



In hospital and in the community

proud to make a difference

Annual Complaints Report

2012-13

Patient Partnership Department



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1. Introduction

This report summarises complaints activity and performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for the year April 2012 to March 2013. The report highlights improvements to services that have been implemented as a direct result of complaints.

At the Trust, we treat over a million patients every year and our staff work very hard to deliver high quality care and a good patient experience. In the majority of cases we achieve this and receive positive feedback which we pass onto both clinical and non clinical staff. However, when we don't meet these high standards we want to know about it and have the opportunity to improve. That is why patient feedback is so important to us.

The number of complaints received by the Trust in 2012/13 accounts for less than 0.1% of the total number of patient contacts which totalled over 1.3 million in 2012/13

During 2012/13 Sheffield Teaching Hospitals NHS Foundation Trust has continued to welcome, listen to and act on all aspects of patient feedback. The Patient Partnership Department aims to ensure an open and sensitive, person centred approach for patients or their representatives who wish to raise concerns or make a complaint.

Throughout the report the term 'complaints' covers all concerns raised centrally through the Patient Services Team. We record all complaints irrespective of how they are presented; whether this be in writing, in person, over the telephone or via email.

Complaints service priorities for 2012/2013 were based on:

- Systematically monitoring the issues raised by complainants and reviewing the learning from any changes that are made to services as a result of complaints.
- Thoroughly investigating and responding to each individual complaint in accordance with the best practice guidance set out by the Department of Health and the Parliamentary Health Services Ombudsman.
- Maintaining quality and performance standards in all aspects of complaints handling.
- Effectively responding to each complaint received in a timely manner.

Progress made against these priorities is covered in each section of this report.

1.1 - Complaints Handling Performance – 3 year comparison

Key complaints performance and activity information	2009-10	2010-11	2011-12	2012-13
Number of complaints received*	1340	1297	1352	1444
Number of complaints received in writing**	---	---	986	926
% complaints that were upheld***	---	44%	42%	42%
% complaints that were partially upheld***	---	29%	30%	32%
% complaints that were not upheld***	---	27%	28%	26%
Complaints received by the Parliamentary Health Services Ombudsman (PHSO) about STH.****		65	65	Not Yet Published
Complaints about STH reviewed by the PHSO (that the trust is aware of prior to the Publication of the PHSO Annual Report)	0	16	19	21
Complaints upheld about STH by the PHSO	2	0	1	1

* Includes Primary and Community Services complaints from April 2011

** The number of complaints received in writing is reported to the Department of Health in the Annual Complaints monitoring information. This information was not separately recorded before 2011.

*** This outcome analysis was not undertaken prior to April 2010. Since April 2010 this information has been recorded in accordance with the requirement outlined in the Complaints Regulations of 2009, that Trusts must specify the number of complaints that are upheld. As at the date on which this report was written (20 April 2013) 1173 cases out of the 1444 complaints that were received in 12/13 had been closed. The outcome data is based on the cases that had been closed at the time of writing this report.

**** The Ombudsman will publish her annual report including information numbers of cases reported about each hospital later in the year.

During 2012/13 there was an increase in the number of new complaints received by the Trust. Outcomes of the complaints investigated remained consistent with previous years with just under a third of cases being not upheld following investigation. There was no significant change in the numbers of complaints that were referred to the Ombudsman by complainants who were not happy with the way in which we handled their case and just one complaint was upheld by the Ombudsman following her investigations.

2. Effectively responding to each complaint received

2.1 - Ensuring a quick response

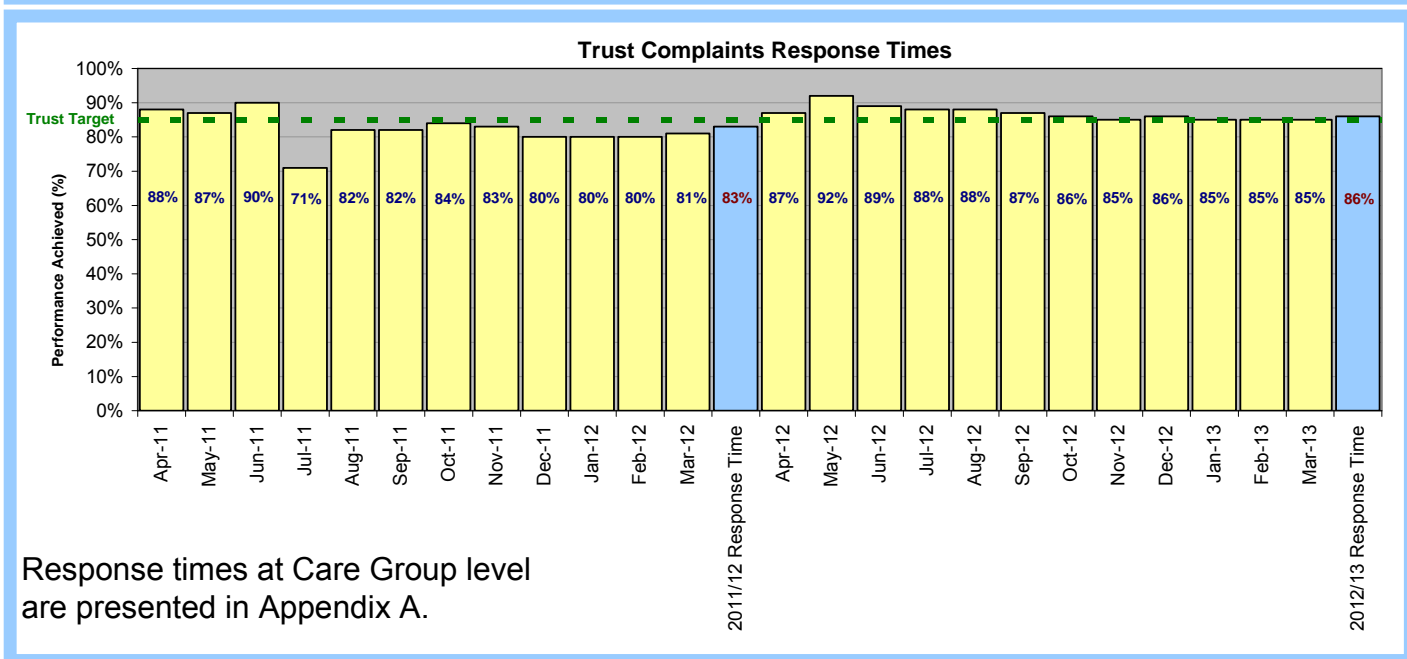
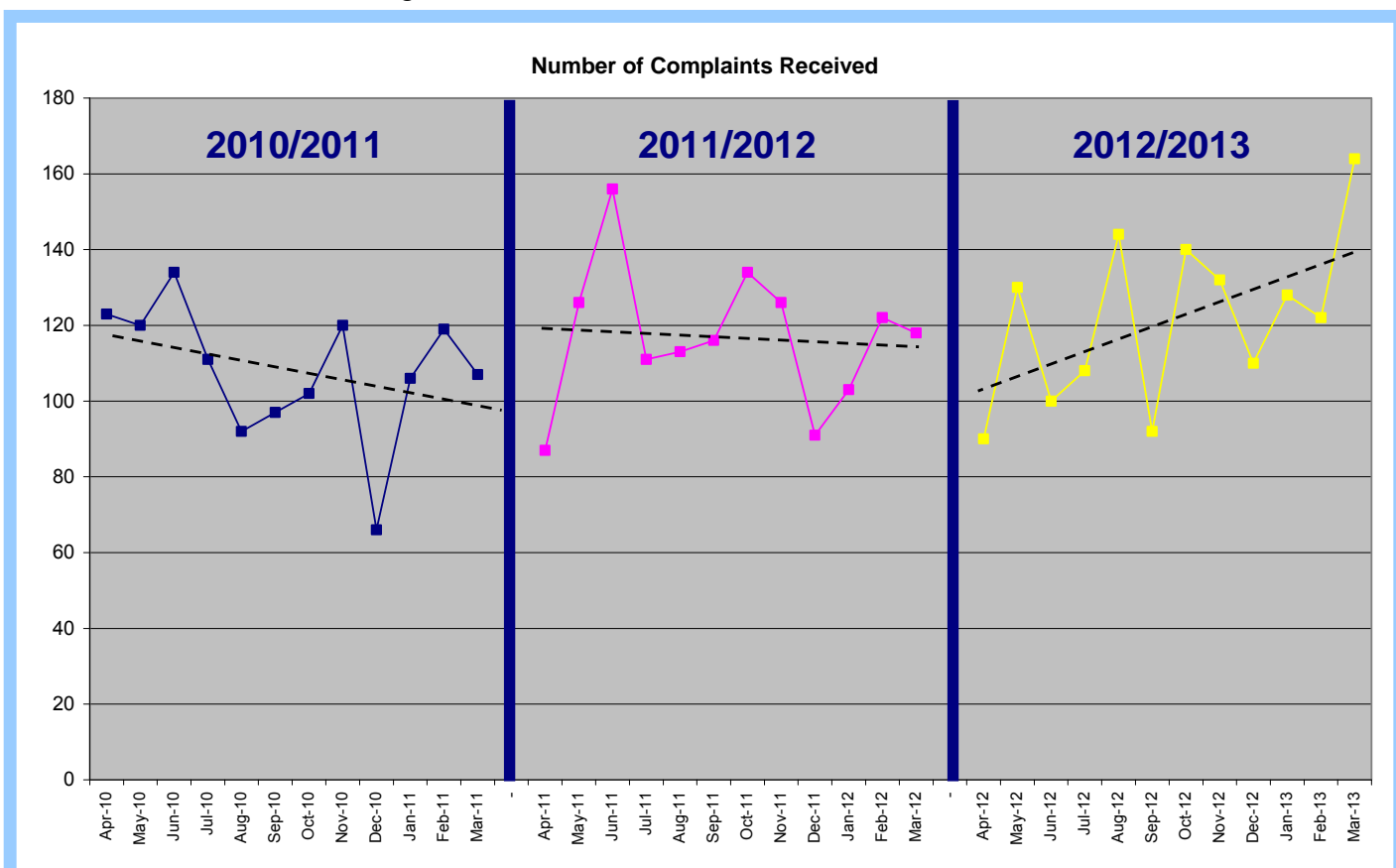
The Trust received 1444 complaints during 2012/13 which is an increase of (6.8 %) from the 1352 received in 2011/12. The increase has occurred primarily in the last 3 months of the year when the Trust has seen a noticeable increase in complaints about the Emergency Care and Surgical Services Directorates. This increase is likely to be a reflection of the 7% increase in activity over the year, but most notably in the winter months.

