

Annual Complaints Report

2017-2018



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 2017/18.

In summary:

In 2017/18 SASH received 543 formal complaints, compared to 604 in the previous year, this represents a decrease of 10%.

- 39% of complaints received were upheld in 2017/18 and 40% 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. To ensure consistency, in December 2017 the Trust aligned its assessment criteria to that used by the Parliamentary and Health Service Ombudsman (PHSO).
- During the year the PHSO made contact with the Trust about fourteen cases, one was closed as “not upheld” and three cases were “partially upheld”. Where applicable, the Trust has issued an unreserved apology for the failings identified. It has also identified learning points to prevent reoccurrence and in one case has provided a financial remedy of £250.00.
- The majority of complaints were about care implementation and these accounted for 24% 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 a quality 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 monthly through 2017/18. Complaints are also used within divisions and professional groups (for example End of Life and Palliative Care) to drive change and provide reflection. Statistics relating to the management of complaints are 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 2017/18 this was achieved in 100% of cases.

In 2016/17 the Trust introduced a new process whereby the Complaints Manager phones all complainants to provide assurance that the complaint will be investigated, to agree the scope of the investigation (ensuring that the complainant's key concerns will be addressed) and to agree how the outcome of the investigation will be shared (letter, e-mail, telephone call or meeting). Each of the complainant's key concerns is entered onto a structured template with additional columns for the investigation findings and the resulting learning and actions. This process is now an embedded practice and positive feedback from complainants has endorsed the success of this initiative.

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 2017/18 10% of complaints (56) were not resolved and were reopened. This is a slight increase (1%) on the previous financial year.

The complaints team invite all complainants to give feedback soon after their complaint has been closed. 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 monthly throughout 2017/18, with a few exceptions due to operational challenges. This is an operational group whose role is to oversee the efficiency and effectiveness of the complaints process. It is chaired by the Deputy Chief Nurse.

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 and therefore 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 2017/18 93% of complainants received their response within the time agreed. This is an increase from the previous year of 35%.

3. Analysis of complaints received in 2017/18

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 working days

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

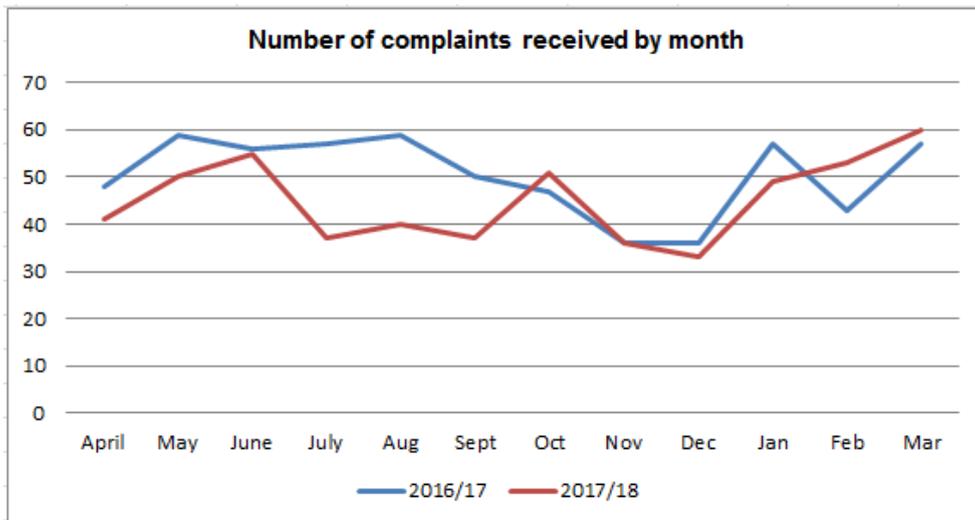
Table 1: Performance

Financial year	Complaints received	Complaints referred to PHSO	Responses sent on time	Main subject matter
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
2017/18	542	14 (2.6%)	93%	Care implementation

During 2017/18 there was a 10% decrease in the number of complaints received compared to 2016/17. Unsolicited positive feedback has increased by 55% from the previous financial year. This is against a backdrop of an increase in overall patient activity of 3.3%.

