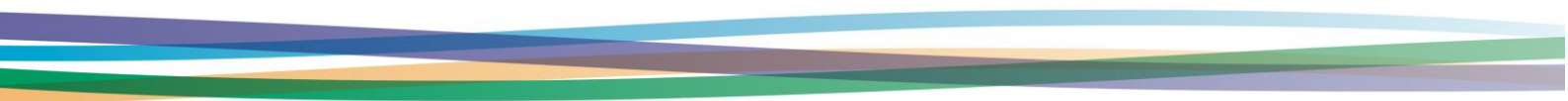


Dedicated to Outstanding care



# Annual Complaints Report 2016/17



## Introduction

Complaints are a very important source of information about our patients, relatives and carers views regarding the quality of the services we provide in our hospitals.

Each complaint is triaged and graded by the Head of Patient Experience or Divisional Patient Experience Lead to determine the level of investigation required and whether any additional actions need to be taken, such as a Serious Incident Review by Root Cause Analysis, or liaison through HM Coroner or involvement of the Trust Safeguarding Team.

We have continued to embed the robust systems established during 2015/16 providing central complaints management and a single lead contact from the start through to the final response for a complaint via the Patient Experience Team. This approach has proven successful in ensuring complaints are thoroughly investigated to ensure learning is captured within agreed timescales.

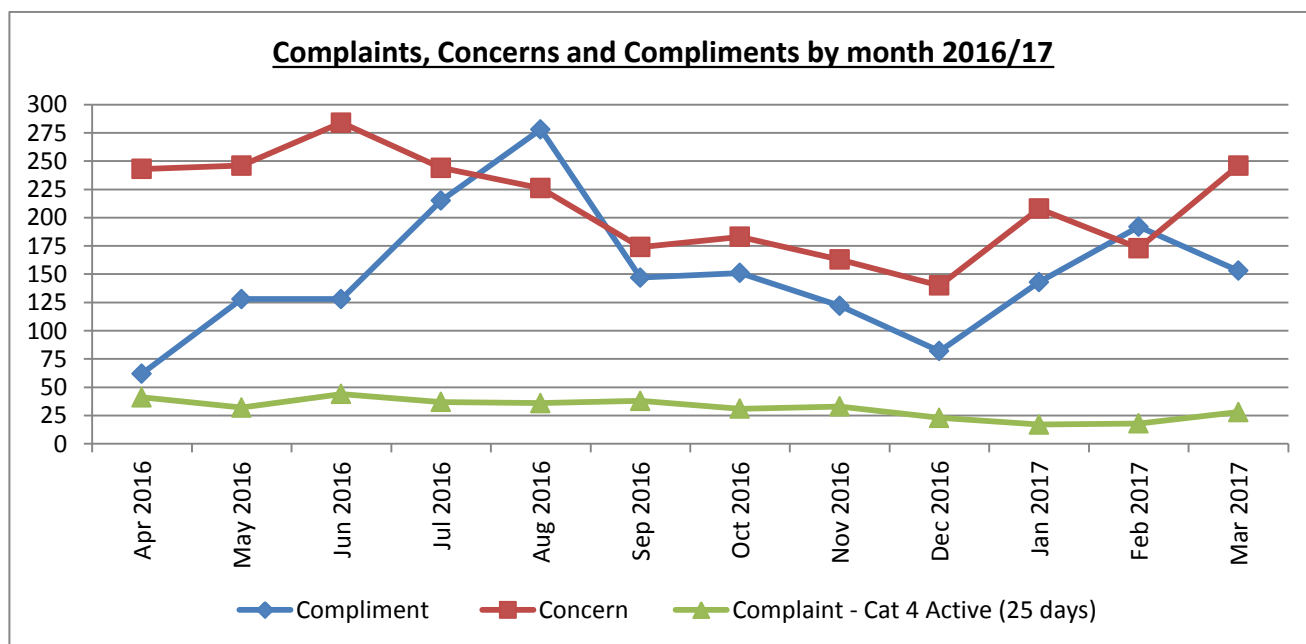
All complaints, concerns and comments are reported on the live database, Datix.

