

MEETING OF THE PUBLIC TRUST BOARD – [insert date of meeting]			
Patient Relations Complaints Annual Report			AGENDA ITEM: [PA insert number]
Report Author and Job Title:	Garry Perry Head of Patient Relations	Responsible Director:	Dr Karen Dunderdale Director of Nursing
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	Provide a short summary of the key points of the paper/report, which should be a clear, helpful overview of the content and tone of the paper.		
Recommendation	Members of the Trust Board are asked to: 1. To note contents and progress made. 2. To approve service development recommendations		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report		
Resource implications	There are no resource implications associated with this report		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>	
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>	
	Resources <input type="checkbox"/>		

Patient Relations Complaints Annual Report

1. PURPOSE OF REPORT

The purpose of the report is to provide information on the feedback received by the Patient Relations Team in the past year 2018/2019 it highlights some of the key trends arising from contacts received and provides examples of the actions taken and lessons learned.

2. BACKGROUND

The NHS and Social Care Complaint regulations 2009 require NHS bodies to provide an annual report on complaint handling and consideration, a copy of which must be available to the public. This report provides details of complaints and concerns received by Walsall Healthcare NHS Trust between 1 April 2018 and 31 March 2019.

3. DETAILS

See enclosed report

4. RECOMMENDATIONS

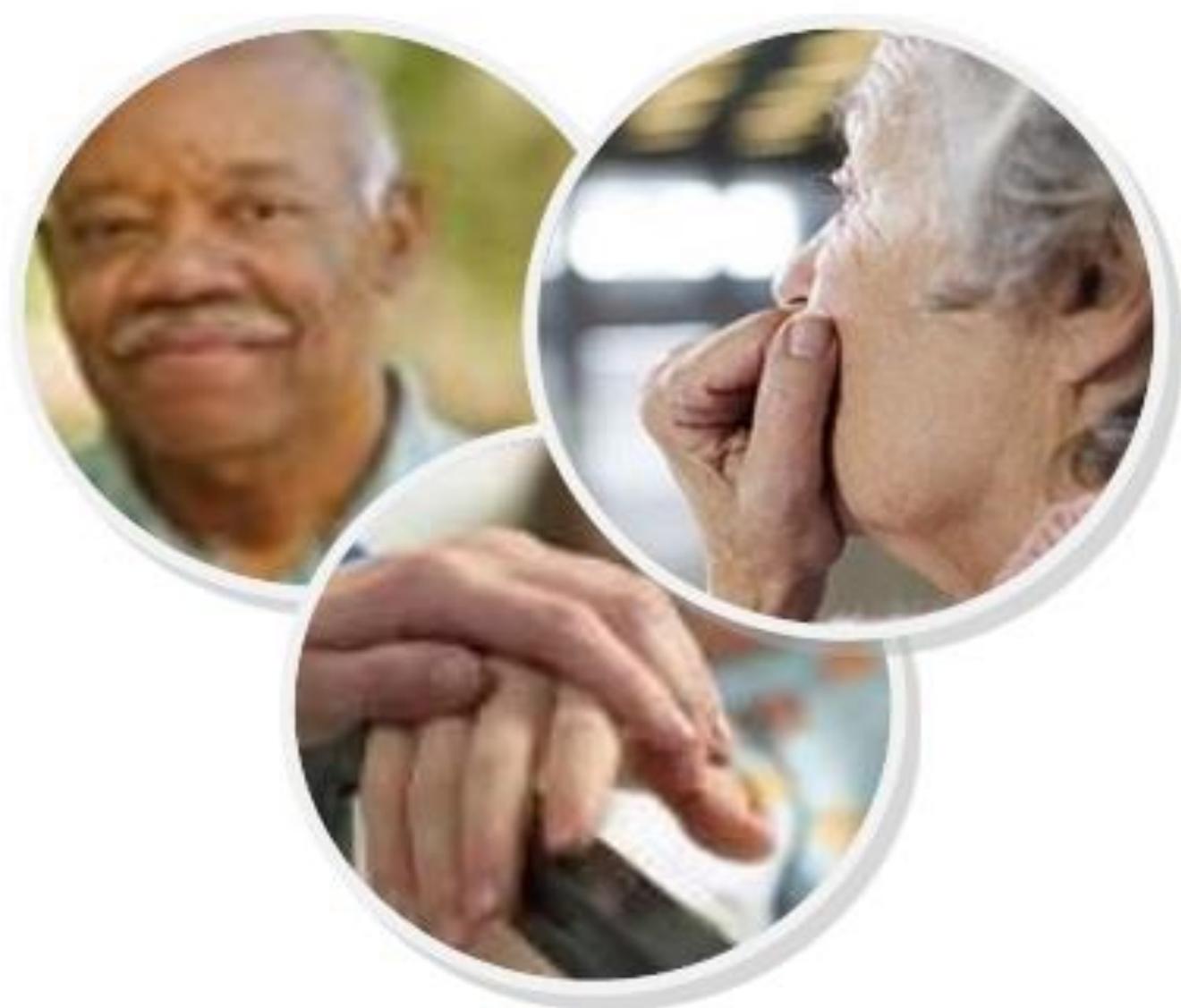
Members of the Trust Board are asked to:

