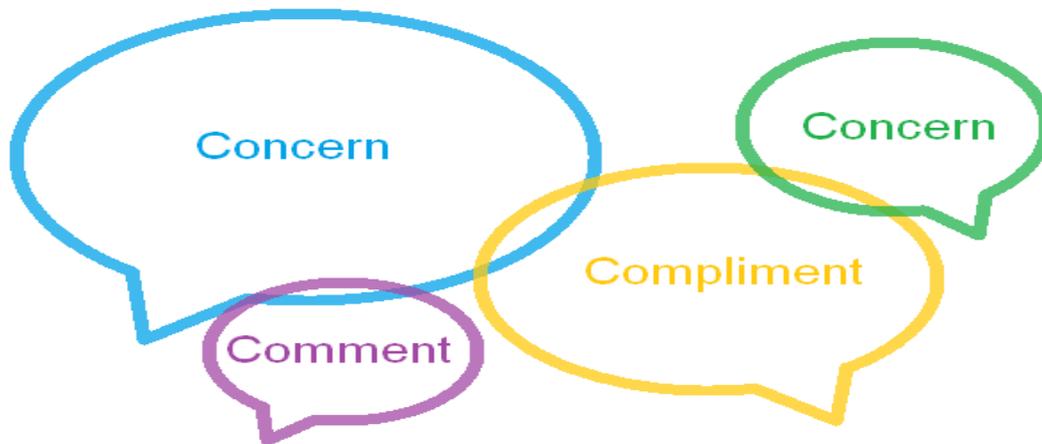


# Complaints Annual Report 2017/2018





## Introduction

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 2017 and 31 March 2018.

The report identifies both the numbers and themes of formal written complaints reported as KO14a to the HSCIC (Health and Social Care Information Centre). The term 'concerns' is used in relation to informal concerns which are managed and resolved either on the spot, at a local level or issues which do not meet the criteria of the NHS complaint regulations or are 'out of time'.

The Patient Relations Team manages complaints, concerns and compliments received on behalf of the Trust. The Team strives to be as responsive and proactive to queries and concerns as possible managing a caseload that averages 14 contacts per working day each year. 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.

This report outlines the feedback received by the Patient Relations Team in the past year 2017/2018 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 when they are often at their most aggrieved.

**Garry Perry**  
**Head of Patient Relations**  
**April 2018**

## 1. Activity

During **2017/2018** a total of **3661** contacts were received by the Patient Relations Team which included a total of 313 written complaints (KO14a) about care which were received by the Chief Executive. This figure includes 280 written complaints, 8 MP letters and 25 informal to formal converted complaints (7 complaints were withdrawn). There has been an overall reduction of 9 complaints compared to the previous year 2017/2018. 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).

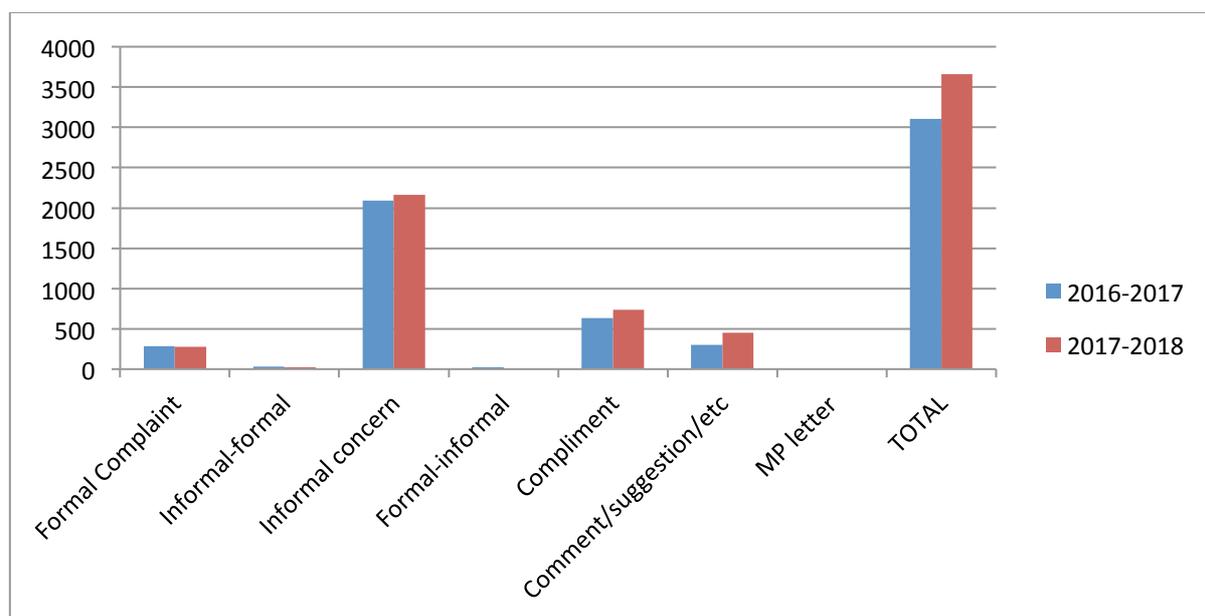


Table1. Complaints by activity type

## 2. Complaints

This section details Formal Complaints received during 2017/18.

