

Complaints Annual Report 2017-18

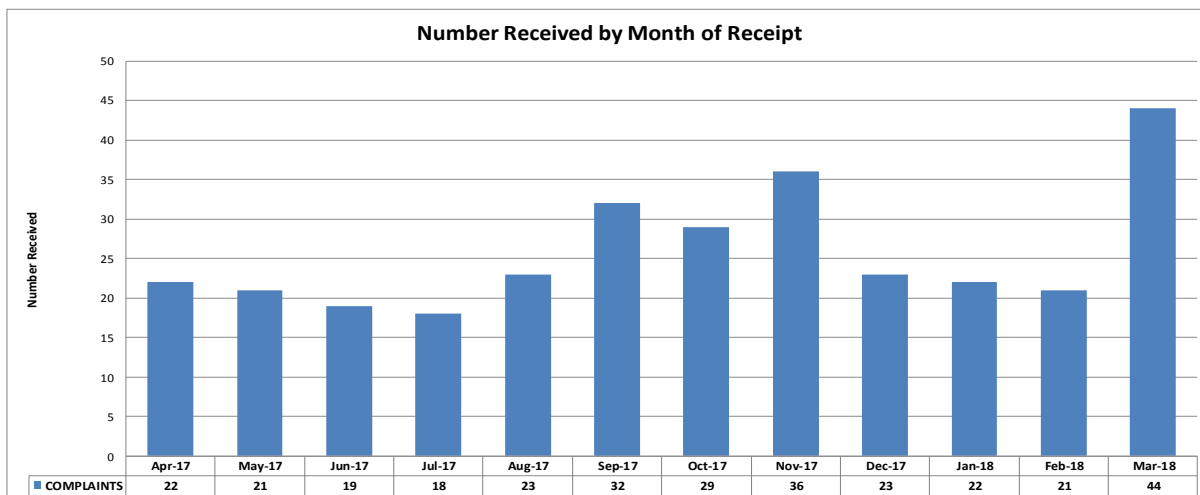
1.0 Introduction

We are an organisation that is committed to learning from complaints and implementing this learning through continual improvement. Complaints made to the Trust are managed within the terms of the Trust’s complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion in a timely manner. Despite an increase of patient throughput in the Trust the number of complaints has remained steady and has not shown any significant increase.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the trust must prepare an annual Learning from Complaints report each year. The report must specify the number of complaints received and the number of complaints which the trust decided were well-founded. It must also summarise the subject matter of complaints and any matters of general importance arising from those complaints. It must also include the way in which the complaints have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints. The report will be publicly available on our website.

2.0 Number of Complaints Received

There were 310 formal complaints received by the Trust for 2017/18, which is an increase on the previous year by 17 (293 complaints received in 2016/17; 314 in 2015/16).



In 2017/18 there was an overall annual rolling average of compliance response time of 72%. The response time falls below the Trust Policy of response performance to be at or above 75%. Of note the Trust achieved this for five of the past twelve months, see table below. This is discussed at the Complaints Performance meeting on a monthly basis.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Rolling 12 months
1st Responses Due in Month	24	26	23	23	17	18	36	21	37	29	17	25	296
Number where 1st Response Completed within 25 working days	20	23	17	17	14	14	21	13	26	18	13	16	212
Percent with 1st Response within 25 working days	83%	88%	74%	74%	82%	78%	58%	62%	70%	62%	76%	64%	72%

