

Clinical Governance Committee

Subject	Complaints Annual Report 1 April 2010 to 31 March 2011			
Purpose of paper	To present the Complaints Annual Report highlighting trends, actions and organisational learning following resolution			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Not applicable			
Action/decision required	The Clinical Governance Committee is asked to note the contents and endorse the report prior to its submission to the Trust Board			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goal(s)	All and specifically SG8: To improve the overall patient experience by offering excellent customer care			
Strategic Objective(s)	SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety SO8 - To improve the overall patient experience by offering excellent customer care. SO9 - To maximise the Trust's contribution to the health and wellbeing of the local community.			
Links to Board Assurance Framework/ Trust Risk Register/Annual Health Check element(s)/CQC Registration	A number of core standards apply including: C14a, b + c Patient Focus			
Also considered by	Not applicable			
Resource and financial impact	At a later stage a small number of claims may be received by the Trust			

Consideration of legal/equality/diversity/engagement/risk issues	A small number of complaints have been discussed as they linked with inquests, claims and SUIs.
Acronyms and abbreviations used	CQC: Care Quality Commission SUI: Serious Untoward Incident
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Annual Report of Complaints received by the Trust

Introduction

1. This report covers the period 1 April 2010 to 31 March 2011 and provides information on complaints, numbers, together with organisational learning, their distribution across the Trust and highlights some trends.
2. This report is in two parts due to the Divisional structure change halfway through the year.
 - 2.1. Part one has annual comparable complaints information
 - 2.2. Part two has the six monthly data for Divisions A, B and C: and the restructured Divisions, Cardiac, Thoracic & Vascular; Children's & Women's; Corporate; Critical Care, Theatres, Diagnostics & Pharmacy; Emergency Medicine, Therapies & Ambulatory; Neuroscience, Trauma & Specialist Surgery; and Surgery & Oncology

Part One

Complaint numbers

3. 830 complaints were received by the Trust between 1 April 2010 and 31 March 2011; an increase of 22% on the previous year's total of 680.
4. The number of complaints can be measured against hospital activity in terms of outpatient episodes and inpatient or finished consultant episodes (FCEs). In 2009-10, there were 614,056 outpatient episodes and 226,324 FCEs. 0.08% of outpatient episodes and FCEs resulted in a complaint. In 2010-11, there were 64,2487 outpatient episodes and 221,325 FCEs. 0.10% of outpatient episodes and FCEs resulted in a complaint.

Response times

5. 99% of complaints were acknowledged within the 3 day standard. 98% of complaints were investigated and answered within the targeted 25 days. This is unchanged from the previous year.

The Complaints Process

6. The majority of complaints are resolved at local level. This is achieved in a number of ways.
 - 6.1 Firstly, when the complaint is received in the Trust, any immediate necessary action is taken. Contacting relatives of patients who are still inpatients at the time of complaint has proved very constructive in immediately improving communication and the quality of care. Seeking clarification or offering a meeting at this stage is also considered.

Meetings

7. Though a small number of patient meetings take place before a written response is prepared, the majority are organised after the investigation and response has been completed.
 - 7.1 32 patient meetings were held between 1 April 2010 and 31 March 2011
 - 7.2 This represents a 68% increase on the previous year's total of 19
 - 7.3 This represents 4% of the total complaints received in 2010-11

The Parliamentary and Health Service Ombudsman investigations

8. If local resolution fails to produce a satisfactory outcome, the complainant can refer their complaint to the Parliamentary and Health Service Ombudsman.
 - 8.1 The Ombudsman will on receipt of a complaint, carry out a preliminary assessment. Following this they may decide not to conduct an investigation (as there is no evidence of service failure or indication of maladministration within the investigation carried out by the Trust) or may conclude that it needs a more detailed consideration before they can decide whether the Ombudsman should carry out a formal investigation
9. Eleven complaints were referred to the Ombudsman for preliminary investigation.
 - 9.1 This compares with a total of eight complaints in 2009-10
 - 9.2 Five were discontinued at this stage
 - 9.3 Six were referred back to the Trust for local resolution