working days, and we exceeded our target of responding to 85% of cases within 25 working days in most specialties.

The Trust is looking at how further support can be provided on an ongoing basis to all Care Groups to ensure performance standards are consistently achieved.

Total complaints received over the past 3 years and the response times achieved in 2012/13 are shown in the charts below.

All new cases were acknowledged within 3



Response times at Care Group level are presented in Appendix A.

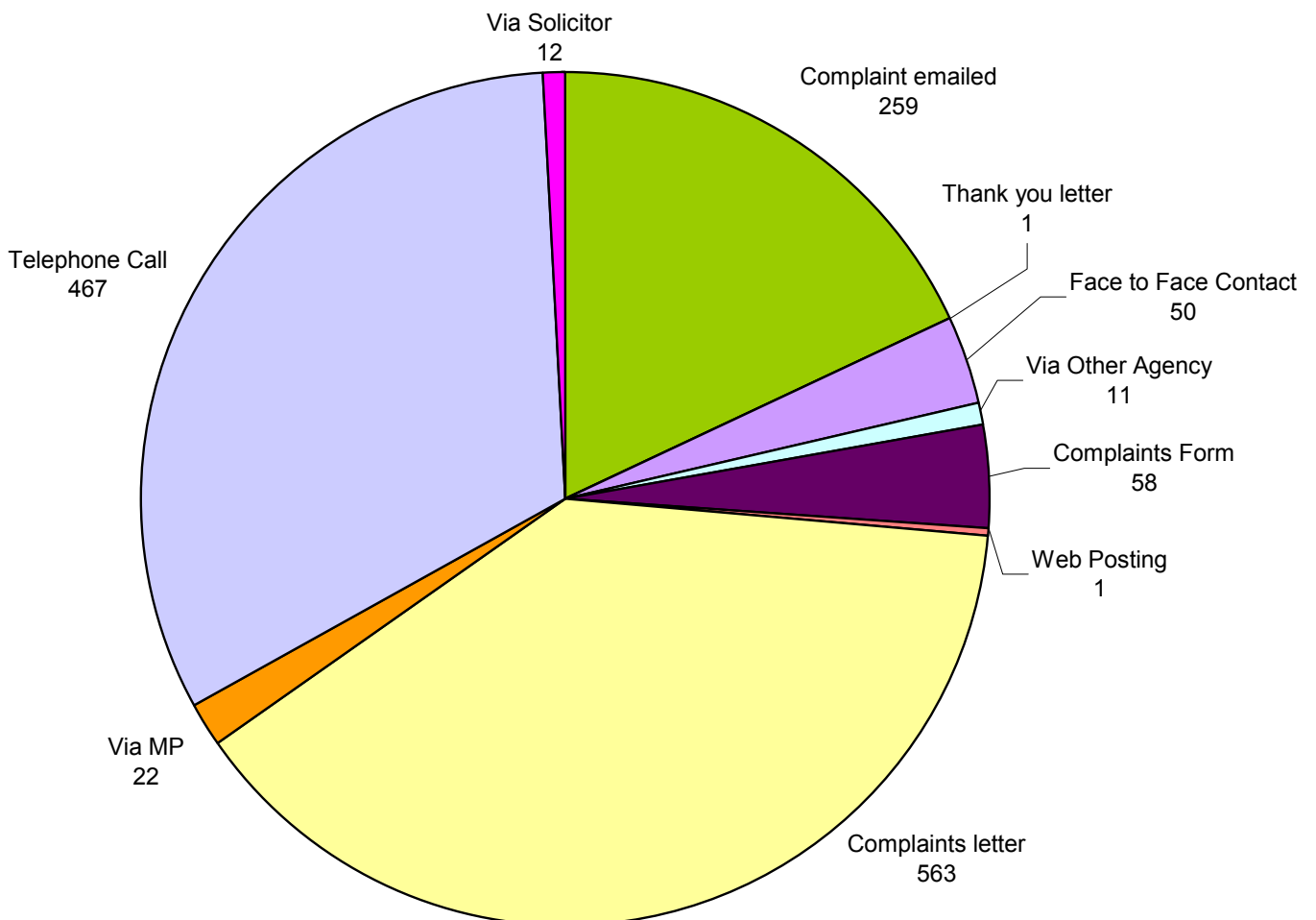
2.2 - Being customer focussed and offering choice

The Trust offers a range of options to people who want to make a complaint so they can choose the way that best suits them. Some people speak to the staff involved in their care or treatment, others choose to write to the Chief Executive or complete a complaint form, others prefer to contact our Patients Services Team either by telephone, email or in person at the Northern General Hospital (NGH) or Royal Hallamshire Hospital (RHH), and others leave comments on the hospital website.

Although letter is still the most popular method used to contact us, increasingly a greater proportion of complainants are opting to get in touch by telephone or e-mail.



Number of Complaints Received by Method



3. Delivering a high quality complaints handling service

Our staff work hard to provide a high quality service and a good experience to all patients at Sheffield Teaching Hospitals NHS Foundation Trust. However, we accept that on occasion, services might, for a variety of reasons, fall short of standards we would hope to deliver, or fail to meet the expectations of patients or their families. We encourage patients and their families to raise concerns with us so that they can be reviewed and, where necessary, improvements can be made. We would rather hear about what patients feel we are not getting right than not be aware of any concerns that people have.

We value complaints, offer an easily accessible complaints service and look to respond sensitively to and learn from each case that is presented to us.



3.1 - Providing assurance of high quality and safe care

The process of immediately reviewing all new complaints as they are received ensures the Trust can quickly identify and escalate any complaints which could indicate potentially serious issues that require more urgent investigation. Issues that would be escalated might include concerns about poor nursing or medical care or any suggestions that safe care was not delivered and could present a risk to other patients using that service. The risk assessment and escalation process gives us the assurance that failure to respond to complaints and react to poor quality care as has been reported in some hospitals in the past 12 months should not happen at Sheffield Teaching Hospitals NHS Foundation Trust.

