



Gloucestershire Hospitals
NHS Foundation Trust

Annual Complaints Report

2017/2018

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Executive summary

In accordance with the NHS Complaints Regulations (2009) this report sets out a detailed analysis of the number and nature of complaints received by Gloucestershire Hospitals NHS Foundation Trust during the 2017/18 year.

In summary:

- 1031 complaints were received by the Trust during 2017/18 giving an average of 86 complaints per month. This number compares to 913 during 2016/17, giving an increase of 13%. During 2017/18, the volume of complaints received by the Trust as a proportion of 0.98/1000 episodes of care this is a decrease on 2016/17 where we received 1.19/1000 episodes of care
- In addition the Patient Advice and Liaison Service (PALS) dealt with 2569 concerns during 2017/18 which is an increase of 17% on 2016/17 (2204). This is a significant increase in demand of this service which has seen staffing pressures through the year.
- 98% of the time, acknowledgements were sent within the national target of 3 days. 100% was unable to be achieved due to administrative pressures within the complaints team. A generic automatic email response has been set up to help to improve performance.
- 59% of responses were sent within the 35 day local standard; this is a decrease of 5% on the previous year (64%)
- During 2017/18 the Trust has 15 complaints referred to the Parliamentary and Health Service Ombudsman (20 in 2016/17). During 2017/18 a decision was received for 10 cases seven cases were partly upheld and 3 were not upheld.
- 5733 compliments were received and formally logged during 2017/18; this is a 36% decrease on the previous year (8678). Currently compliments received through social media are not formally logged and therefore not represented in this report; however, work is taking place to identify how to include this feedback.

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Director of Quality & Chief Nurse.

The Trust's Deputy Director of Quality & Freedom to Speak Up Guardian is responsible for ensuring that:

- All complaints are fully investigated appropriate to the complaint
- All complaints receive a comprehensive written response from the Chief Executive or their nominated deputy in their absence
- Complaints are responded to within local standard response time of 35 days
- Where the timescale cannot be met, an explanation is provided and an extension agreed
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

The Complaints team consists of 2.9 WTE band 6 complaints managers; responsible for the coordination of staff investigating and the final response to the complainant supported by 1WTE band 4 and 1WTE band 3 administrators. The team currently consists of 4.9 WTE in total. During 2017/18 the complaints managers each dealt with an average of 356 new complaints.

2. Complaints reporting

Each quarter the Deputy Director of Quality & Freedom to Speak Up Guardian reports the following information to the Trust Board committee; Quality and Performance Committee:

- Number of written complaints received as a comparison against previous quarters and per 1000 episodes of care and broken down by division
- Compliance with locally set response time target for final response and the nationally set acknowledgement target and broken down by division
- Number of PHSO cases received during the quarter and the resolution during that quarter of any existing cases.
- Outcomes of closed cases
- Type and themes of complaints received and any learning and improvements taken from the complaints

3. Total complaints received in 2017/18

During 2017/18 the Trust received a total number of 1031 complaints which equates to an average of approximately 20 complaints received per week. This is an increase of approximately 13% against the number of complaints received during 2016/17 (913).

This figure equates to approximately, 6.14 complaints per 1000 inpatient episodes and 0.98 complaints per 1000 total episodes of care (includes all inpatient, day case, outpatient and ED attendances).

Figure 1 demonstrates the number of complaints received in each quarter during 2017/18 compared to the previous two fiscal years.

