

**EXECUTIVE SUMMARY**  
**REPORT TO THE TRUST HEALTHCARE GOVERNANCE COMMITTEE**

**HELD ON 23 JULY 2012**

<b>Subject:</b>	Complaints Annual Report
<b>Supporting Director:</b>	Professor H Chapman, Chief Nurse/Chief Operating Officer
<b>Author:</b>	Patient Partnership Department
<b>Status<sup>1</sup></b>	N

**PURPOSE OF THE REPORT:**

To present information on complaints received about Sheffield Teaching Hospitals NHS Foundation Trust during 2011/12.

**KEY POINTS:**

- This report summarises complaints activity and performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for the year 2011/12 and highlights improvements to services that have been implemented as a direct result of complaints.
- The Trust received 1352 complaints during 2011/12 which is an increase of 55 from the 1297 received in 2010/11. However, the figure for 2011/12 includes 66 Complaints not previously recorded by STHFT that were received about Primary and Community Services which transferred to the Trust in April 2011.
- One complaint was formally investigated by the Ombudsman and it was found that; 'following rare complications during surgery, the surgical care provided to the complainant fell below applicable standards which the Ombudsman therefore found constituted service failure.' The Ombudsman could not however recommend any action that the Trust could take to prevent a reoccurrence of this as it was such an infrequent event.
- Directorates receiving higher numbers of complaints than might be expected during 2011/12 included; General Surgery, Ophthalmology, ENT and Obstetrics, Gynaecology and Neonatology. The reasons for this were investigated to ensure appropriate actions have been taken as a result.
- The Trust responded to 86% of all complaints received within 25 working days during 2011/12.
- The main or primary issue most commonly complained about related to 'lack of medical care' although the number of complaints about medical care had reduced from the previous year whereas the number of complaints about nursing care and waiting times increased.
- Complaints are often related to a number of different issues or concerns. The issue or sub-subject most frequently raised by complainants in 2011/12 related to staff attitude. This suggests that complainants often cite staff attitude as a further concern or as part of a complaint about something else.

**IMPLICATIONS**

	<b>Aim of the STHFT Corporate Strategy 2012-2017</b>	<b>Tick as Appropriate</b>
1	Deliver the best clinical outcomes	
2	Provide Patient Centred Care	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
	CQC Outcome	

**RECOMMENDATION(S):**

The Committee is asked to note the information in this Annual Report.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented by</b>	<b>Approved</b>	<b>Date</b>
TEG			11 July 2012
HCGC			23 July 2012

<sup>1</sup>Status: A = Approval

A\* = Approval & Requiring Board Approval

D = Debate

N = Note

## Annual Complaints Report 2011-12

### 1. Introduction

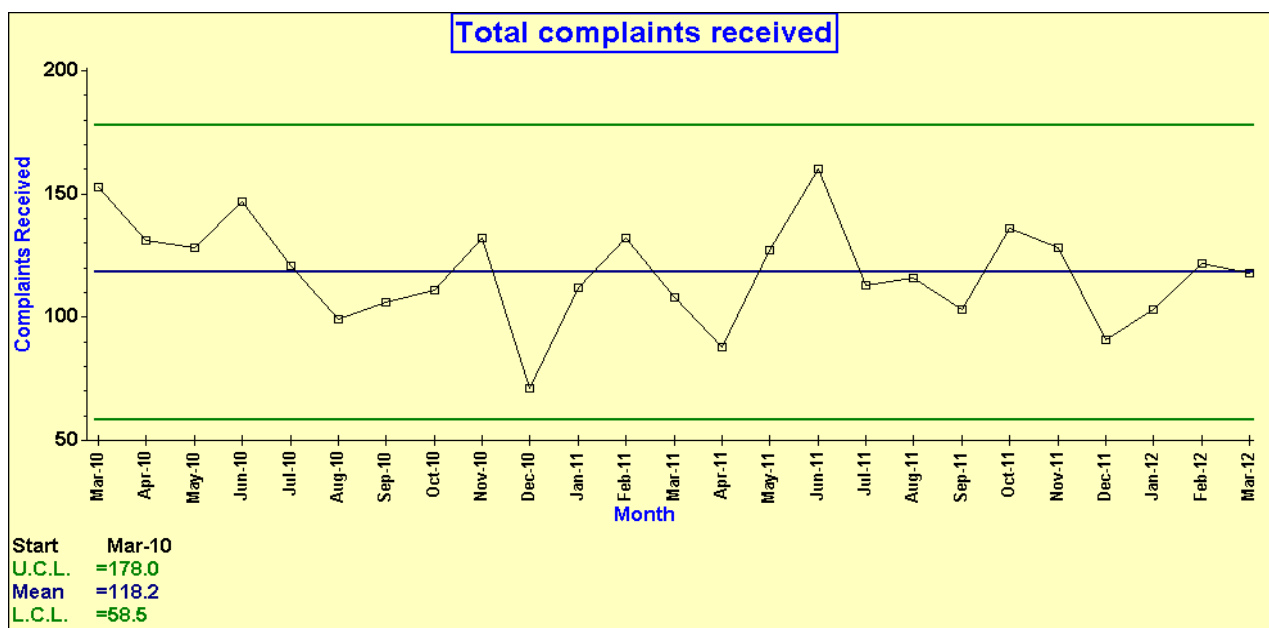
During 2011/12 the Patient Partnership Department has continued as part of its programme of work leading on ensuring a sensitive and person centred approach for all complainants and ensuring an effective and high quality system of complaints management. Priorities for 2011/2012 were based on maintaining quality and performance standards in all aspects of complaints handling and further developing a systematic approach to improving patient experience through learning from complaints.