- To note contents and progress made.
- To approve service development recommendations

APPENDICES

Page 15-16: Lessons Learned and Outcomes

Complaints Annual Report 2018/2019



1. Activity

During 2018/2019 a total of 3777 contacts were received by the Patient Relations Team which is an increase of 126 contacts from the previous year. This figure includes a total of 349 written complaints (KO14a) about care addressed in letters to the Chief Executive. Of these 318 were written complaints, 9 were letters received via Members of Parliament (MP letter) and there were 22 informal to formal converted complaints (1 complaint was withdrawn). The total figure represents an overall increase of 27 complaints compared to the previous year 2017/2018. Throughout this report 'KO14a' written complaints are referred to as 'complaints' and these are managed through the Trust's complaints process and reported quarterly to the HSCIC (Health and Social Care Information Centre).

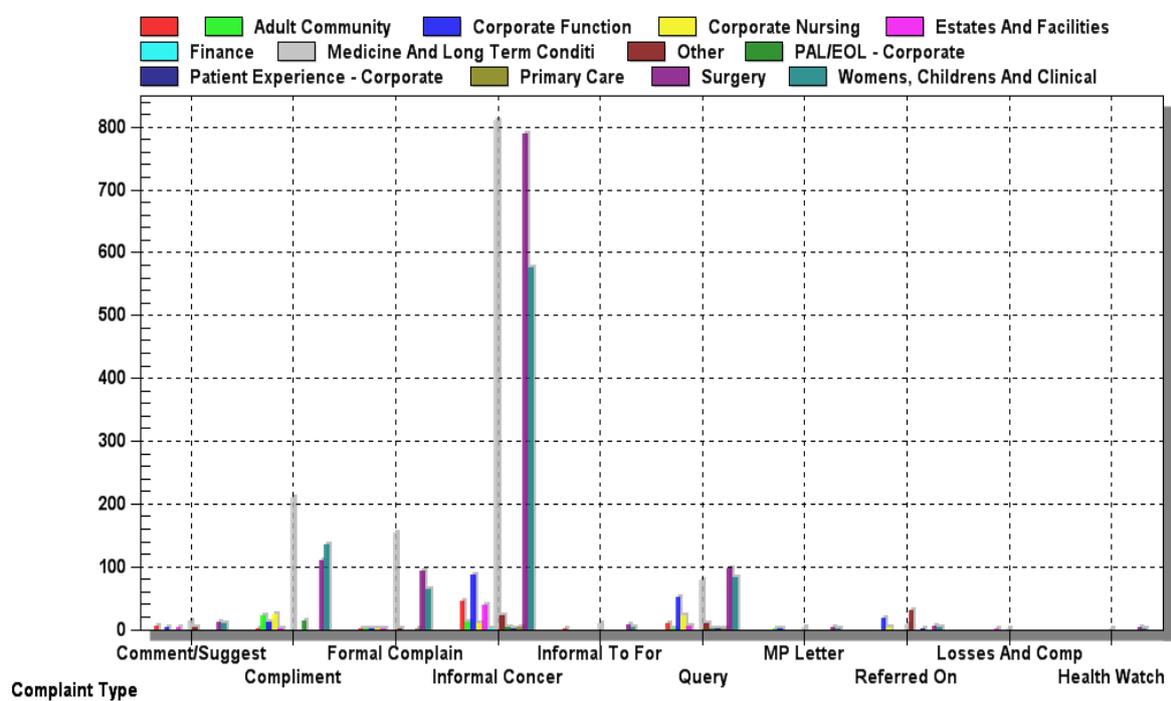


Table1. Complaints by activity type

2. Complaints

This section details written complaints received during 2018/19.

2.1 Complaints by Division

- There has been an overall increase of 27 complaints compared to the previous year 2017/2018.

The Divisions of Medicine and Long Term Conditions (MLTC) and Surgery generated the greatest number of complaints, accounting for 48% of all complaints received, with Surgery accounting for 30% and Women's Children's and Clinical Support Services (WCCS) 19%. Corporate functions, Urgent Care, Estates and Facilities and Adult Community account for the remainder.

2.2 Complaints by category type

During 2018/2019, the main theme emerging from formal complaints was ‘clinical care, assessment and treatment’ this accounted for 66% of all complaint categories 211 complaints fell within this category. The following complaint types accounting for the majority of the rest, communication (29), diagnosis (32), appointments (17), and discharge (17). 12 Complaints concerned attitude of staff.