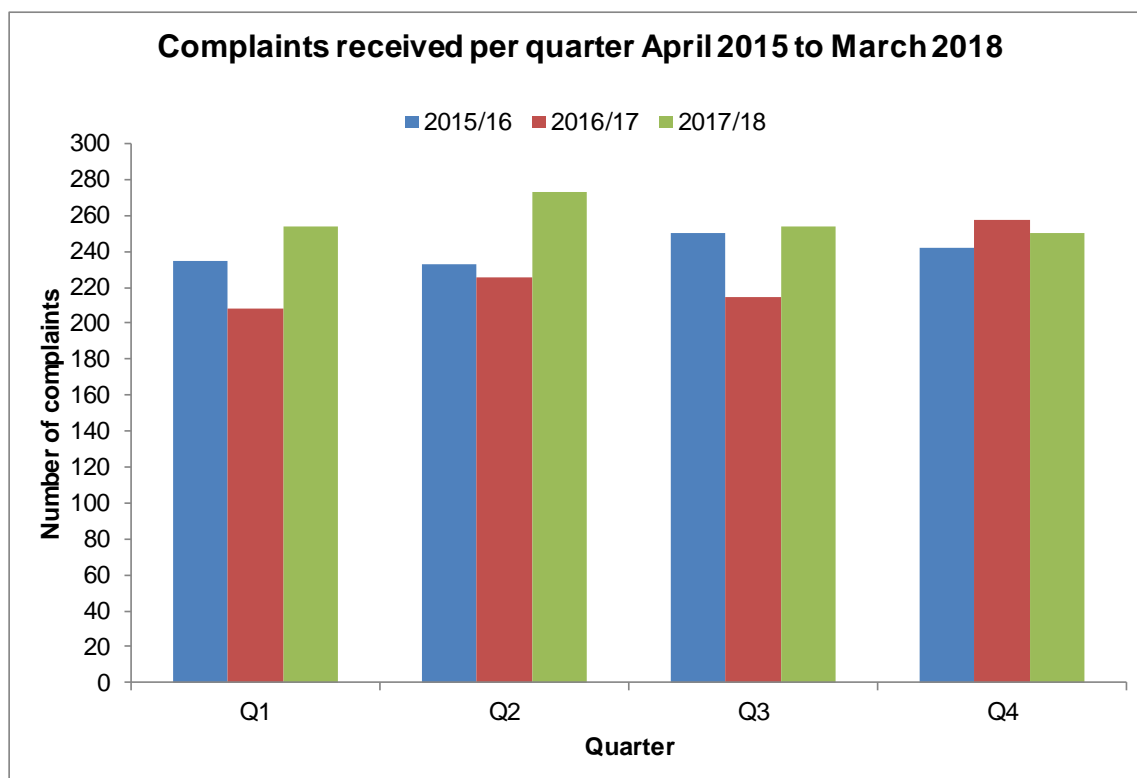


Figure 1

The Trust saw a 16% increase in the number of closed (13 cases remain open at the time of reporting) complaints cases being either fully or partially upheld (75%). The outcome is determined by the division and/or CEO indicates if the complaint is considered to be justified. Any complaint that is either partially or fully upheld should have associated actions, which are the responsibility of the division. The complaints team have been working with the divisions to establish how learning is shared within their areas. Table 1 demonstrates the breakdown, by quarter, of complaint outcomes during 2017/18

Outcome	Q1	Q2	Q3	Q4	2017/18 Total
Upheld	94	70	65	57	286
Partially	101	150	127	100	478
Not Upheld	59	47	67	81	254
Total	254	267	259	238	1018

Table 1

Table 2 shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous fiscal year.

Division	Complaints 2017/18	Concerns 2017/18	Divisional Total 2017/18	Complaints 2016/17	Concerns 2016/17	Divisional Total 2016/17
Corporate	30 ↓	79 ↓	109 ↓	41	107	148
Diagnostics & Specialties	198 ↑	562 ↑	760 ↑	142	350	492
Estates & Facilities	30 ↑	148 ↓	178 ↓	25	170	195
Medicine	352 ↑	654 ↑	1006 ↑	331	594	925
Surgery	314 ↑	924 ↑	1238 ↑	279	795	1074
Women & Children	107 ↑	185 ↑	292 ↑	95	170	265
Other	-	17 ↓	17 ↓	-	18	18
Total	1031 ↑	2569 ↑	3600 ↑	913	2204	3117

Table 2

As the data demonstrates, with the exception of the corporate and estates & facilities divisions there has been an overall increase in complaints and concerns.

In order to support the processes in place for medical staff and junior doctors our complaints are broken down by staff group. The three main groups receiving the majority of complaints during 2017/18 are Medical (914), Nursing (829) and Clinical Support (469). Complaints involving medical staff are recorded and doctors must submit this information for review and discussion at their appraisal. All complaints involving junior doctors are also highlighted to the Deanery for further consideration with the doctor's educational supervisor.