The table below summarises the percentage breakdown of complaints received by risk grade for 2012/13, compared to previous years:

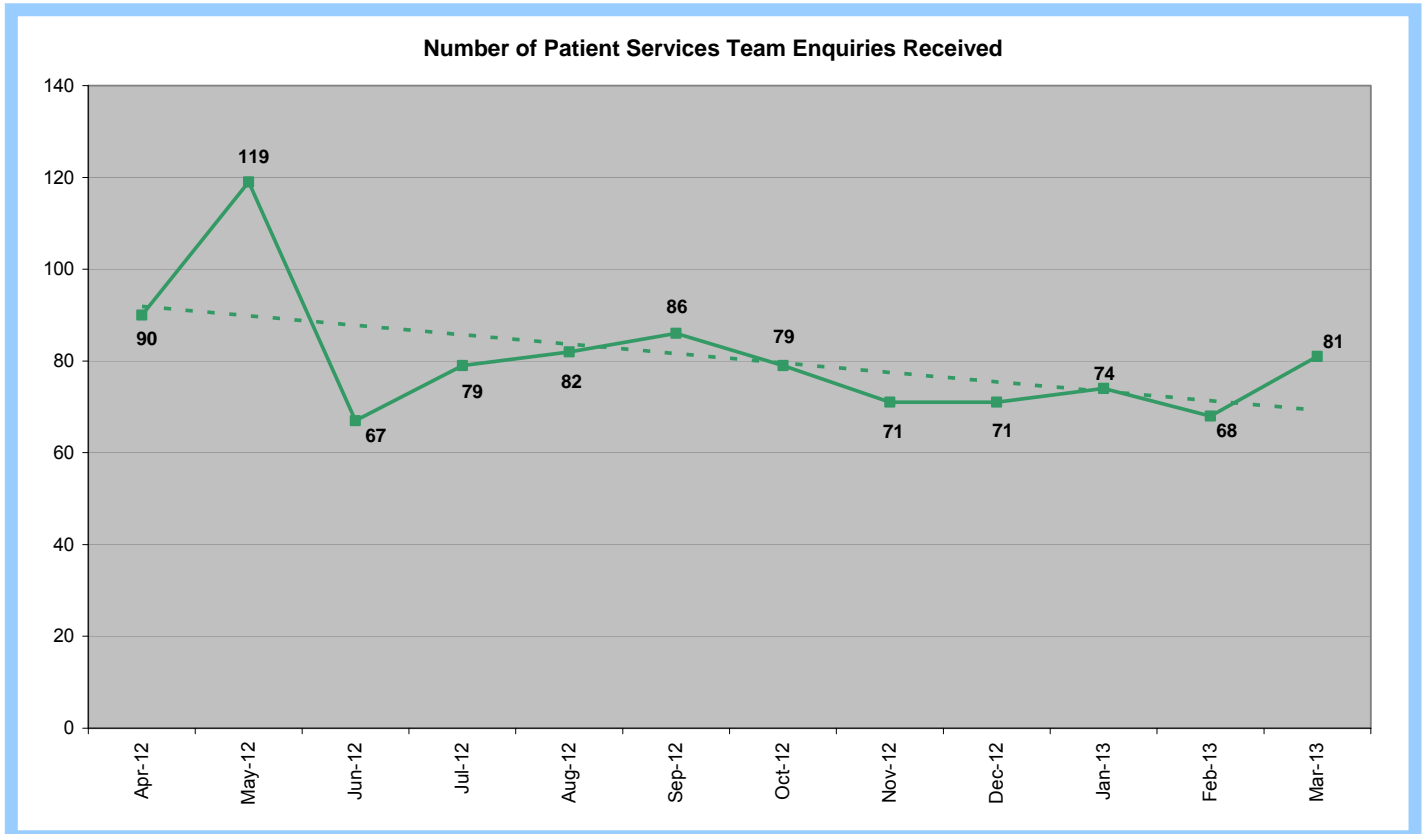
Complaints received by risk grading	Low Risk	Moderate Risk	High Risk
2010/11	23 %	71 %	6 %
2011/12	30%	64%	6%
2012/13	32%	65%	3%

In 2012/13, fewer new complaints were regarded as potentially serious or 'high risk' compared to previous years.

3.2 - Responding to minor concerns or enquiries

Queries or requests for information which do not require detailed investigation but which may require guidance, signposting or a quick response from the Trust have since January 2012 been categorised as 'Patient Services Team (PST) Enquiries'. These issues are recorded and dealt with on the spot or are passed to a member of

staff for a response or follow up as quickly as possible. If the matter is not resolved to the enquirer's satisfaction within 2 days then the enquiry is categorised as a complaint and the investigation and response is progressed accordingly.



Examples of the types of enquiries regularly dealt with by the PST

Enquiries that we regularly signpost to the most appropriate person to help include:

- Can we provide details of NHS Dentists?
- Where should patients go for specific appointments across the Trust?
- How do I rearrange my appointment?
- When will hospital transport pick me up?
- How should equipment such as crutches be returned to the Trust?

Relatives of inpatients who don't feel informed about a patients' condition sometimes contact the PST about their anxiety. We appreciate that having a relative in hospital can be worrying and these sorts of enquiries are passed onto the Sister or Matron. We ask clinical staff to have a conversation with the patient and relatives to provide the information or explanation that they need.

Concerns about changing or delayed appointment times or about when test results will be given are passed onto Service Managers so that any issues can be explained to the patient quickly and, if at all possible, problems can be solved.

Patients contact the PST about lost dentures, hearing aids or personal possessions. These are passed onto the Sister or Matron on the ward for direct help to find the items. Sometimes these are found or help is given to obtain replacements.

3.3 - Reviewing and improving the complaints process

Work on auditing both the quality of our complaints service against the standards we have set, and the experience of complainants has continued during the year. The audit has been supported by Trust Governors, Local Involvement Network (LINK) representatives, and a Deputy Nurse Director. We continue to use the findings of this audit work alongside national initiatives and recommendations following the Francis Inquiry in order to continually improve and develop our complaints service.

The experience of making a complaint has been further reviewed in 2012/13 through a survey of just under 10 % of all complainants. 139 questionnaires have been sent out to complainants asking them about how easy it was to make a complaint, how well they felt the Trust responded to their complaint, whether or not they felt the Trust's response was easy to understand and how satisfied they were with the overall process.

This year the survey programme was extended to include a review against the specific recommendations published by the Patients Association regarding complaints handling processes. The results of the survey will therefore provide a good indication of how well the STHFT complaints handling service performs against national best practice standards for complaint handling and the expectations of complainants.

We are still receiving responses to this years survey and look forward to reporting and acting on the results of the complaints survey programme in the coming months.

The patient feedback section of the Trust's website has been developed to make it easier for patients and families to make a complaint or 'tell us what they think' about any element of our services. Developments to the website include the introduction of a complaints form which can be completed online and a feedback form where comments can be fed back anonymously.



4. Monitoring, investigating and reporting of complaints

4.1 - Complaints Monitoring

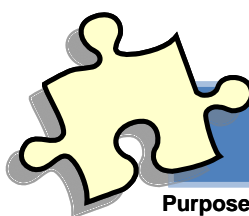
All complaints received by the Trust are closely monitored at senior levels to ensure:

- they are well managed and responded to as fully as possible
- any serious issues are escalated, investigated and acted upon appropriately
- trends or patterns in the complaints being received are identified and responded to rapidly

The Patient Experience Committee (PEC) is accountable to the Trust Healthcare Governance Committee (a sub committee of the Board of Directors). PEC receives a monthly monitoring report on complaints which details numbers of complaints received, confirms that the performance standards required of the complaints management system are being met and identifies by exception, any trends or issues of concern that require more in depth investigation or review.

All investigations about high risk concerns that have been concluded during the month and the outcomes of any cases reviewed by the Ombudsman are detailed in monthly reports. Actions taken as a result of any serious concerns or service failures are therefore given individual consideration by senior management forums across the Trust.

