

Annual Complaints Report

For the Period
1st April 2016– 31st March 2017



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1. Introduction

This report summarises complaints activity and performance at Tameside and Glossop Integrated Care NHS Foundation Trust for the year 1st April 2016 to 31st March 2017. Improvements to services including those implemented as a result of complaints are identified in the Annual Quality account.

From 1st April 2016 a range of community services were welcomed to the Trust and responsibility for investigating and responding to complaints about these services also transferred to our management. The Trust continues on its journey to becoming an Integrated Care Organisation, developing and adapting the range of services it provides to the local people of Tameside and Glossop.

The PALS and Complaints Team has also developed during this time, modifying the structure of the Team to support patients and their relatives in resolving and responding to their concerns. In September 2015 the CQC recognised improvements in complaints handling and outlined the outstanding practice they saw in relation to Candour, Openness and Transparency. The CQC inspection in August 2016 and report, published in February 2017 builds on this and highlighted that it was clearly defined who was responsible for managing complaints, the timescales for investigation and responding, and the governance pathways through which complaints were reported from Ward to board level. It also noted that relatives, staff and carers were supported and updated throughout investigations. The Trust was rated as 'Good' overall and for responsiveness, caring and well led elements of the services provided.

During the period 1st April 2016 - 31st March 2017 we received 451 K041 complaints and responded to a further 1845 informal concerns or complaints which were 'out of time' (as defined by the NHS Complaints regulations) or did not meet the NHS reporting criteria. The number of complaints and concerns received accounts for less than 0.3%* of the number of patient contacts, which totaled over 741,423* 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 information in braille and easy read format is also available. The leaflet is also available as a podcast for blind service users. The Trust website is also translatable into 109 different languages and there is a full page where complainants are directed to advice on how to make or resolve complaints and information as how to do this. An internet complaints form can be accessed from this page and submitted by post or email.

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 complainants to the relevant department if needed. 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. A monthly walk around of the Trust is undertaken to ensure that information about raising concerns is visible and readily available. The team have recognised the benefit of having a log of all areas where literature on complaints is provided on the main Trust site.

**Year to date figures*

The priorities for the complaints service in 2016/17

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 :

- increase training to staff throughout 2016/17 to deliver further training and awareness as a minimum through our Trust development programmes and Quality and Governance team's development sessions.
- further reduce the outstanding number of ongoing concerns
- move towards paper light system of working and increased use of our electronic systems
- further reduce the number of KO41 complaints per 1000 patient contacts from 1.15 to below 1 complaint per 1,000 patient contacts
- continue to improve data quality for complaints recorded throughout 2016/17
- undertake survey of complainants and report on this in our annual report
- improve our Friends & Family Test and response rates by a further 5% against the national average for each required FFT speciality published
- improve our reported positive patient experience metrics and intend to be in the top 50% of Trusts when benchmarked for each reported FFT speciality
- 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

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 Quarterly to NHS Digital (formally the 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. Efforts are made by the PALS and Complaints Officers to speak with all complainants who raise concerns in writing, by letter or email, upon receipt, to acknowledge this and to ensure that their concerns are understood. This also provides an opportunity to resolve any concerns immediately if this is possible.

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.

Where informal concerns are considered to be significant we investigate these and they are reviewed by a Senior Manager and Senior Nurse. An agreed level of investigation is undertaken.

Complaints

The Trust investigates complaints in a manner appropriate to the issues raised and where appropriate we seek and obtain consent for an independent review. 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 by a Senior Manager in the Quality & Governance unit. This ensures a consistent approach and ensures an independent view of the issues raised and actions to be taken.

We expect all complaints to be acknowledged formally 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. A timeframe is identified and if necessary negotiated with the complainant as part of this process at start of the investigation. This is intended to ensure a realistic timescale is given in the context of the anticipated investigation. The Trust aims to resolve 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. The 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 2016/17. 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 2017/18 are detailed in Section 5 of this report.

The Trust has had 5 cases referred to Parliamentary Health Service Ombudsman in 2016/17 comparable to the 7 in 2015/16. These cases predominately related to care and handling of care occurring in the preceding year's. Of the 7 cases closed by the Ombudsman in 2015/16, 4 were not upheld and 3 were partially upheld. All cases received and closed in 2016/17 are summarised later in this report.

Overview

Table 1: Activity and Performance Data

	Acute Services only		Acute and Community Services
	2014-15	2015-16	2016-17
Number of complaints received	532	446	451
Number of complaints closed	612	537	424
Number of Complaints KO41 reported*	495	439	432
Number of concerns received**	2403	1890	1845
Total Number of Complaints and Concerns received	2935	2336	2296
Complaints reviewed by the PHSO	7	7	5
Complaints concerning THFT upheld by the PHSO	3	0	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 2016/17 increased slightly from complaints received in 2015/16, from 446 to 451. 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 0.83. This was one of our Quality pledges and reported in the Quality Account.

