

MEETING OF THE PUBLIC TRUST BOARD – [insert date of meeting]			
Patient Relations Annual Report 2019-2020			AGENDA ITEM: [PA insert number]
Report Author and Job Title:	Garry Perry Head of Patient Relations	Responsible Director:	Ann-Marie Riley 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	<p>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. The attached annual report provides details of complaints and concerns received by Walsall Healthcare NHS Trust between 1 April 2019 and 31 March 2020.</p> <p>The report identifies both the numbers and themes of formal written complaints reported as KO14a to the HSCIC (Health and Social Care Information Centre).</p> <p>The Patient Relations Team manages complaints, concerns and compliments received on behalf of the Trust. Working closely with Divisional teams and staff of all levels, the team seeks to maintain an appropriate level of contact with the complainants and where required external agencies; responding in a way that is both ‘person centered’ and effective in addressing the complainants concerns.</p> <p>This report provides information on the types of feedback received by the Patient Relations Team in the past year 2019/2020 it highlights some of the actions taken as a lesson learned and looks forward to continuous improvement in the way we respond to patients and their carers.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <ol style="list-style-type: none"> 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	<p>Delays in complaint investigations being undertaken can result in service improvement delays and therefore affect patient safety as there is a risk the same issue can reoccur.</p> <p>Delay in investigations, and therefore a delay in the response being sent out to the patient/family, can result in poor patient/family experience and</p>		

	can affect the organisational reputation.	
Resource implications	Poor Complaint handling can result in injustice payments recommended by the PHSO in lieu of additional distress caused	
Legal and Equality and Diversity implications	There are no equality & diversity implications associated with this paper. <ul style="list-style-type: none"> • CQC – Regulation 16 receiving and acting on complaints • Local Authority Social Services and NHS Complaints (England) regulations 2009 	
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 Annual Report 2019-2020

1. PURPOSE OF REPORT

The purpose of the report is to provide information on the activity and feedback received by the Patient Relations Team in the past year 2019/2020 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 2019 and 31 March 2020 and Patient Relations service activity.

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

- 1) Review of service priorities 2019/2020
- 2) Lessons Learned & Actions Implemented
- 3) Priorities 2020-2021

Patient Relations

Annual Report

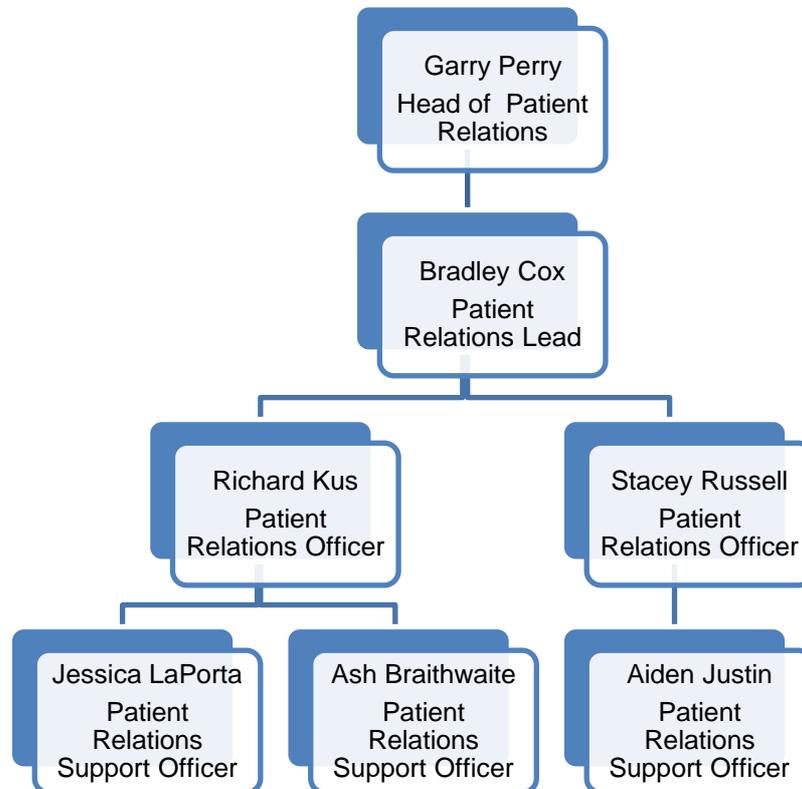
2019-2020



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1.0 About the Patient Relations Team



1. Patient Relations structure

The Patient Relations team provides access to the department via a designated email address, telephone, the Trust website, and via the receipt of written correspondence - the team also offers face to face contact via the department from 09:00 hours to 16:00 hours Monday – Friday. There is also an answer machine for out of hours.

