

Annual Complaints Report 2016/17



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 2016/17.

In summary:

- In 2016/17 SASH received 604 formal complaints, compared to 568 in the previous year, this represents an increase of 6%. The Trust has taken a number of steps to ensure that patients are aware of the complaint process.
- 39% of complaints received were upheld in 2016/17 and 36% 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 nine cases, one was closed as “not upheld” and three cases were either “partially” or “fully 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 attitude and courtesy these accounted for 20% 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 Trust wide learning.
- Each quarter an Assurance Report is produced for discussion at the Patient Experience Committee. This is then presented at the Safety and Quality Committee with key issues identified for the committee. 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 Focus Group) to drive change and provide reflection. Statistics relating to the management of complaints are now available on the Trust Scorecard.

2. Overview of Compliance with the Complaints Policy

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. In 2016/17 this was achieved in 99.3% of cases, it was missed four times, in two instances due to IT failures.

It is standard practice that the Complaints Manager phones 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 2016/17 the Trust has embedded the new format of complaint response which uses a structured template. Each of the complainant's key concerns is entered onto the template 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.

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 2016/17 approximately 9% of complaints (56) were not resolved and were reopened. This is a decrease on the previous financial year, despite an overall rise in the number of complaints.

The Complaints Team invite all complainants to give feedback soon after their complaint has been closed. This has improved the immediacy of the feedback. Complainants have the opportunity to complete a questionnaire online or on paper. Analysis of this feedback is presented by the Complaints Manager to the Patient Experience Committee.

The Complaints Review Group (CRG) met every two weeks through the early part of 2016/17. 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. Due to staffing shortages and operational commitments it became more difficult to hold the meetings regularly and in the later part of the year. The CRG was relaunched in March 2017 as a monthly meeting.

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 Complaints Manager agrees the response time when she calls each complainant. In general this is in the region of 25 working days but can be varied, in agreement with the complainant, if it is felt that the investigation may be complex especially where external providers are involved. In 2016/17 58% of complainants received their response within the time agreed. This is a decrease from the previous year and will be a key area for improvement in 2017/18.

3. Analysis of complaints received in 2016/17

The Trust Scorecard includes the following key metrics:

- number of new formal complaints received
- reopened complaints
- key themes
- the percentage of responses that were sent to the complainant within the agreed timeframe agreed
- the number of complaints acknowledged within 3 days

The scorecard is reviewed at the Patient Experience sub-committee and the Safety and Quality Committee.

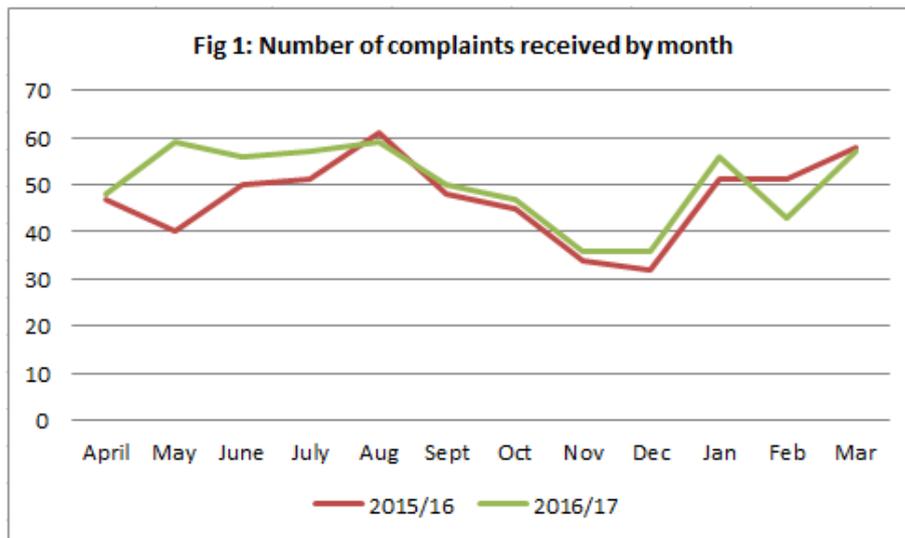
Table 1: Performance

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
2016/17	604	9 (1.5%)	58%	Attitude/courtesy

During 2016/17 there was a 6% increase in the number of complaints compared to 2015/16. This is against a backdrop of increased patient activity.

