

Annual Report for all Patient Advice & Liaison Service (PALS) Concerns & Complaints received 2012/13

July 2013

1. INTRODUCTION

This report summarises an analysis of complaints received by the Trust from April 2012 to March 2013. The focus of this report is to identify and quantify complaints and PALS for 2012/2013. Going forwards we will now focus for 2013/2014 to ensure we understand where we can identify themes for complaint and then determine what actions are being taken to support learning and ensure we reduce complaints in this service or area by changing the way we do our business.

For the purpose of this report, the different “levels” of record received and logged by the PALS & Complaints Team is listed below:

Praise

This is the total number of praise received by the Corporate Office and within the PALS & Complaints Team which is recorded onto the Datix database.

Enquiries

Any contact to the PALS & Complaints team where a concern is not raised, but there is a comment about services provided, request for information or assistance is required.

PALS Concerns

Concerns which are dealt with and responded to within short timeframe (normally within 24 hours, but normally no longer than 10 working-days). PALS Concerns do not generally require a response by the Chief Executive, but are responded to by an appropriate senior member of staff within the service concerned. The response can be written or verbal. The Complaints & PALS Team requests an update of action taken, and the file remains open on the Datix database until confirmation is received from the service that a response has been provided to the complainant.

Formal complaints

These concerns require a full investigation and a response from the Chief Executive. It is expected that the response will be sent within 25 working-days. All complaints are triaged by the Complaints Managers when received, and if serious concerns are raised, these are logged as a “Red” complaint and the concerns are escalated to senior managers for appropriate prompt action where required.

2. IMPROVING COMPLAINT HANDLING

The Trust has undertaken a complete review of the complaints processes and has made a number of changes to improve the quality and performance of responses for complainants. To this end a new Patient Experience Directorate was created during the last part of 2012, the PALS & Complaints team now operates under this Directorate. Together both the new Director of Patient Experience and Communications, and the Head of Patient Experience and Public Engagement have actively promoted awareness of the complaints process. The Trust is now more responsive and proactive when a complaint or concern is raised. For example Patient Opinion and NHS Choices are now monitored and responded to on a daily basis during the working week and all complaints received are triaged daily and where required are escalated for urgent action.

The PALS & Complaints team has strengthened the leadership of the team and has appointed an additional coordinator which has resulted in the department being better resourced. The team has been restructured, Complaints Coordinators are now designated to each Clinical Directorate, this

enables them to link closely with their specific Directorates. They attend regular meetings with the Heads of Nursing and other senior staff within the Directorates to track the complaints cases and ensure prompt escalation takes place where necessary.

During Quarter 4 the Head of Patient Experience & Public Involvement and the PALS & Complaints Managers have reviewed and re-drafted the Trust's Complaints Handling Policy which is due to be implemented in August 2013.

To support the roll out of the new complaints policy and the new approach to complaint handling a training programme for all staff will also be launched by the Complaints Managers in August 2013. This will provide ongoing training and support to all frontline staff in the handling of complaints. The main focus of the training programme will be to actively promote a Trust wide cultural change surrounding Complaints handling. It will strongly enforce the message that answering complaints is not about apportioning blame or being defensive but is to be regarded as a listening and learning opportunity that gives the opportunity to identify areas that require improvement in order to improve the patient experience.

The Chief Executive, Director of Communications and Patient Experience, Head of Patient Experience and Public Engagement and the Pals and Complaints Team met with the Ombudsman in May 2013 to review the Trust's performance in 11/12. They graded Trust compliance as 'A' which is the best rating a Trust can receive. They acknowledged the hard work and commitment the Trust had demonstrated in turning around the handling of complaints. They endorsed the changes that have been made to improve the handling of complaints for patients and their families. The team remain committed to progressing the culture and capability of the organisation to ensure the strategy to 'Put Patients First' is recognised as key in dealing with all complaints and concerns raised and to ensure the key learning is shared and used for patient benefit

3. CONTEXT

All complaints were registered and tracked electronically using the Datix database. This system enables monitoring and analysis of complaints in each Directorate. The categories used are specified by the NHS Executive and are in accordance with the NHS complaint procedure guidelines (see Appendix One for definitions). Comparisons have been made with complaints logged in 2011/12 using the Datix database.

4. OVERVIEW OF CONCERNS RECEIVED IN 2012/2013

The PALS and Complaints Team receive, log and co-ordinate all feedback coming into the Trust. In addition the team also deals with numerous telephone queries which are either resolved immediately by the department or they are signposted to the relevant internal or external department. These contacts are not logged onto the Datix database.

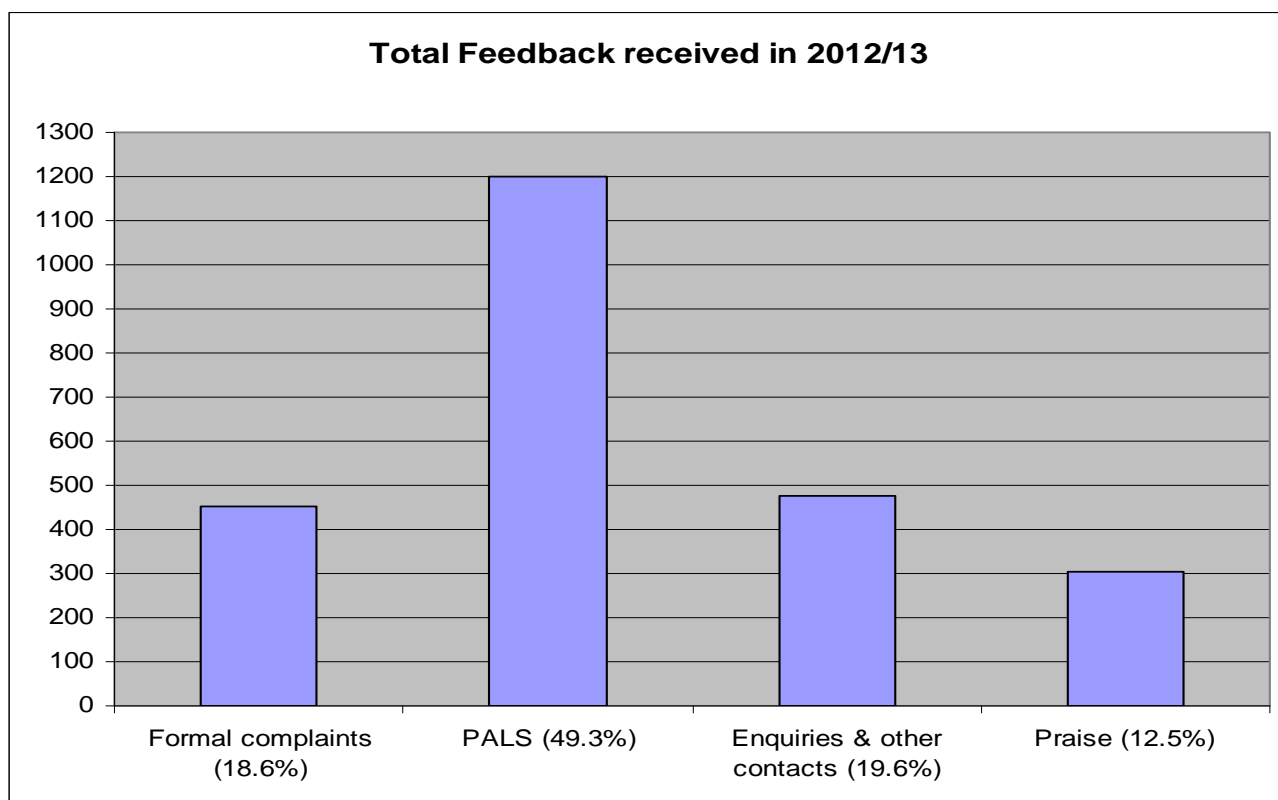
A total of 2432 records were logged onto the Datix Database during 2012/13, which includes praise, enquiries, all PALS records and formal complaints (1654 of these records were PALS Concerns and Formal Complaints).

The total Trust activity for 2012/13 (including A&E attendances, Day Case admissions, Planned Admissions etc) was 733,488. The total number of formal complaints and PALS Concerns logged represents less than 0.23% of the total Trust activity.

The table below shows the percentage of concerns raised compared to the overall activity of the Trust for the year

	Total activity for Trust for 2012/13	Total feedback (PALS and Formal Complaints)	Formal Complaints	PALS/Level 1 concerns
	733,488	1652	452	1200
% of overall Trust activity		0.23%	0.06%	0.16%

The graph below shows how the 2432 records logged for 2012/13 is broken down into type of feedback.



An average of 138 concerns (logged as PALS Concerns and Formal Complaints) were logged each month during 2012/13; an average of 38 Formal complaints and 100 PALS concerns.

The table below sets out the number of PALS Concerns and Formal complaints received per Directorate for the year.

Directorate	Formal complaints	PALS Concerns	Total
Anaesthetics	7	34	41
Burns & Plastics	28	76	104
Cancer Services	11	16	27
Commercial Services (Estates & Facilities)	3	53	56
Critical & Emergency Care	84	138	222
Corporate / Governance	9	33	42
Medical Specialties	87	161	248
Medical records & Secretaries	2	14	16
Muscular Skeletal Services	37	72	109
Pharmacy	3	11	14
Surgery	80	200	280
Therapies & Diagnostics	9	56	65
Theatres	8	20	28
Outpatients	14	256	270
Women, Children & Sexual Health	70	60	130
Total	452	1200	1652

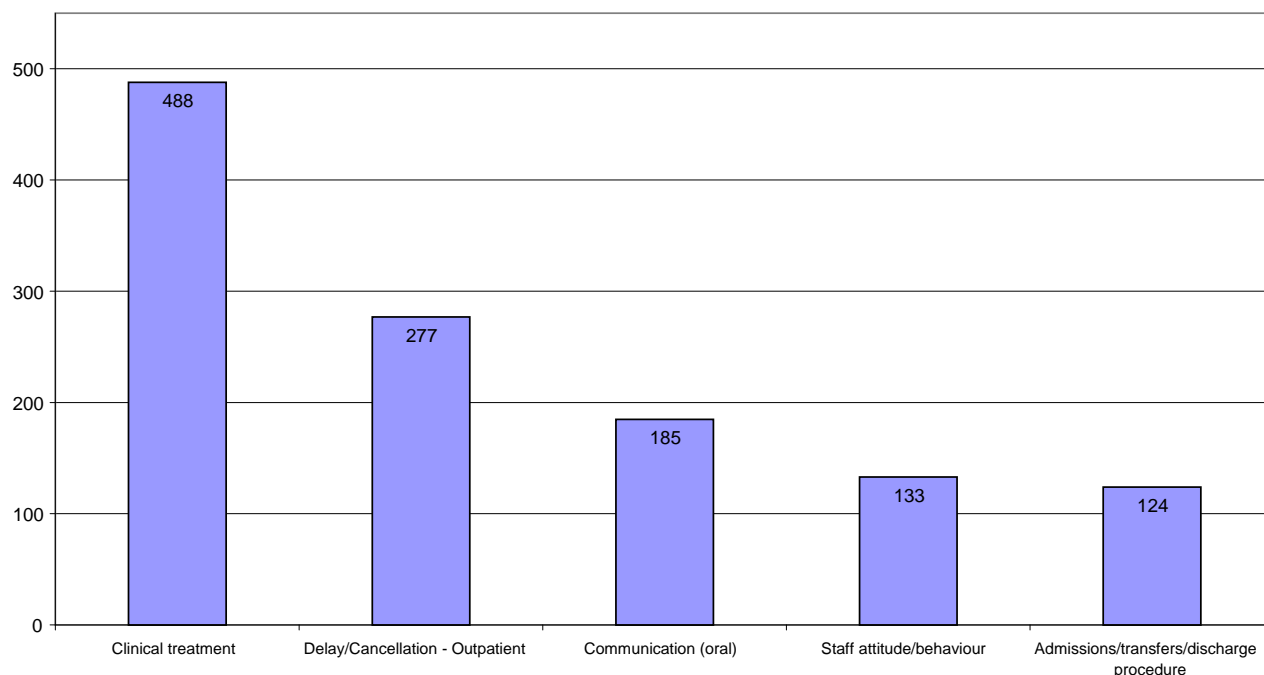
4.1 Distribution of PALS Concerns & Complaints per Directorate