Quarterly Trust Wide Patient Experience Reports provide complaints performance information directly to the Trust Executive Group, the Board of Directors and the Governors Council.

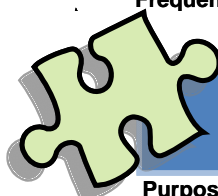


1. Trust Patient Experience Report

Purpose: to present a rounded picture of patient experience and information on all aspects of the experience, good and bad. Presents a wide range of information from different sources such as: National Surveys; Frequent Feedback; Website Feedback; Comments Cards, etc.

Target Audience: Trust Executive Group; Patient Experience Committee; Healthcare Governance Committee; Governors; Public; Board of Directors

Frequency: Quarterly

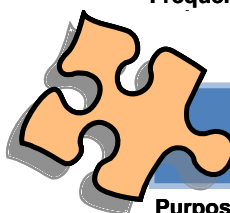


2. Complaints and Feedback Report

Purpose: to provide an overview of complaints and feedback activity on a monthly basis. To highlight peaks or trends relating to the numbers of complaints and themes that need further investigation.

Target Audience: Patient Experience Committee

Frequency: Monthly

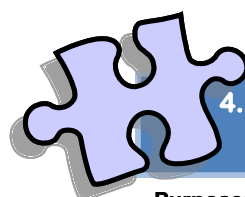


3. Group and Directorate Patient Experience Reports

Purpose: to present a summary of care group and directorate complaint activity and general feedback such as website and comment card feedback, and actions completed following complaints that were upheld, to highlight areas of improvement required and achieved.

Target Audience: Care Group and Directorate Management Teams; Central departments working on the improvement agenda (such as Service Improvement, Healthcare Governance, and Patient Partnership).

Frequency: Quarterly



4. Ward and Department Patient Experience Annual Summary

Purpose: to present a detailed picture of patient experience at department and ward level. Presents a wide range of information from different sources such as: Complaints, Compliments, Website Feedback, Comment Cards, Frequent Feedback, Clinical Assurance Toolkit, etc. To provide staff at department and ward level with the patient feedback information that is relevant to them to support local improvements to patient experience.

Target Audience: All members of multidisciplinary teams working in specific wards or departments; Patient Experience and Governance Leads for these areas; Senior staff with responsibility for these areas.

Frequency: Annually

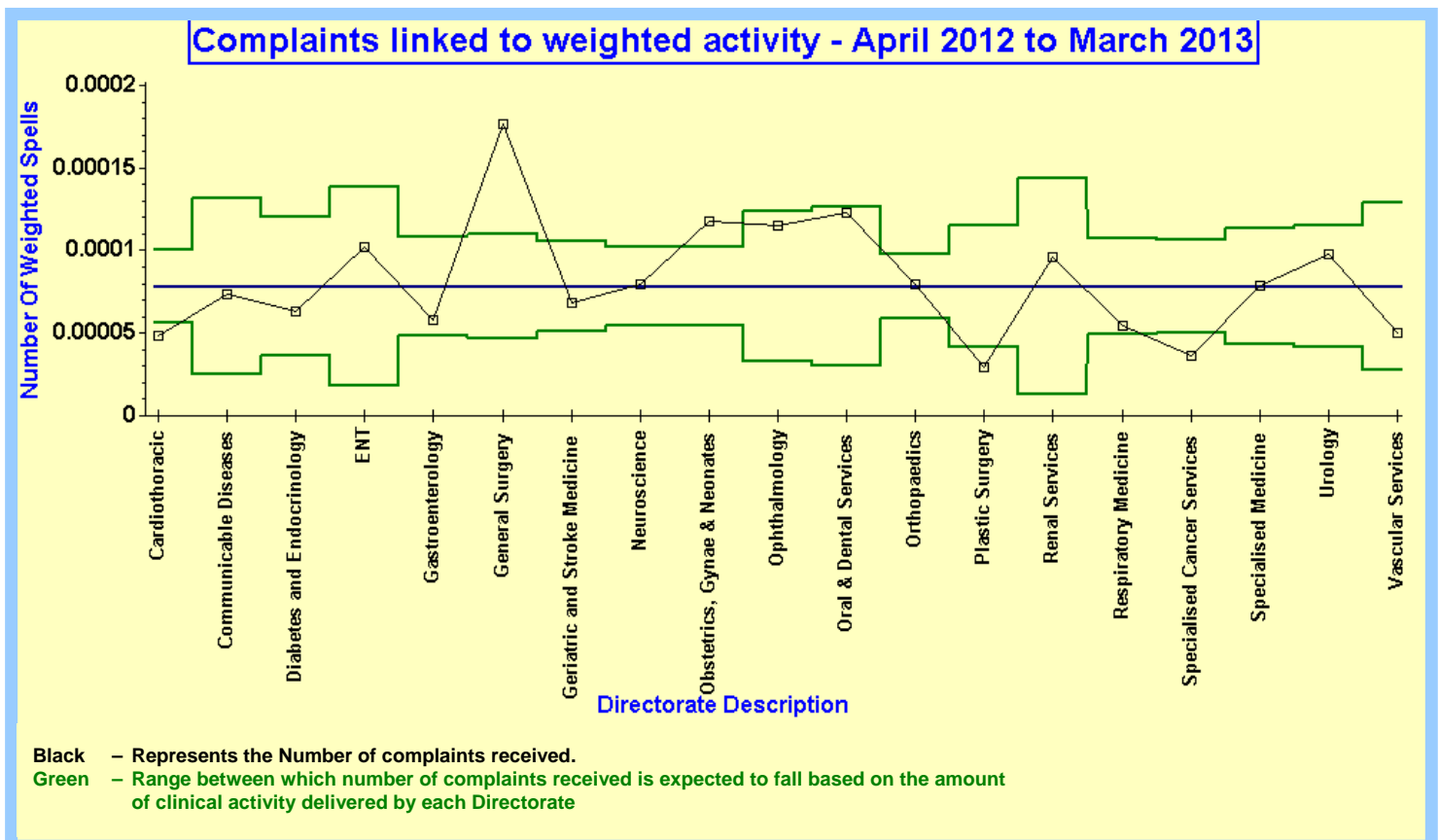
The image shows three overlapping screenshots of NHS reports. The top one is the 'Complaints and Feedback Report March 2013' with a table of contents. The middle one is the 'Head and Neck Group 2012/13 Patient Experience Data - Quarter 4' report. The bottom one is the 'PATIENT EXPERIENCE REPORT' for the period 1st October 2012 to 31st December 2012, featuring a rainbow graphic and the slogan 'proud to make a difference'.

4.2 - The link between the number of complaints and the clinical care provided

During 2012/13 monitoring has been linked directly to clinical activity because those Directorates treating more patients are likely to receive a larger proportion of complaints. The aim of the monitoring is to help identify the Clinical Directorates that received either more or fewer complaints than might be expected for the number of patients they are treating.

The chart below shows complaints received by directorates as a proportion of actual activity based on weighted spells. Weighted spells are a measure of the number of spells of clinical activity multiplied by the weighted value of each spell based on the income the spell generates. The reason we apply this measure is to enable us to consider all complaints received regarding outpatient, inpatient and other services together for comparison between different Clinical Directorates.

This method of presenting and analysing data is helpful in understanding the link between the amount of care delivered and the numbers of complaints received. It is worthwhile noting that the number of complaints received by the Trust in 2012/13 accounts for less than 0.1% of the total number of patient contacts which totalled over 1.3 million in 2012/13. Although the number of complaints received is very low in relation to the amount of clinical care provided, all complaints received are important and this monitoring information helps the Trust to spot any outlying directorates and target action appropriately to address any areas for improvement. There are further comments on the number of complaints received by Directorate on p13.



4.3 - Investigating trends and identifying issues

The increase in complaints received during 2012/13 compared to previous years has been seen across a number of Care Groups but most noticeably in Emergency Care, Specialised Cancer, Medicine and Rehabilitation and in Corporate Departments. This is illustrated in the chart on page 13.

As much of the increase has occurred in the last few months of the year, the number of complaints received by the Trust since December 2012 has been carefully reviewed.

Two factors are thought to have contributed to the increase. It was notable that some complaints made between January and March 2013 were about care that was provided to patients some time previously and therefore do not indicate any specific change relating to any particular point in time.

