

# Complaints Annual Report

## 2020-2021



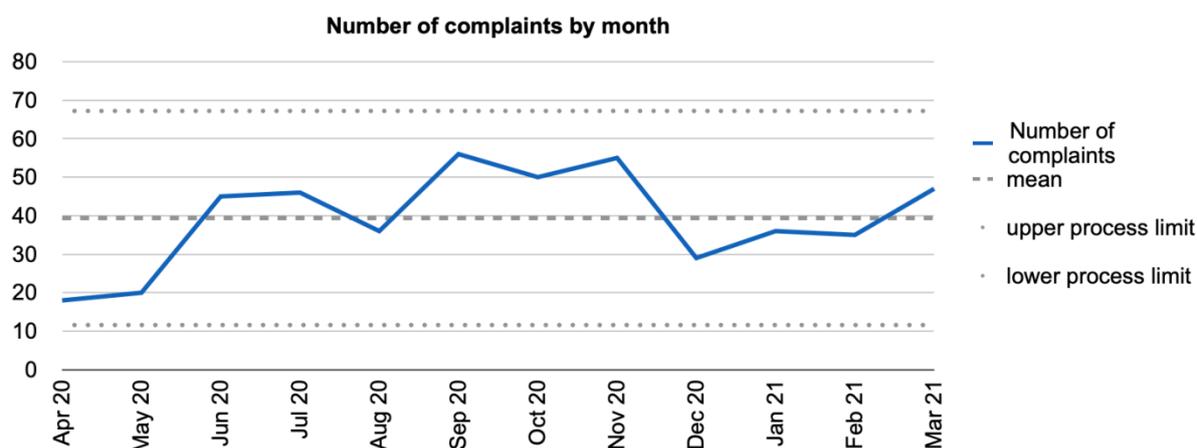
## 1. Introduction

Listening to feedback from patients, relatives and carers, both positive and negative, is an important element of organisational learning. This Complaints Annual Report provides a detailed overview of activity relating to complaints between April 2020 and March 2021. It has been produced in line with the statutory complaints legislation (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009), under regulation 18. It will provide a detailed view of performance in respect of meeting target times, alongside qualitative complaints information.

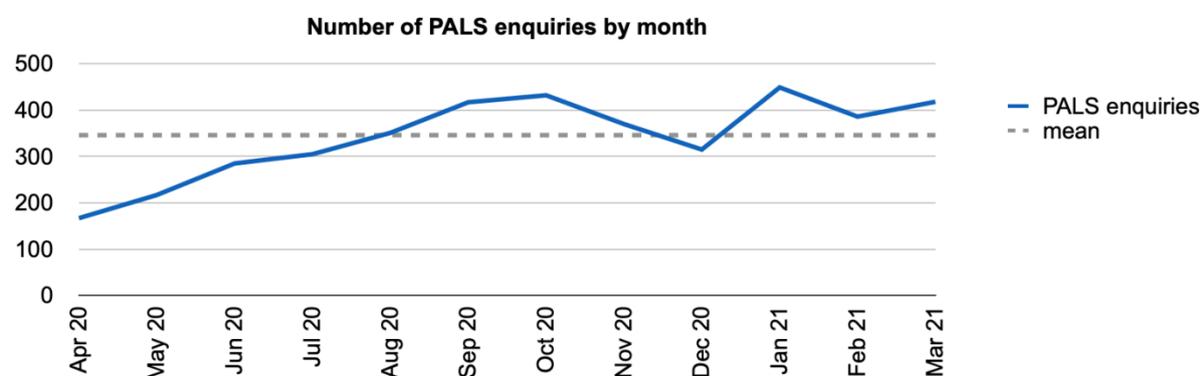
Particular focus has been given to identifying areas for improvement, learning that has taken place, and progress in meeting the associated performance targets and standards within the Complaints policy. The policy was ratified in November 2019 and updated in September 2020.

## 2. Complaints Activity 2020-21

Between April 2020 and March 2021, The Trust received 473 patients and relatives who made formal complaints to the Trust, a 36% decrease from the previous year.