The table above clearly demonstrates that the top 4 areas per directorate receiving the highest number of formal complaints and PALS concerns last year were: Surgery, OPD, Medical Specialities and Critical Care and Emergency care. The top 4 directorates receiving the highest number of formal complaints were: Medical specialties, Critical & Emergency Care, Surgery and Women, Children & Sexual Health. And lastly the distribution of the highest number of PALS concerns were seen in: OPD, Surgery, Med Specialities and Critical & Emergency care

5 DOMINANT THEMES IN CONCERNS TRUST WIDE

The graph below shows the top 5 subjects for all concerns received by the Trust (PALS Concerns and Formal Complaints)

Top 5 Subjects of all concerns received
(PALS Concerns and Formal Complaints)



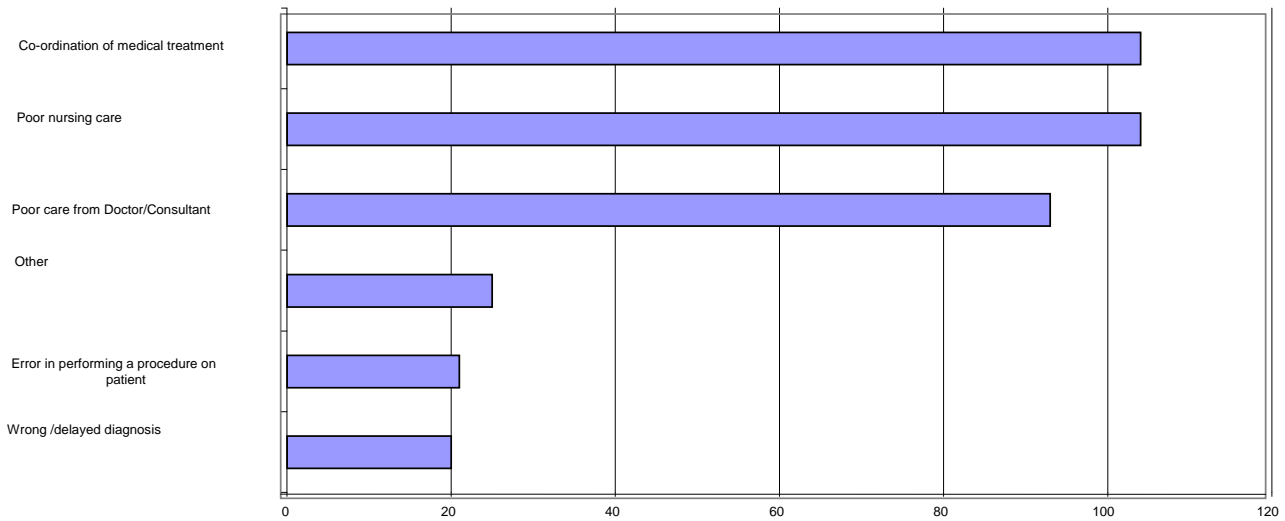
All main subjects have sub-subjects to enable closer scrutiny and identification of themes. Each of the top 5 main subjects of concerns highlighted in the table above have been reviewed below to show the sub-subjects.

5.1 Clinical Treatment

The table overleaf represents the distribution of all concerns regarding Clinical treatment. As seen below clinical treatment is broken down to a further 6 sub-subjects, namely Co-ordination of Medical treatment, Poor Nursing care, Poor care from Dr/Consultant, Error in performing a procedure on patient and Wrong/delayed diagnosis.

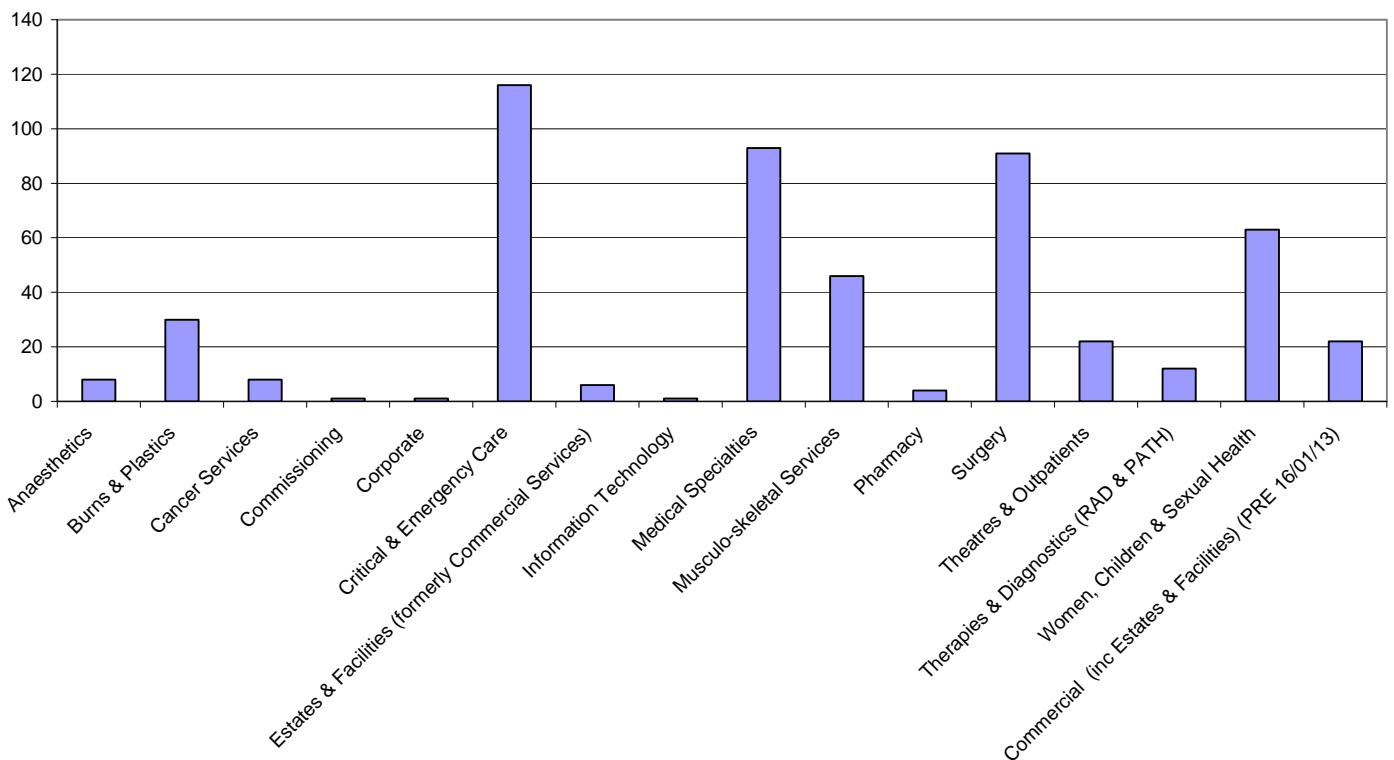
Please note that Co-ordination of medical treatment encompasses a number of issues in relation to delays/failures to refer patients to other specialties or co-ordinate treatment inter departmentally in a timely fashion whilst keeping the patient informed and involved.

Main sub-subjects of concerns regarding Clinical Treatment



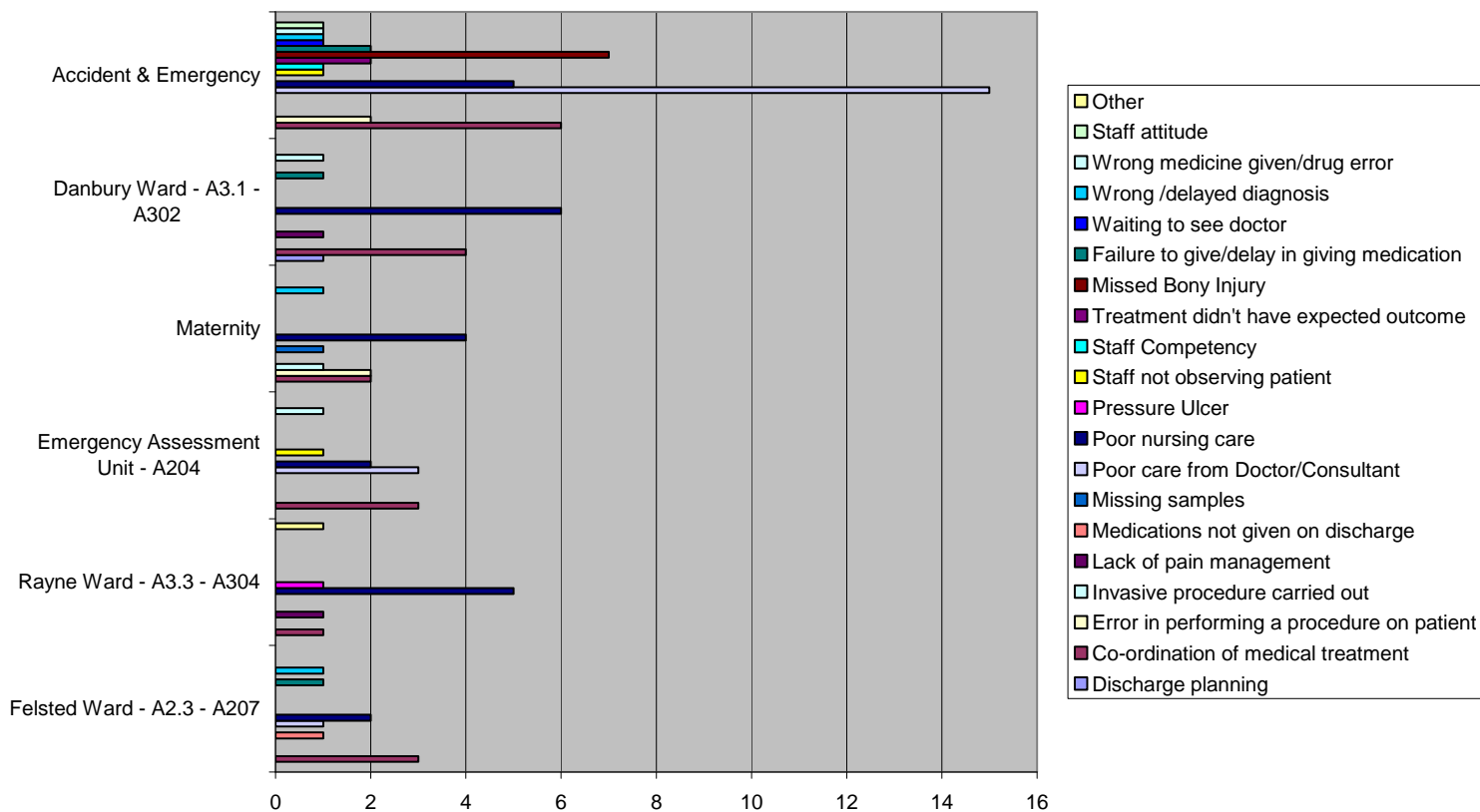
There were 488 formal complaints and concerns regarding clinical treatment. In order to try and identify any trends within the trust this data was broken down into Directorates as shown in the graph below. Complaints received under the subject of clinical treatment when broken down are distributed widely across many areas within the Trust.

