

Board of Directors' Meeting Report – 25 May 2016

Agenda item 47/16

Title	Complaints Annual Report 1 April 2015 to 31 March 2016
Sponsoring Director	Yvonne Blücher – Chief Nurse
Author(s)	Laura Mansfield – Head of Patient Experience
Purpose	<p>Monitor's annual reporting guidance requires NHS Foundation Trusts to compile an annual complaints report which is subsequently approved by the Board of Directors and displayed on the Trust website. We are required to provide to NHS Improvement (Previously Monitor) evidence that the Board approved the document, and that it be submitted as part of the annual report process.</p> <p>As per our regulator's requirements, the annual complaints report meets the recommendations under regulation 18 of the Local Authority Social Services and the NHS Complaints Regulations (2009).</p>
Previously considered at	Executive Team Meeting, 11 May 2016
Executive Summary	
<p>This paper provides information on complaints received between 1 April 2015 and 31 March 2016. The report also provides information on organisational learning from closed cases. The data collated between 1 April 2015 and 31 March 2016 shows that the Trust received a total of 932 complaints. This report identifies the key themes of complaints received and the learning taken from complaints.</p>	
Date Reviewed by Execs	11 May 2016
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience
Legal implications / regulatory requirements	Good governance demands that organisations demonstrate learning from complaints. Learning from complaints is also part of Monitor's Quality Governance Framework. Learning from complaints is integral to promoting and providing an improved service for patients.
Quality impact assessment	Good governance demands that organisations demonstrate learning from complaints. Learning from complaints is also part of Monitor's Quality Governance Framework. Learning from complaints is integral to promoting and providing an improved service for patients.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations:	
The Board is asked to approve this report and receive assurance therefrom.	

Complaints Annual Report 1 April 2015 – 31 March 2016

1. Overview:

During the period 1 April 2015 and 31 March 2016 the Trust received a total of 932 complaints, 579 of these complaints were closed by year end.

Table 1 is a line graph to show the number of complaints received over the last 5 years. Since 2013 we have seen an increase in the number of complaints, however in the past year the percentage increase was just 0.5%.

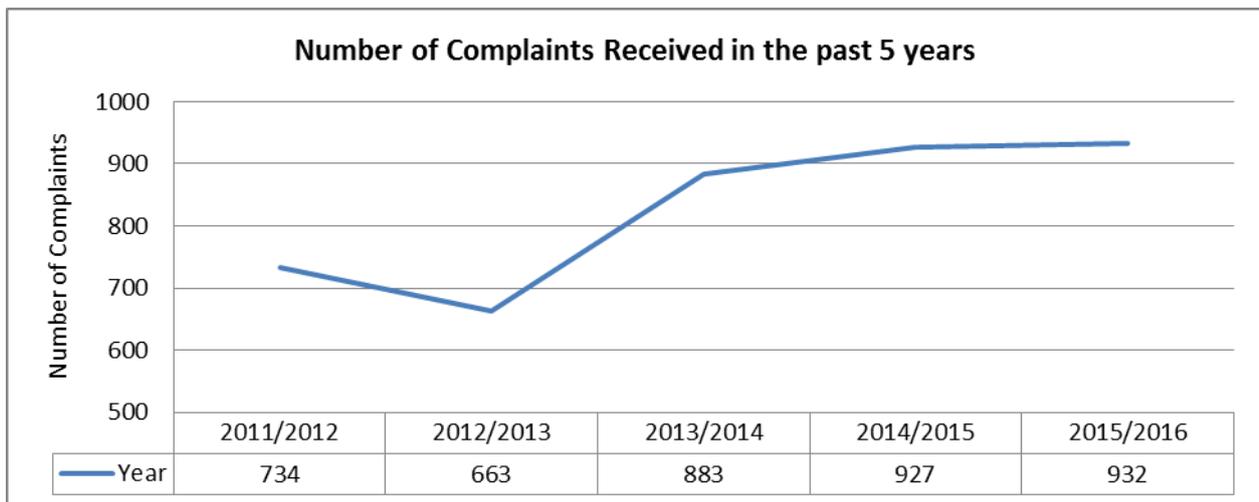


Table 1

The number of complaints received equates to 0.08% of our total attendances, which is slightly lower than in 2014/2015, which was 0.09%.