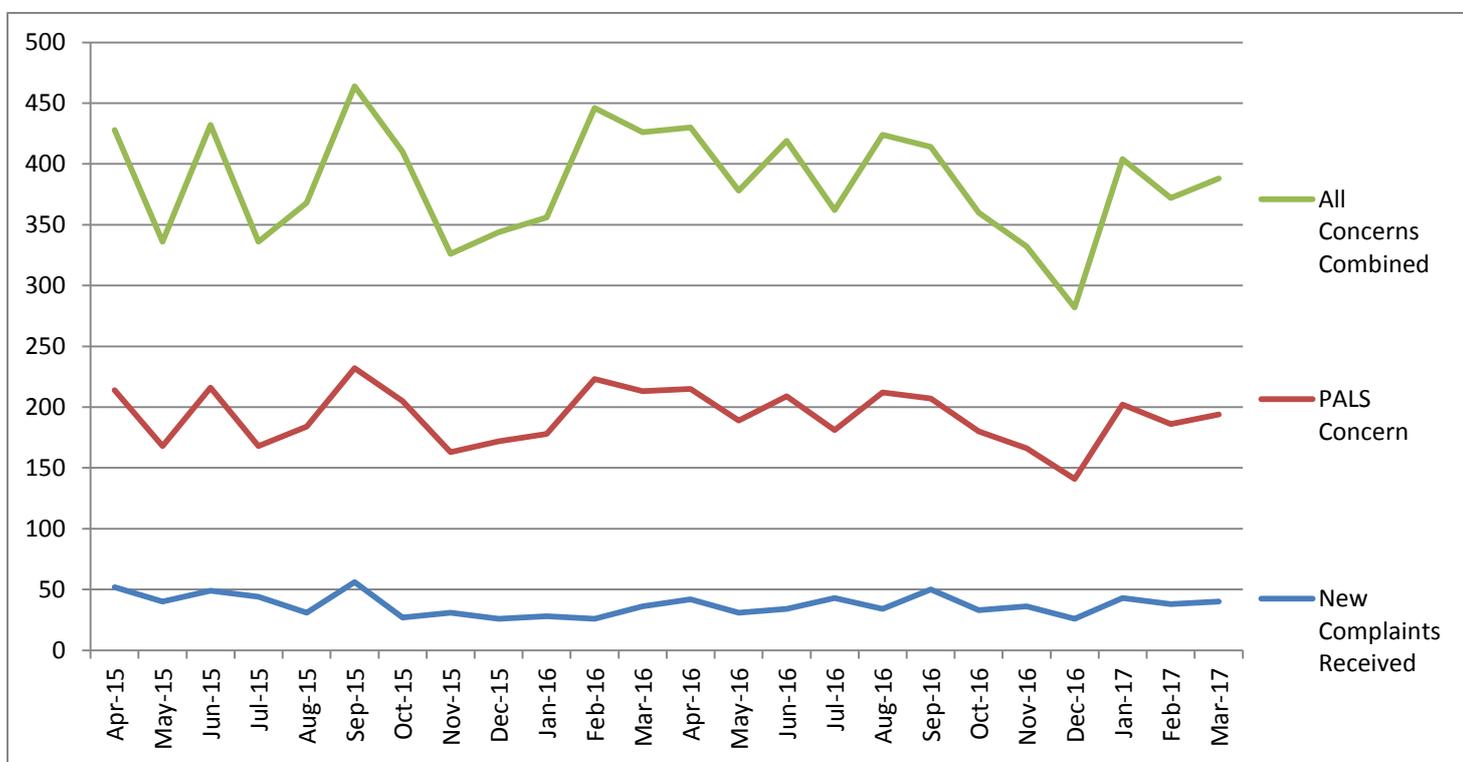
Key points to note from the data are as follows:

- The data recorded highlights a slight increase in the number of complaints received this year. However, as the community services became part of the Trust on 1st April 2016 this increase is not significant and would be in line with the number expected historically from Community Services.
- The number of complaints concerning this Trust that were reviewed by the PHSO was slightly reduced 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 2016/17. This demonstrates the fluctuations which can occur from month to month. It can be identified that a peak is generally experienced in August and September before the number of concerns and complaints raised during the autumn months reduces. A second sharp peak is experienced in the months of January, February and March. This is reflected in both concerns and complaints received.

Table 2: KO41 Complaints and Concerns Received by Month

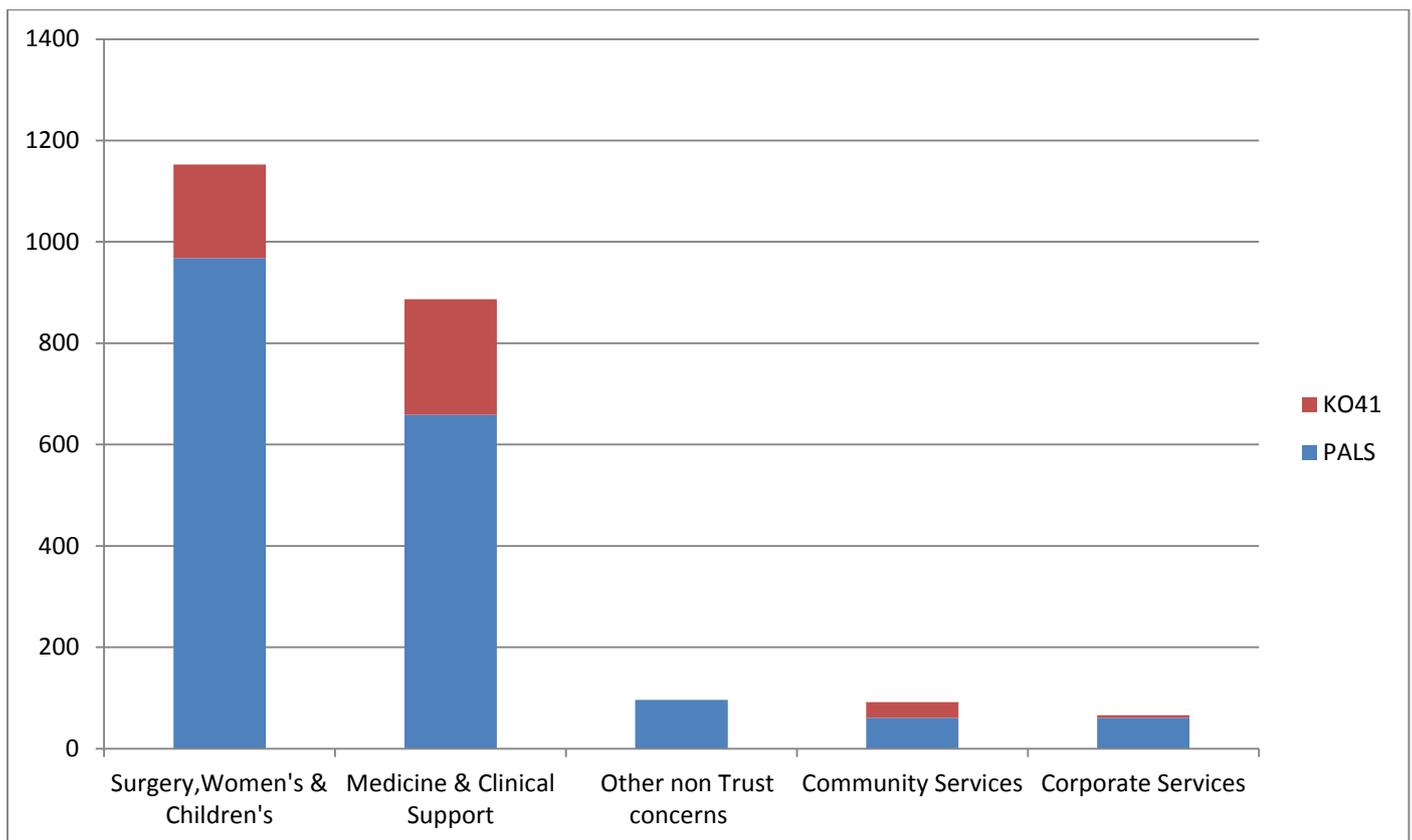


3.2 – Complaints and Concerns Received by Care Group

The graph below shows the number of complaints and concerns received during 2016/17 by Clinical Division.

