increase in contacts this year compared to previous years. This will be partly down to an increase in activity, however the increase is greater than would be expected from the increase in Trust activity and therefore the trend shows that PALS contacts are growing.

Table 1 shows PALS contacts across 2014/15 by quarter:

PALS Contacts		PALS Concerns	Concerns as % of Contacts
Q1 April – June 2014	498	480	96%
Q2 July – Sept 2014	476	440	92%
Q3 Oct – Dec 2014	485	472	97%
Q4 Jan – Mar 2015	431	423	98%
Total	1890	1815	96%

PALS 'concerns' as a percentage of PALS contacts has significantly increased in comparison to the previous year where 83% of contacts were concerns. The feedback from the PALS team regarding this increase identifies that there has been an increase in patients and relatives contacting the PALS department more specifically for concerns than for other reasons.

3. Complaints Received

During 2014/15, the Trust received 589 new formal complaints, an increase of 41 cases (7%) compared with 548 complaints in 2013/14, and an increase of 104 cases (21%) compared with 485 complaints in 2012/13. The increase may be partly due to the increase in activity, however as it is greater comparatively than any increase in Trust activity, it may also be due to a rising trend nationally for complaints, and also local efforts to make the complaints process straightforward and easy to access for those wishing to make a complaint.

In addition to the new complaints received, the Trust also received 84 follow-up complaints. Across the year this gives an average of 12% follow-up complaints. Table 6 shows the monthly breakdown of follow-up complaints and highlights a decrease in follow-up complaints being received through the year.

Chart 2 shows the numbers of complaints by month, which show a seasonal trend overall:

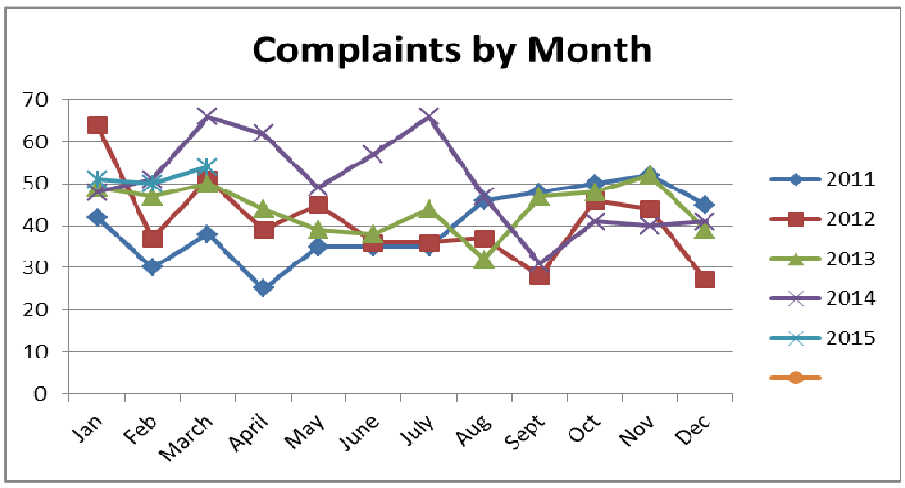


Chart 2 highlights increased activity in 2014 specifically for the months of March, April, June and July. It is not clear why these months have resulted in increased complaints. Apart from these spikes, the trends are similar throughout the years, winter months generally resulting in a slightly higher number of complaints than summer months.

4. PALS and Complaints in Relation to Activity

Table 2 displays PALS 'concerns' and complaints in relation to Trust activity:

Trust	2012/13	% of 2012/13 activity	2013/14	% of 2013/14 activity	2014/15	% of 2014/15 activity
PALS concerns	976	0.17	1,361	0.23	1815	0.31
PALS contacts	1,281	0.22	1,646	0.28	1890	0.32
Complaints	485	0.08	548	0.09	589	0.1
Patient Episodes	573,186		581,830	1.5% increase	594,277	2.1% increase

Table 3 displays 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	2014/15	% of 2014/15 activity
PALS concerns	61	0.07	92	0.1	98	0.1
Complaints	75	0.08	72	0.08	73	0.08
Patient Episodes	91,856		92,198	0.4% increase	94,495	2.5% increase

In 2014/15 there were 594,277 total patient episodes[1] compared to 581,830 in 2013/14 representing an increase in patient activity of 12,447 episodes (2.1%). Included within this were 94,495 A&E attendances (compared with 92,198 in 2013/14).