Concerns distribution of Clinical treatment per directorate



The graph below gives a more detailed breakdown of the sub-subjects isolated to the specific department within the Trust receiving the highest number of formal complaints under the heading of Clinical Treatment. For ease of reading the top 6 departments are set out below and demonstrate what the main areas of concern were.

A break down of the top 6 departments receiving Formal Complaints



The top 3 areas with the highest number of formal complaints observed from the graph above are discussed below.

5.1.1 A&E

The A&E Department received a higher number of complaints in comparison to other wards, but it should be noted that there is a high volume of patient activity each day in this department (80,029 A&E attendances for the year). The graph above clearly demonstrates that the top 3 concerns within A&E were:

- Poor care from a Doctor/Consultant
- Missed bony injury
- Poor nursing care

A&E received more concerns in relation to poor care from a Doctor/Consultant than any other area. Concerns raised under the heading of poor care from a Doctor/Consultant predominantly relate to failed discharges (patient returns to A&E following a very recent attendance). This happens when patients have reported that their symptoms/condition were not adequately treated they report feeling dismissed or something has been 'missed'. We have triangulated information from patients via the Friends and Family Survey that there are concerns about the service in terms of a significant number of survey respondents noting that they would not recommend this service.

For 2013/14 we recommend that this trend is investigated to ascertain whether the current assessment processes are robust, review the patient experience and identify areas for improvement

The new A&E Patient Experience group which is now implemented since July 2013 will lead these work streams. Free text feedback from patients received via the new Friends and Family Survey will also continue to inform this work.

5.1.2 Medical Wards

Co-ordination of medical treatment and Poor nursing care continues to be the main area of concern within a ward environment. Examples are discussed below:

Co-ordination of medical treatment

It is apparent from the concerns received that patients and/or relatives are continually frustrated with the lack of perceived continuity of care between specialties within the Trust and delays in being referred for further specialist treatment or follow up. A general lack of communication with the patient or the family appear to be the main reason for this.

Poor nursing care

It is evident that there are genuine concerns about the standard of nursing care that patients receive whilst an inpatient. A common issue raised in relation to poor nursing care is a delay in answering call bells. The Chief Nurse has addressed this issue as an integral part of a number of changes that have been made to drive to continuous improvement in nursing standards which has involved stripping nursing back to its fundamental basics in order to ensure that the patient is the central focus. Protecting patients is an essential principle of good nursing care and this is actively advocated throughout the Trust.

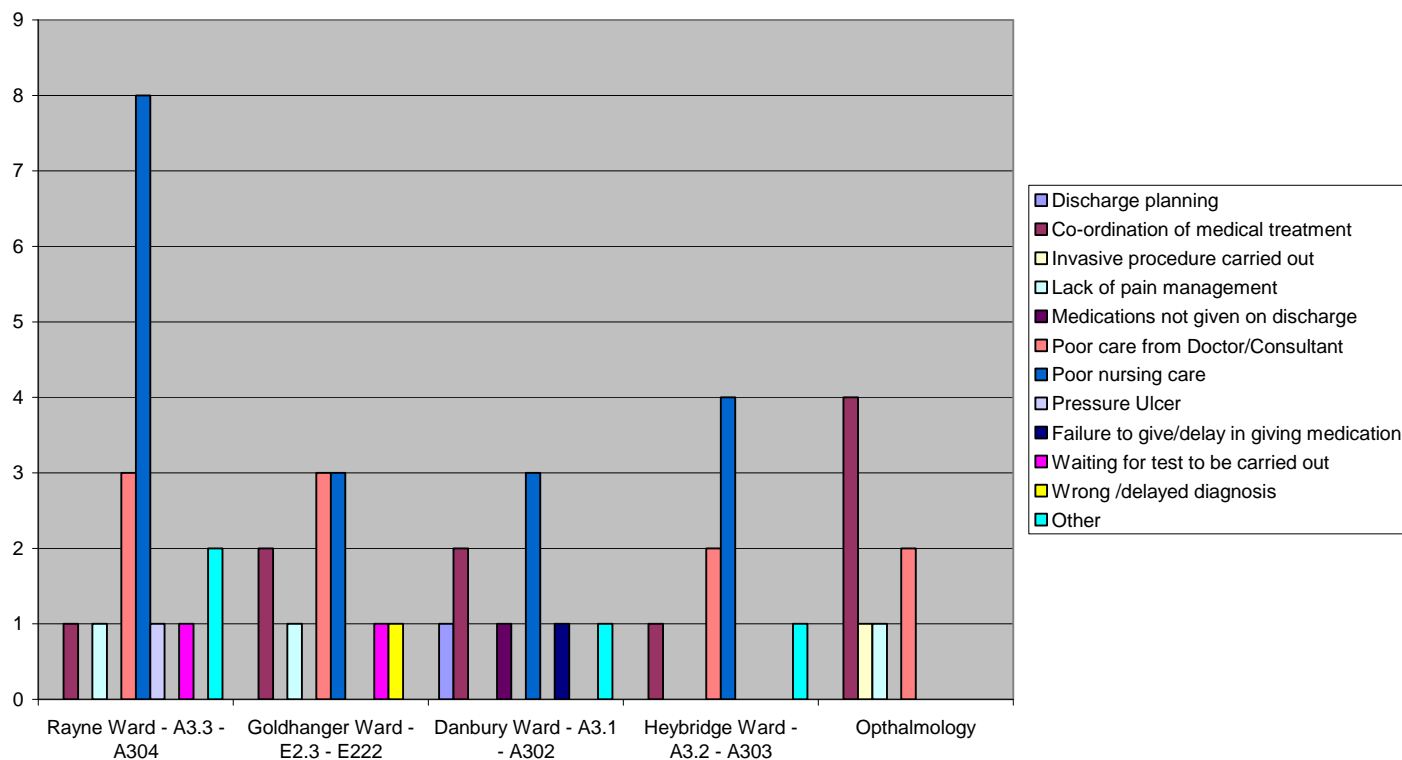
Delays in nursing staff attending to patient's hygiene needs/nutrition needs promptly is reported as a common trend within the Trust. The Trust recognises that malnutrition and dehydration have been identified as both underlying causes and contributing factors to the deterioration of health of the public within the UK. The Trust takes its responsibility in tackling this very seriously and has taken a robust approach to this problem and has implemented the meal time mission.

This initiative has addressed this issue in a number of ways which in summary ensures mealtimes are prioritised by staff. During mealtimes all other duties are suspended to ensure maximum help and support is given to all patients who have been identified as requiring assistance. Out side of mealtimes 2hrly comfort rounds are undertaken to ensure patients remain hydrated and that their hygiene needs are met. It is recommended that the Chief Nurse and Medical Director review the evidence from this trend to determine if any further corrective action is required.

5.1.3 Surgical Wards

As demonstrated below poor nursing care appears to be the main issue in relation to complaints received for surgical wards followed by poor care from Doctor/Consultant and Co-ordination of medical treatment. It is recommended that further investigation takes place into the poor nursing care trend shown on Rayne Ward.

Complaints & Concerns received on the surgical wards



Poor nursing care

As discussed at point 5.1.2 the example under the sub heading poor nursing care also apply to the surgical wards. That said an additional trend that was report for the surgical wards was a delay in administering analgesia promptly following a surgical procedure. It is recommended that the Chief Nurse review the evidence from these trend to determine if any further corrective action is required.

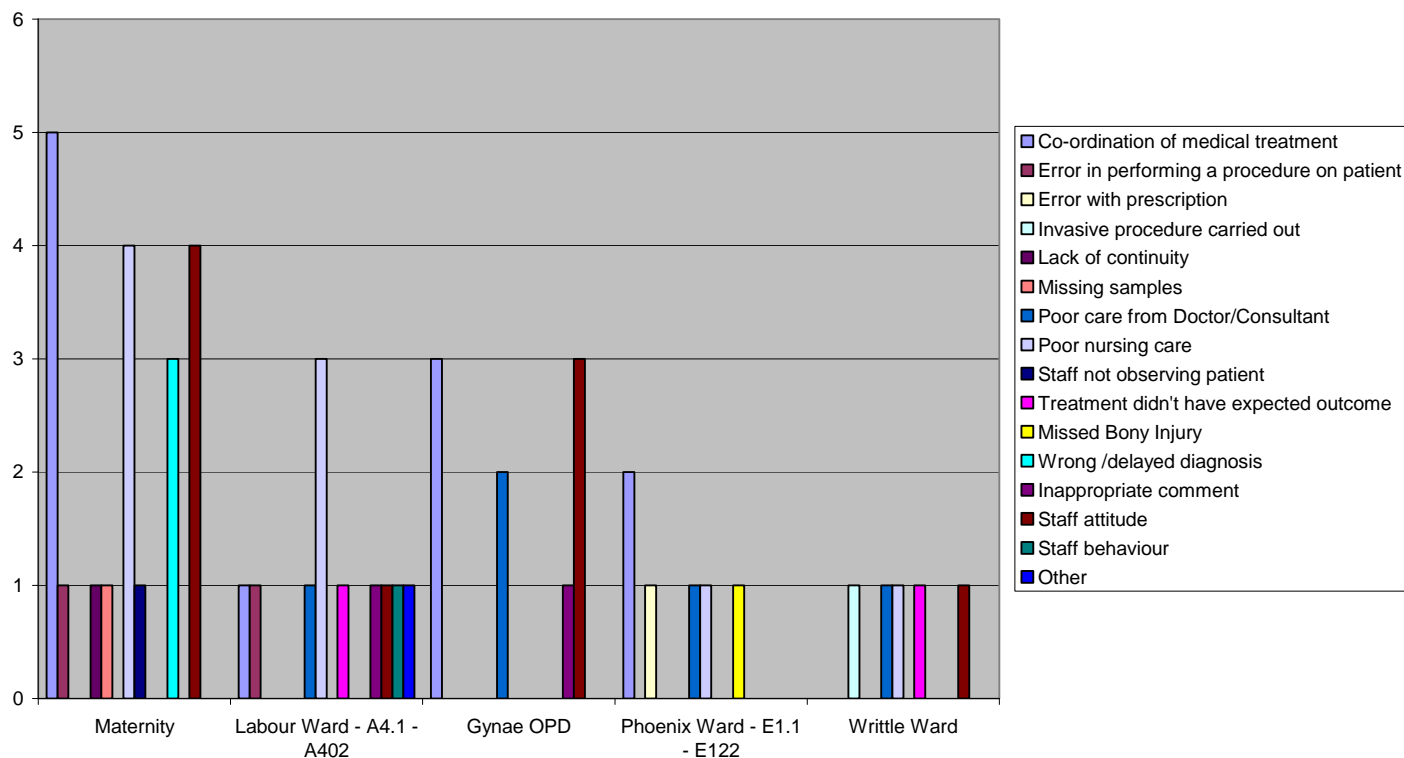
Poor care from Doctor/Consultant

A majority of complaints received under this subheading appear to be where the surgeon has made one diagnosis and a second surgeon at a later date arrives at a different diagnosis. The concerns under this appear to be a lack of confidence in the initial assessment and therefore as a consequence this leads to a concerns regarding poor assessment.

5.1.4 Women, Children & Sexual Health

As demonstrated below co-ordination of medical treatment, poor nursing care and staff attitude appear to be the main themes under this directorate.