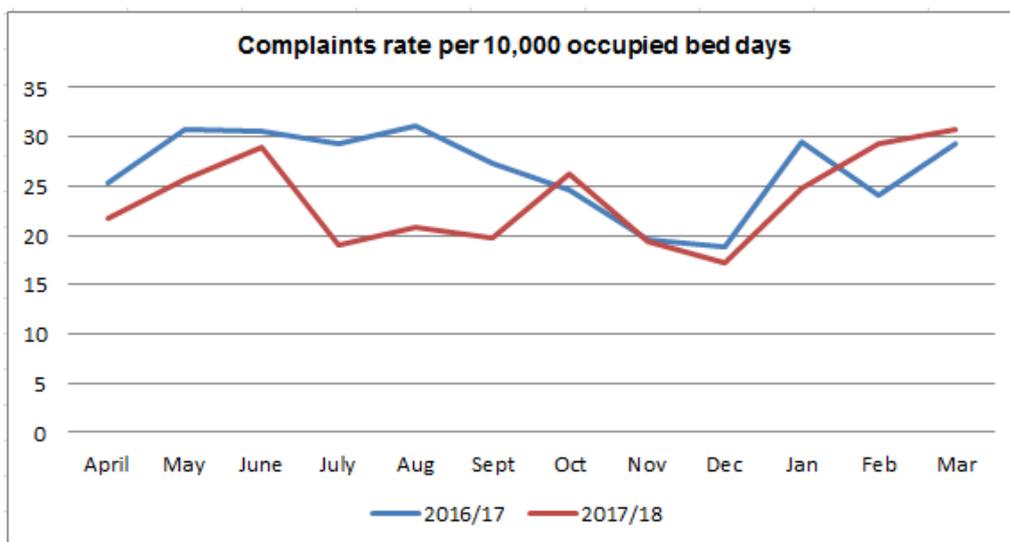
On receiving a complaint the priority for each division is to ensure that any immediate issues are resolved, for example organising a clinical appointment to assess the patient, the written response will then follow.

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 Care Opinion.



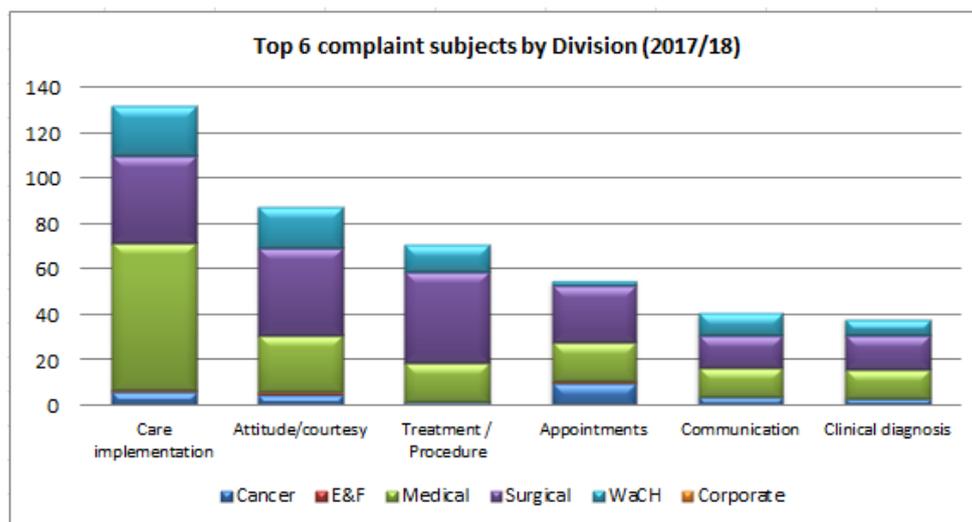
This chart shows a very similar profile of complaints received in 2017/18 to the previous year, with the exception of the summer period.