Surgery, Women’s and Children’s Services received overall the most concerns which were handled informally. The Division of Medicine and Clinical Support received the most complaints which were investigated formally. This was to be expected as they are the two biggest divisions within the Trust. 2016/17 is the first year for which Community Services are reported. The Trust also receives enquiries from patients and their relatives regarding care provided at neighbouring Trusts and for mental health, GP or Dental services. These contacts are logged and reported as ‘Other non Trust’ concerns as a record of contacts made to the service and are redirected appropriately. These are included in the data.

Table 3: Number of K041 complaints and concerns received by Division 2016/17



3.3 – Complaints Received by Method

Complaints are received by 3 main methods; email, telephone and letter. Some complainants prefer to discuss their complaint directly with a member of the PALS and Complaints Team and staff are available to meet at any time during office hours, between 9.00am and 5.00pm, Monday to Friday. The volume of complaints received in this way remains very small, as in previous years, but this is a fundamental part of the service available. Concerns raised by email remains the largest method of receipt, as in 2015/16. This has replaced formal letters of complaint. The use of the telephone to raise concerns has not changed since our last report.

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:

	2014/15	2015/16	2016/17*
Complaints Recorded	532	446	451
Complaints per 1000 Contacts	1.11	0.83	0.61*
PALS Concerns Received	2404	1890	1845
PALS Concerns per 1000 Contacts	5.06	3.48	2.47*

*Year to date figures

This year we have seen the number of K041 complaints increase slightly. This is in keeping with the additional responsibility for responding to complaints relating to Community Services. This is reflected in the number of complaints per 1000 contacts received in 2016/17, which has reduced to 0.61* compared to 0.83 reported in 2015/16 significantly lower than reported in 2014/15.

*Year to date figures

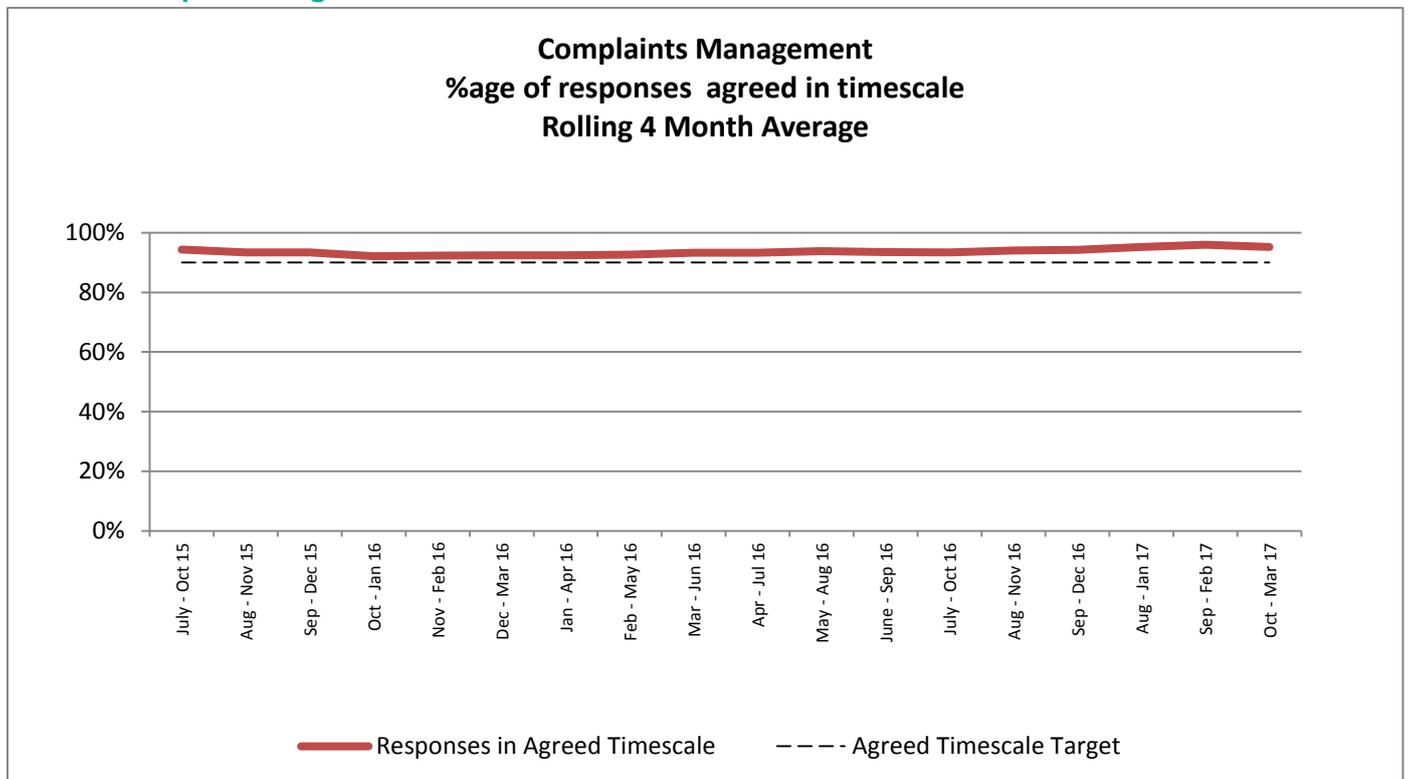
4. Closed cases

This section provides information relating to complaints closed during 2016/17 using the categories reported.

4.1 – Response Times

The chart below demonstrates our achievement of providing responses in agreed timescales during 2016/17 in which we have achieved above our 90% target for the whole year. The Trust recognises that we still need to make further improvements with regards to completing complaints investigations and responding to patients within the agreed timeframes and will continue to improve on this.

Table 7: Responses agreed in timescale



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 8: Complaint Response Times and Performance Achieved by Month