Monitoring and performance

10. The monitoring of complaints is undertaken in the following ways
 - 10.1 All red complaints are reported to the Trust's Incidents, Claims and Complaints Committee (ICC)
 - 10.2 The function of this committee is to allow senior interdisciplinary scrutiny of the investigation: to performance manage the process of follow up actions and identify trends for organisational learning
 - 10.3 All complaints remaining red after the investigation, have an action plan to record changes and improvements to Trust practices following the completion of the investigation
 - 10.4 These are reviewed at ICC before being signed off
11. Directorates and Divisions measure and monitor both the acknowledgement and response targets.
 - 11.1 Learning and action points are monitored at a Directorate level and the number of complaints, grading, trends and organisational learning are discussed monthly at Clinical Unit Meetings, Directorate and Divisional Boards
12. Regular meetings with the Complaints Specialist Practitioner and Associate Directors of Nursing and between the Complaints Specialist Practitioner and Divisional Governance Co-ordinators ensures that Trust learning from complaints is cascaded throughout the Directorates and Divisions.

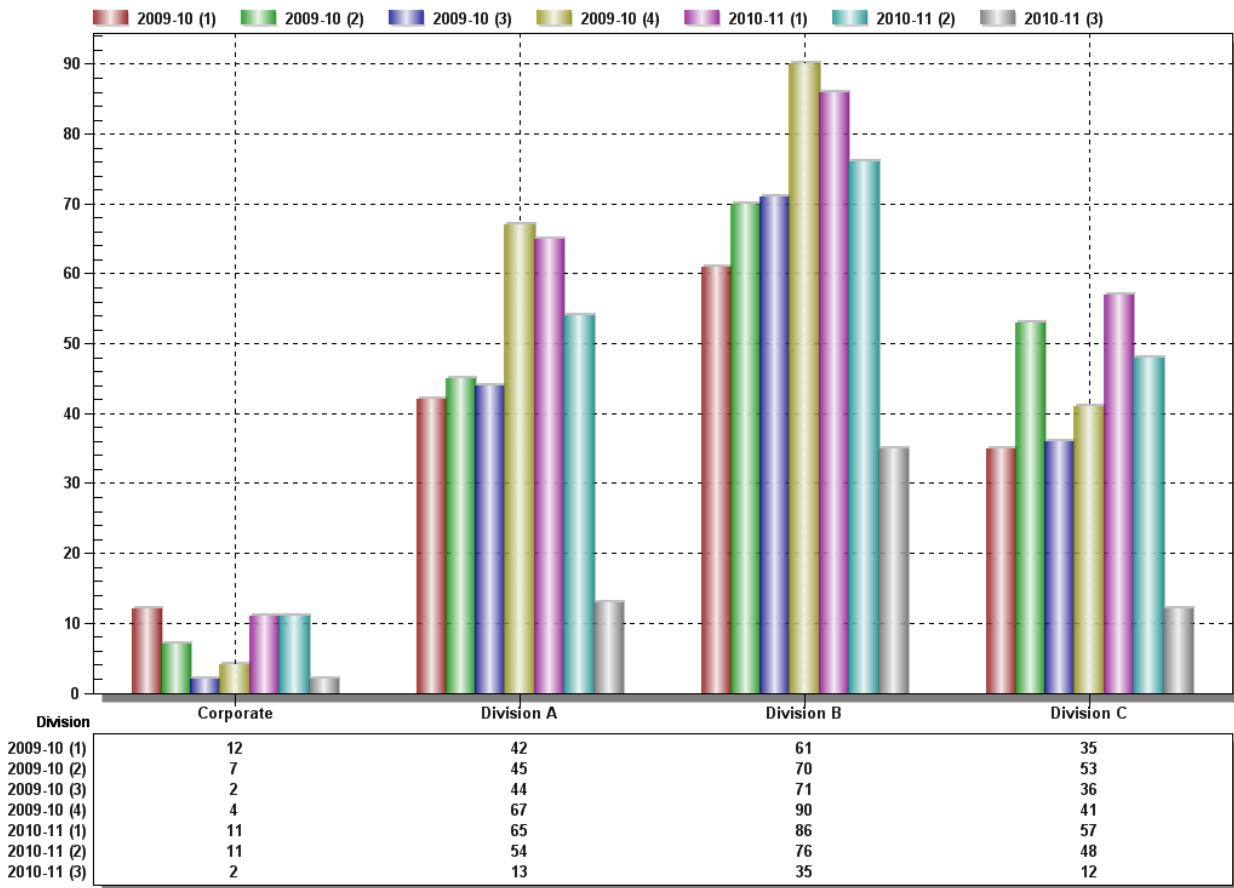
13. Examples of Trust learning following complaint investigations has included
 - 13.1 Patient care / experience: careful consideration should be given as to where on a ward a patient should be placed immediately after transfer from ITU; if a patient's condition deteriorates after the decision has been made to discharge them, staff should ask for a medical review before discharge
 - 13.2 Delays / waiting times: the need for improved communication between medical and surgical teams
 - 13.3 Behaviour: ensuring that patients or their relatives are not treated differently as a result of making a complaint; the need for renewed focus on training programme for nurses caring for patients with dementia to ensure all staff access the training
 - 13.4 Communication: all appropriate departments need to ensure that patients are given information and instructions about not chewing gum prior to surgery: pre-operative guidelines should reflect this; staff to ensure that discharge information includes a description of pressure areas: describing the condition of a patient's skin should be more than 'skin intact'

