

Ashford and St. Peter's Hospitals NHS Foundation Trust

Measuring, Reporting, and Acting

A Culture Based Approach to Improving Complaints Handling

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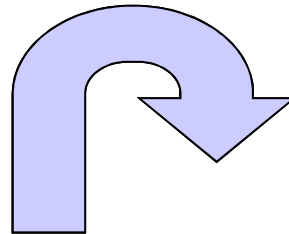


Who we are:

- Originally established in 1998 from the merger of Ashford and St Peter's Hospitals, the Trust has been on a long journey of development and improvement to its current position as the largest provider of acute hospital services to Surrey residents, and having become a Foundation Trust in December 2010.
- Ashford and St Peter's Hospitals NHS Foundation Trust serves a population of over 410,000 people and employs 3,700 individual members of staff with a turnover of £263 million.
- Our vision '**Creating excellent joined up patient care**' captures our ambition to join up care within our hospitals and care into and out of hospital, stressing the need for excellence and putting patients at the centre of everything we do.

Why this initiative?

- In 2010 ASPH devolved the centralised formal complaints process to the clinical divisions with the aim of creating greater accountability, opportunity for learning, and therefore support continuous improvement in patient experience.
- The goal - to enhance the organisational culture and provide excellence when dealing with complaints.
- What actually happened?
- A reduction in performance of complaint handling, inconsistency and a loss of patient confidence in the complaints process.



So what did we do?



No, we didn't run away!

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Cue: A Chief Nurse with a great idea!

- The Chief Nurse commissioned a project to achieve the goal of mapping and creating a new specification for the expected behaviour for responding to concerns and complaints with a culture based approach rather than a task driven protocol.
- Key aim:

Improve the internal culture for responding to complaints through maintaining the devolvement of complaints handling to the Trusts four divisions.



How did we do it?

- + 1 methodology (D5, define, describe, design, deliver, debrief)
- + 1 Project Manager
- + Stakeholder engagement
- + 50 semi structured interviews with staff
- + Fortnightly steering meeting
- = system-wide conversation about patient feedback and how we can be better at listening to patients and responding to their needs

Defining and Describing:

- One of the initial issues identified was that all complaints whether serious or not in nature were forced through the same process.
- Many less serious complaints were still taking a long time to respond to due to the lengthy review process in place and it was found there were inconsistencies in the review process.
- Recognition that consistently sharing learning, improvement and expertise across the Trust was lacking.
- Patients fed back that the complaints policy was not written in a patient friendly style, and was difficult to read.

Some Outcomes:



Managing Timeliness and Empowering Devolvement:

- The delegation of signing for Grade 1 and 2 complaints to Divisional Chief Nurses.
- This was managed through careful process mapping, and clearly set criteria for when it was not appropriate for divisional sign off, e.g. if the complainant had directly written to the Chief Executive, the response would still come from the Chief Executive.

Some Outcomes:

Quality Governance Strengthening

- A weekly complaints panel was created. Chaired by the Chief Nurse and attended by a panel of consultants, senior nurses, managers and patient experience coordinators.
- The panel discusses all Grade 3 or 4 complaints that have come into the Trust during the previous week. The topics cross all divisions within the Trust and the multidisciplinary panel allows for experts to be present and for discussion, action and learning to emerge at a Trust-wide level, whilst supporting the divisional teams with local actions and improvement goals.

Some Outcomes:

Policy improvement

- The initiative undertook to review various key reports such as Clwyd/Hart Report “Hard Truths”, and Care Quality Commission “Complaints Matter” in order to update the policy with reference to the key themes coming from these.
- The policy focussed on the approach that people who make complaints should be handled well from the start and always with an apology and humanity.

Some Outcomes:

Leadership, Staff Resilience and Continuous Learning

- The project has resulted in an evolving process of continuous learning and improvement. Staff are asked to reflect on their practice when appropriate and write the positive effects of this into the responses.
- The reflection helps the staff to understand the root cause of the behaviour or poor experience felt by the patient and is thus extremely powerful at helping them understand how to ensure a repeat situation does not arise.
- The use of Schwartz Rounds in the organisation has had a positive impact on staff's ability to deal with negative feedback and complaints. There was a Schwartz round in Spring 2015 focussed on what it feels like to receive a complaint.

Impact and Results:

Follow up rate reduction:

BEFORE = 20% AFTER = 6%

National Inpatient Survey:

Significant improvement achieved moving upwards nationally by 66 places compared to the previous year.

Reduction in complaints:

Despite efforts to increase accessibility and empowerment to patients who feel the need to raise concerns, the number of complaints received has marginally by consistently reduced.

Reduction in PHSO cases:

In 2014/15, 14 cases were investigated by the PHSO. As of 31/01/2016, 6 cases have been accepted by PHSO for investigation showing a significant reduction.

What now?



- Still room for improvement....
- Further development of root cause analysis into complaint investigations to ensure true understanding of issues is obtained.
- Plans to formally introduce tests of effectiveness into actions carried out.

Eyes wide open:

- The devolvement is a more fragile system to manage and with less central control, things can go wrong and take longer to be apparent.
- However the positive effects counteract this and for anyone considering this approach, my only advice is to keep your eyes wide open and be ready to support and tailor the approach if there are problems.
- Critical success factors of a devolved system: strong governance and collective leadership.



Question Time



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