This report summarises complaints activity and performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for the year 2011/12 and highlights improvements to services that have been implemented as a direct result of complaints.

Throughout the report the term 'complaints' covers all levels of issues raised centrally through the Patient Services Team in all formats, from more serious issues to lower level concerns. The process of risk assessing issues on receipt ensures that each complaint is graded (extreme, high, moderate or low risk) and is managed in accordance with its risk rating. Queries or requests for information which do not require investigation but which may require a quick response from the Trust are categorised as 'Patient Services Team (PST) Enquiries', and are dealt with within two days and are not recorded as 'complaints'.

### 2. Numbers of Complaints Received.

2.1 The Trust received 1352 complaints during 2011/12 which is an increase of 55 from the 1297 received in 2010/11. However, the figure for 2011-12 includes 66 Complaints that were received about Primary and Community Services which transferred to the Trust in April 2011. Previously these complaints were monitored by the Primary Care Trust and were not therefore included as STHFT's complaints. Taking this into account to draw a like for like comparison, the number of complaints received regarding the hospital services provided by STH fell slightly by 11 cases from 1297 in 2010/11 to 1286 in 2011/12. The numbers of complaints received by the Trust by month over the past two years are shown in the chart below.



## 2.2 Complaints received in writing.

The Trust offers a range of options to people who want to make a complaint. 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, some people 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. All complaints are recorded on our complaints database, risk graded and allocated to an appropriate member of staff to investigate and respond. All complaints received by STH are included in the activity reported above. Each year the Trust provides information to the Department of Health on the numbers of 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 2011/12 and reported to the Department of Health was 986 of which 592 (60%) were upheld following investigation.

## 2.3 Outcomes of complaints received.

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 'well founded', 'partially founded', or 'unfounded' The definitions of the 3 classifications is outlined in the table on page 3 . The outcome judgements of complaints are routinely audited to ensure we are taking a fair and consistent approach. During 2011/12, 1197 of the 1352 complaints received had been investigated and closed at the time of writing this report (24 May 2012). Of the complaints that were concluded, 29% had been fully upheld or well founded, 41% had been partially upheld and the remaining 31% were considered to be unfounded.

Whilst most complaints (70% in 2011/12) are either well founded or partially founded, the Trust has found it important to reflect on the fact that complaints deemed to be unfounded may still be based on misunderstanding or misinformation due to poor communications with the patient or their family. In these cases, and where appropriate, actions are taken by the Trust to understand where communications can be improved. Complaints that are not upheld are valid in that they give us an insight into patients' perception of their experience and do sometimes support the Trust further in learning about how services can be improved.

<b>Key complaints performance and activity information</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
Number of complaints received*	1495	1340	1297	1352
Number of complaints received in writing**	---	---	---	986
% complaints that were well founded***	---	---	26 %	29%
% complaints that were partially founded***	---	---	44 %	41%
% complaints that were unfounded***	---	---	30 %	31%
Complaints received by the Parliamentary Health Services Ombudsman (PHSO) about STH.			65	65
Complaints about STH reviewed by the PHSO	NA	0	16	19
Complaints upheld about STH by the PHSO	NA	2	0	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 national 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 well founded. We use the following definitions at STHFT to support this;

Well Founded	Complaints in which the concerns were found to be correct on investigation.
Partially Founded	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.
Unfounded	Complaints in which the concerns were not found to be correct on investigation.

## 2.4 Complaints referred to the Parliamentary Health Services Ombudsman (PHSO)

Under the NHS complaints system, complainants dissatisfied with responses received at a local level can take their complaint to the Parliamentary and Health Service Ombudsman (PHSO). This is explained to all complainants at STHFT both verbally and in writing and where the Trust feels that there is nothing further we can do to resolve a complaint but the complainant remains unhappy and is seeking further response, they are encouraged to take their case to the Ombudsman.

Some complainants take their case directly to the Ombudsman and the Trust is then subsequently involved in supporting them and answering their concerns as far as possible.

During 2011/12 the Ombudsman reported that 65 complaints were raised about Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) coincidentally the same number as in the previous year which equates to just under 5% of the total number of complaints received by STHFT. Almost a third of the complaints brought to the PHSO were referred back to the Trust for local resolution.