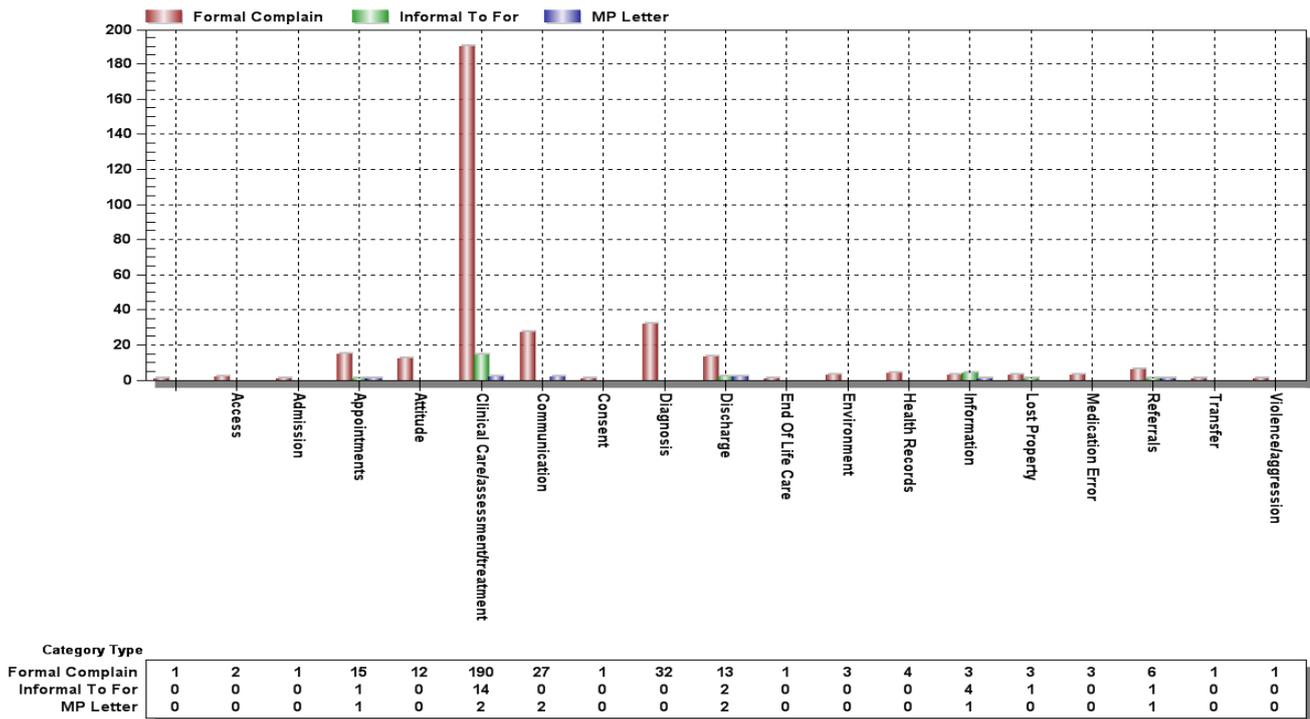


Table2. Complaints by category

3.0 Complaints via patient activity (10,000 spells) 2018//2019

In 2018-2019 the number of complaints versus patient activity was 10%. This is calculated as the number of complaints divided by-elective, non-elective and emergency patients (36,227) and multiplied by 1000.

3.1 Complaints by outcome

At the time of completing this report, the total number of complaints resolved was 285. 10 complaints were upheld with 151 not upheld and 124 partially upheld.

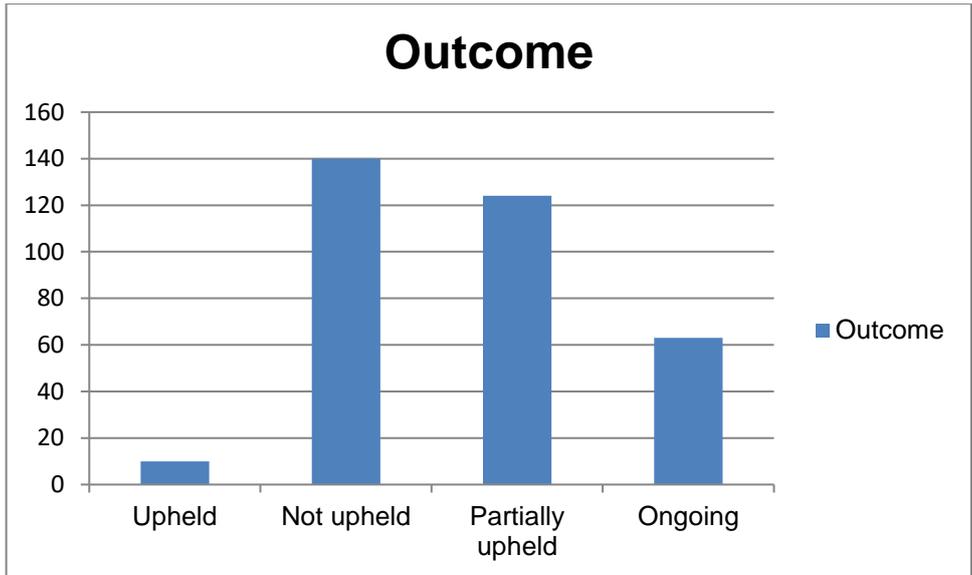


Table 3. Complaints by outcome

3.2 Response Times

87% of written complaints were completed within agreed timescales for 2018/2019. Disappointingly this is a slight reduction of 2% from the previous year attributable largely to the Division of Medicine.