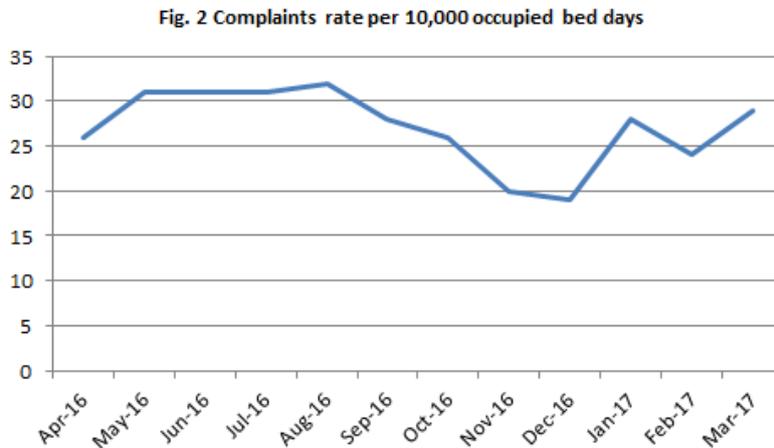
On receiving a complaint the priority for each Division is to ensure that any immediate issues are resolved, for example organising a clinical appointment to assess the patient, the written response will then follow.

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.



This chart shows a very similar profile of complaints received in 2016/17 to the previous year.

The Trust reports the rate of complaints per 10,000 occupied bed days on the Integrated Performance Report at Trust Board, which is available to members of the public on the Trust website. While this metric aims to put complaints in context with activity, the weakness of this metric is that it assumes that complainants make the Trust aware of their issue immediately. It is clear that many complainants prefer to wait weeks or months before submitting a formal complaint.



In order to address this anomaly, a project has been underway during 2016/17 to record the “event date” for each complaint. Not all complaints are triggered by a single event and so in some cases this is a judgement call, but the purpose of the project is to evaluate whether the Trust can more accurately assess situations, circumstances or pressures which are more likely to trigger patient dissatisfaction.

A breakdown of the complaints data showed that the top 6 subject areas account for 81% of the complaints received by the Trust; attitude/courtesy, care implementation, appointments, communication, and treatment/procedure and clinical diagnosis. This is further expanded in fig 3 below.