The Trust received 4,151 PALS enquiries during 2020/21, which has decreased by 25% from the previous year; fewer contacts correspond with the start of the pandemic.

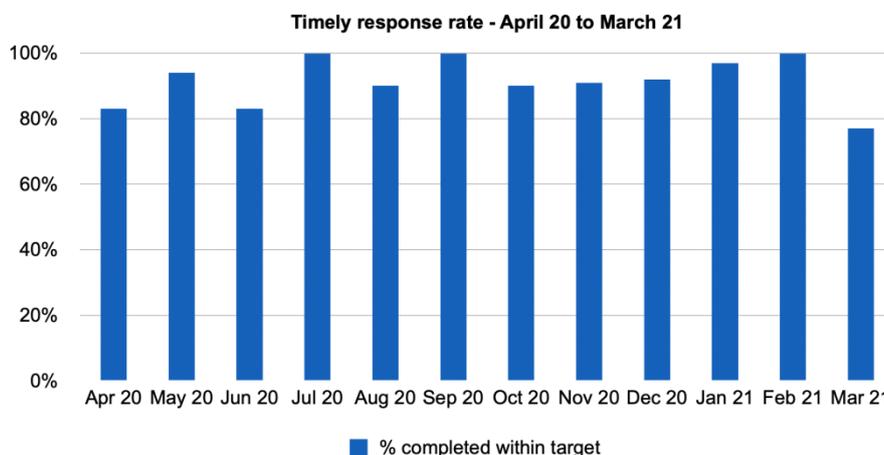


Despite approval from NHSE to put the complaints process on hold during the initial wave of the pandemic, we maintained the formal complaints process and the Patient Advice & Liaison Service throughout.

### 3. Performance

The Trust's performance in responding to complaints within 25 working days, or by the agreed extension with the complainant or family was 91% for 2020/21. Performance for each service line is reported internally every month.

The following chart illustrates the performance against our agreed target.



### 4. Re-opened Complaints

A key measure of quality concerning how we manage our complaints is the number that we re-open because the person receiving the response says that we have not answered their concerns. Between April 2020 and March 2021, the Trust re-opened three complaints (0.6% of total closed complaints) at patients and families' request. This is a reduction from 22 re-opened cases the year before.

Service Lines are encouraged to make early contact with the complainant to clarify the investigation scope and to guide their investigation. Our goal is that through contact with a complainant at the beginning of the process, services can better listen to and understand the person's concerns. This allows staff to respond to immediate concerns or issues with care and helps to clarify the scope of investigation by understanding the person's expectations and the outcomes they are seeking.

### 5. Outcomes of Complaint Investigations

Upon completing the investigation of each complaint, the Trust classifies each complaint as 'upheld', 'partially upheld' or 'not upheld'. Definitions of the classifications are outlined below, along with the numbers of cases for each outcome.