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. The date of the event complained about is now recorded on the Datix database, evidencing that many complainants prefer to wait weeks or months before submitting a formal complaint.



A breakdown of the complaints data showed that the top 6 subject areas account for 78% of the complaints received by the Trust; care implementation, attitude/courtesy, treatment/procedure, appointments, communication, and clinical diagnosis. There is no deviance from 2016/17 and is further expanded in fig 3 below.

Top 6 complaints by subject and Division, 2017/18



Main subject of complaints (SASH), last 5 years

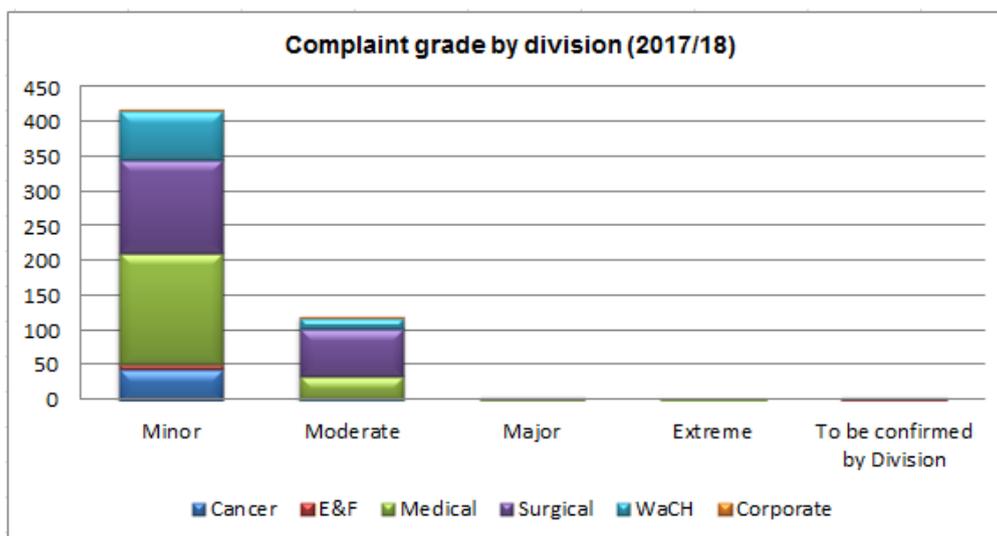
Year	Total complaints	Main subject area		
		Category	quantity	%
2013/14	507	Care implementation	81	16%
2014/15	487	Care implementation	132	27%
2015/16	568	Care implementation	142	25%
2016/17	604	Attitude/courtesy	118	20%
2017/18	542	Care implementation	132	24%

In 2017/18 there was an increase of 53% in the number of complaints regarding medicines, although in comparison to other subjects the number remains low (7 in 2016/17 to 15 in 2017/18). However, there was a significant reduction (49%) in the number of complaints received about communication and consent (80 in 2016/17 to 41 in 2017/18). Another noticeable reduction (34%) was in the number of complaints received regarding appointments.

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.

Complaints are assessed upon closure, which ensures that the severity of the complaint is recorded accurately following full investigation. In December 2017 the Trust’s complaints policy was updated to align the definition with the criteria used by the PHSO. It is also important that divisions, who make this decision as part of their case closure process, use a consistent approach in their adjudications. The chart below shows complaints by grade.