### 2.1 Complaints by Division

- ✓ **There has been an overall reduction of 9 complaints compared to the previous year 2016/2017.**

The Divisions of Medicine and Long Term Conditions (MLTC) and Surgery generated the greatest number of complaints, accounting for 52% of all complaints received, with Surgery accounting for 25% and Women's Children's and Clinical Support Services (WCCS) 19%.

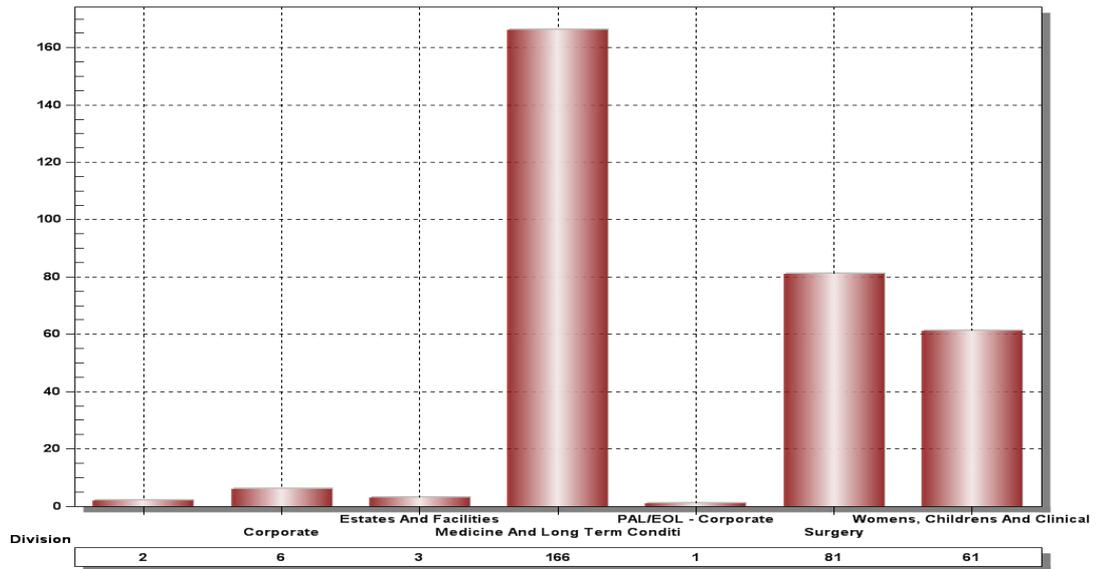
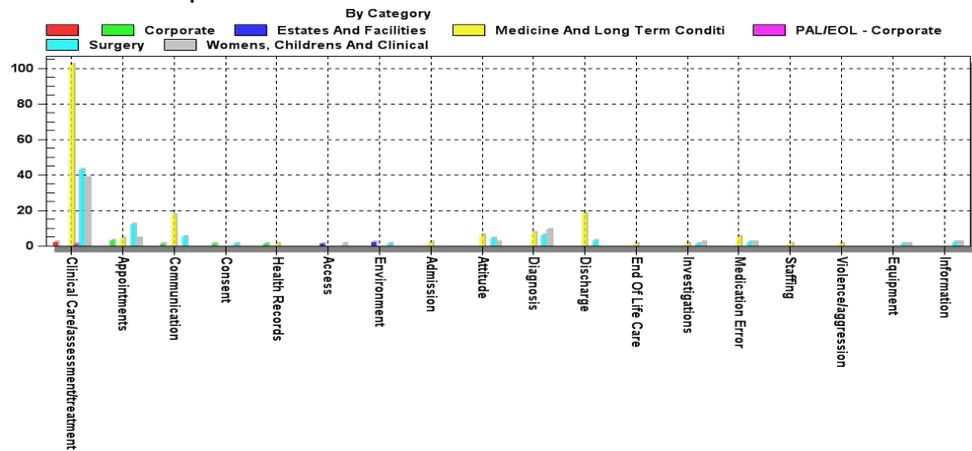


Table 2. Complaints by Division

## 2.2 Complaints by Complaint Category

During 2017/2018, the main theme emerging from formal complaints was 'clinical care, assessment and treatment' this accounted for 58% of all complaint categories with the following themes accounting for the majority of the rest, communication (23), appointments (23), diagnosis (22) and discharge (21).

Graph to Show Formal Cases for Each Division



Category Type	Corporate	Estates And Facilities	Medicine And Long Term Condi	PAL/EOL - Corporate	Surgery	Womens, Childrens And Clinical
Clinical Care/assessment/treatment	2	0	0	0	0	0
Appointments	0	3	1	1	1	0
Communication	0	0	0	0	1	2
Consent	0	0	0	0	0	0
Health Records	0	0	0	0	0	0
Access	0	0	0	0	0	0
Environment	0	0	0	0	0	0
Admission	0	0	0	0	0	0
Attitude	0	0	0	0	0	0
Diagnosis	0	0	0	0	0	0
Discharge	0	0	0	0	0	0
End Of Life Care	0	0	0	0	0	0
Investigations	0	0	0	0	0	0
Medication Error	0	0	0	0	0	0
Staffing	0	0	0	0	0	0
Violence/aggression	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Information	0	0	0	0	0	0

Table 3. Complaints by Category

### 3.0 Complaints via patient activity (10,000 spells) 2017/2018

In 2017-2018 the number of complaints versus patient activity was 8.6%. This is worked out as the number of complaints divided by-elective, non-elective and emergency patients (36315) and multiplied by 1000.