2. Total number of complaints by directorate

Table 2 below shows the number of complaints received by directorate over the past 2 years. A reduction in the number of complaints was seen in the TCC&A, D&T, Surgery and ED directorates. However there was an increase in the number of complaints in the other areas.

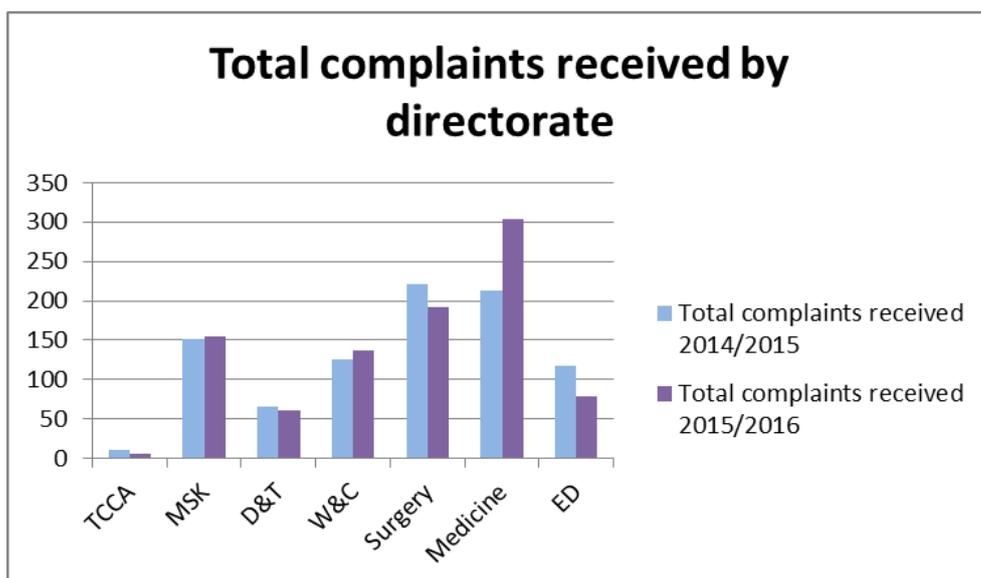


Table2

The medical directorate saw the largest increase in the number of complaints in the last year, however, as shown in table 3 below, compared with the number of attendances they had this only represented an increase of 0.04% and therefore does not highlight as a particular concern.

However, the increase has impacted on the medical directorate’s capacity to respond to complaints and the complaints team are currently working with them to offer support in carrying out investigations.