Complaints received in Women, Children & Sexual Health



Co-ordination of Medical/Midwifery Treatment

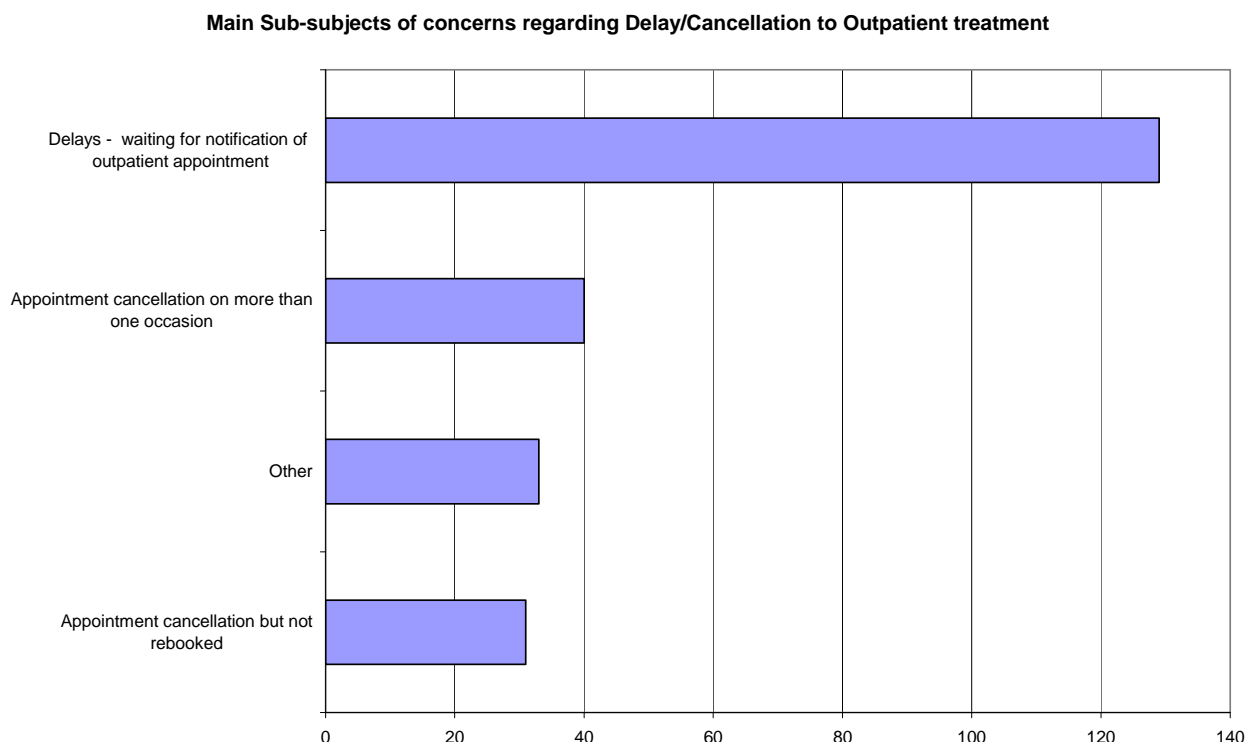
The complaints seen under this sub-heading were women not feeling satisfied with the care they received during labour or the after care they received following the birth of their baby. There appears to be a number of complaints where women reported that the staff appeared to be unaware of the psychological support following a traumatic birth.

Staff Attitude

A common theme under this subheading appears to be patients feeling unwelcome when they attend the labour ward, and feeling dismissed by both Doctors and nurses. There were also complaints in relation to not feeling supported enough following the birth.

5.2 Delay/Cancellation Outpatient Appointments

The graph below shows the top 4 sub-subjects of all concerns regarding delays and/or cancellation to Outpatient treatment.



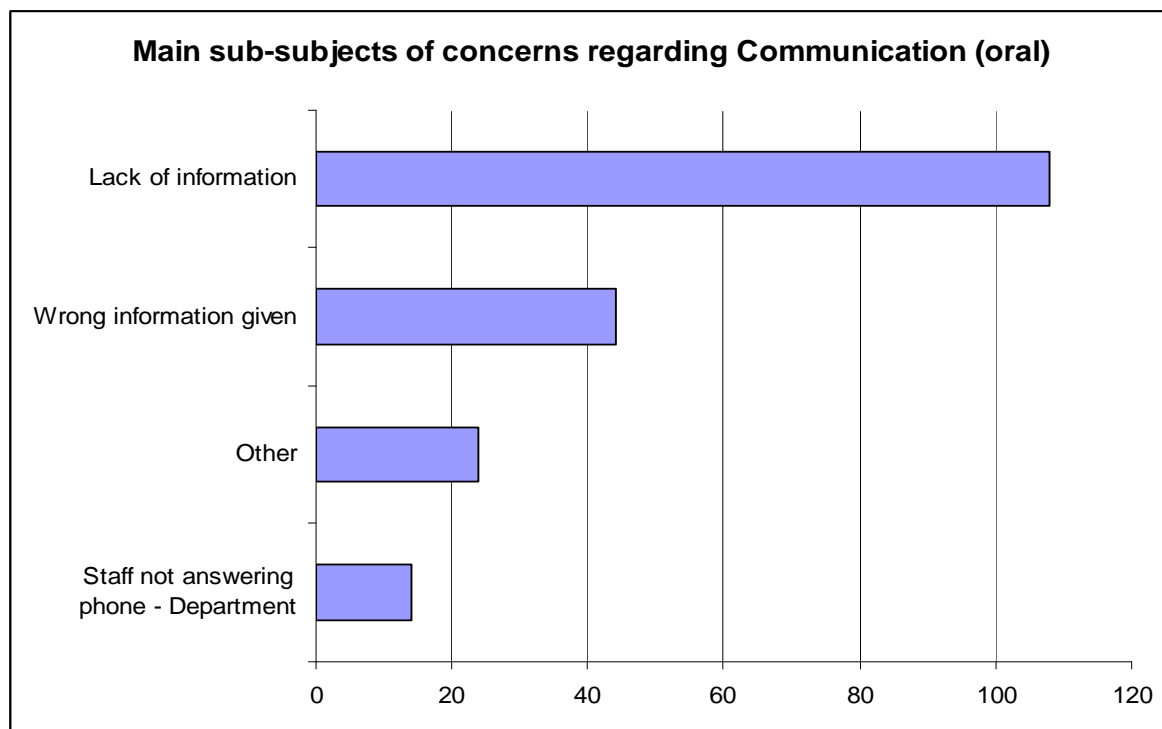
Many of the concerns raised under the above heading were in relation to;

- Patients being cancelled on the day of their appointment or procedure, (often complainants will ask for compensation due to unnecessary time taken off work or childcare).
- Letters being sent out to patients alleging that they have DNA'd their appointment (despite complainants denying having ever received a letter or appointment, In some instances this then led to the complainant being informed that they needed to be re-referred by their GP, and in others this amounted to a longer wait for a new appointment date. Follow up appointments not being made for patients despite being told they would be.
- There appears to be a lack of understanding of the partial booking system it is recommended that the Trust reviews how this is communicated to patients

The Patient Experience Directorate is working with the Manager for Outpatients work is to streamline and improve the OPD correspondence processes. It is recommended that a review is undertaken of the trigger points in the Outpatient pathway for how we communicate with patients regarding any change made to their appointment. The Patient Experience and Engagement Group will work with the outpatient's team in 2013/2014 to support and enhance communications e.g. by reviewing options to remind patients regarding their appointments via text messages and improving the content of outpatient letters.

5.3 Communication

The table below shows the top 4 sub-subjects of all concerns regarding communication



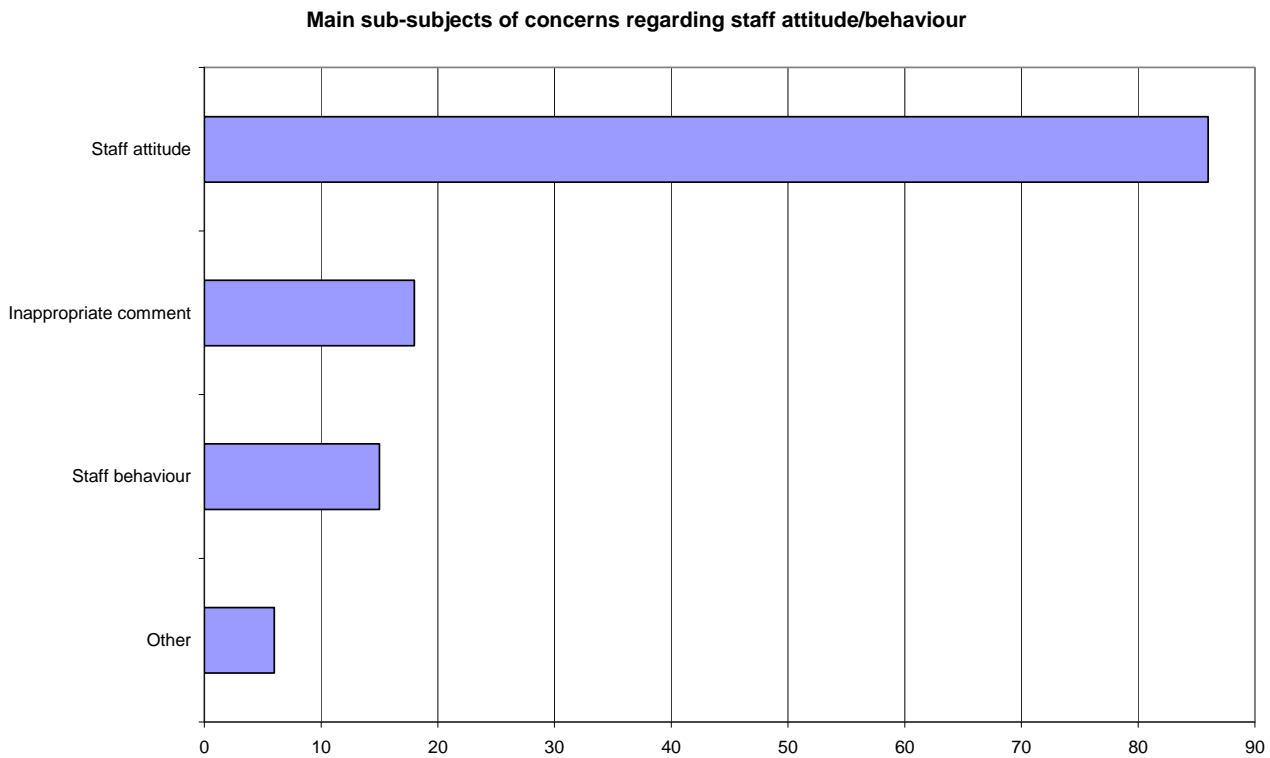
There were 185 concerns received in relation to the above heading. Over 50% of these concerns appear to be in relation to patients/relatives not feeling involved in their own care. The concerns logged appear to reflect:

- Dissatisfaction in the amount of information given to a patient or relative in relation to diagnosis, prognosis or plan of care
- Patients and their relatives feel that staff are too busy to discuss their condition in detail
- Communication issues also overlap with concerns received with discharge planning as there does appear to be a number of concerns in relation to relatives not being updated on discharge plans and dates
- Family carers report that they are not included in the discharge planning of their family member