4. Complaint Themes

The Trust follows the issue categories as stipulated by the Department of Health. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints it allows us to identify whether any trends are developing. Table 3 below identifies the themes and trends from our complaints; the top 5 themes are highlighted along with a directional arrow to denote the change on the previous year.

Complaint Theme	Total complaints 2017/18	Total complaints 2016/17	Total complaints 2015/16
Clinical Treatment (Medical)	523 ↑	388 ↑	371
Access to Treatment or drugs	33 ↓	50 ↓	74
Admissions, Discharge and Transfers	168 ↓	173 ↑	165
Appointments	247 ↑	200 ↑	136
Commissioning	1 ↔	1 ↓	3
Communications	453 ↑	435 ↑	356
Consent to treatment	8 ↑	4 ↑	1
End of Life care	21 ↑	7 ↓	9
Facilities	81 ↓	84 ↑	80
Integrated care	1 ↔	1 ↓	2
Patient Care (including nutrition and hydration)	287 ↓	312 ↑	269
Mortuary	3 ↑	1 ↓	2
Prescribing errors	51 ↑	47 ↓	66
Privacy, Dignity and Wellbeing	51 ↑	42 ↑	30
Restraint	0 ↓	2 ↑	0
Staffing Numbers	16 ↓	29 ↑	24
Transport	6 ↓	16 ↑	3
Trust Administration	69 ↑	55 ↓	61
Values and Behaviour	294 ↑	269 ↑	244
Waiting Times	77 ↓	98 ↑	63
Other	28 ↑	12 ↓	13

Table 3

During 2017/18 our Trust saw an 8% decrease in the theme of Patient Care which also included any complaints relating to nutrition and hydration. This theme covers much of the general nursing care, including getting help to eat meals if needed, answering the call bell and responding to the needs of the patient, getting help with washing and personal hygiene.

There are four remaining main themes which saw increases in 2017/18 on the previous year. These are:

- Clinical Treatment – increase of 35%. This includes complaints around sub-optimal care, for example an incorrect diagnosis or complications following surgery.
- Appointments – increase of 24%. This is predominantly about the administration of appointment letters, including not being sent/ received or not sent in a timely way. Part of this is due to the immense pressure seen within our booking office following the implementation of our new patient administration system; TrakCare. The Trust has undertaken lots of improvement work to both the usability of TrakCare and also the support within our booking office. The improvements are demonstrated by a 50% reduction in complaints from quarter 2 (80) to quarter 4 (40) against this theme.
- Communications – increase of 4%. This is concerning the communication between staff and patient or staff and relative/ carer/ visitor. This can include lack of communication, incorrect method of communication, and timeliness of communications. Our Trust has launched in 2018/19 open visiting (9am-9pm) to help improve this.
- Values and Behaviour – increase of 9%. This theme mostly includes complaints around the staff attitude to patients, their relatives/ carers/ visitors both in person and on the telephone.

To note, there are two themes that have seen a decrease in 2017/18 on the previous year, these are; access to treatment or drugs (34%) and waiting times (21%). The Trust's decision to focus on its Emergency Department performance and to continue providing elective surgery during the very busy winter months is likely to have had an impact on the frequency of these themes in complaints.

5. Performance in responding to complaints

5.1 Proportion of complaints responded to within target

In addition to monitoring the number of complaints received by our Trust we also monitor our performance against nationally and locally set timescales (3 working days for an acknowledgement – nationally set and 35 working days for a response – locally set).

Guidance from the Parliamentary and Health Service Ombudsman recommend that a Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed'. Therefore when a response is not going to be completed in the set timeframe then an explanation must be given, by the Trust, to the complainant and a new timeframe agreed.

Figure 2 below shows the breakdown of response rate within 35 working days by division and demonstrated by quarter through the 2017/18 year.