During 2011/12 one complaint was formally investigated by the Ombudsman and it was found that; 'following rare complications during cataract surgery, the surgical care provided to the complainant fell below applicable standards which the Ombudsman therefore found constituted service failure.' The Ombudsman concluded that although this did not cause the patients loss of sight in that eye, the patient did suffer distress as a result of the service failure and therefore upheld the complaint. The Ombudsman asked the Trust to formally apologise to the complainant for this. The Ombudsman also found this to be a rare case and could not recommend any action that the Trust could take to prevent a reoccurrence as it was recognised that in view of the infrequency of such complications, each case should be managed individually.

## 3. Sheffield Teaching Hospitals NHS Foundation Trust Complaints Monitoring Processes.

All complaints received by the Trust are closely monitored to ensure they are managed well, that any serious issues are escalated, investigated and acted upon appropriately and that any trends or patterns in the complaints being received are identified and responded to rapidly.

The Patient Experience Committee (PEC) is accountable to the Healthcare Governance Committee and receives a monthly monitoring report on complaints which details numbers of complaints received and closed, 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 high risk concerns that have been closed during the month and the outcome of any cases reviewed by the Ombudsman are detailed in the monthly reports so that the actions taken as a result of any serious concerns or service failures are considered by PEC and other key forums across the Trust. From May 2012, the Trust Healthcare Governance Committee, a sub committee of the Board of Directors will also receive this report.

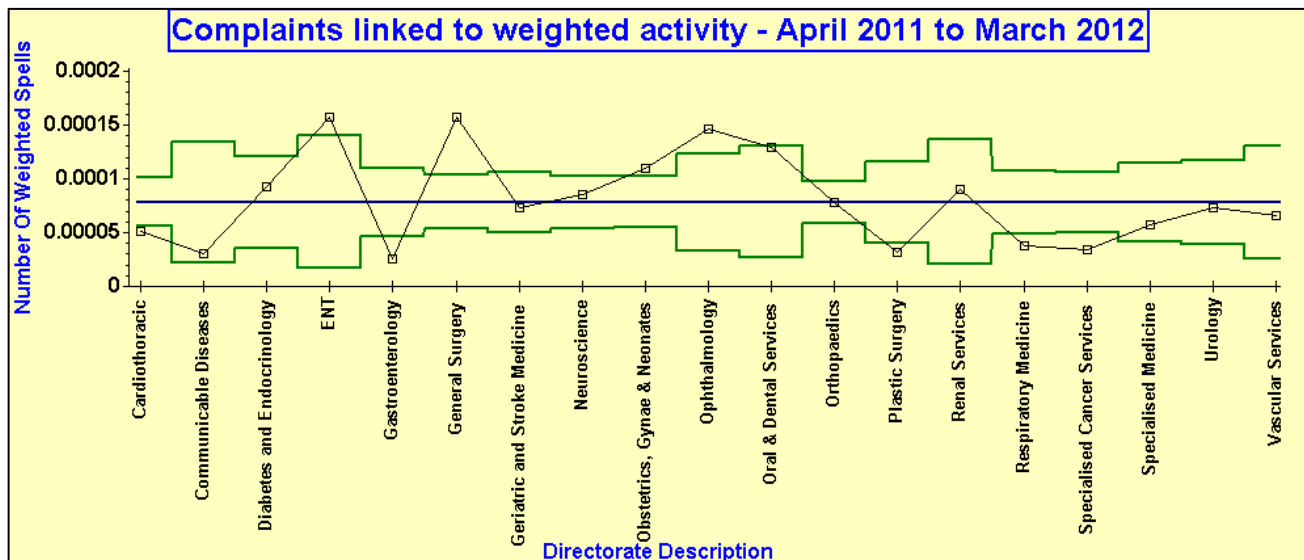
A quarterly Patient Experience Report provides complaints performance information directly to the Trust Executive Group, the Board of Directors and the Governors Council.

#### 4. Complaints Received about Clinical Services.

The Trust closely monitors which wards or departments are receiving complaints on an ongoing basis. During 2011/12 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 was to enable managers to 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 to note that the number of complaints received by the Trust in 2011/12 accounts for less than 0.1 % of the total number of patient contacts which totalled over 1.2 million in 2011/12. 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.



The **black** line indicates the actual number of complaints received by each individual department divided by weighted clinical activity.

