

TRUST BOARD PART I - AUGUST 2012

Agenda Item Number: 134/12
Enclosure Number: (5)

Subject:	Complaints, PALS and Plaudits – Annual Report 2011 - 12
Prepared by:	Sarah Balchin, Head of Patient Experience
Sponsored / Presented by:	Julie Dawes, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Regular Reporting For Information / Awareness
<p>Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<p>National Standards</p> <ul style="list-style-type: none"> The Trust has reported compliance with the CQC Outcome 17: Complaints and the DH standard for complaints acknowledged within 3 days. <p>Contract Requirements</p> <ul style="list-style-type: none"> The Trust has complied with the requirement to provide quarterly numbers of complaints/PALS enquiries by category and outcomes. <p>Internal Standards</p> <ul style="list-style-type: none"> An internal audit by Deloitte provided substantial assurance of compliance with national and local complaints policy requirements. <p>Complaints and PALS</p> <ul style="list-style-type: none"> Complaints reduced by 38% between 2010/11 and 2011/12 from 932 to 579. PALS concerns reduced by 33% from 2594 to 1729. <p>Parliamentary Health Service Ombudsman</p> <ul style="list-style-type: none"> Two cases reported on during 2011 – 12 One partially upheld, one not upheld <p>Plaudits</p> <ul style="list-style-type: none"> Standardised operating definition developed and implemented to improve reliability of plaudit data <p>Challenges and Opportunities 2012 – 13</p>

	<ul style="list-style-type: none"> • To continue reduction in complaints by maintaining and improving responsiveness. • To further develop data collection and analysis to form source of intelligence for service and practice improvements. • To undertake a customer satisfaction survey of Complaints Team.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	To note progress made and support plans for 2012 -13
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	
Consideration of legal issues (including Equality Impact Assessment)?	
Consideration of Public and Patient Involvement and Communications Implications?	

Complaints, PALS and Plaudits – Annual Report 2011 - 12

Introduction

This paper provides the Trust board with an annual report of complaints, PALS and plaudits. It reports progress against and compliance with national standards, local contract requirements and internal indicators for the period 1 April 2011 to 31 March 2012.

National Standards

The Trust has reported:

- Compliance with CQC Outcome 17: Complaints.
- 100% compliance with the Department of Health standard for complaints acknowledged within 3 working days.

Contract Requirements

The Trust has complied with the requirement to provide quarterly numbers of complaints/PALS enquiries by category and outcome and how complaints have led to service delivery improvements.

Internal Standards

Internal Audit

An internal audit performed by Deloitte provided substantial assurance of compliance with national and local policy, complaints processes and procedures, management information and lessons learned. Two recommendations were made:

1. An update the Retention of Documents Policy to be completed by the Information Governance Manager
2. To improve the robustness of complaints action plan development, implementation and monitoring

Both will be completed by end of November 2012.

Complaints and PALS

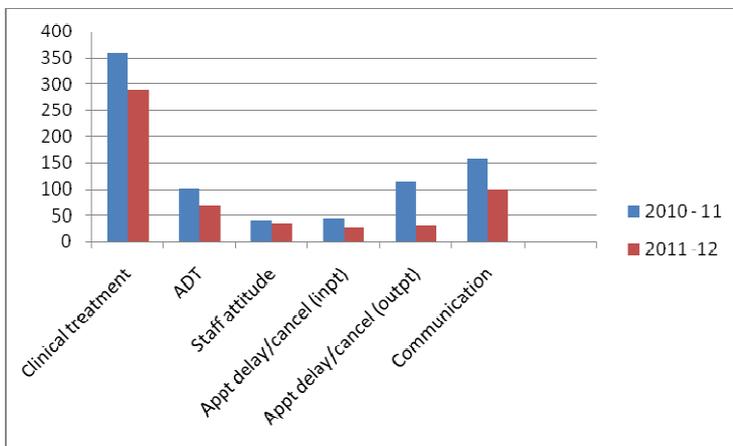
Trust wide position

From 1 April 2010 – 31 March 2011, 932 complaints were received. For the same period in 2011 – 12, this reduced to 579; a 38% reduction in year. This can be attributed in part due to the implementation of a number of initiatives:

- Increased visibility of ward leaders and Matrons enabling early identification of potential concerns
- “On the day” contact with complainants by telephone by the Complaints Team to resolve issues swiftly.
- Follow up calls from Head of Nursing/Matron, Clinical Leads or operational Management Team members.
- Regular meetings between Complaints Team members with complaints leads in CSCs to review responses.
- Monthly exception reports to the Patient Experience Steering Group allowing for the sharing of good practice and peer support to the CSCs.

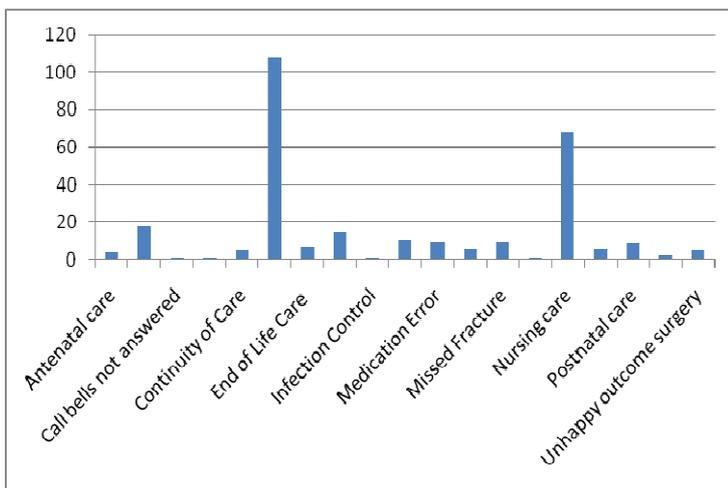
Top Themes

The top themes have remained the same but with improvements made in all areas.