### 3.1 Complaints by outcome

The total number of complaints resolved was 258. 20 were upheld with 97 not upheld and 141 partially upheld.

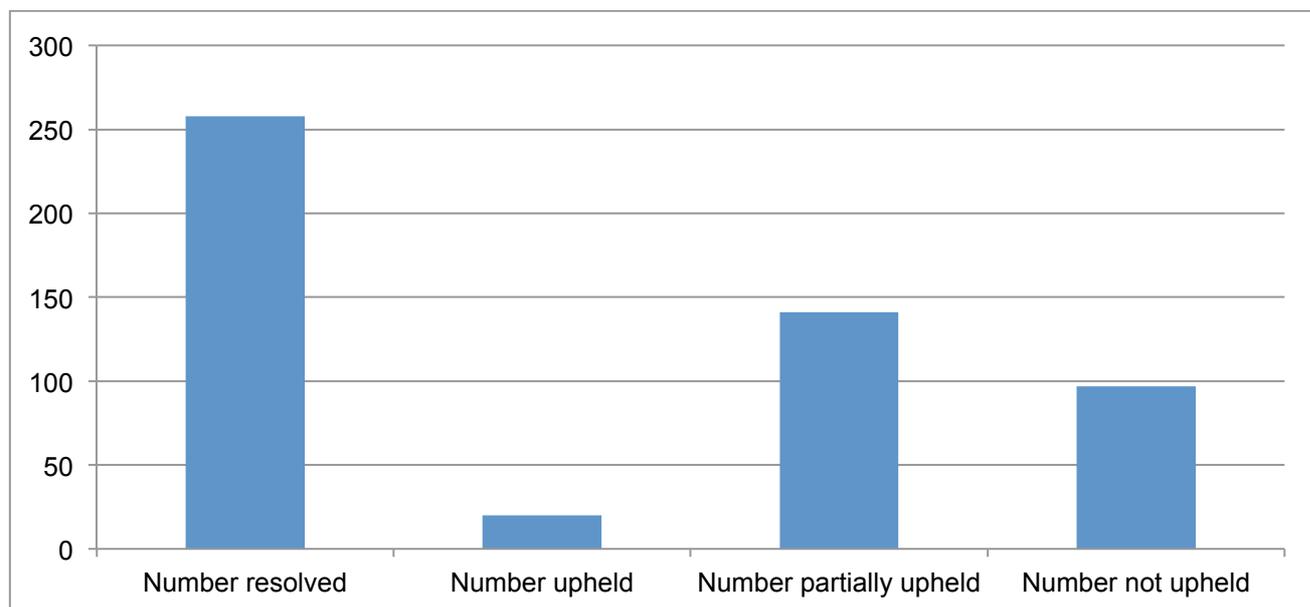
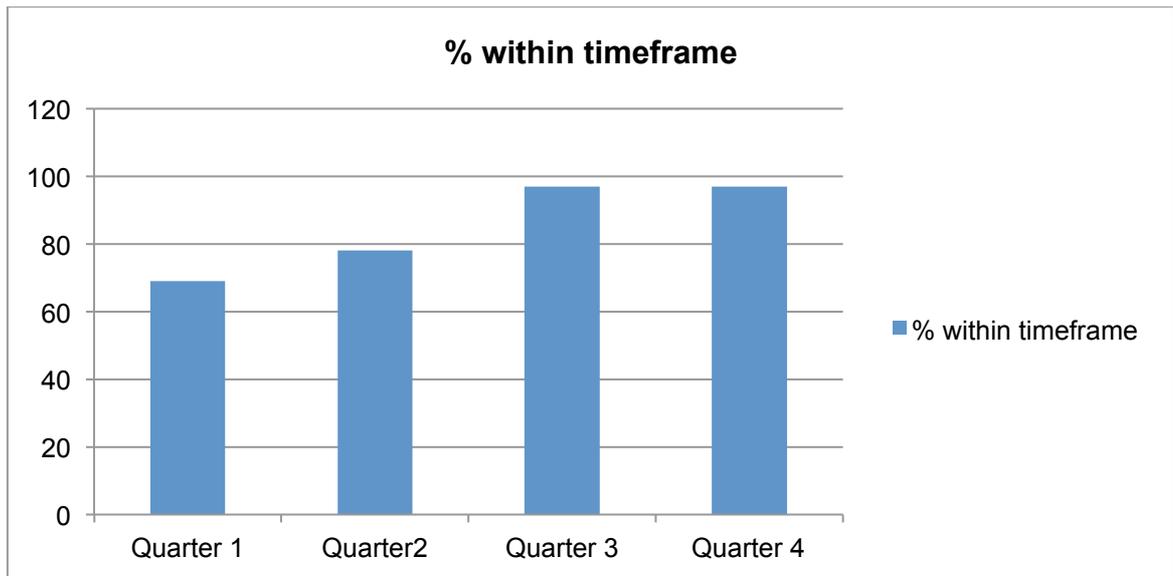


Table 5. Complaints via outcome

### 3.2 Response Times

Approval for a new timeframe was agreed with local resolution targets in July 2016 identifying a 10, 30 and 45 working day timeframe based on agreement with the complainant and the level of seriousness afforded.

