

TRUST BOARD PUBLIC – SEPTEMBER 2015

Agenda Item Number: 169/15
Enclosure Number: (9)

Subject:	Complaints, PALS and Plaudits – Annual Report 2014/15
Prepared by: Presented by:	Marion Brown, Senior Patient Experience Manager Cathy Stone, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	The Trust Board is required to provide an annual complaints report 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 annual numbers of complaints/PALS enquiries by category and outcomes. <p>Complaints and PALS</p> <ul style="list-style-type: none"> Complaints reduced by 3% from 685 in 2013/14 to 662. PALS concerns have increased by 23% from 1167 to 1525. <p>Parliamentary Health Service Ombudsman</p> <ul style="list-style-type: none"> The number of cases referred to the PHSO has slightly increased this year from 14 to 16. <p>Plaudits</p> <ul style="list-style-type: none"> The Trust received 6,427 messages of thanks. <p>Challenges and Opportunities for 2015/16</p> <ul style="list-style-type: none"> Continue to raise awareness of PALS Improve communication with complainants, timescales and quality of response letters Make complaints process more accessible to the public and provide assurance that complaints can lead to improvements
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 2015/16

Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	The Complaints and PALS Team will act on any Board feedback to ensure that it is carried forward into the 2015/16 work plan
Consideration of legal issues (including Equality Impact Assessment)?	Nil
Consideration of Public and Patient Involvement and Communications Implications?	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	Deliver safe, high quality, patient centred care <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 meet requirements of NHS Complaints Regulations 2009, CQC requirements and achieve internal and external standards around patient experience as measured through Francis Report and Clwyd Review 2013
CQC Reference	Outcome 17

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

Annual Report 2014/15 - Complaints, PALS and Compliments

1. Introduction

This report summarises the complaints activity and performance at Portsmouth Hospitals NHS Trust for the year 1 April 2014 to 31 March 2015. The report also highlights improvements to services that have been implemented as a direct result of the complaints and concerns received, and outlines the plans for the next 12 months.

A number of significant national reports have been produced in the last 12 months which highlight the need for a more accessible and responsive system for handling complaints. Of particular note has been the introduction of the Department of Health's Complaints Programme Board, set up in response to the Francis Report, Clwyd-Hart Review and the Government's response to both "Hard Truths".

As part of the Complaints Programme Board's work, the Parliamentary and Health Service Ombudsman (PHSO) was invited to lead on the development of a vision for good complaints handling across both Health and Social Care, in partnership with Healthwatch England and the Local Government Ombudsman. This led to the publication of "**My Expectations for raising concerns and complaint**".

The vision lays out a comprehensive guide to what good outcomes for patients and service users look like if complaints are handled well, by presenting a series of "*I statements*" laid out across the complaint journey. These "*I statements*" are expressions of what patients and service users might say if their experience of making a complaint was a good one.

Both the "*I statements*" (below) and the stages of the journey were built directly from patient and service user testimony. In other words from the first hand experience of patients and service users who had made complaints about health and social care.

Diagram 1: A user-led vision for raising concerns and complaints in health and social care



The Trust has also taken into consideration the recommendations from the following publications during 2014/15:

- Perceptions and Expectations of making a complaint – Healthwatch January 2015
- Complaints Matter, Care Quality Commission, December 2014
- Handling Complaints with a Compassionate Human Touch, October 2014

Effective complaints handling is essential to ensuring the provision of quality care and services and the Trust will always seek to truly listen to what our patients, their families and carers tell us in order to make continuous improvements and gain their trust and confidence.

2. Complaints Management Process within the Trust

The Trust is compliant with the overall framework for complaint handling within the NHS in England which is laid down in regulation (“Local Authority Social Services and National Health Service Complaints (England) Regulations 2009”). The Trust follows this framework and our complaints process also adopts the PHSO “Principles of Complaints Handling, Remedy and Administration” (2009).

Although Trust staff work very hard to provide the best possible care for our patients, we recognise that at times we may not get things right and complaints and comments help us to recognise where there may be areas that are failing and need changes to improve the experience as we strive to exceed the expectations of our patients and visitors.

For this reason, we continue to find ways of making it easier for people to share their views on how their visit has been. We aim to provide an accessible and sensitive approach when people do raise concerns and make it easier for them to do so, including by telephone, e-mail, in person, by letter or even through social media.