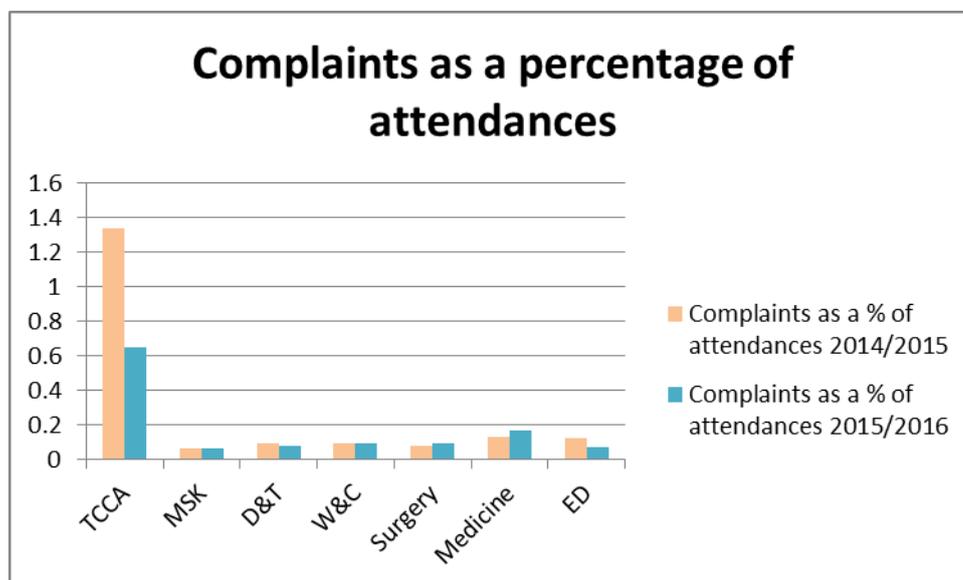


Table 3

3. Key Performance Indicators (KPI's) for complaints:

There are no nationally set performance targets for complaints, however the regulations state that all complaints should be acknowledged within 3 working days of receipt. As a Trust, we strive to achieve this 100% of the time either in writing (by letter or e-mail) or verbally (by phone). We have maintained this standard for the last 3 years.

Table 4 below compares our performance against the Key Performance Indicators for responding to written complaints over the last 3 years.

Year	Compalints acknowledged within 3 working days	Complaints responded to within the negotiated deadline	Complaints reopened.
2015/2016	932 (100%)	399 (68.91% of those completed)	56 (9.6% of all completed)
2014/2015	927 (100%)	778 (54.8% of those completed)	82 (10% of those completed)
2013/2014	883 (100%)	544 (62% of those completed)	90 (16% of those completed)

Table 4

As there is no nationally set performance target for the provision of a response, internally we set our own targets taking into account the complexity of complaint. When acknowledging the complaint we then set a timescale agreed with the complainant. As part of the complaint investigation process the complaints team rely on the clinical teams to respond in a timely fashion. There has been an increase in the level of complexity of many of our complaints, which may cross over more than one directorate. In addition as a result of the significant pressures that the Trust has been under and in particular over the last 4 months of the year, clinical staff have been unable to meet all of the deadlines which has resulted in a delay in complaint responses being sent.

The complaints team has also had a vacancy for a significant part of the year which has resulted in an increase in turnaround time to collate responses and draft a final response to the complainant. A list of the actions we have taken, and plan to take to improve our responsiveness to complaints is set out in section 4.

The data in the table 4 above demonstrates that we have responded to 68.91% of complaints within the negotiated deadline, however, whilst this is an increase compared with last year, we have 257 complaints still open which the complaints team are currently working on in order of priority.

In the event we are unable to meet the agreed deadline to respond to complainants we ensure that an update letter is sent before the deadline apologising for the delay, and wherever possible we provide a further timescale for the response to be sent.

Over the past 3 years, the number of complaints being reopened following the final response being sent from has significantly decreased from 16% in 2013/14 to 9.6% in 2015/16, which indicates that we are effective in resolving concerns the first time.

4. Actions to improve responsiveness to complaints

- The complaints team are holding weekly meetings within the directorates to focus on what is outstanding to respond to the complaint (implemented)
- Weekly reports are generated for all directorates confirming which complaint responses must be prioritised and support with drafting is offered by the complaints team (implemented)
- The complaints team are undertaking file reviews to explore if a meeting could be offered to expedite resolution, subject to the wishes of the complainant (commenced)
- We have recruited an additional complaints officer to increase capacity within the team to draft responses with a start date of 9 May 2016.
- The new complaints process (see further details below) came into effect on 1 April 2016 which aims to improve the timeliness of resolving complaints
- All directorates have carried out a review of their governance resource and identified vacancies to be filled.
- The medical directorate have recruited a new governance lead who will be in post during the next quarter (by June 2016)
- We have plans over the next year to develop the PALS service to offer more support to complainants and expedite issues for resolution at a local level
- New patient experience and patient engagement strategies have been developed and are in the consultation process.