- ✓ **The work with divisions and ‘profile raising’ of the need to negotiate timeframes with the complainant has resulted in a year end aggregated position of 89% of all complaints responded to within timeframe. This is a significant improvement from a year end position of 79% in 2016/2017.**
- ✓ **On 6 occasions during the last 12 months the Trust also achieved 100% completion.**



**Table 6 – Complaint local response timeframe 2017/2018**

A number of interventions have continued to take place including closer working with divisional huddles and focused feedback to investigating officers by a newly introduced feedback form. Number of cases outstanding = 5% of all live complaints at year end which is within the 10% parameter set in 2016/2017.

#### **4.0 Lessons Learned**

Some of the lessons learned arising from complaints includes:

Patient felt that her surgical stocking was too tight after her operation and that this caused her wounds which required redressing regularly:

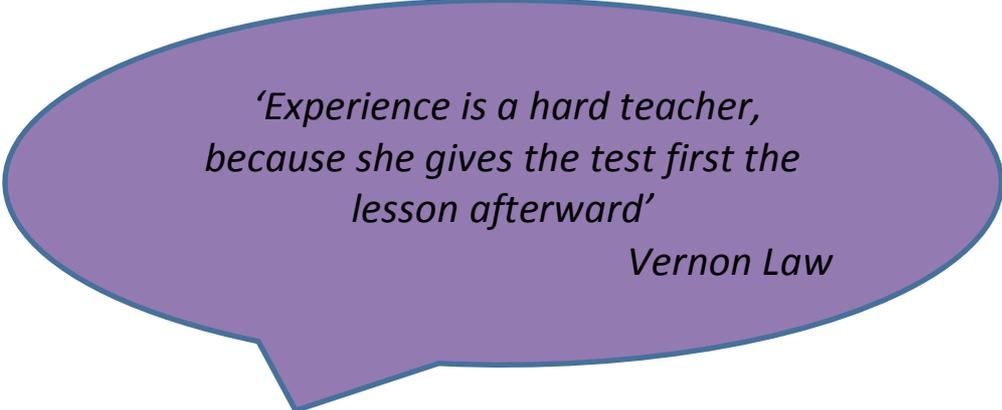
- ✓ **One of the Trust’s surgical wards composed a checklist for all patients regarding the use and monitoring of ted stockings, this checklist ensures a patients stockings are checked regularly. The checklist documents what action has been taken by staff, any change and the current condition of the patient’s legs and feet. This check list was taken to quality board and has since been rolled out across other wards. If this checklist had been in place during the patients stay on the ward it may have encouraged a conversation and would have allowed closer monitoring. The stocking checklist is now in every patient folder who is wearing TEDS for VTE prevention.**

Vital signs monitoring was inadequate. Nurse failed to escalate abnormal blood sugar to doctor:

- ✓ **A ward is using a NEWS escalation stamp that can be used to document this in the medical notes.**

Patient underwent an emergency c-section. The patient felt that the anaesthetist had not administered the correct amount of anaesthetic which caused the patient to wake up during the surgery and be aware of what was happening:

- ✓ It was not obvious during the anaesthetic and surgery that the patient had woken up during some of the period, so this was not noted for the C-Section. The usual symptoms would be high heart rate and blood pressure from the distress of the incident as it was occurring. The patient's heart rate and blood pressure were not of concern during the surgery. Also the duration of the incident being very short may have contributed to the lack of these symptoms.
- ✓ The Complaint was discussed with the anaesthetist and the wider team with a focus on improvement in documentation on the anaesthetic chart and the different variations in anaesthetic technique that may reduce the incidence of awareness, and if unfortunately awareness does occur, reduce the incidence of pain associated with it.



*'Experience is a hard teacher,  
because she gives the test first the  
lesson afterward'*

*Vernon Law*

#### 4.0 Parliamentary and Health Service Ombudsman (PHSO) Cases

In 2017/18, a total of 8 cases were referred to the PHSO. There are nil cases open from the previous year 2016/2017. The outcome figures includes one case where the outcome is yet to be determined.