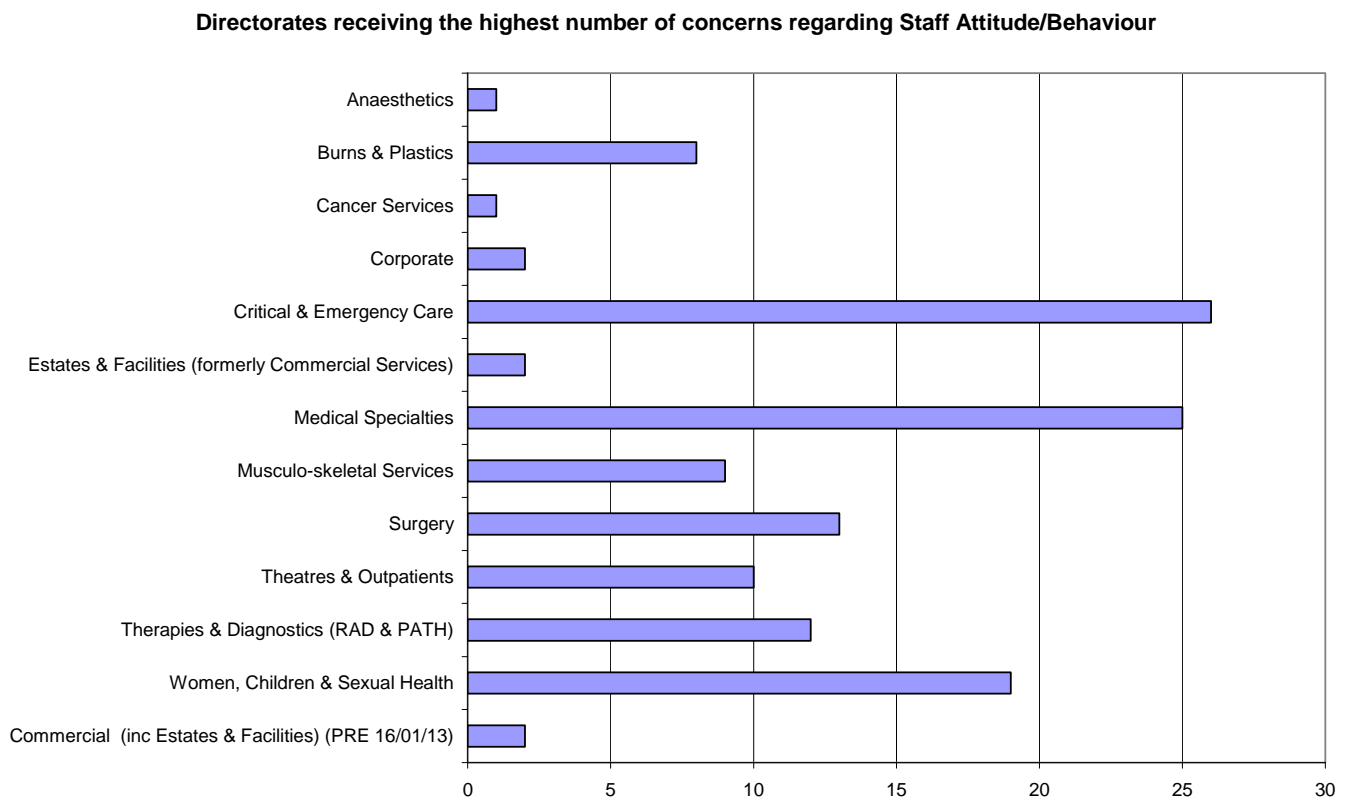
The written information available for patients/families and the quality of that information has been a recurrent trend for the Trust from complaints. Therefore It is recommended that an identified lead with administrative support is identified to take this important issue forward.

5.4 Staff Attitude/Behaviour

The graph below shows the top 4 sub-subjects of all concerns regarding attitude or behaviour of staff.



The graph below shows the Directorates within the Trust receiving the highest number of concerns regarding staff attitude or behavior. (This will include all types of staff professions, including Consultants, doctors, Nursing or Midwifery staff, therapy staff, admin & clerical etc).



There were 133 concerns logged under the subject of staff attitude, many of these concerns were raised in relation to:

- Staff members being dismissive and insensitive when handling sensitive situations.
- Members of staff displaying a lack of understanding or empathy towards a patient or relative.

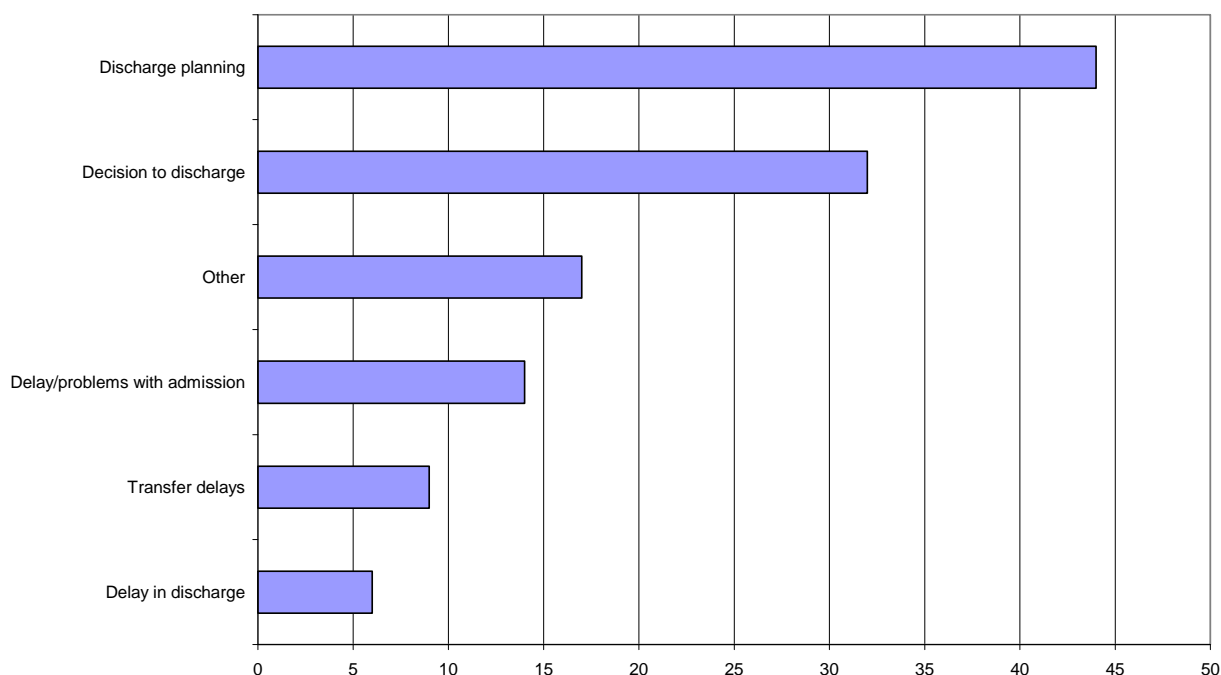
The two areas with the highest volume of patient activity each day (A&E and Outpatient Department) were the two departments with the highest number of concerns about this subject, however overall these were still low in numbers (A&E = 15% of the total concerns about this subject, and OPD = 8%).

The Patient Experience Directorate has been leading the work stream to improve the customer care focus of our staff. So far two groups of staff have benefited from a site training session at the local Mark and Spencer store to see how they ensure all their staff provide a 'good service' to all of their customers. A customer focused master class is being provided to staff in July from a Director from Marks and Spencer. Improving the Patient Experience training days are now provided by the Patient Experience team for our support staff. More work is needed in this area it is recommended that the Chief Nurse and the Medical Director review this issue and propose a strategy for the way forward. The Chief Nurse and the Director of Communications are developing for 2013/2014 a Nursing Strategy that will support this work.

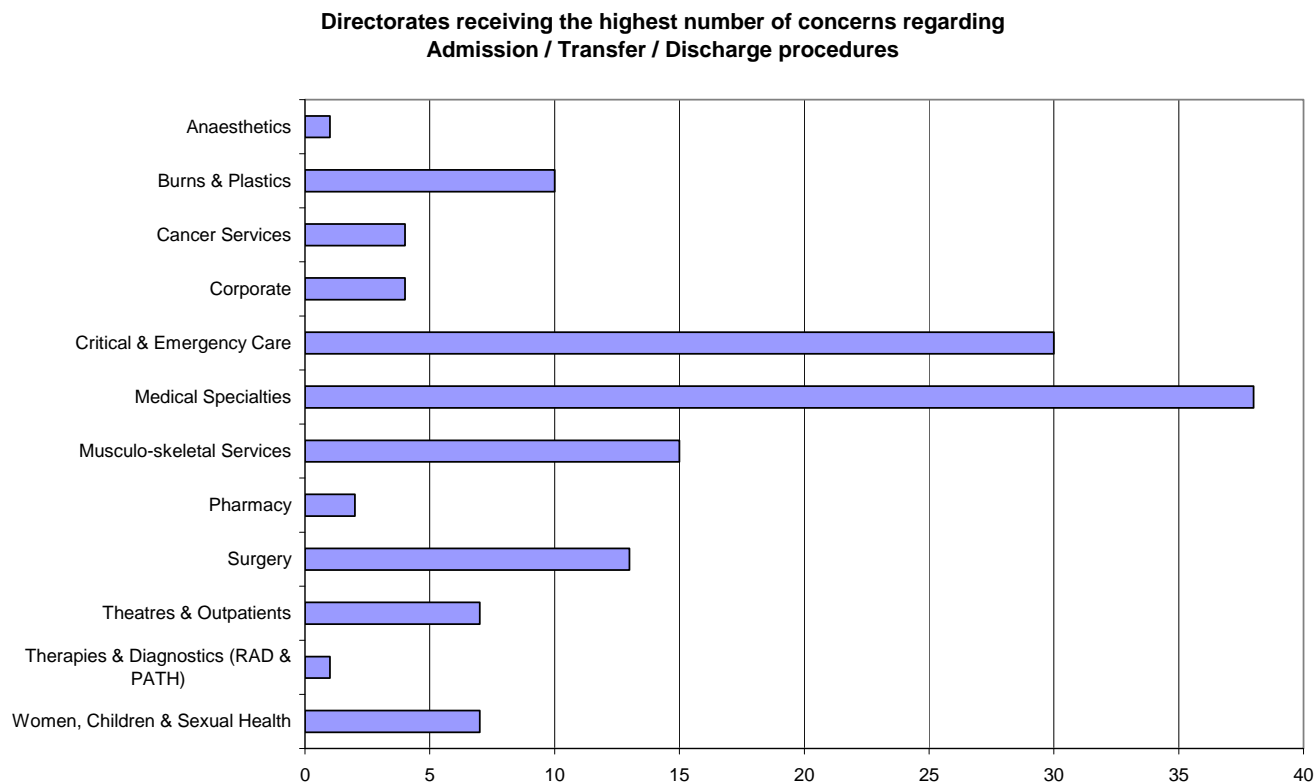
5.5 Admission/Transfers/Discharge procedures

The graph below shows the top 6 sub-subjects of all concerns regarding admission, transfer or discharge arrangements and procedures.

Main sub-subjects of concerns regarding Admission/Transfer/Discharge procedures



The graph below shows the Directorates within the Trust receiving the highest number of concerns regarding admission, transfer or discharge procedures



The main areas of complaint involved:

- Patients being discharged home very late in the evening, with no plan of care when they arrived home.
- Relatives not being informed of the discharge.
- Patients being discharged prematurely when they are not fit for discharge.

There were 124 concerns received under this heading. The Medical specialties directorate received 30% of these concerns. Once broken down to individual wards the concerns regarding this subject appear to be evenly distributed throughout the Trust. For example the wards receiving the highest amount of concerns regarding this subject (11) equates to less than 9% of the 124 concerns. It is recommended that this issue is reviewed and an agreed way forward is proposed to resolve this.