Part Two Complaints Data presented in two six monthly sections

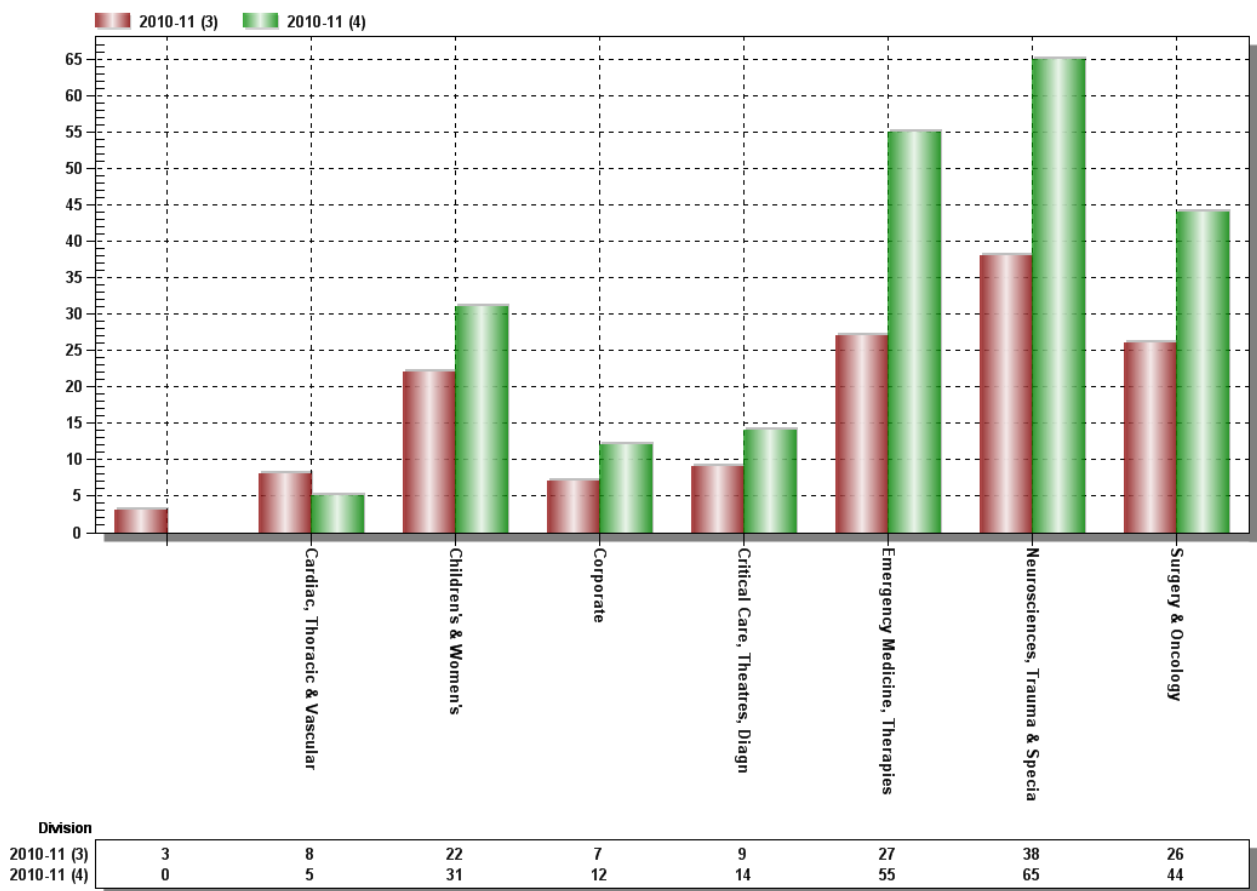
Complaint numbers

Quarterly trends April to October 2010

14. The graph below shows the quarterly trends in complaints across Divisions A, B and C for the first six months of the year, with a comparison from the previous year



November 2010 to March 2011



Key Themes April to October 2010

15. The top five themes of complaints in Divisions A, B and C were patient care / experience 62%: communication 33%: delays /waiting times 18%: staff behaviour 5%: and environment 1%.
- 15.1 One complaint may have more than one issue hence the total in the previous paragraph of 119%.

November 2010 to March 2011

16. The top five themes of complaints across the Divisions, excluding Corporate, were patient care / experience 50%: delays /waiting times 20%: communication 15%: staff behaviour 8.%: and environment 7%.

Complaints Grading April to October 2010

17. All complaints are initially graded using the Department of Health grading matrix which ranges from red (most serious) through orange and yellow to green (least serious). Grading is reviewed on completion of the investigation.