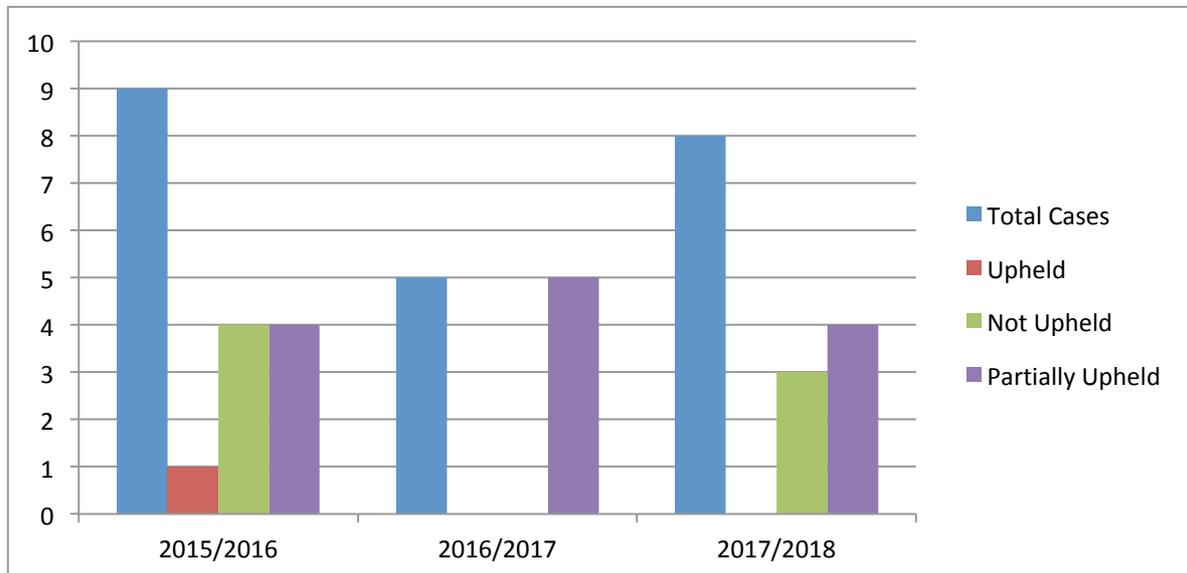


Table 7 – PHSO Cases and outcome

Themes emerging include:

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

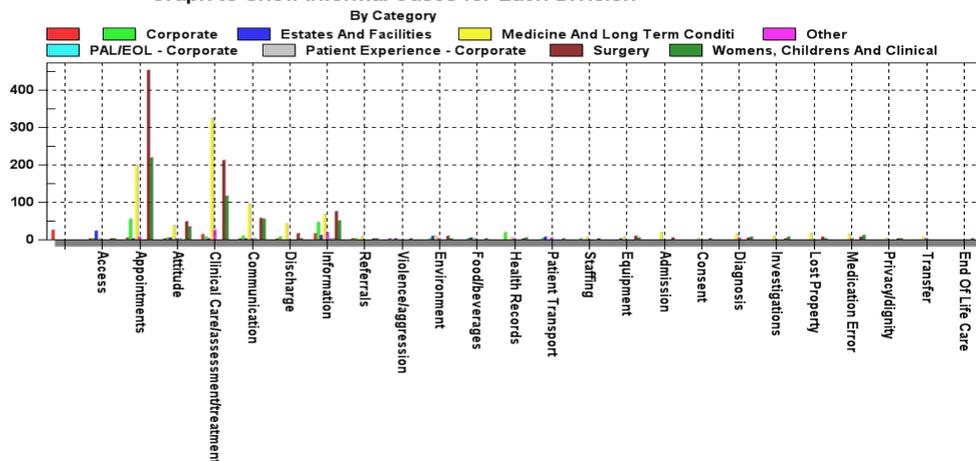
#### 4.1 Outcome from PHSO cases closed

Action plans are submitted within a timeframe set by the PHSO and evidence is included of compliance. Please see appendix 1 for a detailed example of a case closed during the year 2017/2018

#### 5.0 Informal Concerns

There were a total of 2627 informal concerns received during 2017/2018 (including 8 formal to informal conversions and 455 queries/comments/cases referred on). Surgery equated for 34% (899) of the total activity, with MLTC 32% (859) and WCCSS 19% (505).

Graph to Show Informal Cases for Each Division



Category Type	Access	Appointments	Attitude	Clinical Care/assessment/treatment	Communication	Discharge	Information	Referrals	Violence/aggression	Environment	Food/beverages	Health Records	Patient Transport	Staffing	Equipment	Admission	Consent	Diagnosis	Investigations	Lost Property	Medication Error	Privacy/dignity	Transfer	End Of Life Care
Corporate	24	1	3	12	2	1	15	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates And Facilities	0	1	54	3	5	7	5	45	1	0	1	1	16	2	2	0	0	0	0	0	0	0	0	0
Medicine And Long Term Condi	0	22	1	3	1	1	0	10	0	1	8	4	0	6	0	1	0	0	0	0	0	0	0	0
Other	0	0	5	1	25	1	0	18	0	0	1	0	1	3	0	0	0	0	3	0	0	1	0	2
PAL/EOL - Corporate	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience - Corporate	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	2	452	47	210	57	14	74	2	1	7	1	1	0	1	7	4	1	4	1	5	6	2	0
Womens, Childrens And Clinical	0	1	219	32	115	54	2	48	1	0	2	0	3	1	0	3	0	0	6	5	1	11	1	0

Table 8 - Informal Concerns by Division & Category

The main themes identified via the number of concerns raised are regarding appointments (927) an increase of 21 on the previous year, clinical care, assessment and treatment 690 (an increase of 85), communication and information requests. 125 contacts referred to staff attitude.