3. National Standards

The Trust has reported:

- Compliance with CQC Outcome 17: Complaints.
- 99.7% compliance with the Department of Health standard for complaints acknowledged within 3 working days. 2 cases breached the required deadline for acknowledgement because of the ambiguity of the details of the incident.

4. Contract Requirements

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

5. Challenges and Opportunities for 2014/15

The Trust set itself four important challenges for the last 12 months and is pleased to report the following progress:

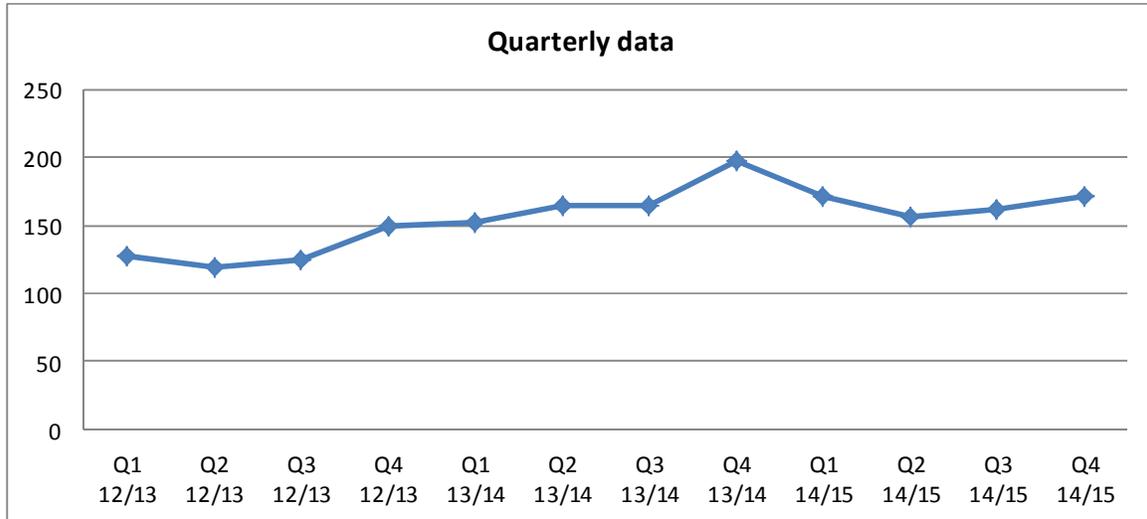
- To promote the use of PALS to help resolve concerns more quickly at the source of the problem avoiding the need for formal complaint.** Achieved: The Trust met this challenge by seeing a 23% increase in the number of people choosing to have their concerns resolved through PALS.
- Provide more training for staff in handling of complaints at ward/departmental level and support in investigating formal complaints and drafting appropriate responses.** Achieved – still progressing: To date training has been provided for 212 members of staff and a new Complaints Handling Guide has been produced and distributed throughout the CSCs.
- To update complaints policy and procedures, allowing CSCs to take more ownership of complaints received and effectively restore the relationship between clinician and patient more quickly.** Achieved: Procedures are now in place which require the CSCs to provide details of their investigation and any actions required or lessons learned as a result to avoid the recurrence of a similar complaint. Each complaint requires the completion of a Governance Plan which provides these details, but also confirms whether the issues raised in the complaint were upheld, the deadline for completion of any actions, and the closing risk rating for the complaint.
- Improve the systems for collecting and reviewing data from complaints and PALS, to allow the identification of themes to be picked up more efficiently.** Achieved: Having provided further training on recording of data and analysis of themes, the Trust now has more improved scrutiny of the types of complaints and concerns being raised, as well as the ability to identify any emerging themes. The introduction of a Triangulation meeting provides further assurance that we are reviewing the types of complaints being received alongside the types of risks, claims and incidents being received by each CSC.