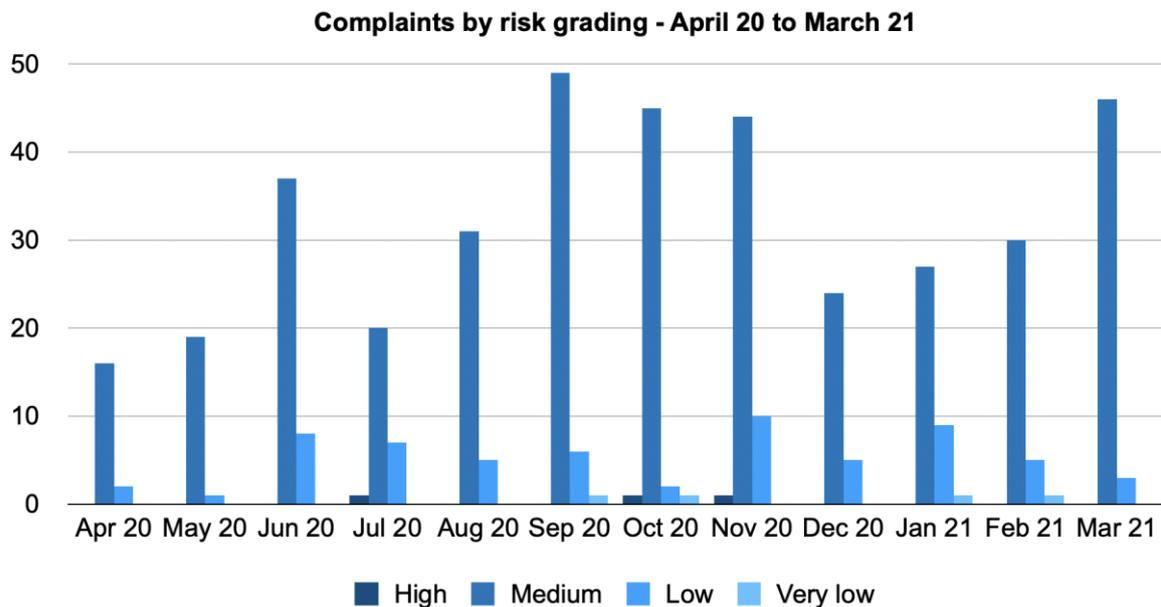
Outcome	Definition	Number	Percentage
Upheld	Complaints in which the concerns were found to be correct on investigation	100	19.76%
Partially Upheld	Complaints in which some of the concerns were found to be correct on investigation	147	29.05%
Not Upheld	Complaints in which the concerns were not found to be correct on investigation	244	48.22%

Ongoing	Complaint investigation ongoing, therefore, outcome has not yet been confirmed	0	N/A
Withdrawn	Complaint withdrawn	15	2.96%

Compared to last year's figures, the number of upheld cases has decreased from 21.5% to 19.76%. In addition, the number of partially upheld cases has also decreased from 32.1% to 29.05% and the number of cases not upheld has increased from 44.2% to 48.22% which is encouraging.

## 6. Levels of Risk

All complaints are categorised for levels of risk based on the Trust Risk Management Policy. The chart below illustrates the risk score for complaints received in 2020/21.

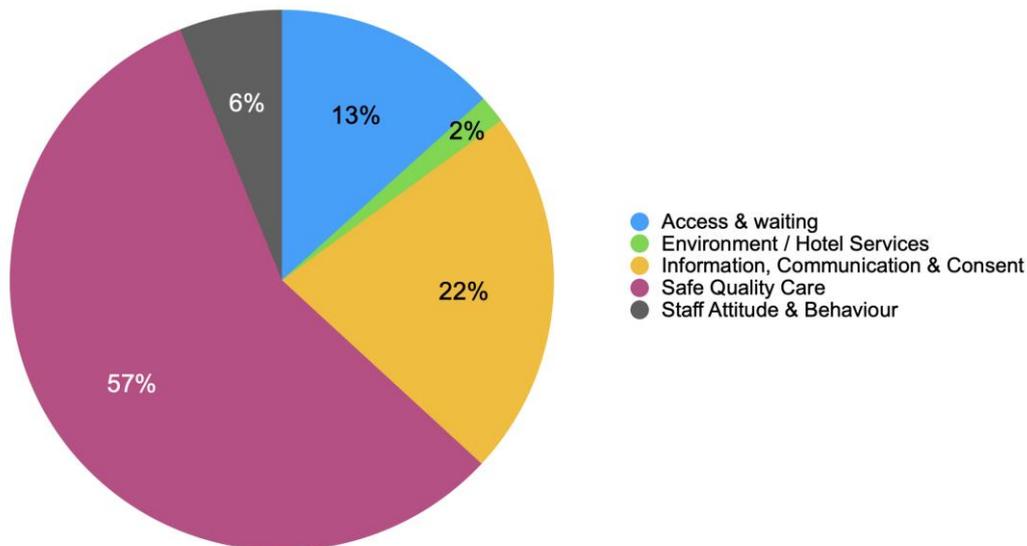


The number of high risk complaints compares to those received during last year. A weekly meeting now takes place between the Risk and Incident, Legal and Complaints teams, together with the Quality Managers for each Care Group to discuss specific cases to ensure they are investigated using the appropriate process.

