

Annual Complaints Report 2015/16



Putting people first
Delivering excellent, accessible healthcare

1. Executive summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the nature and number of complaints received by Surrey and Sussex Healthcare NHS Trust during 2015/16.

In summary:

- In 2015/16 SASH received 568 formal complaints, compared to 486 in the previous year, this represents an increase of 14%. The Trust has taken a number of steps to ensure that patients are aware of the complaint process.
- 38% of complaints received were upheld in 2015/16 and 38% were partially upheld. Not every complaint demonstrated a failure in service provision however an apology was always given for the lack of clarity around communication and the resulting experience.
- During the year the PHSO made contact with the Trust about fourteen cases, five closed as not upheld and three cases were partially upheld. The Trust has issued an unreserved apology for the failings identified in all cases. It has also provided financial remedy where appropriate and has identified learning points to prevent reoccurrence.
- The majority of complaints are about care implementation these accounted for 25% of all complaints received.
- Complaints are managed at Divisional level and are a key point of discussion at Divisional Governance Meetings. The Divisions report to the Patient Experience Committee so that the issues identified in complaints can be monitored at Trust level. The Divisions are also asked to report where complaints have triggered an improvement to a process or to a service, to enable Trustwide learning.
- Quarterly complaints reports are discussed at the Patient Experience Committee and forwarded to the Safety and Quality Committee for discussion and assurance. Operational issues relating to complaints are managed through the Complaints Review Group which met every two weeks through 2015/16. Complaints are also used within Divisions and professional groups (for example Falls Group) to drive change and provide reflection. Statistics relating to the management of complaints are now available on the Trust Scorecard, in 2016/17 the Quarterly Report will be replaced by an assurance report.

2. Overview of Compliance with the Complaints Policy

In the early part of 2015/16 the Complaints Team worked on consolidating the implementation of the 4Cs model of managing patient feedback (complaints, concerns, comments and compliments). This had been triggered by the implementation of the Complaints module of Datixweb.

The Complaints Review Group (CRG) met every two weeks through 2015/16. This is an operational group whose role is to oversee the efficiency and effectiveness of the complaints process. It is chaired by the Chief Nurse.

The Trust follows the Department of Health guidance and legislation (the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) which outlines the requirement to acknowledge all formal complaints within three working days. Under the current legislation Trusts have six months in which to resolve a complaint to the satisfaction of the complainant. The legislation allows Trusts to agree a mutually acceptable response time with each complainant. The Trust will monitor two key metrics with respect to response performance:

- Actual time to respond: < 25 days and 45+ days
- Performance based on response time agreed with the complainant.

The Trust will ensure that where a response is not possible within 25 days that the complainant is fully informed and engaged to maintain confidence and trust in the process.

Actions taken:

The Trust Complaints Policy was updated and reissued in Q2.

The implementation of Datixweb was completed by the end of Q1.

A Datixweb user manual which supports the Trust process was published to users in June 2016.

CRG was established as an effective tool in the operational management of complaints and as a forum for sharing best practice.

The CRG monitored complaint response times. These were included in the Quarterly Complaints Reports which were discussed at the Patient Experience sub-committee and the Safety and Quality Committee.

By the end of Q4 57% of complaints were responded to within 25 days, the Trust did not achieve the target of 75%, however this was a significant improvement on 26% in Q2.

Undertake an analysis of Trust performance against the national picture when the Health and Social Care Information Centre issue their analysis of the KO41 data.

3. Analysis of complaints received in 2015/16

Governance quarterly updates were provided to the Patient Experience sub-committee and the Safety and Quality Committee on the number of new formal complaints received, any reinvestigations, key themes and the percentage of responses that were sent to the complainant within the agreed timeframe agreed.

At the beginning of financial year 2015/16 each Division reported on a specific set of key performance indicators to the Patient Experience Committee on a monthly basis. The quarterly complaints report includes the internal Trust performance target of 25 working days. This is a new internal target. The current national requirement is that a response date is agreed with the complainant and can be renegotiated if necessary.

