

Complaints Annual Report 2017 – 2018

Introduction and purpose

Complaints are a very important source of information about our patients’ views regarding the quality of services and care provided by the Trust. All formal complaints received have been fully investigated through the Trust’s complaints procedure. All staff are encouraged to respond to concerns raised by patients and relatives as soon as they become aware of them, rather than waiting to receive a formal written complaint and our PALs services support this.

Complaints and their responses are seen by members of the Board including the Chief Executive, Medical Director, Director of Nursing and Chairman. Regular reports about complaints are discussed at the Trust’s Patient Experience Committee and upwardly to Quality Governance Committee.

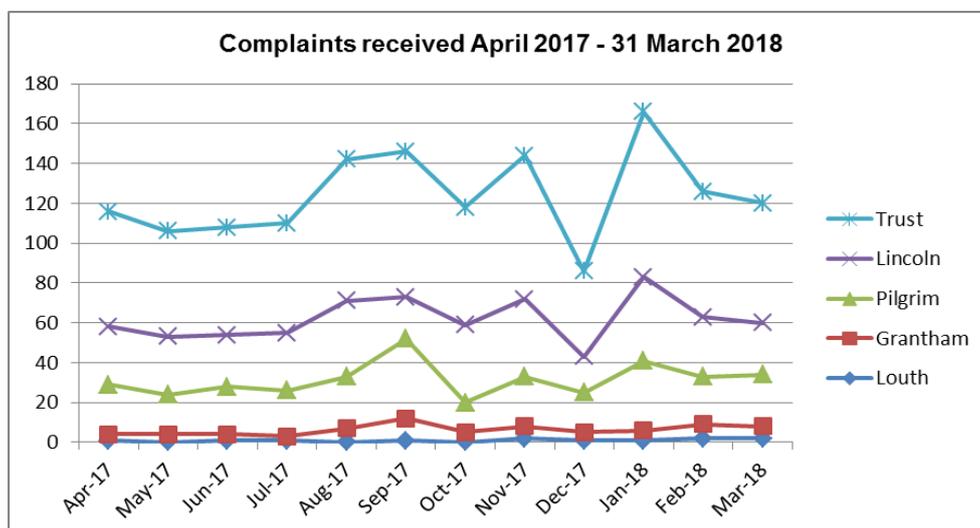
In 2012/3 Sir Robert Francis’ report into the failings at Mid Staffordshire, highlighted the importance of a centralised complaints team and a robust Trust process to monitor complaints, and to ensure lessons are learned in order to prevent similar repeated failings within an organisation. In 2014 the Keogh review called ULHT’s complaints processes into question and resulted in an organisational transformation plan leading to the development of the ‘See it my Way’ Complaints Policy and Procedure.

The purpose of this report is therefore to provide assurance that the Trust follows these procedures when investigating and responding to formal complaints.

Under the National Health Service Complaints (England) Regulations 2009, the Trust must prepare an annual report each year that specifies the number of complaints received, the number of complaints which the trust decided were well-founded and to summarise the subject matter of complaints, any matters of general importance arising from those complaints, or the way in which they have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints. The report will be publicly available on our website.

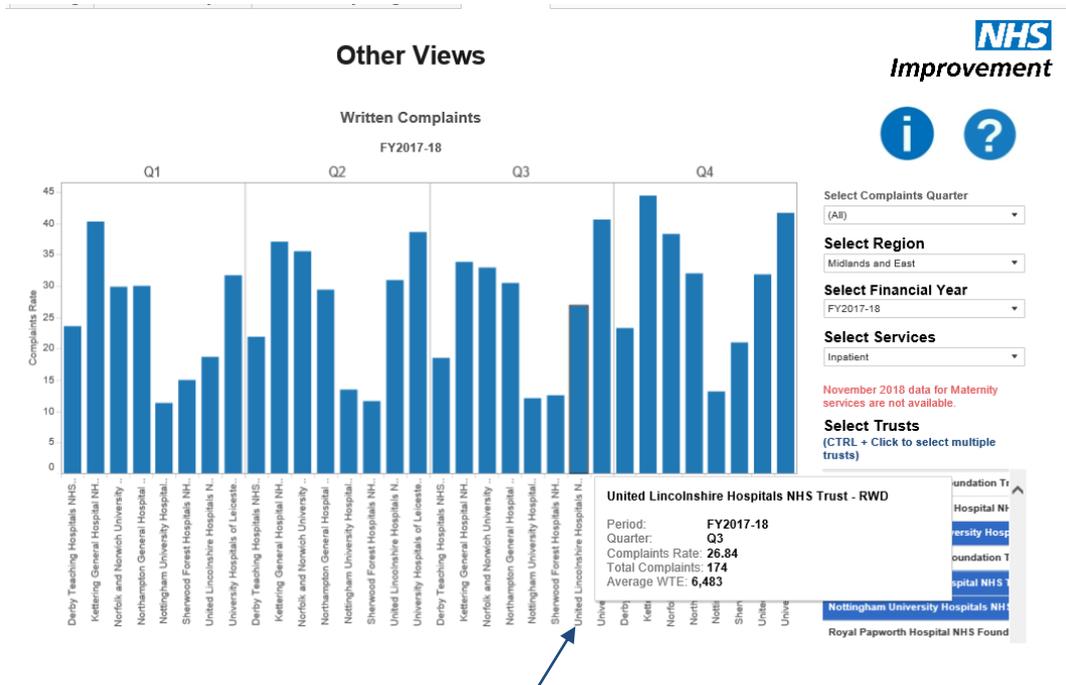
Complaints received.