All aspects of clinical treatment account for the largest number of complaints, which is a reflection of the variety of sub-categories in that code (see below). Communication and information provision for patients has improved by 30% but remains the second most frequently reported area of concern. A rolling programme of patient information leaflet review, the development of information prescriptions and further development of accessible information aims to reduce the number of complaints.

Figure 1 - Complaints Top Themes 2010/11 - 2011/12



Continuity of care is the primary area of concern. The increased number of non-clinical moves has had a negative effect on this element. Work is now planned to develop an alert system to identify patients who have previously been moved to minimise the risk of further moves. All complaints are reviewed by the Director of Nursing with meetings held with Ward Sisters/Charge Nurses and Matrons for those related to nursing care. These meetings aim to ensure the ward teams effectively learn from the complaints and are supported in the implementation of necessary changes.

Figure 2 - All aspects of clinical treatment - subcategories

Clinical Service Centres Position

CSCs have worked to maintain the internal complaints targets set. Eight CSCs have achieved the current target. Two (Emergency Medicine and Women and Children's CSCs) have not. Emergency Medicine has found the target challenging due to the significant operational pressures continuing. Women and Children's CSC have implemented a debriefing process for patients who wish to discuss issues related to treatment and care. The impact is being assessed and will be reported at end of quarter 2. It is acknowledged that all targets require redefining based on patient attendances and in line with the methodology described in the Acute Trust Quality Dashboard. This will be completed by October 2012.

PALS

A total of 1729 PALS contacts were made in 2011 – 12. This compares with 2594 in 2010 – 11; a reduction of 33%. This can be attributed to the implementation of a more proactive approach to expressions of concern or requests for information from patients, relatives and carers. All Patient

Experience Services team members including the reception and Health Information staff have adopted a principle “*any concern is all of our business*”. All staff are now able to and encouraged to make contact with the relevant manager on behalf of the patient, relative or carer and arrange for a discussion related to their concern. Staff also signpost patients, relative and carers to the appropriate support services directly.

Parliamentary Health Service Ombudsman

In the event that all avenues for complaint resolution have been exhausted and the complainant is still not satisfied with the Trust’s response, the complainant can take their complaint to the Parliamentary Health Service Ombudsman (PHSO).

The Trust is aware of 18 referrals to the PHSO between April 2011 and March 2012. The Trust is unaware of any complaints having been upheld during this period. One case has since been upheld in July 2012 related to a complaint in 2009. The Trust is required to provide a letter of apology and compensation of £2000.

The 2010 – 11 PHSO report “*Listening and Learning: the Ombudsman review of complaint handling by the NHS in England*” stated:

- 40 complaints were received by the PHSO related to the Trust in 2010 – 11
- Zero complaints were accepted by the PHSO for investigation
- 2 were reported on during this period
- Zero were fully upheld
- 1 complaint was partially upheld related to a missed hip fracture. The Trust acknowledged the error, offered an unreserved apology and paid a consolatory payment of £1000. The individual practitioner was supported to improve their knowledge and competence and local guidance amended.

Plaudits

Plaudits contribute to the development of a more robust understanding of the overall experience of patients, relatives and carers. They provide an opportunity to learn from when things go well for patients and their families. This opportunity to provide positive feedback has been increased by the introduction of comments cards at ward and departmental level and at main reception and the Health Information Centre. During this process an inconsistency in the recording and reporting of plaudits by CSCs was noted. A standardised operating definition was agreed and has been implemented.

- | |
|--|
| <ul style="list-style-type: none">• A formal communication of thanks in the form for example of a letter, note, card or email• The provision of a gift, including chocolates, biscuits or other food or refreshments• The donation of a sum of money |
|--|

Figure 3 - Standard Operating Definition of a Plaudit

Challenges and Opportunities 2012 – 13

The 38% reduction in complaints has been a significant achievement and is a result of a change in coding and the consistent application of timely and appropriate responses to concerns expressed by patient and their families. The challenge is now to maintain and in some areas improve on that responsiveness. This will require the complaints team to increasingly work with the CSC clinical and management teams and encourage ownership of the complaints at a local level.

There is an opportunity to further develop the data collection, analysis and dissemination of learning related to complaints. Currently data is provided to CSCs on the number and type of complaints and

general trends are identified. It is recognised that this data does not provide the level of intelligence or new knowledge that CSCs need to drive forward service improvements. Learning from complaints has not been systematic in its application and the current process of action planning and monitoring requires review.

During 2012 – 13, two key initiatives will be implemented to address these issues:

- A review of systems available to enable the gathering and synthesis of all available evidence related to patient experience which will include formal complaints and PALS contacts. This will include exploring the use of social media to understand what our patients and their families are saying about their care in the trust.
- A review of the current process of action planning and monitoring with a view to implementing a more robust and transparent process. Consideration will be given to involvement of patient representatives from the new patient and public involvement framework.

As a corporate function it is important that the Complaints and PALS Team provide the CSCs with an effective and efficient service. This year the first Customer Service Satisfaction Survey will be completed and will inform the team's service development priorities.

Summary

Complaints, PALS contacts and plaudits provide us with rich data about our patients experience and that of their families. The recent reduction in complaints reflects the organisations commitment to improve the patient experience but the impetus and momentum must continue. The challenge to the organisation is to now turn that data into a level of intelligence and new knowledge that can drive service and practice improvements from ward and departmental board level.