2.1 Table depicting volume of formal complaints and rolling average annual response time

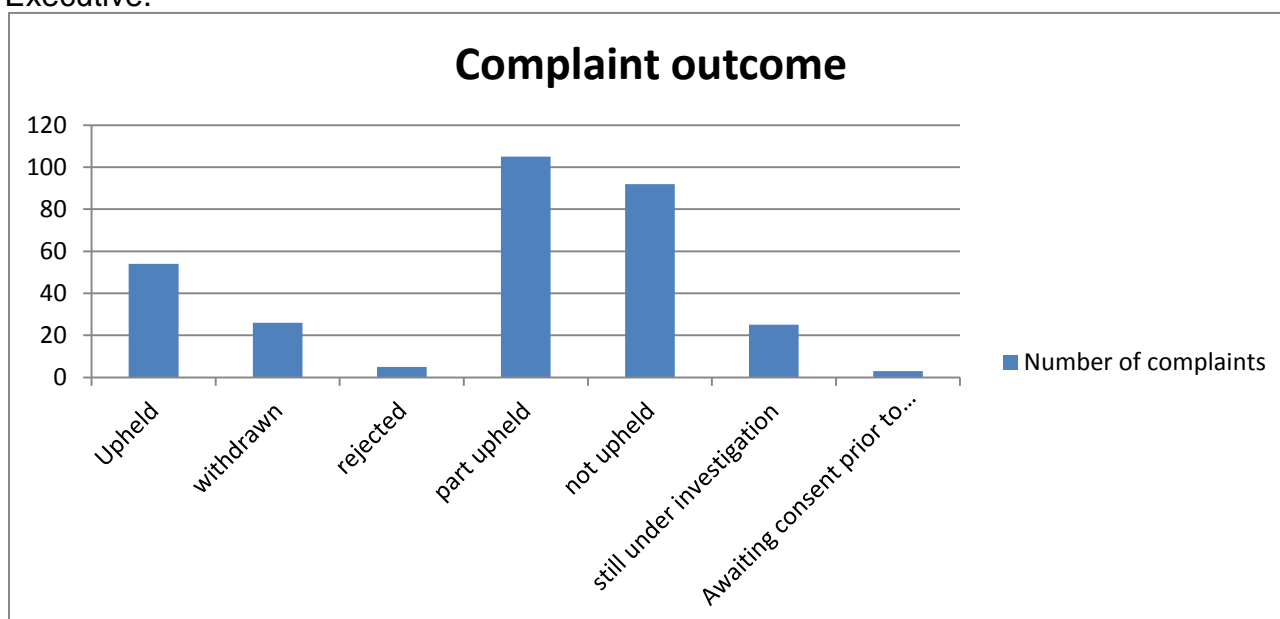
Reporting Years	2014/15	2015/16	2016/17	2017/18
Volume of Formal Complaints	214	314	293	310
Response time Annual Rolling Average 25 working days	Previous reporting method-not comparable	54%	76%	72%

2.2 Table depicting volume of concerns and rolling average annual response time

Reporting Years	2014/15	2015/16	2016/17	2017/18
Volume of concerns (including written concerns)	1273	1192	1277	1044
Response time Annual Rolling Average 25 working days	75%	100%	100%	93%

3.0 Complaint Outcomes

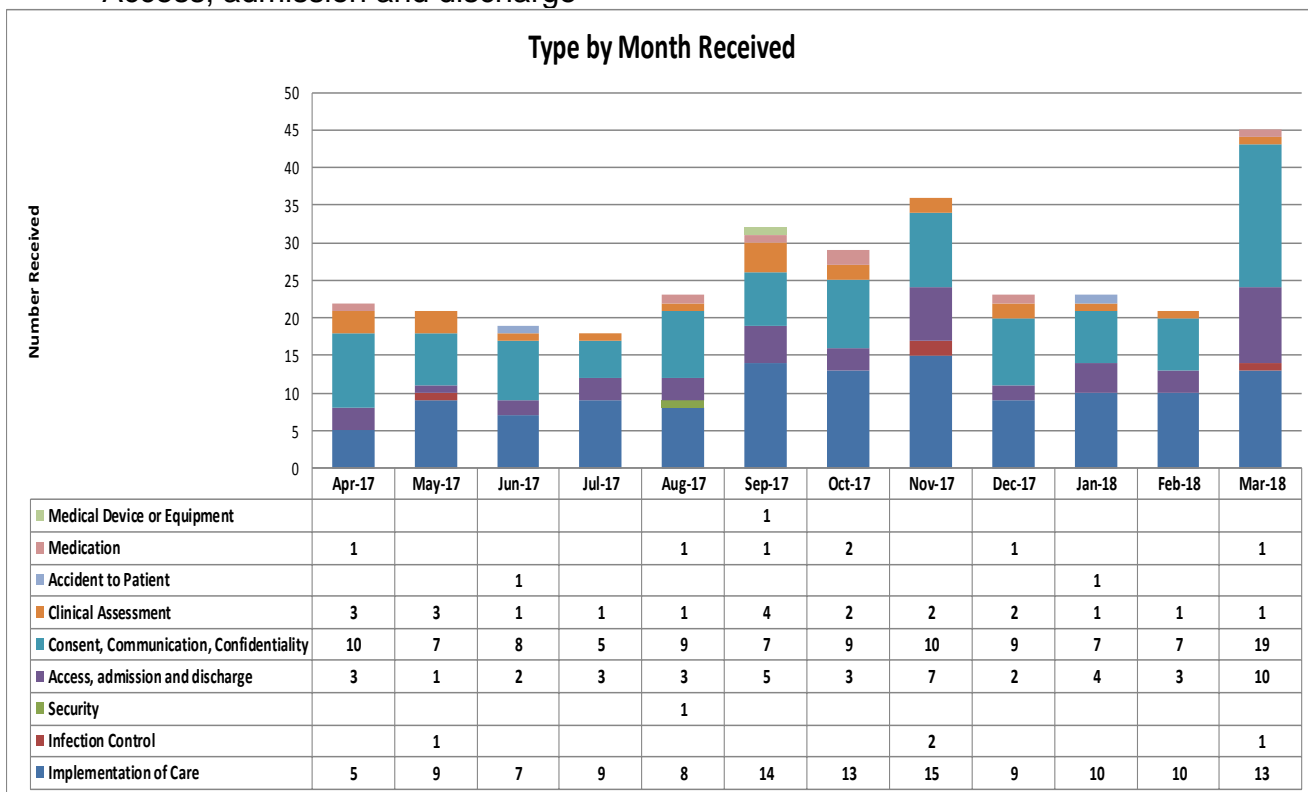
There were 310 formal complaints reported into the Trust with appropriate apologies offered and the outcome of the investigation provided in the letter of response from the Chief Executive.