During the year financial year 2017/2018 United Lincolnshire Hospitals NHS Trust received a total of 744 complaints. A total of 594 complaints have been resolved with this period of time with 306 of these fully or partly upheld. There were 694 complaints in 2016/17 compared to 744 in 2017/2018, an increase of 7%.



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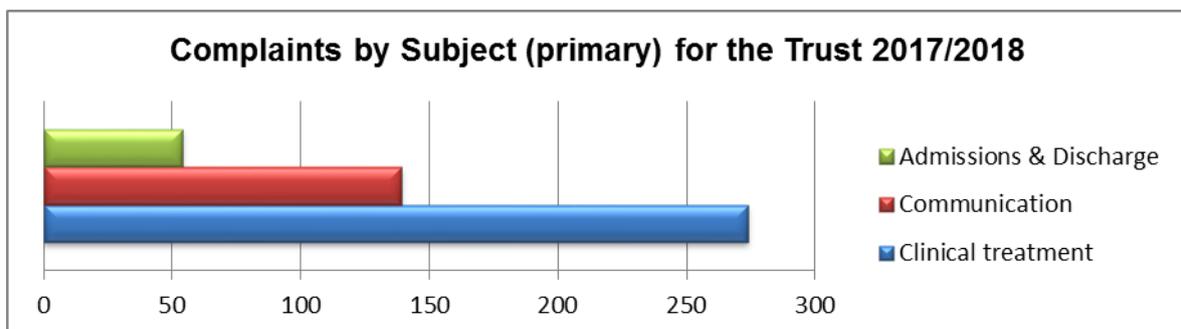
Using the NHSI Patient Experience Headline tool the Trust is running at about average. Whilst we would not want our patients to be dissatisfied not receiving complaints could indicate patient and public reticence to raise concerns. An open and transparent culture and well signposted ways to raise concerns is very important.



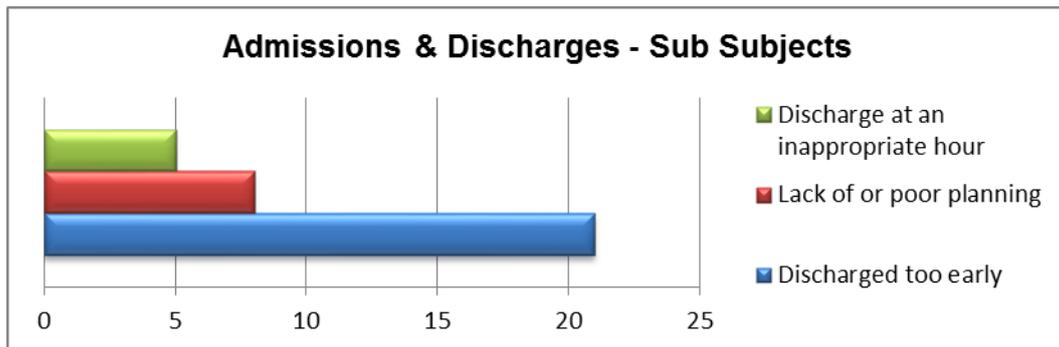
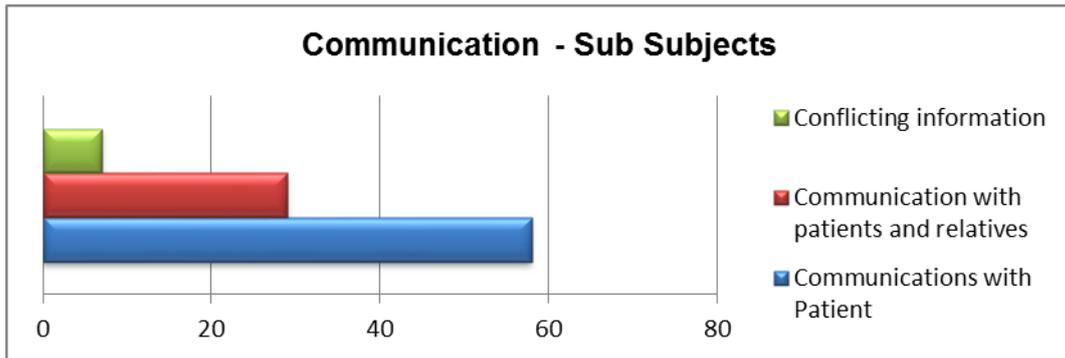
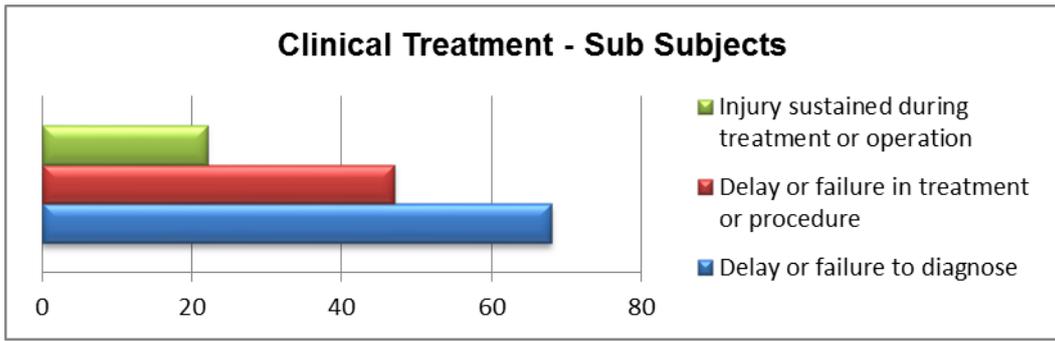
During 2017/18 the majority of complaints for United Lincolnshire Hospitals NHS Trust were in relation to care and treatment at Lincoln County Hospital and Pilgrim Hospital Boston. These figures are reflective of the patient numbers accessing these sites. The peaks seen across the Trust in January can be directly aligned to the pressures within emergency care and the subsequent cancelled operations and appointments.