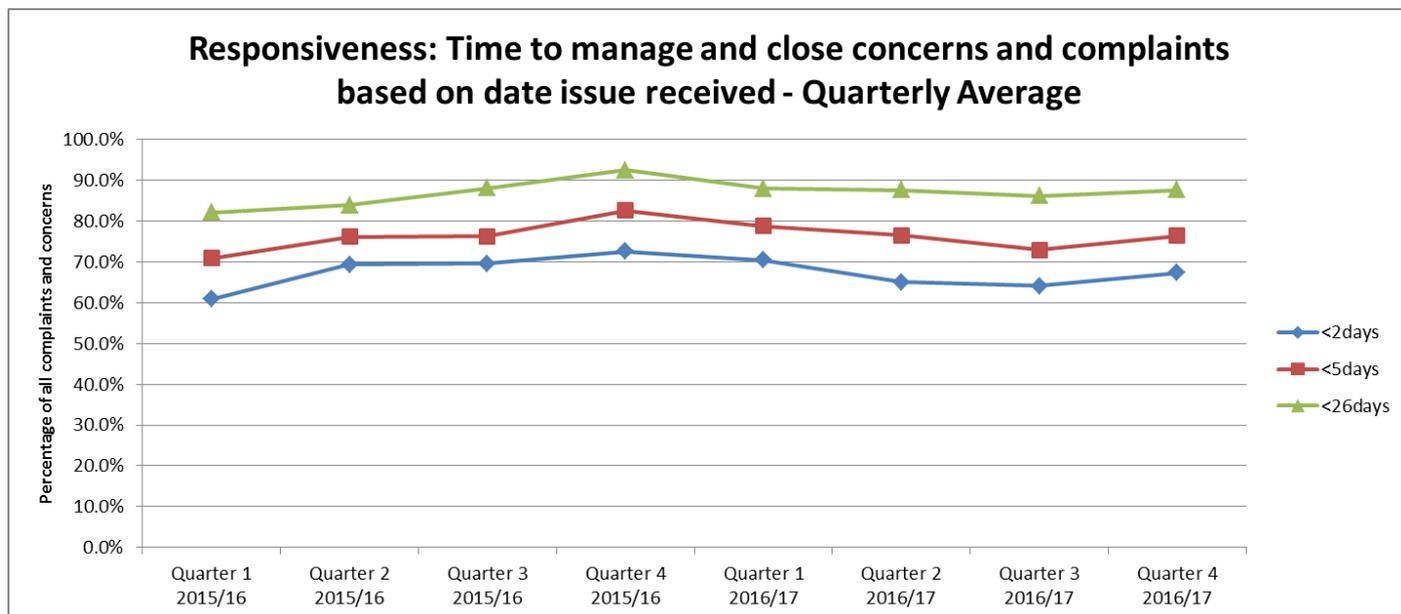
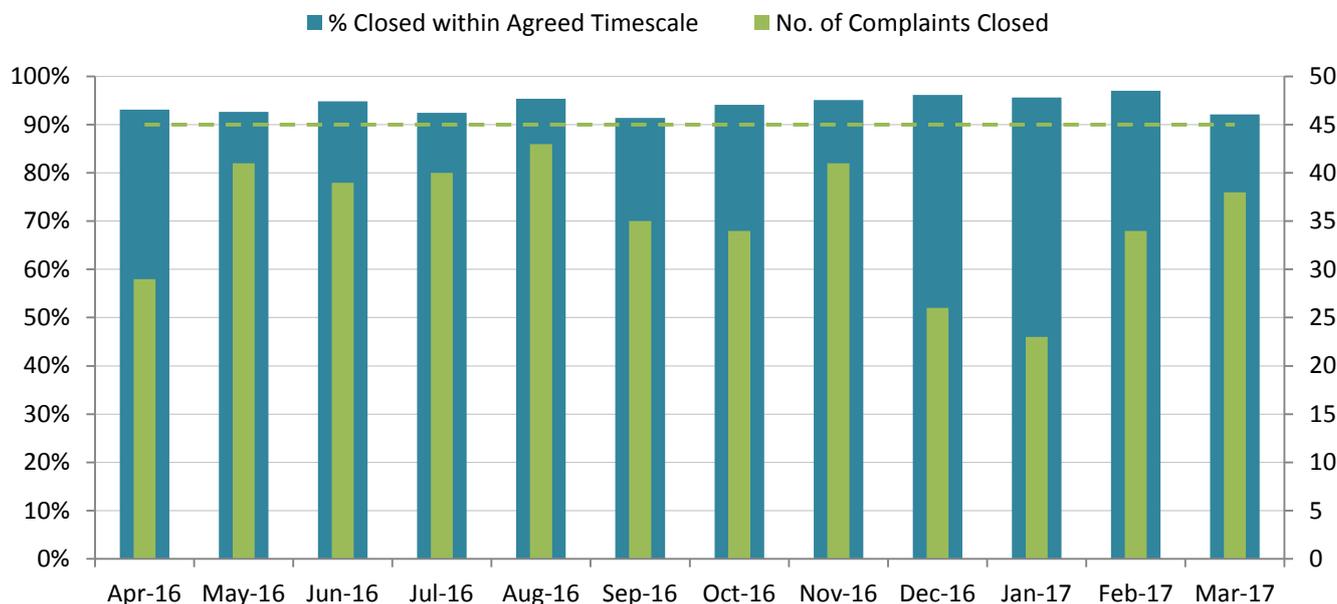


Table 9: Complaint Response Times and Performance Achieved by Month



The chart above highlights that we continued through the year responding to concerns and liaising with patients and their relatives to ensure that this was done within an agreed time scale. Improving this aspect of our complaints handling has received additional focus from the Team this year and continues to be a priority for 2017/18, using the Roadmap for Managing Complaints (table 9) published by the Parliamentary and Health Service Ombudsman in partnership with the Local Government Ombudsman and Healthwatch. We are aiming to adhere to these principles in responding and managing complaints. The online survey we have made available for feedback also follows these principles and the results are reported in section 4.3.

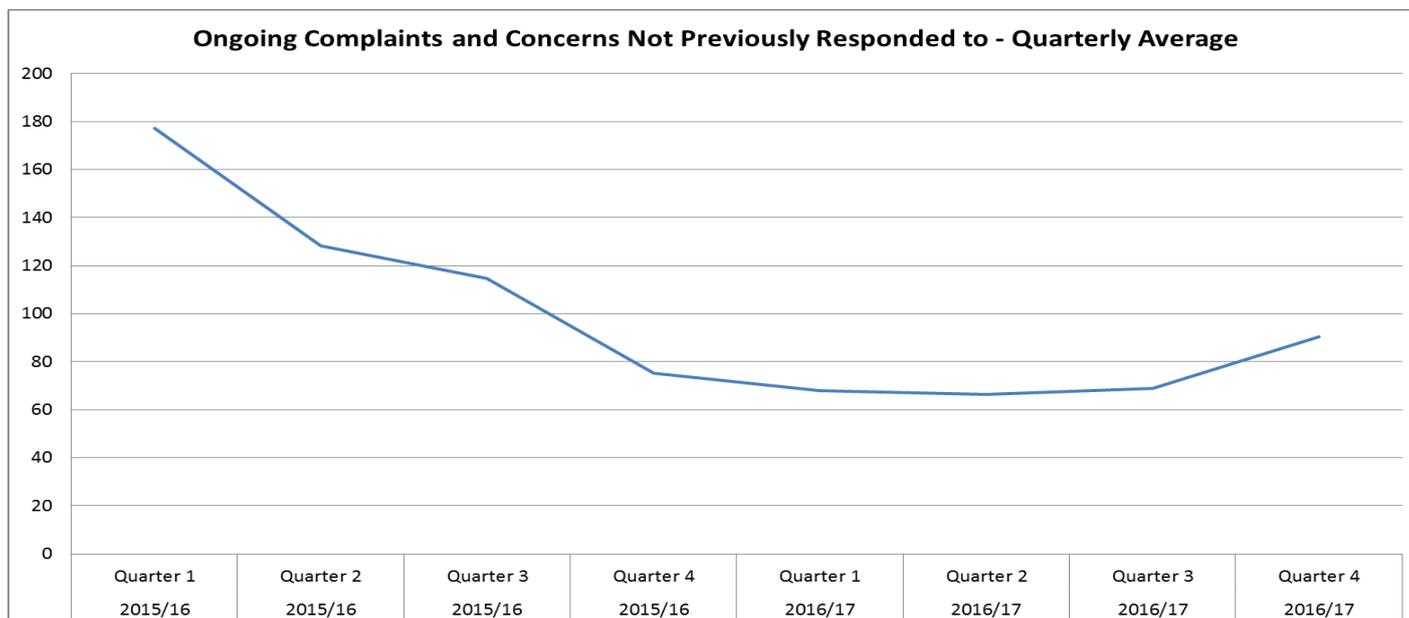
Table 10: Our Roadmap to Managing Complaints