Patient Relations is at times perceived to be just about ‘complaints’ when in fact our work and the support we provide is much broader. Everyone is welcome to contact the department whether they are a patient, relative, carer or member of staff, and a friendly, professional welcome is given to all. We have access to a wide range of information to help where we can and during the day we respond to many requests for information and advice and signpost all who access our service in the right direction. Our remit is ‘if we don’t know, we will find out who does’. The team also continues to attend the ward and clinic areas as and when we are required.

We provide support to Trust staff enabling them to respond to concerns and complaints in a positive manner. For example; helping to resolve concerns as and when they happen; providing information to the patient with respect to internal processes, i.e. being involved in Multi-Disciplinary Team Meetings (MDT) and arranging attendance and guidance.

The Patient Relations team also provides pastoral support and family liaison support to the complainant through the complaints process. The team continues to work closely with the Divisions to respond in a proactive manner to concerns received within the Trust. This entails immediate involvement of the Divisions as well as contacting nursing staff, clinicians and administration staff in any particular area, to liaise and respond to concerns in real time. By providing the link between staff, patient, relative or carer and offering the support to everyone involved leads to a greater degree of satisfaction for all concerned and embeds a culture where learning and feedback is valued.

The team continues to encourage the empowering of staff to work with us proactively to resolve concerns at source. The team provides support to staff, patients, carers and their relatives through difficult times without always having to engage in the formal complaints process. In the past year we produced a guide to assist staff in informal resolution of concerns in addition to a separate guide to aid effective resolution of complaint meetings. We are always appreciative of the support we receive from staff from all areas and levels as this provides us with the confidence that we work as one team, successful in the building of firm relationships with our colleagues.

We work closely with the Patient Safety, and Adult and Children's Safeguarding Leads, and attend the weekly divisional safety huddles providing information on complaints and concerns received each week, as well as providing the more positive aspects of information received. These meetings assist in the triangulation of incidents, claims and complaints discussed on an individual basis to enable a more in depth discussion to assist with the decision making of how they are to be taken forward. These can include complaints that are also reflected in a Serious Untoward Incident, complaints received from MPs, and where specialist advice is required. This ensures prompt decision making regarding the progression of these complaints and, where appropriate, instigation of investigations through the Root Cause Analysis process or independent reports from clinical and nursing experts externally.

The Department also works with the legal and claims team to liaise with relatives who have any outstanding concerns following an inquest and acting on communication/instruction from the Coroner. Working with the office of the Parliamentary Health Service Ombudsman (PHSO), we have built positive links with case workers; providing the necessary information and advice for a speedy and thorough resolution to their investigations. This enabled us to take an active role in the forthcoming national standardisation of Complaints and the development of an accredited training programme.

Advocacy links are maintained via ICAS (Independent Complaints Advocacy Service) and Healthwatch to ensure that the complainant is signposted to independent advice and direction to an advocate that is right for them when this is required. As such our relationship with Healthwatch Walsall has grown and we have worked alongside Healthwatch to provide information and resolution to concerns or questions when raised.

Appendix 1 (page 12) details the outcomes of a review of our internal priorities for 2019/2020. We have seen a reduction of the number of contacts responding to both the complaint satisfaction survey and equality monitoring survey. This will need to improve and a variety of options will be utilised in order to further capture this valuable information.

Our priorities for 2020/2021 are detailed at appendix 3 (page15) and include:

- 1) Piloting a complaint investigation 'support hub' with the division of Medicine. If successful we will roll this out across Divisions.
- 2) Develop an e-learning module with certification to replace the Trust complaints update which is out of date.
- 3) Introduce virtual meetings for patients/families rather than meeting face to face following COVID -19 adjustments
- 4) Improving the collection of Equality data, the team will also be scoping using the envoy messaging service to obtain feedback on the service.

2019-2020 Activity

During 2019/2020 a total of 4176 contacts were received by the Patient Relations Team which is an increase of 399 contacts from the previous year. This figure includes a total of 359 written complaints (KO14a) about care addressed in letters to the Chief Executive. Of these 344 were written complaints, 6 were letters received via Members of Parliament (MP letter) and there were 9 informal to formal converted complaints. The total figure represents an overall increase of 13 complaints compared to the previous year 2018/2019. Throughout this report 'K041a' 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).

2. Complaints

This section details written complaints received during 2019/20.

2.1 Complaints by Division

- **There has been an overall increase of 13 complaints compared to the previous year 2019/2020.**

The Divisions of Medicine and Long Term Conditions (MLTC) and Surgery generated the greatest number of complaints, accounting for 77% of all complaints received.

MLTC (152 complaints), Surgery (127), Women’s Children’s and Clinical Support Services (WCCS-60). Corporate functions, Urgent Care, Estates and Facilities and Adult Community account for the remainder.