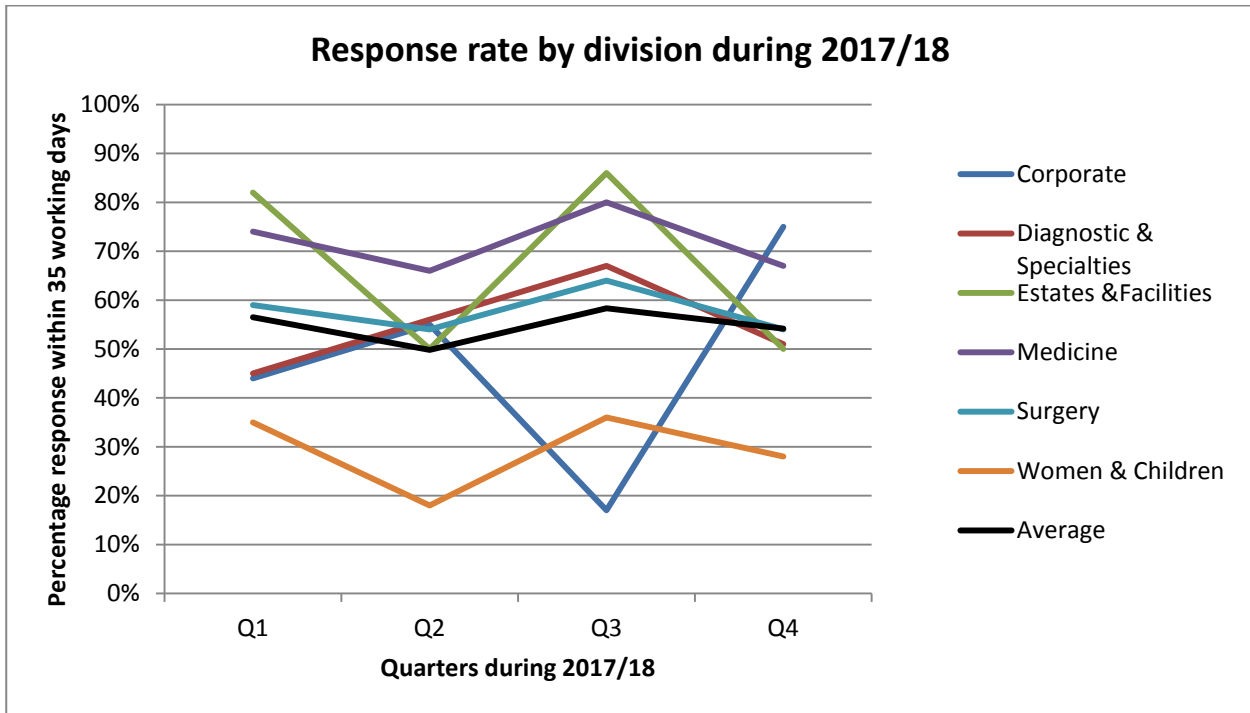


Figure 2

Reasons for not meeting the target are wide in variety but predominantly include, investigation response not received on time from staff, the response not cleared on time by the division, delays with the legal or executive teams and significant resource pressures within the complaints team. The most commonly cited reason for delays across all four quarters of 2017/18 involve issues with staff being unable to obtain health records and provide comments in a timely manner.

We would look to move to a model which enables us to agree, with the complainant, a realistic timeframe in which the response is received, this would be based on the nature and complexity of the complaint.

5.2 Complainant satisfaction with complaint response

Our Trust currently uses three measures to assess the satisfaction of the complainant with their final response, these are:

- Comebacks: where a complainant submits further questions or correspondence requiring further investigation and response. There were 66 comebacks received during the year (6% of all complaints received).
- Meetings: where a complainant requests to meet with staff to ask additional questions, or discuss the content of their response. There were 15 meetings held with complainants (1.5% of all complaints received). This is a decrease on the previous year (23).
- Parliamentary and Health Service Ombudsman (PHSO): where a complainant refers the matter to the PHSO for independent review. There were 16 cases referred by complainants to the PHSO during the year (1.6% of all complaints received). This is a decrease on the previous year (20).

6. Parliamentary and Health Service Ombudsman (PHSO)

Our Trust had 16 cases referred to the PHSO during 2017/18. A decision has been received during the year for 10 cases, seven were partially upheld and 3 were not upheld. The PHSO do not inform us of complaint referrals that do not meet their threshold and are, therefore, not formally investigated through the second stage resolution process.

All cases referred to the PHSO are monitored by the Safety and Experience Review Group (SERG). This group has responsibility for signing off actions plans for partially upheld and upheld cases before they are returned to the PHSO. All action plans are developed by the relevant division following the undertaking of a root cause analysis. SERG is used as a mechanism to cascade any learning to other areas.