We continually strive to improve final responses and offer early meetings to understand concerns and achieve local resolution of complaints.

## Complaints Overview

The table below shows the number of complaints, concerns and compliments received during 2016/17:

Fig.1 Table to show no. of complaints, concerns and compliments



A total of 378 complaints were received during 2016/17 which shows a 4% increase from the previous year. Of these following investigations, 46% (175) were upheld or partially upheld providing an opportunity to improve our services and patient experience, which remains unchanged from the previous year.

The table below shows the top 8 Subjects account for 113 (65%) upheld or partially upheld complaint of the 175 complaints investigated and identified areas for improvement:

Fig.2 Table to show top 5 subjects of complaints investigated and upheld/partly upheld

Top 5 subjects of Formal Complaints by subject 2016/17	Diagnostic & Outpatient	Medicine	Surgery	Urgent Emergency Care	Women's & Children
Clinical Treatment	0	8	10	4	5
Clinical Discharge	0	9	2	4	2
Clinical Diagnosis	1	3	6	4	2
Nursing Care and Treatment	0	7	2	4	2
Attitude – Nurse/Midwife	0	2	3	5	1
Admissions/Transfers/ Discharge processes	0	3	3	3	0
Communication - Doctor	0	3	3	2	1
Procedure – Medicine Administration	0	3	2	4	0
<b>Total</b>	<b>1</b>	<b>38</b>	<b>31</b>	<b>30</b>	<b>13</b>

\*of the 3 complaints relating to corporate services, none were upheld/partially upheld.

Should complainants remain unhappy following our investigations and final response; we will review the complaint to identify if any further action or investigation can take place in an attempt to resolve the complaint. This year we re-opened 5% of complaint cases.

The decrease in re-opened complaints and referrals to the PHSO indicates the quality of complaint responses, and the attempts made to resolve complaints locally with the support of medical and nursing staff and The quality of responses has improved , in addition, the timely response.

### Complaint Responses

A timeframe is communicated with the complainant at start of the investigation – this is a means of setting a realistic timescale given all the circumstances which may arise. The Trust aims to resolve the majority of complaints in 25 working days though for complex cases this may be 45 working days or more if investigation, external review, Coronial process dictates or Root Cause Analysis is required. We have aligned our complex investigation process to national incident reporting timescales to ensure consistency. Our focus is to provide a quality, thorough open candid investigation and response which sometimes may necessitate a longer time period.

We continue to exceed the internal target of 90% compliance within 25 working days or agreed timescales, achieving 94%. The tables below show our performance during 2016/17:

Fig.3 Table to show no. of complaint per division and response times

Division	No. received	No. responded in 25 days	No. responded over 25 days with agreed revised timescales	% responded within 25 days	No. re-opened - complaints
Emergency Urgent Care	92	86	*6	93%	3
Surgery	114	104	*10	91%	2
Women's and Children's	53	49	*4	92%	0
Medicine	104	94	*10	90%	14
Diagnostic & Rehabilitation	12	12	0	100%	0
Corporate	3	3	0	100%	0
<b>Totals</b>	<b>378</b>	<b>348</b>	<b>30</b>	<b>94%</b>	<b>19</b>

\*linked to Serious Investigations and /or Local Resolution Meetings

A total of 8 complaint cases have led to a letter of claim/proceedings served to the trust and are currently being handled by the NHS Litigation Authority.

### **Parliamentary Health Service Ombudsman (PHSO)**

We aim to resolve all complaints to the complainants' satisfaction by conducting thorough investigations and providing a comprehensive response as well as offering complainants the opportunity to discuss further concerns with us. However, we are not always able to achieve a resolution, which satisfies the complainant. Under the NHS complaints system, complainants dissatisfied with responses received from us have the right to ask the Parliamentary Health Service Ombudsman (PHSO) for an independent review of their case.

Nationally referrals and investigations taken on by the PHSO have increased, and during 2016/17 the PHSO received 9 of applications relating to SFHT.