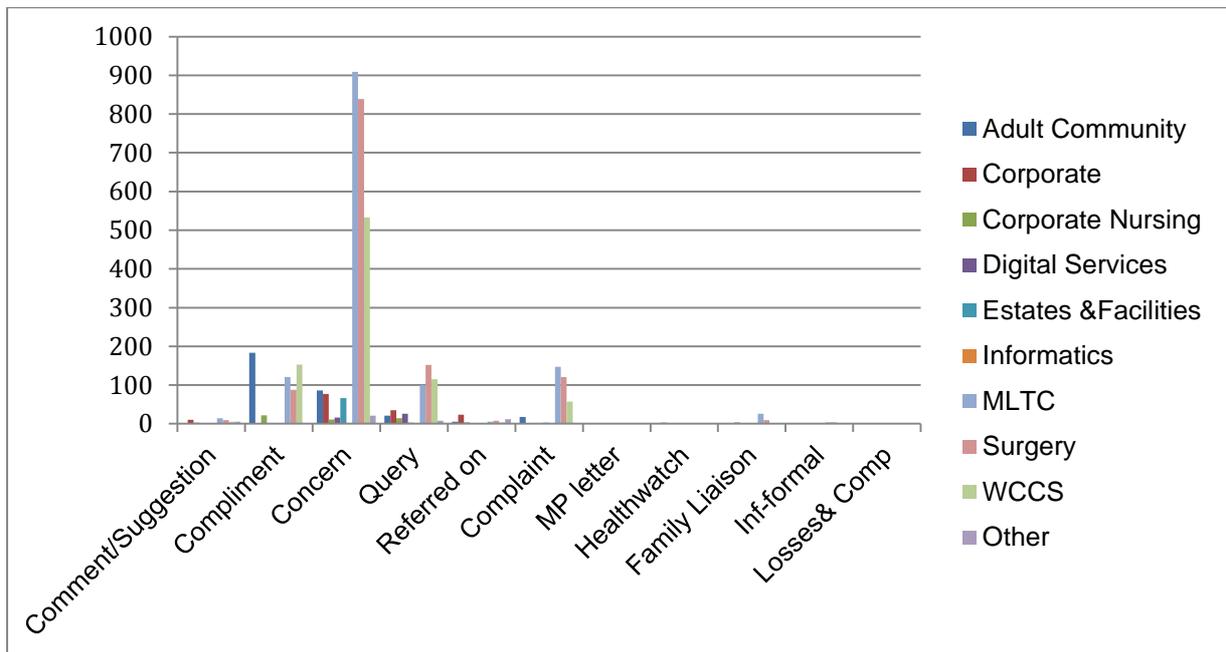


Table 2. Complaints by activity type

2.2 Complaints by category type

During 2019/2020, there were 409 complaint types by category with the main theme emerging from formal complaints being treatment care and supervision. This accounted for 24% of all complaint categories, 98 complaints fell within this domain. The top 10 category types from all complaints are highlighted in the table below.