6. RECOMMENDATIONS MADE FOLLOWING COMPLAINT INVESTIGATIONS

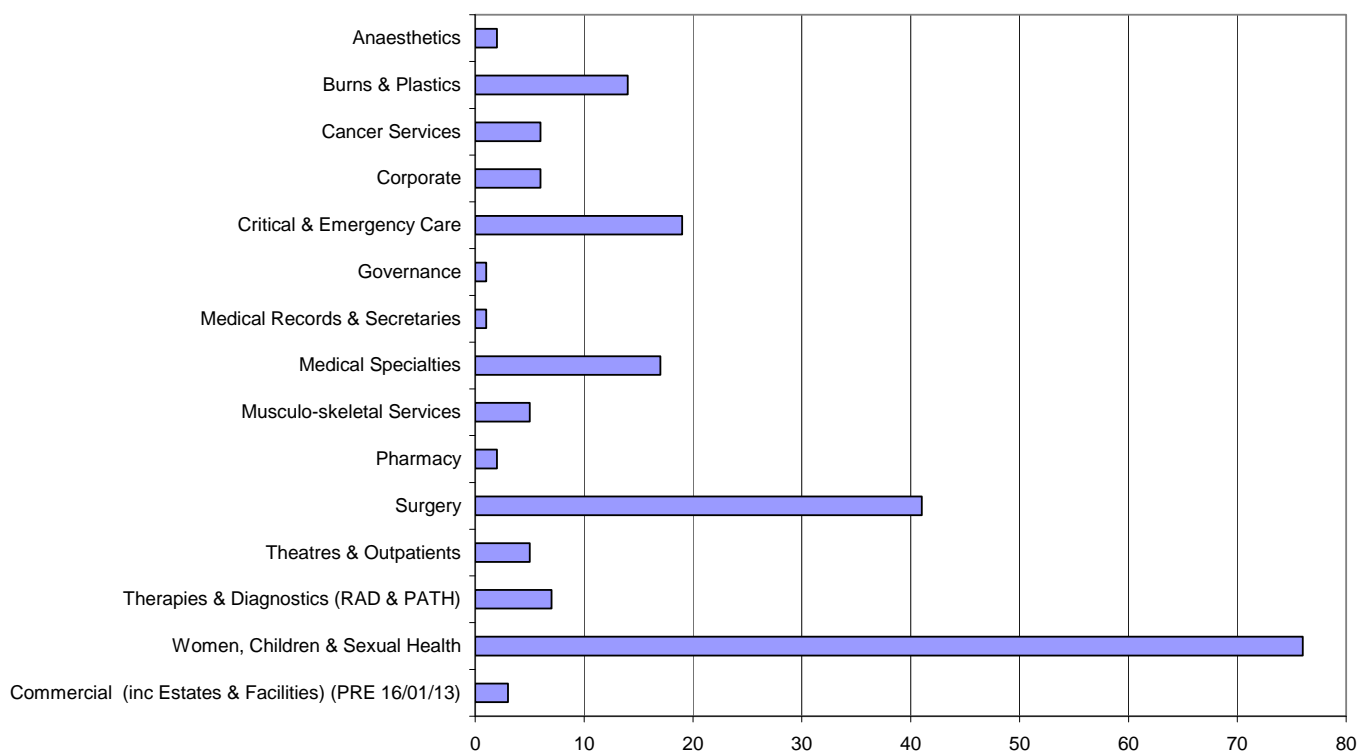
6.1 Number of specific Complaint Recommendations 2012/13

Learning and recommendations identified by the Investigating Officer are recorded onto the Investigation Report. Once the Investigation Report has been approved by the Directorate Complaints Lead (normally the Head of Nursing or the Clinical Director) the PALS & Complaints staff enter the details of the Recommendations onto the Datix Web database, and a new "action" is created. The action is given a 6 week timeframe for completion and an automatic e-mail is sent from the database to the identified "lead". The action remains active on the database until the lead person completes and closes the relevant sections on the live record. The lead person can update the action at any time. At the time of closing the action, the lead person must include details of evidence has been collated for proof of implementation.

A total of 205 recommendations were recorded onto the Datix Database during 2012/13. As is demonstrated below the Women & Children Directorate followed by the Surgical Directorate made the most recommendation during this financial year. It is apparent that both these Directorates are actively seeking to improve their practice. It is of concern to note that the areas with the highest number of formal complaints which is Critical & Emergency Care and the Medical Specialties Directorate are making much fewer recommendations. It is therefore recommended that this position is reviewed by the Chief Nurse and Chief Medical Officer.

The Patient Experience Directorate are currently conducting an Audit to review the Trusts learning and recommendation process. The findings will be presented to the Executive Team upon completion, in order to ensure a robust and responsive process for tracking and learning from complaints is in place.

Complaint Recommendations made per Directorate during 2012/13



6.2 Summary of Key Learning

Various learning opportunities where actions have been put in place are detailed below.

Surgical Directorate

Mr Richardson (Associate Medical Director for Surgery) has taken a proactive approach to complaints handling and now advocates a process whereby Doctors are actively encouraged to contact complainants directly in order to resolve complaints. This system is being adopted by the other Directorates and has proved a success thus far. An Audit is due to be initiated to measure its success.

Quality of care and patient experience

To provide assurance to our patients the Trust has developed a 'We Pledge to our Patients' which lists how all staff will provide high quality safe care which is in line with CQC standards and the NHS Constitution. To support this initiative a guide for all staff was launched in Quarter 4 which reinforces the duties of all staff to provide care that achieves the CQC Quality and Safety Outcomes. This guide reminded all staff of the importance of what the CQC Quality & Safety Outcomes mean for them, to

ensure we deliver high standard of care and service consistently across the Trust. It reinforces the imperative for staff to provide high quality, compassionate care which in turn achieves a positive patient experience.

Improving Patient information

The Trust is committed to improving Patient information and recognises that improving information has a positive effect on the overall experience of patients and instills confidence in the Trust. The Trust has taken patient feedback seriously and is now in the process of developing:

- A new Patient Bedside folder, this folder will welcome patients to the ward. It will provide a clear guide of the normal routine of the ward and the wider hospital. It will also provide a clear directory of services that are available to ensure the patient has positive experience whilst in hospital. It will provide patients with standard information they may need such as discharge information contact information. It will also provide a guide of who to talk to if they have any questions or concerns whilst they are an inpatient.
- In response to patient feedback a new medications leaflets has been launched which provides a simple step by step guide of what commons side effects to look out for and what to do if they occur
- In response to patient feedback each department will display photograph boards which will inform patients of what each uniform stands for and will provide the names of the staff who are caring for them

Dignity

The Trust recognises that there are a number of reports highlighting that dignity can be diminished simply by aspects of the environment, staff attitudes/behaviour, culture of care and specific care activities. Therefore the Trust is committed to cultivating a Trust wide culture that maintains dignity as a priority in both practice and policy and has therefore implemented a number of measure in order to maintain a patients dignity. These are listed below:

- Implemented a ten point Dignity pledge for all staff to follow this is displayed on every ward
- The Trust has recruited over 500 Dignity champions who are based on each ward their main duties are to promote and ensure compliance with the Dignity Pledge

Listening to patients

The Trust is committed to increasing the involvement of patients and their families in service planning and change. To that end the Patient Experience directorate has been actively supporting the relaunch of user groups for Stroke and Cancer patients. It also supports the Patients Council in its work programme.

Discharge Planning

During the last year it was recognised that some improvements needed to be made to the discharge process, as concerns were being raised through complaints and via patient surveys. A new discharge card was implemented which is given to all patients being discharged from all wards in the hospital which contains specific details of how to contact the ward if the patient has any questions or concerns. It lists the ward contact details and the Ward Sister's name as well as the PALS contact details. There are also useful contact details for Social Care Direct and Community District Nurses.

A hospital discharge booklet was also launched for patients who require a complex discharge plan. It provides a simple guide for patients and their families as to how their discharge will be planned with them and how they remain involved in the development of their plan.

Noise at night

Noise at night on the wards has been an issue raised through complaints and patient surveys, and the Trust prompted a new campaign during the summer of 2012 known as “Shhhh”. Posters are displayed in all ward areas reminding staff and patients to make night time quiet on the wards. The posters provide helpful tips on how to ensure the wards are peaceful at night time; staff are reminded, among other things, to talk in hushed voices, wear soft heeled footwear, and ensure doors and bin lids do not bang. Patients are encouraged to use the ‘text’ function on their mobile phones, use headphones for television and radio usage, switch televisions off after 11.00pm and be respectful of other patients.

Do Not Attempt Resuscitation (DNAR)

Several complaints were received regarding DNAR (Do not attempt resuscitation) forms, and questions regarding the appropriateness and lack of communication with the patient and relatives. The Trust was updated the DNAR forms and now only uses new East of England DNAR forms. Staff have also been given clear guidance on the new process to follow when issuing a DNAR. The new DNAR form ensures that any clinical decision taken to issue a DNAR order is fully discussed with the patient concerned, as it is critical that this takes place before the patient is given a copy of the form.

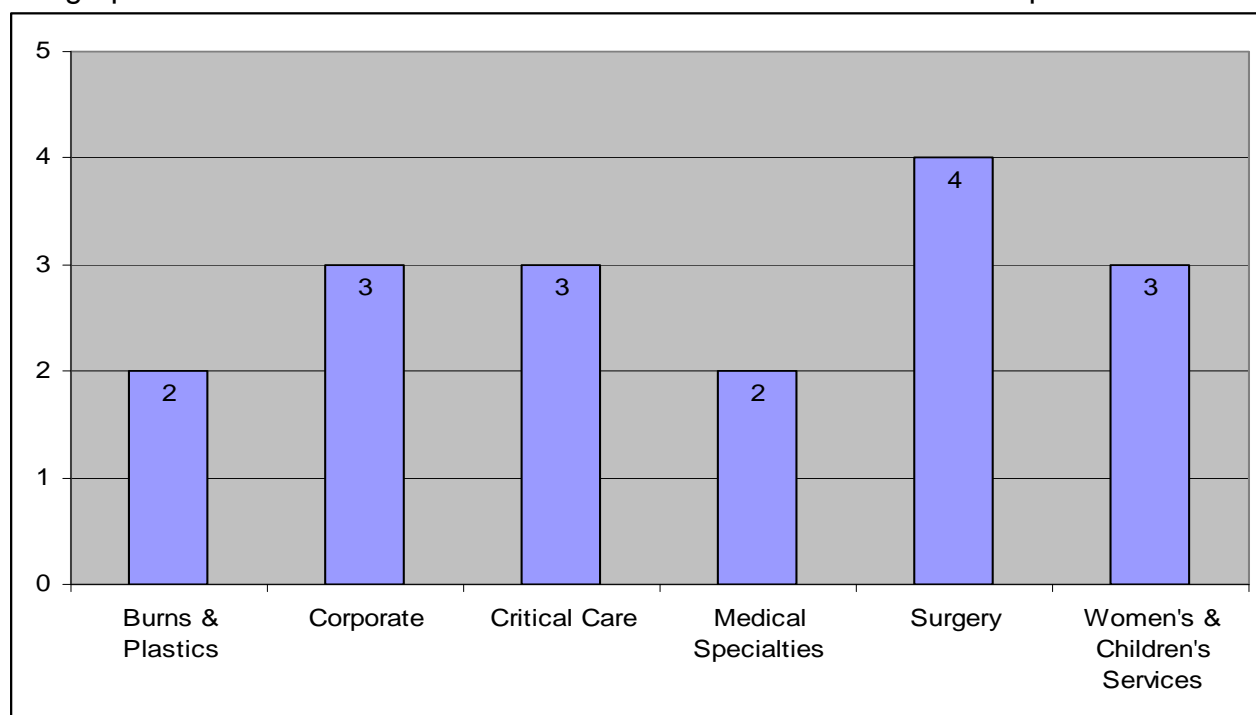
7 PARLIAMENTARY & HEALTH SERVICE OMBUDSMAN

Under the current national complaints regulations, the second stage (the review of a complaint) is undertaken by the Parliamentary and Health Service Ombudsman. Any complaint which has been investigated at any level can be reviewed by the Ombudsman.

7.1 2012/13 Cases

During Financial Year 2012/13 the Trust supplied the Parliamentary & Health Service Ombudsman (PHSO) with copies of 18 complaint files. This is a 25% reduction compared to the 24 cases in 2011/12. 11 of the 18 cases were denied (no further action) and 3 cases were referred back to the Trust for further local resolution. The remaining 4 cases are still open and the Trust is awaiting decisions from the PHSO.

The graph below shows the main Directorate for all 18 Ombudsman complaints:



7.2 Reports by the Ombudsman 2012/13

The Parliamentary & Health Service Ombudsman reported on three complaint cases regarding this Trust during 2012/13 as shown in the table below.

