

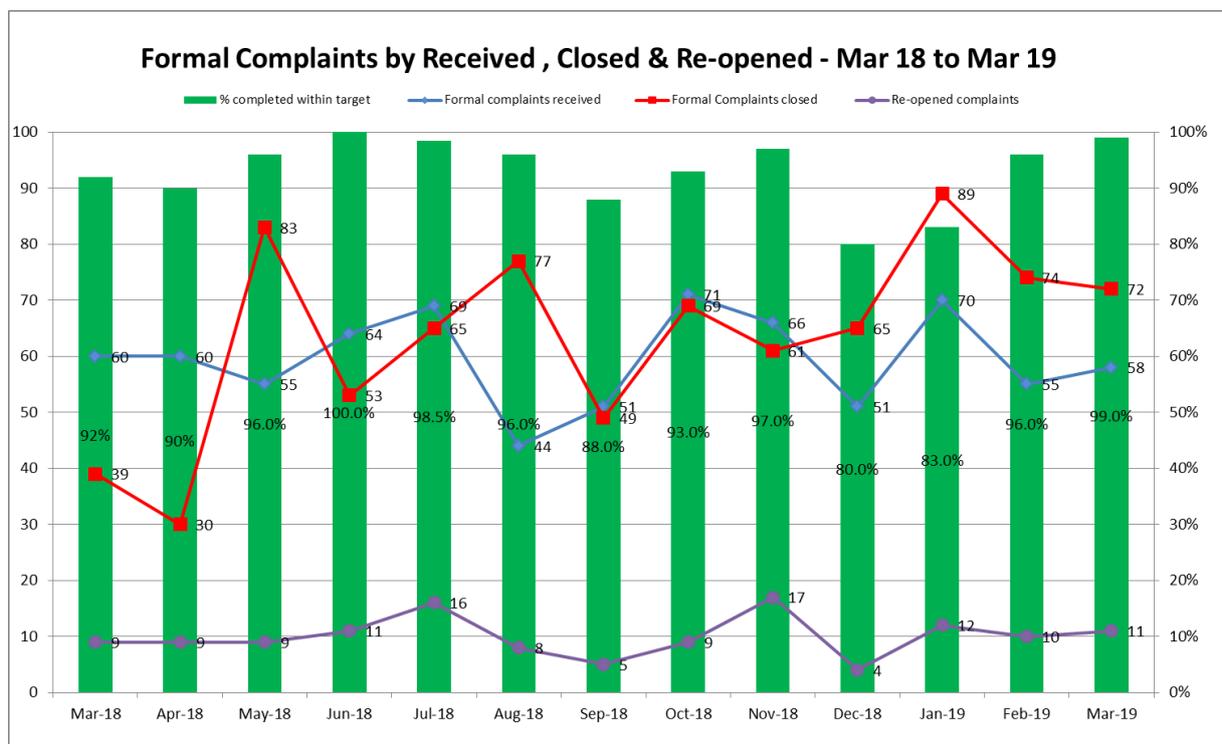
Complaints Annual Report 2018-2019

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 for the period 01 April 2018 to 31 March 2019. 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 and will provide a detailed view of performance in respect of meeting target times, alongside qualitative complaints information.