## 7. What concerns our patients and relatives?

Trend analysis of both complaints and PALS is now possible using the same categories to identify key areas of concern more easily. The graph below provides an overview of key themes for complaints received in 2020/2021.

Proportion of complaints by subject



## 8. Improvements in complaints handling

### *Early contact with people raising concerns*

During this year, services told us how they and people raising concerns valued, and benefited from having early contact. Services have feedback that they appreciate an opportunity to listen, provide important information of which the complainant might not be aware, and take immediate actions to put things right. This means that the person does not have to wait for 25 working days until they receive their response.

Feedback from people raising concerns has been that they much preferred a call to receiving a letter and were satisfied for their complaint to be closed early.

There have been some examples where, because the service spoke directly to the person raising their concerns, the service manager has invited the person to come in and help, such as sharing their experiences with staff as part of staff development and learning.

The importance of early contact was shown during one of the more recent contacts where both parties discussed a misunderstanding. The patient thought the nurse had said 'Do you think you are on a day out?' when the nurse had actually said 'do you want the way out?' This was a straightforward matter and quickly explained during the call so that the service could resolve it without further investigation.

### *Quality checking of responses*

We enhanced the quality checking process with the introduction of the Associate Chief Nursing Office role to oversee all responses for each Care Group. This has resulted in better complaints responses and has further reduced the number of re-opened complaints.

## Research

A postdoctoral researcher at the University of Oxford approached us to take part in a study. The study looked at how organisations can best respond to patient concerns. The researcher interviewed staff within UHP NHS Trust with questions about relationships between Patient Advice & Liaison Service (PALS) and the complaints team. The study also explored patient awareness, policies and guidance, collecting data, and training. PALS is an integral part of capturing concerns and stopping them from escalating into formal complaints. Therefore, the efficacy of our PAL Service is crucial. The findings of the research were:

- PALS was established to provide support, information and advice to patients and families and quickly resolve their concerns. PALS teams interviewed in this study are certainly fulfilling these core responsibilities.
- All staff agreed that interventions by PALS had the advantage of being much quicker, less burdensome to both patients and staff and more personal than the formal complaints process.
- PALS staff appear to adopt multiple different roles according to the needs of patients and families. They act as navigators of services, mediators between families and staff and on occasion appear to act as patient advocates in supporting them to raise concerns.
- PALS staff are therefore providing essential support to patients and families and, when successful, are potentially helping the efficient running of their organisations, restoring trust and reducing the likelihood of complaints and other problems. These findings echo those of earlier studies and show that PALS teams continue to succeed in fulfilling their national policy mandate.
- Plymouth's PALS staff and clinicians' perspectives were largely shared across all four acute NHS Trusts that took part in the study. However, there were significant differences between acute trusts and the PALS from mental health NHS Trusts.

## Raising awareness

We developed and produced a film for people about raising concerns about care or treatment, available on the Trust's [website](#). This explains the route to contact PALS and how to raise a complaint.



The team has also worked with the Learning Disability User Group to produce accessible and easy read information for people who want to raise concerns.

### *Patient involvement and engagement*

We involved a patient representative and former complainant in recruiting several vacant positions within the Complaints and PALS teams. At the time of writing this, we are also engaging with a former complainant and patient representatives to undertake a broader complaints review.

### *Training*

As a result of the Covid-19 pandemic, we could not conduct any classroom complaints training, but we have continued to provide virtual sessions for staff. Unfortunately, we had to cancel the face-to-face training scheduled throughout the year.

However, small session training and 1:1 bespoke training has continued when requested. Sixteen sessions took place with staff from across the Trust, including Quality Managers, General Managers, Service Line Clinical Director, Ward Managers, Graduate trainee and Service Line support staff.

In addition, we have provided sessions for those areas within Livewell Southwest where responsibility for managing complaints will move to UHP later in the year.