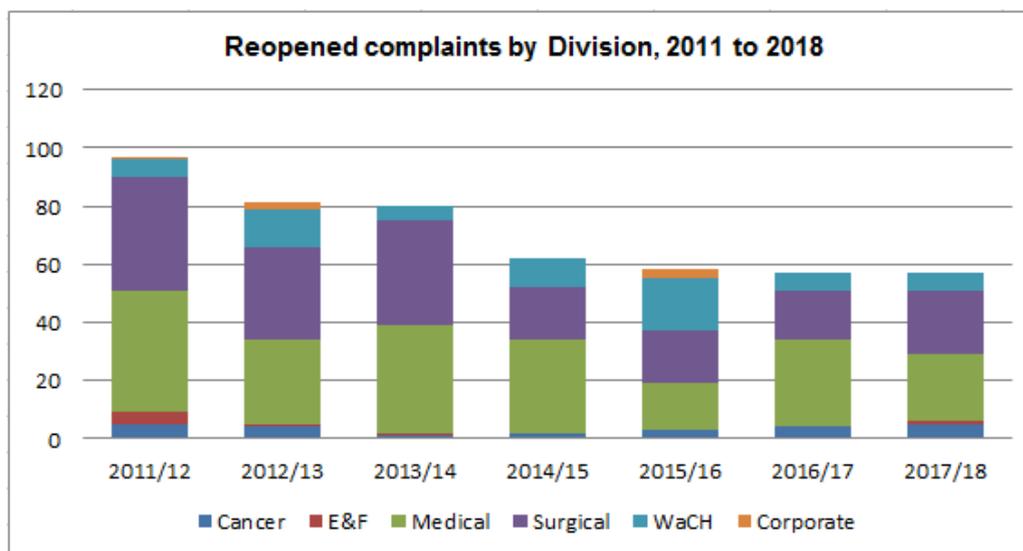
Complaint grade by Division, 2017/18



Reopened Complaints

Reopened complaints are an indication of how effectively a complaint has been managed. The chart below shows how many complaints were reopened during 2017/18 by Division. There has been a slow downward trajectory over the past 4 years, however, work will be carried out in conjunction with the divisions and the complaints team to examine the reasons surrounding re-opened complaints i.e. issues not being responded to appropriately initially, or the first response generating further questions rather than providing answers.

Reopened complaints by Division, 2011 to 2018



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.

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's Standards of Behaviour is often used to reference expectations
- The Trust has designed a training course "Communication Excellence" to encourage good standards of communication. It has also revised the "Conflict Management" mandatory training session to provide staff with the skills to manage difficult interactions with patients, relatives and colleagues
- 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:
 - Importance of checking clinic cancellation forms
 - Treating patients with respect and dignity
 - Importance of sensitive, compassionate communication
- A number of staff have been booked on the Sage & Thyme training to ensure conversations with patients and relatives are compassionate when delivering end of life care
- A number of services have reviewed the information literature given to patients, examples are:
 - Diagnostic imaging – reasons for asking women if they may be pregnant
 - Diagnostic imaging – process regarding neck biopsy bookings
 - Flexible sigmoidoscopy procedure (fasting and sedation)
 - Blood flow abnormalities (Doppler results) and monitoring in pregnancy
 - Fast Track Clinic leaflet sent with appointment letters following abnormal results from cervical smear testing

- Handover information about the process for paediatric diabetic patients moving to another diabetes team
- Guidance documents generated from complaints, examples of which are:
 - Cancellations/postponement of radiology appointments
 - Use of anti-seizure medication for patients during end of life care
- Review of procedures for liaison with psychiatric patients and families presenting in the Emergency Department
- Education around extravasation and communication to the patient when this happens
- Additional Crawley theatre list for surgical management of miscarriage cases
- Development of a multidisciplinary plan of care for women and families making decisions about the termination of a pregnancy on detection of a foetal abnormality
- Development of a breastfeeding peer supporters program

Serious Incidents

During 2017/18 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 2017/18 forty-six complaints were escalated for review to Adult Safeguarding and six complaints were escalated to Children's Safeguarding.

End of Life Care

Forty-eight complaints related to end of life care.

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

Since April 2013 the PHSO has changed its practice, which is to review more cases than previously. The Trust has therefore been made aware of a higher number of complainants who have referred their complaint to the PHSO. The PHSO will consider any approach before the local resolution is completed as premature. If they accept a case they may now consider that no further action is needed, or may partially or fully uphold the complaint and may request an action plan, apology and possible compensation.