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

- PALS concerns have risen from 0.23% of activity last year to 0.31% of activity this year.
- Complaints as a percentage of Trust activity have remained relatively constant with a small incline at 0.1%
- In the A&E Department, PALS concerns have remained static with 0.1% of activity resulting in a PALS concern for 2013/14 and 2014/15. This is below the Trust percentage of concerns compared with activity which is 0.31%.
- A&E complaints as a percentage of activity are constant at 0.08% and slightly below the Trust at 0.1%.

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

The overall volume of complaints rose from 548 cases last year to 589 cases this year. This reflects a marginal increase in complaints in relation to what would be expected due to the elevated activity at the Trust.

5. PALS Concerns and Complaints by Division

Table 4 shows the number of PALS concerns and formal complaints by division:

PALS Concerns & Complaints by Division						
	PALS			Complaints		
	2013/14	2014/15		2013/14	2014/15	
Acute Medicine & Emergency	463	649	↑40%	235	222	↓6%
• *Of which A&E*	92	98	↑6.5%	72	73	↑1%
Women's Health & Paediatrics	78	140	↑79.5%	83	89	↑7%
Trauma, Orthopaedics, Diagnostics & Therapies	290	465	↑60%	84	102	↑21%
Theatres, Anaesthetics, Surgery and Critical Care	412	419	↑2%	129	153	↑19%
Facilities	55	78	↑42%	12	14	**
Information Services	35	51	↑46%	1	2	**
Other	28	13	**	4	7	**
Total	**1,361**	1815	**↑33%**	**548**	**589**	↑7%

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

Both PALS concerns and formal complaints show an increasing trend across the divisions. An increase is expected due to the increase in activity, although it is noted that the increase in concerns and complaint activity is of a greater rate than that of the Trusts overall activity.

6. Grading of Complaints

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

Table 5 highlights the severity profile of complaints by grade:

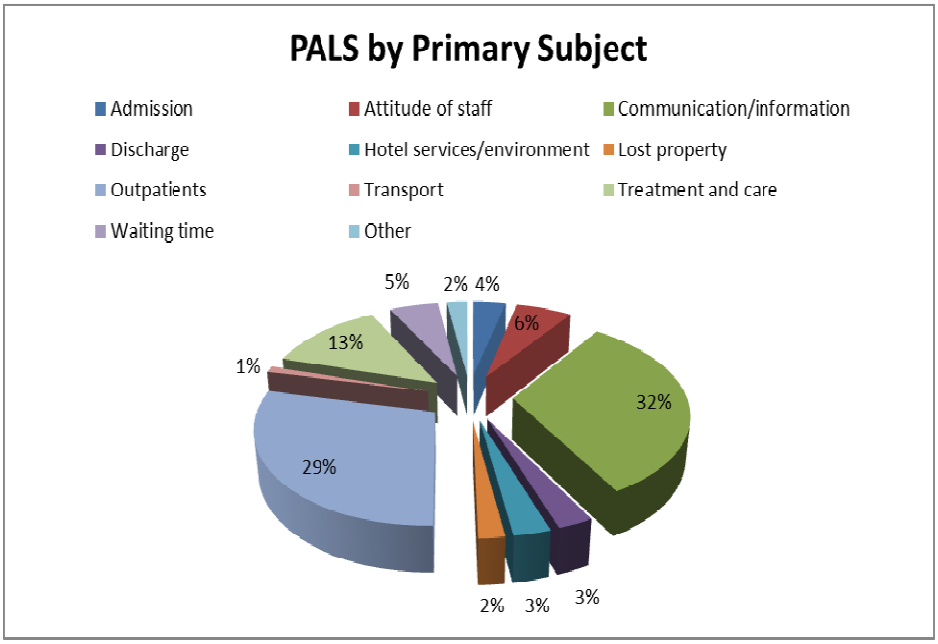
Complaints by Grade	2013/14 complaints		2014/15 complaints	
Grade 1	13	2%	100	18%
Grade 2	383	70%	314	58%
Grade 3	145	27%	125	23%
Grade 4	7	1%	5	1%
	548		544 (45 ungraded)	

