

TRUST BOARD PUBLIC – JULY 2013

Agenda Item Number: 134/13
Enclosure Number: (10)

Subject:	Complaints, PALS and Plaudits – Annual Report 2012 - 13
Prepared by:	Sally Clark, Complaints Manager Lorna Wilkinson, Head of Patient Safety/Deputy Director of Nursing
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
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>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>Complaints and PALS</p> <ul style="list-style-type: none"> Complaints reduced by 8% between 2011/12 and 2012/13 from 579 to 531. PALS concerns reduced by 28% from 1729 to 1248. <p>Parliamentary Health Service Ombudsman</p> <ul style="list-style-type: none"> Thirteen cases reported on during 2012 – 13 Two upheld, nine not upheld and waiting decision on two cases <p>Plaudits</p> <ul style="list-style-type: none"> 24% more plaudits received than complaints <p>Challenges and Opportunities 2013 – 14</p> <ul style="list-style-type: none"> To continue the year on year reduction in complaints by maintaining and improving responsiveness at point of contact. To continue year on year reduction in complaints through the proactive learning and changes to practice resulting from

	<p>this form of feedback</p> <ul style="list-style-type: none"> To carry out a review of the internal complaints process to maximise learning opportunities and oversight at CSC and team level Post Francis to expose the Trust Board to more detail within complaints and the corresponding investigations through presentation of individual complaints at Board meetings. This will compliment the existing patient story.
<p>Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i></p>	To note progress made and support plans for 2013 -14
<p>Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i></p>	The Patient Experience team will act on any Board feedback to ensure that it is carried forward into the 13/14 work plan
<p>Consideration of legal issues (including Equality Impact Assessment)?</p>	Nil
<p>Consideration of Public and Patient Involvement and Communications Implications?</p>	We rely on public and patient feedback to provide us with this rich source of feedback.

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	<p>Deliver safe, high quality, patient centred care</p> <ul style="list-style-type: none"> Deliver good patient experience as measured by Friends and Family Test
BAF/Corporate Risk Register Reference (if applicable)	1.4
Risk Description	Failure to achieve internal and external standards around patient experience as measured through Friends and Family test and National Patient Surveys
CQC Reference	Outcome 17

Committees/Meetings at which paper has been approved:	Date
Nil	

Complaints, PALS and Plaudits – Annual Report 2012 - 13

1. 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 2012 to 31 March 2013.

2. 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.

3. 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.

4 Complaints Activity

4.1 Trust wide position

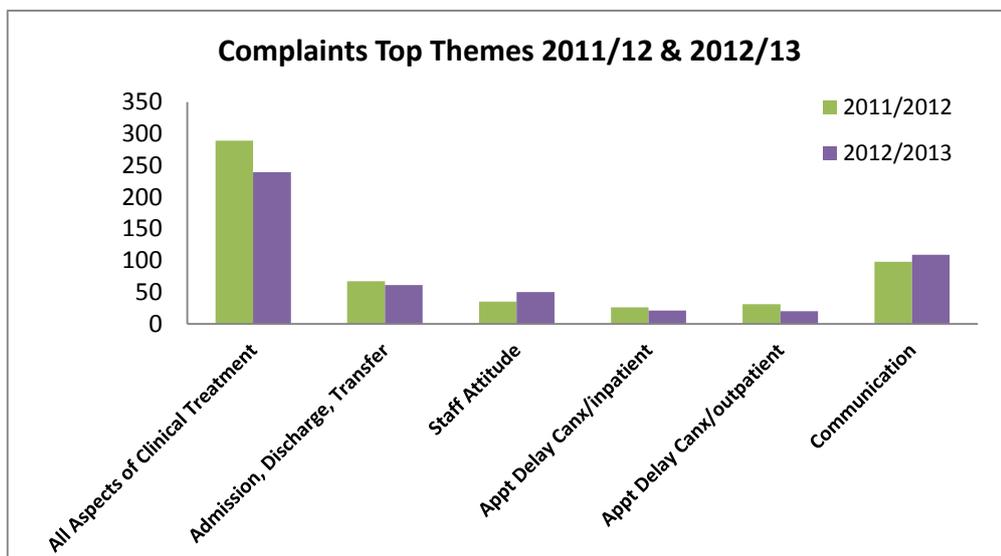
When comparing to the previous year, there were 579 complaints received 1 April 2011 – 31 March 2012. For the same period in 2012 – 13, this reduced to 531; an 8% reduction in year. This can be attributed to the implementation of a number of initiatives:

- Increased visibility of ward leaders and Matrons enabling early identification of potential concerns
- “On the day” contact with complainants by telephone by the Patient Experience Team to resolve issues swiftly.
- Follow up calls from Head of Nursing/Matron, Clinical Leads or operational Management Team members.
- Regular meetings between Patient Experience 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.
- An increase in the number of local resolution meetings

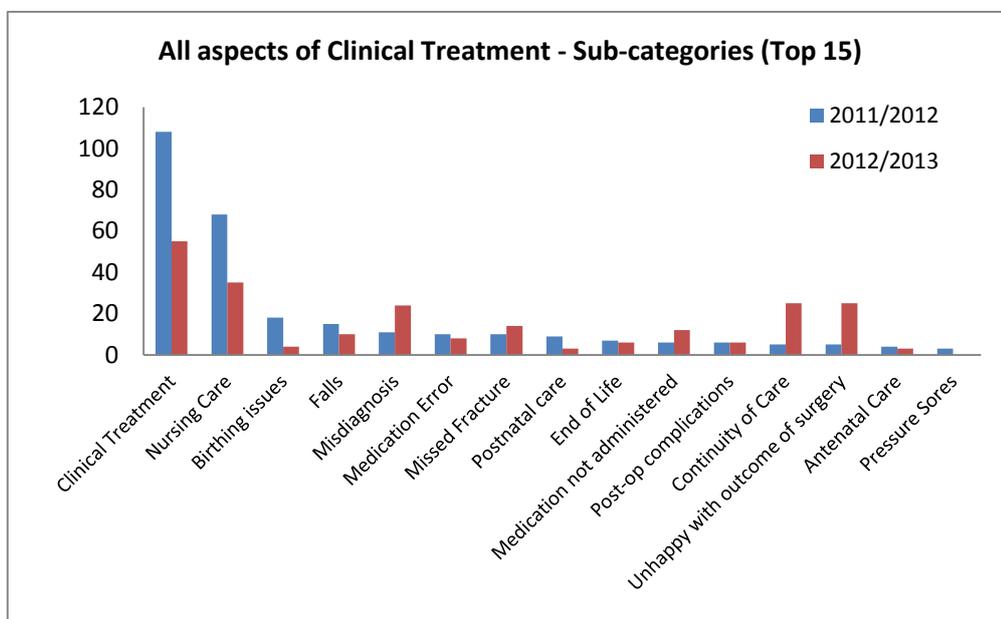
4.2 Top Themes

The top themes have remained the same but with improvements in most areas. Staff attitude and communication are the only two categories to have seen a small increase in numbers during the year. A member of the Patient Experience Team is available to provide training to the CSCs and is available on request. This will be pursued proactively in the coming year with an emphasis on training specifically around communication and attitude at patient interaction level.

4.2.1 All aspects of clinical treatment is the category with the largest number of complaints, which is a reflection of the variety of sub-categories in that code (see below). This area has improved by 17% but remains the most frequently reported area of concern.



Breakdown of All Aspects of Clinical Treatment (Top 15)



4.2.2 The number of complaints relating to nursing care has reduced by 48%.

This has been achieved through the following examples of good practice:

- Increased visibility of ward leaders and Matrons enabling early identification of potential concerns

- Maternity have reduced their complaints directly related to care and birthing issues by analysing themes and finding that the majority were about women not understanding what went on in their labour and why certain actions were taken:

To reduce this, the service now has put the following in place:

- if a woman has a difficult birth or a lot of intervention a consultant will see her within 48hrs on the ward and explain what happened and why
 - women are offered the opportunity to go through their labour and notes with a Supervisor of Midwives
 - all women receive a phone call at 6 weeks postnatal and are given the opportunity to ask questions about labour and birth. If any concerns are raised there is further follow up and a visit offered
 - local resolution at time of concern raised, if a patient is an inpatient
 - Phoning and talking to women rather than responding with a letter in 1st instance
- The Renal CSC has also adopted a very proactive approach and aim to intervene with any problems as early as possible by prioritising patient/carer meetings in order to ensure good communication. In a recent scenario the Head of Nursing became involved at the informal stage and worked with both the patient and wife to resolve concerns, with follow up communication planned.