4.0 Subjects of Complaints

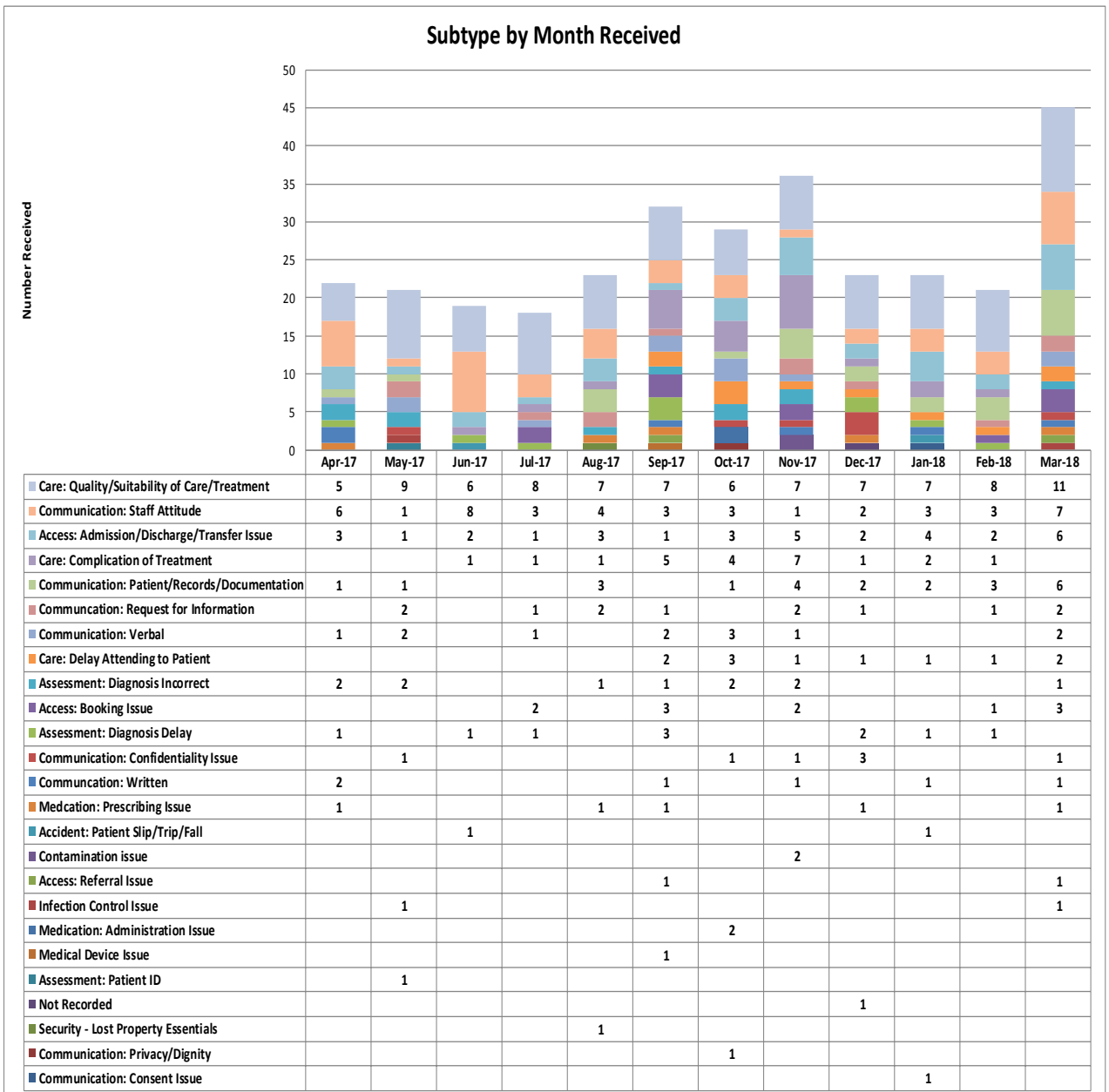
The main proportion of complaints are within the following categories or types (in order of magnitude);

