



# Complaints Annual Report 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012

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## Introduction

This report provides information on complaints received by Southend Hospital NHS Trust (1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012). The Trust covers a population of approximately 330,000 (as estimated at the 2003 census). During 2011/12 the total number of attendances for day cases, in patients and emergency admissions was 89,552 and out-patients activity saw 553,554. The Trust fully believes that learning from complaints is an important approach to help improve the care that our patients receive.

## 2. Performance monitoring of written complaints (Levels 3 - 5, previously known as formal complaints)

There was a total of 536 written complaints (Levels 3 – 5, previously referred to as formal complaints) received during between the 1<sup>st</sup> April 2011 to the 31<sup>st</sup> March 2012. This equates over the full year to less than 0.084% of all attendances. All letters of response are signed off by the Chief Executive or the Director of Nursing in her absence.

192 (36%) 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 further staff being counselled.

<b>Total number of complaints (levels 3 – 5) for the year</b>	<b>536</b>
Number of complaints responded to within agreed deadline	328 (70%) so far
Number of complaints not responded to within agreed deadline	146 (30%)
Number of complaints that remain open at 31 <sup>st</sup> March 2012	62

The % responded to within the negotiated deadline is not yet complete as deadlines for complaints raised in March have not yet been reached. However the trajectory for quarter 4 is 80% which is above the historical national average of 75% and an improvement on previous quarters.

Table 1

<b>Written complaints</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
2010/2011	121	100	119	89	429
2011/2012	78	143	174	141	536

It should be noted that the complaints process has changed since April 2011 and some contacts that were previous made through PALS are now counted as written complaints therefore the following table shows the number of written complaints and PALS contacts over the past 2 years.

Table 2

<b>Combined PALS and written complaints</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
2010/2011	462	470	419	395	1746
2011/2012	402	514	370	443	1729

Table 3 gives the number of Complaints (levels 3 - 5) received by Business Unit during the last 12 months. It is not easy to provide a comparison for previous years due to the change in structure with the implementation of Business Units. However, it is anticipated in future analysis there will be year on year comparisons of the Business units.

Table 3

<b>Business Unit</b>	<b>2010/2011</b>
Acute and Assessment	128
Medical	81
Surgical	72

MSK	63
Ophthalmology	21
Women and Children	77
Diagnostics and Therapeutics	21
Other	73
<b>Total</b>	<b>536</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:

- 536 (100%) of acknowledgement letters acknowledged within 3 working days.
- 328 (70%) of complaints were responded to within the negotiated deadline (usually 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. Going forward, and since the regulations changed in April 2011 we have learnt over the past year, that as complex cases take longer to investigate, we need to have open discussions with the complainant and negotiate time frames around the complexity of the complaint rather than standard timescales.

## 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. During the year 25 (4%) of written complaints (level 3 – 5) 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 2011 – 31<sup>st</sup> March 2012. This shows that the PHSO has found that SUH responds appropriately to issues raised by complainants

Table 4

Number of PHSO referrals	Cases currently under review	Cases not upheld	Cases upheld with recommendations
25	17	7	1

During the year we have received feedback from the Ombudsman in 3 cases where recommendations were made. Only one case was from 2011/12, the other 2 were from 2010/11. These recommendations were:

1. Develop an action plan regarding nutrition and pressure area care, highlighting what improvements we have or intend to make in relation to this aspect of care (this pertains to a case from several years ago and we had already introduced the changes and will send the action plan to the ombudsman). ***This complaint was referred to the Health Service Ombudsman in 2011/12.***
2. Implement an action plan by May 2012 regarding consent recording and how staff are to consider patients personal circumstances before they are discharge from A&E. ***This complaint was referred to the Health Service Ombudsman in 2010/11***

3. Develop an action plan surrounding several areas of nursing care in relation to a specific complaint (again this pertains to a complaint from several years ago and we had already introduced the changes and will send the action plan to the ombudsman). ***This complaint was referred to the Health Service Ombudsman in 2010/11.***

### The main reason for complaining

The following table shows the top 5 themes for complaining. It is important to note that the top 5 themes accounts for 46% of complaints received.

Table 5

Main Reason for complaining	Number
Accuracy of Diagnosis	44
Attitude	50
Health Outcomes	48
Medical Treatment	50
Nursing Care	53
<b>Total</b>	<b>245</b>

Dissemination of the complaints and themes is undertaken monthly and presented to the Business Units. However, a corporate presentation of the on-going issues and action to be taken is planned for May 2012.

### 3. Learning from complaints

The table below gives a small range of examples of actions and learning from complaints received.