Table 1: Performance

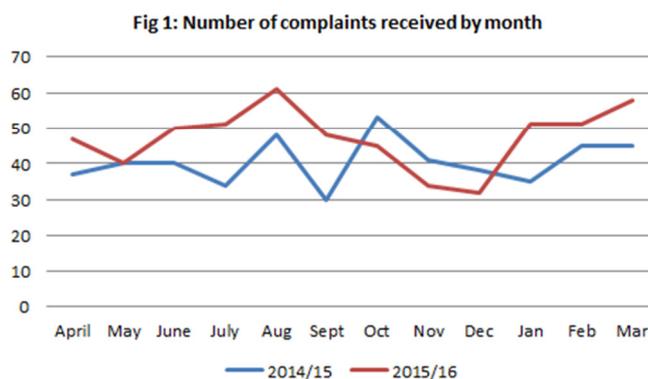
Financial year	Complaints received	Complaints referred to PHSO	Responses sent on time	Main subject matter
2010/11	497	7 (1.4%)	72%	Treatment / procedure
2011/12	573	2 (0.3%)	55%	Treatment / procedure
2012/13	461	7 (1.5%)	44%	Treatment / procedure
2013/14	507	4 (0.8%)	42%	Care implementation
2014/15	487	4 (0.8%)	59%	Care implementation
2015/16	568	4 (0.7%)	77%	Care implementation

During 2015/16 there was a 14.4% increase in the number of complaints compared to 2014/15. This is against a backdrop of increased patient activity.

On receiving a complaint the priority for each Division is to ensure that any immediate issues are resolved for example organising a clinical appointment to assess the patient, the written response will then follow.

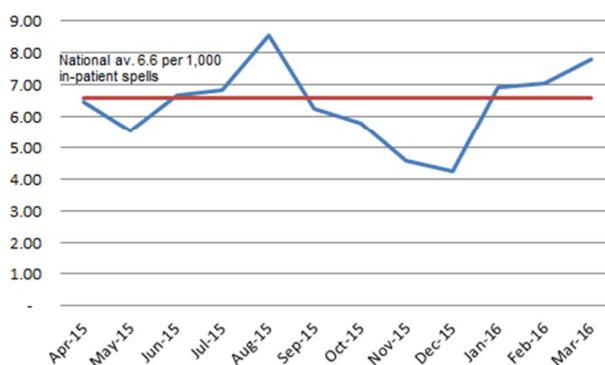
Governance

Organisations that actively encourage patient feedback may expect to receive more complaints as part of having an open culture. The Trust is proactive in soliciting feedback through a number of mechanisms including Your Care Matters, Friends and Family and Patient Opinion. An increase in complaints should be considered in this context. Keogh stated in his report (*Review into the quality of care and treatment provided by 14 hospital trusts in England*) that a low level of complaints should be seen as a cause for concern not celebration.



By looking at the rate of complaints per 1,000 inpatient spells (discharges) it is possible to benchmark Trust against the latest published national mean of 6.6 complaints received per 1,000 discharge episodes (2012-13). This provides a more reliable and consistent measurement between trusts than using total episodes of care. There is wide variation between trusts in how outpatient and emergency department episodes are counted, hence the use of the more dependable measures that relates to inpatient episodes only:

Fig 2: Rate of complaints per 1,000 inpatient spells (discharges), 2015/16



A breakdown of the complaints data showed that the top 6 subject areas account for 80% of the complaints received by the Trust; care implementation, communication, attitude, appointments, clinical diagnosis and treatment/procedure. This is further expanded in fig 3 below.

