

Annual Complaints Report

For the Period
1st April 2015– 31st March 2016



Contents

1. Introduction	3
2. Definitions	4
3. Activity & Performance	5
4. Listening, Reviewing, Learning, Improving	14
5. Priorities for 2016/17.....	16
6. Conclusion	16

1. Introduction

This report summarises complaints activity and performance at Tameside Hospital NHS Foundation Trust (THFT) for the year 1st April 2015 to 31st March 2016. Improvements to services including those implemented as a result of complaints are identified in the Annual Quality account.

The Keogh Report (2013) highlighted a number of failings across NHS Trusts and made a number of important recommendations to ensure an accessible and responsive complaints process. We welcomed these recommendations and, as part of our improvement programme have made significant improvements within our Trust with regards to how our complaints process works. In September 2015 the CQC recognised these improvements and outlined the outstanding practice they saw in relation to Candour, Openness and Transparency.

During the period 1st April 2015 - 31st March 2016 we received 446 K041 complaints and responded to a further 1890 informal concerns or complaints which were 'out of time' (as defined by the NHS Complaints regulations) or did not meet the NHS reports criteria. The number of complaints and concerns received accounts for less than 0.67% of the number of patient contacts, which totaled over 433,163 during the reporting period.

We have continued to welcome, listen to and act on all aspects of patient feedback. There are a number of posters advising how to raise concerns, not only on the Wards but at the entrances to the hospital. We have complaints leaflets in public areas and an easy to read version for people who are less literate.

Staff are encouraged to try and resolve complaints at ward or local departmental level, where this is not possible they can direct patients/families to the PALS and Complaints Team. An Advice Desk at the entrance to the Hartshead Building offers support and advice which includes directing any complaints to the relevant department if needed. There is a full page on our website where complainants are directed to advice on how to make or resolve complaints and information as to how to do this. An internet complaints form can be submitted by email. A dedicated email address and telephone number is available and training has been provided to staff in supervisory roles to promote the service across the Trust. The team have recognised the benefit from having a log of all areas where literature on complaints is provided on the main Trust Site and has a monthly walk around of these areas to ensure that the information is visible and readily available.

The priorities for the complaints service in 2015/16

Progress against last year's priorities is covered throughout the report. The Trust's Corporate Objectives are detailed in appendix A.

Our priorities were to :

- Improve response times to ensure patients and families receive a timely response.
- Review and update the Trust's complaints policy
- Strengthen Divisional Management teams and support Clinical divisions to ensure agreed timescales were achieved with regards to our complaint responses
- Ensure compliance with the requirement for the statutory Duty of Candour meeting regulation 20 of the Health and Social Care Act.
- Further strengthen our service by providing training for staff who are directly involved in complaints handling.
- Strengthen and consolidate the changes to our PALS and Complaints Team.

2. Definitions

Throughout this report 'K041' complaints are referred to as 'complaints' and these are managed through the Trust's complaints process and information on these is reported on to the HSCIC (Health and Social Care Information Centre). The term 'concerns' is used in relation to informal concerns which are managed and resolved either on the spot, at a local level or issues which do not meet the criteria of the NHS complaint regulations or are 'out of time'.

We record and respond to all concerns and complaints irrespective of how they are presented; whether this is in writing, in person, over the telephone or by email. Complaints made verbally but not successfully resolved within an agreed timescale, and those made in writing or electronically, such as by email, are acknowledged within 3 working days. This will normally be done in writing unless under exceptional circumstances. Acknowledgements to all concerns are sent by a member of the Complaints & PALS Team.

In April 2015 the reporting process for K041 returns nationally required the Trust to review and change the coding of all complaints and concerns. Therefore comparison of the themes of reported complaints between 2014/15 and 2015/16 is not exact due to the changes required.

For any complaint raising issues that require a more detailed investigation these are managed formally, in accordance to the Trust's Complaints Procedure. All Concerns and Complaints are recorded and managed in the following ways:-

Informal Concerns

Informal concerns which cannot be resolved locally on the spot are usually managed through our Patient Advice and Liaison Service (PALS) These are usually concerns, queries or requests for information which do not require detailed investigation, but which may require guidance, signposting or information. These issues are recorded and dealt with in real time by our PALS & Complaints team or by a relevant member of staff who is able to offer appropriate information. If the matter is not resolved to the enquirer's satisfaction then the concern is managed as a K041 complaint.

Some informal concerns are considered to be too significant not to investigate and these are reviewed by a Senior Manager and Senior Nurse and if appropriate are investigated as a complaint would be.

Complaints

The Trust will investigate a complaint in a manner appropriate to the nature of the issues raised; we aim to resolve all complaints speedily and efficiently whilst during our investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays.

Each complaint is triaged and graded by a Senior Officer in the Quality & Governance unit or a designated Senior Manager. This helps 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.

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.

3. Activity & Performance

This section provides an overview and a more detailed breakdown of key performance and activity data for 2015/16. It includes the number of complaints received, the number of complaints closed, response times and a breakdown of the subjects most frequently raised in complaints. Plans for further improving performance for 2016/17 are detailed in Section 5 of this report.