### 5.1 Lessons Learned

- ✓ Following a concern regarding answering of telephones within the OPD therapies department a staff member was recruited as a receptionist
- ✓ Confused signage regarding the escalators in the Hospital main atrium were changed to make users aware of direction of travel
- ✓ Ward 9 changed their policy for care home staff viewing records prior to discharge this followed a concern regarding refusal to accept a patient without discussing needs with clinical staff
- ✓

### 5.2 Patient Opinion/NHS Choices/CQC

Since April 2017 there have been 68 comments made about the Trust via the NHS Choices/Patient Care Opinion website. This includes 22 Compliments. The key category type is Clinical Care, Assessment and Treatment, appointment queries, 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 9 patient concerns logged – some of these have also come in as Formal complaints and were investigated accordingly.

Where no contact is made with the Trust directly, feedback is provided directly to the CQC following investigation for contact to be made with the person raising the complaint.

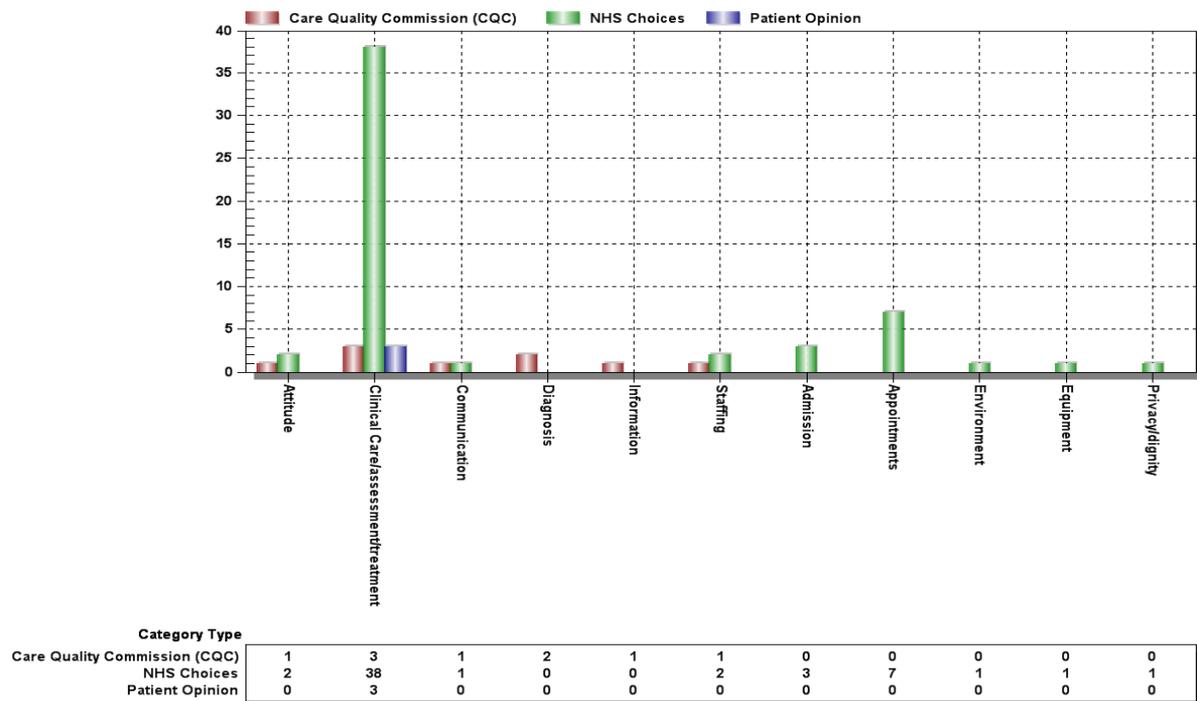


Table 9 – Category type NHS Choices/Care Opinion/CQC

## 6.0 Compliments

734 Compliments were received by the Trust – the figure is 756 when including the compliments made via the Patient Care/NHS Opinion website. Adult Community Care accounted for the majority of compliments recorded. Areas involved are informed of the types of comments of appreciation received and where appropriate they are referred for a recognition award via the Trust recognition scheme.