The Trust also saw a significant increase in the demand for inpatient care over the year but most notably over the winter months. This resulted in an overall increase of 7% in the level of care delivered. Increased demand has resulted in increased operational pressures for staff who have worked hard to ensure we deliver the clinical care required by patients.

The reasons behind any increases in complaints that are seen at directorate, ward or department level are also closely examined as they as they have occurred through the past year. The following examples illustrate some of the areas that have been individually investigated:

Ophthalmology Outpatients received 10 complaints of which 5 were regarding waiting times and postponements of operations or procedures. The department is very busy and are currently looking at the results of a call centre telephone systems pilot to see if this will help them to meet the needs of patients requiring information about appointments in this area. Of the remaining complaints, 2 were about a lack of medical care, 2 were about communication, and 1 was about consent.

Medical Admissions Units

Between December 2012 and February 2013 MAU 1 received 8 complaints of which 50% related to the quality of care provided by medical and nursing staff. During the same period MAU 2 received 7 complaints. The admissions and assessment units are at the front end of coping with the increase in the number of patients requiring urgent care and admission to hospital. Although there were no clear links between the specific issues raised about these areas by complainants, it is clear that the overall pressures that these services have been under has resulted in a higher level of complaints.

Ward Chesterman 3

Between December 2012 and February 2013, Chesterman 3 received 5 complaints, however, there were no new complaints received in February. It was concluded that there were no clear trends or themes identified and the increase identified had not continued.

Urology Outpatients received 9 complaints in a period of 3 months and 4 of these related to the administration of appointments and waiting times for follow up appointments. The department explained that they had a vacant consultant post which had impacted on the capacity that doctors in this service had to see patients requiring follow-up appointments. However, this vacancy has now been filled and the new consultant will take up post on 13 May 2013.

4.4 - Improving services as a result of complaints

The chart on page 11 linking the numbers of complaints received to weighted clinical activity indicates that the Directorates receiving the greatest proportion of complaints in relation to the numbers of patients being treated were General Surgery and Obstetrics and Gynaecology. A detailed review of the complaints received about these Directorates was carried out.

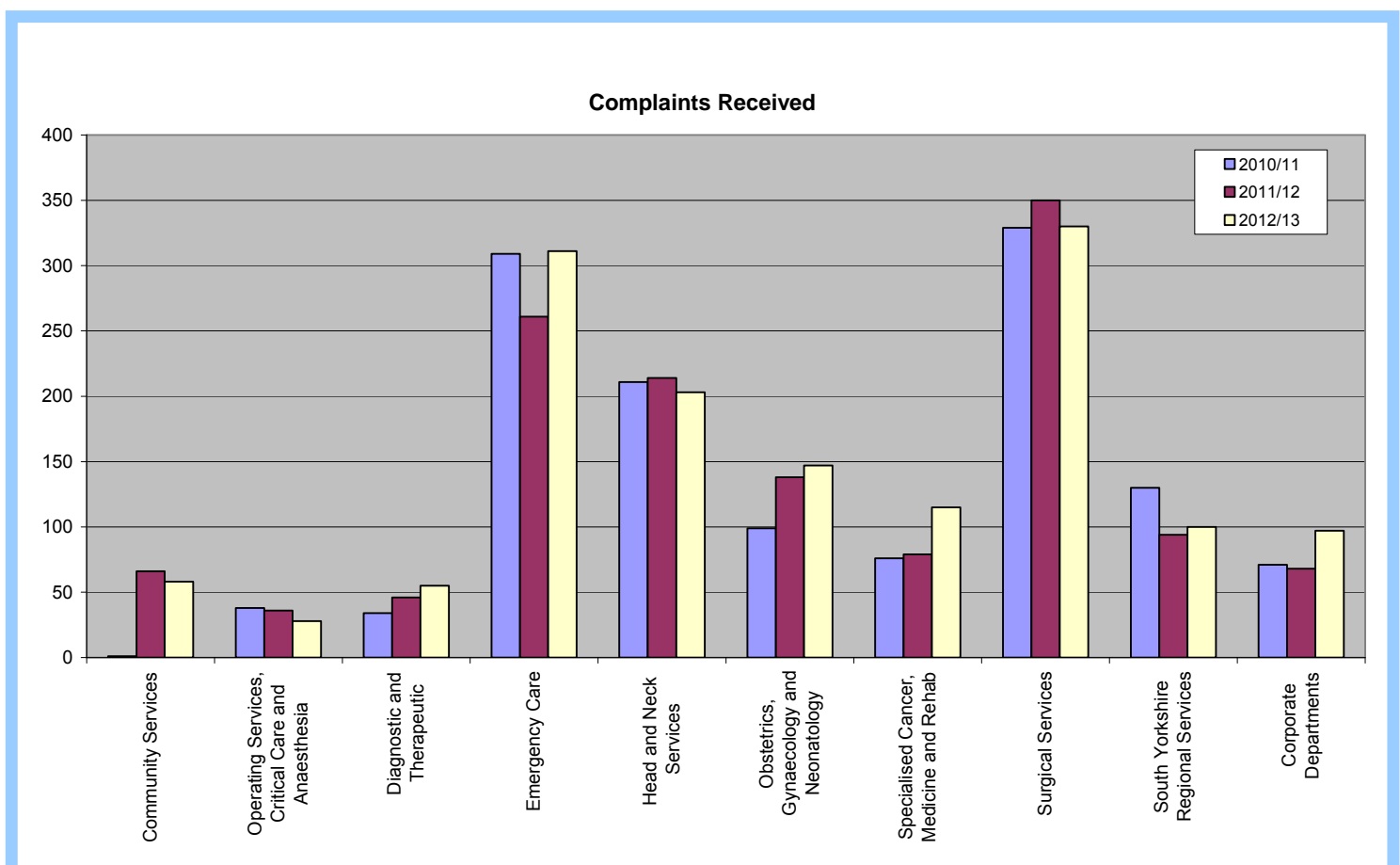
In **General Surgery**, it was found that the complaints received about cancellations, communication, and information were attributable in part to the impact of emergency pressures at STHFT particularly over the winter period. Although the level of complaints remain higher than we would hope, the number of complaints actually fell across all Surgical Specialties compared to the previous year. This reflects the efforts underway to improve services for patients by reorganising the way in which care is provided in some wards, providing customer care training for administrative staff and making every effort to deal with concerns as they arise.

The increase in the numbers of complaints being received by the **Obstetric, Gynaecology and Neonatology Care Group** was investigated and reported to the Patient Experience Committee in January 2012. The investigation found that more complaints about medical and midwifery care had been received by the Obstetric specialty than in the previous year. As a result of more detailed complaints analysis alongside audit work, the Directorate outlined the actions that were being taken to improve Obstetric care which included:

- improvements to the way in which women whose labour is induced are cared for
- the introduction of a rapid access assessment clinic
- establishing a baby discharge clinic to improve the process of paediatrician checks prior to discharge

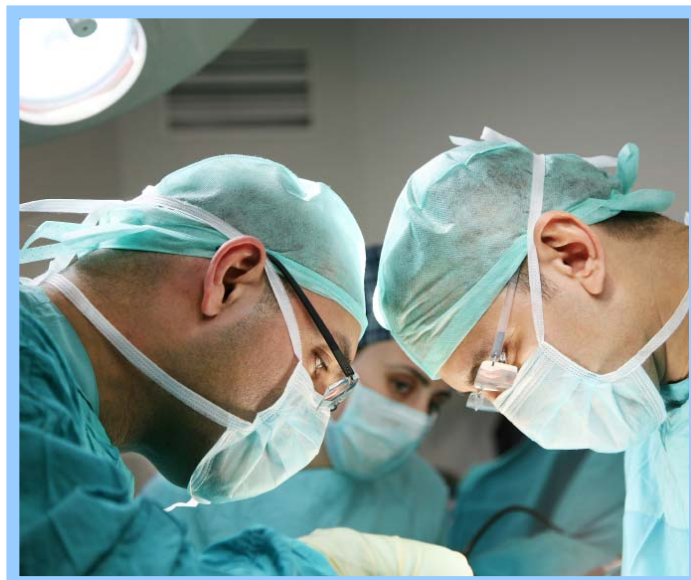
The impact of these changes on the number of complaints received will continue to be monitored.

