

# **Complaints Annual Report**

**1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011**

Date: May 2011  
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## 1. Introduction

This report provides information on complaints received by Southend Hospital NHS Trust (1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011). The Trust believes that learning from complaints is an important approach to help improve the care patients receive.

## 2. Performance Monitoring

There was a total of 405 complaints (Levels 3 – 5, previously referred to as formal complaints) recorded from the 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011.

112 (28%) of complaints were categorised as well founded as they lead to either introduction of training, changes of practice, updating of information leaflets or specific issues being discussed with staff to ensure learning and staff being counselled.

Total number of complaints (levels 3 – 5) for the year	405
Number of complaints responded to within agreed deadline	320 (79%)
Number of complaints not responded to within agreed deadline	85 (21%)
Complaints that were still open at 31 <sup>st</sup> March 2011	13

The following table shows the number of complaints received within each quarter:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
April – June 2010	July – September 2010	October – December 2010	January – March 2011
105	78	101	121

A comparison of Complaints (levels 3 -5) received by Directorate during the last 2 years.

Directorate	2009/2010	2010/2011
A&E	52	56
Critical Care	10	4
Diagnostic Imaging	5	4
Facilities	2	2
Medicine	108	123
Obs & Gynae	42	39
Oncology	7	19
Operations	3	10
Ophthalmology	29	18
Paediatrics	12	13
Pathology	5	2
Rehabilitation	6	5
Surgery	130	110
<b>Total</b>	<b>411</b>	<b>405</b>

## Acknowledgements & timescales

The Trust has two performance measures within the local resolution process, compliance with which must be 75% or above for acknowledging letters of complaint within 3 working days and responding to the complainant within the negotiated deadline (normally 25 working days).

The hospital achieved compliance with:

- 401 (99%) of acknowledgement letters acknowledged within 3 working days.
- 310 (79%) of complaints were responded to within the negotiated deadline (normally 25 working days).

For the complainants who waited longer than the agreed timescale for a response the majority agreed to an extension of time, in line with the Complaints Procedure (within agreed timescales) and all were offered a written apology and explanation for the delay. A significant number of these complaints involved the provision of a co-ordinated response, which resulted in a number of staff from different departments and other health and social care providers having to respond.

### Parliamentary and Health Service Ombudsman (PHSO)

Where complaints were unable to be resolved locally, the complainant was advised that they may seek advice from the PHSO regarding an independent review of their case. As a result, 19 complainants progressed to the PHSO for investigation.

The table below shows the current status of the investigations of complaints submitted during the 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011.

Number of PHSO referrals	Cases currently under review	Cases not upheld	Cases upheld with recommendations
19	7	12	0

### The main reason for complaining

The following table provides the main 3 reasons for complaining, in line with the Trust's quarterly reporting process.

Main Reason for complaining	Number
Clinical Treatment	210 (52%)
Poor Communication / Insufficient Information	104 (26%)
Staff Attitude	45 (11%)

### 3. Learning from complaints

The table below shows examples of actions and learning from complaints received.

Directorate	Learning/Action
<b>A&amp;E</b>	<ul style="list-style-type: none"> <li>• The Policy for caring for patients with learning disabilities was reviewed including the process for the patients moving through A&amp;E. Patients with learning disabilities are now triaged within 15 minutes and will also be seen sooner than their clinical priority indicates.</li> <li>• The way 'bad news' is delivered to relatives was reviewed and appropriate staff retrained.</li> <li>• As a result of a medication error the Consultant Physician and Endocrinologist discussed the error via an education session with all doctors on A&amp;E/Acute Medical Unit to highlight the mistake and reduce the risk of this happening again. The mistake was also reported as a clinical incident</li> </ul>
<b>Facilities</b>	<ul style="list-style-type: none"> <li>• Security staff to update service areas on where they are with responding to help. Disciplinary action taken in relation to staff attitude.</li> </ul>

<b>Medicine</b>	<ul style="list-style-type: none"> <li>• Patient Information Leaflet updated (Endoscopy) as a result of patient identifying inaccuracies in the literature.</li> <li>• It was acknowledged that a 19 day delay in writing to patients GP and informing the relevant departments of changes to the patient's medication was not acceptable. It was agreed that this failed to meet the required standard of communication and an apology was given to the patient. As a result, practice was changed and a handwritten record of changes in medication is now handed to patients. Clinical duties were also changed and letters are written more promptly.</li> <li>• Staff have been reminded of the need to update patients on reasons why clinics are running late.</li> <li>• Dementia Training was identified for a ward as a point of learning when caring for an elderly patient.</li> </ul>
<b>Obs &amp; Gynae</b>	<ul style="list-style-type: none"> <li>• Swab counts and suturing procedures were added to the junior doctors' Friday afternoon teaching session. Whiteboards were also purchased and put into each delivery room (similar to those used in obstetric theatres) to assist staff in recording the swab count.</li> </ul>
<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• Staff have been reminded of the need to update patients on reasons why clinics are running late.</li> </ul>
<b>Surgery</b>	<ul style="list-style-type: none"> <li>• All Domestic and Ward Hostess staff reminded of the standards expected for cleanliness.</li> <li>• Learning Disability Training identified and implemented as a result of complaint received from care home.</li> <li>• As a result of complaint staff mobile phones are no longer allowed in clinic</li> </ul>

#### 4. Complaints Survey

During the year one hundred complainants were randomly selected to complete and return a complaints satisfaction survey. Forty four (44) complainants completed and returned the survey and the results identifying that the majority (94%) did not feel discriminated against as a result of submitting their complaint and felt their concerns were treated seriously and with sensitivity.

However, there is clear room for improvement in informing patients of potential delays in responding to the letter of complaint and the Trust ensuring that individuals handle the complaint in a more positive manner.

Overall the survey provided fairly negative feedback of the complaints service and there are areas for consideration:

- Review how letters of response are written to ensure that the complainant does not feel the hospital is making an excuse.
- Ensure all letters of response and local resolution meeting notes have an action plan attached listing who is responsible for the action and when the action be completed.

#### 5. The forward plan

There are a number of areas identified for improvement in 2011/12, including:

- Improving access to the complaints process by updating website and patient information leaflets/posters.
- The Patient Liaison Department will focus on the standard of complaints handling within the Business Units and support the Clinical Governance Leads and Business Unit Directors in ensuring that lessons are learned.

- Complaints Training will be promoted across the organisation and more emphasis given to customer care, mediation and resolution.
- The Head of Patient Experience will interview a random selection of complainants who wanted their complaints reopened during the next 3-6 months ascertaining why they were not satisfied with the original letters of response and how their complaint could have been handled more positively.
- Develop the response letter into a non-defensive and 'open' response to allow learning from the complainants concerns.
- Include a summary of action points in the complaint response to:
  - Allow the complainant to clearly see action is being taken as a result of their complaint
  - Provide the Business Unit Director with a synopsis of the actions being taken which require local monitoring for completion
- Re audit complaints satisfaction during 2011/12.