Through our improvement programme we have strengthened the team, implemented and embedded changes to the complaints process to ensure we are responsive to patients' and carers concerns. We identified in our 2014/15 report that we were systematically progressing the backlog of complaints which identified and have made good progress in reducing the number of historic outstanding cases. We have improved our responsiveness to concerns, and this is shown in the graph below

The Trust has had 7 cases referred to Parliamentary Health Service Ombudsman in 2015/16 comparable to the 7 in 2014/15. These cases predominately related to care and handling of care occurring in the preceding year's. In addition 9 cases were closed by the Ombudsman in 2015/16, 5 were not upheld and 4 were partially upheld, in one case financial redress was requested. All cases received and closed in 2015/16 have been summarised later in this report.

Overview

Table 1: Activity and Performance Data

	2013-14	2014-15	2015-16
Number of complaints received	450	532	446
Number of complaints closed	393	612	537
Number of Complaints KO41 reported*	412	495	439
Number of concerns received**	2229	2403	1890
Complaints concerning THFT reviewed by the PHSO	7	7	7**
Complaints concerning THFT upheld by the PHSO	2	3	0**

* The number of complaints received in writing is reported to the Department of Health in the annual KO41a complaints monitoring return. ** At time of reporting

The numbers of complaints received in 2015/16 compared to 2014/15 decreased from 532 to 446 a 16% reduction. The number of complaints reported in the KO41 process is slightly less as some cases are not eligible to be reported. Aligned with this the number of Complaints per 1000 contacts has also been reduced from 1.11 in 2014/15 to 0.83. This was one of our Quality pledges and reported in the Quality Account.

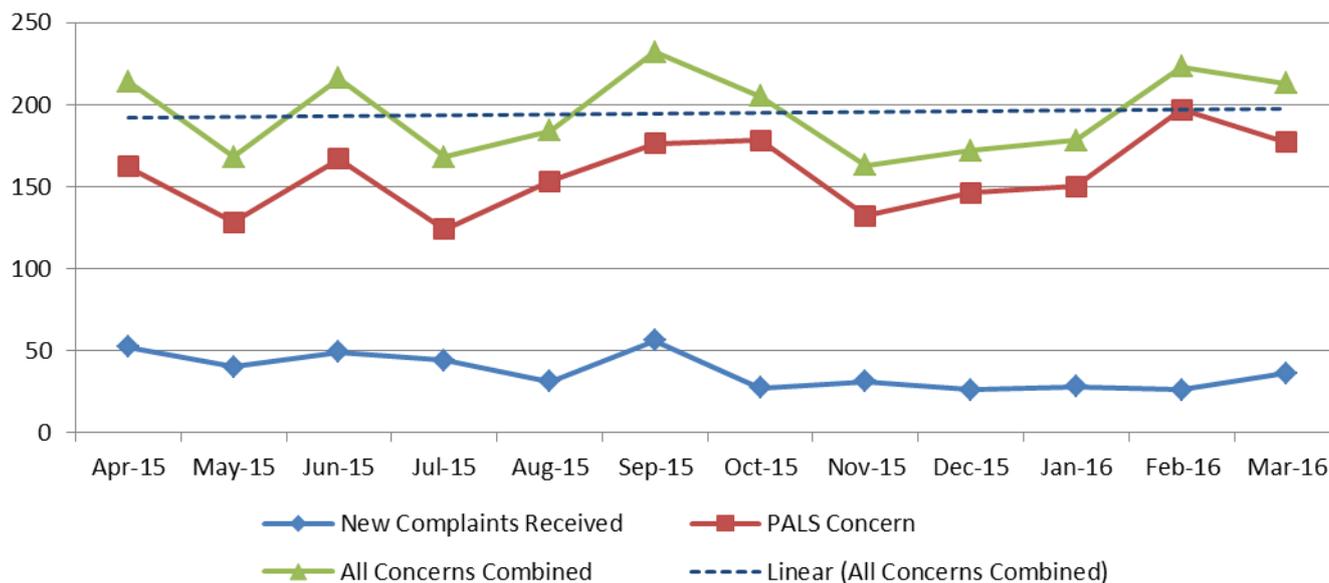
Key points to note from the data are as follows:

- The data recorded highlights a 20% decrease in the number of complaints and concerns combined this year.
- Whilst we continued to reduce the number ongoing open complaints the number of complaints closed decreased in 2015/16 by 21% from 2014/15.
- The number of complaints concerning this Trust that were reviewed by the PHSO remained consistent with those reported in the previous year.

3.1 – Complaints and Concerns Received

The graph below shows the number of concerns and complaints received by month during 2015/16. This demonstrates the fluctuations which can occur from month to month, but as has been noted in previous years the peak of concerns is aligned to the publication of regulatory reviews and increased media coverage.