New complaints process

In April 2016 we launched our new complaints process trust-wide. The new process was agreed following consultation with all directorates and has been very positively received thus far. The key elements of the new process are as follows:

- Emphasis on local resolution at an early stage at ward/clinic level
- Improve response times to complaints and prevent backlogs
- Streamline the process, reduce number of touch-points/ email traffic
- Improve the level of investigation undertaken at a clinical level and quality of responses
- Senior manager within each directorate will be notified of all new complaints at outset and have more input in the process
- Final complaint responses to receive quality assurance checks earlier in the process
- Improve the robustness of 'actions taken' and the evidence collected to 'close the loop' and share learning trust-wide including audit days, newsletters, bulletins and focused events.
- Training and support on the new process is being delivered within the directorates, and a training event aimed at all staff is due to take place on 12 May 2016.

5. Themes in complaints

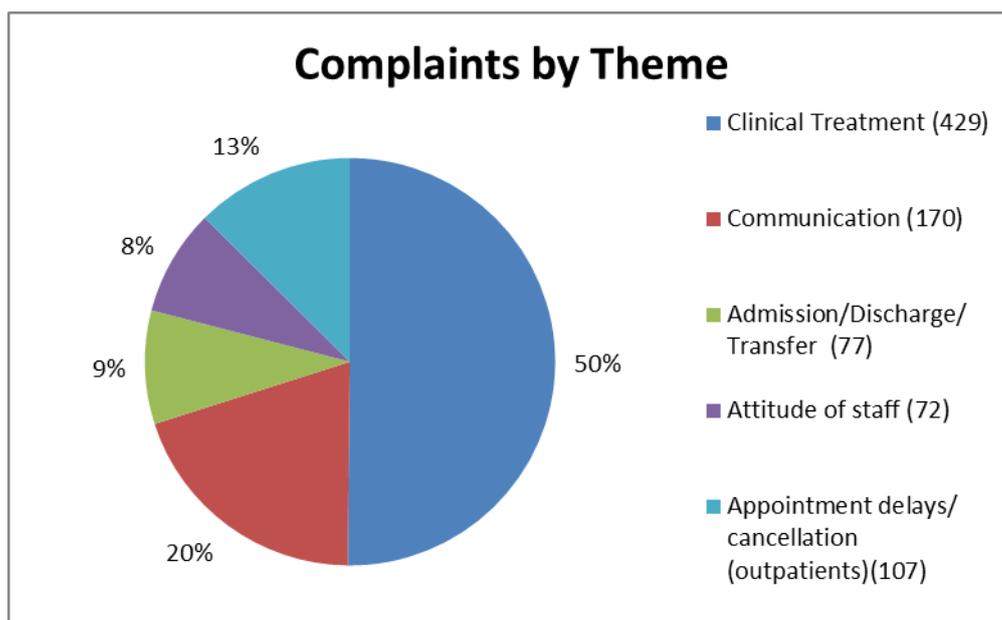


Table 5

The top 5 themes for complaints in 2015-2016 are shown in table 5 above. Most complaints relate to the patient's clinical treatment and the decisions made followed by communication which has been a common theme throughout the year.

In all cases where concerns around communication are reported, the complaints team ensure that individual feedback is given to the member(s) of staff concerned and where appropriate this is shared at ward meetings and via monthly performance reports at directorate level. The complaints team monitor any particular sub-themes and raise these at weekly meetings with the governance leads for the relevant area so that this can be managed without delay.

We have seen an increase in complaints around outpatient appointments and delays with appointments. The trust has received a high level of emergency admissions to the hospital leading to the hospital being in critical or “black” status; and events such as junior doctor strikes have necessitated the cancellation of routine elective admissions and outpatient appointments to ensure the safe provision of the emergency and inpatient services. The complaints and PALS teams have been supporting the directorates to ensure that explanations are provided to complainants and patients are rebooked for their appointments as soon as possible.

6. Equality and Diversity Characteristics within Complaints

We currently measure 4 of the 9 protected characteristics under the 2010 Act (age, gender, ethnicity and disability). However the remaining 5, (gender reassignment; marriage and civil partnership; pregnancy and maternity; religion or belief), are not currently measured in our survey conducted at the conclusion of complaints.