There has been an increase in grade 1 complaints reported and a reduction in grade 2 complaints. The increase in grade 1 complaints is a positive step towards the Trusts aim to capture issues before they escalate into more serious concerns. It also highlights that complainants are comfortable to contact the Trust with less severe complaints highlighting good access to the complaints service and good capture of the information. Grade 3 and 4 remain fairly consistent over the past two year period. 45 complaints have been ungraded throughout the year. This may be due to the full devolvement of the complaints process early in April 2014 whereby due to a period of training, learning and recruitment the grading area was not always consistently populated. This is resolved due to a move to the central team function now grading all complaints before handing over to the division for investigation.

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.

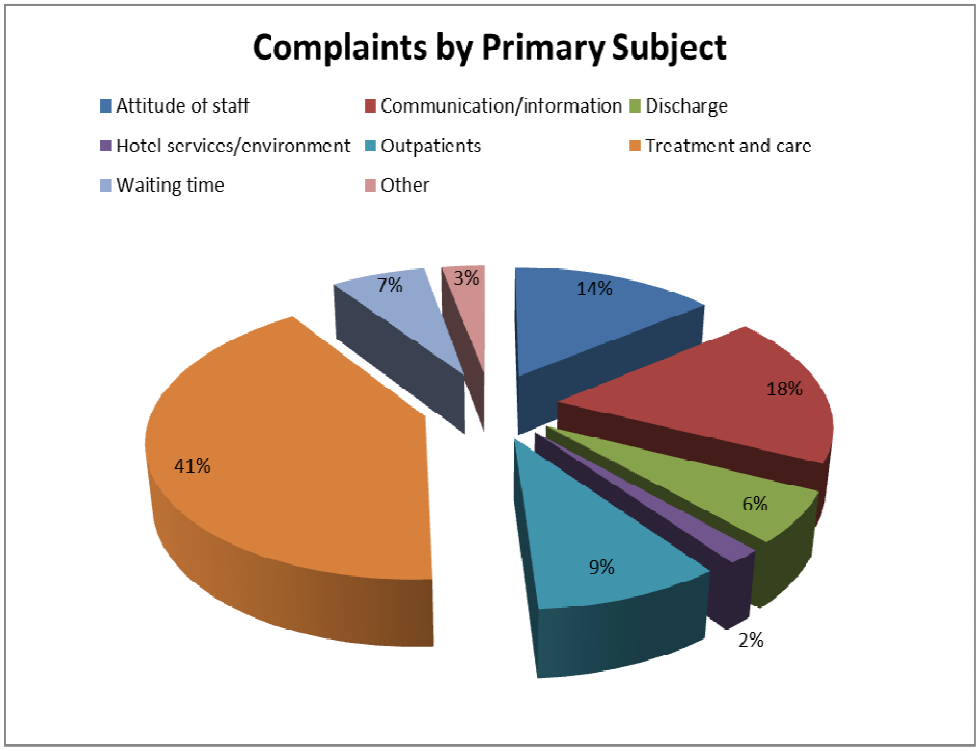
Chart 3 provides a breakdown of the primary issues raised through PALS for each of the 1,815 PALS concerns raised this year.



Communication / Information issues are the highest reported concerns for our patients and families. These concerns range from issues such as not being informed when a loved one has been transferred to another part of the hospital / not being informed a loved one has been discharged, to not understanding diagnosis' and lack of information regarding discharge.
An example of a key improvement resulting from a communication issue in a PALS case is the expansion of the Next of Kin section on the Adult Nursing Assessment form. The family indicated to the Trust the distress they felt having not been contacted in a timely fashion following the admission of their father. The investigation showed that there was no clear audit of attempts to contact the family and the possibility that assumptions had been made that a previous department had managed to contact Next of Kin. The form was therefore adapted to capture attempts made to contact Next of Kin, reasons for being unable to, and requests from patients that Next of Kin are not contacted for any reason.