Table 2: KO41 Complaints and Concerns Received by Month

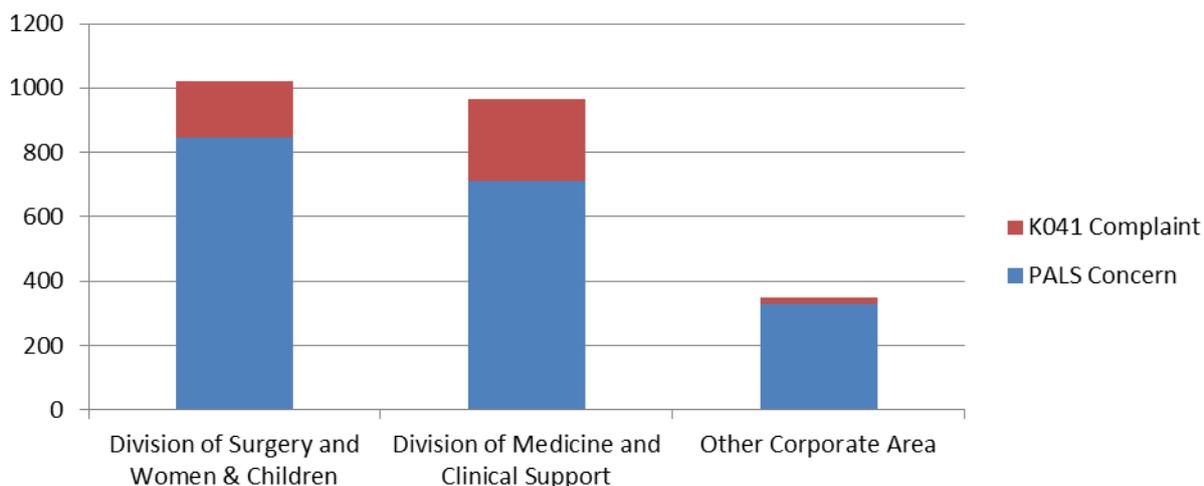


*The dotted line represents anticipated trend

3.2 – Complaints and Concerns Received by Care Group

The graph below shows the number of complaints and concerns received during 2015/16 by Clinical Division. This reflects a revised divisional structure so comparisons with previous years are not possible. However Surgery, Women’s and Children’s Services received overall the most concerns, whilst Medicine and Clinical support received the most complaints this was to be expected as they are the two biggest divisions within the Trust.

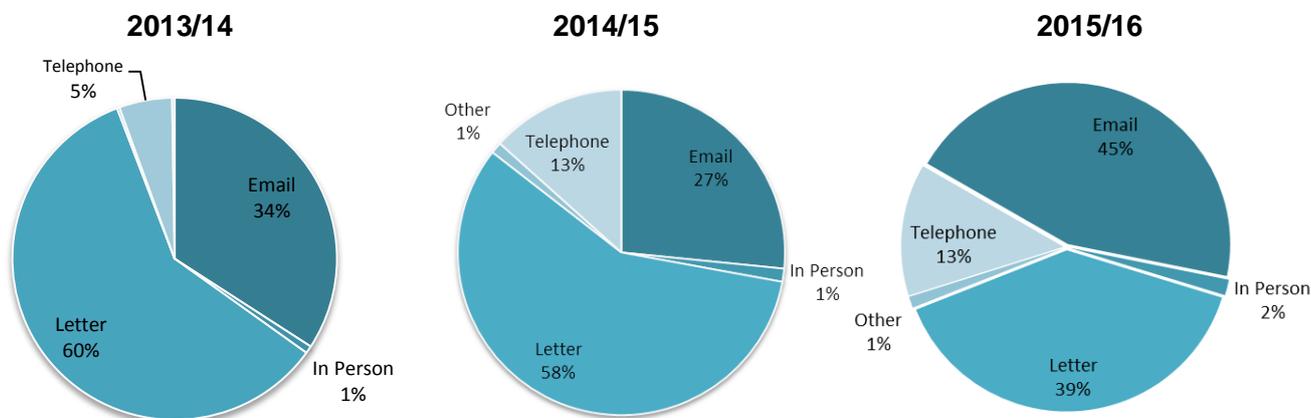
Table 3: Number of K041 complaints and concerns received by Division 2015/16



3.3 – Complaints Received by Method

A breakdown of the number of complaints received by method is provided below for 2013/14, 2014/15 and 2015/16.

Table 4: Breakdown of K041 Complaints Received by Method



The 3 main methods used to raise complaints are email, telephone and letter, this has not changed. However the number of issues received by email has now become the largest volume (45% compared to 27% in 2014/15). The receipt of letters has again reduced significantly from 58% to 39% in year whilst the use of the telephone has not changed. People complaining in person has remained similar.

Table 5: Complaints as a Proportion of our Activity

The table below shows the proportion of complaints and concerns received over the last 3 years per 1000 patient contacts:

	2013/14	2014/15	2015/16
Complaints Recorded	450	532	446
Complaints per 1000 Contacts	0.95	1.11	0.83
PALS Concerns Received	2229	2404	1890
PALS Concerns per 1000 Contacts	4.65	5.06	3.48

This year we have seen the number of K041 complaints decrease, but also the number of complaints per 1000 contacts received in 2015/16 has decreased to 0.83 compared to 1.11 reported in 2014/15, and lower than reported in 2013/14.