The actual numbers of complaints received by Care Groups and Corporate Departments in 2012/13 is shown in the chart below. Corporate Departments includes Estates, Hotel Services, and other supporting functions:



4.5 - Reporting complaints information to the Department of Health

All of the complaints received by the Trust are included in the chart shown on page 4. Each year the Trust provides information to the Department of Health on the numbers of written complaints received and the issues raised by complainants. The national complaints monitoring information asks for details of written complaints. The number of written complaints received during 2012/13 and reported to the Department of Health was 926 of which 56% of cases were 'upheld' or 'partially upheld' following investigation.



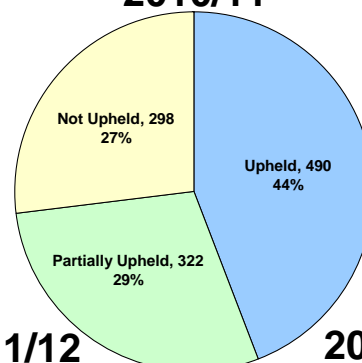
4.6 - Outcomes of complaint investigations undertaken in 2012/13

Since April 2010, on completion of the investigation of each complaint, a judgement has been made by the Trust as to whether or not the complaint has been upheld. As it is closed, each complaint is classified as 'upheld', 'partially upheld', or 'not upheld'. Definitions of the 3 classifications are outlined below:

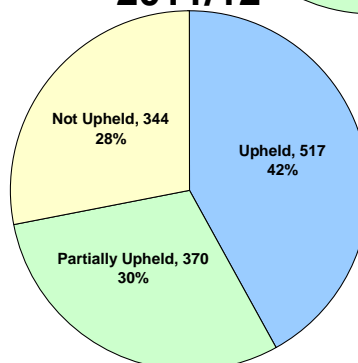
Upheld	Complaints in which the concerns were found to be correct on investigation.
Partially Upheld	Complaints in which, on investigation, the main concerns were not found to be correct, however some of the concerns or issues raised by the complainant were found to be correct.
Not Upheld	Complaints in which the concerns were not found to be correct on investigation.

The outcome judgements of complaints are routinely audited as part of the routine complaints audit to ensure we are taking a fair and consistent approach. During 2012/13, 1173 of the 1444 complaints received had been investigated and closed at the time of writing this report (20 April 2013). Of the complaints that were concluded, 42% had been fully upheld, 32% had been partially upheld and the remaining 26% were considered to be not upheld. The chart below shows that similar proportions of complaints have been 'upheld', 'partially upheld', and 'not upheld' throughout the past 3 years.

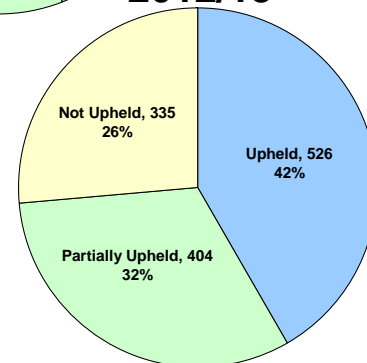
Outcomes of closed complaints 2010/11



2011/12



2012/13

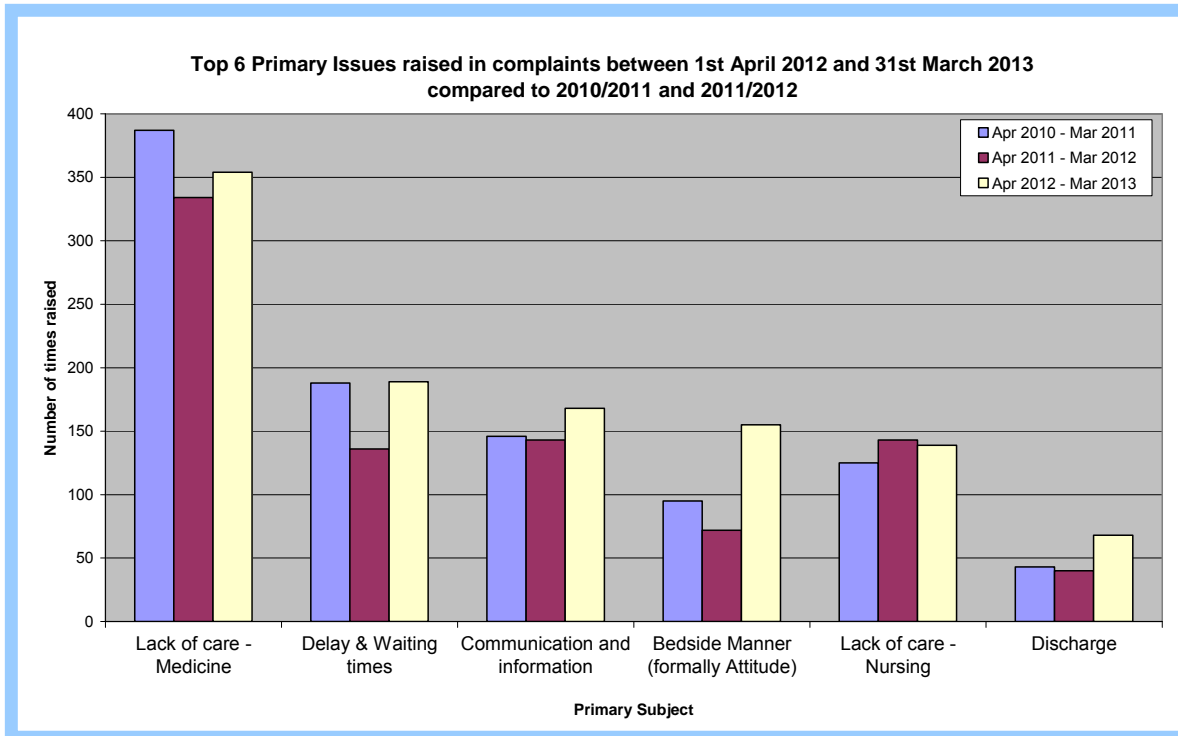


5. Learning from issues raised by complainants

5.1 - Understanding the issues that matter most to complainants

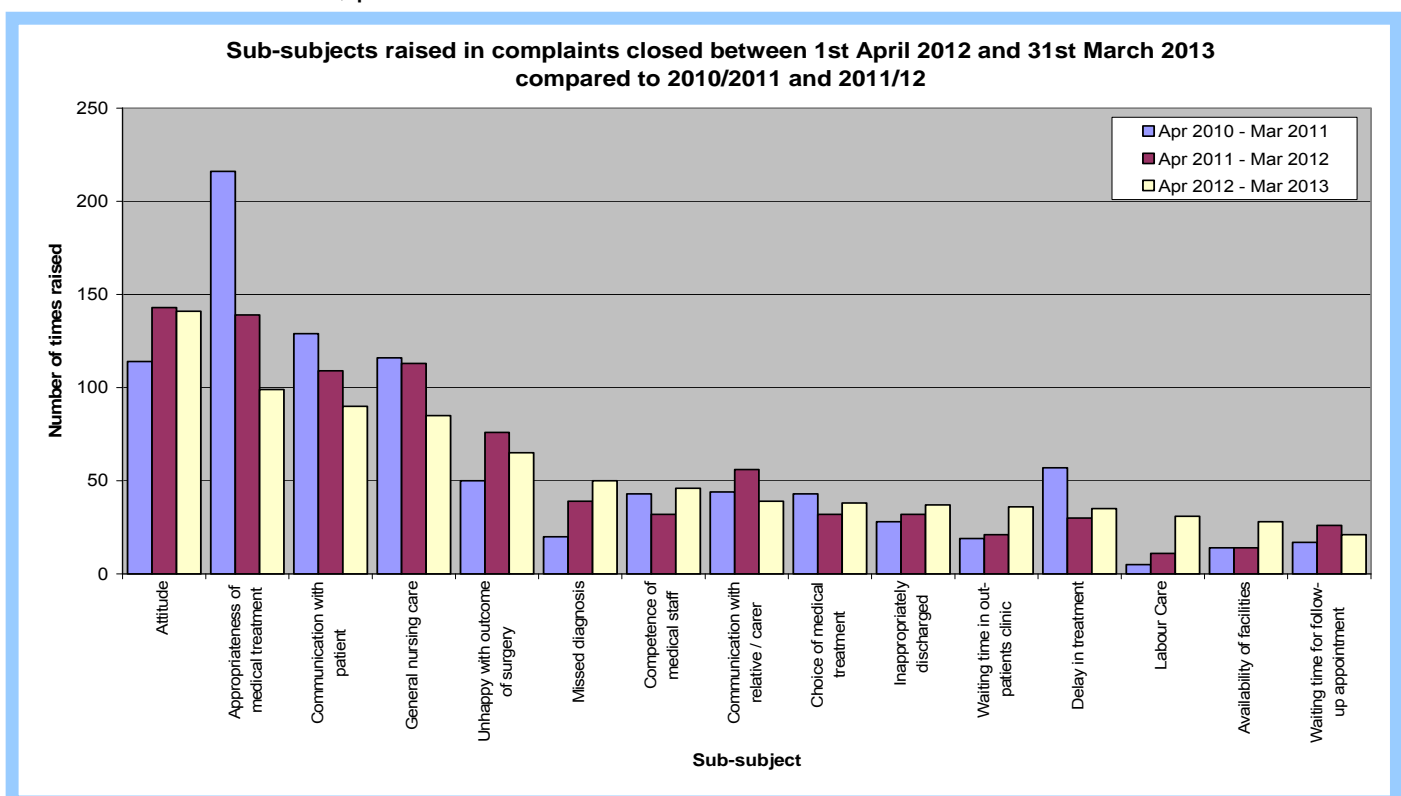
Between April 2012 and March 2013, the issues most frequently raised by complainants based on the Department of Health subject categories included complaints about medical or nursing care, communication and information, the attitude