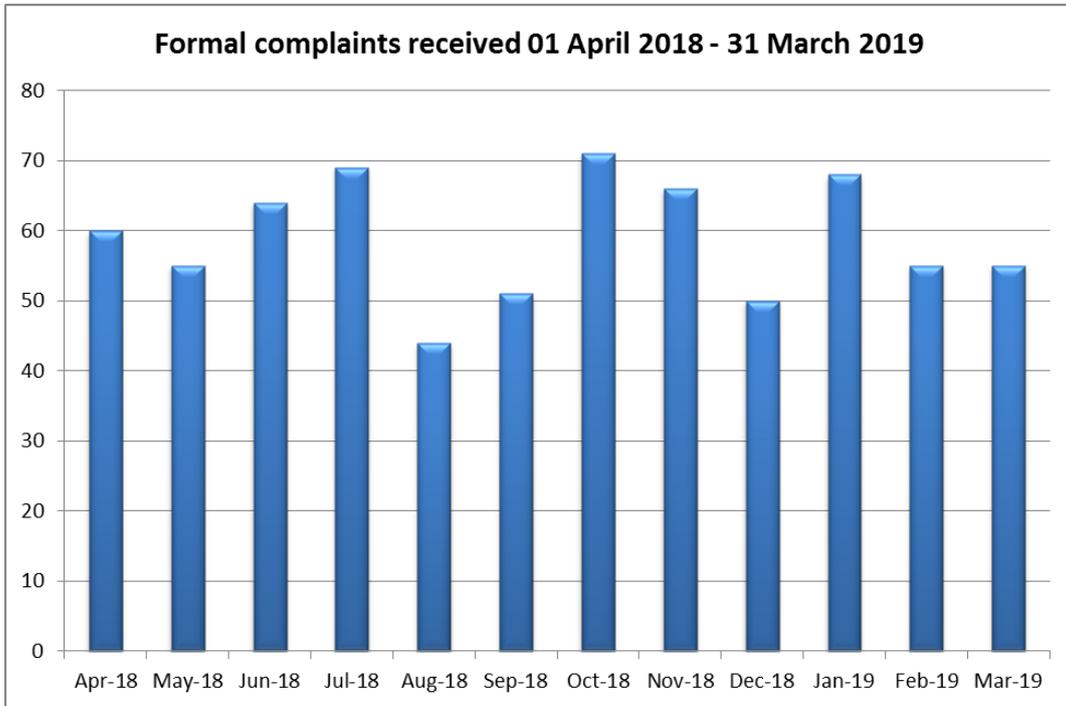
Particular focus has been given to identification of areas for improvement, learning that has taken place, progress made in meeting the associated performance targets and standards within the new Complaints Standard Operating Procedure during the last twelve months.

The table below provides an overview of complaints activity for 2018-19.



2. Complaints Activity 2018-19

For the period 01 April 2018 to 31 March 2019, 709 formal complaints were received by the Trust, which are detailed in the table below by month. This represents a 20.59% increase compared to the same period in 2017/18, which is a significant rise in activity. On review, 4982 PALS enquiries were received during 2018/19 which has increased from 4432 in the previous year and reinforces that concerns are being managed at an earlier stage and via appropriate routes. For the same period 698 complaints were closed compared to 561 closed cases last year.

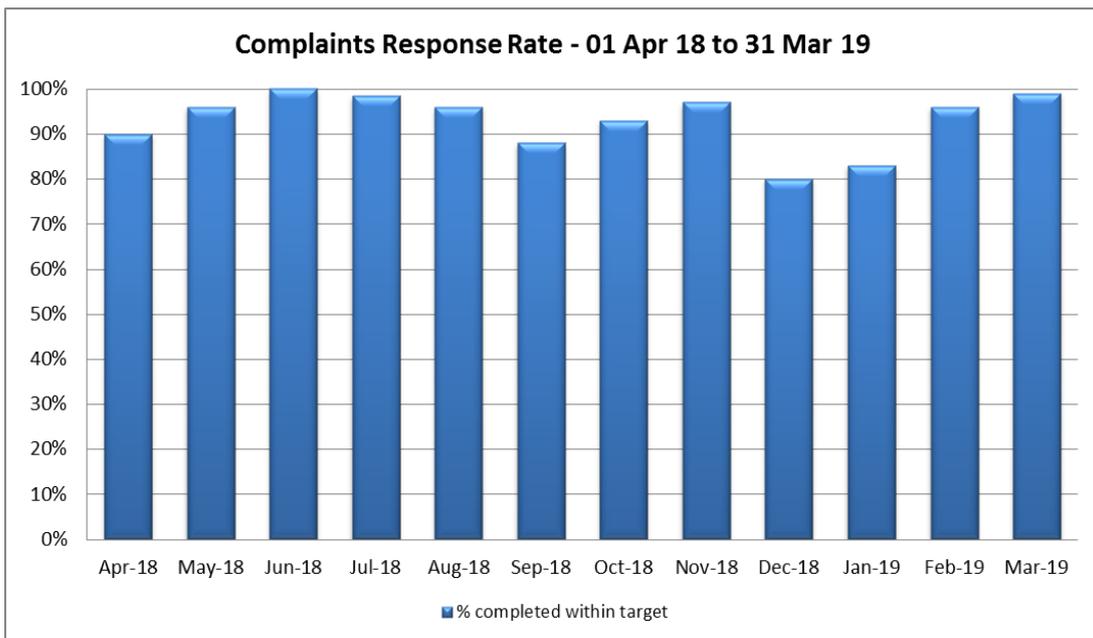


3. Performance

The Trust's performance target for responding to complaints with 25 working days or where necessary agreed timeframes was 90% for 2018/2019. This was achieved for the 9 of the 12 months of last year where 99% was achieved in March 2019.