Fig 3: Top 6 complaints by subject and Division, 2016/17

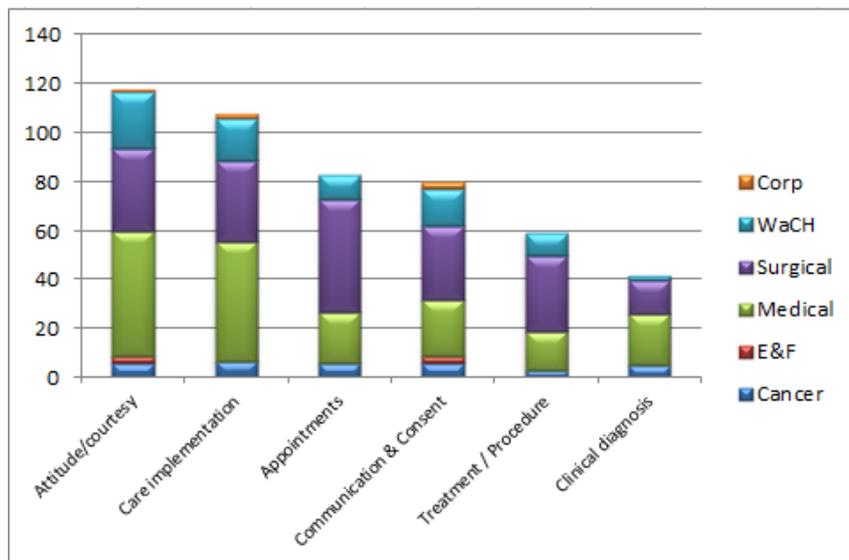


Table 2: main subject of complaints (SASH), last 5 years

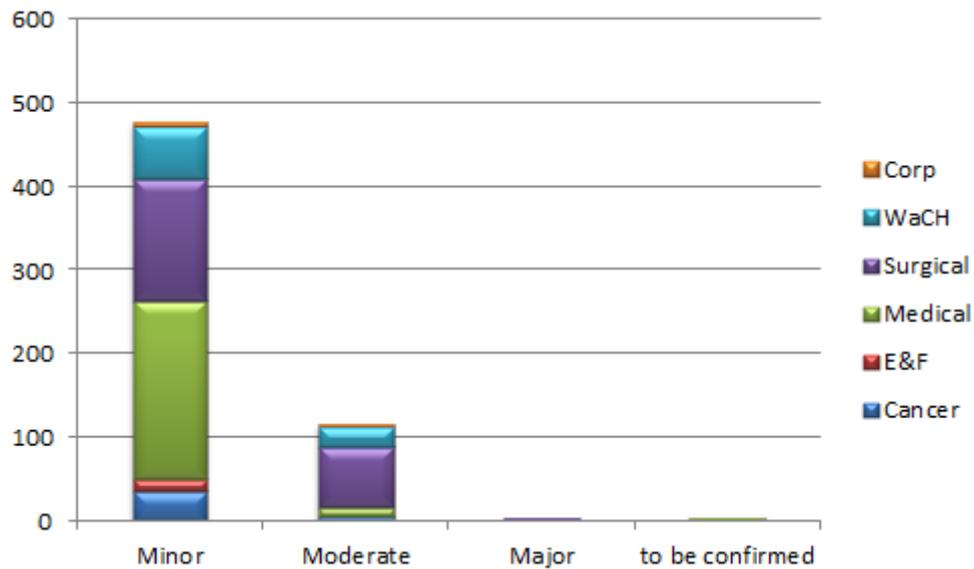
Year	Total complaints	Main subject area		
		Category	qty	%
2011/12	573	Treatment / procedure	151	26%
2012/13	461	Treatment / procedure	141	31%
2013/14	507	Care implementation	81	16%
2014/15	487	Care implementation	132	27%
2015/16	568	Care implementation	142	25%
2016/17	604	Attitude/courtesy	118	20%

In 2016/17 SASH saw an increase (31%) in the number of complaints that were primarily about the attitude of staff (81 in 15/16 to 118 in 16/17). At the same time there has been a 24% decrease in the number of complaints about the implementation of care (142 in 15/16 to 108 in 16/17).

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.

