

Board of Directors : April 2017

Item :

Title : Annual Complaints Report 2016-17: Patient Services

Purpose:

The purpose of this report is to provide a summary of the formal complaints received by the Trust in 2016-17 and to identify any lessons learned from these complaints.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, that complaints have been managed in line with NHS requirements.

This report has been reviewed by the following:

- Corporate Governance and Risk Workstream Committee
- Patient Safety Workstream Lead
- Executive Management Team

This report focuses on the following areas:

- Patient / User Experience

For : Noting

From : CEO

Annual Complaints Report

1. Introduction

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. The number of formal complaints received by the Trust in 2016-17 has risen to 39. Although significantly higher than in previous years (in 2014-15 we received 14 and in 2015/16 we received 27), this is still relatively low compared to other NHS Trusts. The formal complaints received relate to aspects of clinical care and waiting times with a small number relating to facilities issues. This short report summarises the complaints received in the year, and the lessons learned from this important form of patient feedback.

This complaint report covers formal complaints received by clinical and corporate services. All complaints relating to Education and Training are logged and responded to by the Dean.

2. Formal complaints received

The chart below shows the numbers of formal complaints over the past 6 years.

| Year | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2015-16 | 2016-17 |
|-------------------------|---------|---------|---------|---------|---------|---------|
| No of formal complaints | 9 | 16 | 12 | 14 | 27 | 39 |

During 2016 -17 the Trust received 39 formal complaints. These were all acknowledged by the Chief Executive, investigated under the Trust's complaints procedure and a detailed letter of response was sent by the Chief Executive to each complainant.

3. Time to respond to complaints

Of the 39 complaints received in 2016-17, 6 remain open at the end of the year. Formal responses have been sent to all completed complaints. Of these 21 were responded to within our 25 working days deadline, 12 were responded to after the 25 working days and 6 remain open. Patients are kept informed when investigations have not been completed in time resulting in a delay to the full complaint response. The majority of the late responses relate to the Gender Identity Development Service.

There have been a number of issues that have fed into the difficulty in getting GIDS complaints investigations completed within the time frame which include the huge pressure on resources owing to waiting times, the need to restructure the service in line with growth, the dedicated management resources and the complexity of the complaints. We are moving forward in restructuring the service to increase the senior and operational management of the service, with complaints investigation being a significant aspect to the operational management of the service. This is likely to improve response times going forward.

On 1st April 2017 we took over the Charing Cross Gender Identity Clinic. This service received approximately 40 complaints last year so this will significantly add to the number of complaints recorded. From discussion with staff in this service they have a good process for dealing with complaints and we will work with the staff in this service to ensure that complaints continue to be dealt with within the given deadlines.

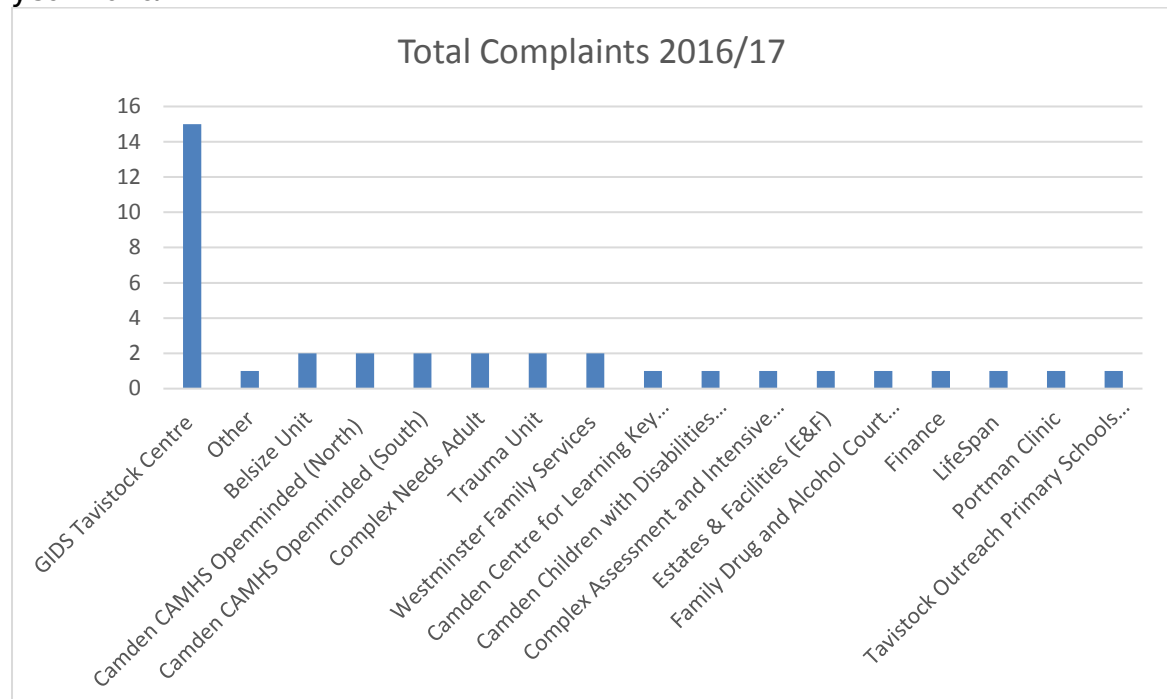
4. Complaints by Directorate and Service