Fig.4 PHSO performance during 2016/17

	2014/15	2015/16	2016/17
PHSO received applications received	17	7	9
Upheld	0	0	0
Partially Upheld	6	2	0
Not Upheld	6	3	4
Not investigated	5	2	1
Awaiting outcome	0	0	4

Of these none were fully or partially upheld, one case was not taken on for investigation and a further four cases are still awaiting an outcome.

Although the number of applications received has slightly increased, this is likely to be attribute to the additional cases considered by the PHSO, and of the 5 investigations completed, 4 were not upheld and 1 not taken on for investigation.

The current open cases with the PHSO for investigation are listed below:

Fig.5 PHSO open cases currently under investigation

ID	Date	Summary
10362	20/06/2016	Patient called into Ward 21 urgently when there was no bed available; out patients clerk did not liaise with Ward 21 to ensure patient could keep out patients appointment with an oncology doctor - the clerk was informed that patient was on Ward 21, gave an appointment later date. Delays in treatment during inpatient stay on Ward 21.
11346	14/12/2016	Complaint regarding diagnosis and discharge from A&E, management of pain, INR and hernia.
15591	18/11/2016	Concerns relating to discharge from Hospital and continuing healthcare funding.
17373	06/09/2016	Urology care from 2010.

### **Concerns and Compliments**

Feedback from our patients, their relative and carers is a valuable opportunity to review our services and make improvements. We encourage dialogue with staff, giving an opportunity for immediate action and local resolution. To further support our patients, the Patient Experience Team (PET) provides information and advice on how concerns raised can be managed. In addition to a dedicated office for patient, relatives and carers based at Kings Mill and Newark Hospital, offering a satellite service at Mansfield Community Hospital. The PET can be contacted by telephone, email, website, in writing or in person by visiting the office.

We endeavour to respond as swiftly as possible when any issues are raised in accordance with the trust complaints and concerns policy and procedure, which is noticeable from the 36% decrease in the annual figures for concerns (2530) recorded in 2016/17, and also an indicator of the quality of care provided care and treatment provide to our patients.

The table below shows top 8 concerns by subject for 2016/17, which accounts for 43% of the concerns received:

Fig.6 Table to show top 8 concerns by subject

Top 8 subjects of concerns by subject 2016/17	Corporate	Diagnostic & Outpatient	Medicine	Surgery	Urgent Emergency Care	Women's & Children
Communication – Admin	12	105	51	72	5	9
Appointment-cancellation/delay	0	150	58	72	2	12
Waiting Time – OPD appointment	0	49	31	45	2	4
Waiting Time - Results	0	49	25	37	1	6
Waiting Time - Surgery	0	15	5	73	0	1
Communication – Doctor	0	5	29	30	12	11
Attitude – Doctor	0	8	13	28	8	14
Communication – Nurse/Midwife	0	3	5	14	23	5
<b>Total</b>	<b>12</b>	<b>384</b>	<b>217</b>	<b>371</b>	<b>53</b>	<b>62</b>

1801 compliments were reported in 2016/17 which shown a significant increase of 84%, PET currently record all compliments received by wards and departments , however in 2017/18 datix will provide a system to capture all concerns and compliments locally which we predict will show an further increase and opportunity to share best practice within the organisation.

Medicine recorded the most compliments (37%), followed by Women's and Children (25%) and Surgery (23%).

### Listening and Learning from complaints

It is essential that the Trust continues to learn from complaints and concerns, ensuring service improvements are embedded into everyday practice.

The Divisional Patient Experience Leads and Head of Patient Experience work closely with divisions to provide expert advice and support throughout the complaint management; this includes co-ordination of investigations, local resolution meetings and sharing of reports related in serious investigations in accordance with the statutory Duty of Candour. This has proven successfully in engagement with the medical and nursing staff to ensure a responsive and detailed investigation report is achieved in a timely manner, with staff fully understand the importance and value of addressing complainants concerns to provide assurances and explain any learning and actions as a result of the investigation when appropriate.