The main areas of concern for this financial year have been Clinical Care, Communication, Admission & Discharge, Patient Care, Values and Behaviours all of which feature within the top five subject areas of concerns.

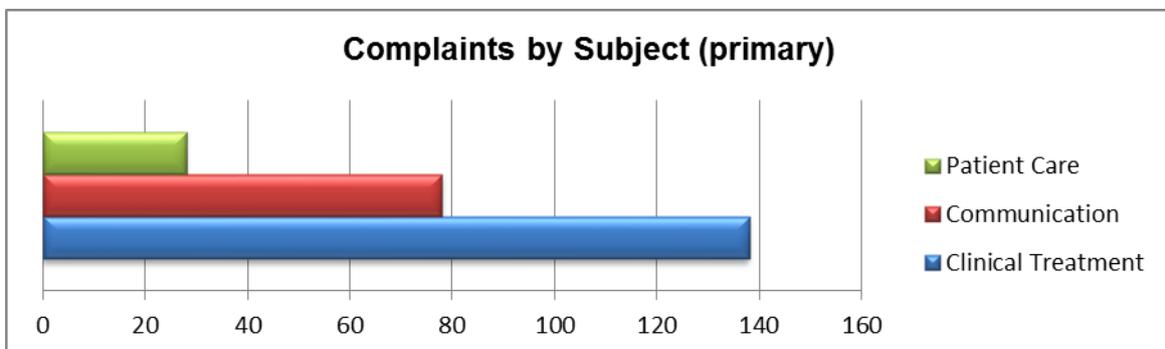
Top 3 primary subjects and sub subjects



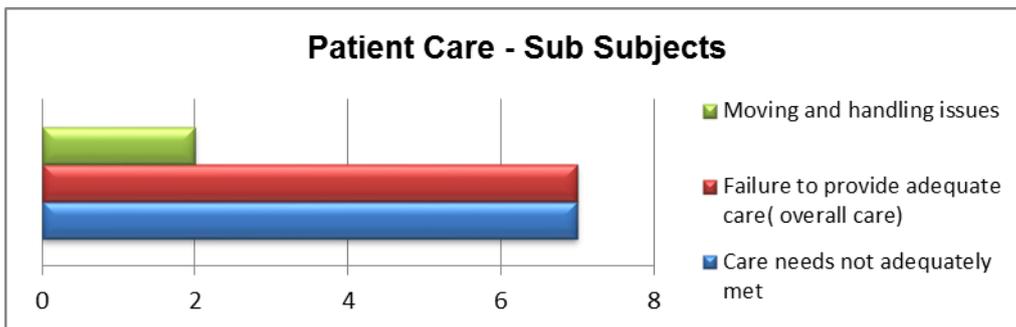
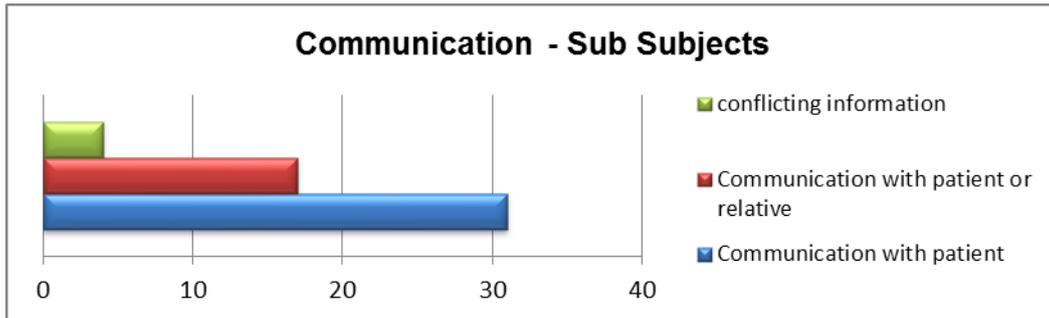
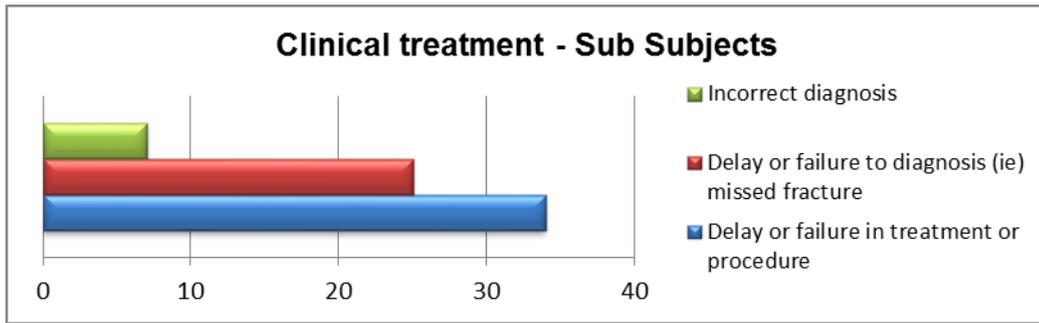
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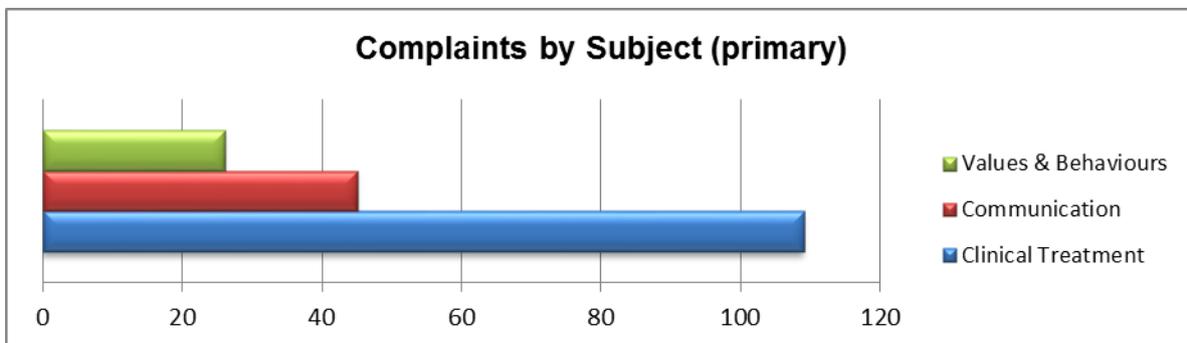
**Top 3 primary subjects and sub subjects
Lincoln County Hospital**



