

Complaints Annual Report 2016-17

1.0 Introduction

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. This must specify the number of complaints received, the number of complaints which the trust decided were well-founded and to summarise the subject matter of complaints, any matters of general importance arising from those complaints, or the way in which they 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.

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.

2.0 Number of Complaints Received

In 2016/17, there have been 293 formal complaints with an overall annual rolling average response time of 76%. The response time is above the Trust Policy of response performance to be at or above 75%. In year, the Complaints Team has been reviewed in terms of resource, location, and efficiency with many work patterns streamlined such as a central complaints repository email, co locating the team, highly accessible localized information about complaint response times for all and the initiation of a Complaints Performance meeting. This has resulted in high level engagement within the directorates which resulted in a turnaround on Complaint response times. From October 2016, in month response times have consistently been above 75% on aggregate and in most months since October 2016 have been well above this. The profile of this portfolio has moved to being one of importance in terms of patient feedback, and that resolving complaints is possible. Many more meetings with complainants are offered and uptaken 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.

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

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

3.0 Complaint Outcomes

There were 293 formal complaints reported into the Trust with appropriate apologies offered in the letter of response from the Chief Executive. 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 Complaints Performance meeting convened in 2016 to review complaints response times also supports sharing of learning from complaints. This has enabled stronger engagement with the directorate teams.

4.0 Subjects of Complaints

The main proportion of complaints are within the following categories in order of magnitude:

- Implementation of care
- Communication and consent
- Admission Transfer and Discharge

This reflects the top three from 2015/16 in similar volumes.

The Complaints performance meeting reviews the themes, and 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
Admission, transfer and discharge	47	62	52
Communication and consent	43	55	61
Diagnostic tests (not pathology)	35	58	25
Environment			3
Equipment		2	2
Equipment, resources, staffing	1		3
Food Safety and Service		1	
Implementation of care	64	113	135
Infection Control	2		2
Medication (inc medical gases)	2	9	1
Patient accident (other than falls/self-harm)	5	7	5
Patient records	4		
Security		3	2
Staff incident		1	
Treatment, procedure, care	11	1	
Visitor incidents/accidents		1	1
Not Recorded		1	1
Grand Total	214	314	293

4.2 **Communication and Consent Analysis**

The main volume of complaints in the communication theme relates to staff attitude and is similar to the previous year.

	2016/17	2015/16
Communication: Staff Attitude	30	30
Communication: Patient/Records/Documentation	9	6
Communication: Verbal	7	2
Communication: Confidentiality Issue	5	2
Communication: Written	5	4
Communication: Request for Information	3	4
Not Recorded	0	7
Communication: Consent Issue	2	0
Communication and consent total	61	55

4.3 Implementation of Care

Implementation of Care is mainly around quality and suitability but also complication of treatment.

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

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

5.0 Feedback from Complainants

In January 2016, in partnership with Healthwatch, a further complaints survey was sent to a list of previous complainants. The results of the survey were published in Spring 2016 and presented to the Board of Directors illustrated key points of required improvements needed within our process. This was reported into our Healthcare Assurance Committee and also our Board of Directors. Improvements were made in the acknowledgement letter customisation, timescales of response letters, and consistency of style. The positive partnership working on the Complaints survey between our Trust and Healthwatch was recently cited at the Healthwatch Priorities Board.

To review the quality of our response letters, we invited the Dorset and West Hampshire Quality leads to review Complaint letter responses. The methodology included a review of every directorate's responses against our internal Trust Policy. Recommendations were made for improvement, again centering on style and consistency. This was reported back to the Healthcare Assurance Committee and the Board of Directors.

The quality of the letters and the style is now reviewed by the central team for consistency, whilst retaining autonomy in the Care Group structure.

A Complaint Focus Group will be held in 2017/18 as part of our overall Quality Strategy.

6.0 Improvements resulting from Complaints

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 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 2017/18, the Trust will now focus on embedding learning from Complaints. This is managed and coordinated through the Complaints Performance Group.

7.0 Patient Advice and Liaison Service

The focus of the Patient Advice and Liaison Service in resolving concerns informally with front line staff has been constructive and relationships within the Trust have also supported early resolution. There has also been an opportunity for some people to formalise their concerns as complaints.

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.

8.0 Referrals to the Health Service Ombudsman

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 Health Service Ombudsman.

After receiving a response from the Trust, complainants are advised to contact the PHSO if they remain unhappy. In 2016/17 11 cases were investigated by the PHSO with 2 fully or partially upheld, 3 not upheld and 6 cases are still in progress. This is in line with previous years.

Year	Investigated	Upheld (fully or partially)	Not Upheld
2016/17	11	2	3

9.0 Summary

In summary, in 2016/17 the management and resolution of complaints for our patients, their relatives and carers has seen a tremendous improvement overall. Through streamlined processes and staff engagement the response rate has significantly improved and this has been sustained for the last half of 2016/17. 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.

10.0 Recommendations

The Board of Directors are requested to note the annual Complaints report which is provided for information.