6. Complaints Activity

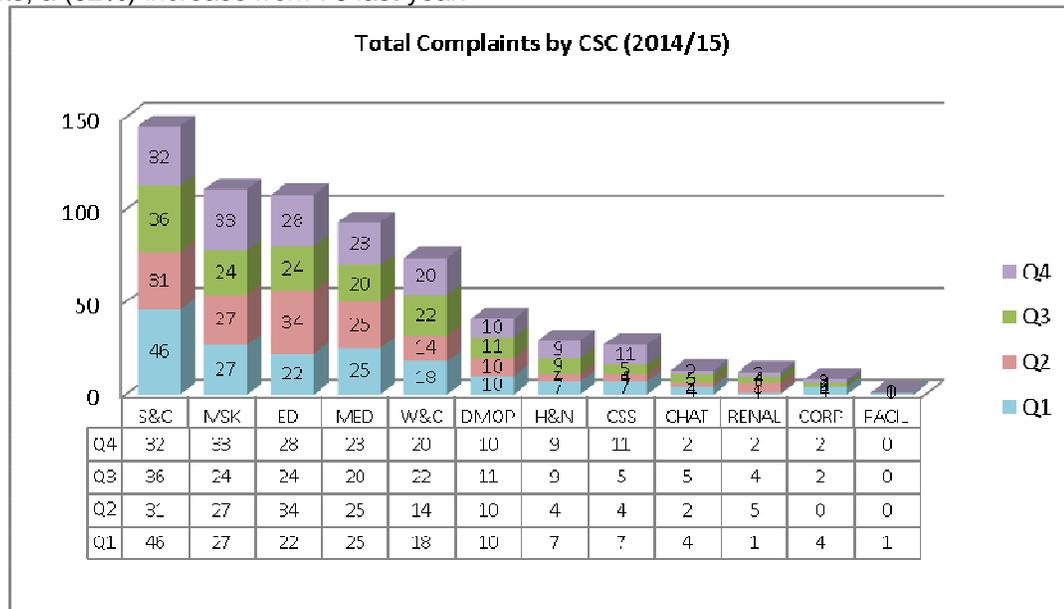
6.1 Trust wide position: Compared to the previous year, there has been a 3% reduction in the number of complaints received (from 685 complaints to 662)

Complaints by Year		
2011/12	579	
2012/13	531	↓8%
2013/14	685	↑22%
2014/15	662	↓3%

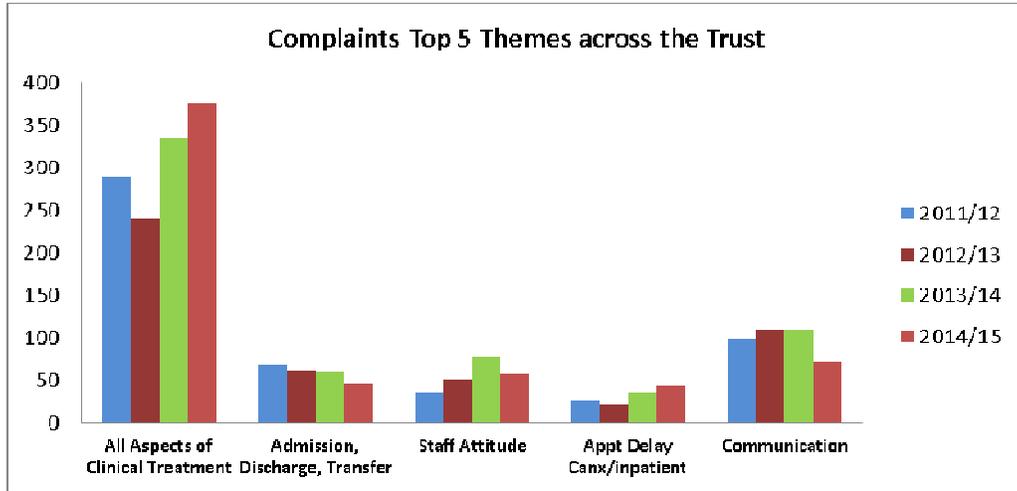
From Quarter 3 2012/13 until Quarter 4 2013/14 the number of complaints received had been steadily increasing. However the number reduced to a more steady rate of 150-170 per quarter.



6.2 Complaints per Clinical Service Centre (CSC): Of note, Surgical & Cancer CSC received most complaints in total 145, but a (16%) reduction from 173 last year. MSK received 111 complaints, a (32%) increase from 76 last year.