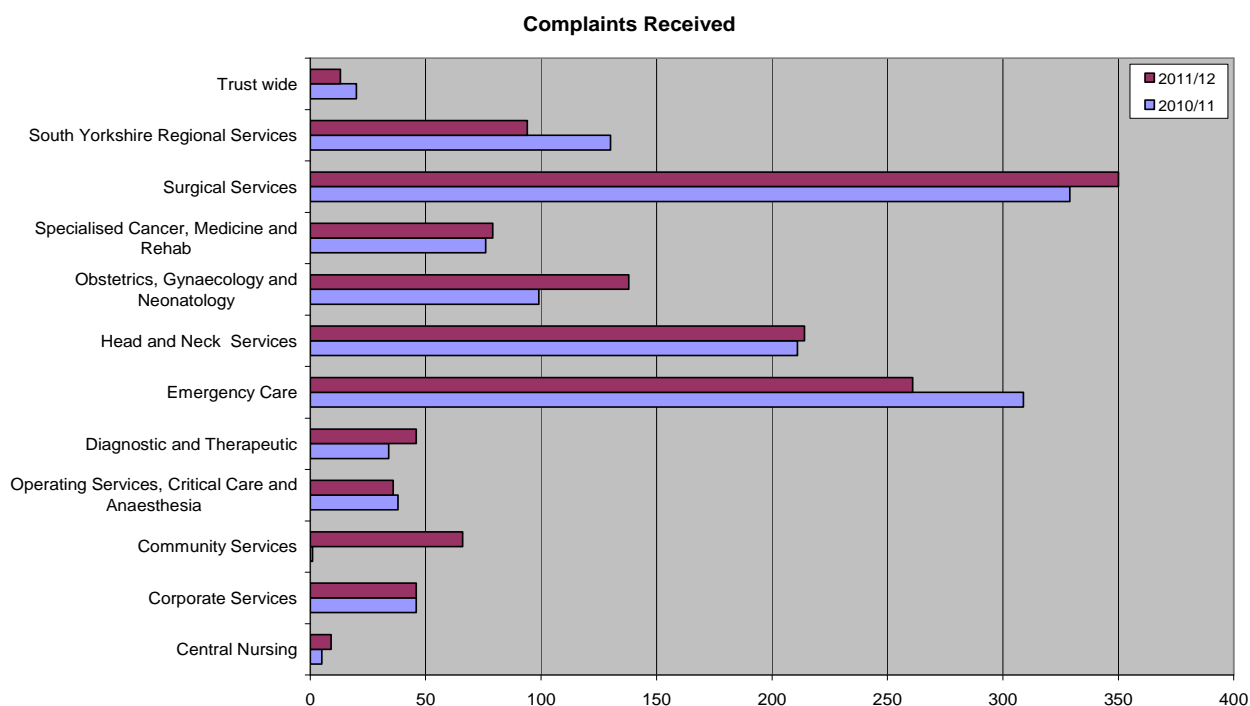
The area between the two **green** lines show the range we would 'expect' the number of complaints received to fall into based on the level of clinical care delivered by each individual department.

The chart linking the numbers of complaints received to weighted clinical activity indicates that directorates receiving higher numbers of complaints than might be expected over the past 12 months included; General Surgery, Ophthalmology, ENT and Obstetrics, Gynaecology and Neonatology.

Action was taken in the ENT and Ophthalmology Directorates to address some of the issues that were being raised by complainants which included; difficulties in contacting the departments by telephone and concerns about delays and cancellations. Complaints performance data for the final quarter of 2011/2012 indicated that the number of complaints have dropped to within the expected range for both Ophthalmology and ENT. This suggests that problems in these Directorates have been addressed effectively through their action plans.

The Directorate receiving the greatest proportion of complaints in relation to the numbers of patients being treated was General Surgery. A detailed review of the complaints received about this Directorate was carried out and it was found that the number of complaints received relating to Cancellation of Operations had risen from 5 during the previous year to 16, an increase of 11. The number of complaints received relating to Communication and Information has also increased, from 11 during the previous year to 18, an increase of 7. This accounts for the overall increase in the number of complaints received by this Directorate however it was noted that the number of complaints received regarding medical care in General Surgery had fallen by from 69 complaints during 2010/11 to 60 complaints during 2011/12. The increase in complaints as a result of cancellations, communication and information was caused in part by the impact of emergency pressures at STHFT particularly over the winter period. Treating extra emergency patients reduced the capacity available to treat non urgent elective patients waiting for a planned admission to hospital and resulted in more patients being cancelled than we would have hoped. The Trust will aim to reduce the number of operations that are cancelled during 2012/13 by ensuring that the impact on planned operations of the demand for emergency care is minimised as far as possible. Initiatives to support this include alternatives to admission for appropriate patients who can be cared for with additional support in the community rather than being admitted to hospital and by ensuring that patients who are well enough to go home can do so as quickly as possible.

The actual numbers of complaints received by is shown in the chart below;



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 and 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 throughout 2012/13.

## 5. Providing a timely response to Complaints.

Although there are no longer any national standards relating to timescales for responding to complaints, STHFT is committed to dealing with and responding to complaints as quickly as possible.

We aim to respond to complaints requiring investigation and more in depth response within 25 working days of receipt and we monitor the performance of all directorates and departments against this. Overall the Trust managed to respond to 86% of all complaints received within 25 working days during 2011/12 which is just within the target we set ourselves.

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

The Trust responded to 86% of complaints within 25 working days during 2011/12 however, maintaining this standard was challenging. The Surgical Services Care Group did not manage to meet the standard during the year and therefore further resources were provided to support these Directorates with their complaints handling responsibilities. As a result of the additional support, the Care Group managed to clear a substantial backlog of complaints and achieve a significant improvement in response times by the end of March so that by the end of the year Surgical Services were responding to 80% of complaints within 25 working days. Having dealt with this problem the challenge for the surgical services team in 2012/13 is now to sustain this improvement.