We are currently working with the Patient’s Association to capture the other 5 characteristics via their complaint survey in future, however this is dependent on a project they are currently undertaking with NHS England and we are awaiting further details from them.

If the complainant is not a patient, their characteristics are not able to be recorded. Not all complaints involve the care of a patient, therefore this data is not captured below.

Gender

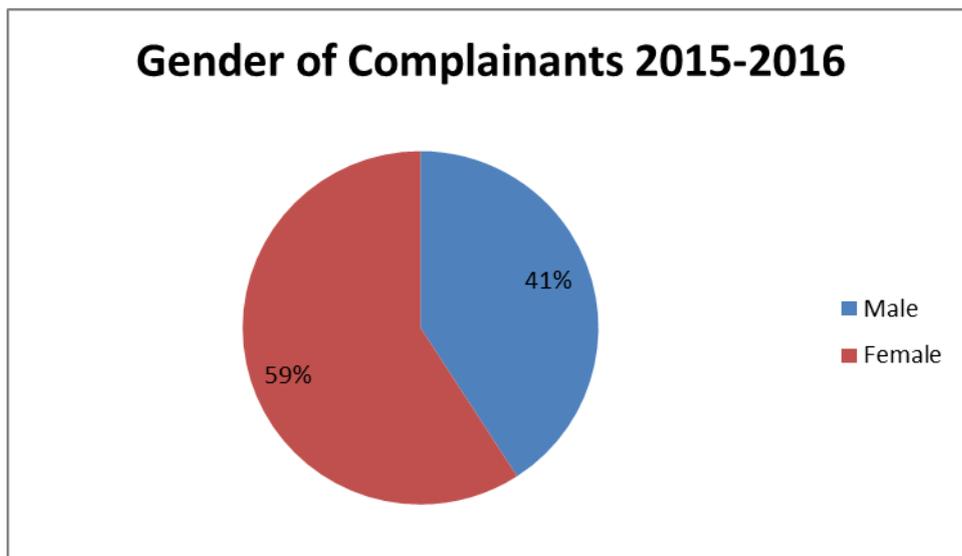


Table 6

As per previous years, the majority of complainants were female in 2015-2016.

Age

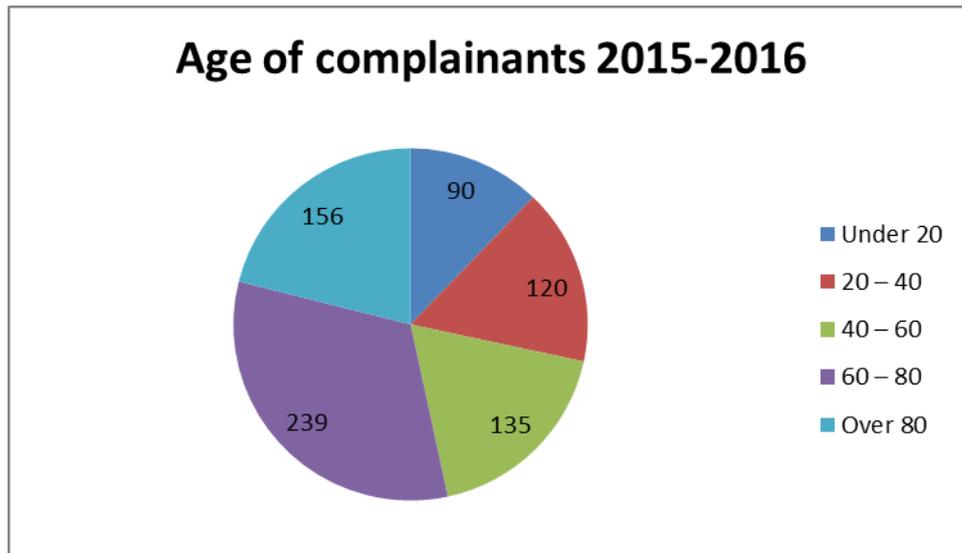


Table 7

Most complainants were aged between 60-80+ years which is a trend we have seen for the last 3 years.