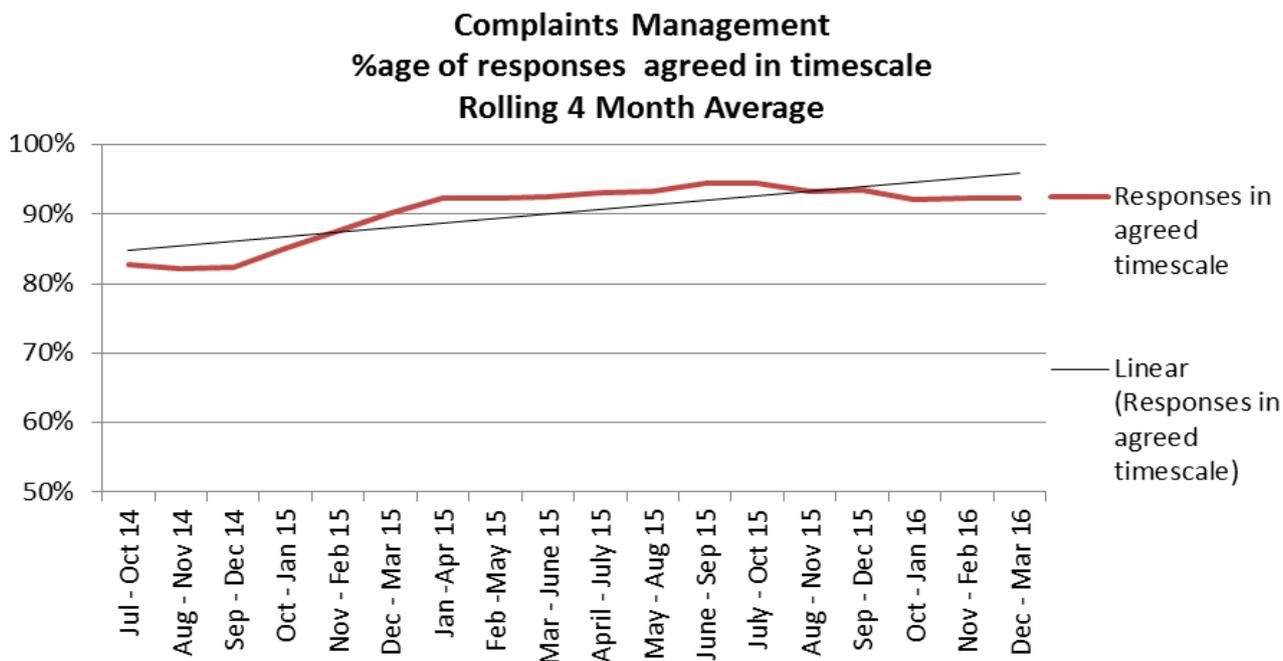
3.4 – Complaints and Concerns Closed

This section provides information relating to complaints closed completed during 2015/16.

3.5 – Response Times

The chart below demonstrates our continued improvement in our response times during 2015/16 in which we have achieved above our 90% target for the whole year.

Table 6: Responses agreed in timescale



The increase in our response times has been part of our improvement plan and we have worked hard to make a significant reduction in the backlog of historical complaints in the system. We have also seen a reduction in the number of ‘comeback’ letters received as a result of improvements made to the way we handle complaints and concerns.

The Trust does however recognise that we still need to make further improvements with regards to completing complaints investigations and responding to patients within the initial agreed timeframes. The graph below demonstrates how we have continued to increase the percentage of complaints and concerns within 2 days, 5 days and 26 days as a key metric for demonstrating improved responsiveness.

Table 7: Complaint Response Times and Performance Achieved by Month

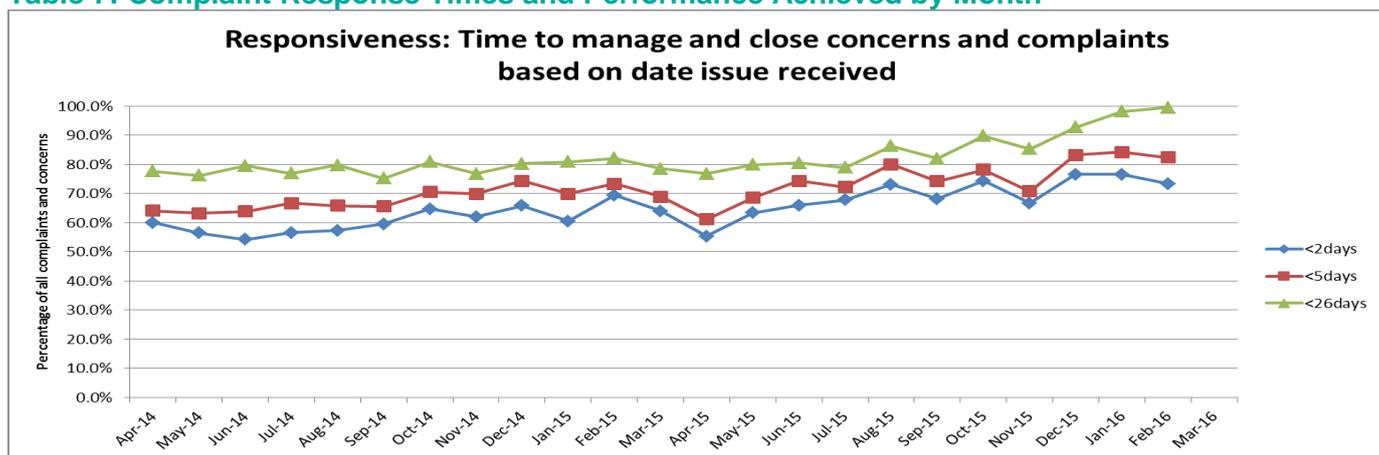
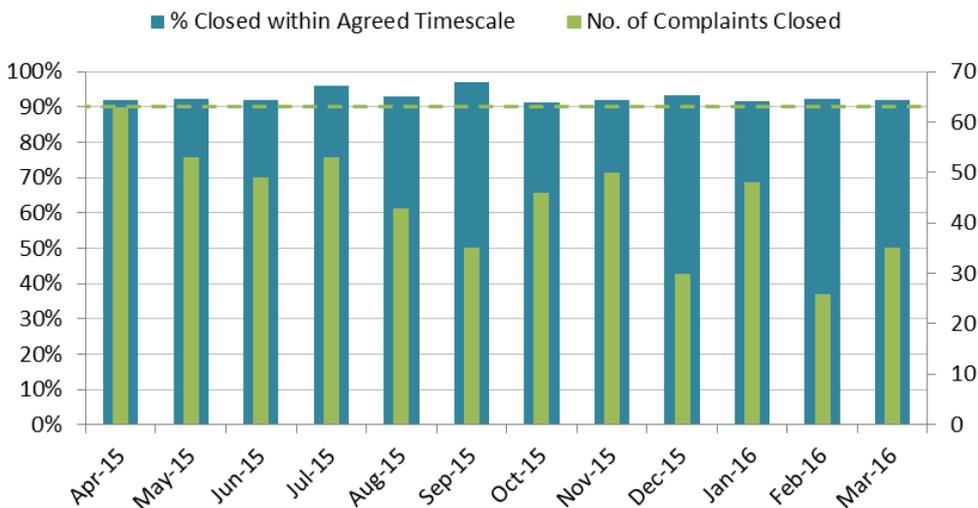