8. Analysis of Complaints

Chart 4 provides a breakdown of the primary issues raised for each of the 589 formal complaints this year.

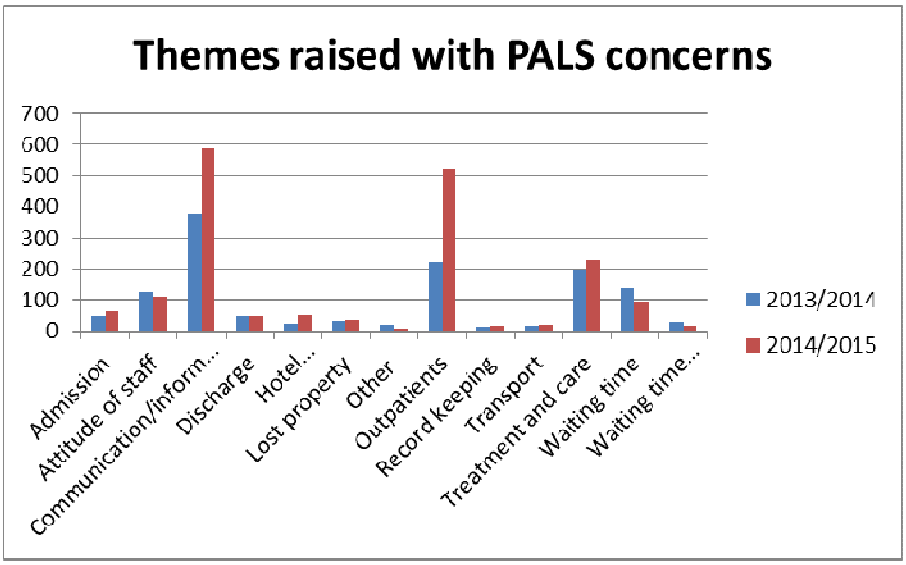


Treatment and care is the most reported topic for complaints and further detail on the themes within this area are detailed in section 9.

Communication / Information is again a highly reported area for complaints as with PALS. Examples of issues pertaining to this area are; results not being clearly explained; follow up plans not being explained; and not being clear on discharge plans.

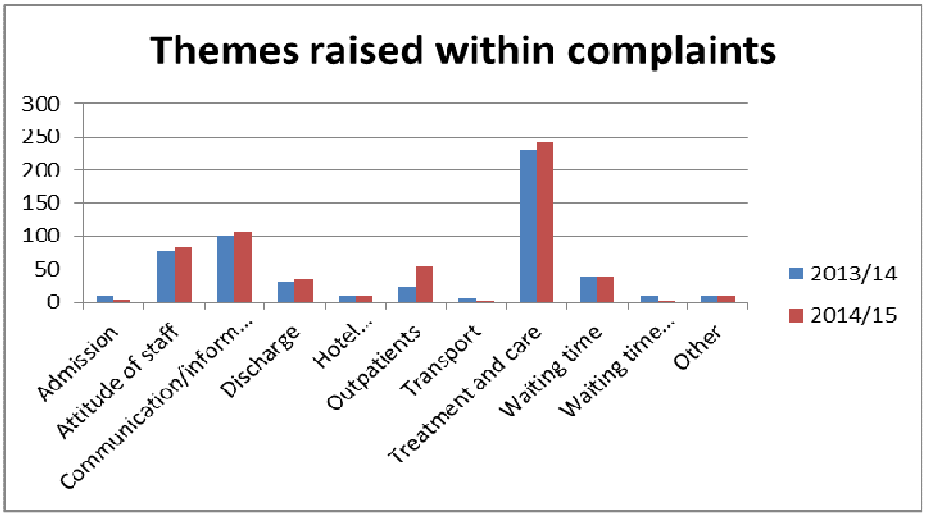
9. Trend Analysis of Themes in PALS Concerns and Complaints

Chart 5 displays the themes raised as PALS concerns across 2013/14 and 2014/15:



The increase in PALS concerns raised in 2014/15 appears to be dominated by issues pertaining to Outpatients and Communication / Information. The Trust has recognised that the Outpatient Experience is not always as it would wish and a large number of the issues reflect appointment cancellations due to capacity issues within the hospital and patients feeling they have to wait too long for their appointment. Administration problems have also been identified and thus a project is currently underway led by the project management office under the Deputy Chief Executive aiming to improve the Outpatient Experience.