Fig 3: Top 5 complaints by subject and Division, 2015/16

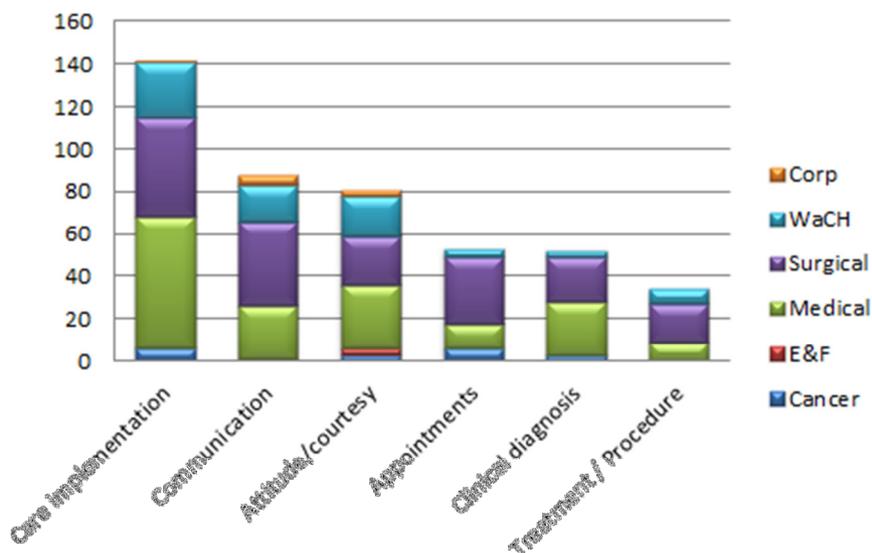


Table 3: main subject of complaints (SASH), last 4 years

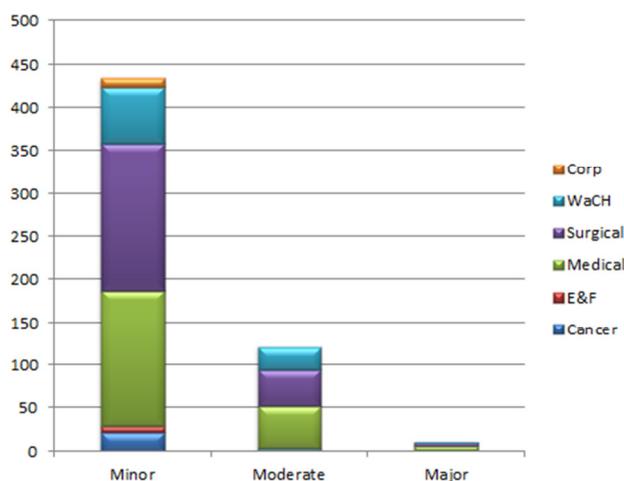
Year	Total complaints	Main subject area		
		Category	qty	%
2011/12	573	Treatment / procedure	151	26%
2012/13	461	Treatment / procedure	141	31%
2013/14	507	Care implementation	81	16%
2014/15	487	Care implementation	132	27%
2015/16	568	Care implementation	142	25%

In 2015/16 SASH saw an increase (14.3%) in the number of complaints that were primarily about the attitude of staff (60 in 14/15 to 81 in 15/16). During the year the Trust developed and launched a set of standards of behaviour through an initiative called “one team, one way”. The standards comprise a set of clear expectations of how all Trust staff must behave at work. The Trust has recognised how important first impressions are and how behaviour affects the relationship that staff have with patients and visitors. There is a demonstrated link between effective doctors' communication and the likelihood of patients complying with medical advice and hence clinical outcomes.

Trends in complaints are monitored by the Divisional Governance Meetings and reported to the Patient Experience Committee. The Patient Safety and Clinical Risk sub-committee monitors complaints that have highlighted an issue of safety. Where number or types of complaints change significantly over time, the division is asked to account for the variation to the PEC.

At the beginning of 2015/16 complaints were triaged upon receipt. The grading was based on the content of the complaint letter and was found to be subjective. During 2015/16 the Trust took the decision to grade the complaints on completion of the investigation to ensure that the severity of the complaint is recorded accurately. The chart below shows complaints by grade, noting that the process was amended partway through this time period.

Fig 4: Complaint grade by Division, 2015/16



Actions taken:

Divisions have provided narrative on the KPIs to the Patient Experience Committee on a monthly basis.

The quarterly complaints report includes analysis of the Trust internal performance target of 25 days.

The Divisional Board meetings monitor the progress of complaints. Divisions can use the CRG to discuss any problems or concerns

The Patient Experience Committee reviews the Patient Experience Scorecard which includes complaints performance.

Consideration was given to recording a second grade after investigation, however the Trust took the decision to grade the complaint on completion of the investigation to ensure that the severity of the complaint is recorded accurately

4. Lessons learnt from Complaints Monitoring

This section considers how the Trust learns from the complaints it receives. The 2013 Francis report made several recommendations about complaints, including greater attention being paid to narrative contained in complaints as well as analysis of numbers, themes and trends. Single complaints may show learning points, as will analysis of complaints by topic or by time period.

Thematic analysis forms part of the quarterly complaints report and is shared at the PEC and SQC, but an aim for 2015/16 will be to strengthen this further.

Serious Incidents

During 2015/16 two complaints were received which initiated a serious incident investigation. Where care has passed back to the GP or to a tertiary provider, complaints provide a valuable source of information in identifying a serious lapse in care.

Safeguarding

In 2015/16 an amendment was made to Datixweb to allow the number of complaints that raise potential safeguarding concerns to be monitored. This shows that forty-five complaints were escalated to Adult Safeguarding and five complaints were escalated to Children's Safeguarding.