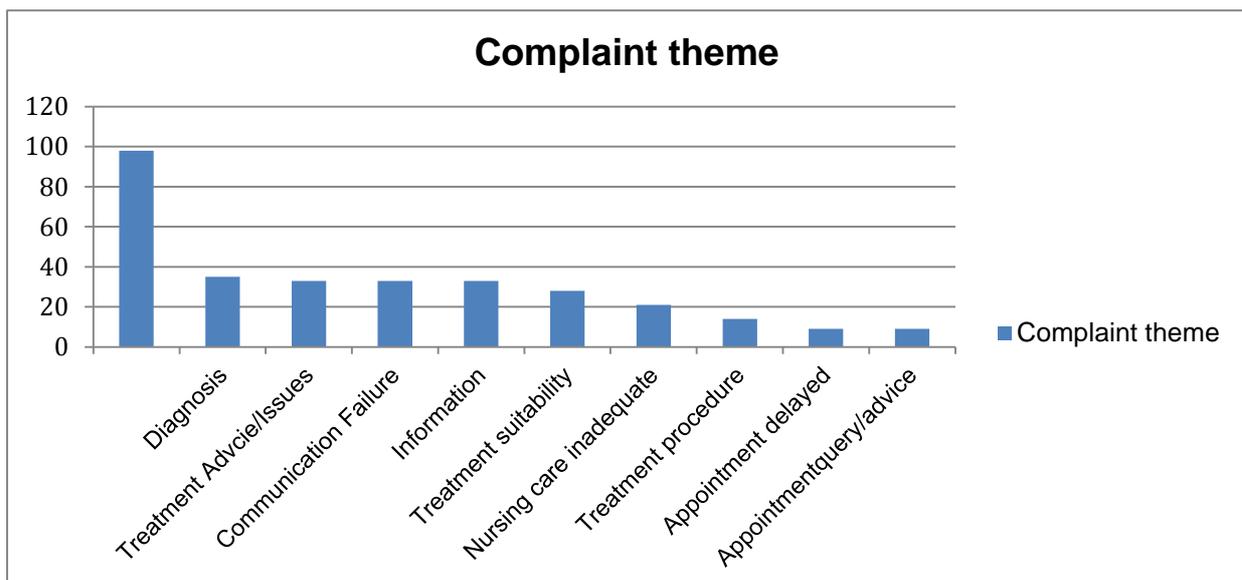


Table 3. Complaints by category

3.0 Complaints via patient activity (10,000 spells) 2019/2020

The number of complaints versus patient activity was 9%. This is calculated as the number of complaints divided by-elective, non-elective and emergency patients (40,942) and multiplied by 1000.

3.1 Complaints by outcome

At the time of completing this report, the total number of complaints resolved was 334. 20 complaints were upheld with 126 not upheld and 186 partially upheld. 21 complaints are ongoing with 4 withdrawn.

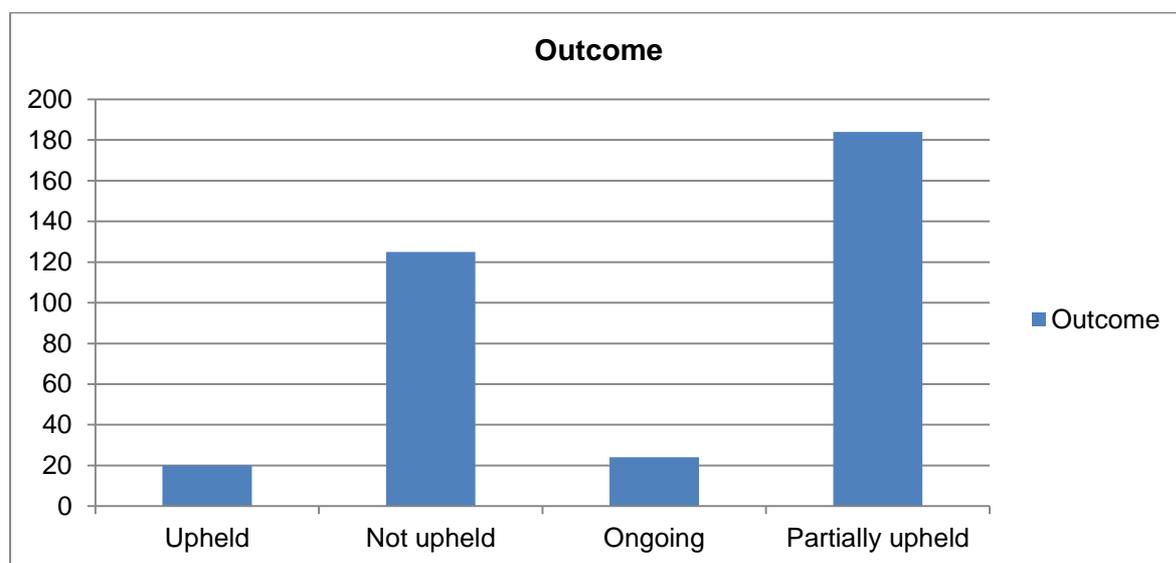


Table 4. Complaints by outcome

3.2 Response times

The 2009 Complaint Regulations removed the 25 working day target to provide greater flexibility with the intention for minor complaints to be resolved much quicker whilst accepting that longer timescales will be needed for the most complex/severe. The Trust target is 80% of all complaints to be completed within 30 working days. 45% of written complaints were completed within 30 working days for 2019/2020.

During the year there was a change in the approach used to record complaints completed within timeframe, from timescales agreed with the complainant (which the regulations allow) to one which focused directly on number of days to complete. The difference in recording highlighted that in the main the organisation was not meeting the local target of completion within 30 working days for 80% of all complaints. Actions have been undertaken to address this in year with a reduction in the backlog of complaints and a clear escalation process where support is required.