- Implementation of care
- Communication and consent
- Access, admission and discharge



The above categories are broken down into various subtypes with the main proportion being;

- Implementation of care
 - Quality / Suitability of Care / Treatment
- Communication and consent
 - Staff Attitude
- Access, admission and discharge
 - Admission Transfer and Discharge



This reflects the top three from 16/17 in similar volumes.

The Complaints performance meeting reviews the themes, complaint prevalence and themes are discussed in the Care Group governance meetings.

A significant proportion of complaint resolution meetings were held with complainants and key staff to assist with resolving complaints. The great majority of these were effective in resolving concerns as advised by the complainants.

4.1 The main categories of complaint were as follows:

Type	2014/15	2015/16	2016/17	2017/18
Admission, transfer and discharge	47	62	52	46
Communication and consent	43	55	61	105
Clinical Assessment	35	58	25	22
Environment	0	0	3	0
Equipment	0	2	2	1
Food Safety and Service	0	1	0	0
Implementation of care	64	113	135	122
Infection Control	2	0	2	4
Medication [inc medical gases]	2	9	1	7
Patient accident [other than falls]/self harm	5	7	5	2
Security	0	3	2	1
Staff incident	0	1	0	0
Treatment, procedure, care	11	1	0	0
Visitor incidents/accidents	0	1	1	0
Not Recorded	0	1	1	0
Grand Total	214	314	293	310

4.2 Breakdown of two top categories

Communication and Consent

The main volume of complaints in the communication theme relates to staff attitude and shows an increase to the previous year.

	2015/16	2016/17	2017/18
Communication: Staff Attitude	30	30	42
Communication: Patient/Records/Documentation	6	9	23
Communication: Verbal	2	7	11
Communication: Confidentiality Issue	2	5	7
Communication: Written	4	5	6
Communication: Request for Information	4	3	12
Not Recorded	7	0	2
Communication: Privacy / dignity	0	0	1
Communication: Consent Issue	0	2	1
Communication and consent total	55	61	105

Implementation of Care

Implementation of Care is mainly around quality and suitability but also complications of

treatment, there was a decrease to the previous year.

	2015/16	2016/17	2017/18
Care: Complication of Treatment	24	22	23
Care: Delay Attending to Patient	10	9	11
Care: Privacy/Dignity	1	1	0
Care: Quality/Suitability of Care/Treatment	72	101	88
Care: Tissue Viability Incident	1	0	0
Not Recorded	5	2	0
Implementation of care total	113	135	122