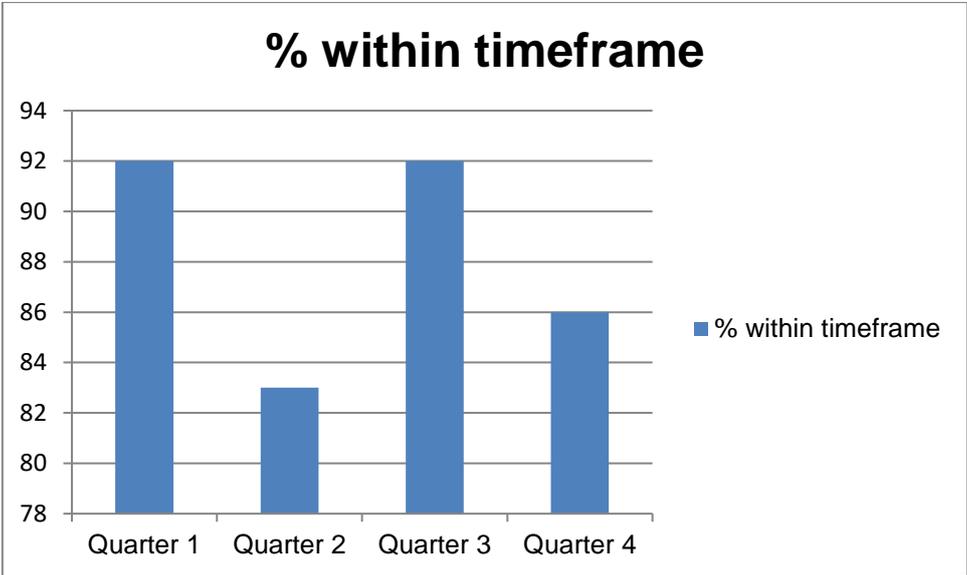


Table 4. Complaints timeframe

3.21 Response time in day's

285 complaints were resolved in 2018-2019 out of 352, 63 are currently ongoing. Overall 87% were resolved within timeframe 10, 30, 45 working days.

This figure includes 43% resolved within 30 working days. (36 Complaints were completed from the year end 2016/2017 and are included in this figure).

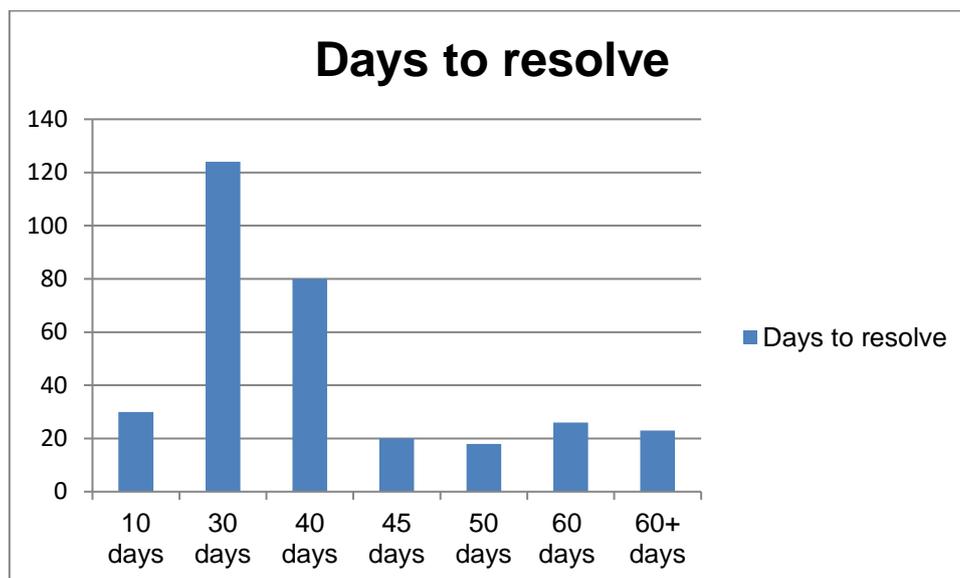


Table 5. Number of days to resolve

The following local resolution targets identify that:

Level of seriousness	Descriptor	Timeframe
Simple	Single issue – low impact (consideration of local resolution)	10 working days
Moderate	Several issues – medium impact	30 working days
Complex	Multiple issues, severe to major impact – often complex	45 working days however discussion with complainant and early meeting to be offered to agree parameters of investigation. Consider any external review as may be required/appropriate

As a Trust we are committed to the Parliamentary and Health Service Ombudsman principles of good complaint handling and have embedded the user-led vision within the policy for complaints handling. This provides for honesty and openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.

There is an inconsistent practice in applying this across the Trust and it is often used to negotiate extended timescales rather than meet the timeframe set. A recovery programme is in place and actions to increase responsiveness will be prioritised in the coming year. To date this has included:

A programme of complaints handling training for staff is in place. The training covers:

- Learning from complaints
- Communication
- Local resolution
- Carrying out an Investigation

The training was refreshed in the autumn of 2018 and now includes a patient story workshop as part of our commitment to the user-led vision for good complaint handling. Individual 1-2-1 support is also provided to investigating officers as appropriate.