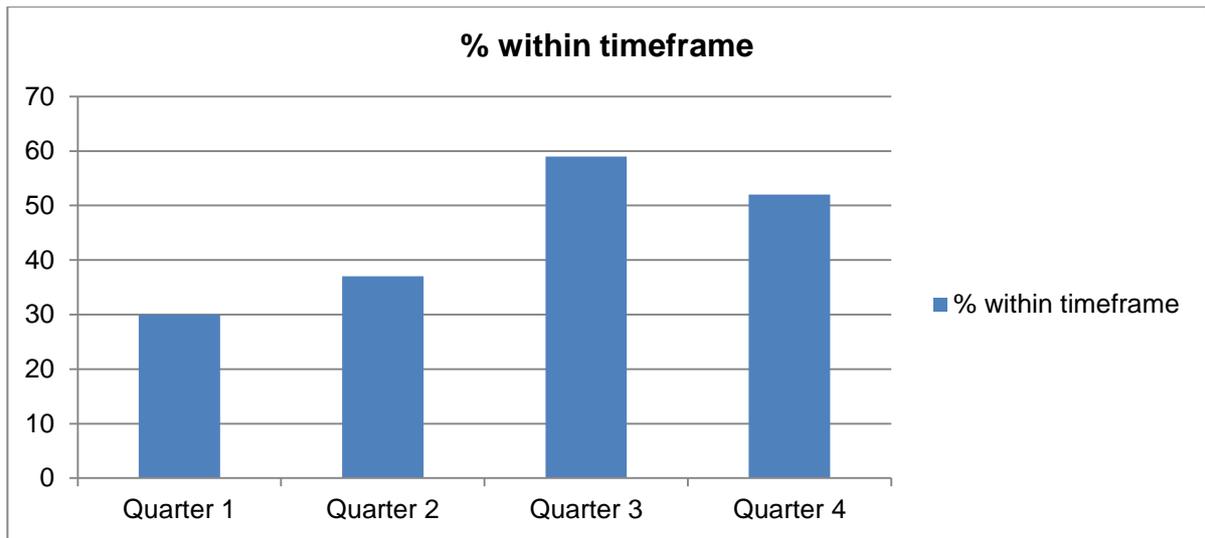


Table 5. Complaints timeframe

Supportive action is in place to manage caseloads and provide ongoing support for the divisions. This has included a deep dive of all cases identifying complaints that can be responded to via available records, and some support via re-deployed nursing staff – one each from Surgery and Medicine who have coordinated, led and investigated a number of additional complaints. Patient Relations team staff have also acted as coordinators in order to ‘template’ complaints where investigation statements have been received. In addition complaints requiring escalation i.e. potential serious incidents, safeguarding, mortality/subject judgement reviews are also facilitated.

4.0 Parliamentary and Health Service Ombudsman (PHSO) Cases

In 2019/20, a total of 11 cases were accepted via the PHSO for investigation. This equates to 3% of all complaints received. There are nil cases open from the previous year 2018/2019. 9 were cases completed during this year with 2 ongoing.

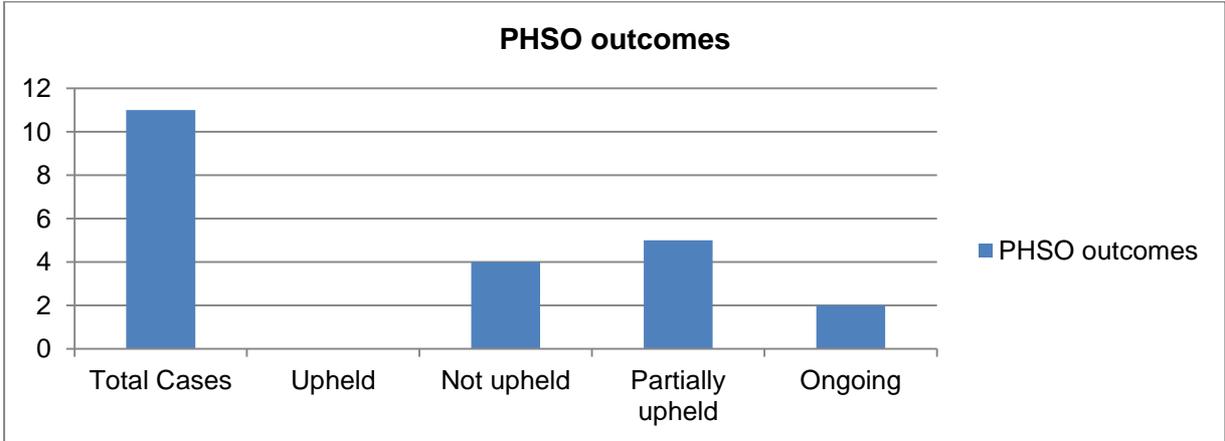


Table 6 – PHSO Cases and outcome

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 2019/2020 and lessons learned from complaints closed.

5.0 Concerns

There were a total of 3395 concerns received during 2019/2020 an increase of 507 concerns from the previous year (2888).

This figure includes concerns (2834), comments, suggestions and queries and referred on (553), Losses and Compensation 3, Health watch referrals 2, other PALS 3. MLTC equated for 33% (1133) of the total activity, with Surgery 32% (1074) and WCCSS 20% (685).