End of Life Care

Thirty-two complaints related to end of life care.

Once complaints have been investigated Divisions are required to document any resulting actions or learning for sharing Trustwide:

- There were a number of complaints over the year that highlighted problems with communication regarding discharge. Themes include managing patient expectations and clarity regarding the process. Numerous complaints referred to problems with appointments, there are a number of services within the Trust that have experienced capacity problems due to operational pressures which have resulted in overbooked clinics, cancellations and delayed appointments. In each case a full explanation and apology was given to the patient.
- There were a number of individual complaints which highlighted issues with communication between clinicians and patients. Each of these complaints gave the individuals concerned the opportunity to reflect on their communication style and the patient's perception of care.
- One complaint highlighted the anguish felt by relatives when a doctor was not available to meet with them to discuss the care of a patient. In response the ward now ensure that all staff are aware of the availability of doctors and these times are displayed prominently on the ward.
- One family have highlighted the stress caused by the need to repeat the same information to multiple care givers, questioning why information cannot be shared. In response the Therapies team have restricted the information they request as part of the history taking to only what is necessary.
- The Trust safeguarding policy states that the Trust will share information about home schooled children who attend ED with the local authority. The paediatric team in ED were reminded that, to avoid distress, if they plan to complete a form they should give the patient's parents/carers the leaflet that explains why this information is shared.

- A patient's son experienced problems getting an update on his mother's condition over the phone. As a result further work was undertaken to train staff to provide a compassionate response to such calls without breaching information governance guidelines.
- A number of cases have been used anonymously in team training sessions to ensure that lessons are widely learnt and similar situations are not repeated.
- The Digital Dictation system was been updated to allow a letter to be approved by a second consultant to avoid unnecessary delays to patient and GP correspondence.
- Some of the issues raised by complainants in the category "clinical diagnosis" demonstrate how difficult the diagnostic process can be. A number of investigations found that the treatment of the patient had been appropriate and this was explained to the complainants. One ED case in particular confirmed how clear and timely communication during what was a distressing time for the patient would have inspired confidence that the patient was in safe hands. This case is being used within the team for learning. WaCH have established that the referral guidelines for tongue tie need to be discussed with all clinicians to ensure a timely referral; the optimum time to carry out this procedure is within two weeks. The ED have used one case to highlight that where there is a history suggesting a significant injury and the clinical examination is in any way suspicious, there should be a low threshold for a CT scan on an urgent basis. A cardiology investigation found that the team would have reached their diagnosis much sooner had an echocardiogram been performed earlier.
- One patient described her ultrasound scan during which the sonographer shared her thoughts with the patient. The sonographer found it an interesting and challenging scan, and sought the advice of a more senior colleague, however her openness increased the patient's anxiety, which was an unforeseen consequence of her desire to involve the patient.
- The November meeting of the Medical Division Governance Board discussed communication with patients that have undergone sedation. The meeting highlighted the importance of ensuring patients are sufficiently informed about their ongoing and follow up treatment plan and that patients have the opportunity to raise any questions or concerns.
- One case has highlighted the complexity of managing patient confidentiality. A patient's mother was under the impression that information she had disclosed would not be shared. In this case the clinician had a responsibility under the Trust's Safeguarding Policy and in accordance with the standards set out by her own professional body, The British Psychological Society, to take further action. The investigation demonstrated that this was done appropriately and after careful consultation. The Division have undertaken to ensure that parents completely understand what information is going to be shared with which agency before they leave the consultation and that this is clearly documented in the notes for later reference.

5. Complaint referrals to the Parliamentary Health Ombudsman (PHSO)

Since April 2013 the PHSO has adopted a new approach, which is to review many more cases than previously. They also plan to share more information from complaints, in order to improve learning across the NHS.

The PHSO will consider any approach before local resolution is finished as premature, if they accept a case they may now consider no further action is needed, or may partially or fully uphold the complaint and may request an action plan, apology and possible compensation.

	2015-6				
	Q1	Q2	Q3	Q4	Total
Complaints received by PHSO	5	6	4	10	25
Complaints accepted for investigation	1	5	3	3	12
Investigations - fully or partly upheld	0	0	1	2	3
Investigations - not upheld	0	4	1	2	7

PHSO data

In 2015/16 the Trust was notified by the PHSO of fourteen cases that would be investigated. In each case the Trust was asked to provide relevant background information including a copy of the full complaints investigation file and the relevant medical records for the PHSO to consider whether a full independent investigation was required.