Ethnicity

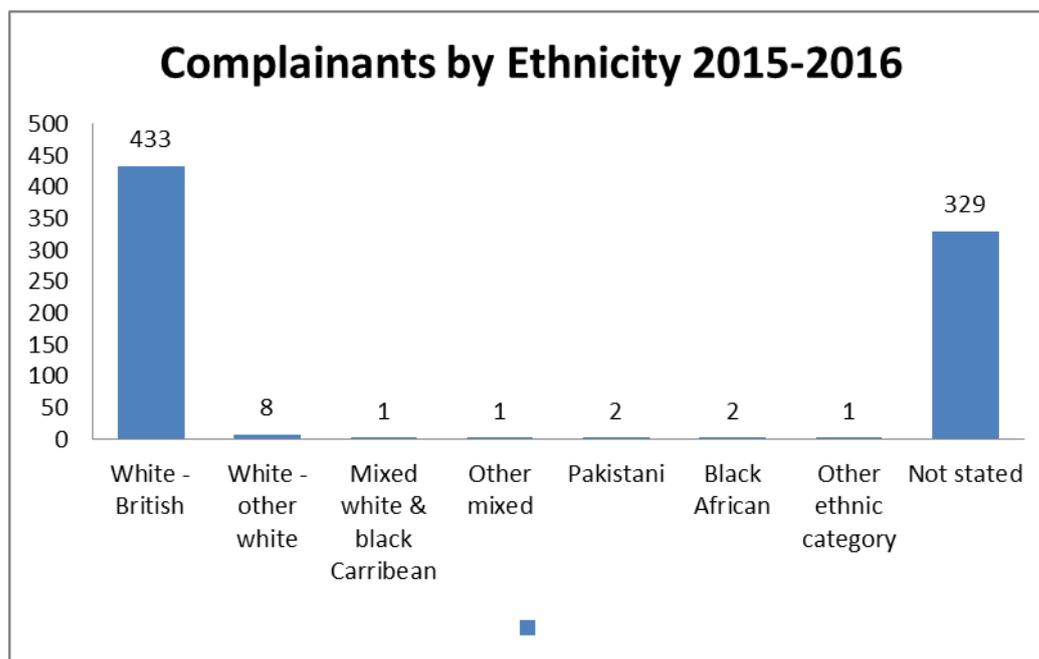


Table 8

433 complainants reported their ethnicity as white British, and 329 opted not to disclose their ethnicity.

Disability

Data collected from the NHS Benchmarking Complaints Survey below confirms that 52 complainants in the last year considered themselves to have a disability. During 2015/16 we did not receive any complaints from patients with a learning disability.

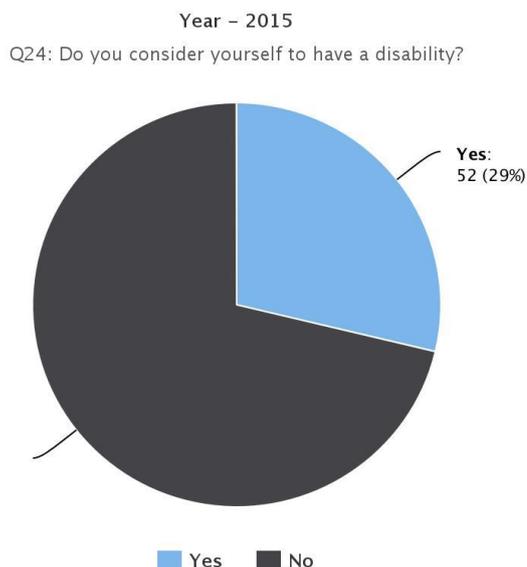


Table 9 Source: NHS Benchmarking Network, (The Patients Association)

7. Patient’s Association feedback from Complaints

The Patient’s Association surveys asking complainants for their feedback on how their complaint was handled. The information is independent and it is not obligatory to take part. Below is some data from the 2015-2016 results.