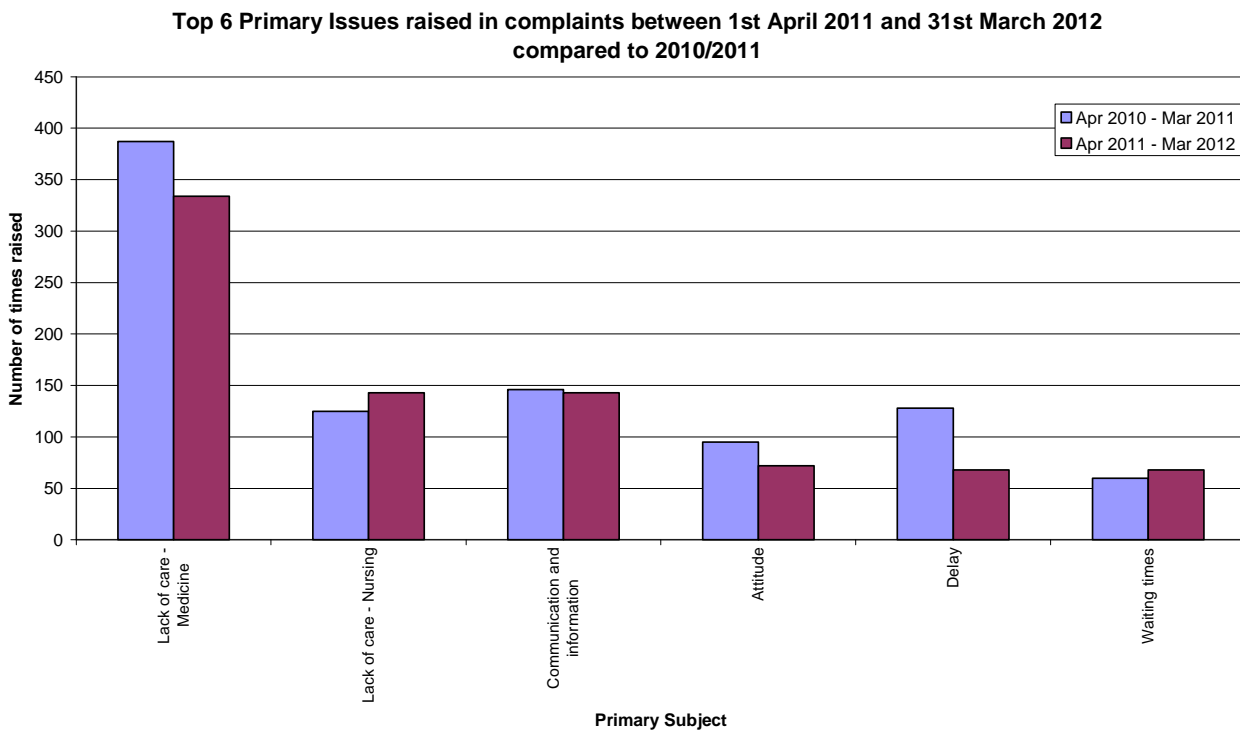
## 6. Screening complaints and identifying complaints which may indicate serious mistakes have been made.

All complaints received by STHFT are screened or risk graded as they are received so that serious issues are quickly brought to the attention of senior staff. The table below summarises the percentage breakdown of complaints received by risk grade for 2011/12, compared to previous years:

Complaints received by risk grading	Low Risk	Moderate Risk	High Risk
2009/10	29%	66%	5%
2010/11	23 %	71 %	6 %
2011/12	30%	64%	6%

## 7. Learning from issues raised by Complainants

Between April 2011 and March 2012, 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;