4.0 Parliamentary and Health Service Ombudsman (PHSO) Cases

In 2018/19, a total of 11 cases were accepted via the PHSO for investigation out of 54 contacts made. This equates to 3% of all complaints received. There are 3 cases open from the previous year 2017/2018. 6 cases completed during this year with 5 ongoing.

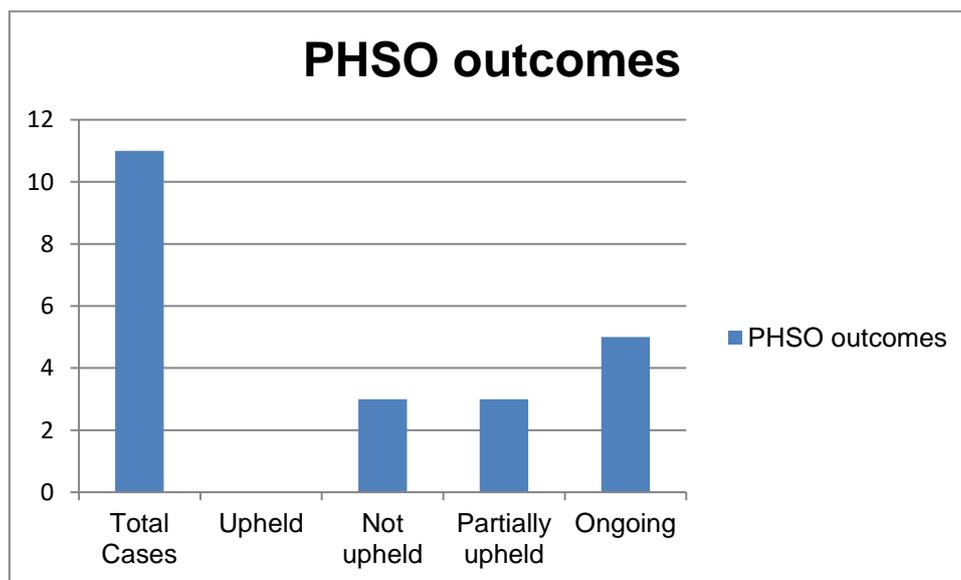


Table 6 – PHSO Cases and outcome

Themes emerging include:

Concerns highlighted with regard to clinical care assessment and treatment, poor communication, inadequate pain management and poor nursing care.

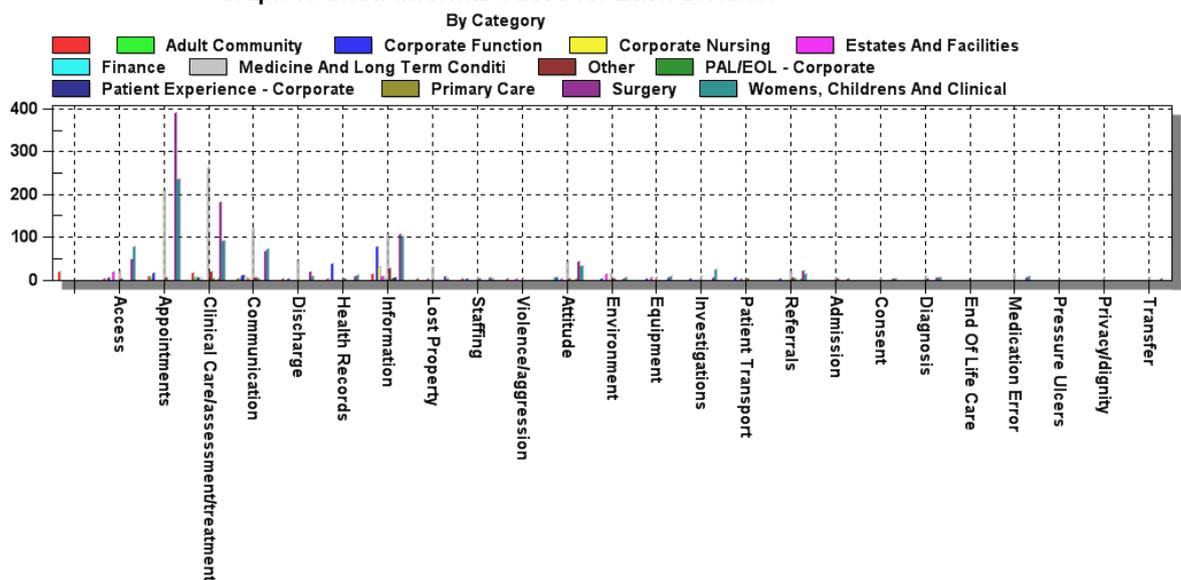
4.1 Outcome from PHSO cases closed & lessons learned from complaints closed

Action plans are submitted within a timeframe set by the PHSO and evidence is included of compliance. Please see appendix 1 for an example of a case closed during the year 2018/2019 and lessons learned from complaints closed.