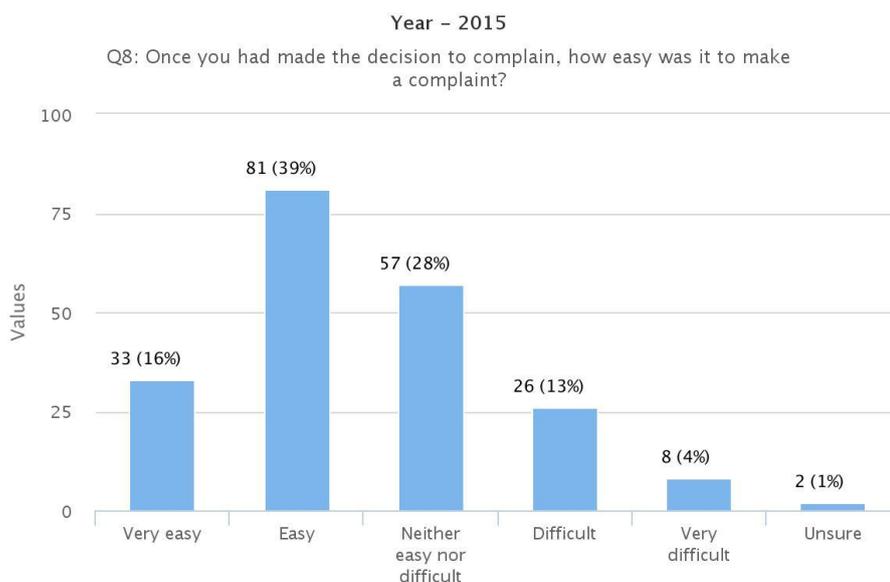


Table 10 Source: NHS Benchmarking Network, (The Patients Association)

The data above confirms that most complainants found it straightforward to raise a complaint and 17% (34 respondents) found it difficult or ‘very difficult’ to complain. During the past year we have updated our website to improve the information available about our complaints process, we have also updated our staff intranet page so that staff are better informed of the complaints process. We have displayed new posters across the trust to advise service users of how to complain, and attended external events to promote the complaints service. The data confirms that this work has been successful in making it as easy as possible for people to raise concerns and enabling us the opportunity to improve our service.

Year – 2015
 Q17: Did you understand the explanation given in the response to your complaint?

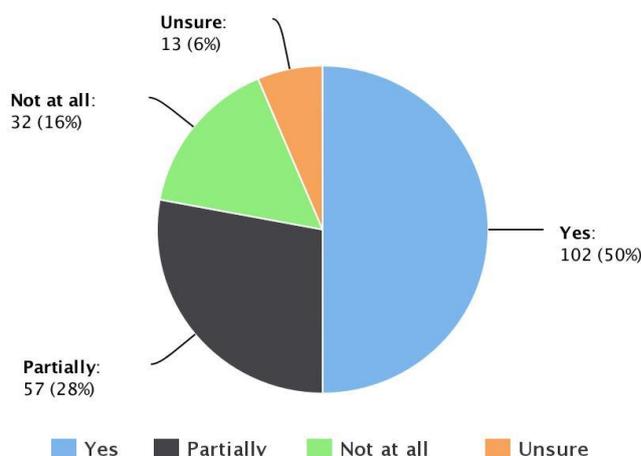


Table 11

Source: NHS Benchmarking Network, (The Patients Association)

Part of the Trust’s strategy to improve patient experience is concerned with ensuring that the patient or complainant is satisfied that their complaint managed in an efficient and effective way and that the process for this does not cause dissatisfaction. This means that the process is simple and easy to navigate, that they feel concerns have been investigated and addressed appropriately with explanations being understood.

The pie chart above shows that half of the patients surveyed understood the explanation given in the response to their complaint. A further 28% partially understood the explanation provided in their complaint response from us. As previously reported in section 3 (table 4) we have seen a reduction in the number of complaints re-opened (9.6%); and the Parliamentary & Health Service Ombudsman’s (PHSO) data for quarters one to three (section 9, table 12) shows that compared to other trusts in Essex a lower percentage of the complaints referred to the PHSO were accepted for investigation; and of those, a lower percentage of complaints about our Trust were either fully or partially upheld.