Source: My Expectations for raising concerns and complaints, Parliamentary Health Service Ombudsman

Table 11 shows the average number of ongoing complaints not yet responded to on a quarterly basis. The increase in Quarter 4 2016-17 is due to the change in skill mix of staff and the loss of a complaints investigator at Christmas. Since then, the skill mix of the team has been adjusted and two new members of administrative staff recruited to support the process. We expect to see less than 80 ongoing KO41 complaints as our average in 2017-18.

Table 11: Ongoing Complaints



4.2 –Themes in Complaints

The issues most frequently raised by complainants are illustrated in the charts below; we have used the national K041 complaint themes to categorise these and compared the themes of 2015/16 to 2016/17.

Table 12: Comparison of Themes Raised in Complaints (Top 6)

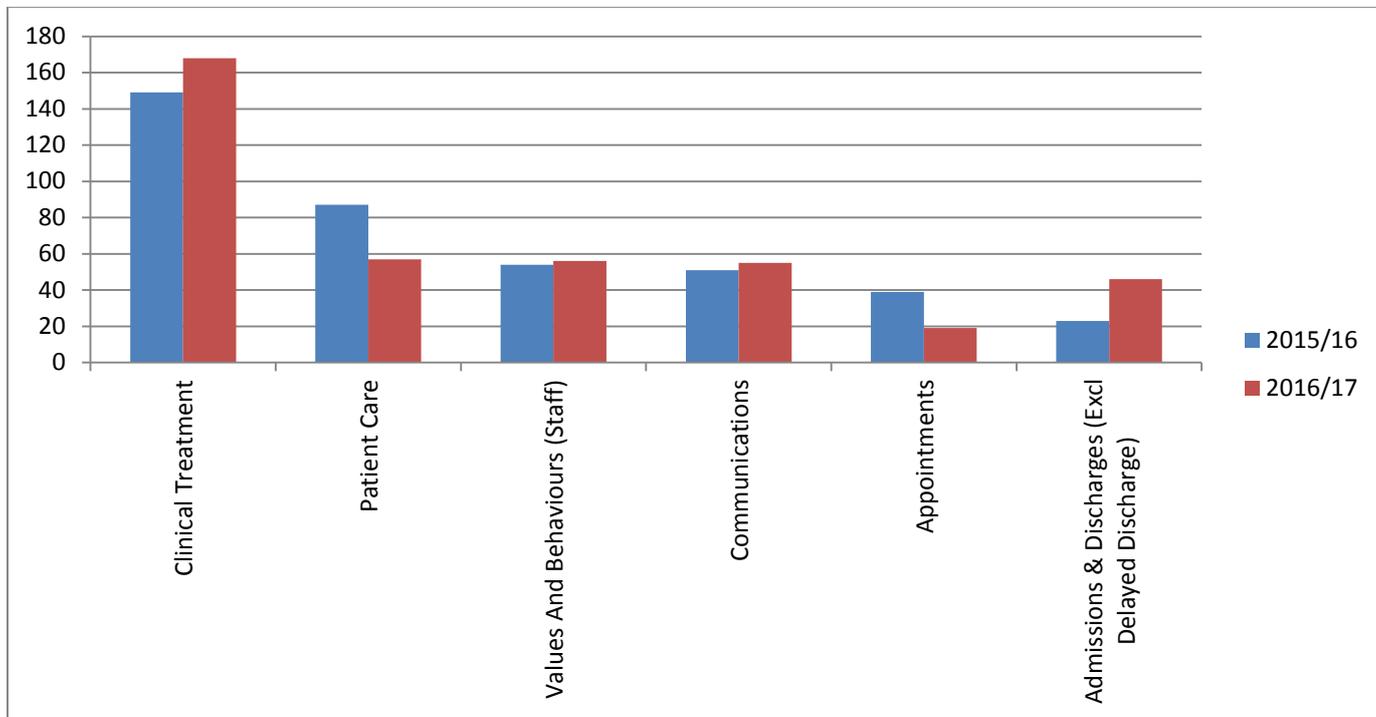
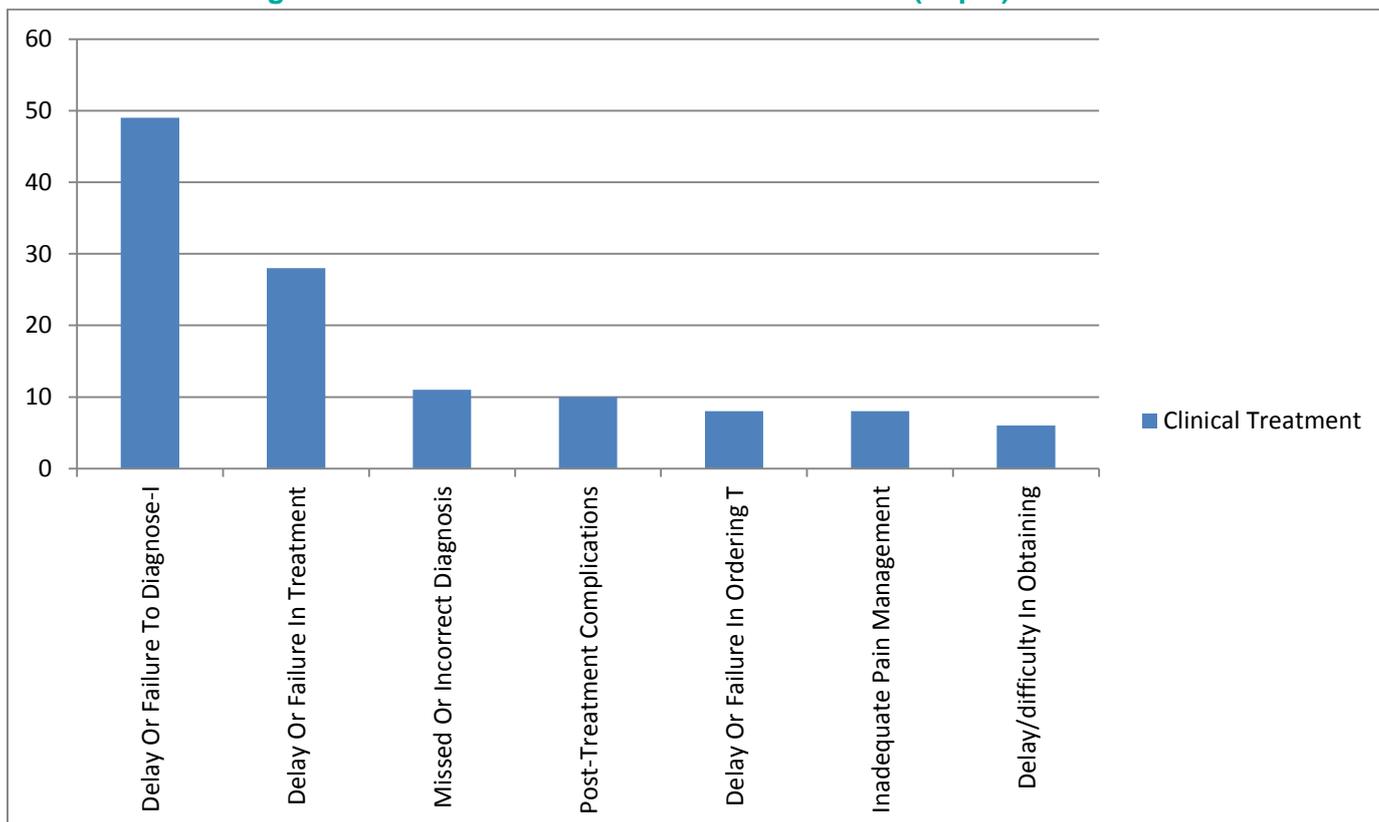