Chart 6 displays the themes raised within complaints across 2013/14 and 2014/15:



Themes within complaints are consistent with the previous year, the majority of formal complaints pertaining to aspects of treatment and care and communication / information. Within the area of treatment and care, 85 complaints were due to clinical decisions / treatment, 33 were around nursing issues, and 30 logged to missed / wrong diagnosis.

9.1 Single Sex Accommodation

There were no PALS concerns or formal complaints relating to mixed sex accommodation in either 2013/14 or 2014/15 illustrating a good level of success following efforts made to ensure single sex wards can be adhered to.

10. Monitoring

Complaints Monitoring Group

The Trust monitors complaints and concerns through the Patient Experience Monitoring Group (PEMG) which meets quarterly and is chaired by the Chief Executive. Members include the Chief Nurse, Chief of Patient Safety – Deputy Medical Director, Deputy Chief Nurse - Associate Director of Quality, Head of Patient Experience and Involvement, Associate Directors of Operations, Associate Directors of Nursing, and a Patient Representative. 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.

Clinical divisions submit a quarterly report to the group detailing the actions taken in response to complaints within each service area. The PEMG also monitors the actions taken as a result of recommendations made by the Parliamentary and Health Service Ombudsman.

Performance Monitoring

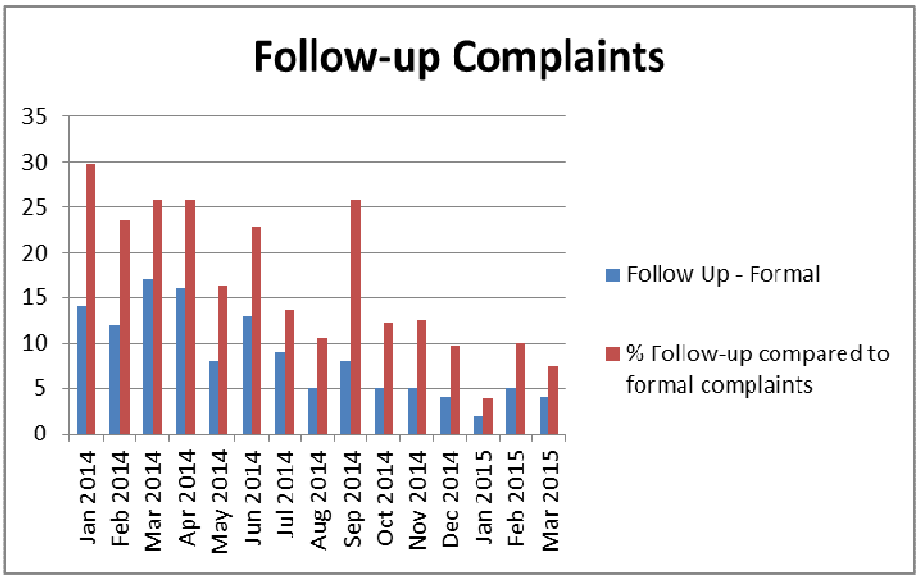
Over the year, the Trust has achieved a cumulative 85% response rate against the timescale for response agreed with the complainant, which is in line with the previous year of 86%. Following a new complaints process initiated in January 2015 following a Chief Nurse Project review, the Trust had excellent performance against timescale in quarter 4 with January 2015 at 100%, February 2015 at 100%, and March 2015 at 98%. With the new process embedded, the Trust should be better placed to achieve the annual target of 95% in 2015/16.

