



The Christie NHS Foundation Trust - Complaints 2016/2017

The NHS Complaints Regulations set out a complaints process with two stages; local resolution (carried out by the NHS body) and, if the complainant remains dissatisfied, referral to the Parliamentary and Health Service Ombudsman.

The complaints process is patient focussed and driven, with a great emphasis on personal contact with the complainant to aid resolution and to agree a response timeframe. National timescales for responses were removed in the 2009 review of the Complaints Regulations and replaced with the ability to agree individual response deadlines on a case by case basis with the complainant; Internal timescales have remained in place at The Christie as detailed below to ensure responses are issued promptly and it is on rare occasions only when a different response deadline is agreed with the complainant. This would only happen where key people are unavailable, for reasons such as annual leave, to input into the response.

Responding to a complainant

The Christie process for managing complaints which involves grading the complaints on a scale of 1 to 5 was introduced in April 2012 as set out in the table below.

1	2	3	4	5
Query/suggestion Verbal concerns resolved by the end of the next working day There is alleged harm Following investigation the complaint issues are considered to be unfounded	Allegation that service received substandard Simple complaints which can be resolved quickly There is minor harm (requiring first aid type treatment)	Single issue complaints with allegation of lack of appropriate care Where there is an allegation of moderate harm (requiring professional intervention to remedy)	Multiple issue complaints with allegations of lack of care Where there is an allegation of severe harm (requiring professional intervention to remedy and which will result in permanent or long term harm)	Multiple issue, complex complaints where death has occurred as a direct consequence of what has been alleged Risk to organisational reputation

We contact each complainant in order to fully understand their issues and to agree the type of response with the complainant. This may be a written response or a resolution meeting or conference call where the issues are discussed.

We also agree the timescales for that response with each individual complainant. Where a written response is requested, we have a 15 day response time for grades one and two and a 25 day response time for grades three and above. The differential response times are because of the level of investigation needed for more complex complaints. We may very occasionally agree a longer response time, for example where a response is needed from a key member of Trust staff who may be on annual leave, or if the complaint involves a number of organisations.

Complaints received:

In 2016/17 The Christie received 85 complaints, a number of which related to two divisions. This remains at 0.02% of total activity as it was in financial year 2015/16.

There were 11 grade 2, 32 grade 3 and 42 grade 4 complaints. There were no grade 5 and grade 1 complaints 58 of the complaints received were related to outpatient activity, 27 being to in-patients.

The graphs and tables below show the number of complaints received by each division.

	Grade 2	Grade 3	Grade 4	Grade 5	Total
Network Services	8	19	32	0	59
Cancer Centre Services	2	12	9	0	23
Estates and Facilities	1	0	0	0	1
Research and Development	0	1	0	0	1
Other	0	0	1	0	1

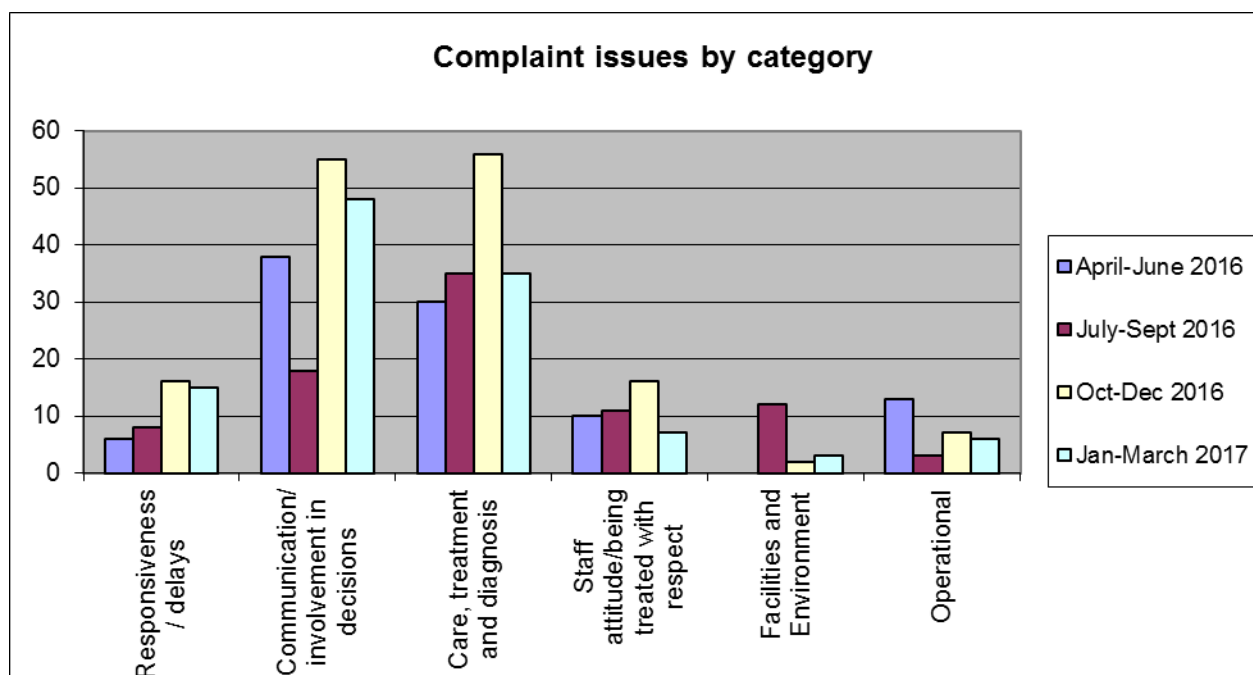
The above table depicts the grading of complaints at the time they are received into the Trust. The grades are reviewed as part of the investigation process and some are downgraded at the end of the investigation according to the outcome of the investigation.