Table 13: Sub categories within the Theme of Clinical Treatment (Top 7)



The breakdown of the category Clinical Care shows that ‘Delay or failure to diagnose’ and ‘Delay or Failure in Treatment’ are the most common concerns raised. This is consistent with the data collected for 2015/16. 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

4.3 – Compliments

Since Quarter 4, 2014/15 the Trust has recorded the amount of compliments received. Focused work has been undertaken across the Trust to ensure that this information is captured for each clinical area. The chart below shows that this ratio has steadily increased during 2016/17 and has been consistently over 20 compliments to each complaint received in Quarter 4. We will continue to improve this in 2017/18.

Table 14: Compliments to Complaints Ratio October 2015 – March 2017

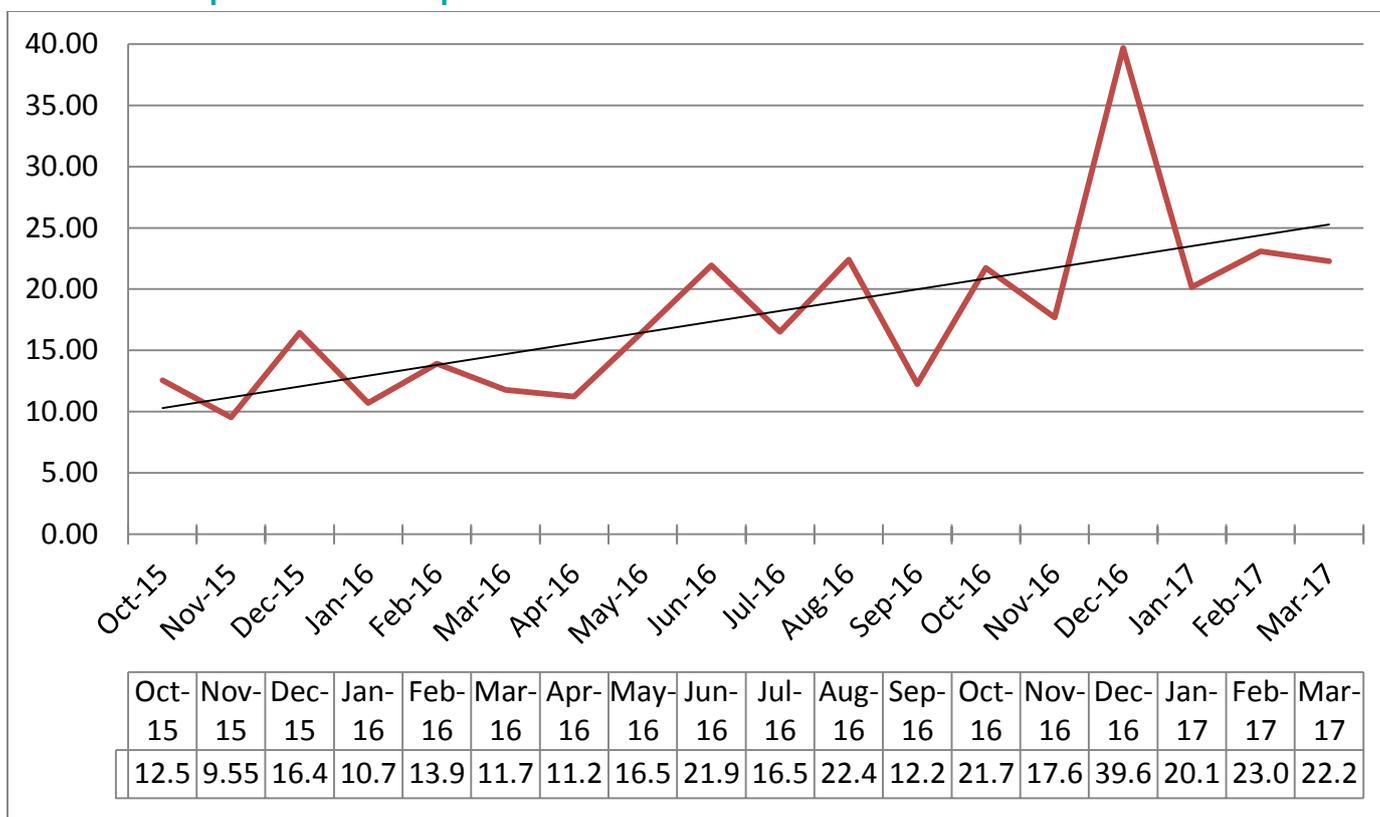
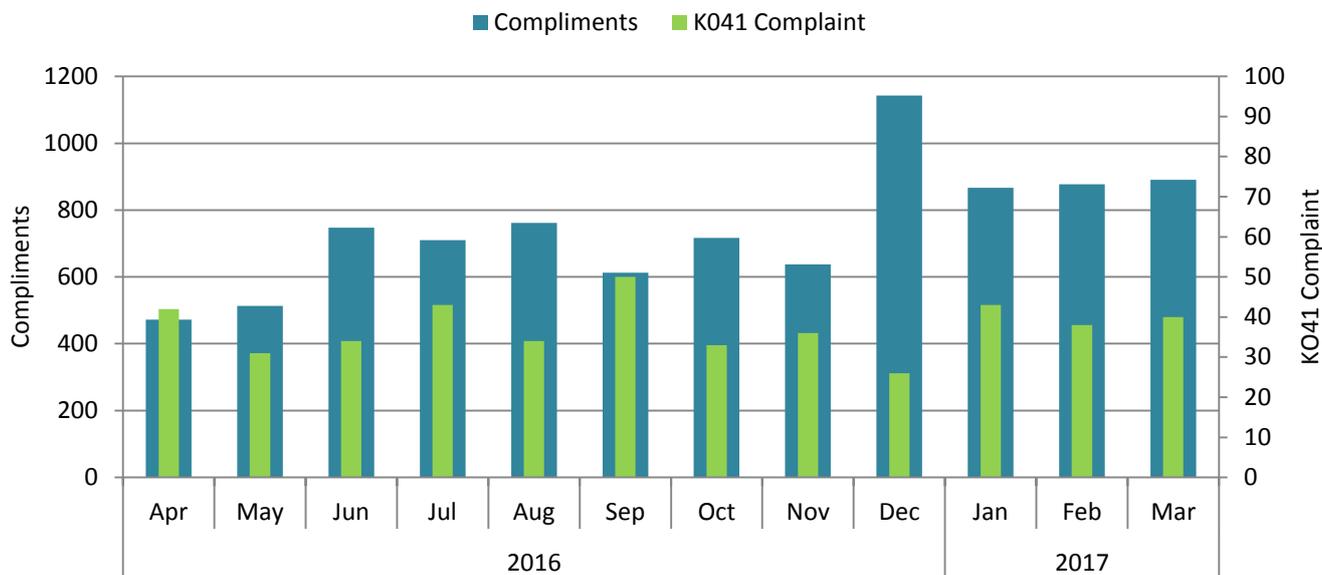