of staff and delays or cancellations of inpatient and outpatient care. A comparison between primary issues raised in 2011 / 12 and the previous year is illustrated in the chart below:



The Patient Services Team routinely reviews and records all of the sub-subjects raised in complaints as investigations are closed using a list of 144 different categories ranging from patient transport booking arrangements to the specific reasons for cancellations, patient falls or noise

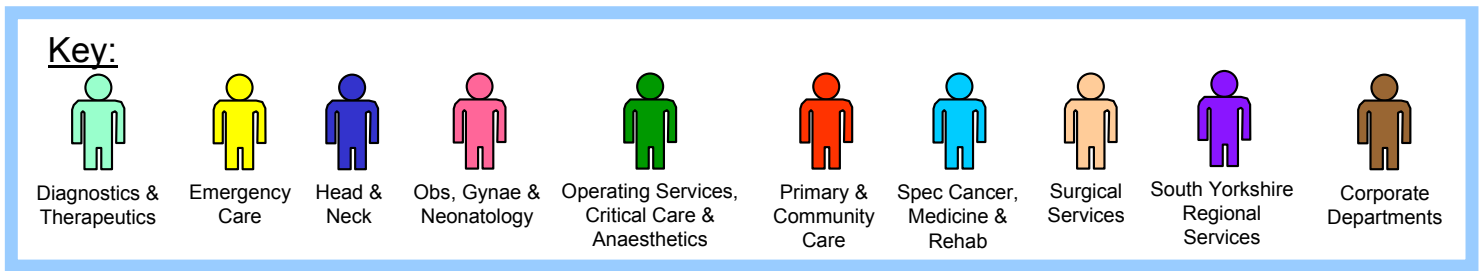
disturbance on wards. 1440 sub-subjects were recorded about the complaints closed during 2012/13. The chart below shows the most frequently occurring 15 sub-subjects recorded during 2012/13.



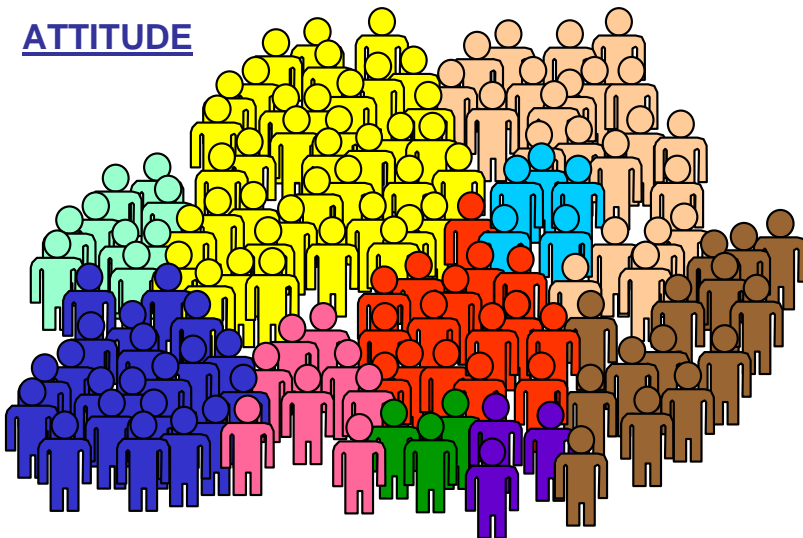
The most common sub-subjects or issues raised by complainants in 2012/13 related to staff attitude, the appropriateness of treatment and communication with patients. This confirms that, alongside the outcome of the care and treatment patients receive, the way patients feel they are treated by staff and how well we communicate with them are the things that matters most.

examined. The number of times concerns about appropriateness of medical treatment, attitude, and communication were recorded in complaints closed each month by Care Group is shown in the chart below.

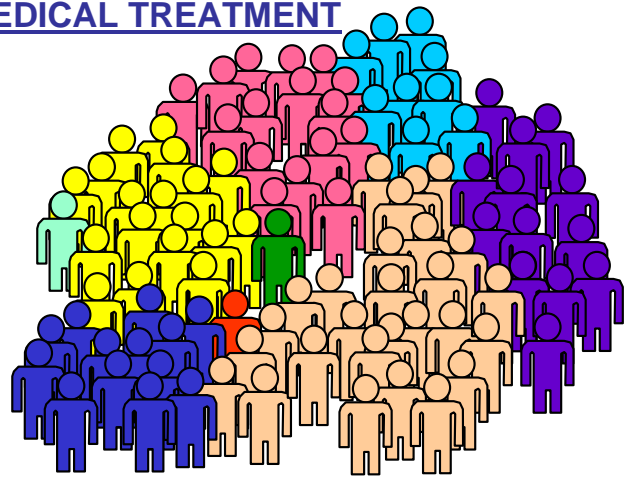
Complainants often cite staff attitude as a secondary issue or as part of a complaint about something else. These subjects have been further



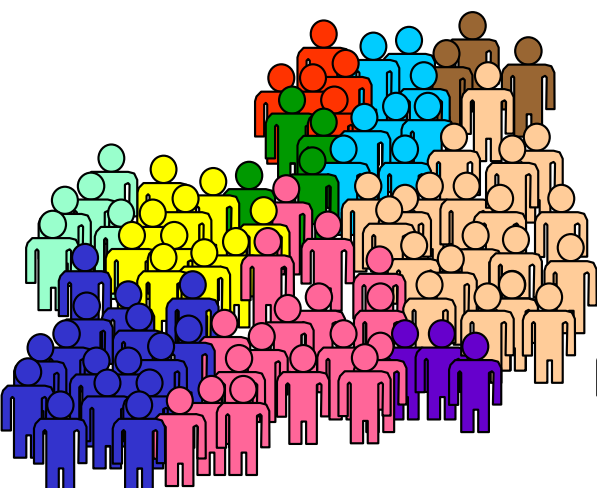
ATTITUDE



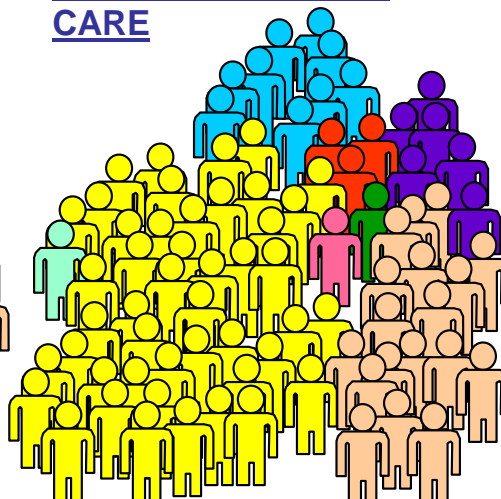
APPROPRIATENESS OF MEDICAL TREATMENT



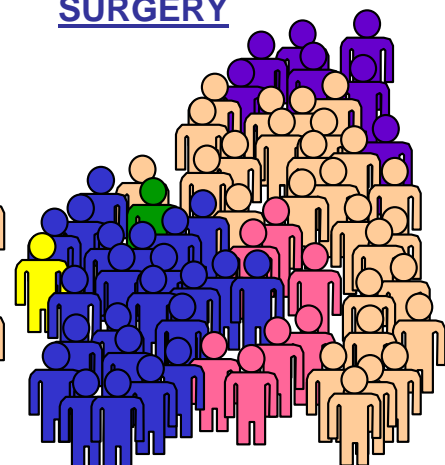
COMMUNICATION WITH PATIENT



GENERAL NURSING CARE



UNHAPPY WITH OUTCOME OF SURGERY



5.2 - Service improvements and key achievements

The Trust places a high value on complaints as a resource to support service improvement.

