

CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Report of:	Director of Patient Services/Chief Nurse
Paper prepared by:	Associate Director of Patient Services
Date of paper:	September 2009
Subject:	Annual Complaints Report 2008 - 2009
Purpose of paper:	To provide the Board of Directors with the complaints management performance

1. Introduction

The Patient Advice and Liaison Services (PALS), provide a dedicated and accessible service to deal with health service queries and concerns from patients, their relatives and carers, the public and external organisations. The Trust is required to comply with the statutory instrument 309 which came into effect in April 2009. These require NHS bodies to provide an annual report on its handling and consideration of complaints – a copy of which must be available to the public. This report gives an overview of the Trust's PALS and complaint activity between the 1st April 2008 and the 31st March 2009.

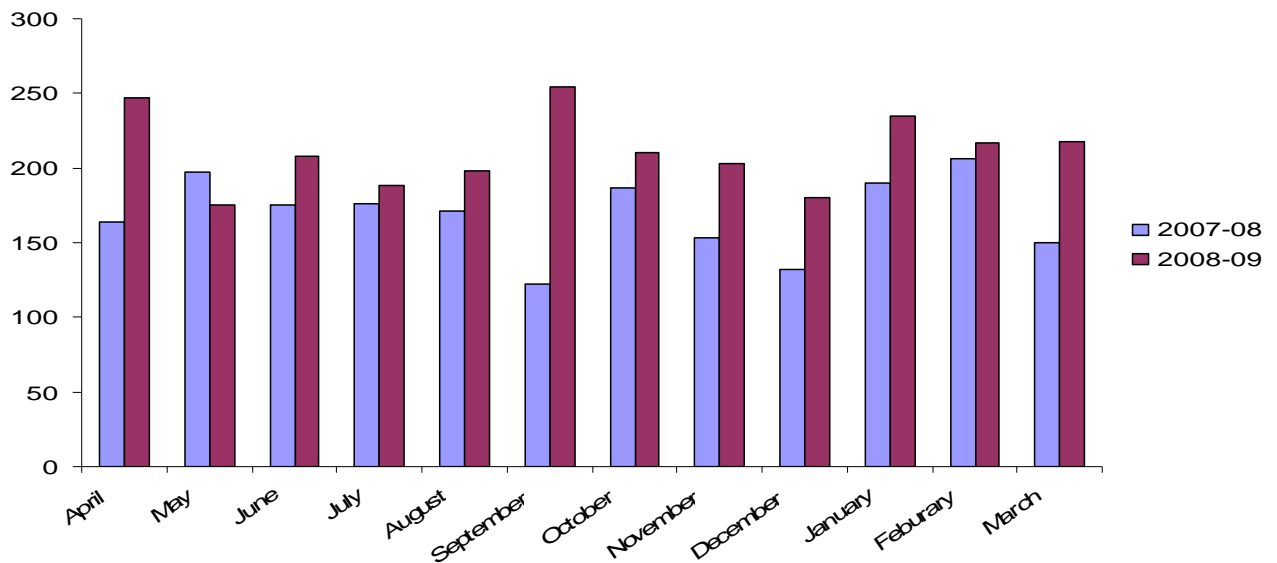
2. PALS Activity

The PALS team during this time period was located across the main adult site and the two children's hospitals. PALS received 2533 contacts from patients and other members of the public regarding the Trust's services. This represents an increase on the preceding year's contacts.

The table below represents the number of contacts received by their allocated risk category this is dependant of the severity of the concern raised. The category of "not stated" concerns relates to contacts to the service for general information about hospital services. There has been an increase in the number of red rated concerns to the service these have been primarily in relation to clinical treatment and staff attitude.

Category	2007-08	2008-09
Not Stated	192	355
Green	1513	1801
Amber	301	301
Red	17	76
Total	2023	2533

This graph demonstrates contact numbers to PALS by month and demonstrates the increase in activity month on month.



2.1 PALS cases by enquirer

Enquiries to PALS are being increasingly received from patients and their relatives directly and an increased number of contacts are being made from agencies external to the organisation e.g. General Practitioners, Social workers and Professional groups.

Enquirer Type	2007-08	2008-09
Not Stated	1239	832
Patient	228	786
Relative	495	748
Hospital Staff	18	46
External Agency	43	121
Total	2023	2533

Improvements have been implemented to reduce the number of enquiries where the caller is not stated, so that data can be better understood about the source of concerns raised. The top five reasons why people contact PALS are as follows;

Category	2007-08	2008-09
General concerns information and advice	450	462
All aspects of clinical treatment	453	498
Appointment delay/Cancellation Outpatients	373	370
Communication information to patients	324	318
Staff Attitude	81	160
Total	1681	1808

The top five categories have not changed compared to last year, however an increased number of contacts relating to concerns about staff attitude have been made.

Action has been taken in year to improve the categorisation of enquiries to PALS so that improved analysis and breakdown can be made available to Divisions.

3. Complaints Activity

The Trust received 606 written complaints for the year 2008/09; this is a slight reduction on the previous year's activity. A greater number of complaints were actually received than this but this was the number that progressed complainants receiving a written response from the Trust. The reasons for a complainant not progressing with a complaint include, appropriate consent not provided (e.g. in the case of a complaint received on behalf of a patient and the patient refuses to give consent to investigate) and when the complaint is withdrawn.