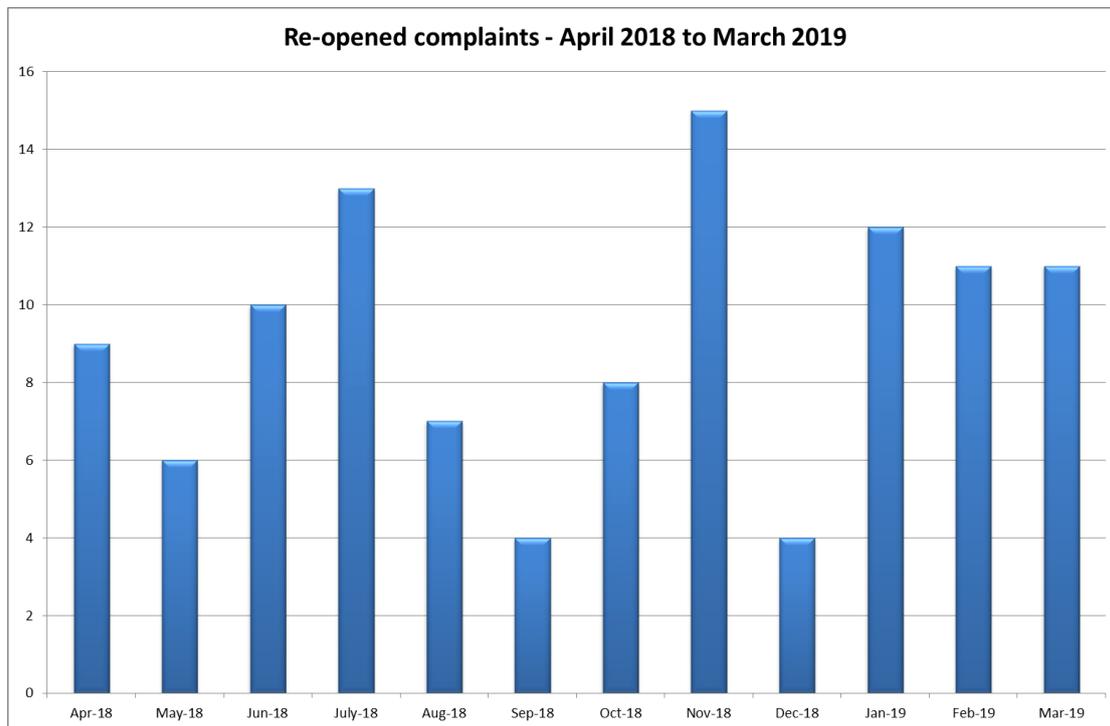
The response rate accurately reflects the number of complaints responded to within appropriately agreed timescales. Performance for each service line is reported internally on a monthly basis through the Quality Governance Learning Group, Patient Experience Committee and through the monthly email circulation.

The following chart illustrates performance against our agreed target.



4. Re-opened Complaints

The number of re-opened complaints is a key quality indicator. For the period 01 April 2018 to 31 March 2019 110 complaints we classified as reopened, details are set out in the table below.



For the period 01 April 2018 to 31 March 2019, 709 formal complaints were received, of which 110 were re-opened, equating to a rate of 15.531%. This represents an increase in percentage when compared to 2017/18 when we reported a reopened rate of 14.39%.

The complaints acknowledgement letter helps to clarify and confirm issues identified by the complainant and a number of complainants now contact us on receipt of this letter to clarify the issues they have or to add additional points. This information also provides the service line with a summary of the concerns they need to investigate and respond to. The complaints in-house training encourages early contact between the complainant and the investigator.

