

Human Resources/ Clinical : Complaints data
Proactive Release: 03 July 2019

21 June 2019

[REDACTED]
[REDACTED]

[REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by Counties Manukau DHB on 27 May 2019. You requested the following information:

For the financial year 2017-2018 and 2018 up till end of April 2019:

- *It will be great to receive the information in excel sheet*
- 1. **Total number of complaints (non-HDC) received, concerning clinical staff.**
- 2. **Total number of complaints (HDC) received by DHBs, concerning clinical staff.**
- 3. **Average time taken for closing complaints.**
- 4. **The top 10 longest times, and shortest times for closing.**
- 5. **Serious Adverse events reported.**
- 6. **Number of beds within DHB.**

For context, Counties Manukau Health (CM Health) provides health services to in excess of 569,400 people residing in South Auckland, both in hospital and community settings. We see in excess of 118,000 presentations to the Emergency Department at Middlemore Hospital each year, and work closely with a range of community providers and agencies as the funder of services, including Primary Care, Aged Residential Care and NGO services.

CM Health is committed to the timely resolution of any concerns/ complaints that patients and their family / whaanau raise. All complaints, feedback and compliments are welcomed, and viewed as an opportunity to improve and monitor the quality and experience of our services. We employ over 7,000 staff, and as a values-driven organisation are constantly working to create a high quality, just culture, while providing quality healthcare services for the community we serve.

We provide a monthly *Patient Experience and Safety Report* to the CMDHB Hospital Advisory Committee meeting. The report includes with trend information on complaints received per service, timeframes to acknowledge and respond/ close complaints, and against to within the agreed timeframes, as well as a summary of numbers of Serious Adverse Events reported in the 6 weeks prior to the meeting:

- <https://countiesmanukau.health.nz/about-us/governance/board-and-committees/>

We note that the CM Health Feedback repository system used to provide data for this response is primarily designed to ensure that complaints are properly managed at the time of receipt, and immediately afterwards, as well as to facilitate organisational learning and continuous improvement of policies and processes. Statistical extraction of historical data is a secondary and limited function of the system.

Your request asks for the total number of complaints received concerning *clinical staff*. We do not specifically code complaints received for whether they solely concern clinicians, and in many cases a complaint will address a range of matters. Retrospectively determining that level of detail for all the complaints received during the time period specified is not possible without a substantial individual manual review of all the complaint documents. This would require us to allocate a staff member familiar with the Repository to this work, and as this is a small team involved in managing the timely and effective complaint resolution process for our DHB, would adversely impact on the primary function and capacity of these staff members.

We have considered how we can assist with your request within the available collated information we hold, and have identified from the Feedback Repository that we can provide the total number of complaints that fall within complaint categories that *typically* involve experience related to our clinical staff. Should you still wish to have us identify only complaints on clinical staff, we would need to discuss with you the logistics and timeframes for extracting this information.

The category themes that we do code complaints to, and that are included in the totals we have provided, are listed and defined in the appendix (**Table 1 attached**). Based on complaints coded to those categories, for the period from 01 July 2017 - 30 April 2019, our responses to your first two questions are:

Question 1: Total number of complaints (non-HDC) received by CM Health, which mostly concern clinical staff:

- 1,160 complaints received and logged by CM Health.

Question 2: Total number of complaints (HDC) received by CM Health, which mostly concern clinical staff:

- 132 complaints notified by the Health and Disability Commission to CM Health.

Note that this total will include frontline employees that provide support to our qualified clinical teams, for example receptionists, orderlies, administrators, etc. These figures reflect the number of complaints logged, rather than the number of individuals who complained. In some cases, there can be multiple complaints from one person over the period specified.

Our responses to the next two questions relate to all complaints received and logged in our repository on any matters (related to clinical staff or not). There can be other feedback to services (complaints, suggestions etc.) that is not captured in the repository; however, our expectation is that all complaints and concerns are logged by staff.

Question 3: Average time taken for closing complaints:

- For non-HDC complaints: 35 days
- For HDC complaints: 88 days

More information on complaints involving DHBs to HDC is publicly available

- <https://www.hdc.org.nz/media/5195/complaints-to-the-health-and-disability-commissioner-involving-dhbs-1-july-to-31-december-2018.pdf>

Question 4: The top 10 longest times and shortest times for closing:

- Top 10 longest times (days): **318, 320, 325, 329, 330, 335, 341, 350, 367, 547.**
- Top 10 shortest times (days): **0, 1, 2, 3, 4, 5, 6, 7, 8, 9.**

Question 5: Serious Adverse events reported:

We report Serious Adverse Events (SAE) occurring in our services in several ways. For all incidents, we complete internal investigations and review of the events, and for serious adverse events assessed as Severity Assessment Code (SAC) rating 1 and 2, we report the incident and findings to the Health Quality and Safety Commission (HQSC). The national approach to all adverse events reporting is to investigate and learn from them, to improve healthcare outcomes, and minimise the risk of reoccurrence in the interests of improving patient safety.

It is important to note that comparison between individual DHBs using just the number of reported total events is difficult. Higher numbers may indicate that a DHB has a good reporting culture, manages different services and clinical needs, or are larger size - rather than just a significantly higher number of SAEs than other DHBs.

Each year, in December we publish the CM Health Serious Adverse Events Report, for the prior financial year. This includes details of all Severity Assessment Code (SAC) rating 1 and 2 events, including summary investigation findings and recommendations, which form part of the information submitted to the HQSC.

This report for 2017/18 is publicly available on our website.

- <https://countiesmanukau.health.nz/about-us/performance-and-planning/serious-adverse-events/>

In accordance with guidance in the National Reportable Events policy, DHBs also report serious adverse events relating to mental health service clients to the Health Quality & Safety Commission (HQSC). From 2018, there is a change planned regarding publication of these adverse events Mental Health Services, to be included in annual reporting by the HSQC.

More information is available on the HQSC website:

- <https://www.hqsc.govt.nz/assets/Reportable-Events/Publications/Learning-from-adverse-events-2018-final-web.pdf>

The DHB information for the 2018/19 year is currently being completed, and we anticipate the report will be published in December 2019. This process ensures that we have completed full investigations, consulted with the affected individuals and where appropriate gained consent for personal information to be publicly available.

Question 6: Number of beds within DHB

Please refer to the information provided in the appendix (**Table 2 attached**) detailing the bed capacity at all our facilities, noting that this is the resourced and maximum capacity across all services and locations. Not all beds are available for inpatient care (i.e. the numbers include specialist mental health, maternity and community facilities, as well as accounting for baby cots, and services such as Critical Care and Emergency Care). Bed capacity is not static, and we operationally manage the opening/ closing of beds in 'real-time' to match demand for services.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Fepulea'i Margie Apa', is positioned above the typed name and title.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health