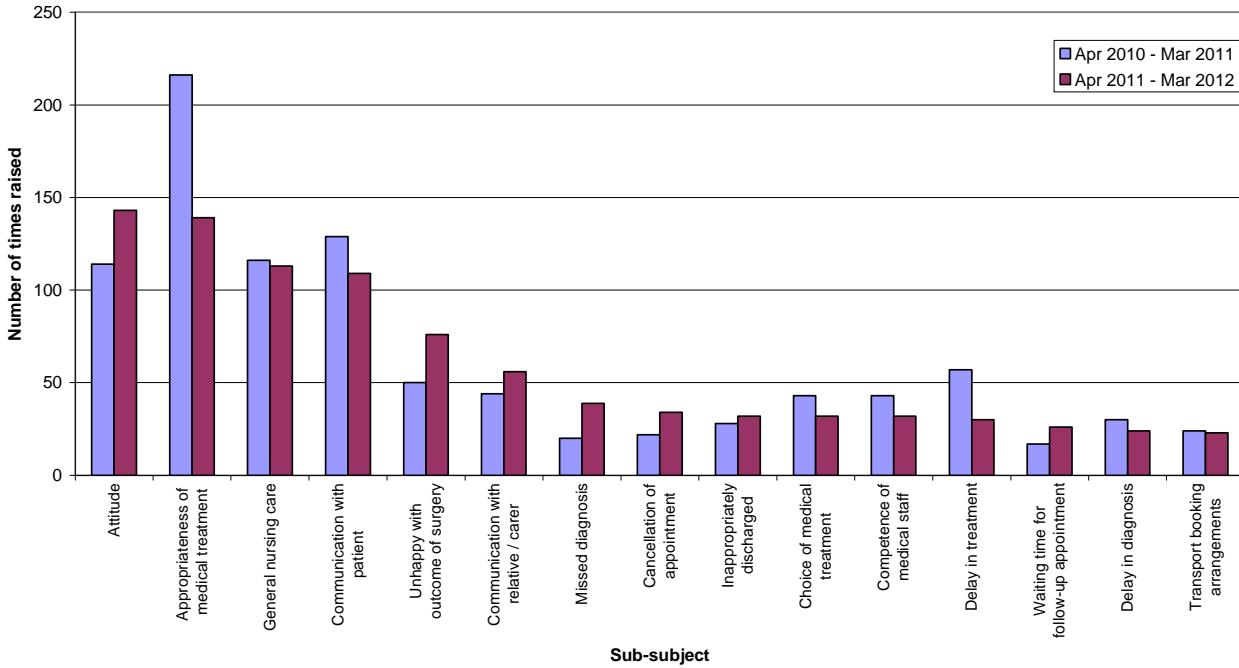


In addition to analysing the main issues raised by complainants, the Trust has made further efforts to identify and record other details about issues raised in complaints during 2011/12 in recognition of the fact that often complainants can have concerns about a number of aspects of care or treatment and therefore simply looking at the main issue can be misleading or can limit the ability to use complaints information to really understand what matters to patients.

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. 1732 sub-subjects were recorded about the complaints closed during 2011/12. The chart below shows the most frequently occurring 15 sub-subjects recorded during 2011/12.

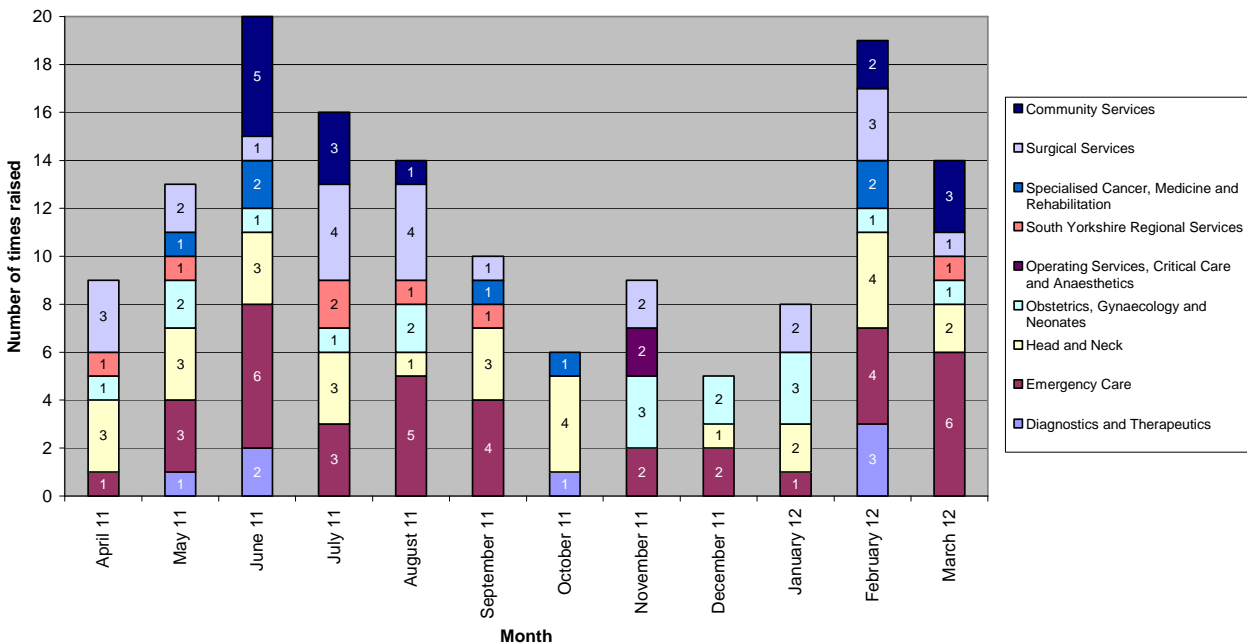


**Sub-subjects raised in complaints closed between 1st April 2011 and 31st March 2012 compared to 2010/2011**



The most common sub-subject or issue raised by complainants in 2011/12 related to staff attitude. This suggests that complainants often cite staff attitude as a secondary issue or as part of a complaint about something else. This subject has been further examined and the number of times 'attitude' was recorded in complaints closed each month by Care Group is shown in the chart below. This chart confirms that complaints about staff attitude were received across all areas of the Trust.