We recognise that people are motivated to make a complaint for different reasons but often because they want to ensure that things can be improved for other patients.

When we investigate a complaint, we always ensure that any improvements we feel we can take as a result of learning from the case are clearly explained to complainants, documented and followed up to ensure they are implemented as planned.

Agreeing and undertaking actions as a result of complaints investigations where mistakes have been made or services have not been delivered as we might have hoped, is the most important factor in ensuring that services improve as a result of learning from complaints. During 2012/13 the Patient Services Team has further improved its system for recording, reporting and following up every action that has been agreed as a result of complaint investigations.

A total of 134 specific actions have been formally agreed with complainants in 2012/13.

A new telephone system was introduced at the Charles Clifford Dental Hospital after complaints were received about the fact that patients were not able to speak to staff about appointments over the telephone as the telephone numbers were often engaged.

Following a complaint about a patient developing a pressure sore after admission as an emergency to an Orthopaedic ward, a protocol has been introduced to ensure that all new patients with hip fractures are cared for on a specialist air flow mattress from the time they are admitted until they have recovered sufficiently to be moved to a non-specialist mattress.

The Catering Department has developed a nut free menu as a result of a complaint about the availability of balanced healthy choices for nut allergy sufferers.

Information for patients undergoing radiotherapy treatment for cancer has been improved. Radiotherapy information booklets now contain contact details for the Clinical Specialist Radiographer and include advice on what to do once treatment has finished.

As a result of a complaint about inadequate provision of therapy for hospital continuing care patients in nursing homes, the frequency of Physiotherapy and Occupational therapy sessions for patients has been increased. Therapists are now providing coordinated cover to minimise delays and improve communication during staff absences.

6. Parliamentary Health Services Ombudsman (PHSO)

We aim to resolve all complaints to the complainant's satisfaction by conducting thorough investigations, providing comprehensive responses and explanations, and offering complainants the opportunity to discuss further queries or outstanding issues with us. However, in a small number of cases, we are not able to achieve a resolution locally.

Under the NHS complaints system, complainants dissatisfied with responses received from the Trust have the right to ask the Parliamentary and Health Service Ombudsman (PHSO) for an independent review of their case.

The right to go to the Ombudsman is explained to all complainants at STHFT both verbally and in writing. Where, at the end of a complaints investigation, the Trust feels that there is nothing further we can do locally to resolve a complaint to the complainant's satisfaction we encourage complainants to take their case to the Ombudsman.

Complainants who take their case directly to the Ombudsman before the Trust has had an opportunity to fully respond to the complaint are usually redirected back to us and we become involved in supporting them and answering their concerns as far as possible.

2011/12 Ombudsman Cases

In her Annual Report published in October 2012 the Ombudsman reported that 65 complaints had been raised with her about Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in 2011/12, coincidentally the same number as in the previous year. This equates to less than 5% of the total number of complaints received by STHFT.

Closure codes	Total
Discretionary	13
Accepted for investigation	2
Not properly made	23
Out of remit	1
Premature	24
Withdrawn	6
Grand Total	69

2012/13 Ombudsman Cases

The Ombudsman's office has not yet reported on complaints they have dealt with during 12/13 however the Trust keeps a record of the cases that we are aware of.

Of the 21 cases that the Sheffield Teaching Hospitals NHS Foundation Trust is aware have been presented to the Ombudsman's office during 2012/2013, 11 cases have been referred back to the Trust for local resolution, 5 cases were rejected by the Ombudsman and decisions are awaited on the remaining 5.

One complaint was considered by the Ombudsman in January 2012 and formally investigated and subsequently upheld by the Ombudsman.

A complaint was made to the Trust that a doctor had carried out an examination under anaesthetic when the patient had specifically said he did not want that particular member of staff further involved in his care. The complainant also felt that the Trust did not take his complaint seriously in the way his complaint was investigated.

This complaint was upheld by the Ombudsman who found:

1. Service failings in the fact that members of staff failed to inform a clinician that the patient was unhappy with his care and did not wish to receive further care from him.
2. Maladministration due to delays which occurred during the complaints process.

At the request of the Ombudsman, the Trust has issued a further unequivocal apology to the complainant for the service failings and maladministration. The Trust accepted that mistakes had been made in that staff had not dealt with the patient sensitively or sufficiently taken account of and shared information about his individual needs. Although this complaint was taken extremely seriously, the Trust accepted that the time taken to provide the complainant with a response to their concerns and the failure to keep the complainant updated fell below the standard we aim to achieve.

As a result of this complaint, an action plan has been agreed that will ensure staff are better prepared to respond in the event that another patient requests not to be treated by a particular member of staff, and also that the Trust has improved capacity to support and provide training for staff involved in complaints handling.

7. 2013/14 Service Priorities

Priorities for the complaints handling service in 2012/13 will involve:

- Maintaining and where possible, improving the support available to people who wish to raise concerns.
- Improving the response times achieved so that all Directorates consistently achieve the target response times.
- Reviewing the Trust's complaints policy in light of the recommendations of the Francis Enquiry and the current review of NHS Complaints Handling that is being led by Ann Clwyd, MP and Professor Tricia Hart, Chief Executive of South Tees Hospital NHS Foundation Trust. The review, which is expected to report to the Secretary of State for Health in the summer, forms part of the response to the Francis Report.
- Responding to any change in the role of the PHSO in relation to the way in which complaints that are not addressed locally are handled.
- Increasing the proportion of upheld complaints that are followed up with an action plan.
- Further strengthening our service by providing training for staff who are directly involved in complaints handling.

8. Conclusion

We remain committed to thoroughly investigating, learning from, and taking action as a result of individual complaints where it is found that mistakes have been made or where services could be improved.

The Trust undertakes detailed and extensive monitoring of all complaints. This ensures that where questions are raised about the quality of care that we deliver, they can be quickly investigated and responded to.

During the past year we have:

- Further improved our process for monitoring and following up actions agreed to ensure any changes have been made and implemented as planned.
- Sought to improve the issues often raised by complainants about staff attitude and communication by delivering customer care training workshops to different groups of staff across the Trust.
- Enabled clinical teams to see where they can make further specific improvements to their services.
- This performance report indicates that we have been successful in delivering a high quality complaints handling service in the past year.
- A further report will be produced in the coming months benchmarking our complaints service with that of other similar trusts, this data is not available at the time of writing this report.

Appendix A – Response Times

The following table provides information on how individual Care Groups have performed in terms of meeting the target of responding to 85% of concerns within 25 working days.

Care Group	Performance Achieved (%)	Number on time or with agreed extensions	Number Late
Trust Overall	86%	1164	188
Diagnostics and Therapeutics	94%	43	3
Emergency Care	82%	239	22
Head and Neck	98%	209	5
Obstetrics, Gynaecology and Neonatology	94%	129	9
Operating Services, Critical Care and Anaesthetics	83%	30	6
South Yorkshire Regional Services	100%	94	0
Specialised Cancer, Medicine and Rehabilitation	94%	74	5
Surgical Services	61%	214	136
Community Services	100%	66	0