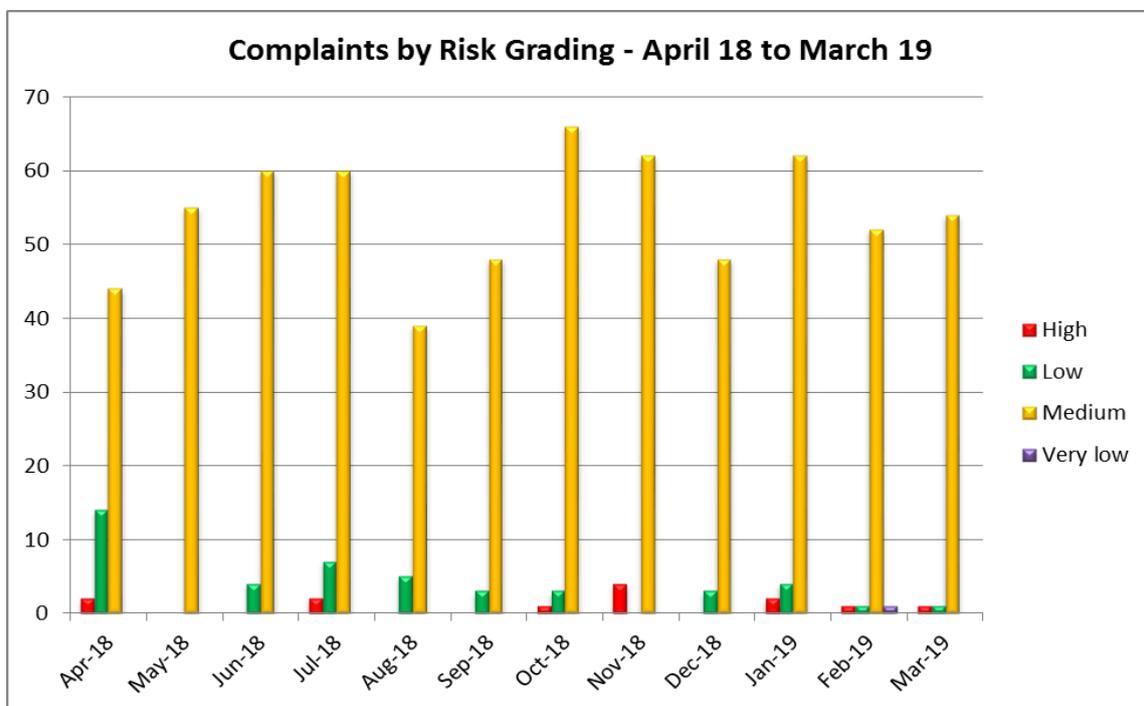
5. Outcome of Complaint Investigations

On completion of the investigation of each complaint, a judgement is made by the Trust as to whether or not the complaint has been upheld. As it is closed, each complaint is classified as 'upheld' or 'not upheld'. Definitions of the classifications are outlined below along with the numbers cases for each outcome.

Outcome	Definition	Number	Percentage
Upheld	Complaints in which the concerns were found to be correct on investigation	419	59.1%
Partially Upheld	Complaints in which some of the concerns were found to be correct on investigation	181	25.5%
Not Upheld	Complaints in which the concerns were not found to be correct on investigation	90	12.7%
Ongoing	Complaint investigation ongoing therefore, outcome has not yet been confirmed	11	N/A
Withdrawn	Complaint withdrawn	8	1.13%