	2017-18				
	Q1	Q2	Q3	Q4	Total
Complaints received by PHSO	7	2	2	3	14
Complaints accepted for investigation	4	0	1	2	7
Investigations - partially upheld	3	0	0	0	3
Investigations - not upheld	1	0	0	0	1

In 2017/18 the Trust was notified by the PHSO of fourteen cases that would be reviewed. 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. Seven of these cases were not taken forward for investigation following a preliminary review. Four cases were investigated; three were partially upheld and one not upheld. The Trust is awaiting the final report for three cases that are still under investigation.

Case One – the patient experienced a two month delay for an ultrasound scan as the referring consultant had used a locum access card to request the scan. This meant that the diagnostic imaging department were not able to identify the referrer, therefore the scan was not organised. This caused the patient distress whilst waiting for a diagnosis and consequential delay in the required surgery. The case was partly upheld.

Actions taken:

- The Trust has acknowledged its failure in process and apologised for the distress the delayed treatment caused the patient.

- Since the complaint was received, the new Surgery Centre has opened with increased capacity for surgical admissions; this will reduce waiting times for elective orthopaedic surgery.
- All new referrals are to be directed to one orthopaedic consultant in order to rebalance waiting times for shoulder procedures.
- Instructions have been issued throughout the orthopaedic department not to use locum access cards to request diagnostic imaging.

Case Two – the complainants raised concerns regarding test results expected following a surgical management of miscarriage from a failed IVF pregnancy. The pregnancy was monochorionic monoamniotic (momo), which carries an increased risk of complications. Their expectation was that karyotype (genetic) testing would be arranged to identify the cause of the miscarriage. However, the Trust did not arrange the karyotype test as the pregnancy did not meet the required national guidance criteria; the patient had not miscarried on three occasions. The Trust had only arranged histology testing and the specimens had then been destroyed. The complainants had understood that both types of testing would be carried out and were disappointed and distressed to learn that the karyotype testing had not been performed. There had also been discrepancies in communication regarding the patient's previous pregnancy history. The Trust had also failed to keep the complainants updated during the investigation of their complaint and the response timeframe exceeded the date originally agreed. There were also inaccuracies in the complaint response as the Trust failed to involve the doctor complained about and the Trust did not seek to reconcile this.

The PHSO's clinical adviser concluded that whilst the Trust followed the Royal College of Obstetricians and Gynaecologists (RCOG) Guidance, it failed to provide a detailed explanation of the testing that would be carried out, which would have been established good practice. The Trust also failed to establish an accurate clinical history, although this did not have any bearing on the outcome. The case was partially upheld.

Actions taken:

- The Trust apologised for failing to explain the limitations of the testing that would be performed.
- The Trust reviewed its handling of the complaint and in future will contact staff for statements when they have subsequently left the organisation.
- The Trust made a payment of £250.00 in recognition of the distress the complainants suffered.

Case Three – the complainant wrote to the Trust about the care and treatment of his wife, who underwent a mastectomy as a day patient. The patient was discharged four hours after surgery, which was not her expectation and she found the experience of being sent home so quickly frightening and physically painful. A post-operative assessment by the commissioned care provider was not carried out on the ward prior to discharge to determine the level of care that the patient would require at home, or when she would be visited.

The clinical advisor concluded that the Trust had complied with current practice guidelines in its decision to perform surgery as a day case and discharge the patient the same day. However, whilst the patient was medically fit for discharge, a post-operative assessment on the ward should have been performed in line with established good practice. The case was partly upheld.

Action taken:

- Where reasonably possible, all patients are now assessed on the ward after their procedure prior to discharge. Where this is not possible, patients are met on the ward by a member of the home care provider, who will explain the service and what the patient can expect from it.
- The home care provider service has increased its resources so that a 24hr on-call service is now provided to patients.
- All patients are provided with an out of hours contact number should they experience problems on return home.
- The Trust acknowledged the failings and apologised for the impact they had.