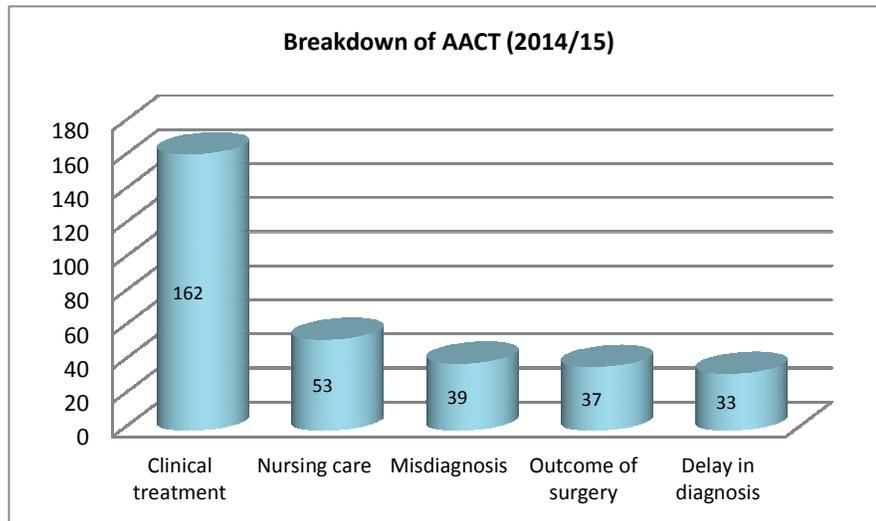


6.3 Subjects: All Aspects of Clinical Treatment remains the category with the largest number of complaints, which is a reflection of the variety of sub-categories in that code.

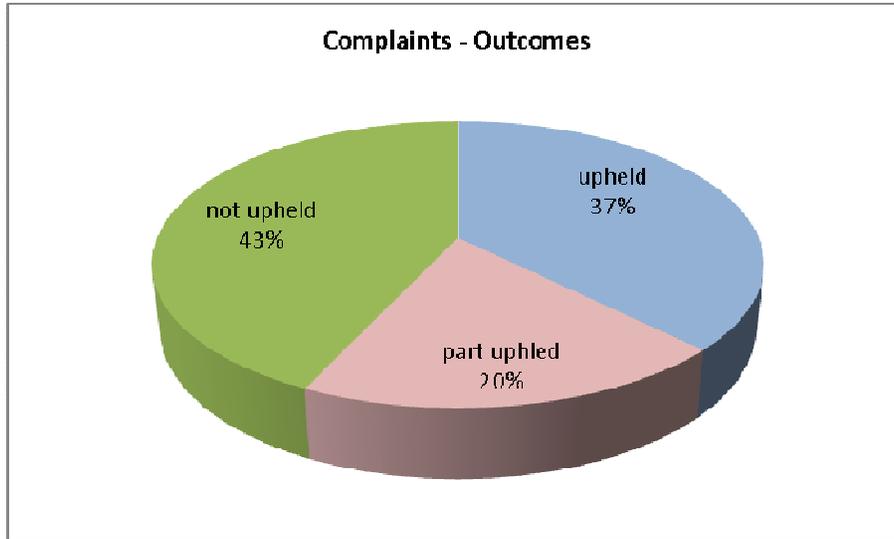


Category	2011/12	2012/13	2013/14	2014/15	Variance
All Aspects of Clinical Treatment	289	239	335	375	↑ 11%
Admission, Discharge, Transfer	67	61	60	47	↓ 22%
Staff Attitude	35	50	78	57	↓ 27%
Appt Delay Canc/Inpatient	26	21	35	43	↑ 19%
Communication	98	109	110	71	↓ 39%

6.4 Breakdown of All Aspects of Clinical Treatment (AACT):



7. Outcome of investigations: Following investigation 37% of complaints (248) received were felt to be justified and therefore regarded as upheld. A further 20% (129) had elements which were justified and therefore partly upheld.



8. Changes to Practice as a Result of Complaints:

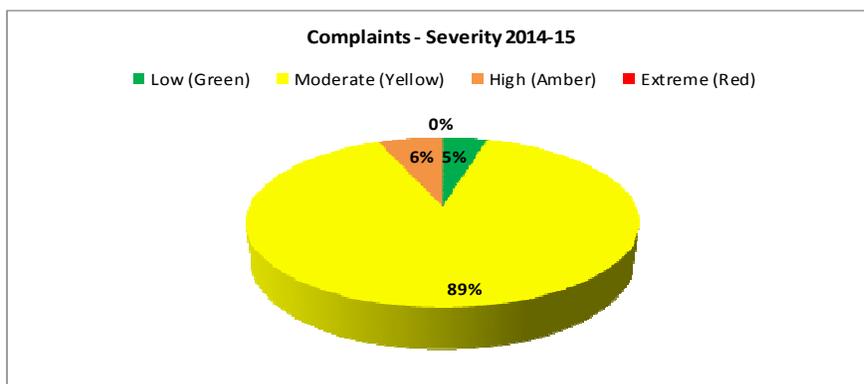
The following are examples of some of the changes and improvements made as a result of complaints received during 2014/15:

You said	We did
<p>Corporate/Bereavement Service: The process for collecting death certification was taking too long for grieving relatives.</p>	<p>All doctors now make the preparation of documentation a priority and complete the required paperwork as soon as practicably possible throughout their shift.</p> <p>Increased the opening hours of the Bereavement Centre to ensure that people now have access early in the morning and later in the day.</p>
<p>Women & Children: Following the unexpected end of a pregnancy parents should be offered an opportunity to speak to a doctor the same day.</p>	<p>Parents will now be offered a meeting with a doctor on the same day as their scan indicates that their pregnancy will not be continuing.</p> <p>Also, to ensure their privacy at such a sensitive time, a butterfly symbol will now be placed on the door to indicate that privacy is required and staff should not enter without permission from the Nurse in Charge.</p> <p>A "Supporting Medical Termination of Pregnancy Pathway and Information" sheet has now been produced for parents.</p>
<p>Medicine for Older People: Care and treatment could have been better on the ward.</p>	<p>Some areas for improvement have been introduced such as "drug champions" on wards to ensure safe standards are met. Improved tissue viability care.</p>
<p>Medicine for Older People: Vulnerable patients need more support in other Departments of the hospital who are not aware of their difficulties.</p>	<p>As other departments within the Hospital may not be aware of patients who have memory or cognitive impairments, a note will now be made on a patient's file so that staff at every department they visit will now be aware of their mental capacity.</p>
<p>Medicine: Female patients having to undress prior to procedure should have chaperones available.</p>	<p>Although a chaperone can be arranged if required, we now display posters in the waiting/changing areas to ensure that female patients are aware that they can ask for a chaperone to accompany them during a</p>

	procedure.
Medicine for Older People: When a patient is moved their relatives should be informed straight away to avoid unnecessary distress.	Ward information leaflet has now been updated to explain that patients may need to be transferred to another room and staff reminded to inform relatives as soon as possible. A new Trust-wide leaflet is also being produced to explain the possible need for patients to be moved.
Children's Services: A child should not be given worrying information about their condition without the parents being present for support.	In future staff will speak privately to a child's parents before breaking bad news to help determine the best way forward for their child.
Maternity Services: Staff took too long to determine that a newborn baby was suffering from tongue tie.	A new Tongue Tie Service commenced in the Maternity Unit from April 2015 with an Infant Feeding Specialist Midwife. Staff are now given additional training and guidance in recognising tongue tie in mandatory training. Infant Feeding Specialist Midwife also provides additional one to one training and guidance for staff. Maternity services will be remodelling the postnatal wards into one ward area and additional staff have been recruited to support the postnatal ward area.
Musculoskeletal: Despite complaining of pain in the back, it took too long to diagnosis fractured spine.	Junior doctors given further guidance about checking for other injuries in young people with hip fractures.
Medicine - Cardiology: Nursing care and communication with the family was poor.	Further staff training for anti-platelet medication and a Ticagrelor representative has also provided further training. Further re-education provided to staff to highlight assessments and use of pressure relieving equipment, ward staff informed to contact Diabetes Nurse prior to discharge if patient to go home with insulin so they have adequate training,
Clinical Support Services: The process for receipt of blood test results by GPs and consultants needed to be improved.	Complaint was shared with Phlebotomy Team to allow learning from this event. Administration Team will ensure that Consultants and GPs know how to access results and the information they need to include on a request.

9. Severity of Complaints: The Trust has a standardised process for assessing and grading risks and this has been adapted to grade incidents, complaints and claims. This is used only as an aid to decision making and is not meant to replace clinical or management judgement in regard to the significance of the individual events.

During last year the majority (591 - 89%) of complaints were graded as Moderate Risk (yellow).