5.0 Concerns

There were a total of 2888 concerns received during 2018/2019 an increase of 211 concerns from the previous year (2627). This figure includes concerns (2402), comments, suggestions and queries and referred on (486). Surgery equated for 26% (907) of the total activity, with MLTC 27% (920) and WCCSS 19% (671).

Graph to Show Informal Cases for Each Division



Category Type	Access	Appointments	Clinical Care/assessment/treatment	Communication	Discharge	Health Records	Information	Lost Property	Staffing	Violence/aggression	Attitude	Environment	Equipment	Investigations	Patient Transport	Referrals	Admission	Consent	Diagnosis	End Of Life Care	Medication Error	Pressure Ulcers	Privacy/dignity	Transfer	
Adult Community	17	2	8	16	2	1	1	11	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Corporate Function	0	0	5	3	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Corporate Nursing	0	3	15	5	9	2	36	77	0	1	0	3	2	2	1	3	1	0	0	0	0	0	0	0	0
Estates And Facilities	0	0	0	2	5	0	0	27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Finance	0	18	0	0	1	0	0	7	1	0	2	1	13	3	0	2	0	0	0	0	0	0	0	0	0
Medicine And Long Term Condi	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	19	207	262	119	45	2	105	29	3	2	42	14	3	8	1	20	4	3	8	1	13	1	5	4
PAL/EOL - Corporate	0	2	5	17	3	0	1	25	0	2	0	2	1	0	0	2	3	1	0	1	0	0	0	0	0
Patient Experience - Corporate	0	0	0	1	2	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Womens, Childrens And Clinical	0	46	390	181	65	17	8	107	8	3	0	42	2	3	3	0	19	1	2	4	0	5	0	0	2
	0	75	233	89	72	7	9	100	1	1	0	31	3	6	23	0	11	0	1	3	0	6	0	0	0

Table 7 - concerns by category and type

The main themes identified via the number of concerns raised are regarding appointments 858 a decrease of 69 on the previous year (927), clinical care, assessment and treatment 578 a decrease of 112 (690), information requests and communication. 125 contacts referred to staff attitude.

5.1 Patient Opinion/NHS Choices/CQC

Since April 2018 there have been 19 comments made about the Trust via the NHS Choices/Patient Care Opinion website. The key category type is clinical care, assessment and treatment, communication and attitude. This mirrors the feedback received via all categories of complaint and concern. Feedback posted on the NHS Choice/Patient Opinion website is acknowledged with a request to contact the Trust to discuss the situation further offered.

In terms of CQC we have 2 patient concerns logged – both of these also came in as formal complaints and were investigated accordingly.

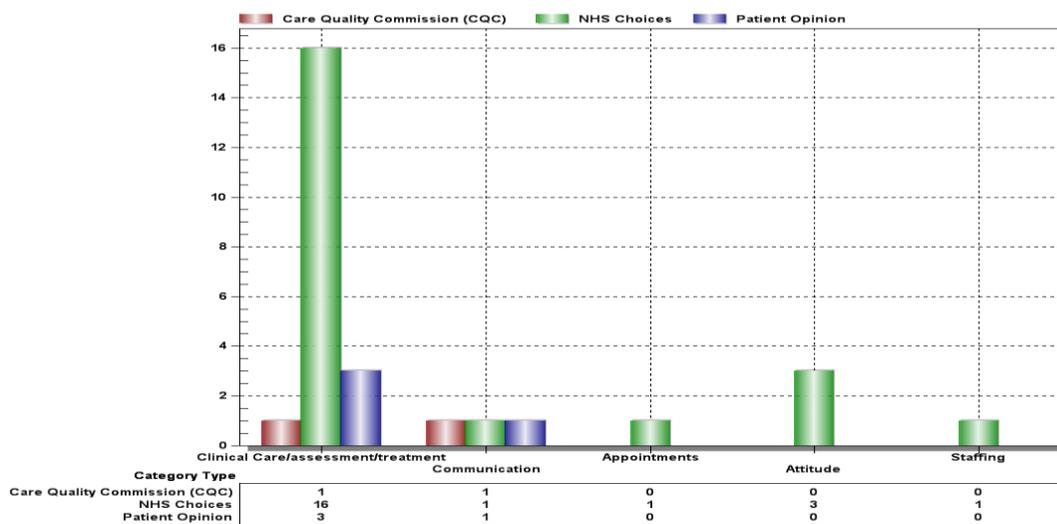


Table 8. CQC/Patient opinion/NHS Choices

6.0 Compliments

527 Compliments were received by the Trust.

Adult Community Care, Long Term Conditions and General Surgery accounted for the majority of compliments recorded.