The Trust also measures the quality of responses through rate of follow-ups received. Following a period of high follow-up complaints received where patients felt they had not had all their concerns answered, the Chief Nurse initiated a complaints review which commenced in July 2014. This has led to empowering divisional sign off and responsibility for grade 1 and grade 2 complaints as described above. Grade 3 and grade 4 complaints are managed through a weekly complaints panel chaired by the Chief Nurse and attended by a panel of clinicians, managers and patient experience coordinators, relevant to the complaints being discussed. This new process is proving to be extremely successful and is resulting in empowered divisions being able to respond to less complex complaints in a timely and appropriate manner, and complex complaints being discussed at early stages by a multi-disiplinary team to ensure appropriate investigation and management is carried out. Early indications are showing a reduction in the Trusts response time to complainants, and a reduction in follow up complaints due the improved quality of response as detailed in Table 6 and Chart 7.

Table 6 displays the rate of monthly follow-up complaints compared to number of complaints received:

	Follow Up	Complaint	Total	%
Jan 2014	14	47	61	29.8
Feb 2014	12	51	63	23.5
Mar 2014	17	66	83	25.8
Apr 2014	16	62	78	25.8
May 2014	8	49	57	16.3
Jun 2014	13	57	70	22.8
Jul 2014	9	66	75	13.6
Aug 2014	5	47	52	10.6
Sep 2014	8	31	39	25.8
Oct 2014	5	41	46	12.2
Nov 2014	5	40	45	12.5
Dec 2014	4	41	45	9.8
Jan 2015	2	51	53	3.9
Feb 2015	5	50	55	10.0
Mar 2015	4	54	58	7.4
				AVERAGE
Total	127	753	880	16.7

Chart 7 displays follow-up complaints received and displays the percentage compared with new complaints received:



This clearly shows a reduction in follow-up complaints received which appears to be a direct result of the Chief Nurse complaint panel commencing and the quality checking process being improved. This quality measure will be monitored on an on-going monthly basis and the target is for no more than 10% follow-up complaints per month.

Referrals to the Parliamentary and Health Service Ombudsman

There are 11 active cases as at 31 March 2015.

Table 7 shows the status of cases active with the Ombudsman during 2014/15:

Year Referred to Ombudsman	Cases	Status During 2013/14
2014/15	16	8 cases – Documentation provided, investigation underway 3 cases – under consideration for local resolution 3 – not upheld 1 – returned to local resolution 1 – partially upheld
2013/14	8	4 cases – information provided 1 case – under consideration for local resolution (active at 31 March 2014) 1 – not upheld 1 – Ombudsman declined to investigate 1 – returned to local resolution (closed)

A summary of complaints under investigation include:

- Perceived delay and communication issues with treatment timeline
- Care and treatment including complaint handling delay
- Alleged delay in diagnosis leading to loss of employment
- Treatment and care of patient during palliative care, complainant feeling not enough was done
- Receiving substandard treatment and care when admitted to A&E
- Care and treatment into sons care feeling he should have been transferred to a specialist hospital sooner
- Care and treatment in A&E, feeling they suffered distress
- Feeling discriminated against and property lost
- Mother inappropriately transferred twice to community hospital during admission
- Errors with diagnosis
- Feeling misinformed about outcome of surgery and recuperation

11. Corporate Risk

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.

The Corporate risk has been reviewed throughout 2014/15 and was downgraded to a local risk in January 2015 following successful improvements in the quality of complaints as described in section 10.1 performance monitoring. The risk is reduced due to robust processes ensuring a higher quality of response to the complainant resulting in a much lower follow-up rate. The risk has also reduced due to a more robust process for ensuring complainants are responded to in a more timely manner.

12. Care Quality Commission (CQC)

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, introduce new fundamental standards which set the bar below which care must not fall. Regulation 16 pertains to receiving and acting on complaints including undertaking appropriate investigations and operating effective systems for complaints handling. The CQC has issued guidance to acute Trusts by way of specifying key lines of enquiry (KLOE) which outline the framework for assessing care under the new Regulations. Listening to people's concerns and complaints and responding to these in order to improve the quality of care is a key line of enquiry pertaining to the responsiveness of health care services. This includes helping and supporting people to make complaints, effectiveness of complaints handling, alongside sharing lessons learned with others.