‘Just a few words to say how grateful we are for the care and love you showed our mom and us while she was in your care. Everyone was very kind from the nurses, care workers, and doctors’

SC and family

‘My son has had his ACL operation and is now at home recovering. We just wanted to say a massive thank you to all the team that looked after him. He has received the best care and this has made such a difference to his life, we really do appreciate it’

SY and family

‘Thank you for your professionalism, for treating me with such care and assiduousness and for the hard work you and your team carry out in service of our great NHS’

AB

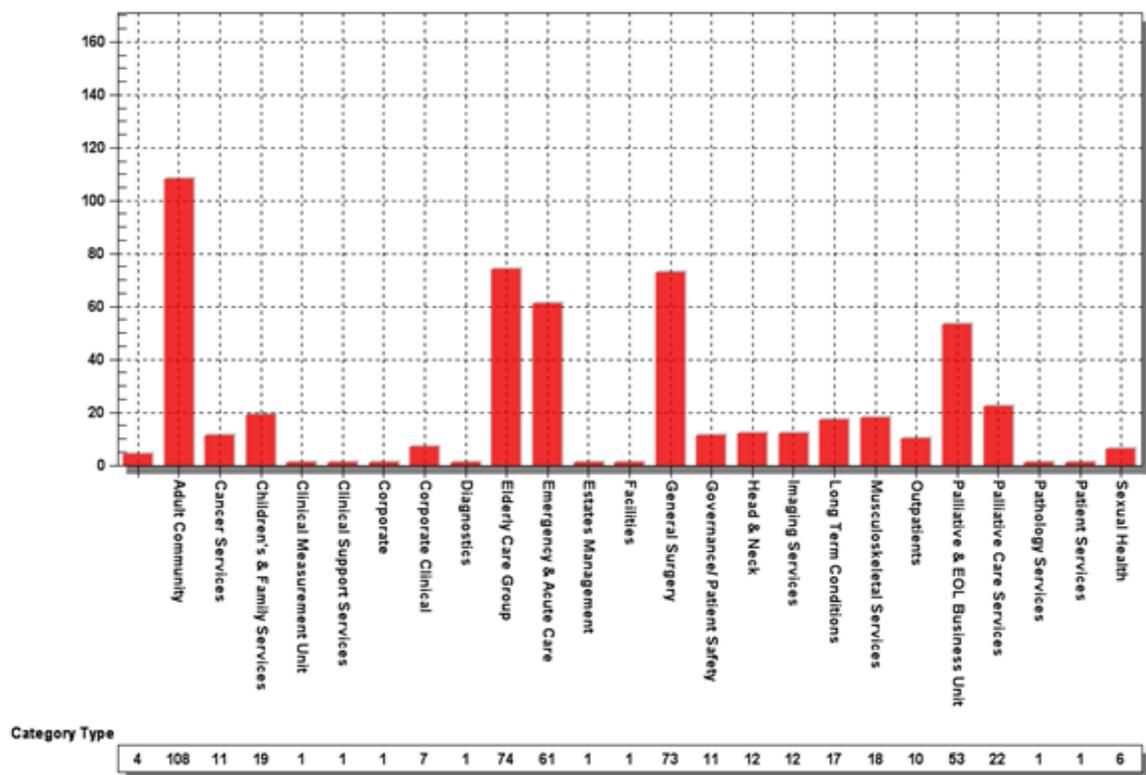


Table 10 - Compliments

## 6.1 Complaints Monitoring Panel

The Complaints Monitoring Panel was set up in October 2015 with the purpose of the panel to assist the Trust in improving complaints handling procedures and help to improve standards in decision making. The panel is led by lay members with professional advice provided as and when required. Since its inception the panel has grown in confidence and as a result set up two sub-groups to focus its attention. One sub-group looks at the complaints process, and issues relating to quality. The other sub-group carries out reviews of cases which are proving difficult to resolve where an independent review is offered.

The panel has continued to meet throughout the year and has undertaken the following:

- ✓ **Completed Complaints Investigation Masterclass training**
- ✓ **Reviewed PHSO cases to gain a better understanding how complaints are investigated at that level**
- ✓ **Led a workshop that reviewed a sample of complaint responses, response satisfaction survey findings and equality monitoring data**
- ✓ **Contributed to the development of a revised complaints information leaflet, and supported and reviewed a draft unreasonable behaviour guideline**

## 6.2 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 15% return rate (49 responses):

- Making a complaint was straight forward : 86%
- I knew I had the right to complain: 89%
- I knew that my care would not be compromised by making a complaint: 92%
- The staff who spoke to me regarding my complaint were polite and helpful: 86%
- My complaint was acknowledged within 3 working days: 79%
- I was informed about the complaints process: 91%
- I was informed of any delays and updated on the progress: 83%
- I received a resolution in a time period that was relevant to my particular case and complaint: 91%
- I am happy with my overall response time to my complaint: 85%
- I feel the Trust has taken my comments on board and have made changes to improve the things that I was unhappy with: 74%
- I would complain again if I felt the need to: 100%

## 6.3 Equality Monitoring

An equality monitoring form is in place the form is issued at the point of acknowledgement with 14% (44) returned in 2017/2018.

- 95% of service users who responded to our survey were white British, the remaining 5% were Black Caribbean and Asian.
- 82% of service user who responded to our survey were age 51 plus (36% being 51-60), only 4% were under 30. We are hoping to see an increase in age by using survey monkey which will allow service users the opportunity to complete a form online
- 71% of service users stated their religion was Christianity, 4% Hindi, 4% spiritual and 21% did not wish to say, or had no belief.

- 70% of responses were received back from females, 26% men and 4% did not wish to state.
- 77% of patients were heterosexual, 8% bisexual, 4% Gay, 4% Lesbian, 7% did not wish to state.
- Relationship status was varied, with the highest response being married (56%)
- 30% of service users would consider themselves to have a disability.