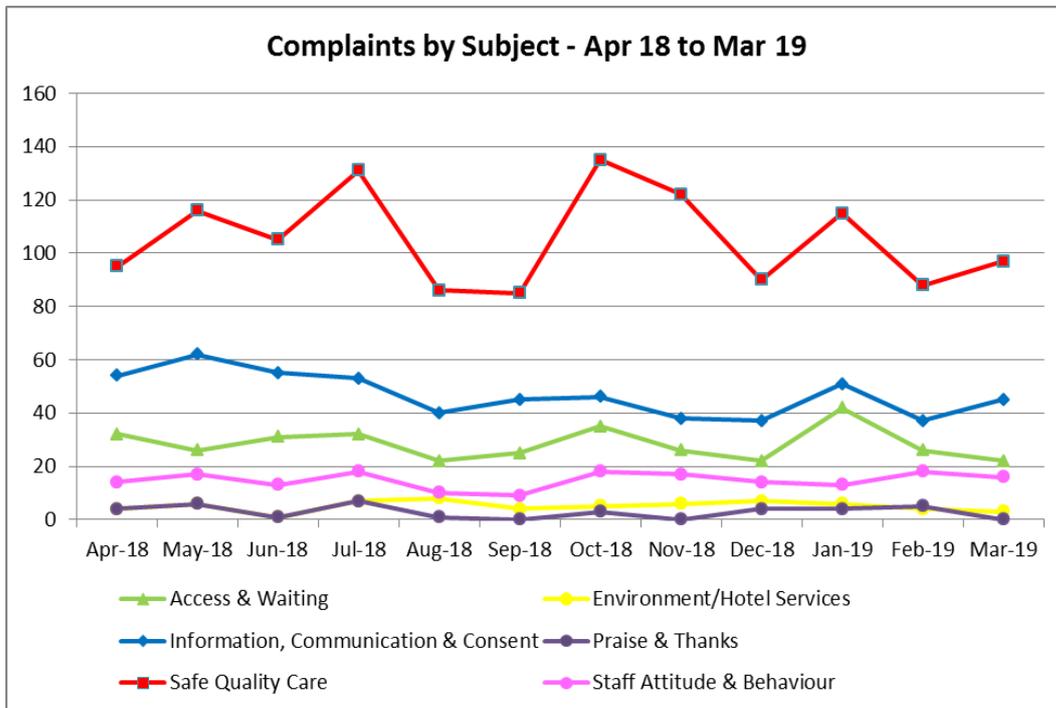
6. Levels of Risk

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 2018/19.



7. What concerns our patients and relatives?

Trend analysis of both complaints and PALS is now possible using the same categories to more easily identify key areas of concern. The graph below provides an overview of key themes for complaints received in 2018/19.



8. Feedback and Learning

Based on the learning from complaints and concerns, examples of changes made at care group level made are detailed below.

- The Cardiology team were aware that there had been problems where telephone calls from patients were not answered or returned. A new telephone management system has been put into place to ensure that a call, if not answered in the first instance, is re-routed to another member of the team. In the event each member of the team is unable to answer the call, the call will be queued and the caller given the option to call back and a voicemail facility is now in place. This will be checked the following day.
- To address capacity issues relating to cardiac catheters, a third laboratory is being built.
- A patient's status on Salus had been incorrectly listed as 'not fit for discharge' when it should have stated 'home today'. This caused delays in the patient's discharge. Staff have been made aware via their team brief of the importance of updating Salus in real time to avoid such delays.
- Following a lack of flexibility from one of the nursing staff, a period of reflection has taken place and the visiting times for the ward are to be reviewed. A one to one meeting has taken place between the ward manager and the staff member involved to ensure appropriate actions are taken in relation to the way the member of staff treated the grandmother when she visited. The feedback from this complaint will be used in the next planned visiting times consultation and this will also be discussed at the next ward meeting.
- Patient who had suffered a stroke, but had capacity was able to leave the ward as a visitor held the door open for him to exit. Patients who are likely to leave the ward without notifying staff are to be moved to a higher observation bay sooner and this will also be highlighted to staff during the safety briefing. A notice has also been

placed outside the ward door to ask visitors not to hold doors open for patients. Further training has been provided to the nurse as the incidents were not reported on Datix as they should have been.

- Patient experienced a delay in being discharged from hospital as an x-ray and TTAs were required. The ward team are working to improve the effectiveness of their morning team meeting to ensure patients receive a senior review, an expected discharge date to increase the numbers of patient discharges before midday.
- Following difficulties regarding the lack of discussion regarding discharge plans, a discharge co-ordinator has now improved the process as this process had been co-ordinated by the discharge liaison team. A dedicated discharge case worker is now in post for each Orthopaedic ward which has improved communication regarding discharge arrangements.
- Concerns raised that there had been a lack of dignity and respect for the patient in their last days and the room was poorly decorated. Estates will start work on two of the ward's side rooms to re-plaster and paint and work will also be carried out to declutter the room to make it a more welcoming space.
- Poor communication in relation to the various stages involved in an Autism Spectrum Condition assessment and the length of the process. There is to be a review of the ASC pathway information for patients.
- The patient's family were unclear about the plan of care for their relative, and the SL recognised there had been a failure to clearly communicate this to the family. The details have been discussed at the SL's huddles and team briefs to ensure staff are aware about the importance of sharing updates relating to their patients and the need to escalate any concerns with the medical team.