The table below shows the number of complaints by directorate over the past 4 years.

| Directorate | Number of Complaints | | | |
|--------------|----------------------|-----------|-----------|-----------|
| | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
| CYAF | 5 | 5 | 19 | 28 |
| A&F | 7 | 9 | 6 | 8 |
| Corporate | 0 | 0 | 2 | 3 |
| Total | 12 | 14 | 27 | 39 |

Data source: Complaints database

The graph below shows the breakdown of complaints by service line for the year 2016/17



5. Topics of Complaints

In 2016-17 most complaints related to aspects of clinical care, however three complaints related to corporate issues.

The following table provides a summary of topic of complaints.

| Topics of complaints received |
|--|
| Waiting times in GIDS |
| Unhappy about GIDS appointments no longer offered in Brighton |
| Transition to Adult services (from GIDS) |
| Patient alleged they were not given information on fertility when undergoing hormone treatment |
| Dissatisfaction with information given on transgender issues |
| Wrong name used for GID patient |
| Letters sent to wrong address |
| Promised treatment has not been delivered |
| Parent not included in discussion about child's treatment |
| Being treated with prejudice and discriminated against |
| Alleged Breach of confidentiality |
| Attitude of staff |
| Member of staff was rude and obstructive to patient making a complaint |
| Poor standard of care and child seen without parent's consent |
| Appropriate support not offered to patient leading to worsening of mental health |
| Unhappy with therapist |
| Inefficient administration |
| Poor communication |
| Disagreement about diagnosis |

| |
|--|
| Dissatisfied with FDAC Service and delays to treatment |
| Inadequate communication around appointments and discharge |
| Alleged discrimination due to disability |
| Incorrect medical information on file |
| Patient not treated with respect |
| Clarification needed on provisions being made for children |
| Delay in starting treatment |
| Social Worker gave biased view in report |

Data source: Complaints database

6. Complaints Upheld

There is a recognition that patients feel listened to when it is acknowledged that even small errors have occurred, even if the main basis of their complaint has not been upheld. 19 complaints were upheld fully or in part. Following these decisions action plans have been completed for each complaint so that improvements can be made to the services.

| Was the complaint upheld? | 2013-14 | 2014-15 | 2015-16 | 2016 -17 |
|---------------------------------------|---------|---------|---------|----------|
| Upheld in full | 0 | 0 | 7 | 8 |
| Upheld in part | 2 | 3 | 7 | 11 |
| Not upheld | 9 | 9 | 9 | 14 |
| Under investigation at time of report | 0 | 2 | 4 | 6 |
| Total complaints | 12 | 14 | 27 | 39 |

Data source: Complaints database

7. Lessons learned

Complaints are always considered as opportunities for lessons to be learned, whether or not the complaint is upheld.

All complaints are fully investigated and a detailed report drawn up to address all the issues raised. When a complaint is upheld either in full or in part, an action plan is drawn up to ensure that where appropriate changes are made or further training is offered.

Complaints are discussed quarterly at the Executive Management Team so that the senior staff are made aware of any themes from the complaints and appropriate action taken. From 2016-17 one of the key issues was GIDS waiting times and transition to adult services. The service is working to ensure that young people in this service and moving to the adult service do not have to wait longer than is necessary.

When corresponding with the complainants we seek to ensure that they feel listened to and that their concerns are being taken seriously. Where appropriate further appointments are offered to complainants with senior staff, including the Chief Executive Office, to ensure that any issues over our processes and their clinical treatment is clarified.