4.2.3 The number of complaints relating to the sub category continuity of care has increased.

Many relate to non clinical ward moves. This is an area we are focussing on through the quality contract with some in-depth work going on reviewing outliers and ward moves within the quarterly quality report in 2013/14.

4.2.4 The numbers of complaints relating to the sub categories of 'unhappy with outcome of surgery' and 'misdiagnosis' have increased. Both have been explored in more detail.

- Unhappy with outcome of surgery accounts for 27 complaints over the year spread across 18 areas (all with only 1-2 linked). The spread covers fertility, dermatology, as well as those areas expected such as orthopaedics. It is not possible therefore to identify hot spots.
- Misdiagnosis accounts for 30 complaints across the year across 14 areas. One area that stands out is the Emergency Department which accounts for 14 of the complaints (this is a rise from a total of 6 in the previous year). There is no pattern regarding the condition included as it accounts for diseases spanning cellulitis, deep vein thrombosis, retinal injury. renal stones, to name a few. The CSC management team are reviewing all complaints in this category to identify any cross cutting themes for learning.

5. Clinical Service Centre (CSC) Performance Regarding Complaints

CSCs have worked to maintain the internal complaints targets set for each of them which aimed for an improvement trajectory i.e. reducing complaints. This has been monitored through monthly and quarterly reporting. Twelve CSCs are included (incorporates Facilities Management and Corporate Functions as well as the Clinical CSCs). Seven CSCs have achieved the current target. Five (Emergency Medicine, Medicine, Renal, Surgery and Cancer and Women and Children's CSCs) have not. Emergency Medicine has found the target challenging due to the significant operational pressures continuing.

Metrics are currently being revised along with the kitbag development as the performance management tool being used by the Trust.

It has been identified that there could be improved oversight of the complaints process by some CSC management teams and this has triggered a review of the complaints process due to complete July 2013. A number of meetings have already been held with the CSCs and the response has been positive with changes to local process agreed.

6. Changes to Practice as a Result of Complaints:

The following are examples of changes to practice resulting from complaints themes during 2012/13

- Development of 'Why are You Waiting' leaflet for patients and families in the Emergency Department
- A group of young people have been involved in the development of guidance to manage their needs for some independence whilst in hospital
- Next of Kin leaflet developed in collaboration with the carers forum following a lack of clarity expressed from relatives
- Video recording of a patient story regarding the experience of a person with learning disabilities has been developed as an educational tool for staff

7. PALS

A total of 1248 PALS contacts were made in 2012 – 13. This compares with 1729 in 2011 – 12; a reduction of 28%. This can be attributed to the continued 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.

8. 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 13 referrals to the PHSO between April 2012 and March 2013. The Trust is aware of two complaints that were upheld during this period and are awaiting a decision on two cases recently referred to the PHSO. Both of the upheld cases are now closed, with the PHSO satisfied that all action has now been taken.

The very few number of complainants that are referred to the PHSO and the fact that even fewer have been upheld over the year demonstrates that the Trust is effective in achieving local resolution in the vast majority of cases and is a form of assurance around the complaints processes.

9. Plaudits

Last years annual report set out the standard operating definition of a plaudit as set out below:

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| <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 |
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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. 12,779 plaudits were received. The Trust has received 24% more plaudits than complaints.

10. Challenges and Opportunities 2013 – 14

- The 8% reduction in complaints has been a significant achievement and is a result of 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 complaints process, strengthening the CSC management team ownership and oversight as well as central capture of learning and changes to practice as a result of complaints
- During 2013 – 14, two key initiatives will be implemented to address these issues:
 - A review of the complaints process which will include the opportunity for feedback from each CSC on how oversight and responsiveness can be improved.
 - A review of the current process of action planning and monitoring with a view to implementing a more robust and transparent process will be completed.
- Post Francis there is an identified need to expose the Trust Board members to the content of complaints at a more granular level and bring the complainants voice into the board room. This will be achieved by presenting individual complaint letters and the investigation response at Trust Board meetings to compliment the existing monthly and quarterly overarching reports on numbers and themes as well as the patient story standing agenda item.

11. Summary

Complaints, PALS contacts and plaudits provide us with rich data about our patients experience and that of their families. The continued 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.

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July 2013