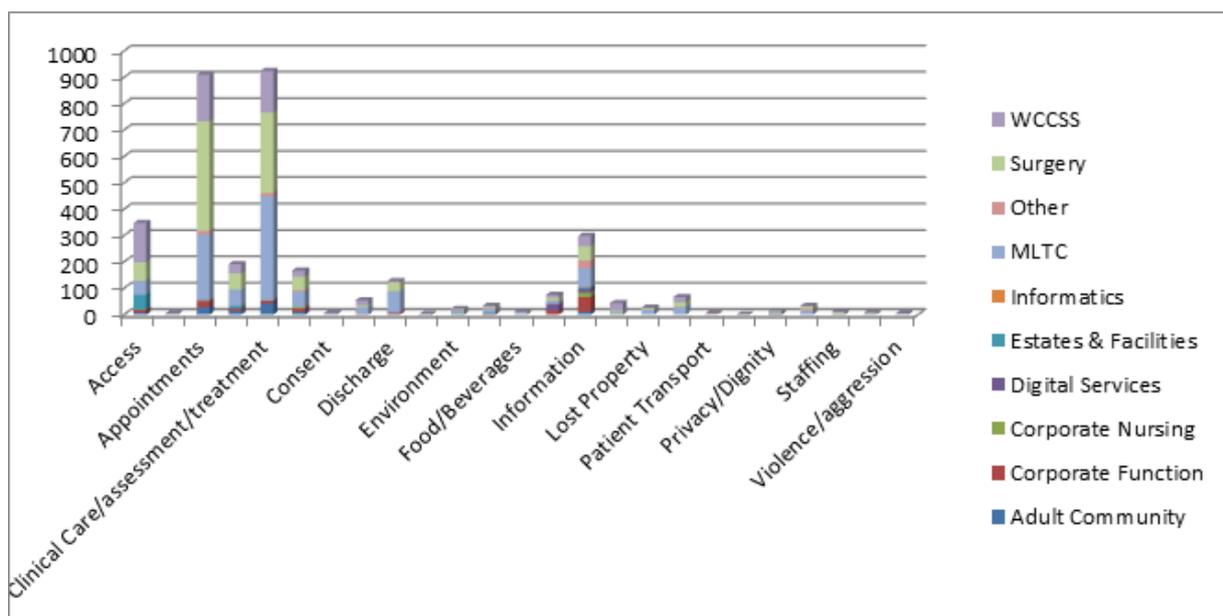


Table 7 - concerns by category and type

The main themes identified via the number of concerns raised are clinical care, assessment and treatment (925) 27%, Appointments (910) 26% and patient access issues (appointment linked) - 348, 10%.

6.0 Compliments

439 Compliments were received by the Trust. Womens Services (124), Placed based teams (54), Palliative Care (50) and Specialist Services (49) accounted for the majority of compliments recorded – 64%.

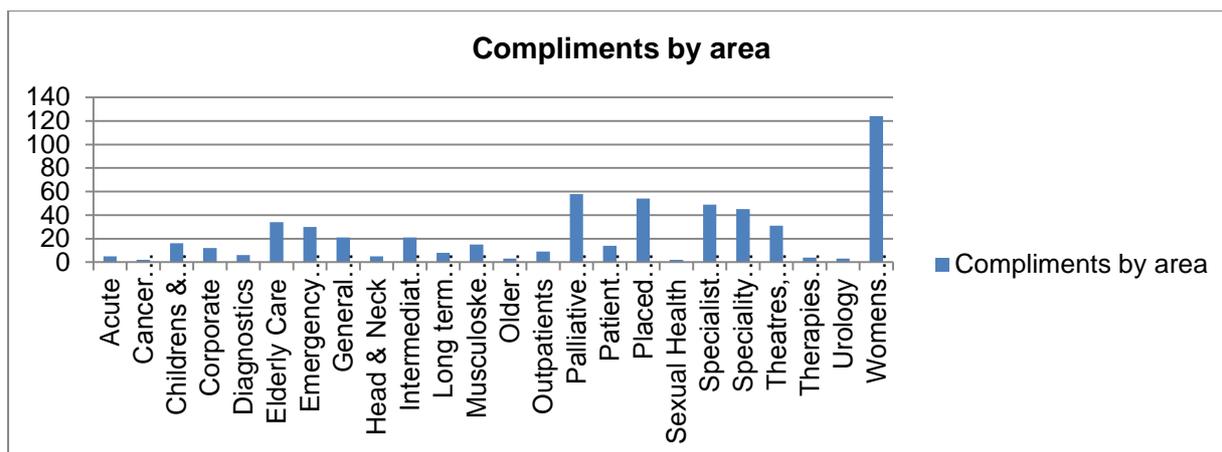


Table 8 – Compliments

☺ Please thank the staff for community nursing South team - the staff were professional, treated my dad with kindness and respect in what is and remains a very difficult time for you all

☺ Karen is a true asset to the health in pregnancy team and I only wish I was eligible to access her services longer