7. Concerns (Patient Advice and Liaison Service (PALS))

During 2017/18 our PALS team dealt with 2569 concerns. This is an increase of 17% on the previous year (2204). These figures do not include any concerns raised and resolved at local level.

The majority of contact is by email or telephone; however, these figures are slightly distorted for 2017/18 due to the need to close both offices at Cheltenham General and Gloucestershire Royal Hospitals to face to face visitors because of gaps in staffing.

The top 5 themes from concerns are demonstrated in Figure 3:

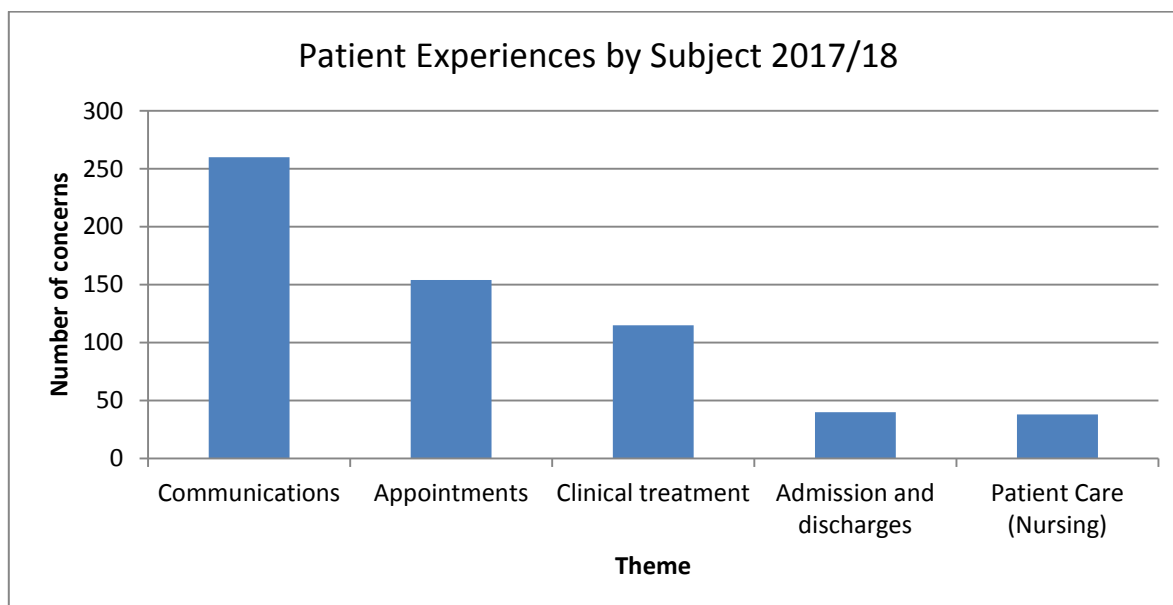


Figure 3

Our PALS team are also asked many reasons other than concerns, these include:

- Help with wayfinding
- Help with signposting to other services, both within and outside of the Trust
- Liaison with ward staff and carers or visitors
- Assistance with when their appointment/ surgery may be
- Assistance with lost property
- Assistance with ensuring their information is not used for anything other than their care

8. Looking Forward

Gloucestershire Hospitals NHS Foundation Trust continues to be proactive in its management of its complaints process despite challenging times. It is proposed that the following will be scoped with a view to implement during 2018/19

- Review of our current complaints policy in line with current guidance and taking into account the changing nature of complaints.
- To move to agreeing realistic timescales with the complainant based on nature and complexity of the case including availability of health records. We would then set an outcome measure for this of 95% of complainants receiving their response within the agreed timescale. Recommendation that Trust monitors the number and reason of extensions agreed.
- To re-introduce the complainant survey to establish satisfaction with response and service received, with overall satisfaction becoming a corporate objective. For comebacks, meetings and PHSO cases to become process measures not outcome measures.
- To identify the sub themes and trends within complaints and try to make a reduction against those, for example telephone's being answered suggestion of no more than four per year. Then report on those each quarter.
- We will continue to maintain our strong focus on the quality and tone of our responses right. As part of this work the establishment of a bi-monthly executive led complaints review panel with each division attending at least once a year to allow them time to discuss any challenging complaints, both in terms of content or investigation and to reflect on any learning.

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