**Complaints received each month and by each Care Group about 'attitude' 2011/12**



In recognition of the importance that staff attitude has on overall patient experience, STHFT has embarked on a programme to develop and promote a core set of values and behaviours for all members of staff. These core values and behaviours will be used to underpin staff training and appraisal in 2012/13 to further support staff across the organisation in consistently delivering a high quality service.

### 7.1 Sharing the learning from Complaints with Groups of Clinical Directorates and Departments.

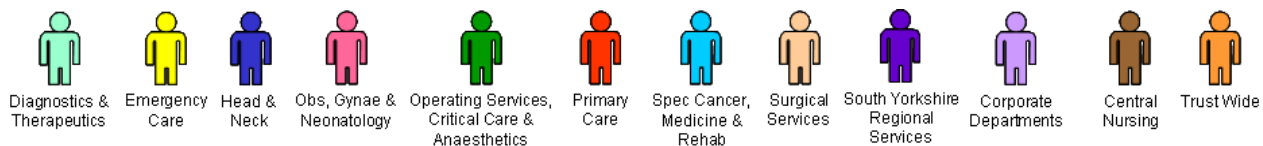
In addition to 'attitude', the four other issues or sub-subjects that were raised most commonly by complainants in 2011/12 have been analysed across all directorates and departments to identify any particular trends in relation to where these types of concerns are most frequently received.

Some issues, such as 'unhappiness with the outcome of surgery' are only relevant to some Directorates however, others such as 'General Nursing Care' are important throughout the Trust. By sharing information about the issues raised by complainants between Care Groups we hope to highlight areas where improvements might be made and where best practice can be shared.

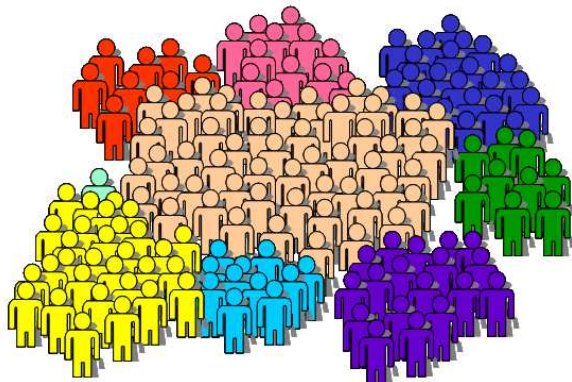
This information will be further analysed and used during 2012/13 to ensure staff teams are aware of the common themes that occur in information provided by complainants pertinent to services or areas within which they work.

**Illustration showing where the issues most commonly raised in complaints are most frequently received.**

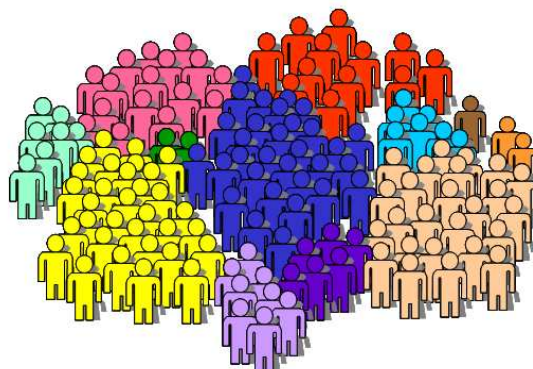
**Key:**



**Appropriateness of medical treatment:**

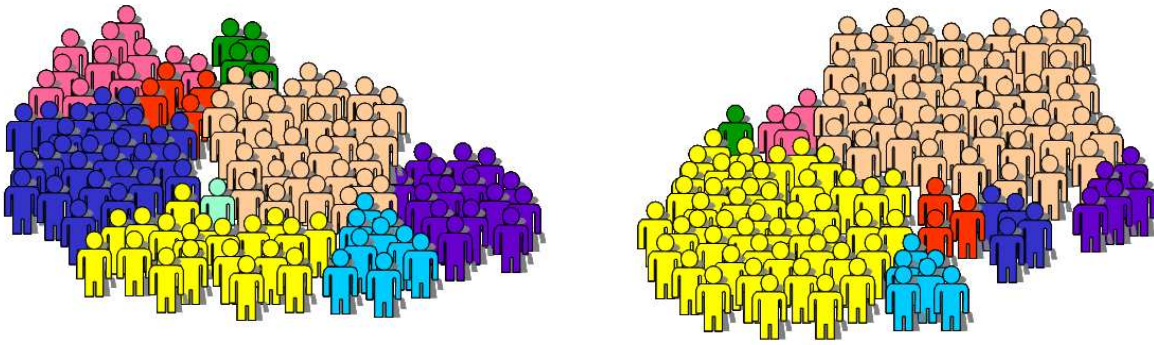


**Staff attitude:**

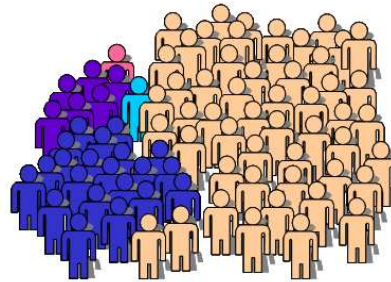


**Communication with patient:**

**General nursing care:**



**Unhappy with outcome of surgery:**



## 8. Service Improvements following Complaints.

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

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 2011/12 the Patient Services Team has introduced a system for recording, reporting and following up every action that has been agreed as a result of complaint investigations.