☺ Ward 7 – ‘From me to you, and all you do, I send this card to say thank you – to all doctors and nurses at Walsall Manor Hospital especially Ward 7 for all you have done for me’

☺ Ward 15 – ‘Every person on this ward gives 100% of their profession and care, my hospital stay could not have been made any easier and a massive thank you from me and my family’

☺ West 2 Community Nurses – ‘Thank you so much for all you have done for me and continue to do for me – it is very much appreciated’

☺ Accident & Emergency – ‘The nurse who looked after me was very professional and caring she gave us information that was factual but in a way that did not make it too distressing, she also ensure I was comfortable and is a credit to the profession’

6.1 Complaint Satisfaction Questionnaire

Our feedback survey is based on the ‘I’ statements outlined in the Parliamentary Health Service 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 10% return rate (38 responses):

- Making a complaint was straight forward : 87%
- I knew I had the right to complain: 97%
- I knew that my care would not be compromised by making a complaint: 82%
- The staff who spoke to me regarding my complaint were polite and helpful: 87%
- My complaint was acknowledged within 3 working days: 85%

- I was informed about the complaints process: 90%
- I was informed of any delays and updated on the progress: 90%
- I received a resolution in a time period that was relevant to my particular case and complaint: 73%
- I am happy with my overall response time to my complaint: 74%
- I feel the Trust has taken my comments on board and have made changes to improve the things that I was unhappy with: 79%
- I would complain again if I felt the need to: 87%

6.2 Equality Monitoring

An equality monitoring form is in place and is issued at the point of acknowledgement with 5% (18) returned in 2019/2020. Highlights:

- 33% of service users who responded to our survey where White British, the remaining 11% where British Asian, 5% Bangladeshi, Black British and White Irish, Romany Gypsy/Traveller and Afghan
- 88% of all service users who responded to our survey where age 51 plus (51-60, 61-70, 71-80 and 81 and over. Only 12% where under 30.
- 50% of service users stated their religion was Christianity, 11% Islam, and 17% did not wish to say, or had no belief.
- 39% of responses were received from females, 33. % men and 11% did not wish to state.
- 62% of patients who responded were heterosexual, 11% Homosexual Male, 5% did not wish to state.
- Relationship status was varied, with the highest response being married (40%) 16% Living with a partner, single 17%
- Of those who responded NIL were pregnant at the time of making a complaint with no respondent stating they had recently given birth
- 73% of respondents would consider themselves not to have a disability. 16% stated they had a disability namely physical impairment, long term illness and a mental health need.

Garry Perry
Head of Patient Relations
29 May 2020

Appendix 1 - Patient Relations review of service priorities 2019/2020

2019/2020 Priorities	Outcome
<p>1. Seek to further improve timeframes to include the majority – at least 80% of ALL complaints to be completed within 30 working days</p>	<p>Not achieved – change in process to count number of days to resolve identified issue with timeliness (agreed timeframes with complainant)</p> <p>Regular progress reporting to Quality Patient Experience and Safety Committee and via the Nurse Directorate team meetings & weekly safety huddle attendance.</p> <p>Escalation process introduced.</p>
<p>2. To deliver further targeted training – include community staff groups and to arrange ‘toolkit taster’ sessions</p> <p>Promote local resolution tips for good handling</p> <p>Deliver at least 2 per quarter</p>	<p>Regular progress reporting via Nurse Directorate team</p> <p>Training outcome forms in place and received</p> <p>Guidance in place and toolkit revised</p> <p>Achieved training target for quarters 1,2,3 quarter 4 affected by COVID-19</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>Monitoring collection decreased to 10% return rate for satisfaction survey and just 5% for Equality Monitoring.</p> <p>We committed to hold 4 information surgeries this last year, we attended the following public events two Health fairs in the East and West of Walsall, a bespoke event organised via Healthwatch Walsall for the deaf Community, Walsall Pride and a Community Showcase networking event.</p>
<p>4. Review safeguard user awareness and exploit system for team benefit</p>	<p>Modified and produce and update regular reports - Staff skill check for producing ad-hoc and on request report's completed. Better performance – via number of concerns resolved within 48 hours – below 20 outstanding for each week.</p>
<p>5. All staff to complete a values commitment pledge</p>	<p>Values pledge confirmed reviewed and discussed via appraisal. This has led to individual areas of focus for staff.</p>

Appendix 2 – Lessons Learned – Complaints and Parliamentary Health Service Ombudsman Cases