Three PHSO cases were partially upheld within the financial year for care given in previous years.

Case One – this was the case of a patient with complex needs arising from cerebral palsy with additional health problems and severe learning disabilities. The patient’s carer raised the complaint because he felt that the Trust needed to improve the way it manages and provides care for patients with special support needs.

Actions taken:

- As a result of this investigation the Trust has apologised for any misjudgement by staff regarding the patient’s needs. The Trust acknowledged that there had been a delay in the patient’s regular specialist care team in a timely way.
- The patient has now been issued a Hospital Passport to make sure that there is an agreed formal plan to manage his future hospital admissions and treatment. This will be reviewed after each admission.
- The Trust has reimbursed the costs incurred by the patient’s carer associated with providing specialist care to the patient during his initial stay in hospital.

Case Two – the complainant raised concerns about the care and treatment the Trust’s Urology department provided to her late husband between April 2012 and June 2013. The complainant felt there were opportunities missed for an earlier diagnosis which may have affected his treatment and prolonged his life. The PHSO reviewed the case and did find failing in the patient’s care but concluded that it was unlikely that an earlier diagnosis would have prolonged the patient’s life but may have led to better management of his symptoms.

Actions taken:

- The Trust provided the complainant with a full written acknowledgement of the service failures identified by the review together with an unreserved apology.
- The Trust made a compensation payment in recognition of the injustice that the complainant suffered as a consequence of the service failure.

Case Three – the complainant raised concerns about the care and treatment he had received while an inpatient and the subsequent discharge process. He also felt that the Trust had failed to follow its own complaints policy in response to his complaints. The PHSO found no fault in the Trust’s discharge process or the way in which it responded to his clinical condition. The PHSO accepted that it was difficult for the Trust to manage the volume of complaints received from the complainant however it found that the Trust did not act openly in discussing its concerns with the complainant to achieve a mutually acceptable way forward.

Action taken:

- The Trust provided the complainant with an unreserved apology for failing to provide substantive responses to his complaints.

6. Developments to complaints monitoring and management in 2015/16

Process review - improving quality of responses

Whilst the majority of the complaint responses appear to satisfactorily resolve the concerns raised, there are a number of complainants who return to the Trust with additional queries, follow up questions or re-contacts for areas that require clarification. In some cases a complaint may require a full reinvestigation. When this happens the complaint is “reopened”. In the financial year 2015/16 approximately 10% of complaints were not resolved and were reopened.

In the latter part of 2015/16 the Complaints Manager introduced a process of phoning all complainants to provide assurance that the complaint will be investigated, to agree the scope of the investigation to ensure that the complainant’s key concerns will be addressed and to agree the format of the response (letter, e-mail, telephone call or meeting).

In addition to this the Trust has introduced a new format of complaint response (see appendix 2) using a structured template into which each of the complainant’s key concerns are entered with additional columns for the investigation findings and the resulting learning and actions. The template process has simplified the process for staff and gives clear accountability for addressing each point in the complaint. The format also addressed the challenge of drawing out the learning and actions.

Complaints department audit

The Complaints team undertook a review of the feedback received through the Complaints Feedback Survey in January 2016. 199 patients whose complaints were closed in May to August 2015 were invited to submit feedback. 51 questionnaires were received. Overall the majority of respondents agreed it was easy to make a complaint, the acknowledgement provided all the information they needed about the complaints process and a member of the complaints team contacted them which was useful.

However, the majority felt the response did not answer all the questions and concerns raised and no assurance was provided about what was being done to prevent the same thing from happening again. This feedback was used in the design of the new complaint template and also in the decision to call every complainant to discuss their concerns.

Complaints Feedback Survey

In the last quarter of 2015/16 the Trust has undertaken a review of the content of Complaints Feedback Survey. As a result the content of the survey was simplified to encourage completion. In addition complainants were invited to give feedback soon after their complaint has been closed to improve the immediacy of the feedback. Finally it will be made available online. The new format will be launched in April 2016.

Updating Complaints Information

In 2015/16 a web based feedback form was introduced on the Trust website which allows patients to register complaints quickly and efficiently. This has helped to reduce administration and speed up the process of addressing the individual’s concerns and responding to them.

Actions taken:

The complaints process has been reviewed to ensure that the communication with the complainants is clear, relevant, honest and demonstrates learning.