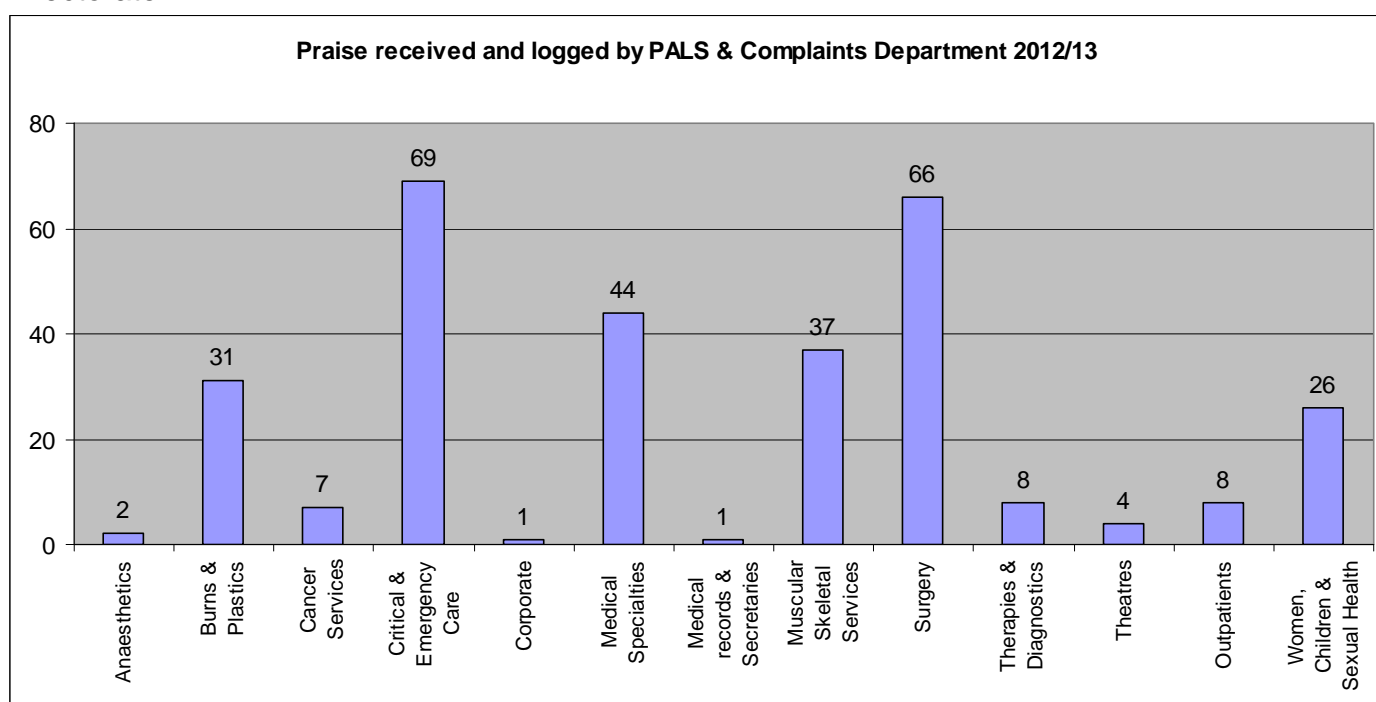
Complaint first received by Trust	Directorate / Specialty	Summary of Complaint	Summary of findings of PHSO	Payments made to complainant
(CR9809) June 2010	Medical Specialties (Medicine for the Elderly)	Poor assessment and care of patient by nursing and medical staff. Poor complaints handling.	Full action plan in relation to the 20 issues highlighted for action by the PHSO	£2,000 in recognition of the distress suffered as a consequence of the service failure and poor complaints handling
(CR12399) July 2011	Critical & Emergency Care (A&E)	Failure to diagnose life threatening condition on first attendance to A&E. Patient collapsed and died.	Trust failed to recognise the seriousness of patient's condition and comply with national guidance on Triage or to regularly observe patient.	£1000 in recognition of the injustices caused by Trust's failings
(CR10459) September 2010	Medical Specialties (Stroke)	Unhappy with care provided to relative on the ward. Concerns about delays in complaints handling and poor responses.	The Trust failed to provide clear, thorough and evidence based responses to all concerns. Learning from complaint not clear or not shared with the complainant.	£750 in recognition of the inconvenience caused by having to pursue complaint

8. Praise

All praise logged onto the database is responded to by the Chief Executive. The praise listed below is the total number of letters received by the Corporate Office and PALS & Complaints Team, and it is recognised that this is only a small percentage of the total amount of praise received within the wards and departments around the Trust. Much of the praise received in the wards and departments is in the form of small notes and “thank you” cards, and it is not possible for the PALS & Complaints Team to log all of this onto the Database. However, the departments are encouraged to forward letters of thanks to the Complaints & PALS Team where a response letter can be sent.

A total of 304 letters of praise were logged within the PALS & Complaints Department during 2012/13, which is a 14.7% increase in the total number logged compared to the 265 received in 2011/12.

The table below shows the praise received and logged in the PALS and Complaints office, per Directorate:

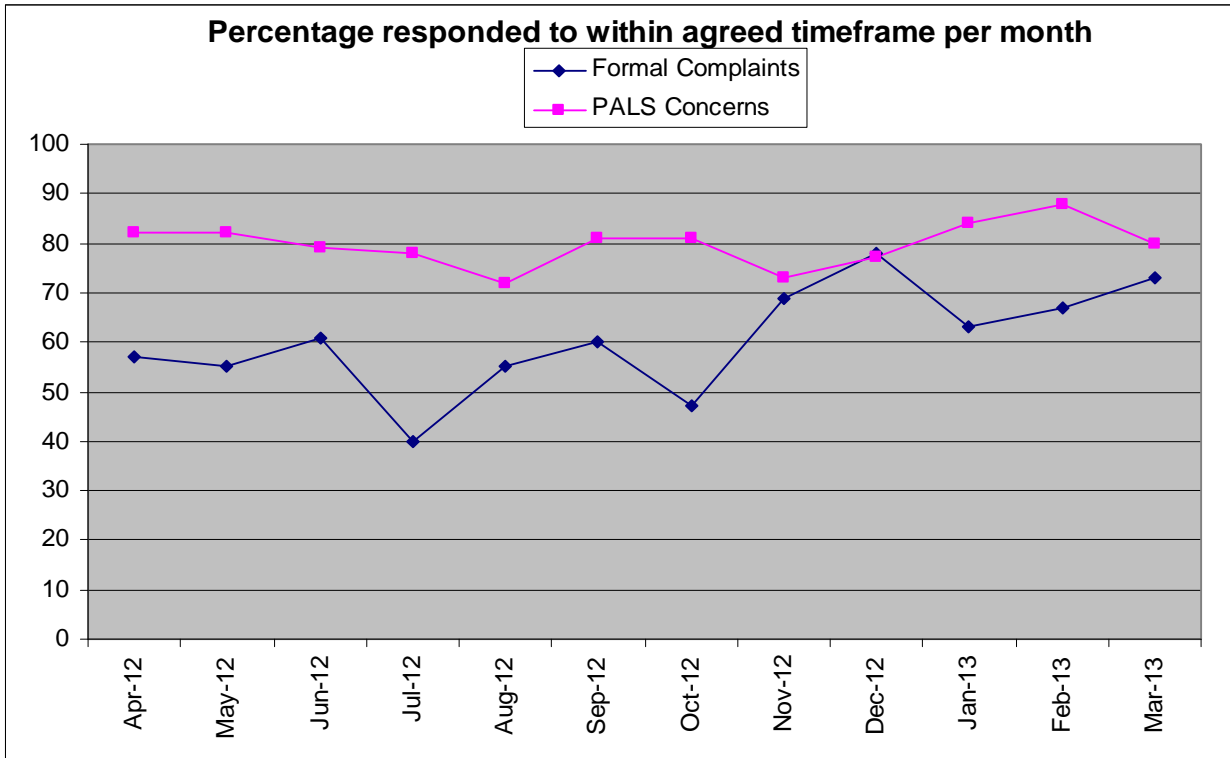


9 COMPLAINT HANDLING

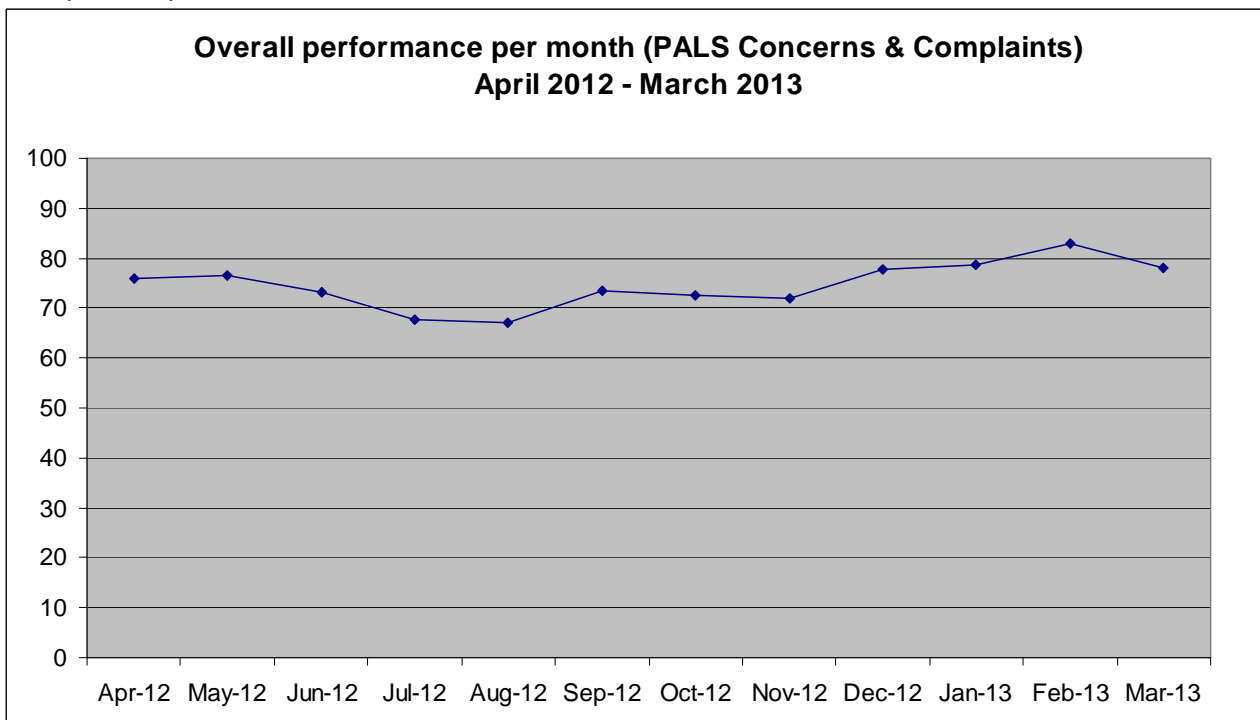
9.1 Performance

No set timeframe exists under the National Complaints Regulations (2009) for responding to complaints, however the Trust has adopted an internal standard of 25-working days. Each month all Formal Complaints and PALS Concerns are monitored for response performance, and reported quarterly.