## **9. Improvements in services**

Based on the learning from complaints and concerns, some examples of changes made or planned at Care Group level are detailed below.

### **Safe Quality Care**

Services made 28 improvements to ensure safe, high-quality care. These were based on the circumstances highlighted in individual complaints and covered areas as diverse as:

- Improved referral management processes
- Enhanced monitoring and observation of unwell patients
- Improvements to clinical decision making, criteria for investigations, and review of clinical practice
- Following errors in practice, enhanced Consultant supervision and teaching sessions for junior members of teams
- Improved mobility aid provision
- Improvements in pain management
- Improved ward management of patient medication, including around transfers of care
- Improvements to documentation
- Earlier involvement of the Learning Disability team to improve communication and clinical care
- Education and training for clinical (including agency staff) to improve knowledge and skills
- Improved clinical pathways to ensure the patient gets the right care in the right place from the right team

- Improvements to timeliness and accuracy of discharge summaries
- Enhanced discharge arrangements for people with complex needs

### **Access and waiting**

Services made six specific service improvements in response to complaints where people had raised concerns about access and waiting. This should be viewed in the context of wider improvements throughout the Trust to improve access to services for people who are waiting for treatment.

As a result of complaints made in 20-21, services have:

- Change waiting list review so that inpatients who unfortunately have to have their procedure cancelled are told of this earlier to avoid unnecessary fasting
- Change in process around how the Multi-Disciplinary Team records booking, attending and reporting of scanning
- More clarity around fasting requirements
- Better monitoring of time-sensitive testing
- Improved consent processes for patients requiring banding

### **Information, Communication and Consent**

Poor communication often underlies the reason a patient or family member makes a complaint about care or treatment. Services made 23 changes in response to complaints where the central theme was miscommunication, or insufficient or incorrect information provision.

These changes included:

- Improvements in communication with families before and following surgery
- Better recording of next of kin details
- A number of improvements to improve confidentiality, including of discussions that occur on wards, e.g., at the nurses' station, and in written communication with patients
- Improvement of communication with care homes, particularly following discharge
- Improved communication with families in light of visitor restrictions during the pandemic.
- Better signposting of other services
- More accurate information and better communication about waiting times, delays and cancellations
- Improved patient information about a range of issues, including sedation, stoma products
- A therapy team introduced a paging system to improve communication with wards

### **Staff attitude**

Changes made in response complaints about staff attitude and behaviour have included working with individual staff members to ensure that they are aware of the impact that this has on people. Where there are other causes, for example, a lack of clarity around processes causing confusion for patients and staff, services have produced standard operating procedures to address these concerns.

The Trust acknowledges that rudeness and issues of poor staff behaviour can reflect underlying high levels of stress, particularly during the pandemic, and has committed

to introducing and maintaining a range of support services and help people identify and get help during these times. Staff support is essential to ensure that our patients and their families receive kind, compassionate and responsive care, and are always treated with dignity and respect, in line with our Trust values.

### **Environmental**

UHP has Site Services Development Strategy, with an annual programme of Strategic Capital Works and HIP2 scheme to provide further step changes to the hospital environment.

In addition to this, responses from services to complaints about the environment this year have included:

- A review of how our security team respond to aggression and violence in the Emergency Department
- Buying new equipment and furniture to improve safety and comfort
- Improved responsiveness to dietary needs
- A review and update to the Management of Patient Property policy to ensure best practice with the management of valuables
- Ensuring provision of food and drink when tests have been cancelled and patients have been fasting

In summary, there have been 72 separate actions or learning arising directly from complaints made to the Trust. This is an increase from 41 in 2019-20.

### **10. Parliamentary & Health Service Ombudsman (PHSO)**

Complainants have the right to refer their case to the PHSO for review following resolution with the Trust.

During the early months of 2020-21, due to COVID-19, the PHSO paused their work on existing NHS complaints and acceptance of new health complaints between 26 March and 30 June 2020. However, in July, the PHSO re-started their casework and acknowledged that it might take longer to process due to a higher number of cases.