The division's complaints performance is reported and monitored at the monthly Patient Safety and Quality Board, and discussed at monthly divisional governance meetings

Patient Experience dashboards have been introduced by the Head of Patient Experience to provide real-time feedback including complaints, concerns and compliments to identify trends and hotspots to all relevant managers. Patient stories and cases are feedback at governance meetings for learning and highlight areas of good practice. This has supported the triangulation of themes and trends within division and wider organisational learning.

The introduction of action plans as a result of all upheld /or partially upheld complaints supports implementing improvements to services as a result of the complaints investigation. The actions are tracked by the patient experience team and in 2017/18, this progress will be reported to Board.

A weekly tracker of all open complaint cases is available for divisions to provide a summary of the complaint caseload, which has supported the trust to exceed the internal target of 90% throughout the year.

The following section provides a summary of trust wide service improvements implemented during 2016/17 as a result of complaints and concerns:

- ✓ Surgery - Theatres - To re-launch the 'stop before you block' initiative and to monitor compliance to this through regular departmental audits.
- ✓ Training & Development - To ensure newly qualified nurses and international nurses undertake the end of life training.
- ✓ Medicine - To review the current process to request support for patients with PICC Lines to ensure that the nurses understand how to contact those who are appropriately trained.
- ✓ Support and training provided to nursing teams to make referrals to the dieticians regardless of the nutritional assessment score.
- ✓ Introduction of a communication file following telephone conversations as a record of information/advice given to patients.
- ✓ Women's and Children's Services - Develop an electronic database of relevant external organisations and contacts for Patient Pathway Co-ordinators to provide the right information to patients at the right time.
- ✓ Attendance at divisional governance meetings to share patient stories and patient experience data
- ✓ Women's and Children's Services – as a result of poor experience in pregnancy, a patient has developed and launched an app which provides an information and experience hub for women's, partners and families to help support at this difficult time. Following a complaint investigation, Head of Women's and Children's Services is circulating and promoting the app via the community and hospital midwifery teams.
- ✓ Emergency Department – Exploring the implementation of a red card system for relatives and carers, who may leave loved ones in the department, who may be frail or vulnerable, in particular at risk of falls.
- ✓ Introduction of complaint investigation training to Band 6 Leadership Cohort

## Monitoring and Advancing Improvement 2017/18

We are continually striving to make further improvements within our complaints management and learning processes, and incorporate this feedback with the other patient experience mechanisms within the trust to understand the quality of care we provide to our patients.

A number of the agreed actions for 2017/18 are as follows:

- Introduction of Internal Peer Review of complaints based on the Patient Association guidance to scrutinise the management of our complaints, reviewing four to five randomly selected complaints files on a quarterly basis. The feedback provided by the panel is used for reflection, learning and improvement.
- Re-establish the Patient Experience Group, which paused due to the proposed merger of trusts. The group will provide a platform to triangulate patient experience including, Friends and Family Test, NHS Choices, National Patient Surveys and indicators agreed in the new patient experience and engagement strategy. The membership will include internal and external stakeholders including trust governors, Healthwatch and Clinical Commissioners.
- Launch a Learning Week, a trust wide event to showcase the learning from governance functions, including claims, incidents, complaints, coroners and serious investigations.
- Throughout 2016/17 we have continued to focus not only on the experience of the patient, also the experience of the complainant within our complaints process, understanding how they have felt throughout the journey. We have introduced a complainant satisfaction survey which is sent with the consent of the complainant following the closure of a complaint, and plan to expand this to a text messaging service in 2017/18 to increase response rates, and provide further feedback.
- Extended services hours in Patient Experience office to reflect visiting hours, Monday – Friday 8.30am – 6pm and Saturdays 9am – 1pm moving towards 7 day service.
- Introduction of complaint investigation training to Band 6 Leadership Cohort
- Launch of Patient Experience intranet system within Datix to capture concerns and compliments in all wards and departments, this will feed into the Patient Experience Module within Datix and provide opportunity for local learning and improvements.