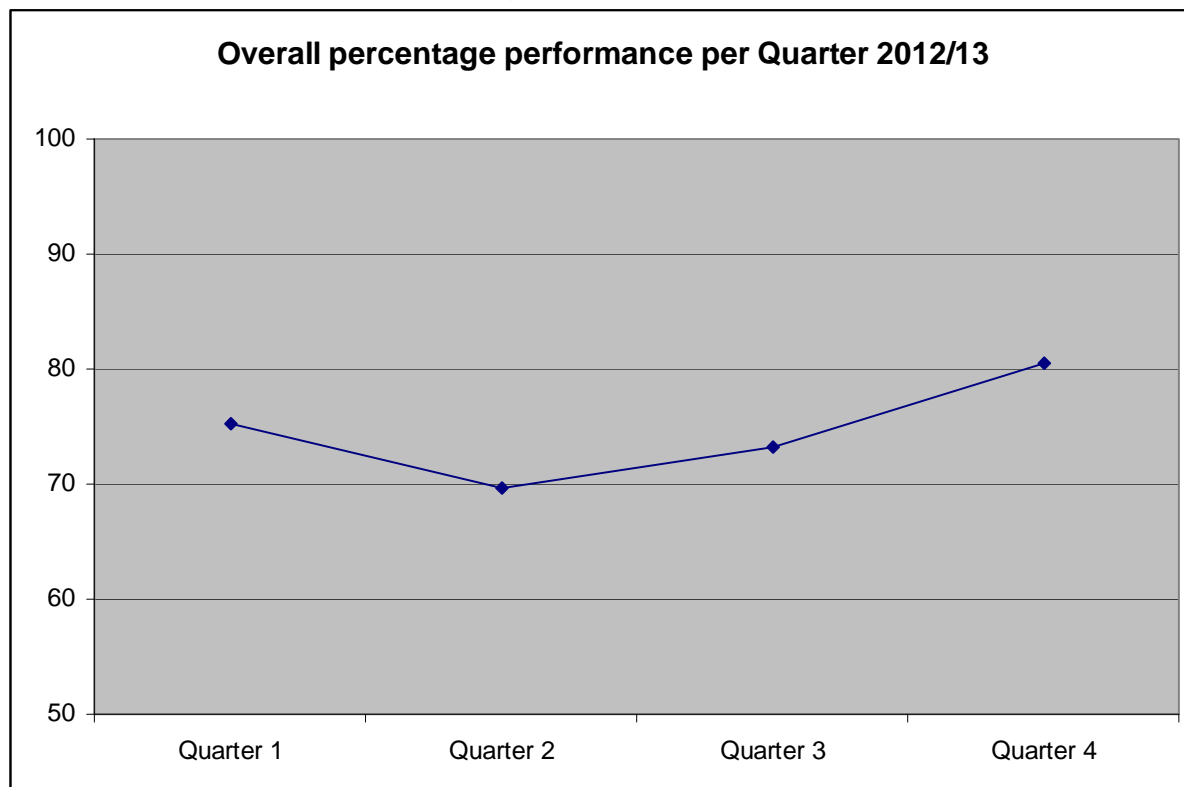
The graph below shows the performance against the agreed timeframes for Formal Complaints per month and PALS Concerns per month.



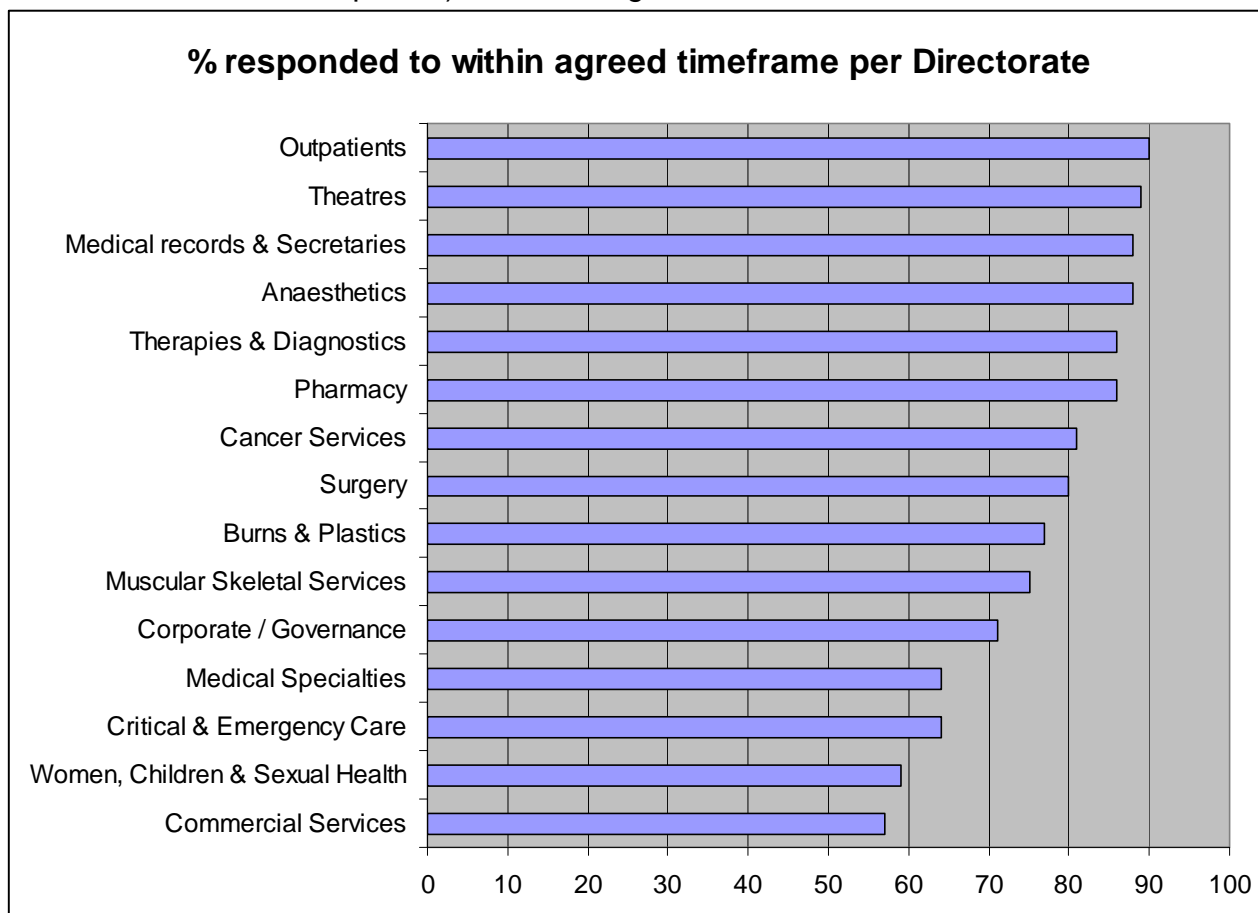
The graph below shows the overall performance for responding to PALS Concerns and Formal Complaints per month.



The graph below shows the cumulative performance per quarter for responding to PALS Concerns and Formal Complaints within the agreed timeframes



The table below shows the overall performance per Directorate for responding to concerns (PALS Concerns & Formal Complaints) within the agreed timeframe.



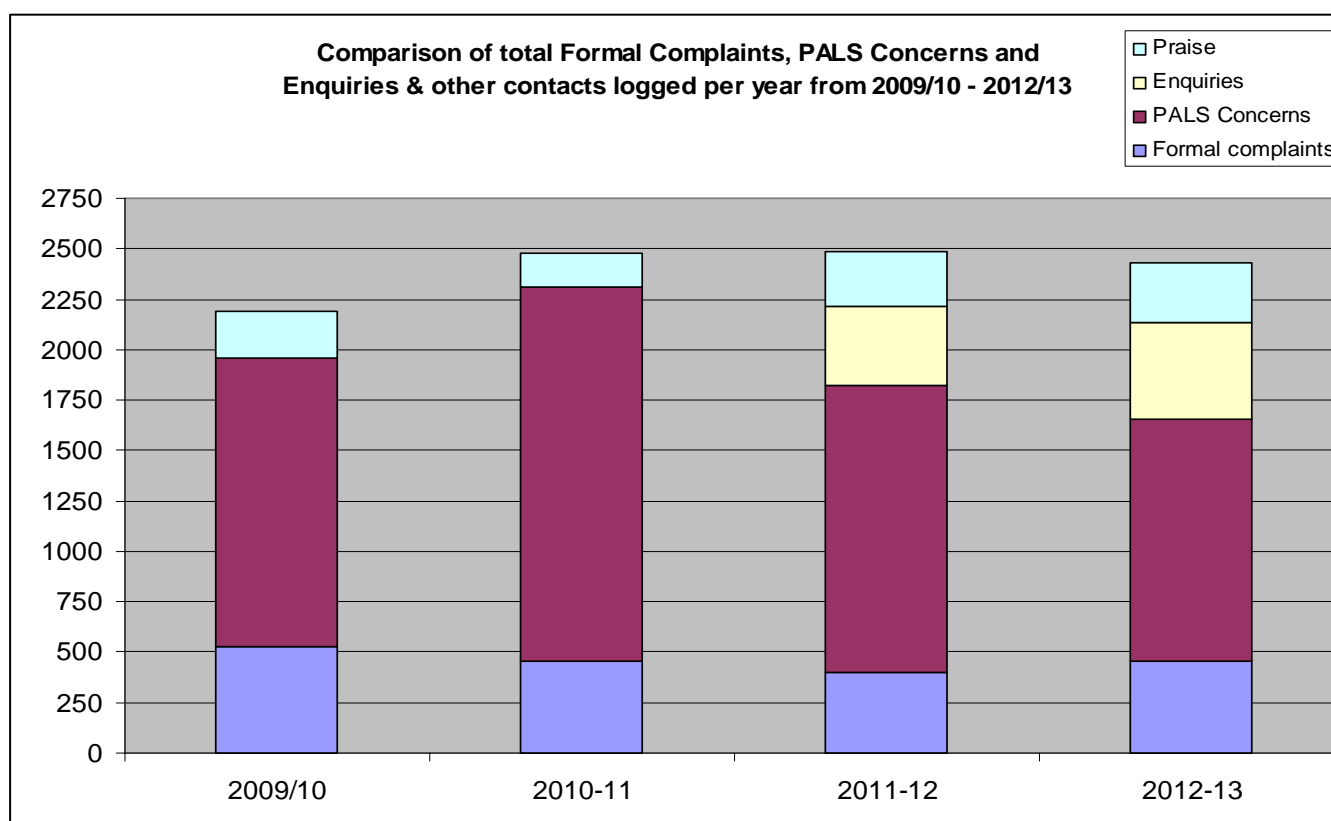
9.2 Training

Many changes and improvements have been made in complaint handling during this Financial Year. To support the launch of the new complaints policy a revised training programme for investigating complaints is due to be piloted in August 2013, and will coincide with the launch of the newly updated Complaints Handling Policy during the summer of 2013.

Some ad-hoc training has been provided to staff groups and on specific training sessions to keep staff updated with the changes that have taken place during the year to the complaints handling processes.

10 CONCLUSIONS

The graph below shows the comparison of the total number of Formal Complaints, PALS Concerns, Enquiries & other records and Praise logged per Financial year. It should be noted that Enquiries were not logged separately from PALS Concerns in 2009/10 & 2010/11.



The Trust sees its approach to complaints handling as a bench mark for not only improving the patients overall experience but views a complaint as an opportunity to take action and learn and develop processes and establish systems in order to prevent reoccurrence of similar complaints in the future.

There is still much work to be done to improve learning and work is currently in progress to make further improvements within the Trust to further complement the work already being undertaken by the Trust.

This is further complimented by the implementation of the new complaints policy which reflects the shift and actively promotes a cultural change when dealing with complaints within the Trust.

The Trust saw an overall decrease (9%) from the previous year in the number of concerns for PALS, Concerns and Formal Complaints logged. However there was an increase of 52 in the number of Formal Complaints and a decrease of 222 in PALS Concerns. These changes reflect the active promotion of complaints awareness within the Trust and the new proactive approach to complaint handling to address issues at ward level wherever possible.

In 2013/14 we will be dedicated to ensuring learning from complaints and working with the services to support effective change to improve the quality of our services and the patient experience to reduce repeated issues and themes of complaints.

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