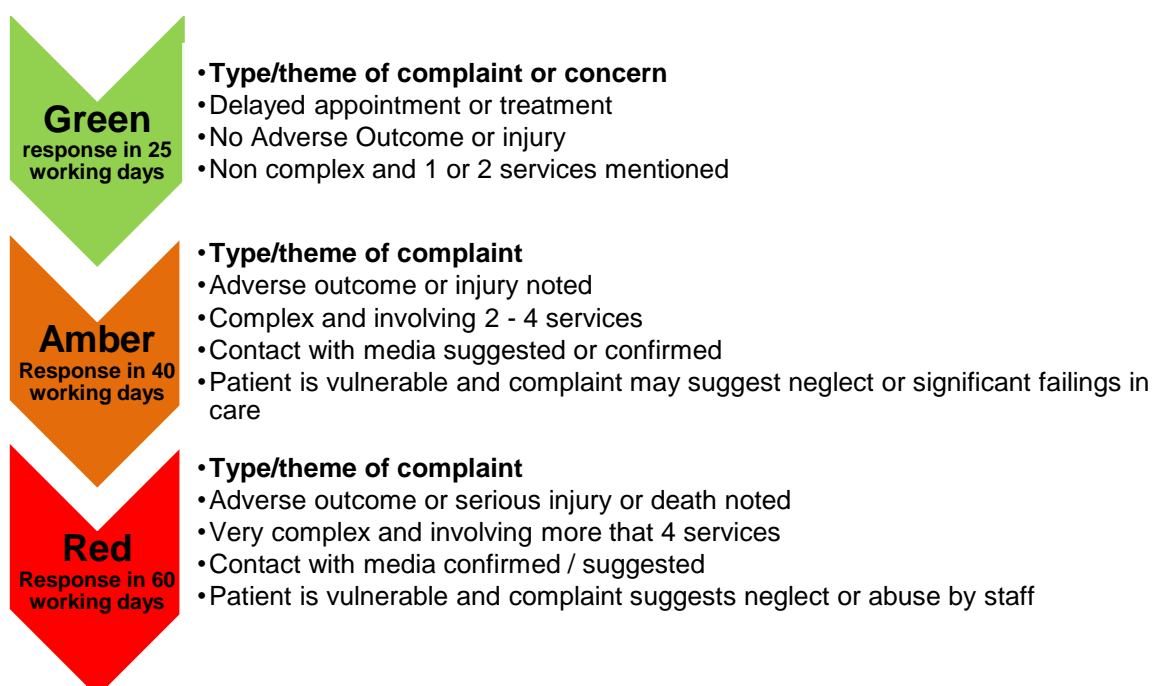
Complaints within these categories remain the focus of the improvements within the Complaints Performance Meeting. Learning from Complaints within the system will support the required improvement too.

5.0 Feedback from Complainants

The Clinical Commissioning Group (CCG) conducts a quarterly audit on the complaints process used at the Trust. In these audits the whole process from receipt of complaint to final response is looked at. Positive feedback has been received from the CCG regarding the way the complaints are handled and responded to, including the style and accuracy of the responses.

An audit was completed by our internal auditors to consider the design and effectiveness of controls regarding complaints and incidents. From this audit recommendations were made, one recommendation was that the Trust reintroduces the severity rating for the complaints to ensure that the complexity of the complaint is addressed. This has been implemented and the PALS and Complaints team are now rating all complaints received, using the template below.

Severity rating- categorization of all complaints



6.0 Complaint process

With the severity rating being implemented we have looked at the response time scales that the Trust works towards. It was felt that recognition was needed that a severity rated complaint of red, which is involving more than 4 services and has an adverse outcome or serious injury or death noted needed, more time to investigate and respond than the standard 25 working days. Taking this in consideration we are currently in the process of rewriting the complaints policy and changing the standard response time frames, incorporating contact points through the process to ensure that the complainant is communicated with and kept up to date.

Meetings with complainants are offered and taken up and staff are much more responsive in terms of resolving an arising concern.

More recently, this has been supported by the introduction of the Customer Care training, which details how to respond to an arising concern, and how the central PALS Team can support teams and individuals to manage and resolve concerns.

7.0 Improvements resulting from Complaints

Directorates are required to follow through changes resulting from complaints within their own risk and governance meetings, recording these and reporting them into their governance meetings. The Trust Complaints Performance meeting convenes monthly to review complaints response times, key themes and shared learning from complaints. This has enabled stronger engagement with the directorate teams.

One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Examples of changes brought about through complaints are as follows and have been reported on the Trust website. Whilst the Trust reorganised the Team structure and processes around complaints and their management, focus was maintained on improving performance. During 17/18, the Trust will now focus on embedding learning from Complaints. This is managed and coordinated through the Complaints Performance Management. Here are some examples of changes:

You said "I came for an appointment and had bloods done on the same day. I was not given my test results at this appointment so presumed they were all clear, I developed an infection three months later and my original results turned out to be positive"

We did "The department have implemented two prompts on the computer system to check results, all positive results are sent weekly to clinical leader, patients are now also encouraged to have blood tests done 2 weeks prior to appointment to enable the results to be ready at the appointment."

You said "I had an ECG and was shocked and surprised that the technician had to physically touch me, I was not aware that this would happen"

We did "a local chaperone policy will be created for the department and the appointment letters will be reviewed to include more relevant information in regards to what the test involves."