Table 15: Compliments to Complaint ratio 2016/17 by month



4.4 – Outcomes of complaint investigations

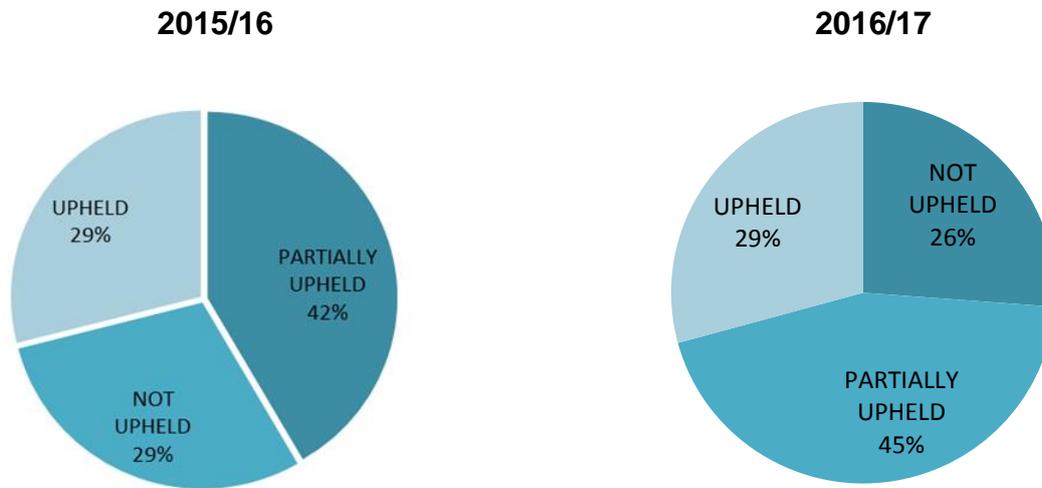
The outcome of all complaints is recorded as follows:

Upheld	Complaints in which the main or majority of concerns were found to be correct on investigation and an apology given.
Partially Upheld	Complaints in which, on investigation, the main concerns were not found to be upheld, however some of the concerns or issues raised by the complainant were found to be correct and an apology given.
Not Upheld	Complaints in which the main or majority of 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 2016/17 the majority of closed complaints had a reported outcome of “Upheld” or ‘Partially Upheld’. This is similar to the previous year.

Table 16: Outcome codes of closed complaints



4.5 – 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 this option.

Healthwatch

We continue to promote and reinforce Healthwatch Tameside as our local consumer champion for health & care in Tameside, working closely with them on a number of cases during 2016/17. We signpost to Healthwatch Tameside for help with NHS complaints as part of our acknowledgement process.

PHSO Cases:

The chart below tracks the cases which have been accepted and investigated by the PHSO and the number of these which have been fully upheld.

	2014-15	2015-16	2016-17
Complaints concerning THFT reviewed by the PHSO	7	7	5**
Complaints concerning THFT upheld by the PHSO	3	0	0**

** At time of reporting

The table below summaries the cases reviewed by the PHSO or being progressed during 2016/17.