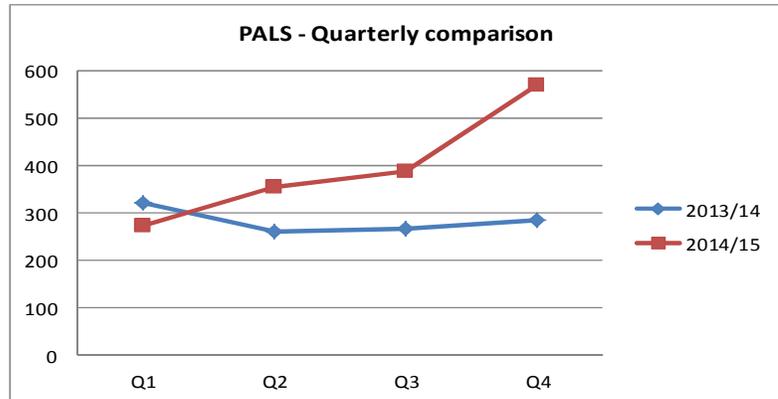


From April 2015 the CSCs are now re-grading each complaint after the investigation has been completed to establish whether the risk was found to be less severe following review of the incident details.

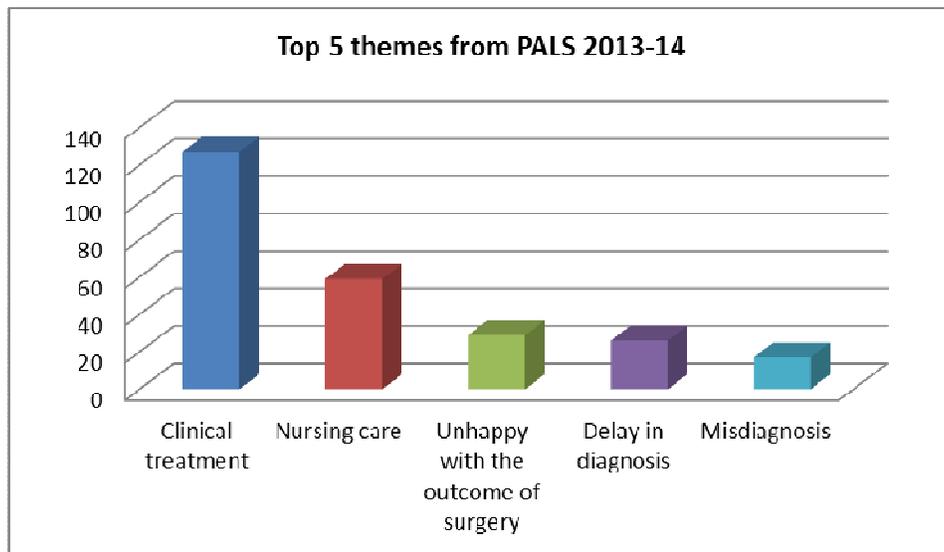
10. Patient Advice and Liaison Service (PALS)

With the re-launch of the Patient Advice and Liaison Service (PALS), the Trust has seen a 26% rise in the number of people choosing to have their concerns addressed quickly through PALS.

PALS		
	Total	Variance by year
2011/12	1729	n/a
2012/13	1248	↓ 28%
2013/14	1132	↓ 29%
2014/15	1585	↑ 26%



11. Themes from PALS:



PALS cases are referred directly to the CSC/Department involved to resolve directly with the patient or relative. During this reporting period 11 cases were escalated to formal complaint.

The re-launch of PALS was important to ensure that people had somewhere to go and someone to talk to in the hospital as soon as they felt concerned about the care or treatment provided for themselves or that of a relative or friend.

The following changes have been made:

- Drop-in office set up within the Main Reception area with a PALS Officer available during core hours to offer advice and support.
- PALS Charter published on Trust website and in all public waiting areas and wards.
- Improved signage for the PALS area within Main reception.
- New PALS leaflets distributed throughout the Trust.

THE PALS CHARTER

The Patient Advice and Liaison Service (PALS) has been set up by the Trust to help patients, their relatives and visitors, find a speedy and effective solution to any problems that might occur in the hospital.