	2007/2008	2008/2009
Complaints Received	612	606

The graph below represents the number of complaints received by each of the divisions; the spread of complaints has not changed over the past two years

Division	2007-08	2008-09
Children's Services	126	150
Clinical Scientific Services	21	18
Corporate Services	22	19
Dental Hospital	24	26
Division Of Medicine	202	163
Division Of Surgery	98	104
Royal Eye Hospital	51	52
St Mary's Hospital	61	74
Total	612	606

3.1 Complaint response times

Considerable effort has been invested in this year to bring about an improvement in complaint response times in line with the 25 day standard. This has required focused attention on the resolution of over 50 legacy complaints that had been received by the Trust but had not been responded to within agreed timescales.

Target	2007/2008	2008/2009
Complaint response within agreed timescale	303 (47%)	412 (68%)

3.2 Top five complaint themes

The main themes of complaints have not changed over the past two years with clinical treatment causing the highest number of concerns to be generated.

Category	Number Received
Clinical Treatment	161
Medical And Nursing	93
Communication Failure	89

Diagnosis Problems	67
Nursing Care	56

3.3 Complaints received from Members of Parliament

Division	2007-08	2008-09
Children's Services	2	4
Clinical Scientific Services	0	1
Dental Hospital	1	0
Division Of Medicine	5	1
Division Of Surgery	6	2
Royal Eye Hospital	0	1
St Mary's Hospital	2	1
Total	16	10

The above complaints were received from the individuals Member of Parliament who had brought the complaint on behalf of their constituents, the number of complaints received in this way has fallen when compared to the previous year.

4. Independent Review

For this time period 16 requests for independent review were submitted to the Health Care Commission (HCC). Of these 3 cases were referred back to the Trust for further action/local resolution, 11 cases were upheld and required action 1 case was not upheld and 1 case was withdrawn. Of these cases 4 were transferred to the Parliamentary and Health Service Ombudsman (as the HCC ceased its function as of April 2009 and the Ombudsman is now the second stage of the complaints review process).

The status of these is reviewed on a weekly basis through the KPI process and actions are monitored through the divisional governance systems.

5. Service Improvements as a result of learning from complaints

Divisional clinical leads are responsible for implementing service improvements as a result of lessons learned from patient feedback. Some examples of improvements undertaken this year are:

- St Marys Hospital have reviewed documentation available for women for whom English is not their first language to ensure that communication about expectations of care is more easily understood.
- The provision of nephrostomy associated supplies has been standardised between the urology service and the community to improve continuity for patients
- Provision of new seating outside of main outpatients department for patients waiting for transport home
- Introduction of posters displaying the lead nurse and Matron for each area in Medicine encouraging patients and visitors to contact them directly to discuss concerns

- Newborn screening laboratory have changed practice in relation to the reporting of borderline hypothyroid screening results so that treatment can be actioned more quickly
- Improvement of shower facilities in Medical Assessment Unit.

6. Examples of Trust wide changes

- New uniforms planned for clinical staff
- Development of patient property policy
- Planned development of customer care training (commenced April 2009)
- Introduction of complaints training for divisional teams (ongoing)
- New disposal bins have been made available in disabled toilet facilities
- Patient Observation Tracker to be introduced in November 2009, the system triggers if a patient's EWS score reaches 3, 4, or 5. The electronic system bleeps the Matron, Lead Nurse, Consultant and SHO until someone has reviewed the patient.
- Modifications to lifts of safety sensors to aid partially sighted patients and visitors to the trust
- Improvements made to the ordering of meals for patients on the wards to ensure more choice is available
- Improved signage and increased way finding volunteers to main hospital corridors
- Increased provision of wheelchairs at main entrances to the Trust

7. Demonstrating compliance with legislative requirements

The following actions have been taken to improve performance in complaint handling and to ensure full compliance with the legal framework and Standards for Better Health.

- A substantive Complaints and PALS Lead commenced in post March 2009
- Complaints are part of the Trusts performance management systems
- Training has been delivered to teams across the organisation to increase complaint handling and to focus on local resolution
- A complaint quality assurance process is in place to critically review each complaint before it is sent to the complainant
- Reporting of complaints has been embedded into the Trusts governance processes
- The Trust is compliant against Standard 14a, 14b and 14c in the Standards for Better Health

An internal audit into complaints management processes was undertaken in October 2008 and an action plan was developed, this was fully achieved in February 2009 with an acknowledgement of the improvements made and as a result a significant assurance rating was achieved.

8. Developments in preparation for the complaints reform April 2009

The new ways of working in line with the planned update of the complaint regulations were introduced in January 2009. The PALS and complaints team work much more seamlessly in support of new regulations to ensure a Trust wide approach to the management of complaints, concerns, comments and complements. The complaint policy and patient information is undergoing review to ensure alignment with the new regulations.

Four key areas of development are planned for 2009/10

- To review the categorisation of complaint and concern trends to identify the possibility of linking these to other kinds of feedback, for example the National Inpatient Survey and Dr Foster feedback devices, this work has commenced.
- To establish a complaints review group chaired by a Non Executive board member to review the quality and process of complaint responses across the Trust in a structured manner (November 2009).
- To monitor the effects of the Parliamentary and Health Service Ombudsman Principles of Remedy, specifically the principles of “putting things right”, in relation to reasonable financial re-dress
- To undertake a complainant satisfaction survey to establish an external view of how the complaints process has been received (January 2010).

9. Conclusion

The Board of Directors is asked to note the content of this report, and in line with requirements give approval for it to be published on the Trust’s internet site.