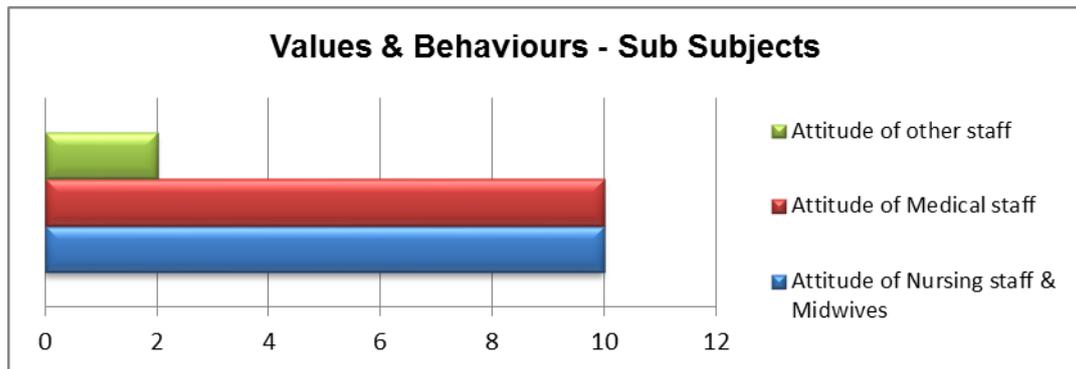
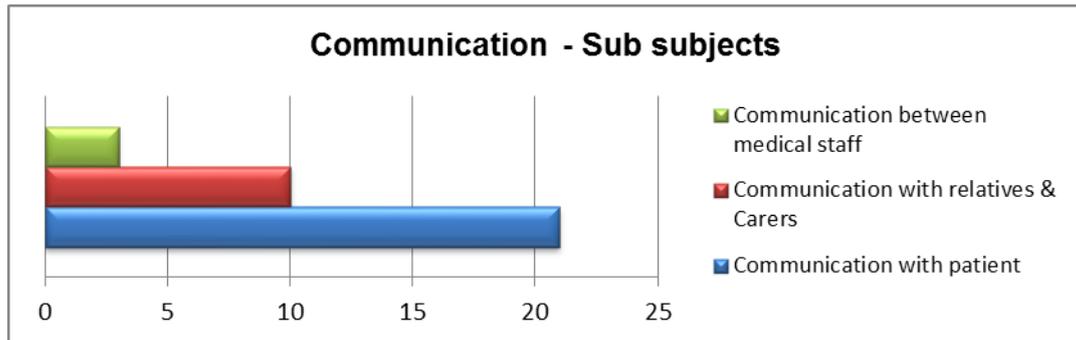
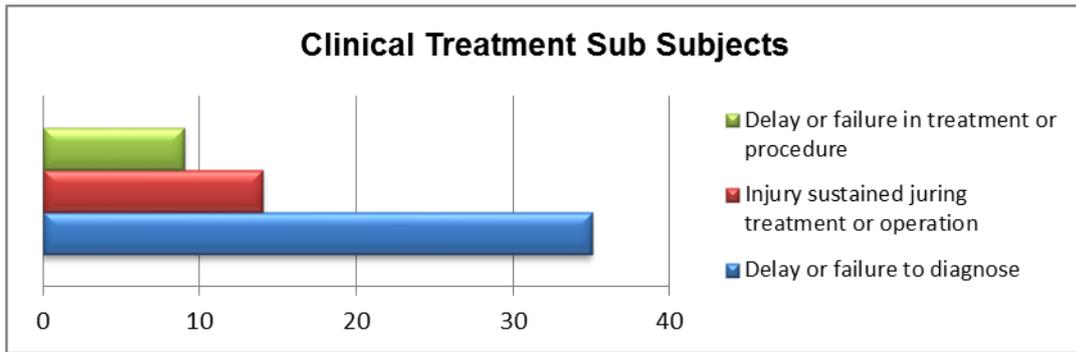
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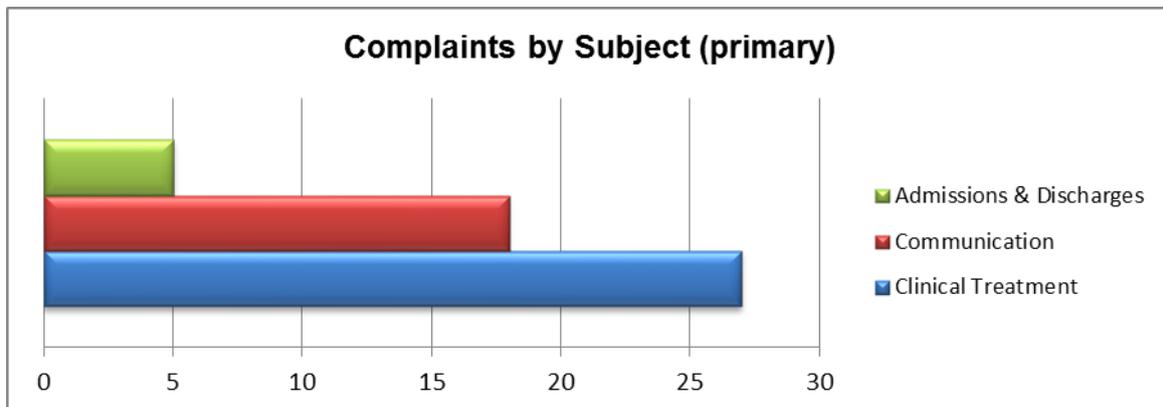
Top 3 primary subjects and sub subjects Pilgrim Hospital