## **7.0 Patient Relations Service developments and priorities for 2018/2019**

The Patient Relations Team is highly professional, competent and customer focused and takes pride in their work. During the past year, following an internal secondment of the Team Leader to patient safety – 3 team members have acted up into different roles. This has provided a seamless service to patients and service users with further improvement opportunities grasped.

- ✓ **The team have strengthened their relationship with the Divisions via a supportive approach to resolution which has clearly impacted on response times. Lessons learned and complaints are now reported monthly via exception and this is helping teams to keep things on track whilst picking up any specific trends arising from complaints. We continue to attend the Regional and National Network Forums and are co-hosts for the West Midlands Complaints Forum.**
- ✓ **Following the CQC inspection in June 2017, we presented our improvement work to the WM Forum which was attended by the PHSO Liaison Manager. Good practice was identified, particularly our relationship with the Claims team and supporting families when a coroner's investigation is ongoing.**
- ✓ **The PHSO presented at the National Forum in November 2017 which we also attended and we were again fortunate to meet with him and his team at a further training session which we attended in London shortly afterwards.**
- ✓ **We have revised our complaint investigation toolkit to better reflect our user led approach to complaints handling, in addition to introducing an investigation officer feedback form. This will be a useful tool in supporting investigation officers when complaints do not meet the quality assurance threshold helping identify areas for improvement.**
- ✓ **We are currently working with the Paediatric department in producing a child friendly leaflet for children and parents in addition to drafting a new Patient Leaflet that better informs complainants of the process.**

- ✓ In readiness for the General Data Protection Regulations changes we have revised the consent forms used for third party complaints and provider information is ready to be sent at point of acknowledgement that explains why we are asking for consent and how information is both stored shared and used.

2016/2017 Priorities	Outcome	2016/2017 Priorities
<p>1. We will learn from and embed the feedback we receive via the satisfaction surveys and the complaints monitoring panel. We have set key performance indicators to assist us in doing so;</p> <ul style="list-style-type: none"> <li>• Quarterly summary to show at least 70% and above adherence to timeliness in responding</li> <li>• Less than 10% of all live complaints to be overdue/outstanding</li> </ul>	<ul style="list-style-type: none"> <li>✓ 85% year end position achieved</li> </ul> <p>Quarter 1 average 69%            Quarter 2 average 78%            Quarter 3 average 97%            Quarter 4 average 97%</p> <ul style="list-style-type: none"> <li>✓ 5% of all live complaints outstanding</li> </ul>	<ul style="list-style-type: none"> <li>➤ Maintain the improvement's made and seek to reduce the number of days to respond down to 25 working days for moderate complaints</li> </ul>
<p>2. In 2016 the Trust invested in a train the trainer course supported by Salford University in order to deliver a complaints investigation training offer. 10 staff were trained which included two members of the Patient Relations Team. Following completion of the train the trainer course complaint training began in October with masterclass sessions in place for key staff delivered by the Patient Relations Team. Over 70 staff have already completed the training with further sessions planned for the coming year</p> <ul style="list-style-type: none"> <li>• KPI's to target specific staff groups are being drawn up and this will be a priority for the coming year to reach at least 150 staff by the end of December.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 3 Student Nurse cohorts trained in local resolution</li> <li>✓ Masterclass Training delivered to Midwives, Band 6 Sisters, Matrons and the T&amp;O Consultant group</li> <li>✓ Mandatory e-learning module updated</li> <li>✓ Trust induction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Further targeted training – include community staff groups and to arrange 'toolkit taster' sessions</li> <li>➤ Promote local resolution tips for good handling</li> </ul>

<p>3. The team are not isolated in finding the obtaining of equality monitoring data difficult. This is a sensitive area especially when dealing with patients and service users who often aggrieved. A revised equality form has been developed to reflect all nine protected characteristics and has been in place since the beginning of January 2017. The form is issued at the point of written acknowledgement and is also handed out via face to face PALS contacts.</p> <ul style="list-style-type: none"> <li>• To report the equality monitoring data and reflect on any implications arising to the Patient Experience Committee and Complaints Monitoring Panel on an ongoing basis</li> <li>• To improve collection data by at least 2 in 5 of all written complaints received.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Equality Monitoring data collection improved (15% of all complaints)</li> <li>✓ Since quarter 2 data summary reported to patient experience group</li> <li>✓ Community Leaders Forum discussed data and gaps</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase monitoring collection data to 20% and above of all complaints</li> <li>➤ Feedback on what data is telling us to patient forums</li> <li>➤ Target hard to reach groups to raise awareness of complaints and feedback mechanisms</li> </ul>
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## 8.0 Conclusion

Where possible, we should take immediate action to put things right and where this is not possible it is important that we have a robust complaints process in place that endeavors to be responsive, that strives to meet user expectations whilst learning from and improving the patient journey. Patient Relations offer a proactive approach to resolution and strives to demonstrate a willingness to put the patient at the heart of the process. Activity levels throughout 2017/2018 have increased however it is important to note that local resolution handling has improved, we are getting consistently better at responding in a timely way and improving our processes the same.