Case Four – the patient attended the Emergency Department (ED) for a longstanding eye condition, a Meibomian gland dysfunction, and complained that he had been discharged home without appropriate treatment. As a consequence, the pain he experienced was extended. The ED doctor had sought treatment advice from an ophthalmic consultant within the Trust and also the eye specialist at another trust where the patient was receiving treatment. Both specialists recommended the same treatment and this was passed on to the patient.

The PHSO's clinical advisor confirmed that the Trust had followed established good practice and the complaint was therefore not upheld.

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 2017-18 was 15%. The majority of respondents (62.5%) stated that it was easy to make a complaint. 77% 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 2018-19 are:

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

Positive comments have included:

- *The acknowledgement letter sent to me, then a phone call from the complaints management team and discussion about the complaint. A full investigation made and a letter sent that explained the issue*
- *The layout of the results was easy to read and appears to make sense where the communication broke down and what steps have apparently been taken to make sure other patients aren't affected. It was good someone took the time to call to discuss the complaint letter and it's being investigated*
- *The complaints manager arranged for us to meet the consultant, he apologised explained my wife's condition and treatment and he would meet her on a monthly basis to monitor condition*
- *The ladies I spoke to by phone were very nice and helpful. They even told me the date I would receive the letter about my complaints. They even rang to tell me the original date would be later than first said as they had trouble contacting one person*
- *Talking to somebody who sympathised with my situation. Quick response initially*
- *The friendly way I was dealt with gave me confidence that my complaint would be treated properly*

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

- *I had a response but been in hospital again and same experience so nothings worked well*
- *Absolutely nothing. As for preventing the same thing happening, it happened a month later but using a different and implausible excuse.*
- *Replies should be made within a reasonable time. I had to wait three months for the reply and a lot of the content in the reply was incorrect and one statement contradicted another one*
- *By looking at the problem and sorting out*
- *Provide some sort of evidence of action taken against the negligent person*

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. The complaints team will transcribe verbal complaints, either by telephone or face to face.
Where English is not the complainant's first language, information about the complaints process can be obtained via Google translate on the Trust's webpage.
The Trust is currently reviewing information available to the public to ensure accessibility is equal to everyone who wishes to provide feedback about their experience.
- Complaint responses can be translated on request, however, during 2017/18 there were no requests for translation.
- Females account for 61% of all complainants in 2017/18; the Surrey/West Sussex patient population is 51% female (2011 census).
- The complaints team continue to work closely with the local advocacy services, ensuring those complainants who are not able to raise a complaint themselves are appropriately supported.

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 be the preferred method (44%). The completion of a form on the Trust's website was used in 23% of complaints received. The number of complainants using the post remains similar to the previous year (24%). The Complaints Team will support complainants by providing a transcription service if required (8%).

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. Whilst response timeframes are agreed with the complainant, and in 93% of cases this was achieved, the overall time taken to respond to complaints could be improved. The process will be explored with the divisions and measures agreed to reduce delays. Performance is monitored monthly at the Patient Experience Committee.

Over a seven year period the number of reopened cases has reduced.

2017/18 has seen the volume of complaints decrease at a time when there was a 3.3% increase in overall activity within the Trust and significant operational pressures, which are no longer confined to the winter period. Unsolicited positive feedback has increased by 55% from the previous financial year.

The Trust actively solicits feedback from patients who have used the complaints process and two key areas highlighted are:

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

Although the incidence of reinvestigations and referrals to the PHSO is low, the complaints team will continue to solicit feedback from complainants about the management of their complaint. This will ensure that the learning influences good complaint handling practice and policy.

The Trust will continue to adopt effective methods of ensuring that learning outcomes from complaint investigations are shared Trust wide to promote and embed improvements in practice.