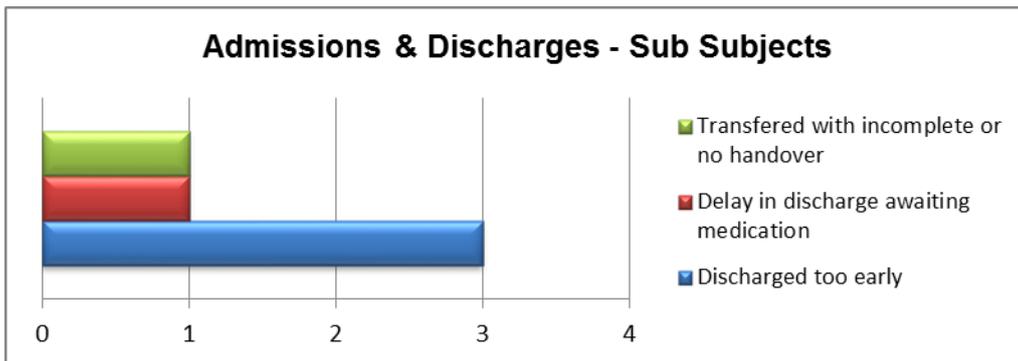
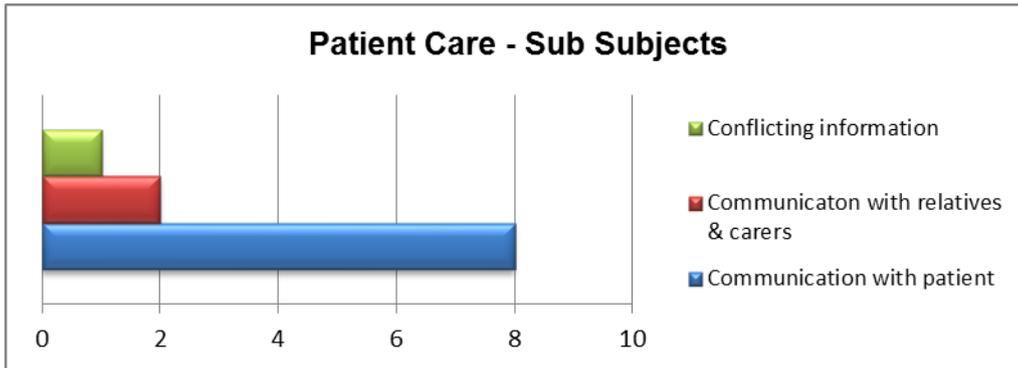
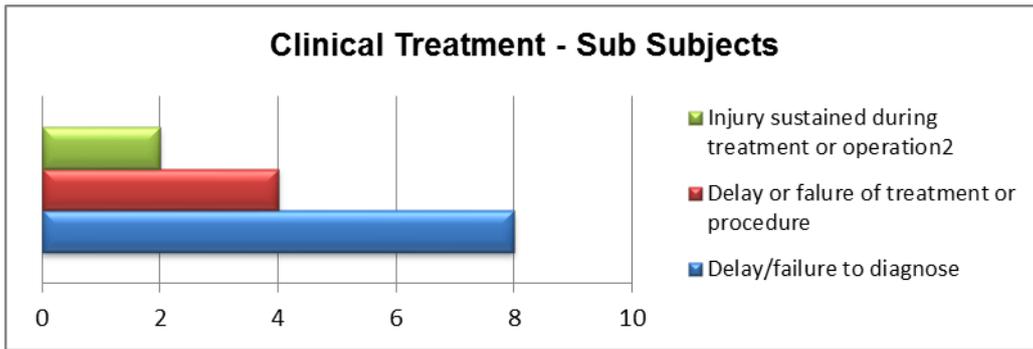
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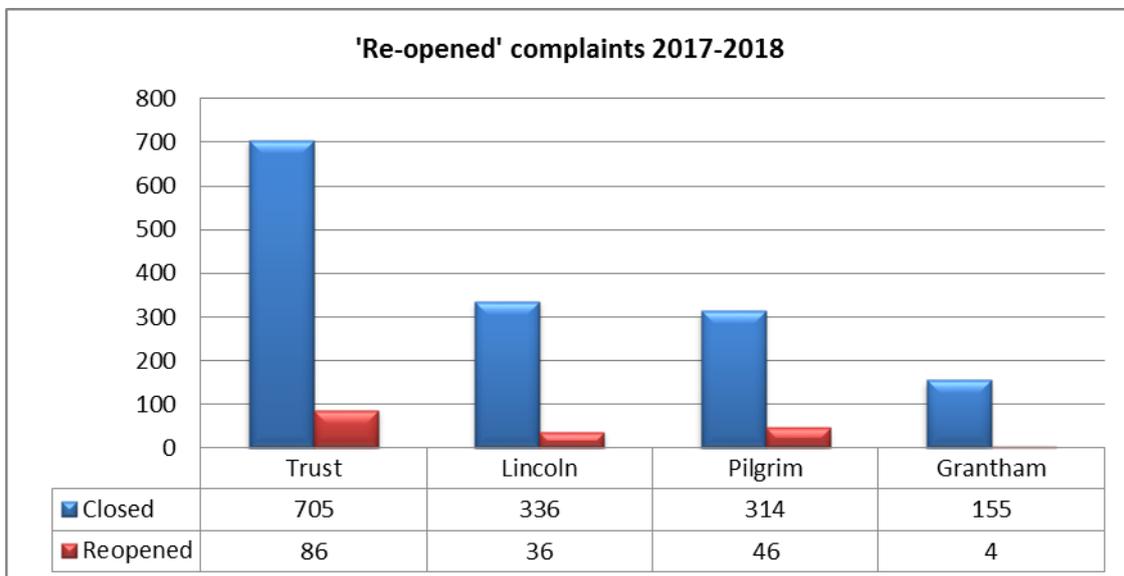
Top 3 primary subjects and sub subjects Grantham Hospital



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Reopened Complaints



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We currently monitor the number of complainants that write back to us following their first response if further investigation is required and from the graph above this shows a 12% reopened rate. Some of these complainants are dissatisfied with the response they have received, however some also make contact as the response has raised further questions and they ask for our assistance in obtaining the answers and information and some ask for a meeting to be arranged so that they can discuss their concerns in person with the most appropriate professionals. Previously when these complainants have made further contact we have reopened the case (input a re-opened date) and then transferred it onto a list called ongoing (requiring further investigation). What we haven't documented when re-opening the cases is the specific reason why to establish whether they were dissatisfied with the response or were requesting additional information and support to respond to further questions/concerns they may have. Often we have found that by answering a question a further question is often raised.

Moving forward when a complainant makes further contact after receiving their response this will be registered as re-opened and will be categorised as:

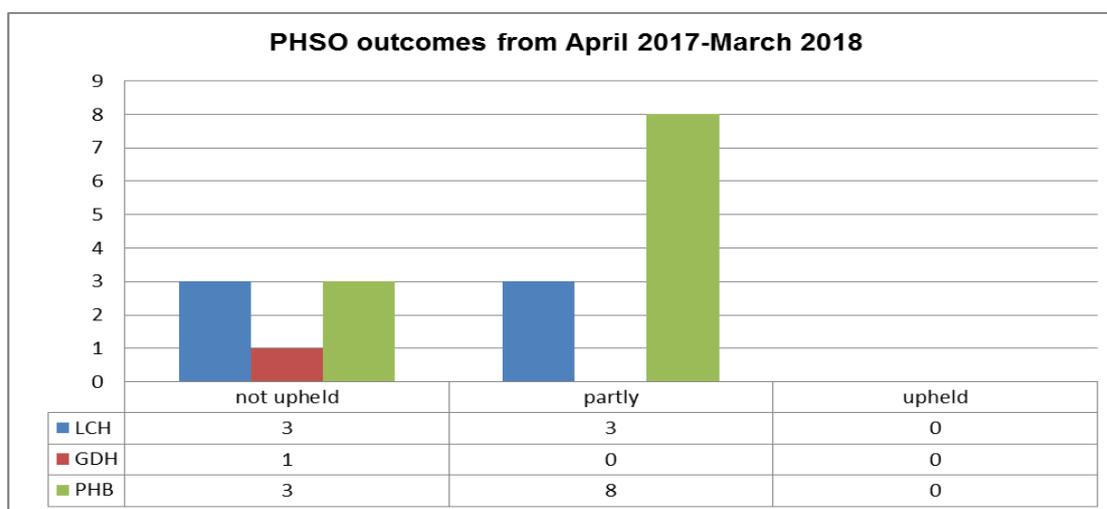
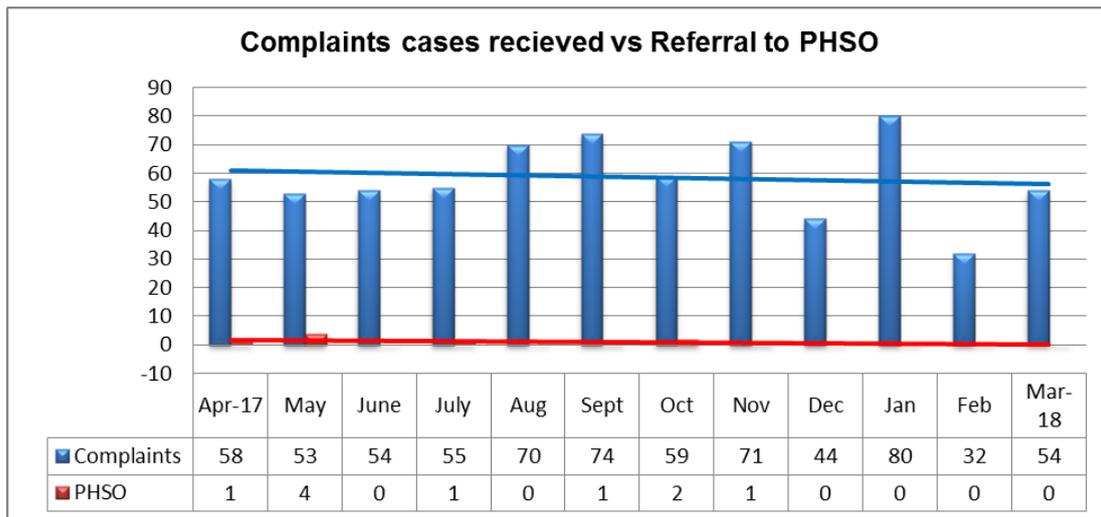
Re-opened	Dissatisfaction with response
Re-opened	Requested clarity of information
Re-opened	Complaints meeting requested
Re-opened	New points/questions as a result of the initial response

We have also held complaints 'open' for a 30 day period following the first response being sent; this was developed as part of the transformation of the service as the quality was poor and we wanted complainants to genuinely see that we were keeping their complaint 'live' until they were satisfied. This initiative was developed with our complainant reference group and on review through the subsequent peer review panels and latterly the Lessons learned Forum this 30 day closing period will now be discontinued; it has served its purpose and the remaining quality checks and balances pick this element up. From April 1st 2018 we close all complaints as soon as the first response has been posted. This will enable us to monitor more closely when complainants do make further contact and the reason why. This will also help us to establish/monitor the quality of the responses that are being completed and where further improvements are required.

Referrals to the Parliamentary Health Service ombudsman (PHSO)

Complainants who remain dissatisfied with the response to their complaint at local resolution level were able to request an independent review to be undertaken by the Health Service Ombudsman. After receiving a response from the Trust and attempts to resolve any outstanding concerns have failed complainants are advised to contact the PHSO if they remain unhappy. 10 complaints were referred to the PHSO by complainants during the year; less than 1% and against 24 referred in the previous year. This is despite the PHSO significantly increasing the number of cases they investigate which alongside the detail that none were upheld is an indicator that the quality of investigations and responses has improved.