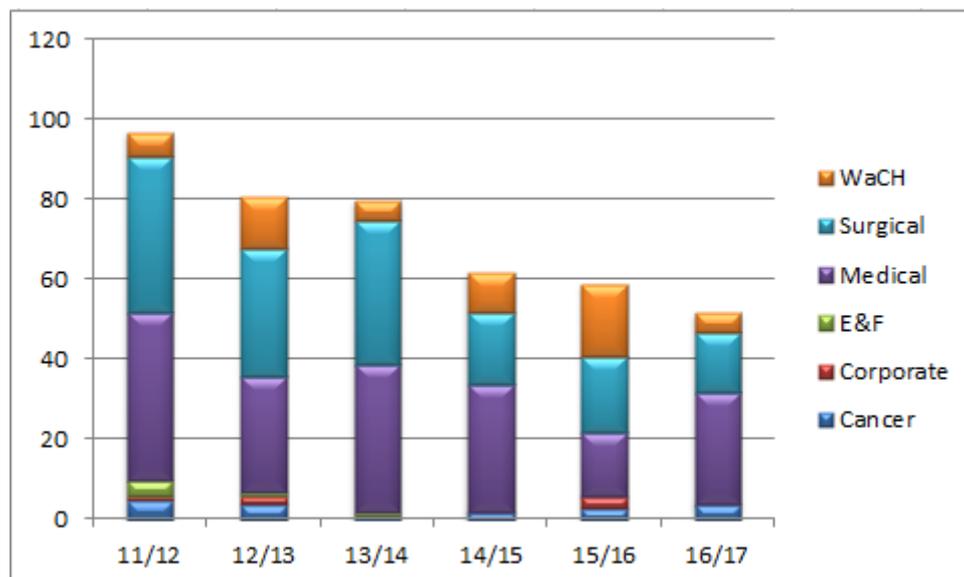
2016/17 is the first full year that complaints are triaged upon closure; this has ensured that the severity of the complaint is recorded accurately following full investigation. The chart below shows complaints by grade.

Fig 4: Complaint grade by Division, 2016/17



Reopened complaints are an indication of how effectively a complaint has been managed. Fig. 5 below shows how many complaints were reopened during 2016/17 by Division. There is a downward trajectory, however, work will be carried out in conjunction with the divisions and the Complaints team to examine the reasons surrounding reopened complaints i.e. issues not being responded to appropriately initially, or the first response generating further questions rather than providing answers.

Fig 5: Reopened complaints by Division, 2011 to 2017



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 2016/17 will be to strengthen this further.

Serious Incidents

During 2016/17 one complaint was 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 2016/17 fifty-three complaints were escalated to Adult Safeguarding and eleven complaints were escalated to Children's Safeguarding.

End of Life Care

Thirty-seven complaints related to end of life care.

Overall learning from Divisional Investigations

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

- A number of complaints regarding poor attitude and behaviour were used as learning tools for individual staff reflection. The Trust has developed and implemented a Standards of Behaviour, which is often used to reference expectations
- Anonymised complaints are frequently shared in departmental meetings, ward handovers and ward/divisional newsletters to reinforce good practice standards and raise awareness of patients' experiences. Examples of this are:
 - hand hygiene protocol
 - keeping noise to a minimum at night
 - importance of attending to a patient's personal care promptly
 - improvement in communication with patients during the discharge process
 - process for insertion of PICC lines
- A new repatriation handover proforma is being developed to improve the written handover when transferring patients to other hospitals from ICU
- Keeping patients updated with expected delays in the Emergency Department
- All hearing loops have a thorough maintenance schedule and will be fully serviced annually
- Ophthalmology outpatient stickers have been implemented to alert nursing staff of patients with similar names attending the same clinic
- Changes have been made to the endoscopy patient information leaflets to include what to expect and what needs to be done post capsule endoscopy, to include a comprehensive list of the risks involved and detailed post procedure guidance
- Chief of Surgery to implement training on extravasation injuries

- Orthopaedic department is working to ensure that patients referred by their GPs are allocated to the correct specialist's outpatient clinic
- The Orthopaedic service team are investigating the possibility of virtual fracture clinics to help reduce the size of clinics and save patients unnecessary appointments/review
- Completion of an electronic waiting list request by the clinician during or immediately after an outpatient consultation to avoid paper processing and streamline the process
- A new pain assessment tool has been introduced for all patients with hip fractures with clear guidelines for all staff how and when to adjust pain killing medications
- There has been a review of the process in all community midwifery teams for notifying other relevant healthcare professionals about women who miscarry
- The introduction of a "white board" above each patient's bed on Brockham Ward that includes expected date of discharge so that patients and relatives are better informed
- Pathway for booking specialised tests to be written and disseminated to all Children's Assessment Unit (CAU) staff
- Review and update of the Induction of Labour patient information leaflet to reflect schedule of observations and review of post-natal checklist

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.