The Trust also follows the guidance and expectation set out in the CQC's 'Complaints Matter' document published in December 2014.

Monthly new staffs inductions have a patient experience element where the Head of Patient Experience and Involvement sets the precedence to new starters that staff are encouraged to raise concerns without any fear of reprisal. This is welcomed in the Trust and seen as an opportunity for learning and improvement.

The Trust is working with Healthwatch Surrey and is sharing information and welcoming feedback through Healthwatch Surrey from our patients.

13. National Health Service Litigation Authority (NHSLA)

There has been no NHSLA inspection in either 2014/15.

14. Complaints and Claims

During 2014/2015, 53 claims were reported to the NHSLA of which 14 had previously been a complaint or PALS concern (prior year: 43 cases). This is in line with a slight increase in complaint and PALS activity.

15. Remedy

Where failings are recognised the Trust offers and makes remedy payments in accordance with the Remedy Policy.

16. Outcome of Complaints

Regulations require the Trust to specify the number of complaints decided as 'well-founded' (upheld).

The Trust has used the 'complaint outcome' to determine the extent to which the complaint was

upheld.

Of the 589 complaints received this year, 80 are still pending an outcome. This includes recently received complaints where the complaint response is not yet due.

404 complaints to date have been assessed as having a failure of varying severity. These complaints were upheld.

There were 2 complaints not upheld during this time period, and 3 were referred onto more appropriate external bodies.

17. Improving Patient Experience

The Trust has been focussed on improving patient experience throughout 2014/15 and one highlight of this was the receipt of a letter to the Chief Executive thanking her personally for the efforts made in providing a robust, empathetic and thorough complaint response to a patient.

Key areas the Trust has focussed on in 2014/15 are:

I. Strengthening the internal complaints process and quality governance arrangements

II. Implementing a fresh and dynamic approach to candour and honesty

III. Focusing on supporting staff through difficult experiences

Complaint Process and Quality Governance Strengthening

One strategic change within the Trust has been the more detailed devolvement of the responsibility to handle patient feedback. In April 2014 the Trust finalised the devolvement process of the patient experience team within the divisions to ensure robust monitoring, analysis and improvement could be achieved. This has allowed 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. It has also led to better communication to clinical specialities regarding their specific feedback for learning and opportunities to improve.

Clinical specialties have welcomed feedback around complaints and concerns pertaining to their area and further work will be undertaken on 2015/16 to embed this practice and pro-actively develop improvement initiatives with the clinical teams where appropriate.

Candour and Honesty

The Trust has been continuously committed to improving candour and honesty and there are key links with the patient safety team and patient experience team who are working together to ensure we get this right for our patients. Work is underway through Quality governance teams to ensure staff understand the importance of being open and honest at all times following an incident.

Supporting Staff

The use of Schwartz Rounds in the organisation has had a positive impact on staff's ability to deal with negative feedback and complaints. A recent example being a Ward Sister expressing the emotion and upset she felt during a local resolution meeting at a recent Schwartz round. This

resulted in many staff members expressing how they cope with difficult situations with patients and relatives and how they compassionately care and cope with the emotions this draws out. This approach supports one of the recommendations of the Clwyd-Hart review to ensure that staff who handle complaints also have a good experience.

18. Summary

The rise in formal complaints this year from 548 to 589 is partly in line with the corresponding rise in Trust activity, however also displays a slight increase in complaints reported.

The rise in PALS concerns exceeds the rise in Trust activity more largely, and reflects a rise from 0.23% of activity to 0.31% represented by 454 more cases this year (approximately 2 additional cases per weekday).

The Trust is committed to receiving patient feedback and understanding concerns to improve both patient experience and clinical care. Following the completion of the Chief Nurse Project review on complaints, the Trust will endeavour to understand the complainants feedback on the improved process and understand if the experience of making a complaint has been, as far as possible, a good experience.