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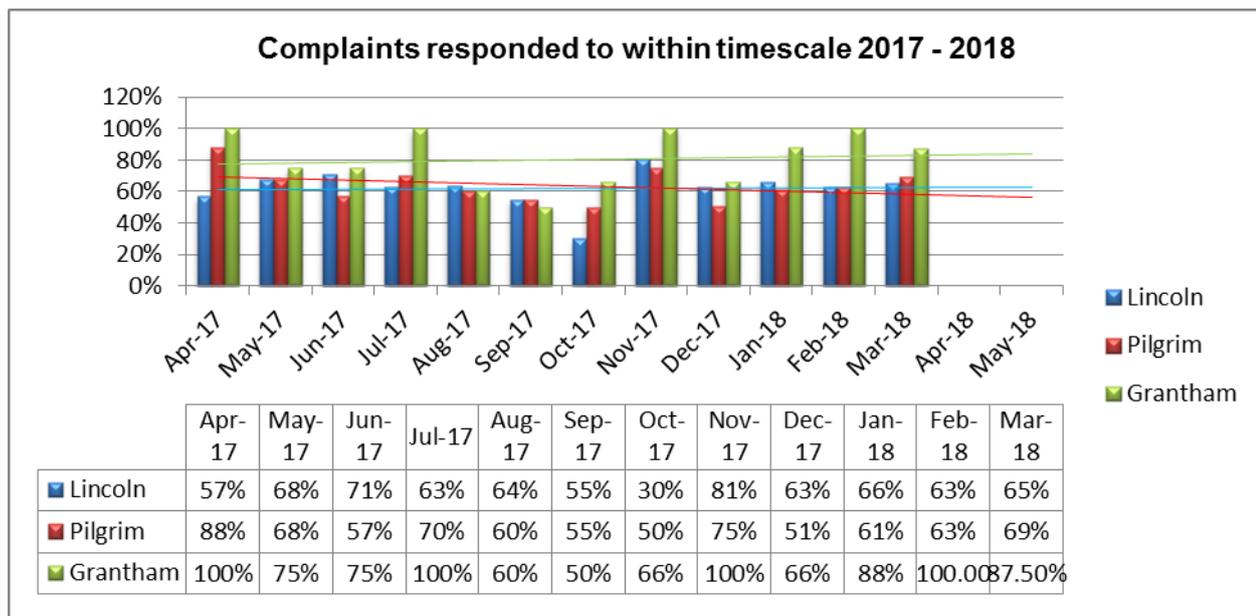


The Deputy Chief Nurse was asked by the office of the Parliamentary and Health Service Ombudsman to support the first National Open Meeting held in Manchester by facilitating a complainant workshop.

Responsiveness

Responses within agreed timescales continued to be an issue at Pilgrim and Lincoln hospitals during the year with a slow downward trend despite having a high emphasis on the need for a timely response. Close scrutiny and performance reports that identify case managers that are delayed and for what reason are bringing focus to turning this around.

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Learning

One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Actions and improvements are an integral component of the investigation and reporting step within the complaints process so that they are identified and able to be articulated within the responses. Completed complaints are discussed at specialty governance meetings and at the Lessons Learned Forum.

Our Trust designed 'change register' which logs all the actions identified through the complaint investigation and the completion of these actions is now fully implemented. This register is shared with quality and safety officers who use this in planning and preparing governance activities. A 'Lessons Learned Forum' (LLF) is in place to review and track whether promised actions have been delivered and also the practical handling of complaints. Patient representatives who have been involved in the service redesign from the beginning are members of this forum. LLF upwardly reports to Patient Experience Committee which in turn reports to Quality Governance Committee.

Examples of learning and actions identified following complaint investigations:

- Where an assessment suspects that a patient above the age of 65 is medically fit for discharge (MFFD) but is having mobility problems, the A&E team will immediately refer the patient to the Community In-Reach Team (CIR), which comprises mainly of occupational therapy and physiotherapy nurses.
- Where CIR feel that a patient is unable to mobilise, the A&E team will refer the patient onto the medical team so that the CIR team gets some time to arrange home care or respite care for these patients.
- Implementation of new assessment in the discharge lounge which looks at patient's vulnerabilities to help staff decide if patient needs extra support
- The A&E department now have a range of new resources available to make sure that the management of possible head injuries are treated appropriately and in a timely manner:

The Trust continues to review the 'See it My Way' Complaints Process to improve the quality of the responses that we provide our patients and ensure that we are able to meet the timescales agreed. Case manager training continues to be delivered to improve the quality of the responses provided and complaints and PALS are included within all staff induction. Case Managers continue to be given direct responsibility for ensuring that the complaints allocated to them are investigated thoroughly and ensure that the complainants are provided with a quality response. The quality and timeliness of these responses are monitored and reported to board on a monthly basis. Learning from complaints is an integral part of the process and this has been managed and supported through the governance and Directorate structures.

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Work continues to ensure flexibility in the way it handles complaints, seeking remedy, resolution and learning at the earliest opportunity and evaluation includes surveying complainants and complainant experts as members of the Lessons Learned Forum. Internal targets continue to drive and measure performance with the management of timely responses and progress is monitored through the Quality Governance Committee on a monthly basis. Complaints handling is also being performance monitored at the Performance Review Meetings.

Summary

In summary in 2017/18 the management and resolution of complaints for our patients, their relatives and carers has seen a continued improvement overall not only in the logistics but in the quality of responses. This was also noted within recent CQC inspection reports. Through streamlined processes and staff engagement the response rate has improved overall but is not where it needs to be. The complaints team are now reaching out as much as the case managers are coming to them; partnership working in a busy world is the main way to meet this demand. Quality reviews by our partners in Healthwatch and our Clinical Commission Groups have supported us to make further improvements in the quality of our responses.

Claire Tarnowski. Complaints Manager July 2018

Jennie Negus. Deputy Chief Nurse July 2018