You said	We did
I came to the hospital as I had hurt my knee, I was called 5 days later and told it may be broken and I would be referred on for this. I heard nothing and had to chase this up on several occasions	Spoke with the reception staff regarding referrals and reminded them of the need for timeliness, we are also looking into streamlining the referral process
My surgery was cancelled and I was told that this was due to contaminated equipment	The surgery equipment packing process has been reviewed and the trays are wrapped as they are put together to reduce the length of time the tray is exposed to the atmosphere, the managers have also increased the number of visual quality assurance checks
GP service called to arrange for a patient to be admitted, the requested ambulance did not arrive to collect the patient	We brought in a new procedure for ensuring ambulances are booked when requested and reminded all staff to be vigilant.
My mum needed a cannula inserted for her to have fluids but there was no-one trained on the ward to insert this	We reviewed the staff skill mix to ensure that there is always at least one member of staff on shift that can perform this task.
There was conflicting information given regarding the Power of Attorney that I hold for my relative	Arranged training for staff on the ward for them to have a better understanding of the Power of Attorney rights and documents
Incorrect information is on my electronic records	Removed the information and reminded staff to be vigilant with ensuring the patient's records are correct
I had a procedure which involved me turning my arm round and holding it for 90 minutes, this put pressure on my shoulder and exacerbated an injury	Included in the pre-clerking documentation a "previous shoulder injury" section so that the staff are aware prior to the procedure starting.
The transport staff use the discharge lounge as a break room and they are loud and sometimes offensive	We contacted the ambulance teams that come to the hospital and asked for all staff to be mindful of conversations if using the area for a break.
The triage Nurse in ED did not recognise the patient's learning difficulties when they attended	Implemented a training programme "Disability Matters – Confidence Matters" for all nursing staff in ED
The curb outside Christchurch hospital is not flush to the road making this difficult for wheelchair users	Estates Manager contacted the architect and engineer and looked into this to ensure compliance

I've not been able to order a Kosher meal whilst on the ward	Manager investigated and identified that there had been a delay in these meals being delivered. Manager located an alternate supplier to avoid any future issues
I had to wait a long time for my medication to be issued	Provided education to everyone in Pharmacy regarding paperwork and keeping patients informed for Clinical trials

8.0 Patient Advice and Liaison Service (PALS)

The focus of the Patient Advice and Liaison Service (PALS) in resolving concerns informally with front line staff continues to be constructive and relationships within the Trust have also supported early resolution.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Rolling 12 months
1st Responses Due in Month	88	79	125	95	113	105	83	72	56	78	76	74	1044
Number where 1st Response Completed within 25 working days	84	73	116	89	107	98	78	68	51	75	74	67	980
Percent with 1st Response within 25 working days	95%	92%	93%	94%	95%	93%	94%	94%	91%	96%	97%	91%	94%

There has also been an opportunity for some people to formalise their concerns as complaints, with the merging of the PALS and Complaints team this has made this process more streamlined.

More meetings have been offered to resolve concerns and a sustained focus on closing complaints, and ensuring outcome actions and learning has taken place. In terms of managing process for informal concerns, the acknowledgement and feedback process remains excellent and is reported into the Complaints Performance meeting and the Healthcare Assurance Committee.

9.0 Referrals to the Parliamentary Health Service Ombudsman (PHSO)

Complainants who remain dissatisfied with the response to their complaint at local resolution level were able to request an independent review to be undertaken by the Parliamentary Health Service Ombudsman (PHSO).

After receiving a response from the Trust, complainants are advised to contact the PHSO if they remain unhappy. In 2017/18 eighteen cases were investigated by the PHSO with 7 fully or partially upheld, 6 not upheld; 6 cases are still in progress. This shows a slight increase in the number taken to the PHSO and an increase in the number upheld.

Year	Investigated	Upheld (fully or partially)	Not Upheld	Not investigated
2017/18	19	8	7	4
2016/17	20	10	9	1

10. Summary

In summary, in 2017/18 the management and resolution of complaints for our patients, their relatives and carers has seen an improvement, however the response rate has dropped slightly. The improvement has been shown by the use of resolution meetings providing successful outcomes for the complainants. It has also been demonstrated by the recognition of the Trust that more complex complaints need more time to investigate thoroughly. Due to this the Trust policy is being changed to allow more time for the complex complaints to be investigated.

Through streamlined processes and staff engagement the response rate for non-complex complaints has improved and this has been sustained. Quality reviews by our partners in Healthwatch and our Clinical Commission Groups have supported us to make further improvements in the quality of our responses. Learning from complaints is an integral part of the process and this has been managed and supported through the governance and Directorate structures.

11. Recommendations

The Healthcare Assurance Committee is requested to note the annual Complaints report which is provided for information.