Following a ward round, the ward registrar and the nurse in charge now meet to discuss each patient to ensure each patient's treatment plan is clear. A registrar has been identified to meet with families to discuss any concerns or treatment plans, which will be escalated to consultant as needed.

Team communication improved by changing the hand over process showing an improvement in the level of information shared between the medical and nursing teams.

- There was a delay in delivering a microbiology sample from ED to the laboratory. Workforce development plans are already underway for more staff to cover 7 day working. The Pathology department is undertaking a Trust wide review of portering services to include the requirement to deliver samples to Pathology from wards regularly and consistently to ensure prompt processing.

Working patterns for the Pathology staff are to be changed to extend the working day to allow for samples to be tested and a second sample sorting process later in the day to improve consistency and timeliness of processing.

- A woman in labour was not offered the appropriate options for labour following pre-labour rupture of membranes. Matron emailed all staff to reiterate the need to offer all women the choice of active or expectant management of pre labour ruptured membranes at term.

There will be a data collection audit of medical notes to demonstrate how many women are given the appropriate advice, information and choice over timing of the induction of labour and aid service improvement.

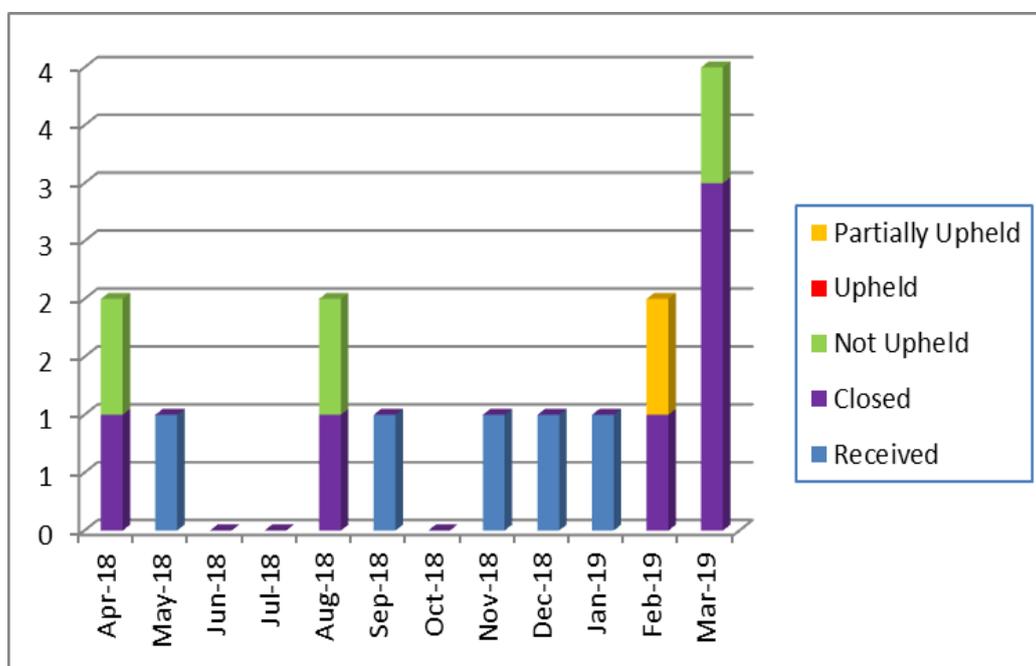
This was reported as an incident and an investigation was conducted by the ward manager.

9. Parliamentary & Health Service Ombudsman (PHSO)

Complainants have the right to refer their case to Parliamentary and Health Service Ombudsman (PHSO) for review following resolution with the Trust.

For the period 01 April 2018 to 31 March 2019, the Trust received 7 requests for information from the PHSO.

Of those 7 cases, 3 were not taken forward by the PHSO; 1 complaint was re-opened as the complaint had been given new information at a recent outpatient appointment. This case is now closed following a further chief executive response letter. In 2 of the 7 cases, we have shared information with the PHSO and are currently waiting for their decision as to whether or not they will investigate. 1 case has since gone forward for investigation.