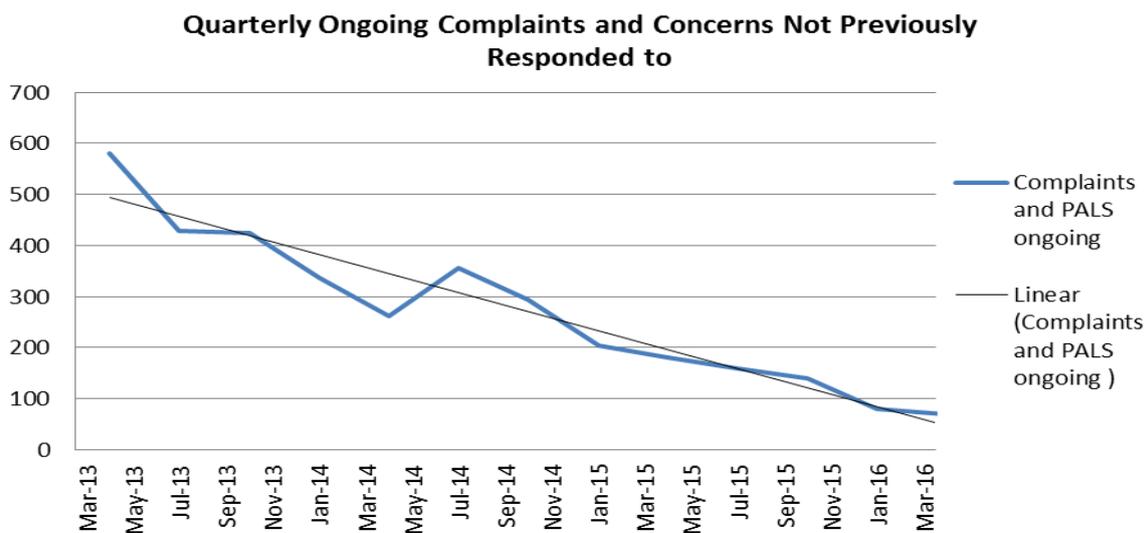
Table 8: Complaint Response Times and Performance Achieved by Month



The chart above highlights that we continued through the year in responding to greater numbers of concerns using the strengthened team to enable us to responding and addressing the historic backlog of complaints previously reported..

The chart below identifies the progress made since the Keogh Report 2013.