This suggests that whilst issues and concerns may be reasonably effectively addressed in the response, we need to improve how we structure our explanations so that the complainant feels they are able to understand the information given.

As part of the standard process we always provide patients with contact details if they require further explanation or if they are unhappy with our response. The training we will be providing to the directorate management teams will include the need to ensure jargon is avoided and clear explanations are provided. It is hoped that this will improve patient’s satisfaction with the clarity of our responses.

8. Learning from complaints:

The Trust is committed to learning from complaints and using feedback to make service improvements. Below is a summary of some of the improvements made and action taken as a result of complaints raised in the past year.

- Increase in staffing levels at weekends for administrative team in ophthalmology

- Ward refurbishment in the women and children’s directorate to improve environment
- Patient leaflets reviewed in the emergency department to ensure correct contact details are available to patients
- Reflective learning undertaken with staff to address concerns around attitude
- Improvements made to the booking template used by admin staff within medical directorate to prevent clinics being overbooked
- New system introduced in the emergency department to improve the pathway for medically expected patients
- Improved guidance available to patients regarding entitlement to NHS wigs
- Improvements made to waiting room within emergency department
- Clinical reviews and peer feedback sessions organised to discuss difficult to diagnose fractures in the emergency department
- Customer service training for reception and administrative staff delivered to many areas to improve patient experience
- Improvements made to the hospital website to provide more detailed information to women following cesarean section
- Wording on appointment letters improved following patient feedback in the women and children’s directorate
- Improved process within day stay ward for pain relief prescriptions being written up prior to patient transfer to prevent delays in discharge for patients

We are also in the process of integrating feedback received from the ‘Friends and Family Test’ (FFT), comment cards, web feedback and other sources on to one system to enable us to identify areas where improvement is needed and triangulate the data. We are working with the company who facilitates our FFT to develop central action plans owned by the directorates which will allow us to better monitor the actions taken as a result of complaints. We will continue to disseminate actions from complaints in a ‘you said, we did’ format in wards and clinical areas.

9. Status of Parliamentary & Health Service Ombudsman (PHSO) Cases

The PHSO now publish quarterly data containing details of all the cases referred to them by all the acute Trust’s in Essex. Set out below is the data for quarters 1 to 3 2015/2016 the quarter 4 data was not published at the time of writing.

Overview of PHSO cases 5 Acute Trust’s in Essex- April 2015- December 2015				
	Complaints referred to PHSO	Complaints accepted for investigation	Complaints fully/partly upheld	Complaints not upheld
Southend	50	9	2	3
Basildon	60	15	9	8
Mid Essex	23	7	4	1
Colchester	73	20	8	10
Princess Alexandra	52	11	5	7

Table 12

The data shows that a lower percentage of our complaints (18%) were accepted for investigation by the PHSO compared with the majority of other acute trusts in Essex, which ranged between 21%- 30% referred to the PHSO. Five of the nine cases accepted for investigation by the PHSO have been reported as closed, with 2 cases (40% of closed cases) being partially/ fully upheld. The PHSO report shows that between 42% and 80% of the investigations completed in relation to the other trusts in Essex were either partially or fully upheld. It should be noted that PHSO benchmarking data for Quarter 4 is not yet available and some investigations are ongoing and the outcomes are awaited.

Where complaints are upheld or partially upheld the PHSO stipulate recommendations for us to complete. Below is a summary of the recommendations that we have completed.

- Review of VTE risk assessments undertaken to ensure patients are reviewed appropriately and the reviews consider the use of anti-coagulation medication. Compliance with VTE risk assessments is part of the trust-wide audit programme.
- Improved complaints process implemented focussing on senior clinical review at an earlier stage in the process and offering local resolution meetings to resolve issues much sooner.

10. Cases with the Health Service Commissioner and/or Local Commissioner

We do not currently have any cases with the Health Service Commissioner or Local Commissioner.