A number of specific actions have been taken during the year in direct response to complaints and these are shown in the table below:

| Topic | What was upheld | Lessons learned |
|--|--|--|
| Therapist did not give clear answers. Errors in notes, breach of confidentiality | Lack of clarity, errors in notes and lack of a clear care plan | Improvements will be made to our mechanism for reviewing cases ensuring that care planning is routinely present in team casework |
| Member of staff rude to patient and obstructive to patient making a complaint | Multi-agency response. Report provided to CNWL. Apology given to patient and matter referred to HR | Improvements made to information available for patients wishing to make a complaint |
| Breach of confidentiality, delay in access to notes, appropriate support not offered to patient. | Not communicating better with patient during treatment | No changes to service were recommended, but staff reminded of the importance of good communication with patients |
| Referral from GID to adult service | Confusion over transition arrangements | Staff reminded that all phone messages must be recorded on carenotes. Protocol on transition arrangements clarified. |
| Letter wrongly addressed, wrong name for transgender child used | Incorrect information used in correspondence | Staff reminded of the importance of checking information before it is sent to patients. |

8. Parliamentary Health Service Ombudsman (PHSO) Investigations

If a patient is dissatisfied with a response to a complaint that they have received from an NHS Trust they have the right to refer their complaint to the NHS Healthservice Ombudsman who will review the concern and may take one of three options:

- Refer the matter back to the trust for further investigation
- Under an investigation itself (if the complaint involves clinical matter the Ombudsman's office is required to seek expert opinion)
- Take no action

During the year two patients referred their complaint to the Ombudsman. We have been contacted regarding one of these and informed that no failings on the part of the Trust were found. In 2015-16 two patients referred their complaint to the Ombudsman, the report back on one of these found no failings on the part of the Trust but the recommendations stated that clinical trainees should make detailed clinical records for the patient files. The second complaint to the Ombudsman was not progressed.

9. Next steps

For 2017-18 the Trust is committed to ensuring that all staff are fully aware of the different ways that patients can raise concerns. Further guidance has been issued to staff and new posters have been displayed in all patient areas on who to contact should a patient wish to make a complaint.

Complaints management will continue to be promoted at staff induction and mandatory training days (INSET) and in other settings as appropriate during the year. Further information on complaints was issued to staff via the 'Daily Digest' email to all staff. In addition the PALS Officer, the Complaints Manager and Patient and Public Involvement (PPI) staff will continue to work together as to ensure that patients are appropriately supported when they raise an issue.

10. Whistleblowing

There was one formal whistleblowing cases raised in 2016/17.

This case was raised on the 2nd March and concerned a perceived conflict of interest in Corporate Governance. It was investigated and resolved by the Chief Executive.

There were no formal whistleblowing cases raised in 2015/16.

Gervase Campbell
Trust Secretary, April 2017.

11. Report from the Freedom to Speak Up Guardian

The Trust takes the issue of staff being able to raise concerns, 'whistleblowing' very seriously and appointed Gill Rusbridger to the role of Freedom to Speak up Guardian in October 2015. This is in line with Francis Review recommendations. The Trust has in place a 'Raising Concerns and Whistleblowing procedure' and a lot of communications have gone to staff to make them aware of who our new Freedom to Speak up Guardian is, her role and contact details. Meetings have also been held with groups of staff to raise awareness.

There was one formal whistleblowing cases raised in 2016/17 and none in the previous two years, and the Trust has had no members of staff coming forward and raising formal complaints about patient care. However, since being appointed, staff have felt able to make contact to discuss other issues in confidence. These have related in particular to staff feeling not listened to by managers and feeling bullied. This is sometimes seen as having an indirect impact on the quality of care given to patients and families. We are committed to building a culture of openness and responsiveness to staff speaking out about anything that might place the care of our service users into question.

Contact has been made with the National Whistleblowing Helpline and our Guardian now receives regular newsletter updates. She has also joined the NHS Employers local Guardian hub and her details are on the Freedom to Speak Up Guardian map. Links have also been made with the London Freedom to Speak Up Guardians and a new group for those based in Mental Health Trusts. The National Guardian's Office is now establishing itself and is arranging regular conferences and training events. The National Guardian visited the Trust in February 2017.

Gill will continue to keep the profile of the Guardian in the Trust as high as possible. This is an important role that actively addresses and acknowledges the Trust's commitment to ensuring a culture of openness where staff are encouraged to speak up about patient safety, knowing that their concerns will be welcomed, taken seriously and responded to quickly.

Gill Rusbridger
Freedom to Speak Up Guardian

Report prepared by
Amanda Hawke, Complaints Manager
on behalf of Chief Executive Officer

April 2017