We continue to resolve complaints at source; our clinicians, matrons, ward sisters and charge nurses have a high profile on wards and in clinical departments where they focus on the patient experience and ensure continual improvement in care and service delivery on a day by day basis.

All complaints are reviewed weekly by the executive directors and all new complaints are triaged through an executive review process so that there is a triangulation between incidents, claims and complaints.

450 issues were raised within the 85 complaints received during this year. Communication and care, treatment and diagnosis issues were the most common causes for complaint this year (387 issues within the 85 complaints). All issues within a complaint are logged separately so if a complainant raises a number of issues all relating to care and treatment, all of these issues are logged separately. The receipt of these issues relating to communication and care is not indicative of a widespread problem in these areas and all of the concerns were thoroughly reviewed.

Complaints Issues



Between April 2016 and March 2017, 70 written complaint responses were sent. The deadline for the response to be sent was met in all but 2 cases. 15 complaint resolution meetings were held. We always offer a follow up meeting within our written response to discuss the content of the response and we met with one and are due to meet with another complainant in this manner.

Following investigation of the 85 complaints, the Trust found 26 of the initial grades to be upheld, 28 were part upheld, 12 were not upheld and at the time of the report 9 were pending investigation and awaiting the final grade.

One complaint was referred to the Parliamentary and Health Service Ombudsman (PHSO). The Ombudsman issued a report on this case which was reviewed at the Trust's Executive Review Group, this report partially upheld the complaint and the Trust has undertaken the Ombudsman's suggested remedy.

Complaints survey

The Christie has routinely sent complainants a questionnaire since August 2013 asking their views on how their complaint was handled and their opinion of the complaint response. The questionnaire was redesigned in August 2015 in line with The CQC report 'Complaints Matter' and Parliamentary Health Service Ombudsman 'My Expectations' 2015.

The data suggests that complainants feel that they can speak up and find the complaints process simple. The majority of complainants used the internet/web to find out information on how to make a complaint.

The behaviour of Trust Staff and the Complaints Team has been found to be empathetic, helpful and supportive. Complainants were all given a named contact and reported that they found that their case was treated with respect and understanding, they were kept informed and a personal response was provided.

76% felt that their complaint had or might have made a difference and all felt confident to make a future complaint. Complainants felt empowered as a result of raising a complaint, although some complainants reported being anxious about future treatment, despite assurances to the contrary.

Learning from Complaints 2016/17

- Review undertaken on process for external Pathology Reviews to identify opportunities to increase timeliness of results availability.
- Development of a system for considering an early best interest meetings to design a plan of care for patients who require it.
- Review of self-monitoring for pressure care and consideration of implementation of repeat risk assessments for pressure care when patients are transferred between wards.
- A screen tracker board to be introduced into the outpatient areas
- Alerts added to patient records where patients require interpretation services and specific members of staff assigned to track patient appointments for those who require interpretation services.
- Awareness of patients with different communication needs raised across the Trust, implementation of communication champions
- Frontline staff offered training in customer service skills through the Positive Patient Experience Programme.
- Member of reception staff from Oak Road to work on the treatment floor to allow for appointments to be made so patients leave with their next appointment.
- Exploration of possibility of providing patient with a summary of planned treatment / discussion when care is shared across one or more Trusts.
- Additional capacity added to the scheduling team.