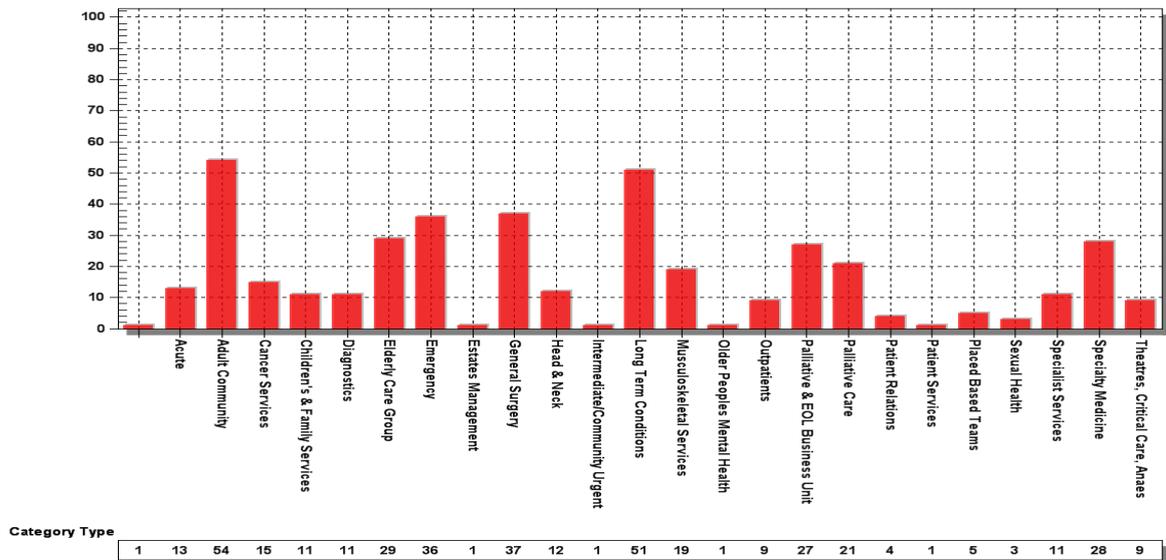


Table 9. Compliments

6.1 Complaint Satisfaction Questionnaire

The Parliamentary Health Service Ombudsman (PHSO) user-led vision for raising concerns and complaints in health and social care forms part of our Complaints policy. The vision was developed by the PHSO working inclusively with patients and service users. It starts with the complaint journey: a map of the route a patient or service user will go through when they make a complaint about a service they have received, and a series of simple statements that reflect what a good outcome would look like for the patient and service user at each stage of that journey. Beneath these overarching statements there are further statements that illustrate the expectations that patients and service users expressed when asked about what a good complaint journey would look like to them.

Our Trust feedback survey is based on the 'I' statements outlined in the user-led vision. Answers are requested using a scale of 0-5 with 0 as completely disagree and 5 completely agree. Feedback received is outlined as follows based on 30% return rate (88 responses):

- Making a complaint was straight forward : 78%
- I knew I had the right to complain: 89%
- I knew that my care would not be compromised by making a complaint: 83%
- The staff who spoke to me regarding my complaint were polite and helpful: 79%
- My complaint was acknowledged within 3 working days: 73%
- I was informed about the complaints process: 77%
- I was informed of any delays and updated on the progress: 76%

- I received a resolution in a time period that was relevant to my particular case and complaint: 78%
- I am happy with my overall response time to my complaint: 72%
- I feel the Trust has taken my comments on board and have made changes to improve the things that I was unhappy with: 77%
- I would complain again if I felt the need to: 91%

6.3 Equality Monitoring

An equality monitoring form is in place the form is issued at the point of acknowledgement with 34% (120) returned in 2018/2019.

- 89% of service users who responded to our survey were white British, the remaining 11% were Indian, Pakistani, Black Caribbean, Bangladeshi, Black British and Irish Gypsy/Traveller
- 82% of all service users who responded to our survey were age 51 plus (51-60, 61-70, 71-80 and 81 and over. Only 7.5% were under 30.
- 67% of service users stated their religion was Christianity, 2.5% Hindi, 2.5% Sikh, 4.2% Islam, and 19% did not wish to say, or had no belief.
- 65% of responses were received from females, 32.5% men and 2.5% did not wish to state.
- 87% of patients were heterosexual, 8% bisexual, 5% Gay, 1.7% Lesbian, 1.7% Bi-sexual 5% did not wish to state.
- Relationship status was varied, with the highest response being married (53%) single 17%
- 2.5% were pregnant at the time of making a complaint with a further 2.5% having recently given birth
- 30% of service users would consider themselves to have a disability.

7.0 Patient Relations Service review and priorities for 2018/2019

During the past year the team have continued to perform beyond expectations despite staffing constraints that has at times impacted performance. Following the continuation of an internal secondment of the substantive team leader to patient safety and another staff member being appointed to the trauma and orthopaedic care group, two of the team have also continued to act up in order to provide cover. This has meant for the main that the PALS side of the office has largely been supported via bank staff and the apprentice – who has been a ‘star’ appointment. Despite the obvious challenges the team have worked extremely hard to maintain a good service and continuing to raise standards – progress measures include:

2018/2019 Priorities	Outcome	2019/2020 Priorities
<p>1. Maintain the improvement's made to complaint response times and seek to reduce the number of days to respond down to 25 working days for moderate complaints</p>	<p>✓ 87% year end position achieved</p> <p>33% completed within 25 working days</p>	<p>Seek to further improve timeframes to include the majority – at least 80% of ALL complaints to be completed within 30 working days</p>
<p>2. Further targeted training – include community staff groups and to arrange 'toolkit taster' sessions</p> <p>Promote local resolution tips for good handling</p>	<p>✓ Revised Complaints training delivered – over 120 Senior Staff including Consultant groups across specialty</p> <p>✓ Mandatory e-learning module updated</p> <p>✓ Values based customer care induction launched and pilot programme in place</p> <p>✓ 1-2-1 sessions delivered to a number of staff from ED, Elderly Care and General Surgery</p>	<p>Review success of pilot customer care programme – amend as required</p> <p>Further training sessions ongoing</p>
<p>3. Increase monitoring collection data to 20% and above of all complaints</p> <p>Feedback on what data is telling us to patient forums</p> <p>Target hard to reach groups to raise awareness of complaints and feedback mechanisms</p>	<p>✓ Equality Monitoring data collection improved (30% of all complaints)</p> <p>✓ EDS 2 draft grading in place</p>	<p>Regular reporting to PEG and Patient Relations Surgeries to be held to increase and widen access</p>

In addition the role of the volunteers supporting the Complaints Monitoring Panel will be reviewed in an attempt to develop a lay assessor for standards monitoring and seeking assurance from lessons learned identified.

Garry Perry
Head of Patient Relations
1 May 2019

Division	Complaint raised	Lessons Learned/Outcome
Corporate Function	Complaint regarding the access team regarding not receiving letters and not documenting a cancellation and the GP receiving a 'did not attend letter'. Difficulties in accessing call centre.	The Trust replaced the call handling equipment. The new functionality enables us to provide a much improved service to patients by reducing queues and providing assurance to the callers that they are going to be answered. This also enables the Trust to measure accurately calls that are abandoned and use this as a quality measure. This development has given us improved information to develop the service around patient needs. In addition to this we are using a text reminder system and options to communicate by text and email to the Call Centre
Community Nursing	Complainant unhappy with treatment provided by the community nursing team. Appointments being changed without notification. Delays with appointments and communication issues regarding dressings.	Mobile technology has been introduced into the community nursing team, this will support scheduling and allocation of patient visits electronically and will eliminate the risk of human error when allocating work. Patients that are not allocated a visit on their scheduled day will then be contacted and informed of their new appointment date. All community nursing teams have a daily clinical sister triage nurse, who ensures prompt triage of any in-coming calls and concerns to the team, this should prevent delays in patients or relatives receiving telephone calls back and visits scheduled. All community nursing teams have a clinical sister with wound care responsibility, who will monitor patients with complex wounds to ensure the correct treatment regime is initiated. Anchor Meadow team have introduced a referral book for visit requests by the wound care link nurse within the team, this will ensure prompt triage of these patients and prevent delays in receiving wound re-assessments. The NHS dressing supply chain is currently being trialled within one of our community nursing teams, whereby commonly used dressing supplies are kept as stock within the team base; this will hopefully be rolled out across all community teams and will prevent delays in dressing supplies being delivered to patients and aid continuity in patient care.
Surgery	Complainant unhappy with delay in surgery. Advised individual funding request was sent in September. Has now been advised surgery cannot be completed at our Trust. Unhappy as she was not advised of	Staff received training regarding the process for Individual Funding Requests - the time frames involved and the process referring consultants should follow.

	this before.	
Womens, Childrens And Clinical Support Services	Complainant cites a lack of communication within immediate team and with patient as to how their baby was delivered/medical notes discrepancy.	Continuity of Care in the postnatal period is currently being reviewed with a plan to ensure that women are cared for by a small team of midwives who they have met during their pregnancy. The ward team have been asked to produce a ward guide which is given to all women who are admitted to the ward which details many aspects of the care on the ward. This is to reinforce the messages given by the staff. It will also include some information about what to expect in the early postnatal period.
Medicine	Complaint regarding a discharge home and left alone as NOK was out and had not been notified until they came to visit on the ward of the discharge	The ward carried out a review of the discharge checklist and procedures for checking and removing cannulas. The ward clerk concerned underwent additional training in customer service and now keeps a log of telephone calls made to relatives when patients are being discharged.

PHSO - Parliamentary and Health Service Ombudsman

Reference	Complaint raised	Lessons Learned/Outcome
16983	Complaint about care and treatment– says Trust differing explanations about what happened regarding relatives care have caused the family to doubt the Trust’s responses to her complaints.	<p>Partially upheld</p> <ol style="list-style-type: none"> 1. Extended visiting hours in order to improve communication with patients and relatives which in turn reduces anxiety and uncertainty. 2. Complaints investigation training in place. Training amended to enhance the focus on ensuring response letters use appropriate language that is empathetic and explained in layman terms.
17765	Specifically complaint that after a doctor was requested none arrived and that medical staff did not intervene when her patients EWS score increased.	<p>Partially upheld</p> <p>Respond to the failure to assess the deteriorating patient to enable advanced care planning</p> <p>Adult Deteriorating Patient Escalation Policy (National Early Warning Score-NEWS) policy in place since July 2017.</p> <p>NEWS flowchart produced and in place</p> <p>NEWS 2 implemented and in place and promoted via the Professional Development Unit</p>