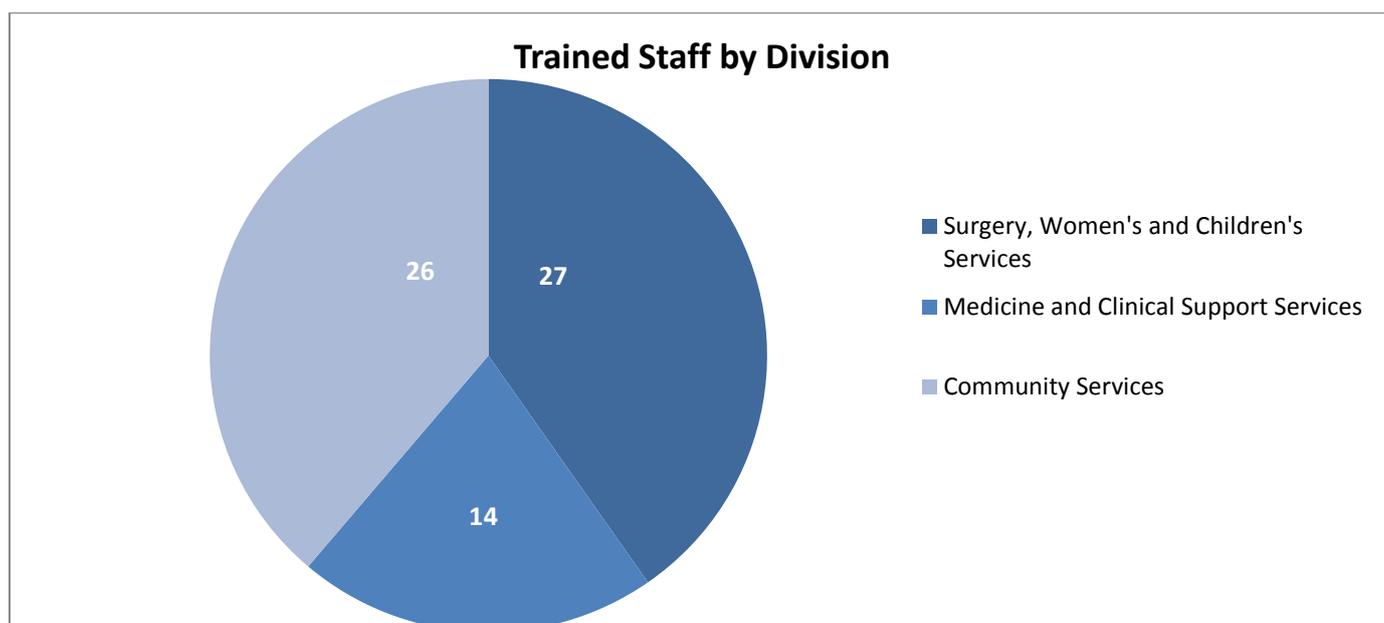
Month received	Ref No.	Division	Outcome and Actions
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April 16	CS/2317	Medicine and Clinical Support Services	Partly Upheld – relates to a case in 2014 Recommendation made by PHSO, completed and action plan shared with the family
Aug 16	4429	Medicine and Clinical Support Services	Partly Upheld – relates to a case in 2013 Recommendations made by PHSO, letter detailing changes made by the Trust since time of admission shared with the family
April 16	4702	Surgery, Women’s and Children	Withdrawn – relates to a case in 2014 Case accepted for investigation but withdrawn by the complainant
June 16	3487	Medicine and Clinical Support Services	Ongoing – relates to a case in 2011 Complaint regarding care in the Emergency Department
Jan 17	CS/3698	Medicine and Clinical Support Services	Ongoing – relates to a case in 2015 Complaint regarding Gastroenterology Team
The outcomes for the two cases ongoing at the time of the previous report.			
Nov 15	CS/3500	Surgery, Women’s & Children	Not Upheld – relates to a case in 2015 Complaint regarding communication and attitude of staff
Sept 15	CS/2526	Surgery, Women’s & Children	Partly Upheld – relates to a case in 2008 Recommendation made by the Trust and letter of apology sent to the complainant

4.6 – Complaints Training

During 2016/17 the PALS and Complaints Team Coordinator has undertaken training with staff who may have responsibility for investigating and responding to complaints across the Trust. The chart below shows the attendance from the different divisions within the Trust.

Table 17: Staff trained by Division



5. Listening, Reviewing, Learning, Improving

5.1 – Complaints Monitoring

The complaints process is closely monitored to ensure that complaints and concerns are handled appropriately. The following process continues to be in place and structured 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 Head of Openness and Candour or the PALS and Complaints Team Coordinator.
- The PALS and Complaints Team use a 'paper light' system and therefore only the original complaint and the completed triage form are held on file.
- The Safeguard Ulysses system holds a complete electronic record of the case history, which can be interrogated to understand the thoroughness of the investigation, timeliness and quality of response.
- The newly appointed PALS and Complaints Team Coordinator also supports and leads more complex case investigations, as well as handling cases which may require an independent review.
- Cases for which an Inquest is also scheduled are overseen and lead by the newly appointed Assistant Patient Safety Officer who acts as a conduit between the two processes and the family.
- Investigatory processes are aligned to the Patient Safety Team, Clinical Effectiveness Team and Inquest Team, all of which sit under one integrated management structure in the Directorate.
- All responses are peer reviewed before checking by the complaints lead and/ or the Head of Openness and Candour. The response letter is signed by CEO.

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 investigated as a Serious Incident are also included in the Serious Incident update to Trust Board in part 2 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 ongoing 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 Governance 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 through these that complaints are incorporated on the agenda and discussed within these meetings.

We have a Trustwide Learning from Experience Group and Patient Experience Group where issues and concerns related to complaints are discussed and reviewed.

5.2 – Complaints Policy Review

The Complaints Policy was reviewed during February 2017 and a revised version of the complaints policy has been prepared for approval by the Trust Executive Group. Further development work is planned for 2017/18 which may lead to further revisions regarding improvements and changes to the complaints management process.

5.3 – 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.

Online Survey Feedback

In 2016/17 the Trust has implemented an online survey, accessed through the Trust website, to provide the opportunity for complainants to submit comments and feedback about the complaints process and the support provided by the PALS and Complaints Team. The number of surveys completed is small, however, the main themes of this are noted below:

- 100% of responses stated that the complainant received appropriate information on the NHS Complaints procedure or an explanation of what we would do
- 100% of responses felt that their concerns were treated seriously and with sensitivity
- 100% of responses agreed that all the points made were addressed

This feedback is reviewed by the PALS and Complaints Team Coordinator and comments are discussed with the team in their local meetings. Obtaining feedback using this mechanism will be increased during 2017/18.

6. Priorities for 2017/18

Complaints Process

We will continue to review the complaints service throughout 2017/18 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 2017/18 include:

Complaints training

- We will continue the training programme currently in place. This will be undertaken as a minimum on a quarterly basis, doubling the number of staff trained in investigating and responding to complaints across the Trust.

Improving Efficiency and effectiveness

- Maintain or improve current levels of open and ongoing KO41 complaints to under 75 providing robust and high quality responses on completion of investigation

- Improve timeliness of responses, exceeding 90% of cases concluded within agreed timescales and increasing the number of complaints concluded within original timescale agreed with complainant
- Maintain the 'paper light' system of working and increase use of our electronic systems and capabilities of Safeguard Ulysses

Improved Reporting

- We will continue to improve data quality for complaints recorded throughout 2017/18

Quality assurance

- We will increase the utilisation of the online survey available for complainants and report on this in our annual report
- We will increase internal audits of quality through the PALS and Complaints Team Coordinators role providing coaching and mentoring to the team as required
- We will increase the number of recorded compliments and maintain and improve the Compliments to KO41 Complaints ratio during 2017/18 to 20 compliments per KO41 complaint per month received

7. 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.