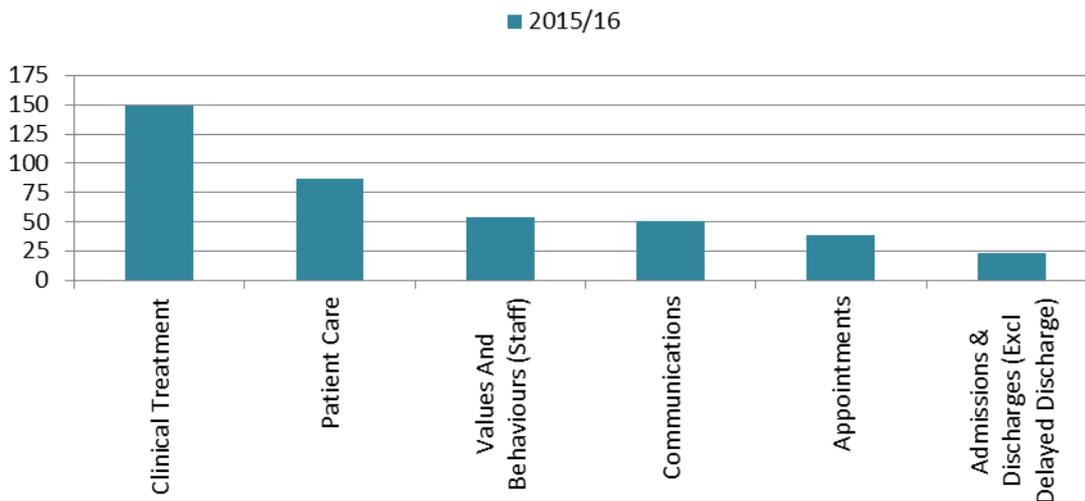
Table 9: Ongoing Complaints



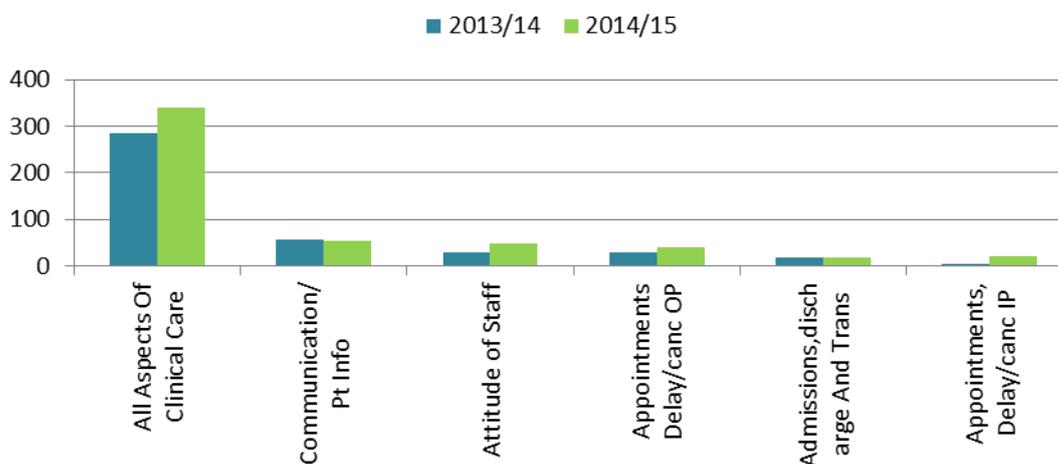
3.6 –Themes in Complaints

As previously indicated the Classification system used for 2015/16 was revised nationally. There fore comparison of themes in complaints and concerns is not as simple as previously. The issues most frequently raised by complainants between April 2015 and March 2016 are illustrated in the chart below; we have used the national K041 complaint themes to categorise these.

Table 10: Three Year Comparison of Themes Raised in Complaints (Top 6)



The classification used in previous years is shown below.



The reported areas of concern demonstrate similarity whilst the system used are different.

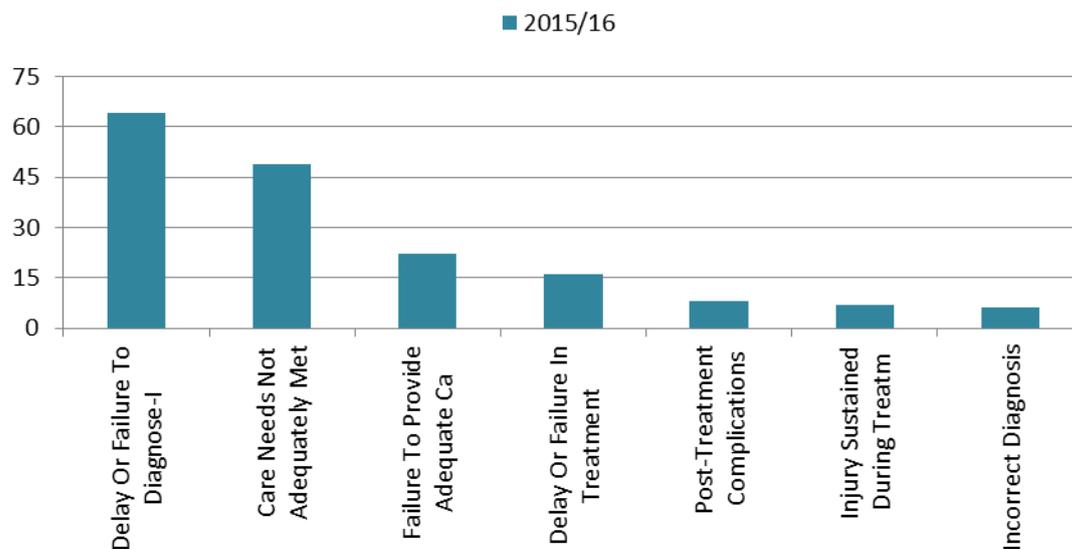
- Clinical treatment and Patient care align to all aspect of clinical care.
- Attitude of staff and values and behaviours are aligned
- Communications/Appointments and admission and discharge issues equally align

These are the most frequently reported issues. It is therefore our assumption that similar issues have been reported during the year.

However as the overall number of complaints and rate of complaints per 1000 contacts have reduced it may be possible to use this as an indicator of the Trust improvement programme working. This would triangulate with other evidence sources.

Table 11: Three Year Comparison of the sub group of ‘All aspects of Clinical Care’ (Top 7)