18. Table 1 shows the initial grading of complaints

	Division A	Division B	Division C	Corporate	Total
A Red	45	49	27	0	121

B Orange	65	114	61	6	247
C Yellow	23	33	27	14	97
D Green	1	1	0	3	5
Total	134	197	115	23	469

November 2010 to March 2011

	Cardiac, Thoracic & Vascular	Children's & Women's	Critical Care, Theatres, Diagnostics & Pharmacy	Emergency Medicine, Therapies & Ambulatory	Neurosciences, Trauma & Specialist Surgery	Surgery & Oncology	Total
A Red	2	10	3	10	8	3	37
B Orange	7	25	6	32	35	42	149
C Yellow	4	18	12	36	54	22	155
D Green	0	0	2	3	6	2	20
Total	13	53	23	81	103	69	342

Further Letters April to October 2010

19. An increasing number of further letters are being received following the Trust response to the complainant.

19.1 In the first six months of 2010, 51 further letters were received, which is 11% of the total number of complaints received during this period

19.2 Table 2 shows the breakdown by Division

	Division A	Division B	Division C	Corporate	Total
April to October 2010	19 (14%)	18 (9%)	12 (10%)	2 (9%)	51 (11%)

November 2010 to March 2011

19.3 In the second six months of the year, 44 further letters were received, which is 19% of the total number of complaints received during this period