Examples of some of the improvements made by different wards and departments as a result of complaints are listed below;

⇒ **Radiology** have made improvements to the process of booking appointments including;

- the involvement of radiology reception staff in booking appointments thereby making it easier for patients attending clinic to book appointments directly at the time they are advised to do so and reducing the number of patients who need to contact the appointment booking centre by telephone.
- A new telephone line has been installed to make it easier for patients to contact the call centre if they need to do so.
- Patients are now advised how they can contact the department via email if they wish to do so rather than by telephone.

⇒ **Operating services** have changed the process of ordering supplies in Ophthalmic theatres so that theatre staff can order directly from suppliers therefore reducing the time taken to process orders and receive stock.

⇒ An extra consultation room has been opened in the **Spinal Surgery** outpatients clinic so that the Registrar can work alongside the consultant and the team can increase the number of patients that can be seen.

⇒ Patient turn charts have been introduced in **General Surgery** so that a record is kept of when a patient is repositioned and made comfortable by nursing staff.

⇒ A leaflet on post operative **physiotherapy** has been developed to give specific physiotherapy guidance to patients who have undergone lumbar discectomy and nerve root decompression procedures. Nursing staff distribute this information to patients who may not have seen a physiotherapist before they are discharged to avoid discharge being delayed. Guidelines have also been implemented to ensure all lumbar patients consistently receive a telephone follow up call from a physiotherapist if they have not been seen before they go home. Patients are then referred on for additional physiotherapy from the outreach telephone call in the same way as patients who are seen on the ward.

⇒ Patients attending **Weston Park Hospital** for palliative radiotherapy are now being considered for referral to the District Nursing Service so if necessary, they can receive ongoing support at home via a 24 hour contact number should their needs change.

⇒ In the **GP collaborative**, agency staff are being issued with training packs via their agency before they commence their first shift. This ensures they are aware of clinical protocols which they will be expected to work to in this department before they start work.

⇒ A formal format for the handover of patient information has been adopted in the **GP Assessment Unit**.

⇒ Work is being undertaken within the **Emergency Medicine** Directorate to look at reducing patient falls. The Falls Work Stream has introduced specific documentation for reporting falls, to determine cause and look at how the risk of falling can be minimised. Staff are asked to ensure that the patients' beds are at the lowest level, chairs are the correct height for the patient, well fitting foot wear is worn, toileting needs are addressed and frames, call bells and drinks etc are all within reach.

⇒ The **Assisted Conception Unit** has made changes to proformas used to support patient care so that information regarding fees for care not covered by the NHS are better communicated to couples at appropriate stages of their consultation and treatment.

⇒ Changes have been made to the pedal bins in the A Floor outpatient department reception area at the Royal Hallamshire Hospital to make them accessible to wheelchair users. The bins will be fitted with a door knob type mechanism which will allow the bins to be opened from the lid. This improvement is being carried out in appropriate locations throughout the Trust.

## **9. Further Improvements to the complaints handling service during 2011/12.**

The experience of making a complaint has been reviewed in 2011/12 through a complainant satisfaction survey. 101 questionnaires were 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. We received a 35% response rate to the survey. The majority of respondents indicated that they felt it was easy to make a complaint, knew what would happen, felt that their response was open and honest and knew what to do if they remained unhappy.

The patient feedback section on the Trust's website has been developed to make it easier for patients and families to '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.

In addition to the analysis of information obtained through complaints, we routinely review other types of unsolicited feedback including patients' comments on 'Tell us what you think' reply slips and on websites. 564 feedback comments were received between April 2011 and March 2012. 70 % of the general feedback we received were compliments rather than complaints. This information is shared with departments across the Trust to encourage a positive approach to receiving, responding to and learning from feedback whether it be complaints or compliments.

## **10. Conclusion**

The numbers of complaints received by STHFT in 2011/12 was very similar to the previous year. STHFT highly values the feedback we receive from complaints and makes every effort to resolve all complaints to the complainants' satisfaction, to learn from the information shared with us by complainants and to make improvements wherever possible. During 2012/13 the Trust will continue to develop the ways in which we support any patient who feels concerned or wishes to complain about their care or treatment. We will also continue to develop and audit the complaints handling processes to ensure we are providing a patient centred service that also supports staff as far as possible in learning from complaints and improving services as a result of negative patient experience.

27 May 2012.