	2016-7				
	Q1	Q2	Q3	Q4	Total
Complaints received by PHSO	0	3	3	3	9
Complaints accepted for investigation	n/a	2	3	1	6
Investigations - fully or partly upheld	n/a	1	2	0	3
Investigations - not upheld	n/a	1	0	0	1

In 2016/17 the Trust was notified by the PHSO of nine cases that would be reviewed. 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.

One PHSO case was fully upheld, two were partially upheld and one not upheld within the financial year for care given in previous years. The Trust is awaiting the final report for two cases that are still under investigation.

Case One – in this case the patient complained about the care he received at the Trust from September 2010 until his discharged in 2013. He alleged that despite identifying a pituitary tumour on an MRI scan clinical staff did not take appropriate action to diagnose and treat his condition and failed to refer him to a specialist team. The patient also felt that his complaint had been managed badly; it had been passed to the doctor concerned who responded directly to the patient and copied his response to the patient's GP.

The PHSO's clinical advisor confirmed that established good practice would have been for additional tests to have taken place to fully assess the patient's condition and determine necessary treatment. The advisor felt that it was not reasonable, given the clinical picture to discharge the patient in 2013, and that he would have benefitted from another opinion from a more highly specialised team. This case was fully upheld by the PHSO.

Actions taken:

- The Trust has acknowledged and apologised for the fact that the doctor did not follow Trust procedure by responding directly to the patient. The Trust has confirmed to the PHSO and to the patient that complaint letters should not be shared with GPs. The situation has been reported as an incident and the Trust will share the actions taken to prevent a recurrence with the patient.
- The Trust has provided the complainant with a full written acknowledgement of the service failures identified by the review together with an unreserved apology.

- The Trust has made a compensation payment in recognition of the injustice that the complainant suffered as a consequence of the service failure.
- The Trust is required to formulate an action plan to ensure that the clinical failings identified in this case are not repeated. The action plan will be shared with the patient and with the PHSO.

Case Two – the complainant raised concerns about delays in his son’s corrective surgery between September and December 2015. Surgery was cancelled three times in September, October and December; the complainant felt that the delay had impacted on his son’s physical and emotional health.

The PHSO reviewed the case and found that the cancellation in September was due to operational pressures and that the patient was rescheduled within 28 days, in line with NHS guidelines. The subsequent surgery in October was cancelled because the patient was not clinically well. The PHSO found that both cancellations had been appropriately managed.

Surgery was rescheduled for December but cancelled because it was felt that a plastic surgeon should be present. The PHSO found that it was appropriate to cancel the surgery due to the uncertainty surrounding the surgery, but felt that this could have been avoided with better planning

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 will document the learning from this case and explain how correct and timely planning will take place in the future. The action plan will be shared with the patient and with the PHSO

Case Three – the complainant wrote to the Trust about the care and treatment of his wife following admission to hospital via ambulance. A colonic perforation due to diverticular disease was diagnosed by CT scan the following day and a colostomy (Hartmann’s procedure) was performed. The patient required renal, respiratory and circulatory support on ICU, however, three days following transfer to a ward the patient developed respiratory failure and died. Issues complained about included inadequate treatment for suspected sepsis on arrival at hospital, poor communication about diagnosis, delayed treatment and withdrawal of nutrition and hydration at end of life without the complainant’s permission.

The outcome of the PHSO’s investigation confirmed that on arrival at hospital IV antibiotics for the treatment of suspected sepsis should have been administered sooner in compliance with national sepsis guidelines. A CT scan should also have been performed earlier, which may have led to an earlier operation to repair the perforated colon. However, it concluded that the patient’s death could not have been avoided if these events had happened earlier. The PHSO investigation also concluded that the Trust acted within GMC end of life guidance and appropriate communication with the family took place at this sad time.

Action taken:

- The Trust has written to the complainant to acknowledge that following her emergency admission the Trust did not act in accordance with the national sepsis guidelines with

regard to the timely administration of IV antibiotics and the national guidelines with regard to carrying out a timely CT scan.