The trust has improved the ability of service users to raise concerns by implementing a feedback form on the Trust website.

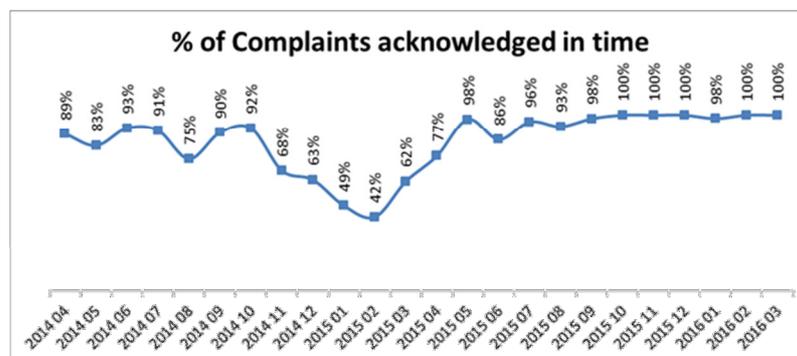
The Trust has review feedback on the complaints process and put actions in place to improve the process.

The Trust has undertaken a review of the Complaints Feedback Survey which will be launched in April 2016 and made available on line.

7. Other aspects of complaints management compliance

Acknowledgment of complaints

The SASH Complaints policy states that all complaints should be acknowledged within 3 working days. This element of the complaints process had been identified as a weakness and was pro-actively addressed over 2015/16, with pleasing results.



Complaint Response times

SASH has a flexible approach to complaint response times, and seeks to negotiate the time period with the complainant wherever possible. Many complaints may be resolved during the initial phone call and all divisions are encouraged to involve the complainant in determining what they are hoping to achieve from their complaint. The internal 'target' for 2015/16 was 25 working days, but it was recognised that some complaints required immediate attention and others may took considerably longer where multiple divisions or organisations were involved. During 2015/16 complaint responses were monitored on whether the time to respond was 25 days or less, or more than 45 days. In addition, the team monitored whether the response met the deadline agreed with the complainant.

At the beginning of the financial year 2015/16 the current performance suggested that adhering to the response date and providing a high quality response in the allocated time frame would present a challenge to the Divisions. The reason for delays are multi factorial but failure to meet the target is not always linked to the volume or complexity of the complaints received. It has been noted that in some areas staff engagement in responding to complaints can be less than optimal, competing priorities is cited as a key issues. The Patient Experience Co-ordinators have been asked to escalate any key areas of concern to the CRG so that support can be given.

Ensuring Equal Access

The Trust endeavours to make the complaints process easy to access and equitable, in the following ways:

- Support is provided to complainants who wish to make a complaint but for whatever reason are unable to write in to the Trust or make the complaint themselves.
- Complaints responses can be translated on request, however, during 2015/16 there were no requests for translation.
- Females account for 61% of all complainants in 2015/16, this does not mirror the Surrey/West Sussex patient population which is 51% female (2011 census).
- The complaints team continue to work closely with the local advocacy services and Healthwatch schemes.

Ethnicity

The complaints team record the ethnicity of the patient not the complainant as per NHS guidance. Ethnicity data is drawn from Cerner.

Methods of accessing the complaints process

The Trust offers a range of options for members of the public wishing to raise a concern. The use of email as first contact continues to rise (45%), as the number of complainants using the post declines (30%). The Complaints Team will support complainants by providing a transcription service if required (15%). In 2015/16 a web form was introduced accessible through the Trust website, this has proved successful as a method of complaint (7%).

8. Summary and conclusions

The annual review of complaints management shows that SASH is broadly compliant with best practice but that opportunities still exist for improvement.

At every opportunity the Trust seeks to reinforce the message that it places great value on patient feedback and that the Trust will listen and change practice as a result.

The Trust has undertaken a number of reviews during the year to improve the processes around complaints to make sure responses to complainants are timely, accurate and honest.

2015/16 has seen the volume of complaints increase at a time when there was an increase in activity and a winter of significant operational pressures.

The overall time taken to respond to complaints is too long and this will be explored further with the divisions. The reduction in reopened complaints is evidence that the quality of complaints responses has improved, but there is still some variation. Clinical engagement in resolving complaints has been highlighted as an issue and will be addressed in 2016/17.

Although the incidence of reinvestigations and referrals to the PHSO is low, the complaints team will continue to ensure that the complaints management process meets the needs of complainants and that the feedback that is delivered meets their needs.