Directorate	Learning/Action
<b>Acute and Assessment</b>	<p>Staff member currently undergoing drug counselling sessions following a drug error.</p> <p>Ward staff to include carers in more timely manner for discharge preparation.</p> <p>Complaint discussed at Discharge Governance Meeting to ensure better coordination between discharge and rehabilitation teams.</p>
<b>Medical</b>	<p>Patient information leaflet reviewed and updated as result of complaint received.</p> <p>An action plan for the ward was implemented to ensure that staff monitor self caring patients for pressure ulcers.</p> <p>Refusal of medication discussed at ward level to ensure consistency of documentation and adherence to Trust Policy.</p>
<b>Surgical</b>	<p>A facilitated discussion, led by the Matron to explore issues around expected attitude and behaviours at ward level.</p> <p>Consultant surgeon raised concerns about miscommunication at team governance meeting to ensure learning.</p> <p>Learning from root cause analysis in relation to pressure ulcer care and good documentation discussed at ward team meetings.</p>
<b>MSK</b>	<p>Complaint discussed at rehabilitation team meeting to reflect upon how communication with patients and families can be improved.</p> <p>Discharge arrangements discussed at ward meeting to identify</p>

	<p>improvements for a smooth transition from hospital to home.</p> <p>All patients with a history of dementia admitted to a ward will receive an enhanced observation trigger assessment on admission, as per Trust Policy.</p>
<b>Ophthalmology</b>	Staff were reminded that they had to check all waiting areas if a patient does not respond to being called to their appointment.
<b>Women and Children</b>	<p>Following high profile complaints within the Maternity Unit, the Director of Nursing met with members of the Maternity Unit to discuss attitudes and expected behaviours.</p> <p>Discussion of high profile complaints within the Maternity Unit was undertaken by the Head of Midwifery, specifically around communication and use of security staff</p>
<b>Diagnostics and Therapeutics</b>	<p>Patient information leaflet reviewed to ensure that patients are made fully aware of the procedures that will happen during their consultation</p> <p>The Consultant led discussions in relation to junior doctors and cannulation adherence to Trust Policy. Issue also added to induction programme.</p> <p>Hospital Palliative Care Team leaflet has been updated to reflect service provision and care of patients is documented during the hourly care round.</p>

#### 4. Verbal Complaints (Levels 1 – 2, previously known as PALS)

- The Patient Advice and Liaison Service received 1,193 contacts during the year 2011/12
- The following table shows the comparison to the previous year, as already noted in Table 2 the drop in the number of PALS contacts is equal to that of the increase in complaints over this year, due to changes in the complaints process in April 2011

Table 6

<b>PALS</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
2010/2011	341	370	300	306	1317
2011/2012	324	371	196	302	1193

- A PALS contact can be categorised as a verbal complaint or a general enquiry. 89% of the contacts were resolved within a mutually agreed timescale (usually 3 working days).
- Patients, relatives and visitors often contact PALS when they want to express their thanks and appreciation to staff that have provided good care and treatment. This is usually done by contacting PALS directly or by completing comments cards. 483 comments cards were completed and returned throughout the year and the 86% would recommend the hospital to a relative or friend. The main reasons for recommending the hospital were the quality of care given by nursing, medical staff.
- 10% would not recommend the hospital and the main reason was related to the booking in system for main outpatients.

#### 5. Achievements during 2011/2012

- The complaints team have created and disseminated a monthly spreadsheet to the Business Units listing the actions that have been taken as a result of the complaints received; monitoring

the implementation of the actions taken. Implementations of all actions taken are also reported to the Clinical Assurance Committee via the Business Unit Governance Leads.

- The Trust has seen an 8% reduction in the number of complaints reopened when compared with the previous year. This would appear to indicate that the original letters of response sent to complainants are less defensive and more open, providing the answers to concerns that complainants had.

## **6. The forward plan**

There are a number of areas identified for improvement in 2012/13, including:

- The Trust needs to ensure that more complainants received their response within the negotiated deadline. 70% of complainants currently received the letters of response within the agreed deadline and the Complaints Department and Business Units aim to ensure that 80% of complainants received their letters of response by the 31<sup>st</sup> March 2013.
- Although there has been an 8% reduction in complaints being reopened after the complainant receives the letter of response the Complaints Department and Business Units aim to ensure a further reduction of reopened complaints by the 31<sup>st</sup> March 2013 (10% improvement on this years performance).
- Improving access to the complaints process by updating the website and displaying more patient information leaflets/posters throughout the hospital.
- The Patient Liaison Department will continue to 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.
- A complaints training workshop will be held in April 2012 with independent external experts. The aim of the workshop will be to support the complaints team and senior staff who investigate complaints to help provide guidance to answer any issues in an open way.
- Independent audits will be undertaken throughout 2012/13 asking complainants to give feedback on how the trust addressed their concerns and supported them through the complaints process.

## **7. Conclusion**

The Trust Board is asked to approve the Annual Complaints Report 2011-12. As per Monitor's requirements, the annual complaints report meets the recommendations under regulation 18 of the Local Authority Social Services and the NHS Complaints Regulations (2009).

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