If you contact PALS for assistance or advice, then we will aim to:

- Contact you within 24 hours or by the next working day.
- Advise you of the options which are available to you and help you to find the best way of resolving your problem.
- Deal with your problems in confidence and only pass on information to other people or departments with your permission.
- Keep you advised at all times of the progress of any action you ask us to take on your behalf.
- Use anonymised information from our contact with you to improve hospital services for the future.
- Only access your medical records or obtain information about you with your agreement.
- Ask you if you are happy with the help we have given and if you have any suggestions for making the service better.
- Ensure that no person who contacts PALS receives less favourable support on the grounds of their sex, marital status, race, colour, creed, religion, physical disability, mental health, learning difficulty, age or sexual orientation.

**Contact PALS on 0800 917 6039
or 023 9228 6309
e-mail: PHT.PALS@porthosp.nhs.uk**

12. Parliamentary Health Service Ombudsman (PHSO): The Trust is aware of 16 complaints which were referred to the PHSO during 2014/15. This is only a slight increase from 14 from the previous year and demonstrates that the Trust continues to be effective in achieving local resolution in the vast majority of cases and is a form of assurance around the complaints processes.

PHSO	Total rec'd	Under review	Upheld	Part upheld	Not upheld
2014-15	16	6	3	5	2

12.1 Outcome

Of the 8 cases partially or totally upheld:

- 2 related to delays in administration of treatment
- 2 related to the delay in management of the complaints
- 1 case related to care within MSK. This has been resolved.
- 1 case related to the management of reports and x-rays within the Emergency Department. A new process has been implemented.
- 1 case related to labelling of specimens and communication. A new process has been implemented.
- 1 case related to nursing care.

There are no trends attributable to a clinician, ward or clinical service centre.

13. Plaudits/Compliments

The Trust has set out the standard operating definition of a plaudit as set out below:

- 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

For the reporting period 2014 to 2015 the Trust received **6,427** compared to **6,407** compliments last year. Compliments provide an opportunity for us to learn from when things have gone well for patients and their families, and will be encouraged further to allow us to share good practice across the Trust.

Examples of compliments received:

- i. **Emergency Department:** *“After 36hrs of pain I went to A&E, from giving my details to reception to being admitted to a ward I had the best of treatment, the doctor was first class, all staff were very professional and kept me informed at every stage of my treatment.”*
- ii. **Medicine:** *“I recently spent 12 nights on E8. I cannot praise the staff highly enough. At every level they were kind, courteous and sensitive to their patient’s needs. They were very good at anticipating my concerns and explaining what was happening. I watched them deal with very distressed and confused patients with patience, kindness and respect. All too often the NHS is the subject of very negative press reports, we forget about all the positive outcomes that happen every day. The technology and medical advances available are amazing, but it is the people who deliver the service that make the difference.”*
- iii. **Critical Care, Anaesthetics and Theatres:** *“Other than a lengthy waiting time (which is completely understandable) I could not truly find fault with my experience. Like most places, it is the staff that create the enjoyable experience. The group of staff who dealt with me today were quite wonderful. I especially loved the little touch of the 'check-in' staff introducing themselves. From my check-in person, to the Consultant who did my procedure, and on to my check-out person, I felt there was a real bond and camaraderie amongst them all. They seemed happy and motivated, a credit to the NHS, but more importantly a credit to themselves. Keep up the good work.”*
- iv. **MSK:** *“I want to thank all the teams in Orthopaedics at QA. They have given me a new lease of life. Their care was excellent. I was a very very nervous patient, their understanding and patience made my hip replacement much easier to manage. It is a year today since my op and I will always be grateful to you for making me pain free.”*

14. Further challenges and opportunities for the year ahead

The Complaints and PALS staff continue to find ways of improving the process for people who have concerns, being more accessible and flexible to each individual concern and ensuring that the organisation has the opportunity to listen and learn from the people who use our services.

Future challenges include:

- Continue to improve the response timescales for complainants.
- Continue to improve the communication with complainants throughout the investigation process.
- PALS to start visiting inpatient areas and speak with patients and relatives, helping to solve any problems on the spot.
- PALS volunteers to carry out regular walkabouts on ward environments, with particular attention to whether this feels safe, welcoming, calm, well organised and involves patients/relatives in decisions about care.

- Continue to promote the PALS throughout the hospital and through social media and local stakeholders.

15. Summary

The Trust will continue to build on the recent improvements and be seen as a listening organisation willing to learn from feedback and understand where improvements are needed to improve the high standards of care which our patients, relatives and visitors deserve.

Marion Brown
Senior Patient Experience Manager

September 2015