Division	Complaint raised	Lessons learned/outcome
Children's Services/Surgery	Complainant was unhappy with their daughters paediatric care following surgery, they felt there were initial delays and the Trust did not follow guidelines	All paediatric crucient ligament (ACL) injuries should have a Home Exercise Programme prior to ward discharge as specified by their consultant. This was reiterated to all the paediatric physiotherapy staff in a team meeting and also during the complaint investigation process. It was confirmed that this programme should be recorded and documented, as routine. This also applies to booked outpatient appointments prior to ward discharge. The Paediatric Physiotherapy Team have been, from September 2019, liaising with the Trust Orthopaedic Surgeons, who undertake this type of surgery, to develop and provide an appropriate rehabilitation protocol for Paediatric patients. Patients are in future to be referred to our Trust Adult ACL physiotherapy class, if it is felt age appropriate and following discussion and care planning with each family on an individual basis. This service offer will be included in the protocol. Patient/families/carers to be given an appointment card with the team contact number if any concerns or issues arise with an additional opportunity to ring us two weeks after fracture clinic appointments. Patients are also to be case allocated and followed up by the same physiotherapist for continuity of care between the in-patient ward and the outpatient services, where possible, for the duration of each patient's rehabilitation journey.
Women's Services	Patient complained regarding care received following birth of a baby. They were unhappy with the level of care received on the ward, as well as from the community midwives. Main issue related to management of wound, infection and 'tears' following birth.	<p>A review of the postnatal guideline took place and the outcome included -:</p> <ol style="list-style-type: none"> a. Automatic appointment for gynaecology follow up if 'breaks down' of perineal stitches or infection to the perineum occurs in any patient postnatally. b. Early referral for physiotherapy for women who experience infection to perineum after having trauma or stitches. c. Patients should be referred back to the maternity unit where they delivered if there are concerns of wound infection prior to discharge from maternity services. <p>Review/audit the occurrence of 3rd and 4th degree tears within the maternity unit also took place this was completed in July 2019.</p>
Adult Community – nursing	Unhappy with care and treatment under podiatry department and the District Nurses. Feels appts/visits were not optimal and the patient has had to have her toe removed.	Community Services have implemented a more robust system to help with the issue of repeated patient visit cancellations. A triage nurse within the locality team now allocates and schedules patient visits on the Total Mobile electronic system on a daily basis. This should ensure all visits are listed to be allocated. If a visit does have to be re-scheduled for another day, the triage nurse will contact the patient to inform them of changes to their scheduled visit. This process will also ensure that this is not repeatedly affecting a single person.

<p>Medicine and Long Term Conditions</p>	<p>Unhappy with care on the ward. Nursing and medical care along with poor communication and documentation.</p>	<p>There are twice daily safety huddles now taking place on Ward 14, to ensure that staff are kept updated throughout the day on changes in patient's conditions, updates on discharges/admissions and to ensure that the team are fully sighted on everything that is occurring on the ward keeping the lines of communication very clear. A matron's audit is undertaken monthly on every ward; this includes a close inspection of the documentation of 10 sets of patient nursing notes. Cross auditing is used to ensure that a matron from a different area completes this audit to heighten assurance. Areas of poor performance are expected to provide an action plan for improvement to the Director of Nursing. A documentation task and finish group has been set up by a Divisional Director of Nursing, to look at the documentation used in the organisation. The aim of this is to streamline the documentation, and avoid unnecessary duplication, to ensure that nursing staff can concentrate on completing essential pieces of documentation.</p>
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Appendix 3 – 2020-2021 Priorities

2020/2021 Priorities	How we will measure this
1) We are currently trialling a 'completion hub' with the division of Medicine. If successful we will roll this out across Divisions.	The 'completion hub' will be piloted with MLTC initially and will be based in the MLCC. PRT will work with the Divisions who will have access to medical notes in the hub and be able to complete their statements/reviews. PRT will measure the success of this initiative by the response timescales – are these improving month by month? We will also measure by the quality of responses – are they being signed off quickly without the need to send them back to the Divisions without amendments and are the actions SMART.
2) PRT e-learning module with certification to replace Trust induction which is out of date.	If this could be considered mandatory (yearly) on the Trust training package it will be measured along with other training compliance. If this is not considered mandatory then PRT will be able to pull reports from ESR to ensure that Division are completing their training especially those who are investigating officers who will be able to complete a Level 2.
3) Virtual meetings for patients/families rather than meeting face to face	With recent events (COVID-19) it is proposed that PRT move family meetings to virtual meetings as much as possible. This will improve family experience especially for those who do not want to come on site after a poor experience. This will be either telephone/conference call or via skype or similar. We can measure how this is performing via our PRT service feedback.
4) Equality Monitoring and Feedback Surveys	PRT will be focusing on obtaining equality information. When acknowledgment letters are sent out the forms will be enclosed and a stamped addressed envelope included to improve returns. PRT support officers will also be asking for equality information at the end of calls from patients/relatives so that we can capture more information and not just for formal complaints. Information will be captured on safeguard therefore can be measured via this method and data provided regularly to the Trust. PRT will also be scoping using the envoy messaging service to obtain feedback on the Pals service.