- The Emergency Department has introduced a sepsis activation protocol with effect from October 2016 which changes the way the department manages suspected sepsis: all patients with suspected sepsis will be escalated to the consultant in charge who will designate a doctor to review the patient immediately. The patient will be placed in a reserved bay which is specifically equipped for the management of sepsis. The patient will be actively managed by the doctor until antibiotics have been started. The team will continue an education programme to ensure that the early signs of sepsis are recognised and appropriately escalated.
 - The Surgical Team have reviewed their sepsis protocols and have provided assurance that they are in line with national guidelines. Patients admitted from the Emergency Department with suspected sepsis will be reviewed promptly by the Surgical Registrar, who will ensure that any appropriate diagnostic imaging is requested and completed quickly. The pathway is a key part of junior doctor induction training.
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6. Other aspects of complaints management compliance

Complaint Management Feedback Report

An invitation to complete a survey is sent to complainants two weeks after the complaint response has been sent by the Trust, unless contraindicated, e.g. if the complaint was received via an MP or if the patient has recently passed away. Data from completed questionnaires is analysed by the Complaints Manager, who completes a report based on the findings, making conclusions and recommendations for the Patient Experience Committee on a quarterly basis.

The average response rate for the year 2016-17 was 20.5%. 45% of respondents stated that it was easy to make a complaint. 75% of respondents were contacted by the Complaints Manager and 55% found the conversation useful.

The feedback indicates that key areas for the Trust to focus on in 2017/18 are:

- To ensure that complainant issues are appropriately addressed in the response
- To provide reassurance to complainants that the same issue will not affect another patient

Positive comments have included:

- *I was listened to and hope that some of my points will help other people*
- *The Complaints Manager and my Consultant really listened to what I had to say and were not dismissive*
- *My concerns were acknowledged promptly and I wasn't made to feel uncomfortable about my dissatisfaction*
- *The face to face meeting to discuss the complaint was very useful and it helped to have someone to explain properly and just how bad our experience with the hospital had been*

Other comments have given the Trust opportunities for reflection and improvement:

- *Very little went well as the complaint took 7 months to be fully responded to. I felt as though I was being fobbed off and I was not kept updated at all*
- *I felt that it was a meaningless process that the trust and its employees were just actioning*
- *The process for managing the complaint worked well, although the report was delayed and issues concerning serious delays were not addressed or reported on in the feedback*
- *Agreed timescales. Managing expectations. Updating even when nothing to update. Processes in place to ensure that the complainant does not have to chase you.*

A half hour session on complaints management has been reinstated on the mandatory and statutory training (MAST) for Consultants and Non-Consultant Career Grade Doctors, commencing 24 April 2017. Content of the sessions will be focused on providing a better understanding of the Trust's process, to improve the quality and timeframe of responses within the divisions and the importance of complaints in service improvement.

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 2016/17 there were no requests for translation.
- Females account for 64% of all complainants in 2016/17, 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 (48%), as the number of complainants using the post declines (22%). The Complaints Team will support complainants by providing a transcription service if required (16%). In 2016/17 a web form was introduced accessible through the Trust website, this has proved successful and has doubled as a method of complaint (14%).

7. 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, particularly in the overall time taken to respond to complaints, which is too long. This will be explored further with the divisions. Complaint response times are now part of the Trust Scorecard and are monitored monthly at the Patient Experience Committee.

The reduction in reopened complaints is evidence that the quality of complaints responses has improved, but there is still some variation. 2016/17 has seen the volume of complaints increase at a time when there was an increase in activity and significant operational pressures which are no longer confined to the winter period.

The Trust actively solicits feedback from patients who have used the complaints process and two key areas for improvement have been identified:

- To ensure that complainant's issues are appropriately addressed in the response
- To provide reassurance to complainants that the same issue will not affect another patient

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.