For 2020-21, the PHSO made nine requests for information to establish whether they would investigate a complaint. One of the contacts related to information required to inform a PHSO investigation about another Trust.

In June, PHSO reviewed one case before investigating and concluded that:

*“We have decided not to take any further action. Although there was clearly miscommunication with the family when they were in A&E, we are satisfied that this has been addressed by the Trust and steps taken to ensure it does not happen again. With the remaining issues raised, we have found no indications that anything went wrong. We have therefore closed this complaint and have informed [the complainant] of our decision.”*

The PHSO initiated two investigations during this time. As of the end of March 2021, one of those cases had been closed, and one remains ongoing.

During 2020-21, the PHSO closed four investigations. The PHSO did not uphold one case, deemed another to be outside of time, did not investigate one, as the complainant had taken the legal route and partially upheld the final closed case.

For the partially upheld case, the PHSO concluded:

*“We have identified potential failings of a lack of assessment and planning for the patient’s dietary needs and mouth care, and also a failure to ensure district nursing was in place upon discharge ... Some aspects of care fell short of the required standards and led to avoidable suffering for the patient ... the failure to escalate matters when her lack of eating should have prompted concerns of malnutrition. These may have resulted in more advice on how to get the patient to eat a little more, but not to the extent that the weight loss could have been avoided.”*

Following the PHSO’s final decision, the Trust wrote to the complainant to apologise for the failings identified and subsequently wrote again to share the Trust’s action plan. This involved implementing a mouth care assessment for all patients for completion within 24 hours of admission to identify the level of support required. The Trust also informed the complainant that a link nurse has been appointed to work with the team to facilitate ward based training to ensure a patient’s dietary requirements are met. The latter two actions had already been implemented at the time of sharing the action plan.

In addition, a standardised discharge checklist was implemented to ensure the necessary arrangements are in place ready for the patient’s discharge. The Trust also informed the complainant that each ward has an assigned discharge case manager who will help to facilitate these arrangements.

As of 31 March 2021, two cases remained open, awaiting the PHSO’s findings.

### **Plans for 2021/20**

1. Continue to deliver complaints management training package for staff and embed learning from complaints into Trust-wide training and development programmes.
2. Continue to improve the quality of response letters through training and 1:1 support. Enhance staff training by dedicating more time to drafting response letters using techniques that promote empathy and compassionate writing. The Communications team will support this work.
3. Continue work to provide, when acceptable to the complainant, early telephone contact. This can provide greater clarity for the investigator and, in some cases, speedy resolution for the person raising the complaint.
4. Closely monitor those complaints that require re-opening – to identify learning and improvements that we can make to the process for complainants.
5. Work with the People First team to further improve/streamline the internal complaints processes. This was put on hold last year as a result of the pandemic.
6. Complaints review planned for this year. It aims to make sure University Hospitals Plymouth responds to people who complain about our services in a person-centred, compassionate, and responsive way. Although some services regularly contact complainants by telephone relatively soon after receiving the complaint, there is variation across the Trust. In addition, the quality of complaint responses is variable, with some services and clinicians providing consistently person-centred, compassionate responses demonstrating learning. There is inconsistency in how different service lines manage complaints, including reviewing complaint responses. In some services, there is close oversight of

Service Line Managers; in others, their Support Managers and Administration Managers manage this.

7. Re-start face to face Complaints training – to include patients and families videos to capture their experiences.
8. Review the Staff Intranet page to ensure staff have the information and support they need.
9. Work with the PHSO as part of their pilot project as an Early Adopter for the new Complaints Standards. The PHSO will work in partnership with us to:
  - Assess how we are doing and the areas we need to develop
  - Design and trial a board development module that promotes a just and learning culture, including governance and quality improvement systems
  - Tailor the Model Complaints Handling Procedure to the Trust
  - Monitor progress and the Standards' impact on resources and patient experience
  - Work with service users and communities to co-design materials and capture feedback
  - Seek feedback from staff on how the Standards are improving complainant experience and improving local services.