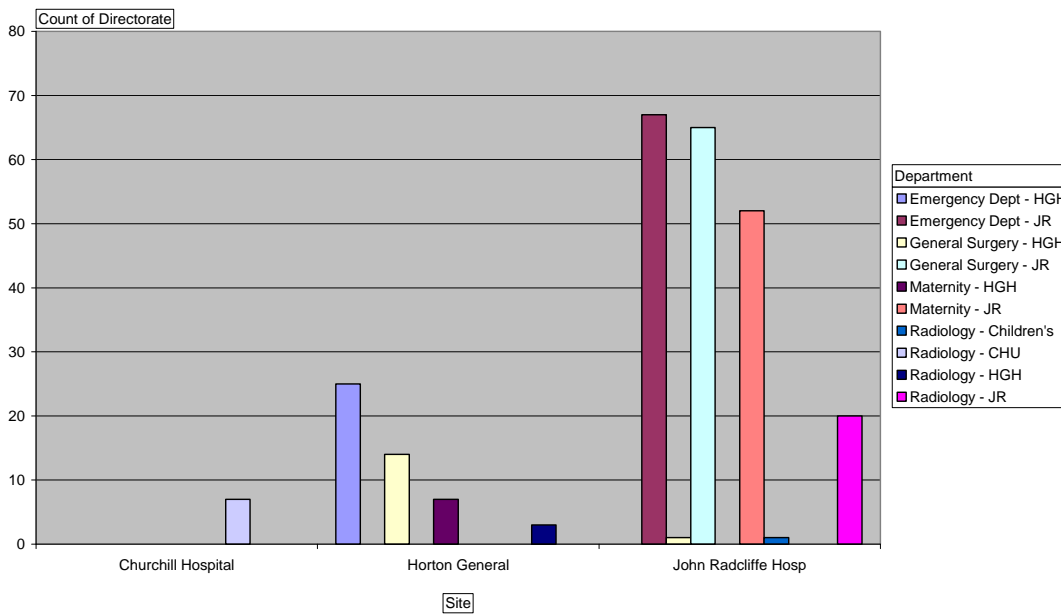
19.4 Table 3 shows the breakdown by Division

Cardiac, Thoracic & Vascular	Children's & Women's	Corporate	Critical Care, Theatres, Diagnostics & Pharmacy	Emergency Medicine, Therapies & Ambulatory	Neurosciences, Trauma & Specialist Surgery	Surgery & Oncology	Total
3	2	6	0	8	14	11	44

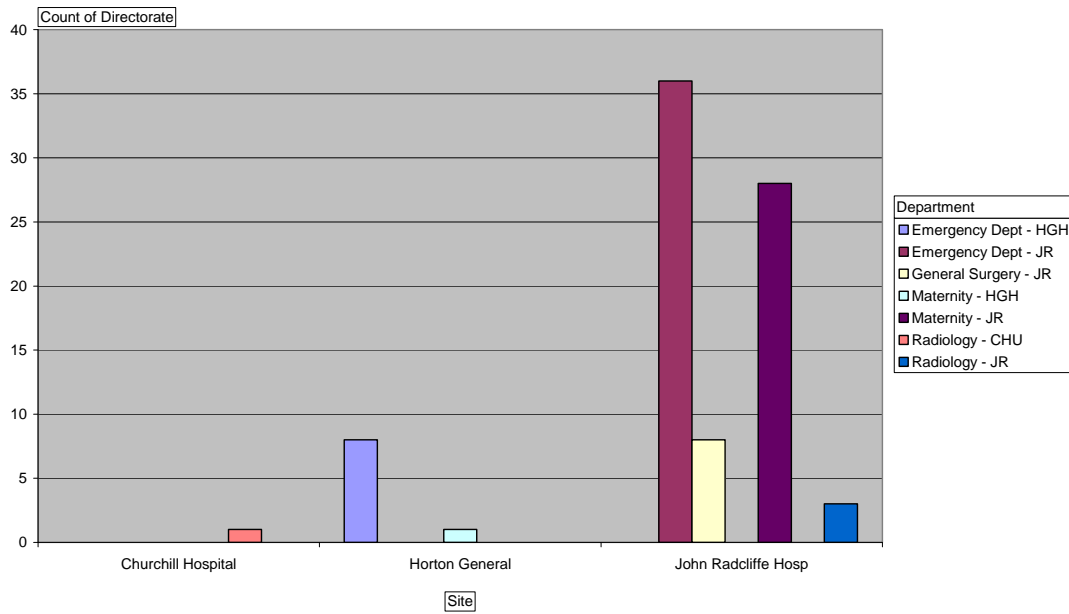
Across Site Comparison April to October 2010

20. A review of comparative complaints received across the Trust sites for services such as general surgery, radiology, women's services, emergency department does not show a disproportionate increase for any site.

18.1 Table 3 shows a review of the site figures,



November 2010 to March 2011



21. The Board is asked to note the contents of the Complaints Report highlighting trends, actions and organisational learning.

Katharine Munby
 Complaints Specialist Practitioner
 15 June 2011