Patient Care & Clinical Treatment



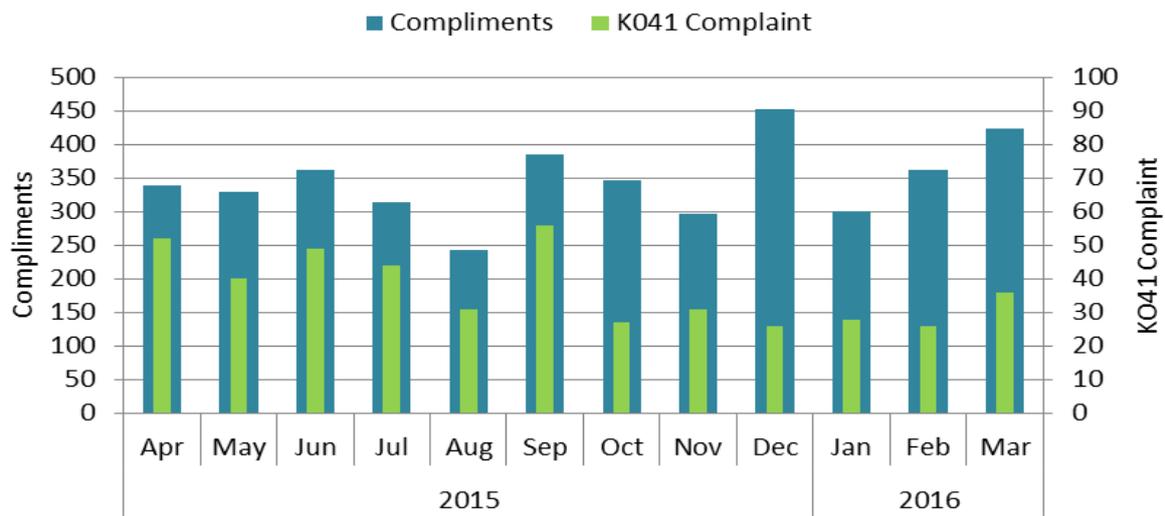
The breakdown of the category ‘Patient care and treatment’ shows that ‘Delay or failure to diagnose ‘ and ‘Care needs not adequately met’ are the most common concerns raised. These issues are aligned to the work in the Trust improvement plan central to which is our Patient Safety Programme and the 10 work streams. These are identified below

- Pressure Ulcer Prevention
- Early recognition of the deteriorating patient and managing the acutely unwell
- Reducing the number of falls and falls with injury
- Improved nutritional care and hydration
- Reduction of harm from Venous Thrombosis
- Medicines Safety
- Infection prevention
- Improved Peri operative outcomes through safer surgery
- Maternity services governance
- Results governance

3.7 – Compliments

In 2014/15 the Trust started to record the amount of compliments received. The chart below demonstrates this for Q4 2014/15 and for the whole of 2015/16.

The ratio of compliments to complaints for 2015/16 was 9.2 compliments to each complaint received this is an increase of 8.4 in Q4 15/16



3.8 – Outcomes of complaint investigations

The outcome of all complaints is recorded as follows:

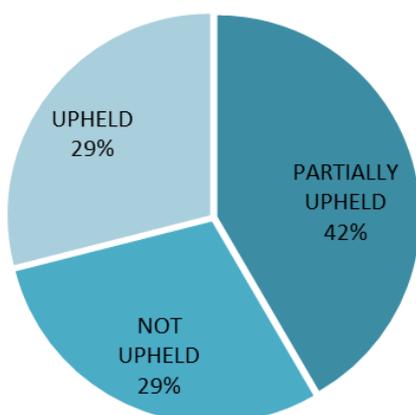
Upheld	Complaints in which the concerns were found to be correct on investigation
Partially Upheld	Complaints in which, on investigation, the main concerns were not found to be correct, however some of the concerns or issues raised by the complainant were found to be correct.
Not Upheld	Complaints in which the concerns were not found to be correct on investigation. If a complaint is not upheld, we still recognise the validity of the concern to that complainant and we acknowledge that we have failed to meet their expectations.

All complaints are reviewed and reported on irrespective of their outcome status.

If a complaint is not upheld, there is still an opportunity to learn and review our procedures, for example through understanding the motives and feelings of the complainant.

The chart below shows that whilst similar proportions of complaints are split between 'upheld' and 'not upheld' during the period 2015/16 the majority of closed complaints had a reported outcome of "Upheld" or 'Partially Upheld' (71%). This is similar to the previous year

Outcome codes of closed complaints 2015/16



3.9 – Complaints Referred to the Parliamentary Health Services 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 PHSO for an independent review of their case.

The right to go to the PHSO is explained to all complainants. When we come to the end of a complaints investigation and we feel that there is nothing further we can do locally to resolve a complaint to the complainant's satisfaction, we will encourage complainants to take their case to the PHSO and we actively signpost these.

Healthwatch

We continue to promote and reinforce Healthwatch Tameside as our local consumer champion for health & care in Tameside and appropriately signpost to Healthwatch Tameside for help with NHS complaints as necessary.

PHSO Cases:

In the PHSO's 2015/16 Q3 report the PHSO reported for the Trust the information provided below

	2013-14	2014-15	2015-16
Complaints concerning THFT reviewed by the PHSO	7	7	7**
Complaints concerning THFT upheld by the PHSO	2	3	0**

** At time of reporting

The table below summaries the PHSO reviewed or being progressed

Month received	Ref No.	Division	Outcome and Actions
July 15	CS/1186	Medicine & Clinical support	Not Upheld – relates to a case in 2014 Complaint regarding communication and discharge arrangements
July 15	4263	Surgery, Women's & Children	Partially Upheld – relates to a case in 2013 Final report received March 2016 which recommended making a payment of £1000.00 and actions to implement
Sept 15	CS/2317	Medicine & Clinical support	Partially Upheld – relates to a case in 2014 Final report received March 2016 which recommended actions to implement
Sept 15	CS/2526	Surgery, Women's & Children	On-going – relates to a case in 2008 Complaint regarding vascular care
Sept 15	4402	Surgery, Women's & Children	Not Upheld – relates to a case in 2013 Complaint regarding Orthopaedic care
Nov 15	CS/3500	Surgery, Women's & Children	On-going – relates to a case in 2015 Complaint regarding communication and attitude of staff
Nov 15	4516	Medicine & Clinical support	Not Upheld – relates to a case in 2013 Complaint regarding communication and respiratory care
The outcomes for the four cases referred to the PHSO in 2014 and concluded in 2015/16 are shown below.			
Dec 14	1141	Surgery, Women's & Children	Not Upheld - relates to a case in 2003 Complaint regarding antenatal medical care and care during labour
Oct 14	3937	Medicine & Clinical support	Partially Upheld – relates to a case in 2012 Recommendations made by the PHSO, completed and action plan shared with family
Apr 14	3690	Medicine & Clinical support	Not Upheld - relates to a case in 2011 complaint regarding medical and nursing care on Ward 40
Sep 13	4170	Medicine & Clinical support	Partially Upheld - relates to a case in 2012 Recommendations made by the PHSO, completed and action plan shared with family

4. Listening, Reviewing, Learning, Improving

4.1 – Complaints Monitoring

The complaints process is closely monitored to ensure that all complaints and concerns are handled appropriately. The following process is now in place to ensure a robust system responding to all concerns raised.