Of the 4 investigations that took place in the last financial year, the PHSO concluded 3 were not upheld and 1 was partially upheld.

Partially Upheld Report

The Trust failed to report or to review a chest X-ray, and did not provide any reason for this omission. The PHSO also found the Trust failed to utilise the NEWS scoring system, which would have resulted in an escalation of the patient's care.

As at 31 March 2019, there were 3 cases that remained open, as the Trust is waiting for the findings of the PHSO.

10. Complaints training

Complaints training took place in July, October and November 2018, and in February 2019. To date, 52 members of staff have attended the training. Following each session attendees are asked to provide feedback, which is used to adapt and improve the training. Examples of some of the feedback is detailed below:

"Great course – feel much more confident in handling complaints"

"The whole 2 days were very well thought out and organised"

"Enjoyable and informative"

"Great day – comprehensive sessions"

"I really enjoyed this"

"Just wanted to say thank you so much for a really good training day on Friday. It was so good, and you and the people presenting were all great"

"Thank you for an interesting 2 days and your offer of help if needed, makes me feel a little less scared! I have taken away some really useful knowledge. I also have a much better appreciation of the work PALS undertake"

"You all clearly do a great job in helping our patients and their families"

"Thank you once again for a really good couple of days of training on complaints"

"A great session"

"Very good informative 2 days"

"Really well presented and informative – makes complaints less daunting"

"Overall a very informative 2 days. I now certainly feel more confident in answering complaints formally....and I know where to access help and support if required"

"I enjoyed the day and felt all aspects were relevant to me and my practice"

"Thanks for this opportunity. I have been worried that I will not understand the whole process for complaints, but you made it easy for me!"

The feedback sheets ask 9 questions and the majority have scored 5s and 4s with minimal scorings of 3.

Suggestions for improvement are also been collected, examples of which include:

- (i) A representative from the Emergency Department, one of our exemplar areas, was asked to speak to the group about writing a response letter; Completed.
- (ii) A patient who has made a complaint was invited to attend, instead of a relative; Completed.
- (iii) Role play; Review of complaints training planned.
- (iv) Actually writing a complaint response letter; Completed.
- (v) Invite a patient along that has not had a good experience; Completed.
- (vi) Turn up the volume on the PC for the videos; Completed.
- (vii) Listen to some PALS calls; Review of complaints training planned.
- (viii) Look at providing information prior to the training day; Review of complaints training planned.
- (ix) Bigger slides/larger font; Review of complaints training planned.
- (x) Comments/compliments were the least useful but nice to hear;
- (xi) Coffee and tea required; Addressed.
- (xii) More time for group activities (day 1); Review of complaints training planned.
- (xiii) Further examples (day 1). Completed.

- (xiv) Length/time of the day. Review of complaints training planned.
- (xv) Shorter days. Review of complaints training planned.
- (xvi) Consider level 1/2 training. Review of complaints training planned.
- (xvii) Feel the course could be shortened. Review of complaints training planned.
- (xviii) Listening to another patient giving their views on a complaint with a different outcome. Patients have been invited for the next training sessions.

Since starting the complaints training, and in response to feedback, various speakers have been asked to attend to speak to the staff, such as

- Patients - to share their experience of the complaints process
- Consultant – to share his approach to writing a patient friendly letter
- Members of staff who have investigated complaints – to share their experience
- Consultant – to share best practice when arranging meetings for patients, families and their carers

11. Plans for 2019/20

- (i) Continue to improve the quality of response letters through training and 1:1 support.
- (ii) Review complaints process and letter templates to promote various methods of resolution for complainants, as evidence suggests local resolution meetings are more effective when addressing concerns raised.
- (iii) Promote and imbed the new CCG process for answering CCG led complaints.
- (iv) Retrieve action plans where appropriate and monitor and obtain evidence of implementation.
- (v) Improve reporting to clearly show reasons for re-opened complaints and continue to monitor.
- (vi) Continue to deliver complaints management training package for staff. The first training sessions took place in November 2017, and a further 4 sessions took place throughout the last financial year. A further 3 sessions are been scheduled for 2019, and requests have been received from a local Trust's complaints team, and our CCG complaints team to attend.
- (vii) Reduce the complaints training to one day.