- Triaging of Complaints - Each complaint is triaged using a pro-forma which summarises the nature of the concern, live action taken and the required outcome as well as grading the complaint. The initial timescale for investigating is decided at this point and aligns with the Clinical Incident Investigation process, Safeguarding and Coroners' requirements (if applicable) and ensures that the level of investigation matches the severity of the incident.
- The triaging process is undertaken by a senior member of the Quality and Governance Team, generally the Director of Quality and Governance, the Head of Assurance and Governance or the Head of Patient Safety & Risk.
- A complaints file is maintained to address the issues around the thoroughness of the investigation, timeliness and quality of response as well as addressing the back log of historic cases,
- Additional resources have been brought into the existing team to act as complaints leads for the Divisions focusing on supporting the more complex cases received for these areas.
- Processes are now aligned to the Patient Safety team, Safeguarding Team, Mortality review team and Inquest team all of which now sit under one integrated management structure and Directorate.
- There is a response letter checklist completed by the complaints lead which is then countersigned by the Director before the response letter is submitted for CEO review and sign-off. The Director of Nursing deputises in her absence

Complaints are routinely included and discussed at every Board Meeting as they are now incorporated with in the Integrated Quality Account Performance Report and in the Aggregated Learning Summary. In addition any complaints that have been converted to Serious Incidents are also included in the Part 2 Serious Incident update to Trust Board at each meeting.

We now have designated groups and Committees with operational responsibility for oversight and monitoring of the complaints process. The Executive Management Team meet on a weekly basis and monitor the number of on-going complaints and to discuss cases of specific concern if required.

The Quality and Governance Committee receive monthly information on Complaints through the Aggregated Learning Report.

The Service Quality & Operational Group (SQOG) also receives the Aggregated Learning Report and summaries of all minutes from Divisional Governance meetings.

At a Divisional level, governance meetings are held within each Division on a monthly basis and complaints are included as a standard agenda item for these meetings. It is evident that complaints are incorporated on the agenda and discussed within these meetings.

There is a Trust wide Learning from Experience group and Patient Experience group where complaints are discussed and reviewed.

4.2 – Complaints Policy Review

The Complaints Policy was reviewed during March 2015 and as a result a revised version of the complaints policy was approved by the Trust Executive Group. Further development work is planned for 2015/16 which will lead to further revisions regarding any improvements and changes to the complaints management process.

4.3 – Investigating trends and identifying issues

Reporting arrangements have improved greatly over the last 12 months with greater information available on the types of complaints, trends and analysis of issues. This now enables the Trust to be able to identify any specific themes or increases in complaints at directorate, ward or department level ensuring that they can be acted upon quickly and minimise the risk of any reoccurrence.

Examples of complaints and changes / lessons learnt as a result

We have shown extensive learning from our complaints and investigations.

We have reported on this pathway in our Quality Account which can be accessed via: the Trust website <http://www.tamesidehospital.nhs.uk/> and also on NHS Choices. We publish our “Open and Honest” publication monthly which details an element of our improvement journey.

5. Priorities for 2016/17

Complaints Process

We will continue to review the complaints service throughout 2016/17 and make any necessary changes in line with national recommendations and feedback to ensure that our complaints process remains patient focused, provides quality responses and that we see an increase in complainant satisfaction.

Our key priorities for 2016/17 include:

Complaints training

- We will increase training to staff throughout 2015/16 to deliver further training and awareness as a minimum through our Trust development programmes and Quality and Governance team's development sessions.

Improving Efficiency and effectiveness

- Further reduce the outstanding number of ongoing concerns
- Move towards Paper light system of working and increased use of our electronic systems
- We will further reduce the number of KO41 complaints per 1000 patient contacts from 1.15 to below 1 complaint per 1,000 patient contacts

Improved Reporting

- We will continue to improve data quality for complaints recorded throughout 2016/17.

Quality assurance

- We will undertake survey of complainants and report on this in our annual report
- We will improve our Friends & Family Test and response rates by a further 5% against the national average for each required FFT speciality published.
- We will improve our reported Positive patient experience metrics and intend to be in the top 50% of Trusts when benchmarked for each reported FFT speciality.
- We will increase the number of recorded compliments and improve the Compliments to KO41 Complaints ratio by a further 20% to 40% from the Q4 2014/15 baseline.

6. Conclusion

We remain committed to thoroughly investigating, learning from, and taking action as a result of individual complaints. Where it is found that standards have fallen below the level we expected and where services could be improved we will take action to resolve the issues identified.

We will continue to undertake detailed and extensive monitoring of all complaints to ensure where questions are raised about the quality of care we deliver, they can be quickly investigated and responded to.